LAST MILES TO GO: THE EU GLOBAL HEALTH STRATEGY

About Epha's work on global public health

EPHA's work on Global Public Health focuses on the leading transboundary health concerns of Europe: antimicrobial resistance (AMR), air pollution, climate change, Planetary Health degradation and Global Health strategy. Each of these concerns poses an unprecedented risk to public health, environmental health, health systems and society. Our work therefore strives to ensure that these concerns remains high on the political agenda, with health considered in all policies.

By Cale Lawlor • Senior Policy Manager, EPHA

CONTENTS

INTRODUCTION

The European Union Global Health Strategy (GHS) has the potential to step up the European initiative towards a healthy future for the European neighbourhood. While wide-reaching, there are a number of gaps in the strategy in its current form, and EPHA is pushing for a number of crucial factors to be prioritised in the text. EPHA believes that climate change, antimicrobial resistance, and access to medicines should be treated with higher priority in the text, as major transboundary health threats that affect Europe and the European neighbourhood. While all these crucial topics are included, the cursory mention of their influence on health undersells the profound impact each could have on European health and European policy, with each capable of creating catastrophic challenges for the implementation of the goals of the strategy, let alone their combined impacts. The effect of any of these factors could derail the entire strategy, creating a vulnerability which cannot be compensated for by many of the other factors covered in the ambition of the strategy. These could be game-changers and it will be very important that the principles of the GHS are made consistent and are reflected in other EU policy processes.

The European Union published its new European Union Global Health Strategy on November 30, 2022. The strategy is clear in its intent; it is part of the EU's geopolitical tools for achieving its objectives of independence and influence, but also in ensuring European health security, resilient health systems and the fundamental rights on which the Union is based upon. To do this, the strategy's priorities are:

(1) investing in the well-being of all people

(2) reaching universal health coverage with stronger health systems and

(3) combatting current and future health threats.

The strategy makes mention of several challenges to health in Europe over the last decade, the COVID-19 pandemic, evolving health threats such as antimicrobial resistance (AMR), regional instability and war, increased population and life expectancy, workforce shortages, as well as the strain placed on societies by climate and environment pollution and degradation. The challenges are multi-faceted and interconnected, and require cross-cutting, multi system action, such as a health-in-all-policies and the One Health Approach, taking into account social determinants of health, the living environment, and human and animal wellbeing. The strategy calls for a "fundamental shift" to face these challenges.

How will this all be tackled according to the strategy? The strategy foresees a multi-pronged approach to promote health across the region and neighbourhood, in a collaborative approach to common health challenges. Through funding, governance, responsibility, education, partnership and collaboration, the strategy looks to lift the standard of health in the region, led by Team Europe. Through digitalisation and research, innovative approaches will help to tackle traditional and emerging health risks. Through resilience and humanitarian assistance, the strategy will help protect people in times of crisis.

The strategy aims at a number of foci to achieve these ideals. Tackling the roots of ill-health will aim to lift and promote the health of billions of people. Provision of health services will help to provide, protect, and enable better health. The rights of disadvantaged groups will anchor the actions in health equity, especially in low- and middle-income countries. Strengthening of the international health regulations will help protect all from domestic and transboundary health threats.

Although the proposed actions that this strategy hopes to achieve are ambitious and laudable, they do not fully address the extent of the health challenges that Europe and neighbouring countries will face in the present and future decades. Three topics in particular are deserving of larger commitments in the strategy; climate change, antimicrobial resistance and access to affordable medicines.

Apart from this, unless supported by additional concrete actions, goals and deliverables, it remains to be seen how the strategy will be implemented (McKee et al., 2023) This is due to a disconnection between its three global health priorities, proposed actions and (lack of) clear governance mechanisms to deliver those actions, and a system for monitoring and evaluating progression. According to a leaked draft of the Council Conclusions, Member States have watered down the ambition of the strategy even further (Furlong, 2023).
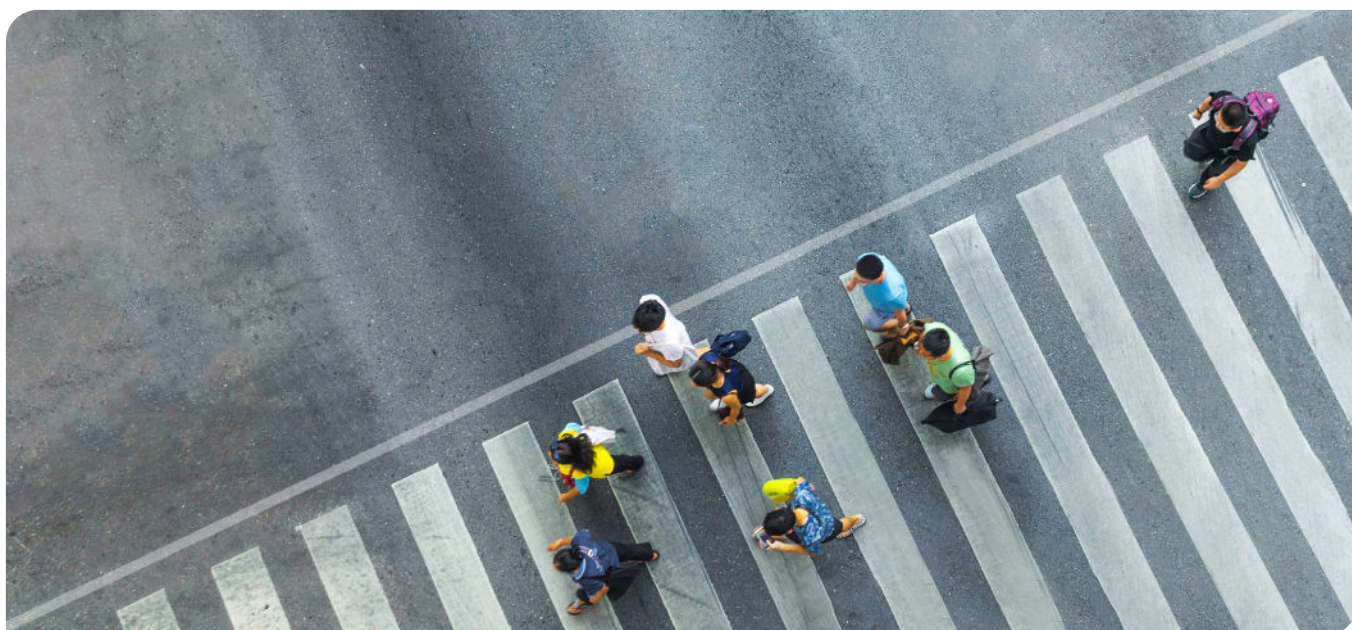
Some of the potential inconsistencies are already apparent. Certain measures, such as intellectual property waivers, that would improve access to medicines will conflict with the interests of European pharmaceutical companies and their host governments. Issues relating to intellectual property—a barrier to expanding equitable access to medicines globally—are overlooked. Furthermore, the strategy does not set out adequately how it will engage communities and civil society going forward; such engagement is foundational in global health and this omission is a major oversight. The strategy wants to focus on protecting the most marginalised but protection of the most marginalised is missing in many different target regulations with a global health impact. This is the case for instance of the target in the Ambient Air Quality Directive policy process, where leading European Health NGOs[1] had to advocate for true consideration of the most marginalised. And importantly, while the strategy recognises the essential role of communities and civil society to ensure the needs of people, with special emphasis on the most marginalised, are addressed, it lacks the details on how this engagement will be operationalised. The strategy needs to be strong on these core principles, such as protection of the most marginalised and community engagement, as these are values fundamental to Europe. Unfortunately, these principles are often at risk of being weakened in legislative documents, primarily due to industry influence. Therefore, the strategy should take a strong stance on safeguarding these principles and ensure that they are not compromised. This will require close monitoring and regulation of industry involvement in the policymaking process, as well as a commitment to transparency and accountability. Only by upholding these core principles can the strategy truly serve the best interests of all European citizens.

Regarding stakeholder engagement, there is a need to ensure equal participation of stakeholders, with mutual respect between parties. Also, for improving accountability and transparency, stakeholders should be informed about updates and be provided with sufficient opportunity to give input.

For follow up and active involvement in implementation, a special task force with different stakeholders should be created, including hospital pharmacists, other healthcare professionals and patient organisations, to prepare recommendations in the different health dimensions – such as the healthcare workforce, its education and training – assessing how the strategy is performing and how we could go further in its execution. A report with recommendations should be presented at the Annual Global Health Policy Forum to better inform the implementation of the strategy.

---

1 https://www.env-health.org/joint-letter-to-envi-meps-health-organisations-recommendations-to-step-up-on-clean-air-for-health-with-science-based-air-quality-standards/

CLIMATE CHANGE: THE EXISTENTIAL THREAT

The science is settled on climate change; it is anthropogenic and effecting the planet's climate. The World Health Organization (WHO) recently stated "the climate is warming quickly and dangerously" (WHO, 2021), and that climate change, environmental degradation and loss of biodiversity are some of the greatest threats humanity[2] has ever known. It poses an existential risk to humanity and most life on the planet. Not only is there the chance that humanity will face the risk, but climate change will be a risk to every sector of society; as much as climate change is an environmental crisis, it is also a health crisis, an economic crisis, a governance crisis, an infrastructure crisis, a cultural crisis. In addition, disadvantaged groups suffer disproportionately from adverse effects of climate change, causing larger inequalities (Islam et al., 2017). Without rapid, sustained, reformative action, Europe will be facing this risk in progressively greater increments as the air warms, the ice melts, the insects and plants change, and people flee climate breakdown. EPHA has previously highlighted the public health position, that health should be at the centre of climate policy, and has identified several entry points[3] within which health can be brought to more prominence in environmental policies.

Given the potential for climate change to not only change how human society functions, but also to reverse development gains and severely impact public health function, the text of the EU GHS seems to just make passing references to policies already in place, and the need to act. There is no call to action, no specific targets in meeting climate neutrality and no commitments to meeting the goals of the Paris Agreement to limit global temperatures.

Climate change already has a profound health effect (IPCC, 2023). It can put in jeopardy the progress of all other health policies. The health implications of climate change, and the effects of climate change on all sectors that will impact health, are not captured in this wording.

This urgency and magnitude are missing in the strategy, treated as a secondary goal to political positioning.

For a strong response to the climate crisis, all policies need to fiercely commit to limiting climate change, not just make a passing mention and hope that other policies do all of the work. Policies which are currently failing to meet their targets; according to Copernicus,[4] atmospheric carbon is still rising, and is at the highest levels seen in the last centuries. The second hottest year on record was 2022[5]. Last summer was the hottest on record for Europe. People are already suffering the changes of climate, but this threat to all the systems we rely on for safety is not given its due importance in the EU Global Health Strategy, missing an opportunity for the EU to take a role as a normative and change actor leader in climate change.

2   WHO (2021) Climate change and health. Available at:
     https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health

3   EPHA (2022). Climate and health: Two sides of the same coin? Available at:
     https://epha.org/climate-and-health-two-sides-of-the-same-coin/

4   Global Climate Highlights 2022. Available at: https://climate.copernicus.eu/global-climate-highlights-2022

5   Global Climate Highlights 2022. Available at: https://climate.copernicus.eu/global-climate-highlights-2022

RECOMMENDATIONS

Reducing greenhouse gas emissions rapidly and reaching at least 55% reduction in emissions by 2030 in line with the European Climate Law, should be a key priority of the Global Health Strategy, and should be explicitly mentioned.

Interventions to decarbonise the health sector should be a goal of the strategy.

The strategy should aim to enable health care providers to become climate champions, emphasising the health risk, and using their community standing, to push change.

The strategy should identify entry points for health into different policies, with particular emphasis on policies that lead to health and climate co-benefits. It should also explicitly state that the addressing the health aspects of climate change will be a key recommendation for all policies, including those that relate to the European neighbourhood.
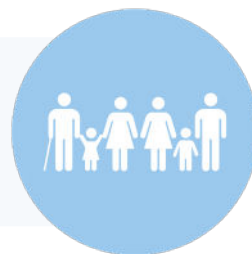
Antimicrobial resistance:
the 'silent' pademic

The European Commission (EC) rightly emphasises the need and urgency to address antimicrobial resistance. Out of its 20 Guiding Principles, Guiding Principle 11[6] asks to "Apply a comprehensive One Health approach and intensify the fight against antimicrobial resistance (AMR)." It details it into two complex challenges, the multisectoral, integrated and transdisciplinary coordination it requires as well as the actual silent pandemic that AMR is. AMR is a significant public health threat to living normally and its global implication is causing a crisis.

However, the strategy again lacks vital details to ensure its implementation and the monitoring and evaluation of its impact over the years. The vast number of initiatives, technical working groups on AMR by the Commission as well as by global and regional actors, make it difficult to understand how they are and will be coordinated at the interface of EU's work on the global health arena. For instance, DG SANTE takes forward action, such as the AMR One Health Network with Member States on AMR, while DG RTD funds research on AMR, through Horizon Europe, and the EU HERA is exploring how to further support the development of medical countermeasures to address AMR. This is on top of national and global initiatives.

More clarity in the communication of how each mechanism will work and who will be coordinating, will further facilitate the involvement of all needed stakeholders, including by detailing the role for civil society and communities to ensure the voice of those who are left behind can be presented to the EU and can improve global health.

As a key EU initiative in the fight against AMR, the EU could share the best practice of having a European Antibiotic Awareness Day that is running for over a decade and supporting national initiatives related to that.

In terms of partnerships, the Commission also outlines cooperation within a "One Health approach", promoting tighter connections between regional health initiatives, such as the new ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED). What is missing, however, is a full overview of the different existing mechanisms with a clear indication as to what exactly this new strategy could mean for them. Civil Society should also be engaged properly as it can potentially help to bring national and international coordination together for public health and can help to leverage better integration and collaboration to intensify the fight for AMR, including by addressing concerns and needs from other sectors (e.g., farming, trade) and other regions of the world.

Furthermore, the misuse and overuse of antibiotics in human health could contribute to environmental contamination. The strategy should recognise that multi-professional antimicrobial stewardship teams ensure the appropriate selection, dosing, route and duration of antimicrobial therapy. It should also recognise that such teams contribute to raising awareness among other healthcare professionals as well as to the general public on antibiotic environmental contamination. The specialised background of hospital pharmacists needs to be fully utilised in these multidisciplinary teams to promote the prudent and adequate use of antimicrobials and thereby contributing to optimising clinical outcomes and minimising unintended consequences of antimicrobial use.

---

6   https://health.ec.europa.eu/system/files/2022-12/international_ghs-report-2022_en.pdf

Recommendations

Explicitly outline existing key EU initiatives to address AMR and how they will be coordinated.

Include details on how to ensure active engagement of communities and civil society organisations at EU and global level to cooperate in addressing AMR.

Global access to medicines: not just a future health threat

In the communication of the EU Global Health Strategy, the Commission states that the EU Global Health Strategy would fit in line with its Pharmaceutical Strategy as the EU will strengthen multilateral cooperation to secure safe and diverse pharmaceutical and health-related industrial supply chains, to facilitate access to quality medicines and health products. However, these two strategies require a separate mandate and implementation pathway. While the EU GHS stands strong on improving multilateralism, it is not clear how exactly these guiding principles will be implemented by each Member State versus a pharmaceutical strategic which is for most of its components legally binding.

Overall, while the GHS rightly places universal health coverage at its core and recognises that access to essential health services, including affordable quality treatments, are essential pillars to deliver better health and well-being, the document places most of the actions to address access to medicines within its third core priority 'combating current and future health threats'. This waters down the ambition to facilitate equitable access to medicines and other medical countermeasures.

Guiding Principle 12[7] rightly recognises the need for international trade policy to work for global health. However, the way in which trade policy and equitable access to medical tools is presented is problematic. On one hand, no mention is made of the need to support the use of existing Trade-Related Aspects of Intellectual Property Rights (TRIPS) flexibilities, such as compulsory licenses, to expand affordability and access to essential medicines as recognised by the Doha Declaration on the TRIPS Agreement and Public Health.[8] On the other hand, explicit support for technology transfer and the pooling of research data and intellectual property is not sufficient.

This is because of the limited influence that the strategy has vis-à-vis the binding framework of the WHO and the TRIPS agreement which became evident during the negotiations conducing to the Ministerial Decision[9] on the WTO Agreement on TRIPS. While the proposal for a TRIPS waiver during the pandemic aimed at making it possible to expand the manufacture and increase access to COVID-19 vaccines, the final agreed text was too narrow and came too late[10] to make a difference in addressing unequal access to vaccines during the peak of the pandemic.

In its strategy, the EU should ensure that public health takes precedence over trade as recognised by the Doha Declaration. This guiding principle would support constructive discussions, including to extend a waiver mechanism to cover COVID-19 therapeutics and diagnostics and support the scaling up of the production capacity of vaccines and other products in developing countries. In this sense, the new EU GHS takes a step back compared to the 2010 Strategy, which at least recognised the need for the EU to make use of TRIPS flexibilities to address access and affordability of essential medicines and to address access and innovation at the same time. This has led international NGOs to call out the strategy[11] for its lack of a solid commitment and implementation plan.

In addition, there is a missed opportunity for the EU to build consistency between global health and EU research programmes, for instance, by ensuring the use of stronger access conditionalities tied to the EU's research investments. The EU could push for a more consistent use of requirements for further transparency obligations for private companies to disclose public funding for contributions received and biomedical research and development (R&D) costs, as well as to condition the public R&D funding to the inclusion of

---

7   https://health.ec.europa.eu/system/files/2022-12/international_ghs-report-2022_en.pdf

8   WTO (2001) Declaration on the TRIPS agreement and public health. Available at:
           https://www.wto.org/english/thewto_e/minist_e/min01_e/mindecl_trips_e.htm

9   https://docs.wto.org/dol2fe/Pages/SS/directdoc.aspx?filename=q%3A%2FWT%2FMIN22%2F30.pdf&Open=True

10   Zarocostas, J. (2022) Mixed response to COVID-19 intellectual property waiver. *The Lancet.* Available at:
           https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00610-9/fulltext

11   Furlong. A. (2023) Council dilutes Commission's global health ambitions. *POLITICO Europe*. Available at:
           https://pro.politico.eu/news/161894

conditionalities ensuring equitable access to the medical countermeasures developed by private companies with the help of such public funding. This is especially applicable as the EU prepares to increase its investments, including via the recently created EU Health Emergency Preparedness and Response Authority (HERA). The strategy should ensure consistency and equity in HERA's vision and ambition as a global actor.

As the negotiation of a pandemic treaty provides an additional opportunity to ensure global equitable access to medical tools, it will be crucial for the EU to prioritise the design of a better system based on solidarity uncoupled from commercial pressures and guided by the public health interest.

RECOMMENDATIONS
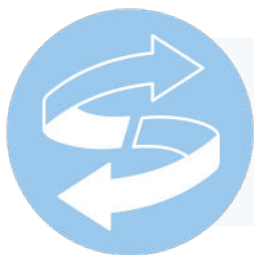
Explicit mention to the need to put public health needs and exceptions above trade rules and the need to build consistency between the EU pharmaceutical strategy and its Global Health Strategy.

Explicit mention to the need to address access to medicines and innovation at the same time and for countries to respect the flexibilities of the TRIPS agreement, including in future EU trade and investment agreements.

Consistency with EU research programmes and the EU HERA in including access conditionalities and requiring transparency obligations for companies receiving public funding to support biomedical R&D.

Ensure consistency and prioritise global equitable access to medical tools in the negotiations of a Pandemic Treaty. In these endeavours, involve hospital pharmacists, other healthcare professionals and patients' organisations in the discussions of such a document.

Summary

EPHA will continue to advocate for greater consideration of climate change, antimicrobial resistance and access to medicines in the EU global health strategy and continue to press for greater focus in future revisions. EPHA will work to develop ongoing advocacy and policy efforts, as well as coordinated health communication and strategies to make sure these important factors stay on the political agenda, both inside of the EU Global Health Strategy, and as part of every-day policy making. A strong, stable European health future depends on all of us and we have no time to waste.

Climate change, antimicrobial resistance and access to medicines are some of the most pressing issues in European health, and in global health currently. They require action and energy to ensure the health of billions. The EU Global Health Strategy has an opportunity to protect and promote the health of these billions, yet requires the more focused ambition and implementation plan to do so. It needs to seize this opportunity to place global public health in the spotlight.

EUROPEAN PUBLIC HEALTH ALLIANCE (EPHA)

Rue de Trèves 49-51 • 1040 Brussels (BELGIUM) • +32 (0) 2 230 30 56

https://epha.org/ • epha@epha.org