



Members of the European Parliament (MEPs) have a key role to play in advancing the global health agenda. The undersigned organisations have developed a guide to facilitate the work of MEPs on key EU policy processes that have the potential to impact global health.

This guide aims to raise awareness among MEPs about existing EU commitments in this field and outline specific actions that MEPs can take to strengthen the EU role in global health.

# GLOBAL HEALTH GUIDE

## EUROPEAN PARLIAMENT

### 2014-2019

*«The fact that millions of people die from perfectly treatable diseases in the 21st century seems to be nothing short of criminal. We believe the EU can do more to tackle this issue»* MEP David Martin, UK, S&D

**Health**, meaning a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,<sup>1</sup> is universally recognised as a **basic human right**<sup>2</sup> and a **key precondition to inclusive and equitable growth and development**.

The importance of health is well acknowledged in the Treaty on the Functioning of the European Union (TFEU), which requires the EU to ensure that health is protected as part of all its policies.<sup>3</sup> The extent of this provision is presented in the European Commission White Paper “Together for Health”, representing the Health Strategy of the EU, which includes the general principles for EU action on health in both internal and external policies.<sup>4</sup>

## The role of the European Parliament

The European Parliament is an important actor for supporting and shaping global health priorities in the EU context. Firstly, the European Parliament exerts substantial legislative influence over the negotiations and revisions of the Multiannual Financial Framework (MFF) and the subsequent annual budget procedures. Secondly, the European Parliament has an important **power of scrutiny** over the implementation of development aid and research financing instruments, and holds other EU institutions accountable by making inquiries on EU policies. Thirdly, by adopting political statements and resolutions the European Parliament actively shapes the EU policy framework on a number of different policy areas.

**Substantial investments in global health as well as a strong enabling policy framework are instrumental if the EU wants to achieve the primary objective of its development cooperation policy of eradicating poverty**, as enshrined in the Treaties<sup>5</sup> and reaffirmed in the 2013 European Commission communication and related Council conclusions on the post 2015 framework, “A decent life for all: Ending poverty and giving the world a sustainable future”.<sup>6</sup>

With the 2005 “European Consensus on Development Cooperation”, a milestone document endorsed by all Member States and the EU institutions that defines the EU’s vision for development, the EU committed to address “*fair financing for health and strengthening health systems in order to promote better health outcomes, making medicines more affordable for the poor*”.<sup>7</sup> Additional EU global health commitments were made with the 2010 Council Conclusions on “The EU Role in Global Health”<sup>8</sup> (2010) that inter alia recognised health as “*central in people’s lives, including as a human right, and a key element for equitable and sustainable growth and development, including poverty reduction*”. Finally, the EU’s new development strategy “An Agenda for Change”<sup>9</sup> (2012) focuses on “*inclusive and sustainable growth for human development*” putting health as a central priority to achieve the EU’s development objectives. The same commitment is also made in the Cotonou Partnership Agreement between the European Union and the African, Caribbean and Pacific Group of States (ACP), which repeatedly reaffirms support to health as a focus area of ACP-EU cooperation.

# 1. Adequate Global Health Financing

## DEVELOPMENT AID

In 2012, the EU's development assistance for global health amounted to €522 million, representing 5.5% of all EU aid disbursements to developing countries that year.<sup>10</sup> The Commission supports a complementary mix of delivery channels, ranging from direct support to partner governments' health systems via general or sector "budget support", contributions to UN agencies and global initiatives such as the Global Fund to fight AIDS, Tuberculosis and Malaria or the GAVI Alliance, and funding for civil society organisations via calls for proposals.

The main EU development assistance programmes for global health are the **European Development Fund (EDF)**, financed by extra budgetary resources and therefore not subject to EP consent, and the **Development Cooperation Instrument (DCI)** and the **European Neighbourhood Policy Instrument (ENPI)**, placed under the **EU budget Heading 4 "Global Europe"**. The DCI includes both geographical programmes (EU bilateral aid towards single countries or regions) and thematic programmes (horizontal support to specific

areas). The Global Public Goods and Challenges thematic programme of the DCI, which finances inter alia human development, is the most relevant envelope from a global health perspective.

With the "Agenda for Change", **the EU has committed to support social inclusion and human development, including health, through an allocation of at least 20% of all EU development assistance.** The DCI regulation that was agreed in November 2013 states that "at least 20% of the allocated assistance under this Regulation should be allocated to basic social services, with a focus on health and education, and secondary education".<sup>11</sup> In this regard, the annual budget procedure will be a crucial moment to make use of the European Parliament's scrutiny role in order to ensure the delivery of this binding commitment. The debate around the European Commission's annual report on development and external assistance and its implementation will also be a key moment for accountability in this regard.

## What can MEPs do?

- ▶ Request the European Commission to insert in its annual report on development aid detailed sector and geographical breakdown on the implementation of the **20% benchmark**;
- ▶ Ensure the protection of the 20% commitment to basic social services of the DCI regulation during the DCI and **MFF mid-term reviews**;
- ▶ Request EU member states to include the 20% benchmark in the 11th EDF during the **EDF mid-term review**;
- ▶ Table budgetary amendments for increased EU health financing under the **DCI's Global Public Goods Thematic Programme** (Budget Line 21 02 07) during **EU annual budget procedures** under the Multiannual Financial Framework 2014-2020;
- ▶ Discuss with ACP parliamentarians the importance of global health financing under the EDF and the **importance of including health among their countries' priority sectors**;
- ▶ Encourage the structured **participation of civil society** in the dialogue on global health financing with both ACP parliamentarians and EU institutions.



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«There are few areas in the European Parliament where so little efforts can save so many lives and improve health of millions»  
MEP Carl Schlyter, Sweden, Greens/EFA

## RESEARCH PROGRAMMES

Because of the lack of investments from pharmaceutical companies into Research and Development (R&D) for poverty-related and neglected diseases (PRNDs), increased public support and financing are needed. The Commission Communication and Council conclusions on 'The EU Role in Global Health' highlight the need for the EU and its Member States to promote fair and effective financing of research that benefits the health of all, including giving priority to actions which address global health challenges.

**Horizon 2020**, the current EU Research Programme for the years 2014-2020 (€77,028 billion), **allocates €7,472 billion (or a little less than 10% of its budget) to the "Health, demographic change and wellbeing" challenge**, which will fund among others global health R&D.<sup>12</sup> A work programme, which outlines specific calls for proposals for Horizon 2020, is published by the European Commission every two years. For the period 2014-2015, it includes calls to finance the development of a tuberculosis and an HIV/AIDS vaccine.

Another main initiative for global health R&D in Horizon 2020 is the **extension of the European and Developing countries Clinical Trial Partnership (EDCTP)**, a partnership between the EU, some of its member states and sub-Saharan African (SSA) countries to support clinical research and trials covering HIV/AIDS, TB, malaria and other poverty-related and neglected diseases disproportionately affecting SSA. The European Commission will contribute to this initiative up to €83 million to match cash and in-kind contributions from member states.

Also the **Innovative Medicines Initiative (IMI)** has been extended under Horizon 2020. This public-private partnership between the European Commission and the pharmaceutical industry aims to finance precompetitive pharmaceutical research and development. **In spite of the European Commission mostly contributing to IMI's €3 billion budget, priority setting within IMI2 remains largely industry-driven.** While industry makes its choice on the basis of future market and opportunity to profit, addressing existing public health needs at EU level and globally requires enhanced EU leadership and strategising.

## What can MEPs do?

- ▶ Monitor through a detailed **mid-term review EU** funding going to R&D for global health, especially on poverty-related and neglected diseases;
- ▶ Advocate for **increased global health R&D funding under the Horizon 2020** "Health, demographic change and well-being" challenge via budgetary amendments during EU annual budget procedures under the Multiannual Financial Framework 2014-2020;
- ▶ Call on the European Commission to ensure **openness and transparency in the management of EDCTP and IMI** as well as the accessibility of the products developed using public resources;
- ▶ Support the inclusion of global health related calls for proposals into **future Horizon 2020 work programmes**.



«We need to press governments, the European Commission and the European Parliament to take concrete steps towards solving global health issues»

MEP Eleni Theocharous, Cyprus, EPP

## INNOVATIVE FINANCING

With the economic and financial crisis in Europe, EU donors are struggling to meet globally-agreed targets for poverty reduction and global health. **Although innovative financing mechanisms cannot replace traditional development aid, they can complement it by ensuring a greater amount of resources are invested in global public goods.** Eleven EU member states (France, Germany, Spain, Italy, Belgium, Estonia, Greece, Austria, Portugal, Slovenia and the Slovak Republic)<sup>13</sup> have indicated their willingness to participate in a common **Financial Transaction Tax (FTT)** via an enhanced cooperation procedure. This tax represents a **promising tool for the much needed increase in resources to address global health challenges** - providing it is used as additional financing, and not to fill existing national aid budget gaps.

The European Commission proposal suggested imposing a tax of at least 0.1% on trades in stocks and bonds and of at least 0.01% on derivative transactions,<sup>14</sup> which could generate about a total of €30-35 billion per year<sup>15</sup>.

On 6th May 2014, the Ministers of Finance of EU member states involved in the enhanced cooperation announced that the FTT would be launched in different phases with a first FTT in place no later than 1<sup>st</sup> January 2016. The current project, as well as the timeline for the entry into force, remains rather unclear on the taxation of highly speculative derivatives products and on the allocation of the FTT's earnings.

France has already introduced its own FTT and committed to use 15% of the tax's revenues for international development. Moreover, several Member States are already supporting existing innovative financing mechanisms that generate additional resources for development and global health, including global solidarity levies (like the airline ticket tax or national lotteries), and front-loading mechanisms like the International Finance Facility for Immunisation (IFFIm) that uses long-term donor pledges to issue vaccine bonds on the capital markets.

## 2. Global Health & Policy Coherence for Development

“Policy Coherence for Development” (PCD) is a concept first enshrined in the European Consensus for Development and further cemented in the Lisbon Treaty, specifying the EU’s obligation to “**take account of the objectives of its development cooperation in all policies that it implements which are likely to affect developing countries**”.<sup>16</sup> In other words, **no EU policies should harm development and people’s rights and at best they should contribute to achieving development objectives.** Since 2007, the European Commission publishes biennial reports on the implementation of PCD at EU and Member State levels, and in 2010 presented its own PCD work programme.<sup>16</sup> The Council of the EU has subsequently adopted several conclusions on the issue<sup>17</sup>, and the European Parliament is a very strong supporter of the PCD agenda, as demonstrated by its 2010,<sup>19</sup> 2012<sup>20</sup> and 2014<sup>21</sup> resolutions. For global health, PCD is particularly relevant with regard to:

- (1) **EU trade policy and agreements**, especially concerning support to the flexibility in intellectual property rights under the TRIPS agreement to ensure the provision of and access to affordable lifesaving medicines in developing countries;
- (2) **EU finance and investment policies**, including by addressing tax avoidance and evasion, to ensure developing countries can generate and retain increased domestic resources for health;
- (3) **EU Research and Development (R&D) policies** that offer a great potential for investments in furthering global health research and the development of new tools specifically to combat poverty-related and neglected diseases (PRNDs);
- (4) **EU public health security management** to address serious European cross-border re-emerging health threats such as multi-drug resistant tuberculosis or environmental events in third countries, without limiting the free movement of persons;
- (5) **EU policies on food and nutrition security and agriculture**, which should aim at providing healthy, nutritious and affordable food for all, preventing malnutrition and hunger, severely affecting people’s health;
- (6) **EU policies on climate change, the environment and natural resources, including energy**, to counteract environmental degradation and increasing resource scarcity, caused by unsustainable patterns of production and consumption, with grave consequences on people’s health and livelihoods;
- (7) **EU migration policy** that should actively address the so-called “brain drain” of health workers that emigrate from developing countries into the EU (with often severe consequences on the state of their home countries’ human resources for health) by implementing principles and practices for the ethical international recruitment of health personnel.

## What can MEPs do?

- ▶ **Apply and monitor PCD in legislative and policy-making issues that affect global health in developing countries**, notably in the areas of trade, finance, R&D, public health, food and nutrition security, climate change and the environment, and migration, and stimulate regular institutional dialogue with the other EU institutions based on – but not limited to – the Commission’s biennial PCD reports;
- ▶ Ensure that Intellectual Property, investments and other chapters in **Free Trade Agreements** do not include measures beyond **TRIPS** nor measures that limit governments policy space to **protect public health and ensure access to medicines**;
- ▶ Suggest the creation of a **permanent rapporteur on PCD** in relevant parliamentary Committees, such as DEVE, INTA, AFET, ENVI, BUDG, ITRE, FEMM and LIBE.

## What can MEPs do?

- ▶ **Use the FTT as an opportunity to increase budgets for international development assistance** by calling on the Member States who are part of the enhanced cooperation to allocate at least 50% of the FTT to global public goods, including global health;
- ▶ Request the adhesion of additional Member States to the enhanced cooperation via written and oral questions to the Council of the EU and when debating with Member States officials.

### 3. A Strong Health Goal for the Post 2015 Framework

The global community, under UN leadership, is currently debating the architecture of the framework that will succeed the Millennium Development Goals (MDGs) – the so-called “post-2015 agenda”. Three of the current eight MDGs are dedicated to health, covering child health, maternal health and HIV/AIDS, TB and Malaria, while an additional sub-goal focuses on access to affordable essential drugs in developing countries. **This emphasis on global health has helped leverage significant political leadership, community mobilisation and funding for health since their establishment in 2000.**

With regard to the post-2015 framework, the EU institutions contributed to the global process with the Commission’s communication «A Decent Life for All»<sup>22</sup> of February 2013 and related EU Council conclusions<sup>23</sup> in June 2013, as well as follow-up Commission communication “**A Decent Life for All: from vision to collective action**”<sup>24</sup>, released in June 2014. The European Parliament’s resolution<sup>25</sup> on the MDGs and the definition of the post-2015 framework further defined the EU position. The EU will need to play a strong role in upholding people’s rights, especially those of the world’s poorest and most vulnerable children, families and communities, in the post-2015 framework and ensure that health remains at the heart of the sustainable development agenda.

### 4. An EU Programme for Action on Global Health

The European Commission’s 2010 Communication “The EU Role in Global Health”<sup>26</sup> and the subsequent Council conclusions set out the framework for a more effective EU contribution to support developing countries in achieving the health related MDGs, progress towards which has been lagging behind the most. The European Parliament supported this process and adopted its resolution on health care systems in sub-Saharan Africa and global health<sup>27</sup> in October 2010.

However, four years after the adoption of the Communication, and despite discussions around a concrete “Global Health Programme for Action”, **the EU still lacks a clear and coherent strategy and implementation plan to maintain EU leadership in global health**, in partner countries as well as in international fora. **Without such a Programme for Action with dedicated financial resources, the EU’s approach to global health will remain based on ad hoc measures, rather than a focused long-term strategy to implement the EU commitments on global health.**

## What can MEPs do?

- ▶ In a follow up European Parliament resolution that should lay out the EP’s vision on the content of the post-2015 framework, call for the **inclusion of an ambitious, outcome-oriented and rights based health goal** aiming at maximising health for all in the new framework;
- ▶ Defend that **other potential goals that could have a major impact on global health**, such as in the areas of gender equality, education, nutrition and food security, water and sanitation and innovation and technology, are highly featured in the new framework and smartly linked with the health goal;
- ▶ Call on the European Commission to **ensure that citizens are involved** in the planning and review of local services and monitoring of related national and global targets.

## What can MEPs do?

- ▶ Take initiatives (parliamentary resolutions, declarations, questions) **calling on the EC to develop a time-bound “Global Health Programme for Action”** to implement EU commitments on global health, through a participatory and inclusive process, in close consultation with civil society and MEPs.

1. As defined in the preamble of the Constitution of the World Health Organization. Available at <http://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1>

2. The right to health is recognized in numerous international instruments; see, for example, Article 12 of the International Covenant on Economic, Social and Cultural Rights, which recognizes “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”. Available at <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>

3. Article 168, Treaty on the Functioning of the European Union, available at <<http://www.lisbon-treaty.org/wcm/the-lisbon-treaty/treaty-on-the-functioning-of-the-european-union-and-comments/part-3-union-policies-and-internal-actions/title-xiv-public-health/456-article-168.html>>

4. European Commission, White paper “Together for Health: A strategic approach for the EU 2008-2013”, 23 October 2007, available at <[http://ec.europa.eu/health-eu/doc/whitepaper\\_en.pdf](http://ec.europa.eu/health-eu/doc/whitepaper_en.pdf)>

5. Official Journal of the European Union, ‘Consolidated Version of the Treaty on the Functioning of the European Union’, 2008, Article 208. Available at <<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2008:115:0047:0199:en:PDF>>

6. [http://ec.europa.eu/europeaid/documents/2013-02-22\\_communication\\_a\\_decent\\_life\\_for\\_all\\_post\\_2015\\_en.pdf](http://ec.europa.eu/europeaid/documents/2013-02-22_communication_a_decent_life_for_all_post_2015_en.pdf).  
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<http://www.europarl.europa.eu/sides/getDoc.do?type=TA&reference=P7-TA-2013-0283&language=EN&ring=A7-2013-0165>

7. Official Journal of the European Union, ‘Joint statement by the Council and the representatives of the governments of the Member States meeting within the Council, the European Parliament and the Commission on European Union Development Policy: ‘The European Consensus’, 2006. Available at [http://ec.europa.eu/development/center/repository/european\\_consensus\\_2005\\_en.pdf](http://ec.europa.eu/development/center/repository/european_consensus_2005_en.pdf)

8. Council of the European Union, ‘Council conclusions on the EU Role in Global Health’, 3011th Foreign Affairs Council meeting, 10 May 2010. Available at [http://www.consilium.europa.eu/uedocs/cms\\_Data/docs/pressdata/EN/foraff/114352.pdf](http://www.consilium.europa.eu/uedocs/cms_Data/docs/pressdata/EN/foraff/114352.pdf)

9. Council of the European Union, ‘Council conclusions - Increasing the impact of EU Development Policy: an Agenda for Change’, 3166th Foreign Affairs Council meeting, 14 May 2012. Available at <[http://www.consilium.europa.eu/uedocs/cms\\_Data/docs/pressdata/EN/foraff/130243.pdf](http://www.consilium.europa.eu/uedocs/cms_Data/docs/pressdata/EN/foraff/130243.pdf)>

10. “EU development assistance” includes all EU disbursements to “Health” as well as to “Population policies/programs and reproductive health”. For a detailed breakdown, see European Commission, ‘Annual Report 2013 on the European Union’s Development and external assistance policies and their implementation in 2012’, 2014, Table 5.19. Available at <[http://ec.europa.eu/europeaid/multimedia/publications/documents/annual-reports/europeaid\\_annual\\_report\\_2013\\_full\\_en.pdf](http://ec.europa.eu/europeaid/multimedia/publications/documents/annual-reports/europeaid_annual_report_2013_full_en.pdf)>

11. Recital 16 page 7\_TA-PROV(2013)0571 European Parliament legislative resolution of 11 December 2013 on the proposal for a regulation of the European Parliament and of the Council establishing a financing instrument for development cooperation. Available at: <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP/TEXT+TA+P7-TA-2013-0571+0+DOC+XML+V0/EN>

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16. Joint statement by the Council and the representatives of the governments of the member states meeting within the Council, the European Parliament and the Commission, “The European Consensus on Development”, available at <[http://ec.europa.eu/development/center/repository/eu\\_consensus\\_en.pdf](http://ec.europa.eu/development/center/repository/eu_consensus_en.pdf)>

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