JA GHI
European Union
Global Health Impact

EU GLOBAL HEALTH STRATEGY

From Strategy to Implementation: Results of a Cross-National Analysis of the Awareness, Knowledge and Alignment of European stakeholders

TECHNICAL REPORT

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European Union
Global Health Impact

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The present technical report was developed in response to the need to address Task 7.1 within Work Package 7 (WP7), titled *Strengthening external communication on the EU contribution to Global Health*. In particular, Task 7.1 focuses on the development of the Joint Action Global Health Initiative (JA GHI) External Communication Plan (ECP) to support and enhance the visibility of the EU's Global Health Strategy and its key contributions to Global Health.

The External Communication Plan aims to strengthen and optimise the external communication of the EU Global Health Strategy by identifying communication objectives, key messages, priority audiences and appropriate dissemination channels. It also seeks to map existing EU communication resources and initiatives, define relevant indicators and targets, and support coordination mechanisms for the communication of EU Global Health actions at international, national and regional levels.

Within this framework, and with particular attention to the Team Europe approach and the knowledge generated within the Team Europe network, this technical report has been developed to highlight and identify key communication priorities, objectives and messages to be strengthened and disseminated.

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EXECUTIVE SUMMARY

This study provides one of the first cross-country assessments of how the EU Global Health Strategy (2022–2030) is perceived, understood, and operationalized across national and institutional contexts in Europe. Drawing on survey responses from a diverse group of stakeholders – including government authorities, academia, civil society organizations, and healthcare providers – the analysis examines levels of awareness, perceptions of governance arrangements, and the degree of alignment between European and national approaches to Global Health.

Overall, the findings reveal a landscape characterized by strong normative support but uneven institutional awareness. Awareness of the EU Global Health Strategy is relatively widespread, particularly among government and public authorities. However, levels of familiarity vary across stakeholder groups: healthcare providers display comparatively low awareness, while academia and civil society demonstrate moderate familiarity but rely on more diverse and less structured information channels.

Importantly, the analysis finds no clear evidence that the existence of a national Global Health Strategy significantly increases awareness of the EU Strategy. This suggests that the diffusion of knowledge about the Strategy depends less on the formal adoption of national frameworks and more on communication practices, institutional anchoring, and stakeholder engagement. EU institutional communication channels currently represent the primary source of information about the Strategy, particularly for governmental actors.

The results also highlight significant gaps in stakeholders' knowledge of national policy frameworks. Many respondents are uncertain whether their country has a national Global Health Strategy, and in some cases respondents reported the existence of strategies that were not formally in place. These findings point to communication and dissemination challenges at the national level and indicate that the adoption of strategic frameworks alone does not guarantee broad awareness or stakeholder engagement.

Despite these gaps, there is overwhelming consensus on the importance of national Global Health strategies and their alignment with the EU framework. Nearly 89% of respondents consider the development of a national strategy useful or necessary, while more than 98% support alignment between national and EU strategies. This reflects a widely shared recognition that Global Health challenges require coherent and coordinated multi-level governance.

At the same time, the study identifies persistent ambiguity regarding governance roles and coordination mechanisms. Although a majority of respondents report the existence of

formal or informal coordination structures among national actors, a substantial share remain uncertain about whether such mechanisms exist. Awareness of roles such as Global Health Ambassadors also varies significantly across countries, suggesting limited clarity regarding mandates and institutional responsibilities.

Taken together, the findings indicate that political and normative support for the EU Global Health Strategy is strong across Europe, but that effective implementation will depend on strengthening communication, clarifying governance arrangements, and enhancing stakeholder engagement, especially in countries without a national strategy and where national anchoring is weaker or less institutionalized.

Three key priorities emerge. First, expand dissemination and engagement efforts to reach a broader range of stakeholders beyond core governmental actors. Second, encourage the development and alignment of national Global Health strategies with EU priorities. Third, improve clarity and transparency in governance roles and coordination mechanisms, including the mandates of key actors and the structures supporting cross-sector collaboration.

Addressing these priorities will be essential to translate broad support for the EU Global Health Strategy into more coherent, visible, and effective Global Health governance across Europe.

INTRODUCTION

Effective implementation of the EU Global Health Strategy depends on coordinated, evidence-informed action by EU institutions and Member States. The Strategy's ambition to strengthen EU leadership in Global Health (GH), improve the visibility of European contributions, and promote a more strategic and values-driven approach requires not only robust governance arrangements but also systematic alignment and active engagement among the diverse actors operating in GH across Europe. These include governmental bodies, public health institutes, academic institutions, civil society organizations, professional associations, and development cooperation agencies whose mandates and activities collectively shape Europe's GH contribution[1].

The **Joint Action on Global Health Initiative (JA GHI)** was established to reinforce EU leadership in GH through enhanced coordination, intelligence gathering, and communication[2]. Several of its core workstreams are explicitly designed to strengthen systematic collaboration among Member States, including: mapping mechanisms to track national and EU measures aligned with the Strategy; improvement of coordination platforms and digital tools to support unified EU positions in GH negotiations; and development of a comprehensive communication strategy to enhance the visibility and understanding of EU contributions. JA GHI also promotes the Team Europe approach and provides structured mechanisms for Member States to anticipate and shape common positions ahead of major GH engagements.

A key enabler of this coordinated approach is a clear understanding of how stakeholders across Europe engage with the EU Global Health Strategy. Stakeholders' awareness, interpretation, and use of the Strategy are central to ensuring policy coherence and operational alignment. Prior to this project, however, no systematic assessment existed to identify the most relevant actors in each Member State, nor to assess their level of familiarity with the Strategy's objectives, tools, and practical relevance.

To address this gap, a two-stage research process was undertaken by Work Package 7 (WP7). The first stage consisted of a structured stakeholder analysis carried out across all participating countries, aimed at identifying national institutions operating in GH and classifying them according to their relevance, influence, and level of engagement. The second stage involved the design and implementation of a multi-country survey to assess stakeholder knowledge, use, and perceptions of the EU Global Health Strategy, as well as perceived barriers and opportunities for its implementation. This technical report presents methods, findings, and implications of the survey, providing an evidence base to support JA GHI's broader mandate to strengthen EU leadership and coordination, and to ensure that the EU's collective engagement in GH is informed, consistent, and effectively operationalized.

METHODS

The study followed a structured, multi-stage methodology integrating stakeholder mapping, survey implementation, and iterative validation. This sequence of activities ensured that data collection was grounded in a systematic identification of relevant national actors and that findings were subsequently reviewed with JA-GHI representatives of participating countries.

Stakeholder Analysis

A standardised stakeholder analysis tool was developed to identify national institutions with a role in GH and assess their relevance to the EU Global Health Strategy. The tool applied a four-quadrant power–interest grid that classified institutions according to the interest and decision-making power they have in GH (high and low power and high and low interest), allowing one to understand which stakeholders are the most or the least active and influential, to map the different institutions/organizations acting as stakeholders in GH and to identify those to be prioritized in the EU GH communication strategy[3].

The tool was distributed to all JA-GHI participating countries, which completed the matrix using their national knowledge and contextual insight. The resulting national stakeholder lists were used to guide targeted dissemination of the survey questionnaire.

Survey

A structured questionnaire was developed to capture stakeholders' awareness of the EU Global Health Strategy, their engagement with its content, and their perceptions of its relevance and operational application. The instrument was informed by a review of Strategy documents, internal consultations within JA GHI, and the categories emerging from the stakeholder analysis. The final questionnaire was distributed to designated reference persons in each JA-GHI participating country, who were asked to circulate it to stakeholders identified through the stakeholder analysis tool. As the project relied on national redistribution, no central mechanism was available to monitor the completeness or coverage of the distribution process.

The questionnaire included four thematic domains:

1. General information about the respondent (optional);
2. EU Global Health Strategy knowledge and alignment;
3. Promoting and implementing EU Global Health Strategy;
4. GH players, policymaking and coordination mechanism in the respondent's country.

Each thematic domain included between two and five answers, combining closed-ended questions (single- and multiple-choice) with open-ended questions to allow respondents to elaborate on national practices or institutional perspectives. Conditional branching logic directed respondents to additional sub-questions when more detailed exploration of their responses was required.

Data collection

Data were collected between June 2024 and November 2024 through the online platform EUSurvey[4]. Responses were received directly by the WP7 research team and stored on restricted-access servers. No personal identifiers were mandatory, and respondents could opt out of providing any information that could reveal their identity.

Data Analysis

Quantitative and qualitative data were processed and analysed using STATA 17.0 and Microsoft Excel. Quantitative analysis consisted of descriptive statistics, including frequencies, proportions, and cross-tabulations. Qualitative responses were analysed thematically using an inductive approach. Codes were developed iteratively to capture recurring themes, country-specific insights, and variations across stakeholder groups.

Responses providing multiple answers to single-choice questions were classified as "invalid" and retained as a separate response category in the analysis. To account for the over-representation of respondents from France and Italy, post-stratification weighting was applied for cross-country comparisons when appropriate.

Country profiles

For each participating country, the WP7 research team produced a standardised PowerPoint report, summarising the distribution of responses and key findings across the four thematic domains. These reports were subsequently used to develop Country Profiles, each providing a concise narrative synthesis of the main findings and contextual factors emerging from the survey.

Country Profiles were shared with JA-GHI National Contact Person and accompanied by a request for validation. Validation by national JA GHI representatives was considered essential by the WP7 team to ensure that survey findings were correctly interpreted in light of

national contexts and that the responses reflected the actual institutional landscape, key actors, and coordination mechanisms in each country. Two validation pathways were applied. Representatives agreeing to an interview participated in a structured discussion in which the PowerPoint report was presented and reviewed section by section. Interviews were recorded with prior written consent, and participants were invited to confirm the accuracy of findings, provide clarification, and suggest refinements.

Countries declining an interview were asked to provide written validation of their Country Profile, with the opportunity to comment on the interpretation of results and provide any inaccuracies.

No feedback or validation of results was received from three Countries.

This multi-stage methodology ensured that data collection was grounded in a systematic mapping of relevant actors, that findings reflected both quantitative and qualitative insights, and that country-level validation contributed to the accuracy and contextual relevance of the results.

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RESULTS

Respondents and institutions

The final sample of respondents to the survey consisted of 151 respondents, representing 20 countries and 2 International Non-governamental Organizations" (INGO), as shown in Table 1.

Table 1. Number and percentage of survey respondents across the 20 participating countries and the two International Organizations (N = 151).

Country	Freq.	Percent
Austria	4	2.65
Belgium	1	0.66
Bulgaria	2	1.32
Croatia	3	1.99
Czech Republic	2	1.32
Denmark	8	5.30
Finland	5	3.31
France	49	32.45
Germany	8	5.30
Hungary	1	0.66
Ireland	2	1.32
Italy	24	15.89
Latvia	2	1.32
Netherlands	11	7.28
Norway	1	0.66
Poland	3	1.99
Slovenia	5	3.31
Spain	1	0.66
Sweden	11	7.28
Ukraine	6	3.97
International Organizations	2	1.32
Total	**151**	**100.00**

Countries with a national strategy for Global Health at the time of this survey.

Countries that adopted a national strategy for Global Health after the survey.

Among respondents to the survey, France accounted for the highest number of respondents (N=49; 32.45%), followed by Italy (N=24; 15.89%), and the Netherlands and Sweden (N=11; 7.28%). Countries represented by a single respondent were Belgium, Hungary, Norway, and Spain (N=1; 0.66%). Since Italy and France together represent 48.34% of the sample, a weighting procedure was applied to balance the dataset. Each respondent was assigned a weight reflecting the numerical representativeness of their respective country. This weighting was applied to all survey questions and is reflected in the comparative analyses presented across response categories.

At the time the survey was launched, the countries with a national Global Health strategy in place were France, Germany, the Netherlands, and Sweden. These countries are highlighted in green in Table 1 and together accounted for 52.3% of respondents (N=79). Spain has since adopted a national GH Strategy (in May, 2025); however, no strategy was in place at the time of data collection.

The countries that did not respond to the survey, and were therefore excluded from the following analyses, were Lithuania, Portugal, Romania, Greece.

The two respondents categorised as International Organizations are *WaterAid* and *Deutsche Stiftung Weltbevölkerung* (DSW). Both organizations initially reported Belgium as their country of reference. However, during the validation interview with the Belgian representatives, it emerged that these organizations do not operate as national institutions but as international NGOs. They were therefore reclassified into a separate category of International Organizations.

All survey respondents were also classified according to the type of organization they belong to in their respective countries. To classify the organizations included in this survey, we grouped them into five categories based on their institutional type, primary focus and the information provided by respondents (organization, type of institution, departmental office).

1. Government & Public Authorities

Organizations that operate under formal government authority, including ministries, public agencies, statutory bodies, and diplomatic missions. Their main focus is policymaking, regulation, and public governance. Some organizations, such as the National Cancer Institute (INCa) in France or professional regulatory bodies like the Nurses and Midwives Association of Slovenia, are legally non-profit but were included here because their primary role is governance and regulatory oversight, rather than service provision or advocacy.

2. Academia & Research Institutions

Universities, university hospitals, and public or private research institutes. Their primary focus is education, research, and knowledge generation.

3. Healthcare Providers

Hospitals, public and private health structures, and healthcare delivery institutions. They are mainly engaged in direct provision of health services. Some public entities, such as the

"Établissement Français du Sang (EFS)" in France or "AREU-Agenzia Regionale Emergenza Urgenza" in Italy, are legally government or public agencies, but they are included in this category because their main function is healthcare delivery rather than policy-making.

4. Civil Society & Non-Profit Organizations

Non-governmental organizations (NGOs), foundations, community-based organizations, and networks. Their focus is on advocacy, humanitarian assistance, social support, and public engagement. For example, the Croix-Rouge française and Swedish Red Cross, although legally recognized as partners of the state, are classified in this category because their primary activities are non-profit humanitarian and social services. Other examples include "International Consortium for Health Outcomes Measurement" (ICHOM), AIDES, "Health Action International", Wemos, and various foundations and NGO networks.

5. Private Sector & Commercial Organizations

Companies, insurance firms, venture capital investors, and other for-profit entities. Their focus is on commercial activity, product development, and service delivery in the private market. Even associations representing commercial interests, like the Slovenian Insurance Association, are included here.

The largest group of respondents belongs to Government and Public Authorities (N=77; 51%), followed by Civil Society and Non-Profit Organizations (N=33; 22%) and Academia and Public research Institutions (N=27; 18%). Health Care Providers and Health Service Organization account for 7% (N=10) of respondents, while Private Sector and Other Entities 3% (N=4).

Table 2. Distribution of survey respondents by type of organization

Type of Institution	Freq.	Percent
Academia and Public Research Institutions	27	17.88
Civil Society and Non-Profit Organizations	33	21.85
Government and Public Authorities	77	50.99
Healthcare Providers and Health Service Organizations	10	6.62
Private Sector and Other Entities	4	2.65
Total	**151**	**100.00**

As already mentioned, the survey consisted of four sections. A descriptive analysis of the most relevant ones is presented below.

Awareness of the EU Global Health Strategy (2022–2030)

All respondents answered the question on institutional awareness of the EU Global Health Strategy (N=151). Overall awareness was high: 87.42% reported some level of awareness (51.7% "Yes, to some extent", N=78; 35.8% "Yes, very well", N=54). Only 9.3% (N=14) indicated they did not know the Strategy (Figure 1).

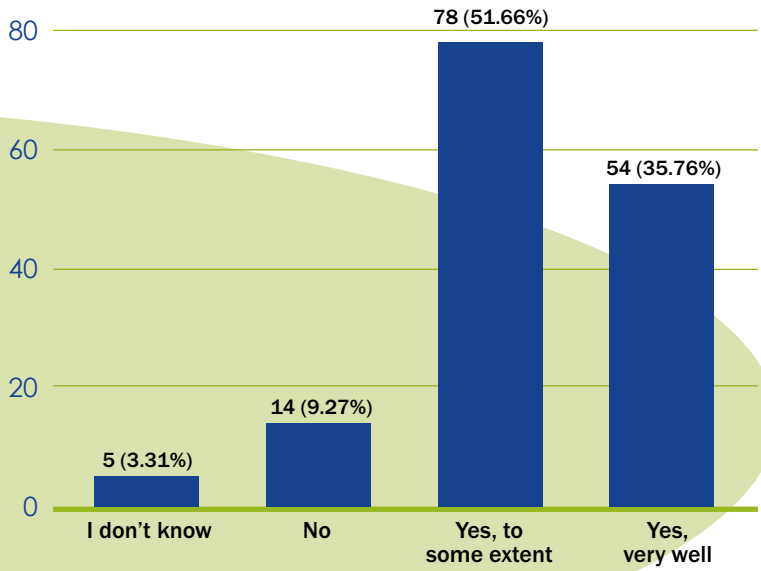

Figure 1. Bar chart presenting the distribution of respondents across the different response categories on awareness of the EU Global Health Strategy.

Awareness by presence of a national Global Health Strategy

To assess whether having a national GH Strategy was associated with greater awareness of the EU Strategy, responses were stratified by whether the respondent's country had an established national GH Strategy at the time of the survey. Awareness patterns were broadly similar across groups. In countries without a national GH Strategy, 48.61% selected "Yes, to some extent" and 38.89% "Yes, very well," with smaller shares selecting "No" (6.94%) or "I don't know" (5.56%). In countries with a national GH Strategy, 54.43% selected "Yes, to some extent" and 32.91% "Yes, very well," while 11.39% selected "No" and 1.27% "I don't know" (Table 3). Overall, these distributions do not suggest a strong positive association between the existence of a national GH Strategy and higher awareness of the EU Strategy.

Table 3. Distribution of respondents' answers by country group. Frequencies are reported in the first row, and row percentages in the second one.

Is your institution aware of the existence of the EU Global Health Strategy 2022-2030 and of its content?	I don't know	No	Yes, to some extent	Yes, very well	Total
Countries without their own GH Strategy	4 5.56%	5 6.94%	35 48.61%	28 38.89%	72 100.00%
Countries with their own GH Strategy	1 1.27%	9 11.39%	43 54.43%	26 32.91%	79 100.00%
Total					**151** **100.00%**

Awareness by country (unweighted and weighted)

Country-level distributions showed substantial heterogeneity. Several countries (e.g., Belgium, Czech Republic, Hungary, Norway, Spain) reported full awareness (100% in "Yes" categories). Conversely, Bulgaria was the only country where all respondents reported not knowing the Strategy. France (N=49) displayed the widest range of responses, including "No" (12.24%) and "I don't know" (2.04%) alongside affirmative answers (Table 4).

Table 4. Distribution of responses stratified by country. For each country or organizational category, row percentages indicate the proportion of respondents selecting each response option ("Yes, to some extent", "Yes, very well", "No", and "I don't know"). Absolute frequencies (N) are also reported.

Is your institution aware of the existence of the EU Global Health Strategy 2022-2030 and of its content?					
Country	**I don't know**	**No**	**Yes, to some extent**	**Yes, very well**	**Total**
Austria	0 0.00%	0 0.00%	2 50.00%	2 50.00%	4 100.00%
Belgium	0 0.00%	0 0.00%	0 0.00%	1 100.00%	1 100.00%
Bulgaria	0 0.00%	2 100.00%	0 0.00%	0 0.00%	2 100.00%
Croatia	0 0.00%	0 0.00%	2 66.67%	1 33.33%	3 100.00%
Czech Republic	0 0.00%	0 0.00%	0 0.00%	2 100.00%	2 100.00%

Denmark	1 12.50%	0 0.00%	5 62.50%	2 25.00%	8 100.00%
Finland	0 0.00%	0 0.00%	2 40.00%	3 60.00%	5 100.00%
France	1 2.04%	6 12.24%	28 57.14%	14 28.57%	49 100.00%
Germany	0 0.00%	1 12.50%	2 25.00%	5 62.50%	8 100.00%
Hungary	0 0.00%	0 0.00%	0 0.00%	1 100.00%	1 100.00%
International Organizations	0 0.00%	0 0.00%	1 50.00%	1 50.00%	2 100.00%
Ireland	0 0.00%	0 0.00%	1 50.00%	1 50.00%	2 100.00%
Italy	2 8.33%	2 8.33%	12 50.00%	8 33.33%	24 100.00%
Latvia	0 0.00%	0 0.00%	1 50.00%	1 50.00%	2 100.00%
Netherlands	0 0.00%	0 0.00%	7 63.64%	4 36.36%	11 100.00%
Norway	0 0.00%	0 0.00%	0 0.00%	1 100.00%	1 100.00%
Poland	1 33.33%	0 0.00%	1 33.33%	1 33.33%	3 100.00%
Slovenia	0 0.00%	0 0.00%	4 80.00%	1 20.00%	5 100.00%
Spain	0 0.00%	0 0.00%	1 100.00%	0 0.00%	1 100.00%
Sweden	0 0.00%	2 18.18%	6 54.55%	3 27.27%	11 100.00%
Ukraine	0 0.00%	1 16.67%	3 50.00%	2 33.33%	6 100.00%
Total					**151** **100.00%**

Weighted (balanced) column analyses highlighted which countries contributed most to each awareness category after correcting for over-representation (notably France and Italy). Spain contributed the most to "Yes, to some extent" (12.03%), while several countries (Belgium, Czech Republic, Hungary, Norway, Denmark) each contributed 10.62% of "Yes, very well." The "No" category was driven primarily by Bulgaria (59.61%), followed by Sweden (10.81%) and Ukraine (9.91%). "I don't know" responses were driven mainly by Poland (59.25%), Denmark (22.24%), and Italy (14.86%) (Table 5).

Table 5. Weighted distribution by country (column percentages). Percentages are weighted to account for the over-representation of France and Italy. Values <0.001% are shown as negligible. Column totals sum to 100% after weighting.

Is your institution aware of the existence of the EU Global Health Strategy 2022-2030 and of its content?

Country	Yes to some extent	Yes, very well	No	I don't know
	Weighted %	Weighted %	Weighted %	Weighted %
Austria	5.99	5.29	0.00	0.00
Belgium	0.00	10.62	0.00	0.00
Bulgaria	0.00	0.00	59.61	0.00
Croatia	7.98	3.52	0.00	0.00
Czech Republic	0.00	10.62	0.00	0.00
Denmark	7.49	2.64	0.00	22.24
Finland	4.80	6.35	0.00	0.00
France	6.87	3.03	7.29	3.64
Germany	3.00	6.61	7.42	0.00
Hungary	0.00	10.62	0.00	0.00
Ireland	6.02	5.31	0.00	0.00
Italy	6.01	3.53	4.96	14.86
Latvia	6.02	5.31	0.00	0.00
Netherlands	7.64	3.85	0.00	0.00
Norway	0.00	10.62	0.00	0.00
Poland	3.99	3.52	0.00	59.25
Slovenia	9.60	2.12	0.00	0.00
Spain	12.03	0.00	0.00	0.00
Sweden	6.55	2.89	10.81	0.00
Ukraine	6.00	3.53	9.91	0.00
International Organizations	<0.001	<0.001	0.00	0.00
Total	**100.00**	**100.00**	**100.00**	**100.00**

Awareness by institutional type

Across institutional categories, most respondents reported awareness ("to some extent" or "very well"), but the distribution varied. Government and Public Authorities (N=77) showed the strongest awareness, with 54.55% "to some extent" and 41.56% "very well." Civil Society and Non-Profit Organizations (N=33) reported predominantly "to some extent" (60.61%) and fewer "very well" responses (27.27%). Academia/Public Research (N=27) showed a more even split (40.74% "to some extent"; 37.04% "very well") with a notable minority reporting low/no awareness (22.22% combined). Healthcare Providers (N=10) showed a very low awareness, with 50% combined "I don't know" or "No" (Table 6).

Table 6. Distribution of responses stratified by type of institution. For each category, row percentages indicate the proportion of respondents selecting each response option. Absolute frequencies (N) are also reported.

Is your institution aware of the existence of the EU Global Health Strategy 2022-2030 and of its content?					
Type of Institution	**I don't know**	**No**	**Yes to some extent**	**Yes, very well**	**Total**
Academia and Public Research Institutions	2 7.41%	4 14.81%	11 40.74%	10 37.04%	27 100.00%
Civil Society and Non-Profit Organizations	0 0.00%	4 12.12%	20 60.61%	9 27.27%	33 100.00%
Government and Public Authorities	1 1.30%	2 2.60%	42 54.55%	32 41.56%	77 100.00%
Healthcare Providers and Health Service Organizations	2 20.00%	3 30.00%	2 20.00%	3 30.00%	10 100.00%
Private Sector and Other Entities	0 0.00%	1 25.00%	3 75.00%	0 0.00%	4 100.00%
Total	**5** **3.31%**	**14** **9.27%**	**78** **51.60%**	**54** **35.76%**	**151** **100.0%**

Channels through which institutions became aware of the EU Strategy

Among respondents who reported awareness in Q1, the follow-up question on *how* institutions became aware yielded 132 responses; however, 20 (15.15%) were invalid because multiple options were selected. Among valid responses, "EU institutional or communication channels" was the most frequently selected source (46.97%, N=62), followed by "Other" (26.52%, N=35) and "Conferences" (11.36%, N=15) (Figure 2).

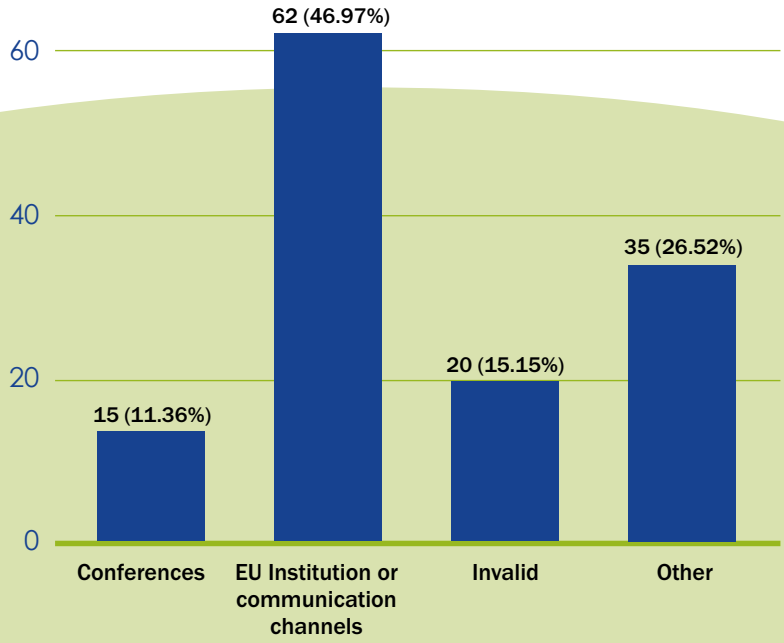

Figure 2. Bar chart presenting the distribution of respondents across the different response categories on sources of awareness of the EU Global Health Strategy.

Patterns were similar in countries with and without a national GH Strategy. In countries without a Strategy, 49.21% reported EU channels, 25.40% "Other," and 11.11% conferences; 14.29% were invalid. In countries with a Strategy, EU channels remained most frequent (44.93%), followed by "Other" (27.54%) and conferences (11.59%); 15.94% were invalid (Table 7).

Table 7. Distribution of respondents' answers by country group. Frequencies are reported in the first row, and row percentages in the second one.

If yes, how does your institution become aware of it? Through...	Conferences	EU Institutional or communication channels	Invalid	Other	Total
Countries without their own GH Strategy	7 11.11%	31 49.21%	9 14.29%	16 25.40%	63 100.00%
Countries with their own GH Strategy	8 11.59%	31 44.93%	11 15.94%	19 27.54%	69 100.00%
Total					**132** **100.00%**

Several countries (Spain, Poland, Norway, Hungary, Czech Republic, Belgium) reported 100% reliance on EU institutional/communication channels. France most often cited EU channels (54.76%), while Germany showed a more even distribution across categories and Finland showed a high share of "Other" (60%) (Table 8). By institutional type, Government and Public Authorities most frequently cited EU channels (63.51%), while Academia and Civil Society showed higher shares in "Other" and "Invalid," suggesting more diverse or less clearly attributable information pathways (Table 9).

Table 8. Distribution of responses stratified by country. For each country or organizational category, row percentages indicate the proportion of respondents selecting each response option ("Conferences", "EU Institutional or communication channel", "Other", and "Invalid"). Absolute frequencies (N) are also reported.

If yes, how does your institution become aware of it? Through...

Countries	Conferences	EU Institutional or communication channels	Invalid	Other	Total
Austria	0 0.00%	2 50.00%	1 25.00%	1 25.00%	4 100.00%
Bulgaria	–	–	–	–	–
Belgium	0 0.00%	1 100.00%	0 0.00%	0 0.00%	1 100.00%
Croatia	0 0.00%	2 66.67%	1 33.33%	0 0.00%	3 100.00%
Czech Republic	0 0.00%	2 100.00%	0 0.00%	0 0.00%	2 100.00%
Denmark	2 28.57%	2 28.57%	1 14.29%	2 28.57%	7 100.00%
Finland	0 0.00%	2 40.00%	0 0.00%	3 60.00%	5 100.00%
France	3 7.14%	23 54.76%	5 11.90%	11 26.19%	42 100.00%
Germany	1 14.29%	1 14.29%	2 28.57%	3 42.86%	7 100.00%
Hungary	0 0.00%	1 100.00%	0 0.00%	0 0.00%	1 100.00%
International Organizations	0 0.00%	0 0.00%	1 50.00%	1 50.00%	2 100.00%
Ireland	0 0.00%	0 0.00%	1 50.00%	1 50.00%	2 100.00%
Italy	3 15.00%	8 40.00%	3 15.00%	6 30.00%	20 100.00%
Latvia	0 0.00%	1 50.00%	0 0.00%	1 50.00%	2 100.00%

Netherlands	1 9.09%	4 36.36%	2 18.18%	4 36.36%	11 100.00%
Norway	0 0.00%	1 100.00%	0 0.00%	0 0.00%	1 100.00%
Poland	0 0.00%	2 100.00%	0 0.00%	0 0.00%	2 100.00%
Slovenia	0 0.00%	3 60.00%	1 20.00%	1 20.00%	5 100.00%
Spain	0 0.00%	1 100.00%	0 0.00%	0 0.00%	1 100.00%
Sweden	3 33.33%	3 33.33%	2 22.22%	1 11.11%	9 100.00%
Ukraine	2 40.00%	3 60.00%	0 0.00%	0 0.00%	5 100.00%
Total					**132** **100.00%**

Table 9. Distribution of responses stratified by type of institution. For each category, row percentages indicate the proportion of respondents selecting each response option. Absolute frequencies (N) are also reported.

If yes, how does your institution become aware of it? Through...

Type of Institution	Conferences	EU Institutional or communication channels	Invalid	Other	Total
Academia and Public Research Institutions	2 9.52%	5 23.81%	7 33.33%	7 33.33%	21 100.00%
Civil Society and Non-Profit Organizations	3 10.34%	8 27.59%	4 13.79%	14 48.28%	29 100.00%
Government and Public Authorities	7 9.46%	47 63.51%	8 10.81%	12 16.22%	74 100.00%
Healthcare Providers and Health Service Organizations	2 40.00%	1 20.00%	1 20.00%	1 20.00%	5 100.00%
Private Sector and Other Entities	1 33.33%	1 33.33%	0 0.00%	1 33.33%	3 100.00%
Total	**15** **11.36%**	**62** **46.97%**	**20** **15.15%**	**35** **26.52%**	**132** **100.00%**

Awareness of a National Global Health Strategy

All respondents answered the question on whether their country has a national GH Strategy (N=151). In the non-balanced sample, 56.95% provided a positive answer (50.33% "Yes"; 6.62% "Yes, but embedded"), 25.83% answered "No," and 17.22% "I don't know." In the balanced (weighted) scenario, the pattern reversed: negative responses became the plurality (47.19%), while positive responses decreased to 37.59% (Figure 3), consistent with the correction for over-representation of countries with established strategies.

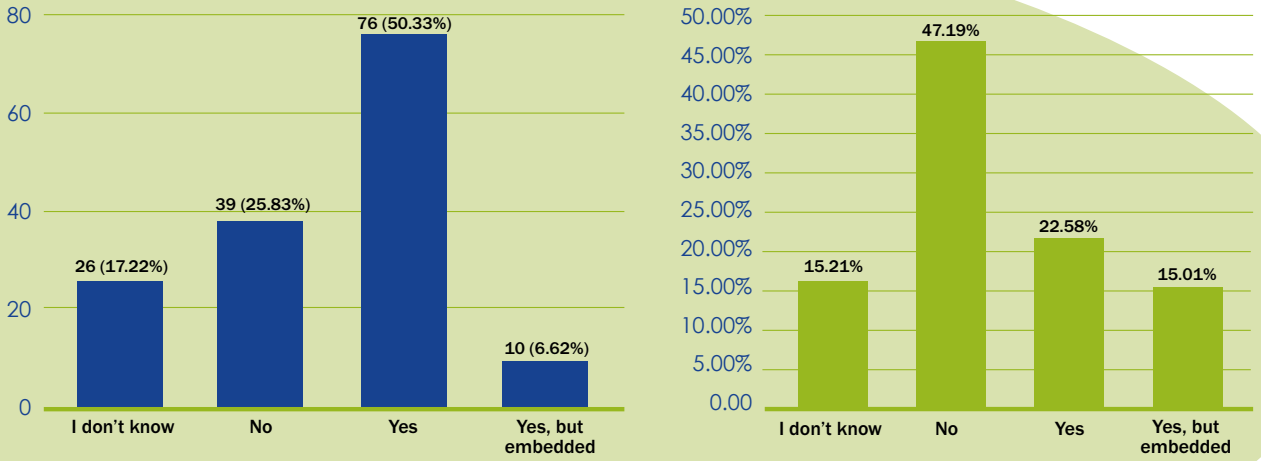

Figure 3. Bar chart presenting the distribution of respondents across the different response categories on Awareness of a national Global Health Strategy.

On the left: Distribution of responses.
On the right: Distribution of weighted responses.

Country distributions revealed both correct perceptions and notable inconsistencies. Belgium, Bulgaria, Croatia, Czech Republic, Norway, and Spain reported 100% "No," whereas the Netherlands, Latvia, and Hungary reported 100% positive answers. Italy showed a majority "No" (58.33%) but substantial uncertainty (25.00%). Sweden, Slovenia and Poland had high "I don't know" responses frequency (Table 10).

Table 10. Distribution of responses stratified by country. For each country or organizational category, row percentages indicate the proportion of respondents selecting each response option ("No", "Yes", "Yes, but embedded", and "I don't know"). Absolute frequencies (N) are also reported.

Are you aware of whether your country has a National Strategy for Global Health?

Country	I don't know		No		Yes		Yes, but embedded		Total	
Austria	2	50.00%	1	25.00%	1	25.00%	0	0.00%	4	100.00%
Belgium	0	0.00%	1	100.00%	0	0.00%	0	0.00%	1	100.00%
Bulgaria	0	0.00%	2	100.00%	0	0.00%	0	0.00%	2	100.00%
Croatia	0	0.00%	3	100.00%	0	0.00%	0	0.00%	3	100.00%
Czech Republic	0	0.00%	2	100.00%	0	0.00%	0	0.00%	2	100.00%
Denmark	2	25.00%	6	75.00%	0	0.00%	0	0.00%	8	100.00%
Finland	1	20.00%	3	60.00%	0	0.00%	1	20.00%	5	100.00%
France	2	4.08%	1	2.04%	46	93.88%	0	0.00%	49	100.00%
Germany	2	25.00%	0	0.00%	6	75.00%	0	0.00%	8	100.00%
Hungary	0	0.00%	0	0.00%	0	0.00%	1	100.00%	1	100.00%
International Organizations	1	50.00%	0	0.00%	1	50.00%	0	0.00%	2	100.00%
Ireland	0	0.00%	1	50.00%	1	50.00%	0	0.00%	2	100.00%
Italy	6	25.00%	14	58.33%	3	12.50%	1	4.17%	24	100.00%
Latvia	0	0.00%	0	0.00%	0	0.00%	2	100.00%	2	100.00%
Netherlands	0	0.00%	0	0.00%	11	100.00%	0	0.00%	11	100.00%
Norway	0	0.00%	1	100.00%	0	0.00%	0	0.00%	1	100.00%
Poland	1	33.33%	1	33.33%	1	33.33%	0	0.00%	3	100.00%
Slovenia	3	60.00%	2	40.00%	0	0.00%	0	0.00%	5	100.00%
Spain	0	0.00%	1	100.00%	0	0.00%	0	0.00%	1	100.00%
Sweden	5	45.45%	0	0.00%	5	45.45%	1	9.09%	11	100.00%
Ukraine	1	16.67%	0	0.00%	1	16.67%	4	66.67%	6	100.00%
Total									**151**	**100.00%**

Weighted column analyses showed that "No" answers were dominated by countries without a national Strategy (e.g., Belgium, Bulgaria, Croatia, Czech Republic, Norway, Spain each 10.6%). "Yes" answers were driven by the Netherlands (22.12%), France (20.79%), and Germa-

ny (16.57%), consistent with strategy-holding countries. However, notable "Yes" contributions were also observed from Ireland, Poland, Italy, and Ukraine – countries described as not having a national GH Strategy at the time – indicating misperceptions or different interpretations of what constitutes a GH Strategy (Table 11). At the time of the survey only France, Germany, the Netherlands, and Sweden (10.06% of "Yes") had an established national GH Strategy, while Spain introduced one more recently; respondents in multiple other contexts nonetheless reported that a strategy existed, suggesting either respondent error, confusion with other policy documents, or "de facto" arrangements perceived as strategies.

Table 11. Weighted distribution by country (column percentages). Percentages are weighted to account for the over-representation of France and Italy. Values <0.001% are shown as negligible. Column totals sum to 100% after weighting.

Are you aware of whether your country has a National Strategy for Global Health?

Country	No	Yes	Yes, but embedded	I don't know
	Weighted %	Weighted %	Weighted %	Weighted %
Austria	2.64	5.52	0.00	16.40
Belgium	10.61	0.00	0.00	0.00
Bulgaria	10.61	0.00	0.00	0.00
Croatia	10.56	0.00	0.00	0.00
Czech Republic	10.61	0.00	0.00	0.00
Denmark	7.93	0.00	0.00	8.20
Finland	6.35	0.00	6.65	6.57
France	0.22	20.79	0.00	1.34
Germany	0.00	16.57	0.00	8.20
Hungary	0.00	0.00	33.37	0.00
Ireland	5.31	11.09	0.00	0.00
Italy	6.18	2.77	1.39	8.22
Latvia	0.00	0.00	33.37	0.00
Netherlands	0.00	22.12	0.00	0.00
Norway	10.61	0.00	0.00	0.00
Poland	3.52	7.36	0.00	10.92
Slovenia	4.23	0.00	0.00	19.00
Spain	10.61	0.00	0.00	0.00
Sweden	0.00	10.06	3.03	14.93
Ukraine	0.00	3.69	22.19	5.47
International Organizations	0.00	<0.001	0.00	<0.001
Total	**100.00**	**100.00**	**100.00**	**100.00**

Perceived usefulness of having a National GH Strategy (among "No"/"I don't know" respondents)

Among respondents who indicated "No" or "I don't know" regarding a national strategy, 63 of 65 answered the follow-up question on usefulness (two missing responses). There was strong consensus in favour: 88.89% answered "Yes" (N=56), with small proportions answering "I don't know" (7.94%) or "No" (3.17%) (Figure 4; Table 12). This pattern held in both country groups: 88.68% "Yes" in countries without a GH Strategy and 90.00% "Yes" in countries with a GH Strategy (noting that some respondents were from strategy-holding countries but had previously reported not being aware of their own national Strategy, indicating internal dissemination gaps).

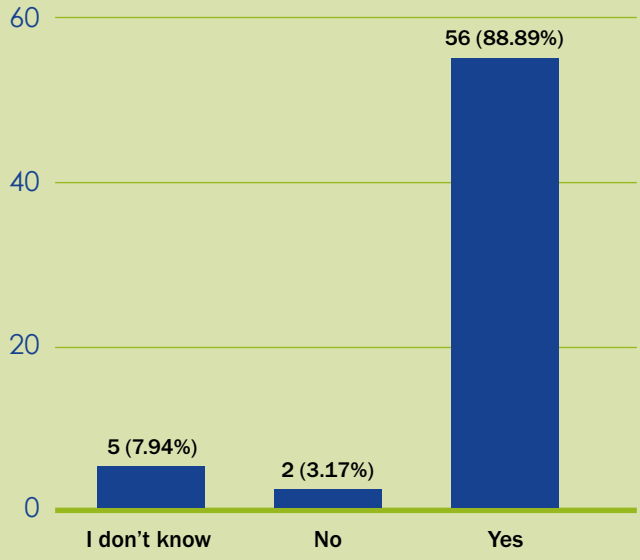

Figure 4. Bar chart presenting the distribution of respondents across the different response categories on perceived usefulness of having a national Global Health Strategy.

Table 12. Distribution of respondents' answers by country group. Frequencies are reported in the first row, and row percentages in the second one.

If no and I don't know, do you think it might be useful and/or important to have a National Strategy for Global Health?	I don't know	No	Yes	Total
Countries without their own GH Strategy	4 7.55	2 3.77	47 88.68	53 100.00
Countries with their own GH Strategy	1 10.00	0 0.00	9 90.00	10 100.00
Total				**63** **100.00**

Across countries, most responses were unanimously "Yes." Exceptions included Denmark and Finland (each 25% "I don't know"), Slovenia (20% "No"), Sweden (20% "I don't know"), and Poland (50% "No", 50% "I don't know") (Table 13). By institutional type, all categories reported ≥75% "Yes," with Healthcare Providers reporting 100% "Yes" (institutional table, table 14).

Table 13. Distribution of responses stratified by country. For each country or organizational category, row percentages indicate the proportion of respondents selecting each response option ("No", "Yes", and "I don't know"). Absolute frequencies (N) are also reported.

If no and I don't know, do you think it might be useful and/or important to have a National Strategy for Global Health?

Country	I don't know		No		Yes		Total	
Austria	0	0.00%	0	0.00%	3	100.00%	3	100.00%
Belgium	0	0.00%	0	0.00%	1	100.00%	1	100.00%
Bulgaria	0	0.00%	0	0.00%	2	100.00%	2	100.00%
Croatia	0	0.00%	0	0.00%	3	100.00%	3	100.00%
Czech Republic	0	0.00%	0	0.00%	2	100.00%	2	100.00%
Denmark	2	25.00%	0	0.00%	6	75.00%	8	100.00%
Finland	1	25.00%	0	0.00%	3	75.00%	4	100.00%
France	0	0.00%	0	0.00%	3	100.00%	3	100.00%
Germany	0	0.00%	0	0.00%	2	100.00%	2	100.00%
Hungary	–		–		–		–	
International Organizations	–		–		–		–	
Ireland	0	0.00%	0	0.00%	1	100.00%	1	100.00%
Italy	0	0.00%	0	0.00%	20	100.00%	20	100.00%
Latvia	–		–		–		–	
Netherlands	–		–		–		–	
Norway	0	0.00%	0	0.00%	1	100.00%	1	100.00%
Poland	1	50.00%	1	50.00%	0	0.00%	2	100.00%
Slovenia	0	0.00%	1	20.00%	4	80.00%	5	100.00%
Spain	–		–		–		–	
Sweden	1	20.00%	0	0.00%	4	80.00%	5	100.00%
Ukraine	0	0.00%	0	0.00%	1	100.00%	1	100.00%
Total							**63**	**100.00%**

Table 14. Distribution of responses stratified by type of institution. For each category, row percentages indicate the proportion of respondents selecting each response option. Absolute frequencies (N) are also reported.

If no and I don't know, do you think it might be useful and/or important to have a National Strategy for Global Health?				
Type of Institution	**I don't know**	**No**	**Yes**	**Total**
Academia and Public Research Institutions	1 12.50%	0 0.00%	7 87.50%	8 100.00%
Civil Society and Non-Profit Organizations	2 18.18%	0 0.00%	9 81.82%	11 100.00%
Government and Public Authorities	1 2.86%	2 5.71%	32 91.43%	35 100.00%
Healthcare Providers and Health Service Organizations	0 0.00%	0 0.00%	5 100.00%	5 100.00%
Private Sector and Other Entities	1 25.00%	0 0.00%	3 75.00%	4 100.00%
Total	**5** **7.94%**	**2** **3.17%**	**56** **88.89%**	**63** **100.00%**

Importance of aligning National and EU GH Strategies

All respondents provided open-text answers that were coded into categories (N=151). Overall, 98.02% were classified as positive: 92.72% "Yes" (N=140) and 5.30% "Yes, but" (N=8). Two responses (1.32%) were coded as "Other," and one (0.66%) as "I don't know" (Figure 5).

Stratified results showed high agreement in both groups. In countries without a national Strategy, 95.83% answered "Yes," 2.78% "Yes, but," and 1.39% "I don't know." In countries with a national Strategy, 89.87% answered "Yes," 7.59% "Yes, but," and 2.53% "Other" (Table 15). Country-level results were near-unanimous "Yes" in most contexts; France showed the greatest heterogeneity (87.76% "Yes," 8.16% "Yes, but," 4.08% "Other") (Table 16). Across institutional categories, "Yes" predominated (88.89% to 100%), with small shares of "Yes, but" and very limited uncertainty (institutional table, Table 17).

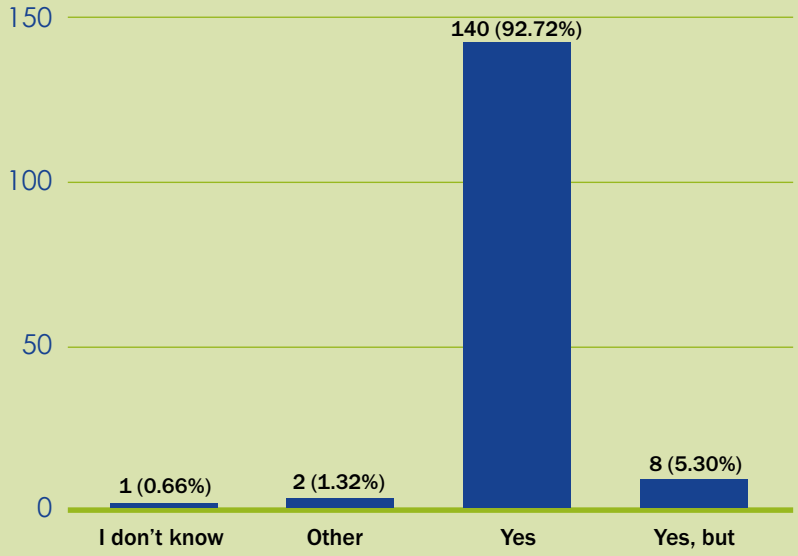

Figure 5. Bar chart presenting the distribution of respondents across the different response categories on importance of aligning National and European Global Health Strategies.

Table 15. Distribution of respondents' answers by country group. Frequencies are reported in the first row, and row percentages in the second one.

Do you think it is important that National and EU Global Health Strategies are aligned?

	I don't know	No	Yes	Yes, but	Total
Countries without their own GH Strategy	1 1.39%	0 0.00%	69 95.83%	2 2.78%	72 100.00%
Countries with their own GH Strategy	0 0.00%	2 2.53%	71 89.87%	6 7.59%	79 100.00%
Total					**151** **100.00%**

Table 16. Distribution of responses stratified by country. For each country or organizational category, row percentages indicate the proportion of respondents selecting each response option ("No", "Yes", "Yes but", "I don't know" and "Other"). Absolute frequencies (N) are also reported.

Do you think it is important that National and EU Global Health Strategies are aligned?

Country	I don't know		No		Yes		Yes, but		Total	
Austria	0	0.00%	0	0.00%	4	100.00%	0	0.00%	4	100.00%
Belgium	0	0.00%	0	0.00%	1	100.00%	0	0.00%	1	100.00%
Bulgaria	0	0.00%	0	0.00%	2	100.00%	0	0.00%	2	100.00%
Croatia	0	0.00%	0	0.00%	3	100.00%	0	0.00%	3	100.00%
Czech Republic	0	0.00%	0	0.00%	2	100.00%	0	0.00%	2	100.00%
Denmark	0	0.00%	0	0.00%	7	87.50%	1	12.50%	8	100.00%
Finland	0	0.00%	0	0.00%	5	100.00%	0	0.00%	5	100.00%
France	0	0.00%	2	4.08%	43	87.76%	4	8.16%	49	100.00%
Germany	0	0.00%	0	0.00%	7	87.50%	1	12.50%	8	100.00%
Hungary	0	0.00%	0	0.00%	1	100.00%	0	0.00%	1	100.00%
International Organizations	0	0.00%	0	0.00%	2	100.00%	0	0.00%	2	100.00%
Ireland	0	0.00%	0	0.00%	2	100.00%	0	0.00%	2	100.00%
Italy	0	0.00%	0	0.00%	23	95.83%	1	4.17%	24	100.00%
Latvia	0	0.00%	0	0.00%	2	100.00%	0	100.00%	2	100.00%
Netherlands	0	0.00%	0	0.00%	10	90.91%	1	9.09%	11	100.00%
Norway	0	0.00%	0	0.00%	1	100.00%	0	0.00%	1	100.00%
Poland	1	33.33%	0	0.00%	2	66.67%	0	0.00%	3	100.00%
Slovenia	0	0.00%	0	0.00%	5	100.00%	0	0.00%	5	100.00%
Spain	0	0.00%	0	0.00%	1	100.00%	0	0.00%	1	100.00%
Sweden	0	0.00%	0	0.00%	11	100.00%	0	0.00%	11	100.00%
Ukraine	0	0.00%	0	0.00%	6	100.00%	0	0.00%	6	100.00%
Total									**151**	**100.00%**

Table 17. Distribution of responses stratified by type of institution. For each category, row percentages indicate the proportion of respondents selecting each response option. Absolute frequencies (N) are also reported.

Do you think it is important that National and EU Global Health Strategies are aligned?

Type of Institution	I don't know	Other	Yes	Yes, but	Total
Academia and Public Research Institutions	1 3.70%	0 0.00%	24 88.89%	2 7.41%	27 100.00%
Civil Society and Non-Profit Organizations	0 0.00%	0 0.00%	30 90.91%	3 9.09%	33 100.00%
Government and Public Authorities	0 0.00%	2 2.60%	72 93.51%	3 3.90%	77 100.00%
Healthcare Providers and Health Service Organization	0 0.00%	0 0.00%	10 100.00%	0 0.00%	10 100.00%
Private Sector and Other Entities	0 0.00%	0 0.00%	4 100.00%	0 0.00%	4 100.00%
Total	**1** **0.66%**	**2** **1.32%**	**140** **92.72%**	**8** **5.30%**	**151** **100.00%**

Awareness of the presence of a Global Health Ambassador

All respondents answered whether their country has a Global Health Ambassador (N=151). In the non-balanced sample, 42.38% answered "Yes," 29.80% "No," and 27.81% "I don't know." In the balanced scenario, the pattern reversed, with "No" increasing to 47.43% and "Yes" decreasing to 19.46% (Figure 6), suggesting over-representation in the raw sample of countries where such a role exists (or is perceived to exist).

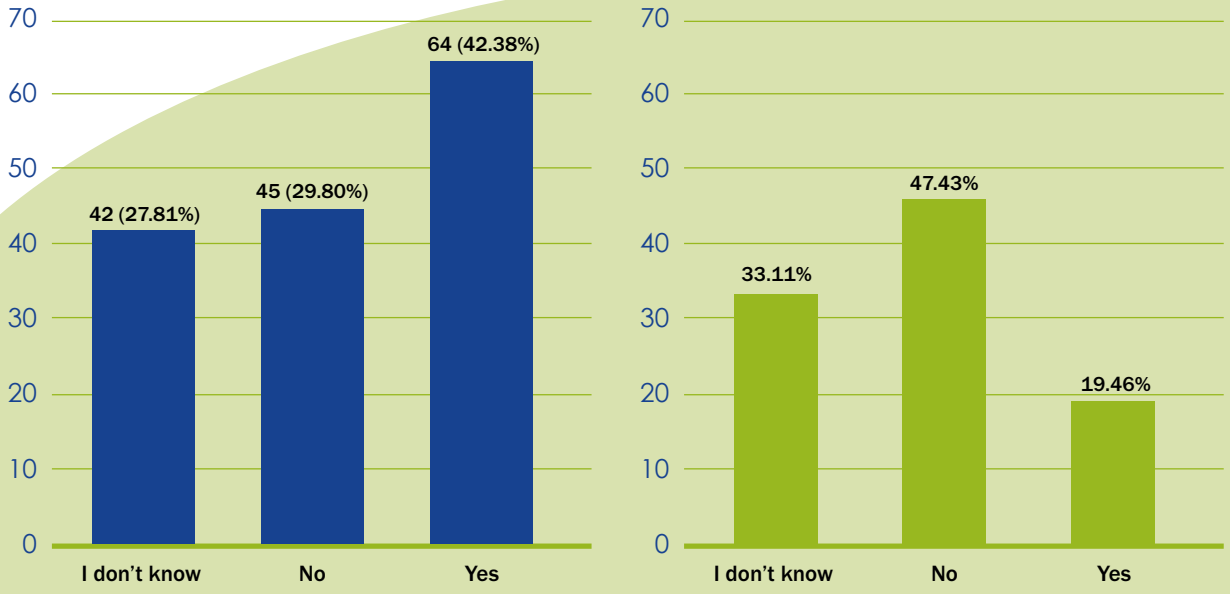

Figure 6. Bar chart presenting the distribution of respondents across the different response categories on awareness of the presence of a Global Health Ambassador.

On the left: Distribution of responses.
On the right: Distribution of weighted responses.

A marked difference emerged by national-strategy status. In countries without a national GH Strategy, respondents were split between "No" (48.61%) and "I don't know" (41.67%), with only 9.72% reporting "Yes." In countries with a national Strategy, 72.15% reported "Yes," with lower shares for "No" (12.66%) and "I don't know" (15.19%) (Table 18). This suggests greater institutional visibility and/or formalization of the Ambassador role in strategy-holding contexts.

Table 18. Distribution of respondents' answers by country group. Frequencies are reported in the first row, and row percentages in the second one. The categories "No" and "Yes" indicate the absence or presence of a Global Health Ambassador, respectively.

Are you aware if your country has a Global Health Ambassador (an individual using its influence to raise awareness of Global Health issues and advocate for solutions, collaborating with various stakeholders on an international scale)?	I don't know	No	Yes	Total
Countries without their own GH Strategy	30 41.67%	35 48.61%	7 9.72%	72 100.00%
Countries with their own GH Strategy	12 15.19%	10 12.66%	57 72.15%	79 100.00%
Total				**151** **100.00%**

Country distributions ranged from unanimous "No" (Belgium, Croatia, Czech Republic, Spain) to overwhelming "Yes" (France 93.88%; Sweden and Norw ay 100%). Bulgaria and Hungary recorded 100% "I don't know," indicating minimal awareness. Italy displayed high uncertainty (54.17% "I don't know") (Table 19).

Weighted column analyses showed that "Yes" responses were highly concentrated in Norway (25.74%), Sweden (25.67%), and France (24.13%), with Ireland also contributing substantially (12.87%). The "No" category was driven largely by Belgium, Croatia, Czech Republic, and Spain (~10.5% each). "I don't know" was more dispersed, with Bulgaria and Hungary each contributing 15.13%, followed by Austria (11.3%), Poland (10.03%), Slovenia (9.05%), and Italy (8.18%) (Table 20). The narrative notes that Norway previously had such a role but no longer does, and that some countries (e.g., Ireland, Italy, Ukraine, Finland) reported the presence of an Ambassador despite the absence of a formally designated role, suggesting definitional ambiguity and potential confusion with analogous roles.

Institutional differences were pronounced. Academia and Public Research reported "Yes" most frequently (62.96%), while Government and Public Authorities reported "No" most frequently (44.16%). Healthcare Providers showed a very high uncertainty (60.00% "I don't know"). These patterns indicate that the visibility of the role is uneven across sectors, including within government-related stakeholders.

Table 19. Distribution of responses stratified by country. For each country, row percentages indicate the proportion of respondents selecting each response option ("No", "Yes", and "I don't know"). The categories "No" and "Yes" indicate the absence or presence of a Global Health Ambassador, respectively, Absolute frequencies (N) are also reported.

Are you aware if your country has a Global Health Ambassador (an individual using its influence to raise awareness of Global Health issues and advocate for solutions, collaborating with various stakeholders on an international scale)?

Country	I don't know		No		Yes		Total	
Austria	3	75.00%	1	25.00%	0	0.00%	4	100.00%
Belgium	0	0.00%	1	100.00%	0	0.00%	1	100.00%
Bulgaria	2	100.00%	0	0.00%	0	0.00%	2	100.00%
Croatia	0	0.00%	3	100.00%	0	0.00%	3	100.00%
Czech Republic	0	0.00%	2	100.00%	0	0.00%	2	100.00%
Denmark	2	25.00%	6	75.00%	0	0.00%	8	100.00%
Finland	1	20.00%	3	60.00%	1	20.00%	5	100.00%
France	3	6.12%	0	0.00%	46	93.88%	49	100.00%
Germany	2	25.00%	6	75.00%	0	0.00%	8	100.00%
Hungary	1	100.00%	0	0.00%	0	0.00%	1	100.00%
International Organizations	1	50.00%	0	0.00%	1	50.00%	2	100.00%
Ireland	0	0.00%	1	50.00%	1	50.00%	2	100.00%
Italy	13	54.17%	9	37.50%	2	8.33%	24	100.00%
Latvia	1	50.00%	1	50.00%	0	0.00%	2	100.00%
Netherlands	7	63.64%	4	36.36%	0	0.00%	11	100.00%
Norway	0	0.00%	0	0.00%	1	100.00%	1	100.00%
Poland	2	66.67%	1	33.33%	0	0.00%	3	100.00%
Slovenia	3	60.00%	2	40.00%	0	0.00%	5	100.00%
Spain	0	0.00%	1	100.00%	0	0.00%	1	100.00%
Sweden	0	0.00%	0	0.00%	11	100.00%	11	100.00%
Ukraine	1	16.67%	4	66.67%	1	16.67%	6	100.00%
Total	**42**	**27.81%**	**45**	**29.80%**	**64**	**42.38%**	**151**	**100.00%**

Table 20. Weighted distribution by country (column percentages). Percentages are weighted to account for the over-representation of France and Italy. Values <0.001% are shown as negligible. Column totals sum to 100% after weighting.

Are you aware if your country has a Ambassador (an individual using its influence to raise awareness of Global Health issues and advocate for solutions, collaborating with various stakeholders on an international scale)?

	No	Yes	I don't know
Country	**Weighted %**	**Weighted %**	**Weighted %**
Austria	2.63	0.00	11.30
Belgium	10.56	0.00	0.00
Bulgaria	0.00	0.00	15.13
Croatia	10.51	0.00	0.00
Czech Republic	10.56	0.00	0.00
Denmark	7.89	0.00	3.77
Finland	6.32	5.13	3.02
France	0.00	24.13	0.92
Germany	7.89	0.00	3.77
Hungary	0.00	0.00	15.13
Ireland	5.28	12.87	0.00
Italy	3.95	2.14	8.18
Latvia	5.28	0.00	7.56
Netherlands	3.83	0.00	0.96
Norway	0.00	25.74	0.00
Poland	3.50	0.00	10.03
Slovenia	4.21	0.00	9.05
Spain	10.56	0.00	0.00
Sweden	0.00	25.67	0.00
Ukraine	7.02	4.28	2.51
International Organizations	0.00	<0.001	<0.001
Total	**100.00**	**100.00**	**100.00**

Perceived need for further dissemination of the EU Global Health Strategy

All respondents answered whether information on the EU Strategy should be further disseminated (N=151). Overall, 88.74% answered "Yes" (N=134), 1.99% "No" (N=3), and 9.27% "I don't know" (N=14) (Figure 7).

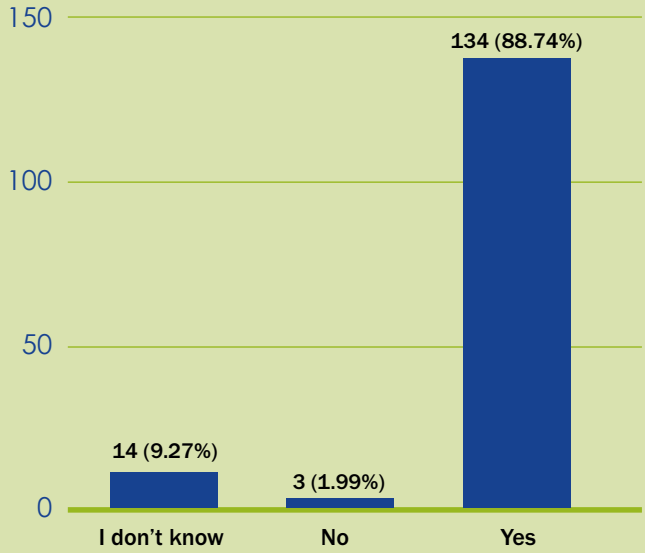

Figure 7. Bar chart presenting the distribution of respondents across the different response categories on perceived need for further dissemination of the European Global Health Strategy.

Stratification by national-strategy status showed high support in both groups, and, in particular, it was very high in countries without a national strategy (94.44% "Yes"). In countries with a national strategy, uncertainty was 13.92% ("I don't know") (Table 21).

Table 21. Distribution of respondents' answers by country group. Frequencies are reported in the first row, and row percentages in the second one.

Do you agree with the need to further disseminate information to stakeholders (governments, agencies, civil society partners, global partners, citizens etc.) about the EU Global Health Strategy and its contents?

	I don't know	No	Yes	Total
Countries without their own GH Strategy	3 4.17%	1 1.39%	68 94.44%	72 100.00%
Countries with their own GH Strategy	11 13.92%	2 2.53%	66 83.54%	79 100.00%
Total				**151** **100.00%**

By country, unanimity for "Yes" was observed in many contexts (e.g., Austria, Bulgaria, Croatia, Czech Republic, Finland, Hungary, Ireland, Italy, Latvia, Norway, Poland, Spain). Belgium was the only country with 100% "I don't know" (single respondent). France and Germany showed comparatively higher uncertainty (France: 12.24% "I don't know"; Germany: 25.00% "I don't know") (Table 22). By institutional type, support remained high across all sectors (≥84.42%), reaching 100% in Healthcare Providers and in Private Sector/Other Entities (Table 23).

Table 22. Distribution of responses stratified by country and by type of organization. For each country or organizational category, row percentages indicate the proportion of respondents selecting each response option ("No", "Yes", and "I don't know"). Absolute frequencies (N) are also reported.

Do you agree with the need to further disseminate information to stakeholders (governments, agencies, civil society partners, global partners, citizens etc.) about the EU Global Health Strategy and its contents?

Country	I don't know		No		Yes		Total	
Austria	0	0.00%	0	0.00%	4	100.00%	4	100.00%
Belgium	1	100.00%	0	0.00%	0	0.00%	1	100.00%
Bulgaria	0	0.00%	0	0.00%	2	100.00%	2	100.00%
Croatia	0	0.00%	0	0.00%	3	100.00%	3	100.00%
Czech Republic	0	0.00%	0	0.00%	2	100.00%	2	100.00%
Denmark	1	12.50%	0	0.00%	7	87.50%	8	100.00%
Finland	0	0.00%	0	0.00%	5	100.00%	5	100.00%
France	6	12.24%	1	2.04%	42	85.71%	49	100.00%
Germany	2	25.00%	0	0.00%	6	75.00%	8	100.00%
Hungary	0	0.00%	0	0.00%	1	100.00%	1	100.00%
International Organizations	0	0.00%	0	0.00%	2	100.00%	2	100.00%
Ireland	0	0.00%	0	0.00%	2	100.00%	2	100.00%
Italy	0	0.00%	0	0.00%	24	100.00%	24	100.00%
Latvia	0	0.00%	0	0.00%	2	100.00%	2	100.00%
Netherlands	2	18.18%	0	0.00%	9	81.82%	11	100.00%
Norway	0	0.00%	0	0.00%	1	100.00%	1	100.00%
Poland	0	0.00%	0	0.00%	3	100.00%	3	100.00%
Slovenia	1	20.00%	0	0.00%	4	80.00%	5	100.00%
Spain	0	0.00%	0	0.00%	1	100.00%	1	100.00%
Sweden	1	9.09%	1	9.09%	9	81.82%	11	100.00%
Ukraine	0	0.00%	1	16.67%	5	83.33%	6	100.00%
Total							**151**	**100.00%**

Table 23. Distribution of responses on the need to increase dissemination of the European Global Health Strategy, by type of institution. The table presents the distribution of responses by type of institution. Row percentages are reported. "Yes" indicates support for increasing dissemination, "No" indicates that respondents do not consider further dissemination necessary, and "I don't know" reflects uncertainty.

Do you agree with the need to further disseminate information to stakeholders (governments, agencies, civil society partners, global partners, citizens etc.) about the EU Global Health Strategy and its contents?

Type of Institution	I don't know	No	Yes	Total
Academia and Public Research Institutions	3 11.11%	0 0.00%	24 88.89%	27 100.00%
Civil Society and Non-Profit Organizations	1 3.03%	1 3.03%	31 93.94%	33 100.00%
Government and Public Authorities	10 12.99%	2 2.60%	65 84.42%	77 100.00%
Healthcare Providers and Health Service Organizations	0 0.00%	0 0.00%	10 100.00%	10 100.00%
Private Sector and Other Entities	0 0.00%	0 0.00%	4 100.00%	4 100.00%
Total	14 9.27%	3 1.99%	134 88.74%	151 100.00%

Existence of coordination mechanisms among key national Global Health actors

All respondents answered whether a formal or informal coordination mechanism exists among key national GH actors (N=151). Overall, 57.62% reported the existence of coordination (39.74% "Yes, formal", N=60; 17.88% "Yes, informal", N=27). Meanwhile, 9.93% answered "No" (N=15) and 32.45% answered "I don't know" (N=49) (Figure 8).

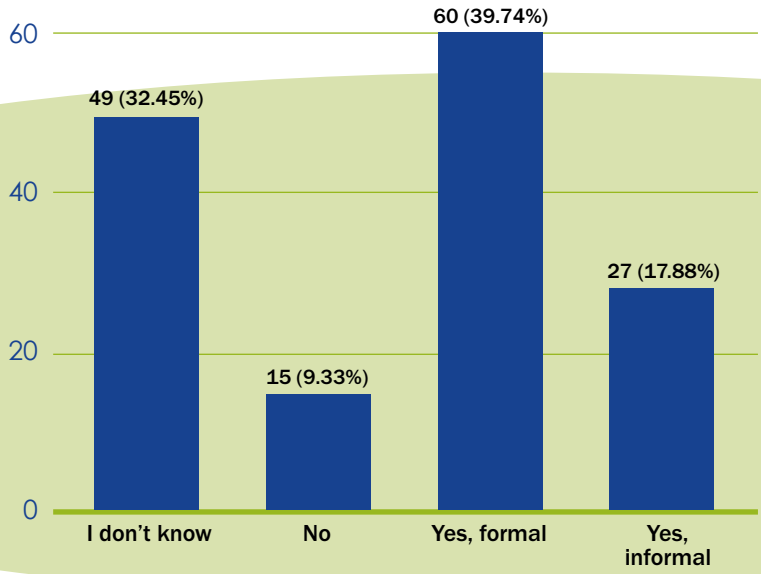

Figure 8. Bar chart presenting the distribution of respondents across the different response categories on existence of coordination mechanisms among key national Global Health actors.

Stratified results showed similar patterns regardless of national-strategy status. In countries without a Strategy, 37.50% reported formal coordination and 16.67% informal coordination, with 30.56% "I don't know" and 15.28% "No." In countries with a Strategy, 41.77% reported formal coordination and 18.99% informal, but uncertainty remained high (34.18% "I don't know") (Table 24). This indicates that even where national Strategies exist, awareness of coordination structures is not uniform.

Table 24. Distribution of respondents' answers by country group. Frequencies are reported in the first row, and row percentages in the second.

Is there a formal or informal coordination mechanism among key institutions, agencies or other actors (public and/or private) in your country?	I don't know	No	Yes, formal	Yes, informal	Total
Countries without their own GH Strategy	22 30.56%	11 15.28%	27 37.50%	12 16.67%	72 100.00%
Countries with their own GH Strategy	27 34.18%	4 5.06%	33 41.77%	15 18.99%	79 100.00%
Total					**151** **100.00%**

Country-level results again showed heterogeneity. Austria and Bulgaria had high "I don't know" responses (75% and 100%, respectively). Ukraine reported predominantly formal coordination (83.33%), whereas Spain reported no coordination (100% "No"). France and Italy showed mixed patterns with substantial uncertainty (France: 30.61% "I don't know"; Italy: 33.33% "I don't know") (Table 25).

Table 25. Distribution of responses stratified by country and by type of organization. For each country or organizational category, row percentages indicate the proportion of respondents selecting each response option ("No", "Yes, formal", "Yes, informal" and "I don't know"). Absolute frequencies (N) are also reported.

Is there a formal or informal coordination mechanism among key institutions, agencies or other actors (public and/or private) in your country?

Country	I don't know		No		Yes, formal		Yes, informal		Total	
Austria	3	75.00%	1	25.00%	0	0.00%	0	0.00%	4	100.00%
Belgium	0	0.00%	0	0.00%	1	100.00%	0	0.00%	1	100.00%
Bulgaria	2	100.00%	0	0.00%	0	0.00%	0	0.00%	2	100.00%
Croatia	0	0.00%	1	33.33%	2	66.67%	0	0.00%	3	100.00%
Czech Republic	0	0.00%	0	0.00%	1	50.00%	1	50.00%	2	100.00%
Denmark	2	25.00%	1	12.50%	1	12.50%	4	50.00%	8	100.00%
Finland	0	0.00%	1	20.00%	2	40.00%	2	40.00%	5	100.00%
France	15	30.61%	3	6.12%	22	44.90%	9	18.37%	49	100.00%
Germany	4	50.00%	1	12.50%	1	12.50%	2	50.00%	8	100.00%
Hungary	0	0.00%	0	0.00%	1	100.00%	0	0.00%	1	100.00%
International Organizations	2	100.00%	0	0.00%	0	0.00%	0	0.00%	2	100.00%
Ireland	0	0.00%	0	0.00%	0	0.00%	2	100.00%	2	100.00%
Italy	8	33.33%	5	20.83%	9	37.50%	2	8.33%	24	100.00%
Latvia	1	50.00%	0	0.00%	1	50.00%	0	0.00%	2	100.00%
Netherlands	2	18.18%	0	0.00%	6	54.55%	3	27.27%	11	100.00%
Norway	0	0.00%	0	0.00%	1	100.00%	0	0.00%	1	100.00%
Poland	1	33.33%	1	33.33%	1	33.33%	0	0.00%	3	100.00%
Slovenia	2	40.00%	0	0.00%	2	40.00%	1	20.00%	5	100.00%
Spain	0	0.00%	1	100.00%	0	0.00%	0	0.00%	1	100.00%
Sweden	6	54.55%	0	0.00%	4	36.36%	1	9.09%	11	100.00%
Ukraine	1	16.67%	0	0.00%	5	83.33%	0	0.00%	6	100.00%
Total									**151**	**100.00%**

By institutional type, Government and Public Authorities reported high combined coordination (62.34% formal/informal), though 24.68% were uncertain. Academia and Civil Society had particularly high uncertainty (40.74% and 45.45% "I don't know," respectively), suggesting that coordination mechanisms may be less visible outside core governmental actors or not communicated broadly. Healthcare Providers showed a majority reporting coordination (70% formal/informal) with comparatively lower uncertainty (20%) (Table 26).

Table 26. Distribution of responses on the existence of coordination mechanisms among main national actors, by type of institution. The table presents the distribution of responses by type of institution. Row percentages are reported. "Yes, formal" and "Yes, informal" indicate the reported existence of coordination mechanisms, while "No" indicates their absence and "I don't know" reflects uncertainty.

Is there a formal or informal coordination mechanism among key institutions, agencies or other actors (public and/or private) in your country?

Type of Institution	I don't know	No	Yes, formal	Yes, informal	Total
Academia and Public Research Institutions	11 40.74%	3 11.11%	9 33.33%	4 14.81%	27 100.00%
Civil Society and Non-Profit Organizations	15 45.45%	1 3.03%	13 39.39%	4 12.12%	33 100.00%
Government and Public Authorities	19 24.68%	10 12.99%	31 40.26%	17 22.08%	77 100.00%
Healthcare Providers and Health Service Organizations	2 20.00%	1 10.00%	5 50.00%	2 20.00%	10 100.00%
Private Sector and Other Entities	2 50.00%	0 0.00%	2 50.00%	0 0.00%	4 100.00%
Total	**49** **32.45%**	**15** **9.93%**	**60** **39.74%**	**27** **17.88%**	**151** **100.00%**

CONCLUSION

This study provides one of the first cross-country overviews of how the EU Global Health Strategy (2022–2030) is perceived, understood, and operationalized across national and institutional contexts in Europe. The findings reveal a nuanced landscape: while general awareness of the EU Strategy is relatively high and normative support for its objectives is strong, significant gaps persist in depth of knowledge, institutional clarity, and governance coherence.

This survey has several limitations. The use of purposive sampling and national redistribution may have introduced selection bias and limits generalisability. Respondents more engaged in global health may be overrepresented, potentially inflating estimates of awareness. The sample was uneven across countries; although weighting was applied, residual bias is likely. Data were self-reported and may be affected by recall or social desirability bias, particularly regarding knowledge of governance structures. Finally, the cross-sectional design precludes causal inference and assessment of changes over time. Despite these limitations, the study offers cross-country insights into stakeholder engagement with the EU GHS relevant to its implementation.

First, although most respondents report being aware of the EU Global Health Strategy, awareness is uneven across countries and institutional types. In particular, the persistence of "I don't know" responses and the variability in levels of "very well" awareness indicate that familiarity with the Strategy is often partial rather than substantive. Moreover, the fact that awareness levels do not differ markedly between countries with and without a national Global Health Strategy suggests that the existence of a national framework alone does not guarantee meaningful engagement with the EU Strategy. Awareness, therefore, appears to depend not only on formal policy adoption but also on active communication, institutional anchoring, and stakeholder involvement.

Second, the results reveal notable inconsistencies in stakeholders' knowledge of their own national policy frameworks. In several countries, respondents reported the existence of a national Global Health Strategy where none formally existed at the time of data collection, while in other contexts respondents were unaware of Strategies that were in place. These discrepancies point to communication and dissemination gaps at national level and suggest that the mere adoption of a Strategy is insufficient if it is not accompanied by systematic outreach, stakeholder engagement, and institutional embedding. Encouragingly, even among those who believed their country lacked a Strategy, there was overwhelming support for the usefulness and importance of having one. This broad consensus represents a significant opportunity for policy development and alignment.

Third, there is near-unanimous agreement on the importance of aligning national and EU GH Strategies. This finding underscores a shared recognition that Global Health challenges

– by their nature transboundary – require coherent, multilevel governance. However, strong normative agreement does not automatically translate into operational coherence. The high levels of uncertainty regarding the existence of coordination mechanisms and the uneven awareness of national Global Health Ambassadors suggest that governance structures are not always clearly defined or sufficiently visible to key stakeholders. In particular, the concentration of knowledge within governmental actors and the higher uncertainty among academia, civil society, and healthcare providers indicate that coordination processes may not be fully inclusive.

Fourth, the findings highlight the need for clearer institutional definitions and greater standardization of key roles, such as that of the Global Health Ambassador. Confusion surrounding the presence, mandate, or scope of such roles across countries points to a lack of shared understanding of governance architectures in Global Health. Establishing clearer criteria, formal mandates, and communication channels for these positions – both at national and European levels – could strengthen accountability, facilitate collaboration, and reduce ambiguity.

1 **Deepen dissemination and engagement:** Taken together, these findings point to three overarching priorities for strengthening communication about the EU GH Strategy in particular as well as European GH governance more in general. Communication about the EU GH Strategy should move beyond formal publication toward sustained engagement with diverse stakeholder groups, including subnational authorities, civil society, academia, and healthcare providers. Dissemination efforts should aim not only to inform but to foster ownership and operationalization.

2 **Strengthen national anchoring and alignment:** The development or consolidation of national GH Strategies aligned with EU principles should be encouraged, particularly in countries where such frameworks are absent or weakly institutionalized. Alignment should be accompanied by mechanisms that ensure vertical coherence between EU and national priorities.

3 **Clarify governance roles and coordination mechanisms:** Clearer definitions of mandates, responsibilities, and coordination structures – particularly regarding Global Health Ambassadors and inter-institutional mechanisms – are essential. Improving transparency and inclusiveness in coordination processes could enhance trust, participation, and policy effectiveness.

Ultimately, the study demonstrates that political and institutional support for the EU GH Strategy is strong across Europe. The challenge now lies in translating this support into coherent, well-communicated, and effectively coordinated governance structures. Strengthening awareness, clarifying roles, and reinforcing alignment between European and national levels will be critical to ensuring that the Strategy achieves its intended impact and that Europe can act collectively and credibly in the GH arena.

There is therefore a strong need for actions such as those carried out by the JA GHI to strengthen communication regarding the EU GH Strategy in particular and, more generally, to establish mechanisms for closer coordination and synergies between the EU institutions and its Member States, which can then strengthen the EU's leadership in GH.

JA GHI
European Union
Global Health Impact

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