

CIVIL SOCIETY CALLS THE EU AND ITS MEMBERS STATES TO PRIORITISE HEALTH EQUITY AND JUSTICE

This draft CSO Call to Action was written as a joint effort by civil society organisations working on Belgian, European and international level ahead of the European Union ([EU Expert event 'Towards Health Equity: Strong Health Systems, Universal Health Coverage and Social Participation'](#)), organized by the Belgian Ministry of Foreign Affairs, International Trade and Development Cooperation, [Enabel](#) and [Be-cause health](#), on April 23 in Mechelen.

EXECUTIVE SUMMARY

What do we ask for:

1. **Ensure that a rights- and needs-based approach is promoted in the implementation of the EU Global Health Strategy**

We ask the European Union and its Member States to

- **"leave no one behind"**. Everybody, regardless their social, economic or legal status, should be provided health care based on their needs, acknowledging the important role of gender and the social determinants of health in the promotion of global health.
- 2. **Protect the right to health for all**

We ask the European Union and its Member States to

- secure **adequate resources** and ensure the impactful implementation of the health priorities embedded in the EU Global Health Strategy reaching those most in need;
- strengthen **equitable partnerships, accountability and transparency** among actors and donors at all levels;
- guarantee a **well-trained, motivated and remunerated local health workforce**, including volunteers and informal care workers;
- manage **health workforce migration** through the "WHO Global Code of Practice on the International Recruitment of Health Personnel";
- reaffirm the principle that when EU public funding is used for Research and Development of medical and assistive products, this must be accompanied by access conditions to guarantee the **availability, affordability, and accessibility of medical and assistive products** to all those in need;
- ensure **equitable global health governance** and boost progress towards Universal Health Coverage. The EU Global Health Strategy must prioritize to strengthen public and community health systems and Primary Health Care;
- ensure appropriate legal protection of **sexual and reproductive health and rights**, including universal access to quality sexual and reproductive medical and assistive products and healthcare services;
- **protect** health services, the health workforce and patients from all kinds of **violence**.

3. More inclusiveness in global health governance

We ask the European Union and its Member States to

- use a **decolonial approach** in the implementation of the EU Global Health Strategy, allowing a more balanced participation and decision making between countries;
- tackle the **shrinking space for Civil Society Organizations** and local communities and increase their involvement, engagement and participation in the decision making and implementation of the EU Global Health Strategy;
- be **transparent** in all negotiations with private sector that affect global health;
- give priority to the promotion of **healthy habits, prevention and preparedness** activities in anticipation of public health emergencies, and reinforcement of **community resilience**, especially through strong community health systems.

4. Health in all policies and all policies in health

We ask the European Union and its Member States to

- prioritize, within the implementation of the EU Global Health Strategy, the tackling of **social, economic and environmental determinants of health** and create space for a multi-sectorial approach;
- adopt a **systemic One Health / Planetary Health approach** that acknowledges that the health of humans, animals and overall ecosystems are interconnected and interdependent;
- Stop using fossil fuels.

*****EXTENDED VERSION*****

Setting the scene

In recent years, the **polycrisis** (the COVID-19 pandemic and its long-lasting impact, the increasing effect of the triple planetary crisis – the climate emergency, nature and biodiversity loss, and pollution -, the evolution of infectious and non-communicable diseases and lately also the escalation of international armed conflicts in Ukraine, the Middle East and their consequences, not to mention the many neglected conflicts in the world) have redefined the multilateral and the European health architecture and agenda. Democracies all around the world, including in the EU are under pressure. In parallel, increasing socio-economic disparities have put extra pressure on health and social service systems, undermining equitable access, availability, and provision of quality health coverage. **These experiences have highlighted as never before that health is a global common good.** Any global health strategy should thus at least be directed towards mitigating the consequences of these multiple and intersecting crises.

The EU Global Health Strategy, adopted in November 2022, represents a renewed **commitment from the EU and its Member States** to address the call for a global approach towards health in a constantly changing world. **Health and well-being for all means healthy and resilient societies, in which no one is left behind.**

The Council conclusions adopted under the Belgian Presidency of the Council of the EU (2024), further emphasised that the EU and its Member States must play a **leading role in ensuring that global health remains at the top of the international agenda**. Global health requires effective multilateralism and is an essential pillar of EU external policy.

The call for **meaningful and coherent implementation of the EU Global Health Strategy** (in a Team Europe approach), across relevant sectors, and through equitable and mutually-beneficial partnerships at all levels, is even more relevant at a time when global health is vying with other priorities on policymakers' agenda. Especially in view of the upcoming European Parliament elections, the new Commission political guidelines and the initial discussion on the future EU Multi-Annual Financial Framework.

Civil society organisations play a key role in shaping the health architecture through policy engagement, operational assessment and implementation, and capacity building at local, regional and international level. We ask for a **decolonial approach in the implementation of the Global health Strategy**, including more balanced and inclusive participation and decision making between and within countries, and within global health initiatives. Consequently, decision makers should secure meaningful engagement and resources to ensure equitable partnerships reaching those most in need and strengthening effectiveness and accountability among actors and donors at all levels. This requires, among others, less focus on Global Health Initiatives and philanthropic foundations, or at the very least, that low and middle income countries and civil society have a bigger say in their governance.

CIVIL SOCIETY'S KEY ASKS

Specific recommendations towards the EU and its Member States for implementation of the EU Global Health Strategy

Aligned with the EU's commitment to protect health across all EU policies (Art.168 of TFEU), **we strongly encourage the EU and its Member States to continue prioritising health in the upcoming political and operational agenda, going further in their commitments to urgently counter the growing gaps in health and well-being.**

Particularly, we are calling on the EU and its Member States to:

→ Guarantee more coherence, equity and inclusion in the global health governance architecture

The EU and its Member States should **reinforce policy coherence when implementing their bilateral and multilateral priorities on global health**. They should seek to build synergies between different EU policies, translating commitments such as *"health in all policies / health for all policies"* across sectors and with their partners, through more equitable and meaningful engagement of local actors and civil society, so that the impact of decision-making is taken into account at an early stage.

We call the Belgian Presidency of the EU and the European Commission for an ambitious, **successful and timely WHO Pandemic Agreement** which takes into account lessons learnt from the COVID-19 pandemic, going beyond existing structures and policies currently failing at addressing global inequalities. We welcome the efforts in coordinating the EU position in international negotiations on

global health. Given the current political landscape and existing challenges in the realisation of the EU Global Health strategy, coupled with the already big trust deficit created during the Covid 19 pandemic; the WHO Pandemic Agreement has to be based on negotiations that rely on the principles of equity and solidarity, to effectively and equitably address future health emergencies.

We appreciate the strong commitment of the Belgian Presidency of the Council of the EU to expand the **EU-AU Global health partnership** - based on principles of equity and solidarity - by collaborating in new areas of joint interest within the existing frameworks of the EU's new Global Health Strategy and the New Public Health Order for Africa. We encourage to expand this partnership to a broader range of actors, including civil society and academia research and innovation. Only by supporting regional and national health sovereignty, promoting a strong rights- and needs-based approach to health, the EU and its partners can advance in ensuring progress towards Universal Health Coverage by 2030.

The EU and its Member States should ensure that **“health in all policies” and health equity** remain at the core of their external action and investment, with concrete efforts to address the social determinants of health and translate the “leave no one behind” principle into reality across the continuum of care (promotion, prevention, treatment, rehabilitation and palliative care).

We ask that EU and its Member States' public funding and financing should **not lead to further financialization and commercialisation of health care and excessive debt** in its partner countries. We ask that programs contributing to the EU Global Health strategy should aim for co-benefits for climate and health.

We ask the EU and its Member States to **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 its Member States 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.

→ **Ensure increased involvement, engagement and participation of local actors and Civil Society Organizations**

In its implementation, the EU Global Health Strategy should **prioritise community and civil society organisations' empowerment and development**, supporting them in influencing decision and policy making to implement long-lasting positive structural changes. There is a need to invest in stronger co-ownership and better coordination between the EU and its Member States, and to set up mechanisms actively engaging partner countries, civil society, local actors and communities in all stages of the implementation of the EU priorities for global health (including through the Team Europe approach).

We call for **improved meaningful engagement of local actors and Civil Society Organisations**, including children, youth- and women-led organisations, organisations of underrepresented groups including people with disabilities, LGBTQI+ people, older people, indigenous populations, migrants, refugees and internally displaced people, sex workers and persons with substance use disorder, community-based organisations in the implementation, review, evaluation and reporting of the Strategy and the health-related Team Europe Initiatives.

→ Apply a rights- and needs-based approach to health

The EU and its Member States should ensure that a rights- and needs-based approach is promoted in the implementation of the EU Global Health Strategy, and in particular **protect the right to health for all, regardless of their social, economic or legal status**, providing care on the basis of needs, throughout the lifetime and with a specific focus on the first 1000 days, and acknowledging the important role of gender equality in the promotion of global health.

The core objective of the EU action must remain to improve **equitable and effective access to quality health and care services**, including in times of crisis. In fragile and sensitive contexts, the EU should protect the right to health, including the protection of health workers, services and facilities and avoid politicisation of health affecting the workers' abilities to provide services and/or impeding access to healthcare. The EU and its Member States should manage health workforce migration through the “WHO Global Code of Practice on the International Recruitment of Health Personnel”;

Accessible and quality health and care services require increased investment in stable and sustainable healthcare systems, workforce and frontline service providers. It is key to recognise the importance of the **local and community health workforce**, volunteers and informal care workers in delivering essential services and thus strengthen their role, ensuring preparedness and protection of the care workers, including through mental health and psychosocial support and facilitating vocational training and mobility.

Thematic recommendations towards the EU and its Member States for implementation of the EU Global Health Strategy

Particularly, we are calling on the EU and its Member States to:

→ Ensure Sexual and Reproductive Health and Rights (SRHR)

To ensure **universal access to quality sexual and reproductive healthcare services**, including maternal, newborn healthcare and menstrual hygiene services is a key priority. We call on the EU and its Member States to support appropriate legal protection of sexual and reproductive health and rights, taking a rights-based approach in particular for women, youth, children and vulnerable populations whose rights might be endangered (such as LGBTQI+ communities, migrants, refugees and internally displaced people, sex workers, persons with disabilities, persons with substance use disorder).

We call on the EU and its Member States to further promote **gender equality** and empower individuals, especially women and girls, with a specific attention to the elimination of gender-based violence, promoting women's economic empowerment, and ensuring women's and young people's full and meaningful participation in decision-making processes related to their sexual and reproductive health. This includes supporting actions towards ending stigma and discrimination related to sexual orientation, gender identity, reproductive choices, and living conditions with HIV/Sexually Transmitted Diseases.

→ Shape a Global health agenda considering the social, economic and environmental determinants of health

Inequities in terms of health and access to quality health systems, result from a combination of structural factors; social determinants of health, health-related risks and health system factors that disproportionately impact certain groups of populations. **Tackling** these **inequities** means prioritizing access, inclusion and rights of the people who are at higher risk of intersecting forms of discrimination and disadvantage or who are most exposed to negative social determinants of health (i.e. women and girls, children, persons with disabilities, indigenous populations, those living in poverty, and those who are displaced or live in remote or insecure contexts).

Access to healthcare is not enough to combat inequalities. Being in good health also depends on many **determinants of health**, such as socio-economic conditions; the environment, housing, employment, access to nutritious food, etc. These are all areas in which many individuals have little or no control. There is therefore a **collective responsibility that falls upon the public sphere**.

We call on the EU and its Member States to 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.

→ Guarantee the availability, affordability, and accessibility of medical and assistive products and means to all

The EU and its Member States should align with the call for Universal Health Coverage to guarantee appropriate access to affordable and quality-assured medicines and assistive health products. As **essential health products, assistive products and medical devices** are fundamental to the achievement of good health and well-being, and for preparedness and response to emergencies and outbreaks. This includes continuing to support global health initiatives such as Gavi, the Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria ahead of their next replenishments and insure more inclusive governance in these, in line with the New Public Health Order and the Future of Global Health Initiatives agenda.

We call on the EU and its Member States to promote **outreach approaches, awareness raising, education and health literacy**, focusing particularly on those who are “left behind”, supporting communities and individuals to claim their right to health and care, including mental health and psychosocial support. Priority should be also given to promote healthy habits, prevention and preparedness activities in anticipation of public health emergencies, and the reinforcement of community resilience, especially through strong community health systems.

→ Strengthening health for all in a world in polycrisis and uncertainty

Our planet is reaching its social, economic, and ecological limits. It is vital to recognise the **climate crisis as the single biggest health threat facing humanity (WHO), and to take strong and ambitious action accordingly**. For this we recommend the EU and its Member States to reduce the environmental footprint of the health sector, stop using fossil fuels and to fight the impact of the climate crisis, changing both the environmental and social determinants of health (including through rapid transformation towards a truly sustainable and equitable global economic system within planetary boundaries) and strengthening climate-resilient health systems, as committed to by EU

Member States in the COP28 Declaration on Climate and Health. In this regard, the EU and its Member States should prioritise the implementation of the UNCRC General Comment 26 which specifies that States are responsible not only for protecting children’s rights to a healthy environment, but can be held accountable for the harmful impacts of environmental damage and global warming within and beyond their borders. Access to a clean and healthy environment is an universal human right as declared by UN General Assembly.

We recommend further implementation of the One Health / Planetary Health approach, aiming at protecting humans, animals and the environment from the climate crisis and anthropogenic activities. We welcome the related objectives stated in the EU Global Health Strategy, but we invite the EU and its Member States to expand its priorities beyond the application of global health security, moving also towards environmental healing and restoration. We strongly call for adopting **a systemic One Health / Planetary Health approach that acknowledges that the health of humans, animals and overall ecosystems are interconnected and interdependent.**

Conclusion

Call for ambitious political action to support the EU Global Health Strategy

All EU policies, bilateral and international commitments affect health, one way or another. Therefore, we call on the EU and its Member States to **think through and analyse priorities in terms of their potential impact on health.** The EU and its Member States need to take action on all policies that have an impact on health and **overall well-being.** This approach should be multisectoral, integrated and transdisciplinary in order to efficiently address e.g. the environmental degradation, complex agri-food systems, intensified trade and travel, migration and displacement, working conditions and mobility, and neglected pollution-related health risks.

In line with the ambitions of the EU Global Health Strategy for 2030, we call on the EU and its Member States to promote and sustain health in the new European Parliament’s agenda and in the upcoming European Commission’s political guidelines, including in the initial discussion on the next EU Multiannual Financial Framework. The EU and its Member States should **secure adequate investment and ensure the impactful implementation of the health priorities** embedded in the EU Global Health Strategy, including investing in equitable partnerships reaching those most in need and strengthening effectiveness and accountability among actors and donors at all levels.

We call on all participants present at the conference and other civil society organisations, health professionals, researchers, policy makers and all relevant stakeholders to support this call to action by signing the call.

