

THE VALUE OF HEALTH: A STRATEGIC ASSET FOR DEVELOPMENT, SECURITY, AND PEACE

Health and the global political agenda

Health is fundamental to human well-being and to the functioning of societies. Over the past two decades, it has moved from the margins toward the centre of the global political discourse, reframing itself from a social sector to a strategic asset. It builds human capital, stabilises economies, strengthens national security, and underpins social cohesion.¹ Yet this progress has been uneven, and the current polycrisis, with pandemics, climate shocks, conflict, and debt distress among others,² demands a refreshed narrative and a sharper investment case that resonates with decision-makers. In this viewpoint, Friends of the Global Fund Europe sets out what this new narrative might look like.

From the early 2000s, global institutions increasingly recognised health as integral to peace and security. In July 2000, the UN Security Council adopted Resolution 1308,³ its first focused on a health issue, acknowledging HIV/AIDS as a threat to stability and calling for action across UN peacekeeping operations. The Oslo Ministerial Declaration (2007) explicitly framed health as a pressing foreign policy issue, urging ministers to consider it a defining lens for diplomacy and development.⁴ This period also saw high-level engagement through the G8 Health Ministers' first meeting in 2006⁵ and, later, through BRICS Health Ministers,⁶ which emphasised the WHO's coordinating role and access to medicines. In 2014, the G20 Leaders' Brisbane Statement on Ebola underscored the link between infectious diseases and risks to the global economy.⁷

Yet, these developments might not have happened. HIV/AIDS got onto the global political agenda in part because Kofi Annan noted how AIDS was killing more people in Africa than all conflicts combined.⁸ One might have expected a comparable political response during COVID-19 in 2020. Yet, no Security Council resolution was adopted at the onset of the pandemic, nor did the UN General Assembly convene a dedicated high-level meeting until three years later.⁹

This contrast reflects how much global health has lost its political immediacy and convincing power, despite the unprecedented scale of the crisis. The seismic political changes in the United States, which for decades has been the world's leading donor, have exacerbated this process far beyond what was imaginable even a few years previously, with drastic reductions in global health funding accompanied by the erosion of multilateralism. In these new circumstances, we need a new

narrative. The geopolitical environment has changed, and so must the way we articulate the strategic importance of health if we are to rebuild political traction and donor commitment.

Our task is far from easy. We must recognise that health has become increasingly politicised. This is neither surprising nor inherently negative. As health has moved higher on national, regional, and global political agendas, it has done so because of its profound relevance to economic performance, political ideology, and governmental legitimacy. However, this means that debates about global health ultimately concern the common good: the appropriate roles of the state, markets, individuals, and the international community in protecting and promoting population well-being. This politicised landscape is therefore both a vulnerability and an opportunity. On one hand, political polarisation and ideological contestation can weaken consensus for investment, undermine multilateralism, and fragment global responses. On the other hand, the centrality of health to societal functioning creates strategic opportunities for advocacy. Health can unite actors across sectors, resonate with voters, and serve as a vehicle to reinforce social cohesion, resilience, and shared purpose. Recognising this dual nature is essential if we are to shape compelling narratives and mobilise sustained political commitment.

Health as a Driver of Development

Health contributes substantially to human capital, enabling individuals to learn effectively, work productively, and innovate, thereby transforming population well-being into tangible macroeconomic returns. Good health extends working lives, reduces absenteeism and increases productivity.¹⁰

Amid rising conflict, there is growing recognition that health systems are part of a nation's essential infrastructure, comparable to systems that power economies, such as energy, transport, and digital networks. Their resilience, including robust service delivery, workforce capacity, and supply chain reliability, ensures continuity of economic activity during crises and helps maintain social stability.

Health also constitutes a core pillar of national security, as biological threats, whether naturally occurring or deliberate, can overwhelm societies, disrupt essential services, and erode public trust. Intense surveillance, preparedness, and response capacities markedly reduce the risk that outbreaks escalate into instability. During the Ebola crisis, high-level political statements highlighted how epidemic control was inseparable from economic recovery and global resilience.

Finally, health investment yields substantial economic returns, with areas such as primary care, vaccination, and preparedness producing outsized benefits by preventing productivity losses and averting catastrophic shocks. The COVID-19 pandemic demonstrated, with unprecedented clarity, that underinvestment in health security exposes societies to trillion-dollar economic consequences.

The Changing Advocacy Landscape

While the framing of health as a driver of development was highly persuasive during the MDG era, particularly amid the profound demographic, economic, and social impacts of AIDS in Africa, this narrative has lost much of its political traction in the SDG period. From 2015 onward, health became just one among seventeen competing priorities, diluting the clarity and urgency that once enabled health to command a distinct share of donor attention.¹¹ The resulting competition for

limited development financing has intensified. At the same time, overall external health financing is contracting sharply. In such an environment, the argument that health alone drives development and peace is no longer sufficient to elicit political will or donor funding. What is increasingly required is a reframing of health not only as a standalone investment with high returns, but as an enabler of other priorities, such as economic stability, education outcomes, climate resilience, and social cohesion, thereby re-establishing its centrality within an interdependent SDG landscape. This reframing must take account of several changing realities. Donor decision-making increasingly demands cross-sectoral impact: how health investments improve education attainment, labour productivity, climate adaptation, and fiscal stability. This calls for a modernised narrative that connects health to growth strategies and national security doctrines, speaking the language of finance and foreign ministries.

Global Solidarity, Domestic Responsibility

A new narrative must also recognise that, while global solidarity must be a fundamental value, the primary responsibility for building resilient health systems rests with national governments. Official development assistance should complement, not replace, domestic investments, yet in reality, this often does not happen. Many low-income countries face severe debt distress and lack the fiscal space to invest adequately in health, leaving them dependent on external support for essential services. At the same time, some middle-income countries give little priority to health, despite having the economic capacity to do more, and fail to prioritise the most cost-effective interventions.¹² There is also the problem of diversion of scarce resources due to corruption, something that is often facilitated by lax regulation of financial activities in high-income countries.

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This divergence underscores the need for a more precise articulation of where global solidarity financing should be targeted and why. If we are calling on European donors to reinvest, our case must focus on countries facing genuine fiscal constraints, high disease burden, and fragile systems, while advocating domestic accountability where capacity exists. This differentiated approach ensures scarce resources deliver maximum impact and avoid perpetuating aid dependence.

The Global Funding Crisis and Its Implications

The current decline in global health financing is sudden and severe, with global health aid projected to decline by 30–40% in 2025, reducing essential services in many low- and middle-income countries by up to 70%.¹⁴ Much of this is a consequence of massive cuts in US funding but some European donors are also scaling back, contributing to a significant shortfall at the latest Global Fund replenishment, where pledges reached only \$11.34 billion of the \$18 billion target during the Replenishment Summit that took place on November 21st in Johannesburg.¹⁵ affecting essential activities such as maternal care, vaccination, preparedness, and disease surveillance. Independent tracking indicates that total development assistance for health fell sharply in 2025, driven primarily by major reductions in US multilateral aid, with Sub-Saharan Africa the most affected region.¹⁶ OECD-linked analyses corroborate these trends, showing that overall ODA and humanitarian funding declined in 2024, signalling a broad-based contraction that predates the latest shocks.¹⁷ The avoidable deaths and disability that will follow from US cuts are uncertain but likely will be in the millions.¹⁸

This funding crisis poses significant risks to global security and development, as underinvestment reverses hard-won gains against HIV, tuberculosis, and malaria, increases vulnerability to outbreaks, and erodes human capital, ultimately undermining economic growth and social stability. The crisis also exposes the depth of global interdependence: weaknesses in any one country's health system can accelerate transmission, fuel misinformation, and trigger economic contagion across borders.

Health as a Strategic Investment

It is important to look beyond the present funding crisis to the broader strategic rationale for investment. Health spending acts as a powerful multiplier across sectors.¹⁹ Investments in health amplify educational outcomes through improved attendance and attainment. They strengthen labour markets by boosting productivity and participation. They facilitate climate adaptation by improving resilience to heat and pollution. And they reinforce social stability by increasing trust and cohesion. In this sense, health spending is not merely a form of social expenditure; it is a productive investment in human that enables societies to function and prosper.

At the same time, from a European perspective, such strategic framing must be anchored in a holistic understanding of health grounded in both human rights and epidemiological evidence. The effectiveness and resilience of health systems depend fundamentally on inclusion: they must reach all people, irrespective of income, identity, or legal status, and they must protect the health and rights of women, including full access to sexual and reproductive health services. These are not ancillary components of health system performance but preconditions for societal resilience, trust, and stability.²⁰ Health systems that exclude or marginalise populations are structurally weaker, more prone to outbreaks, and less able to sustain the social cohesion on which democratic legitimacy and long-term security depend. For Europe, where commitments to universalism and rights-based governance are central to foreign and development policy, maintaining credibility requires that the strategic investment narrative explicitly integrate equity, inclusion, and gender equality.

Building on this understanding of health's cross-cutting impact, health must be fully integrated into economic and foreign policy decision-making. A whole-of-government, or Health for all policies approach,²¹ embeds health within growth strategies, fiscal planning, security doctrines, trade policy, and climate agendas, ensuring that health considerations shape the policies that govern national resilience. At the international level, strengthening the global health architecture, through preparedness funds, pooled procurement mechanisms, improved data-sharing, and secure supply chains, requires predictable financing and renewed European leadership to ensure that collective action remains both credible and sustainable.

Given this evolving geopolitical environment, the narrative used to advocate for health must also adapt. To regain traction with donor governments, health arguments must be rigorous, politically attuned, and aligned with broader governmental priorities. This includes demonstrating clear net returns, specifying how health investments reduce systemic risks, and highlighting co-benefits across multiple SDGs. It also requires distinguishing between contexts where solidarity financing is indispensable and those where domestic responsibility must prevail, while explicitly acknowledging Europe's strategic interest in supporting stable, healthy partner countries. Only by reframing the

narrative in this way can advocates rebuild momentum for sustained international investment in health.

Rebuilding the Case for Health

In this viewpoint, we have argued that health must be understood not as a by-product of prosperity, but as one of its primary engines, an accelerator of development, security, and peace. The evidence is unequivocal: investing in health yields substantial economic and societal returns while reducing the systemic risks that threaten stability. Yet the current funding crisis, combined with an increasingly politicised global environment, has made it clear that compelling arguments alone no longer suffice. What is needed now is a modernised, evidence-rich narrative, one that resonates politically and is paired with a more targeted, strategic approach to solidarity.

The Friends of the Global Fund Europe believe that this requires a renewed commitment to international leadership. Europe must reassert its role by reinvesting in the Global Fund and in multilateral mechanisms that strengthen preparedness and universal health coverage, with clear targets and predictable timelines. At the same time, solidarity financing must be directed where it is most urgently required: to countries facing genuine fiscal constraints and heavy disease burdens, while encouraging stronger domestic accountability and co-financing where capacity allows. Finally, health investments must be framed not only as moral imperatives but as strategic contributions to Europe's own priorities, supporting economic resilience, promoting stability along migration routes, safeguarding supply chains, and enhancing climate adaptation. Through such a reframed and purposeful approach, health can once again command the political traction needed to drive lasting global impact.

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