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**STRENGTHENING THE EUROPEAN UNION'S ROLE AS A GLOBAL
HEALTH ACTOR**

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EXECUTIVE SUMMARY

The COVID-19 pandemic created a window of opportunity for the EU to strengthen its role as a global health actor. Today, even the most reluctant Member States recognise that overcoming such an unprecedented challenge requires joint effort on many fronts. Given the new reality, this paper proposes a few concrete actions that the EU and its Member States can take on equitable access to vaccines, global health governance and the EU Global Health Strategy.

Short bio

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Introduction

The legal basis for the European Union (EU) to act on global health is Art. 168 of the Treaty on the Functioning of the EU (TFEU), which underlines that “*a high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities*”.

For most part of the EU’s history, Member States have been reluctant to give up competences in the health field in favour of the European Union and its institutions. According to Richardson, health has been one of the slowest areas to Europeanize (Richardson, 2012:p.337). At the same time, increased cross-border movement of goods and people, and associated with these public health challenges, not only inside the EU but also globally, forced Member States to increase cooperation on health issues, often in the face of a health crisis. Mad cow disease in the 1980s and 1990s, the blood scandal, the H1N1 pandemic and even the terrorist attacks of 11 September 2001 in the United States, led to the improvement of the legislative health provisions at the EU level (Emmerling & Rys, 2016:p.32). Common solutions have also been prioritised in the past in regards to controlling and treating HIV/AIDS, malaria and tuberculosis, or actions on Antimicrobial Resistance. The European Union, represented by the European Commission, also plays an active part in discussions on global health within the G20 and G7 and holds Global Health Policy Forum that brings together representatives of international organisations, NGOs and industry.

The COVID-19 pandemic created a window of opportunity for the EU to strengthen its role as a global health¹ actor. Today, even the most reluctant Member States recognize that overcoming such an unprecedented challenge requires joint effort. Germany, who holds the rotating presidency of the Council of the European Union from 1 July to 31 December 2020, Portugal and Slovenia, who will follow, have “committed to work together to give the EU and its Member States a stronger and more strategic voice in international fora dealing with Global Health” (Council 18-month programme). Since the outbreak, the European Commission has been at the forefront of the EU’s response to the pandemic, supporting and co-partnering with the World Health Organisation (WHO) and many other global health players, while the President of the Commission, Ursula von der Leyen, has repeatedly committed in her speeches to the EU’s leadership on global health.

Given the new reality, this paper proposes a few concrete actions that the EU and its Member States can take in order to strengthen EU’s role as a global health actor in the aftermath of COVID-19.

EU and equitable access to vaccines

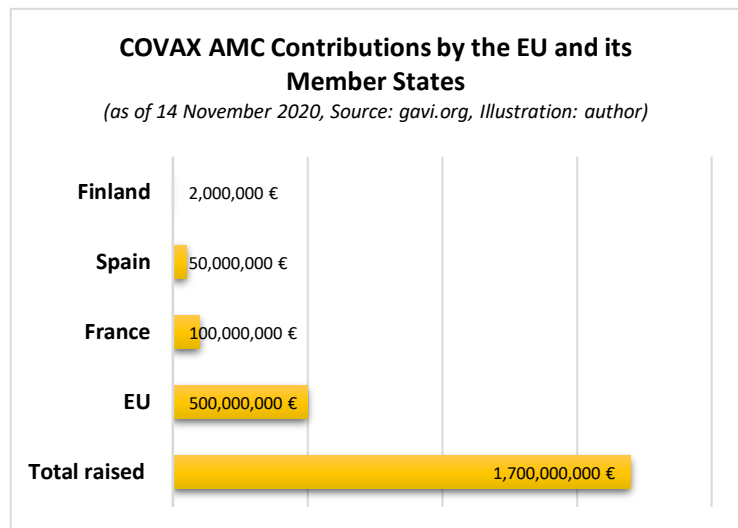
One of the immediate tests for global health actors and the EU is equitable access to COVID-19 vaccine. The speed with which the vaccine has been developed is unprecedented in history and ten years' vaccine work has been achieved in less than one year. However, as the 2004 H5N1 outbreak and the 2009 H1N1 pandemic have shown, faced with a new virus, wealthy countries mobilise their economic power to secure agreements with big pharmaceutical companies leaving lower- and middle-income countries little chance of getting life-saving therapies for their populations when they become available (Fidler DP, 2010).

¹Many definitions of global health exist, but the concept remains undefined in the EU framework as can be seen from the 2010 Communication on ‘EU Role in Global Health’. For clarity, however, the author will use the following definition - “global health may be characterised as health issues whose causes or redress lie outside the capability of any one nation state” (Taylor, 2018).



Based on lessons learnt from previous pandemics, in an effort to prevent ‘vaccine nationalism’ and vaccine hoarding by rich nations, WHO and an initial group of health actors launched a global collaboration for the accelerated development, production and equitable global access to COVID-19 diagnostics, treatments and vaccines “COVID-19 Tools – the [ACT](#) Accelerator”. The vaccine pillar of ACT-A, [COVAX](#), has an ambitious and never done before aim of securing 2 billion doses of the new vaccine by the end of 2021, and distributing them to all countries that have joined the scheme (184 as of November 2020), including 92 middle- and lower-income countries that would otherwise not be able to afford to pay for COVID-19 vaccines themselves. The latter happens under the COVAX Advance Market Commitment (AMC). The incentive for wealthy nations to join, instead of negotiating bilaterally with the companies, is access to the world’s largest and most diverse portfolio of vaccines under COVAX. At the same time, they help less well-off countries to receive vaccines and put the end to the pandemic globally because ‘going back to business as usual’, in a highly globalised world, will not be possible until all countries are safe from COVID-19.

European Commission was quick to respond to the calls for global action, and launched an online pledging conference helping to raise €7.5 billion that was needed to kick-start this global venture (the sum reached €16 billion as of November 2020). The EU itself pledged €1.4 billion. After some initial hesitation and criticism from the stakeholders for putting into question global cooperation, the EU also joined COVAX in September and pledged €500 million in funding becoming one of its leading donors (see the table on the right).



In June 2020, the Commission unveiled the EU vaccine strategy, which underlined Union’s commitment to universal, equitable and affordable vaccines - “high-income countries have a responsibility to accelerate the development and production of a safe and effective vaccine and make it accessible for all the regions of the world. The EU recognises this task as its responsibility” (EU Strategy for COVID-19 vaccines, 2020).

All these efforts have been viewed positively by the main stakeholders and placed the EU at the forefront of the global action for equitable access to treatment and vaccines. NGO “ONE” that works on eradicating poverty and disease, created a [‘Vaccine Access Test’](#) to evaluate countries’ and pharmaceutical companies’ efforts to ensure access to vaccines for everyone. The EU was ranked second, after pharmaceutical company AstraZeneca, and is described as a “global leader at pushing for a COVID-19 vaccine to be developed and distributed equitably” (ONE official website, October, 2020).

While the EU has already taken a number of important actions in promoting and ensuring equitable access to vaccine, a number of further steps should be considered:



1. **Support actions aimed at increasing vaccine confidence globally.** Studies show that in many countries around the world the distrust of vaccines has been on the rise in the last years (De Figueiredo et al., 2020). Doubts about importance, safety, or effectiveness of vaccines can stop people from getting one when it becomes available. The viral spread of misinformation and disinformation in times of COVID-19 can further undermine the trust. Therefore, building vaccine confidence, finding effective means of communicating and fighting misinformation and disinformation are indispensable in stopping the pandemic.
2. **Work closely with WHO and other global health partners on clear and transparent criteria for allocating COVID-19 vaccines.** On 9 September, WHO unveiled the mechanism through which it plans to allocate the vaccine, hence ensuring ‘fair and equitable’ access. In a recent article published in *Science*, researchers questioned whether this population-based framework is really ‘fair and equitable’, because “providing aid merely in proportion to population is unjustified and almost never used. For instance, it would be unethical to allocate antiretrovirals for HIV on the basis of population, rather than on HIV burden. Likewise, a fair distribution of COVID-19 vaccines should respond to the pandemic’s differential severity in different countries.” (Persad et al., 2020)
3. **Continue to mobilise financial and political support for COVAX AMC.** Gavi, the Vaccine Alliance, predicts that additional €4.2 billion will be needed by the end of 2021 to ensure equitable access to COVID-19 vaccines for low- and middle-income economies. The EU should strengthen its support and persuade countries like the USA, which after the election of Joe Biden will be more open to supporting global efforts, to join COVAX. A failure of initiatives like COVAX would put international cooperation on global health years behind and set a bad precedent for global cooperation on other challenges.

EU and World Health Organisation

Since the outbreak of COVID-19, there has been an increase in demand for WHO to play a more active role in preventing and addressing the consequences of key global health issues. President Donald Trump’s plans to defund the organisation - USA is currently its number one donor - have resulted in calls to do the opposite from leaders, research and medical community across the globe, and extra funding has been allocated by a number of supportive actors, including the EU. Many view WHO as the only organisation that has expertise, mandate and frameworks for dealing with disease outbreaks. It can channel funding, knowledge and help to the most vulnerable populations in the countries with failed or very fragile health systems. In its conclusions from 6 November 2020, the Council of the European Union recognised that WHO has a “central role to play as the leading and coordinating authority in addressing global health challenges, including preparedness for, prevention and detection of, and response to outbreaks”.

At the same time, the pandemic has also exposed existing shortcomings of the organisation and ability of global health governance structures to deal with global health crises. The International Health Regulations (IHR), which are coordinated by the WHO, are supposed to help prevent and contain international health risks and mitigate their impacts. They specify reporting obligations for certain events that can pose a threat to public and global health and which must be reported to WHO; define procedure to declare a Public Health Emergency of International Concern; set international standards for national surveillance systems and minimum requirements for national public health systems to be able to cope with a health crisis. Yet, IHR was failing in its mission even before the COVID-19 pandemic arrived. The 2014 Ebola outbreak in West Africa was the



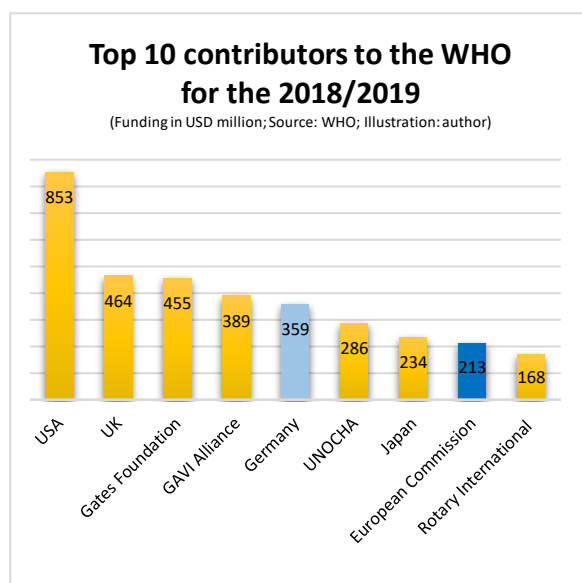
latest case in point. WHO was criticised for its failure to challenge official reports emerging from the affected countries and downplaying the real scale of the problem, due to political consequences of such criticism (Kamradt-Scott, 2015). A more fundamental problem of IHR was underlined by WHO Director-General, Dr Margaret Chan, it needs ‘more teeth’ if the world is ever to ‘reach true health security’ (Chan in Kamradt-Scott, 2015). China’s failure to inform and provide full information about the novel coronavirus to WHO fits “the historical record of governments’ attempts to conceal disease-related events” (Kamradt-Scott, 2015).

In May 2020, the 73rd World Health Assembly requested, the WHO Director-General, to initiate a process of impartial, independent and comprehensive evaluation of the WHO-coordinated international health response to COVID-19. Independent Panel for Pandemic Preparedness and Response will propose recommendations on how to improve the functioning of the IHR during World Health Assembly in May of 2021. This is an important process that, if taken seriously by member states of WHO, can strengthen global health governance and make the world better equipped to respond to future pandemics, which are most certain to happen again.

The EU and its Member States seem to understand this. On 6 November 2020, in its conclusions, the Council welcomed and expressed its full support for the evaluation process. Arguably, in an attempt to set the agenda, it also proposed a number of measures to improve IHR:

- a revision of the alert system for declaration of a Public Health Emergency of International Concern to allow for differentiated levels of alerts;
- a distinction between travel and trade restrictions to avoid unnecessary harm to economies;
- the possibility of an independent epidemiological assessment on-site in high risk zones in close collaboration with the state party;
- increased transparency on national compliance with the IHR (Council conclusions, 6 November 2020).

These are important proposals, which could help to strengthen IHR. However, the Council in its conclusions did not address the fundamental issue of enforcement mechanisms for States that fail to comply with its provisions. Until this is resolved, the governments will continue to break IHR without any consequences for their actions, hence undermining global health security and nearing the time of the next global pandemic.



At the same time, if the EU wants to have as much influence as possible on the current IHR evaluation and reform process as well as on other important discussions in global health, it should use the current window of opportunity and upgrade its observer status within WHO. Over the past months, the EU has been very clear in its almost unconditional support for WHO and was among the first to respond to organisation’s call of global action against coronavirus pandemic. Furthermore, the two actors have a long-standing cooperation, which is based on an exchange of letters going back to 2001. The EU, through its delegation in Geneva as well as its Member States has been “progressively recognised in the WHO fora and negotiations as a sound and reliable



partner” (Chamorro, 2016:p.291). The Union is one of the biggest funders of the organisation (see the table on the previous page), supporting important programmes such as, on the Universal Health Coverage. The cooperation is not limited to the international level and includes joint activities between European Commission and WHO Regional Office for Europe on health challenges inside the EU as well as in its neighbourhood. In November 2020, the two issued a joint statement where they agreed to work on improving regional and sub-regional health security, addressing health inequalities, bolstering the resilience of health systems in the Western Balkans, Turkey, the Eastern Partnership countries, as well as Central Asian countries.

In order to strengthen global health governance, the EU needs to:

- 1. Lead discussions on the reform of the International Health Regulations and advocate for development and inclusion of enforcement mechanisms for non-compliant states.**
- 2. Explore opportunities to upgrade its status in the WHO to increase EU’s influence and allow it to engage more effectively with the organisation.**

EU Strategy on Global Health

The 2010 EU Commission Communication and the EU Council Conclusions on “The EU Role in Global Health” guide today’s actions of the Union in this field. At the time of their release, the new policy was met with enthusiasm by the research and policy communities and was considered a “milestone and a turning point in the way to address health challenges in the EU and beyond” (Nolan & Garay, 2016:p.103). The Communication outlined global health challenges, placed the EU in the context of the existing structures and frameworks of global health governance, and suggested ways in which the EU’s actions could be better coordinated across different policy areas. The EU was to focus its efforts and resources on a: 1) more democratic and coordinated global governance; 2) universal coverage and access to health services for all; 3) better coherence between internal and external EU policies relating to health; 4) more effective and open research on global health; and 5) delivery of results through enhanced coordination, monitoring and capacity building.

While these documents provided some direction, they felt short of offering a comprehensive and an effective strategy on global health. Even before COVID-19 induced transformation of global health discussions, the calls for the EU to define Global Health Strategy were widespread. One of the reasons is a lack of coordination between the EU and its member states, which leads to poor performance on the global stage, as was the case during the Ebola virus outbreak of 2014–2015 (Speakman et al., 2017). Furthermore, the strategic guidance through these documents did not systematically translate into determined and sustained political action (Kickbusch & Franz, 2020). “A more coherent understanding and a straightforward conceptualisation of Europe's role in global health would enhance the chances of global health becoming an important agenda item at the European level” (Aluttis et al., 2014).

As part of the project launched during Finland’s Presidency of the Council of the European Union in the second half of 2019, a working paper, which includes input from the “Informal Expert Group on the EU’s role in global health” has suggested a synergistic strategy for global health. Such strategy would take into account the broader strategic agenda of the current Commission and the Member States as well the existing policies and initiatives on global health topics of the EU and its Member States (Kickbusch & Franz, 2020). The authors propose that this strategy should be guided by the following questions: “(1) How can EU global health policy deliver on improving



and protecting the health and wellbeing of the people living in the EU through strengthening global health cooperation? (2) Where can global health policy contribute to the strategic goals of the EU and its Member States? (3) How can global health policy support the EU and Member States to fulfil the SDGs [Sustainable Development Goals] and global commitments (both, outside and within the EU)?" (Kickbusch & Franz, 2020). These are important proposals that can orient an open and transparent discussions of the Member States, EU institutions, experts and the wider public on the future strategy.

The EU cannot be a strong actor in global health without a strategy that also takes into account important developments that took place since 2010. The most obvious of them is, of course, COVID-19, which created both unseen before challenges but also opportunities to be seized. One of such opportunities is improvements in health research, which has become faster, more open, and more collaborative, and further accelerated pre-existing practices like preprint publishing and data sharing (Daniel Strech, World Health Summit, 2020). The European COVID-19 Data Platform, launched in April 2020 to facilitate data sharing and analysis in order to accelerate coronavirus research, has since then gathered more than 230,000 publications. It is one of many examples of the new dynamism in global health research. Moreover, unprecedented mobilisation of resources for COVAX and ACT-Accelerator and establishment of new private-public partnerships have pushed the boundaries of global health cooperation to levels which were unimaginable only a year ago. One of the objectives of the EU strategy could be to help ensure that these innovations do not remain limited to COVID-19 but are transposed into actions combatting other important global health threats such as cancer or malaria.

Priority areas should be widely debated and agreed upon by the main actors. However, one of the areas that cannot be ignored is the impact of climate change on health. While this is not a new development, unfortunately it was not given sufficient attention before. In the Commission's Communication from 2010 it was only mentioned in the context of challenges of coherence between policies related to global health. The evidence shows that today the impact of climate change on the social and environmental determinants of health has reached worrying levels with the health of disadvantaged populations being harmed disproportionately (The Lancet Countdown Report, 2020). Heat waves, extreme weather events, such as wildfires, floods and droughts, pose real risk to our health and even threaten our lives. Climate conditions are also causing increased transmission of numerous infectious diseases, such as malaria and dengue (The Lancet Countdown Report, 2020), while exploitation of previously undisturbed habitats and the resulting proximity to wild animals increases the risk of transmission of infectious diseases from animals to humans.

The EU is already at the forefront of global action to combat climate change with its ambitious plans to become climate neutral by 2050 and to provide financial support and technical assistance to help others to do the same. However, more can be done in order to ensure that various health implications of this global crisis are also known and addressed. There is already at least one national strategy in the EU that aims to do this and which could serve as a model for the joint EU strategy. In October 2020, the German Government released an updated national Global Health Strategy entitled "Responsibility – Innovation – Partnership: Shaping Global Health Together". It is a comprehensive document that adapts goals and priorities of Germany on global health to new challenges such as the coronavirus pandemic and climate change, and clearly states the country's commitment to improving health security internationally. To help reduce the health impacts of climate change, this Member State will: "1) take action at international level and together with its partner countries identify and reduce health risks caused by environmental factors, climate change and global biodiversity loss and to promote cross-sectoral cooperation on health issue; 2) push for



greater international action to counter in particular the health impact of climate change and systematically increase its engagement in this area; 3) promote and expand research into the nexus between the environment, climate change, biodiversity, health and health systems; 4) promote a safe chemicals management regime worldwide.

Any EU action on global health will remain piecemeal and incoherent without a comprehensive EU Global Health Strategy. Therefore, it is recommended for the EU to:

1. **Launch an open and inclusive of different stakeholders public consultation on the EU Global Health Strategy.** Such consultation is necessary in order to align priorities of the EU in global health with the current and future challenges, such as global spread of infectious diseases and climate change. Furthermore, it would serve as an opportunity for reflections on how the EU's global health policy could be more effectively utilised for achieving larger geopolitical ambitions and priorities as captured in the Global Strategy for the European Union's Foreign and Security Policy from 2016. The open format, which should include actors from outside the EU, could also help to revitalise the existing networks of civil society organisations and send a clear signal that the EU is serious about stepping up its commitments and role in global health.
2. **Prioritise actions that are aimed at identifying lessons learnt from COVID-19 and applying them to other important global health issues, such as for example cancer or malaria.** In the next months and years, a lot of new practices from Europe and the world that were used during this pandemic, for example, in digital solutions for health, vaccine development, adaptability of health systems or collaborative research, will have to be carefully studied and analysed with the aim of applying those to other global health challenges. The EU should recognise the importance of this task in the new strategy that could then be translated into research funding under its [EU4Health](#) programme and [Horizon Europe](#), which are now entering the new multi-year funding cycle 2021-2027.
3. **Include reducing the impact of climate change on health as well as the impact of health sector on the environment as one of its main priorities in the new strategy.** This would help to place the EU's global health policy in the context of its larger and ambitious climate agenda.

Finally, the success of the future EU Global Health Strategy will ultimately depend on whether it will be followed by different actors, including the Member States, and taken into account in various EU policies that affect health, such as trade, development or climate.

Conclusion

COVID-19 pandemic entered the scene when some of the main global actors, such as the USA, were withdrawing from multilateralism. The EU and its Member States stepped in to support WHO and other global health actors, which mobilised for the accelerated development, production and equitable global access to COVID-19 diagnostics, treatments and vaccines. Today, the EU is increasingly viewed as a global leader in pushing for a COVID-19 vaccine to be developed and distributed equitably and for amplifying the message “nobody is safe until everyone is safe”. This is a step in the right direction and, as this paper has shown, there are a number of further actions that the EU and its Member States can take in order to solidify this newly found role in global health. The window of opportunity for this is now, when health is the highest it ever was on the national and European political agenda.



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