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## Alignment of US and EU health cooperation vis-à-vis the developing world

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### Abstract

Aid effectiveness has become an important concern among some of the major donors in relation to the progress being made on the prominent world initiative on international cooperation, namely the Millennium Development Goals (MDGs). The evidence has shown that although some progress has been made, without faster action it will not be possible to meet the MDGs targets by 2015. The purpose of this study is to analyze whether the reorientation of the major donor health policies are adjusted to the MDGs and partner countries ownership. This essay deals with the alignment of international cooperation of some of most important donors – the United States and the European Union. It shows that the new models of cooperation are adjusted to the MDGs, prioritize the strengthening of comprehensive health systems and are centered on partner country ownership. The U.S. and EU initiatives clearly offer an opportunity to improve global health.

**Palavras-chave:** international cooperation in health; MDGs; global health; North-South cooperation; alignment

### Introduction & background orientation

In recent years aid effectiveness has become a major preoccupation among some of the major donors in relation to the progress being made on the most important world initiative on international cooperation, namely the Millennium Development Goals (MDGs).

The evidence accumulated in two rounds of monitoring undertaken in 2006 and 2008 has shown that although some progress is being made it has not been fast enough, leading to the conclusion that without further reform and faster action it will not be possible to meet the 2015 targets of the MDGs.

A reorientation of this cooperation must include donor acceptance to support the strengthening of comprehensive health services in partner countries, with them assuming the ownership of the entire process and the responsibility for their own development objectives.

In reviewing the implementation and achievement of the MDGs, the 65th United Nations General Assembly stressed that these goals depend on adopting policies and measures oriented towards benefiting the poor and addressing social and economic inequalities in order to eliminate social exclusion and discrimination as well as disparities between developed and developing countries particularly between rural and urban populations (UN, 2010a).

They further acknowledged that there is a particular need to provide more equitable access to economic opportunities and social services for the poor and those living in the most vulnerable

situations, including people with disabilities (UN, 2010a).

Inequalities in health in and between countries are avoidable (WHITEHEAD, 1990). There is no biological reason why life expectancy should be 30 years longer in the US, UK or France than in Angola, or 6 years shorter in Lesotho for instance than in South Africa (UN, 2010b). Reducing inequalities in health is an issue of social justice (MARMOT, 2005).

There is growing consensus that governments and national societies need to do the utmost to mobilize all their resources to achieve the MDGs. But there is also universal consensus that many countries, particularly the poorest, need foreign aid to attain them. The initiative to put health (and add other social policies that are known to impact on health) under the focus of foreign policies of the more developed countries and blocs of countries, implies a renewed vision of the Official Development Assistance (ODA), which is committed to assist the development of social and economic policies that generate health and quality of life. In short, international aid for development involves supporting the MDGs, underpinning comprehensive social development, strengthening health systems and addressing the social determinants of health.

As with the discussions to include "Health in all policies" for the achievement of the MDGs and according to the 65th UNGA, increased efforts at all levels to enhance policy coherence for development are necessary. The achievement of the Millennium Development Goals requires mutually supportive and integrated policies across a wide range of economic, social and environmental issues for sustainable development. In this sense, all countries must formulate and implement policies consistent with the objectives of sustained, inclusive and equitable economic growth, poverty eradication and sustainable development.

The latest UNGA also recognized that the scaling-up of the successful policies and approaches implemented previously will need to be complemented by a strengthened global partnership for development, taking into account the re-alignment of international cooperation in health based on the re-orientations adopted by two of the more important donors, namely the United States and the European Union.

In order to accelerate progress on the Millennium Development Goals, Heads of State and Governments committed to redouble their efforts to reduce maternal and child mortality and improve the health of women and children, mainly through strengthened national health systems, efforts to combat HIV/AIDS, improved nutrition, and access to safe drinking water and basic sanitation making use of enhanced global partnerships (UN, 2010a).

They also underlined the central role of the global partnerships for development, calling attention to the fact that, without substantial international support, several Goals are likely to be missed. On the other hand, they declared that they were deeply concerned about the impact of the financial and economic crisis — the worst since the Great Depression — which, for many developing countries, has reversed gains obtained and threatens to seriously undermine the achievement of the MDGs by 2015. (UN, 2010a)

In this paper we discuss the alignment of international cooperation of some of the most important donors, namely the United States and the European Union. We analyze whether the reorientation of the major donors' health policies are adjusted to the Millennium Development Goals as well as the acceptance of partner country ownership.

## **DISCUSSION**

### **The reaction of the major donors**

The limitations described in the 65th UN General Assembly's final declaration were already recorded in previous evaluations of the MDGs, which led to severe criticism on the currently existing modes of foreign aid for development provided by developed countries and multilateral organizations (BUSS e FERREIRA, 2010). This was the main motivation for staging the High-Level Forum on Aid Effectiveness in 2005 in Paris in order to improve foreign aid for development and thus make it more effective (OECD, 2005).

It stressed the need not only to increase aid, but also to improve its efficacy through strengthening partner countries' national development strategies and their corresponding operational processes, including measures and standards of performance and accountability, in accordance with widely accepted best practices.

It also stressed the need to eliminate duplication of efforts and rationalize donor activities to make them as cost-effective as possible, reforming and simplifying their policies and procedures in order to facilitate collaboration and progressively align them with the priorities, systems and procedures of their partner countries.

More recently, the UN Economic and Social Council (ECOSOC) in a High-Level Segment held in

2009, which dealt with the implementation of the internationally agreed goals and commitments in regard to global public health, expressed the same concern at the adverse impact of the global financial and economic crisis on the realization of the Millennium Development Goals. Upon that occasion, their commitment was reiterated to continue reinvigorating and strengthening the global partnership for development, as a vital element for achieving these goals, in particular the health-related goals (UN, 2009).

ECOSOC recognized that health and poverty are interlinked and that achieving the health-related goals is central to sustainable development (UN, 2009). They acknowledged

*"the role of social determinants in health outcomes and take note of the conclusions and recommendations formulated by the Commission on Social Determinants of Health, which aim to improve living conditions, tackle the inequitable distribution of resources, and measure, understand and assess their impact"* (UN, 2009).

The Council also calls upon the international community to support efforts of States to address the social determinants of health and to strengthen their public policies aimed at promoting full access to health and social protection for, inter alia, the most vulnerable sectors of society (UN, 2009).

The Conference specifically stressed the exchange of best practices in the areas of health systems improving access to medicines, training of health personnel, transfer of technology and production of affordable, safe effective and good-quality medicine, and welcomed in this regard South-South, North-South and triangular cooperation. In addition, it called for promotion of research and development, knowledge-sharing and provision and use of information and communications technology for health, and encouraged all States to apply measures and procedures for enforcing intellectual property rights in such a manner as to avoid creating barriers to the legitimate trade in medicines (UN, 2009).

The two most important donors in the Global Health Arena are the United States of America and the European Union, although only five countries in Europe have reached the United Nations official development assistance (ODA) target of 0.7% of gross national income (GNI) (UN, 2009; UN, 2010c).

In reacting to the lack of progress of the MDGs, recent actions were taken respectively by the U.S. Government in issuing The Global Health Initiative (GHI, 2009) – already under the guidance of President Obama - and by the Foreign Affairs Council Meeting of the European Union which redefined the role of the EU in Global Health (EU, 2010).

The US promoted a new business model to deliver its dual objectives of achieving significant health improvements and creating an effective, efficient and country-led platform for the sustainable delivery of essential health care and public health programs (GHI, 2009). The European Council, for its part, called its Member Countries to act together in all relevant internal and external policies and actions by prioritizing their support on strengthening comprehensive health systems in partner countries as these are central to all global health challenges (EU, 2010).

In both cases (US and EU) the emphasis has been concentrated on women and children, through the promotion of advances in access to, and the quality of, health care services in resource-poor settings. In this context, particular attention must be given to the three main health challenges (sexual and reproductive health, maternal and child health, communicable diseases). The EU includes non-communicable diseases and the multidimensional nature of health, with close links to gender, food security and nutrition, water and sanitation, education and poverty, covering all the MDGs in a broad sweep (Table 1).

**Table 1** - The strategies of the US and the EU in global health: relationship between program areas

PROGRAM AREAS	US	EU
Maternal & Child Health	x	x
Reproductive health		
o Family planning	x	x
o STD	x	x
HIV/AIDS, Malaria, TB	x	x
Neglected Tropical Diseases (NTD)	x	x
Other communicable diseases		x
Non-communicable diseases		x
Nutrition	x	x
Health Systems Strengthening (HSS)	x	x

**Source:** GHI, 2009; White House, 2009.

Both plans also mention other core principles such as country-ownership, promoting research & innovation and monitoring & evaluation.

With a slightly different wording, the approaches of both donor programs follow a relatively similar pattern including the emphasis in following the national health plans of the partner countries, reinforcing their governance and assisting in the implementation of specific strategies, as follows:

The American approach favors primary healthcare, but still provides important funding to “vertical aid programs – disease specific,” including nine target areas - HIV/AIDS, Malaria, TB, Maternal health, Child health, Nutrition, Family planning/reproductive health, Neglected tropical diseases, and Health Systems Strengthening - and based its aid essentially in the U.S. President's Emergency Plan For AIDS Relief (PEPFAR) allocations.

However, PEPFAR had shifted, under President Obama’s Global Health Initiative (GHI), based on the idea that it would not be successful in its efforts to end deaths from HIV/AIDS, malaria and TB, unless it improves the overall environment, strengthening the health systems with a comprehensive development of their functions, in what can be called a “diagonal approach” (WHITE HOUSE, 2009).

The European program was conceived with a more “horizontal” orientation, expecting to be able to cover all major health problems (including non-communicable diseases through its commitment to protect and promote the right of everyone to enjoy the highest attainable standard of physical and mental health). In the process of strengthening comprehensive health systems in partner countries, the EU program stresses that the process should ensure full participation of the representatives of civil society and other relevant stakeholders, including the private sector. Also, the EU includes in its plan the protection of public health provided for in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), in order to promote access to medicines for all, and ensure that its bilateral trade agreements are fully supportive of this objective, and deal with migration, encouraging progress towards compliance with agreed commitments of the Strategy for Actions on the Crisis in Human Resources for Health in Developing countries (EU, 2010).

In addition, the European Council (EU, 2010) offered a more detailed orientation of the research effort and evidence-based dialogue, ensuring that innovations and interventions produce products and services that are accessible and affordable, which should be achieved through:

- i. working towards a global framework for research and development that addresses the priority needs of developing countries and prioritizes pertinent research actions to tackle global health challenges in accordance with the WHO Global Research Strategy;
- ii. increasing research capacities in public health;
- iii. dissociating the cost of research and development and the price of medicines in relation to the Global Strategy on Public Health, Innovation and intellectual property, including the opportunity for EU technology transfer to developing countries;

- iv. improving health information systems, and
- v. ensuring secure access to the knowledge generated as a global public good and exchange of good practices.

EU propose to promote dialogue with key global players and stakeholders, including United Nations Agencies, International Financing Institutions, Regional organizations and Health networks, in order to identify synergies, coordinate actions and avoid duplication and fragmentation in order to increase effectiveness.

## CONCLUSION

In conclusion, it is possible to say that the U.S. and EU international cooperation in health is adjusted to the MDGs. Both policies address the major elements of global health, nevertheless non-communicable diseases like cancer, cardiovascular disease and diabetes, which account for approximately 60% of the deaths worldwide, was not explicitly indicated in the U.S. GHI (SEFFRIN et al, 2009).

One of the principles of the U.S. initiative is to encourage country ownership which would be in line with the Paris Declaration, however neither the definition and scope of this expression are clear nor how this principle will be put into practice.

Both initiatives refer to health system strengthening (HSS). Considering that there are other similar efforts in progress concerning HSS funding, such as the World Bank (WB), the Global Fund to Fight Aids, TB and malaria, the Global Alliance for Vaccines and Immunizations (GAVI) – facilitated by the World Health Organization WHO (WB, 2010) - the establishment of a health system funding platform is encouraged. This platform for these multilateral entities to coordinate, mobilize, streamline and channel the flow of new and existing international resources to support national health strategies, is part of a broad international effort to strengthen health systems to accelerate progress towards the targets for the health-related MDGs and may improve the efficacy of the cooperation.

As our study was based on document analysis, it was nor possible to verify whether the US and EU are already dialoguing to coordinate program areas and funding. It certainly would be advisable to seek coordination, identify synergies to avoid duplication and fragmentation and to increase effectiveness.

## Competing Interests

The authors declare that they have no competing interests.

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