GLOBAL HEALTH ADVOCATES

Global Health in the age of COVID-19: Prioritising global health in EU development programming

Executive Summary

This paper was developed by Global Health Advocates (GHA) with the purpose of highlighting concerns about EU development programming, particularly as it relates to the underfunding of global health. While we recognize the leadership role the EU has played in the global COVID-19 response, we urge the EU to maintain consistency between their "Team Europe" approach to COVID-19 and their programming process, by ensuring the long-term prioritisation of health systems strengthening in partner countries and going beyond the 20% human development target. This can only be achieved with the meaningful inclusion of local civil society organisations at all levels of the policy cycle. The programming process as well as upcoming discussions on the EU-Africa Partnership provides the opportunity for the EU to continue showing leadership on health

Intoduction

The novel coronavirus (COVID) threatens to undermine vital development gains, including steps made towards achieving the Sustainable Development Goals[1] (SDGs). As of October 21, 2020, over one million lives had already been lost[2] and new research indicates increased risks for people living with HIV[3], malaria[4], tuberculosis[5], poliovirus[6] and other non-communicable diseases[7]. COVID is also a major detriment to progress on RMNCHN[8] and food security. More than ever human rights and basic needs are under threat. **Decisions the European Union makes for its next seven-year budget and programming cycle will be instrumental in addressing the impact of the COVID pandemic**, whilst ensuring that the progress made towards the SDGs is not lost.

Prior to COVID, collectively, the European Union and its Member States amounted to the world's largest Official Development Assistance (ODA) donor (giving a total of €75.2 billion in 2019 – 55.2% of global assistance)[9]. In the 2017 European Consensus on Development, the EU committed to allocating at least 20% of this aid to social inclusion and human development (HD), which includes education, social protection and global health. The Union's early actions around the global COVID response showed that it intended to continue this trajectory of being a leader for ODA. The COVID pandemic reshuffled the cards, and in order to confirm its leading position on ODA, the EU has to pursue its actions with a long term perspective, including tackling structural challenges.

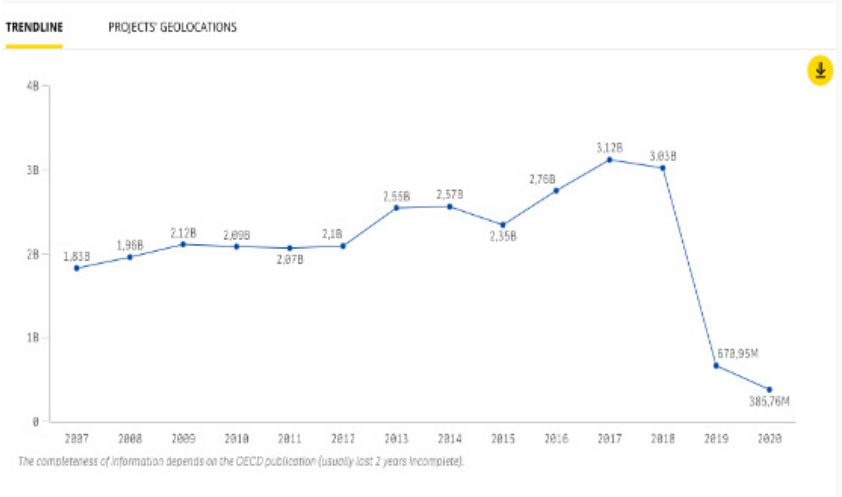
EU ODA for health risks stagnation

In the years preceding COVID, the EU fell below the 20% HD target. According to information published in a 2019 report from the European Think Tanks Group, from 2010 to 2017, the EU as a whole[10] used, on average, only 15.7% of ODA for human development. During the same period, the EU institutions on their own allocated only 9% to HD per year[11] (see table 1).

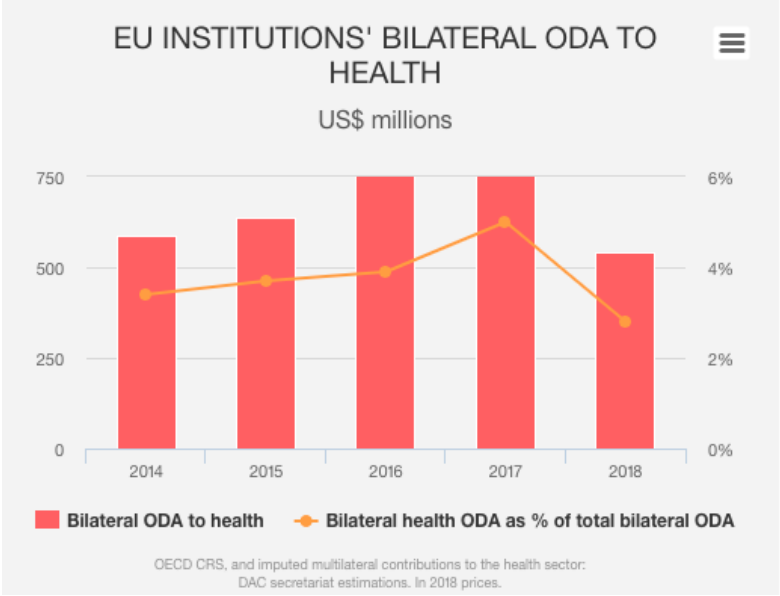
Year	2010	2011	2012	2013	2014	2015	2016	2017
ODA spend on human development (education, health and popumation service) % of ODA								
EU Member States	20,10%	19,70%	20,20%	20,70%	19,30%	15,10%	14,40%	14,70%
EU institutions only	11,10%	8,70%	7,90%	8,70%	7,60%	8,70%	9,30%	11,30%
Total (EU + Member States)	18,20%	16,70%	16,60%	17,40%	16,20%	13,60%	13,20%	13,90%

Source: ETTG, 2019

Health, especially **Primary Health Care (PHC)** and progress made towards **Universal Health Coverage (UHC)**, is a particularly important aspect of human development. Since ill-health is both a source and an exacerbation of poverty, PHC and UHC will be critical to ending global poverty and inequalities. Health concerns at birth or in early childhood may prevent individuals from reaching their full potential, and user fees for essential health services push 100 million people into poverty every year[12]. Health care is a human right. Furthermore, alleviating the financial burdens of ill-health will allow the most marginalized people to access other essential services such as education, water and sanitation and good nutrition, thereby reducing inequalities.



Graph 1: ODA for health from the EU + MS
Source: EU Aid Explorer, 2020[15]



Graph 2: EU Institutions Bilateral ODA for health
Source: Donor Tracker – EU Global Health[16]

Moreover, it appears that **total EU ODA for health is at risk of stagnation;** despite a steady increase from 2007 to 2017, health ODA dropped in 2018 and 2019 (see Graph 1)[13].

In order to prevent this choice to continue shifting the focus away from health, **the EU should consider including human development systemically, as an overarching priority area, with the aim of making progress towards UHC.**

It is noteworthy to mention that prior to Brexit, the UK was the EU's leading bilateral health donor (giving in 2018, for example, €1.1 billion in health ODA compared to only €571 million from the EU institutions[14]). Even before the COVID-19 pandemic, the UK's departure from the EU indicated a need for the EU to accelerate its investment in health ODA and for new MSs or institutions to step forward as health champions. **In light of both COVID and Brexit, the EU has to ensure global health remains high on the agenda.**

EU's external action for COVID

Addressing systemic issues in EU partner countries

EU partner countries, especially low-income countries (LICs), will face a disproportionate burden from the virus and the subsequent lockdown measures. The pre-existing strain or limit on their health care systems[17], born from decades of under-funding[18], limits capacities for COVID19 response, but it also constitute a deep concern for the fight against other pandemics. Humanitarian agencies have found that an inability to purchase testing kits[19], combined with a lack of personal protective equipment[20] has left many African health systems at high risk for being overwhelmed by COVID.

Aware of health systems strengthening (HSS) necessity, in the May 8th Joint Communication, Team Europe came up with clear priorities for supporting health systems[21] in their €20 billion package[22]. Further interventions by EU global health representatives stated that progress towards UHC and thinking beyond the emergency, towards more effective prevention, detection, and resiliency programmes for health in partner countries were key priorities[23]. However, the strong initiatives implemented by the EU do not provide the long-term action necessary for tackling those systemic and global health challenges.

Even the "Heath System Connector," which was conceptualized as a means of addressing systemic gaps in health care, specifies that it's not a stand-alone pillar, and describes in its guiding principles[24] that it will focus on "near-term, practical solutions" for creating a "functional and efficient delivery system for key products" - meaning Dx, Tx and Vx. According to discussions being had at the OECD, some of these investments may not be considered ODA at all, as they may benefit donor countries' equally, if not more, than LICs[25].

The EU has made an effort to lead the international community around the Access to **COVID-19 Tools Accelerator[26] (ACTA)**. ACTA has a particular focus on the development, production, and distribution of tools for diagnostics (Dx), treatment (Tx) and vaccines (Vx) for COVID, do not address the long-term, system-wide health challenges in EU partner countries.

COVID has provided a wake-up call – the opportunity to rebuild a more sustainable world ; it is time to look beyond emergency response and prioritize sustainable approaches to health in the medium to long-term. **We ask that the EU's long-term budget, its next programming cycle, and other development cooperation processes like the EU-Africa Strategy, are consistent with the EU's own comments around the COVID-19 pandemic.**

A budget that neglects thematic funding

Despite its history of leadership, concerns are growing about the EU's next Multi-annual Financial Framework (MFF), which cuts the Neighbourhood, Development and International Cooperation Instrument (NDICI) to €70.8 billion[27] (compared to the EC's 2018 proposal of €89.5 billion[28]), and gives a strong preference to geographic programming, with **the thematic envelope receiving only €5.665 billion to cover a plethora of issues** (such as human rights and democracy, civil society, peace and security, and "global challenges", which includes – among many other things - global health[29]). According to comparisons made by the ECDPM, this represents a 37% decreased compared to similar thematic programmes covered by the 2014-2020 MFF[30]. Relying on geographic programming to deliver human development needs may present challenges for financing global health initiatives.

In the past, the EU has been a strong supporter of global health initiatives like Gavi, the Vaccine Alliance, and the Global Fund to Fight Aids, TB and Malaria, recently pledging €300 million[31] and €550 million[32] to each pooled-fund respectively. Considering these pledges are likely to come out of global challenges, and that these life-saving funds will each undergo another replenishment (or two ,for the Global Fund) before 2027, there is a clear risk that a thematic envelope of only €5.665 billion will be inadequate for meeting all of its objectives[33]. These two initiatives alone will need almost €2 billion by 2025, merely to honour the pledges the EU has already made. With **a modest thematic budget of only€5.7 billion, does not provide sufficient funds to promote multilateralism, support civil society and community leaders and to fund global health initiatives.**

For a sustainable approach to EU programming

Evidence shows that the percentage of ODA allocated to LICs[34] has fallen in the past seven years from 30% to 24% in 2017 (with figures for 2018 suggesting a further decline[35]). Now, we're seeing a new trend: ODA is increasingly being allocated towards interventions in the private sector through the modalities of guaranties and loans[36] despite the unproven added-value in leveraging money for poverty-reduction[37], and the IMF signaled that many LICs at "high risk of" or already in debt distress[38].

COVID-19 has provided an opportunity for LMICs to accelerate progress towards building universal, publicly-financed health systems. In that extend, **the EU has to support this opportunity by prioritising grants and public sector promotion to assure development aid reaches people first.**

> One of the EU's added-values in development has been its commitment to budget support, which is relevant for improving social outcomes and addressing systematic issues. This should continue to be prioritised, alongside stronger measures within geographic programming to ring-fence and make binding human development targets that accelerating progress towards UHC.

This boost has to fit with a sustainable increase of EU ODA for health beyond the current crisis. **The EU commitment to building capabilities and capacities of systems as the way to respond to COVID19, but also prepare for the next pandemic.**

Making health a priority in the EU-Africa Partnership

Gaps in thinking can be seen around the Commission and the Council's policy development for a new EU-Africa Strategy[39], which focuses on green transition, digital transformation, sustainable jobs and growth, and migration. These efforts are not without merit, but the EC's approach to the strategy undermines **the principle of health as a human right.** Investment in health is essential for meeting the SGDs and ending extreme poverty in Sub-Saharan Africa before 2030[40], and the EU's actions in this area will have a huge impact.
The European Parliament does a better job of incorporating health and human development, pointing out that "health is a prerequisite for human development" and stressing that "Europe must develop this strategy with Africa and not for it[41]".

The EU's commitment to country-ownership should not be forgotten here. Ensuring Africa has "healthy and well-nourished citizens" is within the first objective of the AU's 50-year development plan, Agenda 2063[42]. The Agenda also asserts self-reliance as essential for the success of this objective, emphasizing the need for domestic resource mobilization (DRM) and structural transformation[43]. To be a genuine partner to Africa, the EU should take up these objectives and **ensure that both the programming process, and any future EU-Africa agreement, include DRM efforts alongside budget support and other development aid programming**.

The pandemic highlights incoherencies between EU internal and external policies, especially around access and affordability to any COVID treatments and vaccines. In this area, there are many approaches the EU could take to show genuine partnership with African people, such as investing in African-owned medical manufacturing capacities (to reduce Africa dependency on medical and pharmaceutical imports[44]), building partnerships across the region, and ensuring EU-supported COVID initiatives, like the COVAX facility, have strong, legally-binding considerations for ensuring equitable access. Now that the AU-EU Summit has been postponed to 2021, the EU has more time to refine its position about a new EU-Africa Strategy. **This pandemic is an opportunity to make health a prior interest area for the next EU Africa Partnership.**

Conclusion & Recommendations

When half the world's population lacks access to affordable health services[45], any health event can devastate communities and economies. Prior COVID global issues - such as climate change, inequality and other health concerns like TB, Malaria and HIV – continue to tackle to human rights achievement. We must recover from COVID and what has been called the "next global depression[46]" with a new dedication towards equity and justice. Although the situation is dire, there are actions that can be taken now which will mitigate suffering and avoid further decline. The United Nations calls for "accelerating the universal provision of quality essential services[47]". For this purpose, there is a clear value in prioritizing global health by working across sectors in order to impact inequalities wherever they manifest.

In this spirit, GHA recommends that the EU:

- ◊ meet its commitments to move beyond an emergency response to COVID by systemically considering human development as one of the three key priority areas for all partner countries in EU programming
- ◊ reshuffle the allocations under NDICI and increase the budget line for thematics, ensuring the "global challenges" subsection can meet all of the EU's commitments by funding it to at least €4.5 billion
- ◊ abide by the EP report on the NDICI that recommended a maximum of €10 billion budget line for guarantees, and ensure the local private sector takes priority
- ◊ ensure transparency and accountability of EU programming by involving CSOs and local organisations, with a special focus on vulnerable groups – especially LGBTQ+ communities, disabled people, women and youth – in all levels of program-design and implementation
- ◊ prioritizes health as both a stand-alone and cross-cutting consideration in any future EU-Africa partnership, emphasizing the need to go beyond investment in Dx, Tx, and Vx to support local capacities and the strengthening of health systems

Who are we?

Global Health Advocates France (GHA) is a global health advocacy organization dedicated to fighting diseases stemming from poverty and inequality. GHA's mission is to advocate for policy change at the highest political level and mobilize resources to tackle major health threats, build sustainable health systems and enhance health equity. GHA has offices in Paris and Brussels.

Contact
Chantelle Boduel - EU Advocacy Officer
cboduel@ghadvocates.org / +32 (0)2 893 24 71

Endnotes

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36 See previous works by GHA on this subject (2019): "Blending private interests with taxpayer's money: Towards a development-investment nexus?" and "Shifting development aid narratives: Whose interests are being served?"
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