

**A
NEW
EU
GLOBAL
HEALTH
STRATEGY**

*Why it's needed
and how it should look*

July 2020



EXECUTIVE SUMMARY

The COVID-19 pandemic is the “defining global health crisis of our time”. It came as an unfortunate reminder of the importance of global health to the social, political and economic future of humanity. Investing in public health and supporting strong and resilient health systems is as important as ever. But it requires a coordinated, focused approach.

The EU hosts many of the best healthcare systems in the world and brings its extensive technical and managerial experience to advancing global health. It has tremendous convening power, a wide scope of action and partnerships, presence in international organisations and global health initiatives’ governing bodies, and the political leverage to address the structural barriers that prevent people from enjoying their right to health.



The EU can also provide coordination, and long-term planning and financing of its actions. However, the EU’s Global Health Framework (European Commission Communication and Council Conclusions) date back from 2010 and much has changed in global health since then. The EU needs to refresh and renew its vision on global health so it can robustly address new and neglected global health challenges, and adapt to an altered political and policy environment.



To play a greater role in advancing the global health agenda, the EU needs to adopt a new global health strategy which will:

Redefine and clarify the EU's priorities as a global health leader, set a forward-looking EU vision for global health that supports the EU's new geopolitical priorities and consolidate the EU's strategic direction at the multilateral level.

Tackle the key persisting, neglected, or emerging global health challenges that were largely absent from - or insufficiently addressed in - the 2010 Framework or have increased in relevance since its adoption.

Guide the cross-sectoral implementation of the Consensus on Development, and ensure coherence with new health commitments made by the EU. An integrated framework would optimise the use of limited resources, streamline a coherent approach to health, better steer EU efforts and therefore amplify the EU's impact.

The EU needs to design a global health strategy which provides for improvements on implementation, coordination and coherence, and engagement with civil society:

To demonstrate impact, the new global health strategy needs to be underpinned by a holistic cross-cutting implementation plan accompanied by a robust monitoring and evaluation process, including measurable, relevant indicators that allow for consistent reporting on progress.

To efficiently and effectively leverage its political and policy influence, the EU needs a strategy that acts like a compass, provides operational guidance and coordinates a holistic approach to global health. Such a strategy should apply to all actors involved in EU global health action and programming, as well as to EU policies which have a direct impact on health, including in the areas of climate, human rights, migration, and trade.

To accelerate progress towards the health-related Sustainable Development Goals, the EU needs to revamp its engagement with civil society and communities. A new global health strategy could regenerate existing mechanisms in Brussels to ensure meaningful participation of civil society in policy making and programming. In EU partner countries, new strategies could contribute to the diverse and inclusive engagement of civil society and communities in all relevant health decision-making processes.

ABOUT

The 2010 European Union (EU) framework on global health (2010 Framework) – the European Commission (EC) Communication and Council Conclusions – aimed to position the EU as a global health leader¹.

It clarified EU principles and priorities for advancing global health emphasizing the importance of policy coherence for development to deliver progress on EU and global goals. The 2010 Framework sought to enhance the EC's capacity to coordinate among the 28 EU Member States to deliver development assistance more efficiently and effectively. Its focus on universal health coverage (UHC) and health systems strengthening was visionary for the time, helping to increase policy and program coherence. However, much has changed in global health since 2010. The EU needs to refresh and renew its vision on global health policy so it can robustly address new and neglected global health challenges, and adapt to an altered political and policy environment. The COVID-19 pandemic has underlined the importance of a coherent and coordinated response, including at the EU level. A new EU global health strategy (GHS) would ensure that the EU remains an effective and progressive global health player, delivering on its Sustainable Development Goals (SDGs) commitments such as promoting healthy lives and well-being for all, as the world emerges from a once in a generation crisis².

This paper maps the key political and policy developments in global health since 2010, and highlights limitations of the 2010 Framework in responding to them. The examples and analysis in this paper make the case for why the EU requires a new GHS to achieve its full potential and ensure that the urgency of responding to the COVID-19 crisis does not lead to an ineffective, uncoordinated response that fails to take into account the lessons of implementing the 2010 Framework. It draws on a literature review and interviews with key informants including policy makers, implementers and civil society representatives carried out by consultants Karen Hoehn and Rachel Hammonds, whom the coalition would like to thank for their work. It is complemented by a companion paper which outlines the key elements and principles which we, as global health organizations, believe a new EU GHS should include.



WHY A NEW EU GLOBAL HEALTH STRATEGY IS NEEDED NOW



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1

ADDRESSING THE GLOBAL HEALTH CHALLENGES OF THE 2020s

The COVID-19 pandemic is the *defining global health crisis of our time*³. It came as an unfortunate reminder of the importance of global health to the social, political and economic future of humanity. Investing in public health and supporting strong and resilient health systems is as important as ever. But it requires a co-ordinated, focused approach.

The EU hosts many of the best healthcare systems in the world and brings its extensive technical and managerial experience to advancing global health. It has tremendous convening power, a wide scope of action and partnerships, presence in international organisations and global health initiatives' governing bodies, and the political leverage to address the structural barriers that prevent people from enjoying their right to health.

The EU can also provide coordination and long-term planning and financing of its actions. All of these are important assets enabling the EU to play a substantial role in advancing the global health agenda and shaping the global health architecture. However, for this to be achieved, this section argues that the EU needs to adopt a new GHS which is adapted to respond to fundamental changes in the global political order and global health itself, and to new commitments the EU has made, and shaped.

1.1 *Changes to the Global Political Order*

The global political order has changed dramatically since the adoption of the 2010 Framework –which aimed to position the EU as a global health leader⁴.

Internally, EU unity and clarity are being tested by rising populism, slow economic recovery, a weakening of the rule of law and the multiple challenges arising from the COVID-19 crisis. Externally, the EU faces unprecedented challenges related to climate change, increased polarization in the multilateral order, competition from emerging economies, tensions with Russia, China and the US, and instability beyond the EU's border.

The EU's response has been multifaceted.

Since the Lisbon Treaty entered into force in 2009, the EU has built an impressive architecture for foreign policy, including an increasingly assertive narrative on Europe's aspirations in the world as outlined in the EU's Global Strategy for Foreign and Security Policy (Global Strategy)⁵. This Global Strategy was released in 2016 by the European External Action Service (EEAS), which, since its establishment in 2011 has, inter alia, led EU efforts in the promotion of human rights worldwide.

The new EC aims to further consolidate the EU's robust foreign policy focus. The EC President, Ursula von der Leyen, has proclaimed that her Commission will be a *Geopolitical Commission* and outlined plans for a new comprehensive strategy for Africa, and called for the completion of an ambitious post-Cotonou agreement with African, Caribbean and Pacific countries⁶.

The EU's priorities for external action have also shifted, with the emphasis put on security, migration, jobs and growth, climate, and digitalization. Prior to COVID-19, this had raised concerns amongst civil society groups that social sectors might be deprioritized and that the EU's commitment to aid effectiveness might be waning, leading to damage to its reputation as a top, principled donor and partner. With the recent presentation of the new MFF and Next Generation EU recovery package, it seems that more funding on health, including the proposal of significantly expanded health programme, will mean that health in the European Union will have increased financing and competency. However, little has been said yet publicly about increasing the EU's capacity and funding for global health.

In parallel, the EU has become one of the most fervent advocates of national responsibility and domestic action to address development challenges. It has proclaimed itself a key champion of a rules-based multilateral order, including as a response to global health crises, as reflected in 2019 Council Conclusions and its Team Europe global response to COVID-19⁷. The 2010 Framework predates these important



institutional and policy shifts, and, critically, the adoption of the 2030 Agenda for Sustainable Development (Agenda 2030), which the EU internalized amongst others through the adoption of a new European Consensus on Development in 2017 (2017 Consensus)^{8 9}. The 2017 Consensus is part of the EU's external action architecture and part of the EU's wider response to fundamental changes and new challenges in the global context¹⁰.

KEY CONCLUSION:

A new overarching EU framework for global health is needed to guide the cross-sectoral implementation of the Consensus, and integrate new health commitments made by the EU in a new GHS. An integrated framework would optimise the use of limited resources, streamline a coherent approach to health, better steer EU efforts and therefore amplify the EU's impact.

1.2

New and neglected

Global Health challenges

While some of the priorities it sets out remain valid, the 2010 Framework needs to be adapted to provide a comprehensive and integrated response, anchored in the SDG era, to some of the persisting, neglected, evolving or new threats the world confronts in 2020, including:

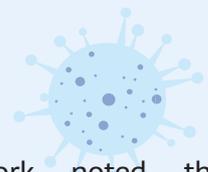
Climate change and the natural environment



EC President von der Leyen characterized climate change as *an existential issue for Europe – and for the world*¹¹. In 2017, The Lancet warned that the health effects of climate change threaten to undermine the gains made in public health and development during the past half-century¹². Climate change undermines the social and environmental determinants of health – clean air, safe drinking water, sufficient food and secure shelter. Areas with weak health infrastructure will be the least able to cope and need assistance to prepare and respond¹³. The WHO has noted that there is evidence that increasing human pressure on the natural environment may drive disease emergence and that *most emerging infectious diseases, and almost all recent pandemics, originate in wildlife*¹⁴.

The 2010 Council Conclusions called on the EU to *include consideration of health issues in the adaptation and mitigation strategies in developing countries in environmental and climate change policies and actions*¹⁵. To date, little action has been taken. The EU's Green Deal for instance failed to acknowledge the interconnectivity of climate change, migration and health¹⁶.

Pandemic preparedness



While the 2010 Framework noted that communicable diseases were a health systems challenge, it barely addressed pandemic preparedness. An EC Communication on 'Improving Health Security in the EU – a one health approach to counteracting the threat from infectious diseases' planned for 2018 was never adopted¹⁷. **Recent outbreaks such as Zika, SARS, Ebola and COVID-19 have all challenged the world's ability to halt the spread of deadly communicable diseases while sustaining public health gains in a highly interconnected global community.** The COVID-19 pandemic has highlighted the weaknesses in global supply chains for essential goods including food and essential medical supplies.

The EU has great potential to contribute to global pandemic preparedness efforts by coordinating, aligning and sustaining funding from the EU and Member State efforts. This requires a common policy anchored in a comprehensive GHS which supports partners in strengthening their health systems, including through accelerated investments in safe water, sanitation and hygiene (WASH), in communities and health care settings, to help prevent the spread of infectious diseases and as a first line of defence.

Antimicrobial resistance (AMR)



AMR may well be one of the greatest threats to global health. It threatens progress on many of the SDGs, including on health, food security and clean water and sanitation. The World Bank Group estimates that if not addressed, AMR could cost as many as 10 million deaths annually by 2050, and result in economic consequences more severe than the 2008–2009 financial crisis¹⁸.

Neither the 2010 EC Communication nor the 2010 Council Conclusions addressed AMR. And while the 2017 EU One Health Action Plan Against AMR (EU One Health Action Plan) is quite comprehensive, as explained in section 1.3, it would benefit from a stronger integration with other EU global health efforts¹⁹.

Access to comprehensive sexual and reproductive health and rights (SRHR) services



Progress on extending access to services and information on SRHR has been uneven. Inequalities are affected by numerous factors including income inequality, the quality and reach of health systems, laws and policies, as well as social and cultural norms²⁰.

The 2010 Council Conclusions recognise women's rights to have control over, and decide freely and responsibly on, matters related to their sexual and reproductive health. Further, it underlines that the full implementation of, and access to, these policies and services as set out in the International Conference on Population and Development/ Cairo Declaration and Programme for Action and the Beijing Declaration and Platform for Action, is crucial to their realisation²¹. But the 2010 Communication does not address SRHR at all. A consolidated and amplified right-based support for SRHR is needed, especially in the light of the expanding opposition to SRHR and the backlash against women's rights²².

The global spread of non-communicable diseases (NCDs)



Tackling NCDs was identified as a priority in the 2010 Framework. Since 2010, however, the global burden of NCDs has grown to 41 million deaths each year, out of which 32 million are in LMICs. Prospects in the African region are grim: WHO estimates that over the next decade, increasing life expectancy, rapid demographic transition and additional risk introduced by HIV, will result in steep rises in NCD incidence and related mortality²³. It is also widely acknowledged that NCDs undermine poverty alleviation and sustainable development.

The rising burden of NCDs has led to the adoption of a UN Political Declaration on NCDs (2018), which aims at reinvigorating the global response, and calls, i.a. for the integration of mental health as a core element of the NCD response²⁴.

The toll of poverty-related and neglected infectious diseases (PRNDs)



According to the World Health Organization (WHO), infectious diseases like HIV, tuberculosis, viral hepatitis, malaria, neglected tropical diseases, and sexually-transmitted infections will kill 4 million people in 2020, most of them poor²⁵. Pneumonia is the biggest infectious killer of children under 5 globally, yet its prevention and treatment is neglected at international level and within health systems in partner countries.

The 2010 Council Conclusions identified communicable diseases as one of four main health challenges for EU support to partner countries. However, the 2010 Framework does not identify PRNDs as a group of diseases requiring special attention, and does not provide a systematic approach to tackle the continuously high burden of PRNDs that disproportionately affect low and middle income countries (LMICs). While huge research and product gaps persist to diagnose, treat or prevent PRNDs (with the annual funding gap to develop life-saving products estimated at up to USD 2.8 billion), the 2010 Framework does not acknowledge the need to support research, particularly in areas that are neglected by private sector investments²⁶. There are also funding gaps when it comes to securing access to existing tools and scaling up crucial prevention programmes against PRNDs that have proven to be effective in reducing the disease burden. While both the 2010 EC Communication and Council Conclusions recognise the links between health and water and sanitation, they do not mention the role of hygiene, nor the importance of WASH specifically in addressing neglected tropical diseases.



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No health without mental health



Mirroring their absence from the Millennium Development Goals (MDG) framework, mental health was not addressed in the 2010 Communication. Since 2010, mental health has gained prominence in the UN development agenda namely through its inclusion in the Agenda 2030, which supports a human rights model of mental health and commits to reducing premature mortality from NCDs through prevention, treatment and promoting mental health and well-being.

The lack of progress on water, sanitation and hygiene (WASH)



The 2010 Communication stressed the multi-sectoral nature of health and noted its close links to gender, nutrition, water, sanitation, environmental quality and education. Despite the 2010 Framework's commitment to preventive policies and including WASH in policy dialogue there has been limited integration of WASH activities into EU health programmes and budgets. Coherence is paramount to tackle pandemics such as COVID-19, as well as addressing the rise in AMR, as research shows that the overuse of antibiotics is often a 'quick fix' to address unhygienic conditions in health care facilities in LMICs²⁷.

Disability inclusion



Disability is not addressed in the 2010 Framework. As the EU and all EU Member States are now State Parties to the UN Convention on the Rights of Persons with Disabilities (CRPD) there is an obligation to ensure that all EU policies and programmes are inclusive of and accessible to persons with disabilities, including an EU GHS^{28 29}.

Access to healthcare is central to human rights, development progress and to every citizen's well-being, yet persons with disabilities face systematic challenges and barriers in realising their right to health³⁰. The promise to leave no one behind is unattainable without better and inclusive health services and without addressing the inequalities and barriers that persons with disabilities face in accessing healthcare³¹. Coherence is needed with other EU policies including the next European Disability Strategy beyond 2020 and with the EU Action Plan on Human Rights and Democracy 2020-2024, which commits the EU to curbing inequalities by promoting non-discriminatory access to quality and affordable healthcare and to supporting partner countries in their implementation of the CRPD including ensuring inclusive and accessible healthcare.

The on-going fight to end malnutrition



Nutrition is a cross-cutting issue that intersects with all aspects of health and impacts at least 12 of the 17 SDGs³². The 2010 Communication took a more limited approach, committing the EU to support the formulation and implementation of government nutrition policies, interlinking health and food security interventions, with a focus on maternal and child malnutrition. Moreover, the 2010 Framework addresses nutrition mainly as it relates to the MDGs and outdated Communications on Food Security and Food Assistance. Although the EU has been a strong advocate of nutrition in its development funding, evidence shows that the world is not on track to meet the SDGs by 2030.

The provision of health services in the growing number of fragile and conflict affected settings



The 2010 EC Communication recognized the importance of addressing the special needs of people in humanitarian crisis situations noting the importance of following a holistic *systems* approach and the need for the EU to improve its capacity for analysis and dialogue on global health challenges at national, regional and international levels.

While progress has certainly been made, the growing number of fragile and conflict-affected settings facing multiple health challenges continues to require attention and funding.

KEY CONCLUSION:

Climate change, pandemic preparedness, AMR, NCDs, WASH, disability inclusion, mental health, PRNDs, SRHR, malnutrition, and the provision of health services in a growing number of fragile and conflict affected settings are key global health challenges that were largely absent from - or insufficiently addressed in - the 2010 Framework. An updated, holistic approach to global health which will guide policy programming and implementation is needed to efficiently tackle these persisting, neglected, or emerging health issues.



1.3

New policy commitments

The 2010 Framework aimed to accelerate progress on global health in the final years of the MDGs, especially in relation to the most off-track targets. It helped shape the EU's global health vision, which proved useful in defining the EU's position in the negotiation of the Agenda 2030. However, the Framework does not comprehensively reflect the systemic changes brought by the Agenda 2030 and the Addis Ababa Action Agenda, which have required the EU to revamp its own development cooperation framework.

The 2017 Consensus shifted the focus of EU development cooperation towards the universal promise of leaving no one behind through adopting a human rights-based approach and by addressing inequalities. It provided a new impetus for integration and cross-sectoral approaches, reaffirmed the EU's commitment to apply policy coherence for development, and increased the focus on domestic financing, policies and governance³³. When it comes to health, the 2017 Consensus reaffirmed the EU's commitment to protect and promote the right of everyone to enjoy the highest attainable standard of physical and mental health as a cornerstone of sustainable development. The 2017 Consensus also integrated the most pressing health challenges presented in the section above, whilst reiterating its support to the strengthening of health systems and insisting on the interlinkages between different policy areas. However, the Consensus is not an operational framework, and as such cannot provide strategic guidance to the implementation of EU global health commitments.

Since 2010, the EU has also pursued innovative policy initiatives in global health, including the 2017 EU One Health Action Plan whereby it commits to turning the EU into a best practice region, boosting research and innovation on AMR, and expanding the EU's presence on the global level, including collaboration with developing countries³⁴. In 2019, the Council acknowledged the increasing threat posed by AMR and reaffirmed the need for long-term policies and joint efforts in different areas³⁵. Integrating these commitments into broader efforts on global health would contribute to their better alignment with the EU's research and external action agendas notably in

view of the links with WASH and PRNDs - many of which are developing resistance to existing treatments.

Horizon Europe research funding plays a key role in fostering a coherent, internationally competitive European research landscape³⁶. However, improved alignment and coordination of European research opportunities with global health policy objectives would ensure greater effectiveness and impact of European research spending.

KEY CONCLUSION:

A new overarching EU framework for global health is needed to guide the cross-sectoral implementation of the Consensus, and integrate new health commitments made by the EU in a new GHS. An integrated framework would optimise the use of limited resources, streamline a coherent approach to health, better steer EU efforts and therefore amplify the EU's impact.

2

LEARNING FROM THE 2010 FRAMEWORK AND RECOMMENDATIONS FOR THE FUTURE

If integrated into a new GHS, valuable lessons learned from the 2010 Framework in relation to implementation and accountability; coherence, coordination and alignment; and engagement with civil society, could allow the EU to fully explore its potential in global health.



2.1 Implementation and Accountability

The 2010 Framework helped to clarify EU principles and priorities for global health.

However, after adopting the Council Conclusions the EU did not set specific, measurable and time-bound targets, nor did it put in place any monitoring or reporting mechanisms to evaluate progress on the numerous important policy goals formulated. This, in turn, makes it difficult to assess EU impact and track progress. Moreover, with no obligation to develop

consolidated reporting on progress, nor a clear accountability mechanism, EU actors in global health have pursued distinct institutional visions and mandates. Disparities and variation in approaches and policies affecting global health have continued shifting over time, as different actors' and agencies' contexts and priorities change.

KEY CONCLUSION:

To demonstrate impact the new GHS needs to be underpinned by a holistic cross-cutting implementation plan accompanied by a robust monitoring and evaluation process, including measurable, relevant indicators that allow for consistent reporting on progress.

2.2

Coherence and Coordination

Fragmentation, duplication and inefficiency stand in the way of progress in global health³⁷. As mentioned above, the EU has a unique set of assets in the global health architecture. To make the most of its unique position, the EU needs to put its own house in order, and improve coherence and coordination at different levels, including within EU institutions, between EU institutions and Member States, with other global health actors, and across policies.

Coherence within and between EU institutions and with Member States



The 2010 Framework has had limited impact on driving coherence among the EC directorate generals (DGs) because those that work on policies affecting health have distinct scope, resources, mandates, planning cycles, programs, tools and instruments. Additionally, as one review of DG coordination noted: *While the Directorate General for Trade is concerned with access to medicines, it has little regard for the negative impact of low tariffs on harmful goods such as tobacco. And despite the EU's Health in All Policies approach, the European External Action Service (EEAS) and the Directorates-General for Environment and Climate seem to have scant regard for global health*³⁸. Even within single instruments, coherence can be a challenge³⁹.

While the 2010 Council Conclusions allowed the EU to speak with a clearer voice on some health issues, EU Member States appear to have taken an opportunistic approach: coordinating, collaborating or abandoning coherence when interests diverge.

For example, separate EU Member State positions at international level prevented a joint EU position on the UHC Political Declaration at the 2019 UN General Assembly. Difficulties at EU level are arguably influenced by the complexity of the global health architecture, including finance.

Unfortunately, due to the many, disparate and disconnected underlying mandates for action, existing coordination mechanisms (at WHO in Geneva; annual health seminars organized by DG DEVCO with EU delegation health attachés; the European Semester, the Council Working Group on Health and Sustainable Development and the Council Senior Level Working Party on Public Health) have thus far prevented the EU's global health contributions from reaching their full potential.

Joint programming with Member States in partner countries offers an entry point, but does not substitute for an overarching GHS that coordinates or oversees holistic actions to drive coherence, alignment and coordination, including across DGs.

Coordination with other health actors at local level



While progress has been made over the past few years, insufficient health expertise capacity in EU Delegations hampers the EU's ability to fully optimise synergies between EU-funded programmes and other UHC initiatives and efforts (including those led by bilateral EU donors and global health initiatives and UN agencies).

Coherence between health and other policies



The 2010 Framework features policy coherence for development (PCD) mainly in relation to trade. However, where the Framework called for more effective use of Trade-Related Aspects of Intellectual Property Rights (TRIPS provisions) in support of global health, DG Trade pushed for free trade agreements (e.g. South Korea or Kazakhstan) that undermine equitable access to life-saving medicine⁴⁰. Unfortunately, global health does not fall under the 2019 Council Conclusions on PCD, other than as referenced indirectly through the SDGs⁴¹.

On top of proper implementation of PCD, improving coherence requires moving from a siloed to a more integrated approach i.e. to health and the fight against inequalities, and climate change, or health and the protection of human rights. This is something the EU struggles with not only in relation to global health, and which has prompted the Organisation for Economic Cooperation and Development Development Assistance Committee to recommend the development of EU operational guidance on how the 2017 Consensus will be implemented⁴².

Coherence within health policies



In its 2010 Conclusions the Council directed a regular mapping of planned three-year support in health policy by the EU and its Member States, to accelerate progress on aid effectiveness commitments and on the EU division of labour⁴³. Despite the EU Aid Explorer showing EU support for health, in terms of channels, recipients, and sectors, a regular mapping of policies has never been done. It is unclear whether the EC has developed a per country comprehensive overview of the health actions it supports through direct action or funding, nor – more importantly – whether these actions are aligned. Global health policy decisions made at G7 and G20 meetings or defined by individual EU Member States, such as Germany, are rarely successfully integrated into a coherent overall EU approach.

KEY CONCLUSION:

To efficiently and effectively leverage its political and policy influence, the EU needs a GHS that acts like a compass, provides operational guidance and coordinates a holistic approach to global health. Such a GHS should apply to all actors involved in EU global health action and programming, as well as to EU policies which have a direct impact on health, including in the areas of climate, human rights, migration, and trade.

2.3

Dialogue and Engagement with civil society

The process of developing the 2010 Framework resulted in novel mechanisms for supporting policy dialogue and coordination among stakeholders, including the EU coordinated Global Health Policy Forum (GHPF).

At the outset, the GHPF was a novel type of coordination mechanism, in part due to its leadership rotating among EU DGs, its inclusiveness, and the participation of Member States. Initially, it helped break down silos among the EU agencies and strengthened transparency and communication with civil society. However, since 2017 the engagement has weakened and meetings have become irregular, preventing the GHPF from fulfilling its objectives of supporting implementation of the 2010 Framework and providing a platform for accountability and policy dialogue on global health. Advancing health related rights by engaging civil society and communities in EU partner countries in developing solutions has untapped potential. For example, a comprehensive strategy to engage civil society in health systems strengthening, called for in the 2010 Council Conclusions, has yet to be developed.

The EU has the political and financial resources to empower civil society actors as critical agents to demand, support and ensure the delivery of global health commitments. In a global context of shrinking space for civil society, concrete EU initiatives to support civil society can help to advance progress on realising health systems that deliver health rights for all.

**“ THE EU NEEDS
TO REVAMP
ITS ENGAGEMENT
WITH CIVIL SOCIETY ”**



KEY CONCLUSION:

To accelerate progress towards health-related SDGs, the EU needs to revamp its engagement with civil society and communities in the area of global health. A new GHS could help regenerate existing mechanisms in Brussels to ensure meaningful participation of civil society in policy making and programming. In EU partner countries, new strategies could contribute to the diverse and inclusive engagement of civil society and communities in all relevant health decision-making processes.

3

CONCLUSION

AND OUTLOOK

The health, social and economic consequences of the COVID-19 pandemic have led the UN Secretary General to warn that humanity confronts its greatest crisis since World War II⁴⁴. This paper argues that a renewed EU GHS is needed to ensure the EU remains an effective leader in meeting current and future global health commitments and challenges.



While the 2010 Framework helped to clarify the EU's approach, principles and priorities for global health, it has not driven the necessary internal and external policy and programming coherence and consistency. In 2020 it needs updating to take account of the new global and European political, institutional and economic climate and reflect the updated global commitments and paradigm shift embedded in Agenda 2030.

2020 is a year of renewal and change within the EU and this presents an opportunity to build on its strengths and set new goals necessary for post COVID-19 recovery and reconstruction. A new MFF, including new financial instruments for external assistance, are under negotiation. The EU's partnership with Africa has been given early prominence within the new 'geopolitical' EC agenda, which is promising for cooperation on health in some of the world's most challenging contexts and neglected diseases. The EU has released a new Human Rights Action Plan which seeks to protect and empower people

i.a. by eliminating inequalities, discrimination and exclusion and stepping up economic, social and cultural rights. This will hopefully lead the EEAS to give more consideration to global health. The EC has also placed a high priority on gender equality, which bodes well for health for half of the world's population. A new EU approach to global health can build on work launched in 2019 when the Finnish Presidency of Council of the EU, in cooperation with Presidency Trio partners Romania and Croatia, and the succeeding German, Portuguese, Slovenian and French Presidencies, initiated a multiannual project on *Strengthening the role of the EU in global health cooperation*⁴⁵. This joint project will explore how to better identify possible strategies and further improve working methods for the EU and its Member States, and how to strengthen their contribution to the discussions on health issues at international fora. This is an important first step, but for a distinct, strong European voice in global health to be heard, the EU needs a fully-fledged, ambitious and visionary GHS⁴⁶.

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