The Covid-19 outbreak is disclosing the need for the European Union (EU) to act more strategically, in partnership and entrusted with authority by its member states in global health. European states have been heavily criticised to act on their own regardless of recommendations by the Commission, particularly in the beginning of the health crisis. Beyond the critique on national measures in a multi-levelled Union, a number of critical elements are missing in current Covid-19 policies by the EU, writes stars alumna Susan BERGNER, Research Associate at the German Institute for International and Security Affairs (SWP) in Berlin.

The tendency of the EU to first focus on internally handling or preventing health crises has also been visible during the Ebola outbreak in West Africa in 2014 where the initial response was to protect the EU and only later a change of behaviour has taken place introducing measures to assist the West African region. This is understandable; however, global health crises are unfolding on the local, national, regional and international level simultaneously, thus demanding not only a regional but also international response right from the beginning. With view to Covid-19, the EU is only now lifting its gaze to the international sphere calling for a pledging conference and supporting the World Health Organization (WHO) after Trump’s decision to suspend funding from the United States. There is a need for the EU to think more strategically in global health crises and intervene proactively on all levels.

While debates on the EU level are starting to envision a recovery strategy (however, mainly focusing on the economy, and to a lesser extent on European health systems), indicating a certain degree of foresight for Europe, measures in the international field are mostly short-term. As important as initiatives such as the global response package of the EU are, they have to be accompanied by long-term efforts guided by principles the EU
has laid down in their global health strategy such as an equity and health-in-all-policies approach.

Internal and external policies of the EU’s response to the global health crisis are marked by a focus on disease control rather than a health system strengthening approach and centre around the economic impacts neglecting interlinkages to other fields such as social policies. Clearly, we need to scale up financial and medical resources but are we sufficiently discussing sustainable solutions for the health workforce for example? Apart from the fact that the EU is relocating unaccompanied minors from refugee camps in Greece after severe criticism, the interlinkages to social impacts such as the gendered dimension of Covid-19 or the health of refugees or other marginalised groups has been no priority neither in national nor European responses. At the same time, interlinkages with trade or security policy haven’t been sufficiently explored yet.

Indeed, health crises may exacerbate existing societal tensions, inequalities and shared vulnerabilities posing challenges for European unity and solidarity. However, crises might also be described as drivers of change introducing formal (e.g. creation of institutions) and informal (e.g. mobilisation of civil society) change. The EU’s scope of action might be widened if the Union uses this window of opportunity.

If the EU wants to establish a strategic view for global health, it has to introduce a coordination unit bringing the different EU global health policies and institutions together. Such a unit has to be accompanied by financial and personnel resources backed by the political will to shape global health policies internationally. This would enable the Union to create strategic goals or broader narratives and implement them within their diverse policies. Health system strengthening might be a suitable aim as the Covid-19 crisis clearly shows that resilient health systems are the best prevention. This leitmotif might then be guiding interventions in all fora and informing all policies. Trade relations for example should be evaluated with view to their potential to harm or contribute to health system strengthening. Such a strategic international foresight could have prevented the anger of neighbouring states suddenly facing closed EU borders and might have directly alluded to possible derogations.

Intensifying and fostering international partnerships is key if the EU wants to play an active role in global health governance in times of health crises and beyond. The global health leadership vacuum which manifested itself already before the Covid-19 outbreak is now obvious. The EU mustn’t and probably shouldn’t step in this vacuum alone but look for partnerships that are already present and breathe life into them. The agency of the African Union (AU) within the Covid-19 pandemic shows that the development of a notion of shared power might prove to be a just driver for concerted actions. The AU-EU summit could be a starting point for a continuous engagement on eye level in global health. In the same vein, the EU needs to support WHO financially and politically and might encourage the establishment of national WHO offices in Europe.

Being perceived as a legitimate actor within European borders and being capable of mobilising resources internally influences the EU’s ability to act on the international scene. Thus, the contribution of the EU to international responses strengthening health systems should be accompanied by a stronger health competence within the Union. This discussion should not only be targeted at EU enforcement mechanisms during health crises, but it should equally comprise a debate on harmonising and expanding health data collection in cooperation with the WHO to install health data as a global public good.
Disaggregated and solid data on EU level would make interventions to harmonise European health systems more effective.

It is good to see that the European Commission is partnering up with the WHO and other partners to ensure an equitable distribution of vaccines and access to treatments by accelerating new Covid-19 health technologies. These efforts have to be sustained with a strategic outlook, in partnership with regional, international and civil society actors and entrusted with authority by its member states in global health. Inclusive engagement and health system strengthening under WHO leadership is key for a valuable contribution of the EU within the international global health arena.

Susan BERGNER is a Research Associate at the German Institute for International and Security Affairs (SWP) and she is part of Women in Global Health Germany. Her research focus lies on global health governance as well as the European Union’s global health policies. Before joining the SWP, she worked as a Research Assistant at the Centre for Transnational Relations, Foreign, and Security Policy at the Freie Universität in Berlin and as a Trainee at the Directorate-General for International Cooperation and Development (DG DEVCO) at the European Commission in Brussels. She holds a Master of Political Science.

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