

The European Union as an Actor in Global Health

A view from the Commission

Abstract of a speech given by Andrzej Rys, Director of Public Health, DG Sanco, European Commission, at the Graduate Institute Geneva, Global Health Program, “Negotiation Health in the 21 Century”, on 21 October 2008 in Geneva

The European Union is a Union of law with almost 500 Million citizens in 27 Member States. The competences and limitations of the Union are governed by the treaties that set it up. They define the scope of any policy in the EU – and thus also of the EU health policy. The original treaties, designed to build an economic community, only marginally addressed health and this was in the context of occupational health and food safety. It was in 1993, that the Maastricht Treaty developed a specific role for public health in the EU, focussing on prevention and health promotion. The Amsterdam Treaty developed it further in 1999 in its Article 152 which today forms the legal basis for the EU health policy.

Article 152 stipulates that “a high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities”. It stresses that Member States retain the primary responsibility for the organisation and delivery of health services. The role of the EU is to complement national policies except for specific areas where it has explicit authority to legislate (quality and safety substances of human origin, organs, blood and blood derivatives, veterinary and plant health measures directly aimed at public health). The Community should also ensure cooperation and coordination between Member States and foster cooperation with third countries and international organisations in public health.

Health in the EU got a further push after the BSE and several food crisis, after SARS and 9/11. In their aftermath, the European Center for Disease Prevention and Control was set up, health was recognised as a performance indicator for competitiveness in the Lisbon strategy and the “public health toolbox” with its main elements the public health programme, legislation, several agencies and the use of soft tools was complemented by the first EU Health Strategy in 2007. The Health Strategy provides an overarching strategic framework for the EU health policy actions until 2013, spanning over four core issues: taking a value-driven approach, recognising the link between health and economic prosperity, integrating health in all policies and strengthening the EU’s voice in global health.

The chapter “strengthening the EU’s voice in global health” reflects the growing cooperation and interdependence in health in Europe. It is a response to globalisation, as global health issues impact on the EU’s internal health policy and vice versa. Work can support efforts to ensure better coherence between our internal and external health policies. There is also a need to strengthen health as an important element to fight poverty, to respond to health threats and to encourage implementation of international health treaties such as the International Health Regulations and the Framework Convention on Tobacco Control. Both legal texts took much inspiration from the EU’s experience and collective EU commitment and leadership was crucial in the process. In the implementation phase IHR and FCTC commitments should be properly addressed in bilateral and regional relations and financial programmes.

In the years to come, health must get a more prominent role in our external assistance. In addition, better coordination with and among Member States and an enhanced Community status in international organisations are necessary to ensure a strong voice of the EU to help

shape the international and global health agenda. We will also strengthen cooperation in health with strategic partners and countries, with an emphasis on the regional dimension.

We concentrate on the candidate and the potential candidate as well as the European Policy Neighbourhood countries. An important multiplier for us are the regional health networks (South East European Health Network and Northern Dimension Partnership). Health plays an important role in our relations with the ACP countries and the EU-Africa strategy. On a bilateral basis we are strengthening our links with Russia, China, the USA and Canada in health questions. We also improve the relations with international organisations in health.

The achievement of the health MDGs and health systems are at the forefront of our health efforts in developing countries. In our regional cooperation we promote the health acquis of the EU, its health policies and in particular the EU Health Strategy – questions such as healthy lifestyles and good health in an ageing society, protecting citizens from health threats and health technologies are equally valid there. We also focus on the implementation of the international health treaties and on food safety.

With the financial crisis and the accompanying economic turbulences, the challenge in the years to come not only for the EU, but for all health actors, will be to keep health prominent on the agenda. A consistent international health architecture should be at the forefront of the efforts. The European Union has a sound record of experience in social and health policies and is committed to health and social issues also in the future. Speaking with one voice in international and global health questions will underline its strength as a credible player in this field. The Commission can provide real added value by promoting health, preventing disease, protecting citizens against health threats and ensuring a high level of health protection in all its policies.