



Convergence on global health

– How can the EU contribute to advance global health equity at the hyperlocal level?

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Report from a KI seminar on joint action with reference to the new EU Global Health Strategy

Health is inherently a global topic. Whether it's the case of a young woman who dies of childbirth in a facility without running water and electricity, the spread of a viral pandemic or the unclear fate of hundreds of thousands of climate refugees.

In November 2022, the European Commission adopted a new Global Health Strategy to improve global health. Following an unprecedented pandemic with an estimated 6.88 million deaths according to the World Health Organization, the new European Union (EU) Global Health Strategy is built around key priorities of improving the health and well-being of people across the life course, strengthening health systems and advancing universal health coverage, and preventing and combatting health threats, including pandemics, applying a One Health approach.

As described by Gabriella Fésus, Head of Unit at European Commission DG International Partnership (DG INTPA), the strategy emphasizes the importance of promoting health through a "Health in All Policies" approach and the strategy must engage a wide range of stakeholders. The strategy was conceived through an open consultation process and continued yearly engagement with other stakeholders will be held through the Global Health Policy Forum once a year. Beyond this yearly meeting, the commission has yet to elaborate on how it will continue to engage with stakeholders regarding research collaboration and aspects related to health systems and implementation.



Former President of KI, Ole Petter Ottersen. Photo: Linnea Bengtsson.

"Health must always be understood in a global perspective. Health is by its very nature, global"

During the Swedish Presidency of the Council of the EU, the Karolinska Institutet held a seminar in dialogue with the Ministry of Health and the Ministry for Foreign Affairs to engage with key global health stakeholders – including from academia, private sector, governmental and non-governmental organizations – to contribute to the operationalization of the new EU Global Health Strategy, keep the focus on global health throughout EU presidencies, and discuss how different efforts can carry forward the ambitions of the new strategy. KI president Ole Petter Ottersen called on the event to be a platform based on voices of all relevant stakeholders from all disciplines. "Health must always be understood in a global perspective. Health is by its very nature, global," Ottersen said.

Global health experts, inside and outside of the EU, discussed critical questions such as how should the EU protect and improve health, with parallel crises affecting health and knowing human health is intertwined with animal health and the health of the planet? How to safeguard health for all – across all geographical and generational boundaries and across all socioeconomic strata? How can civil society organizations be involved and how can universities contribute better through research, education and collaboration with the surrounding society?

"Global health policy is a central element of European Union action"

"Global health policy is a central element of [European Union] action," said Francisco Pérez Cañado at the event, adviser to the director general on the external dimension of health, DG SANTE, European Commission. He added that the EU must particularly learn from the lessons of the COVID-19 pandemic and particularly recognize the fundamental role of equity for future global health strategies.



Githinji Gitahi. Photo: Linnea Bengtsson.

While this recognition of the importance of equity was well received at the seminar, the discussions evolved around some of the equity issues that are not emphasized in the strategy. For instance, while it discusses the positive aspects of collaboration within and outside of the EU during the COVID-19 pandemic, it doesn't

concretely discuss how to address issues concerning equity that were apparent throughout the pandemic such as equitable distribution of vaccines, the transactions and transparency of pharmaceutical companies and beneficiary countries.

Gitinji Gitahi, Global Chief Executive Officer of Amref Health Africa and key note speaker at the seminar, mentioned that he did not find the EU Global Health Strategy inclusive. To address health needs from the global to hyper-local levels, all countries and unions of member states should have a global health strategy – one for the EU, one for the African Union, etc. – and everyone needs to be at the table. Gitahi added that a health strategy should be a holistic healthy populations strategy – which also outlines how to address non-communicable diseases – rather than focused on global health security and infectious diseases, and central to this is building local institutional capacity.

“You cannot shave a man’s head in his absence,” Gitahi said. “The shortest route to your global strategy is local capacity and respectful partnerships.”



Active break during the meeting. Photo: Linnea Bengtsson.

Round table discussion

Participants continued conversations in expert-led round table group discussions on how to address specific challenges and opportunities in global health linked to the new strategy. These topics included intersectoral collaboration, the development of equitable partnerships and workforces, the need for a new global health order, the role of universities in health crises, and the benefits of science.

Some key points shared from the round table discussions:

- **Aku Kwamie**, Technical Officer at the Alliance for Health Policy and Systems Research who led one of the roundtables, said that “...there needs to be investment and institutionalization at EU level to bring in and apply systems thinking, we should become more practice driven, and draw on relevant tools and methods.”
- **Sania Nishtar**, physician, member of the Senate of Pakistan and keynote speaker at the seminar, discussed a similar need to strengthen institutions in the context of intersectoral



collaboration between governments, international partners, the private sector, and other entities and how donor approaches need to contribute to collaboration rather than fragmentation.

Sania Nishtar. Photo: Linnea Bengtsson.



Round table discussion led by Aku Kwamie. Photo: Linnea Bengtsson.

- **Rhoda Wanyenze**, Professor and Dean of Makerere University School of Public Health, discussed that equal partnerships in thinking, action and problem identification are needed to deliver on equity in global health and health determinants. Equal partnerships should allow for local priorities and knowledge, and reciprocal learning. For instance, in the context of long-term capacity building, there is a need to ask who is building the capacity in whom and what.
- **Iona Kickbusch**, Chair of the International Advisory Board of the Global Health Centre at the Graduate Institute of International and Development Studies, shared from her roundtable discussion how the current global health order is inequitable. A new global health order needs to overcome issues of fragmentation, lack of transparency, inequity and power gaps, as well as the weakening of the World Health Organization (WHO), which should remain as an authoritative voice and its constitutional role should be coordination.

- **Anders Nordström**, Swedish Ambassador for Global Health, led a discussion about health and wellbeing and how to maximize health outcomes, focusing on the importance of empowering people to make the right choices and the importance of different kinds of communication and services addressing more than one risk factor at one time.
- **Anna Mia Ekström**, Professor and group leader for the research group Global and Sexual Health in the Department of Global Health at the Karolinska Institutet, led a discussion about equitable global health action. While the COVID-19 pandemic illustrated wonderful examples of people coming together, this wasn't always the case – for instance, high income countries failed to deliver on equitable vaccine distribution globally. Building institutional and research capacity so that low income countries can produce vaccines and medicines, strengthening health systems, filling gaps in structures that can ensure that EU countries not only commit but also deliver on their commitments are needed, among other things.
- **Karin Båge**, doctoral student at the Department of Global Public Health at the Karolinska Institutet, led a global discussion among online participants, arranged by Center of Excellence for Sustainable Health (CESH). This conversation focused on the need to establish an equitable workforce – through addressing factors such as burnout, discrimination and norms that create unnecessary hierarchies – to provide equitable health care and access. Workforce inclusion and equity doesn't happen by itself, and is needed throughout recruitment, promotion, training, and across the entire timespan. The online discussion engaged over 80 participants from around the globe, representing various sectors such as ministries of health, civil society, private Ainvestors, researchers, and students.
- **Anna Zorzet**, Strategic Process Manager at the Center for Health Crises at the Karolinska Institutet, emphasized the role of universities during, before, and after health crises. Trust must be built between universities and governments and other actors.



Gabriella Fésüs. Photo: Linnea Bengtsson.

Universities should engage in outreach and come in early in policy processes and decision making without compromising academic freedom.

- **Ayoade Alakija**, Co-chair of the African Union's African Vaccine Delivery Alliance and Founder of the Emergency Coordination Center, Nigeria concluded that Science is broader than just biomedical – social sciences are also integral, and public health countermeasures need to reflect this. In addition to the larger issue of equity, an inclusive and new global health order is needed.

Additional presentations from Benoit Miribel, Secretary General of the One Sustainable Health for All Foundation, discussed the importance of environmental health in global health efforts. During the seminar, new KI president Annika Östman Wernerson affirmed how global health is important, and how the discussions have opened solutions for how we can work together to address challenges in global health.

Nishtar closed the seminar with a key reminder of what should remain in focus.

“What does a Global Health Strategy mean for different marginalized groups?” asked Nishtar. “Today, health is being transformed more by special interests and online retailers, not ministries of health.”

While many important recommendations and advice were provided by the seminar participants and speakers, some important questions remain:

- Is global health a specific EU responsibility? As argued by Gitahi, all parts of the world should have a Global Health Strategy.
- Is the EU Global Health Strategy a health security strategy rather than a holistic healthy populations strategy? A strong focus on infectious diseases that risk spreading to the EU might divert the much-needed attention on health issues such as non-communicable diseases, where EU exports of, for example, non-health promoting foods are not compatible with a “health-in-all-policies” approach, as per the strategy.

Executing the health strategy of the EU into action, along with bold, parallel efforts in other continents and countries, can lead to a more equitable and resilient global health order. Just as the “European Coal and Steel Community” once introduced a common system to integrate sectors across national borders, the challenge now is to, while attentively and inclusively interacting with the rest of the world, operationalize the EU Global Health Strategy to create integrated and coordinated “Systems for One Health” across sectors and actors aligning the Green Deal to synergize for healthy populations as well as better health security worldwide.

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The seminar was organized by Karolinska Institutet in the context of the Swedish Presidency of the Council of the EU in dialogue with the Swedish Ministry of Health and Social Affairs and the Ministry for Foreign Affairs.

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