Role of the European Union in global health

Author's reply

We are grateful for the interest in our Comment shown by Lies Steurs and colleagues. Given the constraint of word limit, it is only possible to address selected aspects of the complex issues raised.

We appreciate the reference to the previous attempt by the European Union (EU) to address global health, as those of us who were present at the discussions on this initiative recall the enthusiasm with which these first tentative steps were greeted. However, as Steurs and colleagues note, calls for action by both the European Commission and Council failed to deliver a strategy. We believe that there is scope to learn from this experience, placing it within the broader context of the changing nature of EU responsibilities and, specifically, the abolition of the three-pillar system that existed between 1993 and 2009. Arguably, the adoption of a shared competence between the EU and member states in areas such as development assistance might make such an initiative more likely to succeed now. However, this needs to be balanced by suggestions in the 2017 Commission White Paper¹ on the future of Europe, which include reducing involvement in public health. In our view, this strategy would be regrettable.

We agree that global health can be viewed from several perspectives. In a previous paper,² we argued that security was one of five such perspectives. Again, it is impossible to cover everything in a short Comment. However, the focus in earlier commission documents on global health as what we described as the charity and public health perspectives might have contributed to its failure to gain traction with the more powerful member states. This is clearly an area that would benefit from further research. We also agree that

it is entirely possible for small groups of member states to come together, as shown by Steurs and colleagues in their Correspondence, although we do not believe that this is a substitute for concerted European action in global health

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