

**A European Health Union  
A Blueprint for Generations.**



A EUROPEAN HEALTH UNION: A BLUEPRINT FOR GENERATIONS

# 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

Brussels, 19th of October 2023



Edited by:  
Vytenis Povilas Andriukaitis  
and Gediminas Cerniauskas

Ladies and gentlemen, distinguished colleagues,

Let me start with my presentation about joint publication of this book. First of all, I would like to express my sincere gratitude to the President of the FEPS Maria Joao Rodrigues and her team for very fruitful cooperation. And also, I would like to thank all authors of this book for their hard work and valuable contributions to this project. The cooperation between the EIHSD and FEPS in this publication was really successful.

In our book certain questions have been researched:

- Why was the EHU, a new entitlement for the EU health policy, born?
- 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)?
- What are avenues of pan-European health policy with the biggest potential to bring benefits for the EU citizens or so called European added value?
- 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?

**Part 1. “Fundamentals of a European Health Union” argues that the recent strengthening of European health policy, today commonly referred to as a European Health Union (EHU), is an outcome of decades-long socioeconomic developments in Europe. The Covid-19 pandemic was a trigger but not a cause of the EHU, thus pan-European health policy should concentrate on all avenues promising European value added, not just preparedness for future crises.**

- In the first part of this book four authors- Markus Schneider, Vytenis Andriukaitis, Helmut Brand and Issam Alsamara - tried to find answers related to the Fundamentals of a European Health Union. Markus Schneider described how Europe has evolved from an industrial society to an economy where services predominate. The economic transformation was accompanied by a demographic transition, and the development of institutional protection.
- Today, almost 10% of value added is created by the production of health goods and services within the EU27. National and European market and non-market regulations, as well as international contracts, safeguard these value chains of production. (*Slide 3. The health sector: impossible to ignore*).
- Digitalisation of the single market also will create a European health data space, which, together with the advance of artificial intelligence, generate new opportunities and challenges far beyond national capacities to govern them.
- The internal market of goods remains at the core of today’s European integration, but socio-economic transformation and shifting of national priorities in favour of health and other social sectors are contributing to the growth of the relevant importance of these sectors in pan-European politics. This is translated in the Treaty of Amsterdam (1997) and the 20 principles of the European Pillar of Social Rights (2017).
- Helmut Brand and Issam Alsamara in their article about public opinion on a EHU presented data, provided by Eurobarometer. According to Eurobarometer data, Europeans hold a positive perception of the EU, trust the EU more than their national institutions, and want their voice to be heard more within the EU. Moreover, health has consistently ranked among the primary concerns of EU citizens, and Europeans call on the European Union to prioritise public health and to have a common EU health policy. (*Slide 4. One prominent issue that concerns Europeans is health*).
- During the citizen-led Conference on the Future of Europe 2022, the panel recognised the necessity of revising Article 4 of the Treaty on the Functioning of the European Union to encompass health and healthcare as shared competencies between the member states and the EU.
- The evolution of the health role of the EU has been marked by a gradual recognition of the importance of health as a fundamental right and the need for coordinated action at the EU level to address health challenges. But the responsively established health institutions and the scattered capacities and competencies for policymaking on health systems and public health at the EU level are regarded as following the “failing forward” trend of European integration.

- Both authors also noted the relationship between the EHU and progressive policy framework. The EHU has many co-benefits and synergies with major policy frameworks both in Europe and around the world:

- The EHU can contribute to European sovereignty and promote peace in the continent.

- The EHU would promote sustainability through its many interlinkages with the European Green Deal and the SDGs.

- The EHU can enhance the digitalisation objective of the EU. (*Slide 5. SDG goals and targets 2030 and their synergies with SDG3*).

***Part 2. “Main avenues for pan-European cooperation for health” studies fields of pro-health actions that, according to the authors, are the most promising for the health and wellbeing of Europeans.***

Covid-19 already undermined the notion that the European Union has very little to do with health. The European Commission pledged in 2020 to build "a stronger European Health Union". Such new coined entitlement “The European Health Union” was interpreted proposing five building blocks, which include prevention, preparedness and response (PPR) to cross border public health threats, pharmaceutical strategy, Europe beating cancer plan, long term care strategy and a comprehensive approach on mental health.

All those building blocks were based on existing legal frameworks. Only Decision on cross border health threats was replaced by Regulation on cross border health threats. The EC provided stronger mandate to the ECDC, EMA, established a new directorate DG Hera and adopted Vaccine strategy.

- Our author Thibaud Deruelle tried to analyse the proposed PPR measures. Preparedness, or a lack thereof, was a major issue for EU countries during the Covid-19 pandemic.

- The current reforms do not adequately address the problem of preparedness. Three paradigm shifts (joint procurement, scientific agency capacity, and recognition of interdependence) would offer an opportunity to integrate preparedness as a shared competence.

- The current proposed Pharmaceutical strategy also do not overcome barriers in different 27 MS pharmaceutical markets and don’t solve problems related to joint procurement of orphan drugs or innovative treatments. Richard Bergstrom looks into the area of innovations in pharmaceutical research and technology. Innovation in life sciences is the result of the interplay between academia, public institutions and private companies.

The EU has a proven record of promoting progress in health technologies through a centralised process to approve new medicines, the orphan medicines regulation, the development of a Covid certificate, and fostering the development of Covid-19 vaccines by creating an EU buying club to invest broadly in a portfolio covering the four identified technology platforms. Unfortunately, separate 27 markets still exist in the EU.

- Universal health coverage (UHC) is one of the targets of the 2030 Agenda for Sustainable Development of the United Nations. It is affirmed by the EU as a principle of the European Pillar of Social Rights: “Everyone has the right to timely access to affordable, preventive and curative healthcare of good quality”.

- Improving people’s access to healthcare services has been a longstanding objective in European countries. It reflects the values and principles underpinning health systems in Europe – universality, access to good quality care, equity and solidarity. The level of social health protection in Europe is high. But Dominique Polton, analysing current status of UHC in the EU presented analysis, which shows, that enhancing solidarity and equity of health coverage is an ongoing challenge, requiring strong involvement and coordination of all MS and common efforts to act at EU level also.

- Available data already show that there is room for progress towards universal health coverage (UHC), and that there is wide variation and inequity between and within member states. (*Slide 6. Coverage dimensions*).

- Claims that European high-income countries provide universal access to high quality healthcare mask huge gaps in coverage and marginalisation of particularly vulnerable groups in our societies, including people living with rare diseases, (RD), rare cancers and multi complex diseases (RD). Birute Tumienė and Maurizio Scarpa, analysing data, related to the patients suffering from rare diseases, rare cancers presented clear picture that huge inequities among all MS still remain. And no one country alone has no chance to solve those challenges without pan European efforts.

But cure and care of rare diseases and rare cancers till now is in hands of MS competencies. It really contradicts with necessity to create pan European centres of competencies and joint efforts to treat those patients in more effective way. Disparities in diagnosis and treatment of patients with rare cancers is shown in Slide 7. And main conclusions of the article of both authors are on *Slide 8 (Conclusion- no one left behind)*.

- The view that it is only free movement considerations which harm the centre of Europe that need a pan-European solution must be challenged. Corinne Hinlopen and Annette Schrauwen addressed the issues related to equal access to health workers. The need to address the unequal distribution of healthcare workforce capacities in Europe as part of an EHU is required if the EU is serious about access to healthcare for all. Annette will present their findings after my presentation.

- The EU Global Health Strategy (EU-GHS) is a major historic step in relation to the “external” health activities of the European Union. A strong global dimension is central to EU strategic health autonomy including, for example, supply chains, workforce and digital transformation. Ilona Kickbusch will present the EU Global Health strategy also in the next part of our launch event.

***Part 3. “Policies of transition towards a healthier and more socially inclusive Europe” describes pro-health political actions undertaken by European progressives and future scenarios of European health policy development.***

- The EU paid with human lives and huge economic and social losses for the fact that, especially in the first phase of the pandemic, the development of a common European health policy progressed slowly. (*Slide 9. Treatable and preventable mortality...*). The S&D position paper of 12 May 2020 defined the possible components of an EHU concept.
- There is a risk that the looming, overlapping energy, food, and financial crises associated with the protracted war in Ukraine are relegating health issues to the background. On the other hand, it is an encouraging sign that in January 2023 the European Parliament established its public health subcommittee (SANT).
- As we discussing different views and approaches of different experts and politicians, in the part 3 Mihály Kökény looks into left - wing initiatives to advance the EHU. It is desirable that European progressives focus on the benefits of a unifying health policy. The S&D position paper of 12 May 2020 defined the possible components of an EHU concept.

Vytenis Andriukaitis and Gediminas Cerniauskas presented different scenarios for the EHU's evaluation. The EU operates on the basis of what constitutional lawyers call conferred or enumerated powers from Member States to EU institutions: EU has the powers that its founding Treaties allocate to it, and No More! If the legislative powers based on the internal market are capacious and allow more extensive regulatory and harmonising measures, public health article, by contrast, emphasises limited EU actions and not much policy will be made on that basis.

In the EU here is strong legal ground, enshrined in the Lisbon Treaty to create the unions: customs union, economic and monetary union, strong internal market with energy, digital, banking unions, strong common security and defence policy, environmental protection etc. All those unions or common policies have a clear and strong legal constitutional basis and are built on the ground of exclusive or shared competencies of the EU.

But when it comes to the issues of social policies or public health and healthcare issues here the EU has limited competencies only to support, coordinate or supplement MS activities. It means that the new coined title “The EHU” has not the same weight as for example Digital or Energy Union etc.

Analysing EU efforts to improve MS cohesion and integration it is very important to understand EU financial means to help MS addressing structural challenges. And the current budget dedicated to the new EU4Health program marks a considerable increase in comparison to budgets of previous periods. But after this substantial increase, the budget will not exceed 1% of total annual public health expenditure of the EU MS. (*Slide 10*).

It means that the EU needs more financial resources addressing all issues related to the EHU, but it remains on the political will of MS. In their article authors presented three scenarios related to the future progress of the EHU. Two of them do not require Treaty changes. (*Slide 11 Scenarios “a”, “b”, and “c”.*), and one -with Treaty changes (*Slide 12. Progress towards an EHU with Treaty changes*).

- European health policy is not about substituting or overtaking the role of member states in health-related areas, nor about consolidating more power in Brussels. It is about equipping the EU with the necessary competence to support and complement the actions of every capital. It is about delivering the promise of ensuring a high level of human health. The EHU is about pursuing the EU's commitment to put people first and to build a more resilient Union for the future. But to achieve it EU need to have some shared competencies in area of health and wellbeing.
- The European Commission's competencies on health are currently restricted. While Article 168 of the Treaty on the Functioning of the EU provides a basis for the EU's policies, it also leaves health policy as the responsibility of the member states.
- In its Communication on the results of the Conference on the Future of Europe, the European Commission stated: "just like constitutional texts of the Member States, the EU treaties are living instruments" and "new reforms and policies should not be mutually exclusive to discussions on Treaty change".
- Let us repeat once again, that the EU needs to speak explicitly about health as an aim of the EU. The amendment of the TEU by an explicit pledge to promote universal health coverage by establishing a European Health Union would greatly contribute to a healthier Europe, and to the maturity of the European project.
  - Main avenues for pan-European cooperation for health include but are not restricted by preparedness and resilience. They are:
    - ✓ Strengthening of solidarity within and between member states, based on the principle of progressive universalism, providing support, including universal health coverage, but respecting principle of subsidiarity as a core.
    - ✓ Solidification of emergency preparedness and response.
    - ✓ Expansion of European cooperation in R&D.
    - ✓ Enhancing cooperation on the management and treatment of rare diseases, guaranteeing equal access to innovative medicines without financial hardship.
    - ✓ 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.
- The demands of Europeans regarding public health issues have been clear and unequivocal. Now, the responsibility lies in the hands of elected politicians to respond to the aspirations of citizens and take the necessary steps towards building a more comprehensive and cohesive European Health Union, as disease do not stop at borders, neither should policy-making.

To deliver on the promise of well-being for its citizens and to upgrade the welfare system that makes our continent unique and resilient, the EU needs to take the next step in its development and play a stronger role in securing health for all: an effective health integration is a prerequisite for a solid and social Union. And Health and Wellbeing Union is in clear line with expectations of the citizens of the EU.