

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



Speakman, EM; McKee, M; Coker, R (2016) If not now, when? Time for the European Union to define a global health strategy. *Lancet Glob Health*, 5 (4). e392-e393. ISSN 2214-109X DOI: 10.1016/S2214-109X(17)30085-2

Downloaded from: <http://researchonline.lshtm.ac.uk/3682713/>

DOI: [10.1016/S2214-109X\(17\)30085-2](https://doi.org/10.1016/S2214-109X(17)30085-2)

Usage Guidelines

Please refer to usage guidelines at <http://researchonline.lshtm.ac.uk/policies.html> or alternatively contact researchonline@lshtm.ac.uk.

Available under license: <http://creativecommons.org/licenses/by/2.5/>

If not now, when? Time for the European Union to define a global health strategy



These are dark times for the European Union (EU). The Brexit vote, coupled with the rise of Eurosceptic parties, was a reminder that many Europeans view the EU as an irritant, with little understanding of its positive role. The election of Donald Trump shows that this retreat into isolationism is not limited to Europe.

At this time of existential crisis, it has never been so vital for the EU to demonstrate that it is indeed a union, that it is a force for good, and that this positive influence goes beyond Europe's borders.

The Ebola virus outbreak of 2014–15 should have been a wake-up call. Despite goodwill and generous funding, the European response was slow.^{1,2} European Commission Directorate Generals (DGs) had problems coordinating with each other and with member states, and responsibilities beyond Europe's borders were unclear.² Efforts by certain individual member states and the European Centre for Disease Prevention and Control (ECDC) in Guinea were seen as successful, but overall, the European response fell far short of the well coordinated and resourced US one, led by the US Centers for Disease Control and Prevention (CDC).³

There was an internal post-Ebola review,⁴ which produced recommendations for improved coordination, but there was no attempt at deep structural reform or external review. The European Medical Corps was launched in February, 2016, but, while laudable, participation by Member States is voluntary with, to date, only nine of 28 states contributing. Moreover, the assets committed are generic, with little specialised outbreak response expertise. Other initiatives are constrained by short-term funding cycles. For example, in 2012, the ECDC established a Field Epidemiology Training Programme (FETP) in the Mediterranean and Black Sea Region, MediPIET. Although now well established, there is no funding beyond 2017. Consequently the programme will almost certainly end. Yet the US CDC is sponsoring many FETPs, including some that will relate to the new African CDC.⁵

A European global health strategy would be a practical step towards ensuring coherence with its substantial global aid programme and its economic interests beyond EU borders. It would facilitate a clearer, better

coordinated response to public health threats, thus dovetailing with the EU's security as well as public health interests. It would be a self-protective measure since the next pandemic is likely to arise from outside Europe. A global health strategy would set clear roles and responsibilities for the different EU DGs and agencies, accompanied by transparent monitoring and accountability. It would also demonstrate the Union's authority, expertise, and fundamental integrity.

Definition of priorities for a global health strategy is a political decision for debate in the Council of Ministers, representing Member States, and the European Parliament. The ECDC has an obvious role to play, and many DGs have an interest in global health, some with overlapping responsibilities. Mapping these responsibilities in the global health arena will be an important first step. The next will be to achieve consensus among the Member States and the Parliament, while respecting Decision 1082/13, the key legal instrument on cross-border threats to health, as well as the International Health Regulations.

This online publication has been corrected. The corrected version first appeared at thelancet.com/lancetgh on March 16, 2017

For more on MediPIET see <http://medi Piet.eu>

Panel: Public Health England (PHE)'s Global Health Strategy for 2014–19

PHE's global health strategic priorities for the next 5 years are:

- 1 Improving global health security and meeting responsibilities under the International Health Regulations—focusing on antimicrobial resistance, mass gatherings, extreme events, climate change, bioterrorism, emergency response, new and emerging infections, cross-border threats, and migrant and travel health
- 2 Responding to outbreaks and incidents of international concern, and supporting the public health response to humanitarian disasters
- 3 Building public health capacity, particularly in low-income and middle-income countries, through, for example, a programme of staff secondments and global health initiatives
- 4 Developing our focus on, and capacity for, engagement on international aspects of health and wellbeing, and non-communicable diseases
- 5 Strengthening UK partnerships for global health activity

These will be achieved by:

- 1 Building on our strengths—public health delivery, public health leadership, public health systems, and public health training
- 2 Sharing excellence, expertise, and assets—people, evidence, guidance and data
- 3 Working in partnership—collaborating, influencing, facilitating, and leading around matters of global health
- 4 Learning—from others and from our own experiences
- 5 Supporting PHE staff and the wider public health community to engage on global health issues

This should be possible. The US CDC has an entire Division of Global Health Protection with a mandate to build capacity and protect health worldwide. However, the EU is constrained both by the limited scope offered by the EU's treaties and lack of political will.

The most recent EU global strategy is the Global Strategy for European Foreign and Security Policy, issued by the European External Action Service (EEAS). Yet health is largely absent from this document, perhaps reflecting the virtual absence of health expertise within the EEAS.

Also, although symbolically important because of its call for greater unity and commitment to an EU-NATO bond, it "largely lacks the core features of a strategy: a clearly stated objective, a defined (longer) timeframe, and a methodological approach".⁶ A global health strategy could avoid these weaknesses by following national examples such as the UK's Health is Global plan (panel).⁷

Another critical shortcoming of EU global strategies is that, overwhelmingly, they go unreported and unnoticed by European citizens, allowing the narrative of a bureaucratic talking shop to persist. While much of the blame lies with a hostile media⁸ and populist politicians,^{9,10} better communication of the positive achievements and ambitions of the EU should be a priority.

The EU is under threat. A prominent EU global health strategy would not only benefit global health. It would also show leadership from Europe, promoting the values of which the EU is justifiably proud: respect for human dignity and human rights, freedom, democracy, equality and the rule of law.

*Elizabeth M Speakman, Martin McKee, Richard Coker
The London School of Hygiene and Tropical Medicine, Faculty of Public Health and Policy, London WC1E 7HT, UK (EMS, MMcK, RC); and Faculty of Public Health, Mahidol University, Bangkok, Thailand (RC)

Elizabeth.speakman@lshtm.ac.uk

MMcK is a member of the European Union's expert panel on Effective Ways of Investing in Health and has undertaken research funded by the European Commission and European Centre for Disease Prevention and Control. The views expressed are those of the authors and do not necessarily reflect the position of the funding bodies.

Copyright © The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY-NC-ND license.

- 1 Stylianides C. Third Report from Christos Stylianides, EU Ebola Coordinator, to the European Council (16 December 2015). European Commission, Dec 22, 2015.
- 2 Quaglio G, Goerens C, Putoto G, et al. Ebola: lessons learned and future challenges for Europe. *Lancet Infect Dis* 2015; **16**: 259–63.
- 3 Hauck V, Desmidt S. Why the EU's Ebola response doesn't add up. *Devex* Oct 20, 2014.
- 4 Council conclusions on "Lessons learned for Public Health from the Ebola outbreak in West Africa—Health Security in the European Union". *Official Journal of the European Union* Dec 17, 2015.
- 5 CDC. Division of Global Health Protection and Security. Field Epidemiology Training Program (FETP). <https://www.cdc.gov/globalhealth/healthprotection/fetp/index.htm> (accessed Nov 26, 2016).
- 6 Bendiek A. The global strategy for the EU's foreign and security policy. Berlin: German Institute for International and Security Affairs, 2016.
- 7 Public Health England. Global Health Strategy 2014 to 2019. London: Public Health England, 2014.
- 8 Van Spanje J, de Vreese C. Europhile media and Eurosceptic voting: effects of news media coverage on Eurosceptic voting in the 2009 European parliamentary elections. *Political Communication* 2014; **31**: 325–54.
- 9 Lynch P, Whitaker R. Rivalry on the right: the Conservatives, the UK Independence Party (UKIP) and the EU issue. *British Politics* 2013; **8**: 285–312.
- 10 Franzosi P, Marone F, Salvati E. Populism and Euroscepticism in the Italian Five Star Movement. *The International Spectator* 2015; **50**: 109–24.