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## EU ROLE IN GLOBAL HEALTH

### 1. General remarks

The National Institute for Health and Welfare (THL, former KTL and Stakes) is an independent Finnish governmental agency established by law to promote health and wellbeing of the population. It belongs to the administration area of Ministry of Health and Social Affairs. THL has been very active in the international research, collaboration and development work. THL hosts also the Secretariat of International Association of National Public Health Institutes (IANPHI). The Director General of THL is the vice-president of IANPHI. Against this background THL thus appreciates the possibility to express its views on this consultation.

We underline the findings in the review of *WHO Maximising Positive Synergies Collaborative Group* in 2009. They reported a magnitude of separate and partly competing actors in global health arena, lack of studies of the effects of global health initiatives to health systems, plurality of ideas and policies. Without insufficient knowledge of the impact of global health initiatives it is difficult to make a policy that has relevance. The objective of this consultation is to “identity the global situation and challenges”. We see that systematic studies should precede policymaking. Therefore we suggest that the European Union should consider its role and policy in the Global Health in the light of the findings in that review. (World Health Organisation Maximizing Positive Synergies Collaborative Group. An assessment of interactions between global health initiatives and country health systems. *Lancet* 2009;373:2137-69).

Since the consultation is in particular focussed on development aspects of cooperation it would be appropriate to add scoping note of ‘*Global Health in Development Policy*’ or ‘*EU’s role in global health.*’ The use of more scoped titles would still imply co-operation across sectors, but would avoid that the communication extends to all governance on health issues that can transcend boundaries or require transnational or global cooperation. This would still necessitate a broader emphasis on global multilateral actors and policies, human rights stipulations as well as on global health in the context of emergency measures and aid in conflict areas.

We wonder whether any shifts in external competence are sought with the upcoming Communication. The general impression from the Issues paper is that EU is trying to achieve one unique policy and voice for the member states, because “—*foreign policy and global health are not only relevant to national health security and development. Health and foreign policy are also crucial for alliances, for reputation and for trade issues*” (pg. 12)”. Special remark has been made on some European countries own national global health strategies as not desirable. Is the aim to limit the competence of the member states?

Finally, we wish that all answers to this consultation can be accessed at the European Union website.

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## 2. THL's answers to the Questions

**Question 1:** In your opinion, does the proposed concept 'global health' cover the most relevant dimensions? If not, which other essential factors would you suggest?

The concept does not seem to be defined in the issues paper, even though many issues are covered. Actually it states that global health is an extensive multi-sector domain, and we agree. This remark refers to the established Health in all policies (HiAP) -approach already anchored in the Article 152 of the EC Treaty. In addition, we refer to the extensive work on and the importance of the social determinants of health. Of utmost importance is to pay severe consideration to non-communicable diseases (NCDs), such as diabetes, cardiovascular diseases, diabetes and chronic respiratory diseases, which are rapidly burdening developing countries at the same time when they tackle with serious infectious diseases, and lack clean water and sanitation. According to WHO estimate, 80 % of deaths due to NCDs occur in low-and-middle-income countries.

Global formal health policies are developed at many fora through official intergovernmental policies, priorities and initiative. Also, non-governmental networks, initiatives and public-private partnerships or government clustering (G8/G20 etc.) promote health policies. Although they lack legitimacy compared to formal global health policies, they often draw and move substantial resources and activities.

We would also like to emphasise that right to health is a human right in international law. See more in detail in the answer nr 11.

More emphasis should be put on national health information systems and their compatibility with international surveillance systems. Without an accurate and available data it is difficult to assess the status of health and burden of diseases, and respond to the health needs both locally and internationally.

Finally, we think the assessment of the concept of global health should also pay attention to the long work UNESCO's International Bioethics Committee (IBC) has performed when drafting a report Social Responsibility and Health. The report was approved in November 2009, and it provides an in-depth analysis on issues relating to global health touched upon also in this consultation.

Consequently, we think that concept of global health needs careful consideration.



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**Question 2.** Are the effects of globalization on health, on the spread of diseases (whether communicable or life-style non-communicable) and on equitable access to health care sufficiently described?

No, as the emphasis is only on mitigation of impacts, not on the fact that globalisation is influenced by political decisions and priorities within countries. Also, the provision of 'equitable access to health care' needs deeper analysis. At the minimum, access shall not be based on discrimination. Second, people should be empowered to understand and use their rights. Civil society plays a crucial role here; see answer 13.

It would be important to separate implications of globalisation due to political choices, such as, trade and economic policies, from those more related to technological or environmental change. The lumping of various phenomena under the broad title of national constraints implies that forces of "global factors" can only be mitigated; yet substantial amount of these are result of actively promoted policies and priorities.

**Question 3:** Do you consider the health-related MDGs a sufficient framework for a global health approach? If not, what else should also be considered?

Millennium Development Goals (MGDs) are good, but an insufficient framework for a global health approach. MGDs have provided good platform for change, and serve as tools for making policies. They are also good indicators. However, a global health approach is much more; for instance, capacity of national public health institutes, political conditions, human rights situation, stability, level of education, housing, sanitation and environmental issues contribute to health. Health has a social dimension. Health for all policies and focus on primary health care, human rights provisions and a variety of other WHO-related agreements should also be considered and in the context of development and aid policies. Therefore, health in all policies and primary health care approach are highlighted. We also refer to our answers in Q1.

**Question 4:** In your opinion, which are the main strengths and weaknesses of the current EU policy on health and development cooperation, and which dimensions should be given greater attention in order to face the challenges ahead?

We appreciate EU activities in the health field in general. Also, we find it important that EU policy respects the values and uniqueness of national health systems. We hope that this will continue, so that nation states retain their competence in the health sector.

The current strengths of the EU health policy and development cooperation lies on EU experience in support of health systems and health systems research as well as capacity to mediate initiatives



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across countries and development agencies. For instance, Twinning-instruments have proved to be very successful in our experience. This model could be expanded to the developing countries.

There are very good elements in EU development cooperation and research cooperation in particular with respect to health systems, but these are at times seem to become overrun by other priorities. The EU voice in support of health priorities and views within multilateral development institutions is also weak and there could be scope for more explicit emphasis on importance of the values and principles that have been underpinning health services emphasis within Europe.

Further attention should be given to health systems as a whole and in particular to primary health care approach. European Union research cooperation has been important for health systems development in many countries and in seeking new grounds for cooperation and capacity building.

True attention should be given to strengthening of public health infrastructures also in the developing countries. As is stated in the consultation, EU does not yet have a comprehensive strategy aiming at strengthening the overall capacity of the health systems in developing countries. We highly encourage EU to adopt such a strategy, as national capacity and leadership is a fundamental base for health promotion and disease prevention.

One weakness may be the inadequate coherence with other international actors. More synergies should be sought with what established international organisations are doing, such as WHO, UNICEF, UNFPA and UNESCO.

**Question 5:** Could you identify health problems that have been neglected by the EU and international health research agenda and development cooperation, and which dimensions should be given greater attention in order to face the challenges ahead?

Public health and health system research are very much neglected. Certain diseases attract enormous attention and funding, but at the same time basic public health problems are not on agenda. Global politics have become dominated by support to innovations, even though there is substantially avoidable mortality where public policies, prevention and treatments are known to be effective. Thus, support to research and innovation should not seek action only in terms of solutions to particular diseases, but it should have a clear scope of building and maintaining public health institutions and capacities within countries.

Another concern is if development funds become industry subsidies by shifting clinical trials to developing countries. When performing clinical trials in the developing countries, adequate provisions on benefit-sharing in the form of local support and benefit needs to be incorporated into the research funding schemes. Also medical research ethics along with local ethical review systems need more attention in the developing countries. UNESCO has been active in this field.



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**Question 6:** Do you think that ODA commitments for health should increase, and how do you think that other sources of financing could contribute to addressing global health and universal access?

ODA should increase up to the level of 0.7%. New resources could be sought from innovative financing mechanisms, such as levies on flights or other means to mitigate climate change or as levies on international financial transactions. Further consideration should be made in relation to prospects of using and enhancing the use of more win-win type levies on products and goods which are hazardous to health, whose nutritional value is low or where consumption patterns should be shifted from health point of view as part of national/bilateral or where appropriate, global measures.

**Question 7:** How do you think fragmentation of aid for health could be reduced, with a view to increasing aid effectiveness and preventing detrimental health spending?

Aid effectiveness and impact of global health initiatives are issues that need systematic research, and collaboration with the WHO Maximising Positive Synergies Collaborative Group is encouraged. Further, European Union should find means to implement rules of the Paris Declaration.

Non-state actors are emerging with lots of funding, but they often target to one goal only. What is needed is a comprehensive policy to secure sustainability and coherence. This can best be achieved by working together with inter-governmental institutions, and support WHO in particular.

Instead of many specific programmes, EU could develop fewer but larger horizontal programmes to avoid fragmented field of one-course-actions. We once again highlight the importance of primary health care services and health promotion aspects.

Bilateral funding basket or pooled funding is already in use and could be supported more. Funding to HIV/AIDS should be normalised in the longer-term. The role and importance of single disease initiatives and programmes should be limited to avoid increasingly large amount of separate initiatives in the area. Fragmentation could be reduced also through more support to legitimate intergovernmental agencies working on public health as well as improved coordination of global initiatives and networks. For instance, the International Association of National Public Health Institutes (IANPHI) provides a highly respected non-political liaison in public health sector globally. It collaborates closely with WHO and ECDC.

Where nongovernmental initiatives and networks or support is focussed at country level, further focus is to be put on transparency of financing sources and sustainability.



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**Question 8:** In the context of aid effectiveness and alignment of financing to national priorities, what can be done to make sure that adequate attention is paid to health priorities and to strengthening health systems?

There is an increasing need to ensure that equitable financing of health systems remains on the agenda. It should be set in the context of global public policy cooperation rather than regarded as a business venture due to the problems of sustainability, corruption and high costs which often follow big contractual arrangements.

To avoid some of these problems, direct funding for twinning-projects between national public health institutes should be allocated. In our experience, co-operation between administrations have generated good results, have been sustainable and have not attracted corruption. Administrations usually understand each other's agenda and operating field. They also usually know each other from other contexts; International Association of National Public Health Institutes (IANPHI) being one important platform.

European Union should use its scope of influence on World Bank and IMF as well as the ways in which fiscal sustainability is considered in their lending programmes so as to secure that sufficient level of public financing for health systems is allowed by international financial institutions. European Commission should seek to ensure that its financing on health systems is not damaged by lack of government commitment. In aid policies, where government lacks commitment to health, additional resources may be channelled through nongovernmental organisations or public health institutions, where appropriate and necessary to maintain basic services. However, even in then the focus should be on providing scope for longer term strengthening of health systems.

**Question 9:** What are your suggestions for striking the right balance between addressing health priorities and providing support for developing health systems?

Without a functioning health system it is hard to assess health priorities in the first place. Adequate disease surveillance and health monitoring precede setting health priorities. Health systems are part of health priorities as achieving results on more specific priorities usually requires initial strengthening of health systems as well. The balance should be made on the basis of national development policies, local infrastructure and capacities. Action in support of global health should be made in the context of national health systems and only where necessary through more specific actions with careful consideration of where this makes a difference - including also other types of focus, such as reproductive health, gender or disability and not only disease - to avoid further fragmentation of efforts and global channels of support.



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**Question10:** What are the main opportunities for increasing the level and enhancing the effectiveness of health aid from the EU?

European Union member states have their own development cooperation actions in the area of health, where European aid policies have tended to follow behind rather than act in a position of leadership in terms of policy agendas. Strengthening European Union capacities and scope for health support needs to be based on the ground and support of European health policies and values. EU could seek more technical cooperation with WHO, UNICEF, UNESCO and other UN agencies. It could try to influence World Bank so that the lending World Bank provides on health would be compatible with European values and priorities on health systems, because World Bank has traditionally been more influenced by values of aid and health policies of North America. EU could also provide more support to regional cooperation and focus on regional production and securing essential vaccines and medicines in longer term. This approach has gained again new interest.

**Question 11:** In your opinion, what are the links between health, governance, democracy, stability and security and how could the right to health be put into operation?

Good governance, democratic system, stability and sense of security establish the basic conditions for healthier lives. They also relate to the scope and implementation of global health policies. Right to health is grounded in the declaration of human rights. Governments' responsibility to promote health should also be incorporated in the national constitutions. However, local resources and conditions determine how this right can be operated. At the minimum, everyone should have equitable access to health care; i.e., discriminatory policies are not legal.

Governance in the area of global health has become increasingly complex due to the emerging number of novel initiatives, partnerships and coalitions. As these often result from active engagement of donors, there should be reconsideration, evaluation and focus on financial and governance, legitimacy and accountability aspects of PPPs and PDPs especially when these utilise substantial sums of development financing.

As long as global health policies are decided upon by Ministries of Health, but resources allocated by Ministries of Development, an important substantive governance gap remains in the area of global health. This is of particular importance for the WHO and its legitimacy and accountability as a global actor.

It is important that transparency of funding sources and links are more clearly required from those non-governmental organisations that participate to global governance and policy work to avoid major conflicts in interests. The aims and grounds on which many organisations lobby in the field of global health policy should be more explicit.

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**Question 12:** What impact will the global crisis (climate change, food prices and economic downturn) have on global health and what could be done to help mitigate their ill effects?

Global crises have different origins and different impacts. Therefore there is no one cure. Health is already on agenda of some 'new-deal' proposals on climate change. Financial crisis has drawn attention to the necessity to ensure sustainable health financing mechanisms as well as to regulate financial markets for the public interest.

European Union could utilise better health policy impact assessments, which is one means to assess implications of policies in other sectors, including those of trade and economic policies. Such an assessment should be considered also in the context of development financing.

Here again, collaboration with key actors is encouraged to find a common ground and platform.

**Question 13:** What should be the role of civil society in the health sector, at national and local levels?

The role of the civil society shall be complementary, non-profit and deliberative. The primary responsibility in the health sector shall remain at the government. However, civil society actors, such as churches or charitable associations, are since long involved heavily as providers in national health systems. In some countries sensitive services can be provided more comprehensively by nongovernmental organisations as has been the case for reproductive health services.

Civil society can play a big role in providing a sense of (local) community, empowering people and engaging them in social processes, and on this part enhance health and wellbeing of people. Thus, civil society can also serve as an important platform for deliberative democracy.

Civil society relevance and action should not be limited to local level as in some issues national or even regional or global representation are of importance.

**Question 14:** Which action do you think the EU should take to stem the brain drain of health workers while respecting their freedom of movement ?

European Union should act in a responsible manner as regards to third world health employees. Training and/or studying in EU means also a significant knowledge transfer, if a professional later returns to his or her home country. EU should promote official migration and critically assess the role of intermediary agencies in this process. Freedom of movement shall be of course respected, but EU should primarily try to educate health work force itself. Long-term planning and needs shall be assessed.



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European Union could thus develop a specific programme for exchanging professionals. That would not create an exclusive arrangement for migration, but it might be helpful in many cases. Within such an exchange programme, the employer or exchange agency would be obliged to try to a replacement, or give means to educate a new one.

EU could also support and promote the Code on ethical recruitment practices as a first global step to tackle the issue in a more systematic fashion.

Finally, with the commercialisation of clinical trials and shift to developing countries, there is a need to ensure that local resources are not too much burdened. Capable researchers with appropriate qualifications should be available for research so that health services sector does not suffer. Ideally, foreign trials should bring more resources and have elements of training the locals.

**Question 15:** What role for new technologies (including telemedicine) in enabling developing countries to provide access to care even in remote areas and to allow better sharing of knowledge and expertise between health professionals, and how can the EU support this

European Union could support WHO and multilateral activities in the area to enable access to medical journals and literature (e.g. HINARI). European Union could ensure that its policies support open source, open access and developing country friendly licensing policies more broadly for sharing of knowledge.

Health systems strengthening in the developing countries would largely benefit from novel innovations for regular disease surveillance and health monitoring, as well as outbreak surveillance. Adequate resource allocation and an open-minded collaboration with private sector are important when performing capacity-building projects. Nevertheless, while there is clearly scope for new technologies for services in remote areas it is important that the role of technologies does not become the overriding or overtly expensive aim and excuse for lack of other development efforts in services, but remains proportional to desired aims. We know cases where a highly modern laboratory was donated to a developing country, but there was none who knew how to use it.

Consequently, importing new technologies shall be combined with relevant knowledge transfer and other maintaining services.



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**Question 16:** What are the keys to ensuring equitable access to medicine and how could EU help to do more on this, including by supporting innovation and management of intellectual property rights?

Equitable access to medicines shall be based on national pharmaceutical policies and on the ways global pharmaceutical markets governance and innovation support recognise health policy needs, affordability issues and access to knowledge.

European Union should support explicitly and financially WHO essential medicines strategy, efforts on rational use of medicines and work on pricing.

European Union should also support efforts on national regulation to limit substandard products and where necessary WHO prequalification programme efforts WHO measures in the area.

There is also a need to reconsider local or regional production capacity for key medicines and vaccines as part of aid and development policies, in particular in relation to vaccines.

European Union should actively support and participate in implementation of the Global Strategy and Plan of Action (IGWG).

European Union should not impose TRIPS+ measures as part of bilateral treaties or measures that would limit legitimate trade in generic medicines through enforcement measures within Europe or as part of international Treaties.

Furthermore, it is important that measures in support for new research on medicines does not end up as ineffective public subsidies to European or multinational corporations from development budgets, but is recognised more broadly as part of development policies and in support to national public health institutions, capacities in national education policies and support to essential national or regional health research capacities.

Finally, European Union should think of ways of promoting the provision of 'benefit sharing' in UNESCO's declaration on Bioethics and Human Rights (2005).

**Question 17:** What could the EU do to improve the research funding for global health?

European Union could shift further financing for global health research to less costly areas, such as health systems research, research on health policy, pharmaceutical policy and regulation. It could encourage cooperation across public health research institutions, and public health or health systems focussed research within Medical Faculties and their linkages with public policy research. European Union should engage with United Nations research institutions and WHO work in the



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area. European Union should ensure that if any new health-related institutional or funding initiative emerges, it has a specific part allocated to global health research. This could also be used in the context of all framework programmes on research.

The European Union should also as part of the global health focus to make explicit where health and industrial interests are in conflict. This implies that European Union stands on behalf of global health need to be based on health policy priorities and health considerations, including recognising the primacy of health considerations in pharmaceutical policies and support to R&D on health.

**Question 18:** How, in your opinion, could the EU research funding effectively address the systemic weaknesses of health systems worldwide?

It could provide support for capacity building and exchange, which European Union has done for years with some excellent results. It could cooperate more and support WHO in support of health systems research and guidance. It should in particular help to address relationship between macroeconomic policies and health systems financing. It could provide means and avenues for training, capacity building and exchange, particularly, in the following areas: public health and prevention, social determinants of health and pharmaceutical pricing policies and regulation. Analysis is needed of different ways to ensure risk sharing and pooling within health systems.

European Union should also pay attention to ethical implications of the globalisation of clinical research; in particular integrity of the research patients. European pharmaceutical industry shall not be involved in using double standards in medical research in the developing countries. National and local ethical review board shall be involved.

**Question 19:** How do you think national capacity and local scientists in low-income countries could be empowered to conduct research relevant to their countries' priorities?

This could be enhanced through international cooperation by supporting the necessary national institutions responsible for health, sufficient tertiary education and research capacity within medical and other faculties in Universities, which form the ground for local scientists to act and operate in particular in the field of public health.

When EU launches programmes and new calls, these should be accompanied with adequate informational meetings and training locally, relevant assistance and reasonable timeframe.



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**Question 20:** Which kinds of global public goods for health should be given priority and how should they be financed and managed?

The issues raised are important and relevant when trying to promote equity, but still, European Union should seriously reconsider the use of global public goods emphasis: while it may be an interesting academic opening, it is commonly used in a rather narrow economic sense and definition, which would exclude substantial aspects within health systems that are of broader importance. There is a risk that if sought solely for purposes of politics, it might become dominated by the argumentation that higher prices of medicines should be accepted for further subsidies to corporate R&D in areas, such as Alzheimer's disease. Another element of this line has been that global public goods nature of pharmaceutical research has been emphasised to legitimate high prices of medicines in the North, which is a problematic combination and more likely to lead again to ineffective public subsidies. It is thus important that politics, articulation and context where global public goods arguments are or have been used are crystal clear.

**Question 21:** Which do you think are the priority areas for coherence on global health policies and how should they be addressed?

The area where coherence for development policies in health exists within the EU is health systems support, including the key underpinning values. EU is also in health systems research and capacity-building far ahead of others and could utilise this to make the case. It needs to be noted that health is not as part of key coherence areas of development policies identified and that it is unclear what is meant by coherence - coherence in terms of health and other policies, coherence between Member States or coherence between Member States and Commission views. There is, for example, problem of coherence currently in reproductive rights issues and some Member States, though less between Commission and Member States. On the other hand there are substantial differences of interests between health Ministries and other parts of Commission in areas where industrial, trade and health policies collide, such as health-related standard setting and labelling, intellectual property rights and trade in services.

Another aspect in health is support to social determinants of health and national public health approaches. If new EU initiatives are considered to contribute to global health, European institutions remain stronger in public health-related programmes and public policy approaches, including health in all policies approach.

**Question 22:** How could the legitimacy and efficiency of the present global health governance be improved and which role should the EU play in this?

The global formal legal framework of global health policies is defined on the basis of various international legal instruments and human rights documents. The UN Covenant on Economic,



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Social and Cultural Rights article 12, setting a right to the highest attainable standard of health, is one of the key provisions internationally. Article 12 covers a wide range of socio-economic factors and underlying determinants of health, such as food and nutrition, housing, access to safe and potable water and adequate sanitation, safe and healthy working conditions, and a healthy environment. It is thus the governments' responsibility to promote the public's health, and it should be clearly stated in respective constitutions. In addition, international community has a clear role in safeguarding human rights.

Efficiency would clearly require more coherence and collaboration with international governmental organisations, in particular with WHO. Also UNESCO has lots of activities that affect health and wellbeing. Its report on Social Responsibility and Health was accepted in November 2009 and is highly relevant for global health.

European Union should engage with WHO/EURO in cooperative activities as well as channel political and financial support WHO global programmes.

**Question 23:** Do you think a definition of a universal minimum health service package would facilitate a rights approach and progress towards more equitable coverage of services? If so, how could such a universal minimum standard be defined?

The experience from the previous efforts to design a very limited packages of services, measures such as GOBI-FFF or other "selective approaches" have not been very successful in longer term and overall the WHO more comprehensive approach has been considered to have fared better than selective approaches. However, this relates also to the discussion on social security for all and whether essential drugs -type of articulation combined with basic needs approach to cover a comprehensive set of a package that should be available to all would support thinking within ILO, UN/DESA and UNICEF in relation to global social floor. In here the efforts in essential drugs could also used as part of a broader strategy, where nations can define their own packages, while a global example could be set as reference to more rights-based approaches and claims. However, while a minimum package could serve well calls for access to treatment, it does not necessarily function as well to enable action on social determinants, public health measures or less technology focussed approaches. Any focus on package should thus be combined with minimum package for public health action and tackling of social determinants of health as well.

**Question 24:** What, in your opinion, should be the main principles guiding equitable social protection for health?

The underpinning values of health systems within Europe serve as good grounding principles and do not need amending. Another set of key five principles could be drawn on the basis of these values and known evidence and practices:



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- 1) Ensuring that health systems structures, financing and organisation allow for sufficient risk sharing and resource pooling is a key element for equity. Thus, an overriding key guiding principle for equitable health systems is ability to cross-subsidisation, where provision of care is done on the basis of need, and financing on the basis of ability to pay. Organisations and financing within the system shall seek to diminish social inequalities.
- 2) Long-term equitable social protection is based on health systems that cover health services, public health and health policy measures for regulation in health and have scope to address social determinants of health.
- 3) Equitable social protection for health needs sufficient resources, institutional and human work-force base and capacity. It requires measures to ensure that resources are gathered in an equitable way and used wisely, including ensuring that new health-related products and practices are also addressed in terms of their cost-effectiveness and added clinical value in comparison to existing treatments, practices and evidence or alternative measures to achieve the same goal.
- 4) Equitable social protection for health needs sufficient statistical and evidence basis for research, analysis and evaluation. Many countries still lack appropriate information gathering and analysing systems. Some others need to pay attention to the maintenance and accurateness of theirs.
- 5) Equitable social protection is supported by sufficient legal basis for rights; for instance, access to care and information, patient rights and complaints system.

**Question 25:** Which fair financing principles and mechanisms should apply to health system financing to ensure equitable and universal coverage of basic health care?

The above stated values and five key principles apply as well, but in particular with financing, the necessity of cross-subsidisation and risk pooling are important, excluding thus more individual based mechanisms of financing as well as financing mechanisms that are not based on high user premiums (user charges or cost-sharing), as these are well-known to be inequitable. It is also important that financing is based on universal contributions and not based on voluntary measures such as top ups or tax reductions as these tend to increase inequity and lead to two-tiered services where risk pooling is separated.

Equitable and universal coverage of care should not be driven by needs of financial markets with emphasis on savings that can be traded or invested separately as these tend to further expand inequities and do not usually represent fair financing due to their tendency to favour rich and healthy individuals.

Equitable and universal coverage of basic care requires that this basic care is comprehensive enough to cover, where necessary, hospital care. There is substantial evidence on the impact of



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catastrophic costs of care as well as on increasing burden of health care costs on individuals enhancing the risk of people to fall into poverty. The challenge is thus not only to take care of access for all, but as well that health system on its own does not increase social inequalities.

**Question 26:** What is the role of civil society in global and national health governance and how can potential conflicts of interest between advocacy and service provision be avoided?

The role of civil society is not to replace public policies, but to rather enable voice, deliberation and reflect, influence and complement the realisation of public policies. This applies to all levels and in European policies deliberation should be enabled more in the context of global health and policy options that are sought.

The role of civil society is problematic in areas where civil society organisations are direct providers of services they wish to enhance, though in comparison to the 1990s also some nongovernmental organisations have changed their initial stands to be more supportive to public policies. This applies as well to the role of pharmaceutical industry with respect to pharmaceutical and R&D policies.

On the other hand there are particular areas and functions, where the role and relevance of civil society actors might need to be considered more actively and specifically, such as in the more sensitive fields of services areas (e.g. reproductive health or HIV/AIDS testing), and services for specific groups and problems that tend to become undermined in the context of overall policies and are likely to benefit from nongovernmental engagement. The role of civil society organisations in conflict areas and emergency measures needs to be considered as separate but important avenue of global health.

Clarity in terms of conflicts of interests are of importance as well with respect to the role of patient organisations, which may not reach in their approach to accommodate overall health policy interests and some of patient organisations also have substantial ties to industry financing. Civil society also includes networks and corporate funded think tanks and agents that often use civil society profile and voice, but represent in practice more corporate funders or constituents. Transparency and clarity of civil society funding and policy aims is of increasing importance and of relevance in particular with public-private-partnerships and their promotion.

**Question 27:** What in your view, is the main added value offered by the EU in the field of global health?

The main added value of the European Union is to contribute to global health where this is meaningful, possible and where that makes a difference. Financial mechanisms for third world



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countries provided particularly by Health programme and Framework programmes are huge, but the ones in need do not have capacity to apply for them.

Magnitude of various partly overlapping policies, programmes and actions within the EU is confusing. At the same time, too little attention seems to be paid on what established international organisations with field expertise are doing, such as WHO, UNICEF and UNESCO. Albeit European Union naturally should seek its own role in global arena, finding synergy with other actors is important to give added value in the first place.

The focus on coherence and enhancement of EU role on global health should be made carefully due to conflicting interests between economic, industrial and trade policy proponents and those of health due to the danger of silencing health for the benefit of stronger interests through calls of coherence. Attention should also be made to the competence issues. The rights and obligations to arrange health services shall still remain at the nations states. It is thus crucial that any issues related to competence are dealt with explicitly.

**Question 28:** Do you think that an EU social model could inspire global health equity?

European social model as defined in terms of comprehensive social protection has inspired global health equity already. However, the concept of European social model is also under change towards a more internal market and competitiveness prioritised model with focus on social policies as means and contribution to markets rather than as an important aim on its own. We also need to separate European Union Member State policies and emphasis from the work and emphasis of European Commission work, as the statement of underpinning values was initially a reaction to European Commission driven processes (services directive). We thus need to be very clear what we mean with EU social model.

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Pekka Puska  
Director General