European Parliament
2024-2029

TEXTS ADOPTED

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Strengthening global health resilience in partner countries

European Parliament resolution of 17 September 2026 on strengthening global health resilience in partner countries (2026/2731(RSP))

The European Parliament,

– having regard to the European Health Union (COM(2024)0206) and the European Preparedness Union Strategy (JOIN(2025)0130),

– having regard to the EU Global Health Strategy (COM(2022)0675),

– having regard to the EU's Global Gateway strategy (JOIN(2021)0030) and its 360-degree approach addressing all dimensions of health systems in a comprehensive, integrated and cross-sectoral manner,

– having regard to the Pandemic Agreement of the World Health Organization (WHO) of 20 May 2025,

– having regard to Decision No 1313/2013/EU of the European Parliament and of the Council of 17 December 2013 on a Union Civil Protection Mechanism[1] and to the establishment of rescEU and ReliefEU,

– having regard to the One Health Initiative of the WHO and the One Health joint plan of action (2022-2026) of the WHO, the UN Food and Agriculture Organization, the World Organisation for Animal Health and the UN Environment Programme,

– having regard to the Commission communication of 13 May 2026 entitled 'Reinforcing global health resilience amidst geopolitical change' (COM(2026)0197),

– having regard to its resolutions of 23 June 2021 on the role of the

[1] OJ L 347, 20.12.2013, p. 924, ELI: http://data.europa.eu/eli/dec/2013/1313/oj.

EU’s development cooperation and humanitarian assistance in addressing the consequences of the COVID-19 pandemic[2] and of 12 July 2023 on the COVID-19 pandemic: lessons learned and recommendations for the future[3],

– having regard to the question to the Commission on strengthening global health resilience in partner countries (O-000033 – B10-0015/2026),

– having regard to Rules 142(5) and 136(2) of its Rules of Procedure,

– having regard to the motion for a resolution of the Committee on Development,

A. whereas there have been significant improvements in health outcomes over the last 25 years, but progress is slowing down and the world is not on track to achieve the health-related targets of the UN Sustainable Development Goals;

B. whereas according to the UN Sustainable Development Goals report of 2025, infectious and non-communicable diseases remain major threats and pose risk factors;

C. whereas strong and resilient health systems are a prerequisite for economic development, social stability and national security in partner countries; whereas investment in health should be recognised as a strategic investment contributing to resilience and sustainable growth;

D. whereas significant inequalities in health outcomes persist in low-income and fragile settings in partner countries, particularly affecting women and girls, children, persons with disabilities, older persons and vulnerable populations, due to capacity and resource challenges in healthcare;

E. whereas there are still considerable gender inequalities in health outcomes, which have been worsened by recent funding cuts that have put women’s and girls’ lives at risk as their access to life-saving and crucial services has been disrupted, in particular with regard to sexual and reproductive health and rights, maternal health services, gender-based violence prevention programmes and services, and HIV prevention and treatment programmes; whereas maternal and child health, access to essential healthcare services and immunisation remain among the most cost-effective investments for improving health outcomes and reducing poverty in fragile and underserved regions;

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2 OJ C 81, 18.2.2022, p. 13.
3 OJ C, C/2024/4003, 17.7.2024, ELI: http://data.europa.eu/eli/C/2024/4003/oj.

F. whereas the COVID-19 pandemic exposed insufficient investment in the healthcare workforce and the negative consequences of social protection gaps in many developing countries;

G. whereas many partner countries face critical shortages of health workers, further aggravated by factors linked to migration, such as brain drain, which undermine the resilience and sustainability of their health systems;

H. whereas there is growing health-related disinformation, misinformation and foreign interference in the area of health information, which corrodes trust in science;

I. whereas global health funding fell by more than 50 % between 2021 and 2025, with further reductions expected by 2030, despite the high returns of health investment in terms of lives saved, health security and economic stability; whereas the COVID-19 pandemic highlighted the cost of underinvestment and exposed vulnerabilities in global health preparedness, in particular those related to inequalities in access to vaccines and medical products;

J. whereas ongoing cuts in official development assistance by several donors are already placing significant additional pressure on domestic public resources in partner countries; whereas some low- and middle-income countries are structurally unable to increase public health expenditure at the scale required to compensate for such cuts; whereas predictable public funding remains indispensable and cannot be substituted in the short and medium term;

K. whereas disease outbreaks are increasing in frequency and severity; whereas recent cuts in health spending could lead to an increase in cases of infectious diseases, undermining development gains in vulnerable and fragile contexts; whereas global health threats are becoming more complex and interlinked with biodiversity degradation; whereas the rise in zoonotic diseases in recent decades demonstrates how environmental and animal health issues can quickly become global public health crises, requiring a One Health approach; whereas climate change is increasingly affecting health outcomes in partner countries by exacerbating the spread of infectious diseases, increasing the frequency of extreme weather events and placing additional strain on already fragile health systems;

L. whereas global health institutions at UN level are facing structural, financial and political challenges that undermine their effectiveness in addressing global health threats;

M. whereas sustainable health systems require effective public governance, sound financial management and an enabling environment that supports innovation, local production, responsible public-private partnerships and sustainable private sector

development, while remaining aligned with public health objectives and country ownership;

N. whereas the Global Gateway strategy provides an opportunity to strengthen health infrastructure, digital health systems, pharmaceutical manufacturing capacity and health workforce development in partner countries while reinforcing mutually beneficial partnerships; whereas strong, interoperable and locally governed health information and data protection systems are essential for effective disease surveillance, early warning and evidence-based policymaking, while contributing to partner countries' digital and health sovereignty;

O. whereas the EU should continue to position itself as a reliable global partner in health, promoting rules-based international cooperation while reducing strategic dependencies and strengthening resilience against future cross-border health threats;

P. whereas persistent barriers to equitable access to medicines, vaccines, diagnostics, medical equipment and health technologies continue to affect many low- and middle-income countries; whereas intellectual property frameworks, market concentration, limited manufacturing capacity and unequal access to technologies may contribute to these challenges;

Q. whereas strengthening local and regional production capacities, technology transfer, innovation and equitable access mechanisms is important for improving health resilience and preparedness in partner countries;

R. whereas existing mechanisms such as the Union Civil Protection Mechanism, rescEU and ReliefEU all play a vital role in enhancing global health resilience, contributing to preparedness, prevention, emergency response and solidarity in the face of cross-border health threats, humanitarian crises and major disease outbreaks;

1. Recognises the urgent need to boost the ability of systems, communities and institutions worldwide to prevent, prepare for, absorb and adapt to global health threats, in a context of geopolitical uncertainty, increasing numbers of disease outbreaks, declining health financing, stalled progress on global health targets, persistent gender inequalities and the increasing instrumentalisation of health;

2. Stresses that strengthening global health resilience is both a development objective and a strategic investment in European and global security and stability, as reduced international health investment weakens collective preparedness, increases exposure to cross-border health threats and risks diminishing the EU's diplomatic influence and global credibility; notes that the Global Health Resilience Initiative (GHRI) sends an important political signal that global health must remain a strategic priority for the EU

at a time of rising geopolitical instability and inequalities, shrinking development assistance and increasing global health risks; stresses that sustained investment in global health is therefore also a strategic investment in the EU’s resilience;

3. Calls for this ambition to be matched with concrete political and financial commitments to uphold global health as a universal right and global public good; reiterates its call for continued EU support, including through Global Gateway, for strengthening global preparedness against health threats by investing in prevention, preparedness and response capacities in partner countries, as a valuable lesson learned from the COVID-19 pandemic;

4. Calls on the Commission to engage proactively and constructively with civil society organisations, local communities and community health workers, embedding them in the implementation and governance of the GHRI, to help ensure coherence with existing EU commitments, including the EU Global Health Strategy, and to support the implementation of those commitments in the delivery of resilient, equitable and sustainable health systems globally through this initiative;

5. Notes with concern that recent reductions in official development assistance for health run counter to the growing recognition that health investment is a strategic priority where donor and partner interests align; underlines that cuts to global health financing weaken both global and European health security by increasing vulnerability to cross-border outbreaks and broader economic and geopolitical risks; stresses that available resources should be focused at country level on measurable outcomes, sustainability, efficiency and country ownership;

6. Calls for the EU to strengthen the integration of the One Health approach across its global health and development cooperation actions, including through support for sustainable food systems, recognising the links between human, animal and environmental health; stresses the importance of coordinated action across sectors to strengthen preparedness, prevent disease outbreaks and reinforce resilient health systems in partner countries;

7. Calls on the Commission to avoid fragmented, pathogen-specific approaches and to support integrated, country-led preparedness systems in partner countries that connect essential health services, laboratories, surveillance, workforce development, public communication and community trust and to facilitate rapid pathogen sample and sequence data sharing, which are crucial for the rapid development of diagnostics, therapeutics and vaccines;

8. Notes with concern that the change in land use and the destruction of natural habitats such as tropical forests are responsible for at

least half of the emerging zoonoses; stresses the need to preserve biodiversity and healthy ecosystems that provide clean air, water and food, which are fundamental for human well-being, in line with the One Health approach;

Strengthening health sovereignty in partner countries

9. Calls for the EU and its Member States to strengthen health sovereignty in partner countries by supporting universally accessible, country-led, resilient, affordable, equitable and inclusive health systems, and addressing the root causes of ill health such as poverty and inequality, which particularly affect vulnerable populations; encourages the Commission to develop integrated health actions aligned with partner countries' priorities;

10. Calls on the Commission and the Member States to support partner countries in strengthening institutions and governance capacities, including public financial management and domestic resource mobilisation, and in developing national health financing sustainability plans, including, where relevant, for progressing towards internationally recognised funding commitments;

11. Calls for coordinated use of EU funding instruments, where appropriate together with innovative financing tools and technical assistance, to achieve sustainable health outcomes in partner countries;

12. Calls for the EU to promote universal health coverage through a holistic and rights-based approach and to address the social determinants of health, particularly poverty and inequalities, including by strengthening social health protection mechanisms in partner countries so as to ensure no one is left behind;

13. Calls on the Commission and the Member States to support the development of climate-resilient health systems in partner countries, including through investment in climate-adapted healthcare infrastructure, early warning systems and preparedness for climate-sensitive diseases;

14. Expresses concern over the worsening Ebola outbreak in the east of the Democratic Republic of the Congo, which has been aggravated by armed conflict, population displacement and weak healthcare infrastructure; highlights the particular risks posed by the Bundibugyo strain of the virus, for which no approved vaccine currently exists; stresses the need to protect ecosystems in partner countries as part of a broader public health approach to reduce the risk of disease transmission; calls for the EU and its Member States and international partners to strengthen support for emergency healthcare services, disease surveillance and community-based prevention efforts, in cooperation with the WHO, the Coalition for Epidemic Preparedness Innovations (CEPI) and local authorities;

calls for the availability of medical countermeasures to be strengthened; reiterates that non-medical countermeasures, notably access to clean water, sanitation and hygiene (WASH) infrastructure in healthcare facilities and communities, constitute essential components of effective disease prevention and health system resilience;

15. Calls for the establishment and strengthening of regional and national stockpiles of essential medical countermeasures, as well as coordinated mechanisms for their rapid deployment in response to health emergencies;

16. Calls for the EU to develop a differentiated approach to achieving health outcomes in fragile, conflict-affected and humanitarian contexts; recalls that resilience in such settings requires sustained presence, humanitarian access and continuity of care, and that non-state actors and aid delivery mechanisms that fully respect the humanitarian principles play a critical role in ensuring healthcare access for populations marginalised or excluded by their own governments;

17. Calls for the EU and its Member States to address the widening gender disparities in health outcomes and healthcare funding, especially in maternal and child health, as well as the funding gap affecting women's health, and to support women and girls in partner countries by promoting their right to health and equal access to quality healthcare, maternal and child health services, preventive care and protection from gender-based violence and by addressing women's and girls' need for universal access to sexual and reproductive health services, which are essential for sustainable development, while respecting partner countries' competencies and national contexts and remaining consistent with international human rights commitments; recognises the important role that women's rights organisations and community-led and community-based organisations play in this regard;

Boosting capacity building and local manufacturing in partner countries

18. Stresses that private sector investment under the GHRI should support public health objectives and partner countries' priorities; recognises the role of private finance in helping to address financing gaps and the role that private investment and public-private partnerships can play in strengthening health systems, improving innovation and expanding access to health technologies, provided that they are transparent, accountable and aligned with public health objectives; highlights, at the same time, that private investment and public-private partnerships cannot be a substitute for, but can complement, predictable public financing in critical services such as healthcare, particularly in fragile, conflict-affected and humanitarian

contexts where needs are often greatest but economic and political returns are less immediate; calls on the Commission to ensure that partnerships and investments remain subject to appropriate transparency, public oversight and accountability mechanisms and do not undermine universal access to healthcare services and that efforts to align investments with EU priorities also contribute to addressing the needs of partner countries and populations facing the greatest health vulnerabilities;

19. Recalls that any bilateral or regional health agreements should respect partner country ownership and health sovereignty and avoid purely transactional approaches;

20. Stresses that intellectual property protection provisions, including patents, industrial designs and trade secrets, combined with limited technology and knowledge transfer, may constitute barriers to access to affordable medicines and health technologies in many developing countries; recognises, at the same time, the importance of innovation, research and technological development for strengthening global health resilience;

21. Urges the EU to support non-EU countries, in particular least developed countries, in the effective implementation of Trade-Related Aspects of Intellectual Property Rights (TRIPS) flexibilities for the protection of public health, in line with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of World Trade Organization members to make use of such flexibilities to protect public health and promote access to medicines for all;

22. Calls on the Commission to promote policy coherence and coordination across health, trade, investment, digital and research policies and to support technology transfer, knowledge sharing and international intellectual property flexibilities in order to reduce barriers to access to healthcare and strengthen health sovereignty in partner countries while fostering sustainable local innovation ecosystems and regional manufacturing capacities and to maximise the impact of EU action on global health resilience in partner countries;

23. Recalls the international binding obligations under the Convention on Biological Diversity and its Nagoya Protocol for fair and equitable benefit sharing with regard to genetic materials;

24. Calls on the Commission and the Member States, in line with the objectives of the GHRI, to boost investment in health, education and skills, in particular by strengthening the training, recruitment, retention and fair remuneration of health workers in partner countries and through measures to mitigate the negative effects of international health workforce migration, such as brain drain, as well

as research to generate local jobs, support local business development and strengthen resilient health systems;

25. Emphasises that research, higher education and academic partnerships are core components of resilient health systems; calls on the Commission to ensure that EU global health investments systematically support local research institutions, public health schools, regulatory science, workforce training, evidence generation and research-to-policy capacities in partner countries; underlines that prioritising local research and development is essential for tailoring interventions to the specific health needs of low- and middle-income countries where health issues may differ significantly from those in higher-income countries;

26. Calls on the Commission to consider greater geographical flexibility for global health research cooperation, including by enabling stronger participation of partner countries beyond existing regional mandates, where relevant;

27. Believes that appropriate conditionalities should be attached to public funding, notably in terms of transparency, fair governance and the sharing of technical know-how and clinical results, in a manner that strengthens local ownership, accountability and long-term sustainability;

28. Calls on the Commission and the Member States to support the diversification of global supply chains for health technologies through coordinated investments, guarantees, blended finance and public-private partnerships in partner countries; recalls that the COVID-19 pandemic demonstrated the need to reduce excessive dependencies on long, fragile global supply chains and on single suppliers for critical medical equipment and pharmaceuticals; stresses that diversifying and, where appropriate, shortening these supply chains would enhance both partner countries' resilience and European health security; calls on the Commission to support global pooled procurement and equitable access mechanisms for vaccines, diagnostics, therapeutics and other essential health technologies, drawing lessons from COVAX and ensuring that future emergency responses avoid fragmentation, export restrictions and national self-protection that undermine global preparedness;

29. Calls on the Commission and the Member States, building on the experience gained from Team Europe's initiative on manufacturing and access to vaccines, medicines and health technologies, to expand support for the sustainable development of local and regional manufacturing capacities for vaccines, therapeutics, diagnostics and other essential health technologies in partner countries, through technology transfer, regulatory guidance, information sharing and investment, including through small and medium-sized enterprises, with a view to strengthening local value chains, reducing

dependencies and improving equitable and affordable access to these technologies;

30. Calls for greater transparency regarding public funding of pharmaceutical research and development, including transparency on production costs, clinical trial data and pricing mechanisms, in order to strengthen evidence-based policymaking, public trust and equitable access to health technologies;

31. Calls for the EU and its Member States to enhance coordination on global health by strengthening the operationalisation of the Team Europe approach, including through joint programming, joint implementation and regular mapping of EU and Member States' investments, in order to improve coherence, complementarity, transparency, accountability, visibility and impact; calls on the Commission to strengthen coordination between partner country health strategies, Team Europe initiatives and Global Gateway in order to maximise development impact and country ownership;

32. Recognises that environmental factors, including pollution, can have a significant impact on health outcomes and development progress in partner countries; encourages the EU, in line with the GHRI's objective of supporting resilient, country-led health systems, to take into account environmental determinants of health when designing and implementing development cooperation programmes in partner countries;

33. Calls for the EU to assist developing countries, notably low- and middle-income countries and least developed countries, in prioritising disease prevention through investment in the management of pollution, including with strategies on access to clean energy, clean and efficient transport, control of industrial emissions and the sound use of chemicals, as this is a highly cost-effective approach for enhancing population health, easing the pressure on limited health resources and advancing national development;

Supporting global cooperation and multilateralism

34. Reaffirms its strong support for effective multilateralism, with the WHO at its centre, to close the current gaps in global health resilience; underlines that the EU should continue to act as a reliable, long-term partner in addressing global health challenges; calls for the EU to increase its political and financial support to multilateral organisations such as the WHO, Gavi (the Vaccine Alliance), the Global Fund and CEPI; stresses that international organisations should be subject to robust transparency, effectiveness and accountability standards;

35. Stresses that global health resilience requires strong national health systems and effective international cooperation, including through a

properly financed and operationally capable WHO that can deliver on its objectives, within its areas of competence; supports the WHO reform process and ongoing efforts to reform the international health architecture; recalls that the protection and improvement of human health is a Member State competence, in line with Article 6 of the Treaty on the Functioning of the European Union, which the EU can support, coordinate or supplement through its actions at EU level; calls for the EU and its Member States to contribute to enhancing the WHO's effectiveness, transparency and accountability; calls for the EU to strengthen its role in global health governance, particularly by driving forward the work of the UN High-Level Meeting on Non-Communicable Diseases;

36. Calls on the Commission to strengthen cooperation with multilateral organisations, regional institutions and local actors, recognising their key role in ensuring the effective implementation of the GHRI and in local ownership and adaptation to local realities, including through non-profit product development partnerships;

37. Calls on the Commission to strengthen coordination with Member States ahead of the replenishment of international health initiatives, working towards a joint replenishment figure and a coordinated, multi-year approach;

38. Calls on the Commission to improve the transparency, tracking and reporting of EU funding for global health, including under the Neighbourhood, Development and International Cooperation Instrument – Global Europe, by developing clear indicators to measure impact and effectiveness in terms of its contribution to strengthening health systems;

39. Highlights the unique value of global health initiatives; calls for the EU and its Member States to coordinate being represented on relevant governing boards and to participate actively in any review aimed at improving their efficiency and effectiveness;

Countering health disinformation and misinformation in partner countries

40. Calls on the Commission and the Member States to strengthen and coordinate their efforts to counter health misinformation, disinformation and foreign information manipulation in partner countries, to rebuild trust in evidence-based public health policies, and to improve health literacy and vaccine confidence;

41. Encourages the Commission to recognise the added value of digital public health tools alongside conventional medical countermeasures, particularly where they support decentralised surveillance, early warning, low-cost scalability, community engagement and timely public health decision-making, while ensuring strong safeguards on data protection, equity and local ownership;

Way forward and implementation

42. Calls on the Commission to present a clear roadmap and monitoring plan for implementing the communication entitled ‘Reinforcing global health resilience amidst geopolitical change’ and to report regularly to the Council and Parliament, including on the roll-out of the flagship initiatives included in the communication;

43. Notes that the GHRI aims to strengthen both EU and global health security through cooperation with partner countries; calls on the Commission to publish, as part of its implementation roadmap, a clear accountability framework setting out how each flagship initiative will respond to the needs and priorities of partner countries, in order to ensure mutual benefit and transparency in implementation; asks that this roadmap include measurable objectives, timelines, financial commitments, governance arrangements, partner-country ownership mechanisms, civil society participation and indicators to assess impact on equity, resilience, access and local capacity, as well as meaningful consultation of partner countries throughout the design, implementation and governance of the initiative;

44. Highlights the fact that the EU’s ambition to lead in global health must be backed by adequate, predictable and sustained financing for global health systems; stresses the need to include global health resilience as an objective under the next multiannual financial framework, with a clear budgetary allocation under relevant instruments such as the Global Europe instrument and Horizon Europe; calls for EU external action and research instruments to include clearly traceable funding for global health resilience;

45. Stresses that future financial commitments should be accompanied by clear objectives, measurable results and strong accountability mechanisms; reiterates that grant-based public funding remains indispensable for strengthening health systems and achieving equitable access to healthcare in partner countries, and that public financing should remain the foundation of EU support for global health resilience, while leveraging private investment and innovative financing instruments where appropriate;

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46. Instructs its President to forward this resolution to the Council, the Commission and the governments and parliaments of the Member States.