European Parliament

EU public health policy

SUMMARY

This paper explains the origins and current role of public health policy at European Union level, details how the Union has responded to the 2020 coronavirus pandemic to date, and analyses the European Commission's recent proposal for a flagship policy initiative in this field, the EU4Health programme, which could represent a 'paradigm shift' in how the EU deals with health. It then goes on to explore a range of possible further initiatives that could be taken to over the medium- to long-term to strengthen healthcare system across Europe. In the context of the Franco-German proposition that the EU should acquire some form of 'health sovereignty', it looks at the possibility of developing a more comprehensive vision for, and strengthening of, public health policy, in order to better respond to current and future needs.

Introduction

Surveys consistently show that health is a major concern for citizens. Action by government in the field of public health delivers a series of essential and primary public goods, to protect the health of the community and address important health risk factors. Strong primary care correlates with better population health, lower hospitalisation and less health inequality. More than ever before, however, public health faces complex political, social, economic, and environmental challenges, to which innovative and cross-cutting responses are needed. The multifaceted character of the current coronavirus crisis has highlighted these features, whilst also drawing attention to the fact that the European Union, operating at supranational level, has until now only had a subsidiary role in the field of public health, essentially to 'complement national policies' defined in the Member States.

There is no EU health system because Member States individually enjoy primary responsibility for organising and delivering their own health services. The EU does not support the organisation and provision of health services at Member-State level. Instead, EU action complements national policies and facilitates cooperation between Member States. Within that constraint, however, an EU health policy has developed incrementally and it affects the health of its citizens in several important ways.

Three forms of EU health policy can be identified, each working in a different way and emerging from a different body of law. The first form is explicit and direct EU-level health policy conducted under Article 168 of the Treaty on the Functioning of the EU (TFEU) and led by the Directorate-General for Health and Food Safety (DG SANTE) within the Commission. The second form is EU health policy implemented through laws in other fields of EU action – notably the internal market, environment, social policy, and consumer protection – and this is far more significant for health than the first. The third form derives from European surveillance of Member-State fiscal policies through the European Semester. Here, a strengthened fiscal governance and austerity regime can negatively impact Member States' health policies.

In addition to references to public health in the EU Treaties (see box below), a number of relatively recent, binding and non-binding provisions or policy frameworks have made it easier for the EU to take initiatives in the healthcare field:

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> **Charter of Fundamental Rights of the EU** (Article 35, Healthcare): The [Charter](#) became part of EU constitutional law when the Lisbon Treaty entered into force in 2009. It brings rights in EU law, including those of the European Social Charter and those in Member-State constitutional law.

> **Sustainable Development Goals (SDGs)**: [17 goals](#) were agreed by the United Nations in 2015, as part of its Agenda 2030 programme. According to its [2016](#) 'Key European action supporting the 2030 Agenda and the SDGs', the European Commission is committed to further mainstreaming sustainable development in EU policy-making. [SDG 3](#) embodies a specific commitment 'to ensure healthy lives and promote well-being for all at all ages'. In her [speech](#) to the European Parliament in July 2019, on her election as President of the Commission, Ursula von der Leyen said that she would, 'refocus our European Semester to make sure that we stay on track with our Sustainable Development Goals'.

> **European Pillar of Social Rights**: The [European](#) [Pillar](#) covers a wide range of policies, many with health relevance – notably Chapter III: Social protection and inclusion; principle number 16 – and helps to frame broader EU policy.

Public health in the Treaties

[Article 168(1) TFEU](#) obliges the EU to ensure a high level of human health protection in the definition and implementation of its policies and activities. It states that 'Union action, which shall complement national policies, shall be directed towards improving public health, preventing physical and mental illness and diseases, and obviating sources of danger to physical and mental health. Such action shall cover the fight against the major health scourges, by promoting research into their causes, their transmission and their prevention, as well as health information and education, and monitoring, early warning of and combating serious cross-border threats to health.'

Healthcare remains a national competence; paragraph 168(7) states, 'Union action shall respect the responsibilities of the Member States for the definition of their health policy and for the organisation and delivery of health services and medical care. The responsibilities of the Member States shall include the management of health services and medical care and the allocation of the resources assigned to them'.

Other articles about approximation of laws necessary for the functioning of the internal market ([114](#)), the environment ([191](#)), labour, in the social policy chapter ([153](#), [156](#)), and consumer protection ([169](#)) specify health as an objective. [Article 9](#) calls for all EU activity to 'take into account' a 'high level of protection of human health'.

Finally, the Council of the EU can also address recommendations on public health to EU countries. These recommendations are non-binding legal acts: however, they have achieved good results in the health policy area.

Other important tools include:

> **State of health in the EU**: This is a two-year [initiative](#) undertaken by the European Commission that aims to provide comparative data from different EU health systems. The initiative may substantially inform the European Semester on EU health policies.

> **Expert Group on Health Systems Performance Assessment (HSPA)**: [Set up](#) by the Commission, this group of representatives from EU Member States aims to develop a common understanding on HSPA approaches, through sharing national experiences.

> **Expert Panel on Effective Ways of Investing in Health**: This panel [aims](#) to make scientific contributions to the effectiveness, accessibility and resilience of European health systems.

> **EU Health Policy Platform**: This is the [largest](#) of a number of consultative mechanisms organised by the Commission. It is an open platform, with over 7 000 members at the time of writing.

> **EU agencies**: The European Centre for Disease Prevention and Control ([ECDC](#)), the European Food Safety Authority ([EFSA](#)), the European Medicines Agency ([EMA](#)), the European Monitoring Centre for Drugs and Drug Addiction ([EMCDDA](#)), the European Agency for Safety and Health at Work ([OSHA](#)), and the Consumers, Health, Agriculture and Food Executive Agency ([CHAFEA](#)). In 2021, CHAFEA's activities will be [transferred](#) to other agencies based in Brussels.

EU action in public health

Over the years, the EU has adopted legislation in the public health sector in several areas, including: i) tobacco control (regulation of tobacco products, advertising restrictions for tobacco products, creation of smoke-free environments); ii) cross-border healthcare (establishing the conditions under which a patient may travel to another EU country to receive medical care, and for its reimbursement); iii) pharmaceuticals and medical devices (pharmacovigilance, falsified medicines, clinical trials); iv) organs, tissues and cells, blood, (developing standards of quality and safety for substances of human origin); and v) cross-border health threats (see below).

Cross-border health threats and EU action on coronavirus

The coronavirus crisis has dramatically demonstrated the need to improve the response to public health emergencies at transnational level, in line with the International Health Regulations (IHR). Faced with urgent situations, Member States have characteristically tended to revert to taking national measures, sometimes against the interests of other Member States, both in previous crises and the present one. However, crises can also inspire EU public health actions. In 1999, following the bovine spongiform encephalopathy (BSE or 'mad cow disease') outbreak, the Commission established a Directorate-General for Health, in addition to the existing Directorate-General on Consumer Protection. In 2004, the ECDC agency was created in the wake of several epidemics. In response to the current pandemic, the Commission has launched several initiatives. However, these actions have not yet given the Union the kind of full range of powers that a coherent communicable disease control and response system at EU level would require.

> ❯ **Decision No 1082/2013/EU** lays down rules on epidemiological surveillance, monitoring, and early warning systems on cross-border health threats. Responsibility for the policy response to health threats is retained by the Member States.
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>   ▪ A Health Security Committee (HSC), composed of Member States' representatives and chaired by the Commission, was established. In the context of the current coronavirus crisis, the Commission meets regularly with HSC to discuss the response to the pandemic.
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>   ▪ An early warning and response system (EWRS) was established – a restricted-access platform linking the Commission, ECDC and public health authorities in EU/EEA countries. On 9 January 2020, the Commission issued the first EU alert on Covid-19 through this system.
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>   ▪ A joint procurement tool was introduced, enabling Member States to engage, on a voluntary basis, in a procedure to jointly procure medical counter-measures, particularly vaccines. In the current coronavirus context, a joint procurement mechanism was launched on 17 March 2020. Two days earlier, on 15 March 2020, to guarantee the availability of personal protective equipment in Europe, the Commission required that exports of such equipment outside the EU be subject to export authorisation by Member States.

> ❯ **EU Civil Protection Pool Mechanism/RescEU**: The EU Civil Protection Mechanism coordinates Member States' relief capacities in disaster preparedness. It was established by Decision No 1313/2013/EU. In 2019, the mechanism was upgraded and renamed RescEU. The Civil Protection Pool is the register of assets that Member States make available for RescEU activities. During the current crisis, Italy (on 26 February), and Spain (on 16 March), requested additional protective equipment through RescEU. The Commission relayed the request to all Member States to mobilise assistance. On 19 March, the Commission created the first common European reserve of medical equipment – the RescEU stockpile.

> ❯ **ECDC**: The responsibilities of the European Centre for Disease Control (ECDC) during cross-border threats are centred on monitoring and surveillance, and to some extent

capacity-building and research. During the current pandemic, the ECDC provides an update of the [daily](#) situation worldwide and an up-to-date [risk assessment](#) on its website. The ECDC platform also provides information to the general [public](#).

> **Shortages of medicines**: The EU's dependency on third-country imports of medicines is a [long-standing](#) issue, one already recognised [before](#) the pandemic and now exacerbated by the crisis. The EU has now launched an [Executive Steering Group](#) on shortages of medicines caused by major events. The group is composed of representatives of the Commission, medicines agencies ([HMA](#)) and the [EMA](#).

> **Conversion of companies**: The Commission has produced [guidelines](#) on upgrading European medical equipment production capacities.

> **Research funding**: The Commission has generated new funding for Covid-19 research under Horizon 2020, mobilising over €1 billion for the Coronavirus Global [Response](#) event to ensure collaborative development of diagnostics, treatments and vaccines. This includes the Innovative Medicines Initiative ([IMI](#)) and European and Developing Countries Clinical Trials Partnership ([EDCTP](#)) initiatives.

> **Cohesion policy**: The Coronavirus Response Investment Initiative ([CRII](#)) and the Coronavirus Response Investment Initiative Plus ([CRII+](#)) were put forward by the Commission in March and April 2020 to mobilise [cohesion policy](#) to respond flexibly to the rapidly emerging needs in the context of the Covid-19 pandemic. The objective is to target more support to the most exposed sectors, such as healthcare, financing health equipment, medicines, testing and treatment facilities.

In the context of the current coronavirus pandemic, two important policy initiatives that emphasise the need to strengthen European health systems should be mentioned:

> **Franco-German initiative for the European recovery from the coronavirus crisis**: Under the proposal's first point, the [Franco](#)-[German](#) initiative states that 'the European response to the current crisis and to future health crises should build upon a new European approach based on strategic health sovereignty'. The document discusses specific sectors that should be developed: increasing European capacity for research and development of vaccines and treatments; establishing common stocks of medical products; coordinating European procurement policies for future vaccines and treatments; giving ECDC a mandate to develop prevention and reaction plans against future epidemics; and establishing better European standards for health data interoperability.

> **Trio presidency**: Germany, Portugal and Slovenia form the current [Trio presidency](#) within the EU Council of Ministers. This begins with the current six-month German presidency in the second half of 2020, followed by the Portuguese and Slovenian presidencies in 2021. On 20 May 2020, the Trio published an 18-month [programme](#), which places special emphasis on public health, suggesting several actions. These include supporting the establishment of more resilient health infrastructures, and promoting the digital exchange of health data and strengthening the ECDC mandate. The programme also pushes for updated legislation in the fields of medicines and medical devices. The Trio also want to give the EU a more strategic voice in international fora dealing with global health, notably the World Health Organization (WHO).

EU4Health programme and other EU funding instruments

As part of its proposed [Recovery Plan for Europe](#), tabled in May 2020, the European Commission proposed a €750 billion [Next Generation EU](#) recovery fund to address some of the economic and social consequences of the pandemic. This will be embedded in and added to the seven-year long-term EU budget, or Multiannual Financial Framework (MFF), for the 2021-27 period. The Next Generation EU instrument mobilises a variety of tools, organised in three pillars: i) supporting

Member States to recover; ii) kick-starting the economy; and iii) learning the lessons from the crisis. The EU4Health programme forms part of the third pillar.

This Commission's proposal for a new and ambitious health programme envisages an investment of €9.4 billion in the health area over 2021-27. Stella Kyriakides, Commissioner for Health and Food Safety, has said that 'the new EU4Health programme will be a game-changer, a real paradigm shift in how the EU deals with health, and a clear signal that the health of our citizens is, more than ever before, a priority for us'. The programme (Article 3), has three general objectives: i) tackling cross-border health threats; ii) making medicines and medical devices [more] available and affordable; and iii) strengthening health systems, including by investing in public health.

The programme is novel in some ways. First, in its overall approach, the Commission has abandoned its previous idea of merging the current health programme (for 2014-20) into the European Social Fund Plus (ESF+). The EU4Health programme will now represent a new, separate and free-standing programme on health. Second, the new programme will now enjoy a substantial funding increase compared to the current €413 million health programme (envisaged in ESF+). Third, the scope of the new programme will be wider, with a view to better preparing for health threats, improving the EU's strategic capacity on medical products, and strengthening national health systems. The EU4Health programme this goes beyond crisis preparedness and response, addressing other important long-term challenges for public health, including health promotion and disease prevention, inequalities in health status, the burden of non-communicable diseases, and the uneven distribution of healthcare system capacity. On 12 June 2020, EU ministers of health held a first exchange of views on the proposal for the new health programme, broadly welcoming it. Whereas the EU4Health programme will be adopted under the ordinary legislative procedure, with Parliament and Council as co-legislators, it should be noted that the European Council agreement of 21 July on the 2021-27 MFF allocates just €1 670 million for the programme, considerably lower than the Commission's proposal.

Other health resources will be made available during 2021-27 through other funding instruments working in synergy with the EU4Health programme, namely:

> **European Social Fund Plus (ESF+)**, helping vulnerable groups to access healthcare;

> **Horizon Europe**, the new EU framework programme for research funding (2021-27), with a proposed budget of €94.4 billion.

> **European structural and investment funds (ESIF)**: Historically, the approach to the use of structural funds has been fairly rigid, focused on infrastructure projects, rather than 'softer' sectors such as health. However, in recent years there has been greater recognition of the potential economic contribution of investing in health. Commission recommendations on where structural funds should be used in the health sector include: i) investing in health infrastructure, in particular reinforcing the shift from a hospital-centred model to community-based services; ii) reducing health inequalities; and iii) supporting the health workforce and fostering healthy ageing.

> **RescEU** - Reinforcing RescEU, the EU's Civil Protection Mechanism, to respond to large-scale emergencies.

> **Digital Europe programme**, creating the digital infrastructure needed for digital health tools (with a proposed overall budget of €8.2 billion).

> **European Investment Bank (EIB)**, providing health funding for areas including diagnostic equipment, medical research, and development.

Challenges and priorities in EU health policy

Today's EU public health challenges are formidable. In addition to the need to monitor and respond to cross-border health threats, there are other macro-priorities in EU public health policies.

Assuring governance for health: As argued by the World Health Organization (WHO), public health governance requires engagement with political, economic and social issues. Health needs to move out of a paradigm narrowly confined to healthcare, into a wider multi-sectoral framework, which better reflects health as a public priority, deals with all determinants, and focuses on health as an investment, rather than a cost.

Assuring financing for health: There are strong indications that the share of health expenditure devoted to public health has declined in many European countries in recent years. On 26 May 2020, in a joint statement, 40 million health workers from 90 different countries urged leaders of the G20 countries to put public health at the centre of their economic recovery packages. Together, the letter's signatories represent more than half of the world's health and medical workforce.

Supporting health protection, **including the environmental**, **occupational**, **food safety dimensions thereof**: The legislative frameworks in the area of environmental and occupational health protection are reasonably well established, but adjustments are necessary to ensure appropriate standards. While a regulatory framework for food safety is an explicit priority for all EU Member States, in many, the necessary technical capacity is only partially developed. Fragmentation of responsibilities across various authorities also seems to be a common problem.

Health promotion and health inequity: Lifestyle has a dramatic impact on health – not smoking, maintaining a healthy weight and/or having low blood pressure can mean six more years of life, and nine more years of good health, compared to people who smoke, are obese, or have high blood pressure. However, 46 % of Europeans never exercise, an estimated one in two is overweight or obese, and 18.4 % still smoke daily. In the EU (and worldwide), tobacco use is the single most preventable cause of death and disease. Other health promotion areas that urgently need improvement concern alcohol and substance abuse control, physical activity, sexual and reproductive health, and mental health.

Disease prevention: In 2015, nearly all EU countries allocated only between 2 and 4 % (~0.3 % of GDP) of all healthcare services and goods expenditure to preventive care. In the same year, about 80 % of health expenditure was devoted to treatment. A major reason for this trend is that political cycles do not coincide with the long-term strategies needed for the effect of prevention policies to become evident. A new focus is needed on upstream determinants of health, supported by evidence favouring a shift from a cure-oriented model of health towards a health promoting and preventive model (from 'sick care' to health care). Such a model would include improved health outcomes and reduced inequities in health. As defined in the mission letter to the Health Commissioner Stella Kyriakides, prevention is the first pillar of the Europe Beating Cancer Plan. The crucial importance of prevention is also emphasised in the European Parliament decision of 18 June 2020 on setting up a special committee on cancer.

Improving aging: Europe is now the region with the world's oldest population. As noted in the 2019 ESPAS Global Trends Report, despite technological progress and longer lives, we have not yet achieved 'morbidity compression' – the reduction of ill health to the last years of life – in the EU. To contain the projected 2 % increase in European spending on age-related issues by 2030, the EU need to achieve healthy ageing.

Assuring an adequate public health workforce: With 14.7 million workers in 2019 (7 % of the total EU labour force), the health workforce is the largest segment of the European labour market. The demand for healthcare professionals in Europe will increase significantly in the future, as the number of European patients with chronic conditions grows. This and other factors will exacerbate the shortage of healthcare professionals which the EU already faces, including public health specialists. Public health practice requires appropriately trained professionals, who recognise the realities of a public health policy set in a world of complexity, ambiguity and politics.

Better deployment of big data in public health: Big data have great potential in epidemiology, surveying and research in healthcare, permitting the stratification of populations on the basis of the

risk of contracting particular diseases and/or responsiveness to specific therapies. Several limitations continue at EU level, where greater integration of existing data sources is required. Better data quality is also needed, together with more durable policies to protect individuals' health data, to counteract the pressure for the commercialisation of the data. The Commission has begun a discussion with Member States on the implementation of the General Data Protection Regulation (GDPR) in relation to the protection of personal data in the field of health, in view of the future establishment of a European Health Data Space.

Advancing public health research: There is a need to advance public health research, as real-time evaluation in public health now allows continuous tracking and adjustment of interventions. Moreover, the use of existing evidence for decision-making is limited and there are difficulties in applying research-generated public health evidence to inform health policy.

List of potential initiatives

	Initiative	Likely lead EU actor	What could be done?	
	Response to health threats			
1	Tackling medicine shortages and a pharmaceutical strategy for Europe	EU institutions, Member States	During the coronavirus pandemic, the Commission produced emergency guidelines for the rational supply of medicines on 8 April 2020. Given their non-binding nature, it is not clear to what extent Member States will adhere to these guidelines. The pandemic however, has made clear that better cooperation between the Commission, the EMA, the Member States, and the pharmaceutical industry is key in tackling medicine shortages. The EU4Health programme provides support in this direction. Hopefully, the lessons learned from the pandemic with regard to crisis-preparedness and functioning supply chains will be taken on board in the proposed pharmaceutical strategy for Europe, for which the Commission published its roadmap on 2 June 2020.	
2	Broadening the ECDC mandate and establishing common European standards for health data interoperability	European Commission, Member States	The ECDC's visibility is not matched by legal powers or capabilities to intervene. The ECDC is not a single European centre in the same way as the Centers for Disease Control and Prevention (CDC) are in the United States of America. The ECDC employs less than 300 staff, far fewer than the 9 000 employed by the CDC, and with a limited budget (€60.4 million for the 2020 financial year). In an April 2020 resolution on the coronavirus pandemic, the Parliament calls for the competences, budget and staff of the ECDC (and the EMA) to be strengthened. Also in April, ENVI Chair Pascal Canfin wrote to the Croatian Council Presidency, calling for ECDC staff numbers to be increased. As also suggested in the Franco-German initiative for the European recovery from the coronavirus crisis, the ECDC mandate can be expanded, giving the agency more executive powers to manage technical and human resources against future epidemics, and establishing common European standards for health data interoperability (e.g. harmonising methodologies to make epidemiological statistics more usefully comparable).	

3	RescEU and the Civil Protection Pool	European Commission	RescEU and the Civil Protection Pool are tools that could be better and more widely used. Member States retain their autonomy and resources, both in principle and in practice. The EU4Health programme would revamp the role and budget of RescEU, and in the face of increasing natural and man-made crises, better coordination, joint work, and pooling of resources are needed.	
4	Strengthening transnational regional networks during epidemics	Member States, European Commission	The coronavirus pandemic has overloaded the national healthcare systems of many Member States. However, a number of regional initiatives made it possible for Italian and French Covid-19 patients to be treated in Germany and Luxembourg. The Commission provided guidelines, calling on national, regional, and local health authorities to enable health professionals to work across borders and to pool hospital bed capacity. The Commission offered support by coordinating activities through the HSC and the EWRS. Transnational regional networks in the course of epidemics, particularly between neighbouring regions, involving patients and health personnel should be strengthened.	
5	Extending the joint procurement tool and creation of an EU public procurement agency	Member States, European Commission	The coronavirus pandemic has shown that the joint procurement framework should be strengthened during emergencies and also expanded to use outside them. In 2017, the European Parliament called upon the Commission and the Council to develop new measures, including voluntary joint procurements, to ensure affordable patient access to medicines. Several Member States have engaged in regional collaborations, such as the BeNeLuxA initiative, and the Valletta Declaration. In April 2020, the expert panel on effective ways of investing in health launched a discussion on how to make procurement contribute to better health outcomes. A common EU public procurement agency could provide additional support to ensure more efficient public procurement. In particular, for health expenditure, an EU agency would enjoy greater bargaining power when negotiating with large global suppliers.	
6	Wider use of structural funds in health	Member States, European Commission	The negotiation of the 2021–27 EU Multiannual Financial Framework is on-going at the time of writing. Given the overall pressure on public budgets, and the emergence of the structural funds as an increasingly important source of capital investment, structural funds should be better and more widely used to make health a priority issue.	
7	Extension of the European Reference Networks (ERNs) beyond rare diseases	European Commission	The ERNs, established by Directive 2011/24/EU, are virtual networks involving healthcare providers across Europe. They aim to facilitate discussion between health professionals about complex or rare diseases. In 2018, the Commission expert panel on effective ways of investing in health suggested enlarging the ERNs' mission and widening their scope to other diseases. The EU4Health programme states that the extension of ERNs beyond rare diseases to communicable and non-communicable diseases should be considered.	

8	From curative medicine to preventive medicine	Member States, European Commission	The potential of public health is limited by multiple factors, including an over-emphasis on curative medicine. The growing personalised medicine agenda and the continuing emphasis on treatment have captured the imagination of politicians and funding agencies. The result has been an on-going diversion of resources towards individualised actions and away from broader population-based approaches. Healthcare today often requires a strengthening of the social welfare system, without resort to sophisticated technological discoveries. Real positive impact on the health of the population can occur through simple measures: more widespread prevention, better basic services, better communication with citizens, and ensuring an appropriate number of health workers.	🟨
9	Commission Vice-President for Sustainable well-being and a dedicated Commissioner for Health	European Commission	The challenges of the coronavirus crisis provide an opportunity to demonstrate to European citizens that EU institutions regard effective health policy as a high priority. One way of doing this would be give health policy greater visibility and leverage within the European Commission, by designating a Commission Vice-President for Sustainable Well-being and a dedicated Commissioner for Health.	🟨
Enhancing evaluation of EU health policies				
10	Foresight and public health	EU institutions	Understanding and being prepared for the future is crucial for public health. In line with the inclusion of a foresight portfolio in the new Commission under Vice-President Šefčovič, EU public health should use foresight tools to improve evidence-based policy-making and better involving the media to raise awareness about future health trends.	🟨
11	Enhancing impact assessment of public health policies	EU institutions	Regular ex-ante and ex-post evaluation of public health policy strategies proposed by the Commission can be developed and routinely deployed. This could be developed, starting with sectors most related to health, such as research, environment, agriculture, trade, transport, urban planning, and cohesion policy.	🟥
12	Better integration of public health issues within the European Semester	EU institutions	According to the Commission's 2020 country-specific recommendations issued under the European Semester, the coronavirus pandemic has exacerbated existing structural challenges related to effectiveness, accessibility and resilience of health systems. Although the European Semester works on fiscal rules, it can better integrate public health issues. In recent years, social and health issues have been progressively included within the European Semester. Current health attention should move to include the capability of public health structures to deal with crises, and incorporate more health and social aspects in general, as these factors will increasingly influence the future financial sustainability of EU countries.	🟨
The EU as a global health actor				
13			The 2019 Council conclusions on supporting the SDGs across the world note that progress needs to be accelerated, in particular in integrating SDGs more	🟨

	Create government priorities within the framework of the Sustainable Development Goals (SDGs)	European Commission, Member States	closely into existing frameworks. The SDGs make it clear that health and well-being should be part of overall development programmes across all sectors of governance and policy. In practice, the aim is to create government priorities, policies, and budgets that are health-oriented, based on health impact assessments, and focused on sustainability within the framework of the SDGs. The Commission is well positioned to give support, but the outcomes of its actions will require scrutiny.	🟨
14	Implementation framework for the One-Health approach	EU Institutions	Recently, 11 000 scientists from more than 150 countries issued a document declaring that human consumption and corporate over-reach were degrading ecosystems and driving more than a million species to extinction. This document also stated the importance of the One-Health approach, recognising the interconnection between human health, animal health, and the environment. The EU4Health programme seems well positioned to support Member States in implementing a framework for a One-Health approach. Progress will have to be monitored, since the resources available to the EU4Health are insufficient to meet this objective, and other objectives that the programme proposes.	🟥
15	Rethinking European engagement with global health	EU institutions	Global health has always been political, and coronavirus has exposed divisions over implementation. As suggested by the Council trio presidency work programme, global health could become a key component of EU policy - not a 'charity programme', but a persistent concern requiring a radical change in multilateral cooperation, particularly with low- and middle-income countries, where access to basic health services remains extremely limited. Without an effective global health approach, factors such as increasing communications, rapid third world urbanisation and inconsistent healthcare systems create conditions for infectious disease outbreaks, making global epidemic surveillance and control systems ineffective.	🟨
16	Strengthening the role of the World Health Organization (WHO)	EU institutions, Member States	Without better global health governance, specifically strengthening the power of the WHO, even major efforts at EU level will not be enough. Only by acting collectively can the EU and its Member States influence WHO actions. Although the WHO's position has been undermined during the coronavirus pandemic, Member States can still use the authority of the WHO to justify difficult public health decisions, such as implementing the extensive lockdown during the crisis.	🟥
Strengthening primary care, e-health and the role of health workers				
17	Improving primary care and introducing a 'proximity welfare' model	Member States	Improving primary care requires investment in specialist primary care, the development of new models of shared care, and investment in information and communications technology. In addition primary care should develop a more preventive attitude, as the current focus is on curative care. In the present crisis, it could be useful to implement a 'proximity welfare' model, i.e. physical and virtual meeting and orientation	🟨

			locations in metropolitan areas and in towns with 50 000-100 000 inhabitants. The objective would be the multidisciplinary tackling of social problems (early school leaving, dependence, gender violence) through ad hoc interventions where necessary.
18	Improving role and general conditions of health personnel	Member States, European Commission	Health and social systems within the EU employ more workers now than at any other time in history. Many EU countries report both difficulties in retaining and recruiting health staff. This is becoming increasingly urgent, as healthcare demands grow and the health workforce shrinks. Action needs to be taken at different levels: education (e.g. allocating sufficient time for continuous health professional development); regulation (e.g. reviewing practice of healthcare professionals); finance (providing more incentives and better salaries); and professional and personal support (e.g. introducing specific measures for employees with children).
19	Digitalisation, the digital single market, and public health	Member States, European Commission	The digitalisation of the healthcare sector forms part of the EU digital single market strategy and measures are already under way. A number of barriers currently hamper the wider uptake of e-health solutions in Europe, including a lack of confidence in e-health among patients and healthcare professionals; limited interoperability; limited evidence of the cost-effectiveness; and a lack of transparency in collecting data. For health systems to evolve equitably and sustainably, it is important to exploit the potential of digital solutions in realistic and inclusive ways. This means being honest about limitations and ensuring that digital solutions address concrete problems faced by patients and health professionals. A danger is that digitalisation could lead to more exclusion, creating larger gaps between socio-economic groups.
20	Health Technology Assessment (HTA)	Member States, European Commission	HTA assesses the effectiveness of health procedures and technologies. HTA is problematic politically, and also meets opposition from industry and providers. In 2018, the Commission proposed legislation to institutionalise HTA at EU level. The proposal would provide the basis for permanent EU-level cooperation in four areas: convergence in HTA procedures; reduction of duplication of efforts for HTA bodies and industry; ensuring the uptake of joint outputs between Member States; ensuring long-term HTA sustainability within the EU. Member States have objected on several grounds, including subsidiarity. At the time of writing, the legislative process is pending. The coronavirus crisis could act as a catalyst for a real 'Europeanisation' of HTA.
	Research and innovation for health		
21	More resources for public health research	Member States, European Commission	Europe is a natural laboratory for health policy and health systems research. With multiple systems to finance and govern healthcare across the 27 Member States, there are many opportunities for international comparative analyses and research. These opportunities can make important contributions to national policy development and bring about

			consistent improvements for all EU health systems. Horizon Europe should provide more resources for public health and health system research.	
22	Improving research infrastructures	European Commission	European research infrastructures are facilities that foster innovation and provide resources and services for scientists to conduct research. Key objectives are to reduce fragmentation within the European research eco-system, to avoid duplication, and to combine skills and data in response to global challenges. With the objective of strengthening the ERA, and as stated in the work programme of the Council's trio presidency, the Commission and Member States can work towards improving research infrastructures for the development of new medicines and vaccines.	
23	Redefining and strengthening training in public health	Member States	Today's public health professionals should engage with all the determinants of health. Public health approaches should be defined centrally, regionally and locally. The identity of the locus and the organisations involved will differ from country to country, depending on the context and circumstances. Public health needs to be an attractive career option: training for public health personnel should be redefined, supporting national public health institutes and universities.	
24	Disruptive innovation in healthcare	Member States, European Commission	The expert panel on effective ways on investing in health describes disruptive innovation in healthcare as, 'a type of innovation that creates new networks and new organisations based on a new set of values, involving new players, which makes it possible to improve health outcomes and other valuable goals, such as equity and efficiency'. Disruptive innovation changes organisational structures and cultures. Actions aimed at promoting disruptive innovation in healthcare should focus on facilitating factors and removing barriers. The EU could create more protected spaces where healthcare innovators can experiment with new practices, along the lines of innovation deals.	

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