NOBEL FORUM SEMINAR:
THE EUROPEAN UNION
AS A GLOBAL HEALTH ACTOR

EVENT REPORT
4 December 2009
Stockholm, Sweden
The seminar brought together 80 participants from the European Union and abroad to raise questions and express opinions on global health and the added value the EU can bring as a more coherent actor within this field. The European Commission issues paper ‘The EU Role in Global Health’ was used as a basis for the discussions. Antimicrobial resistance and the impact of climate change on health were presented as two examples where the EU had taken the lead. Participants included heads of international affairs from EU member state health ministries, their counterparts at foreign affairs ministries as well as from development agencies. Also present were directors of European national institutes of health, and chairs of national parliamentary committees for health and foreign affairs. The meeting was also attended by experts from civil society including think tanks, non-governmental organizations (NGOs) and universities, and included extensive participation by the Karolinska Institutet Research Network for Public and International Health (KI-PIH). (See annexed event programme.)

The views expressed in this publication do not necessarily reflect those of the organizers.
Preface from the Swedish Presidency

On 4 December, I had the honour to welcome decision-makers from Ministries of Health and Foreign Affairs, researchers, EU institutions, National Institutes of Public Health and civil society from across Europe, to a conference at the Nobel Forum in Stockholm on the role of the EU in global health.

The European Union is an influential actor in global politics. Together, the Member States are in a position to make a change for better health globally. With health systems built on principles of universality, equity and fairness, the EU can add value to strengthening health systems as a way to improve health globally.

Global Health is an integral part of sustainable social and economic development. The economic recession, poverty, migration and climate change all have implications for health and vice versa. Health is an issue with truly global dimensions. The range of topics addressed at the conference reflect the variety of interpretations of global health and its many complex dimensions. I would like to underline a few.

First of all, health is an outcome of all policies, not only of those pertaining to the health sector. Every sector is a health sector. When we see growing disparities in people’s health expectancy we know this is often linked to differences in people’s daily living conditions.

From this follows that health must be addressed from a broad perspective, ie targeting the factors that are proven to affect people’s health. Such actions, especially efforts to improve women’s health and tackling gender inequality, require strong political commitment at the highest levels.

Also, importantly, global health is not restricted to health in development policies, but encapsulates health implications of foreign policy, economic and trade policy and environmental policy. This broad and ambitious approach requires policy coherence – within states as well as within the EU and multilateral organisations. Furthermore, research plays an indispensable role in stressing the links between health and economic and social development. It helps us, as policy makers, to understand the complex interactions between the determinants of health and global policies and to design appropriate solutions. Finally, our common efforts to promote health and prevent disease globally must to a greater extent reflect the global burden of disease. We need to recognize the double burden of disease that low- and middle-income countries face, caused by increasing chronic and non-communicable conditions as well as communicable diseases.

I hope that you as a reader of this report will be inspired by the experiences and opinions shared at the conference.

Maria Larsson
Minister for Elderly Care and Public Health

Stockholm, 15 December 2009
On 4 December 2009, representatives from European Union member states, the European Commission, European NGOs, think tanks and academic centres of excellence in public health and international relations gathered at the Nobel Forum of the Karolinska Institutet in Stockholm, Sweden, for the Nobel Forum Seminar, ‘The European Union as a global health actor’. The forum was organized by the Swedish presidency of the EU, the Karolinska Institutet and by Global Health Europe.

The seminar came at a crucial moment for European engagement in global health as the EU prepares for the implementation of the Lisbon Treaty and considers the issues paper produced by the Commission, *The EU role in global health*. This sets the scene for the EU to play a leading role in advancing the global health agenda.

The European Union provides a structure for the governance of common concerns that require joint action beyond the scope of member states and, as such, is a vital link between national and global governance for health. Europe is already a major influence on global health. It represents the world’s largest trading bloc and, taken together, its countries provide more than half of all development assistance. Its health and social systems share values of equity, solidarity and access to good-quality care. It has many centres of excellence in training and research for health with extensive international networks. It is home to global corporations whose impact on health is felt worldwide, as well as of global civil society movements concerned with this same issue. Now, a central challenge is how to apply common principles and values in a coherent manner across all fields of EU policy across member states.

The objectives of the meeting were to examine how the EU can identify and enhance the added value of its role in global governance and strengthen the consistency and coherence of its global health policies. Representatives of the Commission and the Spanish EU presidency presented the major thrusts of the issues paper and set out the timescale for the adoption of a policy paper by June 2010. The meeting provided direct feedback to the Commission’s consultation, examined the EU’s current role in global health and sought to determine the potential for EU added value in this field.

» The UN General Assembly, the World Health Assembly, ECOSOC, the Human Rights Council – the EU is very active at the international level, but not always seen as being active, or as effective as we should or could be. Actors who have a global health strategy across government show us what, at the EU level, we are sometimes missing: consistency of action, across the board, consistency of messaging. «

Canice Nolan
Team leader – Senior Coordinator for Global Health, European Commission Directorate-General for Health and Consumers
Discussions confirmed the need for a European global health policy based on shared values, joint priorities and partnerships. The recurrent theme of the day was the need to reframe policies and thinking for the multipolar world of the 21st century. The challenges facing global health as a new and frequently misinterpreted policy field were set out. It was felt that there is a persistent tendency to fall back on more familiar paradigms of development assistance and international public health rather than to adopt a new world view based on global responsibilities, interdependence and partnership.

The meeting confirmed that the EU has an important role to play in promoting coherence and consistency in meeting global health challenges, and in supporting EU member states in implementing across-government responses.

Key messages to the Commission were to:
- broaden the scope of global health policy
- look beyond official development assistance (ODA) and specific Millennium Development Goal (MDG) health targets
- examine the underlying determinants of health and poverty
- look beyond Africa to the Arab world, BRIC countries (Brazil, Russia, India and China) and other areas that impact upon global health, including health in Europe

Similarly, research supported by the EU should extend beyond the biomedical and technical arenas to support public health through a focus on global research capacity for health systems development, and to strengthen research in the social sciences for a better understanding of the interconnections between health and other policies, as well as the social and political determinants of health. The meeting concluded that an important first step in developing a European policy for global health was to support networks and build partnerships across Europe and globally – in the public and private sectors as well as across civil society. This will build capacity and improve coherence, understanding and engagement with global health at national, European and international level.

» The global is not out there, it’s really here; and the global is not them, it’s all of us. Many actors at the national level need to understand, much better, what these things – global and global health – mean. «

Ilona Kickbusch
Director, Global Health Programme, Graduate Institute of International and Development Studies, Geneva; Chairwoman, Global Health Europe Task Force
European Commission Issue Paper: The EU Role in Global Health

The Commission’s directorates-general for international development (DG DEV), research (DG RTD) and public health (DG SANCO) began setting out ideas for a framework policy on global health in an issues paper entitled The EU role in global health, published in October 2009. An issues paper is an instrument that the Commission uses to stimulate external stakeholder dialogue and gather information. It lays out a summary of what the Commission views as the rationale for new policy and the main objectives of such a policy. The issues paper on the EU’s role in global health proposes that a communication be adopted by the Council of the European Union during the Spanish presidency in the first half of 2010.

“The EU needs to act in coordination with the rest of the world in order to generate greater coherence and impact on a global scale. EU Member States are gradually recognising the need for a strategic course, policy coherence and common values on global health. A stronger EU commitment would guarantee multifaceted support for multilateral organisations and for countries receiving development assistance. The European Commission has a key role to play in this process.” (European Commission Issues Paper: The EU Role in Global Health)

Issuing a communication involves several stages of drafting and consultation. The Nobel Forum Seminar is to be seen as part of the open discussion process of consultation.

The issues paper is intentionally wide in scope and in ambition. The Commission has identified three main areas and bundled subtopics into each main area:

- limited access to basic healthcare services and slow progress towards health Millennium Development Goals – health system financing; social protection; and increasing coordination, predictability, effectiveness and overall levels of health ODA

- inadequate response to the challenges that globalization poses to health – migration of health workers; access to medicines; response

- The objectives of the proposed Communication are: to set out the present global situation and regarding global health; to examine the present EU role; to determine the EU’s potential for enhancing its added value on the global scene; and to promote the European social model for global health and the principles of working in partnership. The Communication should also identify guiding principles, priority areas for action and coordinating mechanisms for an enhanced cross-sectoral and collective EU vision, voice and action. «
to and preparedness for epidemics; antimicrobial resistance; coherence of internal and external EU policies; coordination of member state global health activities; multilateralism; strategic alliances with global health partners; enhancing the EU’s role in shaping global health agendas and contributing to global policy frameworks.

- low level and equity of investment in global health research – translating medical research into effective policies and action in low-income countries; building research capacity in low-income countries; prioritizing provision of global public goods for health; creating a common framework for health systems research; reorientation of investments from basic research to implementation and delivery sciences.

The issues paper was presented at the Nobel Forum Seminar by Canice Nolan, the team leader from DG SANCO. His counterpart at DG RTD, Kevin McCarthy, also attended the meeting. A round-table discussion was organized to respond to the Commission’s presentation from the perspectives of development, security, public health, foreign policy, research and capacity-building. Throughout the forum, speakers and participants provided input to the Commission on improving the paper.
A key message introduced during the opening session and resonating throughout the day was the need to reshape the understanding of the international system in the 21st century. The world today is multipolar, with states coming together not only through the UN System but within regions – as in the case of the EU – or to develop shared positions – as in the case of the BRIC countries and the G-8/G-20 meetings. The World Health Organization (WHO) has – in line with its constitution – the mandate to act as the directing and coordinating authority on international health work and to establish international treaties with respect to health. But a range of other legally binding agreements between states, such as those established through the World Trade Organization (WTO), also impact on health. Moreover, it is not just states that shape global health policy: global public–private partnerships, global corporations, global civil society movements and international academic and professional networks also form policies for global health.

The world is both more closely linked and more fragmented. The old categories of North and South – developed and developing – are no longer applicable when international indicators of development show that inequalities within countries and within regions can be just as great as they are between them. Increasingly, references are made to middle-income countries and emerging economies, but there is also extreme diversity within this category. Each country has a unique trajectory for population health, education and income and it is clear that aid by itself has a limited impact on this progress. As the EU considers its role in global health, it needs to do so on the basis of a new understanding of this rapidly changing world.

As global linkages increase many challenges take on cross-border dimensions, which require collective action between several states and, at times, between all states. Yet, despite this, most capacities and infrastructures remain at the national level, while resources for international institutions remain inadequate. Furthermore, health determinants and health services are increasingly shaped by the public and private sectors, and civil society. Global health strategies, whether at national or regional level, need to consider these changes and weigh up the reasons why governance structures and mind-sets have been slow to adapt. Moreover, any steps aimed at improving policy coherence will need mechanisms that engage the private and civil society sectors.

» We need a taxonomy change; we need to stop thinking of the world as two groups of countries. Brazil today is closer to Sweden than Uganda. Child mortality in Brazil has fallen by 6.3 per cent per year over the last 16 years. In Sweden, child mortality fell by 3.3 per cent per year over the last 100 years. Brazil is progressing twice as fast at present than Sweden ever did. «

Hans Rosling
Professor of international health, Karolinska Institutet
Health is increasingly recognized as a critical policy issue. It is seen as central to poverty reduction and as a major component of sustainable development. Viruses know no borders and health is integral to the security of states – but can only be maintained through responsible and collective action. Increasingly, health is recognized as a foreign policy issue; indeed, a recent UN General Assembly resolution called for a health lens to be applied to foreign policy. The World Health Organization has been strengthening its role in global health governance through the application of its treaty-making powers, for example, in the case of the International Health Regulations, and the Framework Convention on Tobacco Control. Trade and intellectual property issues are no longer discussed at the WTO alone, but are also being negotiated in the WHO intergovernmental working group (IGWG) process. New global health organizations are emerging, the funding available for health initiatives around the world has increased significantly, and health is one of the largest global markets. As the EU also begins institutional reforms under the Lisbon Treaty and sets out to define its role in global health it is important to take these changes into account. The EU can already build on experience in global health governance though the application of its treaty-making powers, for example, in the case of the WHO Framework Convention on Tobacco Control and the International Health Regulations, and as a partner in a wide range of global health initiatives and development programmes.
Global health: searching for a coherent understanding

While definitions of global health vary, most agree that it concerns issues that transcend national boundaries—and even generations—and addresses the determinants of health.

Discussions at the Nobel Forum Seminar revealed a difference of emphasis between three main interpretations of global health. The first focuses primarily on public health interventions for impoverished populations and the need to address the dire health inequalities between countries. In this case, the primary goal of global health is to achieve the health-related Millennium Development Goals. This interpretation regards global health as an aspect of international public health and its most basic aim is to save the lives of the world’s most destitute by improving access to medicines and healthcare through development aid.

A second interpretation of global health gives more emphasis to threats to the health of people in all countries, including those in Europe. Many of these threats are seen as arising from impoverished countries, and calls for global surveillance, not only of infectious diseases, but also of those who would intentionally damage health in other countries.

The third interpretation focuses on the forces of globalization, seeing the harm caused by unfair trade and the spread of unhealthy lifestyles as major threats to health, linked to issues such as climate change, population growth and water and food security. Actions to address globalization include

Recurring discussions on the definition of global health: for me, it’s a non-issue. What is an issue is that there are very different countries and we make a great mistake in regarding global health as about donors and recipients. Two-thirds of humanity lives in emerging economies where the main redistribution is within country and not between countries. But much of our thinking goes between North and South, as it was 40 years ago; but the world is no longer like this. «

Gaudenz Silberschmidt
Head of the International Affairs Division of the Swiss Federal Office of Public Health

Global health refers to those health issues that transcend national boundaries and governments and call for actions to influence the global forces that determine the health of people. It requires new forms governance at national and international level, which seek to include a wide range of actors. «

Ilona Kickbusch
Director, Global Health Programme, Graduate Institute of International and Development Studies, Geneva; Chairwoman, Global Health Europe Task Force
global agreements on trade and investment and many other issues including the protection of global public goods for health, such as antimicrobial agents.

EU policy for global health must balance these perspectives. Thus, for example, it was pointed out that, although action to protect against antimicrobial resistance was vital to protect the health of people in Europe and around the world, this also brings a moral obligation to address the needs of those people whose health and lives are threatened by their lack of access to antimicrobials or other essential medicines. Equally, actions to address climate change must include measures to monitor the spread of diseases and steps to ensure that health systems in the poorest countries and regions are strengthened to enable them to deal with the health impact of climate-driven events and conditions.
Innovating for global health: the potential for EU added value

In a keynote speech from Dr Carlos M. Morel, Director of the Centre for Technological Development for Health, Oswaldo Cruz Foundation (FIOCRUZ), Brazil, the challenges to global health were clearly laid out as **failures of science, failures of markets and failures of governance** – all of which lead to failures in public health. After analysing the current situation, he went on to set challenges to the EU as it develops its global health strategy.

**Failures of science** refer to a gap in knowledge due to a lack of research. Examples include the failure to develop vaccines for diseases affecting the poorest populations and the failure to develop new antimicrobial agents to counter the growing spread of resistant diseases. The modes of innovation that can address these types of failure are those that create incentives for new basic and applied research for new or improved products. These involve strategies for research and development (R&D) such as product development partnerships and public–private partnerships.

**Failures of markets** refer to fields where high costs prevent access to existing interventions or the development and production of cheaper ones. Examples of this are anti-retrovirals and new tuberculosis drugs. What is needed to overcome these failures are new funding strategies and cheaper production and delivery processes. Innovation modalities, in this case, include R&D into new methods and processes for the production of drugs, new funding policies that include both push and pull incentives for private sector actors, as well as new budgeting policies that increase public sector health budgets through taxation and financial transfer, and reduce health expenses through negotiations between governments and private companies or, if necessary, through compulsory licensing.

**Failures of governance** are the result of a lack of good governance or sound priorities and the inability to overcome corruption, crisis and war, and cultural or religious obstacles to public health. Examples include the failure to end polio – for which the cost of a vaccine is practically free – due to poorly addressed religious and cultural factors. Leprosy also provides an example of failure caused by wrong policies or a lack of priority. The same is true of a lack of action on non-communicable disease, such as obesity or tobacco-related harm, which may also be attributed to lobbying by multinational companies. Overcoming these failures requires education, the mobilization of civil society and a human rights approach to health, with interventions at local, national and global level. For example, educational television campaigns, national vaccination days and the WHO Framework Convention on Tobacco Control.

Dr Morel made it clear that all countries, from the poorest to the richest, have a role to play in addressing these failures. The networks for innovation that have been forming between countries, between regions, and between civil society, academia, the public and the private sector, to address these failures provide the most promising examples of global responses to global challenges. The development of such global networks is also reflected in the way researchers work together. Whereas research used to be about the individual researcher working alone or in a small research team, today, papers are publis-
hed with over 100 (genome project) or even 1,000 (CERN accelerator) contributing authors. Today, progress comes through global networked collaboration.

Dr Morel emphasized that the failures described above and their potential solutions are by no means new. Programmes to address them are under way, but gaps in their implementation have appeared. The EU has the potential to fill these gaps and to act as a counterbalancing force in global health – engaging in partnerships and leading better global governance. Three specific areas where the EU can add value include fostering multi-level capacity-building, equity and coherence.

Dr Morel also noted that capacity-building is needed, not only at the individual level, such as training individuals, but at the institutional level and in macro environments such as health systems and action to support civil society. Thinking centred on systems, the social and political determinants of health, and global perspectives on challenges and opportunities need to be brought to these different levels. Capacity-building for civil society is particularly important and, while it is acknowledged that civil society in Europe has been actively engaged by the Commission in the work on the issues paper, the paper itself does not adequately set out how the EU could engage and support civil society globally.

Equity is an area of potential EU added value and Dr Morel called on the EU to ensure that the focus on equity in global product development partnerships (PDPs) is restored and maintained. When PDPs were first created, they were understood as public–private partnerships; but now, with increased funding available from private donors, most PDPs have become private–private partnerships. These private–private partnerships now have a prominent role in governance and it sometimes appears that capacity-building is no longer their major goal. Dr Morel recommended that the EU should intervene in such cases to actively safeguard equity as a goal and central concern of PDPs in order to prevent the global health agenda being driven by the interests of pharmaceutical companies instead of by considerations of equity.

Coherence, especially in intellectual property (IP) and trade policies, is another area where the EU can bring added value. International agreements have been negotiated to allow for more equitable access to drugs but, in reality, there are still problems. Dr Morel highlighted that some countries are pressured into bilateral agreements that see them opt out of their right to protection from IP policies. He further claimed that EU member states, in the recent past, have confiscated shipments of generic drugs passing through their ports on the grounds that the drugs were suboptimal or counterfeit. Dr Morel used these examples to illustrate the need for a more coherent implementation of international agreements across the EU.

By working with emerging economies and existing networks for global health innovation the EU can add value by focusing its actions and policies on building capacities in knowledge, resources and governance, while standing for equity and coherence.
Areas for European leadership in global health

The presentations by Professor Otto Cars of Uppsala University and Dr Elisabet Lindgren of the Karolinska Institutet on antibiotic resistance and climate change provided two examples that highlight an approach to global health issues based on global interdependence, responsibility and opportunity. Both topics are priorities of the Swedish EU presidency and exemplify the global health strategies of a new era where the EU is already leading. They reflect a need for cooperation between countries and call for both rapid responses and long-term strategies.

Antibiotic resistance could be considered a global challenge brought on by the negligent use of antibiotics in many advanced economies, which took the long-term effectiveness of antibiotic medicines for granted to the point that the potential for resistance was ignored and R&D for new generations of these drugs has been stagnant. Over recent years, the problem has been greatly exacerbated by a rapid increase in the misuse of antibiotics in emerging and middle-income economies where controls on the use of antibiotics have been weak. The lowest income economies and collapsed states generally bear the brunt of the problem, having contributed little to its creation. In such countries, the problem remains antibiotic deficiency as well as resistance, coupled with high vulnerability to bacterial infections and lack of functioning health systems and other social services.

Changes in the Earth’s life support systems caused by climate change have direct consequences for human health as well as huge costs. But lifestyle and consumption changes undertaken to respond to climate change also present opportunities for global health. When policymakers are faced with a range of options for adaptation and mitigation policies, the long- and short-term health benefits related to the policies should be factored into their decisions. For example, choosing to invest in cleaner fuels and energy production can lead to a reduction in morbidity related to outdoor and indoor air pollution. Strengthening health systems also needs to be on the agenda when policymakers discuss adaptation policies to reduce population vulnerabilities to new and more frequent extreme weather events. There is already a range of evidence from which projections on the health impacts of climate change can be made – but more research is urgently needed. There is a near void of data available on climate change in Africa.
Both antibiotic resistance and climate change exemplify the destabilization of the basic pillars on which modern medicine and society are based. They provide examples of truly global challenges, the solutions for which will require cooperation within countries and regions between different levels of government and sectors, as well as globally, across the divides of economic development. The European Union offers the most successful model that the world has of new multi-tiered governance, which combines national sovereignty with collective security and solidarity, striking a balance between respecting national diversity and the need for policy coherence. Leading by example, the EU can demonstrate the benefits of collective action based on common values and respect for human rights. EU responses to antibiotic resistance and climate change highlight the range of responsibilities and impacts for states across sectors and all along the continuum of global health, from humanitarian assistance to trade, and from effective regulation to creating incentives for research and development. But these challenges also highlight potential global opportunities.

An EU policy on global health should recognize the areas in which the EU has already begun to take the lead. In November 2009, at the first summit meeting between the US president and the EU president and other leaders since the ratification of the Lisbon Treaty, it was agreed that the EU and USA would work together on a programme to address the threat of antibiotic resistance. This effort, championed by Sweden, has drastically increased the visibility of this issue and positioned it on the international agenda. Similarly, in March 2010, the European Centre for Disease Prevention and Control will publish a handbook on national assessments for adaptation to climate change. The EU is recognized globally for its leadership in climate negotiations, policies on the reduction of greenhouse gases, and markets for carbon trading.

In the days following the seminar, EU leaders met in Brussels to agree to contribute substantial sums towards a fund that will help low-income countries adapt to and mitigate the impact of climate change. These measures will include the strengthening of health systems.
Shaping the role of the EU in global health

Participants welcomed the Commission’s issues paper on the EU’s role in global health and applauded the efforts that had gone into it. They welcomed the fact that the EU is strengthening its role in global health, in particular, if this balanced between the areas of equity, coherence, building partnerships and better governance; such an approach would reflect the interdisciplinary understanding of global health proposed at the forum. The following section reviews the key recommendation put forward through round-table and panel discussions, including question and answer sessions with all participants.

European values and commitment to equity

- Participants supported the Commission’s efforts to identify common principles for global health policy and action such as subsidiarity and local ownership, equitable and universal access to good-quality healthcare, solidarity, and coherence. Other principles that should be considered include supporting a human rights based approach to health, as well as addressing transparency, corruption and the rule of law as principles of EU action.

- The EU should support strong public systems and structures for public health based on European values and experiences with diverse types of health systems.

- The EU should address market failures impacting global health by counterbalancing private interests in public–private partnerships to ensure that equity remains a central concern of such initiatives.

- In responding to the challenges of globalization, the EU should base its approach on the report of the Commission on Social Determinants of Health and use its political clout to address the distribution of power and resources that contribute to poor health and the health divide.

- Civil society has an essential role to play in supporting the EU’s commitment to equity.

» It is important to use European values to build strong and effective public systems. If we are talking about public–private collaborations, we need to also emphasize the role of strong and effective public systems that are accessible and can fulfil the delivery-side needs of such collaborations and safeguard the health of populations in the long term, after many of these typically short-term collaborations have ended. «

Sarah Wamala
Director General, Swedish National Institute of Public Health

» As for the European values, they are not bad values. The question is do the other people also have values? Are there other values that need to be kept in the picture as you emphasize your European values? «

Nelson Sewankambo
Principal of the College of Health Sciences, Makerere University, Uganda
Coherence

- Participants acknowledged that the Commission has already taken the first steps towards achieving better coherence for global health in bringing together three directorates to coordinate on the development of the issues paper and to agree on coherent messaging in the presentation of the issues. The inter-service meetings on global health that began with this initiative on the issues paper need to grow to involve more directorates. In particular, the role of EU foreign policy under the Lisbon Treaty needs to be taken into consideration.

- Discussions concluded that coherence needs to be established across the institutions of the European Union and their pillars of activity. Work needs to be done to promote awareness and understanding of global health, not only within the Commission and its agencies, but within the European Parliament and the EU Council. This awareness must also extend beyond the health and development bodies of the above institutions to encompass policy areas of relevance to the social, economic and political determinants of health.

- Coherence is also needed within member states. EU policy should refer to the models for global health strategies demonstrated in France and the UK, which put in place mechanisms that cut across the policy silos of public bureaucracies. The EU can add value to these existing strategies by supporting member states in their efforts to create and implement such policies.

- The Paris Declaration on Aid Effectiveness and the EU Consensus on Development are two existing frameworks for coherence. The role of the EU in these policies has been to bring together the activities of member states for more coordination, consistency and complementarity in their development cooperation efforts. The Commission needs to review how well these frameworks have been implemented and consider what can be learned from the implementation of these policies as it goes about designing a new framework for coherence in global health.

- Participants also proposed the need to improve coherence in the health messages the EU gives at various international forums and negotiations, in particular, in policy fields not traditionally associated with health, such as trade, migration, labour policy, macroeconomic policy and security. There is also a need for coherence within the field of health itself.
Building partnerships and networks

- Participants highlighted the need for the EU to support and build on existing partnership structures and networks within Europe, and between Europe and other regions. For example, many international and European networks already exist, such as the International Association of National Public Health Institutes, which already includes partners from all over the world. Many universities, such as the Karolinska Institutet, support existing partnerships bridging Europe and other regions. One example of this is the long-standing partnership between the Karolinska Institutet and Makerere University in Uganda.

- To complement what has already been established there is a need to support new partnerships and networks that fill gaps in capacity, knowledge and resources, as well as to build synergies between existing networks. For example, the EU should support the establishment of a European consortium of universities programmes working in global health, which can bring together interdisciplinary centres of excellence, bridging the medical, public health, political and social science communities around the challenges of global health.

- Sustainability needs to be a central concern when new partnerships are created. Participants highlighted that partnerships with civil society organizations, including universities, can have the advantage of not relying on the ebb and flow of public spending alone.

- Furthermore, partnerships between the EU and other regions, and in particular with emerging economies, must move away from the development paradigm of donor–aid recipient relations to new relationships based on equity, mutual respect and shared global responsibility.

» Karolinska Institutet is dedicated to improving people’s health through research and higher education; and that does not mean people’s health in Sweden, it means people’s health all over the world. We think this is very important. We are working in medicine; it is a global community and we have to remember this. «

Harriet Wallberg-Henriksson
President, Karolinska Institutet

» If you look around the world for centres, institutes, strategies and policies for global health you find almost all of them are in northern Europe and North America. So, this new animal called global health looks like a distinctly Northern species, which seems a major impediment to the potential for the work of the EU and other major actors. How can we globalize the ownership of global health? «

Peter Byass
Professor of global health; Director, Umeå Centre for Global Health Research
Capacity-building

- Discussions drew attention to the fact that a majority of biomedical research budgets, globally, are dedicated to developing new technologies and not to health systems research. Although effective and affordable solutions exist to address the major causes of maternal and child mortality, the underlying problem is that health systems in many countries are too fragile to deliver effective interventions and services, and lack capacity for research. Basic evidence on how to strengthen health systems is needed, including improved data on the effectiveness of current initiatives for health system strengthening. This need must be reflected in EU programmes to support health systems research in low- and middle-income countries.

- More research is needed for evidence-based policies for global health that extend beyond biomedical and public health research to other disciplines in the social and political sciences. When identifying gaps in knowledge, consideration should be given along the entire continuum of global health; research into how to effectively implement existing policies and international agreements is also needed so as to better understand the political determinants of health.

- Participants stressed that there is an urgent need to strengthen research capacity in resource-poor settings with context-appropriate strategies, and that this should be reflected in EU research and global health policies.

- There is not yet a critical mass of public knowledge about global health. Ownership needs to be improved at local level. One recommendation is to involve national parliaments and increase knowledge and understanding of global challenges and interdependence. A starting point for this could be increased interaction with the European Parliament. Another point of entry is through support to civil society networks and academia. Interdisciplinary university programmes on global health, and global health capacity-building programmes for the public and private sector, as well as civil society, should be supported in EU policy.

» Very few parliamentarians would know what global health is about. Policy-making still has a sectoral approach and, even when we say things like every minister is a health minister, the other ministers think this means that they now have to be concerned with controlling diseases; they don’t always make the linkages with the social determinants of health. Even when you try to speak in a committee about global health, the questions that follow bring the discussion back to diseases and do not make the connection with issues like climate change, MDGs, etc. To make progress, we need to change these expectations and thinking in the civil service, in the media and even in science; we need a critical mass of new public health intelligence that supports policy for global health. «

Mihaly Kökény
Chair, Health committee, Hungarian parliament
Governance

- Lower-income countries are increasingly interested in speaking to health policy-makers in Europe and learning from their direct experiences rather than simply working with established development agencies. Better mechanisms need to be established to enable them do so and the EU should support such networks of experience exchange between health ministries.

- European Countries should aim to improve the capacity of WHO as the hub for global health governance – worldwide and in Europe. This could include better coherence between the European Union and WHO. The issue of the effectiveness and integrity of WHO’s work is directly linked to how WHO is funded. As major donors, the European countries need to revisit the dominance of earmarked extra-budgetary funds in view of the organization’s role in the new global health environment.

- In the issues paper, discussion of governance refers primarily to governance at international level, but much remains to be done within Europe, where capacities could be more efficiently shared. The example of laboratories at national institutes of health was raised at the conference. Addressing these issues within Europe is a precursor to addressing them at international level.

- The Commission should establish coordination mechanisms beyond the public sector – by investing in existing hubs, mechanisms and processes by which civil society actors in biosciences, development, security, public health and beyond can come together around the pressing questions, around research and policy advocacy to make sure that we are moving ahead.

The EU already is a global health actor. Its active role was demonstrated a few days after the meeting at the Nobel Forum at the 64th session of the UN General Assembly, where the representative of the Swedish presidency spoke on behalf of the EU in support of a resolution on Global Health and Foreign Policy (A/RES/64/108). The time is right to generate a comprehensive and coherent EU policy on global health and to define the EU’s added value in this field. The move towards such a policy, which would strengthen the voice of the EU in global health, was clearly welcomed by the participants represented at the Nobel Forum Seminar.
Programme
Nobel Forum, Stockholm, 4 December 2009

Moderator
ANDERS WIJKMAN | former Swedish and European Parliamentarian, distinguished expert on sustainable development and the international politics of health and climate change

Welcome Addresses
MARIA LARSSON | Minister for Elderly Care and Public Health, Ministry of Health and Social Affairs, Sweden
ILONA KICKBUSCH | Director, Global Health Programme, The Graduate Institute of International and Development Studies, Geneva; Chairwoman Global Health Europe Task Force
– Global Health and Europe, and the rationale for Global Health Europe
HARRIET WALLBERG-HENRIKSSON | President of Karolinska Institutet, Stockholm
– The Role of the Medical University in Global Health

Keynote Speech
CARLOS M. MOREL | Director, Centre for Technological Development for Health, FIOCRUZ, Brazil
– Global Health innovation: What role for emerging and developed economies?

Roundtable Discussion on the European Commission Issue Paper: the EU Role in Global Health,
Presenter from the European Commission
CANICE NOLAN | Team Leader – Senior Coordinator for Global Health, European Commission Directorate General for Health and Consumers Chair
GÖRAN TOMSON | Professor, Karolinska Institutet, International Health Systems Research; Global Health Europe Task Force and Karolinska Institutet Network for Public and International Health Steering Group

Discussants
ANDERS NORDSTRÖM | Director General, Swedish International Development Cooperation Agency (SIDA)
BATES GILL | Director, Stockholm International Peace Research Institute (SIPRI)
SARAH WAMALA | Director General, Swedish National Institute of Public Health
NICK BANATVALA | Deputy Director of International Affairs, Department of Health, UK
VINOD DIWAN | Head of Divison on Global Health, and Chair of Karolinska International Research and Training Committee (KIRT), Karolinska Institutet
NELSON SEWANKAMBO | Principal of the College of Health Sciences, Makerere University, Uganda

Message from the Spanish Presidency
SERGIO GALAN CUENDA | Head of Health Sector, Department for Sectorial and Gender Cooperation Directorate for Sectorial and Multilateral Cooperation, Spanish Agency for International Development Cooperation (AECID)

Research Presentations from
OTTO CARS | Professor of Infectious Diseases, Uppsala University; Chair of Swedish Strategic Programme for the Rational Use of Antimicrobial Agents and Surveillance of Resistance (STRAMA) and Action on Anti-biotic Resistance (ReAct)
– Antibiotic resistance – a faceless threat to global health
ELISABET LINDEGREN | Senior Advisor on Climate Change and Health, Karolinska Institutet
– Europe’s leadership on Climate Change is also an opportunity for leadership on Global Health

Panel Discussion Strengthening Europe’s Role in Global Health: who are the critical actors?
Chair
ILONA KICKBUSCH

Panelists
MARC SPRENGER | Director General, National Institute for Public Health and the Environment, Netherlands
SUSANNE WEBER-MOSDORF | World Health Organisation Assistant Director General and Executive Director of the Partnership Office at the EU
FRAZER GOODWIN | Policy and Advocacy Officer, Action for Global Health/European Public Health Alliance
GAUDENZ SILBERSCHMIDT | Head of the International Affairs Division of the Swiss Federal Office of Public Health
MIHÁLY KÖKÉNY | Chair, Health Committee, The Hungarian Parliament

Closing Remarks on Behalf of the Organisers
MICHAEL SJÖSTRÖM | Chair, Karolinska Institute Research Network for Public and International Health
Acknowledgments

The Nobel Forum Seminar: the European Union as a Global Health Actor was held in partnership between the Swedish Ministry of Health and Social Affairs, The Karolinska Institutet and Global Health Europe.

The organising partner institutions wish to recognize in particular the support of the following individuals for their contributions:

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From top left: Anna Halén, Michael Sjöström, Ilona Kickbusch, Fredrik Lennartsson. From bottom left: David Gleicher, Göran Tomson