

Position paper AIDS Healthcare Foundation (AHF) Europe

## The EU Global Health Strategy, in light of the negotiations on the International Pandemic Accord

The EU Global Health Strategy has been published under historical circumstances, as the world is recovering from the COVID-19 crisis and is facing an unprecedented risk of emerging new and old infectious diseases. The EU Global Health Strategy is an occasion to implement lessons learnt and make the right choices that will protect our future generations.

AHF Europe sees the adoption of the EU Global Health Strategy in light of other important legislation: The Serious cross-border threats to health regulation, creation of DG HERA, expansion of EMA and ECDC mandates and, of course, the International Pandemic Accord. We welcome Commission's statement that the latter is directly connected with the Strategy.

AHF Europe has built its expertise by providing services to people affected by HIV, and by supporting emergency response during crisis such as Ebola, monkeypox, COVID-19 or war in Ukraine. Our advocacy is based on human experience, long term partnerships and years of engagement with communities and authorities, bringing health services closer to people.

We welcome the EU Global Health Strategy as an important step towards more resilient and robust health. We thank the European Commission for including our recommendations on establishing synergies, allowing health expertise in EU delegations, and focusing on various levels of health service such as primary care. Nevertheless, AHF Europe has 3 big concerns that we would like to share with decision makers.

### 1. Lack of actions and concrete objectives

While we are conscious that the Strategy firstly aims to establish a set of solid principles and build concrete initiatives afterwards, it clearly lacks tangible commitments. Real change requires brave actions and continuous political engagement. Therefore, we **call on the Swedish Presidency for strong Council conclusions, establishing goals, timelines of execution and assigning financing**, already earmarked in the Strategy. The EU should not primarily focus on maintaining its leadership and autonomy in health industry but rather on better cooperation, sharing of benefits, and building partnerships. We should steer the common public, not commercial, good. With upcoming Council conclusions, **we call upon Member States to:**

- A. Prioritize the practices that can make the biggest change in Global Health resilience, such as strong regional labs and regional capacity to respond, diagnose, rapidly control and, in some cases, eradicate national and/or regional outbreaks, enhanced primary care, people centered approach, solid and equally distributed health workforce, supported by community health workers.

- B. Allow regional health bodies to have the power to declare public health emergencies of regional concern; this should include identify new pathogens or reemergence of endemic ones, including genomic sequencing to immediately share genetic sequencing of the pathogens.
- C. Allow equity on accessing global public health goods, including emergency access to specialized drugs and specific vaccines, so outbreaks' response and control is more efficient at the regional level.

## **2. Accountability and Transparency embodied in tools, not only principles**

We have understood that the future International Pandemic Accord is supposed to provide a legal framework for the EU Global Health Strategy. However, there is some time gap as the Accord is foreseen to be approved only in 2024. Moreover, the latest version of the Accord does not set any accountability requirements to decision makers, private entities, or finance receivers/providers. There is no clear indication when the obligation of solidarity, technology sharing and access to pandemic related products becomes binding in the Accord. The EU Global Strategy does not contain any strong commitment on pricing transparency and accountability. We see **benefits in linking the financial mechanisms to specific incentives and disincentives**. Moreover, **we ask the EU to lead by example, committing to take responsibility for its actions domestically and nationally, allowing third party investigations and committing to solidarity when it comes to equitable access**.

## **3. Inclusive decision making and the role of civil society**

Despite of strong advocacy from civil society, the EU Global Health Strategy does not position inclusiveness as a core principle. The proposed 'structured dialogue' which translates to a meeting once a year cannot be a sustainable way of working together. **Civil society must become an equal partner implementing the Strategy, which means not only responding to the tenders as beneficiary, but also supporting the drafting of such tenders and having a say in all phases of public health emergencies**. We are aware that this exercise is complicated, as civil society does not always bring one and unified voice, but we strongly believe that a formal involvement would allow to bring more credibility to EU and rebuild trust with citizens.

In the same spirit of inclusion, the draft Pandemic Accord can make a historic step towards fuller involvement of non-state actors in deliberative health diplomacy. Drafting so far creates a holding pen for relevant non-governmental actors, but as an information and consulting machine. There is space for out-of-the-box thinking to create a specific forum at certain key moments of the overall process. Such steps would significantly contribute to the quality of management and vision under the Accord.

*AHF Europe is happy to further explain how these elements would not only strengthen global health preparedness, but also contribute to the resilience of domestic health systems. We bring the voice of community to the level of policy makers and claim our right to be listened, considered and, if needed, confronted with relevant arguments. We would be enlightened to discuss our proposals more in details.*