

EU4Health programme

OVERVIEW

On 28 May 2020, the European Commission adopted a proposal for a regulation on a new health programme (EU4Health) for 2021 to 2027. Announced as part of the Next Generation EU (NGEU) recovery instrument, according to the Commission the EU4Health programme is intended to boost the EU's preparedness for major cross-border health threats and improve health systems resilience.

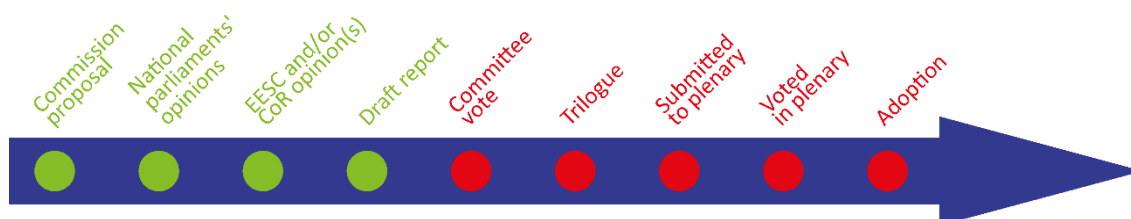
Under the proposal, EU4Health would be a stand-alone, dedicated funding programme with a budget of €10.4 billion (in current prices). However, during the ongoing negotiations on the EU's next multiannual financial framework (MFF) for the 2021-2027 period and NGEU, the budget for EU4Health has been reviewed downwards compared with what was originally proposed. According to the 21 July 2020 European Council conclusions, the programme will be allocated €1.7 billion.

Stakeholders broadly welcome the proposal, but generally regret the European Council's reduction of the financial envelope allocated to it. In a July 2020 resolution on the European Council conclusions, Parliament criticised the proposed cuts to EU4Health. In Parliament, the Committee on the Environment, Public Health and Food Safety (ENVI) is responsible for the file. The rapporteur's June 2020 draft report proposes several amendments to the Commission proposal. ENVI Members tabled further amendments in July. The committee is expected to vote on the report in October.

In the Council, the proposal is being examined at the level of the working party on public health.

Proposal for a regulation of the European Parliament and of the Council on the establishment of a Programme for the Union's action in the field of health – for the period 2021-2027 and repealing Regulation (EU) No 282/2014 ('EU4Health Programme')

<i>Committee responsible:</i>	Environment, Public Health and Food Safety (ENVI)	COM(2020) 405 28.5.2020
<i>Rapporteur:</i>	Cristian-Silviu Buşoi (EPP, Romania)	2020/0102(COD)
<i>Shadow rapporteurs:</i>	Sara Cerdas (S&D, Portugal) Véronique Trillet-Lenoir (Renew Europe, France) Luisa Regimenti (ID, Italy) Michèle Rivasi (Greens/EFA, France) Joanna Kopcińska (ECR, Poland) Kateřina Konečná (GUE/NGL, Czechia)	Ordinary legislative procedure (COD) (Parliament and Council on equal footing – formerly 'co-decision')
<i>Next steps expected:</i>	Adoption of report in committee	



Introduction

On 28 May 2020, the European Commission adopted a [proposal](#) for a regulation on the establishment of a programme for the Union's action in the field of health for the 2021-2027 period (EU4Health programme). The proposal was announced as part of the [Next Generation EU \(NGEU\)](#) recovery instrument, aimed at [countering the impact](#) of the coronavirus pandemic.

According to the Commission, the EU4Health programme is a [comprehensive response to the political demand](#) to reflect the lessons learned from both the coronavirus crisis and previous health programmes. EU4Health is intended to boost the EU's preparedness for [major cross-border health threats](#) and improve health systems' resilience. This should enable the EU to face not only future epidemics, but also long-term challenges such as an ageing population and inequalities in health.

The EU4Health programme will be embedded in the 'one health' approach, which recognises the interconnection between human and animal health and more broadly with the environment. EU4Health will also support implementation of the [European Pillar of Social Rights](#) principles and the [European Semester](#) as far as the health area is concerned, to make sure the EU and the Member States reach the targets of [sustainable development goal \(SDG\) 3](#) ('Ensure healthy lives and promote wellbeing for all at all ages') and other health-related SDGs.

Under the proposal, EU4Health is a stand-alone, [dedicated funding programme](#) with a budget of €10.4 billion (in current prices, or €9.4 billion in 2018 prices). However, during the ongoing negotiations on the EU's long-term budget, the financial envelope allocated to EU4Health has been reviewed downward compared with what was originally proposed (see 'Context' below).

Context: MFF and Next Generation Europe negotiations

The current MFF – the EU's long-term budget – ends on 31 December 2020. In May 2018, [in preparation](#) for the upcoming MFF for 2021 to 2027, the Commission adopted a [proposal](#) for a regulation on the European Social Fund Plus (ESF+) ([2018/0206\(COD\)](#)). ESF+ is to merge the existing European Social Fund (ESF), the Youth Employment Initiative, the Fund for European Aid to the most Deprived, the employment and social Innovation programme and the health programme. The merger was intended to help streamline and simplify existing rules across funds and increase synergies between the components of the new ESF+. The Commission proposed to allocate €413 million (in current prices) to the 'health strand' embedded in the ESF+.

In May 2020, the Commission tabled revised [proposals](#) for a lower MFF and its financing, together with a proposal for a €750 billion NGEU recovery instrument. EU4Health would become a stand-alone programme, receiving more [than 80 % of its resources](#) from NGEU and the remainder from the standard MFF.

In the extraordinary European Council meeting of 17-21 July 2020, the Heads of State or Government reached [political agreement](#) on a package combining the new MFF (€1 074.3 billion) with the NGEU recovery instrument (€750 billion). While the recovery instrument's total volume is kept at €750 billion, the mix of grants and loans changes. The cuts to the grant component reduce reinforcements that NGEU was originally supposed to allocate to various EU budgetary instruments or eliminate such top-ups altogether, as is the case of the EU4Health programme. According to the 21 July 2020 European Council [conclusions](#), EU4Health will be allocated €1.7 billion.

[Parliament's negotiators on the MFF and own resources](#) welcomed the fact that the European Council had eventually reached a common position and the launch of a recovery instrument financed through borrowing. They were, however, [critical of essential elements](#) of the compromise. [Trilateral negotiations](#) between Parliament, Council and Commission started on 27 August 2020. On 11 September 2020, during the [third round of talks](#), Parliament's negotiators reiterated their key demands. They noted that, regarding health, with the envelope decided by the European Council,

the lessons learned from the pandemic 'would be in vain', as the EU4Health programme has been reduced to less than a fifth of the envelope proposed by the Commission.

In her 16 September 2020 [State of the Union address](#) to Parliament's plenary, European Commission President Ursula von der Leyen noted that she was grateful that this Parliament was 'ready to fight for more funding' and to 'remedy the cuts made by the European Council'.

Existing situation

The EU's current, [third health programme](#) for the 2014-2020 period succeeds what were referred to, respectively, as the 'public health programme' (2003-2007) and the 'second health programme' (2008-2013). [Regulation \(EU\) No 282/2014](#) on a third programme for Union action in the field of health (2014-2020) entered into force on 22 March 2014, repealing and replacing [Decision No 1350/2007/EC](#) on a second programme of Community action in the field of health (2008-2013). The third health programme, with a total budget of €449.4 million, is the Commission's [main financial tool](#) for funding action that complements, supports and adds value to Member State health policies. Priority areas and the criteria for funding action under the programme are outlined in annual work plans prepared by the Directorate General for Health and Food Safety and adopted by the Commission after consultation with Member States. The health programme has four main objectives: to promote health, prevent disease and foster supportive environments for healthy lifestyles; protect EU citizens from serious cross-border health threats; contribute to innovative, efficient and sustainable health systems; and help provide all EU citizens with access to better and safer healthcare.

Parliament's starting position

The European Parliament has consistently promoted a [coherent public health policy](#). In a September 2020 [resolution](#) on shortage of medicines, Parliament welcomes the new EU4Health programme and the fact that one of its stated objectives is to make medicines and medical equipment more available and more accessible. In a May 2020 [resolution](#) on the new MFF, own resources and the recovery instrument, Parliament insists on the creation of a new stand-alone European health programme. In an April 2019 [legislative resolution](#) on the proposal for a regulation on ESF+, Parliament asks the Commission, among other things, to support the creation of a steering board for health to implement measures under the health strand. It also requests that the financial envelope for the implementation of the health strand be increased to €473 million (in current prices, or 0.36 % of the MFF for 2021-2027).

In its [resolution](#) of 23 July 2020 on the European Council conclusions (see 'Context' above), Parliament considers the proposed cuts to health and research programmes to be dangerous in the context of a global pandemic. It insists that targeted increases on top of the figures proposed by the European Council must single out programmes relating to health (such as EU4Health), among others. Moreover, Parliament challenges the Council to justify the massive reductions in the budget for EU4Health, among other programmes, in the context of the pandemic.

Preparation of the proposal

The European Commission carried out a [mid-term evaluation](#) of the third health programme (2014-2020). The evaluation was generally [positive](#). It found that all thematic priorities remained valid and most actions delivered useful outcomes with high EU added value, in particular for crisis management and safety and security in Europe. The evaluation also pinpointed a number of [weaknesses](#): in non-legislative areas where action can be more open-ended or broadly defined, there was a danger of that action being less focused. There were also some inefficiencies and inadequacies in the monitoring of implementation data, which could make it harder for programme managers to keep an up-to-date overview of programme achievements. Moreover, the evaluation found that there was scope to streamline the added-value criteria to focus on three key areas:

addressing serious cross-border health threats; improving economies of scale; and fostering the exchange and implementation of best practices.

A series of stakeholder consultations was also carried out under the initial proposal for the next MFF, when health was included under the ESF+ (see above). As the Commission points out in the [explanatory memorandum](#) to the EU4Health programme proposal, the general conclusions, which are also relevant to the new health programme, related to the need to streamline the exchange of knowledge between countries and regions, and simplify and reduce the administrative burden on beneficiaries, including less burdensome requirements on collecting data from participants. There was a call to strengthen synergies and avoid duplication and overlaps between EU instruments. In particular, it was concluded that public health issues could only be dealt with effectively through collaboration at EU level, and that there was an added value in the EU addressing common challenges, such as health inequalities, migration, an ageing population, patient safety, high quality healthcare, and health threats, including non-communicable and communicable diseases and antimicrobial resistance.

The changes the proposal would bring

According to the Commission's [factsheet](#), the EU4Health programme has three areas of action:

- **Tackling cross-border health threats**
 - Ensure prevention, preparedness, surveillance and response to cross-border health threats
 - Build emergency reserves of medicines, medical devices and other health supplies
 - Establish a Union health emergency team to provide expert advice and technical assistance in case of a health crisis
 - Coordinate emergency healthcare capacity.
- **Making medicines available and affordable**
 - Make medicines, medical devices and other critical health supplies available and affordable for patients and health systems
 - Advocate prudent and efficient use of medicines such as antimicrobials
 - Support innovative medical products and greener manufacturing.
- **Strengthening health systems**
 - Improve accessibility, efficiency and resilience of health systems
 - Reduce inequalities in accessing healthcare
 - Tackle non-communicable diseases such as cancer by improving diagnosis, prevention and care
 - Foster exchange of best practices on health promotion and disease prevention
 - Scale up networking through the [European reference networks](#) and extend it to infectious and non-communicable diseases
 - Support global cooperation on health challenges to improve health, reduce inequalities and increase protection against global health threats.

The [Steering Group](#) on health promotion, disease prevention and management of non-communicable diseases, made up of Member State representatives and chaired by the Commission, will help to set priorities and implement the programme.

According to the [explanatory memorandum](#), the EU4Health programme will be implemented by direct management, using in particular grants, prizes and procurement, as well as indirect management. The Commission will work closely with the Member States to make sure the support provided by EU4Health is based on national needs. The Commission will also continue to pursue cooperation with third countries and international partners in the implementation of actions.

Under the Commission proposal, the total budget allocated to the EU4Health programme would be €10.4 billion (in current prices) for the 2021-2027 period. Of this amount, €1.95 billion will derive from heading 5 'Resilience, security and defence' of the 2021-2027 MFF, and €8.45 billion from the Next Generation EU recovery instrument. While EU4Health will cover the 2021-2027 period, all action relating to crisis resilience will be [frontloaded](#) with over [80 %](#) of the proposed budget in the first four years.

As the Commission explains, [other EU programmes](#) will provide additional funding for health policies to complement EU4Health. These include ESF+ to support vulnerable groups in accessing healthcare; the [European Regional and Development Fund](#) to improve regional health infrastructure; [Horizon Europe](#) for health research; the Union Civil Protection Mechanism/[rescEU](#) to create stockpiles for emergency medical supplies; and [Digital Europe](#) and the [Connecting Europe Facility](#) to create the digital infrastructure needed for [digital health tools](#).

Advisory committees

The European Economic and Social Committee (EESC) adopted its [opinion](#) on the EU4Health programme on 18 September 2020. The EESC welcomes the Commission proposal, but regrets that cuts were made by the European Council. Among other things, it calls on the EU institutions and the Member States to demonstrate the political will to implement a 'Health Pact for the Future of Europe' that reflects the fundamental values of the European Union and the pledges made both internationally and at European level. It calls on Parliament to negotiate with Council to increase funding for both the health programme and other instruments promoting synergies in health. When implementing the programme, particular heed should be paid to: efforts to combat social inequality in health; access to high-quality healthcare; continuity of care in all circumstances; support for and consolidation of universal health coverage systems; and the development of multidimensional European action in public health in line with the principles of the European Pillar of Social Rights. The EESC also calls for European guidelines to be adopted to meet the needs of the most vulnerable, and for special attention to be paid to strengthening the rights of the elderly and people with a disability. It regards coordinated European governance in health as a priority.

The European Committee of the Regions (CoR) did not issue an opinion on the EU4Health programme proper. However, in its [resolution](#) on the revised MFF and European sustainable investment plan, adopted on 1 July 2020, the CoR welcomes the stand-alone EU4Health programme, insisting that the instrument must represent a constant commitment to health in the EU budget and not just a temporary instrument within the 2021-2027 MFF. It also calls for further strengthening of regional and local aspects in health-related measures, especially on cross-border healthcare and healthcare in the outermost regions. Moreover, it notes that, owing to the decentralised nature of health systems in some cases, the Member States and the Commission need to involve regional governments more closely in emergency health responses and follow their advice on the allocation of funds.

National parliaments

The [deadline](#) for national parliaments to submit comments on the current proposal was 30 July 2020, and none submitted a reasoned opinion.

Stakeholder views¹

Stakeholders broadly welcome the Commission proposal for an EU4Health programme, but generally regret the European Council's reduction of the envelope allocated to it.

Medical, patient and public health organisations

In an open [letter](#), the Standing Committee of European Doctors (CPME) calls on Members of the European Parliament (MEPs) to 'stand up for health' and defend much needed additional resources

for strengthening EU health security and preparedness for future health crises during the ongoing negotiations between the Parliament, Commission and Council.

The Association of European Cancer Leagues (ECL) welcomes the Commission's proposal for an EU4Health programme. ECL views it as the driving force behind the implementation of [Europe's Beating Cancer plan](#), but cautions against diluting the programme's focus and objectives by attempting to cover too many areas. Key points of the [ECL's proposed amendments](#) to the Commission proposal include the need to make the specific objective that of focusing on implementing effective practice as supported by the best available evidence, while ensuring that the general objective addresses health inequalities and health literacy. Duplication with other funding programmes and with activities already performed by stakeholders should be avoided. The programme's indicators should be aligned with those agreed on under the SDGs. Conflicts of interest regarding the engagement of stakeholders should be mitigated as far as possible.

In an August 2020 [release](#), the European Federation of Allergy and Airways Diseases Patients' Associations (EFA) considers that the future EU4Health programme budget cuts are contrary to patient needs. EFA argues that while the Commission had 'corrected' its previous proposals by restoring a stand-alone health programme and prompting a broader discussion about a stronger EU role in health policy, expected to take formal shape in the upcoming Conference on the Future of Europe, the Council decision now puts a question mark on these considerations.

In a September 2020 [statement](#), the European Patients Forum (EPF) welcomes the new stand-alone EU4Health programme proposed by the Commission as an opportunity to build stronger, patient-centred health systems that can provide care for all, under all circumstances. For the EPF, the programme also signifies a unique opportunity to build a more robust European public health policy. The EPF regrets the European Council's decision to 'drastically cut funds' from EU4Health, but believes that ambition for the programme must be upheld despite the significantly reduced budget. EPF calls for an ambitious and patient-centred EU4Health programme with solid governance and coordination for efficient implementation. Moreover, the role and contribution of patients' organisations and civil society should be recognised and sustainably financed through public funds.

The European Public Health Alliance (EPHA) has suggested [39 amendments](#) to the Commission's EU4Health proposal, so as to: build the [commercial determinants of health](#) and 'one health' concept into the new programme; ensure that the programme offers a strong European vision for health prevention and promotion; suggest setting up a European strategic chronic disease framework to support Member States' action; ensure affordable access to medicine, care and prevention services; put the 'health in all policies' approach into practice by means of compulsory health impact assessments; tackle cross-cutting health aspects and connections with other Commission policies; address health inequalities; and ensure involvement of public interest non-governmental health organisations in policy implementation. In a July 2020 [statement](#) in reaction to the political agreement reached in the European Council, EPHA argues that EU national leaders 'have not only minimised the need to tackle the immediate failures highlighted by the crisis, but have not fully considered the other looming health threats on the horizon, such as the growing epidemic of non-communicable diseases, antimicrobial resistance and the health impacts of the climate emergency'.

On 25 May 2020, the day before the Commission proposal was published, the [EU4Health Civil Society Alliance](#) addressed a [joint statement](#) to EU decision-makers, in which it proposed nine key reforms for a stronger Europe on health policies. The key points include the need to: boost funds and resources for health in the EU; strengthen EU health action under the current mandate; and re-think EU healthcare competencies and vision for the future. The day after, with the publication of the Commission's new health programme, [their 'wish' had 'somehow been granted'](#), according to AGE Platform Europe, who has supported the campaign. Reacting to the cuts in the new health programme's proposed budget, the EU4Health Civil Society Alliance calls the political agreement reached 'a substantial setback for health at European level'. It urges the EU institutions to work together with European leaders to review this decision and to stand firm behind a strong budget for

long-term health action. In view of the votes in Parliament's ENVI committee and plenary, the EU4Health Civil Society Alliance drafted [10 guiding principles](#) for the new programme.

In a June 2020 [statement](#), the EU Health Coalition – made up of pharmaceutical industry groups, patient organisations and medical societies, among others –welcomes in particular the EU4Health programme's second strand, aimed at supporting the longer-term vision of improving health outcomes through more efficient and inclusive health systems. The EU Health Coalition calls on the Commission to facilitate a permanent, multi-stakeholder forum for better access to health innovation and to provide a platform for discussion on the drivers of and barriers to health innovation, including therapies, technologies, care pathways and healthcare services. In a July 2020 [statement](#), the EU Health Coalition 'very much regrets' the European Council's budget cuts to the EU4Health programme, calling them a missed opportunity for innovation, research, resilient health systems and healthy citizens.

Mental Health Europe ([MHE](#)) would like the EU4Health programme to be an opportunity to address the social determinants of mental health in Europe. According to MHE, this can be only possible if the programme is adequately resourced and developed in close collaboration with civil society organisations and organisations representing people with mental health problems and users of mental health services. The programme should address social and economic inequalities and the needs of people affected by the coronavirus crisis, including those with psychosocial disabilities.

Social partners

In a [joint letter](#) to Health and Food Safety Commissioner Stella Kyriakides, the European Sectoral Social Dialogue Committee for the Hospitals and Healthcare sector (SSDC HS) – composed of the European Federation of Public Service Unions (EPSU) and the European Hospital and Healthcare Employers' Association (HOSPEEM) – shares its views on the EU4Health programme. According to SSDC HS, EU4Health should build on the response to the pandemic and the challenges to national health systems, increasing their resilience in preparation for any potential future health threats. The EU4Health programme should also pay attention to reducing inequities and inequalities between health systems to improve the quality of healthcare, and invest in frameworks that support national self-sufficiency in terms of recruitment and retention of the health workforce. SSDC HS believes that the programme should be built on the experience of the people who operate hospitals and healthcare facilities, as well as those providing healthcare services in Europe, and urges the Commission to ensure full consultation with stakeholders and social partners. In a [joint letter](#) to MEP Cristian-Silviu Buşoi (EPP, Romania) on the draft report, SSDC HS urges Parliament to take into account the role and competences of European and national sectoral social partners when reporting on the EU4Health programme, so as to reflect the reality and prospective needs of the sector.

Pharmaceutical industry

In a June 2020 [statement](#), the European Federation of Pharmaceutical Industries and Associations (EFPIA) welcomes the programme's objectives to both strengthen the EU's capacity to deal with serious health threats and support Member States in investing in resilient health systems that improve outcomes and access for all. EFPIA specifically welcomes the objective to support policy-making and monitoring through high-quality, comparable and reliable data. EFPIA also welcomes the increased emphasis on EU actions in support of the prevention, early diagnosis and treatment of non-communicable, rare and complex diseases, as well as the strengthening of national vaccination programmes. According to EFPIA, the EU4Health programme could support Member States in developing and maintaining state-of-the-art clinical trial networks and ecosystems that would help to attract clinical research. Investments in infrastructure, tools and methodologies to collect and analyse [real-world data](#) would enable the assessment of the effectiveness of innovative therapies in clinical practice to inform decision-making. In a July 2020 [press release](#), EFPIA expresses disappointment at the European Council's 'drastic reduction' of the budget allocated to the

EU4Health programme. EFPIA recommends that the EU and Member States make a concerted and ambitious investment in a digital health infrastructure, using all relevant funding instruments.

Legislative process

In the European Parliament, the Committee on the Environment, Public Health and Food Safety (ENVI) is responsible for the file. The rapporteur, Cristian-Silviu Buşoi (EPP, Romania), was appointed on 2 June 2020. His [draft report](#) of 17 June 2020 proposes several amendments to the Commission proposal. Among other things, it highlights the need for more investment in healthcare systems; stresses that all actions should have a person-centred and outcome-based health approach; and insists that tackling health inequalities across the EU should be at the core of the programme. Moreover, according to the draft report, the new EU4Health programme should:

- have a better focus on disease prevention and health promotion, and support investments in early diagnosis and screening;
- support the development of an electronic European health record;
- reinforce the role and functioning of the European Centre for Disease Prevention and Control (ECDC) and the European Medicines Agency (EMA);
- create synergies with other programmes for the establishment of a strategy for the health workforce;
- address mental health and ageing; and
- focus on vaccine hesitancy.

The draft report also proposes the establishment of an EU4Health steering board to boost coordination and cooperation in the implementation of the measures, and to generate synergies between the EU4Health programme and other programmes with a health dimension. ENVI Members discussed the draft report on 6 July 2020.

In a July 2020 [resolution](#) on the EU's public health strategy post-Covid-19, Parliament considers the EU4Health programme with a proposed budget of €9.4 billion (in 2018 prices) to be a strong indication of the EU's increasing role in terms of public health policy. While welcoming the significant increase in the proposed budget for the new EU4Health programme, Parliament requests, not least, the establishment of a dedicated EU fund to strengthen hospital infrastructures and health services, subject to clear criteria.

On 16 July 2020, two further sets of amendments ([115-519](#)) and ([520-1095](#)) were tabled. They cover a wide range of topics, including: health inequalities; the 'health in all policies' principle; EU pharmaceutical independence; availability, accessibility and affordability of medicines, vaccines, medical devices and other products for the prevention and treatment of diseases; digitisation of health; (digital) health literacy; expansion of the European reference network model to other chronic disease areas; health technology assessment; vaccine disinformation; and the establishment of a European health response mechanism.

The Committee on Budgets (BUDG) and the Committee on Women's Rights and Gender Equality (FEMM) also issued opinions on the Commission proposal. The 1 September 2020 [BUDG opinion](#) by rapporteur Nicolae Ştefănuţă (Renew Europe, Romania) proposes 78 amendments. For the rapporteur, the proposed overall amount is a minimum if the EU wants to respond to citizens' expectations and the known weaknesses of European health systems, now amplified by the pandemic; and the need for an ambitious EU health programme will remain after 2024. Considering that the European Parliament as budgetary authority formally has no power to decide on the amount of the NGEU budget, the rapporteur proposes to increase the resources stemming from the MFF. The 14 September 2020 [FEMM position](#) by rapporteur Chrysoula Zacharopoulou (Renew Europe, Greece) proposes 67 amendments. They relate, among other aspects, to gender mainstreaming; gender and sex sensitivity; gender-related health prevention and treatment inequalities; and sexual and reproductive health, services and rights.

As a next step, the ENVI committee will vote on the draft report (expected mid-October).

In Council, the proposal is being examined at the level of the working party on public health. Health ministers held a first [exchange of views](#) on the Commission proposal on 12 June 2020. As the related [presidency background note](#) states, the EU4Health programme is more than just a response to the coronavirus crisis. 'It is part of our common plan for action to support health policies in the EU over the next 7 years'. During the exchange of views, ministers broadly welcomed the new programme and its objectives, stressing that it was important to ensure effective governance and active participation of Member States.

EP SUPPORTING ANALYSIS

D'Alfonso A., [Future financing of the Union: MFF, Own Resources and Next Generation EU](#), EPRS, European Parliament, July 2020.

D'Alfonso A., [Next Generation EU: A European instrument to counter the impact of the coronavirus pandemic](#), EPRS, European Parliament, July 2020.

Scholz N., [The EU's public health strategy post-Covid-19](#), EPRS, European Parliament, July 2020.

Scholz N., [European Centre for Disease Prevention and Control: During the pandemic and beyond](#), EPRS, European Parliament, June 2020.

Scholz N., [Addressing health inequalities in the European Union: Concepts, action, state of play](#), EPRS, European Parliament, February 2020.

Scholz N., [Understanding European Reference Networks: Cooperation on rare diseases across Europe](#), EPRS, European Parliament, June 2017.

OTHER SOURCES

[Programme for the Union's action in the field of health for the period 2021-2027 \('EU4Health Programme'\)](#), Legislative Observatory (OEL), European Parliament.

ENDNOTES

- ¹ This section aims to provide a flavour of the debate and is not intended to be an exhaustive account of all different views on the proposal. Additional information can be found in related publications listed under 'EP supporting analysis'.

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