Health Architecture Reimagined
Civil Society Organizations

1 September 2026

Re: HEAR CSO recommendations to the Joint Task Force ahead of its first meeting

Dear Members of the Joint Task Force on Global Health Architecture Reform,

As the Steering Committee of the Health Architecture Reimagined Civil Society Organizations consortium (HEAR CSO), a global initiative to support civil society, communities, and people with lived experience of health conditions and inequities to engage and contribute to diverse convenings on global health architecture, we write to you ahead of the first in-person meeting of the Joint Task Force on Global Health Architecture Reform taking place this week.

As the Joint Task Force initiates its three workstreams and considers working arrangements, including the approach to stakeholder engagement and participation, we bring the following recommendations, grounded in the findings from our global survey and seven regional convenings, which together gathered over 400 community and civil society inputs from 90+ countries.

Our consultations were clear that equity should be the ultimate goal of global health architecture reform. We recognise that coordination and efficiency are necessary, and the Joint Process objectives rightly address them. However, reform discussions that focus primarily on alignment and efficiencies tend to marginalise legal, social and political barriers such as stigma and discrimination, criminalisation and exclusion, which directly undermine access to health. Achieving alignment and efficiencies alone will not guarantee equitable access to health if these barriers are not addressed. We therefore ask that equity in access to health for all is retained as the objective against which the options and recommendations of each workstream are assessed.

To be truly transformational, that assessment depends on the participation of the people whose access to health is at stake, since health systems, structures, and processes are accountable to the people they serve. **We therefore respectfully ask the Joint Task Force to recognise communities, people impacted by health inequities, and civil society as expert stakeholder groups with leadership and decision-making roles.**

Meaningful inclusion requires representation, resources, formal accountability mechanisms and participation in decision-making. The Joint Process Proposal (A79/24) includes stakeholder engagement commitments and recognises the need for dedicated resources for stakeholder

groups who could not otherwise engage. As the Joint Task Force looks ahead to the mapping and options work that will underpin its first report, we see an important opportunity to expand engagement plans so that inclusion is supported from the outset.

The design of the three workstreams is the first opportunity to act on this. We ask the Joint Task Force to include community and civil society representatives in each workstream, clearly outline engagement opportunities in the workplans, quantify and secure the resources required for participation, and share documentation with transparency so that there is clarity about who has been involved, how, with what recommendations, and which action followed. We also ask that stakeholder consultations reach beyond WHO structures and beyond organisations holding non-state actor status in official relations.

Across the three workstreams, we request the following considerations:

1. *Functions, mandates and capacities:* Agreement on an expanded definition of global public goods for health, covering data and surveillance systems, norms and standards, research and development, pooled procurement, and mechanisms for equitable access. This was the most widely supported single reform in the HEAR CSO consultations and survey. We ask that the mapping of functions and capacities treat regional platforms and community-led service delivery as capacities of the architecture in their own right.

2. *Coordination and decision-making:* Stronger regional platforms, with the capacity to aggregate country positions and negotiate collectively, were the leading governance priority in our consultations. As decisions move closer to national and regional levels, government representation is necessary but not sufficient for equitable reform. We ask for the clear recognition of the role for civil society and communities impacted by health inequities as leaders, experts and crucial constituencies.

3. *Financing:* HEAR CSO findings support increasing domestic financing and aligning with national agendas, but transition rules and eligibility criteria must be designed so that they do not disrupt access. We urge financing arrangements that are aligned with nationally-led plans and priorities; flexible; catalytic; supporting continuity and expansion of access to essential services, particularly for the most marginalised and vulnerable populations; and enabling the direct and predictable resourcing of community-based and community-led organizations.

On each workstream, HEAR CSO is prepared to recommend or facilitate connections with community and lived experience expertise and civil society representatives. We can do this at the pace the workstreams require.

We also welcome the appointment of the African Centres for Disease Control and Prevention as the Joint Task Force's regional health organisation member, and the perspective on regional capacity and leadership it brings to the Task Force. At the same time, we would encourage that

this appointment be complemented by sustained and meaningful engagement with community and civil society stakeholders.

We recognise the difficult process before the Joint Task Force over the coming months and the attention these issues demand. The working arrangements agreed by the Task Force will determine whether civil society, communities, and affected populations meaningfully shape the future direction of global health architecture. Where trade-offs are inevitable, equity should not be the collateral.

We trust you will give adequate weight to our recommendations and contributions in your deliberations. Our consortium remains ready to support the work of the Joint Task Force as much as we can.

In solidarity,

HEAR CSO Steering Committee

HEAR CSO Steering Committee Member Organizations:
Civil Society Engagement Mechanism (CSEM) for UHC2030, Global Fund Advocates Network (GFAN), Global Network of People living with HIV (GNP+), International Treatment Preparedness Coalition (ITPC), Non-communicable Diseases Alliance (NCD Alliance), STOPAIDS, WACI Health