

WHO stakeholder proposal feedback from Action against AIDS Germany



Figure 1 WHO stakeholder proposal feedback from Action against AIDS Germany

The World Health Organization (WHO) has been mandated by its Executive Board to convene key global health actors to develop [a proposal for a process to transform the global health architecture \(GHA\)](#), in connection with the UN80 Initiative. To inform this process, the WHO has invited stakeholders to provide feedback on a draft “skeleton” proposal.

1. Feedback on purpose, scope and principles

Action against AIDS Germany acknowledges the urgent need to address fragmentation, duplication, and weak coordination, challenges that should have been tackled long before the current financial crisis in global health governance, exacerbated (not only) by the withdrawal of the United States from its multilateral commitments and the current erosion of multilateralism, global commitment and solidarity.

However, the current proposal risks interpreting this mandate too narrowly. Its focus on reductions of duplications, efficiency, streamlining and coordination, sidelines the political and normative foundations of global health governance. Reform must not be reduced to a technical exercise in system optimization, especially when existing systems have demonstrably failed to respond adequately to today’s global challenges. Global health architecture is not merely a delivery mechanism; it is a political space where best-practice examples are identified, priorities are negotiated and norms are set. Lack of accountability will be the result if this is neglected.

A reform process that prioritizes efficiency without equally addressing the underlying political challenges, such as power imbalances, lack of equity, the erosion of human rights, democratic legitimacy, and the failure to sufficiently focus on the most critical medical needs of vulnerable populations, risks reinforcing existing political and structural deficiencies rather than resolving them. The guiding principles, as currently formulated, are insufficient: Human rights, equitable access to medicines, gender equality, protection of civic space, transparency, and institutionalized community leadership are not optional add-ons to be put under the three categories offered: they are central core principles to effective global health responses.

There is also a clear political risk that “reform” becomes a vehicle for weakening, absorbing, or dismantling institutions and functions that are essential. In a geopolitical context where multilateralism is already under severe strain, this risk must be explicitly acknowledged. Reform should strengthen multilateralism and accountability, not contribute to their erosion under the guise of efficiency. At a time of shrinking civic space, rising anti-rights movements, the decline of democratic principles and increasing funding pressures, stronger, not weaker, civil society integration, rights-based and community-led approaches are needed.

This concern is extremely acute in the context of the global HIV response. The proposed “sunsetting” of UNAIDS (as the UN institution that has the reduction of duplications, streamlining cohesion in its mandate) threatens to dismantle structures that saved millions of lives and has proven to be extraordinarily effective over decades. Phasing out successful UN institutions without a clear plan or viable replacement reflects panic rather than strategy. Labeling such actions as “reform” is not only misleading, it is deeply cynical. A meaningful reform must ultimately strengthen accountability, equity, and rights-based governance at all levels.

In summary, Action against AIDS Germany recommends

Broaden the scope beyond technical efficiency: Ensure the reform process addresses political and structural dimensions of global health governance, including power imbalances, shrinking spaces for civil society, democratic legitimacy, and a clear emphasis on critical medical interventions for the most vulnerable populations, not just coordination and efficiency.

Embed human rights and health equity as core principles: Explicitly integrate human rights, equitable access to medicines as well as diagnostic and preventive tools, gender equality, civic space protection, a focus on marginalized groups and community leadership as non-negotiable core principles guiding the reform process. The intention to “Leave No One Behind” is not a slogan from the past to illustrate the 2030 development goals. It needs to be transformed into reality and guide the way of the reform process.

Protect and strengthen proven multilateral institutions: Avoid dismantling effective institutions such as UNAIDS without a clear, evidence-based transition plan. Reform should reinforce multilateralism and existing effective and essential mechanisms rather than weaken them under the pretext of streamlining.

1. Feedback on functional areas for proposed workstreams

The proposal introduces six functional workstreams, normative functions, national ownership, R&D and access, data and surveillance, health emergencies, and coordination and accountability. Structuring reform along functional lines rather than institutional mandates is a constructive starting point, as it can help clarify roles and reduce fragmentation across the global health architecture. In its current form, the framework appears to be overly technocratic and does not adequately reflect how effective global health responses operate in practice. Across multiple workstreams, there is a consistent underrepresentation of political realities, human rights considerations, and the central role of civil society and communities. In the area of normative functions and standards, the proposal lacks explicit reference to already established global standards, frameworks and agreed language, especially regarding controversially discussed topics, such as gender, sexual and reproductive health and rights

(SRHR), harm reduction, and the right to health. In our opinion, a strategy that avoids sensitive topics will achieve nothing.

The workstream on national ownership and priorities does not sufficiently define what meaningful country ownership entails. A narrow interpretation risks excluding civil society and marginalized communities, e.g. key populations who are often most affected yet least represented. Without a strong human rights foundation, “national ownership” could be misused to justify decisions that are not evidence-based, undermine equitable access or constitute a violation of basic human rights. Crucially, community systems, community-led services, and community-led monitoring are by Governments very often sidelined and not recognized as core components but rather treated as peripheral stakeholders, despite clear evidence, particularly from the HIV response, that community leadership is essential for effective, inclusive, equitable, and accountable health systems. Within R&D, innovation, and access, the proposal does not adequately address structural barriers such as intellectual property regimes or the imbalance between the Global North and Global South. Without tackling these issues, equitable access to health technologies will remain unattainable.

The data, surveillance, and health security workstream fails to recognize the role of communities as independent and trusted data generators. Community-led data collection is critical, specially where government data may be incomplete, delayed, or politically influenced. Ignoring this dimension risks weakening both transparency and responsiveness. The health emergencies and humanitarian action workstream is too narrowly scoped and fails to sufficiently address protracted crises, conflict settings, and fragile contexts, which are increasingly the norm rather than the exception. Sustaining access to care and upholding rights in these environments is essential for a credible global health framework. Besides, the coordination, impact, and accountability workstream would benefit from stronger emphasis on accountability to affected populations, transparency in financing, corruption and the recognition of power asymmetries between actors, not only technical efficiency.

Overall, while the proposed workstreams provide a useful structural foundation, they require significant strengthening to incorporate political, rights-based, and community-driven dimensions. Without this, there is a risk of reinforcing existing systemic gaps under the guise of simplification.

In summary, Action against AIDS Germany recommends:

Embed human rights and community leadership as cross-cutting principles: All workstreams should explicitly integrate human rights standards and recognize communities, not as stakeholders, but as actors in governance, service delivery, data systems, and accountability. Community-led systems and monitoring must be treated as core components of effective health responses.

Redefine “national ownership” to ensure inclusivity and accountability: Clarify that country ownership includes meaningful participation of civil society and affected populations and must be grounded in evidence-based policy and international human rights commitments. Safeguards are needed to prevent exclusionary or politically driven interpretations.

Address structural inequities in access, data, and crisis response: Strengthen the framework by tackling intellectual property barriers and Global North-South imbalances in R&D and access; formally integrate community-led data systems; and expand the health

emergencies workstream to explicitly cover protracted crises, conflict settings, and continuity of care.

2. Feedback on the approach to the coordination of the process.

The proposal outlines a coordination structure composed of a Steering Committee, a broader Reference Group, thematic workstreams, and a Secretariat, with WHO hosting the process. This layered approach has the potential to balance efficiency and inclusiveness by combining political guidance with broader stakeholder engagement. Still, several key aspects of how this balance will be achieved in practice remain insufficiently defined.

It is unclear to what extent the expertise and contributions of other global health actors, including UN institutions engaged in health-related work, such as UNAIDS and its co-sponsoring entities, will be integrated into the process. Greater clarity is also needed on how this initiative will align with, and build upon, the existing global health architecture. The proposal does not sufficiently specify how representation in the Steering Committee and the Reference Group will be determined. Questions remain regarding the criteria and process for selecting members, the degree to which civil society will be meaningfully integrated, and how regional balance and leadership from low- and middle-income countries (LMICs) will be ensured. From our perspective, it is essential to guarantee meaningful participation of civil society and communities that goes beyond a purely consultative role. Relatedly, there is a lack of transparency decision-making authority and governance. It is unclear who ultimately decides on the composition of the Reference Group and whether Member States may object to the inclusion of certain civil society representatives, particularly those representing marginalized or politically sensitive communities, such as LGBTIQ individuals, people who use drugs, sex workers, refugee and migrant populations or organizations working at the intersection of health and human rights. Addressing these concerns is critical to ensuring the legitimacy, inclusiveness, and effectiveness of the process. Furthermore, civil society and community representatives should hold formal roles within the governance structure itself, including within the Steering Committee, and be supported with adequate financial resources. Without such support, participation risks being limited to larger, well-resourced organizations, thereby excluding smaller, grassroots actors and undermining diversity of perspectives. Participation should also enable genuine influence over priorities and outcomes, rather than being confined to advisory input.

Likewise, important operational questions remain unanswered, including reporting lines, the precise mandate of the Reference Group, decision-making procedures for recommendations, and the size and composition of the various bodies.

In summary, Action against AIDS Germany recommends:

Clarify governance, representation, and decision-making processes: Define transparent criteria and procedures for selecting members of the Steering Committee and Reference Group, ensure balanced regional representation and LMIC leadership, and clearly outline mandates, reporting lines, and final decision-making authority.

Ensure meaningful and resourced participation of civil society and communities: Establish formal roles for civil society within governance structures, safeguard inclusive representation (including marginalized groups), and provide adequate financial support to enable equitable and effective participation.

3. Feedback on the anticipated timeline and phases

The proposal sets out a four-phase process from mid-2026 to mid-2027, covering setup and mapping, options development, dialogue and convergence, and finalization. A time-bound approach is, in principle, welcome, as it can help sustain momentum and avoid protracted reform discussions without tangible outcomes. The inclusion of milestones and progress indicators is also a positive feature.

At the same time, the proposed timeline appears overly compressed given the scale and complexity of the reform. The process seeks to address mandates, governance, financing flows, coordination mechanisms, and institutional roles across the global health architecture, areas that require careful analysis, broad consultation, and iterative refinement. While progress indicators are foreseen, it remains unclear who will define them and according to which criteria. This is a critical issue, as the choice of indicators will shape how progress, and potential shortcomings, is assessed.

Further clarity is needed regarding timelines and modalities for monitoring and evaluation. Key questions remain: when and how will progress be reviewed, by whom, and to whom will reporting take place? What corrective measures will be triggered if milestones are not met, or if the reform process does not deliver the intended outcomes? It is equally important to clarify who holds the authority to draw conclusions, formulate recommendations, and ultimately take decisions on the way forward. While the overall structure is appreciated, conducting such an ambitious process in an inclusive, evidence-based, and transparent manner will likely require more time than currently foreseen. There is a significant risk that meaningful participation, particularly from civil society, communities, and stakeholders from low- and middle-income countries, will be constrained by overlapping phases and limited consultation windows. A compressed timeline may inadvertently privilege well-resourced actors that are better positioned to engage continuously across parallel workstreams.

Recent discussions on the future of UNAIDS underscore the risks associated with accelerated reform processes, where essential functions such as coordination, data systems, governance, and community participation may not be sufficiently safeguarded. To mitigate these risks, the proposal would benefit from stronger safeguards, including adequate time for evidence generation and consultation, as well as clearly defined checkpoints to assess progress, identify challenges, and ensure that stakeholder input is meaningfully integrated.

Finally, greater transparency is needed regarding the rationale behind the proposed timeline, the possibility of extending it if necessary, and the decision-making authority governing both the process and its follow-up actions.

In summary, Action against AIDS Germany recommends:

Strengthen transparency and accountability in process design: Clearly define who sets progress indicators, how and when progress will be reviewed, what happens if milestones are not met, and who holds decision-making authority for conclusions and follow-up actions.

Ensure an inclusive and realistic timeline: Reassess and, if necessary, extend the timeline to allow for meaningful participation, robust evidence generation, and iterative consultation, with built-in checkpoints to safeguard inclusiveness and quality of outcomes.

4. Please provide your feedback on the stakeholder engagement strategy.

The proposal outlines a broad stakeholder engagement approach, including open calls, regional consultations, thematic dialogues, and dedicated sessions for different stakeholder groups. This provides a useful foundation and signals an intention to foster inclusiveness. Yet, as currently designed, the approach remains largely consultative rather than genuinely participatory.

It is our experience that consultation formats alone do not guarantee meaningful influence on decision-making. There is a clear risk that stakeholder engagement, particularly the involvement of civil society and affected communities, becomes procedural, serving to validate the process rather than shape its direction and outcomes. Experience has shown that consultative exercises, especially in large multilateral settings, can at times be treated as a formality: input is solicited, but not seriously considered, and follow-up or feedback is often lacking. We very often did not even receive a thank you note with some follow-up information. Such practices risk undermining both the credibility of the process and the principles of meaningful participation. A clear message, such as “we don’t care what civil society thinks, because it’s not their business anyway” would definitely be more helpful, it would make clear where we stand and provide us with chances to react accordingly.

For civil society and communities, participation must go beyond being consulted. It requires being present where decisions are made and having a real ability to influence priorities, design, and outcomes. Tokenistic engagement, where participation is reduced to “ticking a box”, is not only ineffective but can erode trust and weaken the legitimacy of the overall process. We recommend undertaking a detailed review of the structures established by the Global Fund and UNAIDS to ensure meaningful, equal-level community participation, and drawing on these experiences to inform the design of this process.

In addition, the proposal does not sufficiently address structural power asymmetries among stakeholders. Member States, donors, international financial institutions, philanthropic actors, the private sector, civil society, and affected communities do not operate on equal footing. Communities often face significant resource constraints compared to well-funded actors such as the pharmaceutical industry or large international organizations. Without deliberate corrective measures, these imbalances risk being reproduced within the process itself.

To address this, communities and civil society actors should be structurally embedded in the process through transparent, dedicated, and adequately resourced participation mechanisms. This includes early engagement, before key options are defined, so that input can meaningfully shape the agenda, rather than merely react to it. Participation formats should also be accessible and inclusive, including multilingual approaches where needed.

Again, greater transparency is essential. It must be clear how stakeholder input is considered, how it informs decision-making, and what happens when it is not taken forward. This is extra important in contexts where decisions may ultimately be made in settings where civil society and community representatives are not directly present.

In summary, Action against AIDS Germany recommends:

Shift from consultation to co-decision: Establish mechanisms that enable civil society and community representatives to participate directly in decision-making bodies, rather than limiting their role to advisory or consultative functions.

Review experiences of good practices: We recommend undertaking a detailed review of the structures established by the Global Fund and UNAIDS to ensure meaningful, equal-level community participation, and drawing on these experiences to inform the design of this process.

Address structural power imbalances: Provide dedicated financial and institutional support to ensure that civil society and affected communities can engage on an equal footing with better-resourced stakeholders.

Ensure early, accessible, and inclusive participation: Engage stakeholders from the outset of the process, using accessible and multilingual formats that allow diverse voices to contribute meaningfully.

Strengthen transparency and feedback loops: Clearly document how stakeholder input is used, provide regular feedback to participants, and ensure accountability for how decisions reflect (or do not reflect) the contributions received.

5. Additional comments or inputs to the proposal.

Action against AIDS Germany supports the objective of strengthening the global health architecture and improving coordination, effectiveness, and responsiveness to country needs. However, it remains insufficiently clear whether the proposed reform process is capable of addressing the underlying structural and political challenges that fundamentally shape global health outcomes.

These challenges extend far beyond fragmentation. They include the continued erosion of multilateralism, the growing dominance of donor-driven priorities, increasing political pressure on scientific and normative institutions, the decline of democratic principles, and the systematic shrinking of civic space. In many contexts, these dynamics are accompanied by explicit pushback against human rights, gender equality, the inclusion of marginalized groups, and community-led approaches, often manifested through contested and regressive language in international negotiations. A reform process that fails to explicitly confront these trends risks entrenching, rather than resolving, the very weaknesses it seeks to address.

Against this backdrop, the role of communities and civil society as well as the centrality of human rights must be positioned as foundational, not optional. The experience of the global HIV response has clearly demonstrated that community leadership is not an add-on, but a core determinant of effective, equitable, and accountable health systems. At the same time, shrinking civic space, the rise of anti-rights agendas, and the erosion of democratic principles are actively undermining the enabling environment required for these approaches to function. Ignoring this reality would significantly weaken the credibility and impact of any reform effort.

It is therefore critical to assess whether the proposed process genuinely strengthens multilateralism and inclusive governance, or whether it inadvertently contributes to further fragmentation and power imbalances within the global health landscape. A process convened by the World Health Organization must be judged by its ability to reinforce collective governance, ensure transparency, and uphold shared accountability. Equally important, it must guarantee meaningful and sustained civil society participation throughout all stages of the process.

In summary, Action against AIDS Germany recommends:

Anchor reforms in human rights and community leadership: Make communities and human rights non-negotiable foundations of global health governance. Community leadership must be recognized as central to effective, equitable, and accountable health responses, not as a peripheral or optional element.

Confront structural and political barriers head-on: Reform must explicitly address the erosion of multilateralism, donor-driven agendas, political pressures on scientific and normative bodies, the decline of democratic principles, and shrinking civic space. Ignoring these dynamics risks reinforcing existing weaknesses rather than strengthening the global health system.

Guarantee inclusive governance, transparency, and accountability: Ensure the process enshrines meaningful, sustained civil society participation at every stage. Strengthen collective governance and shared accountability to protect rights-based and community-led approaches, while preventing further fragmentation and power imbalances in global health decision-making.

16.04.2026

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