

UN 2030 Agenda for Sustainable Development - Public Consultation on revising the European Consensus on Development

Fields marked with * are mandatory.

(1) Introduction

The year 2015 was a strategic milestone for global governance, poverty eradication and sustainable development. It marked the target date of the UN Millennium Development Goals and a point to reflect on the progress made to date and the challenges ahead in addressing their unfinished business. 2015 also saw a series of landmark international summits and conferences over the course of the year (the [Sendai Framework for Disaster Risk Reduction 2015-2030](#), the [Addis Ababa Action Agenda](#), the [2030 Agenda for Sustainable Development](#) and the COP 21 [Paris Agreement](#) under the UN Framework Convention on Climate Change) which have collectively re-cast the way the international community, including the EU, will work to achieve sustainable development and poverty eradication for many years.

Importantly, and in contrast to the Millennium Development Goals, the 2030 Agenda, including its seventeen Sustainable Development Goals, is a universal Agenda which applies to all countries. It reflects many core European values and interests and provides an international framework for tackling global challenges such as climate change. The EU response to the 2030 Agenda is moving ahead in a range of ways:

- Firstly, as part of EU efforts to implement the 2030 Agenda, the [Commission Work Programme for 2016](#) announces an initiative on the next steps for a sustainable European future which will explain how the EU contributes to reaching the Sustainable Development Goals and map out the internal and external aspects of EU policies contributing to the implementation of the Sustainable Development Goals.
- Secondly, the High Representative will present the [EU Global Strategy on Foreign and Security Policy](#) that is expected to steer the different EU external policies contributing to the global vision of a more stable, prosperous and secure world. It should set out the strategic direction for the full range of EU external action, and as such will help guide EU implementation of the 2030 Agenda in external action.
- Thirdly, the EU will review its development cooperation policy. Existing leading policy documents (including the [2005 European Consensus on Development](#) and the [2011 Agenda for Change](#)) are currently framed around the Millennium Development Goals and need to adapt to incorporate the 2030 Agenda. Given its direct relevance to the EU's overall relations with developing countries, this review will be carried out in full consistency with the ongoing work on the future of the partnership between the EU and the members of the African, Caribbean and Pacific Group of States, under a post-[Cotonou](#) framework.

Views from this consultation will be used to inform the way forward on the initiatives above and in particular the revision of the European Consensus on Development and other external aspects of 2030 Agenda implementation. The consultation seeks your views on **how development policy, in the context of EU external action as foreseen by the Lisbon Treaty**, should respond to the range of landmark 2015 summits and conferences, and also to the rapid changes happening in the world.

Replies can include views which could apply only to the EU institutions and also to both the EU and its Member States – it would be helpful to clarify this in your response. This open public consultation will run for 12 weeks from 30 May 2016 to 21 August 2016. A brief summary and analysis of all consultation contributions will be published by November 2016 and all individual contributions will also be made available on the consultation website (unless respondents ask for their contributions not to be published).

(2) Information on respondents

- * 2.1 Received contributions may be published on the Commission's website, with the identity of the contributor. Please state your preference with regard to the publication of your contribution.

Please note that regardless of the option chosen, your contribution may be subject to a request for access to documents under [Regulation 1049/2001](#) on public access to European Parliament, Council and Commission documents. In such cases, the request will be assessed against the conditions set out in the Regulation and in accordance with applicable [data protection rules](#).

- I do not agree that my contribution will be published at all
- My contribution may be published but should be kept anonymous; I declare that none of it is subject to copyright restrictions that prevent publication
- My contribution may be published under the name indicated; I declare that none of it is subject to copyright restrictions that prevent publication

- * 2.2 Are you registered in the EU's Transparency Register?

Please note: Organisations, networks, platforms or self-employed individuals engaged in activities aimed at influencing the EU decision making process are expected to register in the transparency Register. During the analysis of replies to a consultation, contributions from respondents who choose not to register will be treated as individual contributions (unless the contributors are recognised as representative stakeholders through Treaty provisions, European Social Dialogue, Art. 154-155 TFEU).

- Yes
- No

- * 2.2.1 If yes, what is your registration number?

38497857515-11

- * 2.3 Name (entity or individual in their personal capacity)

Médecins Sans Frontières, Advocacy and Analysis Unit, Health Access Team

2.5 What type of stakeholder are you?

- Government institution / Public administration
- University / Academic organisation
- Civil society (including Non-Governmental Organisation, specialised policy organisation, think tank)
- International organisation
- Private sector or private company
- Citizen/private individual
- Other

2.6 Please specify

* 2.7 What is your place of residence (if you are answering as a private individual) or where are the headquarters of your organisation situated (if you are answering on behalf of an organisation)?

- In one of the 28 EU Member States
- Other

2.8 Please specify

(3) Context: why a change is needed

The EU and its Member States are determined to implement the 2030 Agenda through internal and external actions as well as contribute to the successful implementation of the Paris Agreement on Climate Change, given the strong interlinkages. In this context, our policies, should take into account changing global conditions and trends, to ensure that they remain fit-for-purpose across the time-horizon to 2030.

The global landscape has changed significantly compared to the time of adoption of the Millennium Development Goals. While much has been achieved, with more than one billion people having been lifted out of extreme poverty since 1990, great challenges remain and new ones are emerging. At global level, more than 800 million people still live on less than USD 1.25 a day. The world is witnessing multiple conflicts and security tensions, complex humanitarian and global health crises, deteriorations of human rights, environmental degradation, resource scarcity, urbanisation and migration. Migration flows across the world will continue to have important impacts, and present both a risk and an opportunity. The EU needs to address global security challenges, including tackling the root causes of conflict and instability and countering violent extremism. Climate change can continue to amplify problems and can severely undermine progress. Important changes include demographic trends, a new distribution of wealth and power between and within countries, the continuing globalisation of economies and value chains, an evolving geography of poverty and a proliferation of actors working on development. Projections also suggest important challenges are ahead (for example, continuing unprecedented urbanisation, and other demographic challenges including ageing societies for some and the potential for a demographic dividend for others). Continued attention will be given to a democratic, stable and prosperous neighbourhood. A revision to EU development policy should take into account these trends (including anticipating those that will remain central in future) whilst retaining a core focus on eradicating poverty and finishing the job started by the Millennium Development Goals.

Finally, the EU Consensus needs also to adapt to the Lisbon Treaty, which provides for all external action policies to work within the frameworks and pursue the principles of objectives of Article 21 of the Treaty on European Union. In particular, coherence between the different parts of EU external action and between external and internal policies is crucial.

The EU will need to address these new global challenges, many of which require coordinated policy action at the national, regional and global levels. The 2030 Agenda provides a framework which can guide us in doing so.

3.1 There is a range of key global trends (e.g. changing geography and depth of poverty; challenges related to climate change, political, economic, social, demographic, security, environmental or technological) which will influence the future of development and the implementation of the 2030 Agenda. Which of these do you think is the most important?

From MSF's perspective, the following trends are of key importance and will play a pivotal role in development opportunities in the coming years and decades, both in the health sector and beyond:

- Migration and displacement: the migrant crisis that has reached new heights in recent years on different routes to Europe has highlighted a desperate need to provide safe passage as well as safeguard migrants' rights to seek asylum. With over 60 million people forced to flee their homes in 2015 due to conflict, persecution or unliveable conditions, displacement reaches far beyond the flow of people arriving at European borders; with the heaviest burden on neighbouring countries of countries in crisis.

- Conflicts and crises: Protracted conflict in countries such as Syria and Yemen are causing disastrous humanitarian consequences on a large scale. In countries such as CAR, South Sudan and the DRC, continued violence keeps people in a state of insecurity and precariousness over many years. Fundamental rules of war are disregarded in terms of protection of civilians, medical facilities and humanitarian workers. The failure of the international community in responding to people's urgent needs in these contexts shows the need to address this major challenge.

- Anti-Microbial Resistance and epidemic outbreaks: the recent Ebola epidemic in West Africa showed the inherent lack of preparedness and capacity of the international community to respond to outbreaks of this magnitude. In-country response to epidemic outbreaks of measles, cholera, malaria and others remains delayed and weak in most low resource settings. Anti-microbial resistance of certain bacteria further complicates health gains made so far in a number of diseases, and poses a threat to global health both in developed and developing countries. Issues around intellectual property, commercial treaties and skewed R&D policies are hampering effective progress in this regard, restricting the necessary innovation and accessible pricing.

- Potential "donor made" crises: a reduced commitment and dwindling public financing for development, and health in particular, risk undoing health gains made in recent years. This is true in particular for Middle Income Countries (MICs), as donors announce shifts of funding efforts towards the Least Developed Countries and Low Income Countries, effectively leaving behind 70% of the world's poorest, who reside in MICs. It's particularly worrying that pressure from donors - including EC and EU member states- on global health initiatives such as Global Fund and GAVI aims to orient funding away from countries with important burden of ill health and strategically important to curb the main global killer diseases. Furthermore, commercial policies continue to cut off large groups of patients from affordable health care, highlighting the need to consider development and/or global health outcomes for all policies, including those that go beyond the traditional international assistance agenda (including but not limited to issues around intellectual property rights, commercial treaties and R&D for medicines).

3.2 How should EU policies, and development policy in particular, better harness the opportunities and minimise the negative aspects of the trend you identified in the previous question?

Migration and displacement: Key challenges for the EU in response to the migrant crisis that has unfolded at its borders in recent years lie in the provision of adequate protection and assistance to those seeking refuge, including provision of safe and legal channels for people seeking asylum, creation of legal migration pathways and investment in reception according to EU standards. Please refer to question 4.8 for further details on this point.

- Conflicts and crises: Timely assistance to people caught in crisis and conflict should remain a main priority. The principles of independent humanitarian aid need to be upheld, and these efforts should not be mixed with other goals including political, state-building and military agenda's. The immediate (health and other) needs of people affected by the crisis should remain the focus of interventions, with a particular attention to the most vulnerable and marginalised people. With regard to health in fragile contexts, MSF believes that effective health interventions responding to people's immediate needs should under no circumstances be replaced or delayed by (intentions of) non-evidence based resilience building. The current development policies for so-called 'fragile and conflict affected states' are insufficiently conflict sensitive. Recent experience in contexts such as South Sudan, Somalia, CAR and others indicates that the proposed state-building approach under the 'New Deal' needs revision.

- Anti-Microbial Resistance: Improved research & development practices in the health/pharmaceutical field are necessary to curb the effects of AMR. R&D efforts should be prioritized according to public health needs and able to deliver products at affordable prices.

- Epidemic outbreaks: The EU should support better preparedness and response to outbreaks of different kinds that cause excess mortality and ill health, acknowledging the value of response to epidemics for the sake of people and communities affected and not mainly/only for containment of spread of disease to high income countries.

- Potential "donor made" crises: Development policies and funding decisions should be firmly rooted in needs identified at population level, rather than based on arbitrary measures such as income classification, which does not account for enormous inequalities and differentiated needs within countries. If we want to meet the SDGs health targets and bringing major diseases under control, there need to be realistic expectations as to how governments can fund adequate healthcare and continued significant international funding to health and Universal Health Care (UHC). Countries with significant gaps should receive support, including those classified as middle-income economies. Please refer to questions 5.3 and 5.4 for further details.

Continued efforts are needed to reach the MDG beyond the 2015 target date. Initiatives related to the MDGs have shown important results in terms of impact on populations' health status. For the health related SDG (UHC), impact on people's health and in particular of the most vulnerable needs to remain the measure of success.

(4) Priorities for our future action: what we need to do

Implementation of the 2030 Agenda will require sustained EU efforts to promote a more just world, including a strong focus on the need to address gender equality and women's empowerment. Peace, inclusiveness, equality and good governance including democracy, accountability, rule of law, human rights and non-discrimination will need particular emphasis. The 2030 Agenda also requires recognition of the close interconnectedness between poverty, social issues, economic transformation, climate change and environmental issues.

To achieve poverty eradication, EU development policy will need to take into account key demographic and environmental trends, including challenges related to climate change, and concentrate effort on least developed countries and fragile states. The EU will also need to strengthen our approach to fragility and conflict, fostering resilience and security (as an increasing proportion of the world's poor are expected to live in fragile and conflict affected states) and to protect global public goods and to maintain our resource base as the prerequisite for sustainable growth. Peace and security, including security sector reform, will have to be addressed also through our development policy, as will the risks and opportunities related to migration flows. Tackling social and economic inequalities (both within and between countries) is a crucial element of the 2030 Agenda as is addressing environmental degradation and climate change. Job creation will be an important challenge in which the private sector has to play an active role. Finishing the job of the Millennium Development Goals requires identifying and reaching those people throughout the world who are still not benefitting from progress to ensure that no one is left behind.

To achieve lasting results, EU development policy will need to foster transformation and promote inclusive and sustainable growth. Drivers of inclusive sustainable growth, such as human development, renewable energy, sustainable agriculture and fisheries, and healthy and resilient oceans should be an important part of our efforts to implement the new Agenda as will efforts aimed at tackling hunger and under-nutrition. Implementation of the 2030 Agenda will require a multi-dimensional, integrated approach to human development. Implementation will also require us to address vectors of change, such as sustainable urban development and relevant use of information and communication technology. Our development policy will have to engage and identify new ways of partnering with the business in order to achieve sustainable and inclusive growth, industrialisation and innovation. Implementation of the 2030 Agenda will also require cooperation with partner countries and regions on science, technology and innovation. In all aspects of our external action, the EU will need to ensure that our approaches, including development cooperation, are conducive to achieving the 2030 Agenda's Sustainable Development Goals and that the EU intensifies efforts to promote pursue coherence between our policies and our internal and external action.

4.1 How can the EU better address the links between achieving the Sustainable Development Goals, the Paris Agreement on climate change and addressing other global sustainable development challenges?

4.2 How should the EU strengthen the balanced integration of the economic, social and environmental dimensions of sustainable development in its internal and external policies, and in particular in its development policy?

4.3 What are the main changes you would like to see in the EU's development policy framework?

MSF urges the EU to put people's needs at the core of its development policy. For all health interventions, access to care should be a central determinant, measured in terms of utilisation by the population and impact on ill health. Successful global initiatives (such as Global Fund for AIDS, malaria and tuberculosis and GAVI) that have significantly contributed to the progress of global health indicators over the MDG area should receive the necessary support to build on and expand successful interventions, and these effective health responses should not be sacrificed or mitigated for commercial or political reasons.

With regard to migration, Europe should ensure its policies foster treatment of people with dignity and respect and uphold human rights. Development policies should not focus on isolating Europe through enforcing external borders at all costs; but rather foster acceptance of diversity and tolerance, including free access to services for all.

4.4 In which areas highlighted above would you expect to see greater consistency between development policy and other areas of the EU external action in the implementation of the 2030 Agenda?

In terms of access to medicines, there's an urgent need to make sure the EU's commercial policies protect access to health commodities for all populations; implying policy shifts on a number of separate but interlinked issues such as intellectual property, pricing, generic competition and R&D. This becomes particularly relevant in view of increasing antimicrobial resistance and emerging pathogens.

The EU should proactively support progressive health financing - including ensuring essential health care free of charge to patients and in priority the most vulnerable groups - as main pillar of the health SDG of universal health care (UHC). UHC should go beyond social protection and put uptake of care (determining potential population impact) at its core.

With regards to migration, restrictive policies are contributing to humanitarian catastrophes, as described under question 4.8.

The New Migration Partnership Framework with its focus on deterring migration towards Europe risks undermining development programmes in the targeted countries, in particular those addressing the provision of basic social services; with the lack of transparency around the programming of the announced trust funds further obscuring the potential effects of the new policies. A similar risk is inherent in the EEAS Global Strategy's focus on peace & security and migration, with development and humanitarian issues put in the backseat.

4.5 In which areas does the EU have greatest value-added as a development partner (e.g. which aspects of its development policy, dialogue or implementation arrangements or in which category of countries)?

There should be no restriction of EC funding to countries classified as middle income. Using the GNI classification to decide on country's eligibility for or level of funding allocation is undermining people's health status. Reliance on domestic resource mobilisation is mostly overoptimistic or unrealistic and increases directly or indirectly existing health gaps, in particular -but not exclusively- for marginalised groups. Moreover the so-called 'graduation' to middle income country status further jeopardizes access to health care by ending privileged price arrangements for essential health commodities such as vaccines and drugs.

4.6 How can the EU refine its development policy to better address inequalities – including gender inequality – in the context of the implementation of the 2030 Agenda?

As described in further detail under question 5.4, there is an inherent risk in the EU's focus on GDP per capita as determinant for development assistance to miss out on reaching the most vulnerable. The increased rhetoric of assistance focusing on Least Developed and Low Income Countries, the 70% of the world's poorest people currently living in Middle Income Countries are likely to be sidelined in development efforts. Development efforts should therefore sufficiently take into account poverty and ill health at the level of people and populations, rather than at the aggregate level, which covers up enormous inequalities within countries and regions. People should not be penalised based on where they are; international support to respond to their health needs should not depend on their governments' policies or willingness to prioritise health funding, nor by any top down country classification. Policy making should rather consider more comprehensive and context based frameworks for decision making based on the analysis of countries' needs, fiscal capacity and policies.

4.7 How can the EU development policy make a stronger contribution to the security of people? How can EU development policy contribute to addressing the root causes of conflict and fragility and contribute to security and resilience in all the countries where we work?

Timely assistance to people caught in crisis and conflict should remain a main priority. The principles of independent humanitarian aid need to be upheld, and these efforts should not be mixed with other goals including political, state-building and military agenda's. The immediate (health and other) needs of people affected by the crisis should remain the focus of interventions, with a particular attention to the most vulnerable and marginalised people. With regard to health in fragile contexts, effective health interventions responding to people's immediate needs should under no circumstances be replaced or delayed by (intentions of) non-evidence based resilience building. The current development policies for so-called 'fragile and conflict affected states' are insufficiently conflict sensitive. Recent experience in contexts such as South Sudan, Somalia, CAR and others indicates that the proposed state-building approach under the 'New Deal' needs revision.

4.8 How can a revised Consensus on Development better harness the opportunities presented by migration, minimise the negative aspects of irregular migration on the implementation of the 2030 Agenda and better address the root causes of irregular migration and forced displacement?

MSF continues to urge the EU to:

- Swiftly provide safe and legal channels for people seeking asylum,

in particular allowing asylum seekers to apply for asylum at external land borders, including the Evros land border between Turkey and Greece. This also includes making wider use of legal entry schemes, such as (for example) family reunification, humanitarian visas, simplified visa requirements, resettlement and relocation. The lack of a plan for safe and legal routes is an essential point missing on the European Agenda.

- Create legal migration pathways to decrease the demand for irregular migration and smuggling networks. Recent months have proven that the current manner of trying to tackle irregular migration has not stopped people from using these avenues - and have only increased the costs both in terms of financial cost and lives lost. Higher death rates than 2015 are being reported on the central Mediterranean route, and in Greece people continue to arrive on the islands despite the EU-Turkey deal. Until a comprehensive system is set up for people to access migration options irregular migration and smuggling networks will continue to exist. Opening safe and legal migration and asylum channels remains the only available option in order to avoid that thousands of people risk their life in the Mediterranean Sea and suffer from dire conditions during the transit through the Balkans.

- Europe continues to talk about a war on smugglers. Launching attacks against the smuggling industry without giving people other options would not only trap persons in countries like Libya -where many face brutal conditions and are victims of kidnapping, exploitation and torture. The emphasis on waging a 'war against smugglers' risks militarizing the issue and could endanger humanitarian SAR efforts by non-governmental organizations like MSF, which could quickly find itself operating in a hostile environment or come under attack from smugglers who are unlikely to distinguish civilian search and rescue efforts from military boats with a mandate to detain smugglers and destroy assets.

- Create an ambitious search and rescue mechanism to save lives at sea. This operation should proactively search for boats in distress as close to departure points as possible and should be accompanied by pre-identified disembarkation points where humane disembarkation procedures, including adequate reception conditions, medical care and vulnerability assessments, are in place.

- Invest in reception according to EU standards instead of deterrence measures only. Europe must move away from a fortress approach to a reception approach designed to address the needs and specific vulnerabilities of people arriving at its borders, in particular their medical and mental health needs. The current reception system is simply not adequate. An increasing number of people are excluded by the formal reception system and live in appalling conditions in occupied buildings and makeshift camps, with limited access to basic services. The EU needs to invest in a system that treats people with dignity and respect, takes into account the situations they have fled and the difficulties and hardships they have suffered along the way and allows them to access basic services such as correct information, adequate and appropriate shelter and access to healthcare.

- In the absence of a functioning common European asylum system, invest more ambitiously in intra-EU relocation schemes and the creation of safe passage through the EU.

- Put an end to acts of violence and abuse from state authorities and criminal groups. Europe is increasingly resorting to fortifying and closing

its borders - implementation of which increasingly means forces (both police and military) on the borders to implement the closures - and fences. The consequences of this are increasingly creating a humanitarian crisis for already vulnerable people; including increased violence used by national forces as well as militant groups; with the resulting detrimental effects on migrants' mental health as well as access to services, including medical care. The fortification of borders and the EU Turkey deal have not solved the issues at hand but have merely changed the pathway of the problem. The migrant crisis is becoming a protracted one and response should go beyond emergency response and put in place an adequate, holistic, sustainable approach that is humane and dignified; with regard for vulnerabilities (including adequate and modified reception and access to services for vulnerable groups). The EU should ensure that its policies do not hollow out the essence of the refugee convention.

The New Migration Partnership Framework risks undermining development programmes, in particular those addressing the provision of basic social services. A similar risk is inherent in the EEAS Global Strategy's focus on peace & security and migration, with development and humanitarian issues put in the backseat.

(5) Means of implementation: how do we get there?

The principle of universality underpinning the 2030 Agenda will require a differentiated approach to engagement with countries at all levels of development. Official Development Assistance will continue to play an important role in the overall financing mix for those countries most in need (particularly the Least Developed Countries). The EU and its Member States should continue to progress towards achieving their commitments. However, in all countries our development cooperation will need to take account of other sources of finance, including by leveraging other (non-Official Development Assistance) sources of finance for poverty eradication and sustainable development. The delivery of the 2030 Agenda means that our work helping countries raise their own resources (domestic resource mobilisation), the provision of aid for trade, blending* and partnering with the private sector should be priority areas of focus. The Addis Ababa Action Agenda, an integral part of the 2030 Agenda, provides a framework for our efforts, including for our work supporting the right enabling policy environment for sustainable development in our partner countries. The implementation of the 2030 Agenda and the Paris Agreement on climate change under the United Nations Framework Convention on Climate Change should be closely coordinated given the strong interlinkages. Engagement with middle income countries, notably the emerging economies, will be important to the implementation of the 2030 Agenda, considering the role they can play in promoting global public goods, what they can achieve within their respective countries on poverty eradication and sustainable development, and the example they can set within their regions as well as their role in regional processes. Here differentiated partnerships can play an important role (examples include different forms of political, economic, and financial investment as well as cooperation in science, technology and innovation). Specific attention and focus should also be given to Least Developed Countries, as acknowledged by the Addis Ababa Action Agenda.

The EU's implementation of the 2030 Agenda provides an opportunity for enhancing consistency between the different areas of the EU's external action and between these and other EU policies (as outlined in the Lisbon Treaty and in [EU's Comprehensive Approach to external conflict and crises](#)). The EU will continue to pursue [Policy Coherence for Development](#) as a key contribution to the collective effort towards broader policy coherence for sustainable development. In our external action, the EU needs to consider how we can use all policies, tools, instruments at our disposal coherently in line with the integrated nature of the 2030 Agenda.

* Combining EU grants with loans or with equity from other public and private financiers with a view to leveraging additional resources.

5.1 How can EU policies, and EU development policy in particular, help to mobilise and maximise the impact of the increasing variety of sustainable development finance, including in particular from the private sector?

While the private sector and in particular the not-for-profit private agencies have a role to play in development, the increasing focus on private involvement, potentially at the expense of international solidarity carries a number of risks. MSF sees an increasing “commodification” of health, linked to trade; with health services, medical supplies and medicines seen as commodities from which profit can be extracted. “Health for the sake of health” seems to give way to an agenda where health interventions increasingly require a better “return on investments”, a shift that is affecting the poorest and most vulnerable in particular. Efforts to involve private-for-profit players into development initiatives cannot be used as an excuse to diminish ODA, in particular with many EU countries still so far off their 0.7% commitment on ODA (further weakened by increasingly categorizing costs for refugee reception in home countries as ODA which further skew ODA figures). Given the fundamentally different motivations of private sector actors engaging in development activities, robust accountability systems and conditionality should be put in place.

5.2 Given the evolving availability of other sources of finance and bearing in mind the EU's commitments on Official Development Assistance (e.g. [Council Conclusions from 26 May 2015 on "A New Global Partnership for Poverty Eradication and Sustainable Development after 2015"](#), and inter alia, paragraphs 32 and 33), how and where should the EU use its Official Development Assistance strategically and to maximise its impact?

The EU should abide by its international commitments to allocate 0.7% of its GNI to ODA and 0.1% of its GNI specifically to Development Assistance for Health.

The EU should resume and lead the exploration of innovative sources of financing for health, such as the financial transaction tax.

MSF urges the EU to put people's needs at the core of its development policy. For all health interventions, access to care should be a central determinant, measured in terms of utilisation by the population and impact on ill health. Successful global initiatives that have contributed to the progress of global health indicators over the MDG area should receive the necessary support to build on and expand successful interventions, and effective health responses should not be sacrificed or mitigated for commercial or political reasons.

5.3 How can the EU better support partner countries in mobilising their own resources for poverty eradication and sustainable development?

While there is value in pressuring countries to improve domestic health spending, the aim should be to expand on improved health outcomes and to reach UHC rather than to make-up for shortfalls in donor funding. The present rhetoric around improving domestic revenues and insistence on the governments' responsibility for their population health has merit, but only if it is in addition to, rather than replacing global health solidarity. Overoptimistic, unrealistic reliance on domestic resource mobilisation to replace dwindling international donor funding carries the risk of reluctance or inability to expand or continue existing health programmes, innovate, provide care free of charge, or ensure health care access for vulnerable, marginalised people or non-nationals.

The insistence on DRM in countries (MIC in particular) not able to cover the gaps left by reduced international funding risks to push the burden onto patients through increased or reintroduced user fees and increased out-of-pocket payments. In particular these will cause damaging effects on UHC, increase inequity and push people further into poverty. If the world is serious about meeting the SDGs health targets and bringing major diseases under control, there need to be realistic expectations as to how governments can fund adequate healthcare. Countries with significant gaps should receive support, including those classified as middle-income economies.

5.4 Given the importance of middle income countries to the implementation of the 2030 Agenda, what form could differentiated partnerships take?

While a differentiated, context-based approach to development makes sense, the focus on income classification has potential negative effects on development outcomes in those countries that “graduate” to Middle Income status. Economic growth is playing an increasingly prominent role in discussions on development, linking a country’s GDP classification to its social and health progress, despite the fact that most of the world’s poorest and sickest people live in countries classified as middle income. As a result, their health needs risk being ignored while the majority of international health aid is allocated elsewhere. Economic proxy measures of human development obscure population health needs and ignore existing inequities. So called middle-income countries have little in common apart from the negative impact of their reclassification on population health. Upward trajectory on the income ladder increases national health-care costs as prices of vaccines, drugs and medical commodities rise due to less preferential and more arbitrary pricing. Additionally, different international trade rules and regulations come into play, including pressure for more restrictive trade agreements such as TRIPS Plus. The arbitrary division along income levels ignores the glaring diversities between and within countries in terms of actual human development, and growing global inequities. It also disregards their epidemiological profiles and actual ability of countries to translate financial revenues into health expenditures and results, increasingly running the risk of negatively impacting or worse, reversing health gains achieved over the past decade and a half. As countries that ‘graduate’ to the MIC level are assumed to be no longer in need of official development assistance, stricter funding restrictions apply, most importantly with loans replacing grants. Loans are traditionally used in profit making sectors and therefore health loses out. Additionally, tighter trade and intellectual property regulations also apply, which de facto limits access to cheaper drugs, vaccines and medical devices. MSF urges the EU to consider the wide variations in development and access to social services in MIC’s and to seriously revise decisions based solely on GNI classifications. At the very least, the EU should put in place realistic and robust transition plans for those countries where assistance will be reduced. In view of early evidence of damaging effects by the current ‘transition’ policies on health gains, we urge the EC and EU member states to revise their pressure on the global health initiatives such as the Global Fund and Gavi, where member states have pushed for a move away from MIC’s, with potentially grave negative effects on health gains made previously.

5.5 Given experience so far in taking into account the objectives of development cooperation in the implementation of EU policies which are likely to affect developing countries (e.g. [Policy Coherence for Development: 2015 EU Report](#)), how should the EU step up its efforts to achieve Policy Coherence for Development, as a key contribution to the collective effort towards policy coherence for sustainable development? How can we help ensure that policies in developing countries, and internationally contribute coherently to sustainable development priorities?

In terms of access to medicines, there's an urgent need to make sure the EU's commercial policies protect access to health commodities for all populations; implying policy shifts on a number of separate but interlinked issues such as intellectual property, pricing, generic competition and R&D. This becomes particularly relevant in view of increasing antimicrobial resistance and emerging pathogens.

With regards to migration, restrictive policies are contributing to humanitarian catastrophe as described under question 4.8.

As for the so-called coherence agenda which intends for different member states and EU institutions to formulate their development policies in a more coordinated way; MSF is witnessing certain risks associated with this strategy, in particular for the health sector. In particular, simultaneous withdrawal of many donors from the same countries (usually MIC's) without coverage of the gaps left behind by other donor(s) causes an overall significant reduction of health funding and undermines UHC.

(6) The actors: making it work together

An important feature of the new Agenda is that all governments, developed and developing, will need to work with a wide range of stakeholders (including the private sector, civil society and research institutions) to improve the transparency and inclusivity of decision-making, planning, service delivery, and monitoring and to ensure synergy and complementarity.

The EU must continue to work collaboratively with others and contribute to a coordinated approach. The Addis Ababa Action Agenda puts national plans for implementation (including associated financing and policy frameworks) at the centre. To maximise our impact, EU development policy should be based on a strategic and comprehensive strategy for each country, which also responds to the country-specific context.

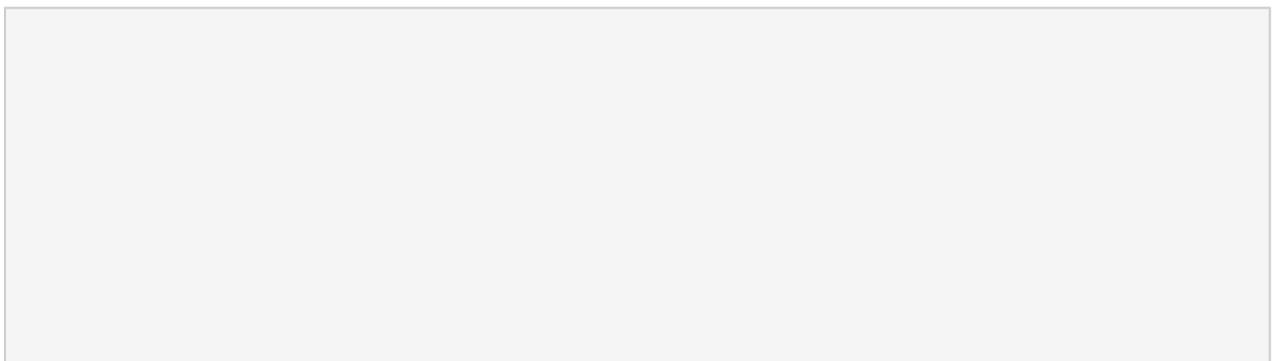
Our partner countries' implementation of the 2030 Agenda will inform our overall engagement and our development cooperation dialogue with them and will help shape our support for their national efforts. The EU should also help partner countries put in place the necessary enabling policy frameworks to eradicate poverty, tackle sustainable development challenges and enhance their policy coherence.

There is a need for a renewed emphasis on the quality of development cooperation, including existing commitments on aid and development effectiveness made in Paris, Accra and Busan* and through work with the [Global Partnership for Effective Development Cooperation](#).

An updated EU development policy should also provide a shared vision that guides the action of the EU and Member States in development cooperation, putting forward proposals on how to further enhance coordination, complementarity and coherence between EU and Member States. Strengthening [Joint Programming](#) will be an important part of this. Improving the division of labour between the EU and its Member States in order to reduce aid fragmentation will also contribute to increased development effectiveness.

* See [Paris Declaration on Aid Effectiveness and the Accra Agenda for Action](#) and the [Busan Partnership for Effective Development Cooperation](#)

6.1 How should the EU strengthen its partnerships with civil society, foundations, the business community, parliaments and local authorities and academia to support the implementation of the 2030 Agenda (including the integral Addis Ababa Action Agenda) and the Paris Agreement on climate change?



6.2 How can the EU promote private sector investment for sustainable development?

While the private sector and in particular the not-for-profit private agencies have a role to play in development, the increasing focus on private involvement, potentially at the expense of international solidarity carries a number of risks. MSF sees an increasing “commodification” of health, linked to trade; with health services, medical supplies and medicines seen as commodities from which profit can be extracted. “Health for the sake of health” seems to give way to an agenda where health interventions increasingly require a better “return on investments”, a shift that is affecting the poorest and most vulnerable in particular. Efforts to involve private-for-profit players into development initiatives cannot be used as an excuse to diminish ODA, in particular with many EU countries still so far off their 0.7% commitment on ODA (further weakened by increasingly categorizing costs for refugee reception in home countries as ODA which further skew ODA figures). Given the fundamentally different motivations of private sector actors engaging in development activities, robust accountability systems and conditionality should be put in place.

6.3 How can the EU strengthen relations on sustainable development with other countries, international financing institutions, multilateral development banks, emerging donors and the UN system?

6.4 How can the EU best support partner countries to develop comprehensive and inclusive national plans for the implementation of the 2030 Agenda?

6.5 What are the best ways to strengthen and improve coherence, complementarity and coordination between the EU and the Member States in their support to help partner countries achieve poverty eradication and sustainable development?

As for the so-called coherence agenda which intends for different member states and EU institutions to formulate their development policies in a more coordinated way; MSF is witnessing certain risks associated with this strategy, in particular for the health sector. In particular, simultaneous withdrawal of many donors from the same countries (usually MIC's) without coverage of the gaps left behind by other donor(s) causes an overall significant reduction of health funding.

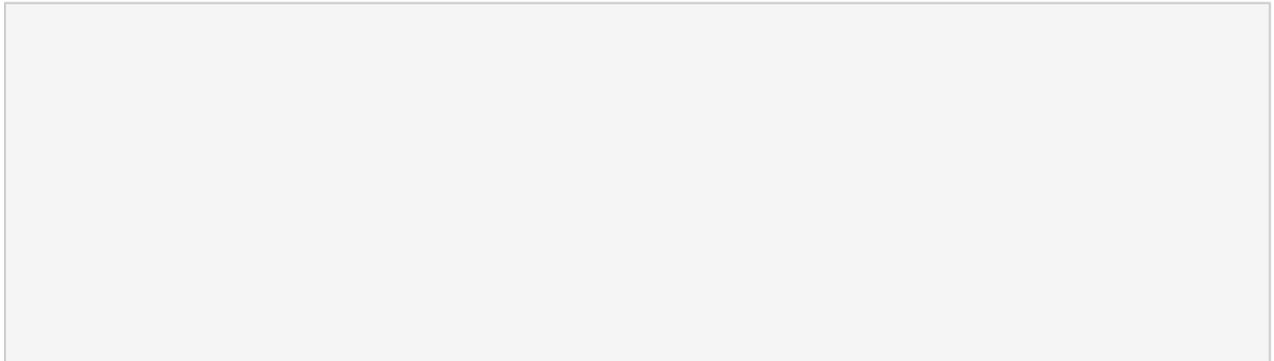
6.6 How can EU development cooperation be as effective as possible, and how can we work with all partners to achieve this?

6.7 What further progress could be made in EU Joint Programming, and how could this experience be linked with other EU joined-up actions in supporting countries' delivery of the 2030 Agenda?

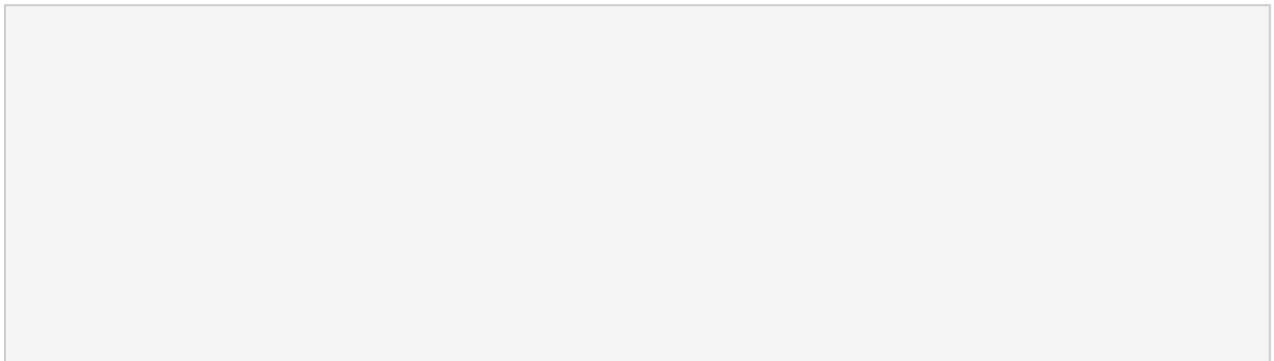
(7) Keeping track of progress

The EU will need to contribute to the global follow-up and review process for the 2030 Agenda. Keeping track of progress in a systematic and transparent way is essential for delivering the 2030 Agenda. The EU is actively contributing to the setting up of a Sustainable Development Goal monitoring system at global, regional and national level. Demonstrating results and impact from our efforts and the promotion of transparency will be important priorities for EU development policy, as part of a wider move to strengthen accountability, follow-up and review at all levels.

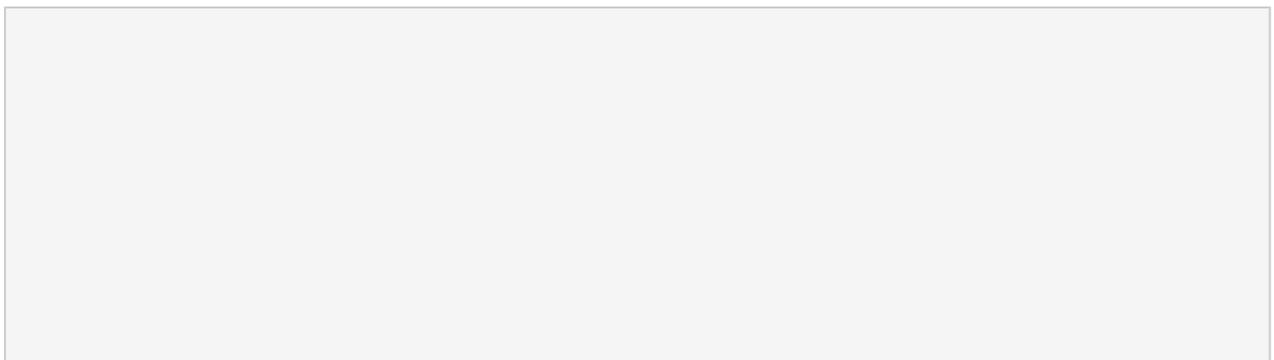
7.1 How can the EU strengthen its own use of evidence and analysis, including in the development field, to feed into its regular review on the Sustainable Development Goals to the UN?



7.2 How can the EU help to ensure the accountability of all actors involved in implementation of the 2030 Agenda, including the private sector? How can the EU encourage a strong and robust approach to the Follow Up and Review of the 2030 Agenda from all actors?



7.3 How should EU development cooperation respond to the regular reviews on progress of the partner countries towards the 2030 Agenda goals?



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