Conclusions

Fourth High Level Meeting

between the European Commission and the World Health Organization

2 July 2004, Brussels

The Fourth High Level Meeting between the European Commission and the World Health Organization (WHO) in the context of the Exchange of Letters took place in Brussels on 2 July 2004. The following conclusions were agreed upon:

PUBLIC HEALTH

- EC-WHO Framework for Co-operation. Both Organizations agreed that the Framework for Co-operation established by the Exchange of Letters in December 2000 has provided the basis for a very productive partnership. Commissioner Byrne noted that this was the first time Dr Lee was attending the High Level Meeting in his capacity as WHO Director-General, and expressed the wish for the continuation of the fruitful co-operation between both institutions.

- Enhanced co-operation in public health. The Commission and WHO agreed to further develop the partnership in the area of public health to strengthen their co-operation. The aim is to develop a multi-annual plan of work, in the context of the Exchange of Letters. A document setting out the joint EU-WHO priorities for this enhanced co-operation will be jointly developed and formally agreed upon in 2005.

- Framework Convention on Tobacco Control (FCTC). The Commission expressed strong support for the FCTC and its intent to play a leading role in developing the Convention further. The Commission, jointly with WHO, would like to have discussions with developing countries to explore how existing funds and instruments can be used to support efforts made in these countries to reduce tobacco consumption.

- WHO Global Strategy on Diet, Physical Activity and Health. The Commission reiterated its support for the WHO global strategy. WHO agreed to support the
development of a Community strategy on nutrition and physical activity. Areas of co-operation will be agreed upon in technical consultations in the near future.

- **Priority medicines for Europe and the world.** The Commission expressed support for the WHO work and methodology on priority medicines, which is linked to the initiative of the Dutch Presidency. This is an important issue in relation to public health, not only in the EU, but also globally. The Commission stressed the importance of further discussions with both WHO and EU Member States, as well as key stakeholders, including industry, regulators, funding institutions, and patient groups. It was agreed that the forthcoming meeting in The Hague in November 2004 will be an important step in identifying future action.

- **European Centre for Disease Prevention and Control (ECDPC).** Both sides agreed to continue their co-operation in the area of control of communicable diseases, as well as in the establishment of the ECDPC. The Commission expressed strong appreciation for WHO support, which includes the secondment of a WHO staff member to the Health and Consumer Protection Directorate-General. The importance of facilitating collaboration between the Commission and WHO at all levels was noted, in order to promote good communication, to harness all resources, and to avoid duplication.

- **Global health security and pandemics.** The Commission is a founding and full partner in the Global Health Security Initiative initiated by the G7 and Mexico (G7+) in 2001. The Commission and WHO share concerns over the weak capabilities of developing countries to respond effectively to outbreaks of communicable diseases, including deliberate outbreaks, which pose threats to health on a global scale. There has been very effective co-operation between the Commission and WHO in responding to the recent outbreaks of SARS and influenza. Both parties agreed to work together to explore ways to strengthen the capacity of developing countries to respond to such threats.

- **HIV/AIDS.** The Commission expressed its strong commitment to combat HIV/AIDS globally and in Europe, both within the European Union and its neighbourhood. Both sides agreed to work to strengthen co-operation as a follow-up to the Dublin Conference¹, including strengthening coordination with Member States and other international organizations.

- **International Health Regulations (IHR).** The Commission and WHO agreed to continue their fruitful collaboration in developing the process of revising the IHR. Because the Commission will take a leading role on behalf of the European Union in the Intergovernmental meeting that will take place in Geneva in November 2004, the Commission expressed the wish to review arrangements for its participation in this WHO meeting and in the subsequent World Health Assembly (WHA) in May 2005.

¹ Irish Presidency Conference “Breaking the Barriers - Partnership to fight HIV/AIDS in Europe and Central Asia” held in Dublin on 23 - 24 February 2004
EU Health strategy. The Commission and WHO share the view that health is an end in itself as well as a key driver of economic growth and sustainable development. Health and economics is an area where the EU and the WHO can work closely together. This issue will be of importance in relation to the development of the EU’s health strategy. The Commission counts on WHO’s involvement in taking forward the strategy.

ENVIRONMENT AND HEALTH

Follow-up to Budapest Conference. As stated in the Commission Declaration on the Budapest Environment and Health Conference, the Commission will work in close co-operation with the WHO and the EU Member States to ensure that synergies between the EU Environment and Health Action Plan 2004-2010 and the Children’s Environment and Health Action Plan for Europe (CEHAPE) will be fully exploited.

Areas of co-operation. The Commission and the WHO will jointly examine the specific areas where co-operation will be strengthened and deepened. This would include, notably: environment and health information, public health actions to address environmental health determinants, indoor air pollution/environmental tobacco smoke, and extreme weather events.

WHO-EC activities. WHO will continue to be an active member of the European Commission’s Consultative Group, and the Commission will continue to play an active role in the European Environment and Health Committee (EEHC) in order to ensure efficient co-operation between the two processes.

EU Water Initiative. The Commission invited WHO to participate actively in the EU Water Initiative, thereby developing synergies with WHO activities, including capacity building and monitoring, to their mutual benefit. Water provision, sanitation and health are very closely inter-related. Access to water and sanitation is critical for the achievement of other Millennium Development Goals (MDGs).

It was agreed that WHO’s current chairmanship of UN Water can serve to develop a single point of contact between the UN system and the Commission, including a clearing house function.

It was further agreed to develop WHO-EU co-operation in strengthening country level monitoring, as an essential complement to global monitoring. In this regard, it was agreed to strengthen links between WHO regional and country offices and Commission delegations in order to promote increased prioritisation of health, water

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2 Fourth Ministerial Conference on Environment and Health held in Budapest on 23-25 June 2004, with the theme of “The future for our children”
and sanitation in Poverty Reduction Strategy Papers (PRSPs). Both sides agreed to keep each other well informed on their respective activities.

**RESEARCH AND HEALTH**

- **European and Developing Countries Clinical Trials Partnership (EDCTP).** The Commission and WHO share a common vision of the action required to fight the major diseases linked to poverty. In this context, both sides agreed that EDCTP can make a major contribution to efforts by developing countries to tackle HIV/AIDS, malaria and TB. It was agreed to intensify and deepen co-operation, including supporting stakeholders in Africa to play their critical roles in ensuring that EDCTP will benefit poor populations to the full. In this regard, it was agreed that a meeting between Dr J.W. Lee and Dr Pascoal Mocumbi, High Representative of the EDCTP, would be an important means to identify and to agree on the necessary actions. It was noted that capacity building in the institutions selected for clinical trials would be an early priority for co-operation.

- **World Summit on Health Research.** The European Commission expressed its support for the Ministerial Summit on Health Research which will be held in Mexico City on 16-20 November 2004. It was noted that the Commission will make presentations on both Sixth Framework Programme (FP6) research projects in the domain of major diseases linked to poverty and EDCTP, as well as the INCO review of health systems research.

- **Cooperation with third countries and international organizations (International Cooperation INCO).** WHO expressed strong interest in INCO’s support both for health systems and neglected diseases. It was noted that WHO is in the process of making submissions to the current Call for Proposals. It was agreed that a dialogue should be established between WHO and INCO, with a view to sharing information on current and future research, including the next Commission framework programme on research.

- **Research and SARS.** WHO expressed appreciation for the Commission’s special research call in July 2003, which was part of international mobilisation of efforts to strengthen the means to tackle this public health crisis. The Commission expressed appreciation for the assistance provided by WHO/GOARN in the evaluation of the subsequent proposals. It was agreed that the two sides would cooperate, as appropriate, in the further development of these projects in China, including ethical review training and capacity building.

- **Mechanisms of co-operation.** Both sides expressed satisfaction with the increased co-operation between the Commission and WHO during the past year, among them, bilateral technical meetings, the Commission’s participation in meetings of the WHO Advisory Committee on Health Research (ACHR), in Sixth Framework Programme-funded projects, and recently, in a meeting with the Secretary of the WHO
Commission on Intellectual Property Rights, Innovation and Public Health (CIPIH). With regard to the latter, it was agreed that a meeting will be organized between the members of the WHO Commission and the European Commission towards the end of 2004/early 2005. It was also agreed in principle to engage WHO in consultations for the forthcoming Seventh Framework Programme (FP7).

**DEVELOPMENT AND HEALTH**

- **Polio eradication.** Both sides expressed their continuing concern with regard to new cases in Africa and the uncertain commitment to restarting vaccination in Kano State, Nigeria. It was noted that the WHO Director General will visit Nigeria later in July to assess the adequacy of measures being taken by the national and state authorities. The Commission reconfirmed its commitment to rapidly processing the release of further funding to support WHO-led polio eradication efforts in Africa, beginning with €55 million.

- **Strategic Partnership between WHO and EC in the field of development.** The Commission and WHO expressed satisfaction on the signing of the Memorandum of Understanding between the two parties, and agreed to work to expedite the implementation of the actions foreseen within it. As regards the policy dialogue anticipated within the framework of the partnership, the parties agreed that in the first instance, this should include: health systems strengthening, boosting financial flows for health, health in Poverty Reduction Strategy Papers (PRSPs), and the Commission’s new strategy on communicable diseases.

- **Millennium Development Goals (MDGs).** The parties underlined their mutual commitment to achieving the MDGs, noting that this was the focus of the strategic partnership. The parties agreed to work closely together in preparing for the Review and Major Event on the follow-up on the Millennium Summit, which is foreseen for mid-2005.

- **Poverty Reduction Strategy Papers (PRSPs) and Sector-wide approaches (SWAPs).** Both parties acknowledged the importance of working at country level around nationally-led processes, in particular PRSPs and health development SWAPs, and agreed to cooperate closely on strengthening the health component of PRSPs and the monitoring of health outcomes and other key indicators relating to health.

- **Reproductive Health.** The Commission and WHO agreed on the central importance of the principles agreed at the International Conference on Population and Development (ICPD) which was held in Cairo in 1994, and the Key Actions adopted in 1999 (ICPD+5) to renew and strengthen the Cairo consensus. The Commission expressed appreciation of the new WHO global strategy on Reproductive Health. The parties noted that improving maternal health was the main focus of the proposed joint EC/ACP/WHO programme to strengthen health services in developing countries.
TRADE AND HEALTH

- **Expansion of dialogue.** The Commission and WHO agreed to expand their dialogue on implications of trade agreements on public health, to include intellectual property rights, sanitary and phytosanitary standards, and services.

They further agreed that more frequent meetings should take place in order to harmonize their respective inputs to international forums, and identify opportunities for co-operation in capacity building in countries.

- **Technical Assistance to developing countries.** The Commission and WHO agreed on the need to encourage and support agencies providing technical assistance to developing countries to fully integrate a public health dimension into their programmes.

- **Doha Declaration on TRIPs and public health.** With regard to the Doha Declaration on TRIPs and Public Health, the Commission and WHO agreed on the importance for WTO Members to integrate the WTO General Council Decision of 30 August 2003 on para. 6 of the Doha Declaration on TRIPs and Public Health into the TRIPs Agreement as soon as possible, and at the latest, by March 2005. It was noted that this implies amendments to their domestic legal systems.

- **Work with Stakeholders.** The Commission and WHO agreed on the importance of working with all major stakeholders, including the pharmaceutical industry, in order to support health systems in developing countries to ensure sustainable access by the poor to medicines at the lowest possible prices.