
A European Health Union: A Blueprint for Generations.

FOUNDATION FOR EUROPEAN
PROGRESSIVE STUDIES
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D'ÉTUDES PROGRESSISTES



Which vision for a progressive European Health Union?

A European Health Union: A Blueprint for Generations

**Presentation of Vytenis Andriukaitis in co-operation
with Gediminas Cerniauskas during the launch of the
book on an EHU**

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Edited by:
Vytenis Povilas Andriukaitis
and Gediminas Cerniauskas



A European Health Union: A Blueprint for Generations.

TABLE OF CONTENTS

Executive summary

Maria Joao Rodrigues

Foreword

Introduction

Part I. Fundamentals of a European Health Union

Markus Schneider

- 1.1 | How Europe's transition from industrial to service-based economies has impacted health systems?

Vytenis Andriukaitis

- 1.2 | From Coal and Steel Community to a Health and Wellbeing Union. The European project finally achieves its original vision?

Helmut Brand and Issam Alsamara

- 1.3 | Public Opinion on a European Health Union.

Helmut Brand and Issam Alsamara

- 1.4 | European Health Union & Progressive Policy Frameworks. 1

Part 2. Main avenues for Pan-European cooperation for health

Thibaud Deruelle

- 2.1 | Preparedness – the missing ingredient to cope with future health emergencies?

Richard Bergstrom

- 2.2 | Global leadership in research and development of health technologies.

Dominique Polton

- 2.3 | Universal health coverage: current policy status in the EU

Birutė Tumienė and Maurizio Scarpa

- 2.4 | Rare diseases: at the crossroads of national and European policies.

Corinne Hinlopen and Annette Schrauwen

- 2.5 | Equal access to health workers: managing health worker migration in a context of free movement.

Ilona Kickbusch

- 2.6 | The External Dimension of the European Health Union – the new EU Global Health Strategy

Part 3. Policies of transition towards healthier and more socially inclusive Europe

Mihály Kökény

- 3.1 | What are Progressives standing for? Left-wing initiatives to advance the European Health Union

Vytenis Andriukaitis and Gediminas Cerniauskas

- 3.2 | Scenarios for the EHU's evolution: Legislative process, resources, narrative, and political will

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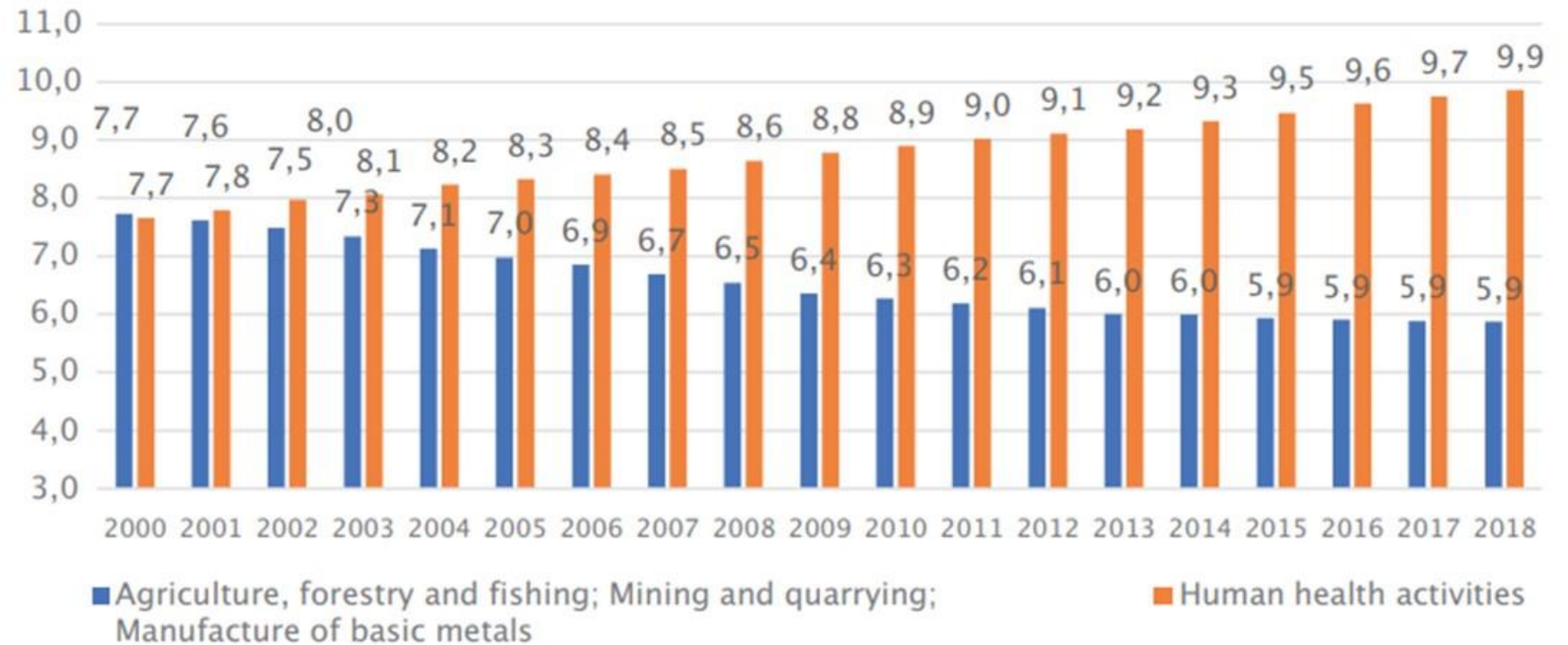
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The health sector: impossible to ignore

Figure 5. Employment in Eurozone¹⁴

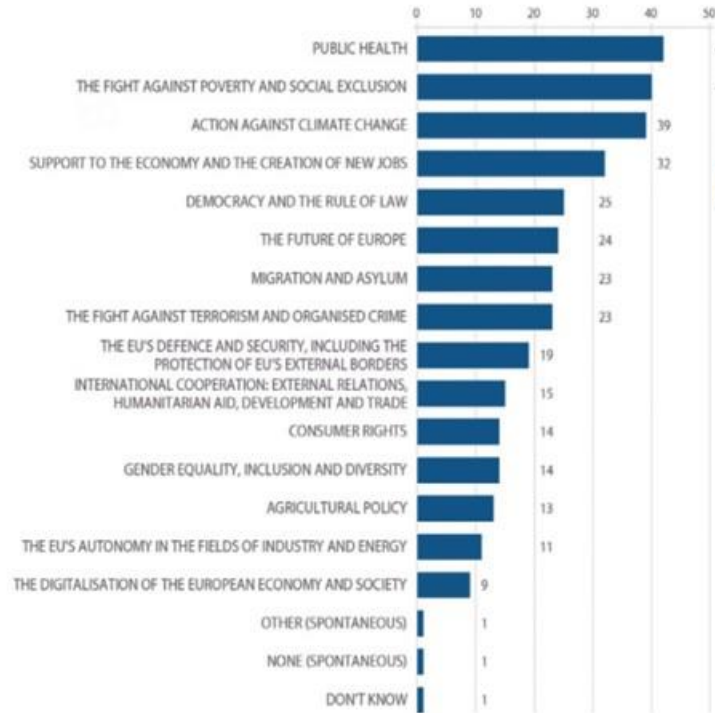
National accounts employment data by industry, million persons, Eurozone



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Figure 9. Topics that should be prioritised by the European Parliament, Autumn 2021²⁵

QA4ab Which of the following topics would you like to see addressed in priority by the European Parliament? Firstly? And then? (MAX. 3 ANSWERS) (% - EU27)



One prominent issue that concerns Europeans is **health**. They strongly desire the EU to address public health matters and effectively respond to future health threats through a unified European policy. Recognising the magnitude of this task, **Europeans understand that achieving such a policy would necessitate amending the Treaties of the EU.**

Figure 11. Trust in national and EU institutions – a trend over time.²⁸

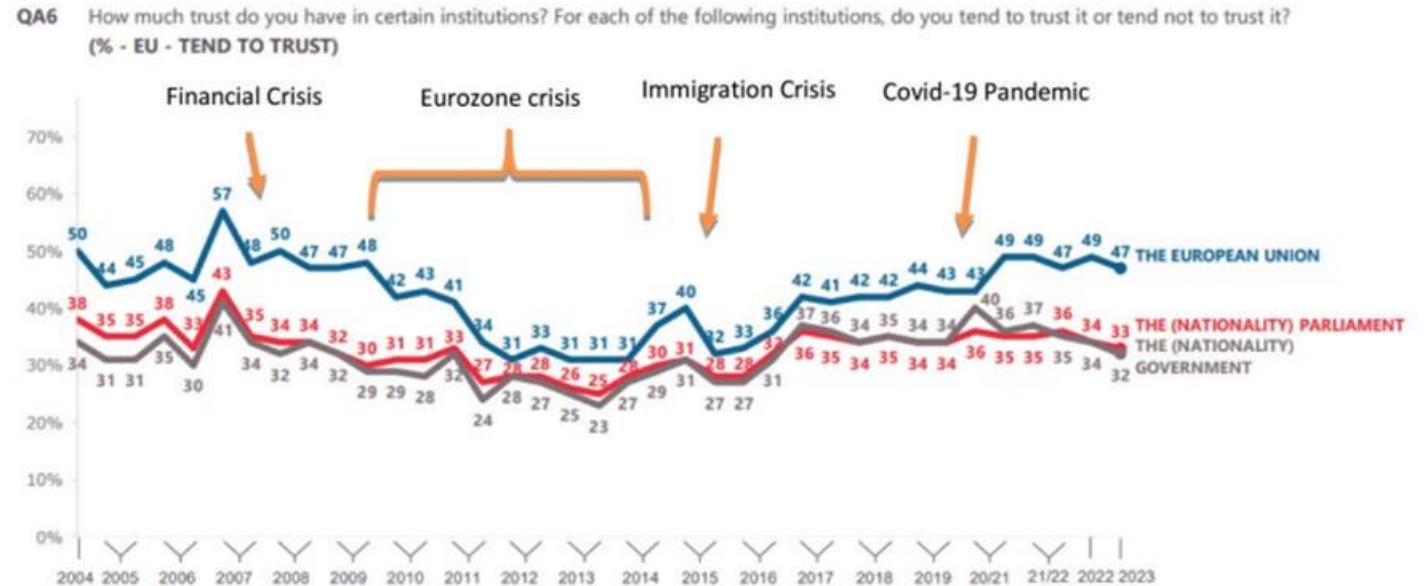


Figure 2: The Sustainable Development Goals and Targets 2030 and their synergies with SDG3 – Good Health and Wellbeing⁴¹



Conclusion: an opportunity for far-sighted policymaking

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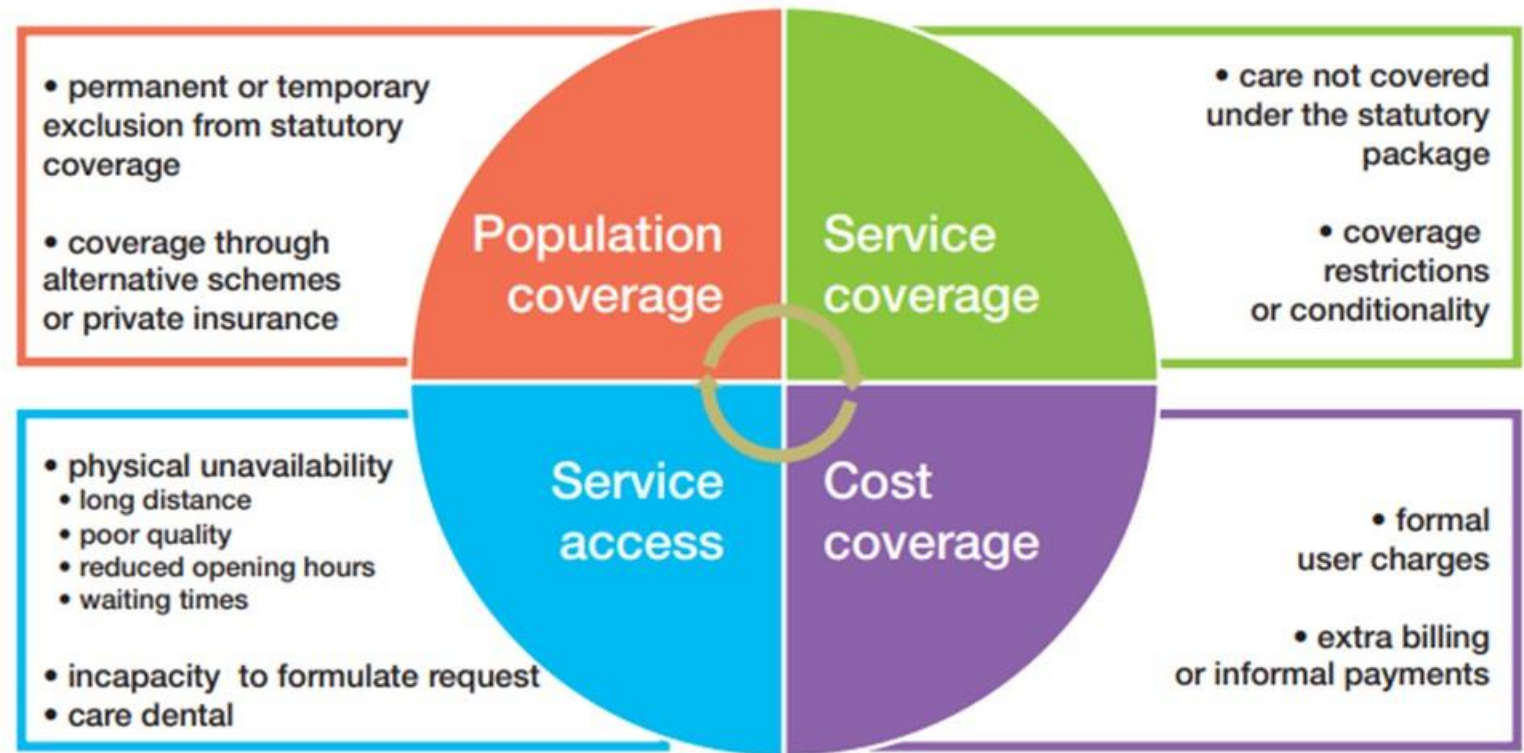
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Figure 4 - Coverage dimensions: adding "service access"

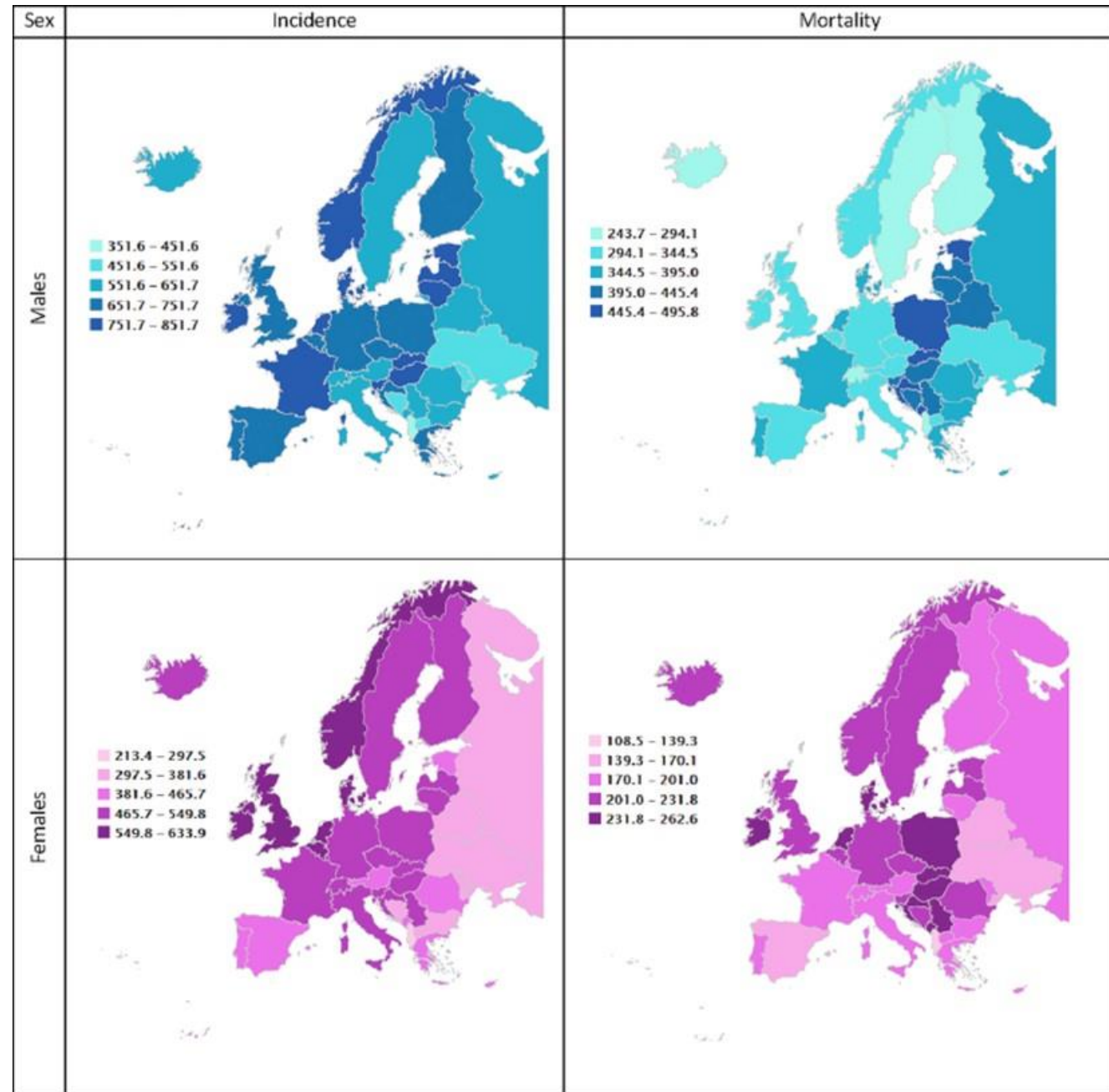


If better data are a prerequisite to inform policies, the ultimate goal is to fulfil the commitment to ensure access to healthcare, expressed in principle 16 of the European Pillar of Social Rights. Enhancing solidarity and equity of health coverage in the EU should be the overarching objective of a European Health Union. It is an ongoing challenge, requiring strong involvement and coordination of all member states.

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Age-standardised rates* (per 100,000) for all cancers excluding non-melanoma skin cancers by country and sex in Europe for 2020.

*European standard population 2013, based on estimated number of new cases or deaths.



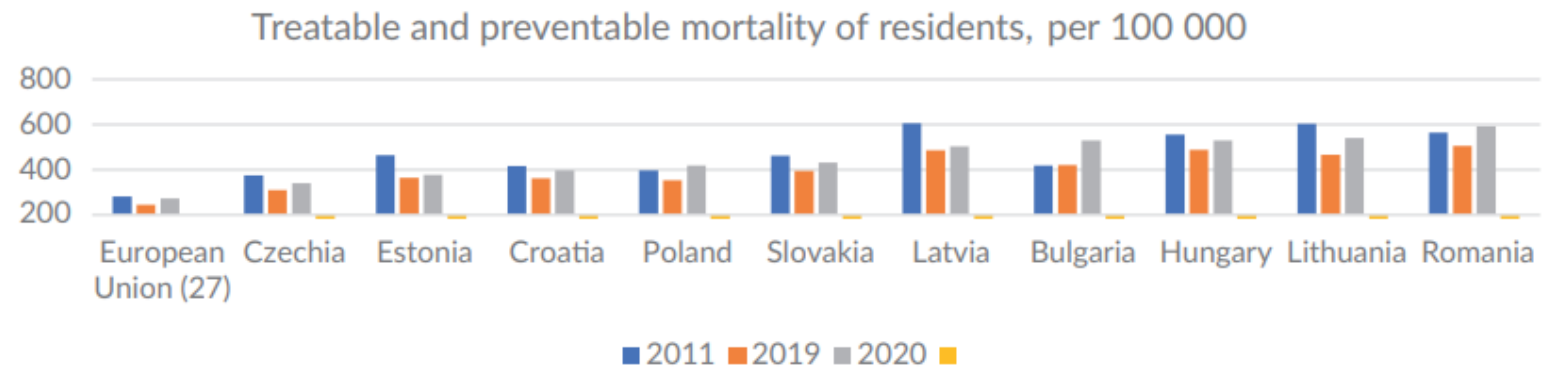
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Conclusion - no one left behind

Much work has been done to tackle rare diseases, but even greater challenges lie ahead for Europe. Only when patients no longer have to wait for five or six years to get an accurate diagnosis (and sometimes pass away before reaching it), when high-quality, effective, integrated and coordinated treatments are given to at least 95% of patients (rather than a mere 5%), when patients and their families become happy and fully integrated members of our societies – only then will we have a right to say that we did not leave the most vulnerable behind.

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Figure 2. Treatable and preventable mortality of residents, per 100 000 in EU countries with public health results below the EU average²⁵



European statistics on treatable and preventable mortality reveal important findings:

- The divide in health status between the western and eastern parts of the EU is far from being closed. All countries with figures below the EU average are from Central and Eastern Europe (CEE).
- Health status improved across CEE countries from 2011-2019, but it was not sustained during the Covid-19 pandemic. In 2020 an increase of treatable and preventable mortality in comparison to 2011 was recorded in Bulgaria, Poland, and Romania.
- The reduction of treatable and preventable mortality in CEE countries to the level of the EU average would save up to 150,000 lives annually.

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Fig. 1.4b Gatecrashing EU health policies

The new EU4Health budget for the years 2021-2027 is €5.3 billion, and therefore marks a considerable increase in comparison to budgets of previous periods. Nevertheless, proponents of a strong European health policy believe much more could be done. Even after this substantial increase, the budget will not exceed 1% of total annual public health expenditure of the EU member states.



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Scenarios “a”, “b”, and “c” were listed:

- a) Measures to make progress in health concentrate on what can be done with existing legal, financial, and managerial instruments, upgrading already functioning institutions, and improving implementation of already agreed policies.
- b) Development of secondary legislation and establishment of new institutions that are supposed to create European added value in parallel to the fine tuning of existing instruments of health policy. The scenario does not foresee amendments to the European Treaties.
- c) The status of health policy in the European Treaties is strengthened, with provisions for a European Health Union incorporated into the Treaty on European Union, giving the European Union some shared competences in health policy in very concrete areas, while preserving the principle of subsidiarity as a core.

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2.3. Progress towards an EHU with Treaty changes.

The current official EHU-related initiatives are based on the existing legal framework. However, Treaty changes would be needed to harness the full potential of an EHU. The main proposals regarding a stronger representation of health policies in the EU's constitution are as follows:

- The EU needs to speak explicitly about health as an aim of the EU and its commitment to build an EHU as a tool to assure good health and longevity of Europeans. The Health and Wellbeing Union should appear in paragraph 10 or the Preamble of the TEU in parallel to the internal market and an economic and monetary union by inserting the words "Health" and "Social". Part 3 of article 3 of the TEU should be amended with one last sentence: "It shall promote universal health coverage by establishing a health union".
- Indication of health as an aim of the EU in TEU should be followed by the amendments of the TFEU. Shared competencies between the EU and MS in the area of health and healthcare of patients with rare diseases and rare cancers should be stated in part 2 of article 4 of the TFEU. Article 6 para (a) and the article 168 of the TFEU should be redesigned to promote health by supporting MS in reducing inequalities in access to medicines and unmet health needs, by strengthening interoperability of their health systems, as well as building capacity for tackling future threats and cross border health challenges. Finally, article 222 of the TFEU should be amended by a health solidarity clause that works in similar way as the EU civil protection clause.

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Thank You

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