From reaction to action: How the EU can step up its role in global pandemics

Simona Guagliardo
Policy Analyst
European Policy Centre

Claire Dhéret
Head of Social Europe & Well-being
programme and Senior Policy Analyst
European Policy Centre

Spreading quickly from a localised outbreak to a global pandemic in just a handful of months, the coronavirus forced Europe to adopt emergency public health measures. Within its limited competences in health, the EU rushed to support national efforts and put forward proposals that were previously deemed impossible. However, recent initiatives were undertaken under conditions of crisis, came too late, or were implemented in fragments. Drawing on the lessons of the COVID-19 crisis is essential, as the pandemic is far from over and the risk of future epidemics is evident.

The pandemic has laid bare the need for an EU public health policy that is effective against cross-border health challenges and lives up to its citizens' expectations. As such, the necessity to build a 'Europe of Health' has finally been recognised at the highest political level, with some very ambitious proposals being included in the Franco-German initiative on European recovery.[1]

Such proposals do, however, also require further thinking to become fully operational and have the greatest impact possible. Thus, this Policy Brief argues that the 'EU health sovereignty' called for by Chancellor Merkel and President Macron requires both the strengthening of the EU's crisis management capabilities and more resilient national health systems. This twofold strategy would reinforce the EU's international leadership in health at a time when multilateralism is seriously jeopardised.

BACKGROUND – WERE EUROPEAN HEALTH SYSTEMS READY FOR A PANDEMIC?

The COVID-19 pandemic has exposed both the unpreparedness of European health systems to absorb a health crisis of this magnitude, and pre-existing structural weaknesses which rendered the systems even more vulnerable to the shock.

National preparedness

Hospitals across Europe found themselves strained beyond their ability in the last few months. Challenges included shortages of health professionals, insufficient intensive care capacity and a lack of adequate crisis management capabilities. European countries were faced with a scarcity of critical medical equipment (e.g. personal protective equipment) and limited laboratory and testing capacity, resulting in a weak response from their health systems.[2]

In the most affected regions of Italy, for example, the health system came close to collapse, thus leading to unprecedented emergency measures. While the Italian Civil Protection fast-tracked public procurement for respiratory ventilators, protective masks and tests, the national government also allocated resources to recruit health workers immediately.[3]

Health systems' structural vulnerabilities

The crisis has also highlighted the structural weaknesses of health systems, from fragile primary and long-term care systems to the low uptake of digital solutions and poor integration of care between different levels of care. Primary care providers struggled to act as health system entry points, while also facing difficulties with digital models of care delivery (e.g. teleconsultation, remote monitoring). Monitoring the spread of the virus and the consistent collection of patients' data was another major issue in the absence of integrated health data spaces.

Furthermore, the weak integration of care between primary care, hospitals and social care in some countries resulted in hospitals overflowing with patients and nursing homes becoming hotspots of the disease.[4]

The pandemic also hindered access to care for patients with underlying medical conditions. Resources had to be diverted to treat COVID-19 patients, resulting in reassigned staff and facilities. This meant interventions being cancelled, postponed or interrupted; access to therapies and treatments disrupted; and greater difficulties in securing medical consultations.

Different national approaches and a disrupted global order

At the onset of the COVID-19 outbreak, poorly coordinated national approaches defined Europe's reaction. In addition to (the stringency of) the containment measures, the deployment of test-kits, the closure of borders and information on face masks vary greatly across member states.

Such a poorly coordinated and fragmented approach not only weakens national health systems' capacity to cope with cross-border health crises but also has a knock-on effect on other EU policies. For instance, the lack of EU-wide coordination, especially in terms of cross-border movement restrictions, caused disruptions in the functioning of the Single Market and the supply of critical goods. Furthermore, it undermines the Union's credibility to act as a coherent block and ability to become a global health crisis manager in times of a jeopardised global health governance structure.[5] Following criticisms against the World Health Organization (WHO) and the US' threats to halt funding and disengage from the global arena, multilateralism in the field of health is under huge pressure. The field is in desperate need of renewed leadership.

STATE OF PLAY – THE EU'S REACTION TO THE PANDEMIC

How has the EU responded to the crisis so far?

The legal framework for EU action on health emergencies defined the main contours of the Union's first reaction to COVID-19.[6] Building on past experiences (i.e. the severe acute respiratory syndrome of the early 2000s, the 2009 swine flu pandemic), the EU put in place a legal framework to help member states coordinate preparedness and response measures. The framework is composed of three central pillars:

1. The Health Security Committee, comprising national representatives and chaired by the European Commission, and allowing member states to exchange information and coordinate their responses.

2. The European Centre for Disease Prevention and Control (ECDC), operating the early warning and response system and publishing regular bulletins on threats and risk assessment.

3. The joint procurement of medical countermeasures, allowing member states to benefit from collective purchases of critical goods voluntarily. Reacting to the COVID-19 crisis, the Commission launched different procurement processes to purchase critical medical equipment.

Despite the existence of this framework, the pandemic has revealed several deficiencies in European and national crisis management capabilities. They include a high dependency on information coming from international organisations; a lack of resources, competences or even credibility of existing EU entities; overly compartmentalised health systems; and a heavy reliance on other world regions to deploy medical equipment and medicines.

In reaction, the Commission has adopted new initiatives to support national efforts. A strategic stockpile of medical equipment, rescEU, has been created as part of the EU Civil Protection Mechanism. The Commission has also set up an expert group of scientists that advises on risk management measures to provide guidelines to member states (on e.g. testing strategies and health system resilience).

Moreover, the Commission has recently put forward ambitious proposals in the pharmaceutical field. In particular, it launched a plan to accelerate the development and production of COVID-19 vaccines, and a new pharmaceutical strategy to improve patients' access to safe and affordable medicines and to support innovation. These initiatives are echoing the need for 'EU health sovereignty' in the pharmaceutical sector, as called for by the Franco-German proposal for a new European approach to health crises, built around a strengthened medicines production capacity, increased funding for research and innovation (R&I), and common standards for health data interoperability.

What place for health in the next Multiannual Financial Framework?

On 27 May, the Commission published its proposal for a revised EU budget for the next seven years[7] and an ambitious recovery package worth €750 billion, called 'Next Generation EU'.[8] The proposals show a significant change of pace and recentring of health policy at the EU level. In comparison to the previous Multiannual Financial Framework proposal's timid approach, this U-turn represents the Commission's eventual recognition that public health is a priority.[9] This is translated into substantial funding earmarked for health across different programmes:

► The new ambitious stand-alone health programme, EU4Health, which is worth €9.4 billion. With an unprecedented financial allocation for EU health policy, the programme aims to enhance the Union's preparedness and responsiveness to future crises and strengthen health systems and the healthcare workforce.

► Other funding instruments will also support investment in health. Following a cross-sectoral

approach, the Commission plans to use, among other programmes, the European Social Fund Plus to address inequalities in access to care, the European Regional Development Fund and the Digital Europe Programme to improve the physical and digital health infrastructure, and Horizon Europe to promote R&I in health.

PROSPECTS – MAKING EU AND NATIONAL HEALTH SYSTEMS MORE RESILIENT TO FUTURE PANDEMICS

Despite the existing mechanisms and new ambitious proposals, the crisis has revealed a paradox between the cross-border dimension of the pandemic, and the national and even regional or local nature of the adopted measures. While tailor-made measures are needed to address local clusters and adapt to territorial specificities, they do not contain the spread of the virus sufficiently.

Thus, important reforms must take place to avoid repeated failures. Strong and credible EU-level governance mechanisms are necessary to ensure a rapid reaction from relevant authorities, as well as effective monitoring of implemented measures and adequate coordination among the relevant stakeholders, regions and member states. This is part of the urge to build a Europe of Health and must be rooted in a twofold strategy: fostering health crisis management capabilities while laying the foundations for resilient health systems. A strong Europe of Health would also benefit the EU's international image by positioning it strategically as a global health crisis manager.

Fostering EU health crisis management capabilities

Several actions are needed to create genuine health crisis management capabilities at the EU level. Three of them would be particularly useful:

1. **Existing structures must be endowed with a stronger mandate**. The EU already has five health-related agencies,[10] but their resources and scope for action are minimal. For instance, while the ECDC, whose mission is to strengthen Europe's defences against infectious diseases through surveillance, monitoring, exchange of information and recommendation, could have helped warn national and European authorities about the magnitude of the current crisis, its impact was limited. Some of the reasons relate to the fact that it relies on fragmented data and information provided by national authorities and cannot impose any action on member states. In other words, its impact depends highly on member states' willingness to cooperate.

   Instead of creating new entities, it is imperative to reflect on how existing ones can be strengthened and become more credible. It would include endowing the existing organisations with competences that expands their role from mere information providers, increasing their resources, developing their expertise and interaction with national entities, and ensuring the interoperability of health data across member states.

2. **A European stockpile of strategic medical products and equipment** that could be deployed when and where needed **is key**. While this stockpile falls under the Commission's proposal for the EU4Health programme, a lack of clarity still prevails as regards its governance, priorities and operational aspects. To avoid the creation of new EU agencies, this strategic reserve should be managed by the ECDC. The latter will also need the adequate competence and resources to act as a purchasing agent of medical products and equipment.

3. The current crisis will lay bare the fierce competition among member states in accessing medical treatment and vaccines. Negotiations on drug pricing are currently taking place at the national level, thus creating the risk that member states which offer the best price and most volume are at an advantage. This runs against the principle of providing equal access to EU patients.

   To remedy this, **the EU must extend joint procurement mechanisms to medical treatment and vaccines** and **make better use of the Single Market in the health area.** By offering a bigger market to pharmaceutical companies and defining a common procurement strategy, member states would be able to increase their negotiation power and acquire drugs and vaccines at a lower cost. At the same time, the EU must outline common criteria of distribution to ensure that the most affected regions and high-risk population groups are prioritised.

Strengthening the resilience of national health systems

The COVID-19 crisis has revealed member states' uneven capacities to deal with emergencies. This has been confirmed by several country-specific recommendations recently published under the European Semester.[11] In fact, the Commission highlighted the unpreparedness of many member states' health systems – a lack of adequate staff, resources and materials – during the pandemic.

Although EU competences in the area of health are currently limited, the EU can play an active role in transforming national health systems and strengthening their resilience to future epidemics. For instance, it can strengthen its role in **promoting modern, innovative and patient-centred care**, not least excluding its expenses from the public deficit calculation.[12]

In addition, the EU must promote a change of paradigm in how health systems operate and how their performance is measured. This means shifting from 'sick care' to systems that promote prevention and well-being throughout the entire lifecycle. The EU can contribute to this change by designing and encouraging the use of **a common evaluation framework for health care**. It should include indicators that study the accessibility, affordability and quality of care, and a strong focus on aspects like prevention, the multidisciplinary nature of the provided care services, and patient-reported outcomes.

The Commission should design the framework in consultation with EU member states, basing it on the

extensive work already carried out to improve healthcare systems' performance.[13] It should then be implemented at the national level and used by both the public and private sectors, to foster a largescale and profound transformation of European health systems.

Promoting the EU as a global health crisis manager

The proposals made above would significantly increase the strategic positioning of the EU as a global health actor. Through the establishment of joint procurement strategies, the creation of a strong mandate for EU health agencies and the promotion of value (or patient)-based healthcare at the EU level, **the Union would signal to the rest of the world that the 'every man for himself' approach is counterproductive in the long run**.

The EU would demonstrate that effective international cooperation in health is possible. Leading by example at a time when multilateralism and the *raison d'être* of international organisations, such as the WHO, are questioned is more important than ever. Furthermore, by aligning itself on a common strategy and joint solutions, the EU would be able to influence and raise global health standards, thus increasing its standard-setting power. Finally, it would become a driving force of international reforms in the health governance structure, thus maximising its global leadership and the chance that international organisations will reflect its values and interests.

The COVID-19 crisis and its inevitable global social and economic fallouts are a clear reminder that cross-border health threats require more than a set of national or regional fragmented solutions. It is high time for the EU to draw on the lessons of the pandemic and make some changes. While building a Europe of Health will definitely create new opportunities for the EU – not least to act as a global actor –, it will also require the sensitive transfer of certain competences from the national to the European level.

The upcoming Conference on the Future of Europe represents an ideal avenue to reflect on this issue and debate how the European and national levels can better complement one another. It will provide European citizens with the unique opportunity to make their voices heard, express their expectations for a Europe of Health, and challenge policymakers about past and current decisions. The ball is now in member states' court to decide whether they want to go down that road – and collectively. However, while making up their mind, they should never lose sight of public opinion, nor forget that their choices will determine Europe's capacity to save thousands of lives in the event of future epidemics, as well as deliver concrete and positive outcomes for citizens' health and well-being today.

1   Macron, Emmanuel (2020), "Initiative franco-allemande pour la relance européenne face à la crise du coronavirus".

2   See e.g. Horton, Richard (2020), "Offline: COVID-19 and the NHS - 'a national scandal'", *The Lancet*, Volume 395, Issue 10229, p.1022. Julia, Chantal; Yohan Saynac; Clémence Le Joubioux; Johann Cailhol; Pierre Lombrail and Olivier Bouchaud (2020), "Organising community primary care in the age of COVID-19: challenges in disadvantaged areas", *The Lancet Public Health*, Volume 5, Issue 6, p.313. Legido-Quigley, Helena; José Tomás Mateos-García, Vanesa Regulez Campos; Montserrat Gea-Sánchez; Carles Muntaner and Martin McKee (2020), "The resilience of the Spanish health system against the COVID-19 pandemic", *The Lancet Public Health*, Volume 5, Issue 5, pp.251-252.

3   Armocida Benedetta; Beatrice Formenti; Silvia Ussai; Francesca Palestra and Eduardo Missoni (2020), "The Italian health system and the COVID-19 challenge", *The Lancet Public Health*, Volume 5, Issue 5, p.253.

4   European Commission (2020a), Expert Panel on effective ways of investing in health. Request for an opinion: A new framework for the organisation of health and social care following the COVID-19 pandemic.

5   Bergner, Susan (2020), "The EU's Global Health Crisis Management: Past and Present", E-International Relations.

6   European Parliament and Council of the European Union (2013), Decision No 1082/2013/EU of the European Parliament and of the Council of 22 October 2013 on serious cross-border threats to health and repealing Decision No 2119/98/EC.

7   *European Commission*, "EU long-term budget 2021-2027: Commission Proposal May 2020" (accessed 17 June 2020).

8   European Commission (2020b), Communication from the Commission to the European Parliament, the European Council, the Council, the European Economic and Social Committee and the Committee of the Regions. Europe's moment: Repair and Prepare for the Next Generation, COM(2020) 456 final, Brussels.

9   See Schinas, Margaritis, Opening Remarks by Vice-President Schinas at the Press Conference on the EU4Health Programme, 28 May 2020, Brussels; Kyriakides, Stella, Opening Remarks by Commissioner Kyriakides at the Press Conference on the EU4Health Programme, 28 May 2020, Brussels.

10 The European Centre for Disease Prevention and Control, the European Medicines Agency, the European Agency for Health and Safety at Work, the European Monitoring Centre for Drugs and Drug Addiction, and the European Food Safety Authority.

11 *European Commission*, "2020 European Semester: Country Specific Recommendations / Commission Recommendations" (accessed 17 June 2020).

12 Dhéret, Claire and Simona Guagliardo (2020), "Boosting Europe's resilience with better health systems: Lessons from the COVID-19 crisis", Brussels: European Policy Centre.

13 See e.g. *European Commission*, "State of Health of the EU" (accessed 03 July 2020); *International Consortium for Health Outcomes Measurement*, "Our Mission" (accessed 03 July 2020).