

EU4Health programme

OVERVIEW

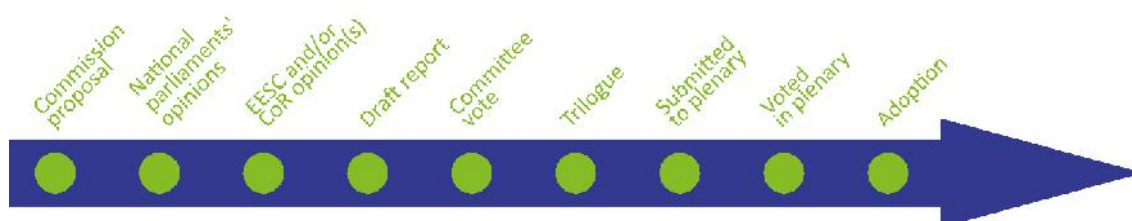
On 28 May 2020, the European Commission adopted a proposal for a regulation on a new health programme (EU4Health) for 2021 to 2027. Announced as part of the Next Generation EU (NGEU) recovery instrument, according to the Commission, the EU4Health programme is intended to boost the EU's preparedness for major cross-border health threats and improve health systems' resilience. EU4Health would be a stand-alone, dedicated funding programme with an originally proposed budget of €10.4 billion (in current prices). However, during the negotiations on the 2021-2027 multiannual financial framework (MFF) and NGEU, the budget for EU4Health was revised downwards, with the July 2020 European Council conclusions allocating the programme €1.7 billion.

On 14 December 2020, Parliament and Council reached a provisional agreement on the programme, including a budget of €5.1 billion. Stakeholders had broadly welcomed the proposal, but generally regretted the European Council's reduction of the financial envelope allocated to it. The co-legislators' December agreement on an increased budget was thus positively received.

After adoption by the Parliament and Council in March 2021, based on the text agreed in trilogue, the final act was signed by the presidents of the co-legislators on 24 March 2021. Regulation (EU) 2021/522 entered into force on 27 March 2021 and applies retroactively from 1 January 2021.

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 (The Left, Czechia)	Ordinary legislative procedure (COD) (Parliament and Council on equal footing – formerly 'co-decision')
<i>Procedure completed.</i>	Regulation (EU) 2021/522 OJ L 107, 26.3.2021, pp. 1–29	



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). During the negotiations on the EU's long-term budget, the financial envelope allocated to EU4Health was initially revised downwards compared with what was originally proposed. As a result of Parliament's negotiating efforts, several flagship EU programmes, including EU4Health, were ultimately reinforced (see 'Context' below).

Context: MFF and Next Generation Europe negotiations

The previous MFF – the EU's long-term budget – ended on 31 December 2020. In May 2018, [in preparation](#) for the next 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 core MFF.

At 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 was kept at €750 billion, the mix of grants and loans changed. 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 would be allocated €1.7 billion.

[Parliament's negotiators on the MFF and own resources](#) were [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 had 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'.

After ten weeks of negotiations, Parliament and Council reached agreement. Parliament [secured an extra €15 billion](#) to reinforce several EU flagship programmes on top of the amounts agreed by the European Council in July 2020, including [+€3.4 billion](#) for EU4Health. The Commission [welcomed](#) the political agreement on EU4Health. The EU's long-term budget was [adopted](#) on 17 December 2020.

Existing situation

The EU's [third health programme](#), for the 2014-2020 period, succeeded 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 welcomed the new EU4Health programme and the fact that one of its stated objectives was 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 insisted 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 asked the Commission, among other things, to support the creation of a steering board for health to implement measures under the health strand. It also requested 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 considered the proposed cuts to health and research programmes to be dangerous in the context of a global pandemic. It insisted 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 challenged 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 mainly 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) adopted its [opinion](#) on EU4Health on 14 October 2020. While welcoming the proposal, the CoR regrets the cuts made by the European Council, which run counter to the programme's ambition. According to the CoR, EU4Health should not only focus on crisis management, but should contribute through the post-Covid-19 recovery steps to significantly improving the EU population's health, by strengthening the resilience of health systems, promoting innovation in the health sector, and including health prevention and promotion as sustainable development tools. The CoR recalls that the programme should organise the coordination and funding of stress tests in the Member States so as to identify weaknesses and to assess their ability to respond to pandemics. It notes that the fight against health inequalities is a major goal and an effective means of promoting health security and health systems. Moreover, the CoR underlines that the preparation and implementation of the response measures to the coronavirus crisis should be done in coordination with the relevant national, regional and local public health authorities. It also insists on the need to strengthen the involvement of local and regional authorities in the governance of health systems, as well as in the definition of priorities and the implementation of the programme.

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 welcomed the Commission proposal for an EU4Health programme, but generally regretted the European Council's reduction of the envelope allocated to it. The co-legislators' agreement on an EU4Health budget increase to €5.1 billion was positively received.

Medical, patient and public health organisations

In an open [letter](#), the Standing Committee of European Doctors (CPME) called 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) welcomed the Commission's proposal for an EU4Health programme. ECL viewed it as the driving force behind the implementation of [Europe's Beating Cancer plan](#), but cautioned against diluting the programme's focus and objectives by attempting to cover too many areas. Key points of the [ECL's suggested 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) considered that the planned cuts to the future EU4Health programme budget are contrary to patient needs. EFA argued 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 greater shape in the upcoming Conference on the Future of Europe, the Council decision now puts a question mark on these considerations.

In a November 2020 [opinion piece](#), the European Federation of Neurological Associations (EFNA) called the increase of the programme's budgetary envelope an 'outstanding achievement of the Commission, Parliament and civil society alike'.

In a September 2020 [statement](#), the European Patients Forum (EPF) welcomed 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 regretted the European Council's decision to 'drastically cut funds' from EU4Health, but believed that ambition for the programme must be upheld despite the significantly reduced budget. EPF called 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) 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 argued 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'. According to a December 2020 [statement](#) by EPHA, the focus on primary prevention 'paves the way for a less unequal Europe' in the new EU4Health programme and 'takes the place it deserves', given that at least 20 % of the total budget is reserved for health promotion and disease prevention. EPHA noted that, for the first time, the EU health programme recognises the role of associations and non-governmental organisations in a legally binding way, thus echoing the [joint demand](#) by EPHA and 25 other European associations for an inclusive governance framework with direct, clear and meaningful participation of public interest civil society.

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 included 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 called the political agreement reached 'a substantial setback for health at European level'. It urged 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 – welcomed 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 called 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 only be 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) – shared 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 believed 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 urged the

Commission to ensure full consultation with stakeholders and social partners. In a [joint letter](#) to the rapporteur Cristian-Silviu Buşoi (EPP, Romania) on the draft report, SSDC HS urged 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) welcomed 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 welcomed the objective to support policy-making and monitoring through high-quality, comparable and reliable data. EFPIA also welcomed 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 expressed disappointment at the European Council's 'drastic reduction' of the budget allocated to the EU4Health programme. EFPIA recommended 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) was responsible for the file. The rapporteur, Cristian-Silviu Buşoi (EPP, Romania), was appointed on 2 June 2020. His [draft report](#) of 17 June 2020 proposed several amendments to the Commission proposal. Among other things, it highlighted the need for more investment in healthcare systems; stressed that all actions should have a person-centred and outcome-based health approach; and insisted that tackling health inequalities across the EU should be at the core of the programme. The draft report also proposed 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.

In a July 2020 [resolution](#) on the EU's public health strategy post-Covid-19, Parliament considered 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 requested, not least, the establishment of a dedicated EU fund to strengthen hospital infrastructures and health services, subject to clear criteria.

ENVI Members discussed the draft report on 6 July 2020. On 16 July 2020, two further sets of amendments ([115-519](#)) and ([520-1095](#)) were tabled. The Committee on Budgets (BUDG) and the Committee on Women's Rights and Gender Equality (FEMM) also issued opinions on the Commission proposal. The ENVI committee adopted its report on 14 October 2020. Parliament [confirmed the text](#) in plenary on 13 November 2020, thereby [paving the way](#) for interinstitutional negotiations.

In the Council, health ministers held a first [exchange of views](#) on the Commission proposal on 12 June 2020. As the related [presidency background note](#) stated, the EU4Health programme was 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. The Council agreed on its mandate for negotiations with Parliament on 16 October 2020.

On 14 December 2020, Parliament and Council reached a provisional agreement. ENVI endorsed the final [compromise text](#) resulting from interinstitutional negotiations on 15 January 2021. According to the text, the new EU4Health programme will support actions in areas where the EU's contribution has clear added value. The programme's objectives include:

- supporting health promotion and disease prevention, including by reducing health inequalities;
- protecting people in the EU from serious cross-border threats to health and strengthening European health systems' responsiveness to cope with those threats;
- improving the availability, accessibility and affordability of medicines, medical devices and crisis-relevant products (such as hospital equipment, protective clothing and diagnostic tools);
- strengthening European health systems by improving their resilience and resource efficiency, including through digital transformation.

Of the programme's total budget, 20 % will go to health promotion and disease prevention, 12.5 % to procurement complementing national stockpiling of essential crisis-relevant products at Union level, and 12.5 % to supporting global commitments and health initiatives, in particular, the World Health Organization. A further 8 % is earmarked for administrative expenses. The remainder of the funds will be allocated in the coming years.

The regulation also establishes an EU4Health steering group, as proposed by Parliament, composed of one member and one alternate from each Member State, with the Commission providing the group's secretariat. The Commission will consult with stakeholders, including civil society representatives and patient organisations, to seek their input on the annual work programmes. The Commission will present conclusions of both the steering group and stakeholders to Parliament once a year.

The Council's Permanent Representatives Committee [endorsed](#) the final compromise at its meeting of 18 December 2020. Parliament's [first-reading vote](#) took place on 9 March 2021. The Council [formally adopted](#) the agreed text on 17 March 2021.

The final act was signed by the presidents of the co-legislators on 24 March 2021 and published in the Official Journal of the European Union on 26 March 2021. [Regulation \(EU\) 2021/522](#) entered into force on the day following its publication in the Official Journal and applies retroactively from 1 January 2021.

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.

Sapala M. et al., [EU financing for 2021-2027 The 2021-2027 Multiannual Financial Framework \(MFF\), the Next Generation EU \(NGEU\) recovery instrument and new own resources](#), EPRS, European Parliament, December 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.

[EU4Health programme](#), Legislative train schedule, European Parliament.

ENDNOTE

- 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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