
**INCLUDING HEALTH IN THE SPANISH, HUNGARIAN AND BELGIUM EU
PRESIDENCY AGENDA:
CVIL SOCIETY RECOMMENDATIONS**

The Spanish, Hungarian and Belgium Trio Presidency of the European Union (EU), which will take place from January 2010 to June 2011, is a unique opportunity to move forward transforming the commitments in the fight against poverty and inequality into clear improvements in the health status of the less favored population groups. 2010 will be the European year against poverty and it will mark the entrance in the last five years of the timetable set by the international community to achieve the Millennium Development Goals (MDGs) agreed in 2000. Furthermore, it will be the time to reviewing fifteen years of implementation of the Beijing's Platform of Action and Cairo's Program of Action.

Unfortunately, the health MDGs' indicators of achievement show disheartening data regarding the reduction of infant mortality, the decline in the number of people infected by HIV, or the reduction of maternal mortality. Furthermore, it is in this field - improving maternal health and reducing mortality associated with pregnancy and childbirth - where progress is less evident. The health MDGs should, therefore, receive special attention both as a specific and a crosscutting issue within the strategies for strengthening national health systems. As many studies have indicated, health systems strengthening on its own does not necessarily bring a reduction in maternal mortality if the issues that impact negatively on access to health care by the most vulnerable groups are not identified and addressed.

The EU Agenda for Action to accelerate progress towards the achievement of the MDGs, adopted by the EU Council in June 2008, foresees by 2010 a health financing gap of €13.4 billion, based on the WHO Macroeconomics and Health Commission's target. In this context, and based on the assured constant flow of EU aid, the EU could contribute with €8 billion to the achievement of the health MDGs, of which €6 billion would be for Africa.

The EU Agenda for Action acknowledges that this increase in the level of investment in the health sector could mean a substantial contribution to the achievement of UN goals. This contribution is vital, especially at a time when the recently published Special Report of the European Court of Auditors "Communitarian Development Aid for health services in sub-Saharan Africa", indicates that the funding to the health sector, as a proportion of total development aid, has not increased since 2000, despite the health MDGs commitments and the health crisis in sub-Saharan Africa.

In this context, and with a background of global crisis, the role that Spain, Hungary and Belgium can play as catalysts of the European Union's commitment to global health will be crucial. Therefore, as the world's largest donor of aid to impoverished countries, we call for the EU's active involvement, and creative leadership.

Furthermore, the EU Presidency will give Spain, Hungary and Belgium the opportunity to strengthen their voice and presence in the European and international community, and thereby strengthen its credibility. Convinced that urgent action is needed and that real commitment can not be postponed any longer, *we call on our Governments to use their leadership to addresses some of the most urgent challenges in the field of global health, specially by:*

1. ***Encouraging the implementation of the EU Agenda for Action to accelerate progress towards the achievement of health MDGs*** by both following-up on the outcomes and remaining challenges of such agenda and encouraging significant financial contributions by each of the 27 Member States to immediately reduce the “8€ billion health gap”.
2. ***To adopt a comprehensive EU Gender Plan of Action***. Civil society should play a key role in the elaboration of such plan of action, which should also be based on the “gender in development” approach and show strong respect for sexual and reproductive rights.
3. ***To approve an emergency plan to accelerate the response against maternal mortality and the improvement of access to sexual and reproductive health*** in developing countries, in alignment with existing international agreements as ICPD and the Maputo Plan of Action.
4. ***To sustain the efforts made during previous presidencies to promote the aid effectiveness agenda*** by:
 - Ensuring a strong EU leadership as a health donor in all EU countries, avoiding the risk of “orphan countries” and “orphan sectors.”
 - Adopting further commitments for better aid harmonization regarding health donors.
 - Encouraging a significant involvement of all partners, including civil society, in the distribution of tasks at country level.
 - Promoting a major boost to predictable and long term funding.
 - Using a complementary approach on mutual accountability and managing for results.
 - Strengthening of mutual accountability from the donor to the receiver government, from the receiver government to the donor, and from the receiver government to civil society.
5. ***Supporting the implementation of the EU Program of Action to fight AIDS, Tuberculosis and Malaria***, specially by getting involved in any of its “ad hoc” working groups and encouraging other member states to get on board as well.
6. ***Strengthening the EU's support to the Global Fund against Aids, Malaria and TB*** by promoting the creation of steady funding channels, as well as stimulating the debate on a new funding model based on the economic capacity of donor countries that would allow a sustainable and predictable way to have resources.
7. ***Keeping on promoting Europe's leadership in HIV/AIDS, Malaria and TB R&D*** in order to achieve new biomedical products and new technologies for prevention applicable to the three diseases, accessible and affordable for people from developing countries.