

Report of the expert conference: "Towards Health Equity: Strong Health Systems, Universal Health Coverage and Social Participation"

1. Introduction

"I can only welcome the call to action from civil society organizations today. A full hearted YES, to a rights- and needs-based approach in health policy, a full hearted YES to inclusiveness in health governance, a full hearted YES to health in all policies; a full hearted YES to the right to health for all" -
H.E. Caroline Gennez

On April 23rd 2024, the Belgian Presidency of the Council of the EU, alongside ENABEL and Be-cause health, organised an expert conference: "Towards Health Equity: Strong Health Systems, Universal Health Coverage, and Social Participation". Globally, progress towards Universal Health Coverage (UHC) has stagnated, with 4.5 billion people lacking essential health services in 2021 and two billion facing financial hardships due to out-of-pocket health spending. The COVID-19 pandemic exposed many of the existing failures and fragilities of health systems and exacerbated the negative impact on the health of populations by widening disparities in access to services and health outcomes across populations.

The expert conference convened to discuss strategies for strengthening health systems through financing and social participation, aiming to achieve UHC. It further sought to prioritise health within the EU development agenda, underscoring the pivotal role of civil society organisations (CSOs) in the face of shrinking civic space, and broadening the audience's awareness of the outcomes of the EU-AU partnership on health, including civil society perspectives.

It delved into various global health topics, offering actionable insights for the EU's international cooperation efforts and recommendations for the implementation of the EU Global Health strategy. Through its Global Health Strategy (GHS), the EU is positioned to support partners' efforts in strengthening health system resilience. Throughout the conference, experts advocated for clear priorities, including the reinforcement of inclusive and resilient health systems with **robust primary healthcare (PHC) capacities and social protection mechanisms, along with investments in human workforce development**.

During the event, Belgium's Minister of Development Cooperation, H.E. Caroline Gennez, emphasised the universal nature of health as a **global public good** with both developmental and geopolitical implications, urging the EU to leverage its strengths for UHC.

Civil society unveiled a powerful [call to action](#) for the EU and its member states (MS) to prioritise health equity and justice, advocating for a rights- and needs-based approach to the GHS implementation. It also called upon the EU and MS to protect the right to health for all; for more inclusiveness in global health governance; and for health in all policies and all policies in health.

In total, 236 participants participated in the conference comprising 159 European and 67 African participants, from 21 African countries and 12 European countries. CSOs participation was welcomed and lauded, given their role as key actors in global health. A total of 93 participants from CSO and academia attended the conference, both from Europe and Africa.

2. Key takeaways

The various panels and workshops highlighted the importance of sustaining the EU's finance for global health, by calling to hold onto the target of spending 20% of the Neighbourhood, Development and International Cooperation Instrument (NDICI-Global Europe) for Human Development including health and going beyond that. It will be crucial to increase attention to *health as an investment* and mobilise more

innovative financing – including by the European Investment Bank (EIB) – to global health. Health is a key pillar of Global Gateway– the EU’s major connectivity strategy, and it forms important synergies with other priorities of the Global Gateway such as climate change and digital transition. However, the discussions also concluded that while the quantity of health financing is crucial, it is equally important to look at its quality– how to make and spend investments in the most useful, efficient and equitable manner.

Central to the discussions on social participation is the imperative for both European and partner countries, working together with all relevant stakeholders in health, to leverage existing resources and build on national systems while nurturing accountability and enhancing country ownership. Financing of social participation is imperative as without stable structural funding, participatory mechanisms are likely to be more ad-hoc and can lead to unsustainable over-reliance on volunteers.

Civil society can have a crucial role in strengthening health systems – both on health policies as well as implementing partners – but Civil Society Organizations (CSOs) need to be consistently included in key processes and their capacities need to be strengthened. This entails ensuring that authorities adeptly include and engage civil society stakeholders in policy-making. The partnerships should be long-term, and there should be accountability towards citizens and transparency of key information.

Additionally, the event addressed the critical nexus of youth and sexual and reproductive health and rights (SRHR). Young people play a pivotal role in advancing health and their input should be fully put to use. There is a crucial need to break barriers and taboos for young people to be the drivers of their own health, including in SRHR. A targeted approach was advocated at the conference, particularly towards youth associations and leadership, with a specific focus on securing adequate funding for youth organisations. In terms of funding SRHR commitments in general, the importance of domestic resource mobilisation was also highlighted as well as that of data and evidence to show the cost of inaction.

3. Recommendations for the GHS implementation

The January 2024 Council Conclusions on the GHS emphasise that the EU and its MS must play a leading role in ensuring that global health remains at the top of the international agenda including by taking concrete action to promote global health across relevant sectors, strengthening capacity and enhancing coordination. The priorities of the GHS are to: a) deliver better health and well-being of people across the life course; b) strengthen health systems and advance universal health coverage; and c) prevent and combat health threats, including pandemics, applying a One Health approach. Below are some recommendations from the expert conference on the implementation of the GHS, to inform the EU, its MS and their implementing agencies and financial institutions for development in their support for global health. These recommendations also echo the Council Conclusions on GHS, in which the Council calls for strengthening the EU’s and MS’s impact as global health actors, as well as increasing ambition and comprehensive approach to global health, taking into account the social determinants of health and involving all actors, including civil society.

A. Deliver better health and well-being of people across the life course

1. Health remains a priority globally and within the AU-EU partnership towards the realisation of Sustainable Development Goal (SDG) 3. The EU and MS should ensure that a *human rights-based approach*, leaving no one behind, is maintained throughout the implementation of the GHS and in supporting universal access to quality essential health services and quality, safe, effective, affordable, and essential medicines, vaccines, diagnostics, and health technologies. This requires better linking support in the SDG agenda e.g. for SDG 1.3 (implement social protection systems) and SDG 3.8 on UHC to promote a comprehensive and coherent approach to health.
2. EU and MS should increase efforts in the reduction of non-medical factors that influence health outcomes and negatively impact mental, physical and planetary health. This includes enabling

dignified living and working environments, guaranteeing access to water, food and good nutrition, addressing and anticipating the impacts of climate crisis on health, reinforcing health considerations when addressing displacement and migration, and a changing security context.

3. Different measures should be coupled, including through the Gender Action Plan III, to support women's and young people's access to health with comprehensive efforts to tackle social norms and power structures that discriminate against these groups, especially in accessing SRHR by building on existing programmes and investing in innovative ways to deliver health services. The inclusion of young people and women in the design, decision-making and implementation of these measures is essential to their success.

B. Strengthen health systems and advance universal health coverage

4. EU and MS should be working in a modus operandi of respect and local ownership, '*support – not – replace*', with a rights and needs-based approach as the starting point. Global health initiatives as enunciated in the Lusaka Agenda, don't always match the national systems, therefore bilateral or multilateral cooperation should support all national stakeholders in their domestic endeavour towards ensuring healthy lives for all to deliver sustainable impact. Furthermore, approaching health systems in a comprehensive manner and building on existing structures is key to avoiding fragmentation and multiple, often overlapping, health initiatives.
5. Inequities continue to be a fundamental challenge for UHC. As such, EU and MS should factor in the social, political, commercial and environmental determinants of health to ensure that interventions alleviate rather than reinforce existing inequalities or cause further disparities. This requires adopting a multi-sectoral approach/action on social determinants of health (SDH) with collaboration between actors from both the health and non-health sector, including at the decentralised level that works closely with communities, to prioritise their SDH needs. Bearing in mind power imbalances and political plays between stakeholders, this may require embracing a political economy lens in designing, implementing and evaluating health interventions to foster evidence-based solutions.
6. European partners should support the efforts to strengthen domestic revenue mobilisation for health as well as measures for effective allocation and accountability in partner countries while avoiding creating external dependencies and unsustainable models from donor aid-led programmes.
7. EU and MS should, in a sustainable manner, invest in training new and strengthening of the existing local health workforce, including volunteers and informal caregivers, who are key in delivering essential services. In addition, they should manage health workforce migration through mutually beneficial mobility arrangements in line with the WHO Global Code of Practice on International Recruitment of Health Personnel.
8. Though social protection for health (SPH) is primarily the responsibility of governments, the EU and MS should support national endeavours through technical assistance and peer-to-peer learning, supporting DRM and strengthening the local existing structures and systems in partner countries. Furthermore, it is crucial to make the SPH schemes equitable, accessible, compulsory, gender and shocks-responsive with large risk pools, as well as support adaptive SPH related to loss and damage from catastrophic climate change crises.

C. Prevent and combat health threats, including pandemics, applying a One Health approach.

9. EU and MS should expand the 'One Health Approach' beyond the application of global health security, moving also towards environmental healing and restoration. This requires adopting a systemic One

Health/Planetary Health approach that acknowledges that the health of humans, animals and overall ecosystems are interconnected and interdependent.

10. EU and MS should place emphasis on implementing integrated policies for tackling climate change and health issues jointly. They should reduce the environmental footprint of the health sector by investing in low carbon and sustainable health systems, consider the reduction/stop of fossil fuels and harmful subsidies to fight the impact of the climate crisis. In addition, they should strengthen climate-resilient health systems, and address the negative impact of climate change on human health as committed in the COP28 Declaration on Climate and Health.

D. Sustainable financing for GHS priorities

11. The EU should continue to secure at least 20% of funding for human development of the EU's NDICI-GE funding instrument, a commitment reiterated in the Council Conclusions. Despite limited opportunities to increase funding allocations for global health under the current Multiannual financial framework (MFF) - and some cuts to EU4Health programme- there may be opportunities to strengthen the focus on health as part of EU's external action in the latter half of the MFF (2024-2027) including in the Global Gateway.
12. The EU should better leverage the European Fund for Sustainable Development Plus (EFSD+) financing to promote quality (not just quantity) public and private investments in health in a way that contributes to equitable and affordable access, and better link financing to political dialogue and technical assistance. Development finance is increasingly a key instrument for investment in social sectors including health, providing a way to strengthen the EU's development focus, in line with the objectives set in the NDICI-GE regulation.
13. With the inclusion of health as a key pillar of the Global Gateway Strategy, the EU and MS should move beyond the prism of development cooperation towards (sustainable) investments in health by mobilising funding for health infrastructure, but also for the regulatory environment, research, health workforce and PHC. Furthermore, they should mainstream health in other sectoral investments that are part of Global Gateway.
14. More and better private sector's investment in health is needed. However, regulation should be strengthened to minimise the risks of commercialization of health services, exacerbating inequalities in access to health services instead of closing inequality gaps. In addition, the EU and its MS should address the commercial determinants of health by controlling the harmful impact of commercial actors on health (e.g. alcohol and tobacco industry).
15. EU and MS should regulate private actors involved in the provision of health services, and in parallel increase public spending to strengthen public health systems and tackle health disparities. For this the EU and MS need to rethink the global financial architecture to overcome global structural financial injustices, and to take rigorous measures to curb illicit financial flows and corruption to ensure the highest degree of transparency and corporate social responsibility when involving private sector actors in health.

E. Coordination in GHS implementation

16. EU and MS should capitalise on the Team Europe approach in the GHS implementation to foster coordination. This includes in the implementation of the five health-related regional Team Europe Initiatives (TEIs) in the African region as well as creating synergies with those that have linkages to health such as education, climate change, social protection, labour and digital etc, to strengthen joint approaches for achieving equity in health outcomes using a multi-sectoral approach.

17. The EU should improve ownership of the health agenda in EU delegations, and boost global health capacity by strengthening awareness and expertise across all staff (e.g. by the secondment of national experts as noted in the Council Conclusions) including in the development of the multi-annual indicative programmes (MIPs), as well as strengthening cross-programmatic coordination to ensure a 'health in all policies' approach.
18. Specific to the EU-AU partnership, frank and open dialogue on health interests and priorities should be strengthened to ensure that interventions respond to African priorities (thus fostering ownership and sustainability) and European interests. This can build upon the March 2024 [high-level event on the EU-AU health partnership](#) and Team Europe and African Union [high-level dialogue](#) in Addis Ababa in February 2024. The High Level Steering Meeting (HSLM) can be used as one of the fora to explore EU and AU interests/needs within the Team Europe Initiatives (TEIs). This HSLM can be expanded to CSOs, academia and think tanks to embrace a multi-stakeholder approach in cooperation towards achieving UHC for all.

F. Strengthening social participation

19. EU and MS should increasingly acknowledge the value of social participation in HSS and take action to better enable it. They should prioritise community and civil society organisations' empowerment and development, supporting them in influencing decisions and policy-making to implement long-lasting positive structural changes. The Council Conclusions calls for the continuous involvement of civil society and academia (amongst other stakeholders) in delivering on the GHS's objectives and priorities. Transparency of information, for instance in terms of implementation and funding of key initiatives such as TEIs, is also crucial to enhance social participation.
20. To create an enabling environment for social participation, the EU and MS should also dedicate particular efforts to tackling shrinking space for civil society and local communities. Shrinking space for civil society is a major challenge that hampers social participation and civil society's ability to work and hold decision makers accountable. However, there are no 'quick fixes' to address this challenge; long-term and structural work is needed.

G. Monitoring the GHS implementation

21. Going forward, it will also be important to finalise and publicise the monitoring and accountability mechanism for the implementation of the GHS. The monitoring and accountability mechanism should ensure an integrated and participatory framework, including the role for CSOs in assessing the effectiveness and impact of EU policies and funding. While TEIs are monitored under the monitoring, reporting and evaluation (MORE) framework, thus far there is no comprehensive overview of GHS implementation as a whole. Following the call in the Council Conclusions to regularly take stock of progress and impact of the GHS, the first GHS implementation report is expected to be published in 2024, and it will be crucial that this report includes a comprehensive and detailed overview of the implementation of the strategy, including TEIs and innovative financing.

4. Conclusion

This expert conference was a valuable opportunity to develop concrete recommendations for the implementation of the EU GHS and to facilitate collaboration among diverse stakeholders in global health. What is clear is that health must remain high on the global and national agenda, reaffirming that health is a fundamental human right. The EU and its MS should work with all stakeholders to ensure health for all in support of affordable, accessible, available and acceptable healthcare services and products of assured

quality for all. Financing remains crucial; it is imperative for the EU to secure the current or higher level of financing to UHC and social protection, but also deliver better financing to implement GHS priorities. The EU and MS should continue supporting the roles of civil society and local communities, and bringing them closer to decision making processes. As highlighted by H.E. Gennez, "...it is essential that civil society not only holds policymakers accountable, but that they help develop policies that can effectively deliver quality healthcare for all".