



Global Health in the Political Agenda of the New Legislature

ISGlobal Barcelona
Institute for
Global Health

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[The purpose of this document, published at the start of a legislative term in Spain, is to make proposals related to the field of global health for the coming term of government.]

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Photo: UNWomen / Joe Saade

Think about the world as it was just four years ago. The legislature that would take us into the third decade of the 21st century was about to begin and the **COVID-19** virus did not yet exist. Just a few months later, and for months and months after that, every news bulletin opened with the number of daily infections, hospitalisations and deaths due to the new disease followed by the latest updates on the measures adopted to contain the spread of the virus. The race of scientists to better understand both the virus and the disease and to develop a vaccine was followed in real time by the public. When the acute phase of the health emergency was over, thanks to immunisation, other equally serious crises replaced COVID at the top of the news agenda.

Now think about the fact that scientists have, for years, been warning us about the threats posed by infectious diseases

caused by **novel pathogens**: COVID-19 was the first real example of this threat but it will not be the last. We should therefore also think about the other things scientists are warning us about: the **climate emergency** and **antimicrobial resistance**. And we should also bear in mind another scientific milestone, the development of several vaccines against a new disease in record time, an achievement that revealed the current glaring inequality in access to immunisation.

In this paper, our proposal is that all the considerations listed above should lead us **to take concrete action over the next four years**. We propose a work agenda for the field of global health that will confirm Spain's strong commitment to this global public good. Not only because improving the health of people around the world is the right thing to do, but also because global health is a matter of global security.

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The aim is to enable **Spain** to increase the added value of its contributions in this field as well as its influence within the international community. In addition to our experience and capacities, there are other good reasons why Spain should make a strong commitment and aspire to international leadership in global health. From that position, we could better advocate the urgent need to correct the deficiencies and weaknesses in global health identified during the pandemic in the context of the current complex environment affected by multiple crises.

Our aim in this brief is to propose a vision of global health for Spanish society as a whole and for all our public and government institutions. We propose a **horizon for joint action** taking the form of a coordinated and impact-oriented approach to improving the health of people around the world and a roadmap for developing and implementing such an approach over the next few years ●

Box 1. What is ISGlobal?



The Barcelona Institute for Global Health [ISGlobal] is the result of an innovative alliance between the "la Caixa" Foundation, academic institutions and government bodies. The Institute was set up to contribute to the work undertaken by the international community **to address the challenges facing global health.**

Bringing together over 30 years' experience in global health, ISGlobal has consolidated a **hub of excellence** around the medical research carried out by Hospital Clínic and Mar Health Park and the academic research undertaken by the University of Barcelona and Pompeu Fabra University. The Institute's working model is based on the generation of scientific knowledge through its research programmes and teams, which is then translated into practice by its Education and Training and Policy and Global Development departments. ISGlobal is an accredited Severo Ochoa Centre of Excellence and a member of CERCA [Research Centres of Catalonia], an initiative of the Catalan Government designed to support the work of affiliated centres.

The ultimate goal of ISGlobal's work is to **reduce health disparities between different populations** worldwide. Examples of its projects are provided in boxes throughout this policy brief.

ISGlobal

1. What Vision of Global Health are We Proposing?

“The prime objective of global health as a field of knowledge and public action is to improve people’s health and make progress towards health equity so as to ensure that all the people in the world can enjoy the right to attain their highest level of health.”

The prime objective of global health as a field of knowledge and public action is to improve people’s health and **make progress towards health equity** so as to ensure that all the people in the world can enjoy the right to attain their highest level of health.

Health equity is the core value in this vision—the ethical principle that guides research and the translation of knowledge to society. And we will never achieve equity in health care without commitment to two concepts that lie at the heart of this vision: **equality for women¹** and a **decolonial approach** capable of identifying and correcting inequitable biases in the generation and application of knowledge.

The **generation and transfer of quality scientific and health knowledge** plays

a fundamental role in this vision of global health. And to maximise the contribution of this work we need a greater focus on three key aspects: an orientation towards achieving the greatest impact, innovation, and the creation of multidisciplinary, multi-stakeholder and multilevel partnerships.

Only on that basis will it be possible to address the **major threats facing global health**: the gross inequalities in access to health care, services, products and innovations within and between countries; the climate emergency; and the shortcomings of the systems set up to respond to these threats on all levels, including that of global health governance ●

Box 2. The climate emergency: Heat-attributable deaths



A study led by ISGlobal and published in *Nature Medicine* estimated a total of 61 672 heat-related deaths in Europe between 30 May and 4 September, 2022.

The research team collected temperature and mortality data from 823 regions in **35 European countries** for the period 2015-2022. They then built epidemiological models to estimate trends in heat-related mortality by week and region during the summer months.

Stratification by age and sex showed a significant spike in mortality in older adults, especially women. Heat-related deaths were **63% higher in women than men**, with estimates showing 35 406 premature deaths in women [145 deaths per million] versus 21 667 in men [93 deaths per million].

The summer of 2003 holds the record for heat-related deaths in Europe, with an excess death toll of 70 000.

“**The summer of 2003** was an exceptionally rare phenomenon, even considering the anthropogenic warming observed before then,” explains ISGlobal researcher **Joan Ballester Claramunt**, first author of the study, who holds a grant from the European Research Council. “And this exceptional occurrence brought to light the lack of prevention plans and the fragile state of health care

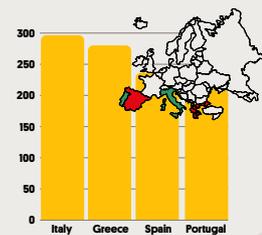
¹ The Spanish chapter of *Women in Global Health* was founded in September 2021 to contribute to gender equity and justice at all levels and across all areas of health care.

systems in terms of preparedness for climate-related emergencies, although some corrective measures were introduced in the years that followed.”

Ballester went on to clarify, however, that “the temperatures recorded in the summer of 2022 cannot be considered exceptional, in the sense that they **could have been** predicted by time series analysis of data from previous years, which showed that warming had accelerated over the previous decade.”

“The fact that more than 61 600 people in Europe died of heat stress in the summer of 2022, even though by that time, unlike in 2003, many countries had active prevention plans in place, suggests that current adaptation strategies may still be inadequate,” says **Hicham Achebak**, researcher at Inserm and ISGlobal and last author of the study. “The acceleration of the warming trend observed over the past 10 years highlights the **urgent need to reassess and substantially strengthen prevention plans**, paying particular attention to the variations between different European countries and regions and to age and gender gaps, which currently mark the differences in vulnerability to heat,” he adds.

The 4 countries with the highest heat-related mortality rates (deaths per million inhabitants) in Europe were **Italy, Greece, Spain and Portugal**



The premature mortality rate attributed to heat was **63% higher in women.**



2. Where is this Vision Developed and Implemented?

“The concurrence of the science, health and development cooperation sectors is essential to Spain’s vision for global health.”

This vision of global health is being developed and implemented in two interconnected settings: the national and the international sphere. **Within Spain**, the health and science sectors must be en-

hanced and strengthened continuously to enhance our national capacity to improve people’s health and to address the major challenges facing global health.

Box 3. Recent advances in the regulatory and policy framework for the science and health sectors



Science

- In 2022, the Spanish Congress of Deputies approved Law 17/2022, of September 5, which amended Law 14/2011 on Science, Technology and Innovation and updated the framework for the sector.
- Notable advances in policy in recent years include the Spanish Strategy for Science, Technology and Innovation [2021-2027] and the National Open Science Strategy [2023-2027].



Health

- Two strategies have been approved within the legal and operational framework of the Spanish Government: the 2022 Public Health Strategy and the Strategic Plan for Health and Environment [2022-2026].
- Two legislative measures—a bill to establish the State Public Health Agency and an amendment to consolidate equity, universality and cohesion in the Spanish National Healthcare System—were introduced but not approved due to the dissolution of the parliament.

As progress is made on the implementation of the strategies mentioned in Box 3, efforts must also be made to **improve working conditions** and **increase the number of professionals** in both sectors, which will also facilitate progress towards gender equality. The health and science sectors have many things in common: the pivotal role played by the public sector; the

need to streamline processes and bureaucracy and to digitise systems; and the need for internationally respected platforms for innovation and management.

These two sectors also generate the added value of the contributions made by Spanish government and Spanish society as a whole to international development. The **transfer of skills and knowledge beyond our**

borders should be an integral part of the activity of the science and health sectors in Spain. International collaboration must be encouraged and facilitated by all government bodies and agencies.

In the international arena, development cooperation is a key component of this vision of global health. The health sector has always been a priority for Spanish Cooperation, which has always had a particular focus on improving people's health and strengthening health systems as well as a strong commitment to women's health equity. The health-related work of the **Spanish Agency for International Development Cooperation (AECID)** includes some very significant examples of this focus. These initiatives share a common characteristic in that they all establish a direct connection with local institutions and actors in partner countries

and regions and link interventions with actors in the science sector (the Manhica Health Research Centre [CISM] in Mozambique and the Chagas Platforms in Bolivia and Paraguay, to mention only ISGlobal partnerships) and the health sector (the Specialised Medical Training Program and the START Humanitarian Action Program, for example). Also noteworthy is the work of Spanish **local and regional cooperation** in the field of health. As a result of the pandemic, and building on pre-existing work, a series of initiatives emerged that are making strides towards achieving high-impact development cooperation: contributions to COVAX, the global initiative for equitable access to vaccines, and coordination with the health services of the Spanish Autonomous Regions.²

Box 4. The Global Chagas Disease Coalition



The Global Chagas Disease Coalition is an alliance of partners who have joined forces to promote **access to diagnosis and treatment** for patients with Chagas disease and to stimulate **innovation in the search for new tools** to fight the disease.

Current guidelines recommend treatment for everyone affected by Chagas disease but currently only 1% of those affected have access to recommended treatments. It is therefore **imperative to mobilise efforts** to improve access to treatment and the coalition is taking a leading role in realising this objective.

Founded by 6 members—ISGlobal, the Drugs for Neglected Diseases Initiative [DNDi], Fundación Mundo Sano, Fundación CEADES, the Texas Children's Hospital Center for Vaccine Development, and the National School of Tropical Medicine at the Baylor College of Medicine—the coalition **hopes to incorporate more actors** interested in joining this alliance against Chagas disease. It recently welcomed 2 new members; the Center of Excellence for Chagas Disease at Olive View-UCLA Medical Center and the Nhepacha Network.



² Equipo de Análisis y Desarrollo Global de ISGlobal (2022), ¿Cómo han afrontado la pandemia de COVID-19 las agencias de cooperación internacional de las comunidades autónomas españolas? <https://www.isglobal.org/-/como-han-afrontado-pandemia-covid-19-agencias-cooperacion-internacional-comunidades-autonomas-espanolas->

For all of the reasons described above, the **concurrency of the science, health and development cooperation** sectors is essential to Spain's vision for global health. What is needed is a shared vision and a common horizon for all the sectors, government bodies and agencies and other stakeholders involved to facilitate the integration of efforts, resources and capabilities. To achieve this integration we need **to eliminate regulatory and administrative obstacles and overcome the inertia** that hinders collaboration and communication between sectors, disciplines, government departments and agencies and other stakeholders. The **example of Germany** is interesting in this context. Germany's contributions to global health have, for many years, been guided by a strategic approach that includes an inter-ministerial coordination system specific to global health and a multi-stakeholder Global Health Hub.³

This national vision for global health also seeks **to enhance Spain's leadership and influence** in international spaces and forums for discussion and decision-making, including the European Union (EU):

- **Firstly, to maintain the focus on prioritising global health** at a time when the world is being shaken by a series of, often overlapping, crises. To maintain the international community's political and financial commitment to the needs that were revealed and, in many cases, exacerbated by the recent pandemic.⁴ Financing the solutions for these needs worldwide will require the mobilisation of a large amount of funding that can only be obtained by the creation of innovative global instruments and initiatives and collaboration between many diverse actors, particularly government actors at every level (the EU and Spain as well as Spanish regional and local government institutions) in addition to the private and philanthropic sectors.

- **Secondly, to maintain the focus on the health of individuals and health systems in crisis situations**, such as those caused by natural disasters or created by armed conflicts and forced population displacements. Under international law, the healthcare of victims must be respected and protected and must be an important component in the international response to such emergencies.

- **Thirdly, to play an active role in the transformation of the global health system** currently underway in the wake of the pandemic. If the World Health Organisation (WHO) is to play a more significant role at the centre of the global system's governance it will require greater independence. For this to happen, member states must commit to increasing the mandatory financial contributions that fund the organisation, which currently represent only about 20% of its annual budget.

There are also other multilateral actors in the international health system whose impact on people's health is decisive at the global level. Spain's contribution to those institutions and actors should not be limited to funding, but should also include involvement in decision-making processes ●⁵

³ German Federal Government (2020), Global health Strategy of the German Federal Government Responsibility, Innovation, Partnership: Shaping Global Health Together. https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/5_Publikationen/Gesundheit/Broschueren/Global_Health_Strategy.pdf

⁴ United Nations General Assembly (2023), Political declaration of the high level meeting on universal health coverage (A/78/L.3). <https://documents-dds-ny.un.org/doc/UNDOC/LTD/N23/272/29/PDF/N2327229.pdf?OpenElement>

⁵ Olivé I and Santillán O'Shea M. (2023), Ayuda al desarrollo e influencia en el sistema de salud global. Elcano Policy Brief. <https://media.realinstitutoelcano.org/wp-content/uploads/2023/01/policy-paper-ayuda-al-desarrollo-e-influencia-en-el-sistema-de-salud-global.pdf>

Box 5. Recent international developments



In recent months, there have been significant updates to key **international** political commitments that are crucial to global health.

- Following a final stage of high-level political negotiations, 3 key resolutions were approved during the 2023 United Nations General Assembly.



Universal Health Coverage



Pandemic Prevention, Preparedness, and Response



Tuberculosis

- Some days earlier, at the G20 Summit, the representatives of the world's largest economies agreed on a final declaration. Every year the G20 issues a declaration, which has increasingly focused on pivotal global health issues, especially after the COVID-19 pandemic. The New Delhi declaration also welcomed the World Bank and WHO Report on Mapping Pandemic Response Financing Options and Gaps.
- Finally, it is hoped that agreement on an international instrument on pandemic prevention, preparedness and response will be reached at the World Health Assembly in May 2024. A negotiating body has been created to work on drafts of the agreement [draft dated June 2023].

Within the EU, significant efforts have been made in the lead-up to the June 2024 European Parliament elections to drive joint action in the area of global health through a number of policies and instruments.

- Regional initiatives



The European Health Union, designed to strengthen health cooperation and coordination and pandemic preparedness and response across the EU



Joint Research and Innovation Strategy

- International initiatives



The Global Gateway, a European strategic investment strategy to strengthen health, education and research systems across the world



EU International Partnerships Policy and Team Europe Initiatives

- The EU Global Health Strategy,⁶ published by the European Commission in November 2022.

⁶ Rodríguez V, Rocamora A, Plasència A. Barcelona Institute for Global Health (ISGlobal). Policy Brief 51. What Opportunities and Challenges Does the EU Global Health Strategy Present? May 2023. <https://www.isglobal.org/en/-/oportunidades-desafios-estrategia-salud-global-ue>

3. How Can this Vision Have Real Impact on People's Health?

“Starting with the SDG framework, four interconnected priorities for action can be identified.”

Effectively implemented, this vision of global health could have a positive impact on people's health through the **Sustainable Development Goals (SDG)**, a shared universal agenda that sets goals for all countries and not just those with fewer resources. Collaboration is the fundamental tool for achieving the SDG and the aim of the 2030 agenda is to enable us to respond to health threats and provide global public goods. It is important to highlight the effort made by the **United Nations (UN)**—an effort replicated by many countries, including Spain—to create a set of indicators that can meas-

ure progress towards achievement of the goals. While SDG 3 establishes the specifically health-related targets, many of the targets associated with other goals also have a direct impact on people's health and must be taken into account.⁷

Midway through the 15-year term of the 2030 Agenda and following the negative impact of the COVID-19 pandemic, a summit was held at the 2023 UN General Assembly at which the member countries renewed their commitment to accelerate the actions and transformations needed to achieve the SDG.

Box 6. A stalled agenda: Why the success of the UN SDGs is at risk in Spain and the rest of the world

Progress on the 2030 Agenda for Sustainable Development appears to have slowed down, if not come to an almost complete halt.

Urgent action is needed to create incentives, correct omissions and renew the commitment of societies and their leaders.

 Challenges	 Proposed solutions
<ul style="list-style-type: none"> • Geopolitical instability complicating consensus on global solutions • Growing disaffection among voters and leaders • Economic constraints caused by growing needs and shrinking resources • Difficulty measuring and articulating the impact of actions • Deterioration in baseline conditions due to intensification of risks 	<ul style="list-style-type: none"> • Create a radical roadmap to ensure achievement of SDG 3 (Good health and well-being) by 2030 • Bridge the SDG financing gap • Address the problems related to data and objectives • Win the narrative and political battle • Double down on support for science and innovation as the cornerstones of the SDGs

⁷ Ramírez Rubio O, Carrasco JM et al (2020). ODS3+: From the Concept “Health In All Policies” to its Implementation in Spain in Journal 17, N° 3. (Contribución transversal de los Objetivos de Desarrollo Sostenible a la salud global), <https://plataforma2030.org/en/ods3-del-concepto-a-la-implementacion-de-la-salud-en-todas-las-politicas-en-espana#>

Starting with the SDG framework, four interconnected priorities for action can be identified:



1. The unfinished health agenda

Several of the SDG 3 targets relate to objectives such as improving infant survival and maternal and women's health and the control and eradication of highly prevalent infectious diseases in resource-poor countries.

Despite the significant advances achieved since the Millennium Declaration in 2000, the goals have still not been met and now, following the COVID-19 pandemic and a slowdown over several years, progress has stopped altogether and we are witnessing a reversal of the advances achieved. This represents a significant downturn and is evidence that the pan-

demical has exacerbated the inequality of the most vulnerable people and groups on the planet.

In the case of women's health, and in particular their sexual and reproductive health, this downturn also has to do with the direct impact on funding for global programmes of the withdrawal of support by reactionary governments in the area of gender equality and the rights of girls and women.

The road to greater health equity must start with a **commitment to transformative action** involving health interventions that directly target the most prevalent diseases and deficiencies affecting the most vulnerable people living in lower-income countries.

This commitment must also include the provision of care for victims of major acute and long-term humanitarian crises.

Box 7. Eight out of ten child deaths in low-income countries could be prevented



A study by the international CHAMPS (Child Health and Mortality Prevention Surveillance) Network concluded that **82% of child deaths in low-income countries could be prevented**. A minimally invasive autopsy technique developed by ISGlobal detected an infectious agent in 87% of deceased children, but the overall analysis identified malnutrition as the most common underlying cause of death, followed by HIV, malaria, congenital defects, respiratory infections and diarrhoea.

Overall, 99% of deaths in children under 5 years of age occur in **low- and middle-income countries**. More information is needed to prevent these deaths. The collection of clinical data and verbal autopsies (interviews with next of kin and caregivers) are the most widely used methods for determining cause of death in areas with scant resources, but the results are not detailed enough.

"Only 25% of deaths were due to a single cause; all the others were due to a complex interaction of factors", explains Quique Bassat, ICREA researcher at ISGlobal. To design more effective prevention strategies, it is essential to consider the **whole chain of events leading to death** and not just the immediate cause.

The CHAMPS study opens up many opportunities to **design targeted, high-impact interventions**.



2. Universal Health Coverage (UHC)

"(...) Universal health coverage means that all people have access, without dis-

crimination, to the full continuum of essential health services, including health promotion, prevention, treatment, rehabilitation and palliative care, which must meet the needs of the population and be organised on a national

level, in addition to essential, safe, affordable, effective and quality medication, vaccines, diagnostic technologies, medical, and support technologies, while ensuring that the use of such services should not cause economic hardship for users, particularly those from the poor, vulnerable and marginalized segments of the population.”⁸

This conception of UHC entails a **broad range of actions and interventions**, at both the national and international level, which can be grouped along four principal axes:

- Ensuring coverage for the largest possible population

- Expanding the portfolio of health care and services provided
- Making the products, technologies and innovations that improve health accessible to everyone
- Protecting everyone from catastrophic health care costs

The health sector (public health policy and the national health system) of each country is responsible for achieving these objectives, but scientists must also be involved in all the actions undertaken, both in Spain and elsewhere.

Box 8. CISM and the malaria vaccine



In 2008, the Spanish Agency for International Development Cooperation (AECID) and ISGlobal (CRESIB at that time) joined forces to set up the **Manhiça Foundation**. Their aim was to strengthen the institutional capabilities of the **Manhiça Health Research Centre (CISM)** in Mozambique. The Manhiça Foundation oversees the scientific and administrative management of CISM.

When ISGlobal was created it continued to provide long-term **support to both CISM and the Foundation** through training programmes, capacity building efforts, administrative support and scientific collaboration.

CISM and ISGlobal collaborated on a multicentre study linked to a phase III clinical trial evaluating the safety and efficacy of the **RTS,S** malaria vaccine. The aim of the study was to investigate the immunologic mechanisms underlying the protection conferred by the RTS,S vaccine.

Since 2019, over **2.3 million doses** have been administered worldwide, providing a strong basis for the political endorsement of the vaccine. The RTS,S/AS01E vaccine has been found to reduce malaria infections by 21% and hospitalisations due to severe malaria by 30%.

In October 2021, the WHO recommended that children at risk for contracting malaria should receive the RTS,S/AS01E vaccine. Subsequent studies conducted by malaria and data science groups at ISGlobal have shown that the vaccine may be more effective than initially expected.

In October 2023, the WHO recommended the use of a second vaccine, R21/Matrix M developed by The University of Oxford.



cism
centro de
investigação
em saúde de
manhiça

⁸ Resolution A/78/L.3 (see note 4).



3. Prevention, Preparation and Response Systems:

One of the SDG 3 targets identified by letters (which relate to the means of implementing actions) is the following:

3.d *Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.*

First, the terminology used to formulate this target establishes a direct link with the Sendai Framework for Disaster Risk Reduction 2015-2030 approved by the

UN. Second, early warning and risk reduction are directly connected to the response to different types of crises by way of humanitarian assistance.

Once again, it is the **COVID-19 pandemic** that explains the evolution, starting from this initial formulation, of the way we approach the challenge of improving systems for prevention, preparedness and response to health and environmental crises affecting people's health (and why this issue is now a priority on the global health agenda).

Box 9. How can we be better prepared for the next public health crisis? The PR³ concept



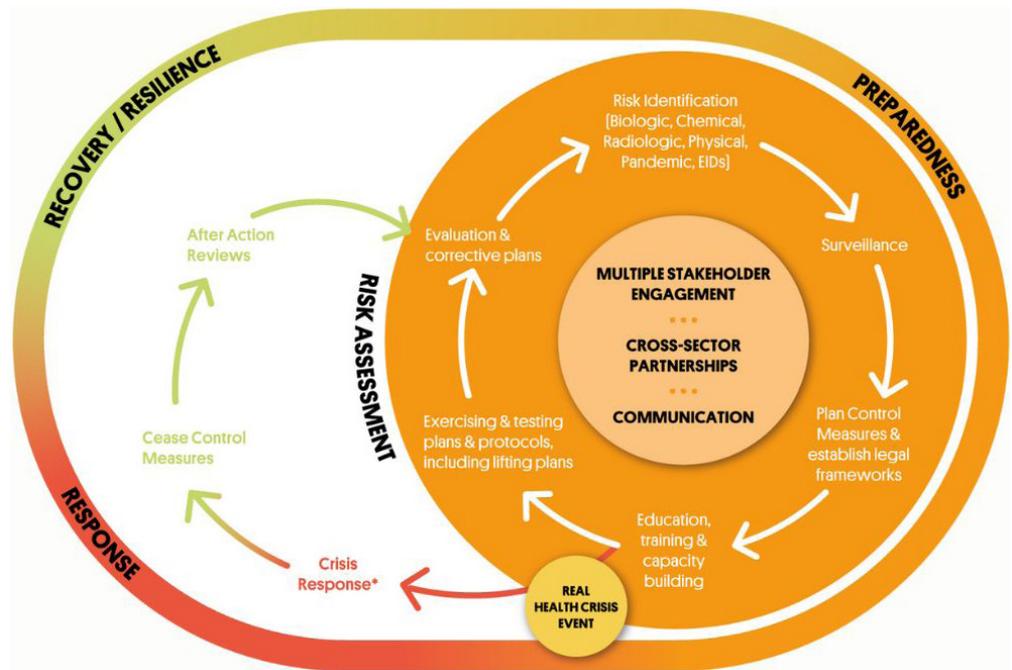
The COVID-19 pandemic highlighted the impacts that a global health crisis can have on all aspects of our lives. Other **crises** with far-reaching consequences include armed conflict, terrorist attacks, nuclear or chemical accidents, and climate disasters. Responses to environmental and public health crises must be rapid, flexible and based on the best possible scientific and technical knowledge.

To improve the effectiveness and acceptability of emergency response interventions, we need to draw on prior local and global experience, generate new scientific knowledge specific to each crisis and promote and ensure that public decision-making authorities have access to timely and relevant evidence.

At ISGlobal, we have coined the term **PR³** to describe the different stages of crisis responses: Preparedness, Response, Recovery and Resilience. We are building research and research translation capacities in this area through cross-sector partnerships aimed at developing frameworks and structures to:

- Reflect and prepare in “peace time”
- Respond rapidly at times of crisis
- Conduct relevant research
- Advise political leaders and the media
- Create capacities for preparedness and response

Figure 1. Diagram of PR³ concept (Preparedness, Response, Recovery and Resilience)



Source: Adapted from ECDC country preparedness activities. 2013-2017.



4. Partnerships for impact on health

The last of the 17 SDGs encompasses the idea that the other 16 goals of the 2030 Agenda can only be achieved through partnerships. It begins by focusing on the indispensable role of such partnerships in mobilising the resources needed for sustainable development in resource-poor countries, but goes beyond this to specifically address the role of partnerships in developing technology and building capacity in those countries.

In addition to fostering joint international action, global partnerships also play a vital role in developing and implementing the vision of global health advocated in this document. We are referring here to partnerships in the broad sense, that is, alliances involving many different kinds of relationships and actors. While this means that the particular characteristics of each partner must be taken into account and addressed, common **needs** and challenges should also be identified. Common needs would include:

- A shared vision and common goals for impact-oriented joint action
- A proactive role for the public sector and investment in promoting partnerships

- Building capacities for interdisciplinary work and innovation that facilitate the work of the partnership

Common **challenges** would include:

- Developing flexible and agile regulations and instruments to eliminate any unnecessary bureaucracy that would hamper the work undertaken jointly by the partners
- Overcoming silo mentality in the work of government departments and agencies and between academic disciplines

Finally, to achieve real impact with this shared vision of global health, in addition to setting the common goals mentioned above, we also need a **shared understanding of what the desired impact looks like and how it can be measured** through a framework that should connect contributions and results from the widest possible range of actors. ●

4. What Will Be Needed in the Coming Years?

“All government departments and agencies—within the scope of their competence and jurisdictions—must commit to a shared vision of global health based on equity.”

All government departments and agencies and the various sectors involved can and should **lead an effort** to ensure that Spain’s commitment, contributions and international influence in the field of global health has a positive impact on the health of the greatest possible number of people around the world, at home and abroad, and that our country has the capacity to respond effectively to global health threats and challenges.

To achieve this, we need to do the following:

1. All government departments and agencies—within the scope of their competence and jurisdictions—must commit to a **shared vision of global health based on equity**.

a. They must integrate the science, health and development cooperation sectors into this vision by creating mechanisms to coordinate joint efforts and facilitate collaboration between all these actors.

b. They must promote and facilitate partnerships between different government departments and agencies and between these organisms and other actors in society in general.

2. Steps should be taken, within the respective areas of competence, to **strengthen our country’s capacities in the science and health sectors**. This should serve to increase the added value of the work undertaken to improve people’s health and to enhance prevention, preparedness and response systems for health emergencies of all kinds, both in Spain and elsewhere. These steps should include the following:

a. Increase the number of professionals in the health and science sectors and improve their working conditions.

b. Consolidate and strengthen multidisciplinary approaches such as One Health and promote a health-in-all-policies approach in these two sectors.

c. Develop or strengthen coordinated systems for prevention, preparedness and response to health risks.

d. Strengthen existing or launch new initiatives in these two sectors to promote the transfer of capacities and knowledge on the international level. These initiatives should include a programme to fund strategic collaborations between global health institutions in Spain and partners in low-income countries.

3. Make progress on **transforming Spanish Cooperation** following the approval of the bill on Cooperation for Sustainable Development and Global Solidarity (Law 1/2023), maintaining the health sector as one of its priorities in line with the objectives of the global health agenda.

a. Strengthen the generation and transfer of knowledge and capabilities as well as of resources—establishing these three pillars as the basis for actions and interventions in this sector.

b. Increase the focus in development cooperation on impact and innovation by updating the regulations, tools and instruments that promote and facilitate multidisciplinary, multilevel and multi-stakeholder partnerships.

c. Maintain our commitment to and increase our influence in decision making within the most important public-private partnerships, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Alliance for Vaccines and Immunization (GAVI) and the new Pandemic Fund (Financial Intermediary Fund for Pandemic Prevention Preparedness and Response) currently being negotiated by the World Bank and WHO, these being the partnerships in which Spain can accumulate political capital.

d. Contribute to strengthening the health systems of partner countries and regions to facilitate the shift towards UHC. This should include efforts to facilitate access to innovative health products and technologies that can improve the health of their populations; and to enhance systems for prevention, preparedness and response

to health risks at national and regional levels (supporting the Ibero-American Epidemiological Observatory and the epidemiological surveillance initiatives currently being implemented in Africa).

4. Make our commitment to global health one of the **hallmarks of Spain's foreign policy**, particularly within the EU.

a. Maintain, at the highest political level, the momentum for joint multilateral initiatives and actions despite the many crises that have lowered the priority of global health on the international agenda.

b. Promote a right-to-health approach and an equity perspective in humanitarian crisis response, complying with international law regarding respect for and protection of the health of victims of armed conflicts.

c. Participate proactively in the international forums and initiatives that are transforming the global health system and its governance, defining positions (for example, in relation to the pandemic treaty currently under negotiation) in coordination platforms and spaces that bring together different levels of government and civil service as well as public bodies and government agencies.

d. Contribute to EU policies and programmes in the fields of science, health and development cooperation (Team Europe Initiatives), fostering and promoting interdisciplinary dialogue as a basis for generating value from European contributions to global health. Contribute to the financing of EU research and innovative action programmes, such as EDCTP3.

e. Take a leading role within the EU in the implementation of common regulations and frameworks that focus on impact and innovation, such as the EU Global Health Strategy.

5. Spain must join the group of countries and regional and international institutions that have developed a **specific global health strategy**. It must develop and adopt a strategy for global health based on a shared vision that can unify efforts around common principles, objectives and priorities—a vision that defines actions, instruments and resources. Focus Spain's global health strategy on achieving the greatest possible impact on people's health by creating a framework that can define priorities ●

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