

GHA ANNUAL REPORT 2017

EU OFFICE

ENSURE EFFECTIVE EU DEVELOPMENT POLICIES TO RESPOND TO HEALTH INEQUALITIES

Guaranteed funding for health in the next generation of EU development instruments

In July 2017, the EU adopted the “New European Consensus on Development: Our World, Our Dignity, Our Future”. GHA worked with colleagues to ensure that the Consensus would reaffirm the EU’s commitment to allocate 20% of its ODA to social inclusion and human development (health and education). That commitment was first made in 2011, in the EU’s “Agenda for Change”, a document which, together with the 2005 European Consensus for Development, formed the basis of EU’s development policy. A new Consensus was deemed necessary to reflect the changes brought about by the adoption of the 2030 Agenda for Sustainable Development. In a context where EU’s internal priorities in the field of migration and security are increasingly shaping its development aid, health and education aren’t considered as the bread and butter of development anymore, to quote an EC official. It was therefore necessary to ensure that funding for health, in the next generation of development instruments, would be preserved. This was successfully done as a coalition of organisations GHA is part of succeeded in convincing key Member States to include this commitment in the Consensus. This means that in the next multiannual financial framework, 20% of EU ODA will be allocated to these 3 sectors. Now of course, the big bulk of our work throughout 2018 will be dedicated to ensure that these resources go to quality interventions through appropriate modalities and that monitoring and evaluation are reinforced for CSOs to be able to track the fulfilment of this commitment, and adapt our advocacy accordingly.

Misplaced Trust: diverting EU aid to stop migrants



On September 11, ahead of the meeting of EU Development Ministers, GHA launched a [report](#) to denounce the risk of the EU diverting development aid to fund the political priority of curbing migration flows to Europe.

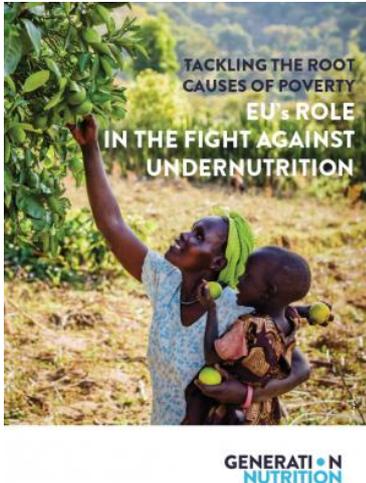
The research, based on missions that GHA did in Senegal and Niger, interviewing development partners, NGOs, local civil society, EU delegations and local authorities, showed how development aid - that should have the objective of eradicating poverty in the long run, is being used by the EU to address what is considered a political emergency in Europe - the increased number of migrants arriving in Europe.

As migration is increasingly becoming a priority and a focus for EU development policies, there is a serious threat that this will happen at the expenses of other important social sectors such as health and education.

The report “Misplaced Trust: diverting EU aid to stop migrants” published by GHA received the attention of several newspapers and journalists in France, Brussels and Italy, with a strong media coverage that helped to disseminate the main messages and recommendations included in the report.

NUTRITION

Continued advocacy for adequate and effective nutrition policies at EU level



In 2017 GHA continued its advocacy work to ensure strong and effective nutrition policies are implemented by the European Union. This effective advocacy actions continued to be done within the Generation Nutrition EU coalition, which GHA is coordinating, and that includes different NGOs working to end malnutrition (Action Against Hunger, Save the Children, World Vision, ONE, Alliance 2015). As part of the advocacy work within Generation Nutrition, GHA published the [briefing paper](#) “Tackling the root causes of poverty. EU’s role in the fight against undernutrition” which calls for a scale up of EU’s commitments around nutrition. GHA was active in mobilising political and financial commitments for nutrition around key

moments throughout the year, such as the Italian G7 in Taormina and the Milan Nutrition Summit in November. Finally, GHA has been closely monitoring the progress made by the EU in the framework of the Nutrition 4 Growth commitments: the EU is currently on track with the financial disbursement of €3.5 B for nutrition interventions between 2014-2020, but maintained efforts will be needed in order to reach this target by 2020.

Mobilising parliamentarians for nutrition



GHA has been working throughout the year mobilising parliamentarians to champion nutrition within the EU development agenda, in order to keep nutrition among the key priorities of the EU. In particular, in June 2017 GHA contributed to the organisation of an exchange of views within the Joint Parliamentary Assembly of the EU - ACP (Africa, Caribbean, Pacific) group of states on the topic of “The key role of parliamentarians

to improve nutrition”. Main speaker for the event was Gerda Verburg, coordinator of the Scaling Up Nutrition Movement (SUN), who outlined how parliamentarians can be engaged and take action to improve nutrition and ensure effective legislation is in place. This was perceived as a great opportunity by both MEPs and parliamentarians from ACP countries in order to take an active role around nutrition.

TUBERCULOSIS

High Level Meeting on Transition & Sustainability under Estonian EU Presidency

GHA steered the coordination of stakeholders throughout 2017, to convince the Estonian Presidency of the EU to organise a High Level Meeting on Transition and Sustainability in the European region. Coordination was done with WHO Europe office and the Global Fund, as well as with regional civil society networks in the region (EHRA, ECUO, and other networks of key affected populations). The EU and the Estonian Presidency hosted the Joint Partnership High Level meeting on 12-13 December in Tallinn. The event had a very focused [agenda](#). It was looking specifically at the integration of TB and HIV into health systems approach as a way to manage transition in a more cost-effective manner. It also looked more specifically at the involvement of NGOs and specific contracting mechanisms that were put in place during the transition in some countries.

To illustrate this, 2 case studies were published by GHA in the run up to the meeting: Transitioning from Donor Support for HIV and TB in Europe: [Estonia: a Health system approach to TB and HIV response](#) and [Bulgaria: contracting NGOs for better results](#). **Outcome** of the meeting: 80 participants were in attendance with a large participation from civil society and community representatives and representatives of the European Commission who were actively engaged during the meeting. An outcome document, still currently worked on with meeting participants will soon be published.

Continuation of TB REP programmes: TBEC as key civil society partner



As coordinator of TB Europe Coalition (TBEC) GHA continued its engagement in the implementation of the second year of the Tuberculosis Regional Eastern European and Central Asian Project (TB-REP) on strengthening health systems for effective tuberculosis (TB) and drug-resistant TB prevention and care. It is a three-year project that began in 2016 and is funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria. Through its technical implementing agency, the Alliance for Public Health Ukraine, TBEC leads the civil society component of TB REP and supports civil society organisations in their grassroots advocacy efforts in 11 countries of Eastern Europe and Central Asia to move towards people-centered model of TB care in order to tackle the high burden of TB and MDR-TB.

In 2017, GHA formed part of TB REP country monitoring visits to Tajikistan and Belarus, which aimed to support our civil society partners in the implementation of their advocacy and awareness raising projects.

Registration of TB Europe Coalition

After eight years as an informal regional advocacy network, the TB Europe Coalition became a legal entity, registered in the Netherlands in December 2017. GHA has led the whole registration process, with the help of the TBEC Steering Committee. This makes it possible for TB Europe Coalition to access grants and step up advocacy capacity building and regional support to country-led TB advocacy initiatives. Having a legal status is by no means an achievement in itself but the beginning of a new chapter, where TBEC, with the confidence of its members, donors and partners, is reaffirming its determination to bring civil society together to fight TB in a more sustainable way.

R&D - ACCESS TO MEDICINES

Overall objective under this stream of work is to ensure EU R&D policies are effectively addressing health inequalities, responding to societal challenges and ensuring access to affordable medicines

Publication of the report “EU research policy for peace, people, planet”



In 2017 GHA launched its Public Return on Public Investment campaign by publishing "[EU Research for Peace, People and Planet](#)" report, which was the result of several months of intensive work. The report has been endorsed by big civil society groups and organisations such as Transparency International, Greenpeace, Oxfam, Friends of the Earth, Climate Action Network, just to name a few.

Overall, the campaign asks the EU to shape research policies that are people-centered, needs-driven, outcome oriented and deliver societal impact for its citizens, rather than exclusively focus on competitiveness of European industries, jobs creation and economic growth.

The paper was launched during a breakfast meeting on July 3, hosted by Soledad Cabezón Ruiz, Member of the European Parliament.

Publication of the paper “Engaging Citizens And Civil Society In Defining FP9’S Missions And Maximising Societal Impact”



In the frame of the Public Return on Public Investments campaign, GHA, together with other civil society partners, has put forward a [concrete proposal](#) to effectively engage citizens in the design and implementation of the next EU Research Framework Programme (FP9) through Citizens Conventions. This would be a truly innovative and participatory process that would involve genuine co-design and co-creation with citizens. Citizens engagement has been identified by the Commission, the European Parliament and the Council as a key element to be integrated into the new mission-oriented approach of the next EU Research Programme.

Civil Society Open Letter to ensure public return on EU medical R&D investments

GHA has been also advocating for the introduction of a new requirement in FP9 according to which beneficiaries of EU public funding for biomedical R&I shall commit to access, effectiveness, affordability and availability principles. In December, GHA has coordinated the preparation and the delivery of a [civil society open letter](#) in response to the Council Conclusions on the EU Research Programme. The letter was co-signed by 23 health and access to medicines civil society organisations and calls on the European Commission to ensure a public return on the EU medical R&D investments by including public interest conditions in the next research programme. As a result of the letter, GHA got a series of meetings with Health R&D unit of the European Commission to discuss how access conditions can be put in practice in the next research programme.

Engaging parliamentarians on ensuring access to affordable medicines

On 19th of June, on the side of the ACP-EU Joint Parliamentary Assembly in Malta, GHA together with Stop AIDS Alliance organised a panel discussion on the topic “Meeting SDG 3: Removing barriers to access to medicines in the fight against infectious diseases”. The panel consisted of a wide range of experts and politicians within the field and led to an interesting debate about the main obstacles to



equitable access to medicines, the measures that can be taken to remove remaining barriers to attain SDG 3 and to ensure sustainability in ACP countries. Speakers included Members of Parliament from Swaziland and from the EU, representatives of the European Commission, the Global Fund as well as civil society organisations. They had the chance to engage in a lively debate with the audience, made of MEPs, parliamentarians from ACP countries and NGOs. The debate was concluded with the common understanding that removing barriers to access to affordable medicines requires common solutions and working closely in partnership is a key step towards this objective.

PARIS OFFICE

IMPROVING THE QUANTITY AND QUALITY OF DEVELOPMENT ASSISTANCE FOR HEALTH IN FRANCE

Launch of the French global health strategy 2017-2021

In 2017, France developed its new global health strategy 2017-2021. GHA France participated to the civil society consultation which was organised by the Ministry of Foreign Affairs in February where it gave its inputs on the first draft. To ensure effective implementation of the strategy, GHA asked for a financial commitment to be paired with strategic objectives and clear governance and steering of the strategy. After the strategy was officially launched in March, GHA France attended its first monitoring committee in September to discuss implementation indicators. In 2018, GHA will continue following the effective implementation of the strategy, and continue asking for a financial commitment ambitious enough to reach the strategy's objectives.

Budget Bill for Fiscal Year 2018

Following the 2017 presidential and legislative elections, GHA reached out to newly elected members of the parliament and government officials on the 2018 budget bill. The first draft of the 2018 budget bill included a budgetary increase of 90 million euros compared to 2017 and a total budgetary increase of 510 million euros between 2017 and 2020. However, there is a risk that this increase is not sufficient to ensure the commitment to reach the 0.55% of GNI allocated to ODA by 2022 promised by Emmanuel Macron. To secure a bigger increase in 2018 and raise citizens' awareness and mobilization on ODA, GHA France launched together with Oxfam France, ONE, Action Against Hunger, Printemps Solidaire, Climate Action Network France, Coalition Eau, Coalition Education, and Coordination Sud an online campaign to call out French Members of Parliament on ODA via twitter: [#Merci d'avance](#). In total, more than 5500 tweets were sent by French citizens to 65% of elected officials currently sitting at the National Assembly.



Access to essential social services in the Sahel, December

Following the launch of the Sahel Alliance and as debates on the 2018 budget bill were still ongoing, GHA France co-organized with the Vice-President of the French National Assembly Hugues Renson and ONE an event on access to essential social services and development in the Sahel region. This high-level political meeting was presented as a workshop with representatives of the main multilateral institutions such as Gavi, Unitaïd, the Global Fund and the Global Financing Facility, as well as representatives of French institutions such as the French Development Agency and the Ministry of Europe and Foreign Affairs. Around 15 MPs and parliamentary assistants attended the event.



MP delegation to Senegal, September



GHA organized, together with Oxfam France, a 5-day delegation with 6 French MPs to Senegal where multiple health facilities were visited including the multi resistant tuberculosis treatment center in Dakar, the National supply pharmacy, the Pasteur Institute and a health post and health center in the the region of Thiès. MPs also met with national representatives, CCM Senegal, community workers and political leaders.

Roundtable at Solidays on global health and pandemics, June

GHA France, together with Solidarité Sida and Unitaïd organised a roundtable conference during the Solidays on global health and the strategies France should adopt to answer the current challenges it faces. Key speakers were invited, including the French Ambassador in charge of HIV and the fight against communicable diseases Mrs Boccoz, Cameroonian Senator and African TB Caucus co-chair Pierre Flambeau Ngayap, and Deputy Executive Director of Unitaïd Philippe Duneton.

Op-ed IAS, July

GHA and Sidaction published an op-ed in the newspaper Le Point ahead of the IAS. The op-ed was signed by Françoise Barré-Sinoussi, medicine Nobel Prize and about 15 HIV and TB scientists. It called for the president and the government to reinforce political and financial commitment on the fight against HIV/TB and on ODA alongside research.

MAINSTREAMING ODA IN PRESIDENTIAL AND LEGISLATIVE ELECTIONS

During the presidential and legislative elections, GHA together with Action against hunger (ACF), Care France and ONE, worked to ensure that international development was highly featured in the candidates' programs:

Meetings with campaign teams to present our asks for an ambitious development policy for the next 5 years and discuss the candidate's position and programme. We met with Emmanuel Macron's, Benoît Hamon's and Jean-Luc Mélenchon's teams.

Launch of a [website](#) analyzing the presidential candidates' programmes and propositions on ODA and development policy for the next 5 years according to three main criteria: the level of prioritization of ODA in their programmes and speeches and the quality and quantity of ODA they committed to. The launch of the website was covered by the press (an article in Le Monde and several articles in smaller newspapers), and after two weeks, more than 15,000 people had already visited the page. It was used and updated all throughout the campaign and up until the elections to sensitize the candidates on the issue.



Organization of an event in the National Assembly called « Parliament for Development ». 9 MPs gathered to review the results in development policy of this parliamentary term, to discuss the progress that was made and the upcoming challenges the next parliamentary term will be facing. MPs reaffirmed their commitment to ODA and to influencing the French government so that it improves its international development policies.

Co-organisation of a debate

with ACF, Care France, ONE and Coordination SUD on international solidarity and development at the auditorium of « Le Monde », one of France's main daily newspapers. The debate was comprised 4 representatives of the main candidates : Christian Cambon for François Fillon, Pascal Cherki for Benoît Hamon, Jean-Michel Severino for Emmanuel Macron and Djordje Kuzmanovic for Jean-Luc Mélenchon. It was moderated by Audrey Pulvar, a TV and radio journalist. The debate was well attended (about 170 people) and key questions were asked by the audience, leading the representatives to reaffirm their commitment to ODA and go into further details about their position on quality and quantity of aid.



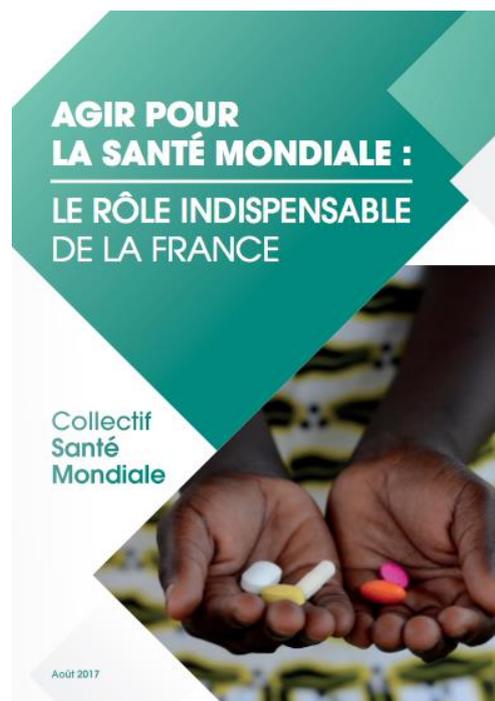
Facilitation of the organisation of **the radio programme** « Priorité Santé » on the station RFI (Radio France Internationale). Representatives from campaign teams participated to the roundtable and expressed their candidates' views and propositions for global health (Pouria Amirshahi for Benoît Hamon, Djordje Kuzmanovic for Jean-Luc Mélenchon, Jean-Louis Touraine for Emmanuel Macron and Joëlle Mélin for Marine Le Pen). Access to drugs and their prices, as well as AMR and sexual and reproductive health and rights were discussed.

Facilitation of the publication of **an op-ed signed by about 40 MPs**, included those who participated the event in the National Assembly in February, published in Libération “[For a non-partisan international solidarity](#)”, highlighting the need for the next government to commit politically and financially to ODA and international solidarity.

After the elections, GHA France, along with the Collectif Santé Mondiale and with Coordination SUD, started to raise awareness in the new National Assembly and in the new government on ODA and global health issues.

The Collectif Santé Mondiale published a [position paper on what health ODA should look like over the next 5 years](#). It was disseminated to newly elected MPs and to Ministers and their cabinets in order to sensitise them to the importance of investing in health and provide them with information on France's existing commitments on UHC, nutrition, pandemics and SRHR and of Macron's ODA commitments. The Collectif also prepared one-pagers specifically focused on how existing tools, processes and opportunities to get engaged on global health as a [Minister](#) or as an [MP](#).

From September to December, GHA and partner NGOs met with around 20 MPs and with members of the cabinet of the Elysée, the Ministry of Foreign Affairs and the Ministry of Finance to present our position and asks on global health and on ODA.



ENGAGING WITH SOUTHERN PARTNERS IN ADVOCACY FOR BETTER ACCESS TO HEALTH

Francophone TB Caucus

GHA France continued its strategic partnership with the Global TB Caucus by providing the secretariat for the Francophone TB Caucus. In 2017, three national parliamentary caucuses on tuberculosis were launched in Cameroon, Burkina Faso and Central African Republic. In total, more than 170 francophone members of the parliament have now signed the Barcelona Declaration, thus becoming members of the Global TB Caucus. In November, GHA organised the Francophone TB Summit during the meeting of the HIV, TB and malaria network of the Francophone Parliamentary Assembly in Morocco, attended by around 20 francophone members of the parliament.

Providing the Secretariat of UHC2030

From March up to December 2017, GHA was acting as the interim secretariat of the Civil Society Engagement Mechanism (CSEM) for UHC2030 partnerships.

This role aimed at building the CSO constituency within this partnership and ensure it would be fully operational by December 2017.

In 8 months, GHA selected the 3 CSO representatives and their alternates in the UHC2030 steering committee plus the 12 members of the Advisory group. GHA handle the constituency day-to-day workload, ensuring work plan implementation and CSEM contribution to UHC2030 working group, coordinating activities within the Advisory group, supporting contribution of the CSO representatives in in the Steering Committee, facilitating

communication between Advisory Group and the members of the CSEM listserve. Furthermore, it maintain the flow of information and efficient communication between UHC2030 core team.

This included the coordination of 5 countries consultation aiming at drafting recommendations on CSO engagement in UHC at country level, the organization of a Face to Face meeting of the Advisory group to define area of work and next steps, the lead of CSO contribution to Tokyo UHC Forum, the draft the CSEM charter to strengthen its governance and the coordination of CSO declaration on UHC to be launched at the World Health Day.

In December a new organization has been chosen to lead the CSEM secretariat : MSH Medical Science for health based in Washington DC. GHA is now doing the transition period up to April 30 and will had over to MSH at this time. Meanwhile 2 staffs will be hired to run the CSEM secretariat.

Engaging parliamentarians on increasing investment in Early Childhood Development

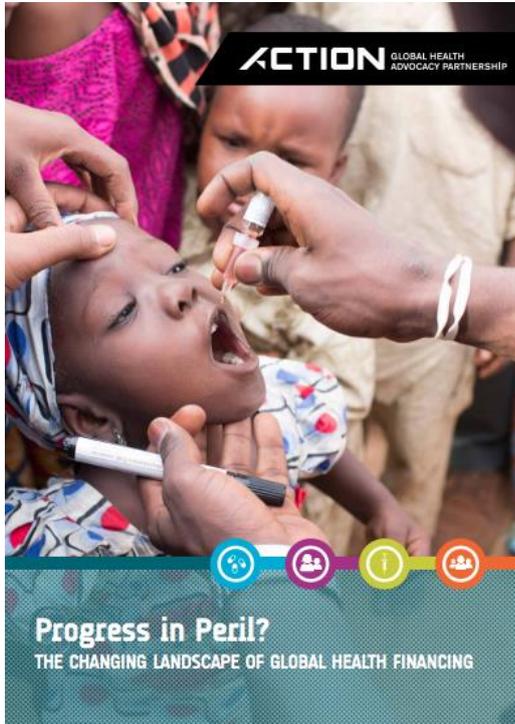


GHA along with ACTION secretariat and partners organised the second meeting of the network “Parliamentarians for Investing in the Early Years” that took place April 19, 2017, alongside the World Bank and IMF Spring Meetings in Washington, DC. The meeting brought together a number of participants from the first meeting along with a new group of parliamentarians already deeply committed to child health. The

meeting aimed to foster a global dialogue among parliamentarians on the value of investing in children’s earliest years for increasing productivity and economic growth. The meeting focused on the need to increase and improve the engagement of members of parliament on the issues of early childhood development (ECD) and nutrition with the aim to provide a platform for MPs to discover and discuss ways to increase programmatic, political, and financial focus on ECD and nutrition and to keep policy makers at the national, regional, and global levels accountable for their previous commitments to improve the first 1,000 days of a child’s life

PUBLICATIONS

[Progress in peril? The changing landscape of global health financing, with ACTION](#)



GHA France participated to the drafting of ACTION's report on simultaneous transitions from donor support in middle-income countries. As economies grow in these countries, governments increasingly face the reduction or withdrawal of external financing on the assumption that the government will then fully self-finance the health programs that had been supported by donor funds - a process also known as transition. This trend takes place within a context of greater competition for aid dollars, declining interest by some countries in foreign assistance and an increasing "value for money" rationale around aid dollars. This paper examined the risks of simultaneous transitions - the withdrawal of multiple funders from the same country over the same time period - and drew recommendations for global health stakeholders, funders, high-income country governments and low- and middle-income country governments.

GHA drafted the sections on comparing the structures and scopes of transitions from different global health funders and the case study on Côte d'Ivoire.

[Official development assistance: can France respect its commitment to dedicate 0.7% of national wealth to developing countries?, with IDDRI](#)

While French presidential campaigns usually neglect cooperation and development policies, ODA was a topic of commitments and debates for the first time during 2017 elections. In particular, the historical objective of increasing French ODA up to 0.7% of gross national income (GNI) was taken up by several candidates with different timelines: 2022 or 2025. This study, co-authored by IDDRI and Global Health Advocates France aims to evaluate the budgetary efforts required to dedicate 0.7% of French wealth to official development assistance (ODA). The commitments of 2017 French presidential election main candidates were taken to their word: what would it mean both politically and in budgetary terms to dedicate 0.7% of gross national income (GNI) to ODA? To reach the target,



a doubling of the current ratio would be needed (0.38% of GNI in 2016). Hence, two scenarios were selected: the first prioritizes an increase of revenues dedicated to ODA arising from the French Financial Transaction Tax (FTT) whereas the second prioritizes an increase of budgetary allocations to the ODA mission. While resting upon different financial instruments, the two scenarios require significant additional budgetary resources, rising annually from 15% to 28%, depending on the type of financing and deadlines chosen. Thus, even if the base of the FTT is extended, the budgetary cost of the transition to the 0.7% target adds a political unknown to the budgetary equation.