

The role of Europe in promoting universal coverage

Introduction

- **Health is a fundamental right**, enshrined in several international human rights instruments. The State has a primary human rights obligation to respect, protect and fulfil the right to health care for all.
- For World Solidarity it is important to **place the right to health in a larger social protection framework**. Social protection is also a human right; it consists of a series of preventive, protective, promotive and transformative measures whose ultimate aim is to redistribute wealth, alleviate poverty and reduce inequalities.
- For WSM, it is imperative to put in place the right mix of preventive, protective, promotive and transformative measures with a view to ensuring that all have equitable access to social protection in general, and to health care in particular. By combining these different measures, one can **ensure that all determinants (political, social, economic and cultural) of the access to health are adequately addressed**.
- Health inequalities correlate with poverty. Ill health is both a cause and result of poverty. Health inequalities are growing across countries and within countries. At least 20 million people die prematurely in developing countries due to lack of adequate access to basic health care. They die from causes preventable and/treatable.
- Therefore, **the guiding principle and ultimate objective of health care policy is universal coverage**, i.e. to provide anyone equitable access to quality health care services.

Role of the European Union

1. The move towards global health – where the EU stands at present

- **Competence:** the EU has an obligation in Article 152 of the Treaty to “foster cooperation with third countries and the competent international organisations in the sphere of public health”.
- **EU Health Strategy for the period 2008-2013** recognizes that the Commission and the Member States can create better health outcomes for EU citizens and for others through sustained collective leadership in global health.
- How did the EU translate its mandate in the area of health in policy-making and programming?

- i. **EU Development Cooperation:** landmark document in this field is the **EU Consensus on Development** adopted by the EU Member States, the European Parliament and the European Commission in December 2005. The 'European Consensus on Development' provides, for the first time, a common vision that guides the action of the EU, both at its Member States and Community levels, in development co-operation. In the spirit of the Treaty, the Community and the Member States commit to improving coordination and complementarity. In addition, the EU commits to align its interventions to partner countries' priorities, at the country and regional level. As such, the EU encourages partner countries to lead their own development process and support a broad donor-wide engagement in national harmonisation agendas. The Consensus states that the EU will be primarily active in nine areas of development – health does not constitute one of these areas but is a specific theme of the “human development” area. Prior to the EU Consensus on Development, the **EU had a policy on health and poverty reduction in developing countries**, based on a communication bearing the same title, adopted in March 2002 (22/03/02). This policy aimed at helping developing countries to strengthen their healthcare systems as well as providing specific support for action on the main public health challenges in developing countries. In 2008, a range of options for **joint EU action in the area of social health protection and health care financing in developing countries** was set out in a non-paper by the EU's French Presidency and the Commission. Subsequently, the Commission organized a consultation workshop with a broad range of stakeholders from developing countries, EU member states and civil society on 23/24 March 2009 on this particular issue. Unfortunately, these consultations did not manage to bring supporters of the Beveridge and those of the Bismarck model closer to a consensus on how to strengthen health system financing. Budget-wise, the EU spends annually around **600 million EURO on health in developing countries**.

Conclusion: the EU has health policies and a significant budget available in the sphere of development cooperation. However, in a critical report, **the European Court of Auditors** (Special Report 10/2008), entitled “**EC Development Assistance to Health Services in ACP Countries**”, assessed how effective EC assistance has been in contributing to improving health services in sub-Saharan

Africa in the context of the EC's commitments to poverty reduction and the millennium development goals (MDGs). The audit examined whether the financial and human resources allocated to the health sector reflected the EC's policy commitments and whether the Commission had accelerated the implementation of this aid. The audit also assessed how effectively the Commission had used various instruments to assist the health sector, notably budget support, projects and the Global Fund to fight AIDS, tuberculosis and malaria (Global Fund). The judgment is straightforward: Overall, EC funding to the health sector has not increased since 2000 as a proportion of its total development assistance. There is scope for improving the predictability of the flow of funding from all instruments to enable countries to better budget the resources available for their health sectors. Finally, the Auditors concluded that the Commission has made little use of Sector Budget Support in the health sector although this instrument could make an important contribution to improving health services.

- ii. **Policy coherence for health:** the EC is aware that many of its policies affect the development processes of its partner countries, and as a result also access to healthcare. To address this issue, the EU seeks to achieve policy coherence for health. What follows are just some examples of policies that affect health care in developing countries and the response of the EU. Since 2005, the EU has taken action to address the **critical shortage of health workers in developing countries** through a Strategy of Action, Action Programme and Implementation Report. This critical shortage is mainly due to migration of health workers to Europe and other industrialised parts of the world (brain drain). Strict rules for **intellectual property rights** prevent in many cases poorer countries to gain access to basic medicines. When it comes to **responding to global health threats**, the European Centre for Disease Prevention and Control has a growing international role in the monitoring, assessment and response to communicable health threats.

Conclusion: The EU has set itself the objective of achieving policy coherence for development in various policy documents: Commission Communication on *Policy Coherence for Development COM(2005)134 final* of 12 April 2005; May 2005 Council Conclusions on the MDGs; EU Report on *Policy Coherence for Development COM(2007)*

545 final of September 2007 and finally the Commission Communication on policy coherence for Development – Establishing the policy framework for a Whole-of-the-Union approach COM(2009) 458 final of 15 September 2009. On paper, things look good but so far these intentions have not yet been translated into concrete synergies between many of its policies that impact on the development of strong health systems in partner countries.

- iii. **Health research:** EU funding is available for health research through the EU Framework Programmes for Research. Funds that need to be used for research into poverty-related diseases, neglected infectious diseases or health systems research. The current 7th Framework Programme for 2007-2013 includes the cooperation programme with a budget of 850 million EURO for health research.

The move towards global health – having briefly assessed where the EU stands at present in this debate, it is clear that both the Commission and Member States undertake various initiatives with their own logic and budgets in the area of health care. Result: fragmented approaches, fragmented aid.

As a consequence, the Commission now seeks to come up with a new policy orientation by preparing a communication on the role of the EU in global health. Objective of the communication is to look at all aspects relating to global health (including the ones mentioned above: migration, access to medicines, health research), not just universal coverage, and to identify guiding principles and priority areas for action. Since 14th October, a public consultation has opened online and will run until 9th December 2009. Since the communication covers a broad range of issues, three directorate generals are involved: DG Development, DG Research and DG Sanco.

2. The move towards global health – where the EU should go

- WSM insists that the right to health care be embedded in a proper **social protection policy**.
- An important condition for the success of any health care policy is **strong leadership** at the national level.
- It is equally important to foster local appropriation by establishing a **health sector dialogue between the key stakeholders** [state, health service providers, and the representative organisations of health users (mutual health organisations)] to develop a comprehensive and consensus-based national health care policy. An effective and coordinated dialogue ensures that those in need of quality health care services, the right-holders,

have their voices heard which stimulates good governance of the health sector.

- Above all, an institutionalised health sector dialogue is the best guarantee that the right mix of preventive, protective, promotive and transformative measures is found to address all determinants on access to health care. It is important to underline that only a mix of different measures - such as social insurance (preventive), social assistance (protective), etc. – integrated into a consensus-based national health care policy, has the potential to achieve universal and equitable access to health for all.
- Which role for specialised UN agencies and international organisations, including the EU? Facilitate national health sector dialogues and provide technical support where needed. Once a national health care policy is adopted, the international donor community should align and harmonize its interventions with this policy.
- Moreover, there is a need to increase the levels and the predictability of domestic and international health financing. Health does bring along a cost but one that is affordable. The Commission on Macroeconomics and Health calculated that access to basic services would cost as much as 20 to 30 EUR per capita. International solidarity is needed to bring the goal of universal coverage within reach when States have the demonstrated willingness to take action. In that regard, it is important that ODA commitments are respected and that ODA for health is pooled, amongst others through sectoral budget support.

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