TOWARDS A NEW EU GLOBAL HEALTH STRATEGY

Civil society shadow
Global Health Strategy

July 2020

ABOUT

This shadow European global health strategy has been put together by civil society* active in the field of global health to inspire and spur the European Union towards a more comprehensive vision and role in global health. It proposes three priorities: strengthening resilient health systems to deliver universal health coverage; tackling health inequity and addressing health determinants; and addressing neglected issues within the health sphere.
It is accompanied by a complementary paper on why the EU needs a new global health strategy.

Why paper and recommendations are available here and here.

ACKNOWLEDGEMENTS

Disclaimer
Please note that to provide inspiration, civil society stepped into the shoes of the EU when writing the shadow strategy and although EU policy is referenced and the document is written as if it is an EU adopted strategy, it has not been drafted nor adopted by the EU. The document therefore does not represent the views of the EU and solely presents the views of civil society on opportunities and challenges and steps to be taken towards improving coherence, coordination, planning, financing, and programming for global health.

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CONTENT

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EXECUTIVE SUMMARY

In 2010, the European Union (EU) institutions and EU Member States committed to act together on global health in all relevant internal and external policies and actions[1].

Since then, the global health landscape has been challenged by many factors, including the impacts of the COVID-19 pandemic, climate change, growing antimicrobial resistance (AMR), and the rising impact of non-communicable diseases (NCDs). The COVID-19 crisis will have profound short- and long-term health and socio-economic consequences for the EU and partner countries. Enhancing the EU's contribution to shared solidarity and responsibility demands a strong, coordinated, and effective EU approach to global health. In light of the concordance of views shown in support of the Sustainable Development Goals (SDGs), and the need to ensure that a virus can never paralyse the world again, the EU will give a new impetus to global health through a comprehensive global health strategy (GHS) and concrete action plan with three top priorities:

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[1] European Commission (EC). Communication to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions. 'The EU Role in Global Health'. SEC(2010)380 SEC(2010)381 SEC(2010)382/*COM/2010/0128 final*/ link and European Union Foreign Affairs Council. 'Conclusions on the EU role in Global Health'. 10 May 2010. Link

1 **Supporting health systems in partner countries in order to achieve universal health coverage (UHC) and leave no one behind**

This requires long-term, sustainable investments in the six building blocks of health systems with a special focus on primary health care and community systems[2]; a renewed focus on public health including water, sanitation and hygiene (WASH) systems and services; reproductive, maternal, new born, child and adolescent health (RMNCAH+); nutrition; resilience to withstand conflict; mitigation against the impact of climate change; and the ability to prevent and respond to epidemics.

2 **Addressing health inequities and the social, economic and environmental determinants of health through rights-based approaches**

This requires a whole-of society, rights-based and health-in-all-policies approach. It is an integral part of the EU's support to the achievement of health and well-being for all, including a clear and direct commitment to addressing gender inequity; WASH; climate and natural environmental factors; nutrition; and early childhood care and development, as well as strengthening participation and participatory governance of health systems.

3 **Because health systems are complex and dynamic, addressing neglected issues is essential to ensuring good outcomes**

Any system is as weak as its weakest link. A renewed EU GHS will ensure that the following neglected issues will receive increased attention: poverty-related and neglected tropical diseases (PRND); NCDs; mental health; AMR; sexual and reproductive health and rights (SRHR); disability; and shrinking civil society space.

KEY MESSAGE:

By putting in place a clear and detailed plan, based on EU values, the SDGs[3], and the 2017 European Consensus on Development (2017 Consensus) with clear implementation and monitoring mechanisms, the EU can achieve its global health aims and ensure preparedness for any future global health crises[4]. A key flagship partnership to deliver on the GHS will include a **new EU-Africa Partnership on Health System Strengthening (HSS)**. This GHS will enable organised and coherent action to prevent one policy undermining another; ensure overall efficiency, effectiveness, and sustainability; and promote an integrated and participatory monitoring, accountability and review framework[5].

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2 World Health Organization (WH0), (2010). Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies. PDF.
The WHO framework describes health systems in terms of six core components or "building blocks": (i) service delivery, (ii) health workforce, (iii) health information systems, (iv) access to essential medicines, (v) financing, and (vi) leadership/governance.
3 United Nations (UN) General Assembly, (2015). Transforming our world: the 2030 Agenda for Sustainable Development. A/RES/70/1. Link
4 European Council. The New European Consensus On Development 'Our World, Our Dignity, Our Future'. 2017. PDF
5 European Union (EU), (2018). 'Europe moving towards a sustainable future: Contribution of the SDG Multi-Stakeholder Platform to the Reflection Paper "Towards a sustainable Europe by 2030"'. October 2018. PDF

1 INTRODUCTION

The global crisis caused by COVID-19 has been a wakeup call, reminding the EU of the importance of global health and the dynamic nature of the global health system. In a world where people are dying of preventable and treatable diseases in large numbers, the EU has a central role to play in accelerating progress on global health.

Weak health systems, multiple barriers to accessing services, and inequities in coverage prevent people from realising their full right to health. When new epidemics and pandemics break out, the absence of functioning health systems with strong WASH systems and services allows them to spread rapidly and disrupt the provision of essential health services, causing not only substantial human suffering and death, but also devastating impacts on economies and societies. The international community has come together in agreement of the SDGs, many of which pertain to health, as well as the recent United Nations (UN) Political Declaration on UHC[6]. The World Health Organization (WHO) and other key health actors have laid out a Global Action Plan for Healthy Lives and Well-being for All – a road map towards achieving SDG3.

All these universally agreed commitments recognise that UHC is the central pathway to achieving health for all.

In 2010, the Council of the EU urged the EU institutions and Member States to act on global health[7]. **Recognising that this framework is now outdated, the EU will give a new impetus to global health, including in its external action, and develop a new vision for supporting partner countries in achieving health for all.** This GHS reaffirms that health is the foundation for development. It will leverage the EU's strengths in the field of global health, by reinvigorating current health policies to address new challenges, and recognising areas in other fields that impact health.

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6 UN, (2019). Political Declaration of the High-level Meeting on Universal Health Coverage 'Universal health coverage: moving together to build a healthier world'. 23 September 2019. PDF

7 *Supra, note 1*

2 THE EU AS A GLOBAL HEALTH ACTOR

Vision and values

The EU and its Member States share the vision of a world where everyone, without distinction of any kind, enjoys their right to the highest attainable standard of physical and mental health[8]. Improving health and reducing health disparities are vital for achieving sustainable development, maintaining human security and peace, and fully realising human potential and dignity. Inclusion and participation, non-discrimination, equity, transparency and accountability underpin the EU's rights-based approach to global health.

> " *SUPPORTING PARTNER COUNTRIES IN BUILDING STRONG AND RESILIENT HEALTH SYSTEMS IN ORDER TO DELIVER UHC IS A LONGSTANDING EU COMMITMENT* "

Priorities

Supporting partner countries in building strong and resilient health systems in order to deliver UHC is a longstanding EU commitment grounded in the protection and the promotion of the fundamental right to health. Moving forward, the EU will take extra steps to help partners increase actions towards achieving SDG3 by supporting domestic health leadership and financing, while meeting its own financial commitments; to build strong, good-quality and resilient health systems; and to reduce the gap between need and use. However, UHC can only be achieved and sustained if a holistic and integrated approach to health is adopted. The EU therefore commits to using all its policies - including on development, gender, human rights, trade, and climate - and all of its tools - including cooperation and trade treaties with third countries, political and human rights dialogues and joint programming - to address the determinants of health.

In line with the promise of 2030 Agenda for Sustainable Development (Agenda 2030) to leave no one behind, the EU will put the rights and needs of the people who are the most disadvantaged, vulnerable, and marginalised at the centre of its global health policies and programmes. The EU will **address health inequities**, through rights-based and equity-focused approaches, and **social determinants** of health by working across all sectors through whole-of society and health-in-all-policies approaches. This GHS will also seek to **address neglected issues within the health sphere** such as poverty-related and neglected tropical diseases, sexual reproductive health and rights, non-communicable diseases, mental health, AMR, disability and the role of civil society. Improving the EU's action and coordination in these key neglected areas will accelerate progress on UHC, health systems strengthening, and addressing health inequity.

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8 Supra, note 4

Approach and Partnership

The COVID-19 pandemic has highlighted the necessity of strong EU leadership in global health diplomacy to strengthen solidarity for addressing global health challenges.

The EU is committed to playing a leading role in shaping and strengthening multilateralism and advancing the Agenda 2030 goals. It will continue to act as a strong voice for global responsibility through better coordination within the EU institutions and of EU Member States across the UN system; intensified cooperation with international organisations such as the G7 and the G20; and enhanced support to global health initiatives. By hosting the first Global Vaccine Summit in Brussels, the EU has shown itself to be a leading supporter of immunisation worldwide, as well as a leading investor in research to drive global health progress. The EU's approach will be guided by human rights principles to which the EU and its Member States are committed.

The EU has a longstanding track-record of supporting partner countries to strengthen their health systems. As the EU embarks on a new strategy for Africa, it **will establish a comprehensive EU-Africa health partnership grounded in the commitment to the principles of ownership and solidarity**, thereby ensuring the right to health and well-being for the youngest and fastest growing demographic group on earth. The **EU will build on its collaboration with the WHO to strengthen and expand the African, Caribbean and Pacific Countries Health System Strengthening for Universal Health Coverage programme**[9].

The **EU will take a whole-of-society approach to health policy and programming**. Civil society and communities are key partners for the EU. They play many roles in the field of global health and are essential for the design and implementation of health strategies and programmes that are responsive and reflect the needs of populations, especially marginalised groups. They promote transparency and

> " *THE EU WILL CONTINUE TO ACT AS A STRONG VOICE FOR GLOBAL RESPONSIBILITY THROUGH BETTER COORDINATION WITHIN THE EU INSTITUTIONS AND OF EU MEMBER STATES ACROSS THE UN SYSTEM* "

accountability of duty-bearers and external stakeholders on their national and international health commitments. Finally, civil society provides valuable expertise and critical review of health systems, identifies problems, and provides potential solutions based on its knowledge as an active member of the community.

The EU supports a range of UN agencies and global initiatives in health, notably the WHO initiative to advance UHC at the domestic level. **The EU will increase its funding of, and support to the WHO to enable it to fulfil its mandate, including strengthening its role as a normative leader, and will expand the WHO-UHC Partnership.** The EU will also support the representation of communities and civil society in the governance of multilateral organisations.

The EU will consolidate its support to global health initiatives including the Access to COVID-19 Tools Accelerator (ACT Accelerator); GAVI, the Vaccine Alliance; the Global Financing Facility for Women, Children and Adolescents (GFF); the Global Fund to Fight HIV, Tuberculosis, and Malaria (GFATM); and Global Polio Eradication Initiative (GPEI). The EU will use all available resources within these institutions, including its presence in their governing bodies, to support progress on the priority areas of this GHS, including the meaningful participation of civil society and communities in the development of their policies and strategies.

The EU will continue to use the diverse financial modalities and funding instruments at its disposal, including general and sectoral budget support, pooled financing, and grants. Financing mechanisms will be customised as needed to reflect objectives appropriate to their geographical context, such as the common interests driving the new EU-Africa partnership, EU neighbourhood countries, and the special demands posed by humanitarian settings.

Improved health and wellbeing of the people is the ultimate goal of EU funded health research[10]. As such, EU health research priority-setting will be driven by global health needs, and will ensure a greater focus on disease areas where industry interest is limited. **Research and Innovation (R&I) relies on public funding, so the EU will develop a comprehensive, long-term strategic research and product development agenda.** The development of such an agenda[11] will ensure meaningful stakeholder engagement, in particular civil society, and comprehensive coordination with Member States to ensure that national and EU research agendas complement each other, paying particular attention to poverty-related and neglected diseases. Research priorities on PRNDs will be co-defined in partnership with civil society and most affected countries, in particular sub-Saharan African partners. The EU will also reinforce its leading role in global research efforts by increasing the level of European research funding towards the development and deployment of new health tools that address PRNDs, as well as emerging diseases, including COVID-19.

> " *THE EU WILL INCREASE ITS FUNDING OF AND SUPPORT TO THE WHO, AND WILL EXPAND THE WHO-UHC PARTNERSHIP* "

9 EC, (2019). Global Public Goods and Challenges Human Development for 2018-2020 Action Document for 'Health System Strengthening for Universal Health Coverage (UHC) Programme – Phase IV (2019-2021)'. PDF

10 Scientific Panel for Health (2016). 'A vision for health and biomedical research from the Scientific Panel for Health'. May 2016. PDF

11 EC, (2017). Report of the independent High Level Group on maximising the impact of EU Research & Innovation: 'LAB – FAB – APP Investing in the European future we want'. PDF

3 EU'S GLOBAL HEALTH PRIORITIES

3.1 Strong and resilient health systems to deliver Universal Health Coverage

Despite economic growth and rising health expenditure, improvement in service coverage has slowed in the last decade[12]. In 2017, only between one-third and half of the world's population was covered by essential health services.

The COVID-19 pandemic has the potential to exacerbate service coverage gaps, emphasising the need for strong and resilient health systems. Unless UHC is achieved before 2030, up to five billion people will still be unable to access health care[13]. Most of those people are poor and disadvantaged. Tackling health inequities and advancing social justice to ensure no one is left without access to health services are fundamental aspects of the UHC agenda and will only be accomplished by ensuring full participation of communities and accountability of mechanisms.

Supporting health systems in partner countries in order to achieve UHC, and prevent, detect and respond to future health crises, requires strengthening of the six building blocks of health systems[14]. A special focus will be given by primary health care (PHC) and community systems; a renewed focus on public health, including WASH systems and services; RMNCAH+; nutrition; improving resilience of systems to withstand conflict, damage from climate stress; and preventing and responding to future epidemics. The EU will maximize its leadership role in global health by intensifying its own efforts, as follows.

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12 WHO (2019). Monitoring Report 'Primary Health Care on the Road to Universal Health Coverage' Conference Edition. PDF

13 Ibid

14 Supra, note 2

A Stepping up investment in, and support to, health systems strengthening

The EU and its Member States will step up efforts to coordinate their policy and programming in support of the main components of health systems, applying a rights-based and equity-focused approach. In order to strengthen health systems in Africa, the EU will establish a comprehensive EU-Africa health partnership focused on UHC and health system strengthening as part of a comprehensive, equal EU-Africa partnership.

> " *THE EU WILL ESTABLISH A COMPREHENSIVE EU-AFRICA HEALTH PARTNERSHIP FOCUSED ON UHC AND HEALTH SYSTEM STRENGTHENING* "

⊕ Health service delivery

People-centred, needs-based, discrimination-free and integrated quality health services[15] which ensure community engagement are critical for achieving UHC. Quality health services should reach everyone who needs them, no matter who or where they are.

An integrated, people-centred approach to health service delivery can contribute to addressing health services fragmentation, but it needs to ensure inclusion of the most marginalised people and support for the role of civil society and communities.

In many settings, civil society and communities are the prime source of information and health services for people living in poorly serviced areas, or those belonging to marginalised groups. HIV, Ebola and COVID-19 have highlighted the essential role of communities in shaping responses to health crises. The active engagement of civil society and communities in the design and delivery of services is therefore central to building sustainable and resilient systems, particularly for those hardest to reach. Since about 70% of epidemics occur in fragile contexts, ensuring access to basic health services, like routine immunisation, is a priority that requires greater attention and

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15 WHO, (2019). Framework on integrated people-centred health services 'Integrated primary health care-based service delivery in the Global Conference on Primary Health Care, Astana, Kazakhstan'. November 2019. Link

coordination with other stakeholders. The spread of infectious diseases like COVID-19 cannot be contained without additional investment to improve and expand access to WASH services in both communities as a whole, and in health care facilities that act as the first line of defence.

Removing user fees and direct payments is at the heart of the commitment to ensure access to quality services. Catastrophic payments asked of patients at the point of use deter people from seeking essential care and push households into poverty, especially those belonging to marginalised groups[16].

KEY PRIORITIES:

- The EU will support the design of (and partnerships that lead to) integrated and people-centred service delivery models across the continuum of care, with a special attention to the availability, accessibility, acceptability and quality of health services, supported by the necessary infrastructure, such as adequate supply of power, clean water, sanitation and health care waste management.

- The EU will provide political, financial and technical support to community-based service-delivery, thereby ensuring that those who cannot go to health clinics are reached by tailored and appropriate services.

- EU-funded programmes will be free at the point of use.

Health workforce

The WHO estimates a projected shortfall of 18 million health workers by 2030, mostly in low-income and lower-middle income countries[17].

The WHO estimates a projected shortfall of
18 million
health workers by 2030

Many countries around the world face difficulties in the education, employment, deployment, retention, and performance of their workforce. Chronic under-investment in education and training of health workers and the mismatch between education and employment strategies in relation to health systems and population needs contribute to continuous shortages. These challenges are further compounded by changing demographics, as well as internal domestic and international migration of health workers, which in turn exacerbate health workforce shortfalls and lead to difficulties in deploying health workers to rural, remote, and under-served areas. Finally, while community health service provision plays a vital role in all aspects of health, including emergency risk management and community resilience, more effort is required to fully harness its potential for achieving UHC and strengthening health systems.

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16 MSF, (2019). 'Taxing the ill - How user fees are blocking universal health coverage'. 8 December 2019. Link

17 WHO. Website. Health Workforce. Accessed May 2020. Link

KEY PRIORITIES:

- In line with the 2017 Consensus, the EU will support partner countries in health workforce training, recruitment, deployment, and continuous professional development. Special attention will be given to ensuring that health workers have the necessary competences to deliver services to marginalised populations.
- The EU will align its support with domestic needs and will continue supporting countries in improving their capacity for tax collection, and where relevant, for allocation of domestic resources to human resources for health, including community health service provision and relieving overburdened healthcare workers.

Strengthening country data and health information systems

An unprecedented amount of data will be required to monitor global progress towards, and ultimately achieve both UHC and SDG3. Leaving no one behind requires the use of disaggregated data, to allow an in-depth look at trends across different population groups. However, most health professionals serving populations in low- and middle-income countries struggle with untimely, inaccurate, and incomplete information. Billions of people lack the digital identity required for inclusion, and digital identities currently stored in unsecured systems are vulnerable to fraud or public exposure of personal information. Any country's capacity to generate, process, and use reliable, comprehensive, and timely information on health determinants, health system performance and health status of its population is key to public health decision-making, from identification of needs to progress measurement. Stronger country data systems are needed to determine not only the percentage of people using a service but also the needs and quality of those services.

More data is needed in real-time on both service coverage and financial protection for the peri-urban poor, for migrants and refugees, and for other marginalised populations.

KEY PRIORITIES:

- The EU will promote a digitally literate health workforce and protection of the rights of digital users and their data.
- The EU will support partners' efforts to increase the availability and use of real-time and high quality granular data across the different levels of health care systems.
- The EU will promote the involvement of affected communities in collecting and analysing health data, to improve the quality of information and its effective use.

## Access to essential medical products and technologies

Progress on UHC depends on the availability of quality-assured affordable health technologies that respond to the needs of affected populations, are available in sufficient quantities, and can be applied in low-resource settings. Lack of access to appropriate diagnostics, medicines, vaccines, and other medical tools remains a significant problem, with an estimated two billion people having no access to essential medicines[18]. More effective use of existing flexibilities for Trade-Related Aspects of Intellectual Property Rights (TRIPS provisions) in support of global health, can help improve affordable access to life-saving medical tools. Next to costs, other important factors include a lack of government spending; effective regulatory, pharmaceutical and medical device policies; and of health workers – thus limiting access to available health tools.

A lack of research and innovation on PRNDs means that huge research and product gaps remain. The world is lagging behind in finding new or improved ways to prevent and treat the diseases that disproportionately affect low and middle income countries. Access also relies on health infrastructure including manufacturing, laboratory, and testing capacities, a key challenge highlighted during national COVID-19 responses. The EU is committed to helping secure access to affordable essential medicines and vaccines for all, and to promote R&I and development of new health technologies. The EU supports access to medicines in partner countries, for example through the European and Developing Countries Clinical Trial Partnership (EDCTP), and support to GAVI, which has helped protect 780 million children.

KEY PRIORITIES:

- The EU will support and facilitate access to quality, safe, effective, affordable and essential medicines, vaccines, diagnostics and health technologies in partner countries including by stepping up its support to global health initiatives such as GAVI, the GFATM, and the International Drug Purchase Facility (UNITAID).
- The EU will increase efforts to apply policy coherence for development and will refrain from using free trade agreements to prevent countries from using TRIPS flexibilities. The EU will also support generic competition and technology transfers.

- The EU will step up support to R&I on poverty-related and neglected diseases through Horizon Europe work programmes and an ambitious successor programme to EDCTP to address remaining product gaps.
- The EU will foster access and affordability by ensuring that all EU funding for R&I includes binding rules to guarantee open access to research results. The EU will implement mechanisms to ensure access to research data and to increase the availability and affordability of the end products worldwide.

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18 WHO. Website. Access to medicines: making market forces serve the poor. Accessed May 2020. Link
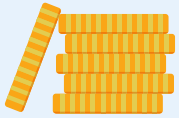
Health financing

States have the primary responsibility to guarantee access to essential health services to their citizens, without discrimination, and without placing undue financial pressure on households. They also have the responsibility to mitigate risks of cost escalation, especially when driven by unreasonable profit-seeking behaviour.

A major roadblock to advancing UHC is the lack of stable and sufficient pooled resources for health. To avoid primary financing from out-of-pocket payments at the point of service, primary health care requires newly mobilised domestic public resources and increasing fiscal space through budget reprioritisation towards health and efficiency improvement measures.

External assistance is also needed where public funding is not sufficient to cover everyone's health needs, especially in low resource settings. It is also needed in countries where, because of restrictive laws, governments are not willing to address the needs of stigmatzed and marginalized communities, which therefore rely on civil society and communities to realise their right to health.

KEY PRIORITIES:

The EU has provided long-standing support to the best performing global health initiatives – such as GAVI, the GFATM, the UHC Partnership - which are key elements of its support to global health.

- The EU will strengthen its own efforts and cooperate with other global health actors to assist partner countries in building their capacity to increase and pool domestic resources, through pro-poor and pro-health fiscal policies, and channelling these resources to improve the efficiency and equity of health spending. The EU will champion the provision of services which are free at the point of use, particularly for the most marginalised.

- In line with the 2017 Consensus, the EU will allocate at least 20% of its Official Development Assistance (ODA) to human development, including health, and 0.2% of its ODA to Least Developed Countries.

- The EU will prioritize health in all relevant funding modalities and across the pillars of the Neighbourhood Development and International Cooperation Instrument (NDICI), based on countries' needs and priorities, fiscal capacity and policies, with a focus on the people furthest behind.

- The EU will step up its support to global health initiatives, including the GFATM and GAVI, and to multilateral organisations, including the WHO and United Nations Population Fund, and will use its role in the governance of these initiatives to ensure alignment with countries' plans to achieve progress on UHC.

Health system governance and leadership

The governance of health systems is a key pillar for UHC reforms. National health policies and plans now extend beyond health care to cover broader public health agenda issues including actions on social determinants, disaster preparedness, and risk management. They need to be connected to broader national development framework health financing strategies, and macroeconomic policies.

Improving health is no longer seen as being under the sole responsibility of the ministry of health. This means putting in place governance structures which involve all sectors and all stakeholders in a meaningful way.

KEY PRIORITIES:

The EU will foster more effective health system governance by:

- Enhancing its coordination with other global health stakeholders to ensure effective alignment with national health strategies, in line with aid effectiveness principles[19].
- Supporting an enabling environment for civil society and communities, including participatory, transparent, and inclusive approaches to policy formulation, decision-making, and performance evaluation at all levels of the health system.
- Supporting reforms to laws and regulations in order to support the implementation of UHC strategies which ensure the availability, accessibility, acceptability, and quality of services.
- Championing effective cross-sectoral approaches at global and national levels, seeking to convene partners across traditional sector siloes and showcase innovative integrated approaches (such as those between health and WASH).

B Primary Health Care and Communities

From the 1979 Declaration of Alma-Ata, to the 2018 Declaration of Astana, and the 2019 Political Declaration on UHC, there is a strong consensus that primary health care is essential to achieving UHC, and that communities are at the heart of PHC. Strong health systems based on effective and comprehensive PHC improve equity and yield better health outcomes. They also provide a platform to address the structural causes of ill-health, like the many barriers that people face in accessing the services they need. Building on that consensus, the Political Declaration on UHC called on States to expand the delivery of and prioritise PHC as a cornerstone of sustainable, people-centred, community-based, and integrated health systems.

The EU recognises that communities bring unique added value to prevention, care, support, and treatment interventions, including by

> **THE EU RECOGNISES THAT COMMUNITIES BRING UNIQUE ADDED VALUE TO PREVENTION, CARE, SUPPORT, AND TREATMENT INTERVENTIONS**

promoting the right to health and health literacy, ensuring health equity, facilitating and delivering integrated programmes, responding to emergencies, bringing scale and reach, and providing quality people-centred services. As communities play an essential role in delivering health services, community delivery needs to be supported as an integral part of PHC systems.

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19 Second High Level Forum on Aid Effectiveness. 'The Paris Declaration on Aid Effectiveness'. 2005. and Third High Level Forum on Aid Effectiveness. 'Accra Agenda for Action'. 2008. Link

KEY PRIORITIES:

- As part of its efforts to promote UHC and partners' health systems strengthening efforts, the EU will support well-resourced and comprehensive primary health care as the most cost-effective way to address comprehensive health needs. Recognising their essential role in primary health care, the EU will enhance its support to community-based and led-responses.

- Where appropriate, the EU will work with partners to improve the integration of health services based on strong primary care and the strengthening of referral systems, while increasing efforts to address the many barriers that populations, including low-income, rural, and marginalised groups face in accessing primary health-care services. The EU will also help partners enhance intersectoral collaboration with non-health services.

- The EU will support the strengthening of institutionalised mechanisms for civil society, communities and individuals to participate in discussions and decisions related to health sector priorities and performance, and to hold duty-bearers accountable.

C Preparing the world for the next pandemic

Although outbreaks like Ebola, the severe acute respiratory syndrome-related virus (SARS) and Zika have all challenged the world's ability to halt the spread of harmful communicable diseases in a highly interconnected global community, the unprecedented nature of the global COVID-19 crisis is an even more stark reminder of the urgent need for significant, coordinated global investments in pandemic prevention and preparedness, with a focus on the countries that have the weakest health systems. In the 2017 Consensus, the EU promised to take action to address global health threats, such as epidemics, through a public health approach. However, despite repeated warnings by international experts that the world was not prepared for a fast moving, respiratory pathogen such as COVID-19, investments in frontline public health capacities to detect, prevent and respond to outbreaks, in potential vaccine or treatment technologies or candidates, and in manufacturing capacities languished due to the lack of political will and market incentives[20]. In light of the COVID-19 and Ebola outbreaks, global health security has received badly needed attention and funding, however the link between health security and UHC has not always been clearly made. The EU will make it a priority to work across these agendas to ensure complementarity, rather than competition.

The EU showed considerable leadership and commitment in terms of the global health response to COVID-19 including hosting a pledging conference on financing for new medical tools to fight the pandemic and to support the WHO and playing a leading role in the 18 May World Health Assembly resolution on the global COVID-19 response[21].

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20 See, for example, GPMB Annual Monitoring Report. 'A World At Risk'. (2019). PDF, and WHO, (2011). Implementation of the International Health Regulations (2005) - Report of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009. Report by the Director-General of the World Health Organisation (WHO), 64th World Health Assembly (WHA) - Geneva, Switzerland, 5th May 2011. PDF

21 WHO, (2020). Draft Report. Seventy-Third World Health Assembly A73/CONF./1 Agenda item 3 'COVID-19 response' 18 May 2020. PDF

KEY PRIORITIES:

In light of COVID-19 and acknowledging that other new, debilitating or deadly pathogens will inevitably emerge, the EU will:

- Work across EU institutions, EU agencies and Member States while engaging, and sharing knowledge and resources with multilateral partners, global health initiatives and regional agencies such as regional Centres for Disease Control (CDC), in order to contribute to coordinated pandemic prevention and response plans that are truly global in scope.
- Support a strengthened role for the WHO as the lead agency on global health, specifically in coordinating health emergency responses and ensuring health systems strengthening.
- Increase funding for proactive, preventive investment in the research, development, manufacturing, and delivery of diagnostics, vaccines and treatments for known and unknown pathogens with the greatest epidemic or pandemic potential.
- Conducting a rolling review of the EU's response to COVID-19 and other outbreaks, which will include lessons learned and recommendations on how the EU can better contribute to global health emergency preparedness and coordination in the event of new epidemic or pandemic threats.
- Scale up the promotion of vaccine confidence for a future COVID-19 vaccine and to avoid future outbreaks of vaccine-preventable diseases, through programming, global health leadership and diplomacy and the ACT Accelerator.

The EU will also ensure that its global response to COVID-19 is inclusive of and accessible to persons with disabilities, as it committed to when endorsing the Joint Statement on the UN Secretary General's call for a Disability-inclusive response to COVID-19 - Towards a better future for all[22].

Additionally, the EU will increase direct support, and join global efforts where appropriate, to strengthen pandemic preparedness in lower and middle-income countries by supporting partner countries to:

- Establish emergency operation centres.
- Provide equipment and foster supply chains, including for protective equipment for front line workers, social mobilisers and WASH experts, free screening, testing and treatment.
- Train the frontline health workforce and provide technical assistance to strengthen infection prevention and control at health facilities.
- Hire and train community health workers and engage with community leaders in awareness-raising to reduce infection transmission and panic, confront stigma and discrimination, disseminate accurate and accessible information as well as to ensure continuity of essential primary health services.
- Invest in sustainable WASH service provision, in communities and health care facilities, as a critical first line of defence against the spread of many infectious diseases including COVID-19.
- Support nationwide scale-up of hygiene promotion campaigns, and the training of frontline health workers in Infection Prevention and Control measures and practices.
- Provide support to communities in order to improve early detection and quick response, avoid unintended harms, facilitate the enactment of public health measures, and to mitigate the socio-economic effects of pandemics including through cash transfers, food assistance and other measures. The EU will also support the establishment or the strengthening of platforms for community and civil society participation in epidemic response plans.
- Increase funding to research, development, manufacturing, and regulatory capacity building in the area of infectious diseases.

In 2019,
5,3 million
children died before their fifth birthday

D Reproductive, maternal, new born, child and adolescent health

In the 2017 Consensus, the EU committed to work towards the reduction of child and maternal mortality. Yet in 2018 alone, 5.3 million children died before their fifth birthday, with half of those deaths occurring in Sub-Saharan Africa[23].

Although there has been marked progress on maternal mortality, over 800 women die each day from complications in pregnancy and childbirth. Providing a comprehensive continuum of care for RMNCAH+ is essential to progress on UHC and many of the other SDG3 targets. However, the quality, funding, availability and accessibility of these services is still insufficient in many health systems in partner countries. Women and children will remain marginalised in health systems that do not provide UHC (which includes quality, comprehensive maternal and child health services) and in those which require out of pocket expenditure.

KEY PRIORITIES:

The EU will scale up support for RMNCAH+ including by:

- Ensuring that the RMNCAH+ continuum of care is part of programme and budget support for health system strengthening and UHC, ensuring access for the most marginalised and deprived women and children.
- Engaging children and women in the design and delivery of all EU-funded health programmes.
- Disaggregating data on all EU programming by gender, disability and age, to ensure that health outcomes for women and children can be monitored.
- Displaying leadership on RMNCAH+ through global health diplomacy.

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22 European External Action Service (EAS), (2020). 'Joint Statement on the UN Secretary-General's call for a Disability-inclusive response to COVID-19 - Towards a better future for all'. 2020. Link

23 UNICEF. Website. Under-five mortality. Accessed May 2020. Link

E Building resilient health systems in complex situations

Lack of access to basic social services in fragile and complex contexts, particularly health services, can exacerbate instability and conflict. Yet health systems strengthening and the provision of UHC are challenging for a growing number of partner countries in fragile, conflict and emergency contexts. Climate change will lead to further fragility and strains on health systems. Conflict, especially across the Sahel, in North Africa, and in the Middle East, has triggered an increase in migration towards Europe's near neighbourhood, putting the health of a great number of migrants and refugees at risk and straining health systems. The EU acknowledges the important role that civil society plays in humanitarian settings, where it is often the principle provider of health access. The humanitarian/development nexus offers opportunities to increase resilience and bridge gaps in financing and service provision in increasingly complex environments.

KEY PRIORITIES:

In order to respond to the reality of an ever-increasing number of complex and fragile situations, the EU will support resilience-building within health systems so that countries, communities, and people are made more resilient to present and future challenges. This will include:

- Further investment in health crisis preparedness, climate change adaptation, and resilience building within health systems and health system governance in complex settings, such as fragile, conflict and emergency settings and countries hosting migrants and refugees, including through the Rapid Response Pillar of the NDICI, in line with the needs of affected fragile conflict or crisis affected countries.

- Incorporating long-term development stakeholders from the inception of EU humanitarian intervention, to ensure effective coordination and a smooth transition from crisis response to long-term systems strengthening.

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3.2 Tackling health inequity and addressing health determinants

Both within and outside the EU, the context people live in shapes their health. It is well established that factors such as income and social status, gender, race, education, clean air, WASH, sufficient and nutritious food, and child development are largely responsible for the differences in the health outcomes of different populations and groups.

These factors can be changed, and controlled by policy. Addressing health inequities through rights-based and equity-focused approaches, by addressing the social, economic, and environmental determinants of health and working across all sectors through a whole-of society and health-in-all-policies approach, is an integral part of the EU's support to the achievement of health and well-being for all. The EU will focus on the following issues to tackle health inequity:

> " ADDRESSING HEALTH INEQUITIES THROUGH RIGHTS-BASED AND EQUITY-FOCUSED APPROACHES IS AN INTEGRAL PART OF THE EU'S SUPPORT "

A Gender and other barriers to health care

Pervasive systems of power relations based on gender norms have overwhelmingly disadvantaged women and girls who face greater barriers to health information and services. Women and girls carry the bulk of domestic responsibilities but often have limited influence over resources within the household and in society as a whole. They also tend to have a greater need for health services, including reproductive health services. **Women and girls are often subject to harmful practices which have long lasting, detrimental effects on their health and well-being, such as female genital mutilation, and early and forced child marriage.** Harmful gender norms also underpin stigma, violence and discrimination against groups with non-conforming sexual orientation, gender identity and sex characteristics, and contribute to the exclusion of the people belonging to these groups from essential health services.

Gender intersects with other drivers of inequities, discrimination and marginalisation, such as ethnicity, age, class, socio-economic status, disability and sexual orientation. These all interact to have complex effects on health.

Too often, the people most vulnerable to diseases are the same people who do not have access to health care because of stigma, gender inequality or discrimination. The gender imbalance in HIV infection is particularly striking: adolescent girls and young women are 2.4 times more likely to acquire HIV than their male peers. AIDS-related illnesses remain the leading cause of death for women aged 15–49 years globally[24].

The EU recognises that achieving gender and equality, transforming restrictive gender norms, tackling stigma and discrimination are paramount to achieving good health for all, and that civil society and communities play a key role in that regard.

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24 UNAIDS, (2018). '2018 UNAIDS data'. PDF

KEY PRIORITIES:

As such, the EU will:

- Strengthen synergies between this GHS, Gender Action Plan III, and the third Human Rights Action Plan and between its health and human rights programming to tackle the multiple barriers that prevent people from accessing the services they need.
- Support gender transformative programmes and address gender barriers to health, as pathways to achieve good health and well-being.

- The EU will ensure that gender is mainstreamed throughout all of its budgets, programmes, instruments and actions that affect health. Intersectional lenses will be applied to health interventions to ensure that people living at the intersection of multiple forms of discrimination, including on grounds of sexual orientation, are not left behind.
- Involve civil society and communities in the design, delivery and monitoring of its health programmes.

B WASH

3Billion
people globally lack
clean water and soap
for handwashing
at home

Water, sanitation, and hygiene are fundamentally linked to health, as outbreaks of infectious diseases such as COVID-19 clearly demonstrate. There are currently huge gaps in provision of WASH services which disproportionately affect the most marginalised and vulnerable people. Three billion people globally lack clean water and soap for handwashing at home, and **40% of healthcare facilities lack adequate hand hygiene abilities at points of care where patients are being treated**[25]. The absence of safe water and sanitation services, and safe hygiene behaviours, in communities as well as in healthcare settings contributes to the global burden of disease,

by undermining efforts by health programmes to reduce preventable deaths and long-term damage from causes such as sepsis, pneumonia, diarrhoea and worm infections. Furthermore, it is often the poorest and most marginalised people who lack access to WASH, with women and girls disproportionately impacted both because of their specific needs – such as for menstrual hygiene management - and as those most frequently burdened with household tasks such as carrying water long distances in the absence of household services[26]. This contributes further to chronic poverty by negatively impacting health, wellbeing and economic productivity. Similarly, poverty is both a cause and a consequence of poor health. The WASH and health sectors have a shared goal of improving health and reaching the poorest and most marginalised sections of society, who carry the heaviest burden of disease and have the least access to essential WASH and health services. **The WHO estimates that for every one dollar invested in water and sanitation globally, there is a $4.3 return in the form of reduced health care cost, making it an excellent investment**[27]. Working on WASH and health together helps maximise impact and cost-effectiveness.

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25 WHO and UNICEF. Website. Joint Monitoring Programme for Water Supply and Sanitation. Accessed online. May 2020. Link

26 Gender and Development Network and WaterAid, (2016). 'Achieving gender equality through WASH'. Link

27 WHO. Website. Water Sanitation Hygiene, Economics. Accessed online. May 2020. Link

KEY PRIORITIES:

The EU will increase its focus on four critical areas where WASH and health intersect:

- WASH in health care facilities, where unhygienic conditions undermine efforts to prevent and control outbreaks such as COVID-19, and result in overuse of antibiotics, contributing to AMR.
- Nutrition, where access to safe water and sanitation, and good hygiene practices, are paramount.
- Neglected tropical diseases (NTDs), where WASH is key for prevention and treatment.
- Hygiene services for households and communities, and hygiene promotion and behaviour change campaigns, which are crucial priorities for prevention and control of COVID-19 and any future infectious disease outbreaks.

C Climate and natural environment

The environment has a profound impact on health and well-being. The EU has recognised this by committing to support efforts against chemical pollution and improve air quality [28]. While air quality and chemical pollution remain important, since this commitment was made, research on the impact of climate heating on health has shown that the EU must also address global health in its response to climate change. Climate heating undermines the social and environmental determinants of health – clean air, safe drinking water, sufficient food and secure shelter. Increasing temperatures as a result of climate change will continue to expose vulnerable populations to heat-related morbidity and mortality[29], namely due to malnutrition, climate-sensitive diseases like dengue fever, malaria, diarrhoea, and heat stress.

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28 Supra, note 4

29 Watts, N., Amann, M., Arnell, N., Ayeb-Karlsson, Sonja., Belesova, Kristine., Berry, H. et al., (2018). The Lancet 'Countdown on health and climate change: shaping the health of nations for centuries to come'. 392:10163. 28 November 2018. Link

The EU has prioritised the fight against climate change, proposing new, far-reaching policy shifts, including a climate neutrality law and the European Green Deal[30]. These and new efforts will need to ensure a health-sensitive approach to creating climate resilience. For example, areas with weak health systems and infrastructure – mostly in developing countries – will be the least able to cope with the health consequences of climate change without assistance to prepare and respond. The EU will:

KEY PRIORITIES:

- Increase policy coherence between health-related and climate-related initiatives, including the European Green Deal. The EU will place health protection at the core of the Green Deal, so that it delivers on climate change, on clean air and water, and on protection from hazardous chemicals, including endocrine disrupting chemicals.

This includes:
- An ambitious zero pollution strategy;
- A concrete, short timeline to implement the WHO guidelines on air standards and cutting pollution at the source;
- A move to 100% non-toxic material cycles by 2030;
- Enhanced chemical regulations, led by the precautionary principle.

- Promote resilience within health systems by building capacity for addressing climate-sensitive diseases.
- Increase funding for research and innovation to develop new solutions addressing climate change and public health.

D Nutrition

Nutrition is essential to health and well-being. Hunger is on the rise for the first time in decades and malnutrition claims the lives of three million children before their fifth birthday every year. Increasingly, overweight and obesity are now on the rise in LMICs, particularly in urban settings. Investing in nutrition is intimately linked to better economic growth and health, sustainable agriculture, empowering women and girls, fighting gender inequality, the provision of quality education for children and the prevention of early school leaving. Nutrition security will be increasingly threatened by climate change and populations suffering from malnutrition are more vulnerable to the growing threat of disease outbreaks. Yet the trade, nutrition, climate and health agendas are often siloed from each other.

KEY PRIORITIES:

The EU will take a multi-sectoral approach to nutrition and health by:
- Ensuring that programming responds to the intersection between health, nutrition and WASH for particularly vulnerable populations such as pregnant and lactating women, women of reproductive age and adolescent girls, and of infants and young children.
- Ensuring that policy agendas on health, climate and the humanitarian-development nexus integrate nutrition including through the Farm-to-Fork Strategy.
- Using political leverage, trade policy and the enforcement of European labelling and safety legislation on exports of baby foods to push for full compliance with the International Code of Marketing of Breastmilk Substitute and subsequent relevant World Health Assembly resolutions that are routinely broken in partner countries.

30 EC, (2019). Communication from the Commission to the European Parliament, the European Council, the Council, the European Economic and Social Committee and the Committee of the Regions The European Green Deal. COM/2019/640. Link

E Early Childhood Care and Development

Early childhood (0-8 years of age) is the most important developmental phase of life. Experiences during this time determine health, education and economic prospects throughout life. Two hundred and fifty million children under the age of five in low- and middle-income countries risk not reaching their developmental potential because of extreme poverty and stunting. Early childhood interventions, including a range of parent and caregiver supports, child care, nutrition, health, education, WASH and social protection, yield benefits throughout life that are worth many times the original investment. Supporting inclusive early childhood development in partner countries is not only an investment in health and equity but also in the future of these countries.

KEY PRIORITIES:

In line with this recognition the EU will:

- Scale up inclusive early childhood care and development interventions in its health, education, nutrition and social protection programmes in partner countries.

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3.3 Addressing neglected issues within the health sphere

Health systems are complex and dynamic. They require cross-sectoral analysis and integration to be effective. Overall results can be significantly compromised by a system's "weakest link". A number of important global health issues require greater attention, to reduce associated costs and strengthen overall effectiveness and global health outcomes.

At a minimum, **the following neglected issues will receive increased attention as a central objective of the new EU Global Health Strategy: PRNDs; NCDs; mental health; AMR; SRHR; disability inclusion and the rights of persons with disabilities; and shrinking civil society space**. The EU recognises that increased attention to these issues and to cross-sectoral collaboration is key to the success of the EU's efforts on global health and will reinforce action in these areas, as follows[31].

> " *CROSS-SECTORAL COLLABORATION IS KEY TO THE SUCCESS OF THE EU'S EFFORTS ON GLOBAL HEALTH* "

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31 Council of the European Union, (2019). NOTE From: General Secretariat of the Council 'Economy of Wellbeing - a new holistic approach for the EU – Exchange of views'. (OR. en) 11346/19 LIMITE SAN 357 SOC 566. 23 July 2019. PDF

A Poverty-related and Neglected Tropical Diseases

Today more than one billion people worldwide are affected by PRNDs, including major diseases like AIDS, tuberculosis, pneumonia and malaria, and a range of neglected tropical diseases such as trachoma, schistosomiasis and guinea worm. PRNDs impose an unacceptable moral and health burden on individuals and societies, costing lives and hampering human and economic development. For example, pneumonia is the single biggest infectious killer of children worldwide. Yet attention to pneumonia is neglected, despite being a largely preventable and treatable disease.

Safe water, sanitation and hygiene play a critical role in addressing NTDs, and WASH has been one of the five key interventions within the WHO's global NTD roadmap 2015-20 (the finalisation of the new NTDs roadmap for 2021-30 has been delayed due to COVID-19). However, as the WHO notes, the WASH component of the strategy has received little attention and the potential to link efforts on WASH and NTDs has been largely untapped. Focused efforts on WASH are urgently needed if the global NTD roadmap targets are to be met[32].

> ❝ **THE EU IS CURRENTLY THE THIRD-LARGEST FUNDER OF R&I FOR POVERTY-RELATED AND NEGLECTED DISEASES** ❞

Major product and research gaps persist, as there are limited market incentives for the private sector to invest in new or improved tools to fight PRNDs. The EU is currently the third-largest funder of R&I for poverty-related and neglected diseases. Where treatments exist, many are losing their effectiveness as PRNDs develop drug resistance, making infections harder and more costly to treat. Investing in PRND R&I saves lives, combats ongoing epidemics, can prevent future catastrophic outbreaks, delivers on the SDGs, and has a great economic return on investment for Europe, while creating quality jobs and driving scientific excellence.

KEY PRIORITIES:

The EU will:
- Increase investments in neglected areas of research to address the critical research and product gaps that persist for PRNDs.
- Co-define research priorities on PRNDs in partnership with most affected countries, in particular sub-Saharan African partners.
- Support efforts, including through its GAVI Board membership, to reduce the price of the pneumococcal conjugate vaccine, which is the most expensive vaccine in the GAVI portfolio.
- Champion a cross-sectoral approach to tackling NTDs by committing to fund integration of WASH within NTD programmes; provide catalytic funding to support coordination of WASH and NTD efforts; support integrated NTD/WASH behaviour change programmes; and encourage partner countries to invest in WASH infrastructure targeted using NTD data to prioritise the highest risk areas.

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32 WHO, (2015). 'Water sanitation and hygiene for accelerating and sustaining progress on neglected tropical diseases: A global strategy 2015-2020'. Link

B Non-communicable diseases

NCDs, which kill 41 million people each year, are driven by rapid unplanned urbanisation, globalisation of unhealthy lifestyles, climate heating and environmental pollution and population aging, among other factors. NCDs include cardiovascular diseases, cancers, chronic respiratory diseases, such as asthma and diabetes and mental ill-health, addressed in more detail below. To respond to NCDs, health systems and other policy agendas need to address the social, commercial, economic and environmental determinants of health, taking into account risk factors for NCDs such as poor or unhealthy diets, physical inactivity, and the harmful use of alcohol, and tobacco.

KEY PRIORITIES:

In the 2017 Consensus, the EU committed to address the growing burden of NCDs in partner countries. The EU will:
- Ensure that in the next programming period, health system strengthening and nutrition programming respond appropriately to NCDs in partner countries.
- Support partner countries' efforts to address NCDs as part of UHC.
- Support the integration of NCDs and communicable diseases such as HIV/AIDS and tuberculosis in countries with high prevalence rates.

C Mental health

Mental health intersects with and influences most of the other SDGs. Social and economic conditions, social determinants, such as poverty, war, violence, hunger and inequality, are risk factors for mental health and increase the chances and severity of mental ill-health[33]. While mental health issues are a growing cause of morbidity and are a barrier to sustainable development, mental health is still neglected. Too often, health services cater predominately to physical health, with mental health being particularly underserved in primary health care. Between 35% and 50% of people with serious mental ill-health in developed countries received no treatment in a year's span. Mental health prevention and promotion is still sorely lacking around the world, with the WHO figures showing that **median mental health expenditure represents less than two per cent of global spending on health care**, with much of that spending focused on institutional mental health care[34].

Access in many partner countries is compounded by a severe lack of mental health professionals in the health workforce and mental health stigma. Additionally, the serious implications for mental health caused by the COVID-19 pandemic have already been acknowledged by the WHO[35]. Significant mental health and psychosocial support will be needed in partner countries to avoid a mental health crisis.

Median mental health expenditure

Median mental health expenditure represents less than

2%

of global spending on health care
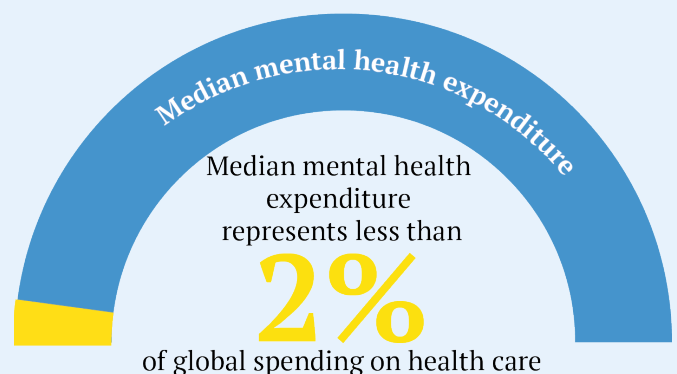
33 World Economic Forum, (2018). 'We can't make progress without investing in mental health'. Link

34 In 2015, the UN Committee on the Rights of Persons with Disabilities noted its concern that EU international development funding is used to create or renovate institutional settings for the placement of persons with disabilities, which includes persons with psychosocial disabilities, and recommended that the EU disrupt any funding used to perpetuate the segregation of persons with disabilities. United Nations. Committee on the Rights of Persons with Disabilities. CRPD/C/EU/CO/1. 2 October 2015. Link

35 WHO, (2020). 'Substantial Investment Needed to Avert Mental Health Crisis'. 14 May 2020. Link

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D Antimicrobial resistance

There is a clear need for the EU to support and assist Member States in developing and implementing national action plans to reduce differences in the use of antimicrobials and prevalence of infections, to foster collaboration across sectors, to improve knowledge of citizens and to strengthen monitoring and surveillance systems by developing expertise on methodologies, indicators and instruments. Coordination, and collaboration on AMR research needs to be strengthened and funding for AMR R&I to develop new antimicrobials, rapid diagnostic tests, vaccines and alternative treatments needs to be increased to prevent dramatic health outcomes and economic consequences[36]. The EU's investments in WASH services in health care facilities should be seen as a key contribution to tackling AMR, since antibiotics are frequently used in unhygienic healthcare settings as a 'quick fix' for poor hygiene[37].

KEY PRIORITIES:

• Given the cross-border nature of AMR, the EU will take a stronger role in coordinating and raising its voice on AMR at the international level, to raise awareness, encourage countries to consider their own measures against AMR and to take global measures such as the WHO implementing policies and the development of the World Organisation for Animal Health standards[38].

36 World Bank Group, (2019). 'Pulling together to beat superbugs'. PDF

37 Denyer Willis L, Chandler C. (2019). BMJ Global Health 4:4 'Quick fix for care, productivity, hygiene and inequality: reframing the entrenched problem of antibiotic overuse'. Link

38 World organisation for Animal Health. Link

E Sexual and Reproductive Health and Rights
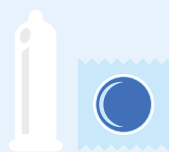
The EU has made several commitments on SRHR in the past decade. Despite this support, dire needs still exist: **214 million women who want to prevent or postpone a pregnancy do not have access to modern methods of contraception[39] and about 830 million women die daily due to complications in pregnancy or childbirth[40].** Millions of women face challenges in managing menstruation effectively and hygienically due to lack of access to essential products and WASH.

The current political climate has led to a backlash against women's and girls' rights and their SRHR, including from some key donors. Drivers of inequities, discrimination and marginalisation, such as gender, ethnicity, age, class, socio-economic status, disability, sexual orientation and gender identity, still have a great impact on access to SRHR. Adolescent girls or women of diverse sexual orientation, gender identity and sex characteristics have even less access to sexual and reproductive health (SRH) services. HIV and SRHR are deeply intertwined. Standard SRH services and HIV interventions often overlap and sexual and reproductive ill-health and HIV share root causes, including gender inequality, harmful cultural norms and marginalisation of segments of the population. Adolescent girls and young women are disproportionately affected by HIV. Access to integrated SRH services that include prevention of HIV are critical for their empowerment, achieving gender equality, and improving health outcomes.

KEY PRIORITIES:

In this context, **the EU reaffirms its commitment to financially and politically support SRHR for all, free from discrimination**, coercion and violence. The EU recognises that SRHR are an integral part of global health, and that global health and the SDGs, including SDG3, cannot be achieved without respect for and access to SRHR. As such:

- The EU is committed to a rights-based approach to SRHR. The EU will promote the respect of everyone's SRHR and will support universal access to SRH services for all individuals who need them, regardless of their age, marital or socio-economic status, disability, race or ethnicity, sexual orientation, gender identity and sex characteristics. The EU will also promote integrated and comprehensive SRH services, which include HIV prevention, testing and treatment.
- The EU will ensure that SRHR remains a funding priority for human development. This includes the prioritisation of health, including SRHR, in the NDICI geographic and thematic programmes. EU funding will include financial support to Civil Society Organisations, implementing community outreach, awareness raising programmes and service delivery, which are key to achieving SRHR and health for all.
- The EU will continue to speak up and support strong global, regional and national commitments in favour of SRHR in multilateral fora (e.g. the Commission on the Status of Women, the Commission on Population and Development, etc.) and in its political dialogue with partner countries.

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39 WHO, (2018). 'Factsheet on family planning and contraception'. Link

40 WHO, (2018). 'Factsheet on maternal mortality'. Link

F Disability inclusion

15% people with disabilities

More than
80%
of people
with disabilities
are living in poverty

Persons with disabilities account for 15% of the world's population, roughly one billion people. More than 80% are living in poverty, with an estimated 800 million persons with disabilities living in developing countries where disability is more prevalent, as poverty and disability often reinforce each other. Rates of disability are increasing due to population aging and increases in the prevalence of chronic health conditions, among other causes. People with disabilities face many systemic barriers in realising their right to health[41]. Limited availability, accessibility, affordability and acceptability of services can result in reduced quality and access to the full range of health services, from promotion and prevention, to treatment, rehabilitation and palliative care. These barriers may be further exacerbated by multiple and intersecting forms of discrimination faced by women, children, racial and ethnic minorities, older people and people with disabilities. The EU is bound by the UN Convention on the Rights of Persons with Disabilities (CRPD) to ensure that all policies, legislation and programmes are inclusive of and accessible to persons with disabilities including through its external action and international partnerships[42].

The EU 2017 Consensus makes specific reference to disability, the CRPD and alignment with the 2030 Agenda's principles to leave no one behind. The promise to leave no one behind and achieve UHC are unattainable without better and inclusive health services and without addressing the inequalities and barriers that persons with disabilities face in accessing healthcare[43].

KEY PRIORITIES:

To contribute to making health care services accessible to people with disabilities, the EU will support partner countries in:

- Promoting non-discriminatory access to quality and affordable healthcare and supporting partner countries in their implementation of the CRPD, as stated in the current EU Action Plan on Human Rights and Democracy 2020-2024 . This will include removing barriers to health facilities, information and equipment; making healthcare affordable; training all healthcare workers in disability issues including rights; investing in specific services such as rehabilitation and provision of assistive devices[44].

- Ensuring the meaningful involvement and participation of persons with disabilities and their representative organisations in design, implementation and monitoring of health policies and programmes, and improving the availability and comparability of data on persons with disabilities and other marginalised groups[45].

- Adopting - in compliance with its legal obligation as a State Party to CRPD, and in line with recommendations received during its human rights review by the Committee on the Rights of Persons with Disabilities[46] - a harmonised policy on disability-inclusive development which addresses the right to health. The EU will mainstream the rights of persons with disabilities in all international cooperation policies and programmes by applying an intersectional lens and ensure coherence with the new European Disability Strategy beyond 2020.

41 WHO, (2018). Infographic 'Better health for people with disabilities'. Link

42 UN General Assembly, (2007). Convention on the Rights of Persons with Disabilities. Adopted by the UN General Assembly, 24 January 2007, A/RES/61/106. Link

43 London School of Hygiene & Tropical Medicine, (2019). 'The Missing Billion: Access to health services for 1 billion people with disabilities'. Link

44 Supra, note 41

45 International Disability and Development Consortium, (2019). 'Realising the global Commitment to Leave No One Behind - Access to Health'. 2019. PDF

46 Supra, note 34

G Shrinking space for civil society

Across the globe, governments are shutting down opportunities for civic engagement in domestic and international fora through a variety of legal and political means. Only 4% of the world's people live in countries where fundamental civil society freedoms – of association, peaceful assembly and expression – are respected[47].

Shrinking space for civil society engagement is having far-reaching consequences, particularly for women and for LGBTI people, whose ability to operate and advocate for their rights, representation at societal, political and institutional level and access to health services, including SRH services, has been undermined. Measures taken to contain the COVID-19 pandemic reveal concerning trends, including unjustified restrictions on access to information; detention of activists for disseminating critical information; crackdowns on human rights defenders and media outlets; violations of the right to privacy and sweeping emergency powers[48]. The engagement of civil society organisations (CSOs) in global health architecture and fora has also been limited including during the World Health Assembly 2020 and in the development of the ACT Accelerator.

The EU reiterates its commitment to promoting fundamental freedoms and strengthening civic and political space as essential to sustaining health outcomes and advancing the right to health. In line with human rights commitments and the 2017 Consensus, the EU will reinforce a human rights-based approach in its global health action, and will promote human rights-compliant responses to public health threats.

KEY PRIORITIES:

More specifically, the EU will:

- Use tools such as direct financial and political support, political dialogue and human rights country strategies to expand the political/policy space that will enable CSOs and rights holders to engage effectively in the development and implementation of national health programmes; repeal discriminatory and punitive laws and policies that fuel exclusion and marginalisation; and address the structural barriers that prevent people and communities from enjoying their right to health. Support in the form of grants will continue to be provided to civil society, regardless of countries' income group.
- Provide flexible support to community-based and -led programmes, including for mobilisation, advocacy, service provision, outreach, research, monitoring and accountability, especially for CSOs and communities that work with the most marginalised groups and neglected needs, such as comprehensive sexuality education and a comprehensive set of SRHR.
- Organise - during the programming cycle and the elaboration of human rights country strategies - meaningful and inclusive consultations with civil society and communities at the national level.
- Promote and support the meaningful representation of civil society and communities in the governance of health multilaterals and global health initiatives and facilitate their participation in all relevant global health meetings.

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47 CIVICUS, (2019). 'State Of Civil Society Report 2019 The Year In Review'. 2019. PDF

48 CIVICUS, (2020). 'Civic Freedoms And The COVID-19 Pandemic: A Snapshot Of Restrictions And Attacks.' Link

4 PLANNING TO ACHIEVE GLOBAL HEALTH RESULTS

The new EU GHS will plan for success. This section describes how the EU will improve coherence, coordination, planning, and joint programming for health.

4.1 Ensuring coherence and coordinated action

Improving coherence and coordination is an overarching, cross-cutting aim and challenge for the EU. EU actors have distinct institutional visions and mandates.

European Commission Directorate Generals and agencies that work on policies affecting health – most notably the Consumers, Health, Agriculture and Food Executive Agency, European Civil Protection and Humanitarian Aid Operations, European Neighbourhood and Enlargement (NEAR), European Research Council Executive Agency, Health and Food Safety (Sante), International Cooperation and Development, and Research and Innovation – as well as the European External Action Service (EEAS), have distinct scope, resources, mandates and planning cycles, because they are established to advance different aims, rather than a common overall goal. The programmes, tools and instruments developed and used to implement their actions are generally developed in contexts other than health (e.g. trade), which have quite different aims.

Furthermore, national EU Member States and partner governments are in the driving seat for health systems, policies and funding, and each has its own unique set of challenges, capacities, aims and priorities.
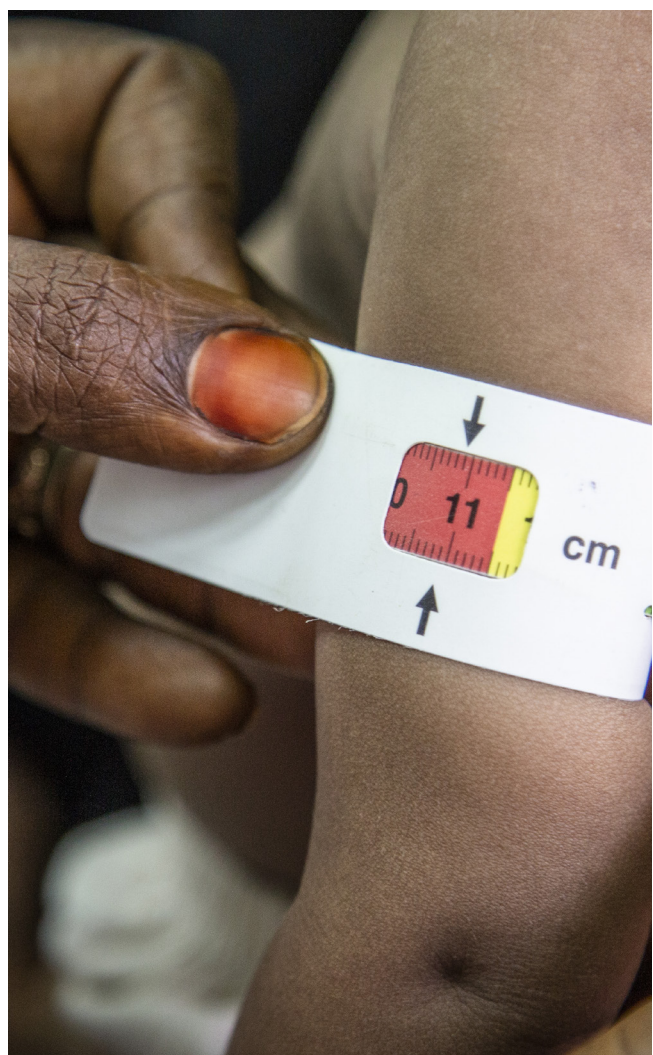
KEY PRIORITIES:

The Council has affirmed high-level EU political support for global health on many occasions[49]. To improve coherence and coordination of its actions for impact on global health, the EU will take the following actions:

- Improve understanding of existing EU policies, instruments, programmes and tools affecting EU advancement of global health by asking EU Member States and EU institution services to map the impact of instruments, programmes, tools and activities affecting global health. This will go a long way toward establishing baselines, improving transparency and identifying how EU action can advance global health strategically and effectively.

- Dedicate resources to improving coherence and coordination. Systematically integrating policies and embedding research into programming to advance national health knowledge and implementation impact requires a sustained focus. The EU will replicate models of coordination, such as the 2019 joint EU statement with the African group on Access to Medicines, which jointly addressed common issues, winning the support of 80-90 countries.

- Identify high-level champions and health focal points, and increase dedicated staffing for global health at key points in the EU infrastructure. In order for the EU to increase its impact, the EU and its Member States will increase the number of health attachés and/or health focal points with relevant expertise and capacity, in EU delegations in priority partner countries, EU Permanent Representations, Directorate Generals, the EEAS, and the College of Commissioners.

- Ensure strengthened leadership in global health diplomacy, including at relevant fora and summits such as the World Health Assembly, UN General Assembly, the UN High-Level Political Forum, G7/G20 meetings and the World Health Summit.

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49 Supra, note 1 and Council of the European Union. 'Draft Council Conclusions on the Economy of Well-Being'. 16 September 2019. PDF; and Council of the European Union. NOTE From: General Secretariat of the Council To: Working Party on Public Health at Senior Level Subject: Exchange of Views 'Economy of Wellbeing - a new holistic approach for the EU'. 23 July 2019. PDF

4.2 *Planning and monitoring*

Methodical planning is key to the success of any strategy. The challenges of coherence and coordination described above can be overcome through harmonised planning. Using the priorities outlined above as a guiding structure, a refreshed and renewed EU commitment to global health requires each **EU Member State and EU institution agency to develop a clear global health action plan** (GHAP).

KEY PRIORITIES:

As all EU Member States and nearly all countries in the world have committed to advancing the SDGs, planning and organizing EU global health funding, programmes, activities and reporting through the SDG lens and monitoring mechanisms provides clear synergies and added value.

- The EU will embrace and implement the SDG Multi-Stakeholder Platform recommendations to establish a Sustainable Europe coordination cycle, with EU Sustainable Development Action Plans, Member State and European Commission Sustainable Development Reports and recommendations[50].

To better advance its global health aims, the EU will:

- Ask key EU stakeholders and duty bearers to develop an overarching GHAP. The GHAP will guide EU global health aims, actions, division of labour and resource allocations to achieve the desired impact.

The plan will specify:
  - key actors, responsibilities, concrete targets and timelines;
  - routine internal EU coordination mechanisms for problem-solving and to amplify impact; - when and how civil society can interact with decision-making to ensure ownership and enhance policy and programming effectiveness, especially for challenging issues and marginalised or hard-to-reach populations.

- The European Commission, Parliament and Council will conduct regular monitoring of the EU GHAP. Reported results will identify points where policies intersect, to improve alignment on internally incoherent policies which compromise overall results.

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50 Supra, note 5

4.3 *Implementing to achieve results*

The EU Gender Action Plan II demonstrates the types of results that can be achieved when a detailed plan is properly implemented. Following this model, the EU will integrate the following components into EU GHAP implementation:

KEY PRIORITIES:

- The EU will make implementation of its GHAP mandatory for all EU institutions and EU Member States.
- Joint programming will be integrated into the terms of reference of key actors identified in the EU GHAP. Joint programming can be trialled by focusing first on countries and regions with the worst health indicators. In general, but especially for these priority areas, the EU will aim to eliminate "orphan" sectors that evidence poor indicators and to ensure sufficient support to access by marginalised populations.
- Burden-sharing agreements for EU global health implementation will underscore progress on joint initiatives, joint programming and project development.
- Information sharing, analysis and good practice examples will be promoted, alongside eliminating duplication, optimising resources and coordinating joint policy positions.
- To build expertise, the EU will make available staff training and coaching on a regular basis on gender, demography, health, research and innovation, youth and SRHR mainstreaming, not only in capitals but also at the country level, and open to participation from all European donors.

- Progress on the EU GHAP will be measured against key minimum standards of performance to be established at the planning stage. Although regional variations will continue to exist, mandatory global health analysis, along sector-specific analysis, will inform project, policy and programme design and can be expected to improve implementation performance year-on-year.
- To inform future decision makers, the EU will further develop an integrated and participatory monitoring, accountability and review framework, including a comprehensive EU SDG indicator set and qualitative analysis for SDG 3 and other health-related goals. The European Parliament will monitor the effectiveness of EU actions based on transparent reporting against the accountability framework and performance standards agreed during the planning stage.

5 CONCLUSION

The COVID-19 crisis has profound short- and long-term health, social and economic consequences for the EU and partner countries. This GHS outlines how the EU will lead a strong, coordinated and effective approach to global health that engages with multilateral institutions.

In 2010, the EU established a strong foundation through its consensus commitment to global health. Now is the time to build on this foundation, by establishing a refreshed approach to strengthen all health systems, ensure UHC, address health determinants, eliminate health inequity, and address the neglected issues: PRNDs, NCDs, mental health, AMR, SRHR, disability inclusion and shrinking civil society space. By putting in place a clear and detailed Global Health Action Plan for implementation and monitoring, the EU can achieve its global health aims and ensure preparedness for global health crises. Under the umbrella of the SDGs, the EU, its Member States and multilateral institutions can work toward common goals. This will enable clearly organised and coherent action to prevent one policy undermining another; ensure overall efficiency and effectiveness, sustainability; and promote an integrated and participatory monitoring, accountability and review framework.

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