The Social and Health Agenda in EU-Africa Relations Past Contradictions and Future Opportunities

First Draft

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By

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Introduction

In the foreword to the 2010 European Report on Development, elaborated under the lead of the European University Institute and funded by the European Commission and seven Member States, one can read the following clear-cut message: "the profile and place of social protection in development policy should be upgraded". Although the authors of the foreword suggest that "African countries, EU Member States, other donors and international organizations should pay close attention" to this overall conclusion of the report, the message is targeted primarily at EU development policy. To avoid any misinterpretation, the subtitle of the report is in fact: " A new perspective on EU co-operation with Africa"; further, out of the seven priorities which the Report identifies, the first one is "to make social protection an integral part of European Union development policy."

Considering that from the turn of the century onwards, the EU steadily increased and widened its commitment to the promotion of the social dimension of globalization, the above statement and the underlying critical assessment of EU's engagement with social policy issues in its external relations appears somewhat surprising. The first purpose of this paper is precisely to highlight the contradictions between EU's ambitious international social agenda, on the one hand, and the rationale of its recent development co-operation policies, on the other. At a first glance, one might expect these two policy areas to be tightly interconnected, especially in the light of the EU's strong endorsement of the Millennium Development Goals which the UN launched in September 2000. Notably, while the first MDG refers to poverty eradication which is central to any social protection system, as many as three out of the eight MDGs are related to healthcare, hence to another major component of social protection systems all over the world.

The first three sections of the paper are devoted to disentangling this apparent contradiction, by focussing as a first step on the vision of globalization which underpins the EU's attempt to define its role as a global player in the international arena. As we shall try to illustrate in the first section, social equity concerns are of paramount importance in this vision. However, it is not only a matter of public discourse, the EU actually takes a number of political steps to strengthen its position in the global social policy arena. The following two sections turn to development policy with particular reference to the evolution of EU co-operation with Africa from the Cotonou agreement to the Lisbon Joint EU-Africa Partnership. The main purpose of this part of the paper is to shed light on the rationale which underpins the main EU strategic choices against the backdrop of relevant international dynamics. In a nutshell, we argue that emerging powers enjoy a competitive advantage in Africa and that EU's policies represent primarily a reaction to this 'uneasy' situation which however does not appear to be strategically fruitful. This argument is supported by a review of the 'focal issues' which the 48 country strategy papers identify as the main targets of EU intervention in Sub-Saharan Africa for the current EDF programming period. The analysis clearly documents that the EU is focussing on policy areas in which it is either bound to loose out on China (infrastructure) or to get no return in terms of political visibility by the African citizenry at large (good governance and budget support). Within this context, social and healthcare issues turn out to be totally marginal – an assessment which budget allocations confirm even further and which raises a number of questions, especially considering that Sub-Saharan countries are the most off-track with respect to achieving the MDGs. Building on the evidence presented in the paper and reflecting on a variety of favourable contextual factors (including the WHO's current critique of the single-disease approach), the last part of the paper elaborates on the opportunity for the EU to reconsider its current choices and prioritize the strengthening of national healthcare systems in its development co-operation policies towards the less-developed countries, particularly in Sub-Saharan Africa. Summarizing, soft power can play a strategically helpful role in trying to build EU's foreign policy in Africa: by taking stock of its undisputed achievements and organizational know-how in managing complex healthcare systems, Europe is in a position to skilfully use 'health diplomacy' to promote win-win solutions which can avoid its growing marginalization in the African continent while enhancing the prospects for citizens' well-being and democratization in this part of the world.

1.The EU's International Social Agenda over the last decade

In their introduction, Jan Orbie and Lisa Tortell - editors of what is perhaps the most comprehensive study of the EU's approach to global social policy – provide the following concise description of recent events: "Since the 1990s the EU's role in promoting the social dimension of globalization has evolved from a narrow focus on providing core labour standards through trade to a broader and more ambitious international social agenda" (Orbie and Tortell 2009: 5). In fact, not even that "narrow focus" was backed by a consistent EU strategy, as one can easily notice by considering the controversial debate which developed on the so-called 'social clause', in the context of the newly established WTO. The political dynamics surrounding the first years of WTO activity are indicative of the ambiguities which existed within EU institutions and among member states concerning the actual balance between trade liberalization, CLS and protectionist tendencies. In the light of EC entrenched agricultural protectionism - which notably damaged developing countries - how should one interpret the fact that, along with the Commission and the European Parliament, France and Belgium strongly supported the inclusion of CLS protection in WTO agreements, while the UK and Germany opposed it? The dividing line between those genuinely in favour of improving living standards in developing countries and those primarily concerned with maintaining Europe's privileged position in the world is partly masked by the terms of the debate. Not surprisingly, the regulation of labour standards was and still is seen by key states and actors in the Global South as a new and more sophisticated version of old protectionist barriers. In Robert O'Brian's (2007: 4) words: "many developing countries have historically experienced Northern protectionism in the international trade regime. They suspect that the labour standards issue will only be used to protect Northern markets"

In short, up until the end of the 1990s EU institutions' sensitivities about the social dimension of globalization were largely confined to trade issues and humanitarian aid. The scenario suddenly changes in 1999.[1] This is due to the interplay of both exogenous and endogenous variables. With respect to the former, one needs to recall especially the WTO summit in Seattle, for its impact on public opinion worldwide, and particularly within European countries. The European Union was forced to confront, on the one hand, the total failure of the Summit, and, on the other hand, the consequences of the backlash against globalization which the no-global movement unexpectedly imposed on the international agenda. Suddenly, all of the evils stemming from globalization, especially in the social domain and the environment, entered with the evening news into the homes of billions of people across the world.

If Seattle suggested that a western technocratic approach to trade policy and its side effects was no longer feasible or desirable, what really triggered a new course of action within the EU was the combination of this external pressure with the unprecedented institutional crisis which led to the resignation of the Santer Commission - a crisis in which accusations of fraud and corruption in development policies played a primary role with heavy allegations leveled at Development Commissioner Manuel Marin. This added onto what was already an extremely negative image of the EU's external profile, as a result of the conflict in the Balkans. Santer' s resignation left his successor Romano Prodi with the daunting task of restoring the Commission's credibility and re-launching Europe in the midst of mounting euro-skepticism with respect to both its internal and external policies. Prodi proved to be fully aware of the challenge, and starting from his first official speech before the European Parliament, the new President of the Commission insisted on the need to re-design Europe's role in the international arena while at the same time overhauling its internal organization in order to guarantee democratic accountability , transparency, effectiveness and "a sense of purpose". Organizational reform appears in Prodi's approach as a pre-requisite for fulfilling

[1] Although less emphatically and using slightly different terms, Bob Deacon shares a similar view in an article of that same year. According to the author, there are "recent signs that the Commission is concerned to inject a more systematic approach and a more assertive approach into what is called the external dimension of European social policy"

the Commission's commitment 'to deliver'. But what exactly should external policies 'deliver' with respect to social policy issues? In a speech on "Europe and Global Governance" which Prodi gave in Brussels only about a month later, one can find some useful elements to answer the question:

> "The very forces which are uniting the planet threaten to deepen the divide between rich and poor countries, between the haves and have-nots in our societies. Many people, particularly in less developed countries are aware of this threat – *as we saw clearly in Seattle*. In many people's minds, the term globalization has come to mean economic colonialism –the new imperialism of the rich nations. This must not be the case. We need to see globalization not as a threat but as an opportunity to be grasped. We have to master it, *harnessing* its power to the needs of the world and offsetting its less positive aspects. We need globalization that promotes social equity and works to everyone's advantage – including the poorest nations on earth. We therefore need to devise some democratically accountable way of handling globalization – a new kind of global governance to manage the global economy. *Business is going trans-national: so must politics*. […] Practically all regions of the world now recognize that global governance can emerge only from inter-regional co-operation. Actors such as Brazil, China, India and Russia are willing to play a full part in the international system provided they have a full say in setting its rules and establishing its principles. But inter-regional co-operation can be effective only if the regions involved are strong and well-integrated. This means pursuing both economic and political integration. [..] Our European model of integration is the most developed in the world. Imperfect though it still is, it nevertheless works on a continental scale [..] We have already achieved a high degree of economic integration. From now on, in my view, *we need to concentrate on political integration* – establishing an area of freedom, security and justice, and developing our common foreign, security and defense policies. […] I want Europe to be at the forefront of global progress, shaping the world of tomorrow. [..][2]

The quotation contains two interesting elements: the first is the idea that Europe should 'harness' globalization by 'offsetting its less positive aspects' and promoting instead 'social equity' also 'for the poorest nations on earth'. But the claim that Europe should build up its political profile – and especially its external political profile appears even more important. To put it differently, the social component of external policies is acknowledged and fully legitimized but as part of a broader strategy aimed at making Europe a global leader in the international arena.

The UN Summit of September 2000 offered the Prodi Commission a window of opportunity to further reinvigorate its discourse on the social dimension of globalization. Notably, the Summit approved the millennium development program which envisaged a clear set of goals to be attained by 2015. For the first time the UN Assembly moved from generic social commitments to clearly measurable quantitative targets: a new start in UN policies which the EC fully endorsed, as a variety of concurrent Commission Communications focusing on poverty reduction illustrates.[3]

[2] Speech/00/115, 2nd COMECE congress, Brussels, 31 March 2000.
[3] Cfr. section 2 for reference to the specific documents.

Starting in 2001 the EU also established increasingly tight co-operation links with the ILO. Notably, the EU is not a member of the UN system[4]; but following the 2001 'Exchange of Letters', the Commission acquired observer status, which allowed its representative to intervene in ILO debates. This move offered both institutions the opportunity for a structured dialogue which resulted first of all in the European Commission's active participation to the ILO 2004 World Commission on the Social Dimension of globalization and the EU's endorsement of its final Report. The work of the Commission - which was set up by the ILO and chaired by the Presidents of Finland and Tanzania, symbolically representing women and men, and the North and the South of the world - represents the second milestone in the advancement of global social policy. The relevant report issued in 2004 contains what certainly was at the time the most comprehensive and ambitious alternative to a merely economic conception of globalization. The report contrasted the latter's "ethical void" with a "fair and inclusive" globalization which "puts people first" and which should be judged on the basis of its ability to provide "decent work; to meet people's essential needs for food, water, health, education, shelter and for a liveable environment" (ILO 2004, 5) Interestingly, except for two additions- namely water and the environment - the list recalls the "five giants", which Beveridge identified almost seventy years ago as the major obstacle to UK development and as a basis for establishing a comprehensive public social protection system[5].

The European contribution to the drafting of the 2004 Report is clearly reflected, among others, in the explicit reference to 'social cohesion' – an unequivocal EU brand concept - and in the re-iteration in paragraphs 319, 320, 321, 325 and 327 of the importance of regional integration worldwide and of its inter-connected social dimension. Co-operation with the ILO also resulted in the joint signing by Poul Nielson (European Commissioner for Development and Humanitarian Aid) and Stavros Dimas (European Commissioner for Employment and Social Affairs) of a "Strategic Partnership" focusing on the following five areas: a) Core Labour Standards(CLS) with particular emphasis on child labour and education; b)corporate social responsibility; c)social dialogue; d) employment strategy and poverty reduction; migration and development. But more importantly the Commission increasingly got involved in supporting the "Decent Work Agenda" – a fully-fledged innovative strategy which the Director General Juan Somavia launched in the attempt to reverse the long-standing ILO marginalization in the international arena. As a result, in 2006 the

[4] Since the beginning of the century the EU is being pressing to upgrade its position in the overall UN system and on 20 June 2011 the General Assembly, in a recorded vote, adopted a resolution granting the European Union right of reply and the ability to present oral amendments(docA/65L.64/Rev.1)

[5] Building on the Millennium strategy, the Report further claims that "the attainment of the MDGs should be seen as the first steps towards a socio-economic 'floor' for the global economy" but it does not linger in excessive optimism, by fully acknowledging the frustration and resentment expressed by African representatives, who point to the risk of a "re-colonization" of their continent. Furthermore, the document claims that "industrialized countries' protectionism denied to others the very route that they themselves had used to grow" and denounces the gap between principles and practice emblematically illustrated by international aid for development.

Commission issued a Communication on "Decent Work"[6], and called attention on the fact that the vast majority of workers across the world are not covered by social insurance programs. Building on this premise, in December 2006 the European Council affirmed "its commitment with the decent work agenda as a global instrument to promote employment, better labour standards and foster development." The move received very wide media coverage and was depicted as a new frontier in EU's external social policy[7]. In the same year, the Commission held the Vice-Chair of the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) and it Co-chaired the Education for all-Fast track Initiative (FTI).

During the second part of the decade the European Union has also progressively increased its role in the public debate on global health, by approving a variety of documents. In 2005 the EU's General Affairs and External Relations Council (GAERC) approved a program focused on tackling the critical shortage of health workers in developing countries and the next year the Council adopted the "European Program for Action to tackle the critical shortage of health workers in developing countries (2007-2013)"[8], a package of action-oriented decisions which includes incorporating human resources issues into Poverty Reduction Strategies and health policy discussions, and supporting and financing national human resources plans. But perhaps the most comprehensive assessment of the European Union's approach, is the 2010 Commission Communication on the "Role of the European Union in Global Health" [9]. The above is only a partial list of the official documents issued by the EU over the last decade but it is more than sufficient to show the growing involvement of EU institutions in the public discourse on global social policy.

2. A new start in EU development cooperation policies: the 2000-2001 organizational reforms and the Cotonou agreement

The change from the Santer to the Prodi Commission at the turn of the century marks a watershed also in development cooperation policies. As we mentioned in the first section, episodes of fraud and corruption in this particular sector played a crucial role in triggering the institutional crisis which led to the resignation of the Santer Commission. Hence, it is not surprising that - once

[6] COM (2006) 249 final "Promoting decent work for all – the EU contribution to the implementation of the decent work agenda in the world"

[7] In fact, during the following years it progressively slipped out of the political agenda, but by looking at official documents, one finds out that "decent work" is still considered a priority in enlargement policies towards Croatia, Turkey and Macedonia; at regional level, employment and decent work have been placed on the agenda of the Euro-Mediterranean Partnership. Decent work issues appear also in EU bilateral policy dialogue and cooperation with key emerging countries (China, India, Brazil)

[8] COM (2006) 870 final.

[9] COM (2010) 128 final.

in office - Prodi immediately engaged in a comprehensive overhauling of the organizational structure and procedures concerning development cooperation policies. As a first step, and in line with the MDG strategy, the newly established Commission stated (in a Communication issued in April 2000[10]) its intention to focus development policies on poverty reduction - a position which a Joint Council and Commission declaration reiterated a few months later[11]. But in fact changing the organizational design of the sector was Prodi's primary concern, and most efforts were concentrated in this direction. In May 2000 an initial reform programme was outlined to improve the quality and speed of delivery of projects, ensure sound financial management, and increase the impact of European development assistance[12]. In February, and then in May 2001, the Commission produced a rolling programme of action, setting out clearly the reform programme in terms of aims, actions, expected results, an indicative timetable, and the progress made[13].

As regards programming and the planning of development interventions, the key innovation was the establishment of guidelines for the production of Country and Regional Strategy Papers. As a new approach to programming, Country Strategy Papers (CSPs) were supposed to focus on poverty, be comprehensive, emphasise country ownership, promote work-sharing and complementarity, involve consultation with civil society organisations, focus on a limited number of areas, and incorporate a number of cross-cutting issues such as human rights, gender equality, and environmental concerns[14]. Further, an Inter-service Quality Support Group (IQSG) was charged with reviewing the strategy papers and promoting best practice.

In January 2001, the EuropeAid Cooperation Office was established as a single department to handle the implementation phase of EC's external aid.[15] The basic aim was to rationalise the management and implementation of development assistance, by moving further away from a geographical assignment of responsibilities to DGs and by integrating the various stages of the project cycle[16]. DG Development and DG External Relations were now charged with the strategic

[10] Communication from the Commission to the Council and the European Parliament *on the European Community's Development Policy*, 26-4-2000, COM (2000) 212 final
[11] Statement by the Council and Commission *on the European Community's Development Policy*, 10-11- 2000
[12] Communication to the Commission *on the Reform of the Management of External Assistance*, 16-5-2000
[13] Commission Staff Working Paper, *The European Community's development policy: Programme of Action*, 21-5-2001, SEC(2001) 808
[14] European Commission, Secretariat of the Inter-service Quality Support Group, *Guidelines for the implementation of the Common Framework for Country Strategy Papers*, 4-5-2001
[15] with the exception of pre-accession programmes, humanitarian activities, macro-financial aid, the Common Foreign and Security Policy, and the Rapid Reaction Facility.
[16]The project cycle has six stages. These are: programming, identification, appraisal, making the financing decision, implementation, and evaluation

and programming phase for ACP[17] and non-ACP countries respectively. EuropeAid was focussed on the remaining stages of the project cycle, right through to evaluation.

Reflecting the new drive toward horizontal co-ordination, EuropeAid was managed by a ‘political’ board comprising Chris Patten (Chairman) from DG External Relations, and Poul Nielson (Chief Executive Officer), Pascal Lamy, Pedro Solbes Mira and Günther Verheugen on behalf of DG Development, DG Trade, DG Economic and Financial Affairs, and DG Enlargement respectively.

The devolution of project management towards the Commission's Delegations in partner countries was a further key aspect of the reform process[18]. Echoing the principle of subsidiarity, this move was intended to give Delegations greater responsibility and authority for the implementation of EC programmes, and to allow them to work more closely with other actors at the local level. The principle was that ‘everything that can be better managed or decided locally, close to the field, should not be managed or decided in Brussels’.

At least apparently, the radical reforms briefly outlined fulfilled Prodi’s initial commitment to “close the gap between rhetoric and reality” and to move “from a procedure-oriented organization to a policy-oriented one”[19]. The thrust of the new organizational design clearly reflects the concerns expressed in the concurrent *White Paper on governance*. When considering this latter document, political and academic attention largely focuses on its implications for internal policies; in fact the same principles, methods and concepts were applied in the reorganization of development policies. Transparency, accountability, cross-sector planning, monitoring and evaluation - along with civil society involvement, decentralization, horizontal and vertical subsidiarity, and multi-level governance - are all concepts to which the operational outline of the new strategy explicitly and frequently referred to. Yet, one should not jump to conclusions about the overall coherence between internal and external EU policies. As we shall see in the next sections, the EU is still struggling with this problem, despite the firm political commitments taken in 2005. But before we move on to the policy measures adopted in 2005 – which provide the strategic framework of current EU co-operation with developing countries – we need to complement the above overview with a closer look at how EU – Africa relations evolved in this same period. As we

[17] The notion of ‘ACP States’ goes back to the ‘ACP Group of States’, formally established in 1975 with the Georgetown Agreement , which was initially signed by 46 African, Caribbean and Pacific states. Today, the ACP group of States counts 79 countries , 78 of them signatories of the Cotonou-Agreement (with Cuba being the exception). South Africa is a contracting party of the Cotonou Agreement, but not all the provisions apply to the cooperation between South Africa and the EC (see protocol 3 of the Cotonou Agreement). The ACP Group of States has its own institutions and decision making processes. It relates with the European Community through the joint institutions of the Cotonou Agreement.

[18] Formally, all Delegations are responsible to DG External Relations; in practice, they are dealt with by EuropeAid.

[19] Speech 00/41: “2000-2005: Shaping the New Europe”, European Parliament, Strasbourg 15 February 2000,

mentioned in the first section of the paper, the Prodi Commission envisaged organizational reforms as a pre-requisite for improving the quality of development aid but we still have not said enough about whether, to what extent and eventually how the Commission intended to revise the actual content of past aid to developing countries, particularly to Africa. To try and answer this question, considering the EU's official statements on the 2000 Cotonou Agreement and Cairo Summit appears as a fruitful strategy: these two events mark a turning point in the relationship between Africa and the EU, at least in the EU's public discourse. Especially considering there is an extensive literature on the topic, we have no intention of providing an exhaustive analysis of either of the two crucial events. For the purpose of this paper what is most important is to understand how social policy issues fit into the overall negotiations carried out in Cotonou and in the high level political dialogue which was carried out in Cairo shortly before.

How does the EU want the Cotonou Agreement to be perceived outside the closed circles directly involved in the negotiations? If one looks at the EU website, one finds the following clear-cut statement: "the Cotonou Agreement's main objectives are the reduction and eventual eradication of poverty and the gradual integration of African, Caribbean and Pacific States[20] into the global economy, whilst adhering to the aims of sustainable development"[21] The same page offers the following account of how this agreement fits into the long-term relations between the EU and ACP countries: "the agreement represents a new stage in the co-operation between the ACP states and the European Union which began in 1964 with the signing of the first Yaoundé Convention and continued with the four Lomé Conventions. Given the limited success of the main approach of non-reciprocal preferences in the previous conventions and the need to adapt to international developments such as globalization and technological progress, plus the far-reaching changes in the ACP states, the Agreement ushers in a *new approach* to cooperation in this field.[22]" In the preface to a brochure on the first five-year revision of the Cotonou agreement[23], the then Commissioner for Development and Humanitarian Aid, Louis Michel appears even more emphatic about the signing of the agreement on 23 June 2000, by referring to it as a "historic moment" and " the beginning of a new era".

The agreement does pay attention to specific social policies - improving education, health and nutrition systems – but it would be misleading to narrowly focus on them without referring to the broader political strategy in which these elements are embedded. The primarily political

[20] Cfr. note no. 15.

[21] http://europa.eu/cgi-bin/etal.pl (page available on 4/06/2009)
[22] *Ibidem*, emphasis in the original text.
[23] http://ec.europa.eu/development/icenter/repository/Cotonou_EN_2006_en.pdf

dimension of the Cotonou Agreement is clearly spelled out in Prodi's speech at the Cairo Summit, which was held shortly before the official signing of the Cotonou Agreement:

> Les relations entre l'Europe et l'Afrique, déjà si riches dans tous les domaines, doivent aujourd'hui s'inscrire dans un nouveau cadre stratégique. L'Union Européenne se trouve actuellement a un tournant de son histoire. [..] En premier lieu, il faut absolument mettre fin aux conflits, tant aux conflits internes qu'à ceux qui opposent les Etats africains […] Outre les causes ethniques, ces conflits sont souvent dus à des dérives politiques, à la persistance d'injustices économiques et sociales flagrantes ou encore à l'aggravation de la pauvreté. La dimension politique du développement et de toute stratégie crédible visant à réduire la pauvreté doit faire davantage partie intégrante de nos efforts conjoint. [..] Dans le contexte, la coopération et l'intégration régionale constituent deux domaines privilégiés. Outre leurs avantages économiques, elles permettent de progresser dans la voie des objectifs de sécurité et de paix. L'Intégration régionale ne peut s'accomplir d'un coup de baguette magique. [..] Sur ce plan l'Union européenne offre à vos pays son assistance, qu'elle tire de sa propre expérience. [24]

The above quotation appears extremely useful to place into context the social sensitivities of the Prodi Commission, as far as the external dimension of EU policies is concerned. To put it differently, social goals are not an end in themselves, rather they are part and parcel of a broader design in which they do not appear to rank first. Actually, considering the unbalance between economic and social priorities in the internal dimension of EU policies, this is hardly surprising. What the EU is striving for is having a single institutional counterpart at the continental level - hence Prodi's emphasis on regional integration. The EU is abiding to the UN millennium commitment to poverty eradication but this does not automatically entail prioritizing social policies; in the EU's approach, peace, security and the strengthening of adequate and effective political institutions along with solid economic growth appear as a necessary prerequisite to successfully achieve poverty eradication. In fact, in the abovementioned summary of the Cotonou agreement's main objectives, poverty eradication goes hand in hand with the "the gradual integration of ACP States into the global economy." In a similar vein, Maurizio Carbone suggests that. " one of the unofficial messages of the summit was that Europe cared about Africa, but not enough to commit new resources. European representatives placed more emphasis on political issues, notably democracy and peace and security, while African representatives concentrated on economic aspects, notably trade and aid" (Carbone 2009, 247)

3. 2005-2007: the Grand Design of EU co-operation with Africa

The Millennium +5 Summit planned for September 2005 in order to review progress in achieving the MDGs worked as a catalyser for all international donors, particularly for the EU. In

[24] Romano Prodi, Sommet Europe-Africa, Le Caire, le 3 avril 2000, Speech/00/125.

fact, following the September 11 terrorist attack – which occurred only a year after the launch of the Millennium Development program – global social policy concerns were abruptly pushed to the backstage. From 2001 to 2004, the war on terrorism dominated the international scenario: within this radically changed context, it is quite obvious that the implementation of the MDG programs suffered a major slowdown. But the approaching deadline for the first mid-term review could not be ignored: while it is plausible to argue that most international donors perceived the 2005 review as a constraint which they would have preferred to avoid, in the case of the EU this turned out to be an opportunity for stepping up its controversial ambitions as a global actor. To support our argument, a few words are in order on the evolution of international relations over this crucial period, especially transatlantic relations. It is our contention that - quite paradoxically - the Iraqi war contributed to accelerating the emergence of a fully-fledged European development strategy. Contrary to what happened in the case of the war in Afghanistan, the US invasion of Iraq triggered increasing tension in the US-EU relationship and among NATO members. France was particularly vociferous in condemning Bush's and Blair's decision to invade the country, but it was certainly not isolated in taking a critical position. Germany was also not in favour, and in the few Member States more supportive of the US, like Italy, social movements against the war gained momentum, rapidly spreading across the entire continent. In short, US 'unilateral' and aggressive politics under the Bush presidency were not conducive to a strengthening of common Euro-American views on how to tackle global problems. On the contrary, they strengthened the alternative option of having Europe decide its own strategies at last, and progressively become a global actor in a world in which multi-polarism was starting to manifest itself with new actors from the Global South pressing to have a say in the international arena. Similar hopes originally emerged immediately following the fall of the Berlin Wall: the end of the bipolar world opened an unprecedented opportunity for Europe which the old continent was unable to grasp - as the Balkan wars dramatically demonstrated. Ten years later, the situation was ripe for a new try and for at least starting to put into practice the lessons learnt from that failure.

In our view, it is against this backdrop that one can better appreciate the steps which the European Union took in 2005[25], starting with the comprehensive package proposed by the Commission and endorsed by the European Council in its meeting of 22 and 23 March. The package consisted of three main elements: a) a considerable stepping up of the EU aid budget; a) a

[25] Communications from the Commission to the Council and the European Parliament and the European Economic and Social Committee: a) *Speeding up progress towards the Millennium Development Goals. The European Union's contribution,* COM(2005) 132 b) *Financing for Development and aid effectiveness*, COM (2005) 133; *Policy Coherence for Development* COM (2005)134.

comprehensive strategy on policy coherence; c) a focus on Africa in order to ensure that Africa is the number one beneficiary of the new approaches. With respect to financing for development the EU unquestionably took the lead by setting new intermediate targets for growth in official aid budgets by 2010 for both the EU as a whole and the individual Member States with a view to achieving the overall target of 0.7% of gross national income (GNI) by 2015[26]. According to the new targets, the 15 old member states were supposed to increase their contribution to development co-operation up to 0.51 percent of GNI by 2010, while for the new member states the corresponding figure was 0.17. Given that in 2003 total EU allocations only corresponded to 0.34 percent of GNI compared to a pledge of 0.39 percent and that in 2006 total allocations for EU 25 were envisaged to reach no more than 0.42 percent of GNI, this was a remarkable commitment, especially considering that the EU and its Member States already provided 55 percent of total ODA. In practical terms, Development Commissioner Louis Michel emphatically stated that budget allocations would increase from € 46 billion in 2006 to as much as € 66 billion in 2010!

Turning to the second component of the strategy proposed by the Commission, it is worth noting that – despite recurrent, and often over-heated, debates on the topic - this is the first time that the Commission issues a specific communication on policy coherence for development. Despite its apparently technical nature, the question is highly political and has to do primarily with strengthening the integration of development concerns in the decision making procedures of non-development policies. Maurizio Carbone offers the following useful summary of what is at stake under the heading of policy coherence and what are the operational implications of the new move:

> The first communication ever on policy coherence for development started from the idea that the committed additional volume of aid is important, but in itself is not sufficient to unable developing countries to reach the millennium development goals. European Commission therefore discussed the impact of various non-aid policies, either directly or indirectly, on the achievement of one or more MDGs. In particular, it argued that the EU's policies on trade, agriculture, fisheries, transport and energy have a direct impact on the ability of developing countries to generate domestic economic growth, which is the basis for progress towards all the MDGs. The EU's policies on migration through the role of remittances; research for its role in improving access to health and education; and security, by creating a conducive environment for business, play an indirect yet significant role in the attainment of various MDGs. Finally, the EU's policies on the environment and climate change affect global progress towards environmental sustainability (MDG7). Against this background, the European Commission identified eleven policy areas (trade; environment; security;

[26] This was the original target set by the UN Summit of September 2000; in 2005, four European countries had reached it already: Denmark, Luxembourg, the Netherlands and Sweden.

> agriculture; fisheries; social dimension of globalization; employment and decent work; migration; research and innovation; information society; transport and energy) and for each of these priority areas, established specific 'coherence for development commitments' (Carbone 2008:333)

This approach found a central place in the European Consensus on Development, jointly agreed by the European Commission, Council and Parliament in December 2005. The declaration represents the hallmark of the European Union's new strategy in the global arena. The statement's official aim is to present "a shared vision to guide EU's activities in the field of development co-operation, both at Member State and Community level." But to fully grasp the rationale underpinning this political move, which, on the one hand, presents Europe as a united front, and, on the other hand, offers a distinctive and largely innovative framework for development, one needs to look beyond the EU arena. By 2005, in the face of mounting criticism and widespread disappointment with the Washington Consensus, the two major international financial organizations – the IMF and the World Bank – were striving to find new strategic avenues; in fact, partly as a result of US aggressive unilateralism, multilateral organizations in general were witnessing a downward trend - with the WTO stalemate representing only the tip of the iceberg. All of this, while the emerging economies were struggling to advance their position in the global arena.

Against this backdrop, the European Consensus appears first of all as the European answer to the failure of 'market fundamentalism' - which dominated international development co-operation throughout the nineties and well into the 2000's. In fact, to set it blatantly against the "Washington Consensus"[27], the act was originally entitled "the Brussels Consensus." Whereas the former's main policy prescription for curing developing countries' problems was "more market and less state", the European Consensus tightly anchored economic growth to institution building and good governance, emphasizing that both were instrumental to achieving the MDGs and poverty reduction worldwide - which were highlighted as the chief objective of the entire strategy. In short, the declaration attempted to re-orient EU's co-operation policies but in doing so it had to take into account and combine a series of extremely diverse factors – ranging from the entrenched legacy of its economic/technocratic and business oriented aid programs to the increasing intervention of the

[27] The vision of globalization that held the international scene until the late 1990's is usually summed up in this effective phrase coined by Williamson in 1990. Williamson was referring to a very precise set of technical proposals – codified in a set of rules – that was first put forward by the IMF, the WB and some economic agencies of the American government to deal with the financial crisis that had set off a chain reaction in the largest Latin-American countries in 1982. What exactly was meant by the Washington Consensus and how the reforms it postulated were introduced has been the subject of impassioned debate among economists, and Williamson himself has questioned the later use that was made of this formula. In a nutshell, the Washington consensus saw development only in terms of an increasing GDP, assuming that dynamic growth would automatically reduce poverty and resolve distributive problems. This approach which has been described polemically as 'market fundamentalism' emphasizes trade and financial liberalization, moving entirely in a vision of 'more market and less State'. In this framework social policy has a merely residual role.

United States[28] and the aggressive competition of South-South co-operation, particularly by the BRIC countries. To clarify our argument, a few words are in order.

From the beginning, EC development policies were primarily influenced by the historical links and interests of member states with their former colonies: as a result, beneficiary countries were usually required to resort to technical staff and firms from donor countries. In line with this overall approach, the European Development Fund – which was outside the EC budget and directly financed by the member states – represented a major source of available grants and loans to developing countries. All of this could not be wiped out overnight, in the name of the visionary dream of some euro-technocrats who thought the EU could become a leading global actor at last. The 2005 decision to continue keeping EDF funding outside the EC budget - and therefore not subject to the scrutiny of the European Parliament - is a clear piece of evidence. In the light of these considerations, it is not so surprising that – in the second part of the declaration focussing on implementation issues - trade and regional integration rank first in the list of the areas on which the EU intended to concentrate its action. At the same time, the EU could not ignore the deep changes which were taking place in the African development co-operation landscape - due first of all, but not exclusively, to China's increasingly aggressive competition. The concurrent Commission Communication "EU strategy for Africa: Towards a Euro-African pact to accelerate Africa's development"[29] acknowledges the relevance of the issue in the following terms:

> Recent years have seen a number of new external players emerge in Africa, attracted by the continent's economic potential and political and strategic importance. This changing geo-political context poses new challenges and opportunities for the formulation and implementation of the EU's Africa policies. Emerging economies such as Brazil, India or China, have become important sources of foreign investment and provide new export markets for African commodities. China merits special attention given its economic weight and political influence. Sino-African trade has increased from $ 10 billion in 2000 to $ 28.5 billion in 2004 and since 2000 more than 25 percent of China's crude oil is imported from Africa (European Commission 2005b: 10)

Yet, to fully understand the policy choices which the EU 2005 development co-operation package endorses, it is not enough to focus on the economic profile of the BRIC's intervention in

[28] The United States stepped up their presence in a number of crucial areas, particularly health, higher education and new technologies. In the case of health the US pledged to double its aid between 2004 and 2010, and already attained the goal by 2009.

[29] Communication from the Commission to the Council, the European Parliament and the European Economic and Social Committee "EU strategy for Africa: Towards a Euro-African pact to accelerate Africa's development", Brussels 12 October 2005, COM (2005) 489 final

Africa. In a very informative and insightful essay, Max Schoeman convincingly suggests that "such a perspective is an over-simplification of the scope, depth and nature of the ties that bind Africa and the BRICs" (2011, 34). The author argues that "the shared historical experience characterized by Western exploitation" places the emerging powers in a more favourable position compared to European countries. In his view, the BRICs "interact with Africa free of the North's historical baggage" and as a result, for African countries the new ties are not only fundamentally different, but almost automatically better. In the eyes of African governmental élites, albeit clearly self-interested, China's determined support to the principle of non interference in the internal affairs of partner countries outbids EU's traditional conditionality. Given this premise, it is our contention that the emphasis on the twin concepts of country ownership and budget support reflects in fact the EU's attempt to find a way out from an increasingly difficult situation.

Altogether, the 2005 guidelines to EU's intervention in development co-operation appear as an exercise of acrobatic equilibrium between conditionality and non interference - an exercise which the European Council reiterated in the Second Africa- EU Summit which took place in Lisbon in December 2007, with an even greater determination. On the occasion, the European Council no longer referred to "a strategy for Africa" – as envisaged by the relevant 2005 Commission Communication. The title chosen for the final document was instead: " the Africa-EU strategic partnership. A joint Africa-EU Strategy" to underscore - even symbolically – the message it was 'desperately' trying to convey to African countries. For appreciating what was and still is at stake, one can consider that while for strategic, peace and security reasons, the EU is interested in promoting democracy, good governance and human rights, it does not want to be accused of giving money with too many strings attached to it, especially considering that African governments can increasingly turn to South-South co-operation arrangements.

Indeed, under its apparently technical nature, budget support is in fact a highly sensitive political issue, and the object of a controversial debate by both policy makers and experts. Depending on how the instrument is actually used, it can either leave beneficiary countries free to divert funds according to their wishes, or, at the other extreme, it can entail an intrusive and pervasive control of the receiving country's internal administrative machine and of its policy making procedures. Especially considering the risks of patronage and corruption, many critics point to the fact that using budget support is like pouring water into a bucket full of holes, without knowing who will benefit really from the leakages. But what are in particular the draw-backs of budget support with respect to the achievement of poverty reduction and the MDGs which remain the overarching objectives of development co-operation, as defined by the 2005 package and the subsequent 2007 Africa- EU partnership?

Although taking a narrower focus, the European Court of Auditors (2008) provides us with some very useful elements to answer the question, in a 2008 Special Report. The Report – which contains a wealth of information on a variety of other aspects – provides a very negative assessment of the impact of budget support on health services in Sub-Saharan countries. For space limitations, we shall just recall the Court's following specific conclusions: a) in most countries examined general budget support did not lead to increased resources being channelled through the national health budget, in some cases also because the beneficiary countries used the funds to reduce their fiscal deficits; b) the Commission has not systematically sought to encourage countries to increase national health budgets through the use of performance indicators targeting such increases in its general budget support financing agreements (European Court of Auditors 2008, 25). This last point goes right to the crux of the problem: the indicators included in the financial agreements signed with individual beneficiary countries and the extent to which they are effectively used for evaluating the country's performance largely determine the outcome of budget support. In the case of Tanzania, where we carried out some field research, out of 36 performance indicators currently used by the Commission delegation for monitoring purposes, only four were related to the MDGs.

Summarizing the argument presented in this section, the overall architecture of EU development co-operation designed by the 2005-2007 reforms firmly placed social, and not merely economic, goals at the forefront of EU's action; this, however, does not translate into prioritising intervention in the fields directly linked to the MDGs, like education and health. When moving to the operational level, the policy prescriptions which we find in official documents focus on what the EU describes as the necessary pre-requisites for attaining the MDGs, starting with institutional building, infrastructure and economic growth[30]. The above pages have tried to shed light on the combination of geo-political factors and path-dependent pressures which have influenced this particular outcome; the next step is to try and assess what is the exact place of EU's social and healthcare intervention within this context.

4. From strategy to implementation: EU social spending in Sub-Saharan Africa

[30] In the first Action Plan (2008-2010) for the implementation of the Africa-EU strategic partnership, for instance, the development of infrastructure ranks first among the 'key deliverables of the Lisbon Declaration'; the document refers to specific 'Africa-EU partnerships' to implement a number of selected priority actions and mentions in the first place – as a cross-cutting priority - the EU-Africa Infrastructure partnership launched in Addis-Ababa on 24 October 2007.

The best starting point to find out what are the EU's priorities on the ground in individual Sub-Saharan countries is to take a look at country strategy papers. As we illustrated in the second part, these are the fundamental development co-operation planning documents which set out the interventions agreed by the EU with each beneficiary country. To provide an updated picture, we have concentrated on the country strategy papers for the 10th EDF - which covers the period 2008-2013. The papers reflect the principle of concentration – which the EU applies also to its internal policies, notably to cohesion policy. In practice, this means selecting a limited number of priority areas and funnelling most of available resources to these areas. According to the guidelines for the current EDF, CSPs should concentrate the attention on two or three 'focal issues'. In order to avoid being overwhelmed by hundreds of pages, we have extrapolated the relevant focal issues for each of the Sub-Saharan countries and classified them on the basis of ten major categories. Table 1 shows the results of this illuminating exercise[31]: it only takes a quick look at the functional breakdown of country priorities to notice that budget support, transport infrastructure and good governance take the lion's share. More precisely, out of the 48 Sub-Saharan countries as many as 24 prioritize budget support, while 23 select roads and 22 good governance. As one moves towards the right-hand side of the table - which refers to more socially oriented priorities – the number of empty boxes progressively increases: there are still 13 countries targeting water and sanitation, but human development, education and health are only targeted by nine, five and four countries respectively.[32]

The evidence presented in the table confirms the marginal role of MDG-related sectors, particularly education and health; however, by considering only 'focal issues', one obviously does not cover the whole range of activities which the EU carries out in developing countries. In order to provide a comprehensive picture, we shall now extend the analysis to expenditure data. To place the discussion into context, we shall first consider the overall development of EU' financial commitments for external aid over the last decade, by drawing from "The Annual Report 2011 on the European Union's development and external assistance policies and their implementation in

Table 1: *Focal Issues in Country Strategy Reports, Sub-Saharan Africa - 10th EDF (2008-2013)*

Country	**Budget Support**	**Good Governance**	**Transport Infrastr.**	**Trade/ Regional Integr.**	**Agricolture/ Food Security/ Rural Dev.**	**Basic Infrastr. (water-sanitation)**	**Human Dev.**	**Education**	**Health**	**Post Conflict Management and Peace Building**
Angola		X			X		X			
Benin	X	X	X				X			
Botswana							X			

[31] We want to acknowledge Fiammetta Friani's contribution to the analysis of country strategy papers
[32] In detail, Comoros, Gabon, Namibia, Somalia and Swaziland prioritize education, while the health sector appears as a focal issue only in the CSPs of Burundi, Congo (DRC), Swaziland and Zambia.

Burkina Faso	X	X	X			X				
Burundi	X				X				X	
Cameron		X		X						
Cape Verde		X								
Central African Rep.	X	X	X							
Chad		X			X	X				
Comoros			X					X		
Congo		X		X						
Congo (DRC)		X	X						X	
Cote d'Ivoire*		X					X			X
Djibouti						X				
Equat. Guinea										
Eritrea			X		X	X				
Ethiopia		X	X	X	X					
Gabon			X			X		X		
Gambia	X	X	X	X						
Ghana		X	X	X			X			
Guinea										
Guinea Bissau*	X					X				X
Kenya	X		X	X	X					
Lesotho	X		X			X	X			
Liberia*		X				X				X
Madagascar	X		X		X					
Malawi	X		X	X						
Mali	X	X								
Mauritania	X	X	X	X						
Mauritius	X									
Mozambique	X		X	X	X					
Namibia					X		X	X		
Niger	X	X		X	X					
Nigeria*		X	X	X		X				X
* Fragile State										
Country	**Budget Support**	**Good Governance**	**Transport Infrastr.**	**Trade/ Regional Integr.**	**Agricolture/ Food Security/ Rural Dev.**	**Basic Infrastr. (water-sanitation)**	**Human Dev.**	**Education**	**Health**	**Post Conflict Management and Peace Building**
Rwanda	X		X	X	X					
Sao Tome and Principe	X	X	X							
Senegal	X			X		X				
Seychelles	X			X		X				

Sierra Leone	X	X				X				
Somalia		X		X	X			X		
South Africa							X			
Sudan										
Swaziland						X	X	X	X	
Tanzania	X		X	X						
Togo	X	X	X							
Uganda	X		X		X					
Zambia	X		X	X					X	
Zimbabwe										
* Fragile State										

2010" - which the Commission just released in July 2011. Figure 1 provides us with useful information on the total amount of Official Development Assistance (ODA) over the period 2002-2010, and its functional breakdown. With respect to the former, the data show a steady upward trend from 2002 to 2008 - with total aid almost doubling in just 6 years - and a clear-cut reversal of the trend from 2008 onwards. In the light of the international financial and economic crisis, the recent downturn is perhaps not so surprising. However, if one looks at the regional breakdown of EU's commitments over the period under consideration, as presented in table 5.9 of the same Report, Sub-Saharan Africa turns out to be the only real net looser. In detail, while budget allocations for the Americas, Asia, Northern Africa or Europe hardly change over the period 2008-2010, in the case of Sub-Saharan countries the total amount of aid drops from € 4.726 billion in 2008 to € 3.929 billion in 2009 and then plummets to as little as 2.500 billion in 2010. At first glance, especially considering EU's official discourse on Africa, this finding appears somewhat shocking. But the reader needs to be reminded that financing for EU development co-operation in the 48 Sub-Saharan countries (as well as in the other Caribbean and Pacific countries belonging to the ACP group[33]) rests directly in the hands of Member States through the EDF - which remains outside of the EU budget and is managed by the Commission and a special EDF Committee. Under these circumstances, it is plausible to argue that the financial arrangements for ACP countries leave more room for manoeuvre compared to EU co-operation with other parts of the world; but the issue calls for more careful scrutiny.

Figure 1: *Sectoral Breakdown of EU Official Development Assistance (ODA) 2002-2010*

[33] Cfr. note no. 15

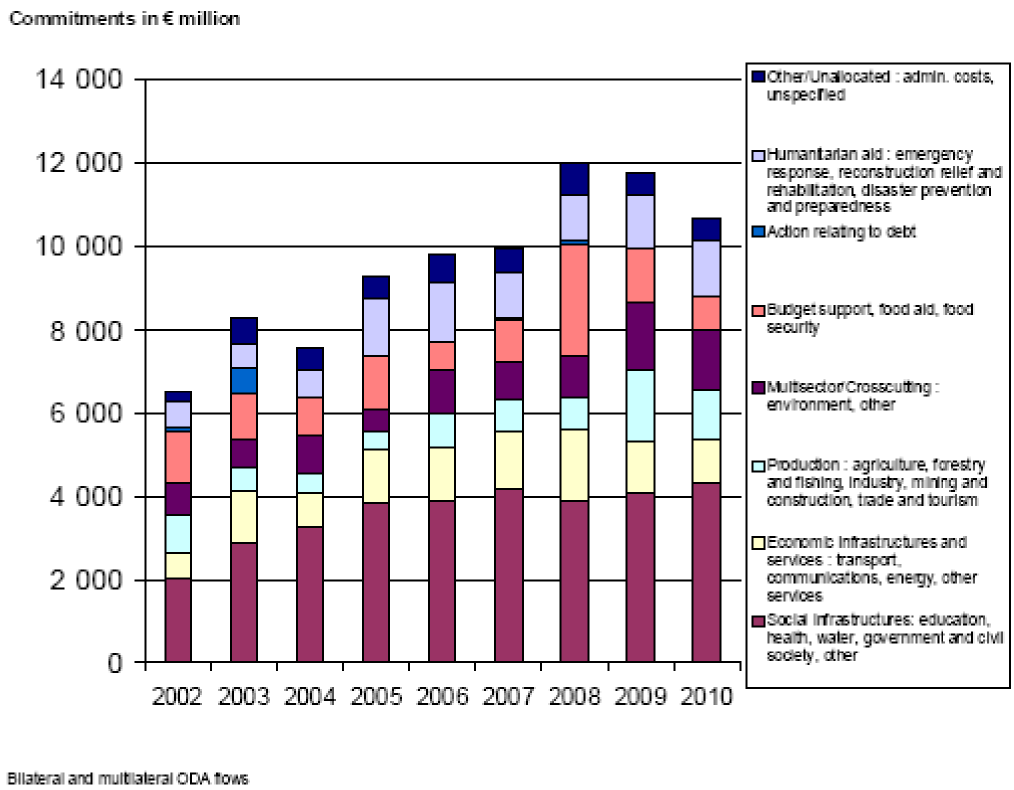


Figure one also provides some interesting information on ODA's functional breakdown. Given our primary concern for social policy issues, in this case the evidence seems to convey a more positive message, namely that between 2002 and 2010 the money allocated for 'social infrastructures' increased from € 2,000 million to around € 4,000 million, at least apparently without suffering any negative impact from the 2008-2010 international crisis. And yet, by taking a closer look at what is included under this heading, the picture is not as rosy. In 2010, out of a total of € 4.283 billion as much as €1.941 billion was in fact targeted to 'government and civil society', while only € 626 million were allocated for education and € 687 million for health. Actually, for the purpose of this paper, we need to have the corresponding breakdown for Sub-Saharan countries but this particular type of information is not so readily available in official EU documentation. The Commission staff working paper under examination does, however, provide a detailed breakdown of the relevant commitments for the EDF – which at this stage of our research we can consider as a proxy of EU allocations in the area we are interested in[34]. As table 5.18 of the relevant document shows, out of € 1.046 billion allocated for social infrastructure only € 159 million

[34] The EDF also covers a number of islands in the Caribbean and the Pacific, but the bulk of its expenditure is funneled to the 48 Sub-Saharan countries. On the other hand, by concentrating on the EDF, the analysis does not consider the thematic programs directly financed by the EU budget like "Investing in People". In 2010, according to the EU working paper under examination – SEC (2011) 880 final - the overall amount of money funneled to Sub-Saharan Africa was € 2.557 billion, while commitments to the EDF totaled € 2.646 million.

goes to education and € 269 million goes to health, in contrast to as much as € 356 million for good governance. Within the overall functional distribution, economic infrastructure ranks first with € 529 million and budget support ranks second with €395 million. In short, even if more accurate data is needed, the evidence presented so far suggests that the two policy areas which are most directly linked to the MDGs are far from being flooded with money. In fact, we find exactly the same conclusions, by turning to independent evaluations carried out by a variety of NGO networks. Considering that there is an extensive production of this type of documents, we shall limit ourselves to mentioning two of the most widely quoted reports, starting with the 2015-Watch annual reports published by Alliance 2015 – a network of 7 major international NGOs which employ almost 10,000 local field staff. To avoid any misunderstanding, the 2010 report carries the following sub-title: *The EU's Contribution to the Millennium Development Goals – Keeping the Goals Alive*. In tune with this overall approach, table 2 – which is taken from the report – highlights the proportion of ODA targeted to education and basic health in Sub-Saharan Africa and in Latin America.

Table 2: *European Commission commitments to basic health and education as a percentage of ODA for DCI region (Asia and Latin America), Sub-Saharian Africa and of total ODA*

Region	Basic health and education as % of ODA			
	2005	2006	2007	2008
DCI (Asia and Latin America)	25.7%	14%	21.3%	24.9%
Sub-Saharan Africa	8%	4%	3.7%	1.5%
Total ODA allocated to basic health and education	11%	7.4%	8.3%	5.7%

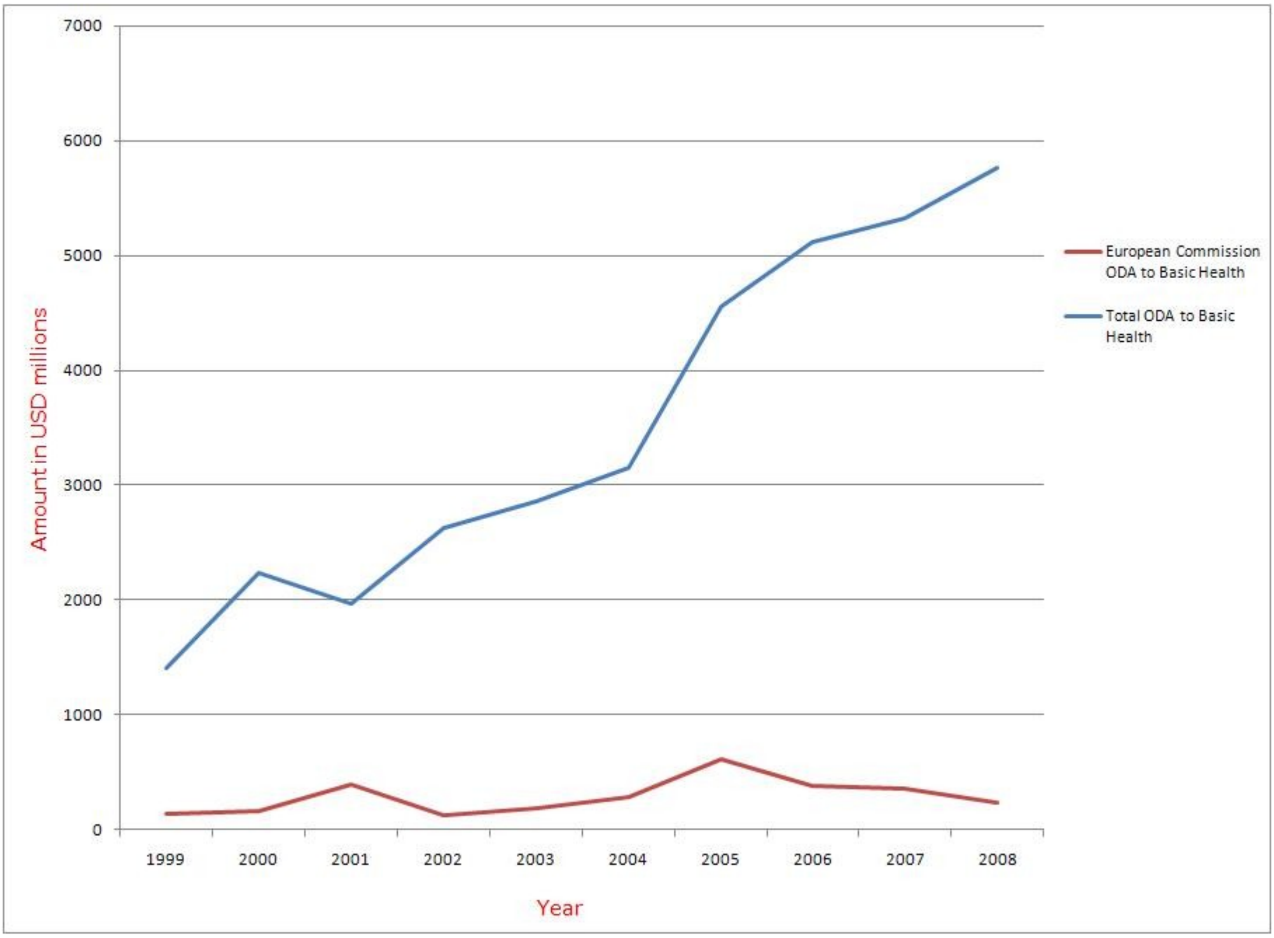
Note: EC – European Commission; ODA – Official Development Assistance; DCI – Development Cooperation Instrument

The report's following comment on the evidence stemming from the table brings into the picture a further element, namely the commitment which the EU originally made in 2001 to devote 20 percent of external aid to education and health: "The European Commission followed through on its promise to implement the target of 20 percent allocation to basic health and education in the countries of Asia and Latin America, and evaluations show positive results for these countries; but in Africa where support for basic health and education is most needed, the European Commission has refused to implement this target, resulting in poor results for these sectors in Africa" (Alliance 2015, 2010:24)

One can dispute the exact figures, as it is not clear how they have been calculated but the contrast between Latin America and Asia, on the one hand, and Sub-Saharan Africa, on the other, remains stark. Further, in referring to the 20 percent benchmark, Alliance-2015 is attempting to put back on the political agenda an issue which for some time the Barroso Commission had been trying to put aside. According to the relevant press release, in a round table discussion on " assessing EU co-operation with ACP countries 2008-2013" held in Brussels in December 2007, Bernard Petit, EC Deputy Director for Development "stressed that aid to ACP countries should be aligned with national priorities and directed to eradicate poverty. He emphasized that the 20 percent benchmark for investment in the social sectors is outmoded and incompatible with the concept of ownership by developing countries of their own development strategies. He went on to say that supporting the MDGs is about economic growth in developing countries, not just financing health and education."

As one can easily notice, we are back to the controversial issue which underpins the strategy laid out in the European Consensus on Development and in the 2007 EU- Africa partnership. To use a metaphor, it is like a dialogue of the deaf . While the Commission continues to concentrate on what it considers as pre-requisites for achieving the MDGs, the NGOs insist that aid should be targeted to policy areas directly linked to the MDGs. In this vein, the abovementioned Alliance 2015 Report contrasts EU financial support to basic health with total health ODA over the last decade, as figure 2 illustrates. Once more the message is unequivocal: the EU is not doing enough; its budgetary allocations to health policies in developing countries are more or less blocked at the same level, while in the period the rest of the world has increased aid volume by six times.

Figure 2: *European Commission ODA and total ODA to Basic Health – 1999-2008*



Source: http://www.alliance2015.org/fileadmin/images/ODA_vs_EU_graph_on_Basic_Health.JPG

Action for global health – another major network which comprises as many as 20 international NGOs - reiterates the point but looks at total health expenditure, instead of just considering basic health spending. As the introduction to its 2011 Report on *Aid Effectiveness for Health* assesses, "compared with total aid disbursement, European donors contribute relatively less to health than other international donors. In 2008, the EU, its member states and other European donors represented only 39 percent of health ODA, while accounting for 65 percent of global aid. Of the five largest economies in Europe, only the UK is currently on track to meet the ODA target of 0.7 percent of GNI and 0.1 percentage to health aid, as recommended by the WHO. Year on year, Europe represents a smaller share of the global health ODA" (Action for Global Health 2011, 6)

5. The way forward: why the EU should step up its role in global health policy

Although the picture we have outlined so far leaves ample room for further investigation and the figures on EU's aid for health provided by different sources do not always match[35], one can hardly dispute that the EU's contribution to the achievement of health-related MDGs and the overall improvement of health conditions in Sub-Saharan countries is relatively small, to say the least. In this last part of the paper, we want to challenge the political and policy choices which have led to the marginalization of EU's direct intervention in the health field and suggest that this option represents a strategic opportunity which the EU should carefully consider, not only in the interest of its African partners but also to pursue more effectively its ambition of being a global 'civil power'. However, considering the complexity of the issue, which touches on an wide-ranging variety of geo-political and technical factors, we can only outline the main building blocks of our argument.

To place the discussion into context, the first step is to recall the current position of Sub-Saharan countries with respect to health-related MDG indicators and the countries' financial commitments for health. Tables 3 and 4 illustrate in a snapshot how alarming the situation remains in most of Sub-Saharan Africa. Table 3 ranks the 48 relevant countries according to the size of their health budget allocations as a proportion of total public expenditure. As the reader can easily notice, only six countries have fulfilled the commitment which the African heads of state and government took when meeting in Abuja in 2001, namely to devote 15 percent of national budgets to health. And even in these countries the picture is bleak, as they are still among the countries with the lowest indicators among one or more MDG categories, due to low per capita investment in health and its social determinants (clean water, sanitation, environment and nutrition). In fact, as many as 32 countries spend less than $20 per capita in health, which is less than half the WHO recommended barest minimum: a shocking contrast with Europe's average of $ 1,252. There is no need to linger on the evidence presented in table 4 on maternal mortality, under five mortality and life expectancy at birth; whatever indicator one chooses, the bottom line remains the same: Sub-Saharan Africa witnesses major unmet healthcare needs.

But the good news is that something close to a sea change seems to be occurring within the global health arena, on the basis of mounting criticism being raised at the side-effects of the single-disease initiatives which have dominated the international scene, funnelling an

[35] According to, aid for basic health as a percentage of total EU aid was 4.71 percent in 2005 and then dropped to 2.75% in 2006, 2.6% in 2007,1.5% in 2008 and 1.4% in 2009.

Table 3: *Health spending as a percentage of total country budget, external resources as a percentage of total health spending and per capita health spending in Sub-Saharan Countries*

Country name	**(15% Pledge) Gen. Govt expenditure on health as % of gen govt exp.**	**External Resources for health as % of total health exp.**	**Govt Per Capita expenditure on health at average $ exchange rate**
Rwanda	18.8%	52.4%	$ 14
Botswana	17.8%	5.8%	$ 290
Niger	17.8%	32.8%	$ 9
Malawi	17.1%	59.6%	$ 14
Zambia	16.4%	38.1%	$ 35
Burkina Faso	15.8%	32.9%	$ 14
Gabon	14.0%	1.8%	$ 250
Chad	13.8%	17.7%	$ 16
Tanzania	13.7%	43.9%	$ 13
Djibouti	13.4%	30.1%	$ 47
Mozambique	12.5%	60.3%	$ 11
Mali	12.2%	17.6%	$ 15
Senegal	12.0%	12.3%	$ 25
Gambia	11.2%	34.7%	$ 9
Swaziland	11.2%	12.3%	$ 102
Cape Verde	11.1%	17.5%	$ 88
Central African Rep.	10.9%	21.2%	$ 5
Benin	10.8%	21.0%	$ 13
Namibia	10.5%	21.1%	$ 116
SaoTome and Principe	10.3%	50.5%	$ 2
Ethiopia	10.0%	42.7%	$ 4
Liberia	9.8%	50.7%	$ 2
Kenya	9.7%	14.9%	$ 14
Mauritius	9.4%	1.0%	$ 118
Madagascar	9.3%	49.4%	$ 6
South Africa	9.1%	0.9%	$ 160
Uganda	8.9%	31.2%	$ 6
Zimbabwe	8.9%	17.3%	$ 18
Seychelles	8.8%	3.4%	$ 424
Comoros	8.4%	31.9%	$ 9
Lesotho	8.2%	14.3%	$ 30
Sierra Leone	7.8%	33.5%	$ 4
Equatorial Guinea	6.9%	3.5%	$ 353
Cameroon	6.7%	8.0%	$ 10
Congo (Democratic Republic)	5.8%	51.9%	$ 2

Sudan	5.8%	6.5%	$ 14
Togo	5.8%	12.3%	$ 4
Congo	5.4%	3.4%	$ 31
Mauritania	5.3%	18.0%	$ 13
Angola	5.0%	7.0%	$ 62
Guinea	4.7%	11.8%	$ 3
Ghana	4.4%	22.6%	$ 11
Cote d'Ivoire	4.2%	8.3%	$ 4
Eritrea	4.0%	37.6%	$ 4
Guinea Bissau	4.0%	33.4%	$ 13
Nigeria	3.5%	5.9%	$ 10
Burundi	2.4%	47.5%	$ 1
Somalia	N.A	-	-
Western Sahara	N.A	-	-

Table 4 : *Maternal mortality ratio, Under-five mortality rate and life expectancy at birth in Sub-Saharan Countries, 2010.*

Country name	**Maternal Mortality Ratio Per 100,00 Live Births**	**Under 5 Mortality Rate Per 1,000 live births**	**Life Expectancy at birth**
Rwanda	383.4	181	46
Botswana	518.8	40	50
Niger	600.7	176	57
Malawi	1,140.1	111	48
Zambia	602.9	170	42
Burkina Faso	332.4	191	52
Gabon	493.5	91	57
Chad	1,065.2	209	51
Tanzania	449.0	116	52
Djibouti	461.6	127	55
Mozambique	598.8	168	42
Mali	669.7	196	54
Senegal	400.6	114	63
Gambia	281.3	109	59
Swaziland	735.6	91	40
Cape Verde	74.7	32	
Central African Rep.	1,570.4	172	44
Benin	468.9	123	56
Namibia	586.2	68	52
SaoTome and Principe	295.7	99	65

Ethiopia	589.7	119	53
Liberia	858.9	133	45
Kenya	413.4	121	53
Mauritius	28.1	15	73
Madagascar	373.1	112	59
South Africa	236.8	59	50
Uganda	352	130	51
Zimbabwe	624.3	90	43
Seychelles	NA	13	NA
Comoros	225.3	66	65
Lesotho	963	84	42
Sierra Leone	1,032.7	262	42
Equatorial Guinea	301.8	206	51
Cameroon	704.6	148	50
Congo (Democratic Republic)	533.6	161	46
Sudan	306.3	109	58
Togo	447.1	100	58
Congo	616.8	125	55
Mauritania	712.2	119	64
Angola	592.5	158	42
Guinea	859.9	150	56
Ghana	409.2	115	60
Cote d'Ivoire	944.1	127	48
Eritrea	751.2	70	58
Guinea Bissau	804.3	198	46
Nigeria	608.3	189	47
Burundi	569.6	180	49
Somalia	647.6	142	48
Western Sahara	-	-	-

overwhelming proportion of total health spending to HIV/AIDS, tuberculosis and malaria. The WHO has been at the forefront of the battle to re-orient international donors' approach to health problems in developing countries towards the strengthening of health systems, and especially of primary care. In a recent interview to USAID, the WHO Director General Margaret Chan neatly summarized the new vision in the following terms:

> "In my view, the best way is to go back to the basics: the values, principles, and approaches of primary health care. Abundant evidence, over decades of experience, supports this view.

Countries at similar levels of socioeconomic development achieve better health outcomes for the money when services are organized according to the principles of primary health care. A revitalization of primary health care is the smart move to make. To be frank, a smart move, in this case, is not an easy move. We are almost starting over from scratch'[36]

The basic arguments supporting what appears as a paradigm shift can be found in the World Health Report 2008, which is entitled emblematically: *Primary Health Care. Now more than Ever*. While clearly recalling the 1978 Alma Ata declaration on primary care, the approach endorsed by the Report cannot simply be traced back to that historical turning point. Given its importance in opening - in our view - new opportunities for EU's action in the field, it is perhaps useful to recall its main considerations:

1. Diseases and health conditions that enjoy a temporary spotlight in rich countries garner the most attention and money
2. Efforts to combat HIV/AIDS have brought more money to the field but have not always had a beneficial impact on public health outside their own niche.
3. A side effect of single-disease initiatives is to take over the healthcare workers who once dealt with malaria, dysentery, vaccination programs, maternal health and other issues that lack activist constituencies. Due to pay differential between the wages offered by local governments and those offered by international organizations, the latter can easily outbid national authorities for the services of local health talent
4. The top three killers in most poor countries are maternal death around childbirth and pediatric respiratory and intestinal infections.
5. Maternal mortality data is a very sensitive surrogate for the overall status of healthcare systems
6. The major driver of life expectancy is child survival.

All of the abovementioned ingredients lead to a clear-cut policy prescription: the way ahead for improving the conditions of 80 percent of the people in developing countries who do not have access to health facilities is to concentrate all the efforts on strengthening health systems. It is our contention that the EU enjoys in this respect a comparative advantage vis-à-vis other western donors - first of all the US - and emerging powers.

[36] USAID, *Frontlines*, April-May 2011- www.usaid.org

Meeting the challenge ahead is not just a matter of financial resources, it is also a matter of political, technical and administrative capacity in the design and management of complex health systems. Needless to say, the EU can rely on a long-standing and successful experience in public health systems. The diversification of European social protection systems in different welfare regimes based on the Bismarkian or the Beveridgean legacy provides a further advantage, as Member States have been able to build up an institutional capacity in both social insurance and universal healthcare models - which is unparalleled across the world. Notably, while the United States score very well in terms of healthcare quality, research and technology, their record is certainly not as brilliant when it comes to guaranteeing access to their top-standard facilities. Albeit for different reasons, emerging powers are also at a disadvantage: whereas in labour-intensive economic sectors like building, road construction or manufacturing the BRICs can easily outbid European countries, in the health field this is not the case, with the partial exception of India. Only recently, thanks to the technical support of the World Health Organization, China has been able to improve the production standards of its pharmaceutical industry and only in 2006 President Hu Jintao put forward a series of measures to increase the number of hospitals and provide medical equipment to Africa.

But the picture is rapidly changing; "whether as member states in international organizations, as bilateral donors or through participation in international financial consortia as the G20, the BRIC countries, which have now been joined by South Africa, are using their wealth and status to influence the outcome of global healthy policy discussion, and many are supporting overseas health-related activities to foster solidarity, create alliance and strengthen their international position."[37] Among others, the BRICS recently launched a strong action concerning medicines and vaccines in the African Continent - a move which probably explains the May 2011 impressive lowering of prices by the pharmaceutical industry - which the WHO General Director defined as a 'sea change'. Turning to the other side of the Atlantic, although the bulk of US resources is still funneled to the HIV/AIDS pandemic, over the last two years the United States have also started to upgrade their financial commitment to health systems and Obama launched a $63 billion six-year 'US Global Health Initiative.'[38]

Last but not least, African Governments and civil society organizations are starting to raise their voice against disease-specific initiatives which risk marginalizing national health policies. Indeed, the literature tends to pay more attention to the various steps which have been taken at the

[37] Center for Strategic International Studies, K.E. Bliss (ed.) *Key players in Global Health,* www.csis.org

[38] www.state.gov

African regional level to define a common social policy framework[39]. In our view, the social policy declarations enhanced by the African Union and its committees over the last decade have not yet trickled down to the level of national political debates and hard politics. Twenty years of neo-liberal structural adjustment policies have left Health Ministers in a very weak position compared to Finance and Economic Ministers. The title of a recent Report which the New York Academy of Medicine and the African Centre for Global Health jointly issued goes right to the point in hinting to *Strong Ministries for Strong Systems*.

There is no short-cut for providing a successful and long-lasting solution to Sub-Saharan health problems - which have been deteriorating for too long a time. This is certainly a daunting task but it would be a pity for the European Union not to the grasp the political opportunity offered by two upcoming deadlines: the delayed 10th EDF mid-term review and, more importantly, the November 2011 Busan High Level Forum on Aid Effectiveness. Cameron and Obama are striving to take the lead[40], it is in the EU's interest not to remain in the backstage. The historical development of European Welfare States amply documents that social entitlements have played a crucial role in tightening the bonds between the State and its citizens. Instead of channeling most of its activities into policy areas in which it is bound to loose in the competition with emerging economies, the EU would be better off by shifting its attention to the improvement of national healthcare systems in developing countries, particularly in Sub-Saharan Africa where unmet need are highest. In our view, the winning strategy is to involve – both in Europe and in Africa - the various levels of the health administration, medical associations, private and public research agencies and existing civil society organizations by resorting to horizontal twinning (ministry to ministry, hospital to hospital etc.). Getting engaged in multi-track health diplomacy and co-operation, along with directly contributing to the achievement of the MDGs, can only improve the EU's political leverage and its current image in the eyes of the African citizenry at large. Our suggestions need strong and long-term political commitments by European leaders and institutions which at present are not in sight, yet – as the Latin motto suggests - *Fortuna audaces iuvat.*

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[39] For an overview of these recent developments see. Wright and Noble (2010)

[40] White House Press Release 25 May 2011 "US-UK Partnership for Global development" www.whitehouse.gov

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