If you want a stronger EU: build a European Health Union

By: Ilona Kickbusch
Founding Director and Chair of the Global Health Centre of the Graduate Institute for International and Development Studies Geneva, Switzerland.

In her first annual State of the European Union (EU) address, European Commission President Ursula von der Leyen said the coronavirus pandemic had underlined the need for closer cooperation in health: “For me, it is crystal clear – we need to build a stronger European Health Union”.

This momentum must be upheld. That is why there is now an initiative – see the MANIFESTO† – to promote the idea and several concrete proposals towards a European Health Union. Each health crisis— as with BSE, SARS, Ebola—has added a health policy layer to the EU and created new institutions. In this tradition of institution building, one proposal for a European Health Union suggests strengthening the European Centre for Disease Prevention and Control (ECDC) and European Medicines Agency (EMA), creating a new EU Health Emergency Preparedness and Response Authority (HERA), while others call for one fully integrated European Health Agency.

But many argue for a Treaty change. A health solidarity clause has been proposed in the case of a pandemic. It would work in a similar way as the EU civil protection clause and include a health stress test – like the stress test that applies to the banking system in the EU. Such an approach requires a treaty change because it brings important links to a fiscal union – for example if a country faces major financial crisis and this affects their health system.

In the face of the COVID-19 crisis there is a new opportunity to call for increased EU competencies in the field of health, and a growing appreciation of how many other areas of EU policy impact health and pandemic preparedness and response. The complexity this brings is to find the right form of integration and cooperation for the EU and its Member States to act more effectively together in health, in both “normal” and pandemic times; and to do so in solidarity with the rest of the world based on the Sustainable Development Goals (SDGs).

In a world of rapidly changing geopolitics and power relationships, all eyes are on Europe to see how it will act. Many commentators say that the weakening of the USA is also related to its divisions and lack of social security – including health care. A global actor must be credible based on the actions within its borders. I believe that the EU must work to overcome the approach chosen following the financial crisis when in 2010 health was subjected to economic governance procedures which deeply intruded into national health care policies and systems with major equity consequences. Precisely because decision makers did not define the EU as a health union in the crisis of 2008/9, the EU paid a high human and political price for championing health sector austerity. One of the largest challenges will be how to build European solidarity and strengthen European sovereignty in relation to health without reinforcing nationalisms and regionalism. I feel that this is so important that it should form an important part of the Conference on the Future of Europe to be held this year.

So today, the debates on the purchasing and sharing of COVID-19 vaccines must be resolved, with the EU being recognised as a responsible actor by its Member States, the European citizens and by the world at large, especially by the poorest countries. In relation to health – European and global – the EU can be a critical actor to help the world build a joint health future based on the SDGs. The components are already mapped out in other EU policy arenas such as the economy of wellbeing, the green deal, the resilience and recovery fund, and the digitalisation agenda – but now is the time to add the “health and wellbeing agenda”. The high political and economic relevance of the interface between European and global health would, in my opinion, merit a European Commission Vice-President for Health and Wellbeing.

This double responsibility of a European Health Union is best expressed by first and foremost

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building on the EU Pillar of Social Rights and the commitment of the EU and all Member States to the SDGs. This means a European Health Union would promote wellbeing for all people of all ages within and outside of its borders (as per SDG-3). As the European Observatory on Health Systems and Policies has shown us, the EU already has a wide portfolio of health policy especially through its regulatory role towards its Member States for example in areas such as Patients’ rights in cross-border health care, Pharmaceuticals and medical devices (pharmacovigilance, falsified medicines, clinical trials), food safety and tobacco.

From this follows the global influence through the “Brussels effect” that leads to factual adoption of EU legislation in the context of the EU’s global market power. The possibilities to expand the dimensions of EU health policy action are considerable indeed.

The joint EU/G20 global health summit, planned together with Italy during its presidency of the G20 in May 2021, provides an opportunity for clarifying the next steps towards establishing a European Health Union that lives up to its double responsibility: within Europe and for the world at large.

Forthcoming publications from the European Observatory

In the Wake of the Pandemic: Preparing for Long COVID

Policy Brief

A proportion of people experience persisting ill-health following the acute manifestations of COVID-19. There may be several reasons for this, but among them is the condition that is now termed “Long COVID”.

Long COVID can be severely disabling, with implications for the ability of those suffering from it to function. Although there is no simple symptom or test for diagnosing it, many people experience severe fatigue and a range of troubling physical symptoms that make it difficult for those who are employed to return to work. This has obvious economic consequences.

Given the many unanswered questions about this condition, research is a high priority. The forthcoming policy brief describes some of the ongoing studies being undertaken in Europe, following up those affected and conducting detailed clinical assessments. Some of these are creating cohorts of patients, something that will be of great value for the evaluation of potential treatments. This policy brief seeks to raise awareness of Long COVID and to provide a resource for those in decision making roles, setting out in basic terms what we know about this condition and what the policy options are for developing a comprehensive response.

Regulating the unknown: A guide to regulating genomics for policy-makers

Policy Brief
By: GA Williams, S Liede, N Fahy, K Aittomaki, M Perola, T Helander, M McKee, A Sagan

Rapid advances in genomics hold huge potential to transform health and health care for the better. However, they also raise a number of critical questions such as over ethical use of data, privacy and security. Many of these challenges are not new and are similar to those for other health-related and personal information. Genomics nevertheless creates additional issues due to the sensitivity, longevity and usefulness of data collected that can be continually reanalysed and reinterpreted as new knowledge and big data analytic tools emerge, and also because it reveals familial and not just personal information.

While developing appropriate regulation to protect patients and consumers may be challenging, it is not impossible and much work in this area has already been undertaken. This brief highlights the best-practice examples of how these issues have already been addressed through legislation such as the GDPR and other protective mechanisms in Europe and further afield. The authors nonetheless argue that many regulatory and enforcement challenges remain ahead of us to ensure that advances in genomics are used to their full potential on the basis of shared European values.