

## EU role in Global Health

Canice Nolan
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#### TREATY OF AMSTERDAM

ART.152

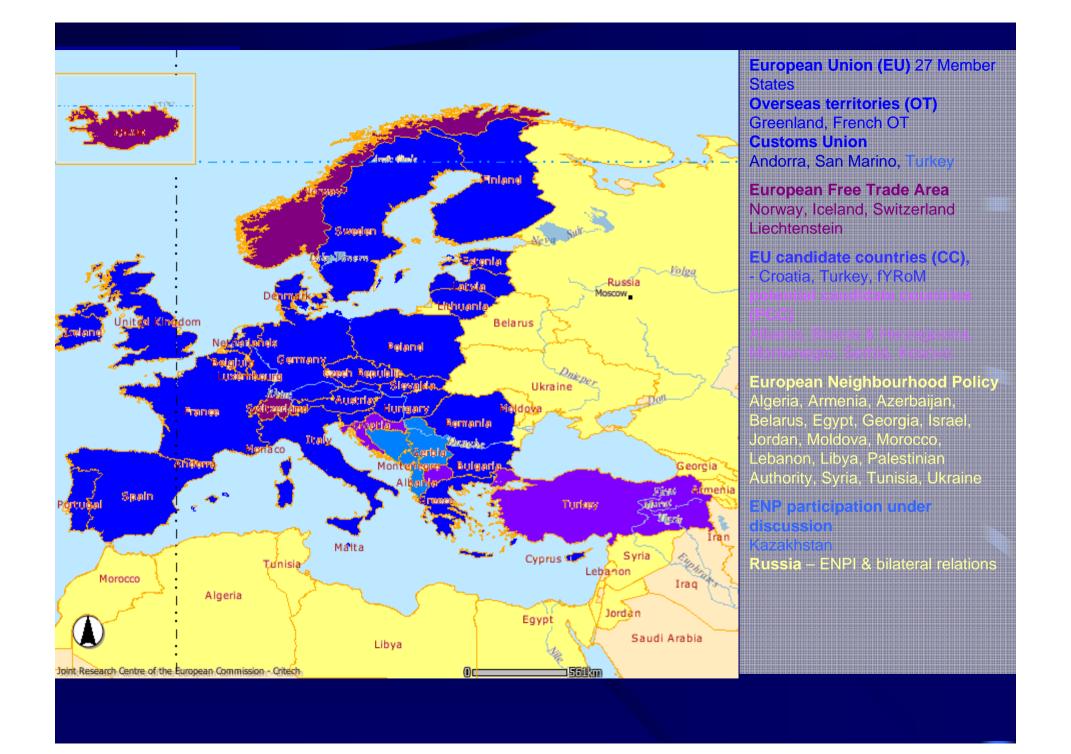
- 2. The Community shall encourage **cooperation** between the Member States in the areas referred to in this Article and, if necessary, lend **support to** their action.
- 3. The Community and the Member States shall foster cooperation with third countries and the competent international organisations in the sphere of public health.



# **EU Health Strategy**

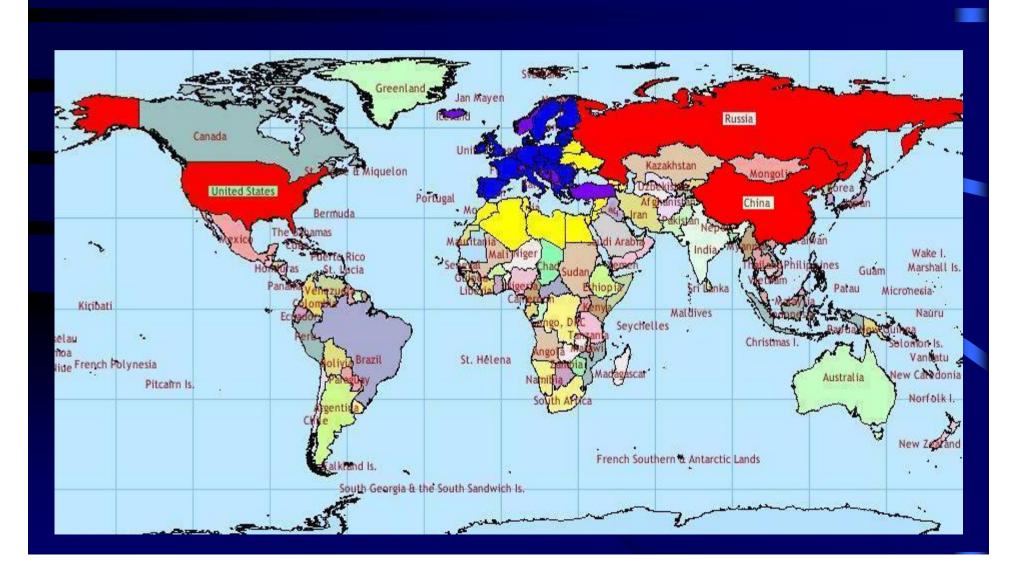
# 4<sup>th</sup> FUNDAMENTAL PRINCIPLE: **Strengthening the EU's voice in Global Health**

- Enhance the Community's status in international organisations
- Strengthen cooperation on health with strategic partners and countries, with a particular emphasis on the regional dimension and on candidate, potential candidate and ENP countries;
- Include health in the EU external assistance
- Promote implementation of international health agreements (FCTC, IHR)





# EU and global health





# Look who's talking...

#### Recent high level of attention in:

- UN General Assembly
- World Health Assembly
- ECOSOC

#### Policy attention in US, BR, CH, UK, FR, NO...

- Foreign policy
- National health strategies
- Development partnerships
- Global public goods



#### about Global Health?

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



#### **GH** Traditional view

#### Governance

Development

Security



### GH ...EUPH view

**EU Public Health Programme 2008-1013** 

Fostering
Good Health
In An
Ageing Europe

Protecting Citizens from Health Threats

Supporting
Dynamic Health Systems
And New Technologies

Shared Health Values

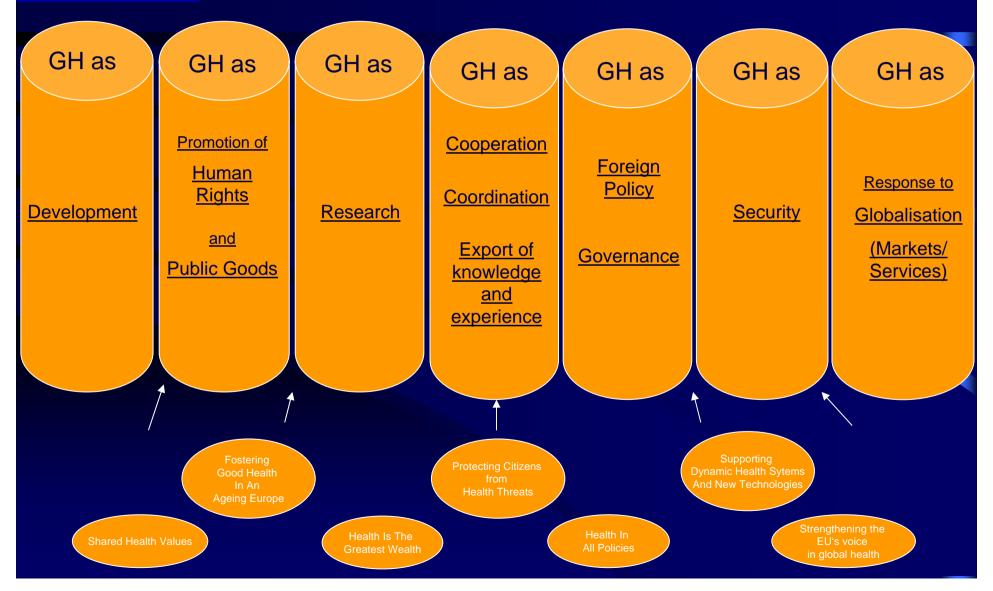
Health Is The Greatest Wealth

Health In All Policies

Strengthening the EU's voice in global health



# Metaphoric view





# 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 external and internal policies

- Global factors subject to global market dynamics
- Global governance and security

#### Weak equity and ownership of global health knowledge

- biased by market forces
- neglect diseases and communities from low-resource contexts



# Inequity

- WHO Commission on Social Determinants
- Wide variations across EU
- But what about Sub-Saharan Africa?
  - at least 20 million people die prematurely (half of them under 5) in developing countries due to inadequate access to basic healthcare
- International aid to health
  - tripled in the last decade
  - increased fragmentation and opportunity cost
  - access to basic health care remains low

# Fragmented and increasing global- and

# country-level demand for data in a Country









(PEPFAR) resident's Emergency Plan for AIDS Relief



Partnerships for Health Poundation Global Alliance to Eliminate Leprosy









020

THE RIGHT TO SIGHT















Children Initiativ Hope for African



**Eradication Init** 

**Slobal Polio** 



MECTIZAN DONATION PROGRAM

A GLOBAL CARE INITIATIVE from ABBOTT and the ABBOTT FUND for ORPHANS and VULNERABLE CHILDREN











ING MALARIA

US Presidential Initiative















# Fragmentation

- 100+ global initiatives
- Advocacy by problem, funding gap, vertical approaches, duplication and opportunity cost
- Basic service for a safe delivery
- or...
  - MDG 4 : reduce neonatal death
  - MDG 5 : improve maternal health
  - MDG 6: AIDS, malaria, TB etc













#### **Trend**

- MDG targets unlikely to be achieved
- Inequalities are increasing between and within countries in the main health indicators
- The effects of climate change, increasing burden of NCDs, financial crisis and H1N1 don't help



# Consequences

- > 100 million people in developing countries fall into poverty each year
- Poor health reverberates
  - in the economy
  - prospects of future development
  - social cohesion
  - security and stability



# EU GH equity

- Strengthen health systems through a Primary Health Care approach.
- <u>Increase the collective EU support levels</u> (linked with the EU Agenda for Action on MDGs and its prospects beyond 2010, and the existing commitments in ODA: 0.7% GDP)
  - cross-country equity of health ODA (linked with the need to apply the division of labour to key sectors, as health).
  - increase level of alignment (as committed in Paris and Accra) behind comprehensive national strategies,

Adhering and progressing on the « global compact principles » of the IHP and its links to the global initiatives ad GFATM and GAVI. based on coordinated and effective <u>health policy dialogue</u> (as

recommended by the Court of Auditors).



# Coherence - globalisation

The effects of globalization in health increasingly affect the health of all countries

- Exponential growth of communication and digital information enabling progress in knowledge and tools to better health
- Increasing and expanding flows of <u>people</u>, <u>goods and</u> <u>potential health risks</u> (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

...exacerbating the global health inequalities



# Coherence - migration

- The crisis in human resources for health is a global one
- Growing brain drain...
- A disproportionate share of workers moving to developed countries are college-educated
- 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 Member States suffer from the internal and external brain drain
- Are we ready for a midwife crisis?



#### Coherence - trade

- Liberalization of flows of *trade of goods and services*
- Market alone cannot address the needs of developing countries.
- TRIPS has provided a framework for patents
- But TRIPS framework is now facing new challenges



#### Coherence - threats

- International travel, migration and trade increase risks
- Need to better prevent, predict, detect, and react to the international spread of disease and other health risks
- But developing countries face limitations to improve their surveillance and response capacities and
- H1N1 shows inequities for vaccines and medicines: how to reconcile equity with market dynamics?



#### Governance

- Expect UN and its specialised agencies to 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
- Role of EC/EU in the process/UN agencies



# Knowledge - CxHRD

#### Commission on Health Research for Development (1990)

- 5% of funds addressed developing countries, with 93% of global disease
- Called for targets of 2% of national health expenditures, 5% of international health ODA, more effective coordination, and compliance with the principles of "essential national health research" (ENHR) addressing ownership, participation and pertinence of health research)

#### The last decade has witnessed

- Increasing levels of resources and actors
- Diversity and fragmentation of the research funding architecture raising the issues of critical mass, thematic overlap, accountability and transparency



# Knowledge - CxHRD

- Progress of CxHRD:
  - Very few countries have progressed towards the 2% target
  - 90/10 gap while health disparities widen
  - > 50 developing countries are using the ENHR strategy but effective participation is marginal
  - Local ownership, training and retaining human resources for research need to be addressed
  - Health research agendas are often dominated by basic science
  - Need increased attention to implementation science and health service R&D
- The problems of global health research mirror those of health systems:
  - Volume
  - Equity
  - Ownership
  - Links to evidence-based decision-making



# EU GH knowledge

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



#### Global public goods for health

- There is a stagnant agenda in relation to GPGH
- Investment in GPGH globally has a direct return and benefit for all.
  - The clearest example is the eradication of diseases e.g. smallpox, polio (?) with global and generational gains
  - Development of new and improved drugs, vaccines, diagnostics, microbicides, tools for disease control, or prevention for GH priorities
  - Detection or development of basic knowledge of a priority global health problem (e.g. Alzheimer's pathogenesis)
- Investments in a globally agreed agenda of GPGH would deserve concerted global financing complementary and additional to research and development funds



# Policy objectives

The overall framework of the Communication "The EU role in Global Health" could be to

- Lay out the present global situation and challenges regarding Global Health
- Examine the present EU role
- Determine the potential for enhancing EU added value in the global architecture
- Promote European principles and values for global health



# Principles

- Subsidiarity and local ownership
- Equitable and universal access to good quality health care
- Solidarity
- Coherence



#### On-line Consultation

The Commission has published an online consultation to garner ideas and comment in relation to the EU role on global health

# http://ec.europa.eu/health

October – December 2009





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### Questions

- **Question 1**: In your opinion, does the proposed concept 'global health' cover the most relevant dimensions? If not, which other essential factors would you suggest?
- **Question 2**: Are the effects of globalisation on health, on the spread of diseases (whether communicable or life-style non-communicable) and on equitable access to health care sufficiently described?
- **Question 3:** Do you consider the health-related MDGs a sufficient framework for a global health approach? If not, what else should also be considered?
- **Question 4:** In your opinion, which are the main strengths and weaknesses of the current EU policy on health and development cooperation, and which dimensions should be given greater attention in order to face the challenges ahead?
- Question 5: Could you identify health problems that have been neglected by the EU and international health research agenda and propose the best means to support innovation to address them, especially in low- and middle-income countries?
- **Question 6:** Do you think that ODA commitments for health should increase, and how do you think that other sources of financing could contribute to addressing global health and universal access?
- **Question 7:** How do you think fragmentation of aid for health could be reduced, with a view to increasing aid effectiveness and preventing detrimental health spending?
- **Question 8:** In the context of aid effectiveness and alignment of financing to national priorities, what can be done to make sure that adequate attention is paid to health priorities and to strengthening health systems?
- **Question 9:** What are your suggestions for striking the right balance between addressing health priorities and providing support for developing health systems?
- **Question 10:** What are the main opportunities for increasing the level and enhancing the effectiveness of health aid from the EU?
- **Question 11:** In your opinion, what are the links between health, governance, democracy, stability and security and how could the right to health be put into operation?
- Question 12: What impact will the global crisis (climate change, food prices and economic downturn) have on global health and what could be done to help mitigate their ill effects?
- **Question 13:** What should be the role of civil society in the health sector, at national and local levels?
- **Question 14**: Which action do you think the EU should take to stem the brain drain of health workers, while respecting their freedom of movement?



#### Questions

- **Question 15**: What role do you see for new technologies (including telemedicine) in enabling developing countries to provide access to care even in remote areas and to allow
- better sharing of knowledge and expertise between health professionals, and how can the EU support this?
- **Question 16**: What are the keys to ensuring equitable access to medicine and how could the EU help to do more on this, including by supporting innovation and management of intellectual property rights?
- Question 17: What could the EU do to improve the research funding for global health?
- **Question 18:** How, in your opinion, could the EU research funding effectively address the systemic weaknesses of health systems worldwide?
- Question 19: How do you think national capacity and local scientists in low-income countries could be empowered to conduct research relevant to their countries' priorities?
- **Question 20:** Which kinds of global public goods for health should be given priority and how should they be financed and managed?
- **Question 21:** Which do you think are the priority areas for coherence on global health policies, and how should they be addressed?
- **Question 22:** How could the legitimacy and efficiency of the present global health governance be improved and which role should the EU play in this?
- Question 23: Do you think a definition of a universal minimum health service package would facilitate a rights approach and progress towards more equitable coverage of services? If so, how could such a universal minimum standard be defined?
- Question 24: What, in your opinion, should be the main principles guiding equitable social protection for health?
- **Question 25:** Which fair financing principles and mechanisms should apply to health system financing to ensure equitable and universal coverage of basic health care?
- **Question 26:** What is the role of civil society in global and national health governance and how can potential conflicts of interest between advocacy and service provision be avoided?
- **Question 27:** What, in your view, is the main added value offered by the EU in the field of global health?
- Question 28: Do you think that an EU social model could inspire global health equity?



#### **Event**

Final stage of consultation is 11-12 February 2010

High-level event in Charlemagne Building

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