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The New EU Global Health Strategy: reflections on context and content

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Summary

The coronavirus pandemic revealed weaknesses in multilateral cooperation on international health emergencies, but also alarming inequalities and vulnerabilities. Against this backdrop, the European Commission is currently drafting a new EU Global Health Strategy, to be published in late 2022. Policy experts and civil society alike have called for a broader focus on joint action and partnerships to address root causes of disease, universal health coverage and the resilience of health systems in the Global South.

While previous policy reports have tended to take multilateral health cooperation and the WHO as their starting point, this analysis puts the Union's potential role in global health into a context rooted in the nature of the EU as a political project. Drawing on official documents, civil society reports and existing research, it outlines the institutional, legal and political context of EU health policy and argues that the narrow focus in the EU's internal activities has so far been mirrored in its external action.

The key argument presented is that understanding the full spectrum of the EU's policies and partnerships of relevance for global health is necessary, to move beyond the limited focus so far on preparedness and response to potential pandemics. To ensure traction, the EU should consider a few such areas where it has a strong mandate and established role.

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1. Introduction

Much has changed since the EU adopted its current strategy on global health in 2010.[1] Transnational problems such as climate change, antimicrobial resistance (AMR), non-communicable diseases (NCDs) as well as growing inequalities and vulnerabilities are becoming increasingly acute. At the same time, international cooperation has changed significantly, with new geopolitical dynamics and the advent of the UN's Agenda 2030 Sustainable Development Goals (SDGs) which are intended to frame partnerships to tackle common challenges. In addition, global health governance is now increasingly characterized by a range of new, financially powerful actors such as the Bill and Melinda Gates Foundation, as well as new public-private partnerships (PPPs) combatting specific diseases. This has mobilized new sources of financing but also raised questions about accountability and equity. Last, but not least, COVID-19 has shaken societies and health systems to their core.

The pandemic had important repercussions for health policy reform in the EU: it spurred discussions about strengthening its internal health policy and institutions, and it placed the EU at the forefront of global health governance (Kickbusch & de Ruijter 2021, 1). The first round of reforms towards a stronger European Health Union – boosting the EU's *internal* capacities – is currently underway. The events which prompted these reforms, and the reforms themselves, strengthen the prospects for further *external* joint action. Against this backdrop, the European Commission has committed to presenting a new draft EU Global Health Strategy by the end of this year, following an extensive consultation process ending on 9 September (European Commission 2022a). Responsibility for the strategy will be shared between the Directorate-General for Health and Food Safety (DG SANTE) and the Directorate-General for International Partnerships (DG INTPA), and the initiative enjoys strong backing from Commission President Ursula von der Leyen.

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The forthcoming draft strategy provides an opportunity for reflection on how the EU could best leverage its role in global health. The coronavirus pandemic revealed weaknesses in terms of multilateral cooperation, but also serious inequalities and vulnerabilities in national health systems. Its socio-economic consequences overturned decades of progress on health goals in low- and middle-income countries. While global cooperation on preparedness, surveillance and response to potential pandemics is thus clearly in need of strengthening, policy experts and civil society alike have, above all, called for a broader focus on partnerships to address prevention, universal health coverage and the resilience of health systems in the Global South. The links between human, animal and environmental health are also increasingly highlighted, as the root causes of pandemics and their transmission from animals are affected by degradation of the natural environment.[2] So far, the EU has not yet fully leveraged its role in this context and has untapped potential in various policy areas affecting global health directly and indirectly.

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[1] There are various definitions of global health. According to Ilona Kickbusch, the term can be understood both as 'a new context, a new awareness and a new strategic approach' in matters relating to international health. In this broad sense, the concept typically covers 'the impact of global interdependence on the determinants of health, the transfer of health risks and the policy response of countries, international organizations and the many other actors in the global health arena' (Kickbusch 2002). Several EU member states, including Sweden, have their own strategies on global health with varying scopes.

[2] For a comprehensive report on the human, animal, environmental health see the United Nations Environment Program's policy recommendations on how to prevent the next pandemic from 2020 (UNEP 2020).

Drawing on official EU documents, civil society reports and existing policy research, this paper sets the forthcoming EU Global Health Strategy in its institutional and political context, and on this basis highlights some promising areas for EU action. It first touches upon the lost momentum of the 2010 conclusions on global health and how this document failed to shape broad, concerted action at EU level. Second, it outlines the legal mandate and the main focus so far of the EU's *internal* health policies. It argues that this emphasis has so far also been mirrored in the EU's external activities related to global health. Third, it touches upon the EU's growing global ambitions in the wake of the COVID-19 pandemic and then makes some suggestions that could guide the new EU Global Health Strategy going forward. A key argument presented is that understanding the full spectrum of the EU's policies which have direct and indirect relevance for global health is necessary, in order to move beyond the limited focus so far on priorities related to preparedness and response to potential pandemics, i.e. what is commonly referred to as health security.[3] For the purpose of operationalization however, the EU is likely to be more successful if it focuses on a few areas where it has an established mandate and role.

While a number of policy papers on the EU's forthcoming strategy have already been produced by global health experts and civil society actors, the intended contribution of this analysis is to put the EU's potential role into an institutional and political context rooted in the nature of the EU as a political project. Its proposed points for action are thus non-exhaustive.

2. The 'lost momentum' of the 2010 Council conclusions

The European Commission's 'Communication on the EU Role in Global Health' (European Commission 2010) and the subsequent Council Conclusions were adopted in 2010, against the backdrop of the UN Millennium Development Goal (MDG) process (Council of the European Union 2010). The documents were meant to shape the EU's policy implementation in relation to the three health-related MDGs: child mortality (Goal 4), maternal mortality and access to reproductive health care (Goal 5) as well as combatting HIV/AIDS, tuberculosis and malaria (Goal 6).

The Council conclusions from 2010 set out a rights-based approach to the EU's role in global health, centered around the need to improve health, reduce inequalities and increase protection against global health threats. Although heavily centered on the EU's role in development cooperation, the conclusions contain references to the mainstreaming of global health objectives in all external policies. Actions to this end described in the document include efforts to achieve universal and equitable access to high quality health services. Although mainly addressing the EU's role as a traditional donor, the document touches upon the need for EU action in relation to its trade agreements, migration and security policies, as well as in the field of environment and climate.

> '[...] the ambitious cross-sector approach set out in the 2010 Council conclusions resulted in a "lost momentum" [...]'

According to a key report on the need for a new EU Global Health Strategy, the ambitious cross-sector approach set out in the 2010 Council conclusions resulted in a 'lost momentum' (Kickbusch & Franz 2020, 29). Perhaps due to the lack of a clearly defined focus areas for operationalization and its heavy focus on development cooperation, the strategic direction failed to deliver concerted action towards equitable access to health globally. Instead, the main development at EU-level over the past two decades has been in one particular area of global health, namely that related to major public health threats, including pandemic preparedness and response. This focus is in line with a largely Anglo-

[3] While there are several understandings of the concept of 'health security', critical analysis has underlined that its usage by some countries has led to a focus on combating potential pandemics and bioterrorism as external threats to national or international security. This narrow security framing of cooperation on health issues internationally may not be compatible with broader approaches such as community-based primary health care and neglected health challenges of the most vulnerable, and has often been met with some suspicion, particularly in the Global South (Aldis 2008).

American tradition in the combating of possible pandemics, often referred to as health security. The limitations of this agenda – focused on systems and platforms for data surveillance of new outbreaks, preparedness measures, as well as early detection and response through measures such as contact tracing – have often been highlighted: it overshadows the social and environmental root causes of disease and the other health needs of the most vulnerable.[4] The comprehensive perspective and focus on the MDGs as set out in the 2010 Council conclusions, in other words, did not fully materialize at EU level.

In parallel, however, over the past decade, the EU and its member states continued their roles as traditional donors in development cooperation, including through support for health systems in partner countries. More than the global health strategy from 2010, EU action in this regard has been guided by strategic documents such as the European Consensus on Development, the Cotonou Agreement (2000) and its successor agreement between the EU and the Organisation of African, Caribbean and Pacific States which entered into force in 2021. EU development cooperation activity to improve health has included funding interventions to improve maternal health, SRHR[5] and vaccinations in partner countries (European Commission 2018). Some additional impact has been achieved through 'Team Europe' approaches following the pandemic; joint efforts by the EU, member states and European development finance institutions. Unfortunately, the UK's exit from the Union dealt a hard blow to the EU's development cooperation capacity in the field of health, depriving it of that state's significant development budget and global political influence.

3. A new momentum building?

Since 2010, the international context and the lessons learned from the COVID-19 pandemic have changed the playing field. The Commission has already moved quickly toward reforms described as creating a 'European Health Union', boosting cooperation on certain aspects of health policy within the EU. These reforms include the establishment of a new EU agency for health emergency preparedness and response (HERA), a strengthened legal and institutional framework for cooperation on cross-border health threats, and a new pharmaceutical strategy.

Moreover, Agenda 2030 and the global climate action agenda are now meant to frame international action towards shared global goals, with a focus on the full spectrum of policies, internal as well as external. Overall, development cooperation is experiencing not only declining levels of traditional ODA[6] but also a transition into a multi-actor agenda, oriented around partnerships and joint investments which seek to leverage new forms of financing.

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Against this backdrop, the EU's global health strategy from 2010 is now in need of an update and relaunch. The Commission already has a vast amount of input to draw on when it comes to evaluations of the failures of global health governance following the outbreak of the coronavirus. In addition, an open consultation process was launched at the European Development Days in June 2022, that will run until 9 September. According to statements issued so far by the Commissioners responsible, the aim is to present an ambitious draft strategy which will take a cross-sector approach, putting equity, health

[4] As an example, Stevenson and Moran have argued that 'the rise to prominence of the health security paradigm in international relations has created several significant distortions in global health governance'. In particular, they note that this agenda is 'shaped more by the interests of relatively privileged populations, especially in developed countries, whereas the costs are more likely to be borne by marginalized groups in both developed and developing countries'. Moreover, 'securitization tends to activate state-centric policy responses that shift scarce resources away from public health actors and initiatives towards already well-funded security institutions and programs' (Stevenson & Moran 2014, 328).

[5] Sexual and Reproductive Health and Rights.

[6] Official Development Assistance.

systems, multilateralism and the implementation of the SDGs at its core (European Commission 2022a). It will then be up to the member states to negotiate Council conclusions setting the direction for priorities and implementation.

Ahead of the Swedish Presidency of the Council of the EU (January – June 2023) the Swedish Government has indicated an ambition that these Council conclusions should be agreed before the end of its term. The Swedish Presidency is well placed to achieve this, given the solid expertise on global health within the Government Offices as well as the comprehensive national strategy adopted in 2018 as part of the implementation of Agenda 2030 (Government Offices of Sweden 2018). The Commission under President Ursula von der Leyen is likely to take an active and ambitious approach, given its aspirations relating to post-pandemic reform, climate change and a stronger presence of the EU in external affairs.

Previous reports on the EU and global health have often directed their attention to the EU's broader role in the multilateral framework. The contribution of this paper is first and foremost to put the EU's existing and potential 'actorness'[7] in global health into an institutional and political context rooted in the nature of the EU as a political project. To grasp the 'lost momentum' of 2010 and the options for the way forward, it is therefore first necessary to outline the legal and institutional conditions of the EU's *internal* health policy.

4. The EU's legal mandate

In general, the scope for joint EU action externally is determined by its political and legal mandate to act internally. In broad terms, this means that the EU can only enter into international agreements if the institutions have been granted powers for attaining a specific objective in the Treaty, or in secondary EU legislation. In the health field, this becomes a problem since health policy in its narrow conception is member state competence. The EU's role in health policy is set out in article 168 of the Treaty on the Functioning of the European Union (TFEU). When it comes to health policy in its stricter sense, article 168 sets out that EU action shall only support, coordinate and complement national policies. Moreover, the article contains a clarification in its last paragraph, stating that 'Union action shall respect the responsibilities of the member states for the definition of their health policy and for the organisation and delivery of health services and medical care.' In other words, in terms of the EU's legal capacity to act, health policy in its narrow sense belongs primarily to the member states. This gives the EU a much more limited scope for action, not only internally vis à vis the member states but also externally, as the legal competence affects the EU's formal mandate when acting beyond its borders. Therefore, even though article 168 TFEU also states that '[t]he Union and the member states shall foster cooperation with third countries and the competent international organisations in the sphere of public health', doing so may be less straightforward than in other policy areas such as the internal market, the EU's environmental policy or regulation on animal health, where EU laws prevail over national ones once the Union has legislated. Exceptions include areas such as tobacco products and pharmaceuticals, where the EU has a stronger legal mandate and longstanding internal legal frameworks based on the 'internal market' article 114 TFEU. Moreover, the EU's role in development cooperation, based on article 208 and 209 TFEU, also provides more leeway since the EU and its member states share competence and can act in parallell in this area.

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Yet as Kickbusch and de Reuiter note, the EU's role in global health has many dimensions that are not always clearly recognized in the global health debate (Kickbusch & de Ruijter 2021, 1). For example, article 168 also states that '[a] high level of human health protection shall be ensured in the definition and implementation of all Union

[7] 'Actorness' can be understood as the extent of an entity's coherence, capability, consistency in international relations, and the extent to which it has autonomy and is recognized as an agent (this definition is based on Rhinard & Sjöstedt 2019).

policies and activities'. This provision, often referred to as 'Health in All Policies' is similar to article 11 TFEU, which sets out the legal ground for integrating environmental protection across the board. In this wider sense, a range of EU policies are relevant for health protection, including rules regulating chemicals, animal disease, food safety as well as other health and safety standards. Further areas in which the EU has a strong role that directly or indirectly affects public health include trade, environmental regulation and action to tackle climate change. Yet, in practice the mainstreaming of health issues in line with the Treaty's 'Health in All Policies' principle is still only marginally applied at best (Bartlett & Naumann 2021).

More recently, as part of the discussions surrounding the Conference on the Future of Europe, calls have been made to give member states and the EU equal footing in health, by making the policy area a shared competence. While such a revision of the Treaty is unlikely to materialize, important institutional and policy reform towards a strengthened 'European Health Union' is likely to give the EU more relevance externally. The details of these reforms will be touched upon below, after a brief outline of the focus so far in the EU's internal health policy.

5. The EU's focus so far in its internal health policy

In its broader sense, health policy at EU level also includes regulation relating to the internal market such as food safety, consumer policy and other kinds of standards for health protection as well as research policy. Binding legislation using TFEU 'internal market' article 114 as its legal basis exists in relation to patients' rights to cross-border health care, regulation of tobacco products, pharmaceuticals, medical devices, clinical trials as well as blood, tissues and organs. EU action in the health field is otherwise typically a matter of 'soft tools' and policy coordination as well as financing from the EU's health program.

Despite a particular sensitivity on the part of the member states when it comes to 'competence creep'[8] in the field of health policy, the role of the EU has *de facto* grown over the past three decades, especially in one area: that of infectious disease outbreaks and other transnational health emergencies (Bengtsson & Rhinard 2019). Legally, this development springs from a special provision on 'cross-border health threats' in article 168 of TFEU. In practice however, this focus developed incrementally, as the EU and its member states had to respond to transnational health crises such as BSE ('mad cow disease'), SARS-CoV-1, influenza pandemics as well as the 2014 Ebola outbreak in West Africa (Bengtsson & Rhinard 2019). However, it is also part of an international trend of focusing on matters related to health security in global health governance over the past two decades. Spurred by the looming threat of 'bioterrorism' following the anthrax scares in the United States in 2001, an agenda oriented around the detection and containment of CBRN-events,[9] outbreaks of pandemic influenza and emerging infectious diseases perceived as threats to national and international security gradually also took hold in the EU (Bengtsson & Rhinard 2019).

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A direct result of the 9/11 attacks was the establishment of the EU Health Security Committee, which gathers the heads of national public health agencies for the purpose of coordination when health crises occur. Similarly, the EU's agency for infectious disease prevention and control (ECDC) was established at record speed following the SARS outbreak in 2003. This crisis-oriented agency of epidemiologists quickly turned into the center of EU-wide 'epidemic intelligence' i.e. it began to provide and further develop surveillance of new outbreaks and rapid risk assessments of threats that might reach the EU (Bengtsson *et al.* 2019). The 'swine flu' (H1N1-virus) pandemic in 2009 drove further integration in this field, leading to the adoption of Decision

[8] The phenomenon, first named at least twenty-eight years ago (Pollack 1994), remains a live issue.
[9] Chemical, Biological, Radiological and Nuclear.

No 1082/2013/EU which boosted and formalized EU cooperation on cross-border health threats. This framework from 2013 also contained the legal basis for an EU joint procurement agreement, which allowed the Commission to negotiate and purchase vaccines and medical countermeasures during the COVID-19 pandemic upon the signature of participating member states.

'Reforms underway towards a "European Health Union", proposed by the Commission in the aftermath of the COVID-19 pandemic, will further strengthen the EU's role in the field of health security.'

Reforms underway towards a 'European Health Union', proposed by the Commission in the aftermath of the COVID-19 pandemic, will further strengthen the EU's role in the field of health security. The reforms have so far included a new pharmaceutical strategy, the revision and strengthening of the legal framework on cross-border health threats from 2013 including a new focus on EU-wide and national pandemic preparedness plans (European Commission 2020a), as well as stronger mandates for the ECDC and the European Medicines Agency (EMA). A new agency, the Health Emergency Preparedness and Response Authority (HERA), has also been launched as a new Directorate-General within the Commission. HERA's core mission is to strengthen coordination on health security through prevention, early detection, and rapid response to health emergencies. To this end, it will be responsible for intelligence gathering (i.e. the collection of data that might indicate new outbreaks), coordination of national response capacities, and EU-level emergency funding for procurement and deployment of medical counter-measures and vaccines (European Commission 2022c). The agency has been allocated an overall budget of €6 billion over the next 6 years and its structure includes a unit for international cooperation. As part of its global activities, HERA is meant to work with international partners to 'strengthen global health security architecture on production capacities, capacity building in third countries, and of course sharing the medical countermeasures it develops' according to a statement by the Commission (European Commission 2022c).

A clear example of the EU's focus on health security in its internal policies is the mandate of the ECDC, which is heavily oriented towards surveillance and detection of new potential outbreaks (Bengtsson *et al.* 2017; Bengtsson & Rhinard 2019). The organization is not empowered to work on chronic diseases, and it has so far suffered from limited staff and budget dedicated to root causes of persisting infectious diseases that affect the most vulnerable such as tuberculosis or HIV/AIDS (Bengtsson 2020). This reflects the situation at EU level in general, as initiatives aimed at prevention and the addressing of social and environmental determinants of health have not benefitted from the same level of determined EU action.

When it comes to national health services (or more broadly what is often referred to as 'health systems'), member states tend to safeguard national competence. The European debt crisis and the coronavirus pandemic, however, shed some light on the need for coordination and resilience as the negative consequences of disinvestment in the health sector became obvious. Evaluation of member state health systems is now part of the annual cycle of policy coordination known as the European Semester.

One area of the EU's internal action on health that springs neither from internal market regulation nor the traditional understanding of health security is the promotion of what are known as 'One Health' perspectives, emphasizing the interconnectedness of animal, human and environmental health. Perhaps due to DG SANTE's responsibility not only for human health but also areas where the EU has stronger legal mandates, such as food safety and animal health, this agenda has become influential inside the institutions and agencies, including the ECDC. This is reflected, for instance, by the flagship, multi-sector initiative 'One Health Action Plan for Anti-microbial Resistance' from 2017 which sets the ambition of making the EU a best practice region in this field, and of shaping the global agenda (European Commission 2022).

To sum up, while policies related to the internal market have been and continue to be important when it comes to EU health policy, a focus area that has grown extensively over the past two decades is the agenda relating to health security, i.e. outbreak preparedness, surveillance, detection and crisis response. In comparison, initiatives

emphasizing prevention, social and environmental determinants as well as strengthening of health systems have remained largely within the remit of the member states. However, this may be about to change somewhat following the coronavirus pandemic, as the added value of joint approaches in certain areas became increasingly clear to avoid a breakdown of trust and free movement.

6. The EU's external role so far – mirroring its internal competences

The DGs primarily responsible for policies relating to global health are DG SANTE and DG INTPA. However, the European External Action Service (EEAS) has unleveraged potential in this field, as do Commission DGs covering Research and Innovation, Trade, Humanitarian Aid Operations, Environment and Climate as well as the Internal Market (Bergner & Voss 2020).

Following the Ebola outbreak in West Africa in 2014 in partiucular, various policy commentaries in medical journals and civil society interventions have called for a broader approach to health crises beyond surveillance and early detection of new outbreaks, for example by increasing the resilience of health systems in low- and middle-income countries and by promoting universal health coverage (Piot *et al.* 2014; Speakman *et al.* 2017). As emphasized in an analysis by Bergner and Voss, the coronavirus pandemic then created an even stronger case for approaches beyond disease control measures, that would include preventive and health-promoting measures (Bergner & Voss 2020). In general, however, the rather narrow focus of EU internal health policy to date has also been mirrored in its external activities. Outside of its development cooperation, the EU has been particularly focused on boosting bilateral and multilateral cooperation on matters relating to health security.

International cooperation on combatting the spread of infectious diseases dates back to the mid-19th century, when twelve European countries agreed on the 'International Sanitary Regulations' with the aim of preventing outbreaks of certain infectious diseases (such as cholera) from interfering with international trade flows (Giesecke 2019). However, priorities, with the exception of the EU's role in development cooperation which includes certain support for partner countries' health systems more broadly, derive from a largely Anglo-American agenda which developed after the terrorist attacks on the US in 2001. This paradigm merged a concern for new emerging disease in developing countries with fears of pandemic influenza and CBRN-attacks (Bengtsson & Rhinard 2019; King 2016).

The European Commission participated early on in platforms such as the Global Health Security Initiative that was launched by the G7 and Mexico in 2001, and the EU also quickly joined the Obama administration's Global Health Security Agenda in 2014. Coordination with the World Health Organization (WHO) is close, particularly when it comes to health security, and has deepened over the years.

In this regard, it is worth noting that all EU member states are members of the WHO and that the EU's internal legal framework refers to the obligations set out in the WHO's International Health Regulations (IHR) from 2005 – an international agreement which obliges signatories to detect and report on potential public health emergencies at source.

> 'The EU and the WHO often join forces on global initiatives, especially in relation to the implementation of the [International Health Regulations].'

The EU and the WHO often join forces on global initiatives, especially in relation to the implementation of the IHR. Despite the fact that health policy is member state competence the EU has often been able to speak with one voice within the WHO when it was deemed important to do so, and its interventions have become more comprehensive and strategic over time (Kickbusch & Franz 2020). The EU, with its pioneering regulations on tobacco products, has also played an important role in relation to the norms of the WHO's Framework Convention on Tobacco Control from 2003.

In line with the priority the EU accords to boosting global health security, DG SANTE as well as the ECDC and EMA have also been involved bilaterally in strengthening preparedness and response capacities in European Economic Area (EEA) countries,

candidate countries and partner countries within the framework of the European Neighbourhood Policy and the EU's development cooperation policies.

The EU's changing role in wider development cooperation should also be touched upon here to give a full picture of its role in global health. In the 'European Consensus on Development', the EU's response to the UN 2030 Agenda from 2017, health protection and promotion feature extensively, framed by the commitment to 'protect[ing] and promot[ing] the right of everyone to enjoy the highest attainable standard of physical and mental health', as well as pledges to build 'strong, quality and resilient health systems, by providing equitable access to health services and universal health coverage' (Council of the European Union 2017). The Consensus also mentions the 'Health in All Policies' approach when it comes to external action. However, as Niklasson emphasizes, the document is of a symbolic, political nature and does not set out the exact operational role or the division of tasks (Niklasson 2022).

In terms of implementation, the EU's new 'Global Europe: Neighbourhood, Development and International Cooperation Instrument 2021-2027' (NDICI) now merges the EU's existing financial instruments for external action and takes a primarily geographic rather than thematic approach. Health is mentioned several times and is given particular emphasis under one of the areas for cooperation meant to underpin third country partnerships, namely 'Eradicating poverty, fighting against inequalities and discrimination, and promoting human development'. Under this heading reference is made to health systems, SRHR, universal health coverage, and healthy diets, as well as to health challenges such as communicable diseases, antimicrobial resistance and emerging diseases and epidemics. The geographic focus of NDICI has, however, resulted in large cuts for thematic and global programs, which may lead to less EU support for multilateral programs in the health field e.g. the Global Fund to Fight AIDS, Tuberculosis and Malaria.

To sum up, with a few exceptions, the EU's external action in global health has a clear emphasis on cooperation in the field of health security, whether it be through the WHO or through bilateral partnerships. In parallel, the EU and its member states have an important joint role in development cooperation for health. However, a more comprehensive strategic approach encompassing all of the EU's policies that affect global health, directly and indirectly, has not been implemented. In some of these areas, the EU has strong legal mandates i.e. shared or even exclusive competence.

7. The EU's external role following COVID-19 – high ambitions but with potential for deepening and broadening

The willingness to make use of the existing momentum and draw on the lessons learned from the coronavirus pandemic is strong within the Commission, not least due to the leadership of its President Ursula von der Leyen, a medical doctor by training. There has also been notable interest from European Council President Charles Michel, reflected in his personal initiative to launch negotiations on an 'International Pandemic Treaty' within the framework of the WHO. The initiatives launched to date illustrate a willingness to pursue a leading role as well as to develop new partnerships. This ambition is also reflected by the fact that the new EU Global Gateway initiative from 2021, a flagship strategy designed to mirror China's Belt and Road Initiative, contains health as one of its five priorities. The main elements of EU activity in relation to health on a global level since the pandemic are outlined below.

> 'There has also been notable interest from European Council President Charles Michel, reflected in his personal initiative to launch negotiations on an "International Pandemic Treaty" within the framework of the WHO.'

Above all, against the backdrop of COVID-19, the EU has played an important role in strengthening the existing multi-lateral framework of the WHO. In Council conclusions from November 2020, the EU and its member states set out to strengthen the WHO's normative role, its capacity and reform agenda (Council of the European Union 2020). The conclusions also put forward specific proposals

for reform – an example of how the EU could lead the way once coordinated with its member states. For Charles Michel, the International Pandemic Treaty initiative, presented in December 2021, has been an over-arching priority. His call was promptly supported by the WHO and around 30 leaders, including heads of government and international agencies (WHO 2021). A negotiation mandate for the Commission, covering the areas for which it has a mandate internally, has been adopted by the Council. The potential new treaty will be focused on strengthening preparedness and response capacities at both national, regional level and international level, based on existing agreements including the International Health Regulations.

A strengthened EU-African Union (AU) partnership, which covers a spectrum of issues beyond development cooperation, is also a high priority for the EU going forward (Niklasson 2021). Africa has been a focus of the EU's vaccine diplomacy, which was highlighted in the statement from the EU-AU summit in February this year (Council of the European Union 2022). However, the supply of donations now exceeds the demand, partly due to absorption capacity in African countries but also irregular deliveries with short expiry dates (Dworkin 2022). Taking a somewhat broader approach beyond vaccines, the EU-AU summit set out a public-private investment package focusing on support for pandemic preparedness, health security and equitable access to essential health services (Council of the European Union 2022). A key priority for the AU going forward will be support for local manufacturing including transfer of knowledge and technology from European pharmaceutical companies (Dworkin 2022).

Another priority for the Commission is transatlantic cooperation on pandemic preparedness and response. When it comes to the reform of cooperation mechanisms in the field of global health security, the EU and the US will have to work closely together to ensure coherence. Although their goals to a large extent overlap, some differences remain. For example, the US administration was more critical of the WHO's performance during the pandemic and has been reluctant to consider new multilateral binding agreements such as a new pandemic treaty, preferring solutions between like-minded states (Dworkin 2022). A common challenge for both the EU and the US is China, which has 'structured its engagement with multilateral bodies to limit any scrutiny of its actions while engaging in a series of initiatives that present it as a champion of the global south' (Dworkin 2022). To tackle common challenges and future reform, a bilateral agreement between the EU and the US on pandemic preparedness and response has been signed and the EU also supported the US proposal for a new Financial Intermediary Fund (FIF). The fund was launched by G20 countries in June 2022 and will be housed at the World Bank and administered in collaboration with the WHO. The focus will be on strengthening health security on global, regional and local level, with a focus on low- and middle-income countries (World Bank 2022).

Moreover, together as 'Team Europe', the European Commission's webpage claims that the EU and its member states have contributed a total of €46 billion in health-related development funding since the pandemic, mainly to ensure access to tests, treatments, and vaccines but also to boost wider healthcare provision, water and sanitation systems, and to mitigate the social and economic repercussions of the pandemic in low- and middle-income countries (European Commission 2022b). The EU also committed to universal, equitable and affordable access to vaccines in low- and middle-income countries through various actions set out in its vaccine strategy (European Commission 2020b). Through its 'Team Europe' approach, the EU together with the member states established themselves as the lead contributor to the COVAX Facility. Moreover, the EU set up a vaccine sharing mechanism which is coordinated by the newly established DG HERA, in close cooperation with the EEAS. The Commission's goal was to share at least 700 million doses by summer 2022. However, vaccine diplomacy in relation to COVID-19 is likely to be less important going forward, as the demand declines in third countries.

> 'The new EU strategy on global health, however, is a timely opportunity to take stock and formulate a broader agenda, beyond health security.'

To sum up, EU activities in the field of global health following the coronavirus pandemic reflect higher ambitions to play a leading global role,

oriented around support for new global health security architecture and deepened partnerships with the Global South. The new EU strategy on global health is a timely opportunity to take stock and formulate a broader agenda, beyond health security.

8. Reflections on the way forward

There have been many analyses and evaluations following the COVID-19 pandemic focusing on reforms related to global health security in particular. The problems highlighted in such reports typically include the failure to share information about the outbreak, the WHO's lateness in sounding the alarm, the uncoordinated international response, the initial lack of funding for vaccines and unequal distribution of them (Dworkin 2022). When it comes to shaping governance structures relating to these issues, the EU is already heavily involved, including on strengthening the WHO and the IHR, via negotiations of a new international treaty on pandemics, and through its efforts to address gaps in financing by means of new financial instruments to improve defense against pandemics. Several parallel processes are thus ongoing in this regard and the EU's new Global Health Strategy should naturally include strategic guidance on how to proceed to ensure coherence, efficiency and equity.

'Both civil society and policy experts however have also highlighted the need for a broader and more comprehensive approach.'

Both civil society and policy experts, however, have also highlighted the need for a broader and more comprehensive approach. In 2020, civil society organizations published a joint 'shadow EU Global Health Strategy' to spur the Commission's process. In this document, three priorities were suggested: 'strengthening resilient health systems to deliver universal health coverage'; 'tackling health inequity and addressing health determinants', and 'addressing neglected issues within the health sphere' (Save the Children *et al.* 2020). At the opening of the Commission's consultation on the new EU Global Health Strategy during the European Development Days in June 2022, similar input was voiced by the civil society organizations present.

In a slightly different but not incompatible vein, a key report based on input from the 'Informal Expert Group on the EU's role in global health' that was established under the Finnish Presidency in 2018, Kickbusch and Franz proposed a focus for the new Strategy taking the following questions as its point of departure:

> (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)?

While the authors refrain from suggesting specific policy priorities, they highlight how both the Ebola crisis in West Africa as well as the European debt crisis laid bare how health and social conditions are interconnected. In general, they favour greater attention to the strengthening of health systems and social protection, through a 'Health in All Policies' approach (Kickbusch & Franz 2020, 37). In order to deliver however, the authors suggest that a few 'leadership issues' are identified, possibly 'health and the environment', 'health and social Europe' as well as 'health and digital Europe' (Kickbusch & Franz 2020, 37).

While an exhaustive list of recommendations on the exact content of the EU's new strategy is beyond the scope of this paper, the analysis above has highlighted the importance of the EU's legal and political mandate as well as the level of integration in the EU's internal policies. Undoubtedly, EU action on global health holds untapped potential in areas where the Union has a strong legal mandate and well-developed policies internally. In this regard, 'Health and the Environment' is likely to be a promising way forward, which was also highlighted by a range of experts including the special advisor to the President Ursula von der Leyen on the response to COVID-19, Peter Piot. In terms of 'Health

and Digital Europe' the EU is now stepping up its ambitions internally: the Commission has recently proposed an initiative for a European Health Data Space and a new European Health and Digital Executive Agency (HaDEA)[10] that will implement a set of EU funding programs in the health, research and digitalization field (European Commission 2022d). Whether this policy area is as promising as claimed for global action is more uncertain, as it is yet to be fully developed internally. The potential of 'Health and Social Europe' would depend on its definition, and the area is not characterized by a strong role for the EU internally.

'Creeping crises such as AMR and the health effects of climate change and biodiversity loss further underscore the links between animal, human and environmental health.'

As already touched upon in this paper, the Union has strong legal competences and longstanding policy frameworks in areas such as development cooperation but also external trade, animal health, environmental regulation and climate policy. Creeping crises including AMR and the health effects of climate change and biodiversity loss further underscore the links between animal, human and environmental health. All these areas have external policy implications and affect health directly or indirectly through standards and norms followed and felt beyond the EU's borders. Mainstreaming health considerations into internal and external aspects of those policy areas would also be in line with the treaty provision to ensure 'Health in All Policies', as well as with the aim of achieving the SDGs both within and beyond the EU. A few specific key areas of potential, where EU initiatives could be both feasible and forceful, are highlighted below, together with a few recommendations regarding process, institutions and implementation.

Trade policy. The EU's external trade policy holds significant potential for health protection and norm-setting globally. As the Commission often highlights, the EU is not only the largest donor in development cooperation but also the largest trading partner and foreign investor for almost every country globally. In trade policy, the EU plays a unique role given that external trade is an exclusive EU competence. In other words, it is the EU and not its member states which negotiates and concludes international trade agreements.[11]

An important arena where the EU could have an impact is the World Trade Organization (WTO), where the intellectual property (IP) protections on medical products related to COVID-19 has been an issue of tension following proposals by India and South Africa to release IP-rights. This 'IP-waiver' was discussed extensively by European leaders, but important member states have so far opposed it (Dworkin 2022).

Another option is integrating health protection standards into the sustainability chapters of trade agreements by requiring binding impact assessments (Bergner & Voss 2020). In June 2022, the Commission presented a proposal for better enforcement of climate and labor commitments in trade deals, using the EU's internal market as a lever to push for action in partner countries. The initiative will make it easier to enforce sustainability rules in future trade agreements, with the application of sanction regimes akin to those that already exist for investor or copyright protection. Similar provisions could be ensured to cover standards related to health protection in future trade deals.

The 'One Health' approach. A second potential area of relevance is the need to anchor at global level what is known as the 'One Health' approach, in order to prevent the emergence of new pandemics. The Council has already called for closer cooperation between the WHO, the Food and Agriculture Organization (FAO), the World Organization for Animal Health (OIE) and

[10] Executive Agencies are established by the Commission in order to delegate management of EU funding programmes. HaDEA implements, among others, the EU4Health programme, the Digital Europe Programme as well as certain clusters of the Horizon Europe research program.

[11] If such negotiations cover areas of mixed responsibility however, the agreement can be concluded only after ratification by all member states.

the UN Environmental Programme (UNEP) in particular when it comes to One Health approaches to zoonotic diseases i.e. pathogens that jump from animals to humans (Council of the European Union 2020). Here, the EU enjoys strong legal competence and internal expertise given its extensive policies on animal health, food policy, the environment and climate change.

Another area of relevance for One Health approaches is anti-microbial resistance (AMR), where the EU and some of its member states – Sweden in particular – have been pioneers in their internal policies. This area is also singled out in civil society reports, as a field in which the EU could play an even greater role globally e.g. though helping third countries with cross-sector national action plans (including reduced usage of antibiotics in both animals and humans) and by supporting research and innovation that is shared equitably (Save the Children 2020). In a joint briefing note by the ECDC, the European Food Safety Authority (EFSA), EMA and the OECD addressed to the French presidency of the Council of the EU in the first half of 2022, a new EU policy initiative to boost the implementation of the EU's 2017 'One Health Action Plan Against AMR' was proposed. The report also recommended international co-operation on the surveillance of AMR and policy options to combat it. In particular, the report suggested that this could be achieved through the promotion of EU standards as well as leading multi-sectoral partnerships with non-EU/EEA partners (EFSA 2022). This is in line with the EU's Action Plan on AMR, which contains the ambition of making EU a best practice region which can shape the global agenda.

Deep and broad partnerships. When it comes to processes and institutions, policy recommendations in previous research on the EU's role in global health have also highlighted the need to deepen and broaden the EU's partnerships. The Sustainable Development Goals and Agenda 2030 reflect a transition towards multi-actor and multi-sector partnerships, away from the one-way logic of traditional development cooperation. At EU level, this is already mirrored by the geographic focus of the NDICI-instrument, which combines the EU's external financial instruments to achieve a strategic approach and local ownership. Due to its nature as a multi-sectoral political organization with significant pull factors, including as a trading partner, the EU has a unique advantage when it comes to such broad partnership building (Bergner & Voss 2020). Partnerships with regional organisations such as the African Union as well as likeminded countries in the Global South would also increase the legitimacy of the strategy. As Dworkin emphasizes, the EU could take the lead by focusing not only on partner countries' capacity and commitment to detect and report new outbreaks, but also on supporting their healthcare systems and work for greater equity in the allocation of vaccines (Dworkin 2022).

> 'Due to its nature as a multi-sectoral political organization with significant pull factors, including as a trading partner, the EU has a unique advantage when it comes to such broad partnership building [...]'

However, so far, health considerations in partnership agreements have often been limited to the narrower scope of boosting health security e.g. through surveillance capacities (Kickbusch & Franz 2020, 38). A more ambitious approach from the EU's side would ease the tensions that arose during the COVID-19 pandemic, not least because of the unequal distribution of vaccines and the application of arbitrary travel bans. In pursuing partnerships, the EU will have to rely on the 'Team Europe' approach, coordinating member state and EU action to maximise impact. This is increasingly important following the UK's exit from the EU, and because only a few member states fulfill the goal of dedicating 0.7% of GNI to development cooperation. Emphasis on partnerships with third countries, however, should not overshadow cooperation with multilateral funds and organisations as well as with likeminded civil society organizations, which remains vital (Kickbusch & Franz 2020, 38).

Budget, monitoring and review. In order to ensure effective follow up and operationalization (which did not occur after the 2010 conclusions on the EU and global health), previous reports have highlighted the need for monitoring and

review mechanisms as well as a dedicated budget (Bergner & Voss 2020; Kickbusch & Franz 2020; Speakman *et al.* 2017). With respect to monitoring and implementation, clearer roles for each DG as well as the agencies and the EEAS have been recommended, as well as better coordination to avoid 'silos'. Here, Speakman *et al.* argue that a stronger and more defined role for the ECDC is imperative in relation to global health security in particular (Speakman *et al.* 2017). Others have suggested the establishment of a 'Global Health Coordination Center' within the EEAS for the purpose of coordination and regular review (Kirch & Braun 2018). When it comes to the EEAS, past reports have noted that health has, in the past, been poorly integrated as a policy focus: in previous strategic documents such as the Global Strategy for European Foreign and Security Policy, health-related aspects are more-or-less absent (Speakman *et al.* 2017, 329).

'With respect to monitoring and implementation, clearer roles for each DG as well as the agencies and the EEAS have been recommended, as well as better coordination to avoid silos.'

Interlinkages. Finding interlinkages that support the implementation of goals beyond SDG 3 (that seeks to ensure good health and well-being for all) is also needed, given that the UN SDGs are intended to be taken as as interrelated and 'indivisible'. In particular, aspects related to gender equality will have to be considered, which would also be in line with the EU's policies on gender mainstreaming. As an example, the Swedish policy on global health highlights sexual and reproductive health and rights (SRHR) as key components in all sectors of global health (Government Offices of Sweden 2018).

To sum up, it is expected and natural that the EU's new global health strategy should include strategic guidance in relation to the ongoing reform of global health governance to prevent the next pandemic – ensuring coherence, efficiency, and equity in this process will be important. Both civil society and policy experts, however, have also highlighted the need for a broader approach focusing on prevention, universal health coverage and health systems. To this end, the EU should focus on deepening and broadening its partnerships in line with the health targets in SDG 3 as well as other Agenda 2030 goals. In accordance with the 'Health in All Policies' principle, leveraging the potential of the EU across the board in sectors that affect health directly and indirectly also holds untapped potential. Such action however should be focused on a few prioritized areas and is likely to be most successful, e.g. where the EU has a clear mandate and/or established role. These areas could include, *inter alia*, the EU's external trade policy and global leadership to promote better understanding of the links between human, animal and environmental health. The EU is especially well placed to champion 'One Health' perspectives to help prevent AMR and the root causes which lead to emergence of new pathogens jumping from animals to humans. As regards operationalization, there is a need for effective monitoring and review mechanisms as well as a dedicated budget.

9. Conclusion

This paper has discussed the EU's role in global health against the background of its legal mandate in this field and the focus of its *internal* health policy. A key argument presented was that the EU's potential as an external actor tends to reflect its role in its respective internal policies. In the health field, the scope of the EU's role internally has been shaped by a relatively weak legal mandate and the reluctance among member states to deepen integration. EU internal action on health protection has largely involved regulation based on the need to ensure free movement and common rules on the internal market (for example when it comes to tobacco products, pharmaceuticals and cross-border health care for patients). A major exception has been increasing internal cooperation on surveillance, preparedness and response to cross-border health threats. Externally, this focus is mirrored by active and longstanding participation of the EU in relation to the global health security architecture over the past two decades, including at the WHO. In a separate sphere, as donors in traditional development cooperation, the EU and its member states have continued to support health objectives in low-income countries.

Following the COVID-19 pandemic, numerous reports have already outlined how global governance on potential public health emergencies such as pandemics could be reformed, and the EU has been an active champion of a new international treaty on pandemics. Strategic guidance on global health security reform will thus be a natural part of the new EU Global Health Strategy, given the strong role of the EU internally.

However, rather than limiting the focus of the new strategy and subsequent Council conclusions to the agendas associated with pandemic preparedness and response, this paper has argued in favour of a broader, multi-sectoral approach focusing on prevention, universal health coverage, health systems and global equity in line with Agenda 2030. To build the momentum for implementation, genuine partnerships, especially with regional organisations in the Global South, rigorous monitoring and review mechanisms as well as a dedicated budget will be key. Moreover, this paper has also outlined a range of adjacent policy areas which affect health directly and indirectly, including many in which the EU has a strong mandate and longstanding legal frameworks. The mainstreaming of health in the EU's external policies is also in line with the Health in All Policies approach enshrined in the Treaties as well as the Agenda 2030 approach to the SDGs as overlapping and mutually supportive. The EU's Global Health Strategy however would benefit from focusing on a few such areas where the added value of EU action is concrete and feasible, which is easier in policies where the EU level has clear legal competence and an established role.

In close cooperation with the Commission, the Swedish Presidency is well placed to deliver Council conclusions on global health towards the end of its term. The planned informal meeting for Ministers of Development Cooperation in Stockholm on 8–9 February 2023 would benefit from also inviting the Ministers of Health. Ideally, following the example of the French Presidency, this would also be a good occasion for inviting Foreign Ministers as well as senior officials from relevant organizations such as the WHO. Incoming rotating presidencies of the Council need to be engaged with the Commission to ensure a smooth process towards implementation.

> 'Stronger health systems in low- and middle-income countries, improved multi-lateral cooperation and paying attention to the links between human, animal and environmental health ultimately also reduces the risk of future pandemics and their associated socio-economic repercussions.'

A stronger EU in global health would contribute to the achievement of the SDGs within the EU and outside its borders. Stronger health systems in low- and middle-income countries, improved multi-lateral cooperation and action addressing the links between human, animal and environmental health ultimately also reduces the risk of future pandemics and their associated socio-economic repercussions. And the new strategy is an opportunity for the EU to show leadership and thus boost its overall traction in other areas of external policy. The signals from the Commissioners in charge so far on the content of the draft strategy, largely in line with the positions of experts and civil society, are a promising start to this reform process.

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