



Towards the Communication

The EU role in Global Health

3rd Symposium on Global Health
Diplomacy

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Attention to Global Health

- Priority space in the areas of
 - foreign policy,
 - national health strategies,
 - development partnerships and
 - global public goods.
- Recent high level of attention in :
 - UN general Assembly
 - World Health Assembly,
 - ECOSOC
- Priority policy attention in US, China and others;



What is Global Health?

- There is no standard definition.
- Global Health is an expansive multi-sectoral area that links not only the main policy areas of development, humanitarian, research and health, but also of trade and foreign policy.



Major challenges

- Major and growing health inequity
 - availability of national resources varies greatly across countries
 - weak health systems neglecting the poor, and some health priorities.

- Need to strengthen coherence in the external and internal policies
 - global factors subject to global market dynamics :
 - human resources for health
 - Access to medicines
 - Global governance
 - Democratic and effective global health governance
 - Global action in response to global health threats.

- Weak equity and ownership of global health research
 - biased by market forces,
 - neglect diseases and communities from low-resource contexts.



Global health equity

- Example : Sub-Saharan Africa vs. EU
 - public health funding per capita : 200 times lower
 - Maternal mortality : 100 times higher
 - Under five mortality : 10 times higher
 - Life expectancy 40% lower
 - Burden of disease (life years lost to premature deaths and disability time) : 5 times higher



Global health equity

- Exposed to ill health, at least 20 million people die prematurely (half of them before the age of 5) in developing countries due lack of adequate *access to basic health care*.
- Influenced by low levels of public spending in health
 - Potential space of increased domestic revenues in developing countries
 - Remaining “potential” minimum gap of €13b (EU Agenda for Action on MDGs)
- International *aid to health*
 - *tripled* in the last decade
 - Increased fragmentation and opportunity cost
 - access to basic health care remains low.



Health system fragmented

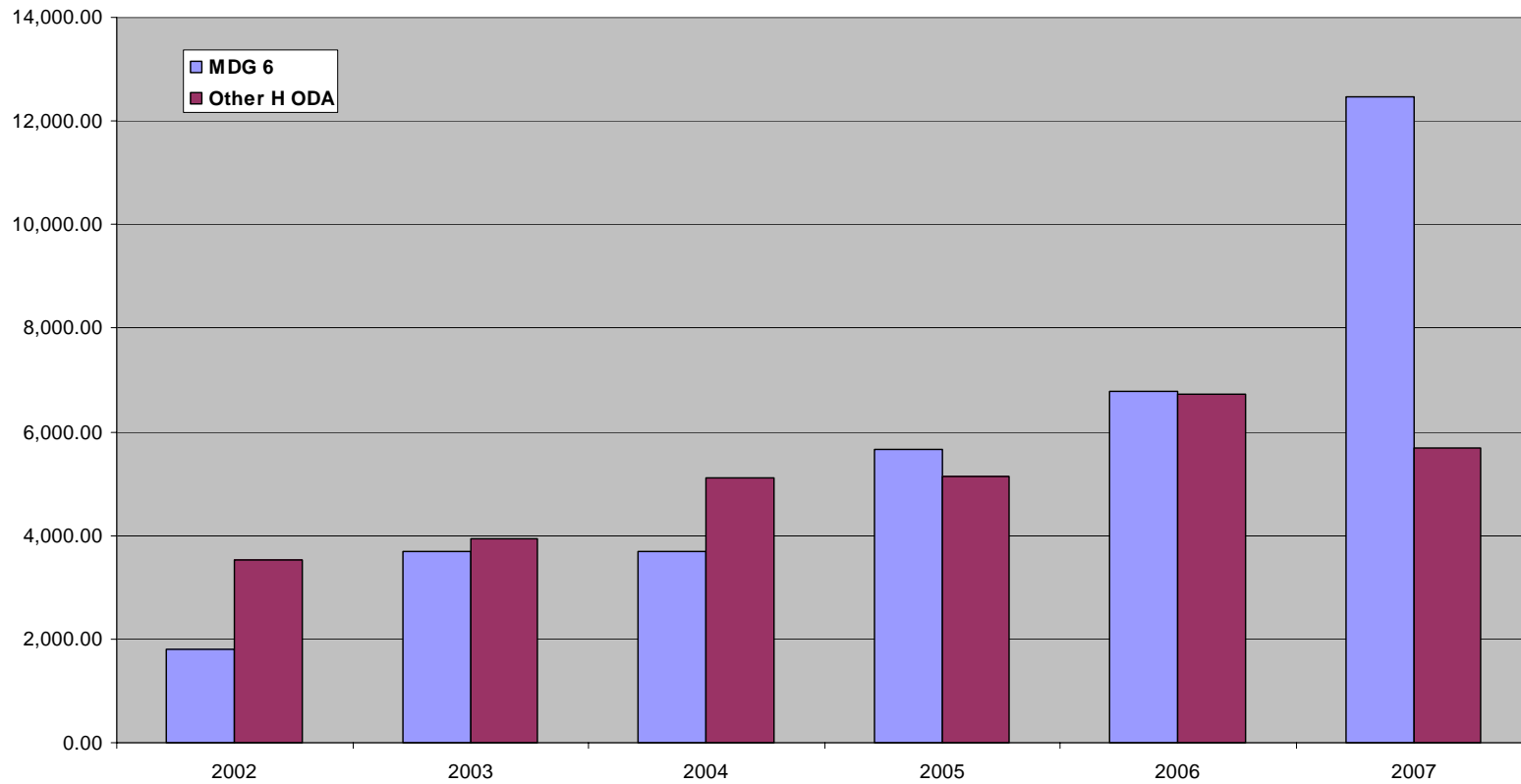
- o > 100 global initiatives
- o Advocacies by problems, isolated funding gap analysis (**consolidated > 30 b!**), vertical approaches, duplication and opportunity cost
- o The case of a safe delivery : basic service
 - o Vs. divided into? :
 - o MDG 4 : reducing neonatal death
 - o MDG 5 : SRHRs : reducing maternal deaths
 - o MDG 6 :
 - o AIDS : PMTCT
 - o Malaria : AN PrTx
 - o Tb : BCG





Alignment to Country Priorities?

Commitments





Fragmented and increasing global- and country-level demand for data in a Country



Global Alliance to Eliminate Leprosy (GAEL)

Initiative on Public-Private Partnerships for Health



Accelerating Access Initiative

President's Emergency Plan for AIDS Relief (PEPFAR)

SECURE THE FUTURE®



MTCT PLUS



Global Polio Eradication Initiative



GLOBAL ALLIANCE FOR TB DRUG DEVELOPMENT



Stop TB Partnership

US Presidential Initiative **FIGHTING MALARIA** SAVING LIVES IN AFRICA

Schistosomiasis Control Initiative





GH inequity consequences

- o > 100 million people in developing countries fall into poverty each year due to low economic access and paying for health care at a cost which is catastrophic for their limited incomes.
- o Poor health has serious *consequences*
 - o in the economy (disease burden in the active population),
 - o prospects of future development (through the ill health of children undermining their education and skills development)
 - o social cohesion (through health inequalities)
 - o security and stability (as communities affected by ill-health mistrust governments and institutions unwilling/unable – definition of fragility- to guarantee their citizens' basic right to health).



Trend in GH equity

- MDG progress : the targets are very unlikely to be achieved in many developing countries—especially Africa
- Besides, inequalities are increasing between and within countries in the main health indicators: child mortality, adult mortality, maternal mortality and life expectancy.
- The effects of climate change, epidemiological transition (increasing burden of non-communicable diseases) and the present financial and food crisis, pose additional challenge on the progress towards health-related MDGs.



The challenge of GH inequity

- There is a need to increase the levels, predictability and equity of domestic and international health financing.
- Increased capacities need to relate to democratic and evidence-based prioritization of national strategies aimed at universal coverage of basic health services. (Alma-Ata principles and WHA 62.12)
- Health ODA requires greater levels of alignment linked with evidence-based and participatory health sector dialogue.
- The *EU has clear opportunities* within the frameworks of
 - ODA commitments /EU Agenda for Action on MDGs
 - the division of labour,
 - the Paris and Accra commitments and
 - the space for a more effective health sector dialogue capacity.



Global health coherence

- The effects of globalization in health are increasingly affecting the health of all countries
 - global knowledge is fuelled and shared through the exponential growth of communication and digital information enabling the progress in knowledge and tools towards better health.
 - increasing and expanding flows of people, goods and potential health risks (infectious agents and toxic substances) mean opportunities but also threats to all countries.
 - The net effects on globalization are often negative on the poor economies and countries with weaker institutions; enhancing the global health inequalities.



GH coherence on migration

- A disproportionate share of workers moving to developed countries are college educated.
- Growing brain drain from
 - the public to the private sector –including NGO's and International Agencies,
 - from rural to urban areas and
 - from developing countries to developed countries.
- The crisis in human resources for health is a global one,
 - 75 countries having less than 2.5 health workers per 1000 population,
 - sub-Saharan Africa is the region facing the greatest shortage of health workers
- Despite many bilateral and regional agreements, the pull effect of growing economic gaps continue to drain and undermine knowledge, skills and social commitment from developing countries.
- Within the European Union some of its Member States suffer from the internal and external brain drain.



GH coherence on trade

- Liberalization of flows of international *trade of goods and services* have a direct effect on the access to basic medicines and commodities in developing countries.
- The market alone, and the incentives that propel it, such as patent protection, cannot by themselves address (through research, development and affordability) the health needs of developing countries.
 - Developing countries (>80% of the world's population) buy only about 10% of global sales of medicines.
- The TRIPS (Trade Related Aspects of Intellectual Property Rights) agreement has provided during this ending decade a framework for patents with exemptions for and between developing countries.
 - Generic competition has significantly declined the price of antiretroviral combination therapies in developing countries by a 20-fold mainly.
- However, the TRIPS framework is now facing new challenges
 - the transitional period for countries as India (main source of generics in developing countries) is over
 - Least developed countries will also need to apply the TRIPS agreement by 2016.
 - Bilateral and free trade agreements may include higher standards of protection.



GH coherence and health threats

- International travel, migration and trade together with climate change, increase the risk of emergence and re-emergence of
 - *international disease threats* (epidemics, antimicrobial resistance)) and
 - other *global health risks* (biological, chemical, radiological, others).
- There is a need to better prevent, predict, detect, and react to the international spread of disease and other health risks.
 - SARS, avian flu and H1N1 pandemic threats have mobilized resources and coordination structures
 - *International Health Regulations* (2007) are a legally-binding agreement which sets the coordination of the management of public health emergencies of international concern.
- However
 - developing countries face limitations to improve their surveillance and response capacities
 - the present case of the H1N1 flu threat shows major inequities in stocking vaccines and medicines : a framework of global governance ensuring equity should overrule market dynamics.



GH governance

- The UN and its specialised agencies should formally lead on global health,
- Non-inclusive initiatives (there are over 140 global health initiatives at present) risk undermining GH governance.
- There is thus an urgent need to
 - find shared values and approaches in the area of global health that would be embodied in the relations between countries.
 - Increase the democratic governance and the effective leadership of multilateral agencies and the UN.



Global Health knowledge

- Growing inequities and health threats demand greater need for more research addressing the health needs of poor populations
- *Commission on Health Research for Development*
 - only 5% of the total funds were spent on research addressing the problems of developing countries, with 93% of the global burden of disease.
- CxHRD called for increased attention to health research with targets of
 - 2% of national health expenditures
 - 5% of international health ODA
 - more effective coordination
 - compliance with the principles of "essential national health research" (ENHR) addressing ownership, participation and pertinence of health research).
- The ending decade has witnessed
 - increasing levels of resources (more than five-fold since 1986 reaching €50 b/year)
 - Increasing numbers of actors (philanthropy, public-private partnerships and product development partnerships)
 - diversity and fragmentation of the research funding architecture raising the issues of :
 - critical mass, thematic overlap, accountability and transparency.



GH knowledge

- Progress of CxHRD : :
 - very few countries have progressed towards the 2% target.
 - Overall there remains a 90/10 gap while health disparities between and within countries are widening.
 - > 50 developing countries are using the ENHR strategy but the effective participation of communities or even frontline health workers, is yet marginal.
 - Local ownership, training and retaining human resources for research need to be addressed.
 - Health research agendas are often dominated by basic science.
 - An increased attention to implementation science and health services research is needed.

- Research links with health policies :
 - Evidence-based policies can only be grounded in country-led research and learning that may be backed up by global support.
 - Over 40% of health ODA is in the form of "technical assistance", but often disconnected from current research.

- Hence, the main problems of global health research are parallel to those assessed in health systems:
 - *volume, equity, ownership* and (in relation to policy dialogue) the links with *evidence-based decision making*.



GH knowledge : global public goods for health

- o There is a stagnant agenda in relation to “*Global Public Goods for Health*” (GPGH).
- o Investment in GPGH globally has a direct return and benefit for all.
 - o The clearest example is the eradication of one disease (e.g. polio, by a vaccine) with global and generational gains.
 - o Other :
 - o development of new and improved drugs, vaccines, diagnostics, microbicides, tools for disease control, or prevention for GH priorities.
 - o detection or development of basic knowledge of a priority global health problem (e.g. Alzheimer's pathogenesis)
- o Investments in a globally agreed agenda of GPGxH would deserve concerted global financing complementary and additional to research and development funds.



The challenge of GH knowledge

- Global Health Research lacks equity in detriment of developing countries' health challenges.
- A parallel strategic analysis to the challenges of health systems in developing countries can be applied to global health research:
 - it requires greater levels of health research from and for developing countries, greater equity and pertinence; improved ownership and participation; and a more structured and effective link with evidence-based decision making.
- The goals of harmonisation and alignment must equally be applied to global health research where the funding architecture is currently fragmented.
- Complementary to these principles, the agenda of global public good for health holds solid arguments to call for global investments in the advance of humanity in health, beyond and in addition to development and research efforts.



The EU added value

- o Strength :
 - o 1. EU Member States and the European Commission are collectively the world's leading trading bloc, importer of food and donor of development and humanitarian assistance
 - o 2. The increased importance of public health in the new Treaty
 - o 3. Health research has come a long way in the EU offering a broad spectrum of centres of excellence in training and research
- o Values :
 - o values that all EU health systems are based on (as defined by the Council in 2006): universality, access to good quality care, equity, and solidarity.
 - o bilateral and regional relations with third countries respecting ownership based on inclusive leadership and democratic governance.



EU legal framework on Global health

- The EU 2008-2013 EU Health Strategy recognizes that the EC and its Member States '*can create better health outcomes for EU citizens and for others through sustained collective leadership in global health.*'
- All health systems of the EU are based on common values and principles, the EU health ministers Council Conclusions of 22.06.2006 (2006/C 146/01) have agreed that health services must be underpinned by :
 - - **Universality**
 - - **Access to good quality care**
 - - **Equity**
 - - **Solidarity**
- Treaty obligation in Article 152 to '*foster cooperation with third countries and the competent international organisations in the sphere of public health,*'



EU policies : GH equity

- Policy framework on health and development
 - Health and poverty reduction Comm 2002
 - Improve health outcomes, multisectorial approach, fair financing, global public goods
 - Poverty-related diseases (ATM) Comm 2001 & 2004
 - Impact/affordability/research → country level (capacities, resources) and global level (affordability/regulatory issues, new tools)
 - Human resources for health Comm 2005
 - Country level (policies, mapping, financing), Regional level (Africa : AU, WHO reg observatory, research-mapping-policies; other regions), Global level (code of conduct, gl instruments, diaspora, circular migration, decent work agenda, use of global instruments)
- Programming guidelines
 - (priority countries, priority areas, EU policy framework, guide to assess, to ensure harmonization/ownership; v-choice of ad modalities, monitoring)



EU Agenda for Action on MDGs

- o ...financing gap estimated at €13,4 billion by 2010 [\[1\]](#) based on the WHO Commission on Macroeconomics and Health's target adjusted for national government contribution.
- o ...on this basis, the Commission estimates that if the EU proportion of aid flow remained constant at 60% (which implies a scaling-up of aid by other donors) ...
- o ...the EU would increase its support by €8 billion by 2010, of which almost €6 billion would be for Africa.
- o ...to additional funding for national plans, including through International Health Partnership

[1] This is based on an estimation of the total investment needed based on the WHO Commission on Macroeconomics and Health's target of a minimum spend of €34 per person, and then deducting the potential additional investment by national governments based on the Abuja target of 15% of the national budget being allocated to health.



EU policies on GH coherence

- *International dimension of health in the EU*
 - Support of the full implementation of the International Health Regulations (IHR) and the Framework Convention on Tobacco Control (FCTC).
 - The EU also plays a key role in the intergovernmental discussions in
 - the access to medicines (large share of global R&D and patent-holders' production, and significant share of generic production)
 - availability of human resources for health (with EU-internal imbalances and collective large share of the destination of health workers from developing countries).
 - The EU has also been very active in the area of responding to global health threats.
 - The EU has actively participated in the G7+ Global Health Security Initiative.
 - The EU supports full implementation of the International Health Regulations (IHR)
 - the European centre for Disease Prevention and Control in Stockholm (ECDC) has a growing international role in the monitoring, assessment and response to communicable disease health threats.
- In relation to health threats, the EU being the world's largest food importer, promotes high levels of food safety, animal and plant health as well as product safety at the multilateral level.



EU policies in GH knowledge

- Within the context of EU international cooperation on health research and the MDGs, one of the objectives of such cooperation is to address specific problems that third countries face or that has a global character.
- EU Framework Programmes (FPs) for research, target international challenges, support to Africa and attention to poverty-related diseases, neglected infectious diseases or health systems research.
- Especial attention is given through the European and Developing Countries Clinical Trials Partnership (EDCTP)



The EU role in Global Health Policy objectives

- The overall framework of the Communication "*The EU role in Global Health*" will
 - identify the global situation and challenges, the present EU role and potential enhanced added value in the global scene.
 - identify guiding principles, priority areas of action and coordinating mechanisms for an enhanced cross-sectoral and collective-EU "vision, voice and action".



Objective of the proposed Communication

to determine the EU's potential for enhancing its added value in the global scene;
and to promote the European Social Model for global health and the principles of working in partnership.

The Communication should also identify guiding principles, priority areas of action and coordinating mechanisms for an enhanced cross-sectoral and collective-EU "vision, voice and action".



EU GH principles

- The main principles foreseen, which should apply to all EU internal and external actions related to global health, would be:
 - *Subsidiarity and local ownership*
 - *Equitable and universal access to good quality health care*
 - *Solidarity*
 - *Coherence*



Subsidiarity and local ownership

- The EU will continue to promote good governance with participatory and democratic processes to enable national and local decision makers in order to make the most effective and evidence-based decisions when they reform their country's health system.



Equitable and universal access to good quality health care:

- o All people in all countries should be able to benefit from health care and innovations in the medical sciences. EU policies should prioritize populations at greater risk and with lower resources to access quality health care. The EU social model could be a model for universal coverage of basic health care responding to the priority health needs of every citizen in the world



Solidarity:

- The health needs of all citizens in the world need to be taken into account in the formulation of EU policies related to health
- In order to address the present equity challenges effectively, the EU will maximise its potential solidarity and the EU cohesion and external aid procedures to address internal and international health challenges.
- The EU, as the global leading donor, will make every effort to comply with its ODA commitments, including paying the appropriate attention to health.



Evidence-based policies for health

- The EU will support the research necessary for managing and delivering effective health care.
- It will also ensure that global health policies are based on sound evidence.
- Learning from experiences in other parts of the world will help to improve the health of Europeans as well.



Coherence

- The above-mentioned principles should apply to all EU policies which directly or indirectly affect health in the EU and non-EU countries.
- The main policies which will require special attention are
 - development (of local capacity),
 - mobility (mitigation of the effects of brain drain),
 - trade (ensuring access of essential medicines for the poor)
 - research (equity of priorities on global health research and development of new medicines and interventions).



EU GH equity

- o Referring to the WHO Assembly (WHA Res 2009/62.12) the EU acknowledges the need of strengthening health systems through a Primary Health Care approach.
- o There is a need to increase the
 - o collective EU levels (linked with the EU Agenda for Action on MDGs and its prospects beyond 2010, and the existing commitments in ODA: 0,7% GNI)
 - o cross-country equity of health ODA (linked with the need to apply the division of labour to key sectors, as health).
 - o increase level of alignment (as committed in Paris and Accra) behind comprehensive national strategies,
 - o Adhering and progressing on the « global compact principles » of the IHP and its links to the global initiatives ad GFATM and GAVI.
 - o based on coordinated and effective health policy dialogue (as recommended by the Court of Auditors).



EU GH coherence

- *Migration*: EU collective, consistent and coherent policy on minimizing the negative effects and maximizing the positive potential of the migration of health workers.
 - It will relate to the WHO Voluntary code of practice on the recruitment of health personnel.
- *Trade*: enhance the coherence of EU trade policies and actions with the objective of equitable access to essential medicines.
 - It will relate to the Global Action Plan on Innovation, IPR and public health.
- *Health Threats*: increasing the national, regional and global capacities to predict, detect and response to health contingencies and threats, with an emphasis on the most vulnerable populations.
 - It will relate to the implementation of the International Health Regulations.
- *Global Health governance*: The present Global governance in health lacks effectiveness and democratic governance.
 - It will require a dialogue towards a new and effective leadership, with a collective and strong EU voice and role.



EU GH knowledge

- o EU Global Health Research requires
 - o greater levels of (bio-medical and public health) research from and for developing countries,
 - o greater equity and pertinence to the priorities in developing countries;
 - o improved ownership of the national institutions and participation of civil society
 - o a more structured and effective link with evidence-based decision making; closely linked with the EU challenge of enhanced health sector policy dialogue.
- o The global research funding architecture needs to be harmonised and aligned.
- o The EU will recall the international attention to the *global public good for health* and call for global investments in the advance of humanity in health, beyond and in addition to development and research efforts.



Consultation

Already consulted informally:

- o -EC services: through the inter-service group on global health
- o -EU Member States: through the informal member States' experts' biannual meetings.
- o -Spanish Presidency : Regular meetings with Perm rep, meetings in Brussels and Madrid with stakeholders.
- o -CODEV Council: in the discussions related to the Court of Auditors' report on EC assistance to sub-Saharan Africa, there was already a preliminary debate on health system strengthening and the global health approach.
- o -EP groups: On invitation by the European Parliamentary Forum on Population and Development, there has been a debate on global health challenges.
- o -Non State Actors: In April 2009 the EC co-chaired a North-South meeting on the role of civil society in global health challenges. Since 09/09, monthly Global Health Policy Forum for debate.
- o -Strategic dialogue with key partners:
 - o World Health Organization, World Bank.
 - o EU-South Africa Health and Development Forum.
 - o Informal discussions with Brazil, China and US.
- o -Informal discussions and EC presentations of main ideas on global health, in the context of global health meetings: *World Health Assembly* (May 2008) and *ECOSOC –High Level segment on global public health-* (July 2008).
- o E-consultation of roadmap with key stakeholders (UN, NGOs, academic institutions)



Consultation

Planned consultations

- o Online consultation of the present document as formally required.13/09-8/12
- o -*EC ISG on global health*: continued monthly meetings as a "steering group" of the communication process.
- o -*EU Member States*: Informal MS health and development experts' meeting on 3-4 November. Information and background (mapping) analysis already sent through Council CODEV chair.
- o -Spain's input: regular plan for discussion of drafts and debates, contribution/participation to the ISG and the GH policy forum.
- o -"*Global Health Policy Forum*" : gathering for informal debates, every month as from 09/09, civil society organizations, parliamentary groups, academic institutions, UN agencies and private sector. Planned specific inputs and debate in each of the three main areas of the Communication, from 09 to 12/09.
- o -*Global Health side-event* and conference during the *EU Development Days, Stockholm (20-21/10)* : with participation from Southern governments, institutions and civil society; and high level officials from the main global health initiatives.
- o -"*High level Forum on Global Health*": organized by DG SANCO, planned for 11-12/02/10 and aimed at high level representation of GH leaders.
- o Other related GH events with EC participation and debate: *UNGA 23-30/09 New York*; *EU Health Forum, Gastein, 01/10 Austria*; *3rd Symposium on Global Health Diplomacy 15/10 Geneva*, and Swedish Presidency event: *Nobel Forum Seminar on the EU as a Global Health Actor*.