STH COALITION RELAUNCH

Stakeholder Interview
Summary and Recommendations

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A NOTE ON THIS DOCUMENT

This memo synthesizes findings from 22 stakeholder interviews conducted between January through March 2026 to assess how the former Soil-Transmitted Helminthiasis (STH) Coalition was perceived and what role would be most useful going forward. This memo was shared with interview participants for validation before finalization.

SECTION I: WHO WE HEARD FROM

Feedback was sought across five stakeholder categories for a total of 26 organizations/individuals, of whom 22 responded. Categories reflect each interviewee's primary role or expertise at the time of interview.

Stakeholder Category	n	Approx. % of sample	Individuals
Multilateral and/or WHO-Affiliated	7	32%	*Technical officers, senior advisors, and regional focal points from the World Health Organization (WHO) Geneva headquarters, the WHO South-East Asia Regional Office (SEARO), the WHO Regional Office for the Americas (PAHO), the Expanded Special Project for Elimination of Neglected Tropical Diseases within the WHO African Regional Office (ESPEN), and the United Nations Children's Fund (UNICEF).*
NGO and/or Implementing Partner	6	27%	*Senior directors, advisors, and former program leaders from nongovernmental organizations (NGOs) and implementing organizations, including founding-era Coalition leadership, focused on NTD delivery, evidence, humanitarian response, and global health system strengthening*
Current and Former Country Program Representatives	5	23%	*Current national Ministry of Health (MOH) programs and two former MOH or MOH-affiliated members from five countries across Africa and Asia*
Academic and/or Research	3	14%	*Researchers and professors with STH epidemiology, diagnostics, M&E, and advisory committee expertise*
Donor/Funder	1	5%	*Representatives from a major NTD-focused funding organization*

Geographic representation: Interviewees covered Africa, Latin America, Asia, Europe, and North America.

SECTION II: EXECUTIVE SUMMARY

Stakeholders across all categories expressed genuine goodwill toward the Coalition and recognized its historical value, particularly during the period of rapid program expansion aligned with WHO 2020 targets. It served as a trusted convening space for the STH community, fostering horizontal coordination, peer exchange, and alignment with WHO guidance.

However, as the global environment shifted toward financing uncertainty, increasing expectations of country ownership, and program maturity, the Coalition's mandate and structure were not always able to keep pace. Interviews surfaced questions around role clarity, governance flexibility, follow-through, and strategic focus. More broadly, the Coalition's design was built for a period of rapid program expansion, and adapting it to the demands of the current transition period is the central challenge of the relaunch.

Stakeholders now converge around a different expectation: a lightweight, trusted platform that supports shared understanding, priority-setting, and coordination as STH programs mature. The recommendations that follow outline governance principles and structural adjustments to align the Coalition with this feedback.

The four clearest signals across all 22 interviews:

- **Mandate clarity is the prerequisite for everything else.** Interviewees could not clearly articulate what the Coalition's primary function was or should be. This will need to be the first priority of the relaunch.
- **The field is navigating a fundamental transition** from rapid, donor-driven expansion to sustainability, country ownership, and financing uncertainty. The Coalition must be able respond rapidly and effectively in this new environment.
- **Country and implementer voices must be centered.** The Coalition historically served global and institutional actors well, and there is an opportunity to more consistently reflect the realities of country programs, especially those navigating transition or acute operational challenges.
- **The Coalition's place in the global landscape must be clearly defined before relaunch**. This includes both internal distinctions and external relationships with WHO, country programs, policymakers, and other global partners. Stakeholders consistently asked what the Coalition offers that no other body currently provides.

SECTION III: WHAT WORKED AND WHAT DIDN'T

A. Historical Strengths

Interviewees were consistent in identifying the Coalition's contributions during its active period, particularly between 2014 and 2019. Four strengths were named across multiple conversations:

- **Convening and safe space (cited by 15 of 22 interviewees).** The Coalition was described as a professional home for STH stakeholders. It provided a focused forum that centered STH priorities rather than subsuming them within broader NTD agendas, and it fostered collegiality and a sense of shared mission.
- **Translation across levels (cited by 10 of 22 interviewees).** The Coalition served as an intermediary between global guidance and operational realities, helping interpret WHO recommendations in light of country constraints. It was not seen as a policy-setting body but as a space for collective interpretation.
- **Platform for information exchange (cited by 5 of 22 interviewees).** The Coalition functioned as a venue for exchanging best practices, disseminating technical updates, and surfacing emerging methodologies and implementation lessons.
- **Alignment with WHO (cited by 10 of 22 interviewees**). Stakeholders appreciated that the Coalition worked to complement and reinforce WHO guidance, helping partners apply it.

B. Historical Weaknesses

Interviewees were equally consistent in identifying areas for improvement. These were not viewed as reflections of poor intent, but as natural consequences of design choices that were better-suited to an earlier era and now need updating.

- **Role clarity (cited by 17 of 22 interviewees).** The Coalition was perceived at different times as an advocacy platform, a fundraising mechanism, a technical authority, and a coordination forum. Sharpening the primary function and more clearly defining the Coalition's relationships with global stakeholders is one of the clearest opportunities for the relaunch.
- **Inconsistent cadence and limited follow-through (cited by 11 of 22 interviewees).** Meetings were often described as constructive but without visible follow-through on decisions. Participants described a recurring pattern in which important issues surfaced but lacked structured next steps, ownership, or measurable outcomes.
- **Insufficient strategic prioritization (cited by 18 of 22 interviewees).** The Coalition's focus shifted over time toward technical and research-oriented work that was valuable but not always the most urgent programmatic priority. There is an opportunity to more consistently anchor agenda-setting in the broader needs of the field rather than the interests of the most active participants at any given time.
- **Governance flexibility (cited by 14 of 22 interviewees).** The 2017 bylaws institutionalized a large Action Group with extensive seat allocations, which worked well for building broad legitimacy in the period of rapid program expansion. As the environment becomes more volatile, a more streamlined structure is better suited to making timely, focused decisions.
- **Insufficient country representation (cited by 19 of 22 interviewees).** Country program realities, particularly from countries facing greater implementation challenges or mature transitioning countries, were underrepresented in Coalition discussions. The Coalition skewed toward technical and institutional actors rather than implementers and country representatives.
- **Adapting to a new operating environment (cited by 13 of 22 interviewees).** The Coalition's strategic framing was well-suited to the expansion era it was designed for but struggled to adapt to changing context. Today the global context looks quite different as financing is less predictable, country programs are expected to take greater ownership, and the focus has shifted from reaching coverage targets to sustaining progress over the long term.

SECTION IV: EMERGING THEMES

The following table summarizes the eight strongest cross-cutting themes from the interview series, with the number of interviewees who raised each theme and the primary implication for the Coalition's design.

n	Emerging Theme	Coalition Implication
19/22	**Mandate clarity as prerequisite.** Stakeholders across all categories could not articulate the Coalition's primary function. Until the mandate is settled, governance,	Establish a clear, focused statement of purpose before any structural decisions. The Coalition should be explicitly defined as a neutral platform for shared learning and

	coalition participants, and agenda decisions will be contested and unstable.	coordination, not a policy-setting body, technical authority, or fundraising vehicle.
21/22	**Sustainability and program transition are now the central program challenge.** As the landscape evolves, programs are moving from externally supported mass drug administration (MDA) expansion toward models centered on country ownership, integration, and sustainable resourcing. This transition spans institutions and actors across the STH community as well as other sectors, and stronger coordination could help align approaches and strengthen the collective response.	Reposition the Coalition's core identity around helping programs navigate the transition period to sustainability for STH. Frame sustainability and country ownership, including country-led financing and delivery, as one of the Coalition's primary focus areas.
8/22	**Institutional identity clarity is a relaunch priority.** The relationship between the Coalition and global stakeholders is unclear to most interviewees. Resolving this is one of the most actionable early steps the Coalition can take.	Define clearly what the Coalition is and is not before relaunch including how it differs from CWW and how it relates to WHO, country programs, and policymakers. Multiple interviewees noted that clarity about the Coalition's role in the STH global landscape is a prerequisite for meaningful engagement.
20/22	**Country and implementer voices are structurally underrepresented.** The Coalition historically skewed toward technical and institutional actors. Country program managers, especially those navigating complex operating environment, acute gaps, or uncertainty after reaching program milestones such stopping mass drug administration programs, were rarely heard.	Design governance and participation to actively center country program realities. Especially including countries across varying levels of program maturity and creating mechanisms to surface challenges from those facing implementation barriers or navigating program transitions in global forums.
13/22	**Engaging WHO thoughtfully at all levels.** Stakeholders agreed that a productive relationship with WHO and WHO affiliated entities are essential to the Coalition's relevance. This means working closely with both Geneva and regional offices (which are often the primary point of contact for country programs) and ensuring all Coalition outputs are framed as supporting and contextualizing WHO guidance.	Position all Coalition outputs as supporting and helping partners apply WHO guidance. Build relationships with WHO at all levels, both in Geneva and through regional offices.
10/22	**The transition to sustainable programs requires proactive planning.** Pharmaceutical donation programs and other donor resources are rapidly shifting, and perpetual support cannot be assumed. Building shared frameworks now will help the STH	Play a convening and facilitating role in discussions on program transition and long-term sustainability. Facilitate dialogue on alternative and domestic financing approaches, government procurement models, integration with national health

	community navigate that shift more effectively. This challenge is cross-disease and cross-institutional, and coordinated action would strengthen the field's preparedness.	platforms, and other priorities associated with evolving external support. Collaborate with stakeholders and pharmaceutical partners in discussions on how their roles may adapt over time.
13/22	**Integration models and geographic scope vary significantly across regions.** The degree to which STH programs are integrated into broader health, education, nutrition, and maternal and child health systems varies significantly across and within regions — with integration already embedded in delivery platforms in parts of Asia and Latin America, while sub-Saharan Africa remains more vertically organized. As a global platform, the Coalition is well positioned to facilitate cross-regional exchange, helping programs learn from where integration is working and supporting others in navigating that shift, strengthening both the advocacy case and long-term sustainability.	Broaden the Coalition's participants, agenda, and engagement strategy to reflect its global scope. Build deliberate cross-regional connections (particularly between Asia, Latin America, and sub-Saharan Africa) so that integration experiences and lessons can flow across geographies rather than remaining siloed. Frame STH not as a standalone disease control program but as a component of broader health, education, and nutrition systems, with the Coalition serving as the body that connects and translates that experience across regions.
13/22	**The framing used to communicate STH priorities needs updating to reflect a changed landscape.** The disease control language that drove the Coalition's first decade helped build momentum and secure resources, but is no longer resonating as strongly with country governments, donors, and implementing partners now focused on sustaining progress, integrating programs into broader health systems, and planning beyond 2030. Updating the strategic focus toward language that speaks more directly to those realities (such as child health outcomes, program sustainability, and country ownership) could strengthen the collective advocacy case across a wider range of audiences.	**Develop a clearer external framing for STH as an early Coalition deliverable.** A consistent signal across interviews was that STH should be positioned as an essential component of basic health services rather than as a standalone disease program competing for limited attention and resources. Stakeholders suggested emphasizing STH as a child health indicator, a multiplier for broader health and development outcomes, and a practical example of how NTD programs can transition toward country ownership. The Coalition could help align partners around this framing and reinforce it through convening, coordination, and shared messaging.

SECTION V: PERSPECTIVES BY STAKEHOLDER CATEGORY

The themes in Section IV reflect broad consensus across all 22 interviews. This section surfaces how different stakeholder groups emphasized different priorities and where minority but strategically important perspectives deserve weight in governance and mandate design. Categories reflect primary role or expertise at the time of interview.

Multilateral and/or WHO-Affiliated Stakeholders (7 of 22 interviews)

Shared orientation. This group was most consistent in defining the Coalition's value by what it should not do: develop its own guidelines or policies, enter technical disputes, or appear to compete with WHO's normative guidance development role. The Coalition's role was described as needing to be interpretive and operational, helping country programs apply existing frameworks rather than generating new ones. The Global Schistosomiasis Alliance (GSA) was cited by multiple interviewees as a model of how an advocacy-oriented coalition can maintain a productive WHO relationship. Within this group, there was also shared recognition that the elimination messaging that organized the Coalition's first decade is no longer resonating with country governments or decision-makers, and that a shift toward reframing STH within broader health and wellbeing outcomes is overdue.

There was broad agreement that WHO engagement is essential at multiple levels. Geneva was seen as important for global policy alignment, while regional offices were seen as particularly valuable for connecting to- and providing contextualized guidance to country programs. The Coalition will need to invest in both.

Key signal. One interviewee offered an important observation: in parts of Asia, STH is integrated within education and MCH systems rather than organized as a standalone disease control program. In those contexts, the Coalition's purpose and approach may need to be described differently to remain relevant and useful. This suggests the Coalition should consider how its framing translates across different programmatic contexts. Minority view, but worth explicit consideration in governance and outreach design.

Primary risk. Being perceived as a parallel technical authority to WHO, or as institutionally entangled with CWW's programmatic work.

Current and Former Country Program Representatives (5 of 22 interviews)

Shared orientation. Across all five, the Coalition's value was framed in operational terms: connecting country programs to partners, facilitating access to technical support, and ensuring country realities are heard alongside global priorities. Most expressed frustration that country voices have been structurally underweighted in Coalition governance. The defining shared challenge was sustainability and the post-MDA transition, specifically the absence of clear guidance on what minimum or optimal programming looks like once high-coverage MDA has succeeded. Additionally, STH's declining visibility within the broader NTD portfolio, as partners shift attention to other diseases, was named as an accelerating risk. Finally, they also echoed the position that disease-specific framing that organized STH programming over the past decade no longer resonates, especially as national decision-makers must increasingly focus on health system sustainability and broader development outcomes.

Where views diverged. Program contexts varied enough that no single country experience was representative of the group. Some programs are in acute crisis — navigating abrupt donor exits, unfinished sustainability plans, and newly secured but administratively complex domestic funding — and need immediate partner connectivity, cost-effective mapping tools, and practical cross-sector integration models they can adapt to their own contexts. One program surfaced a distinct structural gap: as elimination programs wind down after years of successful treatment, they remove the delivery platform that STH MDA has relied on but new funders restrict spending to co-infection areas only. This means program success in one disease inadvertently abandons STH coverage in the same geography, a design flaw in integrated funding models that no current partner is positioned to address. Others are further along, focused on post-MDA surveillance gaps, healthcare worker capacity, and how to embed STH within broader health systems without losing disease-specific attention. Governance and WHO alignment were prioritized by some as the Coalition's prerequisite challenge. One minority but strategically significant view: in some countries, STH is already integrated within other sectors rather than run as a standalone program, making a disease-control-centric

Coalition framing less relevant in those geographies. This implies possibly a different Coalition value proposition in those contexts, not just a messaging adjustment.

Key signals. Domestic financing capacity is emerging in some countries, but administrative mechanisms to access it are lagging, resulting in missed program delivery despite available funding, a recurring vulnerability no institution currently owns. Post-MDA country experience is generating concrete evidence of what other programs will soon face: eroding STH knowledge among health workers, fragmented surveillance, and no structured pathway for case management. The Coalition has an early opportunity to surface and share these documented experiences before they catch other programs off guard. A related signal: partners supporting immunization, malaria, WASH, and NTD programs often operate in parallel at the country level despite targeting the same populations and no current body has a clear mandate to broker coordination across them around shared country priorities. All five interviewees named structured peer learning, the ability to share both successes and failures with comparable country programs, as one of the most immediately valuable things the Coalition could provide.

Primary risk. A Coalition that speaks on behalf of countries without genuinely hearing from them, or that remains anchored in an MDA-era frame that no longer reflects how programs operate in many regions, risks losing the trust and relevance it needs to be effective.

Academic and/or Research Stakeholders (3 of 22 interviews)

Shared orientation. This group was most focused on the Coalition's potential to connect research and technical expertise to program implementation and policy. Across all three conversations, two themes were consistent: the challenge of information flowing in both directions -- WHO guidance is produced but no institution facilitates structured feedback from field programs back to guidance developers -- and mandate clarity as a prerequisite for everything else. Without a defined purpose specific enough to generate real commitments, people will not invest their time. Maintaining research and development/innovation investment even as operational budgets shrink was also shared, grounded in the argument that the field has stalled before by assuming existing tools were sufficient.

Where views diverged. There was variation in emphasis across the three interviewees. One focused most sharply on the Coalition's external engagement role with country programs and regional actors. Another placed greater weight on formal information-sharing mechanisms with the WHO STH Advisory Committee. A third emphasized that governance must be designed for leadership that puts the mission first and makes decisions based on evidence rather than institutional interests or institutional representation. Overall interviewees described complementary rather than competing priorities; the challenge for the Coalition will be how to appropriately sequence them.

Key signals. Three stood out. First, leadership that is genuinely neutral and puts the mission ahead of institutional interests was described as a structural requirement -- selection criteria must explicitly include interpersonal qualities that enable genuine convening, not just technical credentials. Second, the Coalition must not over-promise on relaunch: a modest start that delivers is more credible than grand targets that risk failure. Third, regional multi-country health bodies in the Global South (Africa CDC, West African Health Organization, African Union) were named as examples of models of country-owned problem-solving that the Coalition has not historically engaged. The regional engagement signal is a minority view but reinforces the geographic framing concern raised by multilateral interviewees.

Primary risk. Outputs that are intellectually valuable but not operationally useful, reproducing the drift toward theory over practice that multiple stakeholders identified in the Coalition's later years.

NGO and/or Implementer Stakeholders (6 of 22 interviews)

Shared orientation. The most operationally oriented group, and the one with the deepest historical memory of what the Coalition actually did and did not deliver. Across all six conversations, there was consistent emphasis on the need for clearer direction-setting in the STH space going forward. The Coalition's value was described as building and sustaining momentum around shared priorities, not merely convening discussion. Stakeholders wanted to see the Coalition help the community coalesce around decisions and follow through on them. There was broad agreement that the Coalition's most effective periods were defined by trusted, neutral leadership that moved the field forward without centering itself. The transition to sustainability was flagged as the defining programmatic shift of the moment and one moving faster than current frameworks and advocacy narratives can accommodate. Mapping the existing landscape of organizations and working groups, such as a structured picture of which organizations, platforms, and working groups are already active in the STH space and what each owns, was the most consistently named first deliverable: the Coalition needs to know where it sits relative to existing structures before it can credibly define its own role.

Where views diverged. Where views diverged was on sequencing rather than substance. All agreed the Coalition should engage on sustainability and assist countries in progressing towards future local procurement of medicines and financing; the question was when and how. Some felt the Coalition should move quickly and take clear positions, arguing that the field is already behind on this conversation and delay carries its own risks. Others argued that the Coalition is not yet in a position to lead on contested topics, and that doing so before it has rebuilt trust and demonstrated neutrality across diverse stakeholders could cause key actors to disengage before the Coalition has gotten off the ground. In their view, the Coalition's most important contribution on difficult topics is creating the conditions for the community to work through them together. Both positions reflect genuine concern about the field being underprepared; they differ on whether the Coalition's value is in accelerating that conversation or in building the foundation that makes it productive. The Steering Committee should address this question early, as it has direct implications for how working groups are scoped and what the Coalition puts forward in its first year.

Key signals. There is broad recognition that long-term program sustainability, including how treatments are financed and procured over time, deserves more structured attention and that the Coalition is well placed to facilitate those conversations. Interviewees were specific about what that means in practice: the goal is not simply to manage the transition away from donated medicines, but to build country capacity to procure and finance treatments independently over time. That framing positions sustainability as a country ownership agenda, not just a donor transition problem, and gives the Coalition a more durable and politically resonant way into the topic.

Primary risk. Duplication of existing structures with any existing networks or groups, such as the NNN STH/SCH working group or Kikundi. The Coalition must map the current institutional landscape before finalizing working groups in order to position itself as complementary to existing efforts and avoid duplicating work that implementing partners are already doing.

Donor (1 of 22 interviews)

Note: This category reflects a single interview entry and should not be read as representative of funders broadly. Additional donor outreach is recommended before finalizing the Coalition's approach to funder engagement.

Shared orientation. The donor interview offered an expansive and ambitious vision for the Coalition, a comprehensive, accessible resource that any actor in the global STH space could turn to for direction, shared frameworks, and a common narrative. Long-term program sustainability, including the future of drug donation programs, was seen as one of the most important topics the Coalition could engage with early on. Stakeholders felt that how the Coalition approaches this conversation would go a long way toward demonstrating its value to the broader community.

Key signals. Pharmaceutical donation timelines are not reliably known to implementing partners, and the community can improve country preparedness for sustainable pharmaceutical procurement as a long-term objective. The SCH-STH connection was named as an underexplored opportunity to strengthen the collective advocacy case.

Primary risk. A Coalition that is perceived as overly cautious or slow-moving at a time when the field needs clearer direction. Stakeholders felt the relaunch is an opportunity to demonstrate that the Coalition can engage meaningfully with difficult questions and provide the kind of leadership the STH community needs right now.

SECTION VI: GOVERNANCE PRINCIPLES AND STRUCTURAL RECOMMENDATIONS

The following recommendations are drawn directly from stakeholder feedback and are organized as governance principles to guide charter development, leadership design, and operational structure.

1. Mandate Clarity

The Coalition should be explicitly defined as a neutral platform for shared learning and coordination that supports shared interpretation, prioritization, and collective action as STH programs mature. It should not position itself as:

- Policy-setting or a body that sets its own policies or guidelines
- A fundraising vehicle or resource mobilization mechanism
- A direct technical assistance provider to individual country programs

The mandate should be narrow enough to generate real commitments and specific enough to exclude activities that would dilute focus.

2. Institutional Identity and Role Clarification

Before any public relaunch, the following relationships must be explicitly defined and communicated:

- WHO Geneva: a close working relationship built on supporting and helping partners apply WHO guidance, not developing parallel positions.
- WHO Regional Offices: an equally important relationship — the Coalition should engage WHO regional offices as directly as Geneva, given their closer connection to country programs.
- CWW: Secretariat and operational support, institutionally distinct from the Coalition.
- Other policy and governance bodies (STAG, WHO-STH Advisory Committee, PC-NTD Regional Program Advisory Group, etc.): complementary bodies whose work the Coalition can support by keeping them informed of emerging priorities, program challenges, and developments across the STH community.
- Country programs and policymakers: a central constituency.
- NNN, Kikundi, and other coordination platforms: complementary partners, with a shared commitment to avoid duplication.

The CWW-Coalition boundary is the most actionable clarity issue. Stakeholders noted that this relationship has not always been well understood externally, and that visible institutional definition is a prerequisite for effective engagement.

3. A Focused, Purpose-Built Steering Committee

Coalition governance works best when leadership is selected for what the work requires. As the Coalition relaunches into a more complex and resource-constrained environment, the Steering Committee should be purpose-built for that moment rather than structured primarily around institutional representation.

- A small Steering Committee, selected based on broad experience across the STH landscape, the ability to make and hold difficult prioritization decisions, and the trust of diverse stakeholder groups
- Selection criteria should explicitly include the interpersonal qualities that enable genuine convening, such as the ability to synthesize across perspectives, hold space for disagreement, and act without institutional self-interest, alongside technical credentials and experience
- Broad participation remains open to all Coalition participants; decision-making authority is concentrated in this small committee so the Coalition can move with clarity and speed
- Participants should be chosen for their independent perspective rather than as formal representatives of their employer's position. Multiple interviewees cited the Global Schistosomiasis Alliance and International Coalition for Trachoma Control as models where this quality of leadership was central to those platforms' effectiveness.

4. Disciplined Prioritization

The Coalition should adopt an explicit prioritization framework anchored in addressing:

- Sustainability risks and program transition as external support evolves
- Country ownership challenges and domestic financing navigation
- Pressures to integrate STH into broader health systems and make programs self-sustaining
- Technical and operational challenges for mature programs in post-MDA transition

Technical activities should be included only when they have a clear line to the most pressing programmatic needs.

5. Accountability and Follow-Through

Convening alone is insufficient. Governance processes should include:

- Clear and consistent meeting cadence
- Documented decisions and next steps for every meeting
- Named ownership for each action item
- Visible feedback loops demonstrating what changed as a result of each convening
- Short written summaries capturing decisions and implications, shared with participants and the broader Coalition

6. Country and Implementer Orientation

Country program realities must be centered in Coalition priorities:

- Governance and participation should include countries and regions across varying levels of epidemiologic and program maturity

- Mechanisms should be developed specifically for surfacing and coherently generalizing challenges from countries facing greater implementation challenges and transitioning countries to global forums
- The Coalition's global advocacy function should be explicitly country-demand-driven, carrying country challenges and achievements to global audiences
- Facilitating and coordinating support for emergency gap-filling should be considered for countries experiencing acute operational disruptions during political or administrative transitions

7. Working Group Design

Working groups should be output-oriented from inception rather than discussion-based convening structures:

- Each working group should have a defined deliverable, a timeline, and a named owner from the first meeting
- Working groups should be time-limited and dissolved when their mandate is fulfilled
- Recommended early working groups based on interview findings: (a) sustainable pharmaceutical procurement and pharmaceutical engagement; (b) integration and sustainability common framework; (c) cross-country knowledge sharing and data platform; (d) reframe STH strategic objectives and advocacy tools
- Working groups should be coordinated with and distinguished from existing working groups in other coordinating networks to avoid duplication

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SECTION VII: SUGGESTED EARLY DELIVERABLES

Based on interview findings, the following deliverables were identified as high-value, low-conflict, and achievable within the Coalition's first operational year. These are offered as a starting point for Steering Committee prioritization.

- **Map of existing organizations and working groups.** Map existing coordination bodies, working groups, and initiatives across STH and adjacent NTD spaces to identify where the Coalition adds value and where duplication risks exist.
- **Support discussions on how the STH community frames its shared purpose and priorities going forward.** Facilitate dialogue across the full STH ecosystem, spanning multilateral bodies, country programs, implementers, researchers, donors, and adjacent sectors, to explore how STH efforts may be framed beyond elimination toward basic health and wellbeing, broader development contributions, and transition pathways.
- **Framework for sustainable program transition.** Convene partners working on STH sustainability and integration to align on common language and practical approaches for transitioning toward country-led and sustainably financed programs.
- **Cross-country knowledge sharing platform or community of practice.** Establish a structured mechanism for collecting and disseminating practical examples of how countries have contextualized existing guidance.
- **Shared data/information resource or tool.** Develop a shared data or information resource for STH accessible to participating country programs. Explicitly requested by country program and regional WHO interviewees; supported broadly across the interview series.

- **Institutional relationship clarification document.** Produce a clear, public-facing document defining the Coalition's relationship and role within the STH landscape. This is the single most urgent communications task based on interview findings.

SECTION VIII: WHAT THE COALITION SHOULD AVOID

Across interviews, five categories of risk were named repeatedly. These are listed here as explicit guardrails for relaunch design.

- **Appearing to develop its own guidelines or policies or compete with WHO's role.** Outputs perceived as setting guidance or policy will damage the Coalition's credibility.
- **Reproducing the role/identity confusion.** Clearly defining the Coalition's role and relationships before relaunch will strengthen how the Coalition is received and interest in engagement from global stakeholders.
- **Trying to be everything to everyone.** A broad mandate will attract actors who pull in different directions and can shift focus away from the Coalition's most important contributions. A focused agenda and discipline to remaining within scope must be central to the governance design choice.
- **Continuing the donor-centric orientation and limited regional scope.** The Coalition must turn its lens toward country realities and broaden geographic framing. Asia and Latin America as well as Africa have critical lessons and represent underserved constituencies.
- **Allowing meetings without follow-through.** A Coalition that convenes interesting discussions but produces no visible action will quickly lose the participation of stakeholders with limited time.