France's Contribution: the European Union role in global health

**Question 1:** In your opinion, does the concept of ‘global health’ cover the most relevant aspects of health on a worldwide scale? If not, which other essential factors would you suggest?

**Question 2:** Are the effects of globalization on health, on the spread of diseases (whether communicable or not) and on equitable access to health care sufficiently described?

**Questions 1 and 2:** Based on the information at its disposal, France believes that there is as yet no consensus on the definition of global health. While some link the concept to the consequences of the phenomenon of globalization, France supports the notion that global health should encompass a broader approach to people's health. In particular, it should cover areas such as infectious and communicable diseases, non-communicable diseases and mental health, neglected diseases, and include principles and action which are essential to improving health in all countries, in particular developing countries, such as prevention, education, treatment of all illnesses, universal access to services, health insurance coverage, good quality care, a tailored approach to each country, preparing for and responding to epidemics, monitoring, etc.

France believes that the proposed issues paper does not sufficiently emphasize these essential principles. Therefore, in addition to responding to the challenges of globalization, France would like to see increased development of the principles and means necessary to universally address health priorities in developing countries.

**Question 3:** Do you believe that the health-related MDGs provide a sufficient framework for a global health approach, and if not, what alternatives should be considered?

**Question 3:** The MDGs offer a relatively global approach to health in developing countries. However, based on current definitions, certain aspects are not sufficiently dealt with in the MDGs, such as mental health, equity when meeting objectives, prevention, and epidemiological transition. Furthermore, the MDGs set objectives but do not include a national or global implementation strategy to meet them. They are a good starting point but cannot be considered sufficient to improve world health.

In addition, France would like to recall that achieving the MDG health objectives cannot be dissociated from achieving the other MDGs. Recent research on the determinants of health shows how vital it is to target action outside of the field of health in order to have maximum impact on people’s health.
Question 4: In your opinion, what are the main strengths and weaknesses of the current EU policy on health and development cooperation, and which aspects should be given greater attention in order to face the challenges ahead?

Question 4: One of the main strengths of EU policy on health cooperation is its ability to mobilize significant financial resources for development. We must remember that the EU is the world’s largest financial contributor to development, and is a key player in helping to implement health policies in developing countries.

Moreover, France recognizes that the EU has a selection of health financing systems for the social protection of citizens. This is an asset which should be put to use in international cooperation policies.

Furthermore, the shared common values of solidarity, universal access, quality of services, etc., form the cornerstone of a common policy on international healthcare.

However, despite its undeniable strengths, the EU’s action may have lacked foresight both internally and on the ground as regards defining intervention priorities, earmarking health-related budgetary aid, the validation processes, and feedback on experiences.

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 5: Aside from human resources, France believes that other thematic issues will warrant closer attention in the years to come:
- sexual and reproductive health, including family planning
- health financing with a view to better health insurance coverage
- medicine supply and distribution policy
- strengthening of systems to gather and manage health information (in developing countries)
- implementation of a policy for neglected diseases
- development of operational research
- consideration of epidemiological transition and the increase in non-communicable diseases.

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 6: France expresses its regret that too small a part of the EDF budget is invested in health (around 3%). It would like the EDF to move closer to the average ODA health spending in OECD countries, which lies at about 11%.

Innovative financing mechanisms should indeed help supplement the financing of global health. France would particularly welcome a share of the potential income raised from taxes on financial transactions being allocated to the health sector.

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 7:** France would like to recall that success has been achieved in global health due to multinational and bilateral financing. While the aid is diverse in its instruments and mechanisms, the fact remains that progress has been made on both a global and national level, e.g. the treatment of HIV/AIDS through innovative mechanisms, the near-eradication of polio, and the reduction of maternal mortality in certain Asian countries. However, France recognizes that improved coordination between and within multilateral, bilateral and private actors would improve the effectiveness of health aid. The application of the alignment and harmonization principles from the Paris Declaration as well as the new IHP+ framework represent positive advances towards this goal.

**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 health systems in developing countries?

**Questions 8 and 9:** In France’s opinion, there is no great contradiction between a country’s health priorities and its health system: it is necessary to integrate vertical health programmes into a global approach for health systems. Working on health systems does not mean abandoning priority interventions. Support for health systems must form the general framework for national intervention, which must in turn address priorities identified based on the epidemiological landscape. The two therefore go hand in hand. It is not conceivable that France would finance priorities without their necessary intervention framework (the system), nor, conversely, finance a health system which is out of step with national health priorities.

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

**Question 10:** To increase the level and enhance the effectiveness of health aid from the EU, France believes that specific health financing should be earmarked within the budgetary support allocated to developing countries.

**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 11:** France stresses the importance of recognizing ‘the right of everyone to the enjoyment of the highest attainable standard of physical and mental health’. [Reference: General Comment N°14 (2000) on the right to the highest attainable standard of health (art.12 of the International Covenant on Economic, Social and Cultural Rights), adopted by the Committee on Economic, Social and Cultural Rights at its twenty-second session in May 2000].

We believe that the key to the successful operation of this principle lies in supporting services and health systems in developing countries, defining health policies based on each country’s national priorities, securing the participation of communities and civil society when implementing...
interventions, and defining and applying health insurance protection mechanisms which allow universal access to services.

**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 12:** France recognizes the impact of the global crisis on people’s health, in particular due to the deterioration of the social and environmental determinants of health (increased pressure on resources, higher food prices, environment-related problems, growing urbanization, lack of job security, greater social inequalities, etc.). To help mitigate the effects of this crisis, France considers that efforts must be made to encourage and strengthen:

- mechanisms for redistribution, solidarity and social protection (in particular those linked to health insurance coverage)
- the consideration and inclusion of the health of populations when defining public policies (in particular on climate change and food safety) and cross-sectoral mobilization aimed at ‘health policy in all policies’
- innovative financing mechanisms dedicated to health and the fight against poverty.

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

**Question 13:** Based on its experience in numerous developing countries, France reaffirms that civil society must continue to play a major role in all matters concerning health. Civil society’s role has proved to be crucial in defining national strategies, implementing action programmes, mobilizing communities, prevention/ awareness, retrieving field-level information, etc. France will continue to ensure that operators from European civil society and developing countries are, in their own right, seen as key actors in development.

**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?

**Question 14:** France pays particular attention to the issue of human resources for health and would like the EU to encourage the application of the human resources code in the countries concerned. Furthermore, it would like the action programme adopted in 2006 to be implemented. Finally, it believes that funding for programmes to strengthen ‘human resources for health’ should be considered as part of the financial support provided to developing countries.

In addition, it is important to support the WHO as it draws up its ‘Code of Practice on the International Recruitment of Health Personnel’. However, good recruitment practices are just one aspect of the overall response needed to address the global crisis that is the critical shortage of health workers. Without hindering freedom of movement, conditions should be created so that local personnel can be retained and more evenly spread out within countries. From this comes the need, for both developed and developing countries, to implement efficient management techniques for health personnel to meet their own healthcare needs.

**Question 15:** What role do you see for new technologies (including telemedicine) in enabling developing countries to provide better access
to care even in remote areas and to allow better sharing of knowledge and expertise between health workers, and how can the EU support this?

**Question 15:** France believes that the transfer to new technologies in the health sector must be carried out in line with the requests from the countries concerned. If the transfer of complex technology is possible and can have real added value in the country, it must be accompanied by capacity building which would permit the optimum use of the new tools. France also considers it important to make sure that countries have the basic technical capacities to run their health systems, such as means of communication (radio, telephone, internet) between health facilities, and the ability to transfer health information to central level (same means), etc.

**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 16:** Just as with the issue of human resources, France believes that the policy of supplying and distributing medicines is fundamental to the effective operation of health services in developing countries. In France’s opinion, it is important to consider this policy in its fullest sense (buying, stockpiling, distribution, proprietary rights, quality and control, issuance, rational use, drug monitoring). It is this global issue which France would like to see at the centre of the international health agenda in 2010.

With regard to intellectual property, France, along with other EU Member States, is actively working on this aspect within the WHO. It believes that it may be necessary for European countries to adopt a common position in order to complete the work.

**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?

**Questions 17, 18 and 19:** With regard to research, we believe that it is important to strengthen the existing European research group. In addition, research in countries in the South should receive more support, for example through accompanying programmes. This should be done in collaboration with The WHO Global Strategy and Plan of Action for Public Health, Innovation and Intellectual Property, which was adopted by the World Health Assembly in May 2009. The global strategy for public health, innovation and intellectual property aims to promote fresh ideas on innovation and access to medicines, and to define a medium-term framework to build a solid and sustainable foundation for essential health-related research and development focusing on illnesses which disproportionately affect developing countries.

**Question 20:** What kinds of global public goods for health should be given priority and how should they be financed and managed?

**Question 20:** As regards global public goods for health, France believes that developing an active policy of prevention and immunization, in particular for yellow fever, meningitis, cholera and rotavirus, is a priority. The development
of new vaccines and their use in the relevant countries must be accompanied by programmes to improve access to clean water and sanitation.

**Question 21: What do you think are the priority areas for coherence on global health policies, and how should they be addressed?**

**Question 21:** Better coherence results in stronger action on ‘horizontal issues’, in particular on strengthening health systems, environmental impact on health, and greater consideration of health in public policies. The key sectors to be focused on are primary care, maternal and child health, prevention, and health insurance coverage. Finally, a consensus definition of global health is essential in order to agree on dedicated common objectives, strategies, and financial and technical resources. It is thus essential in order to improve the coherence and worldwide governance of health issues.

**Question 22: How could the legitimacy and efficiency of the present global health governance be improved and what role should the EU play in this?**

**Question 22:** We support the idea that the WHO, in its position as a world authority for guidance and coordination in the health sector, should be accompanied in its work by international efforts, as is written in its constitution. At a time when different international authorities are beginning to discuss health systems, it is vital that the WHO, in coordination with other multilateral, bilateral and private actors, but also with representatives from developing countries, bring structure to the discussion and provide concrete answers to the questions raised.

**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 23:** The WHO has already begun work on defining the health basket at different levels of the health pyramid. Today, there are standards in this area which are applied and adjusted in the countries involved. France therefore believes that this is a sufficient basis for work which, if applied, should allow access to all essential services.

**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?**

**Questions 24 and 25:** France believes that universal access to services should be the guiding principle when introducing a policy of social protection in the health sector. In our view, health financing aimed at the financial protection of citizens should rest on three pillars:

- a public contribution to health expenses of 15% (cf. the Abuja Declaration)
- coverage of illness-related financial risk for users by implementing mechanisms tailored to each situation and people’s abilities
- a policy of zero healthcare costs for the most vulnerable people

Furthermore, for the social protection systems to succeed, it is essential that these mechanisms are understood and fully embraced by national communities.
In addition, we feel that the health financing system (in the form of a pooling system) should be implemented based on each country's individual situation (tax area, tax policy, external financing, innovative mechanisms, etc.).

**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 26:** As was noted earlier, we believe that civil society must play a dynamic role in the health sector. Indeed, by representing the citizens of a country, vulnerable populations or neglected issues, these actors are a significant force for bringing about change in health policies and practices. Nevertheless, we believe that in certain cases (such as for certain Foundations), there could indeed be a conflict of interest as this type of actor helps define health policies and trends in a country, while also financing them.

**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?

**Questions 27 and 28:** We believe that the EU’s main added value lies in the richness of its health financing models developed for the social protection of its citizens. These systems, which are mainly based on the values of solidarity and universal access, are an important asset to the EU, and we believe that they can be a source of inspiration for developing countries to improve the health of their citizens and their social protection.