

# **GLOBAL ADVOCACY FOR LOCAL IMPACT**

## **GHA STRATEGY 2022-2027**

On the road to 2030





## CONTEXT

**T**his strategy was written in the midst of the Covid-19 pandemic and reflects a number of lessons we have learned collectively, while trying to improve the world's global health response. Two years after the start of the Covid-19 crisis, unacceptable inequalities between low and high income countries remain in access to Covid-19 medical tools. We have witnessed massive disruption of essential health services particularly affecting vulnerable groups like women, resulting for instance in 1.4 million unintended pregnancies<sup>1</sup>. For the first time in over a decade, Tuberculosis (TB) deaths have increased as a result of reduced access to diagnosis and treatment, with already weak health systems overstretched by the pandemic response. In 2020 alone, TB killed 1.5 million people. The same year, Covid-19 claimed the lives of 1.7 million people but received unprecedented media coverage and much more attention and investment than TB ever did. Observing a decline in achieving SDG<sup>2</sup> 3 eight years away from the deadline is concerning.



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**W**hile the world was already behind, Covid-19 has reversed hard-won gains made over the past decades and brought the world face to face with its unpreparedness to tackle health emergencies. The international community's response has been disorganised, inadequate, underfinanced and driven by the needs and imperatives of high income countries. While 88% of people living in low-income countries are still unvaccinated from Covid-19 as we write this strategy, many have denounced the situation as "vaccine apartheid" or "vaccine nationalism". Two years within the pandemic, available figures seriously put into question our model of global health governance, our economic system, the relevance of current international cooperation and research frameworks to address crises.



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<sup>1</sup> <https://news.un.org/en/story/2021/03/1087082>

<sup>2</sup> See List of Acronyms at the end of this document

**O**n a more positive note, the pandemic also led to a better political understanding and appreciation of global health and what constitutes its most strategic investments. A focus on health systems rather than a fragmented approach is absolutely critical to better anticipate future health crises. A new architecture for global health governance is being discussed. The importance of equity for stronger health systems, the key role of health workforce, including community health workers and a systemic approach through One Health and Planetary Health is now widely recognised. The concept of health as a “global public good” rather than a commodity emerged in most stakeholder’s narrative. The need to

build countries’ production and manufacturing capacity for greater health sovereignty also gained wider political backing as part of the aid agenda. The Covid-19 crisis also saw many human rights organisations research and address health issues when it came to discrimination, and a wider civil society movement calling for system change.



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**W**e have witnessed promising R&D outcomes (such as the mRNA technology) which could help cure other poverty-related diseases, were they to be made available, affordable and accessible to all. Public investments in research have been key to develop the tools we are using to fight Covid-19 today. We need to ensure that all future public R&D investments are needs-driven, people-centred and deliver impact for society.

Considering the massive challenges of climate change and anti-microbial resistance, we will likely live through another global health crisis in the coming years. Increased attention should be paid to: improving transparency of corporate practices, the commodification of health, decolonizing aid as well as the health financing gap left in Middle Income Countries graduating from global health financing mechanisms.

**As such, GHA's strategy for 2022-2027 will focus on addressing two major challenges: increasing access to health and addressing the drivers of health injustice.**

# OUR VISION

Public policies ensure the right to health for all.

# OUR MISSION

In partnership with civil society, our mission is political advocacy<sup>3</sup> to ensure policies and resources are effectively addressing health inequalities.

## OUR STRATEGY

This strategy focuses on health as a global public good and as a fundamental right of every human being. We advocate for health policies and programmes to prioritize equity, focusing on the needs of those furthest behind. We want to help build a world where everyone has access to health services, provided in a way that puts people and communities first.

## IDENTITY

We are principled and trusted global health advocates, who convene and engage diverse groups in joint civil society political advocacy.

- ▶ We engage decision makers to influence policy change - as our environment is constantly evolving we are agile and responsive.
- ▶ We use a health lens - highlighting connections across policy areas.
- ▶ We put issues over brand - driving for positive change rather than our organization's visibility.
- ▶ We are francophone and anglophone - engaging and supporting civil society in diverse contexts.

<sup>3</sup> Political advocacy: changing attitudes, policies and political practices through the implementation of a strategic plan gathering communication, collaboration and political pressure strategies around a specific cause.





# HOW WE WORK

## POLICY ANALYSIS

- ▶ We collate quality and evidence based research, amplifying voices of affected communities.
- ▶ We analyse global health policy at French, EU and international level.

## ADVOCACY

- ▶ We push for political will by advocating towards decision makers at the highest level.
- ▶ We mobilize influence with parliamentarians for concrete policy change.

## PARTNERSHIP

- ▶ We build civil society coalitions for global health to strengthen our advocacy.
- ▶ We support and work with civil society in both francophone and anglophone countries.
- ▶ We build relationships with media, academics and other policy influencers.

## RESOURCE MOBILISATION

- ▶ We mobilise national, regional and international resources to address global health needs.



## ACCOUNTABILITY

- ▶ We hold donors accountable to their political commitments.
- ▶ We verify and document the impact of global health policies and resources.

**“We are committed to an agenda for change that will deliver better for people affected by health inequalities and put health equity as the backbone of global health policies.”**

# GHA STRATEGIC FRAMEWORK 2022-2027

## INVEST IN HEALTH FOR ALL...

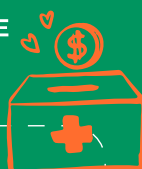
### 1 ...TO REALISE THE RIGHT TO ESSENTIAL HEALTH SERVICES

- ➔ Reducing health inequalities and achieve UHC
- ➔ Strengthening public health systems and access to healthcare
- ➔ Sexual Reproductive Health and Rights



### 2 ...FOR INCREASED AND MORE EFFECTIVE GLOBAL PUBLIC HEALTH SPENDING

- ➔ Reaching 0.7% ODA targets
- ➔ Funds for community-driven Global Health Initiatives
- ➔ Spending to end poverty-related diseases
- ➔ Accountable donors



### 3 ...TO RETHINK GLOBAL SOLIDARITY:

- ➔ Needs-driven global solidarity for greater health sovereignty
- ➔ Decolonising "aid"
- ➔ International financing frameworks allow sustainable DRM for health



## ADVANCE GLOBAL HEALTH EQUITY...

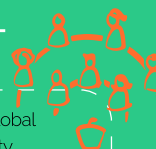
### 4 ... BY ADDRESSING POWER IMBALANCES BETWEEN THE STATE AND THE PRIVATE SECTOR

- ➔ Avoid privatisation of essential public services
- ➔ Transparency of the pharmaceutical market



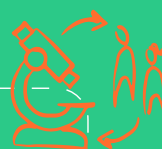
### 5 ... THROUGH A NEW GLOBAL HEALTH GOVERNANCE

- ➔ Pandemic preparedness: from global health security to global health equity
- ➔ Accountable international global health architecture



### 6 ... THROUGH RESEARCH AND INNOVATION THAT PROFITS PEOPLE

- ➔ From market-driven to needs-driven policies
- ➔ Access conditionalities in public funding for universally available and affordable health technologies



## ENABLE PARTNER- SHIPS ...

### 7 ...FOR GLOBAL COLLABORATION

- ➔ Help partners improve. Domestic Resource. Mobilisation in priority countries
- ➔ Co-create and mobilise resources for joint advocacy projects with southern partners
- ➔ Seek partners beyond the health sector



### 8 ...TO ADDRESS KEY DETERMINANTS OF HEALTH INEQUALITIES

- ➔ Explore new trends that influence global health
- ➔ Develop strategies and mobilise resources to address trends (environment & health, digitalisation)
- ➔ Support NGOs and campaign who work to address structural changes



### 9 ...TO WIDEN THE CIRCLE OF GHA'S INFLUENCE

- ➔ Partner with research orgs
- ➔ Partner with other civil society sectors (agriculture, climate, peace, etc)



# STRATEGIC PRIORITY 1: INVEST IN HEALTH FOR ALL...



## 1...to realize the right to essential health services

**W**e live in a world where access to healthcare is unequal. A world where the dynamics between health and inequalities within and between countries is widening. A world where the Covid-19 pandemic has impacted communities across the globe highlighting the need for strengthening health systems and integrating health services as a top priority. Globally, the trend towards strengthening health systems rather than focusing on individual diseases has continued to gather pace and is unlikely to be reversed. Meanwhile, infectious diseases remain endemic in many poor countries: half a million people still die every year from malaria. The focus in the coming years may be on strengthening health systems to deliver the vaccines and tools needed to address existing and future pandemics.

**We will advocate to ensure that governments and other stakeholders adopt and implement coherent policies which meet everyone's health needs, with a specific focus on poor and marginalized populations and with a greater emphasis on prevention and equitable access to health services.**

**We will view our work through a gender lens to ensure that the specific needs of women and girls are prioritized, ensuring all women have free and available access to sexual reproductive health and rights, regardless of the increasingly challenging political context in some countries.**

### BY 2027, GHA WILL WORK TO:

- ▶ Ensure the provision of Primary Health Care (PHC) is prioritized in reaching Universal Health Coverage and addressing global health security.
- ▶ Ensure the EU and France develop, implement and measure progress of a new Global Health Strategy which deliver health for all.
- ▶ Monitor progress in achieving SDG 3, notably through the reinforcement of health systems via a strong health workforce including community health workers and the reduction of out of pocket payments.



## 2...for increased and more effective global health spending

**W**hile the Covid-19 pandemic has raised the profile of global public health and the need for regulation of global health spending, public investments in health remain strained because of competing priorities like climate change, security concerns and other geopolitical emergencies such as the war in the Ukraine.



The Covid-19 crisis and ensuing economic and social crises have also increased global health needs (1,4 million unwanted pregnancies), while the rise of populism and isolationism are threatening increased spending for global health. While we see a trend in donor favoring bilateral over multilateral aid, we will continue to favor the latter as a more efficient vehicle to fund health interventions.

**We will advocate for both quantity and quality of health spending.**

We also witness a shift away from development assistance to a broader paradigm of collectively managing global public investments. We need to find new funding sources for global health while protecting solidarity mechanisms that do reach the most vulnerable people. This raises the question of the optimal role of development assistance in a context of growing need for public goods. Where is ODA most efficient? How does it complement a wider effort for domestic resource mobilisation ?

### BY 2027, GHA WILL WORK TO:

- ▶ Ensure French Official Development Assistance (ODA) reaches 0,7 % of its Gross National Income (GNI), with 0,1% going to health ODA.
- ▶ Maintain strong EU and French political commitments to efficient global health multilateral mechanisms such as the Global Fund, Gavi, Unitaïd etc.
- ▶ Strengthen our joint civil society advocacy for better strategic orientation, community ownership and operationalization of these multilateral funds.
- ▶ Ensure France and the EU champion access to Primary Health Care (PHC) and equity into their development policies and programmes.
- ▶ Increase EU and France's R&D funding for global health.
- ▶ Mobilise new and existing innovative financing tools for development: increase the French rate and the allocation of the Financial Transaction Tax for international solidarity.



## 3 ...to rethink Global Solidarity

In the wake of Covid-19 and the Black Lives Matter movement, it has become evident that the global health sector is still plagued by problems of power imbalances. There has been a renewed emphasis on global health stakeholders to challenge and confront the inequalities of power and the encouragement of local ownership. Despite this shift, in many cases old structures persist and steer the agenda-setting, decision-making capacity, and prioritisation of proceedings for health initiatives in LMICs around the world. The global aid system needs to deliver better to achieve sustainable health equity. Multilateral mechanisms for instance could play a stronger role in driving the local development of manufacturing capacities.

**We will advocate for greater health sovereignty of countries recipient of international development aid and greater inclusion of affected communities in global health decision making. We will work towards donor countries delivering more effective sustainable financing to LMICs and encourage increased Domestic Resource Mobilization for global health.**

## BY 2027, GHA WILL WORK TO:

- ▶ Ensure ODA is driven by countries' and communities' needs and does not distort their priorities, resources, and policies.
- ▶ Ensure that ODA is never conditional on security and migration issues.
- ▶ Ensure the health sovereignty agenda is supported by France and the EU to shift away from charity to a true and equal partnership (ie. Covid-19 vaccine dose donations) to R&D capacity building (infrastructures, facilities, manufacturing, know-how and transfer of technology).
- ▶ Ensure Global Health Initiatives' policies are transformed to contribute to the development of stronger health systems as well as regional hubs for product development and manufacturing.
- ▶ Ensure GHA's own advocacy is built on expertise from communities and partners living in higher burden countries and contributes to decolonising the global health field.

## STRATEGIC PRIORITY 2: ADVANCE GLOBAL HEALTH EQUITY...



### 4 ...by addressing power imbalances between the State and the private sector

**W**ithin the framework of the Sustainable Development Goals (SDG), the international community has officially acknowledged that public funding in the form of Official Development Assistance (ODA) will not be enough to meet the investments needed to reach the SDGs by 2030, which represent an estimated funding gap of US \$2.5tn per year in Lower Income Countries (LICs) and Middle Income Countries (MICs). Private sector investments have been increasingly seen as an untapped resource to financing sustainable development and one of the 'silver bullets' to financing the SDGs. More funding and initiatives, which come with public finances, aim to blend public and private funds (Public Private Partnerships), be it in the development, the R&D or the global health field. Civil society has raised concerns about the effectiveness of such approaches as well as the consequences it can have on the privatisation of essential social services including health.

Given the considerable increase in the price of new drugs, notably for cancer, hepatitis C and certain rare diseases, GHA has been advocating for better transparency of the pharmaceutical market. GHA works to improve the traceability of public funding for research and development (R&D), in order to guarantee fairer prices for health products. Similarly, the Covid-19 pandemic exposed the power imbalance between elected representatives and the pharmaceutical industry. Despite large public subsidies to pharma R&D, public administrations were left to negotiate in the dark on vaccine prices and production schedules resulting in embarrassing contract failures. This unprecedented global health crisis should therefore set a precedent and empower governments to reclaim and reinforce public negotiation power.

**We will work to address power imbalances between the state and the pharmaceutical industry.**

Politicians have increasingly called for health to be a global public good, but actions have not followed words: Europeans' trust in our governments and institutions is directly linked to transparency and accountability of public funding and call for growing CSO watchdogging and less opacity in the relations between industry and our governments.

**We will work to avoid governments encouraging the privatisation of essential public health services in public policy.**

### BY 2027, GHA WILL WORK TO:

- ▶ Ensure EU's and France's engagement with the private sector through their development policy is contingent upon the respect of strong fiscal and social safeguards.
- ▶ Ensure development banks and development finance mechanisms adopt and implement conditions that prevent the privatisation of essential public services.
- ▶ Investigate EU and France's new Public Private Partnerships that blend public and private funds and monitor their impacts on the health of most vulnerable people (PROPARCO, the EU's International Health Initiative, etc...).
- ▶ Ensure that the EU and France introduce policies that promote transparency in their relations with the pharmaceutical industry (concrete provisions that improve transparency of R&I costs and medical tools prices).
- ▶ Ensure that R&I policies in the EU and France focus on addressing societal needs rather than the interest of the pharmaceutical industry.
- ▶ Ensure governments call for better public regulation and greater accountability of the pharmaceutical sector so that health care and health products can truly become "common goods".



## ...through a new global health governance

Two years within the pandemic, available figures seriously put into question our model of global health governance and the relevance of current international cooperation and research frameworks to address crises. The international community could not agree on TRIPS flexibilities to waive intellectual property rights from available technologies, to the detriment of lower-income countries' access to developed Covid-19 tools. From US' defiance of the WHO under the Trump administration, to southern countries being sidelined in international mechanisms such as the Access to Covid-19 Tools Accelerator (ACT-A), the Covid-19 crisis raised the question whether the current international global health architecture is at all fit for purpose. With the multiplication of financing initiatives, it is important to solve the issue of fragmentation, which leads to increasing donor fatigue and the rise of private sector actors in global health finances. Who is legitimate, who regulates and who decides in the face of an international health emergency? Is the UN system broken or can it be fixed?

We want to see reform of global health architecture at the international, regional and interregional level to improve policy coherence across sectors and policies that have an impact on health (eg: trade, climate, digital).

**We will advocate for institutions that have both the power and the responsibility to respond to the needs of all people.**

**We will advocate for a greater role for the WHO, and a more equitable pandemic accord.**

## BY 2027, GHA WILL WORK TO:

- ▶ Monitor WHO reforms to ensure it becomes a more inclusive and democratic forum that leads global health governance, technically and politically.
- ▶ Ensure inclusive stewardship and priority setting during pandemics: the new Pandemic Treaty and the revision of International Health Regulations have equity at the core of their political mandate.
- ▶ Help reshape global health leadership and representation of LMICs and encourage the development of regional bodies managing health (Africa CDC, AVAT, etc.).
- ▶ Document and monitor the Health in All Policies approach and call out policies that undermine health.



## ...through research and innovation that profits people

Public support to biomedical R&I and the need to maximise societal impact of publicly funded R&D are issues of growing public and political attention, further highlighted during the Covid-19 crisis. When the Covid-19 pandemic started, a significant amount of public funding was dedicated to R&I to quickly develop and deploy needed medical countermeasures, ranging from research through manufacturing and advanced purchase agreements. According to estimates, public funds accounted for 92% of all investments in the US, Germany, UK, Canada and the European Union. With so much public funding being dedicated to the fight against the pandemic, we call on the EU institutions and national governments to incorporate collective, pro-public safeguards, such as transparency regarding public contributions, accessibility and affordability conditionalities and non-exclusive licenses for exploitation of end-result products, in current and future funding calls and investments.

**We will ensure that public funding for biomedical R&I responds to public health needs, and that R&I biomedical tools developed with public funding are made available, affordable, and accessible for those in need.**

## BY 2027, GHA WILL WORK TO:

- ▶ Ensure the EU attaches conditionalities to its public funding for biomedical R&I, according to which all beneficiaries of EU biomedical R&I funding shall commit to access, effectiveness, affordability, and availability principles. The same principles will apply to HERA and the IHI.
- ▶ Ensure France invests in mechanisms to promote access to products and share public discoveries.
- ▶ Ensure the revised EU pharmaceutical legislation prioritises public health needs, ensures R&I transparency and improves access and affordability of medicines.
- ▶ Make France's R&I funding data available, monitored and R&D efforts conditioned and focused on public health needs.
- ▶ Ensure the EU is able to properly track the societal impact of its R&I policies and have the necessary tools to maximize them.

# STRATEGIC PRIORITY 3: ENABLE PARTNERSHIPS...



## 7 ...for global collaboration

**W**e leverage our membership of a wide range of networks and coalitions working in global health and development. As a founding member of ACTION, a global health advocacy partnership, we engage with members from across low-, middle- and high-income countries to understand drivers and root causes of inequity.

**We will prioritise our engagement with civil society organizations from different sectors and from low- and middle-income countries.**

### BY 2027, GHA WILL WORK TO:

- ▶ Leverage our partnerships to engage with diverse communities, ensuring that our advocacy is rooted in the realities of those living in places where health systems are weak, and access is limited.
- ▶ Help our partners strengthen their organizational and advocacy capacities to improve efficient allocation of domestic health resources in priority countries.
- ▶ Co-create and mobilise resources for joint advocacy projects with southern partners.
- ▶ Support networks of CSO leaders and champions in low-income countries and ensure their participation in the formulation of global and regional policies.



## 8 ...to address key determinants of health inequality

**W**e are living in a rapidly changing and interconnected world, where challenges and contexts are deeply interrelated. We see multiple determinants of crisis, which requires a coordinated response by all actors. The intertwined crises we face today—climate and inequality—have grave consequences for human health and collective wellbeing. Our digitally connected world provides both opportunities and challenges for global health.

### BY 2027, GHA WILL WORK TO:

- ▶ Develop strategies, mobilise resources and build new partnerships to address issues and trends that influence global health (eg. the environmental crisis, digitalization).
- ▶ Support NGOs and campaign who work to address structural changes.





## 9...to widen the circle of GHA's influence

Influencing political change is different than it was a decade ago. The wide use of social media in shaping political decision has dramatically changed the policy scene, we will consider reaching out to new partners and targets that can be mobilised to influence societal change. With the intertwined food, climate and health crises, structural and systemic change are increasingly held as a motto across civil society.

**Larger partnerships will be sought by GHA across actors and sectors to expand its messages.**

### BY 2027, GHA WILL WORK TO:

- ▶ Seek partners beyond the health sector and co-create cross-sectoral civil society coalitions.
- ▶ Expand our communication influence by looking into new partnerships with social media influencers.
- ▶ Develop partnerships with researchers, think tanks and academics to build a research portfolio and train them in political advocacy.

## LIST OF

**ACTA-A:** Access to Covid-19 Tools Accelerator

**AVAT:** African Vaccine Acquisition Trust

**CDC:** Centre for Disease Control

**CSOS:** Civil Society Organisations

**EU:** European Union

**GNI:** Gross National Income

**HERA:** Health Emergency Preparedness and Response Authority

**IHI:** Innovative Health Initiative

**LICS:** Low Income Countries

**LMICS:** Low & Middle Income Countries

**MICS:** Middle Income Countries

**NGOS:** Non Governmental Organisations

**ODA:** Official Development Assistance

**R&D:** Research & Development

**R&I:** Research & Innovation

**SDGs:** Sustainable Development Goals

**SRHR:** Sexual Reproductive Health and Rights

**TB:** Tuberculosis

**TRIPS:** Trade-Related Aspects of Intellectual Property Rights

**UHC:** Universal Health Coverage

**UN:** United Nations

**WHO:** World Health Organisation






# GLOBAL ADVOCACY FOR LOCAL IMPACT



## GHA STRATEGY 2022-2027

On the road to 2030


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