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#### COVER NOTE

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**REPORT FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT, THE  
COUNCIL, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE  
COMMITTEE OF THE REGIONS**

**on the implementation of the EU Global Health Strategy**

## EXECUTIVE SUMMARY

The EU global health strategy, adopted in November 2022, positions global health as a core pillar of EU external policy action and part of foreign policy, the external dimension of the European Health Union, and embedded in Global Gateway. Since the adoption of the strategy, the EU has made significant progress in strengthening global health. This report outlines key actions taken and progress made.

Efforts to improve global health have focused on critical priorities, including combating communicable diseases through significant financial contributions to initiatives such as the Global Fund, Gavi, the Vaccine Alliance, Pandemic Fund, and the Global Polio Eradication Initiative (GPEI). At the same time, the EU has maintained a strong commitment to addressing non-communicable diseases, including cancer and mental health, by supporting prevention and control programmes. In parallel, it has also provided assistance in humanitarian settings, and tackled climate and environmental health risks, although more climate and environment action would be beneficial to prevent health risks. Support has also been provided to sexual and reproductive health and rights (SRHR), including through a dedicated Team Europe initiative.

The EU has also made substantial strides in strengthening health systems and expanding universal health coverage (UHC) through initiatives such as the Lusaka Agenda, the World Health Organization (WHO) UHC Partnership and the Team Europe initiative on public health institutes in Africa. Additionally, digital health has seen notable advancements, particularly through the transition from the EU digital COVID certificate to the WHO's Global Digital Health Certification Network, as well as the Team Europe initiative on digital health for health systems strengthening and universal health coverage in Africa. The EU actively promotes globally high standards in pharmaceuticals and medical devices as well as local manufacturing through the revision of the pharmaceutical legislation, the Team Europe initiative on manufacturing and access to vaccines, medicines and health technologies in Africa (MAV+) and its participation in relevant multilateral forums. Furthermore, the EU supports workforce development and mobility through talent partnerships, the Team Europe initiative on opportunity driven vocational Training, and capacity-building efforts in higher education and research. The European and Developing Countries Clinical Trials Partnership (Global Health EDCTP3) supports global health research with Africa, with a significant focus on infectious diseases, including neglected, emerging, and re-emerging diseases.

Combating health threats is also one of the EU's main points of action. As a result, the EU has made major strides in improving preparedness and response to cross-border health threats, notably through the implementation of the Regulation on serious cross-border threats to health and the operation of the Health Emergency Preparedness and Response Authority since late 2021. This directly supports the goals of the EU global health strategy, as by enhancing its internal mechanisms for managing health crises, the EU also contributes to global efforts in preventing and mitigating the spread of health threats across borders. In addition, through its active engagement in the negotiations of the amendments to the International Health Regulations (2005) and of a new WHO Pandemic Agreement that successfully concluded in June 2024 and May 2025 respectively, the EU has tangibly contributed to crafting proactive global health governance. The EU is also strengthening global laboratory and surveillance capacities for preparedness. To improve the EU's preparedness and response to public health risks, the Commission is building strategic reserves of response capacities. While rescEU strategic stockpiling is meant mainly for the EU, it can be activated for worldwide delivery in case there is an EU interest. The EU has supported the roll-out of COVID-19 vaccines in low- and middle-income countries and contributed to the Pandemic Fund. In addition, the EU is actively tackling antimicrobial resistance as an urgent global health challenge through a collaborative One Health approach, exemplified by the Team Europe initiative on health security using a One Health approach in Africa. The Commission, in collaboration

with the European Medicines Agency (EMA) and the European Centre for Disease Prevention and Control (ECDC), maintains regulatory cooperation with non-EU countries. Furthermore, the EU ensures that trade policy supports global health and actively contributes to WTO efforts to develop effective responses to future pandemics.

To ensure a coordinated and integrated response to global health challenges, the Commission has adopted a 'health in all policies' approach to improve cross-sectoral collaboration. The Team Europe approach further strengthens coordination between the EU, its Member States and European financing institutions. Additionally, the Commission is intensifying coordination with Member States through a Joint Action to maximise the impact of the EU global health strategy.

Collaboration with international partners remains at the core of the EU's global health actions. The Commission and the High Representative / Vice-President has integrated health discussions into political dialogues between the EU and partner countries to foster international cooperation. The EU continues to work with the WHO as the cornerstone of the multilateral health system and engages with other international partners, such as the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), United Nations Environment Programme (UNEP) and the Organisation for Economic Co-operation and Development (OECD), while actively participating in multilateral forums like the G7 and the G20. Regionally, the EU has strengthened its partnership with Africa, Latin America and the Caribbean, and Asia-Pacific. At country level, the EU works with over 200 humanitarian partners, both non-governmental organisations and international organisations, to support access to healthcare and other services for those most in need. It has also provided support to the neighbourhood and for the EU enlargement process.

Ensuring the sustainability of these initiatives requires robust financial support. To this end, the EU has mobilised funding through several instruments. Between 2021 and 2027, EUR 5.4 billion in official development assistance has been committed through the Neighbourhood, Development and International Cooperation Instrument – Global Europe (NDICI-GE) to support health initiatives in partner countries. Horizon Europe has contributed nearly EUR 1 billion to health-related research and innovation. The EU4Health programme has allocated more than EUR 130 million between 2022 and 2024 to international partners. In humanitarian settings, EUR 745 million was directed specifically to health-related interventions between 2022 and 2025. Additional support has been provided through the Instrument for Pre-Accession Assistance (IPA), Technical Assistance and Information Exchange (TAIEX), and innovative funding tools such as the Human Development Accelerator with the European Investment Bank.

Monitoring and accountability are essential in assessing the progress of the EU global health strategy. The Commission is working to set up a comprehensive monitoring framework while continuing to foster dialogue with stakeholders to ensure transparency and continuous improvement. Engagement with civil society organisations remains a key element of these collaborative efforts and the Commission regularly holds dialogues with civil society organisations.

Looking ahead, the EU remains committed to implementing the global health strategy with the ongoing execution of key initiatives. This includes the scaling up of the Global Gateway, which aims to mobilise up to EUR 300 billion in public and private investments by 2027. In 2025, key initiatives have been or will be launched, such as the already-adopted preparedness Union strategy, the Union prevention, preparedness and response plan, stepping up work on preventive health, and a new strategy to support medical countermeasures against public health threats.

The Commission will continue to work with a broad range of stakeholders to implement the strategy effectively. At a time of geopolitical challenges and significant pressure on public budgets, the EU remains dedicated to strengthening the multilateral systems and fostering partnerships, making lasting progress in global health in line with its commitments and available resources. The Team Europe approach will continue to be instrumental in these efforts, ensuring a coordinated response that reaffirms the EU's leadership in global health governance and action.

## Introduction

The COVID-19 pandemic highlighted the interconnectedness of global health, underscoring that ‘no one is safe until everyone is safe’. It exposed vulnerabilities in health systems worldwide, emphasising the urgent need for stronger international cooperation and a holistic approach to health that transcends borders and sectors. The pandemic also underscored the geopolitical and economic dimensions of health, demonstrating that global health is not only an imperative from the perspectives of needs, rights, solidarity and equity, but also a fundamental enabler of security, stability, prosperity, and competitiveness.

In response to these challenges, the Commission adopted the EU global health strategy ‘Better health for all in a changing world’<sup>1</sup> in November 2022, marking a renewed and strengthened commitment to improving health worldwide leading up to 2030 and the UN Sustainable Development Goals.

The strategy positions global health as a core pillar of EU external policy action and part of foreign policy, the external dimension of the European Health Union, and embedded in the Global Gateway which has health as one of five key areas of partnership. It outlines a needs- and rights-based approach, emphasising equity, solidarity and human rights, while promoting stronger partnerships at bilateral, regional and global levels, and the ‘health in all policies’ and Team Europe approaches. The Council Conclusions<sup>2</sup>, adopted in January 2024, reaffirmed the leading role of the EU in advancing global health together with partners.

Five years after the start of the COVID-19 pandemic and two and a half years after the adoption of the strategy, this first progress report takes stock of its implementation. This report comes at a pivotal moment amid shifting international dynamics, where geopolitical challenges – including ongoing conflicts and shifts in the multilateral order – continue to shape the global health landscape.

At the same time, the political guidelines and priorities of the new Commission mandate – such as the preparedness Union strategy<sup>3</sup>, enlargement policy, and the new Competitiveness Compass<sup>4</sup> – further underscore the critical role of health in achieving a more resilient and prosperous Europe. The Draghi report<sup>5</sup> has stressed the economic case for investing in health, linking it to EU competitiveness, while the Niinistö report<sup>6</sup> emphasised the role of health in European and global security. These developments reinforce the EU’s commitment to ensuring that global health remains a central part of its geopolitical and economic agenda.

This report provides an overview of key achievements and challenges in the strategy’s implementation. The report is the outcome of a collaborative effort across Commission services and the European External Action Service, consistent with the ‘health in all’ policies approach set out in the strategy.<sup>7</sup> The report is structured according to the main sections of the strategy:

- Priority 1: Health and well-being (guiding principles 1-2)
- Priority 2: Health systems strengthening and universal health coverage (guiding principles 3-6)
- Priority 3: Health threats and preparedness (guiding principles 7-11)

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<sup>1</sup> European Commission, [EU Global Health Strategy](#)

<sup>2</sup> Council of the European Union, [EU Global Health Strategy: Council conclusions](#)

<sup>3</sup> European Commission, [EU Preparedness Union Strategy](#)

<sup>4</sup> European Commission, [A Competitiveness Compass for the EU](#)

<sup>5</sup> Draghi, M. [The Future of European Competitiveness](#)

<sup>6</sup> Niinistö, S. [Safer together: Strengthening Europe’s civilian and military preparedness and readiness](#)

<sup>7</sup> CLIMA, CNCT, EAC, ECHO, ECDC, EEAS, EMA, EMPL, ENEST, ENV, FPI, GROW, HERA, HOME, INTPA, MENA, SG, RTD, SANTE, TRADE

- Internal governance and coordination within the EU (guiding principles 12-13)
- External and multilateral governance (guiding principles 14-18)
- Financing and investment in global health (guiding principle 19)
- Monitoring and accountability (guiding principle 20)

## **1. Priority 1: Health and well-being (guiding principles 1-2)**

The EU global health strategy prioritises delivering better health and well-being across the life course by addressing root causes of ill health and improving equitable access to health services. To achieve this objective, the EU adopts a ‘health in all policies’ approach. As a transversal issue, health requires a comprehensive and integrated response, taking into account the economic, social, and environmental determinants of health. The EU global health strategy embraces this holistic approach by promoting coordinated action across multiple sectors. This approach ensures that health considerations are integrated into policy decisions across different areas, including climate, environment, energy, nutrition, food security, social protection, demography, education, research, humanitarian assistance, finance, trade, industrial policy, foreign and security policy.

### **1.1. The fight against communicable diseases**

Communicable diseases remain one of the leading global health challenges. The EU recognises that tackling these diseases requires a coordinated and sustained effort at the international level. Through collaboration with global partners such as the WHO and funding of relevant global health initiatives – such as the Global Fund, Gavi, the Vaccine Alliance, Pandemic Fund, and the Global Polio Eradication Initiative (GPEI) – the EU supports the prevention, treatment, and control of major infectious diseases in many partner countries.

Between 2021 to 2024, nearly 40 actions were launched under the EU4Health programme to combat communicable diseases through a comprehensive approach involving prevention, early detection, treatment, and long-term public health strategies. While primarily focusing on actions within the EU, these efforts will also help improve global health by strengthening regional preparedness and supporting knowledge sharing and cooperation with international partners.

#### *The Global Fund*

The EU has pledged EUR 715 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria for the 2023-2025 period, a 30% increase from its previous pledge. By 2024, more than EUR 610 million had been committed. By 2023, the Global Fund had contributed to saving 65 million lives. In 2023 alone, 25 million people living with HIV/AIDS received antiretroviral therapy, 7.1 million people with tuberculosis were treated and 227 million mosquito nets distributed.

The Global Fund has continued to increase its investment in building stronger health and community systems to support interventions to combat AIDS, tuberculosis and malaria and accelerate the path towards UHC. The Global Fund has also responded to other pandemics, e.g. through the creation of the COVID-19 Response Mechanism (C19RM), to which the EU contributed EUR 150 million. More recently, the Global Fund has approved additional funding to support the mpox response in countries like Burundi, Côte d’Ivoire, the Democratic Republic of Congo, Ghana, Liberia and Uganda.

#### *Gavi, the Vaccine Alliance*

The EU supports Gavi, the Vaccine Alliance, emphasising that investing in disease prevention including immunisation is the best approach in global health. The EU contributed EUR 300 million to the 2021-



2025 Gavi 5.0/5.1 strategy, an increase of 50% compared to the previous funding cycle. Furthermore, in line with the support expressed by the G7 and the G20 towards Gavi and its next replenishment <sup>8</sup>, the EU pledged an additional EUR 260 million in support of the 2026-2030 Gavi 6.0 strategy in September 2024. On 25 June 2025, the EU co-hosted, together with the Gates Foundation, the Gavi Global Summit: Health & Prosperity through Immunisation.

Since Gavi has been established, between 2000 and the end of 2023, it has helped vaccinate more than 1.1 billion children through routine immunization and reaches more than half of the world's children with Gavi supported vaccines. These efforts contributed to the prevention of more than 18.8 million future deaths. The return on investment is estimated to be USD 54 per USD 1 spent.

In December 2023 the Gavi Board approved the African Vaccine Manufacturing Accelerator (AVMA). AVMA is a new financing instrument to support the sustainable growth of Africa's vaccine manufacturing base. The instrument was designed by Gavi and Africa Centres for Disease Control and Prevention (Africa CDC) to ensure demand for locally produced vaccines. AVMA is an innovative financing mechanism that will subsidise the procurement of vaccines produced in Africa for the African market. The fund grew out of the COVAX Facility which ended in December 2023. The EU is one of the biggest supporters of AVMA with a pledge of EUR 220 million, while the EU and its Member States represent EUR 750 million out of a total USD 1.2 billion.

#### *Global Polio Eradication Initiative (GPEI)*

The GPEI has prevented over 20 million cases of polio, with a decrease of over 99.9% in cases since 1955. In 2022 more than 400 million children were vaccinated in more than 35 countries, using more than 1.2 billion doses of oral polio vaccine (OPV). In 2023 more than 320 million children were vaccinated multiple times in more than 30 countries, using more than 985 million doses of OPV. Finally, in 2024 more than 270 million children were vaccinated multiple times in 36 countries, using more than one billion doses of OPV.

However, polio-endemic countries, such as Afghanistan and Pakistan, where wild poliovirus cases exist, and several African countries that have seen outbreaks, continue to be affected by polio, despite successful eradication of new infections.

The EU contributes to the GPEI with up to EUR 300 million channelled through the European Investment Bank (EIB). The EU is working closely with the donor group to steer implementing partners towards eradication and integration with Gavi, the Vaccine Alliance. The goal to achieve polio eradication is set to the end of 2027 for wild poliovirus and the end of 2029 for circulating vaccine-derived type 2 variant poliovirus (cVDPV2).

### **1.2. Addressing non-communicable diseases**

While communicable diseases remain a priority, the EU is increasingly focused on addressing the growing burden of non-communicable diseases (NCDs), which have become the leading cause of death worldwide. Recognising the urgent need for action, the UN's 2030 Agenda for Sustainable Development has made combating NCDs a central priority under Sustainable Development Goal 3<sup>9</sup>. This has also been supported by the G7, which has recognised the importance of prevention, early detection and

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<sup>8</sup> G7, [G7 Health Ministers' Communiqué](#), Para 13, Ancona, October 10-11, 2024

<sup>9</sup> Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all at all ages. Specifically, Target 3.4 aims to reduce premature mortality from NCDs by one-third by 2030 through prevention, treatment, and the promotion of mental health and well-being



management of NCDs and mental health conditions taking a multi-sectoral and comprehensive approach, as well as the impact on health and life quality, and on societies and economies<sup>10</sup>. Similarly, in G20, NCDs and mental health featured in both the general health ministers declaration and the Health Ministerial Declaration on Climate Change, Health and Equity, and One Health<sup>11</sup>.

The EU's 'Healthier Together EU non-communicable diseases initiative'<sup>12</sup> provides the strategic framework to promote a comprehensive approach to tackling NCDs and related risk factors, such as use of tobacco. Under this framework, Member States are working together to address major public health challenges, such as cardiovascular diseases, diabetes and mental health. Member States are working together through joint actions<sup>13</sup> to improve health literacy, improve screening and care pathways for high-risk groups, enhance data systems and address social and health inequalities. Non-EU countries associated to the EU4Health programme may participate in these actions, as well as through other programmes.

In its broader efforts to combat NCDs, the Commission committed EUR 3.4 billion for the period 2024-2027, pledged during the 2025 Nutrition for Growth Summit<sup>14</sup>. The funding will support the treatment and prevention of acute and chronic malnutrition, improve access to healthy diets and, and promote the local production of nutritious crops, fruits and vegetables.

The EU also works closely with international organisations such as the WHO, the OECD, and UNICEF. The WHO Framework Convention on Tobacco Control and the 2025 UN High-Level Meeting on NCDs will be crucial opportunities to strengthen international cooperation and advance policy solutions to reduce NCD-related deaths.

### *Mental health*

Mental health has also emerged as a pressing global challenge, and the EU has adopted in 2023 a comprehensive approach to mental health<sup>15</sup> that has a mental-health-across-policies, prevention-oriented and multi-stakeholder approach. The Communication has 20 flagship initiatives whose implementation is ongoing or is already completed and has almost EUR 1.3 billion in funding opportunities. The Communication addresses key areas: promotion of good mental health, prevention and early intervention for mental health problems, targeted support to Member States to reinforce national mental health systems and improve access, collection and sharing of best and promising practices, training of health professionals, specific support to boost the mental health of children, young people and those most in need (such as people affected by humanitarian crises), psychosocial risks at work, and breaking through stigma.

The EU has launched several key initiatives to strengthen mental health support. A EUR 11 million project<sup>16</sup> with the WHO is providing tailored support through capacity building and policy dialogues to

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<sup>10</sup> G7, [G7 Health Ministers' Communiqué](#), Para 38, Ancona, October 10-11, 2024

<sup>11</sup> G20, [G20 Declaration of the Health Ministers](#) and [Health Ministerial Declaration on Climate Change](#), Rio de Janeiro, 2024

<sup>12</sup> European Commission, [Healthier together – EU non-communicable diseases initiative](#)

<sup>13</sup> The joint action JACARDI supports Member States in reducing the burden of cardiovascular health and diabetes, and the joint action PreventNCD supports Member States in developing and implementing policies on NCDs and health determinants.

<sup>14</sup> European Commission, [Team Europe pledges €6.5 billion at N4G Paris Summit to fight global malnutrition](#)

<sup>15</sup> In June 2023, the Commission adopted the Communication on a comprehensive approach to mental health, which has 20 flagship initiatives. The Commission has identified EUR 1.23 billion in funding opportunities from various EU support programmes.

<sup>16</sup> World Health Organization, [Partnering with the European Union \(EU\) to tackle mental health challenges](#)

help Member States improve their mental health systems. A survey on the mental health systems capacities of the participating 27 EU Member States, Norway and Iceland achieved a 100% participation rate and was used to produce 29 country profiles which enabled WHO to tailor the policy dialogues to the needs and contexts of the countries. The EU-PROMENS programme<sup>17</sup>, with a EUR 9 million investment, is supporting multidisciplinary training for health and social professionals. The programme aims to have around 2,000 professionals trained across the EU by 2026 and on average 100 exchanges per year.

The EU Best Practices Portal on Public Health<sup>18</sup> now includes an EU repository of 29 best practices in mental health, offering publicly available initiatives that can be replicated. UNICEF, with EUR 2 million funding, is developing a prevention toolkit for the mental and physical well-being of children and adolescents<sup>19</sup>. In parallel, the EU launched a support package on stigma, including an awareness-raising campaign, which was presented on World Mental Health Day in 2024. Moreover, the EU dedicates an average of EUR 26 million per year to provide mental health and psychosocial support<sup>20</sup> to build community resilience in humanitarian settings and support crisis-affected individuals cope with high levels of distress and trauma, including victims of gender-based violence. For example, the EU has been supporting the implementation of the mental health gap action programme training in primary healthcare centres in Syria and Nepal. It has also funded organisations such as World Vision, HIAS and Profamilia to provide life-saving health and protection assistance – including mental health and psychosocial support – to displaced populations at the Colombia-Venezuela border. In addition, the EU is strengthening the mental health and psychosocial support preparedness and response capacity of countries and communities through WHO's Build Better Before initiative<sup>21</sup>.

The EU has also funded a project in cooperation with the International Federation of Red Cross and Red Crescent Societies (IFRC) to provide mental health and psychosocial support for displaced people from Ukraine. The project has a total budget of EUR 31.2 million and is operating in 28 countries, including 25 EU Member States and European Economic Area countries and three neighbouring countries, since June 2022 to October 2025. The main objective of this action is to build capacity and capabilities for health and care professionals and to provide mental health and psychosocial support to displaced people coming from Ukraine. Thus far, over 30 000 professionals and volunteers have been trained to provide mental health and psychosocial support and nearly 500 000 people displaced from Ukraine have requested assistance via the established service platforms.

### *Cancer*

Among the NCDs, cancer remains one of the most pressing health challenges, with cases and fatalities continuing to rise. In response, the EU is committed to addressing this issue through targeted prevention, early detection, improved treatments, and support for patients and survivors, as also recognised by the G7.<sup>22</sup>

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<sup>17</sup> [European Programme for Mental health Exchanges, Networking and Skills](#)

<sup>18</sup> European Commission, [EU Best Practice Portal on Public Health](#)

<sup>19</sup> Unicef, [The European Commission and UNICEF announce a new partnership to improve health outcomes for children](#)

<sup>20</sup> European Commission, [Health - European Civil Protection and Humanitarian Aid Operations](#)

<sup>21</sup> Mental Health Innovation Network, [Building Better Before: Scaling up capacity for mental health and psychosocial support preparedness](#)

<sup>22</sup> G7, [G7 Health Ministers' Communiqué](#), Para 39, Ancona, October 10-11, 2024

Europe's beating cancer plan embodies this commitment, reinforcing efforts to reduce the burden of cancer across the EU and beyond.<sup>23</sup> It supports and aligns with the UN Sustainable Development Goals by contributing to delivering equal access to cancer screening and treatment, improving cancer knowledge and data infrastructures and addressing health determinants related to cancer. Many of the plan's actions are completed or well underway<sup>24</sup>.

The international dimension of Europe's beating cancer plan was strengthened in May 2023, with the launch of the EU-US health task force<sup>25</sup>, which included cancer among its three strands, along with global health threats, and strengthening the global health architecture. The taskforce set up two technical working groups on paediatric cancer and on lung cancer. The activities of the technical working groups support the objectives of the US Cancer Moonshot Initiative, Europe's beating cancer plan and the EU Cancer Mission. The technical working groups identified the methodology for and scope of their work, and in 2025 they are launching two observational studies, to better understand rare childhood cancers and to inform lung cancer screening policies for people at risk (smokers and ex-smokers).

Tobacco consumption is a significant public health concern in the EU and globally. It is the leading cause of preventable cancer, with 27% of all cancers attributed to tobacco use in the EU. It also continues to have serious impact on health, healthcare spending and serious socio-economic impacts such as poverty and inequalities, as well as environmental impacts resulting in a heavy toll on health care systems and young people. In this context, stepping up efforts for comprehensive tobacco-control policies remains an EU priority.

The EU together with the Member States is a full Party to the WHO Framework Convention on Tobacco Control (FCTC) and was the main driving force for its adoption. The WHO FCTC was developed in response to the globalisation of the tobacco epidemic and is an evidence-based treaty that reaffirms the right of all people to the highest standard of health. The objective of this Convention and its protocols is to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke by providing a framework for tobacco control measures to be implemented by the Parties at the national, regional and international levels in order to reduce continually and substantially the prevalence of tobacco use and exposure to tobacco smoke (Article 3 FCTC).

In addition to the cancer strand of the EU-US health task force, the beating cancer plan benefits from contributions of international stakeholders such as the International Agency for Research on Cancer (IARC) and the OECD. The European Commission is developing guidelines for cancer screening and diagnosis accompanied by quality assurance schemes for cancer care. IARC, together with the Commission produces those for cervical cancer. Currently guidelines and Q&A are available for breast cancer and are adapted and adopted globally. These will be followed by colorectal cancer, lung, prostate and gastric cancer<sup>26</sup>. The OECD, together with the Commission, is developing the country cancer profiles under the European Cancer Inequalities Registry, which provide insights into cancer-related inequalities in each of the 27 EU Member States, Iceland and Norway. The second edition of the profiles was published in February 2025.<sup>27</sup>

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<sup>23</sup> European Commission, [A cancer plan for Europe](#)

<sup>24</sup> European Commission, [Review of Europe's Beating Cancer Plan](#)

<sup>25</sup> European Commission, [Joint press release - Launch of the EU-US Health Task Force](#)

<sup>26</sup> European Commission, [Cancer Screening, Diagnosis and Care](#)

<sup>27</sup> European Commission, [European Cancer Inequalities Registry](#)

The European Commission also supports enlargement countries to monitor, improve data collection and benchmark cancer burden indicators via the European Cancer Information System<sup>28</sup> and the European Network of Cancer registries<sup>29</sup>.

In the context of occupational safety and health, the Commission has a close cooperation with the International Agency for Research on Cancer (IARC) of the WHO in the framework of the Employment and Social Innovation strand of the European Social Fund Plus. The Commission co-finances the IARC monographs programme, an international, interdisciplinary approach to carcinogenic hazard identification to identify preventable causes of cancer.

### **1.3. Advancing sexual and reproductive health and rights (SRHR)**

The EU remains committed to the promotion, protection and fulfilment of all human rights and to the full and effective implementation of the Beijing platform for action and the programme of action of the International Conference on Population and Development (ICPD) and the outcomes of their review conferences, including its commitment to sexual and reproductive health and rights (SRHR), in this context. SRHR and gender equality are interconnected and essential for advancing other rights and life choices, such as access to education, training and the labour market, enabling people to fulfil their potential and contribute to prosperous societies.

The EU commitments are supported through policy dialogue and programming to improve equitable access to services and information with a particular focus on women and young people. For example, EU actions address key issues such as family planning, maternal mortality and gender-based violence and harmful practices, including forced, early and child marriage and female genital mutilation.

The Team Europe Initiative (TEI) on SRHR in Africa was launched in December 2022<sup>30</sup>, aiming to support partnerships between the Commission, 10 EU Member States<sup>31</sup>, and three African Regional Economic Communities<sup>32</sup>, and to align with and support regional priorities. The TEI relies on significant combined contributions of TEI members, including EUR 60 million in new funds from the EU budget for 2023-2027. In March 2024, the SafeBirth Africa programme was launched under the TEI SRHR<sup>33</sup>. This programme has since been selected as a Global Gateway Flagship Project for 2025<sup>34</sup> and aims to improve access to sexual and reproductive health commodities with a focus on post-partum haemorrhage, a leading cause of maternal mortality.

The Commission has further contributed EUR 45 million for the 2023-2026 period to the United Nations Population Fund (UNFPA) Supplies Partnership, which provides contraceptives and maternal health medicines for adolescents and women in 54 countries<sup>35,36</sup>. In September 2024, an announcement was

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<sup>28</sup> European Commission, [European Cancer Information System/](#)

<sup>29</sup> [European Network of Cancer Registries](#)

<sup>30</sup> European Commission, [EU and African partners launch flagship initiative to enhance sexual and reproductive health and rights](#)

<sup>31</sup> Belgium, Czechia, Denmark, Finland, France, Germany, Ireland, Luxembourg, Netherlands and Sweden.

<sup>32</sup> The East African Community (EAC), the West African Health Organisation (WAHO) of the Economic Community of West African States (ECOWAS), and the Southern African Development Community (SADC).

<sup>33</sup> Unitaid, [Joint UNFPA-Unitaid venture backed by major EU funding aims to eliminate the leading cause of mothers dying in childbirth in Africa](#)

<sup>34</sup> Council of the European Union, [The list of Global Gateway flagship projects for 2025](#)

<sup>35</sup> European Commission, [Sexual and reproductive health and rights: EU announces additional €45 million for UNFPA Supplies Partnership](#)

<sup>36</sup> United Nations Population Fund, [UNFPA Supplies Partnership](#)

made regarding the development of an EIB-led financial frontloading mechanism related to the UNFPA Supplies Partnership.<sup>37</sup>

The EU is also committed to preventing and ending gender-based violence through the EU-UN Spotlight Initiative. The initiative has received EUR 500 million in funding for the 2017-2023 period, and the Commission continues to support the second phase at global, regional and country levels, including through an Africa Regional Programme 2.0 specifically addressing harmful practices and the promotion of SRHR.

SRHR interventions are critical in humanitarian settings. Particularly in these contexts, where the levels of violence are higher and vulnerabilities are exacerbated, the provision of SRHR services, including reproductive health kits and the medical response to gender-based violence, is paramount. To address these needs, the EU allocates a yearly average of EUR 37 million to sexual, reproductive, maternal and newborn health in crises situations, through key partnerships with UNFPA, Première Urgence Internationale (PUI), the Alliance for Medical Action (ALIMA), and the International Rescue Committee (IRC), among other humanitarian partner organisations.

The Commission further supports four multi-country projects on SRHR for adolescents and people in vulnerable situations in 16 African countries through NDICI-Europe, led by a consortium of European and African civil society organisations, with funding of EUR 32 million for the 2022-2025/2026 period.

#### **1.4. Assistance to people in humanitarian settings**

The Commission also provides swift and effective assistance to people in need, affected by humanitarian emergencies and conflicts. Its needs-based approach is rooted in the principles of humanity, neutrality, impartiality and independence, ensuring that aid reaches the most vulnerable. This approach is grounded in respect for people's rights, dignity and safety, emphasising the role that local communities themselves can have in the response.

Between 2022 and early 2025, the EU disbursed EUR 745 million to provide basic healthcare to crisis-affected and disadvantaged groups. These essential health services encompass primary and secondary health, prevention, preparedness and response to epidemic outbreaks, community outreach, war surgery and rehabilitation, capacity building and health infrastructure rehabilitation, cash and voucher assistance for health and chronic care continuity.

By fostering equitable access to health for all, the EU supports an integrated approach where referral pathways between primary and secondary care levels are encouraged, centering at the patient's needs. The EU's integrated approach also recognises and addresses the links between health and nutrition, water, sanitation and hygiene, protection, gender equality, education and food assistance, through a cross-sectoral intervention approach.

A notable example is the ongoing Programmatic Partnership with the IFRC and National Red Cross Societies under humanitarian aid financing. With a total funding of EUR 218.8 million for the 2022-2026 period, the programme aims to provide an effective and well-adapted local response to communities in need, through a multi-hazard, multi-sectoral and integrated systems approach focusing on disaster preparedness and epidemic and pandemic preparedness and response. It aims to scale-up anticipatory action, as well as integrating climate and environmental considerations.

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<sup>37</sup> European Commission, [European Union and Bill & Melinda Gates Foundation partner to expand contraceptive and health access for women in low- and middle-income countries](#)



## 1.5. Addressing climate and environmental health risks

Ensuring a healthy future for all and safeguarding the well-being of future generations are central goals that unite EU climate, environment and health policies. The EU is committed to integrating these policies, in line with the One Health approach, and in recognition of the fact that reducing greenhouse gases, pollution or degradation of biodiversity also significantly benefits health policy.

The EU has made significant progress in reducing greenhouse gas emissions, with an 8% decrease in 2023, the largest annual drop in decades (aside from the anomalous year 2020). Emissions are now 37% below 1990 levels, while growing its GDP by 68% over the same period. This demonstrates the EU's commitment to decarbonise its economy while supporting economic growth. Moreover, pollution prevention and reduction are making some progress, e.g. in the areas of air pollution or plastics waste. Still, 1 in 10 premature deaths are linked to environmental pollution, including chemicals<sup>38</sup>. Globally, the situation is even more worrying.

Building on the publication of the first-ever European Climate Risk Assessment<sup>39</sup>, the Commission published its Communication on managing climate risks – protecting people and prosperity<sup>40</sup> in March 2024. In autumn 2026, the Commission will present a European climate adaptation plan to support Member States in preparing for climate risks and strengthening the resilience of the Union. The aim is to prepare a balanced policy package that will work in synergy with the preparedness Union strategy, the Competitiveness Compass, the forthcoming water resilience strategy, and other key policy initiatives. The European climate adaptation plan aims to protect health system infrastructure and promote health and well-being across borders in response to the impacts of climate change.

Globally, the EU is a leader in climate diplomacy, continuously working to increase global efforts to tackle climate change through multilateral negotiations including in the United Nations Framework Convention on Climate Change and Paris Agreement, the G7 and the G20, plurilateral initiatives and bilateral dialogues. The adoption of the G20 Health Ministerial Declaration on Climate Change, Health and Equity, and on One Health<sup>41</sup> was a landmark moment in multilateral health engagements, and the EU was one of the main champions in securing this achievement. The EU is also the largest contributor of public climate finance for low- and middle-income-countries. In response to global challenges, the EU has launched the Global Gateway strategy, which offers a comprehensive framework for cooperation with partner countries. It is anchored in the 2030 Agenda for Sustainable Development<sup>42</sup> and in the Paris Agreement on Climate Change and provides support to partner countries to accelerate their twin green and digital transitions, including in the energy, climate and health sectors.

Health is a core pillar of EU climate and environment policy. The Ministerial Declaration on Climate and Health, endorsed at COP28, and the WHO-led Budapest Declaration, signed by all WHO European Region Member States, reaffirm the commitment to integrating health considerations into environment action. Both declarations strengthen international cooperation and resilience in the face of climate- and environment-related health challenges. In addition, Horizon Europe<sup>43</sup> has funded 203 multi-national,

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<sup>38</sup> European Commission, [2nd Zero Pollution Monitoring and Outlook](#)

<sup>39</sup> European Environment Agency, [European Climate Risk Assessment](#)

<sup>40</sup> Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions Managing climate risks - protecting people and prosperity. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52024DC0091>

<sup>41</sup> G20, [G20 Health Ministerial Declaration on Climate Change](#), Rio de Janeiro, 2024

<sup>42</sup> United Nations, [The 2030 agenda for sustainable development](#)

<sup>43</sup> European Commission, [Horizon Europe](#)

multi-partner research and innovation projects, with an overall EU contribution of around EUR 1 billion to tackle the impacts of environmental degradation and climate change on human health.

Building on the outcomes of the high-level conference on research perspectives on the health impacts of climate change<sup>44</sup>, a strategic research and innovation agenda is being drafted to guide future research and innovation programmes on health, environment and climate change. This agenda will address the impacts of climate change and pollution on non-communicable and infectious diseases, the resilience of populations and healthcare systems and the carbon neutrality of the healthcare sector.

## **2. Priority 2: Health systems strengthening and universal health coverage (guiding principles 3-6)**

The EU global health strategy prioritises health systems strengthening and UHC as a cornerstone of its approach to global health. The EU recognises that strong health systems are essential for achieving better health outcomes, reducing health inequities, and promoting economic growth, as also recognised by the G7<sup>45</sup> and G20. As a result, the EU is committed to supporting countries in developing resilient, equitable, and sustainable health systems. This includes investing in health infrastructure and health preparedness, strengthening health workforce capacity, improving access to essential medicines and health technologies, and promoting digital health solutions. Through its partnerships with international organisations, such as the WHO, and its support for global health initiatives, the EU is working to advance UHC and health systems strengthening in countries around the world.

### **2.1. International initiatives to strengthen health systems in partner countries**

The EU global health strategy focuses on strengthening primary healthcare, public health systems, and community-based care as key pillars for achieving UHC and improving global health. By working with international partners and investing in sustainable health solutions, the EU aims to build stronger health institutions, enhance governance, and ensure equitable access to essential services.

#### *Lusaka Agenda*

Efforts like the future of global health initiatives process and the Lusaka Agenda seek to build consensus around the reform of the health architecture to support country leadership, primary health care, and universal health coverage. Several ongoing processes such as the Africa Roadmap, the African Union (AU) Lusaka Agenda Monitoring Framework, the AU-Africa CDC Africa's Health Financing in a New Era concept paper, the Friends of Lusaka and the Joint Committee Working Group including Global Fund to Fight AIDS, Tuberculosis and Malaria, Gavi, the Vaccine Alliance, and the Global Financing Facility, are converging towards this end. The EU is actively participating in these processes in order to continue tackling the current challenges and maintaining the successes achieved, while working with our partner countries and with our stakeholders in a constructive way to bring further improvements in the current challenging context. This includes exploring synergies and coordination among global health initiatives.

#### *WHO Universal Health Coverage Partnership*

Since 2011, the Commission has supported the WHO's organisational reform to strengthen its role as an effective co-convenor and co-facilitator of health system policy dialogue on strategic planning and

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<sup>44</sup> European Commission. (2024). [Research perspectives on the health impacts of climate change – Report on the high-level conference](#)

<sup>45</sup> G7, [G7 Health Ministers' Communiqué](#), Paras 5, 12 and 23, Ancona, October 10-11, 2024



health systems governance to achieve UHC and primary healthcare. The EU supports these efforts through the WHO UHC Partnership, emphasising the importance of primary healthcare and community-based service delivery as key drivers of equitable health systems.

At the end of 2022, alongside the launch of the EU global health strategy, the EU pledged EUR 125 million to the UHC Partnership programme. Of this, EUR 61 million have already been programmed for the Partnership, providing assistance to WHO country offices and governments through technical experts. What began as support to seven target countries (Phase I) in 2011 has expanded to over 119 countries across six WHO regions, with eight additional donor countries joining the programme<sup>46</sup>.

Currently in Phase IV (2018-2025), the programme promotes the well-being of people and health policies depending on national needs, while strengthening health systems through WHO health policy advisors in 119 countries. Live monitoring sessions and annual reporting facilitate cross-country and regional learnings.

#### *Team Europe initiative on public health institutes in Africa*

The double burden of communicable and non-communicable diseases in Africa has reconfirmed the vital role of African public health institutes. The need to strengthen public health institutes is increasingly acknowledged by African countries to drive integrated holistic health system strengthening, improve the response to health crises, reduce inequities in access to care and advance progress towards UHC. Public health institutes play an instrumental role in ensuring an inclusive public health response and comprehensive evidence-based policymaking.

To support this, Member States<sup>47</sup> set up the Team Europe initiative on support to public health institutes in Africa as part of the Global Gateway Africa-Europe package. Launched at the high-level event on the EU-AU partnership on global health for equitable access, in Brussels in March 2024, the initiative strengthens the EU's strategic partnership with the Africa CDC and improves EU-AU collaboration among European and African schools and institutes of public health.

The initiative supports public health institutes in over 50 African countries. Following its launch, the Commission committed EUR 50 million in 2024 to strengthen networking and partnerships among African and European public health institutes to collaboratively develop research, training, policy advice, and advocacy. The action also builds public health capacity in 10 Sub-Saharan Africa countries, specifically in relation to public health research, disease prevention and health promotion, public health workforce development, and the evaluation and promotion of equitable access to services.

## **2.2. Digital health initiatives**

The EU is at the forefront of harnessing the power of digital health technologies. Through its digital health initiatives, the EU aims to create a seamless, secure, and interconnected healthcare ecosystem that empowers individuals, healthcare professionals, and researchers to access and share health data, promote innovation as well as competitiveness, and drive better health decisions.

#### *Strengthening health data governance*

One of the goals of the EU global health strategy is to build on the EU being a pioneer in the regulation of health data, digital certificates, using the cloud for data sharing, data protection and privacy. The EU

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<sup>46</sup> Luxembourg, Ireland, United Kingdom, France, Japan and, since 2021 Belgium, Canada and Germany

<sup>47</sup> Belgium, Czechia, Germany, Finland, France, Ireland, Italy, Netherlands, Portugal and Sweden

aims to leverage the potential of health data outside the EU, in line with the principles of the European health data space which aim to promote stronger health data governance and increased interoperability. Collaboration with WHO Regional Office for Europe and continuous engagement on digital health in global forums underpin the EU's leadership and engagement in shaping the ongoing digital transformation in an equitable way.

In September 2023, the WHO Regional Office for Europe and the Commission launched a EUR 12 million project under the EU4Health programme to strengthen health information systems and boost health data governance and interoperability across 53 countries in the WHO European Region<sup>48</sup>. Aligned with the European health data space (EHDS) Regulation, the initiative promotes secure data sharing in line with EU privacy principles within the EU and across the European region.

This four-year project aims to improve the use and reuse of health data by healthcare providers, policymakers and patients, and to improve the quality and interoperability of health information systems. To achieve these purposes, WHO Regional Office for Europe and the Commission are working to develop and deliver capacity-building activities and assistance to address gaps, needs and areas of expertise within the WHO European region supported countries' health information systems and health data governance and capabilities, with a view to potentially expanding successful practices at country or regional levels. The project will also promote cooperation between participating countries, the Commission, WHO Regional Office for Europe, and external stakeholders through the Health Information Network.

Beyond this partnership, the EHDS principles and standards guide the Commission's digital health-related contributions in global forums, such as the G7, the G20, the OECD, and discussions with non-EU countries.

#### *WHO's Global Digital Health Certification Network (GDHCN)*

A major milestone under the EU global health strategy was the transition of the EU digital COVID certificate (EUDCC), as the largest international system of interoperable digital COVID certificates, to the WHO Global Digital Health Certification Network (GDHCN). Following the EUDCC gateway's shutdown on 31 December 2023, the GDHCN ensures continued global issuance and verification of digital COVID certificates, with around 80 countries now connected. This collaboration, based on an EU-developed solution, strengthens digital health infrastructure and supports resilient health systems worldwide. The continued collaboration with WHO will include the development of additional use cases in GDHCN, such as the International Certificate of Vaccination or Prophylaxis (ICVP) or the Vaccination Card.

As part of the amendments to the International Health Regulations (IHR) adopted on 1 June 2024, WHO Member States agreed to include provisions allowing for the use of digital versions of the ICVP, facilitating smoother travel for those requiring proof of vaccination. This initiative, which is based on an amendment initially proposed by the EU and EU Member States, further illustrates the EU's commitment to strengthening health systems by making essential health services more accessible and adaptable to modern needs through digital tools and to contributing to global advancements in this area.

#### *Team Europe initiative on digital health for health systems strengthening and universal healthcare in Africa*

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<sup>48</sup> World Health Organization, [Partnering with the EU to strengthen health information systems, data governance and interoperability in Europe](#)

As part of the Global Gateway Africa-Europe package, Team Europe launched the Team Europe initiative on digital health for health systems strengthening and universal healthcare in March 2024 at the high-level event on the EU-AU partnership on global health for equitable access. This initiative, aligned with the Africa CDC's digital health transformation agenda, supports African countries in adopting digital solutions for stronger and more sustainable health systems. The initiative encompasses digital solutions for pandemic preparedness and response, such as the WHO Global Digital Health Certification Network, which supports digital tools, digital skills and digital transformation. and the partnership with UNICEF on a traceability and verification system (TRVST) to help combat counterfeit medicinal products.

Following the Team Europe initiative launch, the Commission committed EUR 25 million in 2024 to support digital health solutions for pandemic preparedness and health system strengthening in Sub-Saharan Africa.

### **2.3.Promoting high standards in pharmaceuticals and medical devices and local manufacturing**

The EU's efforts to improve access to vaccines, medicines, and health technologies worldwide, and especially in Africa, are complemented by its work to promote high standards in pharmaceuticals and medical devices. By supporting the development of robust regulatory systems and quality control mechanisms, the EU aims to ensure that medicines and health products are safe, effective, and of high quality.

#### *Revision of the EU pharmaceutical legislation*

Building on the EU's commitment to preventing health threats, the Commission proposed a reform of the EU pharmaceutical legislation<sup>49</sup> in April 2023, amending the current Regulation and Directive. This initiative seeks to address key challenges in the sector, including improving patient access to affordable medicines, strengthening action on antimicrobial resistance, and improving the global competitiveness of the EU pharmaceutical industry. The reform introduces measures to streamline regulatory processes, strengthen supply chain resilience, and promote sustainable practices in the development and use of medicinal products.

The proposed Regulation introduces a new article (Article 141), aimed at fostering international cooperation. It allows the EMA to collaborate with competent authorities outside the EU and international organisations. The negotiations on the proposed Regulation and Directive are currently ongoing under the EU's ordinary legislative procedure.

#### *International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH) and the International Coalition of Medicines Regulatory Authorities (ICMRA)*

The EU global health strategy recognises the need for greater convergence and stronger alignment with international standards as a core aspect of international cooperation for the improvement of health systems. To this end, the Commission plays a key role in multilateral forums, such as the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH) and the International Coalition of Medicines Regulatory Authorities (ICMRA). As a founding member of the ICH, the Commission steers the direction and priorities of the organisation, helping shape high scientific standards and driving global harmonisation.

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<sup>49</sup> European Commission, [Reform of the EU pharmaceutical legislation](#)

In addition to these efforts, against a growing trend of proliferation of counterfeit medicinal products, the Commission has also introduced a legal obligation for all humanitarian partners to comply with relevant EU and WHO pharmaceutical quality-assurance standards. Under the EU humanitarian partnership certificate 2021-2027<sup>50</sup> and the provisions on medical and food supplies applicable to actions funded under the EU humanitarian partnership certificate 2021-2027<sup>51</sup>, humanitarian partners must ensure the procurement and use of quality-assured medical supplies in their humanitarian interventions.

#### *International Medical Device Regulators Forum (IMDRF)*

The EU is also committed to promoting high standards in medical devices, recognising their critical role in ensuring public health and safety. As a founding member of the International Medical Device Regulators Forum (IMDRF), the EU plays a key role in international regulatory harmonisation and convergence. The Commission, in coordination with its Member States, ensures meaningful representation in the Management Committee meetings, as well as in a number of technical working groups that develop technical guidance on a number of topics useful for regulators and other stakeholders in the sector worldwide.

In 2023, the EU chaired the IMDRF. During its chairmanship, the EU raised awareness among other regulators about the EU regulatory framework and improved the coherence of the guidance documents developed by the Forum with EU frameworks. Other important outcomes of the chairmanship include expanding IMDRF membership, strengthening ties with other international regulators, increasing interactions with EU regulators and stakeholders, promoting the development of trainings and ensuring the participation of other relevant stakeholders like health professionals and patients. Engagement of the EU in IMDRF continued and, currently, the EU is leading the work in three IMDRF working groups: quality management systems, adverse event terminology and clinical evidence for in vitro diagnostic medical devices.

#### *Regulatory cooperation between EMA and non-EU countries*

The Commission, in collaboration with the EMA, has strengthened bilateral partnerships with key countries, fostering regulatory dialogues through the exchange of scientific and technical information on health and medical products. These efforts aim to promote alignment with international standards and guidelines while enhancing global regulatory cooperation.

As a result, EMA is increasingly recognised as a reference agency by regulatory bodies across Africa, Latin America, the Middle East, and Southeast Asia, as well as by the WHO, through various formal and informal regulatory reliance pathways. In May 2024, the European Medicines Regulatory Network (EMRN) – comprising the Commission, EMA, and the 30 national regulatory authorities of the European Economic Area – was designated as a WHO Listed Authority. This recognition affirms that the network operates at an advanced level, adhering to international regulatory standards, guidelines, and best practices. Notably, the EMRN became the first ‘Regional Regulatory System’ to achieve WHO Listed Authority status. This milestone is expected to enhance trust and collaboration among global regulatory authorities, strengthen health systems, facilitate pharmaceutical procurement, and improve access to high-quality medicines.

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<sup>50</sup> Annex 5 of the Model Grant Agreement reads “when implementing humanitarian aid operations, the beneficiaries must ensure compliance with the quality standards for medical supplies, devices and food established by the granting authority”.

<sup>51</sup> European Commission, [Provisions on medical and food supplies applicable to actions funded under the EU Humanitarian Partnership Certificate 2021 - 2027](#)

In line with its commitment to global regulatory strengthening, the EMA is also supporting efforts to enhance Africa's regulatory landscape through MAV+. This includes bolstering the capacity of the future African Medicines Agency, promoting the adoption of common regulatory standards and guidelines, and facilitating joint medicine assessments.

*Team Europe initiative on manufacturing and access to vaccines, medicines and health technologies in Africa (MAV+)*

Aligned with the EU global health strategy's objectives, the MAV+ initiative was launched in 2021 to strengthen health systems and pharmaceutical access worldwide. As a core pillar of the EU Global Gateway investment strategy, MAV+ was reinforced at the sixth AU-EU Summit in 2022 as part of a Global Gateway investment package.

In order to diversify global supply chains and in response to African leaders' goal of substantially increasing local production by 2040, MAV+ in Africa covers multiples aspects of supply, demand and supporting an enabling environment for the development of end-to-end pharma value chains from innovation and regulation to production and market opening.

MAV+ has so far mobilised over EUR 1.3 billion in grants and loans, and EUR 750 million additionally through the Gavi's African Vaccine Manufacturing Accelerator (AVMA). In total, MAV+ involves more than 108 projects and 47 implementing partners. The initiative works at continental and country level (notably in Senegal, Nigeria, Ghana, Rwanda, South Africa and Egypt). Some examples of MAV+ activities include: 1) supporting manufacturers across Africa with financial and non-financial tools; 2) enhancing the capabilities of national regulatory agencies (for example, the EU has supported the national regulatory agencies from Senegal and Rwanda in achieving WHO's Maturity Level); 3) developing research capacities and education institutions; or 4) promoting stable and predictable demand, such as through the support for the AVMA. At country level, the Commission funds actions in African countries with a strong focus on research, regulatory strengthening, higher education and skills, thus offering support aligned with the national plans for pharmaceutical and health systems development. At continental level, MAV+ supports the operationalisation of the African Medicines Agency (AMA) and the Platform for Harmonised Health Products Manufacturing (PHAHM) initiative of Africa CDC. Additionally, MAV+ is connecting with relevant AU-EU initiatives, such as the AU-EU innovation agenda and the EDCTP Joint Undertaking, to leverage synergies.

The EU and its Member States are working together in a Team Europe approach with the development financial institutions, such as the EIB, to offer a mix of financing instruments to catalyse private sector investments. In this context, a new guarantee tool called Human Development Accelerator (HDX) was launched in 2024 as a partnership between the Commission, the EIB and the Gates foundation (see section 6).

## **2.4. Workforce development and mobility**

The health workforce is an essential prerequisite for any health system. One of the key priorities of the global health strategy is strengthening health systems globally, which includes addressing the critical shortage of skilled professionals in many regions. This was also recognised by the G7 and the G20 which have supported the work of the WHO Academy, the G20 Public Health Workforce Laboratorium and the UHC Knowledge Hub<sup>52</sup>.

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<sup>52</sup> G7, [G7 Health Ministers' Communiqué](#), Para 23, Ancona, October 10-11, 2024; G20, [G20 Declaration of the Health Ministers](#), Rio de Janeiro, 2024



### *Talent partnerships*

The global health strategy aims to foster mutually beneficial mobility arrangements with partners in a context of health workforce shortages promoting circular mobility and countering brain drain. Talent partnerships are a useful tool in the context of international partnerships, facilitating cooperation between the EU, Member States and partner countries to improve labour mobility and skills development in a mutually beneficial way, reducing shortages in specific sectors of the labour market in the EU and at the same time stimulating the economic and skills development of communities of origin. Talent partnerships have been launched with Morocco, Tunisia, Egypt, Pakistan and Bangladesh, focusing on sectors of mutual interest. Under this framework, there are some activities in the care sector as well. Through Talent Partnerships, the EU maintains a close dialogue with participating Member States and partner countries to ensure that the cooperation result in brain gain for all the parties involved. The goal is to create a win-win situation where both the EU and partner countries benefit from the exchange of skills and labour.

### *Team Europe initiative on opportunity driven vocational training*

The Global Gateway investment package highlights vocational education and training and skills development as essential to achieving the EU's broader health and development objectives. In this context, the TEI opportunity-driven skills and vocational education training in Africa was launched in April 2024, bringing together the EU, Belgium, Finland, France and Germany with the objective of ensuring that vocational education and training provisions in Sub-Saharan Africa are responsive to concrete and decent job opportunities arising from specific investments, trade, value chain developments and other market dynamics, among others in the health and pharmaceutical and related sectors/value chains. In collaboration with private sector stakeholders, the TEI OP-VET helps to identify employment opportunities and the required skills profiles in the context of these investments and translate these into recommendations for vocational education and training and skills interventions that support the supply of relevant skills for concrete employment opportunities.<sup>53</sup>

### *Capacity building and skills development through higher education and research*

Under the MAV+, which is part of the Global Gateway, there are also investments in higher education and research. A Master and PhD programme in biotechnology were launched in 2023 at the University of Rwanda, based on close collaboration with several universities in Europe. In addition, the University of the Western Cape (South Africa) and the Institute of Tropical Medicine from Antwerp (Belgium) are setting up a centre of excellence for pharmacovigilance in Southern Africa (CEPSA). Among others, CEPSA will train experts in order to develop their skills and leadership in medicine safety and to support a new generation of pharmacovigilance experts.

Similarly, the EU has supported the establishment of a new training centre at Institut Pasteur Dakar (IPD) in Senegal: the Centre Africain de Résilience aux Epidémies (CARE). This centre aims to consolidate IPD's role as a regional centre of excellence for training in disease surveillance and epidemic

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<sup>53</sup> The 'Report on opportunity driven and industry skills and vocational education and training development for the pharmaceutical sector in Rwanda - Strengthening the Africa-EU partnership in the area of vocational education and training and health through the Global Gateway Africa-Europe Investment package' (August 2023) is a concrete example of what the Team Europe initiative on opportunity-driven vocational training can offer. It explores concrete employment opportunities and skills demands in the Rwandan pharmaceutical sector and aligned sectors (food and agro processing, production of electronic manufactured goods, logistics and supply chain industry) and makes recommendations for the vocational education and training system to provide relevant training ensuring professional development for healthcare workers and auxiliary staff.

preparedness and response in Africa. It will provide training to African professionals, who will acquire cutting-edge skills in data collection, analysis and modelling for the anticipation of future health threats.

The EU is also building capacities and skills in the health sector in partner countries through Erasmus+, the EU's flagship education programme, which has an international dimension open to partner countries. As part of Erasmus+, in addition to student and staff mobility, the EU also funds capacity building and institutional strengthening projects in higher education and vocational education and training, including in the health sector. As part of such actions, educational providers and public authorities from partner countries work together with European partners on an array of activities, all of which are directly relevant to the provision of a high-quality and inclusive education, including in nursing and healthcare. Examples of activities range from curriculum development to teacher training and establishing quality assurance mechanisms at universities to ensure high quality provision of education. One example of an Erasmus+ capacity-building in higher education project is Mimin (2023-2026), which aims to improve the skills and hospital practices of healthcare professionals in Benin in order to prevent maternal and neonatal infections.

## **2.5. Support for global health research**

The EU is committed to strengthening global health research and innovation. In this regard, the European and Developing Countries Clinical Trials Partnership<sup>54</sup> (EDCTP) was created to support the clinical development of new or improved health technologies for the identification, treatment, and prevention of poverty-related and neglected infectious diseases and funding activities that create research capacity building in Africa. Since its creation in 2003, the EDCTP has become a trusted clinical research partnership of 30 African and 15 European countries, along with the European Union, the African Union, and WHO, which all together form the EDCTP Association.

The Global Health EDCTP3 Joint Undertaking, which is a joint undertaking between the Commission and the EDCTP Association, is on its third iteration and has a budget of EUR 1.86 billion for 2021-2031. The EU contributes with EUR 910, the EDCTP Association with at least EUR 550 million, and the remaining up to EUR 400 million are coming from other contributing partners (foundations, industry, other research funders). Since its creation, the several Global Health EDCTP programmes have supported more than 470 clinical studies, more than 120 grants to support regulatory and ethics capacity building, and more than 270 fellowship grants for researchers from Sub-Saharan Africa.

To illustrate, since its inception, in the field of neglected infectious diseases, the Global Health EDCTP has funded the Pediatric Praziquantel Consortium to develop a new paediatric treatment tailored to preschool-aged children with schistosomiasis, a debilitating worm infection that particularly affects young children in Africa. Following a positive scientific opinion by the EMA, the WHO added Arpraziquantel (a Praziquantel equivalent) to its list of prequalified medicines in May 2024, making the new treatment available to children in Africa.

Moreover, the Global Health EDCTP also funded the development of Fexinidazole, the first oral drug for the acute and lethal form of sleeping sickness through the HAT-R-ACC project. Following a positive scientific opinion from the EMA, the WHO included it in the relevant treatment guidelines in October 2024 which makes this treatment available in the African countries where this disease is prevalent.

During 2024, the EDCTP3 funded 74 global health research projects with a total budget of EUR 254 million. From these, 59 are research and innovation projects tackling infectious diseases in Sub-Saharan Africa and 15 are projects related to capacity-building, networking and training activities.

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<sup>54</sup> [EDCTP](#)



In response to the 2024 mpox outbreak in the Democratic Republic of Congo (DRC), the EDCTP3 activated its emergency funding mechanism and launched an emergency call. Nine projects were funded for a total of EUR 12.1 million, covering vaccines and therapeutics areas, as well as surveillance strategies and epidemiological studies. Moreover, EDCTP published in December 2024 its 2025 work programme, the most ambitious since its creation, with a total indicative budget of EUR 214 million for 2025. The programme includes specific disease areas and overarching global health challenges (e.g. diarrhoeal diseases).

Beyond the EDCTP3 activities, the Commission is also supporting global health research through several key initiatives. The Global Antibiotic Research & Development Partnership (GARDP), with a pledged allocation of EUR 20 million, is focused on accelerating the development of treatments for drug-resistant bacterial infections. In parallel, the SECURE initiative, under GARDP, with EUR 1 million of funding, aims to expand global access to essential antibiotics to treat drug-resistant bacterial infections.

Furthermore, the Commission has drawn up a contribution agreement with the WHO R&D Blueprint under the EU4Health 2023 work programme with a budget of EUR 7.42 million. This agreement supports the development of safe and effective vaccines and treatments against filoviruses (including Ebola and Marburg), and supports interepidemic preparedness actions for future outbreaks. This preparedness work allows for the rapid implementation of clinical trials for therapeutic and vaccines during outbreaks, such as it happened during the 2025 Ebola outbreak in Uganda.

### **3. Priority 3: Health threats (guiding principles 7-11)**

The EU global health strategy recognises that combating health threats is a key priority in today's interconnected world and in relation to the impacts of climate change, where the risk of pandemics and epidemic outbreaks is increasingly high, in particular with the spread of vector-borne diseases. This section reports on the implementation of these principles, highlighting the EU's efforts to tackle health threats, improve preparedness and response, and promote global health security. Specifically, it covers the EU's actions to address priority health threats, strengthen global health governance, and apply a comprehensive One Health approach.

#### **3.1. Legislative and regulatory action**

##### *Regulation on serious cross-border threats to health*

Continuing its efforts to improve health security, the EU has also made significant strides in improving preparedness and response to cross-border health threats. A key part of this effort is the implementation of the Regulation on serious cross-border threats to health<sup>55</sup> from 2022, which strengthens the EU's framework for addressing health crises that affect multiple countries. This Regulation ensures that the EU is better equipped to detect, prevent, and respond to serious health threats, such as pandemics or outbreaks, notably by reinforcing the role of the Health Security Committee as a permanent forum to coordinate Member States' preparedness and response actions.

Furthermore, the EU works in close collaboration with the WHO, particularly in exchanging information, involving the WHO in meetings (e.g. as an observer in the Health Security Committee) and

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<sup>55</sup> Regulation (EU) 2022/2371 of the European Parliament and of the Council of 23 November 2022 on serious cross-border threats to health and repealing Decision No 1082/2013/EU. Available at: <https://eur-lex.europa.eu/eli/reg/2022/2371/oj/eng>

jointly supporting the implementation of the International Health Regulations. Through this partnership, the EU aims to ensure a more coordinated response to health emergencies worldwide.

### *Emergency Framework Regulation*

Complementing the Regulation on serious cross-border threats to health, the EU has further improved its preparedness capacity through the Emergency Framework Regulation<sup>56</sup>, which has been applicable since December 2022, although the Regulation has not yet been activated.<sup>57</sup>

This Regulation introduced a framework of measures that may be activated if a public health emergency is recognised at EU level, enabling the EU to take the necessary measures for a sufficient and timely availability and supply of crisis-relevant medical countermeasures. The Regulation sets out an emergency framework within which measures such as emergency funding, activation of emergency research and innovation plans, production, availability and supply of medical countermeasures may be activated. The Regulation introduces a new coordinating body to be established if the emergency framework is activated – the Health Crisis Board. Having such a body in place is of particular importance in matters pertaining to medical countermeasures in times of crises.

Furthermore, in April 2025, the Council authorised the Commission to enter into negotiations with Norway, Iceland and Liechtenstein for their association to the Regulation, which will reinforce global access to medical countermeasures in times of crisis<sup>58</sup>, in line with the objectives set out in guiding principle 7 of the EU global health strategy.

### *Conclusion of the International Health Regulations negotiations and progress on the pandemic agreement negotiations*

The global health strategy calls for a pandemic agreement to be negotiated and strengthened International Health Regulations (IHR). Significant progress has been made in this regard. On 1 June 2024, the 77<sup>th</sup> World Health Assembly took a major step in reinforcing the global health security architecture by adopting a set of amendments to the IHR of 2005. The amendments include provisions aimed, among other things, at introducing a new alert level of a pandemic emergency, enshrining the principle of solidarity and equity through increased cooperation between the IHR States Parties, as well as with the WHO, and strengthening core capacities of States Parties. A coordinating financial mechanism for more efficient use of funds to build up the core capacities, as well as an implementation committee for a more effective implementation of the IHR are established. The amendments also include provisions on possible recommendations by WHO on the availability and distribution of relevant health products, the maintenance of international supply chains and the facilitation of international travel, as well as several other improvements, including the possibility of using digital health documents. The adoption of the amendments delivers on one of the key goals of the global health strategy and significantly strengthens the external dimension of the European Health Union. On 26 May 2025, the Council adopted a decision inviting EU Member States to accept the amendments in the interest of the EU and without reservations, as the EU is not a party to the IHR.

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<sup>56</sup> Council Regulation (EU) 2022/2372 of 24 October 2022 on a framework of measures for ensuring the supply of crisis-relevant medical countermeasures in the event of a public health emergency at Union level. Available at: <https://eur-lex.europa.eu/eli/reg/2022/2372/oj/eng>

<sup>57</sup> As of April 2025.

<sup>58</sup> Council of the European Union, Council Decision authorising the opening of negotiations with the Kingdom of Norway, Iceland and the Principality of Liechtenstein for one or more agreement(s) on health emergency measures in the area of medical countermeasures

In parallel, the EU has been actively engaged in the negotiations for a new WHO Pandemic Agreement. A preliminary consensus on the Agreement was reached on 16 April 2025 and the consensus text was formally adopted at the 78<sup>th</sup> World Health Assembly on 20 May 2025. Together with the amended International Health Regulations, the Agreement, once implemented, will bolster the country capacities to prevent and prepare for pandemics using the “One Health” approach. It will enhance early prevention, surveillance of environmental drivers, and animal health and will focus attention on supporting health workforce and health system resilience. The Agreement will increase research cooperation and foster voluntary technology transfer. It will also improve equitable access to, and distribution of, vaccines and other medical countermeasures, supporting capacity building in countries that need it. This is a decisive step toward a more equitable and proactive global approach to preventing and managing future pandemics. Such an achievement also underscores the continuing strength of international cooperation, multilateralism and solidarity for global health. The focus is now on developing the Pathogen Access and Benefit-Sharing System (PABS) aspect of the Agreement. Once these provisions are agreed, the Pandemic Agreement would be complete and ready for signature, ratification and entry into force.

It is worth noting that neither the WHO Pandemic Agreement, nor the agreed amendments to the IHR affect the Member States’ responsibilities for the definition of their health policy and for the organisation and delivery of health services and medical care as enshrined in the Treaty on the Functioning of the EU. Sovereignty stands as a guiding principle in the consensus text of the WHO Pandemic Agreement and remains unchanged in the amended IHR.

### **3.2. European preparedness in connection to global resilience**

#### *Critical Medicines Alliance and Act*

The Critical Medicines Alliance, established in January 2024, plays a crucial role in strengthening the EU’s resilience in the face of critical medicine shortages. It constitutes a consultative mechanism that brings together over 300 organisations from industry, civil society, scientific community, healthcare providers, and public authorities. The Alliance aims to identify key areas and priorities for action, proposing solutions to strengthen the supply of critical medicines in the EU.

The recommendations included in the Alliance’s strategic report and feeding into the proposal for a Critical Medicines Act, focus on several key areas, including the development of a methodology to assess vulnerabilities in supply chains, the creation of incentives to strengthen the manufacturing of critical medicines within the EU, the establishment of contingency stockpiles and public procurement criteria for critical medicines, the implementation of measures aimed at ensuring fair competition within the market, the macro-level selection of countries for international partnerships, and the development of international solidarity.

The Critical Medicines Act<sup>59</sup>, proposed on 11 March 2025, aims to improve the availability of critical medicines in the EU by incentivising supply chain diversification and boosting pharmaceutical manufacturing in the EU. One of the objectives of the act is to support diversification of the supply chains by facilitating the conclusion of strategic partnerships. The measures proposed in the Act aim to address, in the first place, the vulnerabilities in the global supply chains that threaten the supply into the EU. These vulnerabilities result often from consolidations in the supply chains and unavailability of

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<sup>59</sup> European Commission, [Proposal for a Regulation laying a framework for strengthening the availability and security of supply of critical medicinal products as well as the availability of, and accessibility of, medicinal products of common interest, and amending Regulation \(EU\) 2024/795](#)

alternative suppliers. The Act will contribute to the diversification of the most consolidated supply chains by incentivising alternative suppliers. This will benefit not only EU security of supply, but also the global one.

#### *European Centre for Disease Prevention and Control's work on surveillance*

The ECDC contributes to EU health security by performing 24/7 global epidemic intelligence, threat assessment and communication. Global partners are involved in this process and can be granted access to ECDC tools such as EpiPulse to ensure timely and effective event verification. ECDC has supported capacity building in epidemic intelligence, risk assessment, and surveillance through the Instrument for Pre-Accession Assistance (IPA)-6 and the EU initiative on health security (EUR 9 million). This last initiative, which is an extension of the MediPIET<sup>60</sup> initiated in 2013, creates a regional workforce responsible for the prevention and control of challenges posed by communicable diseases and improves regional cooperation to tackle cross-border health security threats in EU candidate countries, potential candidate and European Neighbourhood Policy partners.

ECDC teams have also informed surveillance strategies in Africa during past Ebola outbreaks and recent mpox and Marburg outbreaks. In addition, the ECDC carries out several surveillance programmes jointly with WHO to achieve common global public health goals, such as measles and congenital rubella elimination, achieve the Sustainable Development Goals for various infectious diseases (tuberculosis, HIV, Hepatitis B and C), and contribute to the global effort to ensure the correct vaccine composition for influenza and SARS-CoV 2. Within the network of CDCs, the ECDC promotes surveillance standards by engaging on technical discussions on best practices such as for hospital-based surveillance. Several molecular surveillance modules are based on global databases for sequence sharing, enabling global analyses for the benefit of EU/EEA and global health.

The ECDC operates the EU health task force, an EU deployable public health work force available for rapid emergency response during crises related to communicable diseases, including for cross-border health emergencies in EU Member States and beyond. Recent deployments have included support for response to the mpox epidemic in DRC, cholera in Zambia and Marburg viral disease in Rwanda. The EU health task force additionally supports resilience to future emergencies, and it can be mobilised to support strengthening countries' emergency preparedness globally. Additionally, it facilitates after-action reviews following outbreaks, using the ECDC methodology to improve future response strategies.

#### *Strengthening global laboratory and surveillance capacities for preparedness*

Threat assessment and intelligence gathering are central to enabling early detection of health threats and identifying the relevant medical countermeasures. Strengthening epidemic intelligence, laboratory diagnostics, and sequencing capacities are key priorities to ensure a swift and informed response to emerging health risks.

To support these efforts, the Commission is supporting the WHO hub for epidemic and pandemic intelligence, in particular in the further development of the epidemic intelligence from open source (EIOS) initiative, and in the WHO-Collaboratory, a platform for the sharing of data, models and tools for pandemic preparedness. The Commission is also supporting the WHO hub in Dakar in the digitalisation of surveillance data. The project aims to support WHO operations and logistics, integral to allowing WHO's Dakar emergency hub to manage supply chains effectively and respond rapidly during health emergencies. By expanding stockpiles and operational capacities in regional hubs,

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<sup>60</sup> Training Programs in Epidemiology and Public Health Interventions Network, [Mediterranean and Black Sea Programme for Intervention Epidemiology Training \(MediPIET\)](#)

particularly the Dakar hub, the project will reduce lead times for critical supplies. Training programs will be carried out for first responders to ensure the efficient use and management of these supplies, thereby minimising response times.

The Commission also supports the institutionalisation of wastewater surveillance to improve pathogen detection and public health decision-making. In 2024, the Commission, the Gates Foundation, and other international partners set up GLOWACON – the global consortium for wastewater and environmental surveillance for public health – to integrate wastewater surveillance into global public health strategies and develop a global sentinel system. The Commission also supports the United Nations Environment Programme (UNEP) and the WHO specifically in implementing wastewater surveillance systems and data collection in low-resource settings across Africa, while also developing strategic guidance on strategies, data sharing, and capacity building activities.

Additionally, the Commission has partnered with Africa CDC to expand sequencing efforts, aiming to strengthen outbreak response through increased testing capacity, improved data analytics, sequencing-based surveillance using next generation sequencing and bioinformatics, and systematic antimicrobial resistance (AMR) monitoring. The Commission is also supporting WHO Regional Office for Africa in its efforts to help its Member States develop their genomic capacity for detecting and characterising SARS-CoV-2 and to build long-term sustainable capacity for other pathogens.

#### *EU Civil Protection Mechanism (UCPM)*

Under the EU Civil Protection Mechanism, the Commission possesses significant medical capacities through both the European Civil Protection Pool and the rescEU levels of response. Since 2014, the European Civil Protection Pool has included emergency medical teams, medical evacuation (MedEvac) capabilities, and a certified Rapid Response and Logistics Module, including a mobile laboratory that is available for deployment and currently being expanded.

- Emergency medical teams

Through the UCPM, the Commission has developed a robust emergency medical teams strategy. With over 40 teams either already classified or currently undergoing classification, this represents the largest group of emergency medical teams coordinated by a single mechanism worldwide. All teams adhere to the standards set by the WHO Emergency Medical Teams initiative. In addition, the UCPM continues to support exercises, training, and knowledge gathering and exchange.

The European Civil Protection Pool currently includes 9 classified emergency medical teams, with 13 more in the process of classification.

At the rescEU level of response, the rescEU emergency medical teams aim to become one of the world's most advanced civil field hospitals, expected to be fully operational by the end of 2026. Managed by a consortium of seven Member States<sup>61</sup> and one participating state (Türkiye), the project has received EUR 108 million in total funding. It comprises 21 capacities, including three Type 2 emergency medical teams and 18 specialised care teams, covering areas such as intensive care, burn treatment and advanced diagnostics. Thanks to the initiative's modular structure, it offers flexibility to respond to various disaster scenarios.

- MedEvac

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<sup>61</sup> Belgium, Germany, France, Italy, Luxembourg, Portugal, and Romania.



The Norwegian rescEU MedEvac capability is a well-established project that began its development in 2020. Since 1 March 2022, the airplane has been operational for the transport of patients with highly infectious diseases.

In 2023, following the outbreak of the war in Ukraine and the earthquake in Türkiye, the need for rapid and flexible systems that can respond and interconnect with other entities under a coordinated umbrella became evident. Norway requested an upgrade of the scope of the capability to also include the possibility of transporting patients with burn injuries as well as those affected by chemical, biological, radiological, and nuclear (CBRN) incidents. The amendment to the Norwegian rescEU MedEvac grant agreement, including these changes, entered into force in August 2024.

#### *Medical stockpiling*

To improve the EU's preparedness and response to public health risks, the Commission is also building strategic reserves of response capacities. These stockpiles are crucial for ensuring the availability of and timely access to critical medicines in response to crisis and disasters.

Under the EU Civil Protection Mechanism, the Commission has created a strategic reserve ('rescEU'), to improve the EU's preparedness and response to public health risks through medical and CBRN countermeasure support, in addition to resEU, emergency medical teams and MedEvac capacities. Such strategic reserves include countermeasures designed to address potential rapid depletion or heightened demand during crises, such as therapeutics (including antibiotics, vaccines and antidotes), intensive care medicines, medical devices, personal protective equipment, and specific CBRN response equipment, and are being expanded.

Currently, 22 stockpiles are hosted in 16 Member States. The stockpiles are crucial for ensuring availability of and timely access to critical medicines in response to crises and disasters, to be used as a last resort, complementing the national response capacities and the European Civil Protection Pool. The reserves are intended primarily for health emergencies in EU Member States, but they can also be deployed elsewhere, in which case the UCPM facilitates logistics and operational support.

In addition, under the 2024 EU4Health work programme, a EUR 10 million Joint Action on stockpiling has been programmed to promote Member State collaboration on reserves.

#### *ReliefEU*

Under ReliefEU, the EU has also developed with some humanitarian partners (United Nations Humanitarian Response Depot, International Organization for Migration, UNICEF) a network of stockpiles of emergency relief items in Panama, Dubai, Brindisi, Nairobi, Kuala Lumpur, as well as medical stocks in Copenhagen. These stocks are meant to support humanitarian partners' operations to provide effective, efficient, and timely assistance to people in need.

### **3.3. International cooperation and external action**

#### *COVID-19 vaccines roll-out in low- and middle-income countries*

In response to the COVID-19 pandemic, the Commission activated the UCPM to pool donations for vaccines, expertise, medical and other equipment. Humanitarian aid bridges were funded for the delivery of these supplies and expertise. The Commission also provided a EUR 10 million contribution to the 'Humanitarian Buffer', managed by UNICEF, including for last-mile delivery operations. In addition, a EUR 100 million contribution from the solidarity and emergency aid reserve was channelled through

the epidemics tool to support equitable vaccine access and last-mile delivery and to strengthen health systems and preparedness in 34 African countries. This funding enabled 50 actions carried out by international organisations (WHO, UNICEF, IFRC, IOM, the International Committee of the Red Cross [ICRC], the United Nations High Commissioner for Refugees [UNHCR], Africa CDC) and non-governmental organisations (ALIMA, CONCERN, PUI, IRC, Action Against Hunger).

As planned, the EU contributed EUR 375 million to the roll-out of COVID-19 vaccines in selected under-vaccinated countries. The EU and its Member States donated more than 530 million vaccine doses globally. In May 2023, the WHO declared the end of COVID-19 as a public health emergency of international concern and the COVAX facility ceased to exist at the end of that year. Within this new context, the support will cover vaccine delivery capacities at country level more broadly.

### *Pandemic Fund*

The global health strategy was published in November 2022 and around the same time, the Pandemic Fund was launched by the G20. The Pandemic Fund was set up to provide grants to low- and middle-income countries to enhance their pandemic preparedness while catalysing other types of investments. By end of June 2024, contributions from both sovereign and non-sovereign donors amounted to USD 1.6 billion, with the Commission as the largest single donor, contributing EUR 427 million. The EU and Member States<sup>62</sup>, in a Team Europe approach, accounted for nearly half of the contributions to the Pandemic Fund. The G7 and G20 continue to strongly support this fund and to call for the expansion of the donor base, and for its replenishment<sup>63</sup>.

In its first two funding rounds, approved in July 2023 and September-October 2024, the Pandemic Fund awarded grants totalling USD 885 million, benefiting 75 countries through 47 projects across 6 geographical regions. Demonstrating its agility, the Pandemic Fund allocated USD 129 million on a fast-track basis in September 2024 to 10 mpox-affected countries<sup>64</sup>. Through co-financing and co-investment, the Fund has mobilised an additional USD 6 billion for pandemic preparedness and response across its two funding rounds. Notably, 43% of the Fund's resources have been allocated to Sub-Saharan Africa, a region with high demand for grants.

All projects employ an intersectoral approach, with 95% involving at least one government ministry other than health and finance, such as agriculture, livestock, and environment. 70% of projects have started activities related to operationalising One Health, which includes launching or strengthening national One Health coordination bodies and integrating human and animal health systems. As of 30 June 2024, approximately 3 500 individuals across eight projects have received training, including laboratory staff, field epidemiologists, community health workers, animal health professionals, and farmers. Foundational steps have also been taken to enhance infectious disease surveillance, detection capabilities, and pandemic preparedness and response planning.

### *Applying a One Health approach to fight against antimicrobial resistance*

The Commission is actively tackling AMR as an urgent global health challenge through a collaborative One Health approach, as also recognised by the G7<sup>65</sup> and landmark G20 Health Ministerial Declaration

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<sup>62</sup> European Commission, Austria, Germany, Denmark, Spain, France, Italy, and the Netherlands

<sup>63</sup> G7, [G7 Health Ministers' Communiqué](#), Para 13, Ancona, October 10-11, 2024

<sup>64</sup> Burundi, Democratic Republic of Congo, Djibouti, Ethiopia, Kenya, Rwanda, Uganda, Somalia, South Sudan, and Sudan

<sup>65</sup> G7, [G7 Health Ministers' Communiqué](#), Paras 60 and 61, Ancona, October 10-11, 2024; G20, [G20 Declaration of the Health Ministers](#), Rio de Janeiro 2024



on Climate Change, Health and Equity, and on One Health<sup>66</sup>. International cooperation and cross-sectoral collaboration are key elements of the 2023 Council Recommendation on AMR, which outlines a set of actions aimed at intensifying EU involvement in global initiatives against AMR, including in G7, G20 and the Transatlantic Task Force for Antimicrobial Resistance (TATFAR). The Commission has strengthened its cooperation with the Quadripartite, which comprises WHO, the Food and Agriculture Organization of the United Nations (FAO), the World Organisation for Animal Health (WOAH), and the United Nations Environment Programme (UNEP). It is providing financial support and actively engaging in the Quadripartite's AMR Multi-Stakeholder Partnership Platform as an observer at the Steering Committee, contributing to the development of a shared global vision and building more consensus on AMR. Additionally, the Commission provides development capacity and supports AMR actions in low-and-middle income countries, particularly through the UN AMR Multi-Partner Trust Fund.

An important milestone in the global fight against AMR, in which the Commission took an active part, was the second United Nations General Assembly (UNGA) high-level meeting on AMR in September 2024. A Political Declaration, endorsed by UN member countries – including EU Member States – committed to concrete actions to address AMR across all sectors, through a One Health approach. Furthermore, in November 2024, the Jeddah Commitments were adopted at the fourth Global High-Level Ministerial Conference on AMR in Saudi Arabia to translate some elements of the UNGA Political Declaration into concrete actions. The declaration was endorsed by the Commission on behalf of the EU. The Commission will further support the new independent panel for evidence for action against AMR, which is to be set up by the Quadripartite.

The Scientific Advice Mechanism of the Commission has issued a scientific opinion on One Health governance in the EU, offering key policy recommendations for managing and advancing the One Health approach. This opinion and One Health strategy could guide cross-cutting policies to tackle complex challenges more effectively. With this initiative, the EU aims to solidify its role as a global leader in addressing cross-border health threats through a unified, cross-sectoral approach.

The Commission has supported the development, access, and availability of innovative medical countermeasures to address AMR, including antimicrobials, vaccines, diagnostics, and other interventions. To this end, the Commission has committed EUR 12.5 million to support the development of the new MTBVAC tuberculosis vaccine. In line with the UNGA Political Declaration, the Commission works closely with the Global Antibiotic Research and Development Partnership to support clinical trials aimed at developing new antibiotics for childhood infections, gonorrhoea, and severe sepsis. Additionally, the Commission supports the SECURE public health consortium (a GARDP-WHO initiative) to accelerate access to newly registered and generic essential antibiotics to help countries tackle drug-resistant bacterial infections.

Furthermore, the EU supports the Medilabsecure<sup>67</sup> project, which, over the past decade, has promoted the added value of implementing One Health response plans and surveillance at national and regional levels in 22 countries in the neighbourhood. Since 2013, the Commission has allocated approximately EUR 10 million to this initiative, with an additional EUR 5 million committed until the end of 2027.

*Team Europe initiative on health security using the One Health approach in Africa*

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<sup>66</sup> G20, [G20 Declaration of the Health Ministers](#), Rio de Janeiro, 2024

<sup>67</sup> [One Health Secure](#)

In line with the EU global health strategy, the Team Europe initiative on sustainable health security using a One Health approach was launched in March 2024<sup>68</sup> to strengthen prevention, preparedness and response to infectious threats and antimicrobial resistance in Africa.

The TEI brings together Team Europe members<sup>69</sup> and international partners, including Africa CDC and WOAHA, to support the operational and technical capacities of Africa CDC and other African institutions to improve One Health coordination, workforce laboratories, surveillance systems and implementation research at national, regional and continental levels.

Building on past successes, the initiative extends the EU-funded collaboration between the Africa CDC and ECDC<sup>70</sup> (2021-2026), and the EBOSURSY programme, implemented by WOAHA, which worked between 2017 and 2024 in ten African countries to foster collaboration between human and animal health professionals and help countries become more prepared for zoonotic disease outbreaks such as Ebola<sup>71</sup>. A sequel project called ZOOSURSY<sup>72</sup> began in October 2024 and will have a greater geographic reach, expanding to Eastern and Southern Africa, while also increasing its thematic work to include legislative advocacy. New scientific partners are also joining the consortium, increasing the project's One Health potential.

#### *Trade policy and global health*

The EU also continues to ensure that trade policy supports global health. In this regard, the EU constructively contributes to the World Trade Organization (WTO)'s efforts to build effective solutions for future pandemics<sup>73</sup>. Following the 13<sup>th</sup> Ministerial Conference in Abu Dhabi in February 2024, the EU remains committed to the work of the relevant WTO Councils and Committees to review and build on all the lessons learnt and the challenges experienced during the COVID-19 pandemic in order to build effective solutions for future pandemics in an expeditious manner<sup>74</sup>. To this end, the EU supports the cooperation of WTO with relevant international organisations, including through trilateral cooperation with the WHO and the World Intellectual Property Organisation (WIPO) and encourages continued engagement in these efforts.

#### *Occupational safety and health*

Internationally, the European Agency for Safety and Health at Work (EU-OSHA) continues to collaborate with the International Labour Organization, particularly in the Western Balkans and Türkiye. Besides, it also collaborates with the WHO, participating in their 'Health in the World of Work Network' that has been looking at pandemic preparation and prevention, including topics relating to biological hazards with an occupational dimension.

### **4. Internal governance and coordination within the EU (guiding principles 12-13)**

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<sup>68</sup> European Commission, [Team Europe and African partners launch four initiatives](#)

<sup>69</sup> European Commission, Belgium, Denmark, France, Germany, Spain and ECDC

<sup>70</sup> European Centre for Disease Prevention and Control, [Africa CDC – ECDC Partnership](#)

<sup>71</sup> World Organisation for Animal Health, [Protecting wildlife, protecting ourselves. An outlook on the EBO-SURSY Project](#)

<sup>72</sup> World Organisation for Animal Health, [WOAH launches ZOOSURSY, a new disease surveillance project funded by the European Union](#)

<sup>73</sup> For example, in the WTO Report by the Council for Trade in Goods and its subsidiary bodies on the WTO response to the COVID-19 pandemic and preparedness for future pandemics. Available at: <https://docs.wto.org/dol2fe/Pages/SS/directdoc.aspx?filename=q:/G/L/1521.pdf&Open=True>

<sup>74</sup> World Trade Organization, Abu Dhabi Ministerial Declaration, 2 March 2024 WT/MIN(24)/DEC

The EU global health strategy highlights the need for a coordinated and integrated approach to tackling global health challenges. In an increasingly interconnected world, ensuring policy coherence is crucial to achieve impactful and sustainable health outcomes. Fostering synergies between policy areas, EU institutions, and Member States is essential to establishing a comprehensive ‘health in all policies’ governance framework. This section examines the EU’s efforts to enhance policy coordination, focusing on initiatives that integrate health considerations across various policies, including the Team Europe approach. Furthermore, the implementation of the strategy adopts a human-rights based approach, paying particular attention to people in vulnerable situations, women, children, young people, people with disabilities etc., in line with other relevant EU policy frameworks such as the European Consensus on Development (2017)<sup>75</sup>, gender action plan (GAPIII) (2021)<sup>76</sup>, the EU strategy for the rights of persons with disabilities (2021)<sup>77</sup> and the youth action plan (2022)<sup>78</sup>.

#### **4.1. A holistic approach: ‘Health in all policies’**

The Commission has adopted a holistic approach to health by integrating health considerations across all policy areas, ensuring a well-coordinated and comprehensive response. To reinforce this commitment, the Commission is continuously working to strengthen coordination between its services, and with other institutions.

As part of this effort, the inter-service group on global health intensified its exchanges and broadened its participation to a large number of Commission services. This group plays a pivotal role in ensuring that global health considerations are systematically integrated into various policy areas. By fostering cross-sectoral collaboration across different policy domains, the inter-service group significantly enhances the EU’s capacity to implement the Global Health Strategy in a cohesive and efficient manner.

During the COVID-19 pandemic, the inter-service group was expanded to include additional Directorates-General, services and agencies, leading to more frequent meetings and broader participation. Since then, more services have been included in discussions to ensure diverse representation, effective information sharing, and policy alignment. Additionally, other informal coordination mechanisms have been set up between Directorates-General with key roles in global health to streamline decision-making and enhance collaboration.

#### **4.2. Team Europe approach**

To better link and coordinate policies between the EU and Member States and allow them to speak with one voice, the ‘Team Europe’ approach represents a joint effort by the EU, its Member States and European financing institutions to tackle global challenges. This approach aims to maximise impact and efficiency by fostering synergy between national and EU policies and actions. The Team Europe approach was launched in 2020 as a response to the COVID-19 pandemic. Since then, it has been expanded to address several areas of EU external action, including other global health issues, with relevance for strengthening health systems, antimicrobial resistance, health security, etc. The Team Europe approach is key to the implementation of the Global Gateway and the EU global health strategy, leveraging the potential of enhanced coordination of the combined resources of EU institutions and

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<sup>75</sup> Joint statement by the Council and the representatives of the governments of the Member States meeting within the Council, the European Parliament and the Commission (2017/C 210/01). Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A42017Y0630%2801%29>

<sup>76</sup> Joint Communication to the European Parliament and the Council EU Gender Action Plan (GAP) III – An ambitious agenda for gender equality and women’s empowerment in EU external action. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52020JC0017&qid=1668001772585>

<sup>77</sup> European Commission, [Union of equality – Strategy for the rights of persons with disabilities 2021-2030](#)

<sup>78</sup> European Commission, [EU adopts the first Youth Action Plan in EU External Action](#)

Member States for greater impact and efficiency. The five regional health TEIs in Africa have embarked on a streamlining process with the aim to further enhance efficiency and effectiveness, while drawing on the lessons learned during the start-up phase. Team Europe coordination also takes place in the governance mechanisms of global health initiatives and in the context of the informal EU Member States expert group on global health in development cooperation.

### **Box 1. The Team Europe approach: mpox example**

A visible example of the Team Europe approach was the response to the 2024 public health emergency of international concern due to outbreaks of mpox in the DRC and 18 other African countries. In response, the EU and its Member States provided immediate support through international organisations, regional bodies, public authorities, and global health actors.

The EU and Member States, in a Team Europe approach have mobilised extensive resources across surveillance, diagnostics, treatment, risk communication, and health system strengthening, covering all the essential pillars necessary for effective response.

On the ground, the EU health task force deployed epidemiologists from the ECDC to support Africa CDC and national authorities. The EMA worked with the WHO and African partners to accelerate regulatory approvals for diagnostics, therapeutics, and vaccines. The EU also provided EUR 1.5 million in humanitarian aid to strengthen surveillance, laboratory capacity, and case management in the DRC, Uganda, and Burundi. This included support for the Burundian Red Cross and enhanced surveillance in Kenyan camps for internally displaced people. Additionally, in November 2024, a EUR 20 million package was committed to strengthening health systems in the DRC, in cooperation with WHO, UNICEF, and non-governmental organisations.

Vaccines are crucial for stopping the acute phase of the outbreak. The EU and Member States, in a Team Europe approach, have mobilised over 600 000 vaccines, with approximately 500 000 delivered to the DRC, Rwanda, South Africa, Uganda and Angola. More than 355 000 were delivered to the DRC from September 2024 to April 2025, over 19 000 to Rwanda from October 2024 April 2025, over 10 000 doses to South Africa in March 2025, 52 000 to Uganda in January-April 2025, 10,000 to South Africa, and 67,000 to Angola between September 2024 and May 2025. An additional 500 000 vaccines were procured through Gavi, the Vaccine Alliance, to support immunisation campaigns in the Central African Republic, Liberia, and Rwanda.

The EU and Member States support the WHO global mpox plan and the African continental mpox plan, strengthening response capacities such as surveillance, laboratory diagnostics, treatment access, and workforce training. The EU contributed to mobilising USD 241 million through the Pandemic Fund to improve detection, laboratory capacity, and emergency workforce training. Of this, USD 129 million was allocated to the 10 most affected countries, with an additional USD 112 million in co-financing. The Global Fund also provided USD 9.5 million for the DRC and repurposed USD 7.1 million for response efforts in Rwanda, Ghana, Côte d'Ivoire, Liberia, and Burundi.

To further support the outbreak response, the EU funded a EUR 12 million research partnership with 15 European and 29 African countries. This initiative focuses on improving knowledge of mpox epidemiology and the safety and effectiveness of vaccines and treatments, particularly for vulnerable populations. Member States also contributed EUR 4.3 million to WHO's special mpox appeal and provided over 80% of the unearmarked financing for WHO's Contingency Fund for Emergencies in 2024, allocating EUR 3.5 million to the global mpox response.

Through this approach, the EU and Member States ensured a comprehensive response, combining surveillance, diagnostics, medical care, community engagement, and humanitarian assistance. These efforts reinforce long-term resilience against mpox and other emerging health threats.

#### *Joint Action on global health impact*

Better coordination between the EU and its Member States is a key aspect of the strategy. To strengthen this coordination, the EU4Health programme is funding the European Joint Action to maximise the impact of the EU global health strategy with EUR 4.7 million.<sup>79</sup> This project, which started on 1 October 2023 and will run for two years, involves 39 institutions from 24 European countries, including Norway and Ukraine, with the aim of strengthening the visibility and impact of the EU global health strategy and its contributions to global health.

The project's primary objective is to enhance coordination and knowledge exchange between EU institutions and Member States and with civil society and non-EU stakeholders to ensure that the EU speaks with one strong voice on global health matters. To achieve this, the project is structured in eight work packages<sup>80</sup>, focusing on four core actions. Firstly, the Joint Action is working on drawing up and maintaining a comprehensive map of actions in global health across the EU and its Member States. Secondly, it is striving to improve tools and processes to facilitate knowledge exchange between national and European stakeholders in global health. Thirdly, it is contributing to strengthening the EU's external communication to ensure that the EU and its Member States contributions to global health are recognised, while also promoting the Team Europe approach. Lastly, the project is working to set up a global suggestions forum to discuss cross-sectoral and complex global health issues.

Ultimately, the project aims to maximise the impact of the EU global health strategy by ensuring stronger coordination between Member States and EU institutions, reinforcing the EU's strategic approach and influence in global health processes. By the end of the project, the expected outcomes include developing a rolling mechanism to monitor and coordinate the implementation of national and European global health strategies, introducing digital solutions to enhance knowledge exchange, creating communication tools to amplify the Team Europe approach, and setting up an open suggestions forum to prepare and adapt EU positions.

### **5. External and multilateral governance (guiding principles 14-18)**

The EU global health strategy acknowledges the critical role of external and multilateral governance in addressing global health challenges. In this regard, the EU has made significant progress in strengthening its partnerships with civil society organisations and international organisations, including with the WHO, and in promoting multilateral cooperation to address pressing global health issues. This section provides an update on the EU's efforts to engage with international partners, including its

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<sup>79</sup> [JA GHI—the European Joint Action to Maximise the Impact of the EU Global Health Strategy](#)

<sup>80</sup> Work packages: 1) Coordination – lead by France (Ministry of Labour, Health and Solidarities); 2) Communication and dissemination – lead by Poland (National Health Fund); 3) Evaluation and Impact Assessment – lead by Germany (Robert Koch Institute) and Norway (Norwegian Directorate of Health); 4) Sustainability and Integration in the national policies – lead by France (Ministry of Labour, Health and Solidarities); 5) Mapping of key measures and funding of the EU and its Member States in global health and associated rolling coordination mechanism – lead by Latvia (Pauls Stradins Clinical University Hospital); 6) Information and intelligence sharing among EU and Member States in the focal points dealing with global health – lead by Czechia (Ministry of Health) and the Netherlands (Ministry of Health, Welfare and Sport); 7) Strengthen the EU external communication on its action on global health – lead by Italy (Istituto Superiore di Sanità) and Greece (National and Kapodistrian University of Athens); 8) Suggestions Forum on improved EU coordination – lead by Germany (Robert Koch Institute), Finland (Ministry of Social Affairs and Health) and Sweden (Public Health Agency of Sweden)



financial contributions to key organisations, its participation in multilateral forums, and its regional partnerships.

### **5.1. Global health diplomacy**

The global health strategy recognises that health has become a critical element of other policies – such as foreign, security and trade relations – making it central to the EU’s external action agenda and international cooperation. As such, health diplomacy has become an integral part of the EU’s relations with partner countries.

Since 2022, the inclusion of health in external policy has been reinforced by including health in the political dialogues between the EU and partner countries to facilitate international cooperation. Health is now part of the agenda in most of the major political dialogues, from summits to events with senior officials across all regions of the world, coordinated by the Commission services and the European External Action Service (EEAS).

Involvement of foreign ministries has been a particular feature of the US-led Global Action Plan during the COVID-19 pandemic. The Commission services and the EEAS have since cooperated very fruitfully within the US-launched Foreign Ministry Channel for global health security as of March 2024, with meetings dedicated to One Health, AMR, highly pathogenic avian influenza and mpox, as well as training on global health for the diplomatic workforce.

Strategic communication and countering disinformation are an integral part of diplomatic action. The EEAS has worked with partner countries to clarify EU positions during global health negotiations, and promote information-sharing on EU support actions, such as during the mpox outbreak.

Work has also been undertaken to ensure a more active role of EU Delegations around the globe in implementing the global health strategy. Delegations have proven to be an effective source in gathering health-related information and communication, not only in Geneva or New York, but also in our partner countries.

### **5.2. Building a stronger multilateral global health system: EU-WHO partnership**

The EU has long recognised WHO as the cornerstone of the multilateral health system and its pivotal role in addressing global health challenges. This has also been acknowledged by the G7<sup>81</sup> and the G20<sup>82</sup>. In the face of global challenges, effective international cooperation and multilateral action, as a complement to national action, are essential to protect the well-being and lives the public, as well as the prosperity and stability of our societies and economies. Through a well-established partnership, the EU and WHO cooperate across multiple areas to strengthen health systems, promote universal health coverage, and respond effectively to health emergencies worldwide.

Aligned with the EU global health strategy, the EU-WHO partnership continues to evolve to tackle emerging health challenges. The strategy underscores the necessity of a strong multilateral system, with WHO at its core, to reduce health inequalities and building resilient health systems worldwide. WHO remains a steadfast partner in this ambition, playing a crucial role in achieving the goals of Sustainable Development Goal 3 and the EU’s health objectives, including strengthening universal health coverage, and responsive health systems capable of addressing global challenges.

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<sup>81</sup> G7, [G7 Health Ministers’ Communiqué](#), Para 10, Ancona, October 10-11, 2024

<sup>82</sup> G20, [G20 Declaration of the Health Ministers](#) and [Health Ministerial Declaration on Climate Change](#), Rio de Janeiro, 2024

Together, the EU and its Member States are already the largest financial contributor to the WHO and will continue advocating for a strong and resilient WHO. In this regard, the EU actively supported the WHO Investment Round in 2024 as a transformative step toward mobilising more focused and impactful financing for global health. The Commission is contributing over EUR 250 million. Together, under Team Europe, the EU and its Member States will contribute USD 783 million for 2025-2028, positioning Europe as the largest donor to the Investment Round. This commitment reflects the EU's ambition for a stronger WHO, ensuring that global health commitments translate into tangible improvements for partner countries and advance better health for all.

Beyond financial contributions, the Commission services and the EEAS actively engage with WHO at strategic, diplomatic, technical and operational levels, including via the EU Delegation in Geneva. This cooperation includes direct engagement between Commission line units and WHO, spanning both WHO Headquarters and the WHO Regional Office for Europe. Additionally, the Commission coordinates closely with Member States via the EU Delegation services ahead of key WHO meetings, such as the World Health Assembly, Executive Boards, and regional committees. Furthermore, the Commission maintains regular high-level strategic meetings with WHO leadership.

The Commission also supports a wide range of WHO programmes through several Directorates-General, focusing on areas such as universal health coverage, health systems strengthening in all six WHO regions, health security, AMR, enhancing laboratory capacities in Africa, advancing wastewater surveillance for public health and the intersection of health and environmental issues, as well as on strengthening health information systems in Europe and globally. Under the EU4Health programme alone, EUR 92.68 million were allocated between 2021 and 2024 through contribution agreements and direct grants with WHO. Of this amount, EUR 56 million supports crisis preparedness (including digital health-related initiatives focused on strengthening health information systems and health data governance in the European region, and the set-up and operation of the Global Digital Health Certification Network), over EUR 11 million is dedicated to health promotion and disease prevention, and more than EUR 10 million is allocated to cancer-related initiatives. Additionally, EUR 9.5 million are directed towards health systems and workforce-related projects.

In humanitarian and civil protection efforts, the EU-WHO partnership has proven valuable in responding to crises, for example in Ukraine, Afghanistan, Gaza, Syria, and Türkiye with an average budget of EUR 55 million yearly. EU-WHO collaboration also extends to crisis response, particularly in Ukraine, where efforts focus on mental health support and healthcare access for refugees. Other EU-supported WHO initiatives seek to tackle alcohol-related harm and develop new medical countermeasures against AMR. Furthermore, WHO participates as an associated partner in EU Joint Actions, such as JA Prevent NCD, focused on cancer and other non-communicable disease prevention, and HEROES, which addresses health workforce challenges. The Commission also works with WHO, and other global partners in the interim Medical Countermeasures Network (i-MCM-Net), a 'Network of Networks' approach designed to facilitate timely and equitable access to high-quality, safe, effective, and affordable medical countermeasures during public health emergencies.

Furthermore, the Commission supports the WHO-implemented Health Technology Access Program (HTAP), launched in January 2024 as a successor to the COVID-19 Technology Access Program (C-TAP). HTAP aims to ensure global equitable and affordable access to essential health products by facilitating access through voluntary sharing of intellectual property, knowledge, and data among technology developers. The ECDC has also worked with WHO Regional Office for Europe for over 20 years. In January 2025, the ECDC-WHO Regional Office for Europe annual programme coordination meeting took place, where senior leadership from both organisations reaffirmed their commitment to intensifying collaboration.



### **5.3. Cooperation with other international partners**

Beyond WHO, the EU continues to strengthen its partnerships with other international organisations involved in global health. The Commission cooperates at technical level, but also provides funding to various international organisations as set out in the relevant sections of the report, including UNICEF, UNFPA, IFRC, ICRC, UNEP, OECD, Gavi, the Vaccine Alliance, CEPI, GloPID-R, as well as several international non-governmental organisations and specialised Member State agencies.

For example, the Commission has allocated EUR 3.8 million to UNEP to further develop and implement wastewater surveillance programmes in Africa. Likewise, a total of EUR 202 million was disbursed to UN organisations between 2022 and 2025 to implement humanitarian health initiatives. For the same purpose, EUR 133 million have been allocated to IFRC and ICRC, and EUR 410 million to international non-governmental organisations.

The Commission also works closely with the OECD, representing the EU at the OECD Health Committee's biannual meetings. The Commission and the OECD maintain strong, direct cooperation, primarily at the technical level. This cooperation is facilitated through numerous contribution agreements, in which the Commission provides funding for OECD projects on health system resilience, NCDs, and AMR. Furthermore, the Commission holds regular strategic dialogues with the OECD's senior management. Under the EU4Health programme, the Commission has signed six contribution agreements with the OECD between 2022 and 2024, to support specific health-related initiatives, with a total value of EUR 12.15 million.

In addition, the Commission is one of the Global Research Collaboration for Infectious Disease Preparedness (GloPID-R) board members. GloPID-R is an international network of research funders set up to enhance global preparedness and response to infectious disease outbreaks. Since its creation in 2013, GloPID-R has played an important role in global cooperation and coordination of research funding in response to epidemics like Zika and mpox, and to the SARS-CoV-2 pandemic. The GloPID-R network currently covers 35 member and eight observer organisations from around the globe. Its secretariat has been funded by three consecutive Horizon grants with an approximated contribution of EUR 6.7 million.

Furthermore, the EU and its Member States are actively engaging in the negotiations at the International Labour Organization on a new international standard on biological hazards in the workplace. It is expected that the International Labour Conference adopts the new standard in June 2025.

### **5.4. Health aspects in G7 and G20**

Particularly since the COVID-19 pandemic, the G7 and G20 health tracks have played a crucial role in addressing global health challenges. Successive G7 and G20 Presidencies have ensured continuity and complementarity between these forums, with the EU actively shaping discussions and reinforcing its commitment to multilateralism and international cooperation on health.

In particular, the EU has championed reaching the health-related targets of the UN 2030 Sustainable Development Agenda, ensuring that no one is left behind. It has promoted the advancing universal health coverage, including through better support for the health workforce, and achieving health equity by promoting equitable access to vaccines and other health products through regional diversification of manufacturing. This has built on the efforts of the Team Europe MAV+ Initiative for medical countermeasures manufacture in Africa.

The EU has also championed the need to keep health funding at the top of the global political agenda. Through the G20 Joint Finance and Health Task Force, the EU has worked to strengthen the global health architecture and pandemic response, while also promoting the Pandemic Fund, and its replenishment, to ensure long-term financing to address gaps in pandemic prevention and preparedness capabilities in low-and-middle-income countries.

Beyond financing, the EU has also pushed its internal health priorities in both forums. As a result, recent Ministerial outcomes have addressed fostering secure, human-centric digital health and the potential of artificial intelligence; tackling non-communicable diseases; advancing the implementation of the One Health approach, especially to tackle AMR and climate change; and promoting global cooperation on tackling long COVID.

Furthermore, the EU actively contributes to the work of the Global Health Security Initiative<sup>83</sup>, an informal partnership between like-minded countries and organisations to strengthen global public health preparedness and response to CBRN threats, and pandemic influenza. Held annually alongside G7 meetings, the Global Health Security Initiative has set up several working groups to develop collaborative frameworks such as that for bioterror and respiratory diseases.

### **5.5. EU-Africa partnership**

The EU-Africa partnership is instrumental in strengthening health systems and promoting equitable access to healthcare and health products across the continent.

At the sixth EU-AU Summit in February 2022, a Global Gateway Africa-Europe investment package was announced to support the development of resilient and sustainable health systems. Its implementation was based on a Team Europe approach, bringing together the EU, its Member States, and European financial institutions to support concrete and transformational projects in priority areas. In March 2024, in cooperation with the Belgian presidency of the Council of the EU, the African Union Commission and the EU hosted a high-level conference marking the expansion of the strategic EU-AU health partnership. The high-level conference reaffirmed the alignment of strategic priorities and showcased the concrete progress of related initiatives and programmes.

To align with the EU global health strategy and Africa's call for a New Public Health Order, five key priority areas have been identified: 1) manufacturing and access to vaccines, medicines, and health technologies ('MAV+'); 2) sexual and reproductive health and rights; 3) health security using the One Health approach; 4) public health institutes; and 5) digital health.

To reinforce the joint steering of the EU-Africa Health Partnership, a High-Level Steering Structure ensures a coordinated and effective approach to addressing the region's health challenges. In this context, European and African senior officials met to take stock of progress and remaining work in Addis Ababa in June 2023 and in Brussels in March 2024. During this event, the Africa CDC and the Commission formalised the ongoing partnership between different Commission services and Africa CDC through the signature of a Working Arrangement in March 2024. This document sets out the basis for a European Commission-Africa CDC Joint Work Plan going forward and outlines methods for cooperation, including regular technical dialogue, capacity-building, and promotion of technical collaboration, as well as facilitating the exchange of information and staff exchanges.

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<sup>83</sup> Members are Canada (secretariat), the European Commission, France, Germany, Italy, Japan, Mexico, the United Kingdom and the United States

Africa CDC has risen as a key partner for flagship initiatives on the African continent, notably for surveillance with the EUR 6 million Joint Africa CDC-European Commission Initiative on genomic sequencing (PGI 2.0) implemented by the African Society for Laboratory Medicine (ASLM) and the African Public Health Foundation (APHF), and also regarding testing through the EUR 9.4 million Partnership to Accelerate Mpox Testing (PAMTA) initiative to enhance access to mpox testing and sequencing in affected African countries. Technical support is also being provided to Africa CDC to set up a continental pooled procurement mechanism for medical products by sharing experience and expertise from joint procurement of medical countermeasures at the EU level.

ECDC is implementing a EUR 9 million Africa CDC-ECDC partnership, funded by the Commission, to strengthen Africa CDC's capacity in health threat preparedness and response. In 2024, the project successfully delivered 38 training courses or workshops to facilitate harmonised surveillance and disease intelligence of prioritised outbreak-prone communicable diseases at continental level and to support the implementation of Africa CDC's public health workforce development strategy.

### **5.6. Partnership with Latin America and the Caribbean (LAC)**

Forged in the aftermath of the COVID-19 crisis, the EU-Latin America and the Caribbean partnership on health resilience and equitable access to health products, including vaccine production, was set up in response to the strong interest manifested by LAC leaders in underpinning their health systems and boosting local manufacturing capacities.

The 2023 EU-CELAC Summit Declaration placed human development at the core of the Heads of State commitments, providing a roadmap towards 2025 for advancing on the bi-regional cooperation on human development and health. The partnership focuses on three key areas: regulatory aspects, research and innovation, and private sector engagement, linked to the Global Gateway investment agenda. According to the roadmap an EU-LAC high-level event on inclusive human development and equitable access to health products was held in March 2024. In the run-up to the 2025 CELAC-EU Summit, the EU is promoting health resilience initiatives under the EU-LAC Global Gateway investment agenda, including regional regulatory harmonisation, local production and innovation.

### **5.7. Partnership with Asia-Pacific**

The EU works actively with ASEAN in the field of health policy. Following its EUR 800 million contribution to the fight against COVID-19 in ASEAN, the EU has also contributed EUR 20 million to the Southeast Asia Health Pandemic Response and Preparedness programme implemented by the WHO, building capabilities for testing, research and pandemic surveillance. In August 2023 the EU also participated in the ASEAN high-level dialogue on building a sustainable and resilient future in the ASEAN region: from emergency response to long-term COVID-19 disease management.

A total of EUR 120 million was provided to support Pacific Island countries in tackling COVID-19. The EU provides EUR 2.85 million to support the Pacific Public Health Surveillance Network (PPHSN), a voluntary network of countries and organisations dedicated to promoting public health surveillance and appropriate response to the health challenges of 22 Pacific Island countries and territories. The first priorities of the PPHSN are communicable diseases, especially outbreak-prone ones. At this stage, the target diseases include dengue, measles, rubella, influenza, leptospirosis, typhoid fever, cholera and HIV/sexually transmitted infections.

### **5.8. Partnerships with low- and middle-income countries**

The EU's actions in low- and middle-income countries are developed in the spirit of co-ownership to respond to mutual strategic priorities and rely on partnership with different stakeholders, including government institutions, development partners and civil society. Actions in humanitarian settings are described under section 1.4. Figure 1 shows the geographical distribution of EU bilateral country-level actions in health. The EU's health actions in low- and middle-income countries are concentrated on Africa. Moreover, EU actions at global and regional levels translate into action at country level and an important consideration is to facilitate EU Delegations' engagement to enhance country-level follow-up and the visibility of EU's overall contributions. See box 2 for examples of country level actions managed by EU Delegations, and Section 6 for a summary of EU's overall financial contributions to health under the NDICI-GE.

The health-related work at country-level includes health related components in non-health actions. For example, the EU global health strategy calls for strengthening social protection systems through bilateral country programmes, particularly by supporting the creation of 'minimum social protection rules' that include equitable access to essential healthcare. To this end, between 2023 and 2024, the EU implemented 32 programmes focused on transitioning from fragmented schemes to comprehensive social protection systems, which encompass access to essential health services, as an element of social protection floors. Amongst these, four projects – in DRC, Madagascar, Somalia and Sudan – had a specific focus on social health protection. Additionally, the EU supports health insurance improvements under the facility SOCIEUX+ which mobilises European experts from EU Member States to help partner countries.

**Figure 1. EU bilateral health actions at country level under the current multiannual financial framework (2021-2027) as of February 2025** (Colour coding of partner countries: INTPA: red, ENEST: blue, and MENA: green)



## Box 2. Country examples

### *Democratic Republic of Congo*

In the DRC, the EU is supporting Kinshasa and seven provinces, based on geographic division of labour among donors. The state covers barely 14% of health costs, mainly salaries and households (primary

source). Public and private donors cover the rest. This is compounded by the difficulty of accessing health facilities in rural areas, insecurity, and humanitarian crises.

In the EU selected areas, the EU supports health interventions together with other actions tackling the determinants of human development such as nutrition, gender and education, and establishes links with social protection mechanisms, solidary and prepayment systems (mutuals). The interventions aim to strengthen the fundamental pillars of the health system particularly for women and children, with a focus on quality medicines and quality of care, infrastructures and equipment, community-based nutrition and malnutrition management, prevention, and response to gender-based violence. The East provinces (North Kivu and Ituri) are also targeted by EU humanitarian actions with a view to operationalise the development-humanitarian nexus to ensure population resilience.

#### *Afghanistan*

The EU is supporting the Afghan population – especially women, children, people with physical and mental disabilities, people with drug disorders, internally displaced persons and returnees – by addressing their essential needs with a focus on basic services and livelihoods assistance and fostering durable solutions.

In the area of health, through partnerships with UN agencies (WHO, UNICEF, UNFPA, UNODC) and international non-governmental organisations – such as Healthnet TPO, Emergency, Handicap International –, the EU-funded actions aim to help: 1) build a national health security system to respond effectively to infectious disease outbreaks, such as polio; 2) tackle the current burden of non-communicable diseases and the alarming drug and mental health crises; and 3) improve access to quality reproductive, adolescent, maternal and child health and nutrition and water sanitation and hygiene services.

#### *Burundi*

In Burundi, the EU plays a pivotal role in the health sector group, co-leading a close dialogue with the Ministry of Health, on health sector financing reform to enhance universal health coverage. This dialogue contributes to fostering the impact of EU interventions' to strengthen the health system, in particular for reproductive and nutritional health while contributing to two objectives of the Team Europe Health Initiative (pillars 1 'Access to health services for the Burundian population, in particular for women, girls and children under five' and 2 'The quality of the provision of care and health services in health facilities and epidemiological surveillance are improved').

EU health interventions align with the principle of geographical concentration adopted in 2022, targeting the Northern and North-Eastern provinces. In addition, the main health system support programme financed by the EU continues to focus on performance-based financing and free healthcare for pregnant women and children under five. Furthermore, the EU supports a resilience programme focused on the management of acute and severe malnutrition in health facilities, comprehensive sexual and reproductive education, and disaster risk reduction. Synergies with ongoing and upcoming Team Europe programmes are being fostered.

### **5.9. Partnerships with neighbouring countries**

The EU's neighbourhood policy plays a crucial role in strengthening health systems and cooperation with neighbouring countries to address global health challenges.



In the enlargement and neighbourhood regions, the Commission is implementing three dedicated economic and investment plans, for the Western Balkans, the Eastern Neighbourhood and the Southern Neighbourhood. These plans aim to support economic recovery, particularly post-COVID-19, and socio-economic development of these regions. The EU's focus in the neighbourhood includes addressing health emergencies arising from natural disasters, such as earthquakes in Albania or Morocco, and violent conflicts in both the Eastern and Southern Neighbourhoods.

In the Eastern Neighbourhood, the EU initially focused on COVID-19 emergency needs and progressively shifted towards strengthening national health systems. Since 2024, the EUR 7 million 'Health Resilience' regional action supports Eastern Neighbourhood countries in becoming more interconnected while increasing resilience to future health emergencies. This will be achieved by setting up communities of practitioners and policymakers from the different partner countries, who will advance regional cooperation and tackle core common health challenges related to crisis preparedness and response, healthcare workforce imbalances, as well as mental health including culture-specific aspects.

In the Southern Neighbourhood, the EU has implemented various bilateral projects with partner countries to address health needs. These projects focus on improving access to basic healthcare services and other humanitarian support for vulnerable populations, including migrants, refugees and asylum seekers.

In Libya, health-related assistance, including medical services, training, and psychosocial support, is provided to vulnerable migrants and people in need of protection. A socio-economic development programme in Libya enhances local public authorities' capacity to provide essential services, including healthcare. In Tunisia, the EU focuses on providing protection and health services to vulnerable refugees, asylum seekers, and migrants. The EU also supports a national mechanism for the socio-economic reintegration of migrants and returnees. In Egypt, the EU has worked to improve the quality and accessibility of healthcare services by eliminating physical, social, and financial barriers, including for vulnerable migrants, refugees and asylum-seekers.

The EU has also provided substantial financial support in the Southern Neighbourhood for access to basic healthcare services and other humanitarian support for refugees from Syria and their host countries, namely in Türkiye, Lebanon and Jordan. In Lebanon, the EU has been supporting the health sector since 2018, with a focus on primary healthcare, vaccinations, and medicines, especially in response to the Syria crisis. Under the EU's Emergency Trust Fund (EUTF), substantial support is provided to 60 out of 299 primary healthcare centres, making the EU the largest donor in Lebanon's primary healthcare sector. This support includes crucial services like medications, vaccinations, and institutional strengthening, with a recent emphasis on COVID-19 response efforts.

Additionally, the regional programme 'EU support to legal migration, mobility and skills partnerships with North African countries' (THAMM+), adopted at the end of 2023, aims to strengthen partner countries' labour migration governance, including by working on safety and social protection for migrant workers across Morocco, Tunisia, and Egypt.

The Agenda for the Mediterranean and its economic and investment plan guides EU support in the Southern Neighbourhood, focusing on strengthening healthcare systems, improving access to quality healthcare, and addressing common health challenges. This includes initiatives to enhance healthcare infrastructure, to promote disease prevention and control, and to support the development of effective healthcare delivery mechanisms.

## **5.10. Support to the enlargement process**

EU enlargement is a key priority for the Commission in 2024-2029, as also outlined in President von der Leyen's political guidelines.

Currently there are nine candidate countries (Albania, Bosnia and Herzegovina, Montenegro, North Macedonia, Serbia, Türkiye, Georgia, Moldova and Ukraine) and one potential candidate (Kosovo)<sup>84</sup>. The EU supports their accession processes, including their efforts to align with the EU health *acquis*. Public health is covered in the *acquis* of Chapter 28 (consumer and health protection) and Chapter 1 (free movement of goods), and the candidate countries and potential candidate country should gradually align with EU health policies, including the global health strategy and the One Health approach. In addition, candidate countries and potential candidates will continue to be supported to align their legal frameworks and policies on occupational safety and health with the EU *acquis*, as covered in Chapter 19 (Social Policy and Employment).

Several EU programmes, including EU4Health and Horizon Europe, explicitly allow EU candidate and potential candidate countries to join. To date, Bosnia and Herzegovina, Moldova, Montenegro, and Ukraine have joined the EU4Health programme<sup>85</sup>. These agreements open access for these countries to EU funding in the field of health. They will enable the health systems of these countries to respond to immediate needs and contribute to long-term recovery. In addition, all six Western Balkan partners<sup>86</sup>, Türkiye, Moldova and Ukraine have joined Horizon Europe.

Using the Instrument for Pre-Accession Assistance regional funds, the EU's technical assistance and information exchange instrument (TAIEX) has organised over 25 workshops, expert missions, and study visits in the Western Balkans on public health, including on infectious diseases, One Health, cancer, and medicines for human use. The Twinning programme, funded by EUR 3.5 million from IPA funds, has supported projects in Serbia to strengthening institutions working on the surveillance of communicable diseases and supporting substances of human origin. The programme has also supported epidemiological capacities in Albania and supported the medicines agency in Montenegro.

Furthermore, the EU is supporting Ukraine through projects such as the EUR 5 million EU4Recovery initiative, addressing health challenges stemming from the Russian war of aggression and the influx of internally displaced persons, as well as the effects of the war, including psychosocial issues. Specific activities include delivering medical equipment, first aid training, support to medical colleges and paramedics training, support to telemedicine services and mental health and psychosocial support programmes for healthcare professionals. The EU4Resilient Regions project (EUR 10 million) also provides essential healthcare services and psychosocial support to war-affected communities. These projects offer critical medical equipment, training for healthcare professionals, and support for mental health programmes.

In collaboration with the International Organization for Migration and the WHO, the EU has launched a joint project designed to improve the access to healthcare for Ukrainian persons under the Temporary

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<sup>84</sup> This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence

<sup>85</sup> In July 2022, the Commission signed an agreement associating Ukraine with the EU4Health programme. In February 2023, the Commission signed an agreement associating Moldova with the EU4Health programme. In January 2024, the Commission signed an agreement associating Montenegro with the EU4Health programme. In July 2024, the Commission signed an agreement associating Bosnia and Herzegovina with the EU4Health programme. The agreements applied retroactively from 1 January 2022, 1 January 2023 and 1 January 2024 respectively

<sup>86</sup> Albania, Bosnia and Herzegovina, Kosovo, Montenegro, North Macedonia, and Serbia

Protection Directive<sup>87</sup>. With a budget of EUR 4.5 million and running from October 2023 to December 2025, this initiative aims to strengthen healthcare systems and improve healthcare access for Ukrainian persons displaced in the most affected countries: Bulgaria, Czechia, Estonia, Hungary, Poland, Romania, Latvia, Lithuania, Slovakia and Moldova. The ongoing activities include deploying health mediators, information campaigns, setting up networks of health professional and resilience testing healthcare systems for migration.

The Ukraine Facility Plan envisages EUR 600 million of investments until 2027 for strengthening of the healthcare infrastructure and facilities, digitalisation of healthcare services, and the provision of equipment for medical analysis, surgery, and patient care.

The EU also has a number of technical assistance projects in Ukraine in the health sector aimed at: 1) improving the resilience of the health system (e.g. building blood safety system); 2) supporting Ukraine's harmonisation with EU legislation in the field of public health; 3) building capacity of the Ministry of Health to lead, coordinate and monitor the implementation of health sector reforms, as well as to build responsive and resilient health systems in the COVID-19 context (with WHO); 4) helping local authorities and communities to implement the ongoing healthcare system financing reform and emergency medicine transformation and to address challenges arising from the influx of internally displaced persons and the effects of the Russian aggression, including on psychosocial issues; 5) procurement of medical (diagnostic) equipment; 6) support to improve the capacity of the medical procurement agency; 7) medical rehabilitation.

The EU is also playing a key role in strengthening pharmaceutical supply chains in the Western Balkans and Ukraine, as part of the Growth Plan for the Western Balkans and the Ukraine Facility<sup>88</sup>, by integrating critical medicines into industrial supply chains and strengthening local production capacity. The EU has also launched a comprehensive study on the pharmaceutical industry across the Western Balkans and Ukraine, mapping pharmaceutical manufacturers and assessing supply chains and resource availability. The study will identify key manufacturers and products that align with the Union critical medicines list, while assessing these countries' potential to produce active pharmaceutical ingredients, medical devices, and vaccines.

Furthermore, Western Balkans, Moldova and Ukraine signed the Joint Procurement Agreement, which allows them to take part to joint purchases with Member States to enhance their preparedness against health crises and ensure equitable access to medical countermeasures. They are also part of the Union Civil Protection Mechanism, enabling them to benefit from shared stockpiling of essential therapeutics and equipment for responding to health threats.

The EU is also helping these countries align with EU standards in the pharmaceutical sector. Using IPA funds, the EMA supports the Western Balkans and Türkiye in aligning their regulatory standards with EU standards for medicines. Two contracts worth EUR 856 000 put together aim to improve understanding of the EU regulatory system and build the capacity of national competent authorities in the region.

Additionally, the EU is working with the ECDC through two IPA contracts for all beneficiaries of the Western Balkans and Türkiye for a total of EUR 2.5 million. These contracts focus on three main areas:

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<sup>87</sup> Council Directive 2001/55/EC of 20 July 2001 on minimum standards for giving temporary protection in the event of a mass influx of displaced persons and on measures promoting a balance of efforts between Member States in receiving such persons and bearing the consequences thereof. Available at: <https://eur-lex.europa.eu/eli/dir/2001/55/oj/eng>

<sup>88</sup> European Commission, [Political Guidelines 2024-2029](#)

1) on preparatory measures for IPA beneficiaries' authorities to participate in ECDC activities and systems, 2) advancing One Health responses against AMR in the Western Balkans, and 3) enhancing surveillance of laboratory confirmed severe acute respiratory infections along the same lines as EU/EEA countries to support the implementation of fit-for-purpose surveillance systems.

## **6. Financing and investment in global health (guiding principle 19)**

Acknowledging that domestic resource mobilisation for health is essential, as recognised in the Lusaka Agenda (see section 2.1), financing is a critical pillar of the EU global health strategy, ensuring the effective delivery of health initiatives worldwide. The EU mobilises funding at global, regional, and national levels through a combination of dedicated health programmes, research and innovation initiatives, development cooperation instruments, and emergency response mechanisms. These financial efforts contribute to the overall achievement of the EU's global health objectives, while expanding partnerships and positioning the EU as a major global health player. In addition to traditional funding streams, the EU is increasingly leveraging innovative financing mechanisms and private sector engagement to enhance global health investments. The EU also actively promotes cohesive and efficient approaches, and efforts to mitigate and avoid duplication and fragmentation in global health financing in the G7 and G20.

### **6.1. Global health financing across programmes**

The EU's financial contributions are channelled through multiple funding instruments, each addressing distinct aspects of global health challenges:

- **NDICI-Global Europe** is the primary instrument for external action for non-EU countries, funding health systems strengthening and universal health coverage in partner countries.
- **EU4Health programme** contributes to strengthening health systems and crisis preparedness within the EU and beyond.
- **Horizon Europe** supports research and innovation in health.
- **Instrument for Pre-Accession Assistance** supports health-related reforms in candidate and potential candidate countries.
- **Technical Assistance and Information Exchange** provides expertise and capacity-building for health governance and policy reforms.
- **Humanitarian aid** provides financing for emergency health responses and health services in crisis situations.

*Neighbourhood, development and international cooperation instrument – Global Europe (NDICI-GE)*

Out of a total NDICI-GE budget of EUR 79.5 billion for 2021-2027, the Commission has committed EUR 5.4 billion in official development assistance to support health initiatives. This funding includes actions specifically focused on health as well as health-related components within broader sectors, such as government and civil society, water sanitation and hygiene, education, agriculture or multisector approaches, social protection, energy, business, and emergency responses. This also includes EUR 464 million allocated to the Common Provision Fund EFSD+.

The health-related funding is distributed across global (49%), regional/multi-country (23%), and national levels (28%). Global and regional actions ultimately benefit beneficiaries at country level. Global level actions primarily take place through global health initiatives, regional level actions generally take place in the context of the regional TEIs and the EU-Africa and EU-LAC partnerships, while country level actions have been committed in 42 countries, of which 27 in Africa (see figure 1).

The NDICI-GE financial commitments for health are primarily focused on the following areas: infectious disease control (21%), COVID-19 control (20%), basic healthcare (12%), health policy and administration (11%) and basic health infrastructure (11%). The main categories of implementing partners include global health initiatives (29%) and multilateral/UN agencies (20%)<sup>89</sup>.

#### *EU4Health programme*

The multiannual financial framework revision in 2024 involved redeployments within the EU budget to reduce its impact on national budgets, given ongoing fiscal consolidation efforts, including a redeployment of EUR 1 billion from the EU4Health programme. Therefore, the prioritisation and careful allocation of the adjusted budget became even more critical, ensuring that every euro is directed towards maximising impact and supporting the EU4Health Regulation's strategic objectives. The programme remains committed to supporting international health initiatives and advancing the global health strategy. This includes bolstering global efforts on pandemic preparedness, contributing to global resilience, and enhancing the capacity of international partners to prevent health crises.

The programme also supports health systems strengthening and health promotion initiatives, and maintaining close collaboration with key international organisations, primarily the WHO. Additionally, partnerships with the OECD, IOM, UNEP, and IARC play a crucial role in advancing global health efforts.

Under the EU4Health work programmes (2022-2024), the EU has committed EUR 39.84 million to other international partners in addition to its support for WHO. This includes EUR 12.12 million to the OECD, EUR 2.5 million to the IOM, and EUR 2 million to UNICEF, mostly for health promotion and disease prevention.

#### *Horizon Europe and EDCTP*

As indicated in section 2.5, the EU has contributed EUR 910 million for 2021-2031 to the Global Health EDCTP3, the third iteration of the European and Developing Countries Clinical Trials Partnership that was launched in 2003.

Under its main work programme Horizon Europe has also funded 203 multi-national, multi-partner research and innovation projects for the period 2021-2024, with an overall EU contribution of close to EUR 1 billion on the impacts of environmental degradation and climate change on human health.

#### *Instrument for Pre-Accession Assistance (IPA) and Technical Assistance and Information Exchange (TAIEX)*

The EU's Instrument for Pre-Accession Assistance and Technical Assistance and Information Exchange also play a crucial role in supporting health-related reforms and capacity-building in candidate countries and the potential candidate country. The IPA provides financial assistance to support the alignment of these countries with EU standards, while TAIEX offers expertise and training to help them build their capacity in health governance and policy reforms. See section 5.10 for further details.

#### *Humanitarian aid financing*

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<sup>89</sup> DAC codes used for the analysis: 12110, 12181, 12182, 12191, 12196, 12220, 12230, 12250, 12261, 12262, 12263, 12264, 12281, 12310, 12320, 12330, 12340, 12350, 12382, 13010, 13020, 13030, 13040, 13081, 13096, 32168, 72011



The Commission plays a crucial role in facilitating access to services for populations affected by humanitarian crises. By ensuring access to basic services like food, nutrition, water, healthcare and shelter, and funding interventions that enhance social protection, gender and education, among others, the Commission contributes to tackling the economic, social and environmental determinants of ill health, especially for the most vulnerable people in over 80 countries.

Between late 2022 and early 2025, EUR 5.5 billion were disbursed in humanitarian aid, following an integrated approach that recognises and addresses the multi-sectoral nature of health. This amount includes EUR 745 million directed specifically to the provision of healthcare over the same period and emergency response through tools like ReliefEU, which provides emergency funding and operational capacities (transport, stockpiles, expertise. etc.). In addition, EUR 1.9 billion are dedicated to the Union Civil Protection Mechanism, rescEU, and the European Civil Protection Pool over 2021-2027.

## **6.2. Innovative financing mechanisms and private sector engagement**

The European Fund for Sustainable Development Plus (EFSD+) is the main financing tool for Global Gateway implementation, offering a range of risk-sharing instruments with a funding capacity of up to EUR 40 billion, which can leverage up to EUR 135 billion in additional financing. These guarantees, implemented through development financial institutions, cover a full range of risks, including commercial, political, and currency devaluation.

In the health sector, the most relevant innovative financial mechanism is the Accelerating Human Development (HDX)<sup>90</sup>, backed by EFSD+ and implemented by the EIB in partnership with the Gates Foundation. The HDX aims to strengthen health systems and to improve access to health technologies by de-risking investments in projects that promote universal health coverage. The initiative will mobilise up to EUR 750 million of investments in the health sector<sup>91</sup> through corporate loans, venture loans and volume guarantees. These investments are supported by the Gates Foundation with EUR 250 million of matching grants and technical assistance. The guarantee aims to address market barriers and attract private sector investment. The HDX aims to facilitate investment in infrastructure and enable a better environment for health systems, as well as improved manufacturing capacities for health products and technologies. It is designed to strengthen services and increase the security of biopharmaceutical supply chains, fostering economic growth and productivity, and cover a wide range of potential interventions including manufacturing, R&D, and delivery of vaccines, and medical goods and devices, laboratory development and expansion and others.

Furthermore, the Commission regularly engages with the private sector through forums such as the Global Gateway Business Advisory Group, international events or through the EU Delegations to better understand financial and non-financial needs, regulatory and market constraints, innovative solutions, or simply to discuss possible alignment with MAV+ objectives. These engagements provide the Commission with market intelligence that then informs the discussions with African and European partners, ensuring maximum impact of the supported actions.

The EU has also championed the need to maintain health funding at the top of the global political agenda. Through the G20 Joint Finance and Health Task Force, the EU has worked to strengthen the global health architecture and pandemic response, while also promoting the Pandemic Fund and its

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<sup>90</sup> European Commission, [Accelerating Human Development](#)

<sup>91</sup> European Commission, [Global Gateway: EU steps up support for global health and equitable access to health products and local manufacturing](#)

replenishment, to ensure long-term financing to address gaps in pandemic prevention and preparedness capabilities in low-and-middle-income countries.

## **7. Monitoring and accountability (guiding principle 20)**

Transparency and accountability are key to measuring progress in the EU global health strategy. Upholding these principles ensures that commitments are met, and meaningful impact is achieved. Through structured monitoring and engagement, the EU seeks to track developments, foster collaboration, and strengthen its global health efforts. This section outlines the key initiatives in place to achieve these goals.

### **7.1. Monitoring framework**

With the publication of the EU global health strategy, the Commission committed to assessing progress and ensuring the accountability of the EU's global health action through monitoring and assessment. To achieve this, the strategy outlined the development of a monitoring framework to track progress from 2020 onwards.

This project<sup>92</sup>, financed under the EU4Health programme, was launched in June 2024. The study aims to assess progress and results in implementing the global health strategy, covering all guiding principles and enabling active follow-up of progress through selected indicators<sup>93</sup>.

Designing the monitoring framework implies identifying what to monitor, indicators and appropriate points of comparison, assessing existing data and data arrangements, identifying data sources and developing appropriate tools to search those data sources and gather them for further analysis. Additionally, the project will result in the development of a pilot tool that showcases the selected indicators and data, providing a clear and visual representation of progress towards the strategy's objectives.

### **7.2. Dialogue with stakeholders**

The commitment to put a robust monitoring and accountability mechanism in place also involves ongoing dialogues with a variety of stakeholders.

Effective implementation of the EU global health strategy relies on collaboration with civil society and their active involvement in the process. This multi-stakeholder approach ensures that diverse perspectives are considered in the strategy's implementation.

To facilitate this collaboration, the Global Health Policy Forum (GHPF) is organised on an annual basis as a high-level event that brings together stakeholders to discuss pressing global health issues, explore policy solutions, and foster partnerships. As a key component of the EU's commitment to transparency and accountability, the GHPF provides a platform for structured dialogue with stakeholders to discuss the implementation of the EU global health strategy. The last edition of the GHPF took place on 15 May 2025.

In addition to the GHPF, engagement with civil society organisations takes place on a regular basis. For example, in 2024 two dedicated deep dive meetings were held on regional Team Europe initiatives in health and on financing global health needs under the next multiannual financial framework.

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<sup>92</sup> This project is part of the Framework Contract SANTE/2021/OP/0002, with a budget of EUR 616 120

<sup>93</sup> Composed by Technopolis, Ecorys, EUPHA and empirica

Furthermore, the Commission services and the EEAS maintain regular exchanges with EU Member States on the global health strategy and matters that contribute to the strategy's implementation. These exchanges take place through various channels, including the Council, Team Europe initiatives in health, the informal expert group on global health in development cooperation, and the Joint Action on global health impact. The strategy has also been discussed in the European Parliament's Committee on Development (DEVE).

## **8. Way forward**

The Commission remains steadfast in its commitment to implement the EU global health strategy and achieve its objectives. The Commission services and the EEAS will continue to strengthen partnerships, mobilise resources, and enhance coordination and cooperation between EU institutions, Member States, and international partners at country, regional and multilateral levels. In this regard, the EU reaffirms its unwavering support for the WHO as the indispensable cornerstone of the multilateral health system. Together with its Member States, the EU remains the largest financial contributor to the WHO and is committed to ensuring its resilience and effectiveness in addressing global health challenges. The EU further remains committed to transparent reporting on the progress through the mid-term review and final evaluation of the strategy's implementation. Several initiatives are underway to advance the implementation of the global health strategy.

Under the 2024-2029 Commission, the Global Gateway will be scaled up, including health as one of five key areas of partnership. The Global Gateway was developed with the aim to mobilise up to EUR 300 billion of public and private investments by 2027 through a combination of grants, concessional loans, and guarantees to de-risk investments. The Global Gateway is also a qualitative offer that promotes high social, environmental, and financial standards, and upholds democracy, the rule of law and human rights.

In response to recent crises, the EU has launched in 2025 an ambitious EU preparedness Union strategy, which takes into account the Niinistö report, following an all-hazards, whole-of-government and whole-of-society approach. The strategy integrates health security, from the prevention, surveillance and rapid detection of health threats to more secure supply chains for raw materials. Fostering civil-military cooperation is an integral part of the strategy and, in combination, all these elements promote a culture of resilience and coordination.

The Commission will present a new strategy to support medical countermeasures against public health threats, including CBRN threats. This will be a first deliverable of the preparedness Union strategy and will contribute to reaffirming the EU's leadership in global health and reassert the EU's commitment to working with partners globally to combat current and future health threats. The medical countermeasures strategy is envisaged to provide a framework for coordinated actions at EU-level and with global partners to support the development and availability of medical countermeasures harnessing tools such as joint procurement, stockpiling and innovative financing, in line with guiding principles of the global health strategy such as boosting global health research and improving equitable access to essential health technologies and medicines, including medical countermeasures. Overall, the strategy will aim at strengthening EU-level preparedness for health security threats, enhance citizens' protection, and consolidate global cooperation on medical countermeasures and thus contribute to advancing global health security.

The Commission will draw up a Union prevention, preparedness and response plan for health crises which aims to promote an effective and coordinated response to serious cross-border threats to health at EU level and to complement national prevention, preparedness and response plans. This plan is being

developed in cooperation with Member States and relevant EU agencies. It will include provisions on joint arrangements for governance, capacities and resources, in particular on timely cooperation between the relevant stakeholders. Joint arrangements for secure exchange of information, epidemiological surveillance and monitoring, early warning and risk assessment, risk and crisis communication, multi-sectoral collaboration, critical medical countermeasures, and emergency research and innovation are also envisaged to be discussed. Moreover, the plan will feature cross-border interregional preparedness elements to support aligned, multi-sectoral, cross-border public health measures. The Union plan will be established in accordance with the WHO emergency framework set out in the International Health Regulations (IHR 2005 amended) and will thus be in-line with the international provisions on governance, capacities, and resources for prevention, preparedness and response for serious cross-border threats to health. While the primary audience for the Union plan are the national competent authorities in EU/EEA countries, the plan can also benefit EU candidate and potential candidate countries.

Addressing global fragility is also critical, as weak health systems can exacerbate crises worldwide. The Commission is enhancing cooperation between humanitarian, development, and peace actors to ensure a coherent and complementary response. An EU-integrated approach to fragility is expected in 2025 to better link urgent relief with long-term solutions. Lastly, the partnership between ECDC and Africa CDC is expected to be formalised in 2025 through the signature of a memorandum of understanding.

## **9. Conclusion**

The EU's collective efforts in the area of global health were re-energised due to the pandemic. The first two years of implementation of the EU global health strategy demonstrate that related actions are making overall good progress, despite challenges, and although naturally much work remains to be done.

The EU's actions to implement the strategy will need to continue navigating complex geopolitical contexts and pressing fiscal constraints. Nevertheless, the implementation of the EU global health strategy provides an opportunity to maintain momentum and jointly make further progress.

The Team Europe and 'health in all policies' approaches, relying on the combined contributions of EU institutions and EU Member States across sectors, will continue to be instrumental for the EU to reassert its responsibility, deepen its leadership and foster partnerships in the interest of the highest attainable standard of health. This report represents the collective work of multiple services, reflecting the EU's commitment to a unified and cross-sectoral approach to global health.

The Commission and the High Representative / Vice-President remains firmly committed to work with all stakeholders in implementing the EU global health strategy. Together, we can make a lasting impact on global health, fostering a healthier and more equitable world for all.