



# The EU Role in Global Health

**Overview 2015: Concepts, funding, partnerships and challenges**

**DEVCO B4 (Walter Seidel)**

**ACP SOM Health Feb 23rd, 2015**

# 2010: EU Role in Global Health



EUROPEAN COMMISSION

Brussels, 31.3.2010  
COM(2010)128 final

COMMUNICATION FROM THE COMMISSION TO THE COUNCIL, THE EUROPEAN PARLIAMENT, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE COMMITTEE OF THE REGIONS

The EU Role in Global Health

SEC(2010)380  
SEC(2010)381  
SEC(2010)382



COUNCIL OF  
THE EUROPEAN UNION

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Council conclusions on the EU role in Global Health

3011th FOREIGN AFFAIRS Council meeting  
Brussels, 10 May 2010

The Council adopted the following conclusions:

1. The Council welcomes the Commission Communication on the EU Role in Global Health which highlights the need to take action to improve health, reduce inequalities and increase protection against global health threats. Health is central to people's lives, including as a human right, and a key element for equitable and sustainable growth and development, including poverty reduction.
2. Economic and social conditions are crucial determinants of health. Efforts to address social exclusion, power structures that impede equity, and gender equality are of key importance, as well as a strong focus on policy coherence for development in particular the "Equity and Health in All Policies" approach.
3. The Council considers these conclusions also as part of the overall process of establishing the EU position for the MDG High Level Plenary Meeting to be held in New York, which will further define the EU response to the most off-track situations. Progress towards achieving the health-related MDGs has been uneven and insufficient, particularly for MDGs 4 and 5 and especially in Sub-Saharan Africa.

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# EU health aid and beyond

*EU (European Commission and EU Member States) largest global donor in aid in general and in health aid in particular*

*Multiple health-relevant activities beyond aid:*

- *E.g. increasing access to medicines through multiple activities in the area of research, health, trade and standard setting in terms of EU regulation*
- *E.g. health in all policies approach (HIAP)*



# Health aid managed by the European Commission:

- *Slightly decreasing volumes from just over EUR 0.5 billion annually to levels just below – funding sources about equal shares from the EU budget and the EDF*
- *Graduation and sector concentration: Fewer countries but larger volumes in most countries; higher proportion of countries in fragile situations*
- *Devolution: Country level programmes are managed by EU Delegations*
- *Tendency to increase the share of multilateral channels (GF, GAVI, UN) from one quarter to one third*



# Principles of EU health aid implementation I:

- *alignment to national health policies, strategies and plans*
  - at country level: joint review and assessments led by MoH (IHP+ principles)
  - at global level: pushing for alignment at Boards of GAVI and GF
- *using national systems (sector reform contract / sector budget support wherever possible) and harmonised financing arrangements (pool funds)*
- *comprehensive support to health systems strengthening*
- *Strengthening civil society, non-state actors and local authorities*



# Principles of EU health aid implementation II:

- *lens of review: what difference does it make to the frontline health workers and the population they serve?*
- *result orientation – demonstrating impact*
  - **at global level: x million lives saved!**
  - **at country level: ??**
    - => Need for timely, reliable output data
    - => Computing impacts for public accountability



# EU health aid programmes in figures:

- *In 17 countries health is a focal sector of EU development cooperation*
- *Annually EUR 110 Mio to the GF and EUR 25 million to GAVI*
- *Supporting WHO: 1. Strengthening sectoral policies and sector policy dialogue for UHC (in 14 countries EUR 23 million 4 years) and 2. Pharmaceutical policies (14 countries, 10 million, 3 years)*
- *Supporting knowledge and evidence: Support to public health institutes (8 countries)*

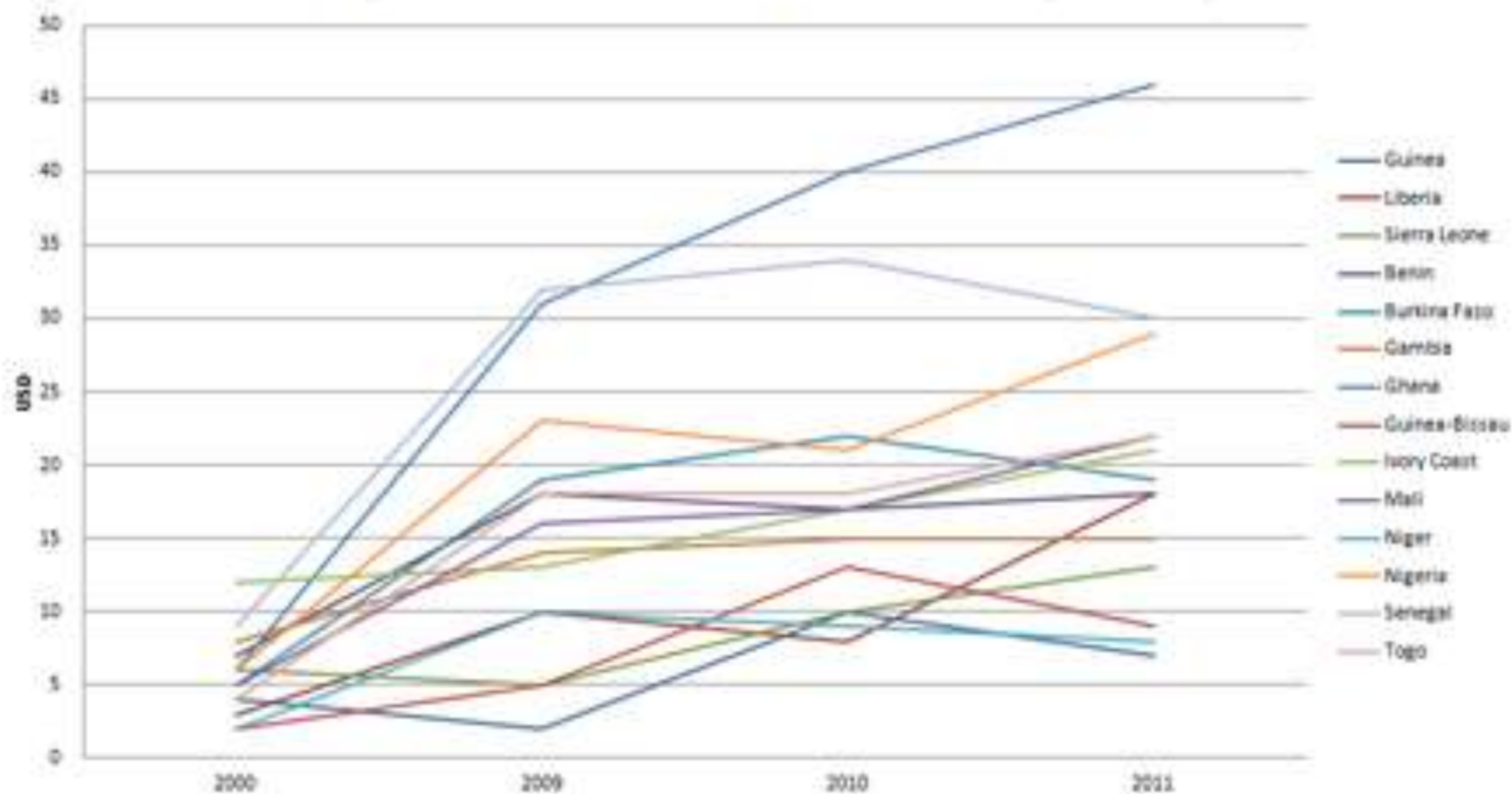


# **Problem areas: What can we learn from the Ebola outbreak?**

*The Ebola outbreak has been widely interpreted as a health systems failure - has support to HSS not worked?*



Per capita government expenditure on health at average exchange rate





## **Areas for change under discussion:**

- 1. Need to bring public health financing closer to certain minimum levels*
- 2. Ensure that surveillance, outbreak detection and control (including IHR implementation) are an integral part of support to health systems strengthening*
- 3. Ensure effective social dialogue between payers and providers (which role for donors and EU?)*
- 4. Establish trust and ensure appropriate communication between service providers and communities and users of health services (again: which role for international support?)*
- 5. Increase R & D on neglected diseases and include R&D on outbreak response (public health research)*