



TOWARDS A NEW EU GLOBAL HEALTH STRATEGY

Civil society shadow
Global Health Strategy

July 2020



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.

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 actions¹.

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 noncommunicable 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:

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](#)

² World Health Organization (WHO), (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.

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 systems²; 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; anti-microbial resistance (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, 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^{3,4}. 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 framework⁵.

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](#)

Strong and resilient health systems to deliver universal health coverage

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

Health service delivery



- 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



- 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



- 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

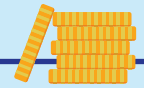


- The EU will support and facilitate access to quality, safe, effective, affordable and essential medicines, vaccines, diagnostics and health technologies in partner countries including by stepping up its support to global health initiatives such as GAVI, the Global Fund to Fight AIDS, Tuberculosis and Malaria (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 the European & Developing Countries Clinical Trials Partnership (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.

Strong and resilient health systems to deliver universal health coverage



Health financing



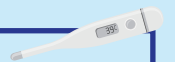
- The EU will strengthen its own efforts and cooperate with other global health actors to assist partner countries in building their capacity to increase and pool domestic resources, through pro-poor and pro-health fiscal policies, and channelling these resources to improve the efficiency and equity 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 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.
 - 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).

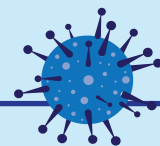
Primary Health Care and Communities



- 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.

Strong and resilient health systems to deliver universal health coverage

Preparing the world for the next pandemic



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.*

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.*

Strong and resilient health systems to deliver universal health coverage

D **Reproductive, maternal, new born, child and adolescent health (RMNCAH+)**

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.

E **Building resilient health systems in complex situations**

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 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.

Tackling health inequity and addressing health determinants

2

A Gender and other barriers to health care

- 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 Water, Hygiene and Sanitation (WASH)

- 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

- 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

- 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.


E Early Childhood Care and Development

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


Addressing neglected issues within the health sphere

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A Poverty-related and Neglected Tropical Diseases (PRND)

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- 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.


B Noncommunicable diseases (NCDs)

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- 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

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- Integrating and mainstreaming culturally appropriate, rights and community-based mental health prevention, promotion and care in its healthcare programmes, especially in primary health care, and by investing in research and innovation in mental health promotion, prevention and support through the new Horizon Europe research programme.
 - Pay particular attention to the provision of mental health and psychosocial support in crisis, conflict and emergency settings, especially for the most marginalised including victims of violence, women and girls, and children.

D Antimicrobial resistance

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- 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 (OIE) standards.

E Sexual and Reproductive Health and Rights

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- 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 Neighbourhood, Development and International Cooperation Instrument (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.

Addressing Neglected Issues Within The Health Sphere

F Disability inclusion



- Promoting non-discriminatory access to quality and affordable healthcare and supporting partner countries in their implementation of the Convention on the Rights of Persons with Disabilities. (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.
- 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.
- 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 - 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.

G Shrinking space for civil society



- 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 (CSE) 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.

Planning to achieve global health results

A Ensuring Coherence and Coordinated Action

- 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.

B Planning and Monitoring

- 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 States and European Commission Sustainable Development Reports and recommendations. To better advance its global health aims, the EU will:
 - Ask key EU stakeholders and duty bearers to develop an overarching Global Health Assurance Partnership (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.

C Implementing to achieve results

- 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.