



Mr. Fokion Fotiadis
Director General of EuropeAid Development and Cooperation Directorate-General
European Commission
Brussels

Brussels, 31 March 2011

Dear Mr. Fotiadis,

Action for Global Health would like to welcome your commitment to a strengthened transatlantic dialogue on the Millennium Development Goals (MDGs), with a specific emphasis on the most off-track health-related goals. This dialogue takes place in a crucial time, with only four years left to achieve the MDGs in the set timeframe.

The adoption of the new EU Global Health Strategy and the U.S Global Health Initiative, which support similar principles and strategies to improve health outcomes for millions of people living in developing countries, provides a strong and comprehensive basis for a common EU and U.S understanding of health systems strengthening, harmonized approaches to global health policy, financing strategies and mechanisms and common solutions for addressing the human resources crisis in the health sector. Both the EU and the U.S should allocate sufficient financial resources to implement their respective health strategies effectively.

We urge you to take the following three key points into account in your dialogue:

1. **Community systems strengthening is a vital and complementary part of health systems strengthening. Communities both play a key role in many countries in supporting the delivery of health services** in absence of or in partnership with government services in particular to marginalized groups, and act as watchdogs monitoring State duties in guaranteeing universal access to health care. In addition, there should be a strong focus on the retention and training of health workers and the inclusion of health workforce strategies in the U.S Global Health Initiative country strategies and EU Global Health Strategy action plans, including target funding for strengthening the health worker force in partner countries.
2. **Country ownership, which is an important element of both the EU Global Health Strategy and the U.S Global Health Initiative, should be promoted through a meaningful involvement of all key stakeholders at the country level.** Beyond government ownership, true country ownership includes civil society, sector ministries, and parliaments in the design and implementation of country health plans so that these respond to the actual needs of the people in the country. The ability to hold governments and donors accountable for delivering results is also a significant element of country ownership.

3. **Effective and country-based aid coordination should ensure that all health aid modalities complement each other rather than duplicate or compete with one another, and are tailored to the needs of the country specific context.** Coordination between the EU and the U.S is also crucial in reducing the pull factors in health migration through addressing global health migration.

Community systems strengthening and supporting the health workers force

Health systems strengthening is often defined primarily as the development and strengthening of national public health systems, which should be designed in such a way that all individuals have equitable access to quality health care. However, in many countries marginalized people are excluded from accessing public health services because of stigma and discrimination within the health system and other human rights related barriers. Community based organisations do not only meaningfully contribute to health systems strengthening in such contexts by often delivering basic services to people marginalized by HIV and other stigmatised diseases, but they also have potential to advocate for improved national health systems and policies and human rights environments, including reduced stigma among health workers. Community systems strengthening should therefore be an integral component of health systems strengthening and should be politically and financially supported, both by the partner countries and by donors. The Community Systems Strengthening Framework developed by the Global Fund in collaboration with WHO, UNAIDS, USAID and civil society organisations provides an important guidance on how to support civil society capacity building activities and strengthen community systems.

It has also been clear for many years that there are insufficient numbers of health workers in the world to meet the needs of the population, and not even to meet the minimum standards enshrined in the health MDG targets. In 2006, WHO estimated that 57 countries, 36 of them in Africa, were facing a severe shortage of adequately trained, remunerated and supported health personnel. On 21 May 2010, the 63rd World Health Assembly took the long awaited step of adopting a new WHO Global Code of Practice on the International Recruitment of Health Personnel. Ministers of Health committed to providing technical and financial assistance to developing countries for the retention and training of health workers to address the severe shortage. We call for the EU and the U.S to take immediate action to simultaneously tackle the human resources crisis in the health sector in partner countries, starting with full implementation of the WHO Global Code of Practice and ensure that there is targeted funding within health systems strengthening budgets for the retention and training of health workers.

Country ownership and meaningful involvement of civil society

Country ownership is all too often interpreted narrowly as “government” ownership, a dialogue between donor and the Ministry of Finance of a partner country rather than meaningful engagement of all key stakeholders in the policy dialogue and in the development, implementation and monitoring of national health plans to achieve improved health outcomes for all. Without the full engagement of civil society, country health plans are unlikely to be effective or targeting the needs of the people, in particular those of the most vulnerable and marginalized. The democratic and fully inclusive formation of a country health plan should be the first step towards country ownership of its own health agenda. At the international level, progress has been made to increase the role and recognition of civil society as key actors in policy and decision making processes, notably in relation to the structure of the Global Fund’s Country Coordination Mechanism and more recently with GAVI. The Country Coordination Mechanism of the Global Fund is considered by many, notwithstanding its

limitations – to be a best practice model for civil society and Parliament engagement and should be supported by the EU and the U.S as such. Another example of strong CSO participation in the health sector is the IHP+ initiative, where both northern and southern civil society is now represented on the global management level. It has been shown that in countries where an IHP+ Compact is signed, civil society participation in decision making processes increases.¹

We look forward to the development of the European Commission's new Health Sector Policy Dialogue Guidelines and the Communication on meaningful engagement of civil society in development cooperation and encourage the United States Government to develop similar tools to strengthen dialogue with civil society and its engagement in the implementation of the Global Health Initiative.

Effective and country based aid coordination

Nowhere is the need for donor coordination more evident than in health. Over the past two decades, the number of donors, financing and delivery mechanisms in global health has grown exponentially. To date, most of the debate around these aid modalities has been around how to use them as a tool to increase ownership and in the EU and the U.S there are similar trends towards promoting direct government support through programme based approaches and budget support. However, dependence on one aid modality to the exclusion of others is problematic for health outcomes. Only a mix of financing mechanisms, including general and sector budget support and project support allows for a careful adaptation to the characteristics, politics, drivers and constraints in a specific country situation and sectors as well as for targeted support to civil society organisations, especially those working with marginalized and stigmatised populations which often have limited or no access to government funding.

However, all aid modalities available to a country should reinforce IHP+ principles and complement, rather than duplicate or compete with one another, based on an assessment led by the country and a comprehensive country sector strategy developed with the involvement of all key stakeholders. The EU and the U.S should critically assess how the EU Global Health Strategy action plan and the U.S Global Health Initiative's country strategies complement each other to ensure universal access to health care in each country, as well as how these relate to IHP+ country compacts, Global Fund programmes and key global strategies, including the UN Secretary General's Global Strategy for Women's and Children's health.

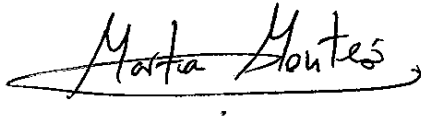
We believe that the importance of WHO's global role in strengthening health systems is crucial. In order to strengthen WHO's leadership, we encourage the EU and the U.S to support the implementation of the WHO's six building blocks to strengthen health systems and to promote a stronger role of the WHO at the country level and in the global political health dialogue.

Finally, the EU and the U.S should ensure that coordination efforts to address global health migration are improved. The pace and scope of global health migration is increasing year on year, which is one of the major driving forces behind the human resources for health crisis. Push and pull factors driving the international migration of health personnel should be simultaneously addressed in a coordinated way between all donor countries and all recipient countries in order to make a sustainable impact on the health workers crisis.

¹ Notes from the Third IHP+ Country Health Sector Teams Meeting, December 2010, Brussels

We would like to thank you in advance for your support and look forward to collaborating with you in this crucial dialogue.

Yours sincerely,

A handwritten signature in black ink that reads "Marta Monteso". The signature is written in a cursive style with a long horizontal flourish underneath the name.

Marta Monteso Cullell
Action for Global Health Coordinator
www.actionforglobalhealth.eu

c.c. Deputy Administrator Donald Steinberg, USAID

AFGH is a broad European network of NGOs advocating for Europe to play a more proactive role in enabling developing countries to meet the Health Millennium Development Goals by 2015. Established in 2006 by 15 organizations under the leadership of ActionAid, today Action for Global Health is active in France, Germany, Italy, Spain, the UK and Brussels and counts with an increased membership of almost 30 NGOs, which is growing every day.