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TOWARDS A SYNERGISTIC GLOBAL HEALTH STRATEGY IN THE EU

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Note given the global outbreak of COVID-19

This working paper was written before the outbreak of COVID-19 reached a level of a pandemic. The outbreak as well as the responses of Member States and the EU are likely to have a profound effect on the debate around the EU's role in global health.

Nevertheless, our research and recommendations are rooted in an analysis of long-term developments in the EU which rather gain in relevance with the crisis than losing their validity. Most importantly, the outbreak of COVID-19 emphasises the need for a coordinated European approach to global health across sectors. The need for a synergistic strategy for global health – embracing different policy fields and a large set of actors – has become even more evident in the face of a pandemic: Right now, the attention of policy makers needs to be on health systems and their capacities as well as stabilizing their economies. But how the EU will act in policy fields such as global health diplomacy, development assistance, food safety, and particularly digital/data governance will soon need to be addressed with determination.

22.03.2019, IK/CF

SUMMARY

The 2010 EU Commission Communication and the EU Council Conclusions on the EU's role in global health were a milestone in the EU's commitments to global health. However, neither the strategic guidance through these documents, nor the fact that the EU and its Member States contribute significantly to development assistance for health seem to have systematically translated into determined and sustained political action.

Since the year 2010, the global situation as well as the environment in global health have changed substantially: changing geopolitical realities, the adoption of the Sustainable Development Goals, and the altered global health (financing and actor) landscape are just three major parameters. Moreover, a new political environment in the EU and its Member States has emerged. The new incoming Commission appears to emphasize a geopolitical perspective on external affairs of the EU (from neighbourhood policy to partnerships) that has already been started to some extent by the previous Commission. The likely exit of the United Kingdom from the EU looms as a source of great uncertainty over all those developments.

Against this background, we argue that there is an urgent need to reframe and refocus the EU's role in global health. Rooted firmly in the European values, norms, and its commitment to human rights, the Member States should work towards a "synergistic" strategy for global health that takes into account three major questions: (1) How can EU global health

policy deliver on improving and protecting the health and wellbeing of the people living in the EU through strengthening global health cooperation? (2) Where can global health policy contribute to the strategic goals of the EU and its Member States? (3) How can global health policy support the EU and Member States to fulfil the SDGs and global commitments (both, outside and within the EU)?

In close cooperation with the incoming EU Commission, Member States should answer these questions and – based on new Council Conclusions – adjust institutions and instruments, policy priorities, EU coordination processes, and forge new partnerships in global health.

We argue that such a comprehensive approach will allow the EU to take a global leadership role in global health and contribute to the creation of global goods supporting the values of the Union.

About this document:
This working paper was created as part of a project launched during Finland's Presidency of the Council of the European Union in the second half of 2019. As part of this project an "Informal Expert Group on the EU's role in global health" was created. The Expert Group met for the first time in October 2019 at the Graduate Institute in Geneva. The paper builds on the meeting's findings as well as the authors' research. In this phase of the project, the goal of the paper is to inform a multi-EU-Presidency-process that would prepare a redefinition of the EU's role in global health for the coming years. It develops a reference framework and scope of such a process, rather than stressing individual policy priorities. It is a working document and feedback is highly welcome.

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1 | PAST AND EMERGING ENVIRONMENT FOR GLOBAL HEALTH

Developing a strategic position for the EU's role in global health for the next decade requires acknowledgment of both, the EU's track record in global health over the past two decades as well as the geo-political and health governance environment at the time. In this working paper, we limit ourselves to outlining the broad developments that have been crucial for an understanding of "where we are now" and "where we will go" in the years to come.

1.1. Where we are coming from

Almost 10 years ago, the 2010 Communication and Council Conclusions on the "EU's role in global health",[1,2] laid out – for the first time – a common perspective for an EU global health policy. These decisions followed a phase in global health governance that was described by some as "The Grand Decade for Global Health".[3] In those years, the global health system had seen tremendous changes: First, three out of eight of the Millennium Development Goals (MDGs) were dedicated to health and had elevated the priority of health in a significant way. Second, several Western governments had been expanding their financial contributions to official development assistance (ODA). Third, new and financially very potent actors had emerged – in particular, the Bill and Melinda Gates Foundation that has become the third largest donor to development assistance for health since then. Fourth, new single-issue partnerships were established (e.g. UNAIDS, Gavi, Global Fund). Finally, the

WHO took a stronger role in producing global public goods by strengthening its role as a norm-setter (e.g. total revision of the International Health Regulations, adoption of the Framework Convention of Tobacco Control and the Doha Declaration on TRIPS and Public Health).

Meanwhile, several events in Europe and globally had led to a stronger role of the EU in health policy. In fact, it can be argued that a genuine EU health policy arena emerged only with concerns over the discovery of BSE-contaminated beef[a] in the United Kingdom in 1996.[4] In 1999, under the Prodi Commission, the Directorate-General for Public Health and Consumers (called DG SANCO at the time) was created and four years later the first EU Health Programme was launched. One of the Health Programme's priorities – "to enhance the capability of responding rapidly and in a coordinated fashion to threats to health" – responded directly to another health concern on a global level: health security. While having no substantial impact on health in the EU, the outbreak of Severe Acute Respiratory Syndrome (SARS) in 2002 had made cross-border health threats an important political topic. Over the next years two more epidemics (2005: H5N1 'avian flu', 2009: H1N1 'swine flu) led to a sustained attention for the topic. The European Union reacted to those threats – and a global political momentum towards more health security – with the creation of several new institutions and policies.[5] Most notably, the European Centre for Disease Prevention and Control (ECDC) started in 2005 as an independent EU agency with the aim to strengthen Europe's defence against infectious disease. Other institutional changes included the EU Health Security Committee (HSC), established in 2001, and the European Food Safety Authority (EFSA), established in 2002.

[a] Bovine Spongiform Encephalopathy could if ingested by humans lead to the fatal neurodegenerative variant Creutzfeldt-Jakob Disease.

Figure 1: Stylised timeline of events and policies relevant to global health

Selected Global Events	Year	EU Policy Decisions, Institutions, Strategies	Phases in GH Governance
	1995	European Medicines Agency (EMA)	
Discovery of BSE-contaminated beef	1996		
	1997		
	1998		**Engineering a new global health governance order (1998–2008)**
	1999	DG SANCO (DG SANTE) established	
MDG adoption	2000		
Doha Declaration on TRIPS AIDS discussed in UN Security Council	2001	EU Health Security Committee (HSC) established	
	2002	European Food Safety Authority (EFSA) established	
SARS outbreak ↓	2003	EU signs the FCTC, 1st EU Health Programme	
	2004	ECDC established	
H5N1/avian influenza WHO adopts IHR	2005		
	2006		
	2007	EU Health Strategy "Together for Health"	
Global financial crisis ↓	2008		
H1N1/ swine flu	2009	Treaty of Lisbon effective and recognizes importance of health	**Limits of the Win-win Model (2008–2018)**
	2010	Council Conclusions & Communication "EU Role in Global Health"	
	2011	Directive "patients" rights in cross-border healthcare"	
	2012		
	2013	Decision EP/Council on "Serious cross-border threats to health"	
Outbreak of Ebola in West Africa ↓	2014	Global Health Security Agenda launched (EU is member)	
Surge in refugee migration ↓ SDG adoption	2015	Council Conclusions on personalised medicine for patients	
	2016	Council Conclusions on Gender equality and LGBTI equality	
Outbreak of Ebola in DRC ↓ MoHs at G20	2017	European One Health Action Plan against AMR	
	2018	Communication on "a call for a EU Climate Strategy for 2050"	
Global Action Plan	2019		**Governance and Power under Reconstruction (2018–)**
Coronavirus	2020		
	2021		
	2022		
	2023		
	2024		

Source: Authors' compilation. Stylized phases in global health governance based on Kickbusch and Liu (2019).[6]

In the years after 2008, two major crises shook the perspectives on the global health governance model that had emerged in the MDG-period which was deeply rooted in a biomedical paradigm of global health.[a] The global financial crisis and the crisis of public budgets following the protection measures of the financial system in Europe revealed again the dramatic health effects that austerity measures can have on health.[7] The outbreak of the Ebola virus disease in West Africa pointed to glaring gaps in the global ability to rapidly and adequately respond to such crises which resulted from a combination of 'dysfunctional health systems, international indifference, high population mobility, local customs, densely populated capitals, and a lack of trust in authorities after years of armed conflict'.[8] Both crises laid bare the extent to which health and social conditions are connected – a fact that gave higher importance to a social-political view on public and global health.[b] Essentially, both crises highlighted the limits of the Win-win (multistakeholder) Model of global health governance. This model has been heavily influenced by an Anglo-American view on health and had placed less emphasis on health systems strengthening and social protection. Yet, European actors did not initially take a forceful position to strengthen health systems and fiscal space even though the crises increasingly highlighted the pivotal role of governments to protect the health of people living in their countries. In consequence global health governance was more often escalated to intergovernmental and multilateral fora (e.g. G20, UNGA). The German presidencies of the G8 (2007), G7 (2015) and G20 (2017) contributed significantly to this shift.

The adoption of the Sustainable Development Goals in 2015 broadened the perspectives on development – health being no exception. SDG-3 calls for an integrated approach to ensuring healthy lives and to promoting well-being for all at all ages rather than a disease-specific approach. Governments' responsibility to provide stewardship to deliver on these goals is also visible in the 2019 launch of the "Global Action Plan for Healthy Lives and Well-being for All". The plan – initiated by the governments of Germany, Ghana, and Norway in 2017 – aims at improving the coordination and collaboration of 12 multilateral agencies that play an important role in financing health, development and humanitarian responses.

In the meantime, the EU's approach to health policy changed significantly as well. Since the Lisbon Treaty coming into effect in 2009, public health has been recognized not only in a

[a] "Global health priorities are usually defined by a biomedical paradigm and frequently echo military language: diseases are the enemy, and a strategy to fight them is developed. Increasingly the biomedical paradigm is data-driven, technocratic, and expressed in popular statements like 'what gets measured gets done'." From Kickbusch and Liu (2019)

[b] "[Social-political paradigms of health] highlight that most diseases are inseparable from poverty, inequities, stigma, and social disadvantage." From Kickbusch and Liu (2019)

separate article (TFEU, Art. 168) but also features as an objective of environmental policy (Art. 191), labour policy (Art. 153, 156), and consumer protection (Art. 169). These articles provided the legal base for a variety of subsequent health-related policies.[a]

In global health, the EU's role developed in a productive way even though it has remained below its potential. The first health strategy of the EU in 2007 formulated "strengthening the EU's voice in global health" as one of four principles in order to "match its economic and political weight" in international organizations.[9] The Commission Communication on global health in 2010 – driven by DG DEVCO, DG SANTE, and DG Research – described the field as being focused on the "worldwide improvement of health, reduction of disparities, and protection against global health threats." Based on Article 168 (TFEU), four priorities were set out with which the Council agreed:[10] improving global governance (support of WHO and the UN system), advancing universal health coverage (within GAVI and the GFATM as well as donor coordination), increasing coherence within the EU (including all relevant internal and external policies), and promoting expertise that is accessible to all (research).[11] An important element in the Communication was the explicit acknowledgment of the need to extend the commitment to "health in all policies" to all its external actions where health had not always been recognized.[12]

Despite the broad understanding of global health by the Commission, progress was predominantly achieved in the field of global health security. A key decision leading to significant coordination efforts was the decision of the European Council and the European Parliament on "serious cross-border threats to health". The Ebola shock – an epidemic that killed 11,371 people between 2014 and 2016[13] – triggered a new awareness of the danger of a cross-border epidemic. As it became apparent that the coordination and response to the outbreak from the EU and its Member States fell short of what was needed, Council Conclusions in the years 2014 and 2015 have aimed at strengthening the national preparedness and response activities, the international coordination and the implementation of lessons learned, research and stakeholder involvement.[14] How difficult implementation has remained though, is visible from the European Medical Corps located under DG ECHO: By April 2018, only 11 member countries had joined the voluntary initiative.[15]

[a] An elaborate description on the EU's action for health, its activities in shaping health markets and how health became an element in its fiscal governance goes beyond the focus of this working paper and can be found elsewhere. For example, in chapter 3,4 and 5 of Greer, S. L., Fahy, N., Rozenblum, S., Jarman, H., Palm, W., Elliott, H. A., & Wismar, M. (Eds.). (2019). Everything you always wanted to know about European Union health policies but were afraid to ask (2nd ed.). Copenhagen: European Observatory on Health Systems and Policies. https://doi.org/10.1016/j.clinph.2012.02.080

A field where the EU has shown leadership over the past decade is action in the field of Antimicrobial Resistance (AMR). The first community strategy against AMR was updated in 2011 and the 2017 "One Health Action Plan against Antimicrobial Resistance (AMR)" deliberately adopts an integrated approach to tackling the issue for both human health and animal health.[16,17] The progress in this area is also an example where the political momentum was widely shared among Member States and Germany even ensured that the topic would be discussed at the G7 and the G20 meetings. The Member States commitment was renewed in 2019 with the Council Conclusions on how to improve the implementation of the EU and Global Action Plan on AMR.[18]

Beyond these policy fields, however, the priorities set out in the Commission Communication have not "developed sustainable momentum, and seem to have generally been forgotten".[19] While the "New Consensus on Development" from 2017 included and re-emphasized many of the global health priorities,[20] other strategic documents have fallen short of even mentioning health where it could have been useful (e.g. with regards to resilience of countries in the EU Global Strategy 2016).[21] Another field where global health was mentioned but only focused on a narrow understanding of cross-border threat is the Horizon 2020-programme – the European research agenda 2014–2020. Research on health systems, public health and the consequences of globalisation on health on the other hand is mostly neglected.[22,a]

In general, the EU has struggled to have a consistently common voice in global health: Several Member States fulfil leadership roles the field of global health but differ in their understandings of policy priorities and approaches. For example, while Spain, Denmark, and Belgium emphasise global justice as their main guiding framework in global health, the Netherlands, the UK, France and Germany rather prioritize security and investment aspects.[23] Furthermore, the coordination among different actors within the EU has fallen short of expectations of global health experts[24]. In summary, also in global health the EU can be characterized as a composite or patchwork actor.[25,26]

1.2. Where we are heading

In past years, several new developments have already cast their shadow ahead and there are strong signs that global health governance is facing challenges to the multistakeholder win-win partnership model. "Ideology shifts fuelled by global inequalities, geopolitical

[a] A notable exception being the European and Developing Countries Clinical Trial Partnership (EDCTP).

change driven by non-Western powers, as well as new asymmetries of power and knowledge in the wake of the digital transformation" appear to shape the coming decade.[27]

On the one hand side, the multilateralist approach to global governance, dominated by Western powers, has been weakened by a withdrawing USA and a weakened European Union. On the other side, interventions by Russia and China were lead to the weakening of the multilateral approach, too.

In some policy fields consensus among Western powers cannot taken for granted anymore with migration, environmental policy and sexual reproductive health and rights being prominent examples. Within the EU, it is not just the likely Brexit that poses a threat, but the global disputes in these policy fields has also been visible among the EU-27. Beyond internal struggles, the power of the EU's voice in global governance is also under pressure from a relative decrease of economic significance of Europe that has been materialized over the past years.[28] While the EU's share in global trade volume stagnated over the past decades, China's trade has risen from 3 percent in 1995 to more than 12 percent in 2017. New structures have already been created by non-Western powers – sometimes called parallel multilateralism or quasi-multilateralist (e.g. Shanghai Cooperation, Chinese Belt and Road Initiative). India's importance in producing generic low-price drugs have made the country a key actor in many health development programmes. Even if this shift might not be seen in total volumes of official development assistance, they will have an impact on how development assistance is framed. Re-politicising foreign assistance as tool to support national policy agendas and interests represents one possible future in this regard.

These changes in the geopolitical environment will also have a tremendous impact on global health priorities: First, the increasing importance of the rapidly expanding health economy around the world,[a] coupled with a push of digital industries into health will require governance of this emerging space.[29] Given the persistently globalized economy (despite trade wars), these questions cannot just be dealt with at a national level. Second, many global challenges such as climate change, antimicrobial resistance or the rapid digital transformation of health will require global governance solutions. Indeed, all these challenges require the provision and support of global public goods.

[a] The "health economy" goes far beyond concerned with the production of health goods and services in a narrow sense (e.g. pharmaceuticals or curative services). It also encompasses for example healthy food and beverages as well as healthy technology products (incl. virtual ones). The health economy is also concerned about how these goods are produced and under which working conditions.

These trends pose multiple **general challenges** that the Member States of the EU and the incoming EU Commission need to tackle:

Geopolitics and commitment to multilateralism:
When the President-elect of the European Commission, Ursula von der Leyen, presented her team, she remarkably stated that it will be a "geopolitical Commission" – a statement hardly conceivable at the start of previous Commissions. She decided to underline Europe's commitment to multilateralism by stating in her first speech: "I want the European Union to be the guardian of multilateralism."[30] In contrast to 8–10 years ago, a strong commitment to multilateralism cannot be assumed easily. The need to make public commitments to it is not only a new phenomenon but it also needs to be reiterated among Member States within the Union – the 2019 Council Conclusions on "EU action to strengthen rules-based multilateralism" stand symbolic in this regard.[31]

Sustainable Development Goals:
In her mission letters, Ursula von der Leyen called on every Commissioner-delegate to "ensure the delivery of the United Nations Sustainable Development Goals". For health, it still needs to be seen to what extent a true global focus is adopted, that is to what extent EU Member States themselves take on the SDGs as a domestic agenda for their own country.

Brexit:
The retreat of the UK from the EU will have a strong impact on the EU policies, and it may severely weaken the EU's voice in global health. At the same time, the UK's retreat might also lead to opportunities if the remaining 27 find new common denominators on previously difficult topics (e.g. on questions around access to medicine). In the development arena, the UK has always positioned itself as a strong actor. Not only has the country been the second largest donor country but has also played an active role in pushing new standards and approaches (incl. controversial ones such as value-for-money evaluations of multilateral institutions). The EU will have to ensure a collaborative approach with the UK, avoiding adverse competition.

Furthermore, there a several **coordination challenges** that EU global health policy makers need to address:

Coordinating multiple global health fora and venues:

Global health is a diverse and crowded policy field and ten years ago, global health topics were not as frequently present on global agendas as they are now (e.g. G7/G20, UNGA). The importance for the EU to coordinate policies across fora and venues and among its institutions and Member States has become even more pivotal.

Coordinating the regionalization of partnerships:

Regional agreements have become more popular over the past years.[32] For example, in his last State of the Union Address in 2018, Jean-Claude Juncker proposed a new Africa-Europe Alliance for Sustainable Investment and Jobs whose financial volume would – provided the ambitious leveraged financing plan works – approach the financial commitments of China to the continent.[33] The coordination lies with the European External Action Service (EEAS) and DG DEVCO. It is such partnerships where coordination with all global health actors across the EU and its Member States will be necessary to ensure health being included.

Coordinating with non-health EU-regulation and legislation with global reach:

Some legal instruments agreed at EU level (e.g. GDPR, tobacco product directive, to some extent AMR) have had tremendous influence and have the potential to become models for best practice globally.

Coordinating development priorities with partner countries:

In the development policy field, there have been important changes relevant to global health, too: First, the European Commission's Agenda for Change[a] asked from partner countries to choose priority areas in which they wished to collaborate. This led to a reduction of countries with a health priority from 44 to 17 – despite the observation that about 30–40 countries would require support in health.[34] Second, the actor landscape remains dynamic (new initiatives of the WHO, the BMGF or the role of the World Bank).

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[a] https://ec.europa.eu/europeaid/policies/european-development-policy/agenda-change_en

2 | CORNERSTONES FOR A NEW EU GLOBAL HEALTH STRATEGY

The insights from the retrospective analysis above point towards the need to reformulate the vision and strategy of the EU's role in global health in the coming years: (1) the geopolitical situation and the realities in the health governance system have changed dramatically, (2) the EU's role and capacities in domestic health policy (i.e. within the EU) as well as in global health have changed, (3) some challenges for the EU to live up to its potential/ responsibilities in global health have persisted despite the obvious progress documented above.

There is no established consensus among the Member States and the EU institutions on how such a new strategy should look like, but there are strong signs of willingness to redefine the EU's role in global health. We argue for the need of a consensus building effort based on two cornerstones: First, agree on a commonly accepted conception what a global health "universe" consists of. Second, identify important existing policy directions by the EU that are relevant for global health.

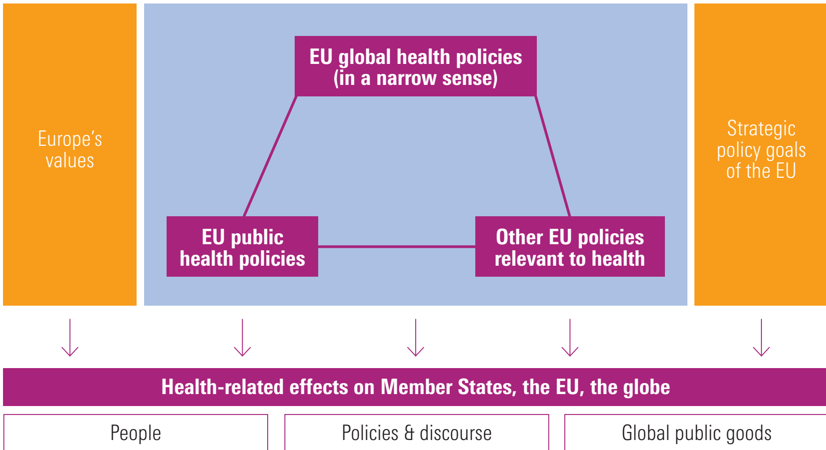
2.1. Global health "universe" for defining the EU's future role in global health

A renewed EU strategy on global health needs to specify the policy "universe", i.e. the reference framework in which policies with relevance to global health priorities as well as the different forms of effects of EU policies can be discussed and structured.

In 2019, a narrow description of such a **global health policy "universe"** would neither capture the full importance and complexity of health in the EU nor the global responsibilities (and ambitions) of the EU. Necessarily, such a reference framework would need to reflect and build on the values and general policy goals formulated in the EU, relate to and integrate policies with relevance for global health, and consider health-related effects of policies on different stakeholders.

Figure 2 conveys that the EU's role in global health needs to be defined in the context of a broad perspective on EU policies. Global health can neither be confined to global health policies in a narrow sense (e.g. managing cross-border health threats) nor can it be limited to "external" EU policies (e.g. official development for health). The Sustainable Development Goals call for a reduction of health inequalities and a fulfilment of the EU's commitments to them therefore implies the reduction of (health) inequalities within and between Member States.

Figure 2: Stylised global health policy "universe"



Source: Illustration by the authors.

Moreover, neither can EU global health policies be decoupled from the values Europe stands for nor should EU's role in global health be regarded as lying outside of the wider set of strategic goals of the Union. All EU policies will have to be embedded into this frame of values and strategic outlook.

The EU needs to acknowledge the various effects its policies have with regards to health. This naturally includes the effects of policies such as trade agreements, (health) data policies, as well as food safety regulations on the health and wellbeing of the people living in the EU as well as in partner countries. This awareness needs to go beyond avoiding harmful effects on health. The EU and its Member States need to continue to explore how and to which global public goods the EU can or should contribute.

This reference framework allows the formulation of **5 normative dimensions of responsibilities** that the EU should guide its policies and actions on global health:

(1) Live up to the Union's values:

Article 2 of the Lisbon Treaty enshrined that the EU "is founded on the values of respect for human dignity, freedom, democracy, equality, the rule of law and respect for human rights, including the rights of persons belonging to minorities. These values are common to the Member States in a society in which pluralism, non-discrimination, tolerance, justice, solidarity and equality between women and men prevail." EU action on global health will not only have to respect these values but use them as inspiration to formulate policies that provide an impulse globally as well as in the Member States to promote health and well-being.

(2) Contribute to the global reduction of inequalities:

a. In the EU: Given that recent findings indicate persistent inequalities in healthcare across Member States, EU health policy entails an inherent global health component. Delivering on SDG-3 – and the achievement of UHC in particular – needs to ensure the reduction of impoverishing and catastrophic health payments concentrated among the poorest fifth of the population.[35]

b. Externally: The SDG's pledge to "leave no one behind" implies the prioritization of global development towards the poorest countries. As one of the largest providers for development assistance, the EU has persistently allocated a comparatively low proportion to the least developed countries.[a,36]

[a] "In 2015–16, 43% of the EU's allocable bilateral ODA disbursements went to upper middle-income countries (UMICs). In the same period, only 27% of such ODA went to LDCs, which is a low proportion compared to the country averages of EU DAC members at 37% and all DAC countries at 40%." OECD (2019).

(3) Implement internationally agreed policies and treaties:

Delivering on existing health treaties (such as FCTC) and on health aspects in the agreements (such as the Paris Agreement) should represent a key element of the EU's role in global health. Developing "tool kits" to reinforce certain responsibilities agreed in these international documents would be needed – regional specificities of the countries would require a broad discussion of such tool kits.

(4) Ensure the consideration of health effects in all EU policies:[b]

While health impact assessments and the principle of health in all policies have a long tradition in the EU's work,[37] the implementation of this responsibility has not been effective in all policy fields. Major public health civil society actors see the EU-Mercosur trade agreement as a negative recent example where public health considerations were not acknowledged sufficiently or even obstruct public health policies on tobacco control and food labelling attempts.[38]

In this context, we should ask what other policies do "for health" rather than where health fits into these other policy areas (i.e. "All policies *for* health" rather than "health in *all* policies").[39]

(5) Be a productive force in providing global public goods:

Standing up for rules-based multilateralism in global health goes beyond immediate health topics such as AMR. Global trends such as the digital transformation of health, the governance of the health economy requires initiatives to provide global goods/"common goods for health"[40] that ensure quality and equal access to innovations in health technologies.

Certainly, any EU global health strategy will have to strike a balance: varying interests among policy fields and actors on the one side and these responsibilities for health on the other. Nevertheless, the responsibilities outlined above should represent guiding lines for positions and negotiations.

[b] This includes taxation, financial regulation, fiscal policies, food and agriculture, environmental protection, urbanization, education, social policies, and competition policy.

2.2. Important existing policies for the EU's future role in global health

There are several policies and institutional capabilities that the EU can build on in its future global health actions. The following examples from the areas of "EU health policy" and "EU foreign policy" represent only a limited glimpse into relevant policies. An analysis of the future potential of the ECDC or the EEAS, the importance of the EU-Africa partnership or the relevance of EU data governance for the EU's role in global health would be obvious directions for future research.

Directions on EU health policy

First, the new **EU Health Programme** offers a useful list of priorities ranging from crisis-preparedness and tobacco control to health technology assessment (HTA) and the digital transformation of health care (see figure 3 on the next page and the overview under annex section 6.2).

Horizon Europe represents the EU's major research financing tool with a suggested volume of 100 billion Euro for the 2021–2027 period.[41] Health features as one of five clusters within the second of three pillars ("Global Challenges and Industrial Competitiveness"). While the programme is firmly committing to the UN's Sustainable Development Goals (SDGs) and specifically mentions SDG 3 on health for all and SDG 13 on climate action, global health researchers have criticized the proposal of the European Commission: In general, the allocated funding for health represents a proportional decline in the funding for health and low and middle income countries are only acknowledged with regards to the fight against infectious diseases. Most importantly, global health does not feature prominently enough in the proposal and runs the risk of being neglected in other important areas.[42]

Figure 3: EU Health Programmes – Priorities and Budget

1st EU Health Programme	2nd EU Health Programme	3rd EU Health Programme
2003–2007	**2008–2013**	**2014–2020**
€ 312 million	€ 321.5 million	€ 449.4 million
▪ To improve information and knowledge for the development of public health ▪ To enhance the capability of responding rapidly and in a coordinated fashion to threats to health ▪ To promote health and prevent disease through addressing health determinants across all policies and activities	▪ To improve citizens' health security ▪ To promote health, including the reduction of health inequalities ▪ To generate and disseminate health information and knowledge	▪ Promote health, prevent diseases, and foster supportive environments for healthy lifestyles ▪ Protect citizens from serious cross-border health threats ▪ Contribute to innovative, efficient and sustainable health systems ▪ Facilitate access to better and safer healthcare for Union citizens

Health Strand within ESF+

2021–2027

€ 413 million (proposed by EC)

- Strengthen crisis-preparedness and response in the EU to protect citizens against cross-border health threats
- Strengthen health systems, by supporting the digital transformation of health and care, the development of a sustainable EU health information system and the national reform processes for more effective, accessible and resilient health systems addressing, in particular, the challenges identified in the European Semester
- Support EU legislation on public health (medicines, HTA, tobacco, cross-border care)
- Support integrated work: implementation of best practices to support structural innovation in public health (e.g. ERNs, HTA and implementation of best practices in health promotion, disease prevention and management).

Source: Authors' own compilation from various sources (DG SANCO/SANTE, EPRS).

Box 1: Description of the health cluster within the proposed Horizon 2020 programme[43]

Cluster 'Health':
Improving and protecting the health of citizens at all ages, by developing innovative solutions to prevent, diagnose, monitor, treat and cure diseases; mitigating health risks, protecting populations and promoting good health; making public health systems more cost-effective, equitable and sustainable; and supporting and enabling patients' participation and self-management.

Areas of intervention:
Health throughout the life course; Environmental and social health determinants; Non-communicable and rare diseases; Infectious diseases; Tools, technologies and digital solutions for health and care; Health care systems.

Directions on EU foreign policy

The **New Consensus on Development** is a major document for the EU's global role. In June 2017, the European Council, the European Parliament, and the European Commission issued a joint statement "The New European Consensus on Development – Our World, Our Dignity, Our Future". While the document is non-binding, it still represents a remarkable achievement for European development policy. With its adoption, the 2017 Consensus replaces the Consensus from 2005[44] and integrates "Agenda for Change" published in 2011.[45] Like its predecessors, the 2017 Consensus not only intends to guide the development actions of the EU institutions, but also those of Member States. Furthermore, it represents a strategic document that is fully in line with the Sustainable Development Goals.

Box 2: Elements related to health in the New European Consensus on Development

The EU and its Member States …

- … reaffirm their commitment to protecting and promoting the right of everyone to enjoy the highest attainable standard of physical and mental health, so as to promote human dignity, well-being and prosperity.
- … will continue to support partner countries in their efforts to build strong, good-quality and resilient health systems, by providing equitable access to health services and universal health coverage.
- … will support developing countries in health workforce training, recruitment, deployment and continuous professional development. They will promote investment in and empowerment of frontline healthcare and social workers, who play a critical role in ensuring coverage of healthcare services in remote, poor, underserved and conflict areas.
- … will continue to invest in preventing and combating communicable diseases such as HIV/AIDS, tuberculosis, malaria and hepatitis, and will help secure access to affordable essential medicines and vaccines for all.
- … will promote research and investment in and development of new health technologies.
- … will take action to address global health threats, such as epidemics and antimicrobial resistance, through a public health approach.
- … will work towards reducing child and maternal mortality, promote mental health and address the growing burden of non-communicable diseases in partner countries, and address chemical pollution and poor air quality.
- … will support partner countries in pursuing a 'health in all policies' approach [- given the various interlinkages]
- … reaffirms its commitment to the promotion, protection and fulfilment of the right of every individual to have full control over and decide freely and responsibly on matters related to their sexuality and sexual and reproductive health, free from discrimination, coercion and violence.
- … further stresses the need for universal access to quality and affordable comprehensive sexual and reproductive health information, education, including comprehensive sexuality education, and health-care services.

In the **New Strategic Agenda 2019–24** published in June 2019, the European Council agreed on the future priority areas for the work of the European Council and provide guidance for the work programmes of other EU institutions. Four priorities are outlined: (1) protecting citizens and freedoms, (2) developing a strong and vibrant economic base, (3) building a climate-neutral, green, fair and social Europe, (4) promoting European interests and values on the global stage.

Particularly, the last priority description is useful for global health discussions because it formulates goals for different policies with "external" stakeholders in the coming years: "The EU will remain a driving force behind multilateralism and the global rules-based international order, ensuring openness and fairness and the necessary reforms. It will support the UN and key multilateral organizations. The EU will use its influence to lead the response to global challenges, by showing the way forward in the fight against climate change, promoting sustainable development and implementing the 2030 Agenda, and cooperating with partner countries on migration. The EU will promote its own unique model of cooperation as inspiration for others. It will uphold the European perspective for European States able and willing to join. It will pursue an ambitious neighbourhood policy. It will develop a comprehensive partnership with Africa. Together with global partners sharing our values, the EU will continue to work towards global peace and stability, and to promote democracy and human rights."[46]

Following a request of the European Council in June 2015,[47] the High Representative of the EU for Foreign Affairs and Security Policy Mogherini drafted an overarching strategy for the EU's foreign and security policy. The new **"Global Strategy for the European Union's Foreign and Security Policy"** (EUGS) was adopted by the European Council in June 2016.[48]

Given the Brexit-vote results were presented only a few days before one analyst pointed out: "The optimism contained in the opening statement of the European Security Strategy adopted in 2003 – 'Europe has never been so prosperous, so secure nor so free' (European Council 2003, p. 1)[49] – could not be in more contrast to that of the new EU Global Strategy. The new security strategy states: 'We live in times of existential crisis, within and beyond the European Union. Our Union is under threat. Our European project, which has brought unprecedented peace, prosperity and democracy, is being questioned' (EUGS 2016, p. 7)."

The literature has identified several aspects in the EU Global Strategy's framing that signify fundamental shifts in the EU's approach to foreign policy and are also relevant for global health: First, the guiding concept of "principled pragmatism" for the EU's external actions implies a "realist turn" as compared to a more idealistic vision that included a stronger element of promoting democracy to its neighbours and beyond – termed pointedly: "Realpolitik with European Characteristics".[50] Second, the way the term "resilience" is introduced in the EU Global Strategy represents the attempt to strike a balance between acknowledging uncertainty and complexity as a contemporary condition and the ambition of the European Union to stand up for liberal values in its foreign policies.[51] One such example can be found on page 24 of the EU Global Strategy: "A resilient society featuring democracy, trust in institutions, and sustainable development lies at the heart of a resilient state".

Health does not feature independently in in the document which has led some observers to the speculate whether this fact is "reflecting the virtual absence of health expertise within the EEAS."[52] In fact, health either appears as a tool to build resilient states or it is described as a global threat against which the European Union needs to be protected: "States are resilient when societies feel they are becoming better off and have hope in the future. Echoing the Sustainable Development Goals, the EU will adopt a joined-up approach to its humanitarian, development, migration, trade, investment, infrastructure, education, *health* and research policies, as well as improve horizontal coherence between the EU and its Member States." [p. 26, italics by authors].

3 | TOWARDS A SYNERGISTIC STRATEGY FOR THE EU IN GLOBAL HEALTH

3.1. A synergistic understanding of global health

The key premise of a renewed strategy of the EU in global health is that the EU has a central role to play in global health. A strong and increased global health cooperation will reflect the global responsibility of the EU as a reliable neighbour, serve the political goals of Member States and the EU reflecting the values and standards the continent stands for, delivering on the commitments to implement the SDGs "at home" and abroad, support the EU's leadership in a geopolitically uncertain environment, and ensure health of Europeans by acting globally and supporting equity and social justice.

Any global health strategy of the EU should to rest firmly and reflect clearly the values enshrined in Article 2 of the Lisbon Treaty. Resonating with this article Ursula von der Leyen formulated the "unique aspiration" Europe represents in her "political guidelines" for the next EU Commission: "It is an aspiration of living in a natural and healthy continent. Of living in a society where you can be who you are, live where you like, love who you want and aim as high as you want. It is an aspiration of a world full of new technologies and age-old values. Of a Europe that takes the global lead on the major challenges of our times."[53]

Given the cross-sectorial nature of health and well-being, the complex actor-/policy landscape in global health, and the strategic commitments of the incoming EU Commission, an EU global health strategy needs to take a "synergistic" approach. That is, in order to effectively contribute to global health challenges, it would build on synergies between the EU's strategic agenda shaped by the incoming EU Commission and the Member States as well as building on existing EU and Member state policies and initiatives on global topics. This approach requires to adopt the understanding of global health universe (above) which is integrating all aspects that have an impact on health – be it directly (e.g. public health, health cooperation, health research) or indirectly (e.g. environmental policies, trade, data governance).

Based on the values enshrined in the Lisbon Treaty and the aspirations by President-elect and the Council's New Strategic Agenda 2019–24[54] a "synergistic" global health strategy for the EU needs to be able to address the following questions:

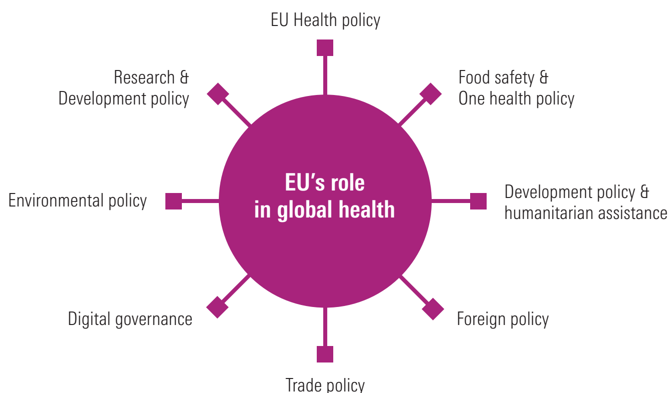
(1) How can EU global health policy deliver on improving and protecting the health and wellbeing of the people living in the EU through strengthening global health cooperation?

(2) Where can global health policy contribute to the strategic goals of the EU and its Member States?

(3) How can global health policy support the EU and Member States to fulfil the SDGs and global commitments (both, outside and within the EU)?

Addressing these questions requires the consideration of various policy areas of global health (see figure 5). A mere focus on a biomedical/health security paradigm[55] will not be sufficient to live up to the EU's own strategic aspirations. Rather, a "synergistic" strategy for global health implies a broader, yet more pragmatic approach. As some analysts put it: "In the current difficult international environment, a so-called enlightened interest perspective might be the most viable approach to combine both perspectives [a health security perspective and responsibility for global goods]."[56] The following figure gives an idea of eight areas on which a "synergistic" global health strategy of the EU would be able to elaborate.

Figure 4: Policy areas of the EU's future role in global health



Note: Illustration by the authors.

3.2. Embedding a synergistic approach to global health across policy fields

Key learnings from the experience of the 'lost momentum' after the 2010 Commission Communication was that a "more coherent understanding and a straight-forward conceptualization of Europe's role in global health would enhance the chances of global health becoming an important agenda item at the European level."[57] Furthermore, "stakeholders and advocates for global health need to continuously work on the three streams for global health [problem stream, policy stream, politics stream], so that when a policy window opens, action is more likely to be taken. Early initiatives and think tanks on developing a European perspective on global health have already been established across Europe."[58]

With these findings in mind, embedding a synergistic approach to global health at the European level needs to build on institutions, processes, and partners to ensure health being accounted for. A future strategic approach would also have to follow-up with implementation steps (incl. investment of funds vs. investment of political capital, roles of institutions such as the ECDC).

Thus, ensuring continuity across different EU Presidencies – the major driving force behind the EU's external policy actions – needs to be a focus for any attempt for a new EU global

health strategy. We argue that defining two or three global health leadership issues for the EU where basic positions are set across presidencies would be a productive way forward. These could include:

Health and environment:

In "New Strategic Agenda 2019–24" by the European Council as well as in the President-elect of the Commission's Agenda action on climate change are major priorities. Ursula von der Leyen states that she "will put forward a cross-cutting strategy to protect citizens' health from environmental degradation and pollution, addressing air and water quality, hazardous chemicals, industrial emissions, pesticides and endocrine disrupters."[59]

Health and social Europe:

As part of the preparation for the UN High-Level Meeting on UHC in 2019, six "key asks" were formulated.[a] These political messages resonate closely with the EU's foundational values on equity, women's rights, and SRHR. Connecting EU global health policies with the European Pillar of Social Rights might be one way to systematically push for continuity.

Health and digital Europe:

There is no doubt that the EU and its Member States have identified the digital transformation as a key area for common policies (e.g. Council Conclusions 2017/C 440/05[60] or the EC Communication COM(2018) 233).[61] Ensuring quality and equal access to digital health innovations worldwide to avoid creating new global divides would need to be an imperative of the EU's leadership ambitions in global health. A global health approach would have to look specifically at the cross-border implications of several topics which include: (1) Genomics, which falls under the EU Digital Single market, and which includes such policies as the 1+ Million Genomes Initiative launched in 2018. It needs to build on research on national legislation on genomics[63] as well as ensure that individual rights aren't compromised.[64] (2) Data protection and AI where Ursula von der Leyen committed to putting forward legislation on a "coordinated European approach on the human and ethical implications of Artificial Intelligence"[65] Global health perspectives will need to be developed in correspondence with the report of the European Data Protection Supervisor[66] as well as the findings of the High Level Expert Group on Artificial Intelligence (AI).[67]

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[a] ASK 1: Ensure political leadership beyond health – Commit to achieve UHC for healthy lives and wellbeing for all at all stages, as a social contract. ASK 2: Leave no one behind – Pursue equity in access to quality health services with financial protection. ASK 3: Regulate and legislate – Create a strong, enabling regulatory and legal environment responsive to people's needs ASK 4: Uphold quality of care – Build quality health systems that people and communities trust. ASK 5: Invest more, invest better – Sustain public financing and harmonize health investments. ASK 6: Move together – Establish multi-stakeholder mechanisms for engaging the whole of society for a healthier world.

3.3. Mapping dimensions of EU global health

A mapping that goes beyond a list of key health issues and builds on the dynamic interface between action within and beyond the EU might be more appropriate to gain political support.

Table 1: Policy dimensions of the EU's future role in global health

Dimension	Description
Support to multilateralism and foreign policy values	– Shaping global governance for health – strengthening the role of international organizations especially WHO. – Supporting policies that promote values of a "social Europe", i.e. UHC (e.g. quality of care, etc). – Ensuring SDG implementation, e.g. IHR, FCTC, fight of corruption in the EU health systems.[68]
Leave no one behind	– Setting health priorities in development policies: Promote financial support to key organizations such as GFATM GAVI, an active role in their governance – Achieving health equity in Europe as contribution to SDGs including neighbourhood policy (European Platform against Poverty) – Migration, SRHR, humanitarian action.
Alliance building – strategic cooperation (bilateral & regional)	– On global health agreements/EU legislative agenda (food, tobacco, alcohol, digital). – Partnerships on issues such as vaccination, AMR, access to medicines, health security – EU-Africa Alliance.
Innovation support	– Digital transformation (e.g. Digital Single Market and Health in a digital society)[69] – Investment in health research
Health impact of other EU policies	– Environment, Trade, agriculture, migration – Creating new or refocusing existing mechanisms within EU Commission
EU health economy in its global dimensions	– Special perspective on competition policy – Health workforce migration (Agenda for new skills and jobs) – Acknowledge Economy of Wellbeing approaches in health investments with a focus on access for all to health services, long-term care, health promotion and disease prevention[70] – Pushing for global health global health in corporations' SDG efforts.[71]

Source: Compilation by the authors.

For all those dimensions, the following four questions are useful to test whether they can effectively support the EU's leadership role in global health:

- Do EU global health priorities relate to *values* the EU stands up for such as women's rights, equity, "leave no one behind", sexual reproductive health and rights (SRHR), and UHC?

- Does EU global health policy include *aspects that have an impact on health* even if they are not health topics in a narrow sense (e.g. climate change, trade, digital governance etc.?

- Does EU action on global health *contribute to the provision of global goods/global public goods/Common goods for health*[72] (e.g. health emergencies, recent vaccines summit, AMR, some of the health research and innovation, some of the digital governance)?

- Do EU global health priorities sufficiently consider the EU's *responsibility in achieving the SDGs*, including the interdependencies between the different policy areas affected?

4 | TOWARDS A MORE EFFECTIVE EU COORDINATION IN GLOBAL HEALTH

Beyond the formulation of priorities for EU global health policy, a future strategy needs to focus on how to improve EU coordination. The need for improvement of coordination mechanisms and practices has been raised by Member States and policy researchers alike.[73]

4.1. Development of coordination mechanisms in multilateral fora

Since the adoption of the Lisbon Treaty, there have been significant positive developments in the working methods of the EU in multilateral settings, including in the everyday work in addressing global health. Particularly noteworthy are the establishment of the European External Action Service (EEAS) and the requirement of EU representation to "speak with one voice" in international fora.

The EEAS provides more continuity to the EU's work in some important ways including the introduction of a three-level structure for the international governance of work in multilateral fora: At the highest level, the EEAS headquarters advise EU coordination on the EU's major geopolitical lines. In the cities with multilateral organizations, the Heads of Missions coordinate and advise action in political matters. At the expert level, the EEAS convenes regular international coordination meetings on different topics in different compositions and in close collaboration with the rotating Council Presidencies. Furthermore, the EEAS

provides a digital interface for communication, separately for New York and Geneva. The enhanced structure has proven to be an important tool for timely adaptation of the EU's actions (global health included). The possibility to escalate issues from the expert level to the Permanent Representatives has proven to be a valuable avenue for decision-making when consensus has not been achievable at the expert level. Finally, the EEAS has created a useful operative arm for the EU – as its representative – in situations where EEAS can act as an impartial broker on issues that may concern Member States, international organizations and/or third countries.

"Speaking with one voice" – reiterated in the 2019 Council conclusions on EU action to strengthen rules-based multilateralism[74] – was initially not an easy task. While calling for EU representation with one voice, the Lisbon Treaty redefined competencies in health in a way that pointed to the other direction: It clarified that the definition of national health policies, the organization of the national health system, the provision of health services and their funding all to the competence of Member States. Nevertheless, the EU has been able to develop an efficient and pragmatic way of preparing for meetings. The identification of issues on which the EU speaks with one voice today is based on the assessed strategic importance of agenda items rather than on Treaty-based competences. From the earlier focus on drafting interventions, the EU has moved to a more strategic approach. With regards to WHO, for example, the EU and its Member States first agree on the main points to be made. Although this compilation of identified issues which constitute the main content of the intervention, is not (yet) considered to be a formal EU position, it has proven to be a useful resource in unexpected situations and helped in defining timely action. Another positive development is that EU interventions at the WHO have become more comprehensive and political rather than technical. Furthermore, the EU Commission expresses its voice within the EU coordination with the same weight as any of the Member States.

Internal coordination among the EU and its Member States requires substantial time before and during multilateral meetings. Given more than 60 agenda items at the WHA, a "burden sharing"- process was introduced. A "burdensharer" – one or more Member States' delegations – takes the complete responsibility of one dossier, agenda item or matter. This involves collecting intelligence, preparing the positions and interventions and does so also between sessions. Systematic collaboration in gathering and sharing intelligence has made the EU one of the best-prepared delegations.

4.2. Priority challenges for coordination and policy coherence

Despite the progress made in the coordination of the EU and Member States global health policy in multilateral fora, multiple issues remain that affect how proactively the EU can shape the political agenda, to what extent it can utilize its capacity as a political and economic power, and ensure continuity in its policies.

Coordination within/among Member States, across venues, and policy fields on global health policy remains difficult for a variety of reasons that are only partially unique to global health:

- Member States have different interests which translate into a different set of priorities. The importance given to global health varies between Member States.
- When considering whether to act as an individual Member State or jointly as the EU – e.g. proposals for resolutions or other political initiatives – there are several factors influencing the process, including political visibility.
- Establishing trust by Member States in the EU's ability to represent them in foreign policy matters has been a complex process and differences persist.[75]
- The coordination gap extends beyond Member States: There appears to be gap between Geneva, Brussels, and other venues.
- EU global health policy lacks a common narrative across EU actors even though many countries work on the same topic (e.g. UHC) – a fact already visible in countries' global health strategies.[76] Partially, this is linked to new topics that have emerged since the 2010 Council conclusions.

Given the **absence of a unified longer-term EU strategy for global health**, the EU and its Member States can only occasionally (i.e. on some topics) appear as unified actor. A leadership role of the EU in global health who can proactively shape the political agenda requires a consistent set of priorities that can be followed through over consecutive years. This also involves positions in sectors other than health. The short EU Presidency periods represent an additional challenge which makes coordination across multiple Presidencies necessary to avoid situations in which policy initiatives just fade-out and political momenta get lost.

The **presence of Member States in political fora varies** (G7/G20/Global Fund/Gavi, etc.). Moreover, the discussions in these fora often transcend beyond the global health arena while at the same time having high relevance for health. While this will remain a common reality in international affairs, sharing intelligence from these fora in a regular way and coordinating on common positions would be feasible.

4.3. Starting points for improving coordination and coherence in the EU

Over the past decade, the coordination among different EU actors – be it Member States or EU institutions – has been increasing with global health being no exception.[77,78] A functioning example is the cooperation between the EU and its Member States to prepare positions in WHO.[a] The challenges listed above make clear, however, that the question of continuity over time and consistence across policy fora and venues is a major one. For the purpose of re-defining the EU's role in global health the following aspects should be considered as starting points:

Improving coordination between Member States:

The Council – the representation of Member States in the EU system – is *the* body to establish EU positions in international fora. Thus, improving coordination among Member States on global health matters is a crucial element to enable the EU to take a leadership role in global health. The project started under the Finish EU Presidency to bring together several upcoming EU Presidency-countries – complemented by an Informal Expert Group – is certainly a promising approach. Increasing the "global health share" in the discussions of the "Council Working Party on Public Health at Senior Level" (WPPHSL) as well as the "EU Member States Experts Group on Global Health, Population and Development" would be further natural starting points. Also, it needs to be noted that the WPPHSL traditionally only has one meeting per Presidency. Furthermore, the existing coordination efforts and information sharing practices between countries that are present on the boards of key global health actors (e.g. Global Fund and Gavi) could be expanded to include the EEAS and other Member States – in particular, the countries sharing responsibility in the WHO Executive Board.

[a] For a detailed description of the description, please refer to Emmerling, T. (2019). World Health Organization (WHO) and other global health bodies - The EU Voice in a Fragmented Global Health Landscape. In R. A. Wessel & J. Odermatt (Eds.), Research Handbook on the European Union and International Organizations (pp. 120–141). Cheltenham: Edward Elgar Publishing.

Improving coordination within Member States:
The extent to which global health topics are discussed within Member States differ significantly. This fact is unlikely to change quickly, but Member States could support learning from each other. Several EU countries (but also Switzerland) have implemented formal and informal coordination and information sharing mechanisms for global health topics.[a]

Improving coordination between EU institutions:
Ensuring that EU policies/regulations as well as Council Conclusions reflect global health priorities is a key requirement for a strong role of the EU in global health. Policy researchers have suggested multiple starting points in this regard: With regards to global health security, Glassman et al. suggested to clearly define roles for each entity that is responsible for health and building linkages between interrelated capacities. As an example, they mention the ET 2020 Working Groups[a] that could focus on "preparedness responsibilities for each entity (e.g., DGs); portfolio of financing instruments and strategies to better support preparedness, including surveillance; and deeper and more formal engagement with African health security architecture, especially the Africa CDC." Similarly, Speakman et al. regard a more clearly defined role of the ECDC as crucial for a more efficient and effective EU role in global health security.[80] With regards to coherence in external policies, Kirch and Braun suggested a "Global Health Coordination Center" located within the EEAS which could coordinate and review the EU's focus and priorities in global health.[81] The body would work in close cooperation with the DGs and the different EU agencies serving as a point of contact for information dissemination internally and externally.[b] For example, such a Coordination Center could work closely with agencies such as European Medicines Agency (EMA), European Environment Agency (EEA), European Chemicals Agency (ECHA). When it comes to streamlining financing development assistance and other external investments, the EU Commission made a first step by proposing a Neighbourhood, Development and International Cooperation Instrument (NDICI). The regulation introduces an innovative unified financial architecture to crowd in private sector investment outside the EU. Global health research has been mostly silent on these new developments. Regular and transparent coordination between EU Institutions such as the European Investment Bank and other entities would be an essential progress given the constraint resources for global health.

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[a] During the 1st Meeting of the Informal Expert Group, experiences from Finland were shared: There are sub-committees for EU Coordination on different topics (also health) where the Ministry of Health formally invites other ministries depending on the topic discussed (e.g. foreign affairs, education, etc.). For global health coordination for WHO and relevant organizations, there is an informal coordination process including ministries, national health agencies, and also a representative from civil society. Other international organizations (e.g. World Bank) are contacted through other ministries and topics of particular political relevance, e.g. SDGs, are coordinated by the prime minister's office.

[a] See https://ec.europa.eu/education/policies/european-policy-cooperation/et2020-working-groups_en.

[b] The authors further specify: "Such a coordinating body would also have the advantage of occupying the issue of global health at the EU level, without requiring any new transfer of competence."

Improving coordination with non-state actors:
The Global Health Policy Forum which is coordinated particularly by DG Sante, DG RTD, and DG DEVCO as well as a coalition of global health civil society organizations was last organized in February 2018. It was a place for exchange with civil society in the past and should be restarted with the discussions systematically being fed back into the process of developing a new EU global health strategy.

Improving the outreach to policy areas not connected closely to global health:
Cross-sectoral coordination is likely to be the most difficult task to achieve a "synergistic" global health strategy. Certainly, bodies such as the Employment, Social Policy, Health and Consumer Affairs Council will be crucial fora to position global health priorities. But this will hardly be sufficient. Other partnerships, initiatives, and channels will be needed to ensure global health being considered in flagship projects of the incoming Commissioners (e.g. European Health Data Space, Farm-to-Fork, Green Deal, etc.).

4.4. Building new partnerships

A "synergistic" strategy in global health will entail engaging in the EU's partnership policies. From a global health perspective, the EU-Africa Alliance and the update of the Cotonou agreement between the EU and Africa, Caribbean and Pacific states would be initial starting points.[a] In many discussions, however, global health features predominantly under the heading "global health security".[83] While certainly necessary, this focus needs to be broadened. The following list aims to point towards some directions for a broader focus:

- Emphasizing strategic partnerships that systematically involve like-minded partners from the global south and build on *their* policy goals.
- Building partnerships with civil society organizations that foster the set EU global health policy goals (e.g. 'multilateralist agenda' vs single-issue funding). Similarly, concerted efforts together with international organizations such as FAO, ILO, UNICEF, OECD, WB or IMF are crucial for a synergistic approach of the EU in global health.

[a] Under the incoming President of the EU Commission, three Commissioners will be dealing with the EU-Africa relations: the Foreign Affairs High Representative, Josep Borrell; the Commissioner for 'Protecting the European Way of Life, Margaritis Schinas, and International Partnerships Commissioner (formerly Development), Jutta Urpilainen.

- Acknowledging global health diplomacy as a "precursor" of mitigating risks to escalate existing differences or even recharging political relations.
- Acknowledging the traditional focus of the EU on economic policy goals and identifying common agendas without disregarding the potentially adverse health effects of actions of European firms.
- Ensuring robust partnerships that also give room for criticism and avoid competitive agenda setting.
- Utilizing regional research cooperation already present within the EU and with other regions.
- Establishing partnerships with the EU parliament and parliaments in Member States.

5 | STRATEGIC CONSIDER-ATIONS FOR THE NEXT STEPS

Re-defining the EU's role in global health will need a concerted effort from both the Member States, the EU Commission, the EU Parliament, and non-state actors. The incoming EU Council Presidencies will need to work together to prepare and sustain a momentum for this deliberative process. The following summary of broad steps could be considered by the incoming Croatian, German, Portuguese, Slovenian, and French Presidencies.

Creating political momentum for a synergistic EU global health strategy

- To prepare the ground for a comprehensive EU strategy on global health, the coming EU Presidencies would have to include a strong preference for new Council conclusions on global health in their statements.
- To ensure a broad political debate on global health, the EU Parliament as well as national parliaments would have to be approached and convinced of the importance of new Council conclusions on global health.
- To embed the push for a new EU global health strategy into policy initiatives of the new EU Commission, meetings with different Commissioners should be organized. Outcomes of such meetings should be clarity of the relationship between the work of the EU Commission and the Presidencies on global health, but also starting a working group within the EU Commission to prepare a staff working paper on global health.

Utilizing expert knowledge from across countries and disciplines

- The Informal Expert Group on the EU's role in Global Health which was first convened by the Finish EU Presidency should continue and meet twice a year. It should complement and inform the process towards a new EU strategy for global health drawing on experts from all areas closely related to global health.

Opening a multi-stakeholder dialog on the EU's future role in global health

- To invite the input from civil society organizations, academia and think tanks, several meetings should be organized across the venues of Brussels, Geneva, and potentially Vienna. Discussion events during the European Development Days (EDD) could ensure visibility beyond global health circles.

Utilizing upcoming policy fora and events in different venues

- To ensure continuity of the discussion across presidencies, dinner meetings hosted by Finland, Croatia, and Germany (and subsequent trios) before or during the World Health Assembly could be organized. These could include panel discussions open to the public and include African representatives present in Geneva at the time.
- To increase the reach of the political momentum to more fora, discussions and events during the World Health Summit 2020 in Berlin should be initiated. The ideal scenario would be if the EU Commission President von der Leyen – as one of the patrons of the WHS Berlin – would highlight the importance of global health.

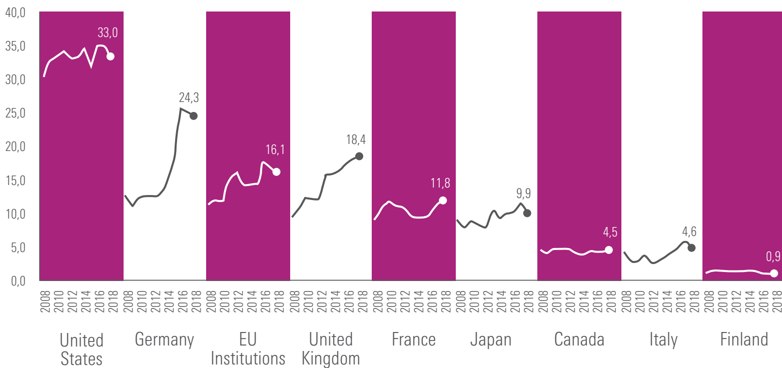
6 | ANNEX

6.1. The EU's financial capacities for global health

The institutions of the European Union are a major funder of development assistance. Overall Official Development Assistance (ODA) amounted to 16.1 billion USD in 2018 which represents a 43 percent increase since 2008 (Figure 2).[84] In 2015–16, approximately 24% of the Commission's bilateral ODA was channeled through multilateral organizations, most of which were UN agencies.[85]

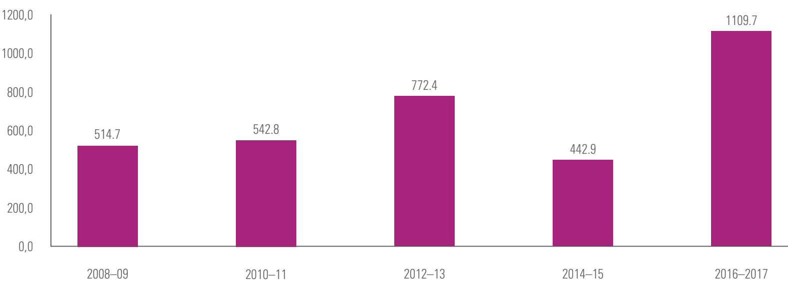
The Peer Review of the OECD-DAC highlighted that the EU institutions' own ODA could be better targeted to support LDCs. "In 2015–16, 43% of the EU's allocable bilateral ODA disbursements went to upper middle-income countries (UMICs). In the same period, only 27% of such ODA went to LDCs, which is a low proportion compared to the country averages of EU DAC members at 37% and all DAC countries at 40%." This proportion the Peer Review outlines is to a large degree driven by the focus of the EIB giving loans to UMICs.[86]

Figure 5: Net ODA 2008–2018 (billion USD, constant 2017 prices)



The financial contributions to global health (ODAH) consistently represented about 4–5 percent of the overall bilateral development funds provided by the EU Institutions. The bilateral commitment to health and population policies amounted to USD 1.1 billion on average in the years 2016 and 2017 – at par with Germany's total contribution to health (Figure 6).

Figure 6: Bilateral ODAH 2008–17 (million USD, constant 2017 prices)



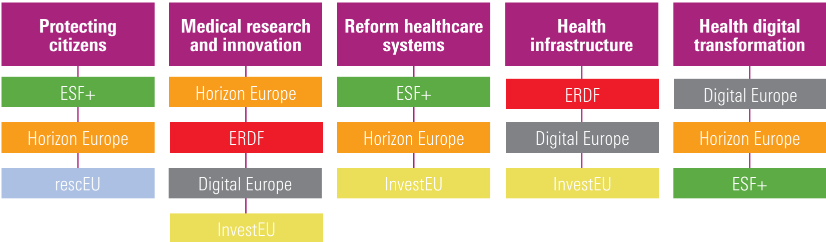
Note: Two-year averages in Figure 6. Source: OECD.Stat (2019).
Official Development Assistance Statistics. Table DAC5. Last updated 09.09.2019.

The EU institutions have also significantly contributed to multilateral health organizations: For the current funding periods of the Global Fund and Gavi, EU Institutions committed USD 533 million (2017–19) and USD 247 million (2016–20), respectively.[87] Further commitments included USD 30 million to the Global Financing Facility in support of Every Woman Every Child (GFF) over the period of 2019–23 as well as the Global Polio Eradication Initiative (GPEI).[88] Moreover, more "than a third of bilateral ODA to health (38% or US$355 million) is earmarked for multilateral organizations. The largest recipient is the United Nations Children's Fund (UNICEF; US$88 million)."[89]

6.2. The Future of the EU health budget 2012–2017

Beyond external assistance which is under the responsibility of DG DEVCO there are several other channels through which global health priorities (can) get funded from within different EU investment vehicles.

Figure 7: Programmatic health areas and financing vehicles



Source: ERPS.[90]

European Social Fund Plus (ESF+):

The Multiannual Framework 2021–27 reframes the EU Health Programme under the European Social Fund Plus (ESF+) as 'health strand' which will remain under the sole authority of DG SANTE.[91] The hope of the European Commission is that the integration leads to synergies of health with other building blocks within the European Pillar of Social rights.

European Regional Development Fund (ERDF):

Health infrastructure and health equipment as well as eHealth, and research and support for SMEs can be financed through the ERDF.

Horizon Europe:

The successor to Europe's Horizon 2020 programme will have a volume of 100 billion from 2021–2027. Health is one of the five clusters within the second pillar of the programme ("Global Challenges and Industrial Competitiveness"). The funding priorities within the cluster include: (1) health throughout the life course, (2) environmental and social determinants, (3) non-communicable diseases, (4) infectious diseases, (5) tools, technologies, and digital solutions for health care, (6) health care systems.[92]

Digital Europe:

In June 2018, the European Commission proposed a digital investment programme "Digital Europa" with a combined volume of € 9.2 billion. Healthcare projects can potentially be funded with regards to high-performance computing and data-processing capacities as well as with regards to the digitisation of public administrations and public services related to health.[93]

InvestEU:

In the new budgetary period between 2021–27 previously separate financing instruments will be clubbed together under the roof of the InvestEU programme. The key idea is to leverage funds from the EU budget to crowd-in private investment and reach a total investment of at least € 650 billion. The new mechanism will be relevant for medical research for diagnostics and treatment as well as health infrastructure.[94]

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Professor Kickbusch has had a distinguished career with the World Health Organization. She was a key instigator of the Ottawa Charter for Health Promotion and WHO's Healthy Cities Network and has remained a leader in this field, most recently advising on the WHO activities related to Promoting Health in the SDGs. She was the director of the Global Health Division at Yale University School of Public Health and responsible for the first major Fulbright Programme on global health. She has published widely and received many prizes and recognitions. She has been awarded the Cross of the Order of Merit of the Federal Republic of Germany *(Bundesverdienstkreuz)* in recognition of her "invaluable contributions to innovation in governance for global health and global health diplomacy".

Christian Franz

Christian Franz is Partner and Co-Founder of the data and policy analysis firm CPC Analytics which is based in Berlin and Pune. In global health, he has worked and published on the commercial determinants of health, the role of banking for health, and on Germany's role in global health. Currently, he is also consulting the Lancet and Financial Times Commission on "Governing health futures 2030: growing up in a digital world" and facilitates the Community of Practice on "NCDs and commercial determinants of health" for the World Health Organization GCM/NCD. Over the past years, Christian has also been affiliated with the German Institute for Economic Research (DIW Berlin) where he analysed the impact of regional disparities on election outcomes and worked on income inequality in Germany.

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