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The role of the European Union in global health: The EU’s self-perception(s) within the COVID-19 pandemic

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**Abstract**

The COVID-19 pandemic is challenging the international system and the regional order in which the European Union (EU) aims to re-define its role in global health. The article seeks to tease out the role of the EU amidst the COVID-19 crisis by outlining three key dimensions: self-perception, external perception and performance. The paper contributes to the broader understanding of the EU’s role in global health through a focus on its self-perception. This is examined by the conduct of interviews with EU representatives in 2021 and the analysis of EU press releases with reference to global health from 2014 to mid-March 2021. The results show that the EU mainly draws from a donor and provider role leaving a facilitating, partner or normative role underdeveloped – except for the EU’s leading role in the context of the World Health Organisation. The COVID-19 pandemic is a driver for a more ambitious global political role. However, the main challenges identified by EU representatives constitute a lack of capacities and resources, insufficient backing by EU member states and a lack of coordination. The strongest EU conception in global health is seen when policy actions are based on multiple roles ranging from a provider and partner to a facilitating or normative role.

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1. Introduction: the EU within a dynamic global health order

The COVID-19 pandemic has put the European Union (EU) as one of the main protagonists into the spotlight of global health policies. The retreat of the United States (US) within the pandemic and the low profile of the United Kingdom (UK) at the time left a leadership vacuum in global health resulting in a broader scope for action for the EU. This has enhanced the EU’s visibility mainly through pledging conferences co-hosted by the EU to finance the development of diagnostics, vaccines and therapeutics, but also through the Commission’s participation in the Access to COVID-19 Tools Accelerator (ACT-A) and its vaccine distribution pillar COVAX. Additional EU activities include its engagement in WHO resolutions on COVID-19 and the strengthening of the World Health Organisation (WHO) as well as the European Council’s proposal to form a global pandemic treaty. By shaping global health debates, the EU is re-positioning itself in and on the WHO during the pandemic. In the WHO, the EU acts as a driving force and gains a more important stance on ideas how to reform or restructure WHO procedures. Likewise, debates on a global pandemic treaty are heavily pushed by EU actors that might determine the role of the WHO within such an international instrument. Finally, discussions on a European Health Union can be read as a re-positioning towards the WHO where the Union may be able to take on (normative) tasks that where hitherto primarily linked to the WHO such as standard setting for global health data as the EU is envisioning a European health data space. Prior to the pandemic, the EU has not been vocal in WHO debates such as the WHO reform process. This has considerably changed through COVID-19 making the EU more vocal and more influential with view to the WHO [1].

However, the pandemic has also shed light on more negative aspects of the EU’s global policies during the health crisis. At the early stage of the pandemic in Europe, the regional block has surprised the international community by setting up border controls and export bans on medical equipment. The critique of vaccine nationalism is primarily directed to the EU, who is amongst those economies that have secured the bulk of available vaccines and is the main force together with a few countries such as Switzerland or Australia that is blocking a proposal by South Africa and India in the World Trade Organisation (WTO) to suspend patents for a limited amount of time to scale-up production [2,3]. While the threatened exit of the US and the so-called ‘masque diplomacy’ of China in the first phase of the pandemic in Europe has pushed the EU to act more vocal, the EU is now still struggling to catch up with vaccine diplomacy policies driven mainly by China which has promoted its global health activities as part of its ‘health silk road’ [4].
Whereas the US is advancing its vaccine diplomacy especially in Southeast Asia to counterbalance China’s efforts, the EU’s approach to vaccine diplomacy has been referred to as ‘confusing’ as the EU with its member states financially support COVAX but EU member states donate vaccines bilaterally not via the EU [5]. Vaccine diplomacy is thus being used as geopolitical tool to advance the soft power of states. However, the EU is put in the difficult position to not only align its vaccine diplomacy with geostrategic interests of the EU and its member states in specific regions such as Africa but to also align its activities to the EU’s value based global and foreign policy narratives.

This leaves the EU to balance European domestic interests such as the vaccination of its population and interests of European pharmaceutical companies against its international ambitions to be perceived as a multilateral reliable partner. The perception of the EU in global health, however, is a rather underexplored topic in global health studies so far. At the same time, the EU struggles to define its own role in global health; an informal expert group across the EU Council Presidencies ranging from Finland up to the presidency of France in 2022 is working on a stringent self-perception [6]. In this regard, the Portuguese Council presidency organised a Conference on strengthening the EU’s role in global health in March 2021.

The paper aims to contribute to a broader understanding of the EU’s role in global health by outlining three key dimensions for a global role. Based on role theories in International Relations (IR), self-perception, external perception and performance are regarded as key elements for a role formation. The article focuses on generating more empirical evidence for the self-perception of the EU institutions in global health. Qualitative interviews were conducted with representatives from several EU institutions and were complemented by a content analysis of EU press releases from 2014 to mid-March 2021. These findings can assist decision-makers of member states and on EU level to have a more coherent approach in the (re-)definition of the EU’s role in global health. For international policymakers the results provide an inside-view into the EU’s current conception of its role in global health.

2. The knowns and unknowns of the EU’s role in global health

In IR literature, the global presence of the EU has been analysed in different fields ranging from climate over security to development policy which can be useful for global health. Likewise, the EU’s positioning in global health is being discussed for a decade and has increased with the COVID-19 pandemic contributing to our understanding but also leaving questions on current self-perceptions and external views on the EU open.

2.1. Insights into the EU’s global presence in other policy fields

The role of the EU in global health is likely informed by the EU’s experiences in other policy fields. A leadership role has been expressed in climate policies where the EU is seen as a driving force and successful negotiator [7,8]. The Union has also heavily been involved in peace negotiations establishing an international mediator role [9]. Moreover, the EU is seen as a global financing actor. Especially in development policies, the Union is regarded as a major donor [10]. Furthermore, a discussion on the normative role of the EU has received wide scholarly attention. The EU might bring norms and ideas into the international sphere [11], however; these norms might clash with other concepts, they might be translated differently [12] or ignored altogether. Within the case of the EU as a global energy actor, studies have shown that the EU’s messages led to competition instead of cooperation with regards to Russia, but they have resonated in China where the narrative of promoting the sustainable use of energy has been picked up [13]. Policy-wise the EU has been prominent as a multilateral, development and trade actor [14,15,16]. This literature shows that the EU is having multiple roles within different international contexts.

2.2. Multiple roles for the EU in global health

In global health, the EU has been active across policy fields even prior to the COVID-19 pandemic [17]. The Union has traditionally acted through a development lens. It can be regarded as a prominent development health actor within a financing and implementing role. The EU focuses within its development policies on health system strengthening (HSS) and universal health coverage and tries to promote these values and principles worldwide [18]. Research on the EU’s and member states’ framing of global health ambitions gives hints towards the EU’s self-perception. Here, the EU primarily holds a social justice frame underpinned by values and human rights whereas some member states stress an investment frame aimed at economic development through health or a security frame focused on the protection of donor countries’ populations [19]. This resonates with the findings that the EU may act in global health with two normative narratives; a right to health approach towards equity and the improvement of health and a narrative that focuses on the protection of EU citizens in view of health risks [20,21].

Similar to climate negotiations (albeit on a smaller scale), the EU has elaborated its negotiating skills within the WHO over time. The EU’s role in the WHO Framework Convention on Tobacco Control (FCTC) has been considered as a leading force within the negotiations also bolstering its position in global health [22]. During the FCTC negotiations, the EU tried to systematically align countries with its position [23]. This coalition building role is still being exercised within current WHO processes [24]. As an observer the EU has de jure limited participation rights within WHO governing body meetings; however, it manages to reach a coordinated voice and thus influences WHO negotiations [25,26]. The EU is also seen as a leading voice in advancing discussions on antimicrobial resistance in Europe and globally [27].

Overall, the EU is primarily seen within a negotiating, financing and normative role in global health. The EU builds its global health engagement notable on its strength as a development and trade actor and its social model [28]. Nevertheless, it is argued that the EU’s progress in teasing out its role have remained below its potential as the Union primarily made progress in the field of global health security [29]. This comes at the expense of other global health policies and fails to implement global health in a holistic broad understanding that the EU has laid down in its Council Conclusion on the EU’s role in global health in 2010. It remains an open question how EU ambitions from 2010 to implement a comprehensive EU global health policy are reflected in the current EU self-perception and if these ambitions are shared outside of the EU. While the EU is more openly seen as a leading voice in current discourses, it is equally criticised for a protectionist reflex with regards to global vaccine sharing [30,31].

3. Materials and methods: theorizing the role of the EU in global health

Based on insights from role theory, roles are understood in this paper as processes that emerge from “the interaction between different actors” [32]. Three key dimensions define the role of an actor internationally: role conception, role prescription and role performance [33]. Role conception refers to the self-perception of the actor while role prescriptions can be described as the expectations or the external perception of other actors. Finally, role performance constitutes the assessment of the actor’s behaviour or activities. In addition, enabling or constraining factors will be included in the theoretical framework since effectiveness studies in IR have shown
that a range of factors such as mandates or institutional coherence might challenge or enhance the behaviour of international actors [34,35].

For this paper, role conception in the sense of self-perception constitutes the core interest which will be complemented by barriers and drivers. Role conception and self-perception are thus used interchangeably.

3.1. A look in the mirror via press releases and interviews

The role conception has been explored through a content analysis of EU documents with reference to global health and by conducting interviews with EU representatives. For the former, a database of EU press releases has been established focusing on statements from 2014 to 2021 to identify potential changes in self-perception over time. In 2014/2015, EU global health debates have been marked by the Ebola outbreak in West Africa and are thus taken as the starting point. EU press releases were chosen because they provide a consistent, a quite comprehensive and easily accessible written source for the EU’s self-perception in global health.

Other EU document types such as ‘(Daily) News’, ‘Commissioners’ weekly activities/meetings’ or ‘Factsheets’ had an informative character which made references to the EU’s own role conception less likely. Speeches and statements on the other hand weren’t selected as they are mostly integrated in EU press releases, therefore and in view of limited capacities, a focus has been laid on EU press releases which encompass content from speeches or statements. The main criteria for the inclusion of press releases has been the reference to a global health topic within the title except for headings that referred to sustainable development with substantial reference to global health in the text. Reference to a global health topic has been equated with the mention of global health crises such as disease outbreaks globally or abroad, global health institutions such as the WHO or other global health initiatives, health programmes or initiatives outside of Europe, global health summits, humanitarian aid via or in the health sector, trade in health products and lastly of the term ‘global health’.

Criteria for the exclusion of press releases have been the reference to a global health topic in the heading but had no health-related content in the text were excluded. This has been the case for EU press releases that referred to COVID-19 in the title but were mainly concerned with socio-economic measures aimed at the effects of the pandemic but not at health policies. Secondly, press releases that solely referred to repatriation flights in responding to the COVID-19 crisis have not been considered because these don’t constitute a global health policy influencing the international arena but rather measures of states towards their own populations. This resulted in a database of 111 EU press statements. In addition to the database, twelve qualitative semi-structured interviews have been conducted in March and April 2021 with representatives from EU institutions such as the European Commission, the European Parliament and EU agencies. As the aim of the study is to examine the self-perception of EU institutions in global health and not European views on the role of the EU in global health, external actors such as civil society or the academia in Europe have been excluded. Likewise, the article doesn’t examine the views of EU member states on the EU for the same reason. It is important to note, that this is a perception study which won’t take the results as facts but rather as internal views on the EU’s role in global health. For this, an interview guide has been developed focusing on three main questions with regards to the role conception of the EU, challenges and drivers: 1) In what role do you see the EU currently in global health?; 2) What impedes the EU to take on this/these role(s)?; 3) Which factors might push the EU into this/these role(s), what are potential drivers?

3.2. Five key global roles for the EU

Based on insights from IR literature and on the EU’s global health engagements, five roles have been set as main categories for the content and interview analysis: leadership, partner, facilitator, donor/provider and a normative role. For the content analysis, a leadership role has been identified when the EU explicitly referred to itself in a leading role (global leadership) or if the EU co-hosted international events as this can be regarded as an act of leadership. The partner role has been identified via explicit reference to the EU in a partner role (EU as a reliable partner) but much more often the role has been expressed with regards to partnerships or joint initiatives with other actors. The facilitating role combines notions of negotiating, coordinating, aligning and coalition-building as these processes can all be enablers. The donor/provider role described EU references that underlined its financial, material or personnel contribution to foreign countries bilaterally and via multilateral instruments. Finally, the normative role has been found when the EU has brought ideas or principles into the international realm (e.g. global public goods).

In addition, interviewees mentioned another role conception that can be best described as a political role in the sense that the EU is able to exercise influence internationally. Thus, references to a more political and strategic stance of the EU in the interviews have been considered as a political role. The interviews have also given insights on potential barriers and drivers which are summed up and clustered in the following paragraphs.

4. Results: the EU’s self-conception in global health

Over the years, the EU has primarily presented itself within the donor/provider role in global health. 81% of the analysed EU press releases refer to this role. The normative role of the EU is in second place with 31%, however; this has been overemphasised because the EU heavily promoted the idea of global public goods within the COVID-19 pandemic. All other roles circle around 20% throughout the years (leadership role: 20%, partner role: 17%, facilitator role: 20%). This clearly shows the relevance of the provider/donor role for the self-conception of the EU in global health. This finding also resonates with statements of interviewed EU representatives. The content analysis of EU press releases also showed that the EU’s self-conception is heavily boosted by health emergencies. In quiet times between 2016 and 2017, there were only 13 press releases with reference to global health and self-conceptions while the COVID-19 pandemic has produced 70 releases until mid-March 2021.

4.1. In which contexts do EU roles appear?

The donor/provider role has particularly been expressed in the areas of humanitarian aid, development and research and innovation in EU press releases. Aside from financial support, the EU presented itself as a provider of material aid, logistical, scientific and human resources throughout the years but especially in the case of health emergencies. The interviews have confirmed that the donor/provider role is essential for the EU’s conception currently expressed in the EU’s financial contribution to COVAX and the pledging conferences for ACT-A and humanitarian assistance.

The facilitating role is equally located within this context; the EU has perceived itself as a facilitator primarily through the European Civil Protection Mechanism allowing the EU to take on a coordinating role in humanitarian assistance. During the COVID-19 crisis, its facilitating role has rather been expressed through the Team Europe Approach aimed at coordinating the EU’s and member states’ global COVID-19 response. The facilitating role has been named primarily in the WHO context within the interviews. Here,
the EU negotiated the FCTC and has served as a facilitator and ‘honest broker’ within the development of the WHO resolution on COVID-19 response.

Leadership is overwhelmingly recognized in the WHO context by interviewees, however; the EU is leading the negotiating process to find common EU positions but is not leading per se. By co-hosting conferences and summits such as the Ebola conferences or the COVID-19 pledging conferences the EU appears within a facilitating or leading role in the press releases [36,37]. In the pandemic, there have been hints that the EU has been seeing itself also as a political leader when the President of the European Commission speaks of its ‘global leadership’.

Before COVID-19, the arena for the EU’s normative self-perception has surprisingly often been the WTO context in EU press releases. The EU has supported a call of low-income countries in 2015, for instance, showing a normative role encouraging equitable access to medicines. With COVID-19, the EU has remarkably stepped up its normative role by pursuing the narrative of global public goods and referring to a multilateral response. At the same time, the Union has held up the protection of its own citizens as a normative argument for the transparency and authorisation mechanism for the export of vaccines and for the guidance on travel restrictions to Europe. The normative values of the 2030 Agenda have not been very present in the self-conception of the EU except for some references in 2018 and 2019.

The EU overwhelmingly positioned itself as a partner with regards to other actors such as the WHO but also the Bill and Melinda Gates Foundation, the US or Africa. The partner role has only been briefly mentioned in the context of development and research policies but has not been very present within the interviews either.

4.2. Interview results on an evolving role: barriers and drivers

Most interviewees have acknowledged the EU’s evolving role in global health and have generally seen COVID-19 as a turning point for the EU’s global health activities, at least the pandemic is seen as a driver for the regionalisation of health policies within Europe. However, the evolving role of the EU has not only been sparked by COVID-19. Many interviewees referred to other achievements the EU has made in global health going beyond the classical donor role, for instance the EU’s leading role in FCTC negotiations, the Council Conclusion on the EU’s role in global health from 2010 and the previously published Commission communication.

The potential for the EU to take on a more effective role has with some exceptions been widely seen within the interviews. Suitable pathways for interviewees include the role of a global standard setter, leading by example via a European Health Union, forming alliances especially with African partners and coordinating international actors, taking up chairmanship in WHO processes, launching proposals in the international realm, building a strong united EU voice, and lastly through financial components. While some see the EU moving from a predominantly donor focused role towards a strategic leadership role, others are more sceptical if global health will stay (or even emerge) on the agenda in a comprehensive sense in the long-run.

Member states are a major challenge according to most interviewees. There is the sense that commitment for global health is lacking on member states’ level, different agendas are dominating their actions and they do not sufficiently see the added-value of the EU in global health – WHO processes being an exception. The EU’s role in the WHO is widely acknowledged as a success story in which member states do see the added value of the EU in aligning states and finding a common EU position. While the EU engagement within the WHO is seen positively, the relationship with the WHO is more delicate. The EU wants to support the WHO in a multilateralist approach, at the same time, this might come at the expense of its own visibility in global health activities. These conflicting interests are often reflected in a lack of coordinating agendas and activities with the WHO.

Another challenge that has often been raised is the lack of capacities in terms of financial and human resources, but also limitations of instruments used for global health on EU level. Several additional elements might impede the EU to take on a stronger role according to the interviewees such as geopolitics, lack of EU competences in health, duplication of structures, lack of internal coordination within the EU and with external partners, a leadership problem on the EU’s highest-level, lack of strategic orientation and the fear that global health is not a priority but only the crisis is.

On a geopolitical level, discussions within the WTO on the proposal to temporarily waive intellectual property rights as well as vaccine diplomacies of states such as China, Russia or India are challenging the EU’s position in global health. As mentioned in the beginning, the EU is sitting on the fence as there are only limited strategic EU vaccine diplomacy policies to gain more soft power by tying international partners closer to the EU, however; there is also no bold commitment to opt for the multilateral promise of global public goods. Interviewees have in many cases stressed the low visibility of the EU’s multilateral engagement in the global distribution of vaccines pointing towards the risk that the EU’s activities are being lost as they melt with broader multilateral channels such as COVAX. The multilateralist approach was not criticised per se but many interviewees argued for a better communication of the EU’s global health activities to compete with other health diplomacies.

Strategically, the EU is currently lacking in proactive and agile practices in global health. In this regard, some interviewees called for a more influential role of the EU in advancing the global vaccination process in the COVID-19 pandemic. This strategic weakness is due to lengthy coordination processes but also due to path dependencies which don’t allow the Union to take on bolder steps. This is shown in the fact that EU member states decide by their own preferences to which countries they donate surplus vaccines rather than taking a European approach via EU institutions to harmonise and align member states’ efforts of vaccine donations.

COVID-19 has been mostly regarded as a driver for the EU’s role in global health creating a political momentum that needs to be sustained. Other potential push factors include the regionalisation of health within Europe in form of a European Health Union, leadership on highest level, innovative financing mechanisms, the retreat of the US under former President Trump and the EU’s broader multilateralist approach as a strength. In the WHO, the capabilities of EU Council presidencies to align EU member states, increasing demands and an emerging backing by member states allow the EU more scope of action in this field.

5. Discussion

The analysis shows that role conceptions of the EU in global health are overwhelmingly formulated in crises, which is in line with the argument that EU (global) health policies have been heavily pushed by health emergencies [38]. Still, there seems to be no strategic redefinition in the EU’s global health perception between the Ebola crisis in West Africa and the Ebola outbreak in the Democratic Republic Congo – both crises have featured prominent on the EU agenda. The COVID-19 pandemic triggers some changes in the EU’s conception, but a substantial repositioning has not been observed within the EU’s language.
5.1. Donor role as a continuity – constrained normative role

The analysis of EU press releases brings continuities but also changes to the EU's self-perception to the fore. The core role within the EU’s conception is the donor/provider role, representing the fallback option for the Union in global health. In quiet years with no global health crisis on the European agenda, this role has emerged as the essence within European statements. The interviews paint a similar picture by arguing that the donor role is the first role that comes to their minds but is not sufficient if the EU aspires leadership. In this regard, the current normative angle of the EU in global health marked by a global public goods narrative and a protectionist argument for vaccine distribution is rather unique. Three aspects can explain the constrained normative role: Firstly, conflicting interests within the EU seem to impede the EU to uniquely push for a universal rights-based approach. The narrative of global public goods has much less been used by EU institutional actors in the Global Health Summit of the Portuguese Council Presidency in March 2021. Instead, health diplomacy has been stressed which primarily involves the 'full-fledged' health actors in the EU (DG SANTE, ECD, EMA, EU Delegation in Geneva) and tends to exclude other EU actors in global health. Trade for example, has often been a platform for the normative role of the EU in global health as has been shown above. At the same time, the informal EU interservice group on global health – where development and humanitarian global health actors are present – doesn’t systematically include all global health policy actors on EU level either. Secondly, it is striking that principles of universal health coverage and HSS that have been identified as central characteristics of EU global health engagements in the literature are not very present in the EU’s self-conception of the EU. An explanation is the fact that HSS is complex, not easy to ‘sell’ and faces structural barriers. Research on EU member states has shown that the discourse on horizontal programming is further advanced than funding. Main reasons for this include the low visibility of results from HSS activities compared to disease specific approaches, and continuing incentives for ear-marked rather than assessed contribution within the WHO. Thirdly, the interviews also revealed a tendency towards a public health lens when talking about global health on EU level. Rather than pursuing a holistic view by stressing health-nexus to climate, security, trade or human rights, the EU is primarily occupied with finding short-term policies that aim at health security measures such as pandemic management and preparedness neglecting the bigger picture. These factors equally contribute to a low visibility of the normative role of the EU underpinned by HSS principles in their self-conception.

5.2. Key intervening factors: a missing view from the outside

Coordination issues between different EU institutions, between member states and EU institutions as well as between EU institutions and external partners play a vital role in boosting or limiting the EU’s role in global health which is acknowledged by EU representatives as well as the wider academic community. Two additional factors can be identified: the importance of the European Health Union for global health and the necessity to revision the global health strategy. Plans to form a European Health Union have rarely been seen as a way to globally lead by example amongst EU representatives in the interviews. This may also reflect the current volatile status in the EU where discussions on a potential Health Union are just starting. The potential of a European Health Union to legitimise global health engagements and interconnect European health policies with the EU’s global health activities has not been acknowledged so far. While the need for more strategic ambitions in global health has been recognized, most interviewees did not explicitly refer to revise the global health strategy as a key driver. These two factors occupy a much smaller position than the lamented lack of capacities and financial resources to fulfil a stronger role in global health. Short-funding cycles or fragmentation of budgets that is even reflected on EU member states can severely hamper EU ambitions to take on a stronger role in global health.

A remarkable topic that can impede the EU to take on a stronger role in global health has only once been mentioned and seems not to be on the radar of the EU so far; the external perception of the EU. The role of the EU is not only dependant on its self-definition which is as we have seen multi-facet and with much more room for refinement, but it also depends on the acceptance of other actors in the international system. Aside from geopolitical considerations, the EU is building its global health role conception with regards to internal challenges such as the lack of resources or member states commitment but does not explicitly see its self-conception in relations to the views which other actors might hold towards the EU. This is especially worrisome considering the potential gap that can exist between the EU’s self-conception and external expectations. First informal interviews with actors outside the EU indicate that the EU is expected to more strongly take on a partner role instead of a leadership role which is partly running against current EU ambitions. Further research could examine external perceptions of the EU role on global health and equally provide more hints on the European view on the EU’s role in global health by consulting representatives from EU member states, civil society and academia in Europe.

5.3. A political role as an outlook?

The COVID-19 pandemic has moved the needle in the sense that the EU started to refer to itself in a leading role on a political level. The EU seems to have the most power in its self-perception when combining and aligning all different roles. The European response at the beginning of the crisis can be a showcase for this. Here, the EU has drawn on all its roles within its conception; by pushing the normative narrative of global public goods, taking on a donor role for ACT-A and COVAX in particular, facilitating coordination between EU institutions and member states via a Team Europe Approach, leading WHO processes in developing resolutions, partnering with WHO and other external actors and providing humanitarian assistance. However, an effective use of these different roles depends on internal coordination capacities and sufficient resources within the EU institutions and with member states, on the acceptance of international partners and on the sustainability of its efforts.

The analysis has shown that there remain a number of stumbling blocks within the EU according to the views of EU staff to take on a more aligned, comprehensive and strategic approach towards a political role. At the same time, the current tendency in the EU's self-perception to move towards a leading role in global health can collide with external views that would prefer to see the EU as a trustworthy partner instead of a leader. Finally, the push towards a more political role, either as a leading force or as a partner, has to be sustainable. Based on the conducted interviews, it seems that the EU has started strong, however; the political follow-up in these processes is missing. For a more sustainable effort accountability and self-reflection mechanisms need to be established. A successful political role then would mean to use the whole spectrum of role types in a coordinated manner, elevating the EU to a partner others can rely on and contributing to the transformation of the global health agenda or architecture.

There is however the risk that the EU will continue to be present within its core donor/provider role in global health and solely top this up by more eagerly pursuing health diplomacy issues within the WHO context and via technical health cooperation.
with third parties. The opportunity of a comprehensive strategic re-orientation of the EU involving all relevant EU actors bottom-up to make use of these existing different roles would then be missed. To untap its full potential the EU should align European actors and resources strategically for global health, balance European interests with interests and values of (new) key partners in global health and install review-mechanisms that ensure a long-term engagement. This could be approached by several pathways. Firstly, the EU can enhance alignment of EU actors and resources by creating a central coordination unit for global health in the Secretariat-General of the European Commission. Not only could this unit coordinate EU global health policies but also create an overview of the EU’s budget and instruments for global health in order to use them more strategically. Secondly, geopolitical considerations and interests of partner countries could be better balanced if a portfolio for global health would be permanently installed in the European External Action Service which has not integrated global health in their geopolitical and security planning yet. Thirdly, a revised global health strategy could provide the EU with the needed forward-looking compass, but this revision has to be accompanied by review-mechanisms via an action plan with indicators for the implementation of the strategy. This can be used by the European Parliament and civil society actors to hold the EU accountable. Lastly, the external dimension of the planned European Health Union could be enhanced by linking European challenges such as more autonomy in the health sector to global challenges of diversification of medical production chains.

6. Conclusion

The article shows that the EU’s role in global health is continuously evolving, however; the COVID-19 pandemic might serve as a window of opportunity to strengthen its role in global health sustainably. It has certainly pushed the EU out of its comfort zone. The strongest EU self-perception in global health as a political actor can be witnessed when it draws from all its different roles from a leadership, donor/provider, partner and facilitator to a normative role. Thus, a strategic re-definition for the EU should encompass all outlined roles and interdependencies with a range of policy fields to have a coherent self-perception. Similarly, stumbling blocks need to be addressed for the EU to fulfil a stronger global role. Internally, the analysis has shown member states’ commitment, a lack of capacities and a lack of coordination are seen as major barriers that need more political attention. On the other hand, competent leadership on highest-level, regionalisation of health in Europe and geopolitical shifts in the global health landscape are seen as drivers for the EU. Internationally, coordination but also an openness towards external perceptions of the EU are key for formulating a robust EU role conception and being perceived as a reliable partner. There are first indications that a leadership role might not be the best option from an outside perspective that is favouring a partnership approach. If the EU is presenting itself as a leader or champion in global health, this might not be well received from international partners, especially with view to the EU’s current opposition towards the waiver for intellectual property rights for COVID-19 vaccines. The EU would thus be better advised to adopt a partnership approach by reaching out to partner countries in the global production and distribution of vaccines. This is even more so the case with regards to current competition with China and the US in shaping global health policies.

To deepen our understanding and provide empirical-based policy guidance, research on EU member states views on the EU’s role in global health is crucial as member states contribute to and influence the self-conception and the role of the EU in global health more generally. A further promising pathway to better locate the EU’s position within the international system for policy makers is to engage with external actors to examine their perceptions and expectations towards the EU in global health.

Declaration of Competing Interest

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