

European Commission consultation on the EU role in Global Health

EuroHealthNet (www.eurohealthnet.eu) networks the regional and national agencies responsible and accountable for health promotion, public health and disease prevention in the EU. It is part of an International Collaboration on the Social Determinants of Health (ICSDH) via its special project, the Equity Channel (www.equitychannel.net) which brings together stakeholders and bodies working to improve health and equity via the social determinants of health. The Equity Channel has been set up as a platform to share knowledge and evidence online, and to develop strong partnerships to promote and implement outcomes of the WHO Commission on the Social Determinants of Health (CSDH). As such, it is leading, in collaboration with the European Health Management Association (EHMA), EuroHealthNet work on global health issues via its Brussels office.

The European Health Management Association (EHMA – www.ehma.org) is a European membership organisation with 200 institutional members in more than 30 countries. EHMA's aim is to build the capacity and improve the quality of health management through bringing together researchers, managers, educators, and policy-makers.

The Equity Channel, in collaboration with EHMA, believes that the likely failure to achieve the health-related targets set out in the MDG's 4, 5 and 6 by 2015 would prove not only detrimental to global public health goals but would further stall the development process in these affected countries. Since the European Union (EU) is the largest aid donor, with more than a half of global aid to developing countries coming from the EU, we urge the EU to continue to increase its commitment for health aid financing.

Therefore, we would like to highlight **six key recommendations** that we believe should form the basis for any future EU global health framework:



- 1. Guarantee sustainable financing for health systems strengthening including public health and health promotion;**
- 2. Ensure participation of local, regional and national communities in planning and delivering health programs;**
- 3. Support capacity building of field actors;**
- 4. Boost research funding opportunities;**
- 5. Promote workforce capacity and health leadership;**
- 6. Bear in mind that investing in health pays.**

We particularly urge the EC to take into account the evidence and recommendations set out in the CSDH 2008 Report "Closing the Gap" (1) and the subsequent World Health Assembly resolution of May 2009, in addition to the World Health Promotion Conference Call to Action issued in Nairobi in October 2009.

Health systems have a direct impact on health outcomes; however they are only one of a number of influencing factors. Others include the conditions in which people are born, grow, age, live and work. Therefore, it is essential that any future EC action should not only reflect and sustain the current health promotion momentum but that it further builds and contributes to the important 'Health in All Policies' approach (HiAP)(2) not only established globally but specifically prioritised in the EU Health Strategy "Together for Health" and ministerial conclusions. With that in mind, the Equity Channel, in collaboration EHMA would like to emphasise the need for the EU to:

1. Commit to ensuring sustainable financial support to developing countries, especially in times of financial crisis. It is crucial for the European Commission and Member States to:

- Increase international finance for health equity, and coordinate finance through a social determinants of health action framework in order to tackle the gradient across society, with special emphasis given to vulnerable groups.
- Honour existing commitments by increasing global aid to the 0.7%



of GDP commitment; enhance action on health equity by developing a coherent social determinants of health focus in existing frameworks such as the Poverty Reduction Strategy Paper.

- Live up to Official Development Assistance commitments in terms of quantity (predictable and long term funding for health) and quality (Paris Declaration and Accra Agenda for Action - AAA)(3).
- Contribute to fully fund the Global Fund to fight AIDS, TB and Malaria(4) but also substantially invest resources into primary health care measures to combat the spread of diseases, i.e improved sanitary conditions.
- Prioritize funding channels that give civil society a decisional voice and facilitate community empowerment.
- Encourage continued and increased global solidarity in order to attain " sustainability" – in particular in the context of a global economic and financial crisis – which should not only depend on financial self-reliance at national level.

2. Strengthen Global Health policy. EU action should aim at:

- Advocating and promoting a coordinated cross-sectoral health strategy approach that encompasses the principles of HiAP for developing health systems including health promotion and public health.
- Advocating and promoting a coordinated cross-sectoral approach, which encompasses the principles of HiAP to create the economic, environmental and social conditions for health (i.e. help to reduce poverty, increase employment & access to education for all, improve housing conditions, improve access to clean water and sanitation for all etc.).
- Supporting surveillance systems and aligning a comprehensive response to global health threats by improving the coordination of regional and continental networks in order to create a solid multi-level governance structure.
- Initiating and expanding policy dialogues especially with civil society organisations in order to strengthen capacity building and community empowerment, health literacy, access to prevention diagnosis and treatment.
- Facilitating and supporting the sharing of good practice and lessons learned from economies which have been successful in tackling key health outcomes around communicable and non-communicable



diseases, through supporting both south-south as well as north-south collaborations and technical assistance programmes.

- Adopting health equity as a core global development goal and using a social determinants of health indicators framework to monitor progress.
- Optimizing the modalities of the EC's aid at country level in order to support MDG objectives. A substantial part of the General Budget Support should be allocated to health systems strengthening including health prevention, health promotion and preventative medicine, to ensure more, better and sustained responses at country level.
- Assessing and identifying ways in which the capacity of global institutions and instruments such as the World Trade Organisation and GATTs can be strengthened to improve public health outcomes. Tools such as health and health equity impact assessments of interventions should be promoted to aid this process.

3. Strengthen partnerships, collaborations and integration for an increased ownership through dialogue at country level with EC delegations and EU Member States' representatives, Civil Society Organisations (CSO) and others to ensure that global health issues are addressed in national plans and budgets. Therefore, the EC should:

- Ensure the principles of health and health equity impact on EU economic agreements and policy-making and furthermore, that they do not hinder global health improvement.
- Strengthen Civil Society Organisations' (CSO) capacities to engage at the local level in developing communities, and ensure community participation(5) in decision-making to improve living and working conditions.
- Address gender biases in the structures of society – in laws and their enforcement, in the way organisations are run and interventions designed, and the way in which a country's economic performance is measured.

4. Invest in capacity building to take forward the 'Health in All Policy' approach, in the development of a common global framework of indicators to monitor health and health equity, in the evaluation of public health and health promotion related interventions to es-



establish what works, and in the global exchange of good practice. This involves:

- Developing a common global framework of indicators to monitor health and health equity in the evaluation of **all policies, programmes and interventions which are related to the broader development agenda**, as well as those specifically focused on public health and health promotion, in order to establish what works.
- Taking forward the recommendations of the WHO CSDH(6) with respect to “ understanding the problem of health inequalities and assessing the impact of action” , including the need to strengthen data systems.
- Taking forward the actions set out in the EU Communication on ‘ Solidarity in Health, reducing Health Inequalities in the EU’ [COM (2009)567/4]. These actions include the development of a common data knowledge base to measure, monitor, evaluate and report on health inequalities. EU action in this and other areas can serve as a model for other countries.
- Applying the model and outcomes of EU co-funded projects such as DETERMINE(7) that stimulate the exchange of knowledge and good practice and build the capacities of health professionals to work with other sectors, and of other sectors to mainstream health and health equity in their work.
- Strengthening professional capacity to undertake health equity impact assessments and audits.

5. Increase the scope and funding opportunities for research into neglected diseases. The EC should:

- Ensure that sustainable funding is available for more mid- to long-term research projects in order to take a more innovative approach to tackling the research gap on neglected diseases. This should also complement the development of preventative measures in order to combat the spread of disease.
- Increase scope and funding opportunities for **action oriented research to help build the evidence base for effective policies, programmes and interventions** to improve health and health equity in developing countries. This should include research to identify the most effective mechanisms to scale up access to health services within developing countries.



6. Promote the workforce capacity and ethical recruitment of health professionals from developing countries.

- Recent studies financed by the European Commission DG Research such as HEALTH PROMeTHEUS(8) should be disseminated widely to allow for the widest possible spread of knowledge and expertise. Health professional mobility in Europe is a long-standing phenomenon, and many efforts and tools to address it may also be applicable to developing countries.
- Evidence from the 2006 World Health Report highlights the link between poor health and low levels of trained staff (WHO 2006). The EU should lead and adhere to its commitment to develop a code of conduct on the ethical recruitment of health professionals from developing countries by focusing on investment in increased health human resources and training and bilateral agreements to regulate gains and losses. This is essential in order to address the problems associated with the 'brain drain' and capacity related issues in developing health systems.
- The EU should help to support the development of appropriate training programmes that respond to local needs and aim for strategic and holistic improvements in the health sector. Existing training, scholarship and partnership programmes, both within the developing countries, as well as in Member States and within the framework of EU action should be reviewed and strengthened, promoting empowerment and leadership among all professions in the health sector.

7. Promote health leadership and coordination in the health sector of developing countries. It is crucial that:

- Better coordination and strategic management are stressed as essential to linking services and expertise across disciplines, professions and sectors.
- Developing countries are given the opportunity to develop and lead



their own health sector solutions, supported by international, national and local partnerships based on mutual respect and understanding as argued by UNDP (see for example the UNDP Capacity Development Primer 2009). The EU together with other international partners should help to mobilize resources and spotlight key areas for action, providing room for debate on health leadership. For example, the EU should help to highlight the contribution of health management and system development to the delivery of services, the development and implementation of reforms and overall health outcomes. Any action should always be anchored in the reality of what is happening, making the link between policy and practice.

- The EU and Member States add further value by promoting this through the support of exchange and staff development programmes, fostering growth and knowledge sharing on both sides. Health reforms in developing countries should not be negatively affected by limited managerial competence or overloaded regional and local services that might not (yet) have the skills and capacity to manage healthcare systems in a sustainable manner (see for example, WDR1993, Care/CDC 2001, UNECA 2003). It is important that frontline staff is allowed to develop crosscutting expertise and transferable skills in this regard.

8. Promote the ethos 'Investment in health is value for money'. Investment in the health status of the population should lead to better human capital, greater productivity, less poverty and therefore, an improved economy. This can be ensured by:

- Increasing investment in the underlying social determinants of health which create supportive environments in which individuals can achieve their full potential (access to education, employment, good housing, clean water and sanitation etc)
- Increasing investment in early child development programmes as evidence indicates that the greatest impact on reducing the health gradient can be achieved through early life policy interventions and by creating equal opportunities during childhood and adolescence.



> NOTES

1. More information can be found at http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf
2. Stahl et al., eds. (2006) Health in All Policies: Prospects and potentials. Ministry of Social Affairs and Health, Finland. Available online at <http://www.euro.who.int/document/E89260.pdf>
3. More information can be found at http://www.oecd.org/document/18/0,2340,en_2649_3236398_35401554_1_1_1_1,00.html
4. More information can be found at <http://www.avert.org/global-fund.htm>
5. According to WHO, 'community participation' can be defined as "a process by which people are enabled to become actively and genuinely involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing and delivering services and in taking action to achieve change2." It is an active two-way process and a means of gaining broad based community support and the efforts of volunteers. It increases democracy, empower people, mobilize resources and energy, develop holistic and integrated approaches, achieve better decisions, more effective health services and ensure the ownership and sustainability of programmes. Community participation draws on the energy and enthusiasm that exists within communities to define what that community wants to do and how it wants to operate. - WHO (1999). Community participation in local health and sustainable development: a working document on approaches and techniques. Copenhagen, Denmark.
6. More information can be found at http://www.who.int/social_determinants/en/
7. More information can be found at <http://www.health-inequalities.eu>
8. More information can be found at <http://www.ehma.org/index.php?q=node/46> or http://www.euro.who.int/observatory/Studies/20090211_1

MORE INFORMATION

www.equitychannel.net | www.health-inequalities.eu
www.eurohealthnet.eu | www.health-gradient.eu.

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