

# EuroHealthNet's response to the consultation on the Global Health Resilience Initiative (GHRI)

EuroHealthNet, the European partnership for health, equity, and wellbeing, welcomes the Commission's initiative to develop a Global Health Resilience Initiative (GHRI) and the opportunity it creates to strengthen prevention-oriented, equitable and climate-resilient approaches to global health system strengthening.

To achieve this ambition, the initiative should

1. place health equity and the social determinants of health at its core,
2. recognise climate change as a cross-cutting driver of health risk,
3. promote European social and community-based innovations alongside biomedical expertise, and
4. ensure strong multilateral cooperation with the WHO within a coherent EU policy framework.

By aligning its internal and external policies around these priorities, the EU can position the GHRI as a credible and forward-looking contribution to a more resilient global health architecture.

Below are our key priorities and recommendations:

## 1. Embed health equity and social determinants as structural foundations of resilience

The GHRI's problem definition rightly identifies fragile health systems and underinvestment as core challenges. EuroHealthNet adds a structural cause beneath all of these: persistent health inequalities make populations less able to prevent, absorb, and recover from crises. The COVID-19 pandemic demonstrated this unequivocally. Communities experiencing poverty, precarious work, overcrowded housing, or discrimination suffered disproportionate mortality regardless of their health system's technical capacity. EuroHealthNet's report on Social Inequalities in Health in the EU shows these inequalities are systemic, persistent, and deepening in the EU.<sup>1</sup>

The WHO World report on social determinants of health equity also confirms that where people are born, grow, live, work and age significantly shapes their health outcomes and

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<sup>1</sup> [Social inequalities in health in the EU: Are countries closing the health gap? EuroHealthNet & Centre for Health Equity Analytics \(CHAIN\), 2025.](#)

resilience to crises, with life expectancy differing by as much as 33 years between countries and by decades within countries depending on social group and place of residence.<sup>2</sup>

We therefore urge the GHRI to treat health equity not as an add-on but as the organising logic of resilience. This means:

- Prioritising universal access to primary care, mental health services, social protection, and preventive health measures as 'everyday countermeasures' that reduce vulnerability before crises strike.
- Embedding a health equity lens across all GHRI priority areas.
- Ensuring that the GHRI's country-level health system strengthening efforts explicitly address the populations most at risk, including those in fragile and conflict-affected settings, forcibly displaced persons, and marginalised communities.

## 2. Recognise climate action as health action

Climate change is not named in the GHRI's five priority areas. EuroHealthNet urges the Commission to treat it as cross-cutting across all five because climate change is simultaneously a health security issue, a health system resilience issue, and a supply chain issue. It is one of the fastest-growing systemic threats to health system resilience.

The 2025 Lancet Countdown on Health and Climate Change, the most comprehensive assessment of health and climate change, finds 12 of 20 key health threat indicators at record levels. Heat-related deaths have risen 63% since the 1990s. Dengue transmission potential is up 49% since the 1950s. Heatwaves and droughts in 2023 pushed 123.7 million additional people into food insecurity globally. Wildfire smoke caused 154,000 deaths in 2024.<sup>3</sup>

Europe is facing the consequences to a great extent. The Copernicus/WMO European State of the Climate 2024 confirms that Europe is the fastest-warming continent on Earth, warming at twice the global average rate.<sup>4</sup> The 2025 Lancet Countdown Europe documents heat-related deaths rising in 94% of 823 European regions monitored: the 2022 European summer caused over 60,000 premature deaths. Climate suitability for dengue, West Nile virus, Vibrio, and tick-borne diseases is expanding across European territory. Nearly 12 million additional Europeans experienced food insecurity in 2021 due to heat and drought. These impacts fall hardest on women, low-income households, migrants, and the elderly,

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<sup>2</sup> [World report on social determinants of health equity, World Health Organization, 2025.](#)

<sup>3</sup> [The 2025 report of the Lancet Countdown on health and climate change: climate change action offers a lifeline, The Lancet, 2025.](#)

<sup>4</sup> [European State of the Climate – Report 2024, World Meteorological Organization \(WMO\); Programme of the European Union; Copernicus Climate Change Service \(C3S\); European Centre for Medium-Range Weather Forecasts \(ECMWF\), 2025.](#)

compounding existing health inequalities.<sup>5</sup> Therefore, investing in global climate-health resilience through the GHRI is also an investment in Europe's own health security.

EuroHealthNet calls for:

- Developing and adopting an EU Strategy on Climate and Health that coordinates Member States' climate actions through a health-equity lens and embeds climate-health priorities across all policies, including trade, agriculture, and development cooperation.

EuroHealthNet has consistently called for a dedicated EU Strategy on Climate and Health, a demand reaffirmed at our 2025 Annual Seminar.<sup>6</sup>

- Integrate climate resilience explicitly into all five GHRI priority areas. Climate is not one pillar; it is a cross-cutting multiplier of risk across health systems, supply chains, health security, misinformation, and the global architecture.
- Ensuring that climate adaptation and mitigation funding, including through the Global Gateway, explicitly accounts for health co-benefits and is designed with equity in mind.
- The Global Gateway could support implementation of emerging international climate-health initiatives such as the Belém Health Action Plan,<sup>7</sup> which focuses specifically on strengthening health sector adaptation to climate change.

### 3. Promote European innovations for resilient systems and communities

The GHRI rightly identifies the EU's public health model as a key export. EuroHealthNet urges the Commission to interpret this broadly: beyond biomedical excellence to include the social and community-based innovations that make European health systems distinctive. The GHRI presents an opportunity to position these approaches as scalable models for global health resilience.

EuroHealthNet recommends that the GHRI explicitly promote:

- **Wellbeing Economy:** the principle that health and planetary wellbeing, not GDP, should be the measure of a society's success. As documented in EuroHealthNet's Policy Précis on the Economy of Wellbeing<sup>8</sup>, systems that measure success in GDP terms alone systematically underinvest in the social, environmental, and community conditions that make populations resilient. This framework is also the

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<sup>5</sup> [The 2024 Europe report of the Lancet Countdown on health and climate change: unprecedented warming demands unprecedented action, The Lancet Public Health, 2024.](#)

<sup>6</sup> [An urgent call for an EU Strategy on Climate and Health, EuroHealthNet, 2025.](#)

<sup>7</sup> [The Belém Health Action Plan, COP30 Brasil Amazonia, 2025.](#)

<sup>8</sup> [An Economy for Wellbeing for health equity, EuroHealthNet, 2023.](#)

natural link between climate action and health: economies that price in planetary wellbeing invest in the conditions that reduce both climate vulnerability and health inequalities simultaneously.

- **Social prescribing:** Social prescribing connects people to non-clinical community support groups, nature activities, arts, volunteering through a link worker. It reduces pressure on overstretched health systems, addresses social determinants that clinical care cannot reach, and builds the trust and social capital that make populations resilient before crises hit. Communities embedded in reciprocal social networks are healthier, more resistant to misinformation, and more able to absorb shocks.<sup>9</sup>
- **Health promoting schools:** Every €1 invested in health promotion in schools returns €14, with comprehensive programmes showing an 824% return through avoided healthcare costs. Schools are the most consistent institutional touchpoint in fragile contexts where health systems are weakest. They are a critical entry point for health literacy, NCD prevention, vaccine confidence, and the critical thinking needed to navigate health information environments.<sup>10</sup>
- **Social participation:** Institutionalising meaningful engagement and co-developing policies with communities ensures policies reflect real needs, gain endorsement and trust, and are sustainable long-term. Low institutional trust directly undermines public health response capacity, including vaccine uptake, compliance with protective measures, and engagement with health services. This problem is especially acute among marginalised communities that already feel excluded from decision-making. EuroHealthNet's policy précis maps out key EU tools and frameworks that can help implement social participation in practice for achieving health equity.<sup>11</sup>

#### 4. Strengthen vaccine equity as a cornerstone of resilient health systems

Equitable access to vaccination is one of the clearest and most cost-effective indicators of health system resilience. Persistent immunisation gaps across underserved populations demonstrate that resilience depends not only on the availability of vaccines but on the capacity of health systems to reach all communities effectively and sustainably.

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<sup>9</sup> [Social, green, and arts prescriptions for health: harnessing the power of community for well-being, Eurohealth, 2025.](#)

<sup>10</sup> [Why invest in health promoting schools? Schools4Health, 2025.](#)

<sup>11</sup> [Promoting health equity through social participation and citizen engagement, EuroHealthNet, 2024.](#)

Evidence from the Horizon Europe RIVER-EU project<sup>12</sup> shows that lower vaccination uptake among underserved populations across Europe is rarely primarily driven by hesitancy alone, but instead reflects structural barriers within service delivery, governance, outreach systems, workforce capacity, and access pathways. Addressing these barriers strengthens routine immunisation systems while simultaneously improving preparedness for future health emergencies.<sup>13</sup>

The forthcoming RIVER-EU Guideline and Action Framework<sup>14</sup> provides operational recommendations to help identify underserved populations, strengthen community engagement, improve access pathways, and embed equity within immunisation delivery systems. These approaches directly support several GHRI priorities, including strengthening health systems, enhancing health security, and fighting mis- and dis- information.

WHO guidance on community mapping in health emergencies further confirms that identifying underserved groups and engaging communities as partners improves preparedness, strengthens trust, and increases the effectiveness and sustainability of health interventions across the emergency cycle.<sup>15</sup>

EuroHealthNet therefore encourages the European Commission to position vaccine equity as a structural component of global health resilience by:

- Supporting partner countries to identify and address systemic barriers to immunisation access, particularly among underserved populations
- Embedding community engagement and participatory approaches into vaccination system strengthening efforts
- Promoting cross-sector coordination beyond health services to improve access pathways
- Aligning GHRI implementation with the objectives of the European Immunization Agenda 2030
- Supporting the uptake of transferable operational tools, such as the forthcoming RIVER-EU Guideline and Action Framework

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<sup>12</sup> <https://river-eu.org/>

<sup>13</sup> [Why are Europe's underserved still unprotected? A call to address structural barriers to immunisation, Lancet Primary Care, 2025.](#)

<sup>14</sup> <https://river-eu.org/>

<sup>15</sup> [Community mapping in health emergencies: strengthening preparedness, response and resilience, World Health Organization. Regional Office for Europe, 2026.](#)

## 5. Improve governance and policy coherence

EuroHealthNet supports the GHRI's objective of contributing to a more coordinated and less fragmented global health architecture. Strengthening resilience requires reinforcing multilateral cooperation while ensuring that global health investments support country ownership, universal health coverage and long-term system capacity rather than short-term vertical responses.

In this context, EuroHealthNet recommends:

- Ensuring alignment of the GHRI with the WHO's Second European Programme of Work and broader WHO-led efforts to strengthen global health governance.
- Using the EU's political leadership and financial instruments to strengthen the WHO's core mandate and sustainable resourcing, including support for implementation of the Pandemic Agreement and strengthened International Health Regulations.
- Avoiding disease-specific fragmentation in GHRI programming and prioritising integrated health system strengthening approaches that build cross-cutting preparedness, prevention and primary care capacities.
- Establishing structured and predictable channels for civil society participation, including organisations working on health equity and social determinants of health, in GHRI governance, implementation and monitoring. Meaningful participation strengthens trust, improves policy effectiveness and ensures that resilience strategies reflect the needs of populations most affected by crises.

Beyond institutional coordination, the credibility and effectiveness of the GHRI will depend on strong coherence between the EU's global health commitments and its wider internal and external policy frameworks. Policies affecting food systems, environmental protection, digital environments and commercial determinants of health shape health outcomes globally and therefore form part of the EU's global health footprint.

- Tie EU's global health vision to other EU policies with direct relevance to global health, including trade policy, environmental policy and food and agricultural policy.

EuroHealthNet is available to provide further input and expertise as the GHRI is developed. For further information, please contact [a.nejat@eurohealthnet.eu](mailto:a.nejat@eurohealthnet.eu).



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