COMMUNICATION FROM THE COMMISSION TO THE COUNCIL, THE EUROPEAN PARLIAMENT, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE COMMITTEE OF THE REGIONS

The EU Role in Global Health

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The EU Role in Global Health

1.   THE GLOBAL HEALTH CHALLENGE

Global health is a term for which no single definition exists. It is about worldwide improvement of health, reduction of disparities, and protection against global health threats. Addressing global health requires coherence of all internal and external policies and actions based on agreed principles.

The Treaty of the European Union stipulates that a high-level of health protection shall be ensured in the definition and implementation of all Union policies and activities. The Charter of Fundamental Rights further stipulates that everyone has the right of access to preventive healthcare and the right to benefit from medical treatment under the conditions established by national laws and practices.[1] Increased coherence between relevant internal and external policies will reinforce the EU as a global actor. The EU's social model, its strong safety norms, and its global trade and development aid position allow it to play a major role in improving global health.

Health is influenced by social, economic and environmental factors which are increasingly influenced by globalisation. Globally, improved health also depends on greater social justice. This fact is further proven by the effect of the financial and food price crises on the poor. The 2008 WHO Report on Social Determinants provides evidence that progress requires changes in existing power balances – political, economic, social and gender-based.

During the last century average life expectancy has doubled, from 30 to 64 years. On one hand access to prevention, treatment, and care has increased. On the other hand the gaps have widened between rich and poor across and within countries. Population growth, urbanization, aging, unhealthy lifestyles, environmental degradation, low access to safe water, food and health services, along with social and economic disparities require multi-sectorial and global action.

Hence, public health policies need to go beyond the national level and require strong global institutions and coordinated efforts.

Global health governance and international policy frameworks

The World Health Assembly (WHA) has the authority to adopt resolutions and binding international regulations. The Framework Convention on Tobacco Control[2] is the first international health treaty. More recently, the WHA adopted the International Health Regulations which provide a framework for coordinated management of public health

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[1]   Article 35 OJ C 303/7, 14.12.2007, p.1
[2]   FCTC, WHO, 21 May 2003.

emergencies. However, most WHA resolutions are not binding and compliance depends on national capacities and political will.

The three health Millennium Development Goals (MDG 4, 5 and 6) have enhanced policy, regulatory and financial efforts of the international community to improve health outcomes. Direct aid for health increased from 4€ billion in 1990 to more than 16€ billion today. Emerging donors and South-to-South cooperation are also playing an increasing role. **We have good stories to tell and good examples on which to build.** However, progress toward health MDGs is uneven and largely off track in most developing countries. Although some progress has been made to reduce child mortality (MDG 4) including the impact of the Global Alliance on Vaccines and Immunization (GAVI), close to 15% of children in Sub-Saharan Africa still die before the age of 5. Maternal mortality rates (MDG 5) have barely declined at all. As for HIV/AIDS (MDG 6), the number of people from developing countries receiving antiretroviral treatment has increased ten-fold in the last five years, largely due to the direct funding of the Global Fund to fight AIDS, tuberculosis and malaria (GFATM) [3]. Still, HIV/AIDS remains the primary single cause of death in Sub-Saharan Africa.

An unbalanced and fragmented attention to health priorities has undermined progress. More than 140 global health initiatives targeting specific needs often run in parallel and might potentially add pressure on already weak health systems. Special attention need also to be paid, through a multi-sectorial approach, to MDG 1 on nutrition, MDG 3 on gender equality and MDG 7on environmental sustainability, capturing a large share of the attributable risk for ill health in developing countries.

A major challenge is the inability of countries - often fragile, post-conflict or without sufficiently strong institutions and adequate resources - to implement effective public health policies, including the access to adequate health services. For example, Sri Lanka has 30 times lower maternal mortality rates than Angola, with similar GDP per capita levels, or Malawi has half the under five mortality rate of Equatorial Guinea, with 30 times lower GDP per capita.

This Communication proposes an EU vision on global health, defines the guiding principles that should apply to all relevant policy sectors and presents a number of areas where the EU could more effectively act.[4]

2. THE EU LEGITIMACY TO ACT

The Treaty on the European Union states that the EU shall combat social exclusion and discrimination, and shall promote social justice and protection, equality between women and men, solidarity between generations and protection of the rights of the child[5]. It also states that in its relations with the wider world, the Union shall uphold and promote its values[6].

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[3]   UNAIDS, AIDS epidemic Update, 2009.
[4]   The Communication is accompanied by three Staff Working Documents dealing respectively with: "Contributing to Universal Coverage of Health Services through Development Policy"; "Global health: responding to the challenges of globalization" and "European Research and Knowledge for global health" where the policy issues herein are detailed.
[5]   Compliance with the UN Convention on the Rights of the Child, art 24 on children's enjoyment of highest attainable standard of health.
[6]   Art. 3 of the Treaty of the European Union.

The EU has agreed on shared values of solidarity towards equitable and universal coverage of quality care[7]. A recent Communication also addresses the challenge of health inequalities within the EU[8].

EU action to improve health in third countries is underpinned by the Treaty on the Functioning of the European Union. It specifies that the Union and the Member States shall foster cooperation with third countries and the competent international organisations in the sphere of public health, and that a high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities[9].

The EU Health Strategy states that sustained collective leadership in global health is needed for better health outcomes in Europe and beyond. Through its Research Framework Programmes, the EU has been supporting research across the entire innovation cycle. This starts with basic research, clinical research and public health and health services research. This includes information and communication technologies (ICT) for health (eHealth). In addition, EU policies on environmental standards or on the implementation of multilateral environmental agreements also have a positive impact on global health.

The European development consensus[10] recognizes health as an essential objective within the MDG framework. The EU promotes inclusive leadership, human rights, democracy, good governance and stability, all of them essential factors for healthy societies and vice versa. Health is a critical element to reduce poverty and promote sustainable growth. The EU policy on health and poverty reduction[11] addresses these links. Special attention is given to poverty-related diseases[12] and to the crisis of human resources for health[13]. There are clear commitments to increase development aid[14] as well as its levels of alignment with partner countries' own strategies and predictability, so as to enable them to own their health policies and actions.

The EU's leading role in international trade, global environmental governance and in development aid, as well as its values and experience of universal and equitable quality healthcare give it strong legitimacy to act on global health.

3. A STRONGER EU VISION, VOICE AND ACTION

3.1. The challenge of governance: how strong leadership can coordinate global actors

There is a plethora of actors and initiatives engaged in global health and a continuing need to mobilize resources. This calls for a clearer and more efficient global leadership. With the entry into force of the Lisbon Treaty, the role of the EU in WHO would need to be included in wider reflections concerning its role in the United Nations (UN).

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[7] Council Conclusions (2006/C 146/01)
[8] COM (2009)567, 20 October 2009.
[9] Art. 168 of the Treaty on the functioning of the European Union
[10] COM (2006)/C 46, 24 February 2006.
[11] COM(2002) 129, , 22 March 2002.
[12] COM (2005) 179
[13] COM (2006) 870.
[14] Council conclusions: EU Agenda for Action on MDGs, 11096/08, 24 June 2008.

3.2. The challenge of universal coverage: ensuring access to health services for all

Reducing the current gaps in coverage by health services will require not only increasing domestic resources but also development aid in the poorest countries. Beyond improving resource allocation between and within countries, it means stepping up policy dialogue on health systems and their financing arrangements. In pursuing the aid effectiveness agenda, the EU should increase the alignment and predictability of its support. The approach to the health MDGs needs to take account of their link with the other MDGs (mainly gender, nutrition and water and sanitation). It also needs to cater for other important needs, particularly Non Communicable Diseases (NCDs)[15], and the special needs of people in humanitarian crisis situations. To follow this holistic "systems" approach, the EU will need to improve its capacity for analysis and dialogue on global health challenges at national, regional and international levels.

3.3. The challenge of policy coherence: health policy can not be handled in isolation

The EU has an opportunity to combine its leading global roles in trade and in development aid with its commitment to social and environmental progress, to forge a coherent approach to global health. The five priority areas recently agreed by the EU in addressing Policy Coherence for Development cover the main factors that influence global health. These are: trade and financing, migration, security, food security and climate change. Increased attention to development impacts in these policy areas and others like education and youth empowerment will bring benefits for global health.

3.4. The challenge of knowledge: investing in research that benefits all

Innovation in health research has made a major contribution to improving human health and quality of life in Europe and beyond. It is not enough for new interventions or medical products to be effective and safe; they also have to be acceptable, affordable, and accessible so they can be put to benefit the entire population. ICT can have a key role in improving health service provision. There is still an enormous gap between what is known to improve health and what is being delivered in practice. Moreover, the incentive structure for the development of new medicines and medical technologies is less effective when patients are either too few or too poor. It is therefore essential that research priorities are geared to making the biggest impact on public health. Access and innovation need to be addressed simultaneously, as highlighted in the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property.[16] Policy-makers and researchers must translate research findings into evidence-based decisions. Evidence-based policies can only be grounded in solid health information systems and country-led research and knowledge generation. This requires multi-disciplinary research capacity at national level.

4. AN ENHANCED EU RESPONSE

The EU should apply the common values and principles of *solidarity towards equitable and universal coverage of quality health services* in all external and internal policies and actions.

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[15]   WHA 2008 61.14.
[16]   Resolution WHA61.21, 2008

4.1. Democratic and inclusive governance

- At global level, the EU should endeavour to **defend a single position** within the UN agencies. The EU should work to cut duplication and fragmentation and to increase coordination and effectiveness of the UN system. It should support **stronger leadership by the WHO** in its normative and guidance functions to improve global health. The EU should seek synergies with WHO to address global health challenges. It should decrease the fragmentation of funding to WHO and gradually shift to fund its general budget. At regional level, the EU should promote closer networking among neighbours and foster the establishment of regional health networks such as the Northern Dimension and the South-East Europe Health Network. Where regional institutions (e.g. the African Union) or dialogues (such as under the European Neighbourhood policy) already exist, the EU should promote inclusion of global health issues among their priorities and strengthen cooperation with the European Centre for Disease Control.

- At national level, the EU should enhance its support to the **full participation of all stakeholders** in the development, implementation and monitoring of national health and other relevant policies. It should promote parliamentary scrutiny of public financing decisions influencing the delivery of health services in partner countries. These actions should include links with education, involving of youth, families and communities, and empower them to lead healthier lifestyles, maximize their human potential and effectively contribute to the policy process[17].

4.2. Towards universal coverage of basic quality health care: where, what, how to act

- The EU should give priority to and increase its support for countries in fragile contexts, aid orphans and/or those worst off- track from the health MDGs. It should support them designing and implement national policies, strategies and programmes to make faster progress towards achieving of health MDGs. This approach should be pursued consistently by the EU through bilateral channels and participation in global initiatives and international fora. The Commission will propose a list of **priority countries** where the EU should concentrate its health Official Development Assistance in view of the 2010 MDG Summit.

- The EU should concentrate its support on **strengthening of health systems** to ensure that their main components – health workforce, access to medicines, infrastructure and logistics and decentralised management – are effective enough to deliver basic equitable and quality health care for all without discrimination on any grounds as defined by Art. 21 of the Charter of Fundamental Rights. This approach is particularly important for **MDG 5**. The kind of process piloted by the International Health Partnership in assessing comprehensive national health plans (through the Joint Assessment of National Strategies), funding one national health budget and one monitoring process should be the preferred framework for providing the EU support. A comprehensive approach including all priorities is the only efficient one.

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[17] COM(2007) 498

The EU should promote this approach in global financing initiatives such as the GFATM and the GAVI and through its participation in the governance of International Financial Institutions (IFIs). The existing global funds should be adapted to the challenges of global health, rather than creating new instruments.

- In delivering on its promises on development aid, the EU should increase support for implementation of national health strategies through country systems. Whether direct or indirect (as part of budget support or global initiatives), EU aid for health should offer a **predictability of at least three years.** This is essential to enable the design and implementation of national health strategies in countries with lowest public funding capacity. Member States should be encouraged to join the Commission in "MDG contracts", which offer predictability and increased national resources. A well defined linkage with joint health sector monitoring and dialogue mechanisms based on national health policies will improve their relevance for health. **In line with aid effectiveness objectives, the EU should channel two thirds of health ODA through partner countries owned development programmes and 80% using partner countries' procurement and public financing management systems**. The EU should also actively explore with global partners the opportunities for additional innovative financing to tackle global health challenges and the role the European Investment Bank can play in financing social and health-related infrastructures. It should also promote division of labour between institutional actors and private organisations**.**

The EU should support third countries efforts to formulate effective policies to mobilise domestic revenues, scale up fair financing of health systems and develop or strengthen social protection mechanisms in the health sector. This is promoted through the enlargement process where legal alignment with the EU health acquis, policies and practice is regularly monitored by the Commission. In Developing Countries, replacing of user fees with **fair financing** mechanisms and compliance with commitments on national budgets' allocation to health should be considered[18]. The EU will support the WHO, within the current partnership agreement, to assess, analyse and provide regular estimates of national public funding gaps for delivery of basic health care. The EU should address the **multi-sector nature of health** and its close links to gender, nutrition, water, sanitation, environmental quality and education in all relevant policy dialogues. Together with the regions or countries worst affected by maternal and child malnutrition, the EU should support the formulation and implementation of government nutrition policies, interlinking health and food security interventions.

4.3. *Coherence between relevant EU policies related to global health*

The EU should ensure that *all relevant internal or external policies* contribute to promoting equitable and universal coverage of quality health services. In order to do so, the impact assessment of the relevant policy areas should analyse the effects of policy options on global health [19]. The linkage between the EU's humanitarian and

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[18] African Union Heads of States Abuja Declaration and Plan of Action on HIV and AIDS, Tuberculosis and Other Infectious Diseases (ORID) of 2001 and Brussels declaration. ACP/83/016/07, 26 October 2007

[19] As foreseen in Impact Assessment guidelines (SEC (2009) 92 , COM(2005)172 of 27.4.2005 and COM(2009) 205 final of 29.4.2009.

development aid should be promoted. In line with the commitments made on **policy coherence for development**[20], the EU should be prepared to address the following aspects of global health:

- On **trade**, the EU should work to ensure more effective use of TRIPS[21] provisions to increase the affordability and **access to essential medicines**. The EU should support the priority actions identified in the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property. This should address the challenges expected after 2016 when the TRIPS framework enters into force in least developed countries. The EU should continue to ensure that EU bilateral trade agreements avoid clauses which may undermine access to medicines. Generic competition[22] and rational use of medicines are of major importance to ensure the sustainability of healthcare systems[23]. The EU should also work at global and regional level to eliminate trade in falsified medicines e.g. through the International Medical Products Anti-Counterfeiting Taskforce. The EU should also address further the problem of illicit drugs and its effects on health and consider the crucial role of demand reduction. The EU should also continue advocating for a better global governance of health-relevant environmental agreements.

- On **migration**, the EU Member States should ensure that their migration policies do not undermine the **availability of health professionals** in third countries whilst respecting the individual freedom of movement and personal and professional aspirations. In this respect, the EU should speed up progress towards the agreed commitments under the European Union Strategy for Action on the Crisis in Human Resources for Health in Developing Countries and contribute to the WHA Code of Practice on the International Recruitment of Health Personnel. The EU should facilitate circular migration as a means to mitigate brain drain from countries experiencing such strain. EU Member States should step up their efforts to ensure that everyone - including migrants- in the EU has access to quality health services without discrimination.

- On **security**, the EU's Common Foreign and Security Policy should boost progress on the EU response to **situations of fragility**[24] and highlight the importance of access to health services for populations under stress in fragile contexts, humanitarian crisis and in peace and stabilization processes. The EU should contribute to the global and third countries' national capacities of early prediction, detection and response to **global health threats**, under the International Health Regulations. Because of the threat of zoonotic diseases, this also means paying closer attention to the concept of 'one world, one health'[25].

- On **food security, food assistance and nutrition** the EU should ensure that its policies work to increase access to food and link with national health strategies

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[20] Policy Coherence for Development - Accelerating progress towards attaining the Millennium Development Goals, COM(2005) 134, 12 April 2005 and biannual reports, latest COM(2009) 461.
[21] WTO, Geneva, 30 August 2003
[22] COM (2009) 351 of 08.07.2009
[23] COM (2008) 666 10.12.2008
[24] COM(2007) 643
[25] See : http://www.oneworldonehealth.org/

that include **nutrition** services and monitoring of nutritional status in the population, as elaborated in the Communications on Food Security and Food Assistance. The EU should contribute to developing a strong and effective one-UN global leadership on nutrition and on developing of a Global Multi-sectorial Nutrition Framework[26]. The EU should also seek to contribute to food security through the implementation of the biodiversity and desertification conventions.

- On **climate change,** the EU will take global health objectives into account in implementing the collective commitment by developed countries, in December 2009, for new and additional resources at the 15th Conference of Parties.

4.4.   Research and evidence based dialogue and action

- The EU should coordinate more effectively research on global health in order to address the highly fragmented landscape and identify shared global priorities for health research. It should promote effective and fair financing of **research that benefits the health of all people**.

- The EU Research Framework Programs should continue to give priority to actions which tackle global health challenges. These actions should be based on joint priority setting processes, equitable partnerships and safeguard access to the knowledge generated.

- The EU should strengthen and balance the **complete health research process** of innovation, implementation, access, monitoring and evaluation. Such research should provide effective input for health policies, improve health service provision, and include mechanisms for partner countries to build and sustain their national research capacity.

- The EU should enhance its current work[27] with relevant national and international bodies such as WHO, the OECD and the Health Metrics Network, to improve health information systems and the collection of comparable **data and statistics** to allow benchmarking and inform global, European and national policies. The EU should promote the use of ICT, including eHealth.

- All global normative action on the safety of food, feed, products, pharmaceuticals, and medical devices must be evidence-based. The EU should promote the dissemination of information on hazards and risks in these areas.

4.5   Delivering results through enhanced coordination, monitoring and capacity building

To maximize and measure the impact of its policies and programmes that relate to global health, the EU will establish the following mechanisms:

- Facilitate joint EU action on health at country and global levels; the Commission and Member States should each designate a coordinator on global health. All EU global health coordinators will work together in a **platform to exchange**

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[26]   WHO EB126/9, 19 November 2009
[27]   Joint Eurostat /OECD/WHO data collections on health care.

information and meet regularly to agree on common positions and opportunities for joint action.

- Monitor the EU's overall aid to health and how it is distributed. The EU should ensure full implementation of the EU Code of Conduct on **Division of Labour**[28] in the area of health. The EU should build up a **collective expertise on capacity in global health** analysis and policy dialogue so that it can speak with one voice with third countries and in international fora. The mapping of existing EU expertise should be the foundation for action in this area.

- Conduct **dialogues with key global players** and stakeholders: The EU should continue to work in partnership with the UN agencies and IFIs concerned with global health. The EU should include global health challenges in its dialogue with other key global players. The next EU-Africa summit at the end of 2010 will also be another key moment for the two continents to act together on the health MDGs.

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[28]   COM(2007) 72, 28 February 2007.