



Global Health Advocates' Statement on the Communication on the EU Global Health Strategy

Wednesday 30th November

Today, the European Commission publishes [its new EU Global Health Strategy](#) (GHS), which replaces the Commission's first and [previous communication](#) from 2010. Since its announcement, the expectations immediately matched the stakes. At the height of the Covid-19 pandemic, health regained its rightful position on the political agenda, [before slowly fading out again](#) as the EU found itself dealing with competing crises. The renewal of the GHS thus offers the EU an opportunity to fully embrace the role of global health leader that it sought to play during the pandemic, to reaffirm health as a major geopolitical priority, and to sustain it with adequate financing. **GHA welcomes the EU's ambitions and the goals set in the Strategy**, and sincerely appreciates the **Commission's openness to dialogue with Civil Society Organisations** carried out over the past months. **However, today's Communication still leaves stakeholders with a number of uncertainties.**

Firstly, **GHA welcomes the focus on Universal Health Coverage (UHC), health systems strengthening and tackling health inequalities**, which is in line with the EU's commitment to fulfilling its SDG targets. As we recalled [in our contribution to the consultation](#), **development cooperation - as a key component of the global health system - also needs to deliver on the SDG3 and become truly transformative to achieve equity in the long run.** We also welcome the partnership approach which frames the Strategy and moves away from the donor/recipient relationship which has traditionally defined relations between the Global North and the Global South.

Secondly, GHA welcomes the Strategy's commitment to "apply a comprehensive One Health approach". **However, if the EU is truly committed to shaping a new global health order, particularly while promoting "health in all policies", it must ensure that its decisions and policies prioritise public health over commercial interests.** As such, we regret the lack of concrete access provisions.

Whilst the Strategy calls for "enhanced equity in access to vaccines and countermeasures", it is unclear how this equity will be achieved. GHA would have appreciated **more concrete**



plans to ensure that non-state actors, such as the private sector, play their part in achieving global health equity. This can be done by for instance including conditions on licensing, technology transfer, pricing policies when health R&D is publicly funded, and finally **by demanding more transparency on costs, prices, and contractual terms for EU public procurement.** It remains clear that some lessons from the pandemic on health equity have not been fully learned, and thus hamper the Strategy's transformative impact.

Finally, the new Strategy will run until 2030, which, although it fits the SDGs timeframe, is out-of-sync with the EU's current MFF. **GHA therefore urges negotiators to take the Strategy into account in the upcoming MFF midterm review and revision, but also in the next round of negotiations for the next MFF,** as this will ensure sustainable financing and enable the GHS to deliver on its promise and potential. Furthermore, GHA stands by the EU's resolve to "prioritise global health across all relevant EU budget financing programmes", but the lack of financial targets undermines the impact of the GHS. As a case in point, in 2020, EU health ODA represented [only 4.7% of EU institutions' total ODA](#) - compared to a DAC¹ average of 10%. Whilst innovative financing is certainly one way of enhancing EU funding for global health, the usefulness of ODA must not be neglected.

Today's communication marks the first step in the GHS process, with the next being determined by the Council in the upcoming months. Its work, led by the Swedish presidency from January 1st, will attempt to reach consensus in Council Conclusions to endorse and complement the Commission's work. **GHA calls on the Council to speak with one voice to demonstrate EU leadership in global health, particularly in the financing and implementation of the Strategy.** The current trio, who has already displayed leadership in the Strategy's renewal, must step up to meet expectations and ensure that the GHS truly delivers "better health for all".

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