Answers to the QUESTIONNAIRE on Global Health

Africa-Europe Faith and Justice Network wants to THANK the European Commission for the effort to propose a Communication on Global Health where the input of different DGs having an impact on Health work together for greater coherence in the EU Health policies.

We hope that this long effort would give results and the Communication on Global Health could become an example of COHERENCE among the diverse EU policies where consultation among different DGs and coherence among all the policies are not always present.

We are sending you some comments and answers to your questions on the issues related to Health on which our Network works on.

AEFJN is a Network with more than 20,000 members present in all the EU countries and in all countries of Africa, many of whom are working on Health.

**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?

The question on the equitable access to health care is well described but I think it would be good to mention other aspects and impacts that are fruit of globalization (they are mentioned on our answer to Question 10) and that have an impact on the health care.

**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?

**Strengths:**
- The EU is a major actor in international co-operation and development assistance
- The amount of money directed to Development Aid.
- The EU has the potential to make a difference on the world scene (if there is political will).
- Article III-118b and 118j of the Lisbon Treaty set the eradication of poverty as the primary objective of development cooperation and calls for coherence between EU policies that affect developing countries and development goals. If this becomes a reality it could be the main strength of the Development Aid.

**Weaknesses:**
- a certain lack of transparency in programs and policies,
• a gap between the stated objectives and intentions of the EU on the one hand, and reality on the other.
• Aid does not realize the full potential of the EU solidarity towards developing countries
• Has the EU, the political will for the Aid to be efficient, and become a real aid to the receiving country? Sometimes the question remains: to whom does really benefit Development Aid?
• Too much bureaucracy and too long a decision making process.
• cooperation to complement and reinforce each other.

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?

Different systems of international taxes at the example of the tax on flights. Taxes on capital transfers, etc. could be used to address universal access to health.

It is necessary to be creative to search for new forms of financing.

Question 9: What are your suggestions for striking the right balance between addressing health priorities and providing support for developing health systems?

During our meetings with leaders of the Ministries of Health and Health workers in different African countries the negative impact of Programs addressing a series of sickness (HIV/AIDS, Tuberculosis, Malaria, Sleeping sickness, etc) is often mentioned. It seems that those programs (the EU Program on HIV/AIDS, tuberculosis and malaria included) weaken the national Health Systems. They also mention that despite not helping the consolidation of the Health system, these programs run to the centers of the national system when their patients need special care.

Question 10: What are the main opportunities for increasing the level and enhancing the effectiveness of health aid from the EU?

There is need for greater coherence between the development Health aid and other policies mainly Trade, but currently also the policy on “renewable energies” that provides subsidies and incentives to EU enterprises to cultivate the mass for “biofuels” in developing countries. This policy is already having negative impacts in Africa, and is increasing poverty among farmers. More poverty means less access to Health services.

1. Impact of Globalization on Health

The impact of globalization on Health is visible everywhere but even more in developing countries. There, the lack of “protections” to defend their Health systems from exterior influences have made them weaker.

Some of the impacts of globalization in developing countries Health systems:

2. Lack of coherence in EU policies

On one side DG Development policies support Health national systems in developing countries, and in some cases finances them as well as the social protection on this sector. On the other side
the EU Trade policies, mainly the Free Trade Agreements (FTAs) between the EU and regions or countries with “developing countries” have articles and clauses that work against the consolidation of the Health systems and in many cases contribute to the weakening of those national systems, already very fragile.

The clauses on “liberalization of services” in the FTA has a negative impact on the Health systems and makes it difficult the free access to health in these countries. In the FTAs Health is consider as a commodity or service like any other, or the right to Health is Human Right, and as such should be not consider as a “commercialized” good. The EU, specially the DG Trade negotiating the Free Trade Agreements should not push for the liberalization of the Health services. This liberalization weakens the national health systems and prevents the access to health to many persons in Third World Countries.

Another clause often contained in the EU- FTAs is the strengthening of the Intellectual Property Rights (IPRs) that go beyond the demands of the TRIPS at the WTO. The strengthening of IPR norms called “TRIPS plus” makes it more difficult for the developing countries to access to generic medicines that can often safe many lives. It is competition between brand medicines and generic ones that allow the price to go down and thus makes them available to the health services in poor countries.

The Anti-Counterfeit Trade Agreement (ACTA) being actually negotiated by the EU tends to “confuse” or “mix up” or attempts to associate the concept of counterfeit with generics (even when these ones are of good quality and are legal in the countries of origin and destination). The seizures of medicines in Netherlands and in France are a proof.

To be able to strengthen the health systems in developing countries and to deliver accessible health care to a large part of the population, the EU policies that have an impact on Health (including Trade policies) should be coherent and have as aim the strengthening of health systems in developing countries.

The Global Europe strategy to improve Europe’s competitiveness is another instrument of the DG Trade to open the access of European companies to markets outside Europe. The EU sees its current focus to opening the Trade in services - where it has an important comparative advantage - as central to the ability of EU companies to operate effectively in other markets.

The draft paper on the Communication on Global Health produced with the participation of different DGs concerned with Health is the proof of the desire of the Commission to reach a greater coherence in policies as important as Health, specially when it touches the lives of the populations more vulnerable in developing countries. It is necessary that DG Trade enters also in the views of the Communication and modify its Trade policies towards the developing countries.

The EU values which are the cement of the European Union go beyond the gains for the EU companies and open the EU at the solidarity not only inside its borders but also with those countries more in need (the developing countries). This is why Africa-Europe Faith and Justice sees that DG Trade agreements and policies for greater competitiveness of the EU companies should not be valid in developing countries where the Health systems need to be protected and supported.

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?

Governance on health is essential for the Health system to work. Only a democratic system, able to monitor Health expenditure (as happens in Zambia, where health expending is
monitored by civil society and mainly the Churches) and with mechanisms to monitor the expenditure will be able to be at the service of the public, and specially of the most vulnerable. Stability and Security are essential for the Health systems to work in an efficient way.

The WHO program on anti-corruption in Health could be a useful model to develop a Good governance in Health systems.

**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?

In Africa the global crisis is already having a heavy burden on health. As companies close down and unemployment grows, poverty increases and patients have less means to access health services, as these have to be paid in most countries, and in the few countries where health services are free, patients have still to pay for medicines or transport, what makes it impossible for them access health services.

At national level, two factors play a main role: the decrease on exports implies also a decrease on government revenues, so the cuts are done mainly in social services (health and education). Another aspect that impacts health at national level is the decrease on development aid from many EU countries. This also affects the budget, and health services are the losers.

To mitigate these effects different measures can be taken:

- Encourage EU member states to increase the development aid to the African countries, to help them alleviate the effects of the different crisis.
- Destine a part of the “rescue packages” to African countries to address their social needs (among them health)
- To consider health as a Human Right and a “Common good” and as such Health services can not be guided by purely economic ethics, and should be taken out of the “market logic”.

**Question 13:** What should be the role of civil society in the health sector, at national and local levels?

In Africa Civil society or at least a representation of Health workers and patients should participate in the dressing of strategies and health policies at national, regional and local level. They should also participate in the monitoring of the expenditure and the implementation of health policies.

**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?

To form those Health professionals African countries have made and effort and spent their money in their formation. It would be only just that the countries who receive “professionals” already formed contribute to the country of origin of the health worker giving an added aid as “refund” for the benefit received.
Another measure could be to organize an exchange of health professionals from the receiving country (EU country) sent for a time to a concrete health program paid by the receiving country that would benefit the country of origin of the health worker that has migrated to the EU. A measure accompanying this one could be a program where the African health professional after a number of years offering his/her services to an EU country, would return to his/her country of origin for a certain number of years paid by the EU country where he has given his services.

**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?

What is the meaning of “management” of intellectual property? If it is to strengthen the intellectual property, and to have the Western concept I do not think it would be valid for Africa.

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