

Turning a new vision into reality: What next for the EU's role in health?

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“For me, it is crystal clear – we need to build a stronger European Health Union. And to start making this a reality, we must now draw the first lessons from the health crisis”.¹ With these words, during her 2020 State of the Union Address, Commission President Ursula von der Leyen unambiguously expressed the need for a robust EU health agenda.

A year since the first announcement of a novel coronavirus in China, Europe is still battling the spread of COVID-19 and cushioning citizens and society against the immense impact of the crisis, not least by rolling out mass vaccination campaigns of unprecedented scale.

In response to the pandemic, the first building blocks of a revamped and strengthened EU health agenda have been set. However, to ‘build back better’, Europe must now lay the foundations for more resilient national health systems, while centring the recovery on people’s well-being and commencing a serious reflection on the EU’s role in health.

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BACKGROUND: THE COST OF COVID-19

The pandemic is inflicting massive costs on the European population and society. It is causing unspeakable human suffering and appalling socioeconomic consequences, not least by aggravating existing social and health inequalities across and within EU countries. In far too many cases, the rapid spread of COVID-19 exposed national health systems’ unpreparedness to absorb and react to the shock and their pre-existing structural weaknesses.

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The ghastly human cost

By the end of 2020, over 84 million cases of COVID-19 were reported worldwide, including 1.8 million deaths. In Europe alone, over 18 million were infected and around 450,000 deceased.² As the pandemic continues into 2021, the eventual death toll will climb.

Older people and persons with underlying health conditions are most at risk. The overwhelming majority of reported deaths across Europe are amongst people aged 60 and over, with people over 80 years old accounting for around 50% of all deaths caused

by COVID-19 so far. The pandemic is exacerbating existing health inequalities as it hits individuals from disadvantaged socioeconomic backgrounds, people living in deprived areas and ethnic minorities disproportionately.⁵

Health systems on the frontline

European countries are adopting strategies to slow the spread of the virus and support their health systems, from social distancing, confinement measures, travel restrictions and the closure of public spaces to testing and tracing strategies. Nevertheless, national health systems across Europe are subjected to an overwhelming rise in the demand for urgent care, placing all health services under severe strain. The impact on hospitals and intensive care units is particularly harsh. Challenges also include the difficulty in obtaining sufficient critical goods, such as personal protective equipment, ventilators, laboratory equipment and, not least, medicine.

As medical resources are diverted to treat COVID-19 cases, the pandemic adversely affects patients with other healthcare needs. Non-COVID-19 patients face disruptions to their essential care, resulting in delayed or missed diagnoses, hindered continuity of care and foregone medical care. Particularly alarming are delays in cancer diagnoses and treatments, which are likely to cause an increase in cancer deaths.⁴

Health workforces stretched thin

Health systems were not prepared to confront a sudden increase in demand for care, and health workers found themselves at the forefront of the response, stretched thin in many European countries. The pandemic made pre-existing shortages of doctors and nurses more visible and acute in many countries, with countries in Eastern and Southern Europe suffering the most. It exposed the uneven capacity of European health workforces, which is already often impacted by the high labour mobility of health professionals within the EU due to significant national differences in working conditions.⁵

STATE OF PLAY: THE EU AGAINST THE PANDEMIC, #STRONGERTOGETHER

Europe's immediate reaction to COVID-19 was not praiseworthy. Caught unprepared by the severity of the public health crisis, EU member states responded in an uncoordinated and "only for me" manner in the early days of the outbreak in Europe.⁶ However, within a few weeks, the European Commission and member states started to work together to shield citizens' lives and livelihoods.

The first actions against COVID-19

Working within the contours of the existing health security framework and distribution of health competences, the Commission took several measures to support the member states battling the first wave of the virus. Among other actions, it coordinated with national governments to lift border controls and export bans

to ensure the proper functioning of the Single Market; launched joint procurement processes to purchase critical medical equipment; and issued recommendations and guidance on community measures to mitigate the spread of the virus, on testing methodologies and on tracing strategies. Furthermore, the Commission mobilised significant resources to support national health systems and fund the research and development of vaccines, treatments and diagnostics.⁷

Building on early lessons: Making the most of EU action in health

Despite these efforts, the COVID-19 public health crisis and resulting socioeconomic shock highlight that more needs to be done to protect European citizens and societies, ensure coherence and coordination against serious cross-border health threats, and strengthen health systems' resilience. Building on the early lessons of the pandemic, the Commission put forward several initiatives which aim to maximise EU health action within the existing institutional framework.

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► The European Health Union and new Pharmaceutical Strategy for Europe

During her State of the Union Address, President von der Leyen announced the intention to build a stronger European Health Union (EHU). On 11 November 2020, the Commission put forward the first building blocks of this project: a revamped health security framework for cross-border cooperation against health threats which would enable the Union to better protect lives and preserve the smooth functioning of the internal market; and proposals to strengthen and better equip the European Centre for Disease Control and Prevention and the European Medicines Agency to address cross-border health threats.⁸

A few days later, on 25 November, the new Pharmaceutical Strategy for Europe was adopted. It represents a major pillar of the Commission's vision for a strong EHU and proposes actions to:

- fulfil unmet medical needs (e.g. treatments for rare diseases, novel antimicrobials) while ensuring patients' access to medicines and health systems' financial sustainability;
- support a competitive, efficient and innovative EU pharmaceutical industry;

- promote EU resilience, crisis preparedness and open strategic autonomy in the pharmaceutical sector; and
- act on the international scene to ensure access to safe, effective and affordable medicines globally.

► **A more ambitious place for health in the next Multiannual Financial Framework**

After intense negotiations over the past months, the European Parliament and the Council reached a political agreement on an ambitious fourth EU Health Programme as part of the 2021-27 Multiannual Financial Framework. The EU4Health financial rollercoaster, which started with the €9.4 billion Commission proposal in May before being temporarily axed to €1.7 billion in July,⁹ ended in December 2020 with the agreement on a €5.1 billion allocation.¹⁰ This is a tenfold increase from the previous Health Programme, which had a mere budget of €449.4 million.¹¹

EU4Health aims to support actions to improve the Union's preparedness and response to serious cross-border health threats. While clearly focusing on boosting health crisis management across the EU, the fourth Health Programme is also meant to enhance national health systems' longer-term resilience and promote citizens' health and well-being. In particular, the Programme aims to fund actions to sustain national policies, increase cross-border cooperation, support health promotion and disease prevention, and promote the effective and inclusive digitalisation of health and care.

While EU4Health will be the primary source of EU funding, health investments will also come from other EU programmes. Efforts to promote vulnerable groups' access to healthcare and improve regional health infrastructure might be financed through the European Social Fund Plus and the European Regional Development Fund. Meanwhile, health research and digitalisation will benefit from dedicated allocations in programmes like Horizon Europe, Digital Europe and the Connecting Europe Facility. Not least, the Recovery and Resilience Facility's (RRF) large-scale financial support can benefit national reforms and investments in the health sector.

PROSPECTS: TURNING A VISION INTO REALITY

The Commission has put forward the first building blocks of a new vision for health in Europe; a stronger Union that protects lives and livelihoods. However, are they enough to future-proof health systems and ensure healthier and more resilient European societies? In order to 'build back better', it is vital to act promptly and not let this momentum dissipate. The EU and its member states must act seriously and boldly to turn this vision for a stronger EU in health into a reality. Such actions must be rooted in a twofold strategy: laying the foundations for resilient national health systems while fostering a COVID-19 recovery centred on well-being.

Future-proofing health systems

The pandemic has exposed European health systems' unpreparedness, vulnerabilities and disproportionate capacities to cope with health emergencies. It is more urgent than ever to support health systems' structural transformation, to boost their effectiveness, accessibility and, not least, resilience against future health threats.

Member states must pay particular attention to health system reforms within the context of the 2021 European Semester cycle, which has been so intrinsically linked to the RRF. Investments should be aimed, among other priorities, at strengthening primary care services, promoting the digital transition in health, supporting healthy ageing and chronic disease management, equipping the workforce for future challenges and improving their working conditions.

Despite its limited competences, the EU can play a crucial role in supporting this structural transformation. The Commission should quickly complement the first building blocks of the EHU with actions that support national health system reforms. One option is to implement a common evaluation framework for health, to assess and improve health systems' performance. Building on the extensive work already in place,¹² together with member states, the Commission should design such a common framework, including indicators of accessibility, affordability and quality of care and paying close attention to disease prevention and health promotion.

All policy is well-being policy

It is high time that people's good health and well-being are put at the core of policymaking. While accomplishing the Health in All Policies approach, the Union and its member states must realise the Economy of Well-being, decisively acknowledging the intrinsic and mutually reinforcing link between people's well-being and societal and economic prosperity.¹³ If Europe is to 'build back better', it must mould the COVID-19 recovery according to well-being and move away from only measuring progress in terms of economic growth. It should develop and use common methods to measure and monitor people's well-being while also implementing well-being impact assessments of policy initiatives.

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Moreover, the pandemic is a clear reminder that societies are made more resilient and fairer through social investment. National governments must prioritise social investment in their recovery plans, especially for vital public services like health, social care and education systems. Similarly, the EU must rethink its fiscal rules and exempt social investment from public deficit calculations. By doing so, member states could make structural investments without incurring excessive deficit procedures once the Stability and Growth Pact rules are reinstated.

The EU's role in health: Time to level up

The vision for a stronger EU in health requires a serious and thorough reflection on European health competences and health governance. The pandemic and its consequent systemic crisis are a wake-up call for decision-makers at all levels to rethink the EU's role in health. A reflection on the feasibility and desirability of transferring some health competences to the EU level can no longer be ignored. The upcoming Conference on the Future of Europe should serve as a platform to engage with citizens and civil society and start the debate on levelling up the EU's role in health policy. It is time for decision-makers to consider the growing demands for more EU action in the area of health and live up to citizens' expectations for a Europe that is capable of protecting their health and well-being.

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Building a strong Health Union is an ambitious objective that is set to be a challenging and lengthy process. Most importantly, realising this vision will require the member states' full commitment. The COVID-19 outbreak will not be the last pandemic Europe ever sees, nor the last health challenge it tackles. In this vein, any tangible progress that the EU27 achieves in building a robust Health Union will be invaluable not only for managing today's crisis but also for being better prepared for future – and perhaps even more severe – health challenges.

This Policy Brief builds on the Coalition for Health, Ethics and Society (CHES) activities in the past year. CHES is kindly supported by a non-restricted education grant from Johnson & Johnson and is part of the EPC's Social Europe & Well-being programme.

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