



Overview of GHA Activities 2013-2014

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1) EU

Political outlook

Europe remains weak both economically and politically. Several EU member states experience another year of recession or minimal growth rates, which has led many countries to political crises. Moderated and traditional parties are losing votes in favour of new, populist movements from far-left and far-right, generally eurosceptics. Unemployment and social issues remain political priorities, to the detriment of the development agenda. The current EU multiannual budget (2014-2020), adopted earlier this year, reflects the current crisis with a reduction in the overall amount of the budget for the first time in history (almost 1 trillion euro for 7 years) and stagnation of its development envelope.

From a political perspective, 2014 is crucial with both the European Parliament (EP) and the European Commission (EC) legislatures coming to an end. Following the European Parliament elections in May 2014, eurosceptics and far-right parties gained significant ground, with both UK Independence Party and French National Front winning most seats in their respective countries. The three big centrist blocs all lost seats but still hold the majority in the European Parliament and agreed on putting forward Jean-Claude Juncker, the leader of the Christian Democrat European People's Party (EPP), the biggest European political party, as candidate President of the European Commission.

After a few weeks of negotiation and the risk of an inter-institutional fight between Council and Parliament, EU member states officially designated Juncker for the post of Commission's President. Currently, Juncker negotiates with member states over his team of Commissioners and will face the scrutiny of the EP later in September. The new Commission will start working on 1st November 2014.

The fact that one of the candidates put forward by European political parties was appointed President of the European Commission, shows an increased power of the European Parliament in the institutional game, which is a positive sign for democracy and the work of civil society.

Considering about 50 percent turnover in the EP and new EC, our advocacy work has been focusing on engaging candidates for both the European Parliament and the European Commission before the elections and in educating newly appointed decision-makers after the elections.

Tuberculosis

Goal

Our work on tuberculosis followed a two-pronged approach:

- Top-down: creating the political will among EU institutions and member states to ensure that the European Union becomes a regional and global leader on TB and MDR-TB and increase both its political and financial commitment to fight the epidemic.
- Bottom-up: Building the capacity of TB stakeholders in the WHO European region to advocate for stronger policies to respond to TB and MDR-TB in their countries through the TB Europe Coalition (www.tbcoalition.eu)



Key actions

In 2013, work at European level has mainly focused on the adoption of the Multiannual Financial Framework (MFF) and its components that could impact the fight against TB globally, especially resources for development aid and for Research and Developments of new medical tools. Quite significantly, the end of the year was marked by the increase of the EU institutions' contribution to the Global Fund (EUR 370 million for the period 2014-2016).

Thanks to the profile that GHA built in recent years, and especially as Coordinator of the TB Europe Coalition (now gathering over 200 members) we have been invited to attend several events and to take part to various regional initiatives in the field of TB. In particular, GHA continued to lead the work as Chair of the Regional Coordinating Committee on TB, a regional platform created by WHO Europe. GHA was the European civil society representative at the first meeting to update the European Centre for Diseases Control's Framework Action Plan on TB in Europe. On WTBD, GHA spoke as the civil society voice at the special event on MDR-TB in Europe organised by the European Voice, the most important EU affairs magazine.

Two successful advocacy trainings were held in Paris (on the side of the Union conference in October 2013) and in Kiev (in April 2014 – for which we received a GIZ grant) to strengthen the advocacy capacity of TB activists (33 in total) from the Eastern European and Central Asian region. Both trainings included follow-up activities and longer-term engagement to sustain the skills and competences acquired by the TB advocates. At the Union conference we also presented our 'Bridging the Gap' report, which examines the funding shortages for TB programmes in the EECA region.

Following on from the meeting in Kiev, we led a country visit with Ukrainian stakeholders. Another visit was carried in Skopje, Macedonia, where GHA facilitated the development of a sustainability action plan for TB and HIV programmes in the country.

Challenges ahead

A major challenge for our work on TB with the EU concerns the division of competences between the EU institutions and member states in the domain of health. The EU institutions do not have the power to address TB and MDR-TB in the territory of the EU, unless this is recognised as a serious cross-border health threat, which we believe it is. Such a recognition can only come from member states. For this reason, EU member states have been a key target of our recent work.

Another key challenge will be to developing the TB Europe Coalition further at a time when the Global Fund is gradually moving out of region. It will be important to support strong civil society in the region and to build stronger national political and financial commitment for TB.

Next steps

GHA has been engaging member states' Permanent Representations to build the political will needed for the new Commission to take forward our recommendations on MDR-TB and to coordinate a regional response. In particular, we have been focusing our advocacy work on Latvia, an EU high burden MDR country, which will hold the EU presidency in January-July 2015. The aim is having TB among the priorities presented by the Latvian Presidency and therefore in the EU agenda in order to create a new European commitment on the issue under the new European Commission's presidency.

Following the elections, we will work to engage new Members of the European Parliament as TB and global health champions. Most of this work will be carried out through a renewed EP Working Group on Innovation, Access to Medicines and Poverty-related Diseases, which will organise its first event of the new legislature in October. The event will be accompanied by a week-long exhibition of an interactive and original "parcours du patient" within the European Parliament.

GHA will also continue to work to strengthen the functioning of the TB Europe Coalition, which has dramatically developed in the last year. A concept note was developed and application for funding



is foreseen in the coming months. At the same time, country visits are foreseen to assist local actors in developing and implementing TB-related action plans.

Child health / Vaccines

Goal

GHA works to engage and mobilise EU civil society and decision-makers on child health/vaccines to build a strong force for EU policy advocacy in the context of the European elections 2014 and beyond. We aim in particular to have specific child health interventions embedded in key EU policies and to increase resources mobilized for GAVI Alliance, global health R&D, and child health.

Key actions

In view of the GAVI pre-replenishment meeting, which was organised in May 2014 in Brussels, GHA put emphasis on mobilising civil society organisations (CSOs) interested in immunisation at EU level and coordinate their advocacy activities and positions. As a result, the European Immunisation and Vaccines Advocacy Coalition (EIVAC) was re-established as an active civil society platform of major CSOs working on child health. The work of this informal coalition, led by GHA, has been instrumental to the development of the GAVI EU CSO ask, organizing events and activities in the run up to the pre-replenishment and ultimately securing the EC pledge.

In particular, a position paper "Improving Access to Immunisation: How the GAVI Alliance can make a difference" was developed. The paper not only calls on the European Commission and ACP group of states to support the GAVI Alliance but provides concrete recommendations on how to improve access to immunization, in particular with regard to the new GAVI strategy.

GHA was among the very few CSOs invited to the pre-replenishment meeting in Brussels to make a presentation of the ACTION donor scorecard. Thanks to CSO pressure among others, the EC made a multi-annual pledge of EURO 175 million over 5 years; thus more than doubling EU's previous contribution.

GHA has also closely monitored discussion on the post-2015 framework at EU level. GHA met embassies of various African countries and several EU member states to ensure that health and child health especially were included in the joint EU-ACP declaration on post 2015 published in June and in the EU position on the same issue, which will be finalised at the end of the year.

Challenges

Following the EU institutions' pledge to GAVI will be important to continue monitoring the realisation of the commitment and look for opportunities to further increase EU's contribution.

All over Europe there is an increase of the anti-vaccine movement. Some of the MEPs agrees with this position and could hamper efforts by CSOs in favour of immunisation. Also among ACPs members the lobbying practices of GAVI have sometimes been controversial.

While post-2015 is going to be a focus until the end of the year and in 2015, working on this issue at the EU level is sometimes challenging due to the fact that decisions are mainly taken somewhere else (capitals and UN level). To ensure results in this area, we will then continue to coordinate with the French office and with global partners.

Next steps

Work in the next months will focus on post-elections. We have identified and mapped new and old MEPs that we can target over the next months with child health advocacy messages and we will work to ensure that the new Commission is engaged in the fight against child mortality.

We also developed a Global Health 101 guide for newly elected MEPs that will be distributed in the coming months and a training for MEPs' assistants will be organised. The guide illustrates major EU global health policy processes and gives concrete recommendations on how MEPs can take action to promote global health during their new mandate.



The guide also includes a chapter on Global Health Programme for Action which will be drafted in the coming months under the new European Commission. In this respect, we will advocate for child health to be included in the programme.

Work has recently started on the development of a CONCORD Global Health Working Group which could guarantee better coordination among Brussels-based CSOs with an interest on working on a broad range of issues connected with global health.

Child health / Nutrition

Goal

Similarly to the work done on immunisation, GHA will continue to engage and mobilise EU civil society and decision-makers on nutrition to build a strong force for advocacy at the EU level. We will also advocate for having specific nutrition interventions embedded in key EU policies and for the translation of the EU nutrition commitments into the EU programming.

Key actions

During the ACP-EU Joint Parliamentary Assembly in Ethiopia in late November, GHA organised a field visit on child nutrition in Ethiopia with UNICEF. The visit showed MEPs and ACP national MPs the importance of nutrition as a crucial enabler of people's health and community development. GHA also advocated for the Social Affairs Committee of the JPA to draft a report on "Social and economic consequences of malnutrition in ACP countries". MEPs and ACP MPs adopted the proposal and are currently working on a draft on the basis of a background document proposed by GHA.

A toolkit on CSOs engagement to promote nutrition in EU external policies was prepared by GHA to help CSOs in developing countries understand the process of EU developing assistance and the opportunities to engage with the EU Delegations to prioritise nutrition during programming of EU development aid. The toolkit was widely distributed among Southern partners.

At Brussels-level, the enlargement of the scope of the informal European Immunisation and Vaccines Advocacy Coalition to include nutrition and child survival in general has allowed to maintain nutrition high in the agenda of civil society.

As a consequence of a letter written by GHA and signed by the broader coalition to European and African leaders, nutrition was highly featured in the declaration of the EU-Africa Summit and in the roadmap for cooperation adopted in that occasion. This was an important achievement of our work and a direct result of the advocacy work carried out around that key event, including by mobilising health champion Yvonne Chaka Chaka.

Challenges

The lack of transparency in the programming phase and the delays in its finalisation made difficult to know when was the best moment to interact with EC, Member States and the EP but thanks to our participation in key coalitions and relations with EU staff we were able to mitigate the risk and input when needed.

The adoption of an action plan of the Programme for Action on Nutrition that was initially foreseen for April 2014 risked to be delayed to 2015 which would have resulted in negative consequences for the implementation of EU commitments. Pressure was exerted, through working level meetings and a joint letter to EU leaders resulted in the Programme for Action to be adopted by the end of the year.

Next steps

Nutrition will remain a priority in our work during the second half of 2014, especially with regards to the follow up on the adoption of the EC Nutrition Action Plan and the post-2015 architecture.

GHA will work to make sure that the Action Plan is eventually adopted under the Italian Presidency and that Council Conclusions are also adopted on the issue, which will give the Action Plan a stronger weight.



Next steps will consist of maintaining political momentum for nutrition at the EU level to ensure implementation of the Action Plan and disbursement of funds for nutrition.

At a global level, GHA will push for a new resolution on harmonization between accountability frameworks for next WHA and work closely to ICN 2 to ensure that new commitments are embedded within existing frameworks.

2) France

Political outlook: An improved political context with a step back on financial commitment

Last June, the French Parliament voted a historical law on development and international solidarity. It was the first time in France that members of parliament could input on a development process beyond the vote of the ODA budget each year. Key orientations are now enshrined into the law but ideas not include financial outlooks. **At the global level France** has been one of the first countries to develop a position on the post MDGs in which health is strongly mainstreamed. It calls for reaching universal health coverage and achieving and going beyond current goals on maternal and child health and the fight against pandemics. **As for its quality of aid**, France has decided to join IATI standard to improve its -poor- transparency and accountability. This trend is also reflected in a renewed dialogue with civil society through a formal multistakeholder forum on development (Conseil National du développement et de la solidarité internationale) and similar platforms on sectorial policies (fight against pandemics, immunisation , nutrition) which provides spaces for consultations as well as intense debate.

Despite this enabling environment and improved political framework France keeps on decreasing its ODA budgets. The implementation of the policies mentioned above is deeply questioned. The law doesn't include financial outlooks. It looks more like a letter of intent than a multi-year strategic plan. Moreover, tourism and foreign trade are now in the "Foreign Affairs" portfolio. A trend towards an economic diplomacy is explicitly initiated; it would likely be at the expense of aid and human development.

Last but not least, innovative financing comes now to compensate budget cuts instead of bringing additional funds. And the government decided to expand the number of initiatives financed by the air tax levy and the French financial transaction tax. In other words, a smaller amount of new money is being shared by a growing number of beneficiaries.

Child health / Vaccines

Goal

The main goals for 2013/beginning 2014 were to increase political and financial support for immunization and to engage civil society for this cause, while facing challenges such as sharp cuts in ODA for health and relatively low involvement in child health of French NGOs.

Key Actions

We put child health and immunization high in the political agenda (MP delegations to Geneva and Niger, roundtables with MP working groups, a conference attended by the Ministry of Development, publication of GAVI scorecards).

Attributable to the participation of our MP champions in the debates on the 2014 financial bill and the first French law on development, child health has been prioritized.

GHA was recognized as one of the CSO experts on child health: presentation of analysis on health indicators, appointment in GAVI's and Muskoka's assessments steering committees, consultations



with the MoFA on the post-2015 agenda and within the multi-stakeholders platform on immunization.

As for civil society mobilization, GHA together with Alternative Santé built a proposal for a funded advocacy strategy for the francophone platform who was endorsed during the GAVI steering committee retreat in 2014 and is now under review at the GAVI Secretariat. The platform should be launched in November 2014 at the Francophone Summit in Dakar

Challenges ahead

We are concerned about the delivery of the French pledge to the GAVI Alliance (€100 million by 2015): even if France disbursed €25.5 million in 2013, €22 million are still not budgeted so far.

Three evaluations are currently being carried out on the French participation to the Muskoka initiative, to GAVI and on its ODA for health policies. The latter is realized under the auspices of overall “public expenditures rationalisation”. Multilateral contributions are likely to suffer the most important cuts i.e. France would not renew its commitment to GAVI for 2016-2020 and would even not respect its pledge for 2015. The Muskoka initiative is endangered as well.

Next Steps

We will organize a media delegation on child health to increase awareness on this matter, continue to follow French disbursement to GAVI and alert French leaders about it. With regards to the Muskoka and GAVI evaluations, GHA will continue to provide evidence of the effectiveness of ODA for child health. Additional actions will include joint francophone CSO letters, oral and written parliamentary questions.

Tuberculosis

Goal

In 2013, the Global Fund to Fight Aids, Tuberculosis and Malaria replenishment was undertaken, during which France maintained its current contribution (€360 million/year). 2014 is a critical year to ensure the delivery of this pledge in the next financial bills. Keeping France leadership in UNITAID and on innovative financing is also critical. We want to increase political awareness to the need of more and better TB R&D funding and TB in Europe

Key actions

Thanks to an MP trip in Benin, several MPs personally reached out to high level policy makers (Prime Minister, Presidency) to raise awareness on the replenishment issues. They all have a strategic position in development policies (ODA rapporteur, National Secretary on Health for the Socialist Party) and we can firmly rely on them to convey our messages.

We put TB R&D funding in the Senate agenda with the organization of a lunch attended by 10 MPs ahead of the Union Conference. For World TB Day we published an oped signed by more than 150 scientists (including Barré-Sinoussi- Nobel Prize) calling France out to TB reemergence and asking to develop a R&D roadmap with the EU.

Our advocacy strategy for innovative financing is to reiterate the principle of additionality and to increase the share of the French FTT going to development, including to the GF.

Challenges ahead

The main concern is the growing mistrust towards multilateral aid, which, according to officials, is not giving enough visibility to France. Because it is the biggest ODA for health expenditures, the GF is the first mechanisms targeted and France might not respect its pledge. We must ensure French disbursement to GF during the financial bill for 2015 because as this bill will set the budget for the next three years. Linked to the ongoing assessments of the French ODA for health, a risk is that the delivery of a pledge to one multilateral will be made at the expenses of other organizations. In other terms, in a constrain budget if the French contribution to GF is maintained, this could mean a decrease in UNITAID.



As TB and especially MDRTB are emerging again in Europe, it is an emergency for French to tackle the R&D issue and ensure that the EU collectively takes the responsibility in addressing TB in the region.

Lastly we will advocate for the fastest possible implementation of a strong European FTT to finance development (including the fight against pandemics).

Next steps

We will work on the basis of François Hollande's promise that he wouldn't decrease French disbursement to the GF during his mandate but in a context of budgetary restrictions, even Presidential personal commitment are not to be taken for granted. As for UNITAID contribution our strategy will rely on ensuring that France does not set back on a institutions it has created while also looking on how Unitaid could expand its donor bases with looking at the EU institutions as a potential new contributor

A MP delegation in Q4 will reinforce the support from parliamentarians.

Following strong commitments from our Minister of Health on TB, we will target her ministry to ensure prioritization of TB R&D and TB in Europe. This should lead to France supporting a TB summit on domestic funding in the EU as well as France willing to host the Vaccine TB partnership which the location is currently being discussed.

A European FTT is still being negotiated, but it might not be as high as expected due to some Member States resisting - we continue our advocacy for France to support a high part of the European FTT dedicated to development.

Child health / Nutrition

Goal

GHA aimed to build political support in France in order to establish nutrition as a political and financial priority. Key elements for achieving this were the creation of a momentum for nutrition to be recognized as a key issue in the new development agenda (post-MDG, SDGs) and within the French health development strategies as well as creating a string civil society movement on the matter.

Key Actions

In the course of the year, GHA created a loose nutrition coalition consisting of French CSOs. Through this, we were able to created a number of nutrition champions notably thanks to an MP field visit to Senegal, providing briefing documents, organising a roundtable in the National Assembly. Strong political support was mobilised ahead of Nutrition for Growth summit in June 2013 with over 30 MPs and 30 MEPs signing a call to action, although in the end France did not make any financial pledge. However the championing was critical during the negotiations of the law on development in early 2014 with MPs tabling specific amendments on nutrition

GHA also monitored the integration of nutrition in the initiative financed by the FTT to improve under-five children access to healthcare in Sahel and our participation in the evaluation on Fr contribution to Muskoka helped to show that nutrition while being stated as priority for France was not prioritised in MNCH funding

A lack of policy monitoring and accountability was discovered as currently the exact amount of ODA to nutrition remains unidentified. GHA is part of a working group to determine a baseline allocation for nutrition.

The loose coalition has been transformed in a official campaign called Generation Nutrition coordinated by ACF with 8 organisations. GHA is the lead on nutrition and health while others focused on sectors such as climate change, agriculture



Challenges ahead

Mobilising France to take leadership in making political and financial commitments to nutrition as well as a lack of an official baseline for nutrition funding are challenges, although the latter has been recognised by the French government.

Some decision-makers are still reluctant to include nutrition under the umbrella of health and not only food security. There is a long-term work of awareness and education to be done. This tendency is reflected at the global level with the lack of interest from France to work on WHA nutrition items and the predominance of the FAO focal points on WHO focal points in the settings of ICN+2.

Next steps

GHA plan to ensure an accurate French baseline on funding for nutrition-specific interventions. Building on our work of first half of 2014 (launch of the Generation Nutrition France coalition and vote of the law), we will strengthen the mobilisation of parliamentarians as well as building a stronger coalition with other CSOs in order to ensure that nutrition is integrated and set as a priority. This will take the form of a report in how to make France ODA sensitive to nutrition as well as focusing in the post-2015 agenda in which France has been advocating for nutrition alongside with food security and health.

3) Global outreach

In 2013 GHA expanded its international outreach and developed more deeply its work with southern partners.

We have been appointed members of the GAVI steering committee and northern alternate of the International Health Partnership (IHP) civil society contact group.

Our active participation in those 2 groups will aim at revitalizing key CSO voices and joint North-South advocacy at the global level

With regards to specific southern capacity building activities, GHA has been leading training sessions on engaging with the EU and the AU at ICASA in late 2013. Similar trainings on donor engagement at the country level will be organized during IAS in July 2014 expanding the scope of engaging with the World Bank as well.

As part of these efforts we also conducted an advocacy workshop on nutrition in Zambia with the ACTION director that led to the creation of a network of nutrition advocates with southern champions. This group was mobilised for advocacy activities towards the EU (joint letter, participation in consultation at country level etc).

Lastly, GHA has led the organisation of a 3-day workshop in Dakar on Universal Health Coverage with Action for Global Health gathering 40 CSO representatives from Africa, Asia, Latin America, Europe and the US. This led to a joint Declaration on the key principles that should be included in UHC discussions in the post 2015 agenda as well as at the country level.

In November 2014 the Francophone Summit of Heads of States will be held in Dakar. This event is the opportunity for us to launch the Francophone Platform on HSS and immunisation with the aim of having the support and participation of key francophone decision makers. We are looking at organising a 2-day advocacy training in December in Cambodia ahead of the IHP country teams meeting.

In terms of international conferences, GHA has led the coordination of advocacy activities from ACTION and AfGH for both UNGA (September 2013) and WHA (May 2014) during which we held side events, presented the positions of our networks as related to the two processes and developed relations with missions officials. We will work towards the same approach at the next UNGA and WHA.