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EU Health Policy: From Reaction to Resilience

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INTRODUCTION

As the European Union reflects on the challenges and accomplishments of the 2019-2024 mandate, dominated by crises such as the COVID-19 pandemic and the war in Ukraine, health policy has clearly become strategically important for the EU. From the successful vaccine strategy to the establishment of the European Health Union (EHU) and the EU4health programme budget, this period has witnessed significant strides in addressing immediate health crises and long-term challenges. However, as we stand on the cusp of the 2024-2029 period, many challenges remain. The next Commission agenda, the new Parliament and the Council's strategic agenda must include health as a strategic priority and put forward an approach that encompasses not only health policy but also its intersections with economic security, industrial policy, changing demographics, gender equality, digitalisation, and environmental concerns.

Reflection on the 2019-2024 mandate

When European Commission President von der Leyen started her tenure in December 2019, little did she know about the challenges that would shape her mandate. The 2019-2024 legislative period has been shrouded in crisis, from the COVID-19 pandemic to the war in Ukraine, the subsequent cost-of-living crisis, and the war in the Middle East. Each crisis impacted the priorities and legislative outputs of the EU institutions, with the onset of COVID-19 and the rising role of health in Europe's economic security propelling health to a prominent position on the EU's political agenda.

The pandemic exposed a clear connection between healthy populations, the resilience of the EU's economy, robust supply chains, and the risk of unwanted

dependencies on other parts of the world. The success of the vaccine strategy and the expansion of the EU's pharmaceutical production capacity also served as evidence of the advantages of a more coordinated and cooperative EU response in the health sector.

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Health policy, like most policy areas, does not exist in a vacuum but rather is interlinked with other domains, including industrial policy, research and innovation, digital health and artificial intelligence, and environmental and broader social policies. This highlights the need for a more holistic approach to policymaking, which should be a priority for the next mandate of the European Commission and Parliament.

Construction of a European Health Union

The vaccine strategy can be counted among the success stories of the 2019-2024 mandate. As too can the increased budget allocation for health. Following intense deliberations among the institutions regarding the 2021-2027 EU4Health programme, its present budget of €5.3 billion stands as a historically significant increase compared to the previous budget of €452.3 million.¹

However the conclusions of February 2024 council summit saw the redeployment of €1 billion will be from the EU4Health programme to finance other priorities. This is a worrying signal for the political recognition of the importance of health at the EU level.²

The EU4Health programme was established to enhance the EU's crisis readiness. It aims to address long-term health challenges by fostering the development of more robust, resilient, and accessible health systems. It also played a significant role in laying the groundwork for establishing a European Health Union (EHU).

The European Health Union (EHU) presents the first comprehensive vision of health at the EU level. An integral element of the EHU involves enhancing crisis preparedness. However, it attempts to go beyond that to include further initiatives such as the European Health Data Space (EHDS), the General Pharmaceutical Legislation, the EU Beating Cancer Plan, and communication on mental health. Although the EHU encompasses a wide range of policy areas, it should be seen as a starting point for an EU vision on health and healthcare systems, which need expansion over time.

STATE OF PLAY

EU Health in a post-pandemic era

As we move further beyond the pandemic, we are faced with the increased obstacle of guaranteeing health's place on the EU political and policy agenda. This is particularly true in the context of the current geopolitical environment and era of permacrisis, where trade-offs between policy areas are inevitable. As the Spanish EU Presidency Report "Resilient EU2030" underlined, health is one of the four critical sectors of the European economy, together with energy, digital-tech and food.³ Health is also an arena of global competition and strategic rivalry, as the COVID-19 pandemic showed. This is illustrated by the European Commission's Recommendation, adopted in October 2023, on critical technology areas for the EU's economic security for further risk assessment by member states, where biotechnology is recognised as a key area.⁴ The Commission's Recommendation was recently followed by a package with five initiatives to strengthen the EU's economic security, including on measures aimed at enhancing research security at national and sector level.⁵

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Lessons learned from the pandemic about the significance of supply chains and the risks associated with external dependencies should be leveraged to uphold the EU's economic security. The urgency to reinforce supply chain resilience has been heightened by the Russian invasion of Ukraine. The EHU, particularly the Pharmaceutical Strategy, ought to be employed to fortify supply chains. The Critical Medicines Alliance, launched in January 2024 by the European Commission, should also be seen against the backdrop of the increased reports about shortages in many EU countries over the past years. This consultative mechanism, which brings together relevant stakeholders, aims to identify priorities for action and propose solutions to strengthen the supply of critical medicines in the EU to better prevent and combat their shortages.⁶

Health: a key competent for industrial policy

Sustaining access to health and innovation relies on establishing appropriate infrastructure for research and development and ensuring manufacturing conditions are met in Europe. The attractiveness of Europe as an investment destination, compared to other global regions, hinges on its capacity to build an innovation ecosystem intricately tied to the dual green and digital transition. The relationship between the location of R&D, manufacturing and the launch of products is key, where countries like the UK and the US seem to do better than most European countries.

Whereas the establishment of the EU Critical Medicines Alliance is a positive step to address the diversification of global supply chains via strategic partnerships and to boost EU's capacity to produce and innovate in the manufacturing of critical medicines, it is not sufficient. Defined as the "industrial arm" of the EHU, it needs to look beyond pharmaceutical policy and develop a vision for the EU's innovation capacity.

The state of the environment as a health concern

Health and the environment are intrinsically interlinked. For instance, one-tenth of premature deaths in Europe can be attributed to pollution, and around 10% of all cancer cases stem from environmental and occupational risks.⁷ Additionally, the repercussions of climate change-induced extreme weather significantly impact population health. Importantly, the health of both humans and animals is significantly influenced by environmental stressors, underscoring the reciprocal impact between human activities and the overall health of the planet.⁸

Acknowledging these connections has certainly grown during the present term, with the Commission attempting to move towards a somewhat more multi-sectoral approach. The creation of the One Health Directorate and the cross-agency task force on One Health are positive strides in the right direction. However, this should not be overstated, and much more effort and resources are required to break down the institutional silos that exist in EU policymaking.

Changing Demographics: towards an older Europe

Transitioning towards a more holistic approach is not a new or novel idea by any means but it needs to be implemented with greater urgency and strategic vision. This is evident when reflecting on the challenge of demographic change, an obstacle the EU and member states will have to grapple with to an even greater extent in the coming years. For health and health systems, an ageing population means a higher percentage of the population will require care, placing extra pressure on an already overburdened system. This will be combined with a reduced working-age population to finance the expenditure. Additionally, the demand for medicines and treatments will rise, and without proper planning and financing and upskilling and reskilling of the health workforce, there is a risk of widening inequality gaps. Investment is needed in health systems across the EU to avoid further inequalities and ensure they are prepared for the inevitable.

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Changing demographics also have implications for the healthcare workforce, which is already overburdened in many member states. The Belgian Presidency has indicated that it will develop a strategy to boost the EU's health and care workforce.⁹ Additionally, the Belgian minister responsible for health, Frank Vandenbroucke, has called for a review of the Professional Qualifications Directive (PQD) from different angles to assess how the legal framework functions for the healthcare workforce.¹⁰ It is encouraging to see the Belgian prioritisation of these issues, but considering they also called for more action on the health workforce during their 2010 Presidency, it is a stark reminder of the fact that action is long overdue. The sense of urgency must, therefore, extend beyond the mandate of the current Presidency and continue as a feature of the mandate of the next Commission and EU strategic agenda.

Digitalisation and Artificial Intelligence: the future of health

Digitalisation and AI can play a role in combating some of the challenges associated with the healthcare workforce, helping to streamline burdensome administrative tasks to reduce the workloads of those working in health systems. Digitalisation offers many further benefits in areas such as personalised medicine, drug design, customised treatment, and the assessment and monitoring of diseases. With

that said, it is not without challenges, including the risk of rising inequalities related to the adoption of digital technologies particularly, in terms of access and availability. Additional challenges include addressing cybersecurity concerns and ethical considerations around data ownership, transparency, and accountability.

While digitalisation and AI have been predominant in the 2019-2024 mandate with the adoption of the AI Act and the proposal for the European Health Data space (EHDS), it must continue to be a priority especially when it comes to health. It remains to be seen whether or not an agreement will be reached on the EHDS in the coming months but regardless, its implementation should be high on the agenda in the coming years. The EHDS not only has the potential to enhance patient outcomes and drive innovation in health research but is also essential for creating additional data spaces. Harmonisation with various regulations, including the proposed AI Act, GDPR, and measures under the Medical Device Regulation for AI-based applications, is crucial for a comprehensive and effective approach.

Health is a global matter

Health challenges are not confined to borders but are rather global. While the current mandate saw the publication of the global health strategy, more strategic dialogue on health security in the context of the broader vision of the global health agenda is needed. Although the EU initiated discussions on an international pandemic treaty, the current negotiations appear to be losing momentum, indicating a setback in efforts to promote equity and collaboration on a global scale during pandemics. The next mandate should focus efforts on improving relationships with actors in the Global South, Asia and the US to work collaboratively to address the common issues impacting health, including supply diversification as well as digital health and data.

Missing: women's health

Women's health and women in healthcare intersect with each of the already mentioned areas. However, the current legislative mandate saw little to no action on the gendered nature of health. Despite strides on gender in other areas such as the labour market women's health is missing from the agenda. Women constitute the majority of care providers in the EU, making up 76% of the 49 million care workers. However, despite their pivotal role, women face underrepresentation in decision-making roles within European health systems.

Disparities between men and women extend across various health conditions, influenced by both biological differences and social determinants. While there have been improvements, women continue to be underrepresented in clinical research, and gender disparities and bias in emerging technologies like artificial intelligence and machine learning could further widen the gap, resulting in significant health inequalities. Action is needed to mitigate this and to ensure health is prioritised for more than just one-half of the population and should

therefore be prioritised by EU institutions for the 2024-2029 period and beyond.

To address the gaps in research and care, the Commission should consider a comprehensive European strategy for women's health, encompassing targeted actions, systematic monitoring, and robust evaluation to address existing gaps and promote gender equality in health and healthcare. This initiative could be seamlessly integrated into the broader agenda of the EHU.

PROSPECT: EU HEALTH 2024-2029

Sustained momentum and the strategic significance of health

As we approach elections, the upcoming Commission mandate, and the Council's strategic agenda, sustaining the momentum and recognising health's political and economic significance as a strategic priority are crucial. The significance of EU health policy persists in the post-pandemic era, especially amid the interconnected challenges currently confronting the EU. As health is central to the EU's future, politicians and institutional actors must not be so quick to shift health down the agenda, as has been the case in the aftermath of previous crises.

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Appoint Vice President for the Well-being Economy

To achieve this more holistic approach, a well-being framework should be adopted to integrate the health of citizens, animal health, and planetary health across all policy areas. Promoting policy coherence and alignment across sectors requires strong political leadership. In this regard, the European Commission should appoint a Vice President for the Well-being Economy in its next mandate. This individual would be tasked with

coordinating and providing political leadership to promote a holistic approach, ultimately working to reduce health inequalities and achieve better outcomes for EU citizens.

Broaden the understanding of health and the European Health Union

The next mandate should focus on broadening the EU's understanding of health and moving it up on the EU's strategic agenda. The scope of the EHU should be expanded, recognising the potential of other policies for improving human health along with the importance of health policy in other policy domains. A comprehensive approach to health promotion and prevention is needed. This does not necessitate treaty change but rather utilises the legal competencies already granted to the EU. Health should be included in the June 2024 Strategic Agenda of the European Council and the mandate of the next European Parliament, as the EU's future hinges on a strong and innovative healthcare sector and a healthy population.

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