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EDITORIAL

The need for a European Strategy on Global Health

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International health has as a rule been considered as the involvement of countries in the work of international organizations such as the World Health Organization, usually through small departments of "international health" in the Ministries of Health and as development aid and humanitarian assistance, more often than not handled by bilateral aid agencies linked (in most cases) to the Ministries of Foreign Affairs or to Ministries of Development. But even in these long-established areas of action there has not been enough cooperation between European countries to speak with one voice, support similar priorities, harmonize aid and cooperate at recipient country level. This division has also held back joint European action on global health.

Global health refers to those health issues that transcend national boundaries and governments and call for actions on the global forces that determine the health of people [1]. It requires new forms of governance at national and international level that seek to include a wide range of actors. As in international health, in many countries as well as in the European Commission three strands of global health action generally run in parallel with little coordination or even in competition:

- the activities within the health sector that address normative health issues, global disease outbreaks and pandemics as well as international agreements and cooperation regarding non-communicable diseases;

- the commitment to health in the context of development assistance and poverty reduction;
- the policy initiatives in other sectors – such as foreign policy and trade – which are of high relevance to health.

These three spheres of policy action frequently pursue quite different aims, yet the increasing relevance of global health in many different policy arenas calls for new approaches [2]. The recognition of the need for policy coherence, strategic direction and a value base in global heath is only just beginning to emerge in Europe –at the level of both nation-states and the European Community. It is paramount that countries and the European Commission move beyond dealing with global health matters in separate silos of government. All health policies – be they national or European – have a significant global dimension and as in other policy arenas the line between domestic and foreign policy is ever more difficult to draw. This also leads other political entities – such as the German Länder – to be increasingly active at the European and even global level.

The issue of the migration of health professionals is just one recent case in point. Its resolution not only needs cooperation between many players at the national level but would also need to be based on a common approach shared by all members of the European Union and be integrated into new types of global agreements that bind and support developed and developing countries alike.

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Some recent developments towards more coherence

The European Union has taken some steps to strengthen its development commitment combined with a move towards greater policy coherence. The European Union as a whole is already the largest development donor, providing about 55% of all aid. In 2005, the "*Commitment to Development*" Index ranked 8 European countries in the top 10 for overall commitment, with 9 (10 including Switzerland) countries in the top 10 for aid as one of the components of the index [3]. The Scandinavian countries score consistently high in both rankings: for overall commitment the ranking is Denmark 1, Sweden 3, Norway 5, for aid the ranking is Denmark 1, Sweden 2 and Norway 3.

In April 2005, the EU published its first Millennium Development Goals (MDG) report, which highlights its new aid policy as well as the EU's contribution to the eight MDGs, based on member countries reports on their policies for ODA [4]. In the 2005 communication 'Accelerating progress towards attaining the MDGs: financing for development and aid effectiveness' (COM 133 of 12 April 2005) the European Commission laid out a series of proposals to enhance funding for development aid by an additional €20 billion annually, including specific aid targets to be reached by 2010: an individual ODA target for old member states of 0.51% of Gross National Income (GNI), and for new members states of 0.17%; and a collective average target of 0.56% of the Union's GNI [5]. These targets were accepted by the Council on 24 May 2005 and are now official policy.

It is also important that the Communication not only addresses development and aid issues but specifically includes the commitment to ensuring global public goods and the EU's increasing support for a common definition of such goods. Six priority global public goods are listed:

- trade;
- knowledge;
- peace and security;
- financial stability;
- global commons;
- the eradication of communicable diseases.

The synergy of policy domains is also a strong component of the EU's new aid policy that suggests focusing especially on sub-Saharan Africa, both through specific support to areas of particular need such as governance, trade and equity, as well as through an increased volume of aid. In terms of quality and effectiveness of aid, the EU policy aims at finding synergies in between areas of development such as trade, environment and agriculture, within the notion of "coherence for development", which derives from the policy coherence concept described in article I-8 of the EC treaty [6]. In the 'Accelerating progress towards attaining the MDGs – financing for development and aid effectiveness' the EU is also striving to untie all aid and to focus on areas where it has comparative advantage.

The EU is also considering innovative sources to finance development and the provision of global public goods, such as the principle agreement obtained during the 2005 Council of Economics and Finance Ministers (ECOFIN) on a voluntary levy on airline tickets.

A few European countries are beginning to address global health more coherently at the national level by mapping the many activities across government sectors in global health, establishing new mechanisms of coordination within government and developing a "global health strategy" on the initiative of the international departments in the ministries of health. But much remains to be done, including reaching out beyond government to civil society and to the private sector.

The need for a European Global Health Strategy

Despite these steps forward Europe has not used its financial strength and existing policy agreements to strategically promote what could be an identifiable European approach to global health based on common values, public health principles and a common foreign policy. Much of the action is taking place in the development sector rather than in DG SANCO or in the foreign policy arena. This is of course a reflection of the fact that the European Union still has problems in creating a political dimension to add to its international role as a major commercial and economic power. The EU Health Commissioner David Byrne saw this clearly and – shortly before leaving office in 2004 – stated: "By placing the improvement of global health at the centre of our emerging foreign policy agenda, we could transform our international partnerships, tackle a root cause of instability and make a persuasive case for the practical benefits of progressive politics" [7]. The challenge of "Health across policies" as set by the Finnish presidency for 2006 therefore gains an additional important global dimension of what has been termed "soft power".

As important as development aid for health is as a component of global health, it is only part of the picture; *governing interdependence* is as critical. A recent initiative by the European Foundation Centre called *The European Partnership on Global Health* (EPGH) has made a proposal that could help move the agenda forward at both the national and the European level. A policy glossary developed by the EPGH attempts to map the many dimensions of global health and argues that a distinct European approach to global health should be developed [8]. It must be based on the commitment to fundamental European values as expressed in the European Treaties. This would include: *health as a human right*, *health as a key component of equity*, *sustainability and human security*, and *health as a global public good*.

A European strategy on global health would be based on the understanding that Europe cannot and must not be an island in an interdependent world; it must help shape a world where others have access to health and healthcare as part of their human right and human dignity. Health is about solidarity and global citizenship. It is one of the most important components of human security and welfare. In consequence the key aims of a European approach to global health would be to ensure health at home and abroad through:

- strengthening global health security;
- promoting global health equity;
- enhancing good governance for global health.

In terms of policy directions a European strategy for global health would address the determinants of health as well as health risks of an infectious and a non-infectious nature, such as the global spread of obesity. It would be based on the 150 years of experience in European public health and invest first and foremost in public health infrastructure and human resources worldwide, prioritize prevention and health promotion and support the move towards universal access to primary healthcare. It would muster the extraordinary resources Europe has to offer and transform them into global leadership on key issues. For example global pharmaceutical, food, and information technology companies based in Europe hold a key to delivering great improvements to the lives of millions, if only their creativity could be mustered and applied to the problems of the poor.

The willingness and the capacity of states to cooperate is critical for global health – and the member states of the European Union bring long-standing experience to the table with a range of transnational mechanisms– ranging from policy networks and open coordination to binding agreements and hard and soft international law – which can serve as examples. If it matched the strength of its financial contributions with a coherent policy approach Europe could create the mechanisms to move beyond voluntary development aid to the agreed financing of global public goods for interdependence and development to which all actors would contribute, particularly those who benefit most from global restructuring.

The communication from the Commission entitled 'Healthier, safer, more confident citizens' [9], which attempted to bring together the Public Health and Consumer protection policies and programmes in one common framework, formulated as its first objective a goal that could also be at the core of a European global health strategy: *To protect citizens from risks and threats, which are beyond the control of individuals and cannot be effectively tackled by member states alone (e.g. health threats, unsafe products, unfair commercial practices)* [9]. This means that a European Global Health Strategy would address the threats to health arising from globalization in Europe and abroad and that Europe would take responsibility for the global impact of its policies in a new way. Article 129 of the Maastricht treaty (1992), later expanded by article 152 of the Treaty of Amsterdam (1997), requires the European Union to check that policy proposals do not have an adverse impact on health or create conditions that undermine health promotion – this principle must be understood to apply to global health matters as much as to the health of Europeans. For example, European politicians need to understand how subsidies in Europe can harm health in poor countries far away and European consumers need to be aware of the horrendous health conditions under which many of their favourite consumer goods are produced.

Some ideas to move forward

1. Europe should exercise leadership in global health (as it did on the environment) and mobilize many actors to contribute.
2. Europe should develop a European Strategy for Global Health, and establish goals and directions that reflect common European values for health and global citizenship. European health values are the distinctive set of beliefs about health rights and obligations that reflect European history and identity. Gender equality, reproductive health and rights, social rights and access to public goods are just some of the

issues where the European voice is needed more than ever.

3. Europe should support the establishment of mechanisms for good global governance for health, including increased transparency and accountability. A more engaged contribution by the EU and by European countries in global governance for health is essential.

4. Europe should promote the development of a new framework of international laws (hard and soft) concerning all three dimensions of global health: *equity*, *security*, and *good governance*, and explore the potential of a new global treaty on health rights.

5. The EU directive to include health in other policies needs to be understood to include global health dimensions such as the impact on global health of the Common Agricultural Policy, trade negotiations, and foreign policy. The aim of establishing health in all European Union policies as proposed by the Finnish Presidency (1 July 2006) must include global health.

6. Global governance for health begins at home. European countries need to develop more policy coherence and strategic direction in global health at the national level. National global health strategies could be a step in this direction.

7. Europe needs to strengthen its commitment to global health research encompassing biomedical research, health policy and systems research, social sciences and behavioural research, and operational research, and to support developing countries in strengthening their own research capacity. The Commission on Health Research for Development has recommended that developing countries should aim to spend the equivalent of 2% of their national health budget on health research and that donors should allocate 5% of their programme support for the health sector to research and research capacity strengthening. This should include analysis of the local and national impact of global processes as well as global health policies and governance.

Europe needs an open dialogue on global health so that politicians, citizens, businesses, civil society, and foundations can engage with this agenda and contribute to the clarification of principles, values, intent, and directions for global health action. As was the case in the United States a group of foundations could take a major lead, as they have started to do through the EPGH.

In his Georgetown University speech on May 26th 2006 Tony Blair linked the notion of interdependence and values in a way that can be highly relevant for a European global health strategy [10]:

> I have simply become more persuaded that the distinction between a foreign policy driven by values and one driven by interests is obviously wrong. Globalisation begets interdependence. Interdependence begets the necessity of a common value system to make it work. In other words, the idealism becomes the realpolitik.

There is nothing more pragmatic than a strategy based on the best public health evidence available – evidence that has been collected over the last 150 years. It is only the lack of political will that makes it look idealistic and unattainable: if the public health leaders of the nineteenth century had been as timid we would not enjoy the health we have today in Europe. Indeed, making heath accessible to a large proportion of the world's population and ensuring our common human security in health at the same time seems like one of the best deals around between idealism and realpolitik.

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