

New EU global health strategy

A recalibrated agenda

SUMMARY

On 30 November 2022, 12 years after the adoption of the first strategy on the EU's role in global health in 2010, the European Commission unveiled the EU global health strategy with the overarching goal of improving global health security and ensuring better health for all. The document takes stock of lessons learnt from the pandemic and guides EU action in an evolving landscape of threats and opportunities, including towards reasserting responsibility for attainment of the United Nations Sustainable Development Goals (SDGs) – currently unfinished business.

The strategy constitutes the external dimension of the European health union and is a cornerstone of the Global Gateway strategy. It not only relaunches the EU's global health agenda but also recalibrates the EU's approach to global health, by positioning it as an essential pillar of EU external policy, a critical geopolitical sector and a central aspect of EU strategic autonomy. The strategy suggests a framework leading up to 2030 and focusing on three policy priorities: better health throughout life; strengthened health systems and universal health coverage; and action to prevent and combat health threats. The strategy also outlines 20 guiding principles and concrete lines of action, and establishes a new monitoring framework.

The strategy was widely welcomed by stakeholders; they generally approved the fact that, unlike its 2010 predecessor, it goes beyond portraying global health through the development policy lens. However, certain stakeholders raised concerns about the lack of focus on climate action and the lack of specific provisions on access and equity, for instance. The importance of ensuring appropriate financing, efficient implementation and monitoring were often underlined.

Following the adoption of the strategy by the Commission, the Council is set to tailor the approach through the adoption of conclusions. These are likely to focus on the strategy's implementation and monitoring, and on matters of accountability. In parallel, the European Parliament is expected to take a stance on the strategy with a non-legislative resolution. The EU's finalised approach to global health will then require strong political leadership and efforts to maintain the momentum needed to deliver results.



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Introduction

On 30 November 2022, after having [announced](#) its plans to relaunch the EU's strategy on global health in May 2022 and held a [public consultation](#) on the subject, the Commission adopted its [communication](#) on the new EU global health strategy (GHS). The document updates the initial approach proposed in 2010 by the Commission's [communication](#) on the EU role in global health and tailored by the corresponding [Council conclusions](#).

While it could be argued that the weaknesses revealed by the coronavirus pandemic and its [negative impact](#) on the implementation of the UN health Sustainable Development Goals (SDGs) acted as a focusing event¹ creating a window of opportunity to update the strategy, the 2010 approach to global health had arguably become outdated even before the pandemic due to a number of developments both within the EU and globally.

Therefore, the new strategy, which defines the external dimension of the [European health union](#), is not only an attempt to revive the agenda but also a recalibration of the approach. It ensures that the EU's approach to global health is still relevant in the current geopolitical context, and puts global health back on the table after the initial strategy quickly lost momentum and fell short of its goals as regards implementation and its desired outcomes.

Context

Legal basis

Article 168(1) of the Treaty on the Functioning of the European Union (TFEU) requires that the high level of human health protection is ensured in the definition and implementation of all EU policies and activities.² However, according to [Article 6\(a\) TFEU](#), the EU has solely a supporting, coordinating or supplementing competence in the area of health. This means that the EU has a **limited discretion to act**, while the Member States retain primary responsibility for defining their health policy and for organising and delivering health services and medical care.³ Therefore, while being required to ensure the protection of human health in its actions, the EU may only act within the meaning of [Article 168 TFEU](#), which defines the narrow scope for EU action in public health, including the EU's discretion to foster **cooperation with the third parties**.

The Union and the Member States shall foster cooperation with third countries and the competent international organisations in the sphere of public health.

Article 168(3) TFEU

However, while the legal basis for EU action is enshrined in the Treaty and has not been changed since the [Treaty of Lisbon](#) (2007),⁴ the EU's role in health has increased, given the fact that numerous policy developments – in line with Article 6 TFEU and within the scope of Article 168 TFEU – can still take place if there is sufficient political will to entrust the EU with the new functions.

Nevertheless, a significant transfer of power to the EU in the area of health policy (which would also empower the EU to act on its external dimension) would require a [Treaty change](#). A number of [stakeholders](#), including the [European Parliament](#), have already demanded such a change, as did the citizens during the Conference on the Future of Europe ([CoFE](#)). However, given the Member States'

In the areas of development cooperation and humanitarian aid, the Union shall have competence to carry out activities and conduct a common policy; however, the exercise of that competence shall not result in Member States being prevented from exercising theirs.

Article 4(4) TFEU

[mixed reactions](#), the EU health policy is highly likely to continue to be strengthened within its [current legal basis](#) for some more time.

Importantly, two TFEU articles – Article 168 and [Article 208](#) on **development cooperation** – form the legal basis of both the EU's global health approach of 2010 and the new GHS. As [Article 4\(4\) TFEU](#) confers upon the EU a shared (parallel) competence in the area of development cooperation, it could

be argued that the EU has much greater discretion and leverage in this policy area than in the area of health.

Developments in global health and the need for EU action

In the early 2000s, several factors, such as **accelerating globalisation** and increasing **global interconnectedness**, the **outbreak** of a severe acute respiratory syndrome (SARS) in 2003, and the adoption of the World Health Organization (WHO) Framework Convention on Tobacco Control (**FCTC**), among other developments, strengthened the resolve of the members of the international community to cooperate with each other on global health. This context brought the global dimension of health policy into focus in the EU.

In 2007, the [EU health strategy](#) was laid out in the form of a white paper entitled Together for Health: A Strategic Approach for the EU 2008-2013; in it, global health was regarded as one of four [key principles](#). However, it was not until 2010 that the first dedicated global health approach emerged, when the first EU global health strategy was defined through the adoption of a Commission communication and the relevant Council conclusions.

Since then, while the internal dimension of EU health policy has seen numerous [developments](#), especially amid the coronavirus pandemic, the global dimension has been [side-lined](#). The fact that that more than a decade had passed since the adoption of the first Commission communication on

global health and that significant changes had taken place in the **landscape of threats and opportunities**, called for a renewal of the EU's approach to global health; a need for such renewal had already been felt even before the pandemic. However, the lessons learnt from the pandemic as well as its [heavy toll](#) on the implementation of the UN SDGs (among other factors) created a momentum for the launch of a recalibrated EU global health strategy in late 2022.

The pandemic has severely disrupted essential health services, triggered an increase in the prevalence of anxiety and depression, lowered global life expectancy, derailed progress towards ending HIV, tuberculosis (TB) and malaria, and halted two decades of work towards making health coverage universal.

Sustainable Development Goals [Report](#) 2022.

More specifically, in 2022, the UN published its [Sustainable Development Goals report](#) and the WHO published its third [progress report](#) on the Global action plan for healthy lives and

well-being for all. The two reports revealed the dramatic impact the pandemic had had on public health worldwide, and pointed to the need for a proactive response at all levels.

The EU's first approach to global health in 2010

The EU's 2010 approach to global health, broadly defined through the Commission communication and Council conclusions, was the first EU strategy on the subject. It had a strong **focus on development policy**, and although it was quite general, it aimed to increase policy and programme coherence internally and internationally, and focused on global health governance, universal health coverage (UHC), the need to strengthen health systems, and research. The protection against global health threats was [addressed](#) mainly through actions aimed at strengthening 'global and third countries' capacities.

However, as the civil society [shadow global health strategy's paper](#) argues, while the 2010 strategy on global health helped to clarify the EU's principles and priorities for global health, it had flaws in its [implementation](#) and failed to yield the necessary policy and programming coherence and consistency. This could be partially explained by the fact that the strategy [lacked](#) clearly defined focus areas for operationalisation and that the EU did not set specific measurable targets or adopt a monitoring or reporting mechanism to evaluate progress. Without a clear accountability

mechanism, EU players in global health – the Commission, its relevant directorates general and agencies dealing with health, development and research policies, among others, as well as the Member States – pursued their own mandates, which hampered the efficient and coordinated implementation of the goals set in the 2010 EU global health approach. The lack of ownership over the strategy by these health players, given that the approach focused on development policy, seems to have [contributed](#) to its flawed implementation.

In addition, the 2010 EU global health strategy quickly lost [momentum](#) as the EU's attention shifted to other issues, such as economic recovery and global competitiveness, perceived as requiring a more immediate response. As a result, the 2010 EU global health strategy was side-lined and suffered from a lack of political will and capacity in terms of follow-up and implementation in subsequent years. While global health did not disappear from EU policies, some [experts](#) argue that its focus was increasingly centred on cross-border health threats triggering a self-interested security concern, an approach that diverged from the original 2010 strategy. The evolving threats landscape, and more specifically, [several outbreaks](#) in the mid-2010s, [arguably](#) contributed to the shift in global health priorities.

The need for launching a recalibrated EU global health strategy also became evident against the backdrop of the adoption of the UN SDGs in 2015, the Paris Climate Agreement in 2016, and the adoption of a new [EU consensus on development](#) in 2017, due to the increasingly imminent threat of climate change, biodiversity loss and [antimicrobial resistance](#), as well as the [growing burden of disease](#) around the world. The evolving geopolitical situation and technological landscape, the emergence of new threats such as the coronavirus pandemic and monkeypox and their impact on public health and health systems were also clear signs that the strategy needed a recalibration and a new push.

Updating the approach to global health: Mirroring internal developments

Internal health policy developments

The substantially strengthened EU role in health policy has required modernising the EU's approach to its external action to mirror its numerous internal developments in order to maximise coherence, consistency and the impact of its actions given the [trans-border](#) nature of health and the need to address related challenges both locally and globally.

Specifically, as the COVID-19 crisis opened a window of opportunity for strengthening health policy at the EU level, the mechanisms in the EU's internal health policy were significantly enhanced through the adoption of the [European health union](#) framework. This new policy umbrella aims to better protect health, prevent and address pandemics, and improve the resilience of health systems.

Importantly, a strengthened EU role in the area of health is expected to facilitate the implementation of the new GHS and to avoid repeating the [shortcomings](#) of the previous one, which were in large part due to the fragmentation of the EU global health

Recent developments in EU health policy

The adoption of the European health union, helped to strengthen the mandates of the European Centre for Disease Prevention and Control ([ECDC](#)) and the European Medicines Agency ([EMA](#)). In addition, the [Regulation](#) on serious cross-border threats to health reinforced the EU's role in the prevention, preparedness and response to cross-border threats.

Furthermore, the European Health Emergency Preparedness and Response Authority ([HERA](#)), established by a [Commission decision](#) in September 2021, is set to improve preparedness for and response to serious cross-border health threats in the area of medical counter-measures. Contributing to reinforcing the global health emergency preparedness and response architecture is one of three main channels for achieving this goal.

The European health union covers several other initiatives as well. Notably, the [pharmaceutical strategy for Europe](#) aims to modernise the regulatory framework and support research; [Europe's Beating Cancer plan](#) aims to prevent cancer and ensure a high quality of life for those affected by cancer; and the newly-proposed regulation for a European health data space ([EHDS](#)) would harmonise legal frameworks in order to enable the secure sharing and research of health data across the EU.

community (diverging problem definitions and expectations), as well as the EU's limited mandate in the area of health.

Evolving financing mechanisms

In parallel to policy developments, the EU's approach to global financing and the financing mechanisms themselves have also evolved, notably through the newly launched [EU Global Gateway](#) and a consolidated financing instrument, the [NDICI-Global Europe](#) (Neighbourhood, Development & International Cooperation Instrument – Global Europe). Therefore, among other aims, that of a leadership role of the EU in global health has been conceived with a view to leveraging available financing to maximise the outcomes of EU global health action.

Global Gateway

On 1 December 2021, the EU launched its [Global Gateway strategy](#), which seeks to mobilise up to €300 billion in investments to boost smart, clean and secure links in digital, energy and transport and strengthen health, education and research systems across the world.

As the Commission [explains](#), the Global Gateway is to be delivered through a **Team Europe approach**, bringing together the EU and the Member States, the European Investment Bank (EIB) and the European Bank for Reconstruction and Development (EBRD), as well as mobilising the private sector to leverage investments for a transformational impact. The Global Gateway draws on the new financial tools in the EU multiannual financial framework (MFF) 2021-2027, notably, the **NDICI-Global Europe**, the Instrument for Pre-Accession Assistance ([IPA](#)) III, the [Connecting Europe Facility](#), [Interreg](#), [InvestEU](#) and [Horizon Europe](#).

The Global Gateway is based on **six principles**: i) democratic values and high standards, ii) good governance and transparency, iii) equal partnerships, iv) green and clean, v) security focused, vi) and catalysing private sector investment.

In the area of health, the Global Gateway is set to prioritise the **security of supply chains** and the **development of local manufacturing** throughout the world. The [projects](#) are aimed at diversifying supply chains and enhancing sustainable infrastructure and a sustainable regulatory environment for the local production of medicines and medical technologies. This is expected to contribute to the integration of the currently fragmented markets and promote research and cross-border innovation in healthcare.

Road to the new global health strategy

At the G7 meeting of health and development ministers of 19 May 2022, the Commission [announced](#) its plans to update the EU's approach to global health. On 4 July 2022, it launched a 12-week public consultation to gather evidence and views from citizens and stakeholders. During the consultation, the stakeholders submitted [176 comments](#), which fed into the communication on the EU global health strategy. The strategy, adopted on 30 November 2022, also builds on the contribution of the European Parliament, several presidencies of the Council, and the civil society [2020 shadow global health strategy](#).

The European Commission's Directorate-General for International Partnerships (DG INTPA) and Directorate-General for Health and Food Safety (DG SANTE) jointly drafted the strategy, which was published in parallel with the first [State of health preparedness report](#), an annual Commission report examining the EU's changing health risk landscape and its state of preparedness. The communication on the GHS and the report should be read in conjunction with each other.

The global health strategy in a nutshell

The newly adopted EU GHS positions the EU as a leader who is to drive international cooperation in health through the formation of equal-footing partnerships that are guided by shared values and common policy priorities, are based on co-ownership, and are supported by effective funding and co-investing. The strategy supports robust global health governance with a reinforced and

sustainably financed WHO at the core of the multilateral rules-based system. The GHS calls for a more strategic, assertive and effective role for the EU in global health; to this end the EU would have a role of a formal observer at the WHO. The GHS also recognises global health as an essential pillar of EU external policy, a critical geopolitical sector, and a key element of the EU's **health sovereignty** and its **strategic autonomy**.

The GHS manifestly constitutes the external dimension of the European health union, which is operationalised through the **Global Gateway strategy**.

Figure 1 – Priorities of the global health strategy



Data source: Graphic created by the author based on the EU GHS communication.

Policy priorities: Back to basics

The strategy suggests a framework for EU global health policies leading up to 2030 and focusing on three interconnected policy priorities:

1. better health across the life course;
2. strengthened health systems and universal health coverage;
3. preventing and combating health threats, including pandemics.

The strategy also outlines **20 guiding principles** and concrete lines of action, creates a new monitoring framework and lists some of the key projects that underpin the strategy at global, regional and national levels. The three above-mentioned policy priorities broadly correspond to the [WHO triple billion targets](#) – universal health coverage, health emergencies protection, and healthier populations – as **aligning EU and WHO priorities** is also a EU GHS priority.

Better health across the life course (policy priority 1), stronger health systems and advances towards universal health coverage (policy priority 2)

As the EU seeks to lead in regaining the ground lost in reaching the universal health-related targets in the 2030 SDGs, the strategy identifies better health and the achievement of universal health coverage as top policy priorities of the EU's approach to global health.

The strategy underlines that, in addition to the traditional root causes of ill-health, other drivers should also be addressed in an integrated manner. To this end, the document provides a non-exhaustive list of ill-health drivers; these include climate change, environmental degradation, humanitarian crises, and food insecurity, which should be tackled through a ['health in all policies'](#) approach. In addition, the GHS puts emphasis on rising challenges, such as antimicrobial resistance and mental health disorders, as well as evolving challenges of health and care systems including workforce imbalances and resource shortages.

At the same time, the strategy also underlines the importance of maximising health outcomes with the help of enablers such as a **skilled workforce, research, digitalisation**, and the use of artificial intelligence. It

calls for fostering health and safety standards worldwide, pioneering the international standards in pharmaceutical medical technologies, and developing a digital health ecosystem globally, using EU examples and best practices. This approach could be seen as an attempt to mirror two of the EU's internal health policy initiatives – the [pharmaceutical strategy for Europe](#) and the [European health data space](#).

The two policy priorities encompass both communicable and non-communicable diseases. Being built on a strong **human rights approach**, the strategy pays special attention to vulnerable and disadvantaged groups, with a particular focus on the rights of children, the youth and women as well as on sexual and reproductive health and rights (SRHR).

Health security (policy priority 3)

The third policy priority, **preventing and combatting health threats**, is arguably in the spotlight of the strategy as a way to integrate the lessons learnt from the coronavirus pandemic.⁵ The provisions regarding this policy priority should be read in conjunction with the first [State of health preparedness report](#), which also focuses on [health security](#), provides an in-depth analysis of the state of preparedness and refers to the intended next steps, with the global dimension at their heart.

To ensure health security, the GHS calls for strengthened prevention, preparedness and response capacities, and for more effective disease and pathogens surveillance worldwide. It highlights the importance of **stronger international rules** and cooperation mechanisms on health, with the strengthened role of the WHO at its core. More specifically, the strategy calls for the [negotiation](#) of an effective legally binding **pandemic agreement** and strengthened [international health regulations](#). The strategy strongly underlines the importance of adhering to the **'One Health'**

Flagship initiative: Improving the SRHR in Africa

On 15 December 2022, the Commission launched a flagship initiative to enhance sexual and reproductive health and rights (SRHR) in Africa, which is a key action under the [EU-Africa Global Gateway package](#) and the EU GHS. The initiative consolidates new and ongoing regional and country SRHR programmes with the aim to enhance their coordination for a stronger impact.

As the Commission [press release](#) notes, funding from the EU budget includes €60 million in new funds for 2023-2027. The Member States are also expected to make significant financial commitments in the coming years.

approach, which [recognises](#) that human, animal and environmental health are interconnected and is advocated by the WHO as well as systematically emphasised in the EU's internal health policies.

An international pandemic accord

The proposal for an [international treaty on pandemics](#) was first announced by the President of the European Council, Charles Michel, in November 2020. Then, in December 2021, WHO members [agreed](#) to negotiate a convention, agreement or other **legally-binding** international [instrument](#) establishing principles, priorities and targets to strengthen pandemic prevention, preparedness and response. The accord could complement other measures, including the [international health regulations](#), which are also [to be updated](#).

The first [working draft](#) was presented in July 2022, while the progress report is set to be delivered in the 76th World Health Assembly in 2023, with the aim to adopt the instrument by 2024.

Importantly, the strategy insists on the importance of the fight against antimicrobial [resistance](#), which, if not [managed](#), is [forecast](#) to be an increasing [burden of disease](#) in the upcoming decades.

Operationalising the strategy: Internal and international coordination

In a context where global health is increasingly shaped by multiple policy areas, such as climate, environment, energy, nutrition, food security, social protection, demography, education, research, humanitarian assistance, finance, trade, industrial policy, development, foreign and security policy, the strategy acknowledges that achieving its stated goals requires a more comprehensive approach and a cohesive way of working. Therefore, it calls for **reinforced multi-level coordination** to implement a 'health in all policies' approach.

In particular, the strategy underlines the need to effectively link all policies and measures that have an impact on global health within the Commission, EU agencies and EU financing institutions. It also calls for better coordination of policies and measures of the EU and its Member States as would allow them to **speak with one voice** and deliver effective action worldwide.

To maximise the outcomes of the EU's global health action, the strategy also underlines the importance of fighting duplication and ensuring coherence of action in the multilateral health system. It calls for the EU to fill existing gaps in global governance with a permanent link between global health and finance efforts. For this, the GHS calls for ensuring a stronger EU role in international organisations – firstly the WHO – and for strengthening engagement with key global health stakeholders. In addition, it encourages the EU to harness the impetus of the [private sector](#), philanthropic organisations, and civil society to ensure the effective implementation of the strategy.

Operationalising the strategy: Financing

The strategy seeks to enhance EU financing for global health with maximum impact. It calls for the prioritisation of global health across all relevant EU budget-financing programmes, including the [NDICI Global Europe](#), Horizon Europe, **EU4Health**, the Instrument for Pre-Accession Assistance, and the Technical Assistance and Information Exchange instrument. For example, under the **NDICI Global Europe** for the 2021-2027 period, so far the EU has programmed over €4.4 billion in grants for global health at national, regional and global levels.

The GHS emphasises the importance of finance-pooling, financing with an effective **Team Europe** approach and using innovative financial instruments. It furthermore calls for prioritising co-investment initiatives with a **Global Gateway** focus based on **co-ownership** and co-responsibility. Moreover, the EU should help partner countries with domestic resource mobilisation and efficiency, as this promotes health sovereignty and autonomy and therefore remains the most sustainable source of financing.

Monitoring mechanism

The EU GHS introduces, for the first time, a **permanent monitoring mechanism** to assess progress and ensure the accountability of the EU's global health action. In particular, with the help of metrics and key indicators to be developed in 2023, the implementation of the strategy will be monitored and the actions and funding may be adjusted according to the results of the evaluation. The Commission is to carry out a mid-term review and a final evaluation of the strategy's implementation in 2030. Finally, the GHS underlines that the Commission will keep the co-legislators and civil society closely informed about financing and implementation progress. More specifically, the Commission is to hold regular high-level exchanges and publish a report in principle every two years.

This monitoring and accountability mechanism was widely welcomed by [stakeholders](#), who acknowledged that its establishment is an important step forward that should prevent the pitfalls of the 2010 strategy, which did not develop metrics or have a monitoring mechanism.

Stakeholders' views

The newly adopted GHS received an altogether positive feedback from non-governmental organisations, health governance bodies and figures, including WHO Director-General Dr Tedros Adhanom Ghebreyesus and Dr Ayoade Alakija, chair of the Africa Vaccine Delivery Alliance and WHO Special Envoy for the ACT Accelerator.⁶

However, some stakeholders pointed to certain aspects that need improving. For instance, Alan Dangour, the [Wellcome Trust](#)'s director for climate and health, was [critical](#) of the lack of 'clearly defined deliverables' about how to address **climate change** and its impact on people's health. Similarly, while welcoming the renewed commitment to global health, independent civil society organisation (CSO) [WEMOS highlighted](#) some gaps in the strategy, more particularly as regards ensuring **equitable access** to medical products, tackling the **risks of relying on private finance** in health care, and addressing workforce imbalances.

Simultaneously, Global Health Advocates ([GHA](#)), the French NGO that contributed to writing the [shadow GHS](#) that fed into the new strategy, [greeted](#) the Commission for its ambitious work, yet [argued](#) that a number of issues – such as the absence of specific provisions on access and equity and of plans to ensure the participation of **non-state players** – are hampering the strategy's transformative impact. As regards financing, GHA noted that the new strategy fits the SDGs' timeframe but is out of sync with the EU's current [MFF](#). Therefore, the NGO urged the co-legislators to consider the strategy in the upcoming MFF midterm review and revision, and include it in the next MFF. In addition, the GHA argued that the **lack of financial targets** undermines the impact of the GHS. Finally, it urged the Council to speak with one voice while endorsing the strategy, in order to demonstrate EU leadership in global health.

Meanwhile, the EU Office of the Red Cross, representing the 27 national Red Cross societies in the EU, alongside those in Norway and Iceland, and the International Federation of Red Cross and Red Crescent Societies (IFRC), focused on the strategy's role in tackling global health threats. The Red Cross [acknowledged](#) that the GHS has potential and a solid roadmap to ensure better preparedness and response to health threats, but argued that more attention needs to be paid to the **role of local players** (CSOs, volunteer organisations). In addition, the stakeholder noted that more emphasis should be put on prevention and preparedness activities in anticipation of public health emergencies, and on the **reinforcement of community resilience**.

Next steps, challenges and opportunities

Fine-tuning in the Council

Since the establishment of the Working Group on Global Health (WGGH) during the Finnish Presidency of the Council in the second half of 2019, the subsequent presidencies have been

working on recalibrating the EU's approach to global health. The Portuguese Presidency of the Council was particularly active in this regard and in June 2021 it published a [report](#) laying out the results of the recalibration efforts during the first semester of 2021. While the report did not convey the official position of the Council but was the presidency's contribution to the reflection process, it hinted at the possible priority areas that the Council was likely to focus on. In particular, both the report and the [note](#) from the Portuguese Presidency, circulated on 14 June 2021, emphasised the importance of a high level of health in the societies and a strengthening of the national health systems; however, they tend to place a stronger focus on health security and improved global health governance to ensure these goals.

Following the adoption of the new GHS by the Commission, the Council is now set to discuss, negotiate and refine the approach through the adoption of conclusions. This will possibly take place during the Swedish Presidency of the Council, which has indicated its [ambition](#) to proactively work on the file.

Within the Council, the Working Party on Development Cooperation and International Partnerships ([CODEV-PI](#)) will lead technical discussions in close cooperation with the [Working Party on Public Health](#) and other relevant working parties. Then, the Council Committee of Permanent Representatives (COREPER) may negotiate the more politically sensitive issues, before forwarding the text to one of the Council's configurations, which would adopt it as Council conclusions.

When it comes to fine-tuning the GHS, the Council conclusions are expected to [focus](#) on implementation, effective monitoring, reporting and accountability, among other sensitive aspects, such as coordination between the EU institutions and the Member States.

Some experts, including the Centre for Africa-Europe Relations ([ECPDM](#)), [believe](#) that the Swedish Presidency may hold the potential to rebalance the focus of the strategy, given its [solid expertise](#) in global health.⁷ Specifically, while health security is in the spotlight due to the coronavirus pandemic and has been receiving most of the political attention for health in the EU lately, the Swedish Presidency may attempt to put more emphasis on the first two policy priorities: strong health systems and healthy societies.⁸

However, as the EU only has supporting competence in the area of health, and as Member States have a lot of discretion in matters of health policy and implementation, some experts point out that the Council's conclusions have the [potential](#) to **water down** some aspects of the strategy, in particular on provisions where Member States have diverging positions on, for instance, sexual and reproductive health and rights (SRHR) and LGBTIQ rights. Nevertheless, numerous [stakeholders](#) have emphasised the importance of speaking with one voice in order to demonstrate EU leadership in global health.

Response and role of the European Parliament

The European Parliament has long been a [proponent](#) of stronger EU health policy, both within the EU and globally. For example, its July 2020 [resolution](#) on the EU's public health strategy post-COVID-19, Parliament, among other aspects, emphasised the relevance of the international dimension of health. Then, through its own-initiative [resolution](#) of 20 May 2021 on accelerating progress and tackling inequalities towards ending AIDS as a public health threat by 2030, it urged the EU to set up a comprehensive global strategy and road map for the achievement of the SDGs.

Already before the coronavirus pandemic the Parliament had adopted several thematic resolutions emphasising the importance of tackling global health issues and threats at all levels, including the global one. For instance, its [resolution](#) of 2 March 2017 on EU options for improving access to medicines stressed the need for consistency between all EU policies (global public health,

Another important issue is advancing efforts to renew the EU Global Health Strategy. The [Swedish] Presidency will contribute to developing and strengthening the EU's role in global health based on the new EU Global Health Strategy and the lessons learned from the COVID-19 pandemic.

[Programme](#) of the Swedish Presidency of the Council.

development, research and trade) and underlined that the issue of access to medicines in the developing world should be seen in a broader context. In parallel, its [resolution](#) of 13 September 2018 on a European One Health Action Plan against Antimicrobial Resistance (AMR) called on the EU and the Member States to shape the global agenda while building European and international partnerships and launching a crosscutting global strategy to combat AMR.

Following the adoption of the new GHS, the Parliament is expected to formally respond to the proposed approach through a **non-legislative resolution**. Within the Parliament, the [file was assigned](#) to the Committee on Environment, Public Health and Food Safety (**ENVI**), which will draw up a report. The two committees for opinion – the Committee on Development (**DEVE**) and the Committee on Foreign Affairs (**AFET**) – may each submit an opinion to ENVI.

Parliamentary work at committee level is expected to start following the first [exchange of views](#) on the strategy with the Commission, which took place at a joint ENVI and DEVE meeting on 25 January 2023. While the Parliament does not directly contribute to the fine-tuning of the new

strategy, its views will be taken into consideration ([Article 36 of the Treaty on European Union \(TEU\)](#)), and its immediate input and continuous support will be essential in keeping the global health agenda in the spotlight and in preventing the EU from repeating the mistakes committed with regard to the first EU strategy on global health.

[The European Parliament] urges the EU to set up a comprehensive global strategy and road map for the achievement of the SDGs, ... notes that this strategy should take particular account of the impact of COVID-19, as achieving the SDGs is critical to ensuring our preparedness for future pandemics and other shocks, including to health systems; calls for an effective long-term EU global health strategy; insists that the Commission needs to redouble its efforts and intensify its work towards effective global health programmes targeting healthcare systems in developing countries.

European Parliament [resolution](#) of 20 May 2021 on accelerating progress and tackling inequalities towards ending AIDS as a public health threat by 2030.

Ensuring continuity and maintaining momentum

To maximise the potential of the EU GHS and to ensure the continuity of the global health agenda, the EU and the Member States will need to [maintain the strategy's momentum](#) through

sustained political leadership. In a context where the EU is dealing with numerous crises, preventing the agenda from getting off track will require continuous efforts from the EU, Member States, partners and other stakeholders. The commitment to sufficient and efficient financing will also be crucial.

For example, [stakeholders](#) are already urging Sweden, Spain and Belgium – the current Council presidency 'trio' – to engage with each other so as to ensure efficient implementation and steady progress towards the goals set. In addition, sustained leadership and commitment will be important beyond 2024 when the political leadership in the Commission and the Parliament will change. Finally, as the strategy establishes the framework for the global health action **leading up to 2030**, it will be important to ensure both smooth continuity and flexibility to keep the approach relevant in the changing context.

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ENDNOTES

- ¹ A focusing event, a concept formalised by John W. Kingdon and developed further by Thomas A. Birkland and others, is a typically exogenous event that highlights a challenge or catalyses an understanding of a public problem. While the opinions whether the COVID-19 crisis was a focusing event are [mixed](#), the European Commission and the strategy itself made numerous references to COVID-19 as a catalysing and highlighting event. For example, the [strategy](#) underlines that 'the COVID-19 pandemic has been a litmus test of what is essential, what must change and what is missing to bring about effective global health governance' and that 'the COVID-19 pandemic made the risks related to underfunded health systems more explicit than ever'.
- ² See Article 168(1) TFEU: 'A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities. Union action, which shall complement national policies, shall be directed towards improving public health, preventing physical and mental illness and diseases, and obviating sources of danger to physical and mental health. Such action shall cover the fight against the major health scourges, by promoting research into their causes, their transmission and their prevention, as well as health information and education, and monitoring, early warning of and combating serious cross-border threats to health.'
- ³ See Article 168(7) TFEU: '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. The responsibilities of the Member States shall include the management of health services and medical care and the allocation of the resources assigned to them. The measures referred to in paragraph 4(a) shall not affect national provisions on the donation or medical use of organs and blood'.
- ⁴ The Treaty of Lisbon amending the Treaty on European Union and the Treaty establishing the European Community was signed at the European Council of Lisbon on 13 December 2007, and after the ratification by the Member States, entered into force on 1 December 2009.
- ⁵ See Jessica A. Bell and Jennifer B. Nuzzo, [Global Health Security Index: Advancing Collective Action and Accountability Amid Global Crisis](#), 2021: 'All countries remain dangerously unprepared for meeting future epidemic and pandemic threats'; see also the [GHS Index Map](#).
- ⁶ Watch the statements of WHO Director-General, Dr Tedros Adhanom Ghebreyesus, and of the Africa Vaccine Delivery Alliance Chair and WHO Special Envoy for the ACT Accelerator, Dr Ayoade Alakija, made during the strategy's [launch event](#) on 30 November 2022.
- ⁷ In 2018, the Government Offices of Sweden published the [document](#) on Sweden's work on global health – implementing the 2030 Agenda and the [Strategy](#) for Sweden's cooperation with the WHO 2021-2025, both of which arguably speak of the country's experience, expertise and investment in global health.
- ⁸ Given that Sweden's [approach](#) to global health pays significant attention to the strengthening of health systems and healthy societies with a strong focus on women's rights and sexual and reproductive health and rights, it is likely that the Swedish Presidency of the Council will advocate for these aspects to be high on the global health agenda. This view is supported by the Centre for Africa-Europe relations (ECDPM) [briefing note](#).

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