"No Reform without Representation": HEAR CSO Consortium responds to WHA79 decision excluding civil society and people with lived experience from the WHO-hosted Task Force on Global Health Architecture

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Health Architecture Reimagined Civil Society Organizations (HEAR CSO) consortium responds to the decision by Member States at the 79th World Health Assembly to exclude civil society and people with lived experience of health conditions and inequities from the Joint WHO Task Force that will oversee reform of the global health architecture

Excluding representatives of communities directly impacted by health inequities, including people living with health conditions, along with other civil society reproduces the power imbalances that exist in the current global health architecture, and that any meaningful reform process must strive to fix.

People living with health conditions and impacted by inequities, and other civil society have invaluable expertise related to the planning and delivery of health interventions that work for the most marginalized and vulnerable communities. Inclusion of people living with health conditions and other members of civil society in governance and decision-making bodies has been a hallmark of some of the most successful global health institutions and initiatives of the 21st century including the Global Fund, Gavi, Unitaid, the Global Financing Facility (GFF), the Pandemic Fund, and others. Community and civil society representation on their Boards have bolstered priority-setting, increased efficiency by identifying areas of alignment, improved uptake of services, and surfaced implementation failures. Many of the latest multistakeholder reform processes to date have called clearly for even more inclusive governance and the meaningful inclusion of affected communities and civil society.

By excluding people living with health conditions and impacted by inequities and other civil society from the Task Force, the joint WHO-hosted process is regressive in its structure. At a crucial moment that calls for identification and application of best practices across global health, more innovation, and institutional commitment to creating and supporting civic space and accountability mechanisms, the WHO-hosted joint process is abandoning the progress toward inclusive governance that people living with health conditions and impacted by inequities and other civil society have secured over the past twenty years.



The exclusion of people living with health conditions, particularly those impacted by health inequities, and other civil society means that their expertise — a vital voice on approaches, priorities, and timelines — will not be heard alongside those of other stakeholders as decisions are being made, weakening the process's stated objective of meaningfully engaging with diverse stakeholders alongside Member States.

The Health Architecture Reimagined (HEAR CSO) Consortium respects the centrality of Member States in WHO proceedings and the global health architecture. However, we note that restricting the role of communities and civil society will undermine progress towards sustained, equitable, and impactful reforms.

We call on all Task Force members, including Member States and Global Health Institutions, to constitute delegations or comparable working group structures with membership inclusive of communities directly impacted by health inequities, including people living with health conditions, and other civil society, and to ensure that members of these delegations can feed into Task Force proceedings through review of key documents, written inputs into agenda items and decision points.

We call on the World Health Organization in its capacity as host of this joint process to ensure that, per the adopted proposal, "dedicated resources" are secured to support participation by "key stakeholder groups who could not otherwise engage." We welcome the reference to engaging the WHO Civil Society Commission and the WHO Youth Council and urge their inclusion in the Task Force's decision-making spaces. In addition, HEAR CSO, the only global health architecture reform initiative focused exclusively on civil society and people impacted by health inequities, should be actively engaged in developing and implementing broader stakeholder engagement plans.