EU GLOBAL HEALTH STRATEGY

Contribution from:	Action against AIDS Germany Aidsfonds AIDS-Fondet Amref Flying Doctors Netherlands European AIDS Treatment Group (EATG) European Sex Workers' Rights Alliance (ESWA) Global Network of People Living with HIV (GNP+) Global Network of Young People Living with HIV (Y+ Global) Harm Reduction International

A. PRIORITIES

1. Health equity

Who gets sick and why? Who has access to information, prevention, treatment and other health services and who is left behind? What needs to be done to reach those whose health needs are not met? The answers to these questions should be central to EU's health priorities, spending, and positioning in health governance. The economic crisis is a moment for action on health equity, not inaction: health inequities worsen under economic crisis and austerity. Health equity is an area where the EU can and should lead by example.

Health equity should be advanced through:

- Implementing health equity in all policies through health equity impact assessments: assessing the health implications of decisions and policies with equity lens, seeking synergies with other policies to promote human rights-based approaches to health and avoiding harmful health impacts.
- Performing legislative/policy screenings to identify and work towards removing punitive, discriminating and exclusionary policies and laws, and building enabling and supportive legal environments, in accordance with the targets of the Global AIDS Strategy to ensure that by 2025, less than 10% of countries have punitive laws and policies.
- Conducting critical evaluations of spending on the implementation of punitive laws and policies, including those relating to drugs and health and promoting opportunities for investing in programmes and approaches that support safe and healthy communities.
- Supporting a multisectoral approach to health grounded in human rights (incl. decriminalisation (of sex work, gender and sexuality, drug use…), access to justice, social justice and poverty reduction, non-discrimination, education, etc) that contributes to removing barriers to care and addressing health determinants.
- Leveraging the EU's Human Rights toolbox and diplomatic voice in support of EU health action and fully engaging the EEAS in the implementation of the Strategy.
- Providing training to local staff on health equity and health determinants.
- Recognizing, resourcing, and championing the role and work of community health workers and community-led organisations to build trust, monitor, ensure suitability and effectiveness of services and programmes, and to avoid unintended harms. If well resourced, communities can also generate public support for action to tackle health inequities which in turn provides the necessary legitimacy, accountability and momentum.
- Providing funding for the empowerment of adolescents and young people in all their diversity, and marginalised groups (including key populations and migrants) and their engagement and leadership in the health response.
- Creating mechanisms for meaningful participation of a diverse range of stakeholders, including young people and community organisations from marginalised groups (including key populations and migrants) and from the Global South, in the design, implementation and evaluation of the EU GHS.

2. Universal Health Coverage

To advance, the EU GHS should:

- Commit to improving health services coverage and health outcomes through increased health workforce capacity building to deliver quality people-centred and integrated health care.
- Outline a synergistic approach to UHC and global health security (planning, financing and implementation) built around health systems strengthening, primary health care, empowered people and communities, human rights, and One Health. UCH is a key mechanism for rebuilding and strengthening national health systems and delivering quality health care to marginalized populations.
- Invest in digital health and security, whilst ensuring that the rollout of digital health services is done in an equitable way.
- Commit to the strengthening of community systems as part of systems for health: health and community systems overlap to improve health outcomes. systems, and building blocks of pandemic preparedness.
- Address the fragmentation of health systems to secure the same quality of services for everyone and integrate prison health into overall public health structures to avoid double standards.
- Support partners to enhance national health financing systems, including by exploring options to reduce fragmentation, national health insurance where appropriate, strengthening capacities to purchase services effectively and increasing efforts to improve prevention, cost-effectiveness and allocative efficiency.
  The EU should also foster greater coordination between partner countries and multilateral and bilateral partners, in order to streamline access to funds namely through support to national health platforms and systems.
- Support partners to catalyse, capture and scale up innovations and best practices and to address gaps in domestic health financing, including through improved, equitable and efficient general taxation and health insurance efforts, as well as ending corporate tax abuse, tax avoidance and evasion, which drain key resources for addressing inequalities in health.
- Support partners to implement public financing mechanisms and payment methods that ensure community and civil society are supported with sustainable funding for service delivery.

On digital health:

Digital health and self-care offer extra opportunities to seek information, counselling, and services where, when and how one prefers to do so, thereby increasing access to services and allowing individuals to seek care at a convenient time and in a private setting. This can be particularly important for marginalized communities, as well as for young people who may not feel comfortable seeking sexual and reproductive health information from a local clinic. In addition to ensuring privacy and quality, measures must be taken to ensure that the digital divide is closed for instance by using a gender-transformative approach, and by prioritising the development of user-friendly platforms which require limited data to load, and where user journeys have been designed in close collaboration with the intended users.

On community systems for health:

Community systems provide health services and support to communities and households that are not reached by the formal health system. They reach and link people to services along the prevention and treatment continuum and contribute to the resilience of health systems. The contribution of community health workers and community-led organisations to the HIV, TB and malaria responses is

well recognised: they have a unique ability to interact with affected communities, react quickly to community needs and issues, and engage with marginalised groups. They provide direct services to communities and advocate for improved programming and policy environments. Community contribution to resilient health systems extends beyond these infectious diseases, as documented by WHO and UNAIDS, is central to the Global Fund's work, and is recognized by USAID. Community systems strengthening should be embedded in the EU's Global Health Strategy as part of the EU's commitment to building people-centred and resilient health.

Community-led responses and societal enablers of gender equality, non-discrimination and decriminalisation should be treated as essential for strengthening health systems and reaching UHC. While community-led responses and societal enabler programs originate from and might primarily focus on HIV/AIDS and SRHR sectors currently, they benefit wider health and social systems and strengthen pandemic preparedness, while also holding potential for increased community resilience to climate change.

3. Universal access to sexual and reproductive health and rights as fundamental to achieving UHC

Gender equality and SRHR worldwide are being eroded. The global anti-gender movement challenges the values that the EU champions. Despite growing internal divisions, the EU is one of the key international actors that continues to champion SRHR, internally and externally.

As such:

- SRHR should be amongst the key priorities of the GHS, both for the strong political signal this would send, as well as a foundational element of UHC and human rights. In line with the EU's commitment to Leave No One Behind and The Lancet's recommendations, a holistic view of SRHR should be integrated to the EU Strategy, with a focus on tackling of neglected issues, such as adolescent sexuality, gender-based violence, abortion, and diversity in sexual orientations and gender identities. The EU GHS should also commit to supporting the provision of comprehensive sexuality education for all young people and develop, fund and implement policies and programmes that create safe and inclusive learning environments for children, invest in gender-transformative curricula and teaching practices, and support women in education workforces. The GHS should also support and fund the full range of response against SGBV, including support services for survivors.
- The GHS should support and fund community-led and comprehensive responses that address harmful social and gender norms and practices including stigma around sex work and sex workers, oppose forced and coerced reproductive decisions, and provide redress for violence.

4. HIV/AIDS

Historically, the EC has been a frontrunner in the HIV/AIDS response, adopting a first sectoral policy in the early 2000s, and becoming a founding member of the Global Fund to Fight AIDS, TB and Malaria. In the past years, whilst sectoral policies have not been renewed, the EC remained committed to the Global Fund and has been contributing to the AIDS response through various policies and programmes.

Data: HIV continues to be a major global public health issue. No cure has been found yet. In 2021, 650 000 people died from HIV-related causes and 1.5 million people acquired HIV. Inequities, gender inequality, and human rights violations fuel the epidemic: key populations (sex workers and their clients, gay men and other men who have sex with men, people who inject drugs, transgender people) and their sexual partners accounted for 70% of HIV infections globally. Every week, around 4900 young women aged 15–24 years become infected with HIV. Additionally, new infections are on the rise due to HIV service disruptions during COVID-19 and the public health response to HIV is slowing**.**

To protect what has been achieved through the EU's investments to the Global Fund and EU's engagement in the AIDS response, and deliver on the European Consensus on Development's commitment to "continue to invest in preventing and combating communicable diseases such as HIV/AIDS", **the Strategy should reaffirm the EU's commitment to ending AIDS by 2030 through**:

- Continued commitment to the Global Fund to Fight AIDS, tuberculosis, and malaria.
- Financial support to UNAIDS and Unitaid.
- A strong focus on human rights and equity, integrated and people-centred services, domestic financing, integrated approaches to SRHR and HIV, as well as HIV and pandemic preparedness and response.
- Community systems strengthening incl. engaging civil society and community-led organisations in the design, implementation and evaluation of policies, programmes, and projects.
- Continued support to monitoring of progress and surveillance with community engagement.
- Support R&D of prevention and treatment technologies/innovations, including an HIV vaccine and new PrEP and treatment options, such as long-acting injections and vaginal ring. Support should also ensure that there is equitable access to new innovations and technologies.
- The promotion of rights and evidence- based policies in the area of drug use, sex work, and migration.

5. Integrated approach to pandemic preparedness and response

The Strategy should lay out a comprehensive and integrated response to existing and future pandemics, building on the lessons learned from the AIDS pandemic and other major public health threats, such as tuberculosis, malaria and COVID.

Additionally, it is increasingly impossible to ignore the devastating impact that the destruction of ecosystems has had on both human and planetary health leading, among other consequences, to emergence and spread of zoonotic diseases, of which HIV/AIDS was just one of the many early warnings, and COVID-19 is one of the latest.

Key elements of EU's approach to PPR should include:

- The stronger and more inclusive health systems (incl. community systems) – the greater preparedness and response for residual, current and future pandemics.
- Additional financing for PPR, as a global public good, based on equitable contributions from all member states into a common pot of funding.
- Transparency, inclusion and equitable representation of communities and CS in the global pandemic governance.
- The promotion and respect of human rights.
- Equitable and affordable access to prevention, detection, treatment and care, including new technologies.
- Reinforcement rather than duplication: strengthening and building on existing HIV/AIDS infrastructure and capabilities and other existing PPR assets (such as laboratories, surveillance capacities, supply chains, and community networks).
- A holistic perspective on infectious diseases: global health needs to be looked at in relation to the state of planetary health, with a focus on the advancement of solutions that can help simultaneously address the interrelated multiple crisis contributing to achievement of interrelated SDGs (SDG3, 4, 5, 6, 10, 13).

6. Fair and equitable access to affordable health technologies

The Strategy should:

- Promote leveraging the flexibilities of the Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement, including interventions such as patent oppositions and compulsory license,

and optimise voluntary licensing and technology-sharing mechanisms to meet public health objectives.

- Promote generics competition, accelerating market entry of new health technologies, and building systems for technology transfer between countries, so that lifesaving health commodities become global public goods and are rapidly available and accessible to the people who need them.
- Promote and invest in regional capacity for the development and production of medical products and vaccines in line with partners' strategies and plans including the strengthening of national regulatory capacity authorities.
- Fund research and development for new tools for testing, treatment and prevention, and invest in programmatic innovations and health technologies.

B. FUNDING

- Global Health has not always been prioritized by the EU : it is paramount for the EU's investments to be sustained over time and for this Strategy to guide the revision of the MFF, as well as the negotiations for the next MFF.
- Coordination with other EU GHS will also be important to identify new Team Europe Initiatives, so that EC Global Health spending can leverage collective EU health spending.
- Additional funding can be leveraged for other EU priorities such as climate change and digitalisation - which would be more effective if EC/EUD staff is capacitated to make the connections between their areas of expertise and health. As part of the implementation of the Strategy, information sessions and training on health (equity) in all policies, and DGs expected contribution should be organised.
- Investments in community-led and CS advocacy as part of the EU's DMR efforts will contribute to lifting health domestically.

C. IMPLEMENTATION

The effective implementation of the EUGHS will depend on a few factors:

- Political endorsement and steering at the highest level to ensure implementation beyond DG INTPA and SANTE
- Health impact assessments for all new legislation/agreement that might have health impacts
- Accountability mechanisms and clear monitoring and evaluation indicators associated with the main objectives to measure the degree of achievement of objectives, and ongoing, online reporting.

- Continued cooperation with actors in the Global South (states and CS), based on equal partnership and common interests.