



A EUROPEAN HEALTH UNION AS THE WAY FORWARD FOR THE HEALTH OF THE CONTINENT

SUMMARY

The ongoing health crisis has highlighted the limits of existing European integration policies, with their emphasis on the development of the internal market while marginalising what most Europeans consider most important: saving lives and promoting health and wellbeing.

The Social Democrat position paper of 12 May 2020 entitled 'A European Health Union – increasing EU competence in health – coping with COVID19 and looking to the future' has opened a new chapter in the European project.

With the pooling of European resources for the prefinancing of research and public procurement of vaccines proving to be more efficient in comparison to competitive bidding by the member states, Europeans will be the first to feel the benefits of a European Health Union (EHU). The potential scope for further actions within the EHU is vast, with some avenues for moving forward being clear. However, the risk of a return to a policy where the EU does not act remains.

The best choice for Europeans would be to amend the Treaty on European Union (TEU) to provide the EU with the explicit legal competence in health policy to construct a real European Health Union, while preserving subsidiarity where functional. The European Union should not be concerned simply with “a single market” and “an economic and monetary union”. The call for a more social Europe, for concrete progress towards the Sustainable Development Goals (SDGs) and the Green Deal, can no longer be dismissed. Health must be at the core of a renewed Social Europe.



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Table of Contents

1. Introduction	3
2. The most promising EHU policies	5
3. From a 'do nothing' to a treaty-change scenario	6
4. The implications for a EHU for non-health EU policies	7
About the author	8
On the same topic	9

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1. Introduction

From its inception, the European project was about saving lives and improving living standards. When the French foreign minister Robert Schuman delivered his famous Declaration on 9 May 1950, he was outspoken in his stressing of the importance of eliminating war in Europe. Now, after 70 years of peaceful development of the continent, we know that his project for peace and saving lives works, but crucially that it needs updating.

In his quest for peace, Schuman noted the importance of pooling European coal and steel production. This emphasis on heavy industry and later on agriculture became the backbone of European integration. In these ways the European Union succeeded in building internal markets. But markets do not provide solutions to all the problems facing humanity.

In 2020, a global virus swept through Europe, leaving hundreds of thousands dead and many others with severe disability. The experience of the pandemic has shone a light on the weaknesses of existing mechanisms for collaboration among member states and the European institutions. The ongoing health crisis, with its enormous impact on people's lives and on social stability, has contributed to an economic recession not seen in Europe in the post-war period. It has highlighted the limits of existing European integration policies, with their emphasis on the development of the internal market and economic and monetary union while marginalising the things most Europeans

consider most important: saving lives and promoting health and wellbeing.

In response, the political narrative in Europe is changing. A report in the spring of 2020 restated the conventional view that the EU is based on the subsidiarity principle. "This means that EU should intervene only in cases where a Member State is deemed no longer to be able to cope with a crisis alone and requires assistance".¹ Yet a much more inclusive approach is now being advanced in European debates as the weaknesses of the existing system have become apparent.

The call by the Socialists and Democrats Group at the European Parliament, on 7 May 2020, and the S&D proposal on 12 May 2020 entitled "A European Health Union – increasing EU competence in health – coping with COVID19 and looking to the Future"² have opened a new chapter in the European project. These calls, and their supporting documentation, have encouraged and inspired many across the European family. Within a few months, in September 2020, the concept of a European Health Union became the official policy of the European Commission, with legislative initiatives to follow that will strengthen EU institutions (the European Centre for Disease Prevention and Control [ECDC], the European Medicines Agency [EMA]), to revitalise cross-border healthcare and strengthen European emergency preparedness and pharmaceutical policy.

¹ Regulation Of The European Parliament And Of The Council amending Council Regulation (EC) No 2012/2002 in order to provide financial assistance to Member States and countries negotiating their accession to the Union seriously affected by a major public health emergency. <https://eur-lex.europa.eu/legal-content/EN/TXT/>

[PDF/?uri=CELEX:32020R0461&from=EN](https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32020R0461&from=EN)

² S&D Position Paper, "A European Health Union – increasing EU competence in health – coping with COVID19 and looking to the Future", 12 May 2020. https://www.socialistsanddemocrats.eu/sites/default/files/2020-05/european_health_union_sd_position_30512_2.pdf

The potential scope of actions within the EHU is vast. The explanatory memorandum accompanying the manifesto for a European Health Union,³ developed in November 2020, has listed 22 proposals as identified by various stakeholders including the S&D family. The

number of proposals is growing. The fact that most of the proposals are not related to fighting the pandemic indicates growing understanding that stronger European health policy should not be framed just by the response to Covid-19.

2. What are the most promising EHU policies?

Some avenues for moving forward were already clear at the beginning of 2021:

- The EHU should be ready to address the future with much stronger crisis preparedness mechanisms. Recognising the cross-border nature of many threats to health should lead to revision of the health threats regulatory framework, including provisions to procure and stockpile adequate supplies for emergencies, to enable the rapid publication of consistently defined health data, to strengthen the mechanisms for rapid generation of accurate and trusted evidence from research and practice, and to counter the threat from 'fake news'.
- There are opportunities to expand the European Union's activities in health research, with an enhanced health programme within Horizon Europe, the creation of a European Biomedical Advanced Research and Development Authority (BARDA), a strengthened EMA, and measures that promote timely exchange of data across all member states. The EU should assure self-sufficiency in research and production of the essential lifesaving vaccines, medicines and other medical supplies.
- The EU has achieved much in enabling free

movement of the health workforce. This should be strengthened by the European Union and its member states working together to address the unequal distribution of health workforce capacity in Europe, providing support to regions that have difficulties in attracting health workers as well as promoting the training and education of health professionals to common standards, coupled with measures to safeguard the rights of health workers from the rest of the world.

- None of the member states alone will be able to manage the spectrum of rare diseases and rare cancers adequately. Bold pan-European solutions are needed to develop infrastructure, including a European insurance mechanism suited to support up to 30 million patients suffering from many of the individual rare diseases. The Europe Beating Cancer plan is one of the first European projects with a goal to achieve tangible results in preserving human health in a fight with a particular chronic disease and a strong potential to create net present value at European level by pan-European investment in public health projects and the management of rare cancers and rare diseases. However, these opportunities may be endangered by the prioritisation of purely national projects.

³ EIHS (2020), Manifesto for a European Health Union. <https://eihsd.eu/manifesto-for-a-european-health-union>

- The pandemic has clearly shown that nobody is safe until everybody is safe. Recognising the global nature of many threats to health, to achieve the health-related sustainable development goals the EU should develop a global health policy, working with the UN and its specialised agencies – especially a strengthened World Health Organization (WHO) – and other multinational organisations contributing to health. The EU already, in effect, plays a global role, for example in food safety. The EU should lead the global drive for universal health coverage, the development of vaccines as global public goods, and the opening of access to the

public goods developed by European bodies (ECDC, EMA) to its neighbours to the east and south of the EU.

Pooling of European resources for prefinancing of research and public procurement of vaccines proved to be more efficient in comparison to competitive bidding by the member states. First steps towards the development of European reference networks for rare diseases are already contributing to the better health of thousands of Europeans. This initial success is an encouragement to open new avenues of European cooperation.

3. From a 'do nothing' to a treaty-change scenario

We can envisage different scenarios to move forward and promote the health and wellbeing of Europeans:

- using existing legal, financial and managerial instruments, strengthening institutions and improving the implementation of new and existing policies;
- supplementing existing instruments by means of secondary legislation and the creation of new institutions that can add value to European health;
- amending the Treaty on European Union (TEU) to provide the EU with the explicit legal competence in health policy to construct a real European Health Union, while preserving subsidiarity where functional.

In spring 2021, discussions by the Council of Health Ministers indicated support for the development of a EHU, based largely on the first scenario and with elements of the second. This is a marked change from the prevalent view just a year ago, but it is crucial that the momentum

continues even as memory of the pandemic begins to fade. Some reformers hope that a broad interpretation of EU responsibilities in health will prevail after the pandemic, providing a basis for even more radical reforms. This may happen, but we know that even during the pandemic EU4Health managed to receive just half of what was initially proposed. The risk of a return to a policy where the EU does not take action remains.

The best choice for Europeans would be to adopt the most ambitious (third) scenario, providing our fellow citizens with the opportunity to reap the many benefits stemming from deeper co-operation in health. The sole legal basis of the EU is its Treaties, so the demand by European citizens that their leaders take seriously the need for greater action on health should be enshrined in the TEU. One way would be to complement Clause 3 of Article 3: 'The Union shall establish an internal market. It shall work for the sustainable development of Europe based on balanced economic growth and price stability, a highly competitive social market economy, aiming at full employment and social

progress, and a high level of protection and improvement of the quality of the environment. It shall promote scientific and technological advance' with one specific reference to health standards, such as: 'It shall promote universal health coverage by establishing a health union.' The Conference on the Future of Europe which

got underway in May 2021 is a perfect platform to bring stronger cooperation around health into the mainstream of European policy, to discuss the European Health Union as an initiative with potential to shape European politics for decades to come.

4. What are the implications of a EHU for non-health EU policies?

The development of European health policy should go hand in hand with actions in other policy areas. Progress must first and foremost build on the European Pillar of Social Rights (EPSR) and the commitment to the SDGs by the EU and its member states.

A EHU would promote healthy living and working standards and wellbeing for all people of all ages. It would have strong synergy with other components of Social Europe, the Green Deal, and Universal Health Coverage.

A EHU follows the 16th principle of the European Pillar of Social Rights (EPSR), 'Everyone has the right to timely access to affordable, preventive and curative health care of good quality' and, if properly designed and implemented, will fill the EPSR with content desired by Europeans.

Today the US is using massive public financing via the National Institutes of Health to create advantages for national producers of medical technologies. A EHU has potential to harness opportunities provided by a population of 500 million and the world's biggest public finances

for breakthroughs in innovation. Gains in the competitiveness of European producers of medical goods and better employment opportunities for Europeans in health and related sectors would supplement gains achieved from better functioning healthcare.

Until now the European Union has mainly been about 'a single market' and 'an economic and monetary union'. EU citizens expect more. At the very minimum we should let the single market and the economic coordination work to improve health outcomes. The call for a more social Europe, for concrete progress towards the SDGs and the Green Deal, can no longer be dismissed. Health must be at the core of a renewed Social Europe, helping people to achieve health as described by the WHO: 'a state of complete physical, mental and social well-being'.

The Covid-19 pandemic reinstated health in the political agenda and helped Europe to 'rediscover the path of fraternity that inspired and guided the founders of modern Europe, beginning with Robert Schuman'.⁴ Let us follow that path.

⁴ The Holy See (2020), Letter of His Holiness Pope Francis on Europe, to Cardinal Pietro Parolin, Secretary of State, 22 October 2020. https://www.vatican.va/content/francesco/en/letters/2020/documents/papa-francesco_20201022_lettera-parolin-europa.html

About the author



VYTENIS ANDRIUKAITIS

Vytenis Andriukaitis was the European Commissioner for Health and Food Safety from 2014 to 2019. He was actively involved in preventing and addressing chronic disease and made it a European Commission priority. Before that he was Vice President of the World Health Assembly (WHO) in 2014 and Lithuania's Minister for Health from 2012 to 2014. Andriukaitis was a Member of the Lithuanian Parliament for six terms from 2008 to 2014 and from 1992 to 2004. He was one of the co-authors of the 1992 Constitution and a signatory of Lithuania's independence act. He was also one of the founders of the Lithuanian Social Democratic party, and in 1990 was elected to the Supreme Council of the Republic of Lithuania, which preceded the Lithuanian Parliament. He also served as President of Lietuvos Socialdemokratų Partija (LSDP), the Social Democratic Party of Lithuania he co-founded in 1989. He graduated from the Vilnius University Faculty of History and was involved in the underground movement against the Soviet regime. They established the first social democratic groups in 1976 and were under the supervision of the Soviet KGB. He graduated from the Kaunas Institute of Medicine and was a practising surgeon for more than 20 years

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Xavier Prats Monné

The Covid 19 pandemic has clearly exposed the Achilles heel of the European project: the gap between the European Union's powers and competences on the one hand, and, on the other, the issues that are closest to European citizens' concerns – health, employment, social protection and education. At the same time, the pandemic has made an excellent case for the benefits of solidarity, at European as well as international levels. The proposals that the European Commission has presented in response to the health and social crisis are bolder and more ambitious than any previous initiatives. Yet there is still a long way to go to further transfer responsibilities in the social field from the member states to the EU, and to make solidarity a strong feature of European social policies, as these, more than other policies, are inevitably linked to cultural values and political beliefs. In spite of this, a more solidary future for Europe is possible, if the EU can find the political will to enforce a transfer for sustainable development that addresses inequalities and the well-being of EU citizens.

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TIME TO CARE!
Work, life and inequality in the care economy

FEPS Policy Brief August 2020

Summary

The distribution of care work in a society plays a central role in the formation of inequality between men and women. The structure of care provision or the distribution of caring responsibilities is perhaps the largest single factor in the continuation of gender inequalities. As Europe emerges from the crisis, a long overdue conversation needs to be had about the value we place on care work, which is disproportionately shouldered by women. The care economy has an overall positive impact on economic equality between the sexes, although the relationship is very complex. Based on the forthcoming FEPS-TASC report 'Cherishing All Equally: inequality and the care economy' (September 2020), this policy brief reviews some of the main results and their policy implications in the light of the current pandemic hitting women disproportionately.

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