EUROPEAN UNION SUPPORT FOR HEALTH SYSTEMS IN THE PANDEMIC AND BEYOND

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Summary: There are a wide range of European Union (EU) instruments available to support Member States. Maximising their impact for health systems typically requires combining multiple tools with different objectives. The COVID-19 pandemic hit Europe in the transition to a new set of multiannual financial perspectives, creating the opportunity to secure additional resources for health systems over the coming years. The European Commission has also devised multiple new instruments to expand the scope of existing tools for the pandemic response and beyond. Optimising the use of and the synergies between tools will be crucial to strengthen the resilience of health systems.

Keywords: EU Support, Health Systems Strengthening, Resilience, COVID-19 Response

Introduction

The European Union (EU) puts various instruments at the disposal of Member States, which can support the strengthening and improvement of health systems. Even though health is not among the primary objectives for many of these tools, the support on offer is wide-ranging. It spans across many policy areas with implications for health and health systems, such as research and innovation, economic, social and regional policy.

Relevant instruments include, among others, policy mechanisms such as the European Semester for setting reform priorities. Others may supply information and evidence such as the research projects under Horizon Europe, funding for health care infrastructure under the Cohesion Policy Funds or technical assistance for developing national strategies through the Technical Support Instrument (a detailed overview of relevant EU instruments can be found in the Policy Brief “European support for improving health and care systems”).

There is also the potential to combine EU tools with support from other sources, such as national and regional instruments or international bodies like the World Health Organization (WHO). However, the broad variety of tools and their potential to support different stages in the process of implementing change within a system (see Figure 1) also creates the challenge for policymakers of identifying and combining various instruments with different objectives. Effectively managing multiple support tools and creating synergies between them can maximise their impact on health systems.

In Figure 1, the selected EU instruments are classified by the main type of support provided (far left column) and the stage of
the change process for which they are most useful to Member States (top row). Note that this representation is not exhaustive and that most instruments can provide multiple types of support across one or more stages of change. The process of change is the series of successive steps from the formulation of a policy idea to the development of concrete plans for realising it, which is sometimes followed by a piloting stage and finally culminates in large-scale implementation.

How and when are EU tools shaped?

European tools function in accordance with the political and financial cycles of EU institutions, which repeat in five- and seven-year intervals, respectively. While this creates specific windows of opportunity for shaping the ways in which instruments can be used and their priorities, there is typically limited flexibility for reallocating funds and realigning objectives throughout an ongoing cycle. The most favourable time for shaping the instruments is between cycles, when more long-term political objectives are set and the Multiannual Financial Framework (MFF), dictating the allocation of funds to the various EU programmes, is defined. Within every seven-year MFF, funds for various EU instruments and programmes are disbursed on a yearly basis in accordance with a pre-specified budget and plan for implementation. Nevertheless, the degree of receptiveness for new aims and initiatives is limited until the mid-term review of programmes takes place halfway through an ongoing MFF and is at its highest during the planning and transition stages leading up to a new cycle.

The COVID-19 pandemic hit Europe part-way through a political cycle and in a financial transition period, with the new MFF due to start in 2021. There were two major consequences for health systems at EU level. Firstly, this timing presented a unique opportunity to channel resources towards health systems and to weave health objectives into new tools like the Recovery and Resilience Facility, while also facilitating a revision of many existing EU instruments, such as the Health Programme (now named EU4Health) in view of the upcoming MFF and the need to address health system challenges uncovered or exacerbated by the pandemic. Secondly, the EU was able to activate and adapt various existing response mechanisms despite initially slow and uncoordinated Member State reactions and the limited scope for redirecting support in the concluding months of the previous MFF (2014–2020).
The role of EU tools in the COVID-19 response

Throughout the pandemic, the European Commission has activated various existing instruments, while also devising new mechanisms to mount an EU-wide response.

As early as January 2020, Member States were urged to start exchanging live updates on national responses and coordinating measures via the Early Warning and Response System, operated by the European Centre for Disease Prevention and Control (ECDC), and used to facilitate the communication between EU countries and the institutions in response to past outbreaks such as SARS, Ebola, and H1N1 Influenza. Concurrently, the Health Security Committee, dedicated to coordinating national preparedness activities and exchanging best practices between Member States since 2013, started convening in regular intervals to monitor the rapidly evolving epidemiological situation.

Nevertheless, the progressive strengthening of other existing EU emergency mechanisms turned the tide in spring 2020, when the EU’s Civil Protection Mechanism started distributing personal protective equipment (PPE), medical equipment and deploying health care professionals to areas in need. A funding mechanism established in 2016 and reactivated in 2020, the Emergency Support Instrument (ESI), which is dedicated to financially assisting Member States with emergency responses, committed €2.7 billion for the immediate pandemic response and recovery. Among others, funding was made available for the training of health care professionals, the transportation of patients across borders, as well as the joint procurement and mobilisation of resources including PPE, medical equipment (supplies, vaccines, tests, emergency aid, therapies) and health care staff. Member States joined forces at EU level to procure medical countermeasures under the Joint Procurement Agreement, first established in the aftermath of the H1N1 pandemic, and enough vaccine doses for the entire EU population through Advance Purchase Agreements with funding from the ESI. Most recently, the rescEU stockpile, a European reserve of medical countermeasures and an integral part of the Civil Protection Mechanism, was used to deploy medical equipment to Romania in response to a request for assistance issued in mid-October 2021.

Among the mechanisms introduced to support the immediate pandemic response, the Coronavirus Response Investment Initiative (CRII) and its evolution CRII Plus rapidly mobilised financial support for Member States’ responses, by redirecting funds from existing funding instruments like the EU Solidarity Fund and the Cohesion Funds (previously known as European Structural and Investment Funds) in the 2014–2020 MFF. Extending these, a new mechanism termed REACT-EU (Recovery Assistance for Cohesion and the Territories of Europe) was introduced, with entirely new funding dedicated to bridging the transition period between the two financial cycles (2014–2020).

### Table 1: Use of EU tools during the pandemic

<table>
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<tr>
<th>Strategy</th>
<th>Instruments</th>
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| Cross-country coordination and exchange | • Early Warning and Response System  
• Health Security Committee  
• COVID-19 Clearing house for medical equipment |
| (Immediate) emergency response | • EU Civil Protection Mechanism, including rescEU  
• Emergency Support Instrument  
• Coronavirus Response Investment Initiatives (CRII & CRII Plus)  
• REACT-EU  
• Joint Procurement Agreement |
| Knowledge brokering and research | • European Commission’s Advisory Panel on COVID-19  
• ECDC (situational reports, country mappings, vaccine tracker)  
• EMA (COVID-19 Task force)  
• COVID-19 research funded by Horizon 2020 and Horizon Europe |
| Interoperability and digital health | • COVID-19 Mobile tracing and warning applications  
• EU Digital COVID Vaccination certificate |
| Investment for recovery and future health adversities | • Recovery and Resilience Facility  
• Cohesion Policy Funds  
• EU4Health  
• Horizon Europe |

Source: Authors
and 2021–2027). Throughout the second half of 2020, the European Commission set up the COVID-19 Clearing House for medical equipment, which functioned as a communication channel between Member States and suppliers from the industry to ensure the timely and adequate provision of medical equipment. Member States equally wielded digital tools to counter the pandemic. In this context, the eHealth Network, connecting the authorities responsible for eHealth across Member States, contributed to the development of interoperable COVID-19 mobile tracing applications and the rapid introduction of the EU’s Digital COVID Certificate to certify vaccination within the EU, recognised in many other third countries to date.

Various EU agencies, including the ECDC and the European Medicines Agency (EMA), contributed to the EU-wide COVID-19 response in their role as knowledge-brokers (as displayed in Figure 1), providing reliable scientific expertise to guide policymakers and driving various other EU level mechanisms including the procurement of medicines and the vaccine rollout. From the early stages of the pandemic, ECDC was monitoring the evolution and spread of disease across Member States, providing publicly accessible data, regularly producing situational reports, guidelines and country mappings, and sharing risk assessments which served as policy guidance to national governments. Since the rollout of COVID-19 vaccines, ECDC has also been tracking and comparing the immunisation progress across countries with its COVID-19 Vaccine Tracker, promoting transparency and providing encouragement for broad vaccination coverage. The EMA established a COVID-19 pandemic task force to accelerate access to therapies and vaccines, which was responsible for coordinating the regulatory steps to develop, authorise and monitor the safety of new medicinal products for the treatment of COVID-19. The task force’s efforts have contributed towards promoting the concurrent development and introduction of multiple COVID-19 vaccines on the European market.

**Investment in EU instruments: recovery and preparing for future health shocks**

The pandemic has highlighted the importance of establishing more coordinated preparedness and response mechanisms at EU level, alongside securing more flexible funding instruments to boost the recovery of Member States. This has translated into several longer-term actions with potentially important effects on health systems. One of the largest new instruments is the Recovery and Resilience Facility – the centrepiece of the EU’s €800 billion response mechanism (“NextGenerationEU”) – which aims to mitigate the economic and social consequences of COVID-19, and provide countries with the financial means to digitalise, modernise and strengthen their health systems (discussed further in the article by Mauer et al. in this issue on a European Health Union).

For tools like the Cohesion Policy Funds, which have long been used to fund new health infrastructure or training for health care workers and were used to support Member States’ pandemic responses through the CRII and CRII Plus, the new MFF envisions a faster and more flexible allocation of funds, among several other administrative simplifications, thus increasing their potential utility for health systems strengthening. RescEU, which is part of the EU Civil Protection Mechanism (described above), has received a €2 billion reinforcement over 2021–2027 for the expansion of readily accessible reserves of medical equipment and medical countermeasures. Furthermore, EU4Health has been boosted from a budget of €450 million to over €5 billion and features crisis preparedness among its investment priorities.

Beyond substantially expanding the budgets and scope of existing tools, the European Commission has issued plans for the strengthening of two existing EU agencies, EMA and ECDC, as well as the establishment of a new authority, the Health Emergency Preparedness and Response Authority (HERA), to oversee the coordination of preparedness activities in the case of future emergencies. The Commission is also proposing a strengthened legal basis at EU level through a Regulation on serious cross-border threats, which would envision setting up an integrated surveillance system and a joint approach in developing, stockpiling and procuring crisis equipment and medicine (discussed further in the article by Mauer et al. in this issue on a European Health Union).

**Conclusion**

The welfare of European health systems is increasingly interlinked and connected to that of other health systems globally. Complex challenges like climate change, zoonotic diseases, mass migration, demographic and epidemiologic transitions are only some of the shared threats calling for a coordinated and multi-component approach pervading all relevant policy fields in the EU. Beyond reinforcing the European framework for preparedness and response to cross-border threats, a crucial step moving forward will be to optimise the use and complementarity of different EU instruments, as well as to cultivate an EU-level approach to strengthening the various building blocks of health systems within the EU and beyond.

**References**

Health systems resilience during COVID-19: Lessons for building back better

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The COVID-19 pandemic represents a health system shock of unprecedented scale. Health systems resilience – defined as the ability to absorb, adapt, and transform to cope with shocks – is needed to ensure sustained performance of the health system functions (governance, financing, resource generation, and service delivery) so that the ultimate health system goals, especially that of improving health of the population, can be achieved. As we have witnessed, few countries could achieve this goal and even fewer could do so in a sustained way – leaving all countries with important lessons to learn. The lessons derived in this study can inform both the ongoing efforts, while countries are still grappling with the pandemic, as well as help ensure these efforts also incorporate a longer-term perspective, thus improving preparedness to any future health system shocks.

This study is targeted at policymakers and has two aims. First, it provides national policymakers with evidence from other countries to assess their own responses to COVID-19 and incorporate adjustments that are appropriate for their national contexts. To this end the study offers examples of assessment areas for each of the identified strategies that can be used as the first step in national assessments of health systems resilience. Second, the findings and lessons contained in the study enable us to draw experience from the COVID-19 pandemic to begin “building back better” to improve the response to future health systems shocks and hopefully even pre-empt them. This supports the transition from managing the crisis to achieving more resilient health systems and societies.