



# ACTION FOR GLOBAL HEALTH

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### Subject: Action for Global Health recommendations for the Council Conclusions on the European Commission's Communication on the EU Role in Global Health

Action for Global Health welcomes the Communication on the EU role in global health and specifically its emphasis on the right to health as well as its promotion of EU solidarity towards equitable and universal coverage of quality care. But with only five years left to meet the Health Millennium Development Goals, we believe that the EU and its Member States need to play a much stronger role in enabling developing countries to achieve these essential targets.

The situation today is hardly any better than it was in 2000 when the MDGs were adopted:

- Every minute, a woman dies from complications in pregnancy or childbirth – there has been no significant reduction in maternal mortality since 1990.
- Every day, about 29.000 children die before they reach their fifth birthday – the vast majority from preventable causes.
- Each year, HIV, TB and malaria jointly kill over five million people – at a cost of millions of dollars to the economies of low income countries.

In order to make real and lasting progress towards achieving the health MDGs, Action for Global Health urges EU Member States to take the following issues into serious consideration for the Council Conclusions on the Global Health Communication and the “April Package” that will be adopted at the Foreign Affairs Council in May:

- First and foremost, the EU Member States must deliver their promised financing for development cooperation (0.7% of GNI). In order to reach the health MDGs, 0.1% of EU donors GNI should be allocated to support developing countries to address the health needs of their populations as recommended by the WHO's Commission on Macro Economics and Health. We therefore urge you to establish a benchmark performance target for EU health ODA at 0.1% of GNI.
- Achieving universal coverage of health services will require additional funding. Implementing a currency transaction levy for health as a demonstration of EU commitment and leadership to secure a global financial transaction tax could raise much of the additional money needed for achieving the health MDGs.
- The health MDGs are inextricably linked and interdependent and must be jointly addressed. Malaria is responsible for one in five children dying in Africa, and HIV/AIDS is the main cause of morbidity and mortality among women of reproductive age globally.
- Of all the health MDGs, improving maternal health is the most off-track. The lifetime risk of dying during pregnancy and childbirth in Africa today is as high as one in 22, compared to only one in 7,300 in rich countries. The Council Conclusions should stress that in order to achieve MDG 5 it is vital that ill health during pregnancy, maternal disability and mortality, and the increased vulnerability to disease amongst women of reproductive age are all addressed. Increased access to family planning should also be promoted.





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- EU commitments on achieving universal access to HIV prevention, treatment, care and support, universal access to sexual and reproductive health services and supplies and malaria prevention and treatment need to be reiterated in the Council Conclusions as these are currently not included in the Communication. The 2010 target for achieving universal access to HIV services has been clearly missed: only one half of the 9.5 million people in need of treatment were receiving it in 2008. And the pandemic is outpacing prevention efforts: for every two people who receive antiretroviral treatment for HIV, another five become infected.
- The EU and its Member States must provide the support necessary to allow the abolition of user fees and the provision of health care free at the point of use in developing countries, which would especially benefit the poorest and most marginalised population groups, including women and children. As a first step, the EU should politically and financially support developing countries that have decided to provide health care free at the point of use for their populations within their national health plans.
- In order to address the shortage of health workers in developing countries, the EU and its Member States must dedicate sustainable and sufficient funding to develop the human resources for health and to retain them in developing countries and guarantee that 25% of health ODA is targeted to the training and salaries of health workers, as recommended by WHO. The Council Conclusions should stress the need to take forward the development and implementation of the EU Code of Conduct for ethical recruitment of health workers, drawing upon Member States' existing best practices and the WHO Code of Conduct, in order to address the demand side of brain drain as a fundamental part of coherent policy on global health.
- The Council should also emphasize the need to adequately support, train and remunerate community health workers and to recognize the essential role community health workers play in mobilizing people to access health services, in particular marginalized and difficult to reach populations, and in providing health services in the absence of or in partnership with public health services.
- Finally, the EU and its Member States should commit to providing political and financial support to enable civil society to play its critical role in holding donors and governments accountable for delivering health care services that will achieve concrete progress towards all of the health MDGs; ensuring the engagement of civil society in the development of national health policies and strategies; and supporting civil society engagement in the International Health Partnership and Related Initiatives (IHP+) processes, including joint assessments of national strategies and the establishment of a health systems strengthening financing platform.

Time is running out. It is essential that the EU and its Member States honour their commitments to support developing countries in strengthening their health systems and to ensure equitable access to healthcare for all and that strong and comprehensive Council Conclusions are adopted that reflect the EU's political will to make this happen.

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