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**Research Report**

## Strengthening health systems worldwide: A new role for the ECDC

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# SWP Comment

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## Strengthening Health Systems Worldwide

A New Role for the ECDC

*Susan Bergner and Isabell Kump*

The proposal for a European Health Union is currently being discussed by the Council of the European Union and includes the strengthening of the European Centre for Disease Prevention and Control (ECDC) as well as the extension of its mandate. In light of this, the ECDC and the European Union (EU) member states can make the case for a new role for the ECDC. While the political weight of the member states is needed, the ECDC can seize the opportunity of expanding its regional and bilateral partnerships to promote health systems strengthening through development projects. In doing so, the ECDC would be contributing to sustainable development and the 2030 Agenda.

In mid-November, EU Health Commissioner Stella Kyriakides announced the establishment of a European Health Union. In addition to a decision on addressing cross-border health threats, the proposals submitted by the European Commission comprise legislative revisions of the European Medicines Agency as well as the ECDC.

Being one of the core elements of the envisaged Health Union, the ECDC so far has had only a limited mandate to support member states in the surveillance, early detection, and analysis of health crises. It is primarily focused on Europe and has played a rather insignificant role internationally.

According to the Commission's proposal, this shall change: The ECDC is to take a leading role globally by establishing international networks and an internal EU Health Taskforce. The latter is to be deployed in the EU as well as in third countries in the event of infectious disease outbreaks. The

potential of the ECDC to strengthen health systems worldwide is thus recognised, yet it remains largely untapped. Moreover, the proposal lacks the engagement of development actors.

In the upcoming months, details will be discussed in the preparatory committees of the Council of the EU, followed by debates in the European Parliament. Having argued publicly for a greater global role for the ECDC, the German health minister has yet to convince his European partners, since actors such as France are still not backing the project. At the same time, the voices of development actors are missing from the debate.

### Why the ECDC Needs a Global Focus

The Covid-19 pandemic has shed light upon the shared vulnerability of countries and



their health systems. Despite its own vulnerability, Europe is responsible for and equipped to support other countries and organisations in containing the pandemic. Accordingly, the basic principle of the EU Global Strategy 2016 is: “My neighbour’s and my partner’s weaknesses are my own weaknesses.” In line with this, the ECDC could be given a mandate that is not limited to international health security. By strengthening health systems, the agency can contribute towards achieving Sustainable Development Goal 3 to “ensure healthy lives and promote well-being for all at all ages” worldwide.

An increased engagement in global health would render the ECDC and the EU more visible as partners for multilateral cooperation. The United States, having been the key player in global health for a long time, has left the international stage in the midst of the pandemic. Although President Joe Biden announced the United States would resume its leadership role in global health, it will initially be preoccupied with managing the pandemic at home and regaining international trust. This raises expectations for the EU to proactively shape global health.

Furthermore, the ECDC can support the implementation of the EU’s value-based foreign policy. A central value of the EU’s global health policy is the right to health. The ECDC can promote this right in international cooperation by advocating for resilient health systems. Its original focus on disease prevention and surveillance may also create the basis for efforts to support non-European health systems in crisis prevention and health security as well as to exchange experiences with non-European partners. The United States’ Centers for Disease Control and Prevention serves as an example — as a development actor, it is one of many committed to global health security and containing HIV and tuberculosis. The ECDC can build on its own expertise and offer a European approach to health systems strengthening and infection control.

## A Global Mandate

Regulation (EC) No 851/2004 provides the agency with a mandate to act globally in the event of outbreaks threatening the health of EU citizens. For this purpose, the ECDC is to cooperate with third countries and their authorities (article 3) and with international organisations such as the World Health Organization (WHO) (article 9).

The ability to act globally can be derived from two principles that apply to the EU’s engagement in this field: the human right to health, and health security. Currently, the Centre’s global activities are primarily focused on protecting the European population from infectious diseases and largely limited to projects in the European Neighbourhood. The Commission’s proposal and the ECDC’s International Relations Policy 2018 are in line with this.

In the future, the ECDC could increasingly use the human right to health and its enforcement as a contribution to SDG 3 in order to argue for and target projects beyond the Neighbourhood.

## International Engagement to Date

In line with the International Relations Policy 2014–2020, the ECDC is globally engaged in preventing and responding to disease outbreaks and aligning partner countries’ health systems with EU standards, up to and including their integration into EU infection control systems (see Figure 1).

Despite the aforementioned international engagement, however, the ECDC lacks a global outlook. The ECDC only recently formalised its relations with the Africa Centres for Disease Control and Prevention (Africa CDC), whereas relations with WHO regional offices outside of Europe have been put aside thus far.

The ECDC’s projects up until now have focused on the European Neighbourhood, thereby disregarding the significance of health systems of low- and middle-income countries for global health — even though

Figure 1

## ECDC's international activities to date

*Starting points for expanding the ECDC's international engagement*

Subject areas	Partner	Selected activities	Objectives
<b>Prevention of infectious outbreaks</b>	<ul style="list-style-type: none"> <li>· WHO</li> <li>· Public health institutes (US, China, Canada, Israel)</li> <li>· EEA/EFTA countries</li> </ul>	<ul style="list-style-type: none"> <li>· Joint reports and trainings with WHO EURO</li> <li>· Joint epidemiological studies and data sharing on tuberculosis, HIV, and influenza surveillance with WHO</li> </ul>	Infection control by means of cooperation and partnerships
<b>Reaction to disease outbreaks</b>	<ul style="list-style-type: none"> <li>· WHO and WHO member states</li> <li>· EU, EU member states, and Norway</li> </ul>	<ul style="list-style-type: none"> <li>· Contributing to GOARN</li> <li>· Contributing to EU Medical Corps</li> </ul>	Containing disease outbreaks
<b>EU systems and standards in infection control</b>	<ul style="list-style-type: none"> <li>· EU pre-accession countries and potential candidate countries</li> <li>· European Neighbourhood partners</li> </ul>	<ul style="list-style-type: none"> <li>· Technical cooperation</li> <li>· Assessing capacities in infection control</li> <li>· Exchanges on progress in infection control</li> <li>· Trainings in disease surveillance</li> </ul>	Preparing for the participation in ECDC activities and the approximation to EU standards

as of January 2020

ECDC = European Centre for Disease Prevention and Control

EEA = European Economic Area; EFTA = European Free Trade Association

WHO EURO = WHO Regional Office for Europe

GOARN = Global Outbreak Alert and Response Network

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the Commission explicitly referred to Africa as a “natural partner and neighbour of the EU”.

## Health Systems Strengthening As a Sphere of Activity

According to WHO EURO, health systems consist of 10 core operational areas, the Essential Public Health Operations (EPHOs). This framework can be used to motivate behaviour and/or optimise the use of resources in health systems with the aim of improving public health performance and services. The ECDC's activities can be framed within four EPHOs:

- Surveillance of population health and wellbeing (EPHO1),
- Monitoring and response to health hazards and emergencies (EPHO2),
- Disease prevention, including early detection of illness (EPHO5),
- Assuring a sufficient and competent public health workforce (EPHO7).

In this way, the ECDC can see its work as strengthening health systems. In the future,

the ECDC could expand this further and use the logic of strengthening health systems as a guiding principle for its external policies. It is vital to establish links to the development projects of other EU institutions and member states or to set these projects up jointly in order to avoid duplication and bundle expertise. Examining which other components of health systems that the ECDC could support is also important: For instance, the ECDC could play a role in strengthening health systems by being an information gatherer and provider as well as a partner for technical cooperation and an implementer.

## Recommendations for Strategic Realignment

The task of strengthening the ECDC has so far been neglected due to reservations regarding national sovereignty in the health sector. A possible global role of the ECDC would potentially gain more support among EU member states if it becomes clear that tasks will be shared internationally, thereby

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complementing the policies of member states and not superseding them.

In the last year, France and Germany have jointly initiated Council conclusions on WHO through a non-paper. Additionally, the Franco-German duo launched the idea of a Health Task Force within the ECDC with their initiative for the European recovery from the coronavirus crisis. Nonetheless, they will not easily agree on the topic of expanding the global role of the ECDC, since France, along with other member states, is pursuing its own objectives in global health, especially with its African counterparts. On the other hand, the quartet of Italy, Spain, Germany, and France has gathered to address the consequences of Brexit and the pandemic for European and global health policies. With substantial persuasion, this quartet could also collaborate on ensuring a global role for the ECDC. The currently good relationship between Germany and Italy on health policy can serve as a basis for finding additional allies and provide impetus in key areas.

- *Sustainable guiding principles:* An extension of the ECDC's mandate and its new international relations strategy should ground its global activities in the human right to health and link them to the 2030 Agenda.
- *Development actors:* The lack of the development perspective in the Commission's proposals on a European Health Union is unsurprising, insofar as they were conceived by the Health Commissioner and are only being discussed among health ministers. The engagement of development actors is needed; the EU Council's working party on development cooperation should also be included in the discussions.
- *Intensification and establishment of international partnerships:* It would be advisable for the ECDC to intensify its cooperation with WHO regional and country offices as well as with public health institutes.

Launching the Africa CDC-ECDC partnership within the scope of EU development cooperation was an important step. Now, it is about its practical implementation; here it is vital to move beyond health security and include initiatives on health systems strengthening.

- *Development projects:* It is crucial to ensure that projects for strengthening health systems are long-term, sustainable, and financially secure. To provide a solid financial basis, a fund to finance the global engagement of the ECDC should be considered.
- *A robust framework:* Politically, initiatives are needed from development actors to place the ECDC more prominently in the global health field. Financially, not only is an increase in funding needed, but also the possibility of using it in a flexible manner so that projects are more sustainable. Lastly, the number of ECDC staff as well as the amount of contact points in international partner organisations need to be increased.

European Commission President von der Leyen announced a Global Health Summit for this year. Therefore, global health is likely to remain on the European agenda. If the EU wants to assert itself in a diversified landscape of actors committed to global health – vis-à-vis China, the African Union, and India, which are gaining clout, and vis-à-vis the United States, which will once again play a central role – the ECDC needs to be more integrated globally. EU member states can set their own priorities in strengthening health systems through the ECDC, which would thus become a pillar of the external dimension of a future European Health Union.

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