

Response to the draft Global Action Plan for Healthy Lives and Well-Being for All
Strengthening collaboration among multilateral health organizations to accelerate country progress on the health-related Sustainable Development Goals (SDGs)

General comments on the Global Action Plan

EuroHealthNet welcomes the [draft Global Action Plan for Healthy Lives and Well-Being for All](#), which, overall, is a good overview of strategic approaches to strengthening collaboration among multilateral health organisations to accelerate country progress on the health-related SDGs throughout several ‘accelerator’ areas identified. It offers an accurate description of both the needs and challenges of advancing the joint commitment to work together to identify and tackle key barriers and seize new opportunities in health, adopt new ways of working, build on existing successful collaborations, and jointly align their support around countries’ national plans and strategies to help achieve SDG3 and related health and development goals.

Our response is very much in line with our REJUVENATE Framework for Action to achieve the Agenda2030¹, where we emphasise on promoting health in a rapidly changing world, integrated and sustainable policy making, building and applying new knowledge, and reorienting health systems. All mechanisms should champion the importance of strengthening health promotion, preventative services and public health. We need to transform struggling curative services into health promoting health systems, which are proactive to emerging challenges and resilient to shocks and crises.

With this in mind, we welcome priority-setting exercise by 12 signatory agencies² that culminated in putting forward the following accelerator areas: (1) sustainable financing; (2) primary health care; (3) community and civil society engagement; (4) determinants of health; (5) research, development, innovation and access; (6) data and digital health; (7) innovative programming in fragile and vulnerable states and for disease outbreak responses. Notably, we make a comment accelerated progress and boosted collaboration on the sustainable and equitable achievement of the health-related SDGs is also highly relevant for the Member States of the European Region, the EU ones including. Gains in life expectancy has started to falter, with persisting and growing health inequalities within and between European countries. It is our understanding that equity is mainstreamed throughout the areas. However, with no explicit focus on unequal distribution of health and social outcomes there is a risk of it slipping further down the agenda. In the context of rapidly-changing environments for health systems and delivery of care, financing and governance for health, this Action Plan can serve as a means of promoting equitable, affordable, and universal access to health, as well as fairer opportunities and wellbeing outcomes for all. For these reasons precisely, we would recommend an area dedicated to health equity.

If implemented in accordance with its vision, it can better address the needs of groups that are

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<https://eurohealthnet.eu/sites/eurohealthnet.eu/files/publications/EuroHealthNet%20Health%20Promotion%20Statement%20-%20Short.pdf>

² 12 signatory agencies to the Global Action Plan for Healthy Lives and Well-Being for All: GAVI – the Vaccine Alliance; Global Financing Facility; Global Fund to Fight AIDS, TB and Malaria; Joint United Nations Programme on HIV/AIDS (UNAIDS); United Nations Development Programme (UNDP); United Nations Population Fund (UNFPA); United Nations Children’s Fund (UNICEF); UN Women; Unitaid; World Bank Group; World Food Programme (WFP), and the World Health Organization (WHO).

vulnerable in the context of socially unjust disparities in money, power and resources, namely related to demographic change and socio-economic gradients.

Comments on the accelerator discussion papers

While EuroHealthNet supports strategic approaches and forward-thinking set out throughout the accelerator discussion documents, we believe that important equity-related issues should be addressed and further strengthened in the final Global Action Plan for Healthy Lives and Well-Being for All.

1. **Sustainable Financing**: the draft document states that one of the most effective ways to reach the SDG3 targets is to rapidly improve the generation, allocation, and use of public and ‘pooled’ funds for health. Continuing with business, as usual, will not achieve universal health coverage (UHC) or the broader set of SDG3 and related targets. Beyond seeking to increase domestic public and private spending on health, reducing out-of-pocket expenditures, inefficient and inequitable health spending, support to implementation of equity-proofed, pro-health economic and fiscal policies, preventative approaches and health-enhancing, integrated services should be accounted for. Joint funding mechanisms to leverage additional external funding for health and increased deployment of innovative funding approaches can be a good point of departure (e.g. social and/or health impact/outcome bonds). We note with interest suggestions to compile and work from a common set of data, as well as mapping the human capital index and Human Capital Investment Plans to SDG3 indicators, expansion of social health insurance. Health and social equity should be central to this.
2. **Primary Health Care**: the draft document notes that health systems anchored in primary health care (PHC) are associated with better health outcomes, improved equity and better cost efficiency. Despite this recognition, however, PHC remains inadequately translated into the policies, actions and services required to generate optimal health and wellbeing, particularly for those most in need. This includes some European countries. We would prioritise multisectoral action that systematically addresses social, economic, environmental and commercial determinants of health (incl. through impact assessments and set of common indicators) through evidence-informed public policies and actions. Integrated systems and service delivery addressing people’s health needs throughout the life course and social gradients are essential. This ensures countries competence and ownership while supported by international and European processes and funds. EU SDGs and health equity/access to health monitoring would be important to be looked into. Empowering communities and regions to take actions in this regard should be on the radar of cohesion and regional funds. Last but not least, adequate human resources and health workforce should be supported, including through raising awareness of health professionals in addressing inequalities in health.
3. **Community and Civil Society Engagement**: adequate, appropriate and effective capacity building of health professionals, public health experts at national, regional and local levels in the field of health equity, health promotion and disease prevention through cross-sector collaboration should be better prioritized. Since many of policies, including ones in health and related fields are organized, managed and delivered through decentralized systems, it will be even more crucial to invest in capacity of its workforce to communicate and collaborate across the expertise.

4. **Determinants of Health**: the draft document emphasizes that in order to accelerate progress on SDG3 and related SDGs requires unified efforts to address the determinants of health and the health inequities or disparities such determinants perpetuate. WHO Commission on the Social Determinants of Health and the Rio Political Declaration on Social Determinants of Health have been instrumental to put the health determinants on the agenda but strong and sustained progress in addressing them has to date been insufficient. While we are getting better now in knowing what works, the scope of the determinants of health agenda, lack of political will, insufficient resources and capacity have so far slowed the progress. We welcome the inclusion of such determinants of health as environmental (where we would recommend replacing 'climate change' with 'climate emergency/crisis'), commercial and fiscal (while recognising that many private sector actors are or can significantly support efforts to positively advance health and sustainable development broadly), and structural (which should include political determinants). The latter should once more reiterate commitment to poverty eradication, social justice and social protection. Role of taxation of health-harming products, macro-economic determinants (austerity), protection from ill-health/disability-induced financial hardship, and financing for prevention are indeed important to deal with here.
5. **Research and Development, Innovation and Access**: promoting needs-driven research, while focusing on better transferability and scaling of good and promising evidence-based innovations (including social) can accelerate and improve the health response at global, regional and local levels. We note with interest that innovation was considered to have a broad scope, going beyond just biomedical products, to also include interventions in the social sciences, service delivery and other related areas. Ensuring sustainable and affordable access and equity should be core driving principles at each stage of research process to enable early access to innovations by those who need them. We are curious about an idea to develop a Global Good Practice for Innovation in Health since our focus on innovative financing for health in a European context. Exchange between European and other regions could accelerate learning and enable leapfrogging in some cases, while acknowledging each country and region unique context.
6. **Data and Digital Health**: In the context of large and persistent health inequalities between and within countries, digital health and improved data capacity should serve as a means of closing the health gap by improving equity, affordability and accessibility of health(-enhancing) services and practice. Digital health is changing the way health systems are run, how health and care are co-created and delivered across populations. As with any other paradigm in the health field, it should not leave considerations of inequalities unchecked. Ensuring for fair distribution of opportunities, health and social wellbeing outcomes across social gradients should be put central to design and implementation of new digital health strategies. It should be reflected as such in this Action Plan. Indeed, risks associated with exacerbating health inequalities are not highlighted enough. While digital health can improve sustainability and quality of health systems, it also can generate health inequalities. Digital health can benefit individuals only if they are in a position to access it, afford it, and comprehend and utilise the knowledge gained properly (*health and digital health literacy* factor). Given the pace and extent of digital innovation in and transformation of the health sector (and society at-large), digital health literacy is a critical element of any digital health strategy. This is not only crucial for users but also for health professionals, who often struggle to keep up with the fast-paced development of digital technologies. Exclusion can reduce or nullify the benefits of digital health on health systems due to its potential negative impact on vulnerable groups, namely older people and low socio-



economic populations. Last but not least, this accelerator paper should be aligned with the WHO Global Strategy on Digital Health.

7. [Innovative Programming in Fragile and Vulnerable Settings and for Disease Outbreak Responses](#): we have nothing to add as it extends beyond scope of our work.

Please submit your response by **23:59 CET, Sunday, 30 June 2019** to SDG3_Secretariat@who.int

In the subject line of your email response, include the title of either (a) the accelerator discussion paper(s) on which you are submitting comments, and/or (b) general comments.