

# New EU Global Health Strategy - Public Consultation

Fields marked with \* are mandatory.

## Introduction

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There have been major changes since the 2010 EU global health strategy, and so a review is now necessary.

In the past decade, we have understood, more than ever, **the many related factors affecting health** and the need to address them in a comprehensive, joined-up way. This would also enable the EU to better tackle health inequalities and fend off global threats, all based on its commitments to human rights and health equity.

Climate change and the destruction of natural habitats have increased the risk of animal viruses, which can cause pandemics. This brings the close links between the environment, animal and plant health, and human health sharply into focus (the 'One Health' approach).

There is also a better understanding of the complexity of gender's effect on health and of the link between lifestyle and nutrition; or between non-communicable diseases and mental health.

The **COVID-19 pandemic** has underlined the importance of effectively preparing for and reacting to emergencies. At the same time, it has slowed down or even reversed progress in meeting the international community's health goals set out in 2015 (the UN's Sustainable Development Goals). Most of all, it has been a call to reflect on how other EU policies, described below, can help fight global health threats.

- Health systems must be strengthened to withstand threats, and existing gaps in **international cooperation** must be closed to ensure the right to healthcare for everyone.
- A **new approach to pharmaceuticals and technologies** is necessary to ensure access for everyone to safe, high-quality, affordable and effective treatments, while boosting innovation to deal with neglected needs and diseases.
- **Digitalisation** is a powerful tool with huge potential to facilitate access to health and deal with global health needs. **Research** is an essential enabler as more powerful technologies become available.
- **Social protection, education and skills** are essential to make universal health coverage a reality and curb inequalities so that everyone has access to health services.

Finally, **the global landscape has changed** in the following two ways.

1. In a more geopolitical world, health has inevitably acquired a geopolitical dimension, linking with other policies such as trade or security. This confirms the need for a 'health in all policies' approach.
2. Many private and public players and initiatives have emerged, helping to tackle threats but making it more challenging to achieve an effective and coordinated approach.

As we advance our European Health Union, our international approach has been adapting to the fundamental changes outlined above. It is necessary now to set out **a strategy that builds on the experience from the last decade and provides guidelines** for the coming years in a complex environment. This will ensure, beyond pandemics, that the EU and its Member States can effectively improve the health of citizens, reduce health inequalities, protect against threats, and consolidate EU global leadership in health.

The new strategy should be considered together with the parallel communication on pandemic preparedness and response, which is also in preparation.

As confirmed by Eurobarometer surveys, **health is one of the topics for which EU citizens** see the greatest legitimacy for EU global action. This strategy should therefore reflect the views and concerns of the public and organisations concerned.

To provide guidelines for an updated global health strategy, this open consultation asks what policies and measures should the EU focus on and how this should be done. Each section starts with a summary of the current state of reflection in the Commission (which are not necessarily Commission positions).

Respondents can then comment on these reflections and complement them.

## About you

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### \* Language of my contribution

- Bulgarian
- Croatian
- Czech
- Danish
- Dutch
- English
- Estonian
- Finnish
- French
- German
- Greek
- Hungarian
- Irish
- Italian
- Latvian
- Lithuanian
- Maltese
- Polish
- Portuguese
- Romanian
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- Slovak
- Slovenian
- Spanish
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\* I am giving my contribution as

- Academic/research institution
- Business association
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- EU citizen
- Environmental organisation
- Non-EU citizen
- Non-governmental organisation (NGO)
- Public authority
- Trade union
- Other

If you selected 'Other' in the previous question, please specify below

- Professional health organisation
- Health professional
- Civil society organisation
- International organisation
- Governmental/multilateral organisation

\* First name

Rosa

\* Surname

Castro

\* Email (this won't be published)

rosa.castro@epha.org

\* Organisation name

*255 character(s) maximum*

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\* Organisation size

- Micro (1 to 9 employees)
- Small (10 to 49 employees)
- Medium (50 to 249 employees)
- Large (250 or more)

Organisation budget (please specify what percentage is of public funds if relevant)

Transparency register number

*255 character(s) maximum*

Check if your organisation is on the [transparency register](#). It's a voluntary database for organisations seeking to influence EU decision-making.

18941013532-08

\* Country of origin

Please add your country of origin, or that of your organisation.

*This list does not represent the official position of the European institutions with regard to the legal status or policy of the entities mentioned. It is a harmonisation of often divergent lists and practices.*

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- Bosnia and Herzegovina
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- Western Sahara
- Yemen
- Zambia

- Democratic Republic of the Congo
- Denmark
- Lesotho
- Liberia
- Saint Helena
- Ascension and Tristan da Cunha
- Saint Kitts and Nevis
- Saint Lucia
- Zimbabwe

\* My organisation is from/I work in (if different from country of origin)

- EU member state
- Europe region (non EU)
- Middle East
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The Commission will publish all contributions to this public consultation. You can choose whether you would prefer to have your details published or to remain anonymous when your contribution is published. **For the purpose of transparency, the type of respondent (for example, 'business association', 'consumer association', 'EU citizen') country of origin, organisation name and size, and its transparency register number, are always published. Your e-mail address will never be published.** Opt in to select the privacy option that best suits you. Privacy options default based on the type of respondent selected

### \* Contribution publication privacy settings

The Commission will publish the responses to this public consultation. You can choose whether you would like your details to be made public or to remain anonymous.

- Anonymous**  
Only organisation details are published: The type of respondent that you responded to this consultation as, the name of the organisation on whose behalf you reply as well as its transparency number, its size, its country of origin and your contribution will be published as received. Your name will not be published. Please do not include any personal data in the contribution itself if you want to remain anonymous.
- Public**  
Organisation details and respondent details are published: The type of

respondent that you responded to this consultation as, the name of the organisation on whose behalf you reply as well as its transparency number, its size, its country of origin and your contribution will be published. Your name will also be published.

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## Part 1. Stakeholder input

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The EU strategy should provide more structural and effective channels of dialogue with the public and stakeholders to ensure their views are fully considered and help adapt to a fast-changing environment. The annual Global Health Policy Forum (held on 21 June 2022 as part of the European Development Days) is an opportunity to collect input for this consultation and follow up the strategy's implementation after it has been adopted.

### 1. What are your ideas to improve stakeholder input and their channels to follow up the strategy's implementation?

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The Strategy represents a unique opportunity for stakeholders to discuss issues at the intersection of health, development aid, digital, environment, trade, and research policies. This is essential to build coherence in the EU's development agenda and to foster collaboration across DGs and between the EC and stakeholders. Structural and effective channels of dialogue with stakeholders are key and could be strengthened by:

- Regular meetings with stakeholders, relying on existing networks (e.g., EUHPP)
- Strategy for engagement with CSOs and organizations representing people with lived experience, and enabling CSOs space
- Funding of CSOs (Operational Grants, OPGs)
- Organization of (thematic) working groups and possibility for stakeholders to provide input
- Dedicated online space for stakeholders' involvement
- Developing campaigns to increase participation
- Diverse public consultation
- National Focal points to coordinate stakeholders within the implementation of the strategy

## Part 2. Defining priorities

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Considering the diverse issues outlined above, the EU global health strategy must identify a manageable number of key priorities. The priorities described below are interconnected at times, reflecting the complex nature of the issues addressed. However, each priority deserves individual attention.

Beyond the importance of ensuring proper pandemic prevention, preparedness and emergency response, four priority areas appear key to structure our strategy.

- Effective and resilient health systems are essential to tackle health inequalities, being prepared for health threats and responding to them effectively. This requires investment in the health workforce, community health systems, inclusive and quality services, and public health capacities. Effective and resilient health systems also need to leverage digitalisation and give timely access to affordable and

innovative pharmaceuticals and other medical countermeasures.

Countries are generally more resilient to health threats when the overall population is in good health.

This means stepping up efforts to achieve the health-related UN Sustainable Development Goals.

Universal health coverage is a critical objective in this regard.

- A multi-sectoral, evidence-based 'One Health' approach is essential to mitigate the main risks from interactions between humans, animals and the environment, including the threat of antimicrobial resistance.
- Health issues have links with and are affected by many other policy areas. This means health has to be part of those policies (e.g. trade, global supply chain resilience, strategic autonomy) that are essential in helping achieve health policy objectives. The EU should map all single market and external tools that could be activated to help meet its global health goals and set out the conditions for their use.

For a definition of health systems, see [WHO/Europe | Health systems](#).

For Sustainable Development Goals see [Sustainable Development Goals \(SDG 3\) | United Nations Western Europe \(unric.org\)](#).

## 2. What priority should be given to the areas described above?

|   | Low                   | Medium                           | High                             |
|---|-----------------------|----------------------------------|----------------------------------|
| Improve pandemic prevention, preparedness and response  | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            |
| Strengthen health systems   | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> |
| Accelerate progress in achieving the health-related UN Sustainable Development Goals, in particular universal health coverage         | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> |
| Apply the 'One Health' approach comprehensively   | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> |
| Ensure global health is part of all policies, including mapping and activating policies and tools that can contribute to health goals | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> |

## 3. Name five policies that have the most important impact on health goals in your view, and explain why.

*1000 character(s) maximum*

1. Address health inequalities and underlying causes with support for vulnerable groups. This includes addressing lobbying, marketing, and promotion of products detrimental to health to ensure private activities do not undermine global health priorities
2. Advance universal health coverage by bringing coherence to international agreements, removing laws restricting access (e.g., to undocumented persons), and investing in effective global mechanisms (e.g., Global Fund)
3. Promote healthy and sustainable food, environments, and agricultural and fisheries policies based on 'One Health'. Ensure sustainable food and nutrition security and invest in NCDs prevention while integrating community-based services and funding CSOs to reach and increase mental health literacy for everyone
4. Address climate change and environmental quality (air, water, soil) and ensure the sustainability and Green Deal impacts
5. Address challenges of the health workforce, workforce migration & brain drain

#### 4. What other priorities are more important than those described above? Why?

Which of the issues above should be de-prioritised as a result?

*1000 character(s) maximum*

The priorities above reinforce each other, and their combination should contribute to more resilient and fairer global health systems. Recent emergencies, such as the war in Ukraine and the COVID-19 pandemic have highlighted how people living with diseases (whether communicable or non-communicable) are at particularly high risk, requiring special attention in emergency planning and response. Ensuring continuity of care (prevention or treatment) in planning and responding to crises is crucial. These learnings emphasize the need for strengthening health systems, including by better integration of all health aspects. For instance, this should include integrating mental health next to NCDs, and integrating mental health in crisis preparedness and response, as well as assessing the impact on mental health of emergencies, policies, and services.

#### 5. What are the main obstacles to achieving these priorities? What measures need to be taken to overcome these obstacles?

*1000 character(s) maximum*

- Health inequalities—Address inequalities in the EU and globally
- Discrimination, stigma, laws and policies marginalizing populations and neglect populations —Promotion of social protection
- Pandemic and crisis preparedness and response gaps—Collaboration & better collection and sharing of disaggregated data to monitor impacts on population groups
- Power imbalances between industry and civil society— Improved stakeholder consultation, better transparency & accountability rules
- Lack of solidarity and collaboration —Strong institutional mechanisms
- Lack of transformation and investments in systemic approaches—Investments on health systems and prevention of NCDs and mental ill-health
- Lack of leadership, participatory and inclusive governance for health—Meaningful inclusion of civil society
- Lack of successful investment case for public health—Wellbeing agenda & closer engagement with all sectors
- Lack/weak communication between EU sectors —bottom up rather than top-down approach

### Part 3. Ensuring robust governance

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EU leadership has played a major role in fighting the COVID-19 pandemic in the EU and beyond, especially through the Team Europe approach. However, the EU's global impact can be boosted further, not least given its substantial financial contributions to global health. EU leadership should be strengthened in three ways, together with more effective communication.

The first way, which could have a big impact, is to lead by example and apply an effective and comprehensive health policy within our own borders. Showing we meet our own responsibilities is essential to be credible in our external action—where we ask partners to make significant efforts. There are areas where we could improve and boost its credibility. Examples include: (i) better measures against antimicrobial resistance; (ii) stepping up efforts to ensure universal access to safe, accessible, affordable and innovative pharmaceuticals and technologies to tackle infections and non-communicable diseases (including neglected diseases); (iii) an improved pandemic prevention, preparedness and response framework; and (iv) increasing digitalisation.

## 6. The importance of leading by example in each of these areas is...?

|   | Low                   | Medium                           | High                             |
|---|-----------------------|----------------------------------|----------------------------------|
| Universal access to health care                             | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> |
| Pandemic prevention, preparedness and response              | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            |
| Vaccination levels  | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> |
| Anti-microbial resistance                                   | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> |
| Safe, affordable, accessible and innovative pharmaceuticals | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> |
| Digitalisation  | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> |
| Following robust bioethics principles                       | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> |

## 7. In what other areas should the EU lead by example? Why? Give a maximum of three areas.

*500 character(s) maximum*

- Addressing health inequalities and advancing evidence and rights-based policies improving individual and public health outcomes
- Increasing coherence with all policies protecting and promoting health for everyone, and meaningfully engaging civil society and communities in the programmatic design, implementation and evaluation of policies to address complex global challenges ethically and efficiently
- Promoting global access to affordable medicines, vaccines and other medical tools

The second way to strengthen EU leadership is to improve coordination so as to speak with one voice— together with Member States, the European Parliament and stakeholders – at global, national and regional level.

## 8. How could this coordination be strengthened?

*1000 character(s) maximum*

- Bring more coherence to EU policies and implement the health in all policies principle, across all DGs' work and cross-sectorally
- Ensure the participation of the EU in international forums and initiatives, in coherence with the EU's internal policies and values
- Recognition of health as an investment rather than a cost and hence, increased focus on disease prevention and health promotion
- Meaningfully include civil society in these discussions to bring more coherence and representation of citizens and patients

The third way to strengthen EU leadership is by ensuring the appropriate and full participation of the EU in international forums and initiatives, including in decision-making. This builds on the EU's commitment to multilateralism.

9. Do you agree or disagree that the EU needs to fully participate in international forums and initiatives?

- Disagree
- Neutral
- Agree

10. How should the EU participate? In what forums and initiatives?

*1000 character(s) maximum*

The EU should contribute to improving existing initiatives that have demonstrated their efficiency, accountability, and capacity for implementation, such as the Global Fund, Gavi and UNITAID. EU's initiatives with impact on global health, including HERA, should recognize the value of international cooperation and the global nature of health threats, strengthening its international collaboration dimension. The negotiation of a pandemic treaty is an opportunity to ensure global equitable access to medical tools and design a better system based on solidarity uncoupled from commercial pressures and guided by the public health interest under an integrated "One Health" approach to be better prepared and respond to health threats.

Global health requires a strong multilateral approach. This approach must be further strengthened by making the WHO and global health initiatives more efficient, with effective governance and adequate financing, and ensuring full capacity for implementation. This includes a binding pandemic instrument and strengthened international health laws . An improved multilateral approach should ensure transparency, accountability, effectiveness—as well as enforceability of rules.

11. How can the EU support multilateralism with the WHO at its centre? (1000 characters maximum)

*1000 character(s) maximum*

The EU should contribute to strengthening a multilateral approach, including by making the WHO and global health initiatives more efficient, with effective governance and adequate financing, and ensuring capacity for implementation. Such improved multilateral approach should ensure the transparency, accountability, effectiveness, and enforceability of multilateral rules. The EU should increase its political and financial support to the WHO to enable it to fulfil its mandate, including strengthening its role as a normative leader.

To further support multilateral work, the new strategy should strengthen bilateral cooperation (with non-EU countries) and plurilateral cooperation (with groups of countries, including the G7, G20 and OECD, and develop strategic health partnerships with other regions in the world). This cooperation should be based on mutual responsibility and effectiveness. Cooperation with the US and the EU-African Union Summit of February 2022 have both laid the foundation for improved partnerships in health.

12. How can we best engage bilateral and plurilateral partners? Who are the key partners?

*1000 character(s) maximum*

The EU should take a leading role on global responsibility and enforce the commitments taken at the global level (this includes G20 commitments of the Rome Declaration made during the Global Health Summit of

May 2021).

While philanthropic organizations often fund priorities and lead the agendas, the EU and its Member States should take the leading role to ensure priorities reflect public needs.

Global philanthropic organisations take an increasing place in the dialogue on global health discussions, providing more funding than many countries do. A wide range of private and public players and global health initiatives have also emerged. The new strategy should ensure that EU and global efforts complement each other and avoid fragmentation and duplication.

### 13. How can we ensure efficiency and effectiveness when working with philanthropic organisations and other private and public players and initiatives?

*1000 character(s) maximum*

The EU should apply the lessons learned from COVID, especially in the collaborations with the private sector. The EU could have negotiated better conditions with the private sector, including by adding binding conditionalities to guarantee equitable access to medical products (including in LMICs). This is important as many medical tools (vaccines, etc.) were developed thanks to public investments. The EU should contribute to equitable access by ensuring that HERA treats the medical tools resulting from public investments as global public goods, and overall, by adopting a global rather than a EU-centric approach. It is also crucial that conflicts of interest are avoided with private players, especially in the context of multi-stakeholder collaborations.

## Part 4. Financing our strategy effectively and efficiently

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Considerable financing is clearly necessary to address health challenges and problems – an issue unto itself given the resource context in the EU and abroad. The EU should improve coordinating and monitoring its spending to ensure transparency, consistency, proportionality and effectiveness in delivering its health policy goals.

14. Do you agree or disagree that there should be a more comprehensive mapping of all actors and finance strands in the EU and its Member States to monitor financial efforts and results?

- Disagree
- Neutral
- Agree

15. Do you agree or disagree that there should be a mapping of all global health players and investments, their goals, results and other details, such as thematic or geographic goals?

- Disagree
- Neutral
- Agree

## 16. Please let us know what other suggestions you have to improve transparency, consistency, proportionality and effectiveness in delivering our health policy goals.

*1000 character(s) maximum*

- Mapping the impact of instruments, programmes, tools and initiatives with impact on global health with particular emphasis on community-based level programmes and those organized with the support of civil society.
- Assessing the impact of policies and services on mental health
- Ensuring the integration and consistency of EU policies with impact on global health.
- Meaningfully and systematically engage CSOs and provide support (including financial) to ensure a balanced participation of CSOs
- Supporting measures aiming at empowering individuals and communities to improve their health (including community-based services) through further financial support to NGOs delivering services on the ground.

## Part 5. Other comments and ideas

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### 17. Please share any other comments or ideas

*2000 character(s) maximum*

Inequalities in health, are caused by a complex mix of social, economic, environmental and commercial factors. Inequalities are unjust, costly for society, persistent, cross-generational, and exist at multiple levels (e.g., between countries, and within countries/cities). The EU should approach this in a truly cross-sectoral approach (across DGs, breaking silos, and with appropriate resource allocation), considering the determinants of health and drivers of health equity (as defined by the WHO): accountability, policy coherence, social participation, and empowerment, and shifting towards promoting health and wellbeing and preventing diseases by addressing their root causes and spurring investment for health promotion with a focus on health determinants.

About 84 million people across all EU countries experience mental ill health. Thus, we recommend increasing (mental) health literacy in the general population and among the healthcare workforce with further training for the healthcare workforce about the links between health (including mental health), and climate or other determinants.

Recent emergencies have highlighted how people living with communicable or non-communicable diseases (including ill-mental health) are at particularly high risk, requiring special attention in emergency planning and response. Continuity of care (prevention or treatment) in planning and responding to crisis and full integration of mental health in crisis preparedness and response should be ensured.

The EU can advance evidence and rights-based policies and practices that improve individual and public health outcomes (e.g., drug policies integrating a harm reduction approach). In advancing digitalization, the EU and MS should enhance the 'equalizing opportunities' digitalization brings and reduce the risks, especially for groups that already have fewer chances in life. While digital technologies offer huge potential, equity is key and cannot be left to chance or market forces.

### Contact

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