

## **Global Health Section**

**Establishment Strategy developed by the Global Health initiative Core Team,  
and presented and reviewed by**

**EUPHA's Section Council on Feb 15, 2023**

**The Global Health initiative was formally created as Section on May 3, 2024  
following the unanimous vote by EUPHA's Governing Board**

### **Background**

Global health is an emerging international priority. It is simultaneously an aspiration and a mindset based on understanding that the global environment is the scene where people can be developed mentally and physically, aiming to live in balance. It builds on shared common values and norms, and a commonly agreed approach to tackling health problems with worldwide prevalence or a geographical dimension. This basis allows for effective interventions that threaten our collective health transcending national boundaries and to value health as the core element of the right to life and personality.

The global health perspective is relevant to high, middle- and low-income countries alike, and is linked to socioeconomic growth. Interdisciplinary collaboration across geographical regions and international boundaries is key; global health security encompasses the existence of strong public health systems that can be resilient and, therefore, prevent, detect, and respond to infectious disease threats, wherever they occur in the world through both proactive and reactive activities to minimise the danger and impact of acute public health events. It also aims to strengthen the global architecture for health emergency preparedness, response and resilience in disaster management systems.

Multidisciplinary work and interprofessional collaboration are key to the global health endeavour and towards achieving health improvement and equity across the world. Critically, there needs to be a concerted effort in this direction, as numerous issues are becoming critical in terms of their combined effect, i.e., population growth, rapid urbanisation, environmental degradation, and the misuse of antimicrobials are disrupting the equilibrium of the microbial world, and new diseases, like COVID-19, are emerging at unprecedented rates disrupting people's health and causing social and economic impacts, with billions of travellers annually, increasing the opportunities for the rapid international spread of infectious agents and their vectors.

Recognising this need and the importance of a well-developed European Global Health Strategy, the European Commission revisited its policies for the well-being and lives of citizens, the prosperity and stability of societies and sustainable economies with the EU Global Health Strategy adopted in November 2022, representing a new way to address health challenges at the global level, in an ever-changing world. The impact of EU policies and, in particular, its EU Global Health Strategy across the world needs to be carefully studied, including in terms of geopolitical dynamics, innovation ecosystems and global health systems.

Various efforts have been made to identify the core functions of effective global health systems in terms of what they ought to accomplish, and how these are at interplay with national public

health priorities and systems, ranging from financing and resource allocation and research and development (R&D) to implementation and delivery, and monitoring, evaluation, and learning mechanisms. Discourse has developed in terms of analysis through a rights-based approach, also

propelled by developments during the pandemic, i.e., the production and allocation of global public goods, the management of externalities across countries, including in relation to the impact of decisions of transnational bodies and the role of multilateralism in this respect, the mobilisation of global solidarity and stewardship. The role of Europe, including in terms of European Union (EU) agencies and mechanisms, as well as in terms of informing partnerships and priorities to ensure relevance, regional autonomy and sound decision-making on the basis of EU's founding principles, also need to be systematically analysed, and supported by EUPHA, for its global health agenda.

Notably, the EU Global Health Strategy replaces the 2010 EU global health policy and puts forward three priorities to deal with global health challenges:

- deliver better health and well-being of people across the life course
- strengthen health systems and advance UHC
- prevent and combat health threats, including pandemics, applying a One Health approach

The EU will contribute to shaping a new global health order by:

- robust global governance in a complex geopolitical environment
- international partnerships on health
- Leveraging the Team Europe approach
- More effective funding by promoting innovative finance, pooling of resources internationally, and co-investment.

A participatory approach is paramount in the systematic exploration of the role the EU plays in shaping European policies in the global health context, including via the work of its agencies and centralised mechanisms, as well as through the action plans of its Member-States. In such an approach, both developing and developed countries are equally shaping the global health agenda. Even in cases where scientific expertise in a developed country might be top-level, the insight from players on the ground in low- and middle-income countries is key to ensure ownership, sustainability, and a more efficient approach to addressing global health challenges. In addition, health has always traditionally been a national (if not a regional) competence, even within the EU itself, and therefore a policy dialogue approach, in which both technical and political sectors at a local level are involved, would ensure engagement by all partners. In addition, cultural context has been repeatedly proven to be at the heart of any successful health intervention. The above approach ensures that this is taken into consideration.

Furthermore, as a response to the pandemic, the Commission proposed building blocks for a European Health Union (EHU) and advocated the strengthening of existing structures and mechanisms for better EU level protection, prevention, preparedness and response against human health hazards (Nov, 2020). It recommended a reinforced framework for cross-border cooperation against all health threats to protect better human lives and the internal market as well as to maintain the highest standards in the protection of human rights and civil liberties,

and a **strengthened EU role in international cooperation** to prevent and control cross-border health threats and improve **global health security**. Two more pieces of legislation were adopted in 2022 to further reinforce the security framework, i.e., upgrading of Decision 1082/2013/EU and the strengthened mandate of the European Centre for Disease Prevention and Control (ECDC) and the European Medicines Agency (EMA). In parallel, the EU Health Task Force (ETF) for crisis preparedness and rapid public health interventions in case of a major outbreak was established. The regulation reinforcing EMA's role in crisis preparedness and management of medicinal products and medical devices puts some of the structures and processes established during the COVID-19 pandemic on a permanent footing. EMA is now responsible for monitoring medicine shortages, as well as reporting shortages of critical medicines during a crisis. It will also coordinate responses of EU / EEA countries to shortages of critical medical devices and in-vitro diagnostics in crises. The EU Health Security Framework will link up to IHR (where EU is requesting to become a contracting party) and the pandemic treaty, and the parallel developments to improve pandemic preparedness and response in the G7 and G20 framework (also new global health strategy). The revised legislation addresses the weaknesses evidenced by the COVID-19 pandemic and supports actions that can be financed via the EU4Health programme and other EU funding instruments. DG SANTE and ECDC will present the new legislation; two Member States will share their views on the newly adopted legislation. HaDEA will present the funding opportunities through EU4Health to support the implementation of the two new legislations. The Commission's Health Emergency and Preparedness Response Authority (HERA) established just over a year ago (2021) and the WHO Hub for Pandemic and Epidemic Intelligence recently (Nov 2022) agreed to strengthen cooperation on countermeasures to prevent, prepare, detect, and rapidly respond to serious cross-border threats to health. This follows the presentation of the EU's Global Health Strategy and the agreement between the Commission and the WHO to reinforce cooperation to tackle global health threats.

The proposed **Global Health Section (GHS)** initiative recognises the importance of contributions from all sections of EUPHA to the global health effort and aims to work closely with these sections to coordinate global health action on behalf of EUPHA.

The GHS will go beyond EUPHA's vision of improving health and well-being and narrowing health inequalities for all Europeans to incorporate a global scope to understand where EUPHA's actions can have a global impact. The section's approach will be founded on EUPHA's triple-A (Analysis, Advocacy and Action) to promote health and well-being on a global scale.

*Overarching priorities currently include: the Pandemic Treaty, EU's Global Health Action Plan, cross-talking with the new Joint Action on Global Health, interaction with the United Nations (UN) structures, including via ECOSOC participation (consultative status that many European organisations also hold), preparation for the UN HLM 2023/Universal Health Coverage<sup>1</sup>*

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<sup>1</sup> On 19 August 2021, the UN passed a resolution on global health and foreign policy: Scope, modalities, format and organisation of the high-level meeting on universal health coverage (A/RES/75/315). In this resolution, it was decided to hold a one-day UN HLM during the 2023 UNGA on UHC. The resolution recognized that the COVID-19 pandemic has a disproportionately heavy impact on the poor and the most vulnerable with repercussions on health and development gains, thus hampering the achievement of the Sustainable Development Goals (SDGs) and UHC. As part of the 2030 SDGs (A/RES/70/1), all countries have committed to try to achieve UHC by 2030, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.  
<https://www.uhc2030.org/un-hlm-2023/action-agenda/> and <https://www.uhc2030.org/un-hlm-2023/>

*megatrends: shift in Global Economic Power, Demographic Change, Rapid Urbanization, Rise of Technology, and Climate Change/Resource Scarcity; commercial determinants; human rights/injustices, decision-making global health and international health (institutions), armed conflict/war zones, SDGs/Sustainability*

- A. **Analysis** - systematically map global health and global health security priorities and link them to European public health; retrieve, synthesise and build a robust evidence base on these topics, incorporating all previous relevant work across sections;
- B. **Advocacy** - establish a sound basis for our advocacy work across fora for this topic, showcasing the work of EUPHA, support participation across UN structure, European and global mechanisms, incl. in the context of the Pandemic Treaty development, the UN HLM 2023 HPLF, support the formulation of concrete positioning in relation to our WFPHA interaction for cross-cutting priorities with high European public health relevance; ensure positioning of EUPHA v. other initiatives with related remit or scope in work, but with different agenda, priorities and funding mechanisms (WHS and industry parameters ought to also be examined in terms of commercial determinants);
- C. **Action** - raise awareness on key topics, support all sections and their efforts on these topics, showcase or inform/guide how they can showcase their work across fora, etc.

The GHS is to act as the focal point to feed information to other sections and collect their input to develop an aligned (section-informed) position for global health across EUPHA, ensuring aligned consultation input across fora, support project work within and beyond Europe, curriculum development, capacity-building, but also to support relations with other stakeholders, incl., associations, initiatives, bodies, etc. in the global health ecosystem.

***Proposed SC to be determined; a number of people already engaged***

The discussion on creating a dedicated section for global health started during WCPH2020 in the context of exploring various aspects related to the pandemic and implications for cross-border travel and movement within and beyond borders, human rights, discrimination and cross-cutting topics such as the COVID-19 certificates/digital passes. From the beginning of 2020 a small group of people from EUPHA embarked upon exchanges on global health, with the first activities developed for WCPH2020, and with exchanges expanding during EPH2021 with multiple activities, e.g., [brief webinars](#), including supporting the launch of the [Open Academic Letter in Support of the TRIPS waiver](#), multiple internal meetings for positioning, including a [late-breaker abstract](#) for the Global South exploring global and regional dimensions of pandemic responses, critically, highlighting the need to avoid neocolonialist approaches and ensure discourse and collaboration are informed by those particularly affected in the South, with the participation of the Africa CDC, the Ministry of Health and Social Welfare in Tanzania, and researchers and practitioners from South America and India. All of the domains identified in the EU's COVID-19 response were systematically analysed, with engagement starting in May 2020, in preparation of the WCPH, with work ranging from travel measures and the EU digital COVID certificate, Global solidarity, and the emergence of the Pandemic treaty negotiations.

In the context of mapping gaps and identifying strengths within EUPHA, close collaboration will be sought with the Sections previously involved in work presented during WCPH2020, EPH2021, EPH2022, but also, from all the Sections. A potential safeguard to avoid duplication,

ensure sound communication and leverage opportunities to showcase the work of every Section is to have one person per Section designated to participate in the GHS.

An overview of key themes identified is presented below, but this is indicative; for example, for commercial determinants, a key step in the first few months will be to start systematically exploring the relation to infodemic management, seeking input from the Sections, WG(s), WHO, projects and other networks.

### ***Scoping for themes to continue or start teamwork***

#### **Pandemic treaty**

Some of the difficulties in scope and compliance for the International Health Regulations led to calls for a Pandemic Treaty to prevent and respond to future pandemics. At the 74<sup>th</sup> World Health Assembly in 2021, it was agreed that a new convention would be negotiated to better prepare the world for future pandemics and other crises. WHO describes the pandemic treaty as "a once-in-a-generation opportunity to strengthen the global health architecture to protect and promote the well-being of all people."

#### **Planetary health and megatrends**

As the concept of global health has evolved, there has been an acknowledgement that what is good for the world is good for humans because of the external influences that are impacting on human health. The UN have identified five megatrends that could alter the course of sustainable development and have direct and indirect impacts on population health worldwide:

- 1. Climate change and environmental degradation** – climate change is a global crisis but the impact globally is disproportionate, with the most significant burden impacting on those in the least developed nations.
- 2. Demographic trends, with an emphasis on population ageing** – declining fertility and increased life expectancy has led to an ageing population that will require long-term care systems.
- 3. Urbanisation** – over half of the world's population live in cities, projected to rise to nearly 70% by 2050, with low- and middle-income countries currently seeing the fastest urbanisation rates.
- 4. Digital technologies** – emerging and frontier technologies bring risks including economic inequality, global taxation challenges, natural resource use, and a digital divide between and within countries.
- 5. Inequalities** – global inequalities are high and rising, with growing discontent that can impact on political stability and civil unrest.

#### **Commercial determinants of health**

The commercial determinants of health are defined by WHO as 'the conditions, actions and omissions by corporate actors that affect health'. The effect can be positive or negative, but is

often linked to the promotion of unhealthy products for commercial profit, for example the sale of alcohol, tobacco, or high-fat food which are risk-factors for non-communicable diseases. There are also concerns that the CDoH will exacerbate inequalities with developing nations facing greater pressures from industry. Developing nations are often the least prepared and able to cope with some of the impacts of globalisation and global treaties.

Considering the fact the commercial sector also produces a huge number of goods and services, including those potentially harmful to health (e.g., firearms, pharmaceuticals, automobiles, gambling, social media) as well as privatised goods and services such as education, healthcare, utilities, transport -and given the research and practice gaps in public health in terms of assessing commercial determinants from corporate actors in the healthcare sector, including of big pharma, as well as considering the revision of the EU's Pharmaceutical Legislation and the content of the Zero Draft in the Pandemic Treaty, it is critical to identify gaps, map actors and activities and build a robust evidence base and a strong network for the European public health community to better navigate the multilateral system, better partner with civil society, researchers, as well as to build identify sound communication channels and reliable media sources.

### **Human rights and health**

The Universal Declaration of Human Rights was adopted by the UN General Assembly in 1948. Human rights are applicable everywhere and at every time, and the right to health is recognised in international human rights law through the International Covenant on Economic, Social and Cultural Rights that was originally devised in 1966. This is the central instrument of protection for the right to health. The right to health includes "underlying determinants of health" of:

- Safe drinking water and adequate sanitation
- Safe food
- Adequate nutrition and housing
- Healthy working and environmental conditions
- Health-related education and information
- Gender equality

### **The Sustainable Development Goals**

The UN General Assembly adopted a new sustainable development agenda committing to end poverty, protect the planet, and ensure prosperity in 2015. This Agenda 2030 seeks to integrate and "balance the three dimensions of sustainable development: economic, social and environmental". It is to be realised through a set of 17 interconnected global goals that arch over 169 targets, with a promise to "leave no one behind" and to prioritise the needs of those who are currently furthest behind.

### **Armed conflict/war zones**

During this decade, the number of conflicts increased to 170 in 2021. This included 54 conflicts of State-Based Violence, 76 of Non-State Violence, and 40 of One-Sided Violence. The lethality of armed conflict has also been changing with more civilians affected.

Providing healthcare in conflict areas poses many challenges to treat the population in need, and

although health workers are protected by the Geneva Conventions on International Humanitarian Law (IHL) attacks against healthcare facilities and healthcare workers still occur, with WHO's Surveillance System for Attacks on Healthcare estimating over 1,000 attacks on healthcare in 2022.

### Timeline to Dublin - EPH2023

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Proposal preparation											
Proposal presentation at section council											
Incorporate feedback, formulation of action plan, and finalisation of Steering Committee (SC) composition											
EPHW event and call for input from the broader EUPHA community Friday 26 May: Global health emergencies and response Discussion with EMA, WHO and UNICEF Wednesday 24 May: Access to care											
Consultation of SC members around proposed scope and incorporation of EUPHA membership input - submission finalisation for EPH2023											
Finalisation of GHS scope											
1 <sup>st</sup> EPH GH Section meeting and thematic group											

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## Key references and other resources

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EU Global Health Strategy:

[https://health.ec.europa.eu/internationalcooperation/global-health\\_en](https://health.ec.europa.eu/internationalcooperation/global-health_en)

European Commission, Directorate-General for Health and Food Safety, Opinion of the Expert Panel on effective ways of investing in health (EXPH) European solidarity in public health emergencies; 2021, <https://data.europa.eu/doi/10.2875/604065>

European Council | Council of the European Union:

<https://www.consilium.europa.eu/en/policies/coronavirus/pandemic-treaty/>

Global Public Health Security:

[https://www.who.int/health-topics/health-security#tab=tab\\_1](https://www.who.int/health-topics/health-security#tab=tab_1)



Joint WHO-World Health Summit:

<https://www.who.int/news/item/21-10-2022-first-joint-who-world-health-summit-strengthen-s-engagement-with-a-diverse-range-of-partners>

The revised EU health security framework:

[https://academic.oup.com/eurpub/article/32/Supplement\\_3/ckac129.352/6766463](https://academic.oup.com/eurpub/article/32/Supplement_3/ckac129.352/6766463)