

# Europe needs to urgently implement an outward looking Global Health Strategy

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Lessons learnt from COVID-19 informed the EU Global Health Strategy of 2022 to strengthen health systems, achieve universal health coverage, and pursue a “health in all policies” and One Health approach to prevent and overcome epidemics.<sup>1</sup> While this strategy could be further improved, e.g., by addressing syndemics and critically assessing cooperations with the private sector, it acknowledges the importance of global collaboration, equitable access, and international partnership. Since 2020, there have also been attempts to create a European Health Union to reduce health inequality, bolster solidarity within Europe and globally through Europe’s aid and trade, and the joint tackling of health threats.<sup>2</sup> COVID-19 has shown there is room for improvement in equitably addressing Global Health and bolstering the work of multilateral organisations such as the World Health Organisation.

What can one expect for Global Health after the June 2024 election when the European Parliament (EP) became home to three Eurosceptic populist groups? The degree to which nationalist positions may affect the work of the European Commission’s agenda and the relevance populist governments will accord to health issues is not entirely clear at this stage. It is likely that Global Health, defined as “address [ing] complex health problems across national boundaries and improve [ing] health for all”<sup>3</sup> may not have the same priority as before. We mainly see health issues featured in the political manifestos of Greens, Conservative, Socialist Democrat, Left and to some extent Liberal groups with varying degrees of a global dimension - populist parties seem silent on the issue.

As COVID-19 has shown, health is a global matter. We are all in the same boat, affected by spreading pathogens and the lack of antimicrobials. Collaboration and cooperation to “ensure healthy lives and

promote well-being for all at all ages”<sup>4</sup> needs to extend beyond high-income settings. The recent amendment of the International Health Regulations<sup>5</sup> and the ongoing work on a pandemic treaty highlight the importance of multilateral agreements for health equity in tackling new Global Health threats.

Relevant lessons from COVID-19 for future pandemics are enshrined in the EU Global Health Strategy, the implementation of which may now be threatened through the shift to the populist right in the new composition of the EP. More than ever, we need an outward looking European Health Union. As representatives of European health research institutes, we call on the EP to form strong majorities for a bold implementation of the EU Global Health Strategy that pursues access to health care and commodities for all people worldwide.

## Contributors

ABR, QB, AR, MR, ABA, KKG, JS and NA conceptualized the study. ABR drafted the manuscript; ABR, QB, AR, MR, ABA, KKG, JS, NA, and TB revised the manuscript and approved the final version.

## Declaration of interests

ABR, QB, AR, MR, ABA, KKG, JS and NA serve on the Executive Committee of the European Global Health Research Institutes Network. ABR received payment from the Bundesausschuss für Politische Bildung in 2021 for moderating a panel on globally equitable health care during and beyond COVID-19. QB was the PI and his institute recipient of EU funding for point of care diagnostic devices in 2022 and 2024. MR received EU funding for his institute for the EU-PEARL, UNITE4TB and ENDVOC projects. ABA participated in the EuCARE’s advisory board. NA’s institute received EU funding. TB reports funding for the Heidelberg Institute of Global Health from the EU through Horizon Europe and Horizon 2020, the League of European Research Universities and the European and Developing Countries Clinical Trials Partnership. TB is also Chair of the International Scientific Advisory Board on the EU Horizon grant “HIGH Horizons – Heat Indicators for Global Health Monitoring, Early Warning Systems and health facility interventions for



The Lancet Regional Health - Europe 2024;45: 101046

Published Online xxx  
<https://doi.org/10.1016/j.lanepe.2024.101046>

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pregnant and postpartum women, infants and young children and health workers.” No money was received for writing this correspondence.

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