

To whom it might concern

**Special Rapporteur on the Right to
Development**

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Call for Input: Country Visit to Germany (2025)

Dear ladies and gentlemen,

below the input from Action against AIDS Germany and medmissio to your questionnaire for the preparation of the special rapporteur on the Right to Developments visit to Germany. Please contact us should you have any further questions. We look forward to your visit!

with best regards

Action against AIDS Germany

Questions and answers

1. What are the good practices with regards to the implementation of the 2030 Agenda for Sustainable Development?

As Action against AIDS, our work focuses primarily on health (SDG 3) and, in particular, SDG 3.3: ending AIDS, tuberculosis and malaria by 2030. From this perspective, we see several positive practices, supported by the German Government, that effectively contribute to the implementation of the 2030 Agenda and the realisation of the right to development.

One of the strongest examples is the Global Fund to Fight AIDS, Tuberculosis and Malaria, which has saved an estimated 65 million lives since its establishment and has been supported by Germany as a founding member, Board representative, and the fourth-largest state donor. The Global Fund combines predictable, long-term financing for HIV, TB and malaria, and for community and health system strengthening, with a strong emphasis on evidence-based programming, transparent governance, and measurable results directly linked to SDG targets. A key feature of the Global Fund is its strong engagement of communities and civil society in decision-making processes. It

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works closely with local partners and affected communities, ensuring that programmes are country-owned, tailored to national contexts, evidence-based, and grounded not in ideology but in the lived realities of those they are intended to serve — for example, through support for harm reduction programmes for people who use drugs, or for sex workers.

Another good practice is Germany's support of UNAIDS, which gathers and uses robust data, rights-based frameworks and accountability mechanisms to address barriers such as stigma, discrimination and criminalisation that prevent marginalised populations from accessing healthcare.

It is crucial that Germany continues and strengthens its support for both the Global Fund and UNAIDS - particularly in times of renationalisation and declining international health financing. Germany should contribute its fair share - €1.8 billion for the Global Fund's 8th replenishment - and increase its robust financing for UNAIDS to safeguard progress towards SDG 3 and uphold its commitments to global health and the right to development.

Germany has a long history and strong record of supporting and integrating community and civil society in its national HIV programmes and in the development of strategies and processes related to global health. It used to be good practice, for example, to establish official delegations for UN High-Level Meetings and to invite representatives from civil society to participate. This practice has stopped in recent years - we interpret this as a clear sign of shrinking spaces for civil society involvement in Germany.

2. What are the key issues and challenges faced in the implementation of the right to development? What are the main/most pressing legal and policy gaps?

From our perspective as Aktionsbündnis gegen AIDS, several interlinked crises are severely undermining the implementation of the right to development, particularly in relation to global health (SDG 3) and the target of ending AIDS, tuberculosis and malaria (SDG 3.3). Germany plays a pivotal role in this context, both as a major donor and as an influential actor within multilateral health governance.

First, the drastic erosion of international health and development financing poses a fundamental threat. The termination of nearly all USAID programmes and severe ODA cuts by key donors such as the UK (-40%), France (-39%) and the Netherlands have created unprecedented funding gaps. According to *The Lancet*, these reductions alone could result in over 14 million additional deaths by 2030, including up to 4,5 million children under the age of five. Germany's own ODA remains insufficient: while officially at 0.67% of GNI in 2024, genuine development funding (excluding in-country refugee costs and loans) was only 0.48%, and health-specific ODA stood at just 0.057%, far below the WHO's recommended 0.1%. Without scaling up predictable and equitable financing, including fair contributions to multilateral mechanisms such as the Global Fund and UNAIDS, the right to health as part of the right to development cannot be realised.

Debt burdens compound this crisis. Many countries of the Global South now spend three to six times more on debt servicing than on healthcare, diverting scarce resources away from essential services. The government should act responsibly and

use its reputation and influence to address the debt problem and advocate in international forums such as the G7 and G20 processes for the establishment and implementation of global debt relief programs. Furthermore, Germany should support the establishment of a UN framework convention on sovereign debt restructuring, as demanded by the Global South and civil society, in order to create a fair, transparent, and inclusive insolvency mechanism for nation states. Additionally, in line with the FfD4 outcome document, German ODA should place greater emphasis on providing grants rather than loans.

Germany established a Debt2Health program that converts developing countries' debt into domestic investments in health. In 2024, Germany converted €29 million of Mongolia's debt into public health investments. In the same year, it converted €75 million of Indonesia's debt - the largest single Debt2Health swap to date. These are good advances. However, as always, the government should work to ensure that the scale at which these programs can be implemented is increased and advocate among other privileged countries to make use of this option for debt conversion. Germany's failure to push for structural debt relief limits partner countries' fiscal space and undermines their ability to invest in health and social sectors.

At the same time, shrinking civic space and restrictions on participation pose serious obstacles. Civil society and community-led organisations, especially those representing marginalised populations such as LGBTIQ+ persons, sex workers, people who use drugs, incarcerated populations and migrants, are increasingly repressed or defunded in many contexts. These groups are central to reaching vulnerable communities, delivering services, and holding governments accountable, yet German development cooperation lacks binding safeguards to systematically protect their participation and rights, despite articulated commitments in Germany's Global Health Strategy to a rights-based approach and "leaving no one behind."

Moreover, global health governance is weakened by growing tendencies towards bilateralisation and fragmented funding streams, even as Germany publicly champions multilateralism. Efforts to constrict funding towards narrowly defined "life-saving interventions" risk sidelining prevention, health systems strengthening and community-based and community-led responses, all essential for sustainable progress and integral to our advocacy work.

In this context, the main policy gaps from our perspective are clear: insufficient financing in line with established ODA and health benchmarks; the absence of systematic human rights safeguards and impact assessments in development cooperation; limited legal protection for civic space; and inadequate action on debt relief. Addressing these challenges is critical if Germany is to meet its stated commitments under the 2030 Agenda and to uphold the right to development.

3. How are human rights and environmental considerations included while adopting development policies and programs? Are human rights impact assessments conducted? Are civil society organisations and/or workers organisations included in such assessment and in what ways?

Germany's development and global health policies formally commit to human rights principles, such as non-discrimination, participation, gender equality, and the "leave no

one behind” approach. Environmental considerations are also increasingly integrated through cross-sectoral approaches (e.g. One Health, Planetary Health).

However, there are no binding, systematic human rights impact assessments (HRIAs) for development policies or programmes. While human rights are referenced, assessments are generally ad hoc and not institutionalised. This gap limits accountability and can undermine rights-based approaches, particularly in contexts of “shrinking civic space”.

Civil society organisations (CSOs) and affected communities are consulted selectively through Government-owned dialogue platforms (e.g. Global Health Hub Germany) or programme-level stakeholder engagement. Yet, participation is not formalised, and CSOs, including networks of people living with HIV, LGBTIQ+ groups, prisoners, sex workers, migrant populations and people who use drugs, are not systematically involved in structured HRIAs, since these are not standard practice.

Environmental impact considerations are more explicitly addressed in policy (e.g. SDG integration, One Health, planetary health references), but these also lack clear monitoring mechanisms.

4. Any information regarding Official Development Assistance and development cooperation and their impacts on the advancement of human rights?

Official Development Assistance (ODA) is a critical enabler of the right to development, particularly in health. Germany has repeatedly underscored its commitment to the 2030 Agenda and to human rights-based development, yet its ODA remains insufficient to meet these goals.

While Germany reported an ODA ratio of 0.67% of GNI in 2024, genuine development finance, excluding in-country refugee costs, imputed student costs, administrative costs and loans, was only 0.48%. Health-specific ODA amounted to just 0.057%, well below the WHO-recommended 0.1% benchmark. This underinvestment directly impacts the advancement of human rights, including the right to health, especially in low-income partner countries heavily dependent on external financing. Additionally, the 2025 coalition agreement, for the first time in nearly 30 years, omits any reference to the 0.7% target and signals an “appropriate reduction” of the ODA ratio to consolidate the budget, raising further concerns about Germany’s ability to meet its human rights and development commitments.

These shortfalls, combined with recent federal budget plans signalling further cuts, undermine rights-based health programmes and multilateral mechanisms such as the Global Fund and UNAIDS, which are crucial for reaching marginalised groups and ensuring equitable access to care. Without predictable, scaled-up financing aligned with international commitments, Germany risks weakening both global health outcomes and its own stated human rights obligations under the 2030 Agenda.

5. What measures have been taken by the Government to ensure that all business enterprises operating within the territory or jurisdiction of Germany respect human rights (including the right to development) and contribute to the 2030 Agenda?

This question lies outside the core mandate and expertise of Aktionsbündnis gegen AIDS. Our work focuses on global health and development cooperation, in particular HIV, TB, and malaria, and related human rights in partner countries. We therefore will not provide a substantive answer here.

6. How does the Government promote and guarantee active, free and meaningful participation of people in development policies and programs? Specific attention will be given to access to information and the effective participation of marginalised or vulnerable groups in the design, implementation and monitoring of development policies, programs and projects, as well as access to mechanisms of accountability.

While Germany's policies formally recognise participation and the "leave no one behind" principle, in practice there are no binding mechanisms to guarantee it. Civil society—including marginalised and community-led groups central to global health—remains insufficiently involved in shaping and monitoring development programmes.

Our experience, particularly in the review of Germany's Global Health Strategy or for the preparation of declarations for UN HLMs, or the future summit, shows that consultation processes are ad hoc and do not adequately include affected communities, especially those from the Global South.

For some of these processes, there were ad-hoc opportunities to provide input, but the timelines given were usually far too short and lacked genuine motivation. It felt as if the opportunity to contribute was not meant seriously and was only about ticking the box of "civil society participation." One never receives any feedback — not even a confirmation of receipt. We can gladly do without this kind of meaningless "civil society involvement."

This is particularly concerning given global trends of shrinking civic space and repression of key populations, which Germany has not systematically addressed in its development cooperation.

To fulfil its commitments under the 2030 Agenda, Germany must move beyond dialogue formats and institutionalise participation: by creating enforceable safeguards for civil society involvement, financing community-led structures, and ensuring that marginalised voices are represented in decision-making and accountability mechanisms across its development policies.

7. How is the Government ensuring an equitable sharing and redistribution of the benefits of economic growth? What social safety net schemes are in place to address poverty and guarantee access to basic services for all?

This question appears to address primarily domestic redistribution within Germany, which is outside the scope of our mandate. As our work focuses on global health and international development cooperation, we will not provide a substantive answer here, except to note that in the global context, persistently low health-specific ODA and limited debt relief for partner countries constrain their ability to invest in health systems and essential services, thereby affecting equitable access and the right to development.

8. What policies and measures are in place to address inequalities including those based on gender and social status? How effective are these policies and measures?

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Germany has adopted several policy frameworks to address inequalities, particularly those based on gender, within its global health and development engagement.

The Feminist Development Policy (BMZ, 2023) and Feminist Foreign Policy (Federal Foreign Office, 2023) explicitly prioritize Sexual and Reproductive Health and Rights (SRHR), gender equality, and the protection of marginalized groups, supported by the Third Development Policy Action Plan on Gender Equality (2023–2027), which targets 93% of new funding to gender equality by 2025. The Global Health Strategy reinforces these commitments through rights-based approaches, focusing on SRHR, non-discrimination, and participation of vulnerable groups in health system strengthening.

While these policies provide a strong framework, effectiveness is constrained by declining ODA levels and reductions in funding for SRHR and Reproductive, Maternal, Newborn, and Child Health (RMNCH) between 2021 and 2023, which risk undermining implementation and progress on gender-responsive global health.

9. Could you provide any suggestions for recommendations that the Special Rapporteur should make to the Government and other stakeholders whose work has an impact on realising the Sustainable Development Goals and the right to development?

- Reaffirm ODA commitments and scale up rights-based financing for health:
- Germany should restore its commitment to allocating 0.7% of GNI to ODA, with at least 0.1% dedicated to health, excluding in-country refugee costs, administrative costs, imputed student costs as well as loans. Predictable, increased funding for multilateral mechanisms such as the Global Fund and UNAIDS is essential to advance the right to health and meet SDG 3.
- Scale up support for multilateral health mechanisms: Strengthen Germany's financial and political contributions to the Global Fund, UNAIDS, WHO, Gavi, Unitaid and CEPI. These mechanisms are essential for addressing pandemics, achieving health equity, supporting community-led health systems, and advancing UHC.
- Prioritise vulnerable and marginalised groups: Ensure that the revised Global Health Strategy explicitly addresses structural barriers such as the criminalisation of LGBTIQ+ people, sex workers, prisoners, refugees, people on the move and people who use drugs, while safeguarding community-based service delivery.
- Protect civic space: Embed explicit safeguards for civil society participation in all health-related multilateral processes (e.g. UN HLMs, WHO governance), including transparent mechanisms for selecting and resourcing independent CSO delegates.
- Integrate lessons from COVID-19 and climate change: Ensure equitable access to diagnostics, vaccines, and therapeutics in future crises and link health policy with climate resilience, given climate-driven disease spread.
- Foster transparent research and fair innovation: Decouple research funding from profit-driven interests, tie public funding to public return, enforce price

transparency, and promote local production and technology transfer to the Global South.

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- Institutionalise mid-term review and accountability: Conduct a rights-based, participatory review of the Global Health Strategy by 2025, with clear indicators on equity, funding, and outcomes for marginalised populations.

10. Could you provide any suggestions for and contacts of stakeholders that the Special Rapporteur should meet, including government institutions, civil society organisations, trade unions, community representatives, academia and lawyers?

Government institutions:

BMZ/GiZ Harriet Ludwig, Tanja Vorwerk (Bonn/Berlin)

BMG: Björn Kühn

Civil society organisations and networks:

- Aktionsbündnis gegen AIDS, Berlin
- Medmissio, Würzburg
- Ärzte ohne Grenzen, Berlin

Community and rights-based networks:

- Deutsche Aidshilfe, Berlin
- Aids Action Europe, Berlin
- Trans Europe & Central Asia (TGEU)
- Schwulenberatung Berlin

Academia:

- University Heidelberg

11. Could you provide any suggestions of cities, localities or communities that the Special Rapporteur should consider visiting

Berlin/Bonn/Würzburg

12. Is there any other pertinent information that you consider relevant for the visit of the Special Rapporteur?

Germany's **role as a multilateral leader is at risk** due to declining ODA and omission of the 0.7% target in the 2025 coalition agreement. Amid global renationalisation, it is essential that Germany reaffirm solidarity, strengthen multilateral health financing, and protect civic space to meet its SDG and human rights commitments.

During the visit, the Special Rapporteur wishes to meet with civil society organizations, independent human rights institutions, human rights defenders, trade unions and other advocates working in particular on issues related to the right to development. The schedule and venues of meetings with civil society representatives will be shared in due course.

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All submissions should be sent to hrc-sr-development@un.org by 31 August 2025.

Kindly note that all submissions will be treated as confidential.

To obtain further information on the Special Rapporteur and his mandate, kindly visit the mandate webpage.

Contact:

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