

**IVAA Response to the EU Commission's Consultation on:**

**"The EU Role on global health"**

**Question 1:** *In your opinion, does the proposed concept 'global health' cover the most relevant dimensions? If not, which other essential factors would you suggest?*

**Answer:** IVAA follows the description of the global factors and problems influencing health but would like to point to the fact that elderly people and people with learning difficulties – in a global perspective - belong as well to the group of citizens most vulnerable to poverty.

**Question 2:** *Are the effects of globalization on health, on the spread of diseases (whether communicable or life-style non-communicable) and on equitable access to health care sufficiently described?*

**Answer:** IVAA agrees that the effects of globalization on health are sufficiently described in the EU Commission Paper.

**Question 3:** *Do you consider the health-related MDGs a sufficient framework for a global health approach? If not, what else should also be considered?*

**Answer:** Yes, the MDGs provide a helpful framework to tackle the most pressing issues concerning global health. But these goals are general, addressing policy makers in the developing and the developed world and ask for strong leadership to reach these goals. The weakness of the MDGs is the voluntary commitment of policy makers to work for these goals. A more explicit commitment towards the MDGs is indispensable to reach adequate progress.

**Question 4:** *In your opinion, which are the main strengths and weaknesses of the current EU policy on health and development cooperation, and which dimensions should be given greater attention in order to face the challenges ahead?*

**Answer:** IVAA appreciates the values and principles - universality, access to good quality care, equity and solidarity - EU policy bases its engagement for various development- and international health related activities including its participation in a number of international regulations and Framework Conventions like IHR or WHO-FCTC. The historical, social and political responsibility of the EU as a global player in the field of health demands a clear engagement in this field. Therefore, IVAA suggest enlarging this set of values with principle of "commitment". This would indicate that the EU institutions and member-states follow in their policies not only an uncommitted solidarity but would orientate this policy at clear commitment to contribute to better health globally.

Reviewing all the different stands of the EU involvement in global health, the question arises whether there is a real coordinated effort of the EU in this direction. As the EU developed for its internal public health policy the concept of "health in all policies", a similar concept like "global health in all EU-policies" could contribute to focus and to put more clout in all the different EU efforts to foster global health.

**Question 5:** *Could you identify health problems that have been neglected by the EU and international health research agenda and propose the best means to support innovation to address them, especially in low- and middle-income countries?*

**Answer:** IVAA is of the opinion that in the development of the EU engagement for global health, the EU approach neglected medical- and therapy approaches in the low- and middle-income countries which can be described as “traditional medicines”. A closer look at these treatment approaches reveal that these medicines offer a considerable contribution to local health-care in lower- and middle-income countries- The practice of these medical systems often has a long tradition, the medicines are well accepted and are usually much cheaper than conventional medical therapeutic approaches. See Beijing declaration of WHO.

**Question 6:** *Do you think that ODA commitments for health should increase, and how do you think that other sources of financing could contribute to addressing global health and universal access?*

**Answer:** IVAA is not an expert about how to better organize ODA. Taking this into consideration, IVAA suggests that the integration of the different EU efforts to foster global health in one policy concept of the EU – the “EU Global Health Strategy” -, with clear defined values and principles as well as agreed and practical goals could attract other sources of financing because the impact could be improved and better outcome orientated.

**Question 7:** *How do you think fragmentation of aid for health could be reduced, with a view to increasing aid effectiveness and preventing detrimental health spending?*

**Answer:** Better coordination of and cooperation between the different policies, efforts and financial resources.

**Question 8:** *In the context of aid effectiveness and alignment of financing to national priorities, what can be done to make sure that adequate attention is paid to health priorities and to strengthening health systems?*

**Answer:** Offer a joint policy concept for the global health approach of the whole EU.

**Question 9:** *What are your suggestions for striking the right balance between addressing health priorities and providing support for developing health systems?*

**Answer:** Support for developing health systems should be orientated at the social and health condition of the respective society, not prioritized by the fear about communicable diseases in the developed world.

**Question 10:** *What are the main opportunities for increasing the level and enhancing the effectiveness of health aid from the EU?*

**Answer:** IVAA has not yet been involved in organizing health aid in the EU framework and is unable to give adequate advice in this case.

**Question 11:** *In your opinion, what are the links between health, governance, democracy, stability and security and how could the right to health be put into operation?*

**Answer:** As the Issue Paper indicates, there is a close link between the performance of a health system and the governance, democracy, stability and security applied in the

respective society. Health can no longer be treated as one of many other policies but has to be regarded as one of the basic rights of a human being. Consequently, health should be given a much more visible priority in the political performance. This can be put into operation by strengthening the basic right aspects of health.

**Question 12:** *What impact will the global crisis (climate change, food prices and economic downturn) have on global health and what could be done to help mitigate their ill effects?*

**Answer:** It goes without question that all three factors will have a negative impact on the health of human being at a global perspective. A general answer can be only found in the demand for a very responsible and sensitive policy towards these factors and taking these factors into account in the relations especially with lower- and middle income countries. Again, a thorough concept “Global Health in all Policies” might provide a guideline.

**Question 13:** *What should be the role of civil society in the health sector, at national and local levels?*

**Answer:** It would be helpful if the civil society sector is fully integrated in the efforts to increase global health at all levels. EU funded projects should be open to the engagement of the civil society.

**Question 14:** *Which action do you think the EU should take to stem the brain drain of health workers, while respecting their freedom of movement?*

**Answer:** Support and create health systems in the respective societies which emanate a certain attractiveness for the health work force in the respective countries.

**Question 15:** *What role do you see for new technologies (including telemedicine) in enabling developing countries to provide access to care even in remote areas and to allow better sharing of knowledge and expertise between health professionals, and how can the EU support this?*

**Answer:** IVAA would like to caution an over-engagement in this direction. The support of new technologies might lead to jeopardize the principle of equity. As mentioned in answer 5, EU global health policies should pay attention to include locally established medical systems “traditional medicines” which are accepted and affordable in low- and middle-income countries.

**Question 16:** *What are the keys to ensuring equitable access to medicine and how could the EU help to do more on this, including by supporting innovation and management of intellectual property rights?*

**Answer:** Bind the EU ODA on certain standards of the governance the health systems in the respective countries and convince the governments of the member-states to do the same.

**Question 17:** *What could the EU do to improve the research funding for global health?*

**Answer:** Look into the “90/10” gap and support research in this direction as well as in the quality and application of “traditional medicines”.

**Question 18:** How, in your opinion, could the EU research funding effectively address the systemic weaknesses of health systems worldwide?

**Answer:** Earmark appropriate research-funds for these problems without binding the research

on the principle of an “added-value” for the EU orientate the research at an added value to overcome the “systematic weaknesses of the health systems”.

**Question 19:** *How do you think national capacity and local scientists in low-income countries could be empowered to conduct research relevant to their countries’ priorities?*

**Answer:** Local scientist should be assisted in the very first stages of research projects, in the stage of setting up research priorities orientated on the local needs. Assistance should be provided according to the requests from the local researchers (pull) rather than suggested from the view of global strategies (push).

**Question 20:** *Which kinds of global public goods for health should be given priority and how should they be financed and managed?*

**Answer:** IVAA supports the principles of subsidiary and local ownership. According to the view of the IVAA issues of high priority include education in hygienic skills, education in nutritional issues, safe sexual behavior, installation of standardized follow up of pregnancy and early child development, installation of screening for cervical cancer and sexually transmitted diseases (HPV, HIV). Financing and facilitation of the infrastructure with help from more developed countries, Maintenance of the structures by integration of local skills and staff.

**Question 21:** *Which do you think are the priority areas for coherence on global health policies, and how should they be addressed?*

**Answer:**

First priority is empowering local staff in countries with less high health standards to develop according to their local needs with easy access to health science in EU, taking in account the local medical traditions (Beijing declaration WHO).

**Question 22:** *How could the legitimacy and efficiency of the present global health governance be improved and which role should the EU play in this?*

**Answer:** In view of IVAA, to reach these more general aims could contribute to insist much stronger in internal relation on the basic rights health for human being, to transform gradually these basic rights into committing agreements, protocols and/or treaties. EU should play a major leadership role in such a process.

**Question 23:** *Do you think a definition of a universal minimum health service package would facilitate a rights approach and progress towards more equitable coverage of services?*

*If so, how could such a universal minimum standard be defined?*

**Answer:** Yes a clear definition of the basic human right to health would help to improve health systems at a global scale. A minimum health service package should consist of educational assistance in hygiene, nutritional issues and safe sexual behavior.

**Question 24:** *What, in your opinion, should be the main principles guiding equitable social protection for health?*

A structured healthcare should be aimed at like it has been established in particular in the Scandinavian countries with a hierarchical structure of medical services: Selection of high risk patients from the general population (screening-level= Level I), referral to basic health care (level II) up to special health care (level III) or very special healthcare (level IV centers) according to standardized systems

**Question 25:** *Which fair financing principles and mechanisms should apply to health system financing to ensure equitable and universal coverage of basic health care?*

**Answer:** Financial help should be provided in particular for the establishment of a working multi-level health care system (see also Question 24)

**Question 26:** *What is the role of civil society in global and national health governance and how can potential conflicts of interest between advocacy and service provision be avoided?*

**Answer:** Civil society and national governance have to be taken into account. Potential conflicts can only be minimized – they will never totally disappear – if all partners are involved in an overall strategy like an EU “Global Health in all Policies” concept.

**Question 27:** *What, in your view, is the main added value offered by the EU in the field of global health?*

**Answer:** The EU has the knowledge, economic power and global influence to raise the standard of global health. The experiences in particular of the Scandinavian countries in particular of a multi-level structure of general health care could be provided for building up health care system in the less developed countries according to the principles of a structured multilevel healthcare system (screening/selection/concentration). This ability is the “added value” of the EU. The challenge is that the EU has to transform this ability into common and agreed policy.

**Question 28:** *Do you think that an EU social model could inspire global health equity?*

**Answer:** Yes, if inside the EU health care- and health systems provides a model of equal access for all citizens.

## About IVAA

The IVAA represents the international umbrella organization of the national anthroposophic medical associations in matters relating to political and legal concern with members in 19 EU member states as well as Norway and Switzerland, and in a further 13 countries worldwide. As non-profitable NGO the IVAA stands for safeguarding of pluralism in medicine and for freedom of choice of treatment.

The specific aims of the IVAA in the field of health and medicine include:

- Safeguarding the legal status of Anthroposophic Medicine (AM)
- Dialogue with politicians and civil servants in matters relating to AM



Internationale Vereinigung Anthroposophischer Ärztesgesellschaften  
International Federation of Anthroposophic Medical Associations  
Fédération Internationale des Associations Médicales Anthroposophiques

- Proactive development of political activities for AM within international and EU-frameworks
- Coordinating educational, training and research issues of AM with regard to political relevance
- Cooperating with other health organizations including the major European medical umbrella organizations in the field of CAM

The IVAA is a founding member of the NGO ELIANT (European Alliance of Initiatives for Applied Anthroposophy), [www.eliand.eu](http://www.eliand.eu), a member of the European Public Health Alliance (EPHA), [www.epha.com](http://www.epha.com) and a member of the CAMDOC Alliance, which represents the 4 major European umbrella organisations in the field of complementary/alternative medicine (CAM) [www.camdoc.eu](http://www.camdoc.eu).

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On behalf of the IVAA Council,

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