FEPS
FOUNDATION FOR EUROPEAN
PROGRESSIVE STUDIES

FEPS Policy Brief
March 2021

ATTITUDES TOWARDS THE EUROPEAN HEALTH UNION

The Case of Hungary

Summary

The COVID-19 pandemic facilitated a long-expected paradigm shift in the European Union's perception of health and healthcare. It has been proved that health policy decisions cannot be kept within a nation-state framework only and that a new vision and strengthened community competencies are needed to cope with public health crises.

Traditionally, EU member states have long been opposed to a greater role for the European institutions in health policy. Notwithstanding, growing disparities with alarming inequalities as to the health status of people across the 27 EU member states, and the differences in these people's access to quality healthcare, have the potential to seriously undermine the fundamental right to health.

The pandemic made it overwhelmingly clear that health is essential when it comes to the fair, resilient and sustainable development of our societies. Developing health systems indicators, a pharmaceutical strategy for Europe and a European cancer plan could be valid building blocks to construct a solid Health Union.

This policy brief presents the case of Hungary, with a look at its chronically underfunded and poorly performing health sector and an analysis of the national attitudes towards the European Health Union. Consultations with health professionals, local administrators and civil society evidence that the creation of an EU Health Union could contribute to the catching up of the ailing national healthcare systems. A majority of the Hungarian society would see the European Health Union as a driving force to improve health outcomes in their country and are supportive of more European integration in this domain.

Based on this, six areas of action are identified: planning, communication, joint research, equal access, primary prevention, and funding.

About the authors:

István Ujhelyi
Member of the European Parliament

Mihály Kökény
Senior Fellow, Global Health Centre, Graduate Institute of International and Development Studies, Geneva

Orsolya Süli
Medical Doctor

In partnership with:

INSTITUTE FOR SOCIAL DEMOCRACY

Attitudes Towards the European Health Union

The case of Hungary

Dr. István Ujhelyi

Member of the European Parliament

Dr. Mihály Kökény

Senior Fellow of the Global Health Centre at the Graduate Institute of International and Development Studies, Geneva

Dr. Orsolya Süli

Medical Doctor

Table of Contents

1. Introduction

The Covid-19 pandemic caught all of the member states in the European Union unprepared. This has cost human lives and led to economic losses and societal distress, with the added result of health systems across Europe being pushed to their breaking points. It is now clear that we can no longer continue to organise health policy in the same way as before the pandemic. Challenges bring an opportunity for change and there is currently strong political momentum – with public attention and support – to strengthen health on a European level, with the establishment of a European Health Union.

2. European integration and health policy

Traditionally, EU member states have long been opposed to a greater role for the European institutions in health policy. Some of the main reasons for this 'national health sovereignty' are that health is a sensitive issue, has large budgets, and has a complex organisation involving subnational levels of government. Furthermore, via its related industries, health policy becomes political capital for national decision makers and they are reluctant to let this out of their hands. On the surface, it has always been emphasised that the current Treaties on the European Union, which were last modified more than a decade ago by the Lisbon Treaty (2007),[1] provide sufficient room for manoeuvre in the formulation and implementation of public health policies at EU level – mainly of a complementary nature – and that no more is needed because the organisation and financing of healthcare belong to the competence of the member states. Another reason behind the lack of greater cooperation at EU level is the substantial difference across the health systems of EU countries, which makes joint efforts considerably harder. Indeed, the state of health and health indicators vary greatly between member states, and there are strong differences in the degree of concern on the matter, as well as very significant inequality in health and healthcare among member states. EU policies affecting health have nevertheless become widespread – but through the back door. There is thus already a substantial impact of EU decision-making on health outcomes but it is disguised behind other policy fields such as fiscal governance, research and innovation, cohesion policy and structural funds, environmental protection, labour or social policy (particularly in the field of safety at the workplace), consumer protection, public procurement, and not lastly internal market regulation.[2] Despite this, it has become increasingly apparent that the fulfilment of the four freedoms at the heart of the EU – the freedoms of movement of goods, persons, services and capital – cannot be envisaged in the long run without increasing the EU's competence in health policy. Increasing mobility carries health risks, and the Covid-19 pandemic have already demonstrated the chaos originated from the uncoordinated disease control measures of member states.

Growing disparities with alarming inequalities as to the health status of people across the 27 EU member states, and the differences in these people's access to quality healthcare, have the potential to seriously undermine the fundamental right to health, which is a basic right under the Charter of the Fundamental Rights of the EU and provided to all European citizens in a legally binding manner. If these

[1] Consolidated version of the Treaty on the Functioning of the European Union (https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A12016E%2FTXT).

[2] Greer, S.L., Fahy, N., Rozenblum, S., Jarman, H., Palm, W., Elliott, H.A. and Wismar, M. (2019) *Everything you always wanted to know about European Union health policies but were afraid to ask*, World Health Organization (https://apps.who.int/iris/bitstream/handle/10665/328267/9789289051767-eng.pdf?sequence=1&isAllowed=y).

disparities remain unchallenged, health inequalities can ultimately question the rationale of European integration. The focus of a European Health Union must therefore be to tackle these health inequalities and provide solidarity.

3. Vision for a European Health Union

Health is essential when it comes to the fair, resilient and sustainable development of our societies. It is one of the greatest forms of wealth we have, contributing to the well-being of individuals and paving the way for prosperous societies. Health thus plays a strong role in delivering a truly Social Europe. Indeed, it has always been the European progressives' vision to promote and strengthen health through a stronger role for both public institutions and welfare states, so that we can deliver quality healthcare services for all European citizens. It is only by having healthy citizens, who are able to participate in social and working life, that we will ensure the development of our societies. It is only by fighting inequalities at every stage of life that we will make our societies fairer, and it is only by investing strongly in public healthcare systems and in health professionals that we will guarantee the well-being of our citizens. **Spending on health cannot be seen as a cost, but rather must be seen as an efficient investment for sustainable growth.**

Health and care services are central to the public good. Like other pillars of society – education, culture, water, sanitation – health is not a commodity. It is a right that cannot be solely subjected to market forces. Access to high-quality services is an inherent social right for all people and it must remain so in Europe. A European Health Union would thus enable member states to take all the necessary measures to support national health systems. Numerous declarations, including the constitution of the World Health Organization,[3] have enshrined the idea that all individuals have the right to the highest attainable standard of healthcare. The global dimension of attaining health is also reflected in United Nations (UN) Sustainable Development Goal 3[4] of ensuring healthy lives at all ages, as it is in the political declaration of the UN's high-level meeting on universal health coverage.[5] In addition, the importance of health is covered in the European Pillar of Social Rights that was adopted at the European summit in Gothenburg in 2017.[6]

The European Parliament's Socialist and Democrats Group (S&D) has recognised – mainly along the lines of the proposals of István Ujhelyi MEP – that the coronavirus pandemic caught the member states of the EU and its institutions unprepared for managing such a public health crisis, and that it even exacerbated the inequalities between member states' health systems. It thus resulted in the first demand for a European Health Union strategy.[7]

The S&D proposals have largely been incorporated into the European Parliament's

[3] 'Constitution of the World Health Organization' (1948), WHO, Basic Documents, forty-fifth edition, supplement, October 2006 (www.who.int/governance/eb/who_constitution_en.pdf).
[4] 'Transforming our world: the 2030 Agenda for Sustainable Development', United Nations General Assembly Resolution 25 September 2015 (www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E).
[5] 'Political Declaration of the High-level Meeting on Universal Health Coverage. "Universal health coverage: moving together to build a healthier world"' (2019), United Nations (www.un.org/pga/73/wp-content/uploads/sites/53/2019/07/FINAL-draft-UHC-Political-Declaration.pdf).
[6] https://ec.europa.eu/info/sites/info/files/social-summit-european-pillar-social-rights-booklet_en.pdf.
[7] 'A European Health Union. Increasing EU competence in health – coping with Covid19 and looking to the future' (2020) S&D position paper, 12 May (www.socialistsanddemocrats.eu/sites/default/files/2020-05/european_health_union_sd_position_30512_3.pdf).

landmark public health resolution, with the concept of a European Health Union.[8]

This resolution calls for cooperation, which includes the elaboration of quality standards for healthcare in all member states. This objective would be possible as a result of stress tests in the EU countries to assess the resilience of national health systems as a matter of urgency, to identify weaknesses, and to check whether the system could cope with possible further outbreaks of epidemics. An important aspect of the document is how to address health inequalities, for example through equal access to medicines and medical devices. Further mandates of a European Health Union could include a European Health Response Mechanism and strengthened EU health agencies.

4. The way towards a European Health Union

It is clear from the first months of the Covid-19 pandemic that the worst course of action member states can take in an emergency is to act independently. **While health responses ultimately lie with the member states, the EU can help define a coordinated, cost-effective and sustainable way to deal with the challenges of this global age**.[9] The turmoil surrounding the current epidemiological restrictions and vaccine supply further underscores the importance of coordinated action. Indeed, the EU is now working on a programme to take back control of medicine and vaccine production in Europe. This is part of a proposed five-point plan by Germany and France[10] to restart the European economy after the Covid-19 crisis.

The initial step has been taken: acknowledging the problem. In November 2020, the European Commission announced the first initiatives related to a European Health Union – although with a fairly limited scope. These initiatives are aligned with the core elements of the S&D proposals and aim to strengthen the EU health security framework. In particular, the initiatives aim to strengthen the crisis preparedness and response role of key EU agencies (the European Centre for Disease Prevention and Control – the ECDC, and the European Medicines Agency – the EMA) as well as to establish a new agency, the European Health Emergency Preparedness and Response Authority (HERA), which would support the readiness and capacity to respond to cross-border threats throughout the region.[11] HERA , the new EU body for biopreparedness, would remediate structural gaps in the EU's health preparedness and response capacities with regard to biomedical development, production and surge capacity development. It would also provide a horizon-scanning function, focusing on emerging biomedical technologies that can be scaled up for real-world application during times of crisis. HERA would engage with industry, science, academia and clinical research organisation networks in order to implement successful public-private cooperation.

Further proposed areas for the development of a European Health Union are:

---

[8] European Parliament resolution of 10 July 2020 on the EU's public health strategy post-Covid-19 (www.europarl.europa.eu/doceo/document/TA-9-2020-0205_EN.html).

[9] Prats Monné, X. (2021) 'Health and European solidarity after the pandemic', *Progressive Yearbook 2021*, Foundation for European Progressive Studies – FEPS (www.feps-europe.eu/attachments/publications/07_prats.pdf).

[10] Health politics beyond COVID-19. Time for a European Health Union! Keynote by Ilona Kickbusch. 2 October 2020, European Health Forum Gastein. Video recording available: https://www.ehfg.org/archive/2020/programme/sessions/health-politics-beyond-covid-19

[11] 'Building a European Health Union: Stronger crisis preparedness and response for Europe', European Commission, 11 November 2020 (https://ec.europa.eu/commission/presscorner/detail/en/ip_20_2041?fbclid=IwAR1dcBTvEVg08B1BDD5C23QY8_UGWz2SjbxnZpKa9PwEi8knOYi3xYoZzrU).

- **health system indicators** reporting standardisation to facilitate strengthened epidemiological surveillance;
- **a Pharmaceutical Strategy for Europe** to promote health research and the use of new technologies, and to improve access to medicines;
- **a European Cancer Plan**, as a united step towards fighting non-communicable diseases and towards promoting disease /prevention.

The setting of quality healthcare standards is of paramount importance and the EU should play a more active role in pushing for upward convergence. The eastern enlargement of the EU triggered a large-scale migration of medical staff, including doctors and nurses. Without some rebalancing efforts, these tendencies could cause irreversible damage to capacities in the countries of origin, and would worsen the health inequalities and the gap in access to quality healthcare. The result could be a further spike in the general eurosceptic sentiment.[12]

An important aspect of a European Health Union would be to strengthen the connection between EU policies and financial instruments. A major step towards this has been achieved with the EU budget 2021-2027, which will have 12 times more funds than the previous envelope, with around €5.1 billion for health programmes (EU4Health). This enlarged budget gives the EU better prospects to support the resilience of health systems, to tackle health inequalities, and to achieve high-quality healthcare across member states.[13]

While the pandemic has given a new sense of urgency to emergency preparedness, in the long term a European Health Union should have a broader mandate. The next steps in building a European Health Union need to be explored and discussed in a participatory manner. One way to devise a strategy on the avenues for further European integration is to conduct European and national consultations involving social partners and civil society, professional and non-governmental organisations, and local authorities providing healthcare. Another way is to bring the Health Union to the forefront of the Conference on the Future of Europe so that citizens' engagement and interinstitutional debate provide guidelines for integration in the field and set mid- to long-term expectations.

5. Potential impact of the European Health Union: the case of Hungary

In order to further understand the rationale for a European Health Union, it is worth reflecting on what the possible effects could be for those countries lagging behind in terms of health. We present the case of Hungary below.

5.1 The health profile of Hungary

What do inequalities in health mean in practice? Providing a concrete case of a country from the region of central and eastern Europe might be a good way to demonstrate this. Hungary's lag in health behind the EU average is becoming more and more tragic. According to the 2019 health report sponsored by the European Commission, OECD and the European Observatory on Health Systems and Policies, the health indicators of the Hungarian population are worse than in most EU countries.[14] The reasons for this are, on the one hand, the prevalence of risk factors (tobacco

---

[12] Andor, L. (2021) 'Europe's fight for health and unity', *Progressive Yearbook 2021*, Foundation for European Progressive Studies – FEPS (www.feps-europe.eu/attachments/publications/02_andor.pdf).

[13] Vandenbroucke, F. (2021) 'We need a Europe that cares and that is seen to care', *The Progressive Post*, FEPS, #15, Winter (https://progressivepost.eu/progressive-page/we-need-a-europe-that-cares-and-that-is-seen-to-care)

[14] 'State of Health in the EU. Hungary Country Health Profile 2019, European Comisssion, OECD, The European Observatory on Health Systems and Policies (www.euro.who.int/__data/assets/pdf_file/0007/419461/Country-Health-Profile-2019-Hungary.pdf).

use, alcohol consumption, unhealthy food environment, lack of physical activity and air pollution) in the context of the so-called commercial determinants of health,[15] and on the other hand, the persistent and gradually deepening crisis in the care system. According to the 2020 data, most deaths in the EU happened in the middle Transdanubia region. Moreover, with regard to mortality under the age of 65, Hungary has slipped into the lowest position in the EU.[16]

Given that the best cure is prevention of the disease, the role of ambitious public health primary prevention policies is pivotal. These policies generally implement the WHO "best buys" policy options to tackle the commercial determinants of health.[17] Hungary, however, spends very little on prevention. Indeed, according to estimates, it only spends around 2% of its health budget on primary prevention. As a result, Hungary has one of the lowest levels of life expectancy at birth among EU countries, with almost five years less than the EU average. It is estimated that 30,000 deaths could be avoided in the country each year through more effective public health and disease prevention interventions, and an additional 16,000 lives could be saved by better access to quality care.

The Hungarian health system is chronically underfunded. Indeed, expenditure on healthcare is €1,468 per capita (adjusted for differences in purchasing power), which is among the lowest in the EU (Figure 1)[18]. Although health expenditure per capita has increased at about the same rate as GDP since 2010, meaning that health spending as a share of GDP has remained relatively stable (fluctuating between 7.5 % in 2010 and 6.9 % in 2017), it is still well below the EU average. Even more importantly, the public share of health spending (government and compulsory insurance) accounted for only slightly more than two thirds of total health expenditure in 2017, while out-of-pocket (OOP) spending accounted for 27%, almost twice the EU average of 16%. Consequently, around 12% of households experience catastrophic health expenditure, without sufficient financial protection mechanisms in place.

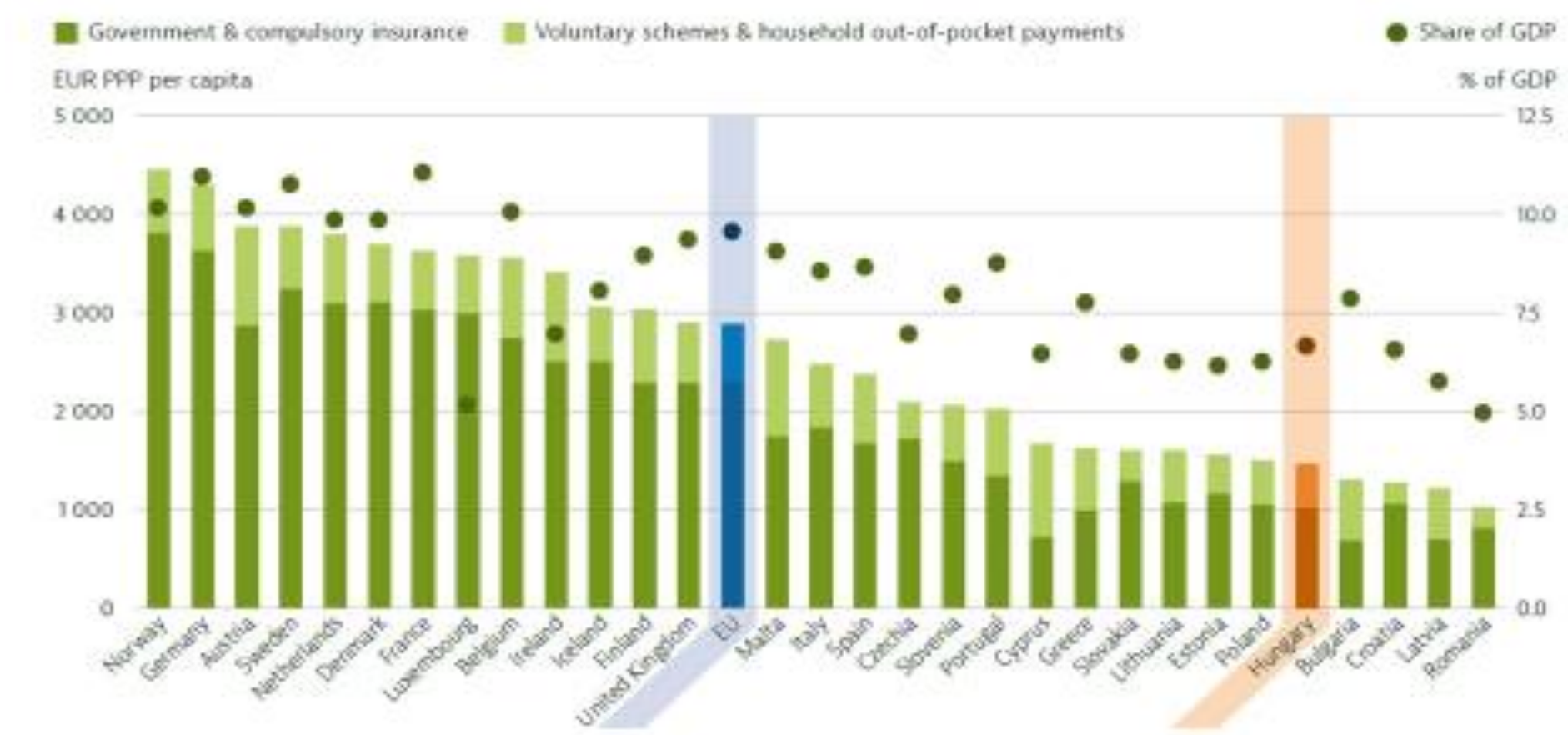
[15] Kickbusch, I., Allen, L. and Franz, C. (2016) 'The commercial determinants of health 2016', *The Lancet*, December, (www.thelancet.com/journals/langlo/article/PIIS2214-109X(16)30217-0/fulltext#articleInformation).

[16] https://g7.hu/kozelet/20201016/egy-magyar-regioban-haltak-meg-a-legtobben-rak-miatt-az-eu-n-belul/

[17] https://apps.who.int/iris/handle/10665/259232.

[18] Health at a Glance: Europe 2020, OECD: https://doi.org/10.1787/23056088

Figure 1 – Spending on healthcare, Hungary and other European countries



Access to care is also hampered by a lack of professionals. Due to low salaries, overwork and lack of prospects, around 7,000 doctors and many nurses have taken up jobs abroad in recent years – mainly in the UK, Germany and Austria. The number of nurses in Hungary is far below the OECD average. While there are slightly more than six nurses per thousand inhabitants in Hungary, in Germany this figure is double.[19]According to surveys healthcare-related adverse events are estimated to occur in 8-12% of hospitalisations in EU member states.[20] **However, there are significant differences among member states and this inequality is unacceptable – a European citizen would be three times more likely to contract a hospital infection in Hungary than in Germany. In Hungary, more people die annually due to hospital infections than due to car accidents**.

The problems of the country's health system were already at the centre of public debate in Hungary before the outbreak of Covid-19. Indeed, according to opinion polls, the state of hospitals and other healthcare facilities in Hungary was, and continues to be, more disturbing to people than corruption, migration or poverty. Patients and their relatives often face dysfunctions in healthcare and moral disintegration on a daily basis. Yet although the whole system is clearly recognised as cracking, it seems there is no way out. Due to the lack of money and staff, waiting lists are unexpectedly long in publicly funded healthcare systems. In some parts of Hungary, patients with suspected cancer who have weaker advocacy skills arrive for diagnostic scans several weeks later than necessary. In many places, adult GP practices are also lacking in staff, and patients are thus obliged to call an ambulance in cases of more minor symptoms or to turn to hospitals even if this is not medically justified. Hospital emergency departments are therefore becoming overloaded, and it is not uncommon for patients to have to wait 6-7 hours for an initial medical examination.

[19] Újhelyi, I. (2020) 'Time to abolish the dogma of Member State competence!', *The Progressive Post*, #13, Summer (https://progressivepost.eu/wp-content/uploads/ProgPost13_PP.pdf).

[20] https://www.euro.who.int/en/health-topics/Health-systems/patient-safety/data-and-statistics

More and more of those who can afford it, usually the wealthier population, are consequently turning to private healthcare providers for reliable and faster treatment. The unaffordable high prices of medicines affect both the national healthcare budget, which is not able to appropriately subsidy medicines, and low income patients who can rarely afford essential medicines. In some cases, a crowdfunding campaign is needed to secure life-saving treatments. Yet while such campaigns show great solidarity and the commitment of Hungarian citizens to each other, they are clearly not a sustainable way of financing, and they shift attention away from the state.[21]

Despite the heroic efforts of doctors and nurses, the protracted coronavirus pandemic, especially its second wave, has ground down the last reserves of Hungarian healthcare. The previously fragmented public health system is now unable to manage the pandemic, with the result that data collection, laboratory tests, and contact-tracing are simply scandalously insufficient. High Covid-19 death rates per 1 million population reflect the disorganisation of care and the shortage of professionals, especially those experienced in intensive care. Hungary is currently in the 6th worst place of the 200 countries in the world in terms of coronavirus mortality. Furthermore, the Hungarian government withholds information, the official communication is over-politicised and, as a result, public confidence in those vaccines already available is seriously undermined.[22]

5.2 National attitudes to a EU Health Union

In order to clarify the benefits of stronger EU health competencies and to assess which of the planned steps are considered important by actors in Hungary, the following analysis was carried out with the involvement of local governments, and professional and non-governmental organisations. Consultations and inputs were collected either through:

1. responses to comprehensive policy questions by municipalities and professional organisations;
2. online consultations and webinar discussions with professionals, experts and policymakers;
3. a representative survey carried out by the S&D Group and Publicus Institute.

The latter survey was conducted through telephone interviews with more than 2,000 people who were representative of the adult population. It focused on opinions regarding a European Health Union, the Hungarian healthcare system, and the EU.

The results from these sources suggest that the concept of a Health Union enjoys significant support among the Hungarian population, municipalities and health professionals. The outcomes show that people in Hungary judge the performance of healthcare according to their political preferences. The opinion of the Hungarian people is thus strongly polarised and based more on their party choice than on anything else, such as age or other demographic factors. Political opposition voters see the state of healthcare as poor. This was the case for nine out of ten (92%) political opposition voters. Six out of ten undecided voters (62%) are also dissatisfied with the Hungarian health system. By contrast, eight out of ten of the ruling alliance Fidesz-KDNP voters (82%) are generally satisfied with the conditions experienced in Hungary's health system. At the same time, seven out of ten respondents (71%) support the creation of a European Health Union. This was the case for

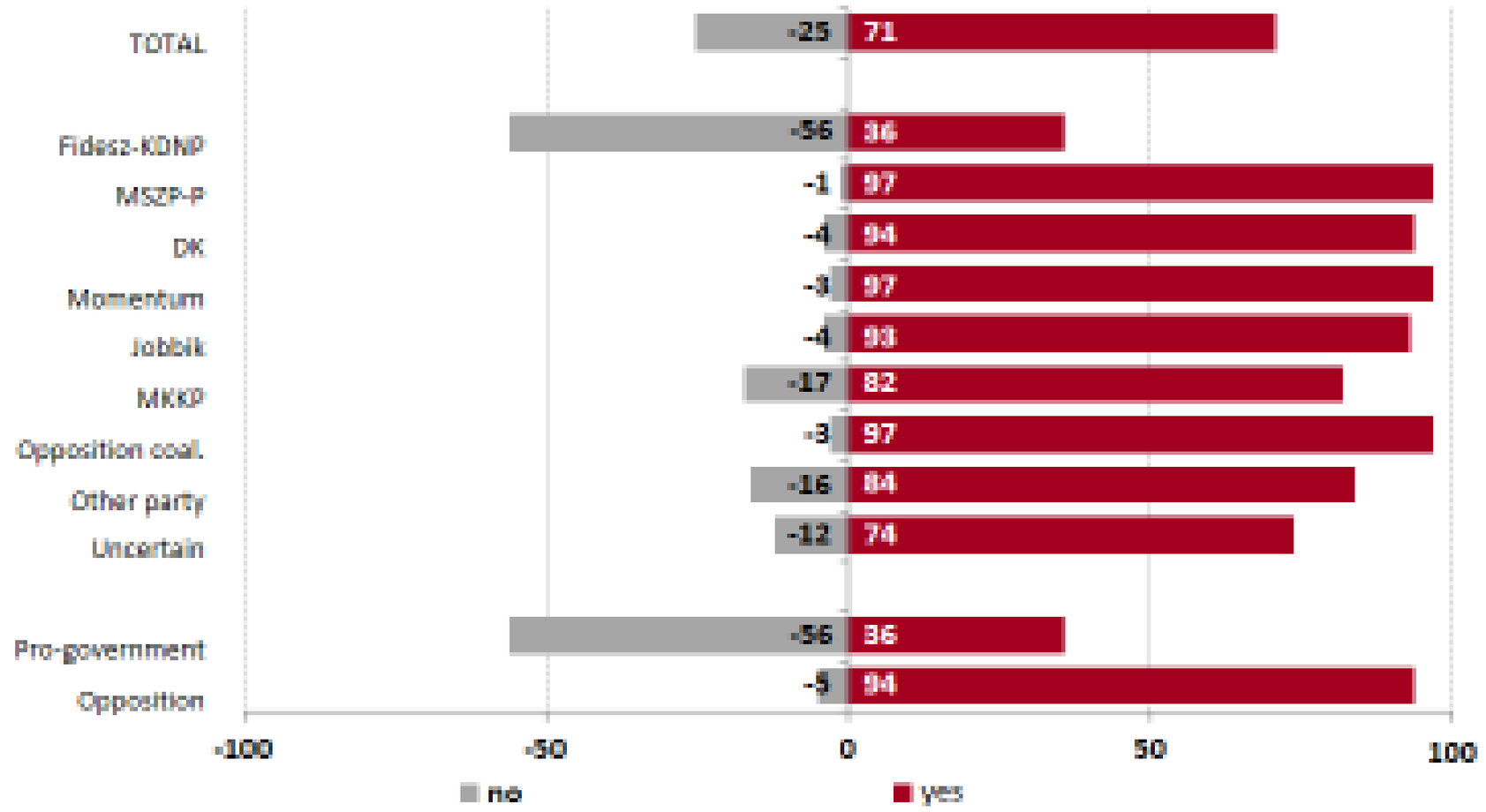
21 www.hazipatika.com/psziche/csalad/cikkek/zente_kezelese_ezert_nagyon_draga/20190924113719.

22 Deutsch, J. (2020) 'In Hungary, politicization of vaccine hangs over immunization efforts', *Politico*, 26 December (www.politico.eu/article/in-hungary-politicizing-of-vaccine-hangs-over-immunization-efforts/)

almost all opposition voters (94%) and three-quarters of undecided voters (74%). Even 36% of pro-government supporters agree with the creation of a European Health Union (Figure 2).

The survey conducted by the S&D Group and Publicus Institute[23] also showed that the vast majority of voters agree that Hungary should spend much more on healthcare than at present (88%), and there was overwhelming support (87%) for having minimum quality healthcare requirements that must be provided to citizens in all member states. Although there was less support for the idea that the European Union has to decide (or at least recommend) how much member states should spend on health services, nearly two thirds of respondents (64%) nevertheless supported it. The survey also examined the extent to which Hungarians' perceptions of the European Union would change if such a Union was implemented. A total of 61% responded positively, 13% negatively, and 23% neutrally. Another important lesson from the research is that while 49% of those surveyed said it would be unfortunate for the EU to become involved in ever more policy areas, 63% stated that more extensive EU regulation is permissible in some crisis areas, such as health.

Figure 2 – Do you support the creation of a European Health Union? - % of total respondents



Source: S&D and Publicus Institute survey

Recognising the shortcomings of Hungary's management of the pandemic, the respondents who participated in the discussions and the local government interviews firmly recommend strengthening EU competencies in health crises in the short term. These respondents thus consider it desirable for the member states to have a common pandemic preparedness plan. Furthermore, they state that the necessary restrictive measures should be implemented based on the same epidemiological indicators in all EU countries, and that the diagnosis and treatment of patients, as well as vaccination campaigns, should be carried out according to uniform protocols. They also say that the European bodies (in particular the ECDC and EMA) should take over the public health

[23] https://publicus.hu/en/blog/the-majority-supports-the-creation-of-the-european-health-union/

management powers of national authorities in emergencies. In addition, they stipulate that there is a need to fully standardise case definitions, and data provision, and to provide continuous, comprehensive and transparent information to the public.

As regards the non-pandemic measures, the online consultations show strong support for the elaboration and gradual introduction of minimum requirements for quality care as part of a European Health Union. These would be for the material and personal conditions of health services, the length of waiting lists for surgery, and the requirements for the prevention of nosocomial infections. Based on initial findings, experts and local governments would not set a compulsory minimum level of public spending on health but would instead welcome a recommendation in this context. They are cautious about EU legislation on the mobility of health workers and, possibly due to the lack of sufficient knowledge, have not reflected on the harmonisation of pharmaceutical subsidies. There were no substantive comments on the extension of EU standards to reduce health risks (smoking, air pollution, alcohol consumption) or on the reduction of inequalities in access to care. In a broader context, discussion partners say they realise that if the health and care of citizens are determined solely by the member state in which they live, the goal of European integration as a whole will not be achieved.

The issue of the European Health Union not being a one-way street was raised in municipal consultations. European healthcare can be accelerated by attracting innovative health industries and by co-financing proposals that fit into the programme of a European Health Union.

6. Concluding remarks and way forward

Based on the initial experience of the Hungarian case and the consultations carried out in that country with national NGOs and professionals regarding a European Health Union, we identify some areas of action for European progressives.

1. **PLANNING** - The content and possible roadmap of a more progressive and ambitious European Health Union need to be elaborated and widely debated in order to improve the proposed initiatives and regulations.
   While the proposed key initiatives by the European Commission are important first steps in the process of establishing a European Health Union, there should be a more robust roadmap for the project, with the involvement of a wide range of stakeholders. The will to engage is proven by the recent launch of the Manifesto for a European Health Union.[24]
2. **COMMUNICATION** - A communication campaign should be launched about the aim and benefits of a health union, with arguments that are well understood by the population.
   The pandemic brought the topic of health higher on the agenda for every European citizen. The public has been and is still facing a serious public health threat that is affecting the way people live, work and prosper. A European Health Union and its initiatives may be among the most graspable projects of the EU for its citizens. This opportunity of public interest should be taken seriously and accommodated with a communication campaign targeted at the European citizen
3. **JOINT RESEARCH** - In several member states, it would be worth carrying out research using a common methodology on

[24] Manifesto for a European Health Union see https://europeanhealthunion.eu.

how the population, professional and non-governmental organisations think, and what steps they consider important in relation to a European Health Union.

The interest for a European Health Union is high from both the public and professional groups. Based on the experience of the Hungarian consultation, it is worth engaging different stakeholders and discussing their take on the proposed initiatives as well as beyond this in order to provide valuable insights into what would be appreciated by different segments of society with regard to the future of health in Europe. It is especially important to liaise extensively with professional organisations (on both the national and European level) given their role in providing care and source credibility, and thus further defining the necessary elements of an ambitious and progressive European Health Union.

4. **EQUAL ACCESS** - More attention needs to be paid to improving the health and care of underprivileged groups (ethnic minorities, the homeless, migrants and refugees), especially in relation to access to care.
   Although the Pharmaceutical Strategy for Europe and the crisis preparedness involves equal access to care and especially access to medicines, there is room to do more in this regard. Health inequalities within the region are high and the most vulnerable groups should be protected better in all aspects, such as with financial protection mechanisms and targeted prevention programmes.
5. **PREVENTION** - Further assessment is needed on how the EU can strengthen the role of primary prevention and implement the WHO best buys to tackle commercial determinants of health.
   Europe's Beating Cancer Plan is a great first step targeting many important risk factors (e.g. smoking, alcohol, air pollution). Prevention should focus on a comprehensive range of factors, such as an unhealthy food environment and physical inactivity. This should be in combination with a better use of existing EU competences, and an assessment of what extension is needed for EU agencies, particularly the ECDC, to cover non-communicable diseases such as cancer. Furthermore, 20% of the EU4Health programme should be earmarked for prevention.
6. **FUNDING** - It must be underlined that EU funds that are earmarked for health improvements (E4Health, Structural Funds) can be better used to implement the elements of a European Health Union.
   The harmonisation of health systems is difficult to imagine if they are almost fully funded from member states' public and private resources. It will be unrealistic for the member states to transfer competences to the EU if they do not receive funds in return. A European Health Union will only be sustainable if the financial resources for this can be increased. To achieve this, there is a need to consider whether the EU budget can be increased from around 1% of GNI to a slightly higher level.

A European Health Union is already emerging and must be shaped by progressive forces, combining attention for national welfare arrangements with a strong commitment to fighting inequalities in health within a country as well as across countries. Cooperative governance models that are able to blend self-rule and shared-rule systems in health must be explored. In addition to giving a prominent space to a Health Union in the Conference on the Future of Europe, the EU should support the Italian presidency of the G20 as much as possible to convene a global health summit next year in order to share the lessons learned from the coronavirus crisis and pave the way to the supranational coordination of health policy.

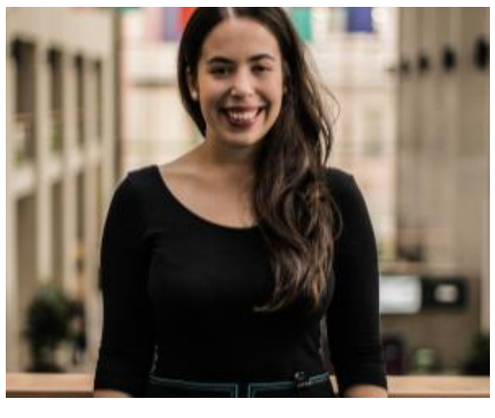
About the Authors

Dr István Ujhelyi, Member of the European Parliament

Dr István Ujhelyi has been a Member of the European Parliament since 2014 and is also the Chair of Tourism Task Force in the European Parliament since 2015. He previously served as Vice-president of the Hungarian Socialist Party from 2014 until 2017. He holds a degree in law and political sciences from the József Attila University.

Dr Mihály Kökény, MD, PhD

Dr Kökény, having worked in various government positions, served as Minister for Health twice (1996-98, 2003-4) in a socialist-liberal government. His international activities cover a broad field of health promotion, environment and health and health care reforms. As a delegate of his country he was the Chairman of WHO's Executive Board (2010-2011). Currently he is a Senior Fellow of the Global Health Centre at the Graduate Institute of International and Development Studies, Geneva. He is also a lecturer at the University of Debrecen, Faculty of Public Health in Hungary (on global health and health policy) and a WHO consultant.



Dr Orsolya Süli, Medical Doctor

Dr Orsolya Süli holds an MSc. in Health Economics, Policy and Management. She took interest in health policy during her medical education and became involved on this field through the European Medical Students' Association, where she held the position of the Vice President for External Affairs. She completed an internship at the World Health Organization and contributed to several international global health related projects. Since the beginning of the pandemic, she has been working on the frontline, first as an emergency medicine doctor in Hungary and currently as an acute medicine doctor in Scotland.

FEPS Publications on the Topic