



Public consultation meeting on the Issues Paper ‘The EU role in global health’

On 30 November 2009, a consultation meeting on ‘The EU role in Global Health’ was organised by the Netherlands Platform for Global Health Policy and Health Systems Research, in cooperation with the Dutch Ministry of Foreign Affairs and the Ministry of Health, Welfare and Sport. Twenty two representatives from the two Ministries, the Platform, consultancy agencies, NGOs and the Dutch science community, took part in the discussion. After an introduction by both Ministries about the importance of this theme, a summary was given of the EC Issues Paper by Marieke Boot, representative of the European Commission (DG DEV). Louise van Schaik, research fellow at the Clingendael Institute, gave a presentation about developments and perspectives with regard to the role of the EU in global health.

During the consultation meeting the discussion focused on the three chapters of the Issues Paper.

Chapter 2: Context and Problem definition

It is not absolutely clear from which point of view the document is written. In fact, the paper is hesitating between two options: 1. Health in development and 2. Global health. Health in development is more about the Millennium Development Goals. Global health is more about determinants of health, health and trade, global health threats etc. In other words, about the implementation, monitoring and evaluation of the EU’s Health in all policies as initially formulated by DG SANCO and adopted by the Commission. It is important to make a decision from which starting point the EU wants to go forward. The consultation group proposes global health to be the entry point. From this perspective the common issues with regard to health in the EU and in developing countries can be formulated.

In relation to such a focus, it will be important to know which Commissioner has the lead in preparing the forthcoming Communication.

The consultation group very much supports the statement that the EU should press ahead with championing, both internally and externally, the same overarching common values that all health systems are based on: universality, access to good quality care, equity and solidarity. These common values and principles are not unique for the EU, WHO shares many of them. The 2008 World Health Report “Primary Care, now more than ever” shows their application in practice. However, they remain useful, in particular in order to strengthen coherence in EU’s policies. It might therefore be worthwhile to stress in the Communication that in all EU policies the common values should have their place- i.e. broader than just in health care, but

also in policies which can affect development issues, such as trade and customs policies with regard to e.g. pharmaceuticals.

To measure impact or progress of these values in global public health, indicators need to be set up/defined. It is easy to say that the EU has added value in addressing equity in access, but does the EU indeed make a difference at country level?

The EU Member States not only share common values and principles, but the EU is also a very big donor, both bilateral and through the EC. Which opportunities does this situation create? Which role should the EU play towards WHO?

The context analysis was considered to be too broad: it should focus on the real issues: what is going well and what is going wrong. The paper should also pay more attention to the main strengths and weaknesses of the current EU's policies on global health.

For those who have read the issues paper as health in development, the topic about power is missed: who is going to take which decisions? Which role do we see for the EU, also with regard to tackling power related issues?

Chapter 3: Global Health Challenges

Themes that are relevant for the EU have been identified:

- Non-communicable diseases are a very relevant theme for the EU, but not included in the Issues Paper. Particularly relevant since the EU has several 'lessons learned' that could be 'exported' to the broader community.
- The EU should put emphasis on those topics where a clear added value can be achieved. Antibiotics resistance – as one of the most important global threats for health – is such an example. It is important for the member states to work together on this issue, because it threatens the economy and health of the people in all member states, it touches the heart of the EU. Perhaps the AMR discussion could be broadened to zoonotic diseases, as they share the same characteristics. It is clear that a financial contribution for research for new antibiotics should also come from the EU. We have the size to have an impact on the solution of the problem.
- As for access to medicines and global public goods, it would be an excellent idea to shape at least part of the forthcoming Communication along the lines of the WHO's Global Strategy and Plan of action on public health, innovation and intellectual property. The plan pays attention to all the major topics that the Issues Paper seeks to address. The Communication might be seen as the EU's contribution.
- Climate change and health. Health is an important issue with regard to adaptation to climate change. It is a theme that crosses sectors and the EU has an important role to play at the coordination and financing levels.
- The theme urbanisation and health.

Themes that should not be a priority for the EU:

- There has hardly been any influence of the EU in the countries of South and Central America which are doing well in the area of health systems strengthening. Therefore the EU should play a modest role in the health systems strengthening discussion.
- Health and migration are important but can be dealt with in a bilateral matter. This is not considered to be a top priority for global health.

The role of the EU in global health governance:

- As for global health governance and particularly EU's role in global health consultation, it is felt that some questions have not been addressed. For example, the EU member states acceptance of involvement of the EU in international health and also who is to speak for the EU.
- Furthermore, the EU has so far not played any leading role in global health governance. Therefore, it should primarily concentrate on better coordinating working within the EC and with Member States.

Chapter 4: Main Policy Objectives

Apart from the five main principles formulated in chapter four, a sixth one might be added: Health in all policies.

In the forthcoming Communication these main policy objectives have to be described in more detail.

Improving the EU's coherence in global health may be the very starting point and might have a major focus. However, this policy on coherence and health in all policies should clearly identify which DGs will be responsible for which actions so that institutions and actors can be made responsible for progress on this issue. Perhaps we could start with some agreed global health documents, such as the Global Strategy and Action plan on public health, innovation and intellectual property.

The other big players like China, India and Brazil should be taken into account and this stresses the need for more cooperation between the member states of the EU.

The indicators of equity should be further specified, otherwise it will be difficult to evaluate the impact of policy in his area. Capitalizing on the development of indicators of access and equity by WHO European Region and NIVEL in the Netherlands, more work should be done on formulating benchmarks.

Natasja Stamsnieder
Policy officer
Netherlands Platform for Global Health Policy and Health Systems Research

Phone: 0031 (0) 70 3494354
Email: n.stamsnieder@nwo.nl