With less than two months to go, Vytenis Andriukaitis from his office in Brussels looks back at his mandate as European Health and Food Safety Commissioner and shares his wishes for the future.

Q. Commissioner, thank you for taking the time to reflect on your experience of the last four years. What was your ambition when you took office in 2014 and how do you assess the state of health in the EU now that your term is nearing its end?

During these past four years my compass has been the definition of health as enshrined in the World Health Organization Constitution, health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. For me these are not idle words. The prevention and cure of diseases and the fight against their risk factors is only part of the game. We need to start thinking differently about health. We cannot just limit ourselves to only talk about healthy food and more exercise. We need to expand our perspective to “healthiness” and promoting healthy environments: families, schools, work places and cities. Otherwise healthy lifestyle becomes a narrow concept.

Healthiness implies broadening our tools for keeping people healthy, both physically and mentally, during the whole life-course. It requires systematically monitoring the health and well-being of newborns, children, adolescents, adults and older people with a new set of parameters. If we want to be really serious about healthy ageing, a change of paradigm is needed, moving away from a single disease or risk factor approach, empowering our citizens to monitor their health, also using new digital technologies and devices.

I’m very happy that Finland for its current EU Presidency decided to focus on health as part of well-being. This is a big step forward and this broader approach aligns with the concept of Health in All Policies, which was the focus of the Finnish EU Presidency back in 2006.

I see a lot of opportunities. Last year we established the EU Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases. This group will help to work out new instruments and concrete proposals to address the different determinants related to health, not only disease.

Q. Looking back, what are you most proud of in terms of successes and achievements?

I think we did a lot so it is difficult to limit myself to only a few.

Perhaps I am most proud of the State of Health in the EU, the two-year cycle that we put in place to describe and monitor the status of health and health systems in the EU. From the start of my mandate...
I asked DG SANTE (the Directorate-General for Health and Food Safety) to improve our knowledge and capacity to assess the status of health and health reforms in Member States. With the help of the OECD and the European Observatory on Health Systems and Policies we managed this and it gave a real impetus to EU health policy. It allowed us to develop constructive recommendations for the European Semester process that can help to improve access to care and prevention, but also to draw the attention of other DGs to the importance of health for the wider economy.

Together with the progress that we made on developing sound methodologies for assessing the performance of health systems and the linkage with the financial instruments, we now have a robust set of tools and instruments to help Member States in reforming their health systems and achieve better outcomes.

But it is only just the beginning. So far, the State of Health in the EU cycle has been mainly looking at public health and health care. Again, we will have to broaden our perspective and look at the health dimension in other sectors, including education, transport and environmental protection. All ministers need to take responsibility for health and well-being of the populations they serve.

In the field of health care, I am particularly proud of the European Reference Networks, which were launched during my mandate, and enable the exchange of all the available knowledge and expertise on rare diseases. This is an absolute miracle and a clear example of how the EU can be beneficial to its citizens. This is also true for other areas like eHealth and the digitalization of health care, where the Commission’s work on advanced therapies, big data and the one million genome project is helping to build a new ecosystem for the use of artificial intelligence in health care.

In the area of pharmaceuticals, we have managed to put the issue of access high on the political agenda. Our proposal on health technology assessment received the support of the European Parliament. Now it is up to the Council to finalise the work.

We were also very vocal on the importance of vaccination and provided tools and strategies for Member States to improve vaccination coverage rates. Similarly, we pushed the beacons on fighting against Antimicrobial Resistance, with a new One Health action plan based on three pillars – agriculture, environment and health care – and a close collaboration between the three agencies, the European Centre for Disease Prevention and Control (ECDC), the European Food Safety Authority (EFSA) and the European Medicines Agency (EMA).

During my mandate, we have shown that by working together, between services in the Commission but also hand in hand with Member States, we can solve common problems and overcome international crises. This is what we did with Ebola at the beginning of my term. This is also what we did in the midst of the migration crisis, providing concrete solutions and coordinating support, such as creating temporary health records for migrants, monitoring their health and ensuring access for them to primary care services.

Q. It probably hasn’t always been an easy ride. You encountered set-backs and push-backs. What has been your biggest disappointment?

Probably I’m mostly disappointed by the fact that there is still much misunderstanding about the EU’s role in health, not only at Member State level but even within the European institutions.

What people often fail to see is that the Lisbon Treaty gives a clear and strong mandate for the EU to act on health. While they keep on referring to the principle of subsidiarity, this only relates to the organisation of health services, which clearly is a Member State responsibility where the EU can only coordinate, cooperate and facilitate, like we do in the field of cross-border care. But, when it comes to the concept of Health in All Policies, this is completely enshrined in the Lisbon Treaty and the protection of human health is a responsibility for every single Commissioner.

The Tartu Call for a Healthy Lifestyle made this very clear. Together with my fellow Commissioners, Tibor Navracsics (Education, Culture, Youth and Sport) and Phil Hogan (Agriculture and Rural Development), I signed 15 commitments to promote healthy lifestyles through sport, food, innovation or research. This is also why I am so proud of the joint commitment that the Commission has demonstrated in the implementation of the Sustainable Development Goals (SDGs). Of all 17 SDGs, 14 are related to health. An expert team recently concluded that the most progress has been made on SDG 3 (Ensure healthy lives and promote wellbeing for all at all ages).

We did a lot to act upon the health determinants and reduce premature death of EU citizens, like in the field of tobacco. Yet, there is so much more that the EU can do: through taxation or regulating marketing practices for instance. Look at our supermarkets and
how easy it is for people, including children, to get unhealthy and harmful products, like sugary drinks and alcohol. Excise duties haven’t changed since 1992 because you need unanimity in the Council of Finance Ministers.

Lack of action and political will cost lives. I often felt alone when calling for bolder action on health promotion, prevention and protection. Our policies to fight against diseases like cancer, diabetes and obesity are weakened by the lack of action on the root causes. I am Commissioner for health, not for disease! You get a lot of support for using the EU’s financial instruments to invest in health care infrastructure or diseases, but less when you want to use them for investing in the development of “healthiness valleys” where all people can enjoy good health.

Q. During your mandate the EU went through some politically challenging times. How do you see the future of the European integration project?

I hope the next Commission will continue the work in the same spirit. In my Mission Letter from Jean-Claude Juncker in 2014 when taking office, he concluded with the words: “We live in a Union with a 29th state of unemployed people, many of them young people who feel side-lined. Until this situation has changed, this 29th state must be our number one concern, and we have to be very determined and very responsible in carrying out our work as Members of this Commission.”

Today, 100 million EU citizens still live in poor or very difficult conditions. Certain regions in the EU are abandoned. Progress on closing gaps within and between Member States is too slow. Fifteen years after ten Central-European countries joined the EU, people don’t see the convergence between richest and poorest parts. The financial crisis has made a great part of the European population feel insecure about the future, especially the younger generation. This feeling has been abused by populist movements and politicians to bedazzle them with simplistic and fake solutions.

For me it’s clear, the only sustainable solution can come from more European solidarity and cooperation. We need to organise a new debate on strengthening the social component of the EU, and translate the pillar of social rights into reality for all citizens. Only a strong social Europe can help us overcome our other challenges, including climate change. Only through more European integration and concrete cooperation with actors on the ground—in regions, in cities and local communities—can we help solve national and local problems, break the Brussels bubble and convince people of the added value of the EU. But let’s not fool ourselves, with an EU budget of 1% of Member States’ GDP this is not going to be enough.

Q. To conclude, what are your thoughts on the European Health Forum Gastein, which you always faithfully attended?

Unfortunately, last year I couldn’t attend. But I have always been a big fan of the Gastein Health Forum. Next to health promotion, prevention and protection, I am also convinced of the importance of health participation, the involvement of citizens and civil society. Gastein is a great place to discuss all these issues with the wider health community and to join forces in fighting fake news and misinformation in health and distrust in science.

“the only sustainable solution can come from more European solidarity and cooperation

I wish it could become as big as the World Economic Forum in Davos, showing another and more sustainable approach to creating health and well-being for all citizens in Europe.

Let me also tell you, I am grateful for all the support I received. I feel I’m part of a broad international team. Together we started changing the narrative on health. Let’s continue our work.

Thank you, Commissioner! What are your plans for the future?

First, I want to finish my mandate and pass the ball to my successor in the best possible way. After that I will return to Lithuania. I have no concrete plans yet, but I will definitely continue to advocate for health as a normal and committed European citizen.