

The European Union's Global Health Actorness: A Research Agenda for a New Age of Pandemics

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Abstract

Whilst the European Union's (EU's) response to health emergencies has historically been subpar, some suggest that it emerged from COVID-19 as a stronger global health actor. This prompts two interrelated questions: how have International Relations scholars conceptualised and assessed EU 'actorness' in the all-too-often neglected field of global health, and what adjustments are required in anticipation of a potential new age of pandemics? This article revisits the longstanding notion of 'actorness' and dissects the few studies that apply it systematically to analyse the EU's role in global health. After identifying some key shortcomings in the literature, the article formulates a research agenda suitable for the complex and high-stakes nature of contemporary global health endeavours. By further adapting the concept of 'actorness' to a multifaceted EU external action as well as to an increasingly intricate global governance architecture, this research agenda contributes to the broader scholarship on the EU's international outreach.

Keywords: actorness; European Union; external action; global health; pandemic

Introduction

COVID-19 provided further evidence that the European Union (EU) recurrently finds itself on the backfoot when facing health emergencies. Earlier crises – such as the 1990s Bovine Spongiform Encephalopathy (BSE), the 2009 H1N1 pandemic and the 2014–2015 Ebola virus outbreak – had already called into question the EU's preparedness and responsiveness. To various degrees, the agenda-setting impact of these and other shocks galvanised the EU's (global) health policy (Aluttis et al., 2014; Greer et al., 2022). Similarly, whilst EU institutions struggled to react to the spread of the SARS-CoV-2 virus, co-ordination improved over time (Brooks et al., 2023), leading some scholars to argue that EU 'actorness' increased as a result of the pandemic (Anghel and Jones, 2022). This raises two interrelated questions: (1) how has the literature conceptualised and assessed EU actorness in global health, and (2) what adjustments would a post-COVID-19 research agenda require?

For over 50 years, the concept of 'actorness' has shed light on the EU's role in the world, allowing for comparability across policies and with other entities. Nevertheless, it has seldom been applied to global health. The few systematic analyses of the EU's actorness in this realm, whilst insightful and valuable, date back to about a decade ago and present several limitations. Firstly, they overlook the EU's influence beyond multilateral action. Secondly, they focus on ties with the World Health Organization (WHO), neglecting other global health actors. Thirdly, they conceptualise and operationalise 'actorness' on an ad hoc and sometimes inconsistent basis, which can lead to unclear and contradictory conclusions, not just across studies but even within them. These trends

are not exceptional but, in fact, reveal pervasive shortcomings in the broader literature on (EU) actorness.

Whilst resolving longstanding theoretical and methodological discrepancies would be an overly ambitious goal, it is possible to lay out some parameters for a research agenda on the EU's global health actorness that is fit for a post-COVID-19 world. There is growing recognition that global health now constitutes an integral component of the EU's external action – a development that the emerging 'European Health Union' (European Commission, 2020) and the new EU Global Health Strategy (European Commission, 2022) aim to consolidate. For 'actorness' to preserve its analytical teeth, it needs to adapt to the polyhedral nature of today's global governance and EU external action, which makes global health an ideal testing ground. Moreover, in a context marked by frequent and multifaceted health-related disruptions, which may well usher in an 'age of pandemics' (European Commission, 2022, p. 14), whether the literature considers the EU as a global health actor is highly significant. After all, 'the term actor is used as a synonym for the units that constitute political systems on the largest scale [and] the attribution of actorness in this sense will determine what is studied' (Bretherton and Vogler, 1999, p. 18), amongst other eventual performative effects (Larsen, 2020).

This article is structured as follows: in the next section, we situate the EU's role in global health by considering legal competences, praxis and external context. Section II looks back at the prolific history of 'actorness' and reviews those studies that have applied the notion systematically to the EU's global health policy. Section III proposes a new research agenda that seeks to transcend existing limitations through six key principles, also pertinent to broader actorness literature. The final section offers some concluding remarks.

I. Setting the Scene

The COVID-19 pandemic brought health to the forefront of international relations. To be sure, collaborative approaches have always been necessary to address less conspicuous – but often highly impactful – global health challenges, with past transnational efforts varying in intensity and success. Yet, COVID-19 was a harbinger of a new era: one in which ever-more-critical threat multipliers – such as mass urbanisation, habitat conversion and climate change – accentuate the imperative of global co-operation, urging policymakers and International Relations scholars alike to devote further attention to health matters. Whilst this mindset shift has been unfolding for years (Fidler, 2010, pp. 5–6), it now demands consolidation.

Before COVID-19, 'global health' was already a popular buzz phrase and field of study. Consensus on its precise meaning, however, has been elusive. Kickbusch and Lister (2006) provided an oft-quoted definition: 'those health issues that transcend national boundaries and governments and call for actions on the global forces that determine the health of people' (p. 7). A seminal European Commission (2010) Communication on 'the EU role in global health' suggested, from a more normative standpoint, that global health 'is about worldwide improvement of health, reduction of disparities, and protection against global health threats' (p. 2).

In the recent 2022 Global Health Strategy, which updated the 2010 Communication, the Commission declared global health an 'essential pillar of EU external policy'

(European Commission, 2022, p. 4). Yet, previous attempts at prioritising health within the EU's agenda yielded mixed results, owing to Member State reluctance and EU institutions' modest supporting role in the 'protection and improvement of human health'.¹ The EU possesses shared competence in addressing 'common safety concerns in public health matters',² but binding legislation is only foreseen in a scarce number of areas.³ Meanwhile, broader 'incentive measures'⁴ in support of public health have grappled with budgetary constraints (Greer et al., 2022, p. 78). Past health crises did lead to noteworthy institutional developments, such as the establishment of the European Commission Directorate-General for Health and Consumers in 1999,⁵ the European Food Safety Authority in 2002 and the European Centre for Disease Prevention and Control in 2004. However, these and other health-related institutions received relatively narrow mandates and have struggled to gain political and financial weight, much like the treaty-enshrined aspiration to 'health mainstreaming'⁶ has struggled to gain real traction (Godziewski, 2022).

EU policies, nevertheless, are far more consequential for global health than is typically appreciated. This becomes clear when accounting for socio-political determinants of health, along with the EU's ability to externalise its norms by virtue of its significant market size (Greer et al., 2022, p. 235). Often, it does so involuntarily, through the so-called 'Brussels effect' (Bradford, 2020). This can be perceived in matters directly or indirectly concerning global health, such as safety standards, environmental issues and data regulation (Bradford, 2020). In line with neofunctionalist predictions, the EU's own health-related integration has been a spill-over effect of the internal market, fiscal governance and other policy realms (Brooks et al., 2023; Greer et al., 2022). The EU's growing awareness of these spill-overs is reflected in its horizontal quest for 'Health in All Policies' (European Commission, 2022). Since its first formulation in 2006, this normative ambition remains frequently cited but largely unfulfilled, as health is always impacted by, but seldom prioritised over, other policy realms (Godziewski, 2022; Rekhis, 2024).

Following this broader conceptualisation of (global) health, its governance architecture can be seen to encompass multiple entities whose primary purpose lies elsewhere, such as the World Bank and the World Trade Organization (WTO). Furthermore, global health governance has moved past a state-centric intergovernmental model due to a proliferation of non-state actors (e.g., the Bill & Melinda Gates Foundation) and *multistakeholder* initiatives (e.g., the Gavi Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria). In short, despite its considerable regulatory and co-ordinative powers, the 'WHO [World Health Organization] no longer stands alone in global health governance, nor arguably at its center' (Clinton and Sridhar, 2017, p. 4).

Whereas some studies and taxonomies of contemporary global health actors ignore or belittle the EU (see Hoffman and Cole, 2018), others do refer to it as an 'actor', yet often leaving this term undefined (see Greer et al., 2022, p. 223). On the one hand, the EU is a

¹ Article 6, subparagraph (a), of the Treaty on the Functioning of the European Union (TFEU).

² Article 4, paragraph 2(k), TFEU.

³ Article 168, paragraph 4, TFEU.

⁴ Article 168, paragraph 5, TFEU.

⁵ DG SANCO, the predecessor of the current DG for Health and Food Safety (DG SANTE).

⁶ Article 9, TFEU, and Article 168, paragraph 1, TFEU.

mere informal observer at the WHO⁷; on the other, it has played a prominent part in WHO-sponsored negotiations (Gehring et al., 2013, p. 858) and is consistently present in all the ‘political spaces’ that govern global health (Kickbusch and Szabo, 2014, p. 1). ‘Presence’, defined as the EU’s ability ‘to exert influence beyond its borders’ (Bretherton and Vogler, 2006, p. 22), ‘denotes latent actorness’ (p. 211), at the very least. Not only does the EU project its influence in the aforementioned multilateral or *multistakeholder* settings, but also bilaterally or even unilaterally.

The EU’s influence may lead to beneficial but also pernicious external outcomes – a reality that is not lost on scholars of the EU’s actorness or presence (Allen and Smith, 1990; Ginsberg, 2001) nor on studies of the EU’s regulatory, market or normative power (Bradford, 2020; Damro, 2012; Manners, 2002). By contrast, the few available definitions of ‘global health actor’ usually possess a more positive connotation. According to Hoffman and Cole (2018), a global health actor is ‘an individual or organization that operates transnationally *with a primary intent to improve health*’ (p. 4, our emphasis). This narrow definition relies on highly subjective yardsticks and obscures the increasingly kaleidoscopic character of the global health architecture.⁸ In this article, we will examine how the literature on the EU as a global health actor has dealt with this mismatch.

II. The EU’s Actorness: Past Perspectives

Since its birth over five decades ago (Cosgrove and Twitchett, 1970), and especially since Sjöstedt’s (1977) landmark contribution to the field,⁹ the enduring concept of ‘actorness’ has been closely – if not quite exclusively – linked to the European Economic Community and later the EU. The notion was born out of a need to account for the ‘new international actors’ that were gaining influence in the global scene, more specifically, the United Nations, the EU and, to a lesser extent, other regional organisations (Cosgrove and Twitchett, 1970, p. 12). Whilst these are all intergovernmental organisations built by nation-states, they constitute more than the sum of their parts. Through the lens of ‘actorness’, a wealth of literature has explored the extent to which the international footprint of the EU, in particular, proves this to be true.

Many actorness scholars have broken ‘actorness’ down into measurable criteria (see Rhinard and Sjöstedt, 2019, p. 8). Some have devised analytical frameworks that apply beyond the EU, whilst others have embraced a more targeted approach aligned with parallel strands of literature on the EU’s *sui generis* character (Manners, 2002). The concept of ‘actorness’ gained vigour in the 1990s and 2000s, largely thanks to the contributions of Jupille and Caporaso (1998) and Bretherton and Vogler (1999, 2006). The former conceptualised actorness as depending on four criteria: ‘authority’ (legal competence), ‘recognition’ (by other actors), ‘autonomy’ (institutional distinctiveness and independence) and ‘cohesion’ (in terms of values/goals, tactics, procedures and outputs). From a more constructivist perspective, Bretherton and Vogler (2006) focused instead on the

⁷The European Commission (2022) now intends to formalise this status ‘as a first step towards full WHO membership’ (p. 21).

⁸Fidler’s (2010, p. 10) more comprehensive and non-normative taxonomy does include the EU and even tobacco companies.

⁹Sjöstedt (1977) did not actually use the term ‘actorness’ but notoriously defined actor capability as ‘the capacity to behave actively and deliberately in relation to other actors in the international system’ (p. 16).

EU's 'presence' (in the sense of Allen and Smith, 1990), 'opportunity' (the material and ideational international environment) and 'actor capability' or 'actorness' – i.e., 'the ability to exploit opportunity and capitalize on presence' (p. 2).

Whilst disagreements about operationalisation have been pervasive, the track record of 'actorness' in generating empirical research is remarkable. Its long-lasting appeal may reside in its flexibility and versatility, whose downside is a lack of terminological clarity (Drieskens, 2017, p. 1537). That said, the term 'actor' is at least more easily definable than similar ones, such as 'player'. Hill (2007) argued as much, conceptualising actorness as 'the capacity to act and to influence others without necessarily requiring the attributes of statehood' (p. 4). More recently, the notion of 'actorness' has coexisted with others like 'performance' (Kissack, 2011; Rhinard and Sjöstedt, 2019) and 'effectiveness' (Groen and Niemann, 2013; Niemann and Bretherton, 2013; Thomas, 2012), although these also present some conceptual difficulties, and the former has not ceased to attract academic interest.

Historically, actorness scholarship has focused on hard security and defence, neglecting other areas of external action (Bretherton and Vogler, 2006, p. 11). This trend has been partially corrected over time (Drieskens, 2017, p. 1538): for instance, environmental and climate policies have received growing attention from 'actorness' scholars (Delreux, 2014), as has neighbourhood policy (Börzel and Van Hüllen, 2014), inter alia. 'Actorness' has also articulated multiple analyses of the EU's engagement with other international institutions (Gehring et al., 2013; Groen and Niemann, 2013; Kissack, 2008). The notion thus holds vast potential for comparison between EU policy areas as well as between the EU and other entities. However, this potential remains somewhat unrealised, as the concept has become a victim of its own success. Many scholars have used it rather loosely to frame their research on the EU without paying sufficient attention to external dynamics, analytical precision and generalisability (Rhinard and Sjöstedt, 2019, pp. 9–10). As Drieskens (2017) argues, this calls for 'rethink[ing] rather than abandon[ing]' (p. 1543) the study of actorness by approaching it from a more context-aware and systematic standpoint.

EU Actorness Meets Global Health

The scarce literature on EU actorness in global health illustrates the broad patterns delineated above, calling for similar remedies. In our effort to determine whether this was indeed the case, we set out to identify systematic assessments of EU actorness in global health rooted in a given analytical framework and criteria-based methodology. Tellingly, we found that only one book chapter (Guigner, 2012) and two journal articles (Battams et al., 2014; Rollet and Chang, 2013) fulfilled this condition. The three selected studies will be dissected below, in connection with other publications that also analyse the EU's role as a global health actor, albeit not from an 'actorness' perspective.

Concerning their ontological approaches, the three systematic assessments of EU global health actorness insightfully acknowledge the complexity of today's global health architecture, but this is not reflected in their case-study selection or other methodological choices. The bulk of their attention is devoted to the EU's multilateral action, mainly through the WHO,¹⁰ with the EU's bilateral action (e.g., the health impact of dyadic ties with specific countries) receiving much less scrutiny. All the studies recognise the global

¹⁰Steurs et al. (2017) similarly found that 'studies on the EU's role in global health are mostly confined to the European Commission's policy and the EU's representation in the World Health Organization' (p. 435).

health implications of other policy areas and the EU's promotion of its own norms and preferences in multilateral settings and agreements (see also Bergner, 2023, p. 6; Kickbusch and de Ruijter, 2021, p. 1). Nevertheless, they fall short of mentioning any instance of unilateral norm externalisation as a by-product of the EU's market size (see Bradford, 2020).

An additional ontological question is whether global health actorness presupposes a positive intent (Hoffman and Cole, 2018, p. 4; see also Aluttis et al., 2014, p. 4; Steurs et al., 2017, p. 436). Two of the selected studies take a stance in principle, with both of them subscribing to Kickbusch and Lister's (2006) rather agnostic definition of global health (Guigner, 2012, pp. 7–8; Rollet and Chang, 2013, p. 310). Guigner's (2012) final message is that 'the EU plays a main role on the global health stage, *but whether as antagonist or protagonist remains an open question*' (p. 108, our emphasis). Yet, the rest of the chapter appears to paint adverse forms of external influence as corrosive of said actorness. Similar contradictions are present in Rollet and Chang's (2013) article, which claims that appraising the EU's influence in global health begs 'the question of what an action to *improve* global health is' (p. 313, our emphasis).

Moving on to their analytical frameworks and broader research design, all the selected studies probe EU actorness in global health by borrowing from the classics. For Guigner (2012) and Battams et al. (2014), the departure point is Jupille and Caporaso (1998), whereas Rollet and Chang (2013) draw instead on Bretherton and Vogler (2006). None of the three studies, however, apply these classic analytical frameworks in their full integrity. The demarcation between concepts is not always clear, and the selected assessment criteria are often presented in a convoluted way. In terms of substance, external perceptions of the EU are assessed in a particularly tenuous manner. For instance, Guigner (2012) and Battams et al. (2014) evaluate the EU's external recognition on the sole basis of its relations with the WHO. Generally, legal frameworks, official documents, public statements and policy instruments receive considerable attention, whereas the study by Battams et al. (2014) is the only one partly based on some interviews with public officials. Comparisons with other global health actors or with other policy areas are either absent or rather cursory.

The apparent consensus across the three publications is that the EU is a burgeoning global health actor, but not a fully fledged one.¹¹ However, their overall verdicts often lack consistency and precision. Guigner (2012) claims that 'despite all [its] apparent activity, the EU is at times simply a "decorative element"' (p. 108), adding that it 'nevertheless fulfils actorness criteria' and 'plays a main role on the global health stage' (p. 108). Battams et al. (2014) reach an ambiguous conclusion too, merely noting that 'the EU has developed a more prominent role in global health' (p. 560). Rollet and Chang (2013) deliver the clearest – but still slightly conflicted – judgment: whilst affirming that 'the EU *is* a global health actor' (p. 328, emphasis in original), they label it as an 'actor still in construction' (p. 328; see also Bretherton and Vogler, 2006, p. 22).

As for the main elements obstructing the EU's global health actorness, the three studies point chiefly at cohesion challenges (see also Bergner, 2023; Steurs et al., 2017; van Schaik et al., 2020). Unlike Guigner (2012), Rollet and Chang (2013) admit that speaking with a single voice can at times be 'disadvantageous' to the EU's influence (pp. 326–

¹¹After COVID-19, lukewarm assessments prevail (Bergner, 2023, pp. 6, 9; Kickbusch and de Ruijter, 2021).

327), but they still paint a negative picture of the EU's lapses in this regard. For their part, Battams et al. (2014) stress that the EU is also constrained by a more competitive external environment. On the importance of speaking with a single voice, they too send somewhat mixed messages. Not doing so is sometimes portrayed as a significant problem, but the authors also see joint positions as potentially based on the 'lowest common denominator' (Battams et al., 2014, p. 559; see also Chamorro, 2016, p. 257).

III. A Post-COVID-19 Research Agenda

After years of relative neglect (van Schaik et al., 2020, pp. 1148–1149), COVID-19 rekindled policy-makers' and scholars' interest in the EU's role in global health. However, the few post-COVID-19 analyses of EU 'actorness' with a health focus (Anghel and Jones, 2022; Vandendriessche et al., 2023) do not conduct a systematic criteria-based assessment and, in the case of the former, explore internal developments only. Revisiting earlier attempts to systematically assess EU *global* health actorness would enrich this emerging wave of literature whilst contributing to 'put[ting] the house of EU actorness in order' (Drieskens, 2017, p. 1542) and furthering its thematic diversification. A potential added value of this new research agenda is to prevent global health from drifting back into a peripheral policy status (see Bergner, 2023, p. 8; Vandendriessche et al., 2023, p. 33), which in the EU is particularly important nowadays, with a new European Commission set to take office in 2024.

Our proposed research agenda rests on six principles, which seek to overcome some blind spots and clichés present in previous literature. The recommendations concern ontological approaches, analytical frameworks, research designs and general narratives. *Mutatis mutandis*, they all apply to a broader scholarship on EU actorness.

1. Engage with the full scope of the global health architecture

As Kickbusch and de Ruijter (2021) alert, 'in wanting to shape a strong EU role in global health it would be too narrow to only look at those activities labelled "health"' (p. 1). In the same vein, a recognition of all 'political spaces' (Kickbusch and Szabo, 2014, p. 1) governing global health is essential. For instance, the EU's interaction with the World Bank's health portfolio – which rivals that of the WHO itself (Clinton and Sridhar, 2017) – features too sparsely in our selected studies (Rollet and Chang, 2013, pp. 321, 324). More generally, 'what has been lacking is a systematic effort to capture the Union's engagement with the less than "conventional" state actors in the realm of international affairs', including 'transnational policy networks' in global health (Kingah et al., 2015, p. 232).¹² This limits our understanding of the extent to which the EU has fostered and benefitted from widespread power diffusion in global governance (Kissack, 2023).¹³ Contrary to the EU's shaky legal standing at the WHO, the European Commission is part of voting constituencies at the boards of Gavi and the Global Fund. To be sure, formal membership is not a prerequisite for actorness (Gehring et al., 2013), but its potential auxiliary effect is worth investigating.

¹²An article by Rollet and Amaya (2015) on EU–Global Fund interactions is a notable outlier.

¹³Battams et al. (2014, pp. 548, 556, 560–561) touch upon this matter, albeit inconclusively (see also Rollet and Amaya, 2015; van Schaik et al., 2020).

2. Look beyond multilateral or *multistakeholder* action

By focusing chiefly on the EU's interaction with the WHO, the selected studies implicitly reinforce the common assumption that the EU embraces multilateralist external action almost by default. This assumption is not always borne out by the facts (Costa, 2013; van Schaik et al., 2020). Nowadays, the EU pursues alternatives to multilateralism (or *multistakeholderism*) more openly and frequently and leverages its economic might more strategically – a pragmatic turn accelerated by Russia's full-scale invasion of Ukraine. In the context of COVID-19, many EU Member States bypassed the *multistakeholder* COVAX Facility and privileged bilateral vaccine donations instead (van Schaik et al., 2020). Furthermore, the EU has displayed a unilateral global health policy not just through involuntary norm externalisation (Bradford, 2020; Perehudoff et al., 2021; Ruiz Cairó, 2021) but in wilful defence of its values and interests. One such instance came in 1999, when the EU refused to comply with a ruling by the WTO Appellate Body establishing the illegality of its ban on imports of hormone-treated beef (Bradford, 2020, pp. 175–176).

3. Strip global health actorness from any normative overtones

Theoretically, 'actorness' is not concerned with ethical considerations. The EU could be regarded as a global health actor irrespective of whether it is a 'force for good', or where its main motivations lie (see Fidler, 2010, p. 7). It is sometimes difficult to ascertain whether the behaviour of a given entity reflects 'a primary intent to improve health' (Hoffman and Cole, 2018, p. 4). For example, the EU was accused of neglecting global health by opposing a comprehensive waiver of intellectual property rights for COVID-19 vaccines (Bergner, 2023). However, there is no perfect trade-off between global health and economic interests, and some indisputable global health actors also objected to a full-blown waiver (Gates, 2022, pp. 163–164). The eventual WTO compromise aligned closely with the EU's position (Furlong et al., 2022), which is precisely what should draw the attention of actorness scholars, with a normative reading of these implications warranting a separate exercise. In short, definitions of 'global health actor' must be kept as normatively agnostic as possible – e.g., following Kickbusch and Lister (2006, p. 7) – if they are to account for both benign and malign impacts, in line with broader actorness literature.

4. Ensure methodological rigour and richness, with an eye on building scholarly bridges

The concept of 'actorness' is notoriously difficult to operationalise. Attempts to devise and apply assessment criteria have resulted in inconsistencies and overlaps, whilst leaving out important dimensions of EU influence (Drieskens, 2017, pp. 1538–1539). What constitutes an actor may be definable (Hill, 2007, p. 4), but a universal definition will always be elusive. The relationship between actorness and effectiveness is similarly murky: some classical works treat them in conjunction (Bretherton and Vogler, 1999; Cosgrove and Twitchett, 1970), but more recent scholarship tends to address them separately (Carbone, 2013; Niemann and Bretherton, 2013; Thomas, 2012). Conceptual clarity is key to avoiding misinterpretations, as is aligning ontological considerations with methodological choices. This article's holistic understanding of global health prescribes a set

of assessment criteria that is more concerned with contextual factors (e.g., Bretherton and Vogler, 1999, 2006) than with formal prerogatives or mechanisms. The selected criteria should be applicable to other policy areas, thus enabling comparability and further interactions amongst scholars of EU external action (Smith, 2010, p. 329). Despite the EU's *sui generis* character, comparisons with other regional international organisations like the Association of South-East Asian Nations (ASEAN) (see Lamy and Hong, 2012) or with other multi-level governance arrangements (e.g., in federal states) are also possible and indeed desirable. Finally, knowledge accumulation requires a richer empirical analysis (e.g., more interview based) that heeds outside perceptions of the EU – ‘a rather underexplored topic in global health studies’ (Bergner, 2023, p. 6; see also Ginsberg, 2001, p. 5; Smith, 2010, p. 343).

5. Refrain from treating the state as a unitary actor and using this ideal type to assess EU actorness

EU ‘actorness’ has often been shorthand for ‘resemblance to states’, which has already proven controversial (see Bretherton and Vogler, 1999, 2006; Drieskens, 2017; Manners, 2002). An even more problematic practice is to subtly employ some non-essential state attributes – viz., a monolithic international profile – as analytical yardsticks. Federal and/or heavily decentralised states may also struggle in the face of any test presupposing a direct correlation between unity and actorness/effectiveness. Even when effectiveness is removed from the equation, the relationship between coherence (e.g., through EU supranationalism) and actorness is not necessarily direct (Drieskens, 2017, p. 1540). Although plenty of evidence questions the importance of speaking with a single voice (Delreux, 2014; Smith, 2006; Thomas, 2012), the ‘one voice mantra’ (Macaj and Nicolaidis, 2014, p. 1067) continues to permeate academic works and official documents, such as the new EU Global Health Strategy (European Commission, 2022, pp. 20, 29). The ‘Team Europe’ approach to combatting COVID-19 in third countries (European Commission, 2022, pp. 4–5) does see value in conveying ‘a single voice though multiple mouths’ (Delreux, 2014, p. 1022), but even uncoordinated actions can succeed as long as they preserve a minimum degree of harmony (Niemann and Bretherton, 2013, pp. 267–268). For instance, Member State flexibility in aid provision can enhance recipient ownership and overall effectiveness (Carbone, 2013). Two of our selected studies (Battams et al., 2014; Rollet and Chang, 2013) acknowledge these nuances but appear reluctant to abandon the idea that intra-EU co-ordination is necessarily positive.

6. Be mindful of an inverted ‘capability–expectations gap’

Bradford (2020) rightly objects to the ‘nearly constant public commentary about the European Union’s demise or global irrelevance that permeates modern public discourse’ (p. ix; see also Drieskens, 2017, p. 1540; Niemann and Bretherton, 2013, p. 267). In light of this widespread narrative, Hill’s (1993) famous diagnosis that EU foreign policy suffered from a ‘capability–expectations gap’ – with the latter exceeding the former – calls for an updated opinion. Yet, the notion has been uncritically reproduced in a vast amount of literature on EU external action (Larsen, 2020, p. 967), including global health (see Rollet and Chang, 2013, p. 310). Few scholars note Hill’s (1993) own admission that

the concept is overly ‘static’ (p. 322), nor his subsequent warning that ‘negative expectations are less common than the usual optimism but they too can lead to a capability gap, where power is not mobilised, or used too timidly’ (Hill, 2007, p. 5). To be sure, it may occasionally be useful for the EU to fly under the radar, especially as EU institutions seem increasingly aware of the levers they can pull (Bradford, 2020, p. 21). But low expectations can have detrimental performative effects, obstructing a thorough and balanced evaluation of the EU’s actions (Larsen, 2020, p. 973) and leading to a suboptimal division of labour across the EU system.

Conclusion

Against the COVID-19 backdrop, the EU has arguably experienced a ‘global health awakening’ (van Schaik et al., 2020). However, whether the EU constitutes a global health actor – and, if so, since when and in what sense – is far from settled. Answers to this question can offer a glimpse into prevailing ontological assumptions and shape future scholarly and policy choices (Bretherton and Vogler, 1999; Larsen, 2020), with enormous potential repercussions in a new ‘age of pandemics’.

To probe the current state of the art, this article has relied primarily on the well-established concept of ‘actorness’, showing that very few scholars have used it to systematically assess the EU’s activities in global health. The relatively outdated and isolated nature of their respective studies denotes that global health has not been a historical priority of EU scholars or policy-makers. The selected publications, moreover, present some limitations in terms of their ontological approaches, analytical frameworks, research designs and overall narratives.

Post-COVID-19 scholarly momentum can and should inspire a revamped research agenda on the EU’s global health actorness. This would require engaging with the full scope of contemporary global health governance, paying more attention to bilateral and unilateral EU action and stripping global health ‘actorness’ from any normative connotation. It is also crucial to ensure methodological rigour and richness and to dispense with an idealised ‘unitary state’ as an analytical yardstick. Finally, we caution against the tendency to downplay the EU’s ability to shape world affairs, be it for better or for worse. The principles underpinning this research agenda are broadly applicable to all studies on EU actorness, with one ultimate goal: further adapting the concept to today’s multifaceted EU external action as well as to an increasingly dense and diverse global governance architecture.

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