



TALKS ABOUT EUROPE

Is the European Health Union needed?



European
Commission

THINKTANK

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Health care has long been identified by Europeans as a major challenge for the EU and national governments. The pandemic made health a strategic area and brought us together. We have realised that we can fight mega-threats effectively only if we act together.



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According to the Eurobarometer, 38 per cent of Europeans consider health care as the number one task of the EU institutions – more important than economic recovery, fighting climate change or reducing unemployment. At the same time, most health-related issues are decided by the Member States, leaving the EU with complementary competences only.

The pandemic has shown the need to strengthen the coordination of actions by all EU countries in this area. Talks about the European Health Union are heading in this direction.

European Health Union – what is it?

The European Health Union was announced by President of the European Commission, Ursula von der Leyen, in her State of the Union address in September 2020. In mid-November, the Commission unveiled a package of legislative proposals to launch the initiative, **containing guidelines on what to do in the event of serious cross-border health threats**. Two weeks later, the **Pharmaceutical Strategy for Europe** was announced, followed by **Europe's Beating Cancer Plan**. **Strengthening two EU agencies** is also part of the Health Union's building:

- a) **European Centre for Disease Prevention and Control (ECDC)**
- b) **European Medicines Agency (EMA).**



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Thanks to the European Health Union, the 27 EU countries will not only be able to jointly react to future crises, but also to cooperate better permanently in the marketing of medicines and medical equipment, research and prevention. Health systems will remain different in each country, but at the same time, the division of competences between EU institutions and national governments will be refined.

EUROPEAN UNION AND HEALTH – A LESSON OF HISTORY



- The Single European Act (entered into force on 1 July 1987) establishing the EU market is the first document of the European Communities that can be applied to the health sector. The introduction of the freedom of movement for workers also applies to medical personnel, and the freedom of movement of goods – to medicines policy.
- The first definition of public health is contained in the Maastricht Treaty (entered into force on 1 November 1993).
- The Treaty of Lisbon (entered into force on 1 December 2009) in Articles 4 and 6 describes the scope of competences of the EU in the health sector. Some of them are the so-called shared competences between the EU and the Member States (e.g. public health safety), and some are 'complementary competences' (e.g. protection of human health). Issues of financing of services or organising the entire health system are left to national governments.
- Although health is an area where the European Union does not have 'exclusive competence', i.e. it cannot legislate, it does have several powers to shape the health policies of European countries (e.g. exclusive powers over competition policy, consumer protection or trade policy).



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Keyword: COORDINATION

The first wave of the pandemic has shown that the lack of coordination between the EU Member States leads to chaos and increases problems, e.g. at borders, which affects other areas of the Union's functioning, such as the movement of people, goods and services. Individual governments' decisions to restrict and shut down economies have been replaced by a more coordinated approach, better exchange of information, and agreements for crisis response instruments. The Member States also began to coordinate the distribution of scarce goods (masks, respirators), and a decision was taken to buy vaccines jointly – so that they could reach all Europeans, regardless of nationality and differences in health systems.

The European Health Union envisages the introduction of permanent coordination mechanisms between the EU Member States in the following areas (current state of work):¹

- monitoring and minimising the effects of shortages of medicines and medical devices;
- providing advice on medicines;
- coordinating studies to monitor the efficacy and safety of vaccines;
- coordinating clinical trials on medicines;
- developing new medicines based on situation analysis;
- tracking emerging biomedical problems;
- access to medicines and medical equipment in an emergency situation;
- building capacity to substantially increase production in the EU;
- initiating public procurement and distribution of medical countermeasures in an emergency situation, including vaccines.

¹ https://ec.europa.eu/commission/presscorner/detail/pl/fs_20_2079



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The European Health Union aims to strengthen EU institutions in the area of sanitary and epidemiological surveillance: monitoring, auditing and evaluation of data collected from the Member States to prepare rapid-response instruments for crisis situations.

Beyond EU competence

The European Health Union does not encroach on the competences of the Member States as enshrined in the Treaties. It encourages the coordination of activities at the EU level but does not interfere with the competences of governments (and local authorities) which include:

- organisation of health system in each country;
- organisation of work of hospitals and public health care facilities;
- organisation of health services market (principles of private facilities operation, etc.);
- financing health services for citizens;
- organisation of access to these services;
- education of medical staff;
- working conditions and salaries of medical staff.



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The text is based on the online debate "[Is the European Health Union needed?](#)" organised by the European Commission Representation in Poland in cooperation with THINKTANK on 29 April 2021. Our guests were: **Andrzej Ryś**, PhD, Director for health systems, medical products and innovation in the Directorate-General for Health and Food Safety at the European Commission, **Iwona Kowalska - Bobko**, PhD, Director of the Institute of Public Health, Head of the Department of Health Policy and Management, Faculty of Health Sciences, Collegium Medicum, Jagiellonian University, **Roman Szelemej**, M.D., Mayor of the City of Wałbrzych.

