



26 - 29 SEPTEMBER | HYBRID CONFERENCE | BAD HOFGASTEIN

Health systems in crisis

Countering shockwaves and fatigue

COOPERATING ON HEALTH WORKFORCE MOBILITY IN EUROPE EU AND GLOBAL COOPERATION FOR HEALTH

Friday, 29 September 2023 | 08:45-09:45 | Conference Centre.

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A European Health Union: A Blueprint for Generations.

Why doesn't a European Health Union exist yet?

As the global health crises put the world to a halt, European citizens might question the lack of advancement of official European cooperation on health policy. Indeed, neither the overall objectives and goals of reformed European health policy, nor the actions and instruments, are yet to be agreed upon, and opinions regarding the future of the EHU are far from unanimous.

With this compilation of essays from world-renowned experts, we first explore the origins and legal background of the concept of a European Health Union. Then, we recognise that there has been development and a strengthening of relations between European members, carried out by progressive decision-makers, and look into the strong backing of citizens for investment in health at a European level. Finally, as the path towards a Union will be challenging, we look into the most promising avenues of cooperation for the health and well-being of European citizens.

This book delves into the connections with other European policies, explores the potential institutional and treaty changes, and, discerns what the most urgent steps are on the road towards an inclusive and social EHU. Extend your perspective beyond the context of preparedness and crisis management and discover what a progressive European Health Union could mean for generations to come.

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A EUROPEAN HEALTH UNION: A BLUEPRINT FOR GENERATIONS



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We are deeply grateful to the professionals of the European Observatory on Health Systems (Belgium), especially its director **Josep Figueras**, who are contributing to the enhancement of the EHU concept through their academic research and the people of European Health Forum Gastein (Austria), especially Dorli Kahr-Gottlieb Secretary General, who since 2020 are relentlessly working on dissemination of the narrative of EHU.

An EHU is not just a concept. EHU is the reflection of myriads of cross-border interactions between civil servants, researchers, clinicians, healthcare institutions, patients and medical professionals. These interactions are the essence of EHU. All Europeans are actors in the development that inspired the writing of the book on EHU.

Introduction

The European Health Union (EHU) appeared in the European political vocabulary in 2020 and, in just three years, became synonymous with the notion of the "Health policy of the EU". The Covid-19 pandemic was undoubtedly the main driver behind the rapid rise in popularity of this novel term, yet Europe is very far from consensus on the real meaning of an EHU. Neither the overall objectives and goals of reformed European health policy, nor the actions and instruments needed to pursue these goals, are yet to be agreed upon, and opinions regarding the future of the EHU are far from unanimous. In contrast to those who consider the growth of pan-European cooperation in health purely in the context of preparedness and/or crisis management, the authors of this book argue for a much broader conceptualisation.

At the Foundation for European Progressive Studies (FEPS), we wanted to investigate key questions relating to the EHU.

- Why was the significance of health in European politics low prior to Covid-19, and how sustainable will the prioritisation of the EHU be now that face masks have disappeared from streets across the continent?
- How would a stronger European health policy connect with the EU Pillar of Social Rights, the European Green Deal, and the commitment of the EU and its member states to the United Nations' Sustainable Development Goals (SDGs)?
- Are there actions in health that cannot be sufficiently achieved by member states as well as actions that by reason of their scale or effects, could be implemented more successfully by the EU? What are these actions?
- What institutional changes are needed for the sustainable progress of the EHU?
- What are the most urgent steps on the road towards a genuine EHU, and how important is a discussion on changing European Treaties for the development of a healthier Europe?

The questions indicated above are reflected in the structure of this book.

Part 1. "Fundamentals of a European Health Union" looks into the history of European economic, social, and political development. The main theme of this section is to study developments during the 20th century that transformed Europe from an industrial or even agricultural economy to a service-based society with health playing a key role in employment and creation of value added. The correspondence between an enhanced social fabric and European health policy developments is explored. Evidence that European citizens expect stronger actions for health (that do not always correspond to the speed of change acceptable for member states) is provided in this section too.

Part 2. "Main avenues for pan-European cooperation for health" describes fields of pro-health actions that, according to the authors, are the most promising for the health and wellbeing of Europeans. The list of actions reflects statements declared in the Manifesto for a European Health Union (November 2020)¹:

- Strengthening of solidarity within and between member states, based on the principle of progressive universalism, providing support, including universal health coverage.
- Solidification of emergency preparedness and response.
- Expansion of European cooperation in R&D.
- Enhancing cooperation on the management of rare diseases.
- Working together to address the unequal distribution of health workforce capacities in Europe.
- Developing a Global Health Policy, working with the UN and its specialised agencies, and especially a strengthened World Health Organization.

Part 3. "Policies of transition towards a healthier and more socially inclusive Europe" studies political pro-health actions undertaken by European progressives and future scenarios of European health policy development. According to the authors, progress in health would be strengthened, with provisions for a European Health Union incorporated into a revised Treaty on European Union, while solidification of European

¹ *Manifesto for a European Health Union*. Available online: <https://eihsd.eu/manifesto-for-a-european-health-union/>

Health policy will continue, regardless of the decision to amend or not to amend European treaties.

We hope that the questions raised and arguments provided in this book will help research and medical communities, politicians, and patients to better understand reasons why the EHU has emerged. The findings also aim to provide arguments to explore the most promising avenues of cooperation for the health and wellbeing of Europeans, and the creation of European value added if and when opportunities to work together for better health are exploited.

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Table 1. International migration in the EU

	2010-2011	2020-2021
Belgium	132,497	94,592
Bulgaria	NA	43,421
Czechia	-41,548	77,971
Denmark	22,020	22,889
Germany	391,976	571,673
Estonia	-4,989	10,825
Ireland	-51,517	46,572
Greece	-33,894	-16,092
Spain	-80,375	367,427
France	65,802	297,810
Croatia	-8,336	-5,144
Italy	683,417	247,696
Cyprus	34,055	10,084
Latvia	-55,717	-3,436
Lithuania	-116,122	39,646
Luxembourg	18,664	16,996
Hungary	25,072	20,578
Malta	1,733	5,845
Netherlands	56,723	183,505
Austria	50,360	92,196
Poland	-171,734	88,470
Portugal	-20,516	66,916
Romania	-95,966	-63,518
Slovenia	1,538	20,845
Slovakia	6,349	6,685
Finland	30,552	40,719
Sweden	95,236	75,928
Total net losses of EU source countries	-680,714	-88,190
Total net migration to 27 countries of the EU	935,280	2,317,678

Source. Eurostat

European Health Union and Healthcare Workforce Mobility in Europe

2020-2023

<https://eihsd.eu/european-health-union-and-healthcare-workforce-mobility-in-europe-2020-2023/>



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https://eihsd.eu/wp-content/uploads/EHFH-2023-findings_20230927.pdf

