EUROPE’S ROLE IN GLOBAL HEALTH: WHAT TO EXPECT FROM A NEW STRATEGY?

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Summary: The timeliness of the initiative for a new European Union (EU) global health strategy is justified by the radically changed geopolitical circumstances and emerging public health challenges, as well as the lessons learned from the COVID-19 pandemic. It is expected that the new strategy will also reflect the evolution of the European Health Union, a gradually broadening common health policy framework. In an interconnected global political environment, particular attention should be paid to the smart choice of priorities, consistency with UN and WHO objectives, coherence with Member States’ existing national global health strategies and the involvement of non-governmental actors. But the strategy must also be ambitious and address the big transformations impacting on health, especially where the EU has already shown leadership, such as digitalisation.

Keywords: Global Health, European Health Union, COVID-19, Global Public Goods, Multilateralism

Introduction

At the G7 meeting of health and development ministers on 19 May 2022, EU Commissioners Stella Kyriakides and Jutta Urpilainen announced the launch of the process to develop a new EU Global Health Strategy. Their short statement predicts the main areas to be covered including: improving health systems’ ability to prevent and respond to global health treats, infectious and noncommunicable diseases (NCDs); addressing inequalities; advancing universal health coverage (UHC); strengthening strategic health partnerships; reinforcing local health manufacturing capacities; and upholding the One Health approach.

The announcement followed on several years of advocacy by consecutive presidencies, Member States, civil society and academia.

The partnership between health and development policies will be critical. For example, the EU’s Global Gateway will aim to mobilise up to €300 billion in investments between 2021 and 2027 “to underpin a lasting global recovery, taking into account our partners’ needs and own interests.”

A wide-ranging consultation process under the guidance of the relevant directorates-general of the European Commission, namely SANTE (Health and Food Safety) and
INTPA (International Partnerships) is already underway – the strategy is to be adopted in November 2022. Given the new importance assigned to global health, the involvement of the EC President’s cabinet and of the European External Action Service will also be critical.

**Background**

The EC’s document “Together for Health – A Strategic Approach for the EU, 2008–2013” (published in 2007) was the first paper to establish a broad cross-policy framework to respond to a wide range of health challenges in a comprehensive way and reflected the need for the EU to play a global role in health.

The 2010 EU Commission Communication and the EU Council Conclusions on “The EU Role in Global Health” still lay the basis for today’s actions of the Union in this field. At the time of its release, the policy was considered a fresh and innovative tool, placing the EU in the context of the existing structures and frameworks of global health governance, and suggesting ways in which the EU’s actions could be better coordinated across different policy areas. Among others, the Council Conclusion stated that “the EU has a central role to play in accelerating progress on global health challenges, including the health Millennium Development Goals and NCDs, through its commitment to protect and promote the right of everyone to enjoy the highest attainable standard of physical and mental health.”

These guidelines laid the groundwork for the EU’s involvement in planning The Agenda 2030 with the Sustainable Development Goals (SDGs) and advocating for the World Health Organization (WHO), when the organisation was heavily criticised for its response to the 2014 Ebola outbreak. Angela Merkel, the then German Chancellor, set the direction at the 68th World Health Assembly with the decisions of the G7 summit and the prestige of the EU behind her: “WHO is the only international organisation that enjoys universal political legitimacy on global health matters.”

While the 2010 guideline helped to clarify the EU’s approach, principles and priorities for global health, it has not led to the necessary internal and external policy reorientation to ensure programming coherence and consistency. Nevertheless, it is also important to note that under EU law, the European Union can act outside the EU only in matters and to the extent that it has a mandate and authorisation within its borders. This does apply to a range of public health matters – note the EC’s role in the adoption of the Framework Convention on Tobacco Control and became critical during the outbreak of the COVID-19 pandemic. Applying its commitment to multilateralism, the EU stood by the WHO during the unjustified attacks on the organisation by the Trump administration in 2020, proposing a new global pandemic treaty and took on significant financial obligations. The EU has also become one of the biggest contributors to COVAX, a WHO-led partnership for the development and equitable distribution of COVID-19 vaccines and will contribute significantly to the new pandemic financing instrument that has been proposed by the G20.

Therefore, the principles set in 2010 have matured and are in need of redesign. Several studies have detailed the reasons for this and made recommendations for the content of a new concept. As part of the project launched during Finland’s Presidency of the Council of the EU in the second half of 2019, a working paper, which includes input from the newly established “Informal Expert Group on the EU’s role in global health” suggested a synergistic strategy for global health. Just months after the start of the pandemic, NGOs prepared a so-called shadow global health strategy stimulating EU decision-makers to come up with new initiatives.

**The context of the new global health strategy**

In the grip of the pandemic, the need for a new EU global health direction became increasingly clear, not least because of the growing geopolitical dimensions of global health. New challenges emerged around vaccine nationalism, vaccine and mask diplomacy, access to supply chains and intellectual property waivers. As the pandemic progressed, health moved from a “soft power” agenda to a critical economic and security issue and took up large parts of the deliberations of the G20 and the G7 and most recently at the World Trade Organisation (WTO). It continues to be embroiled in geopolitical positioning and interests.

During the pandemic, health moved from being a lesser consideration of the Union – as its members have jealously guarded their own competence – to one of its essential functions that required joint and cross-border action. COVID-19 marked an explosive paradigm shift making it clear that EU mechanisms were slow in public health crises, and the current coordination, advisory and recommendation powers remained insufficient. This led to the accelerated elaboration of the concept and components of the European Health Union in the governing bodies. The Future of Europe conference series also called for a treaty change in relation to the health competencies.

This internal/external nexus of a growing recognition that strengthening community competencies in health and the display of health in external activities will require the expansion of health provisions in EU treaties. This is all the more desirable because financial instruments for the EU’s global role, as well as health programmes, have grown significantly in the EU budget of 202–2027. Appropriations for the latter area are more than 12 times larger than the funds provided in the previous cycle, while coverage for external actions increased by 10%.

In May 2021 the EC and Italy, as chair of the G20 group, co-hosted a Global Health Summit which adopted the Rome Declaration, committing to common principles to overcome COVID-19 and to prevent and prepare for future
Increasingly the EU – Team Europe – is speaking with one voice at various negotiating tables.

Key issues to be addressed

The approach to an EU strategy on global health should not be disease based – and it must be a global strategy that includes but goes beyond aid for development. Indeed, as one of the largest donors, the EU could use its financial negotiating power to reshape development policies towards true partnerships and to support global public goods (see the article by Andriukaitis and Webb in this issue). The starting point must be to think towards the future and how to shape the big transformations – for example the digital transformation – towards a more equitable world within the EU and beyond. This includes significant investment in research and innovation, joint technology development, support to infrastructure and production sites.

The growing challenges as well as health technology industry world-wide will require a policy response both within and beyond the EU. The EU is a leading regulator in the data space and must show leadership for the responsible cross-border use of health data, using a public value and global public goods approach. Connectivity is rapidly becoming one of the key features of health inequalities and a crucial determinant to build digitally based health systems in low- and middle-income countries (LMIC). Such considerations need to be part of an innovative new UHC agenda, as the EU supports the establishment of sustainable infrastructures such as primary health care and public health centres, making best use of digital approaches and ensuring commitment from LMIC for national investments.

As the world’s largest trading block, recognising the commercial determinants of health and acting responsibly is particularly important because frequently the regulatory systems of low-income countries are unprepared to restrict the health-damaging impact of multinational companies. This is a key factor in the explosion in the prevalence of NCDs worldwide. The climate agenda is part of this challenging complexity, both in terms of its direct impact on health especially in LMIC and its consequences, for example on food systems.

The economic weight of health care in the EU is on the rise: currently, almost 10% of the GDP generated in the 27 Member States is spent on the sector. Some 10% of EU workforce is employed in health care, yet there is a significant shortage of health and care workers, a highly worrying perspective in view of the demographic challenge Europe faces. The mobility of health workers between regions will likely play a key role in tackling this issue, making it a truly cross-border and global health challenge that a European global health strategy must address. At the same time, the global strategy is an opportunity to show the EU’s commitment to gender equity, with women comprising the majority of the health and social care workforce worldwide.

Such a multifaceted interpretation and focus on health should be a driver for the EU’s regulatory power to make its health policy commitments on the global stage a real gamechanger. The architecture of a European Health Union is not complete without a global component. More precisely, the European Health Union and the global health strategy represent two sides of the same coin. The former is an internal dimension with a strong grounding in the social pillar, the latter is the external one that should reflect European values such as solidarity, equity and more. But at the same time, a global health strategy also falls within the remit of many political forcefields of the EU: trade, environment, technology, research, pharmaceutical, digital and security agendas. This too is a challenge: how to address the health in all policies dimensions and ensure an equity oriented internal/external nexus that uses the “Brussels effect” for greater wellbeing on a global scale. A value-oriented, multi-stakeholder framework with appropriate financial and internal legal background can allow for EU leadership.

Next steps for the EU to lead in global health

The EU’s role in global health is continuously emerging with the pandemic serving as an impetus to strengthen its responsibility in global health sustainability. It has certainly pushed the EU out of “its comfort zone” by the cautious expansion of the community health competence (European Health Union) and the development of a global health strategy in parallel. The two issues are organically linked. If the EU has an ambition to lead in global health, the power of the example holds and a strong EU health competence is unavoidable – this can justify the amendments of the Treaties, as is presently being discussed.

In the short run, this also means a clear ramping up of the EU’s global health diplomacy. WHO negotiations have shown what a difference a joint approach can make, now is the time to consider

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*For more information see: https://eudevdays.eu/community/sessions/6446/global-health-policy-forum"
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Challenges in developing the strategy

However, priority setting remains a key challenge and the strategy will require a limited number of flagship initiatives. Health strategies have a tendency towards “Christmas tree” approaches as interest groups fight for “their” issue or disease. We have outlined broader strategy priorities that we consider critical at this point in time. Obviously, actions emerging from the pandemic that will ensure pandemic prevention, preparedness and control will need to constitute part of the agenda – but the strategy must be driven by wider concerns. Economic, food, and energy crises stemming from the pandemic and the war in Ukraine have called into question whether the health-related SDGs can be achieved.

The 3 billion targets of WHO can provide guidance on the content of the strategy related to the shared objectives of achieving UHC, addressing health emergencies, and promoting healthier lives. Yet there are also gaps in the SDGs – such as very little consideration given to the digital transformation – that must be addressed in a European Strategy.