

PARTNERSHIP IN PRACTICE:

A Response to the First Implementation Report of the EU GHS by Civil Society Organisations working on Global Health

On Thursday 10th July, the European Commission published its first Report on the implementation of the EU Global Health Strategy (GHS), which aims to showcase progress and key action taken since adoption of the GHS in November 2022. The GHS establishes global health as a core pillar of the EU's external policy: a key document, it sets out concrete action for the EU to fully embrace its role as a global health leader that it sought to play during the Covid-19 pandemic, to reaffirm health as a major geopolitical priority and to sustain it with adequate financing.

*The GH CSO Coalition **welcomes the EU's continuous efforts in improving global health, and the ambitions set in the Strategy**, and sincerely appreciates the Commission's openness to dialogue with Civil Society Organisations carried out over the past months.*

The Report has been published at a critical moment: the Global Health Policy Forum has taken place, the first proposition for the new Multiannual Financial Framework (MFF) has been published and negotiations are forthcoming and global development assistance for health continues to decline. Historical donors have reduced their overall Official Development Assistance (ODA) budgets, which has deepened the funding cuts and pushed us further from the achievement of the Agenda 2030 objectives. The EU has, however, continued to make a strong case for multilateralism, as seen through significant financial contributions to Global Health Initiatives (GHIs) and calling for continuous support, as seen through the co-hosting of the Gavi High-Level Pledging Summit, which took place in Brussels in June 2025. As the EU continues to invest in GHIs, it continues to invest in the strengthening of health systems, and in achieving Universal Health Coverage (UHC).

The EU has also showcased a strong commitment to supporting local manufacturing and access to vaccines, as seen through the MAV+ and other Team Europe Initiatives (TEIs), as well as the European & Developing Countries Clinical Partnership (EDCPT3). Under a Team Europe (TE) approach, all health TEIs have been launched and are under implementation, which further shows true ambition in learning from COVID-19 and fostering synergies to tackle global health challenges. Through its Joint Action to maximise the impact of the EU Global Health Strategy and its 'health in all policies approach', and increased coordination within EU institutions and EU Member States across the UN system, it is clear that there are efforts to increase cross sectoral collaboration.



To further pursue these meaningful engagements, the EU must continue to prioritize ODA investment in health, as it remains a crucial resource, particularly effective when targeted at the most urgent needs and vulnerable populations. Notably, last year's mid-term review (MTR) of the Multiannual Financial Framework (MFF) saw the EU cut its human development funding by 7%, resulting in €40 million diverted from health in the Sub-Saharan MIPs, for instance. The lack of funding to thematic budget lines under the NDICI, in particular for the Global Challenges Programme, has also prevented the EU from allocating more funding to global health.

A number of uncertainties remain

As we near the half-way mark of the GHS, it is crucial that the EU provides clarity on the details of this report, to ensure accountability and adaptability. Specifically, we urge the European Commission to clarify and address the following:

- **Reporting, process, transparency and accountability:** The EU has recognised the importance of reporting and ensuring that the implementation of the GHS remains transparent and accessible. However, at the time of the publication of the report, stakeholders have not yet seen a Monitoring and Evaluation Framework which makes it difficult to grasp the advancements and effectiveness of the Strategy.
- **Assessing the EU's engagement with partner countries in the implementation of the EU GHS :** While the Global Gateway has been highlighted as a strategy to ensure a partnership of equals, in TEIs, for instance, there is little evidence to suggest meaningful engagement from African partners, and the MFF MTR cuts did not showcase the TE commitments to global health by providing continuous financial and political support.
- **Reflections on the private sector's role within the GHS:** Funding for global health remains a key challenge at this time, with increasing budget constraints, and the Global Gateway strategy has identified private sector engagement as a key driving force in reducing the financing gaps needed to reach the SDG 2030 goals. In the Report, however, there remains a significant lack of scrutiny and transparency in regards to the private sector's role and contribution to global health projects, and human development. In addition to a robust M&E framework to critically assess private investments, proper safeguards and evaluations are needed to ensure accountability and work jointly towards global health equity.

- **Support of the Pandemic Agreement:** Although the WHO Pandemic Agreement is a welcome addition to the arsenal of measures for preparedness and response to cross-border health threats, we regret the EU's position during the negotiations. We call on the EU to fully engage in the negotiations for the Pathogen Access and Benefit Sharing Annex, to uphold its commitment to global health through the transfer of health technologies and expertise in partner countries.
- **Collaborating effectively with partners and communities at all stages of the GHS implementation:** Although the Report names the previously-held Deep Dives, as well as including CSOs in the organisation of the GHPF, increased, regular structured dialogues with local, grassroots, youth- & women-led CSOs & communities are needed. CSO partners from partner countries were not represented well enough in the GHPF and although CSOs were consulted ahead of the GHPF, the process was not one of co-creation. The EC has not showcased clear evidence on how it includes CSOs & community based organisations at all stages of the GHS implementation, including in the assessment of needs, implementation and monitoring in this report and how the most marginalised groups (including women and girls, persons with disabilities, youth and older people, migrants) are involved.

Our Recommendations

For the implementation of the GHS

- **Finalise the Monitoring and Evaluation Framework of the EU GHS,** to provide transparency and accountability of EU financial allocation, and ensure multi-stakeholder coordination to be proportional to the level of ambition of the Strategy;
- **Enhance meaningful engagement with partner countries** and communities, in all programming and implementation to ensure accountability and effectiveness, as recommended by civil society.

For the Future of the EU's Action for Global Health

- **Ensure the adoption of an ambitious, well-funded and stand-alone instrument** for international cooperation, with the promotion of global health as a key objective, through in particular a target of at least 50% of ODA being dedicated to human development, and with at least EUR 200 billion in ODA over the next 7-year MFF;
- **Stronger Political Commitments:** Ensure that health is embedded in broader strategic priorities and partnerships, **increase visibility** around the EU's actions on global health, and ensure that health is elevated on the political agenda.