

Stop Partnership

Draft European Union Strategy

PURPOSE

The purpose of the strategy is to facilitate better engagement of the Stop TB Partnership with the European Union to ensure the future success of TB control within the EU and internationally.

VISION

That key EU political leaders and civil servants are better briefed and over time fully engaged with stopping tuberculosis. In a highly practical way, through better public health planning and increased financing, that the EU becomes a champion of TB control.

To achieve our vision, the EU institutions will need to respond to a supportive political environment and put in place an improved a) internal public health framework for TB control with the EU and its near neighbours and b) provide sufficient funds to ensure achievement of global TB control goals.

To be clear, this document combines what are, in essence, two EU strategies. One internal (relating to improved TB control within Europe) and one external (accessing development funds for global TB control). While the Stop TB Partnership could pursue only the external funding goal, it is argued that the two objectives could be mutually reinforcing and should be followed in parallel for maximum impact.

BACKGROUND/CONTEXT

Health issues have featured in the Treaties since the beginnings of the construction of Europe. However, it is only since the ratification of the Treaty of Maastricht that the Community began to implement a genuine public health strategy. More recently, in the draft European Constitution Article III-179 there is a call for a high level of human health protection to be ensured in the definition and implementation of all the Union's policies and activities. This document is currently going through the process of ratification by member states.

Despite this, Europeans generally (and this is reflected among EU policy makers), consider tuberculosis to be a disease of the 19th century.

However, there are opportunities to address the issue more widely and raise the profile as the EU borders have expanded to the East and as globalization means large numbers of non-Europeans from high burden countries live with the European Union area. The issue of tuberculosis viewed in this context has the potential to be politically sensitive; buffeting anti-migrant sentiment. However, if policy makers were better informed, it should be possible to establish greater public acknowledgement (action and financing) that TB is a disease that has not disappeared. The clear message going to

European health officials being that it is in their enlightened self-interest to both gear up and take a greater share of the responsibility for halting the spread of TB and especially MDR TB from the East.

In addition to raising the profile of TB and building support for enhanced TB control in public health systems within a European Union/near neighbour context (Eastern European), the EU (and its member states) are the world's largest donors for international development. The new *Programme of Action to confront HIV, TB and Malaria through External Action*, will be the framework for all EU development assistance for control of these diseases in the period 2007-2013.

While it is envisaged the vast majority of funding will flow through GFATM or direct to countries, overtime we would aim to direct EU support to Stop TB partners to provide technical assistance. However, to ring fence monies for TB and for technical assistance, we **must** set tuberculosis in the framework of wider poverty reduction issues. We will fail with EU leaders if we do not fit TB within the context of the overall economic development agenda. Specifically, our success will depend on the perceived comparative advantages of TB control in strengthening economic performance (GDP) and the primary healthcare sector (especially in the context of HIV control).

It should be noted that the primary area of interest of the EU for development assistance are the countries of the ACP (African, Caribbean and Pacific), signatories to the Cotonou Agreement. Smaller allocations of development assistance are available for other Regions, notably Asia and Latin America. This should dovetail well with Stop TB Partnership priority countries and Regions.

Finally for resource mobilization purposes, it should be noted that the European Union has a large and active Directorate General for Research. On the 6th of April 2005, the European Commission submitted a proposal for the development of future European Union programmes to support research activities and policies. The proposal implies a significant expansion of the European Community research budget for the period 2007-2013. While the research will be focused on European competitiveness, health is one of nine major areas slated to receive EU research grants.

Finally, The European Commission has approved a package of three Communications on the Millennium Development Goals (MDGs), aiming to speed up progress towards the MDGs by increasing the volume and effectiveness of the development aid provided by the Commission and EU Member States. The package contains specific and ambitious proposals for action in the areas of Finance for Development, Coherence for Development and Focus on Africa. The Luxembourg EU Presidency is aiming for a final decision on the package by the European Council meeting in June 2005,

Working with the EU in a complex process, involving high level political advocacy and consistent briefing and engagement with officials, committees and other stakeholders in member states and institutions. Evidence of a significant shift in EU policy, even if advocacy efforts are to be considered successful, would not be expected before 18 months to two years.

STRATEGIC ISSUES GOALS AND OBJECTIVES

Strategic Issues:

- The need to raise the profile of TB within the EU to create a supportive political and social environment;
- The need to strengthen TB control activities in Europe;
- The need for funds to support TB and TB-HIV control and research globally (notably in Africa, Latin America and Asia).

A) The need to raise the profile of TB within the EU to create a supportive political and social environment

In order to access funding or affect policy it is first necessary to build up a regular contact and interaction with EU officials and stakeholders implicated in both (internal/external & funding/policy) streams. The Stop TB partnership needs to ensure that current partners are 'activated' to think European or influential new partners are found.

Goal A.1 To regularly brief and inform our existing EU partner network on developments in tuberculosis.

Objectives:

- A.1.1 To ensure that information available to our network in Europe is relevant and current, reflecting existing concerns.
- A.1.2 To encourage our European partners to deliver coordinated 'messages' on TB control to EU policy makers in a reliable, regular and appropriate manner.

Goal A.2 To expand our "partner network" of sympathetic European organizations and individuals who influence the policy direction and debate in an EU context.

Objectives:

- A.2.1 To expand the partnership by reaching out to potential partners in Brussels and member countries of the EU.
- A.2.2 To ensure the European partners and strategy support wider partnership growth; build reach with policy makers, the media, academics, organizations from outside who also have EU influence.

PROPOSAL for an ACTION PLAN (to be developed; incorporating how)

- A.1.1 Work with WHO EU Liaison office re. EU concerns. Undertake a media mapping exercise for wider European concerns. Develop messaging on Millennium Development Goals, TB-HIV, MDR TB and the Eastern European connection for European partners.

- A.1.2 Input into the New Development Policy Paper to be produced during the UK Presidency of the EU.
'Alliance' office in Brussels to coordinate? Guideline for European partners - how to address the EU (contact MEP, media, Commission etc)
Future exhibition at EU Parliament March 2006 - World TB Day. Regular support?
- A.2.1 Future partner mapping: start with umbrella organizations such as EU Health Forum and European Public Health Alliance, College of Europe, European Parliament interest groups, national EU friendly organizations.
Possible, invite the EU to be an observer at the Board and then to 'rotate' with the UK and Netherlands.
- A.2.2 Briefing with nodal leaders (Jaques Delors etc), ACP (African Caribbean and Pacific) countries delegations in Brussels, HBC delegations in Brussels, US mission etc.

B) The need to strengthen TB control activities in Europe

The current EU health policy is based on the Commission Communication (COM(2000) 285 of 16 May 2000 on a European Health strategy and on the Public health programme.

General health policy guidelines were set out in the concept of a Europe of Health in 2002. Work was undertaken on addressing health threats, including the creation of a European Centre for Disease Prevention and Control (ECDC), cross-border co-operation between health systems and tackling health determinants. The Community's health information system provides a mechanism underpinning the development of health policy. On 23 September 2002, the European Parliament and the Council adopted a new Community action programme for public health. This programme runs for a 6 year period (from 1 January 2003 to 31 December 2008).

The new programme is based on three general objectives: health information, rapid reaction to health threats and health promotion through addressing health determinants. Activities such as networks, co-ordinated responses, sharing of experience, training and dissemination of information and knowledge are encouraged.

Setting Tuberculosis within this framework will be critical to achieving European TB control and also supportive of EU engagement with global TB control goals. Eastern Europe largely fails to figure in global development aid budget lines for disease control and has to a large extent fallen through the cracks of internal health planning. There are additional funds (not global development funds) available at EU level for these internal health activities. The clear message going to European health officials should be that it is in their enlightened self-interest to both gear up and take a greater share and ownership of the responsibility for halting the spread of TB, and especially MDR TB, from and in Eastern Europe. DG Health runs an NGO Think Tank that meets regularly: wherever possible, Stop TB Partners should participate in discussions.

The Commission implement the priorities defined in their annual Work Plan by awarding grants to selected projects that have been submitted under the Call for proposals. The period for submitting applications normally runs to the end of April each year.

- An interesting place to start might be through the 'Northern Dimension'. The Northern Dimension in the external and cross-border policies of the EU covers the Baltic Sea

region, Arctic Sea region and North West Russia. It addresses the specific challenges of those regions and aims to increase co-operation between the EU Member States, the EU candidate countries and Russia. In April 2000, the Council of Baltic Sea States decided at the Summit of their Prime Ministers to establish a Task Force on Communicable Disease Control. Representatives from eleven member countries nominated their representatives to this Task Force. The Commission is also represented. Priorities to be covered by the Task Force include tuberculosis, HIV/AIDS, disease surveillance, antibiotic resistance and hospital-acquired infections and primary health care. In June 2001 the full Report on the Northern Dimension policies was endorsed by the European Council. That report refers explicitly to the new public health programme. The Task Force was asked to continue its work with regard to communicable diseases.

Goal B.1 To frame a collaborative action plan based on EU public health priority areas.

Objectives:

- B.1.1 To secure agreement on key messages activities that can be addressed within the framework of EU collaboration (a) health information (b) rapid reaction to health threats (c) health promotion - health determinants.
- B.1.2 To enable a timeline for pilot activities to be developed.

Goal B.2 To publicize clear goals for European TB control

Objectives:

- B.2.1 To prepare advocacy materials outlining the specific TB control agenda for Europe - what do you want to achieve (MDR, TB/HIV, cross border cooperation) and why?
- B.2.2 To ensure a high level of awareness among health policy makers in Europe of the European (and global agenda) for TB control.

Goal B.3 To ensure consideration of TB within the public health agenda of EU policy making bodies.

Objectives:

- B.3.1 To establish a network among stakeholders inputting into the EU public health agenda (EU Health Forum, European Public Health Alliance etc).
- B.3.2 To ensure a regular presence of Stop TB partners at EU public health events, meetings and committees.
- B.3.3 To enable Stop TB partnership leadership to input into policy formation.

PROPOSAL FOR AN ACTION PLAN (to be developed; incorporating how)

- B.1.1 : Take Global and Euro strategic plan and condense so that it addresses EU priorities. Ensure activities such as networks, co-ordinated responses, sharing of experience, training and dissemination of information and knowledge are mainstreamed into partnership advocacy documents.
- B.1.2 : By end 2005 - for implementation during the new biennium
- B.2.1 Brochure - public document for EU consumption (at least 4 languages EN, FR, ES, D)

- B.2.2 Mailing list of key partners - Commission, Council, Parliament, Committee of the Regions, Council of Europe, NGOs and others - ensure they receive a copy of the document/brochure/Global plan and follow up conversation or meeting.
- B.3.1 Turn the mailing list into Stop TB partners. Identify institutional and individual partners in European countries and encourage them to join the partnership. Establish STOP TB Euro. Push for EU funds for EU TB summit of partners - possible outcome from Assisi?
- B.3.2 Establish a calendar of EU events, meetings and committees. Partners (TB drug alliance) based in Brussels or WHO/Partnership Secretariat to attend each event. Regular contact established - 1 time a month. Offering expertise.
- B.3.3 Offer support to EU policy formation. Country assistance planning, conferences etc.

C) The need for funds to support TB control globally;

The TB community will need to see the big picture on financing for TB control, recognizing that all funding coming into TB control contributes to the achievement of the goals. The basis for our requests to the EU will be the Global Plan to Stop TB (2006-2015).

This strategy deals only with European Union funding. We do not refer here to bilateral support by EU member states as this is addressed in detail in the Stop TB Partnership Resource Mobilization strategy.

For EU funding, making the case for TB in the context of overall economic development and as a model for tackling communicable diseases through supporting the primary health care system in the run up to the Millennium Development Goals will be critical. This is particularly important during the phase when the programme goes through budgetary clearance processes.

We must accept that much of the EU funding, in the new *Programme of Action to confront HIV, TB and Malaria through External Action*, will flow through GFATM. While there will be no new policy, during this round of funding the budget envelope is being relaxed. The draft Plan of Action will be available during May/June 2005 for comment. WHO Stop TB Department, Stop TB Partnership Secretariat staff and other partners have contributed to early discussions aimed at framing the new Programme for Action policy. However, over time our advocacy efforts would aim at securing a larger percentage of support for tuberculosis within the GFATM mechanism and securing funding for the provision of technical assistance through Stop TB partners. The Stop TB partners believe that without adequate investment in technical support, funding for disease control will not achieve maximum benefits.

In addition, while largely focused on European competitiveness, health is one of nine major areas slated to receive EU monies under the European Community research budget for the period 2007-2013. Accessing these funds for new tools development would be important to securing new funding lines for TB control.

Goal C.1 Adequate Sustainable Funding for Global Plan 2006-2015 is secured.

Objectives:

- C.1.1 To ensure awareness of Global Plan 2006-2015 is widespread among key decision makers in all EU agencies.
- C.1.2 To ensure ring fencing of funding, including for Technical Assistance, in the new Programme for Action.
- C.1.3 To ensure active EU participation in a possible (to be agreed) 2nd Inter-Ministerial summit on global TB control (with Finance ministers of most of the HBCs and high-level political representatives of the key donor countries). The purpose of the summit would be to seek their response to the resolution to be passed at the 2005 WHA calling for sustainable financing. "Global Plan 2006-2015 - what are you going to do now to secure the funding?" (see Heads of State Strategy)
- C.1.4 Watching brief - ensure information sharing so that calls for proposals and tenders on a wide range of public health concerns are considered by Stop TB partners.

Goal C.2 Ensure country level EU delegations make TB control a priority.

Objectives:

- C.2.1 To ensure awareness of Global Plan 2006-2015 is widespread among key decision makers in EU delegations in high burden countries.
- C.2.2 To ensure health advisers are invited on Country Coordinating Mechanisms (CCM) and to observe successful TB control.
- C.2.3 To work with HBC governments to ensure that the importance they place on TB control is made clear to donor partners, particularly the EU.

PROPOSAL FOR AN ACTION PLAN (to be developed; incorporating how)

- C.1.1 Established a distribution list for Global Plan 2 briefing and engagement at the Commission (Development, Research and Health), Parliament (Budget, Development, ACP, Health), Council (Reps, country desks, health advisers) etc. Need regular presence (local partners or regular visit) in Brussels. Possible invitation to the EU to become a Board member and rotate with the UK and Netherlands?
- C.1.2 To work with partners in Brussels to ensure questions and amendments are placed by MEPs during committee and debate.
- C.1.3 Facilitate meeting and invite (see Heads of State Strategy)
- C.1.4 Presence in Brussels? Partner agency/secretariat to monitor calls for tender etc and distribute information.
- C.2.1 Establish a distribution list in each HBC and ensure a partner briefs Health adviser or other on TB regularly. Partner staff to visit EU delegations during field visits.
- C.2.2 Local partner or NTP to coordinate.
- C.2.3 WHO WR to discuss with Government and ministry. If the Government places importance on TB control then so will the EU - important during 5 year planning cycle.

EVALUATION

- No. of contacts with EU officials/network established.
- EU event held March 2006
- Funds ring fenced (POA)
- Country level funds increased.
- Policy change at EU level.

RECOMMENDATION

The plan is presented as an individual piece of work to the Coordinating Board for discussion. However, it is envisaged that the implementation be carried under the auspices of the A&C Working Group, Stop TB Europe (to be established) and WHO EURO TB programme.

The Coordinating Board is therefore invited to recommend these bodies consider this strategy in the framework of their strategic planning and request that they facilitate the development and delivery of the resulting Action Plan.