European Parliament

Future-proofing the EU's global health strategy

Strategic autonomy 360°

IN-DEPTH ANALYSIS

EPRS | European Parliamentary Research Service

Author: Virginia Mahieu
Policy Foresight Unit

PE 757.799 – March 2024

EN

The new EU global health strategy, adopted by the European Commission on 30 November 2022, has been positioned as a crucial element of EU external policy, geopolitical influence and strategic autonomy. However, maintaining the long-term commitment necessary for achieving global health ambitions amid turbulent times remains challenging. As such, in 2023 the Policy Foresight Unit of the European Parliamentary Research Service conducted a foresight exercise involving external experts to explore the new strategy's resilience to diverse crisis scenarios. The outcomes of this analysis emphasise prioritising prevention measures, fostering multilateral cooperation and building local capacity. They underscore the interdependency of sectors in addressing global health challenges, and highlight how investments in global health today could contribute to mitigating future crises and enhance the strategic autonomy of the EU and its partners.

AUTHOR(S)

Virginia Mahieu, Policy Foresight Unit

This paper has been drawn up by the Policy Foresight Unit of the Directorate for Impact Assessment and Foresight, within the Directorate-General for Parliamentary Research Services (EPRS) of the Secretariat of the European Parliament.

To contact the authors, please email: EPRS-PolicyForesight@europarl.europa.eu.

The author would like to thank Gabija Leclerc* and Tommi Asikainen** for their invaluable contributions to the design, development, organisation, implementation and analysis of this project. These two colleagues also co-moderated the workshop discussions. In addition, thanks go to Andreas Samonig*** for his support during and after the workshop.

* Policy analyst, External Policies Unit, EPRS.
** Policy analyst, EU Policy Lab: Foresight, Design for Policy and Behavioural Insights; Joint Research Centre of the European Commission.
*** Former trainee, Policy Foresight Unit, EPRS.

LINGUISTIC VERSION

Original: EN
Manuscript completed in March 2024.

eprs@ep.europa.eu
http://www.eprs.ep.parl.union.eu (intranet)
http://www.europarl.europa.eu/thinktank (internet)
http://epthinktank.eu (blog)

Executive summary

On 30 November 2022, the European Commission adopted a communication on a new EU global health strategy. This new strategy comes in the context of an increasingly globalised world, fresh out of a global pandemic, the scale of which had not been seen since the influenza pandemic of the 1910s, and at a time characterised by perma-crisis and mounting geopolitical tensions. By positioning the new strategy as an essential pillar of EU external policy – a critical geopolitical sector and a central aspect of EU strategic autonomy – the EU ensures that its approach to global health remains relevant in the current geopolitical context. However, maintaining the political momentum necessary to realise long-term ambitions is notoriously difficult when faced with other immediate challenges competing for political attention and willpower. Public health priorities are often among the first for which funding, resources and follow-through are cut when disruptions occur. In this context, it is important to test whether the EU global health strategy (GHS) is 'future-proof' in the sense that, in the face of disruptions, it can still fulfil the proclaimed aims of improving health worldwide while contributing to the EU's strategic autonomy.

The Policy Foresight Unit of the European Parliamentary Research Service (EPRS) therefore conducted a foresight exercise in 2023 to check how 'future-proof' – resilient to possible future disruptive events – the EU GHS is. Specifically, three diverse crisis scenarios were explored: an economic crisis, a semiconductor supply chain crisis, and a crisis due to the instrumentalisation of migration. The exercise involved engaging external experts from relevant fields to explore these scenarios during the course of a workshop. The first aim was to identify how, in these crisis situations, the goals of the GHS could fade from awareness and suffer from neglect by policy-makers, the EU and its Member States, while also identifying aspects of the strategy that might become especially relevant or important in the course of crisis mitigation. The second aim was to highlight why and how the goals set out in the strategy should be accelerated and prioritised in order to address other non-health-related major challenges and foster the resilience and strategic autonomy of both the EU and its partner countries.

The exploration of three diverse crisis scenarios yielded a plethora of concerns and considerations regarding safeguarding the ambitions of the GHS and the health of communities in Europe and worldwide against disruptions. One prominent theme was the importance of prioritising prevention measures over crisis response measures. This could involve establishing clear goals and taking proactive measures. A second theme was the benefits of multilateral cooperation, and the value of adopting an international lens to effectively tackle the intricate web of global health challenges. At the same time, the exercise revealed the need for local capacity building in areas where specific issues were more pronounced, and thus for mapping and forecasting specific regions that would be under strain in a crisis. A third theme was the interdependency of different sectors in solving global health problems, and the need for a multi-dimensional approach. Finally, the work showed that investments in global health today could yield substantial progress towards mitigating the impact of future crises and perhaps even preventing them. Furthermore, global health action could enhance the strategic autonomy of both the EU and its partner countries, as ensuring stable global supply chains in this substantial part of the economy would benefit all parties.

Table of contents

1. Introduction

1.1. The EU global health strategy

On 30 November 2022, the European Commission adopted a communication on a new EU global health strategy (GHS),[1] effectively updating the previous strategy, which was put forward in 2010. This new strategy comes in the context of a more globalised world, fresh out of a global pandemic the scale of which had not been seen since the influenza pandemic of the 1910s, and at a time characterised by perma-crisis and mounting geopolitical tensions. These conditions – which some have referred to as an 'age of disruption' – pose particular challenges to long-term policy planning.

Against this backdrop, the new global health strategy, which constitutes the external dimension of the European health union and is a cornerstone of the Global Gateway, is not only an attempt to revive the EU's global health agenda but also a recalibration of the EU's approach to global health. Positioning the strategy as an essential pillar of EU external policy – a critical geopolitical sector and a central aspect of EU strategic autonomy – ensures that the EU's approach to global health remains relevant in the current geopolitical context. It also puts global health back on the table after the initial strategy, adopted in 2010, quickly lost momentum and fell short of its goals as regards implementation and desired outcomes.[2,3]

The new strategy suggests a framework leading up to 2030 that focuses on three policy priorities: better health throughout life, strengthened health systems and universal health coverage, and action to prevent and combat health threats. The strategy also outlines 20 guiding principles and concrete lines of action and establishes a new monitoring framework. On 29 January 2024, the Council approved its conclusions on the strategy, 'further invit[ing] the Commission services and the EEAS to develop a coherent EU global health diplomacy, ... augment global health capacity in key EU Delegations, monitor and evaluate the implementation and impact of the Strategy, ... [and] prepare progress reports'.[4]

1.2. Future-proofing the global health strategy

'Health is not everything, but without health, everything is nothing.'
Arthur Schopenhauer, 1788-1860

Public health, and especially its external dimension, often suffers from a phenomenon of political 'panic and neglect'.[5] However, the possibilities for and benefits of improving health systems both domestically and abroad become clearer when the topic is brought into focus by a public health crisis. In the aftermath of the COVID-19 pandemic and all the negative side effects it brought about, governments and societies around the world are understandably keen to reform and reinforce their

1 European Commission, EU Global Health Strategy: Better Health for All in a Changing World, November 2022.

2 Aluttis C., Krafft T. and Brandt H., 'Global health in the European Union – a review from an agenda-setting perspective', *Global Health Action*, Vol. 7, 2014.

3 Bengtsson L., The New EU Global Health Strategy: reflections on context and content, Swedish Institute for European Policy Studies, 2022.

4 Council of the EU, EU Global Health Strategy: Council approves conclusions, press release, January 2024.

5 World Bank, From Panic and Neglect to Investing in Health Security: Financing Pandemic Preparedness at a National Level, 2017.

health systems to prevent and better prepare for future crises.[6] Additionally, worrying trends can be observed in health, such as the adverse health effects of climate change, a rise in non-communicable diseases (NCDs) and mental health disorders, and the increasing cost of healthcare resulting from these and other factors.[7] It is essential to address these challenges.

However, maintaining the political momentum necessary to realise long-term ambitions is notoriously difficult when faced with other immediate challenges competing for political attention and will. Public health priorities are often among the first for which funding, resources and follow-through are cut when disruptions occur.[8] To build on Arthur Schopenhauer's famous quote (see above), although public health is far from the only vital sector of policy-making in this age of disruption, given the mounting challenges to health, its downturn would profoundly impact every aspect of our societies.

In this context, it is important to test whether the EU global health strategy is 'future-proof', in the sense that it can fulfil the proclaimed aims of improving health worldwide while also contributing to the strategic autonomy of the EU itself, in the face of disruptions. The strategy emphasises the importance for the EU's open strategic autonomy of engaging globally with partner countries and ensuring the continuity of global value chains of medical products. It states that 'a new global health order is emerging – and the EU must contribute to shaping it through a more strategic and effective engagement', and also that 'expanding partnerships with a wide range of relevant stakeholders is of the utmost importance – promoting health sovereignty for more resilience and open strategic autonomy supported by partners' political commitment and responsibility' (GHS page 6). Furthermore, it asserts that 'better healthcare delivery, open strategic autonomy in health-related value chains, and strong action on antimicrobial resistance will also all act as powerful foundations for a strong EU position worldwide' (GHS page 8).

The Policy Foresight Unit of the European Parliamentary Research Service (EPRS) therefore conducted a foresight exercise in 2023 to check how 'future-proof' – resilient to possible future disruptive events – the EU GHS is.[9] More specifically, the purpose of this project was twofold. The first aim was to identify how, in various crisis situations, the aims of the global health strategy could fade from awareness and suffer from future neglect by policy-makers, the EU and its Member States – in other words, how the new strategy might suffer the same fate as the 2010 strategy it replaces. With this in mind, experts also tried to identify aspects of the strategy that might become especially relevant and important when mitigating and tackling disruptive situations. The second aim was to highlight why and how the goals set out in the strategy should be accelerated and prioritised in order to address other non-health-related major challenges and foster the resilience and strategic autonomy of both the EU and its partner countries.

[6] For example, in response to COVID-19 Parliament's INTA committee requested a study on options for reshoring production capacity to Europe to inform their work on supply chain security. Both pharmaceuticals and medical products feature amongst the key products examined as case studies for reshoring.

[7] ESPAS, Geopolitics of Health, ideas paper, 2022.

[8] Center for Global Development, The Future of Global Health Spending Amidst Multiple Crises, 2023.

[9] This work builds on an ESPAS ideas paper written by the Policy Foresight Unit and published just before the adoption of the EU GHS, entitled 'Geopolitics of Health'.

1.3. Eight priorities of the global health strategy

The following eight priorities were extracted and condensed from the global health strategy for purposes of this project:

1. **Prioritise tackling the root causes of ill health**. This means addressing the economic, social and environmental root causes of health and disease – including poverty, discrimination, age, nutrition and diet, social protection, education, care, water, sanitation and hygiene, occupational health and other areas. Base the approaches on human rights and fundamental values.
2. **Support health, nutrition, mental health and psychosocial support for communities during and after crises** (natural or man-made), delivered in ways that limit mortality, morbidity, disability and disease associated with humanitarian crises.
3. **Advance universal health coverage and strengthen health systems** by improving primary healthcare with built-in surge capacity, enhancing core public health capacities, addressing workforce imbalances and fostering skills.
4. **Foster digitalisation as a fundamental enabler**. Address underinvestment in digital health and care in low- and middle-income countries. Build on the EU's pioneering work in health data regulation, digital certificates, use of the cloud for data sharing, data protection and privacy. Contribute to shaping the digital health ecosystem globally (rules, norms, standards, interoperability), supporting international rules that are compatible with the EU framework and facilitate person-centred health data governance and protection.
5. **Diversify and build EU capacity of supply chains for critical equipment and countermeasures, diagnostics and therapeutics**. Leverage the industrial dimension to reinforce local production capacity, ensuring effective cooperation between public and private actors.
6. **Negotiate stronger international rules in the field of health security**. Develop an effective legally binding pandemic agreement with a One Health approach and strengthened International Health Regulations. Work towards the inclusion of concrete provisions on antimicrobial resistance in the pandemic agreement. Support a stronger, effective and accountable World Health Organization and ensure a stronger EU role in international organisations and bodies.
7. **Improve prevention, preparedness, response and early detection of health threats globally** by building a robust global collaborative surveillance network to better detect and respond to pathogens, and by developing capacities for early detection and sound and sustainable management of hazardous waste and materials, among other initiatives.
8. **Boost global health research** to develop the technologies and countermeasures that are necessary to improve health. Extend international research and innovation cooperation, making research data as open, standardised and interoperable as possible, and promote the dissemination and use of results as a common good.

2. Project methodology

Strategic foresight[10] is a discipline that can help improve the resilience of long-term (as well as short-term) policy planning in the face of potential disruptions.[11] It rests on the central premise that

[10] Van Woensel L., Guidelines for foresight-based policy analysis, STOA, EPRS, European Parliament, 2021.

[11] There are many definitions and uses of strategic foresight, but this is the description chosen for the purposes of this paper.

although it is not possible to predict the future, by gathering information, consulting with stakeholders with a variety of perspectives and envisioning multiple different futures, it is possible to reframe a view of the present and form strategic goals and contingency plans for various possible future developments. The EPRS has been using strategic (and scientific) foresight for several years in different ways, including to tackle questions related to global risks and resilience (see Future Shocks 2022[12] and 2023[13]) and major geopolitical shifts, such as the EU-Ukraine relationship following the Russian invasion of Ukraine.[14]

Stress-testing is a method in strategic foresight that is used to anticipate how disruptive situations and scenarios could derail long-term plans. It is sometimes called 'wind tunnelling' because of its conceptual similarities with testing a model airplane's resilience to turbulence. The EPRS has developed a methodology for stress-testing EU policies against possible shocks in order to identify weak points and avenues for further EU action.[15] This foresight project drew on several elements of the EPRS stress-testing methodology.

In 2023, stakeholders from various disciplines related to global health were invited to take part in a workshop at the European Parliament, to assess how three disruptive scenarios could impact the ambitions of the GHS. Participants were representatives from the European Commission's relevant services, researchers, and civil society representatives from health-related NGOs.

2.1. Scenario development

The disruptive scenarios had a timeframe fixed at approximately 2027, five years from the adoption of the global health strategy, or partway through its lifetime. This choice of timing meant that the conditions in the years leading up to the disruptive scenarios would likely have already been hampering progress of GHS implementation, and presumably left enough time for the disruptions, once they occured, to cause significant impact on implementation and priorities towards the end of the strategy's lifetime.

The risks described in the EPRS Future Shocks reports from 2022 and 2023 were consulted when developing the scenarios. As it was quickly determined that the majority of these risks would have major secondary impacts on global health, they had to be narrowed down. The final three scenarios were selected on the basis of the following criteria:

Disclaimer on the use of scenarios

Scenarios are, by definition, works of fiction. In this project they were used as tools to stretch the imagination and prompt creative thinking. As such, these scenarios should not be taken literally, and do not represent the actual expectations or predictions of the author, the colleagues involved, the experts invited to the workshop or the European Parliament.

- they should be plausible and based on evidence and/or historical examples – but still stretch the imagination; and
- they should be practical to work with (e.g. a total collapse of the internet, while an interesting scenario, would be too catastrophic for the scope of this work).

[12] EPRS, Future Shocks 2022: Addressing risks and building capabilities for Europe in a contested world, European Parliament, 2022.

[13] EPRS, Future Shocks 2023: Anticipating and weathering the next storms, European Parliament, 2023.

[14] Damen M., EU-Ukraine 2035: Strategic foresight analysis on the future of the EU and Ukraine, EPRS, European Parliament, 2023.

[15] Fernandes M. and Heflich A., How to stress-test EU policies - Building a more resilient Europe for tomorrow, EPRS, European Parliament, 2022.

Scenarios 1 (economic crisis) and 3 (instrumentalisation of migration crisis) combine elements from multiple chapters of the Future Shocks reports. Scenario 2 (semiconductor crisis), although also closely related to risks in both editions of Future Shocks, is a direct adaptation of a scenario described in a previous strategic foresight publication by the Policy Foresight Unit on strengthening EU chip capabilities.[16] The full scenario prompts, lightly edited from their original form, are included below.

2.2. Expert engagement

Participants were split into three groups, and each group was assigned a scenario. Groups were given approximately one hour to discuss their scenario (under Chatham House Rule), and to identify possible impacts of the scenario on the implemetation of various facets of the global health strategy. In the second half of the workshop, participants were asked what measures could be taken to 1) mitigate the possible detrimental impacts of the scenario on the implementation of the GHS, and 2) support any possible positive impacts. The measures could be either preventative (in anticipation of a crisis) or reactionary (in the event of a crisis). Due to the nature of the discussions, it was not always clear under which category the suggestions fell. Where possible, the category has been indicated in the analysis.

As the experts belonged to various interest groups, it was expected that they might have diverging views, priorities and expectations. For this reason, moderators encouraged the participants to elaborate on their own views, even if they differed from those of others, and to seek clarification from others, rather than group consensus.

3. Summary of expert views per scenario

3.1. Scenario 1: Economic crisis

What if the EU experienced a severe economic downturn?

In early 2027, as a result of nearly a decade of global disasters, geopolitical tensions and conflicts, the EU experienced a severe economic downturn that sent shockwaves through society. Hyperinflation ran rampant and the value of euro plummeted, causing widespread economic hardship which spilled over globally. Governments struggled to balance their budgets, and social safety nets became increasingly strained. The consequences of the economic downturns were felt across society, with rising social tensions and a decline in democracy. Solutions offered by radical parties at the fringes of the political spectrum (both left and right) became more appealing, and extremist ideologies gained momentum. Populist politicians rose to power in the EU, promising to restore order and prosperity, but ultimately undermining democratic norms and institutions without actually uplifting the economy. Many Member State governments reacted with a period of severe austerity, enacting cuts to public spending perceived

[16] van Wieringen K., Strengthening EU chip capabilities: How will the chips act reinforce Europe's semiconductor sector by 2030?, EPRS, European Parliament, 2022.

as non-essential, especially at EU level, and prioritising keeping their national economies afloat at all costs.

The important feature of this scenario was the lack of funding: which parts of the strategy could be seen a particularly burdensome and prone to being cut or abandoned, in a case where political-economic turmoil took the spotlight?

3.1.1. Expert views: Impacts of this scenario

As an immediate impact, an economic crisis such as this would mostly likely lead to budget cuts, particularly in the health, education and research sectors, for aid and external support, and for crisis preparedness. This, along with reductions in funding for agencies like the Health and Emergency Preparedness and Response Authority, the European Medicines Agency, the European Centre for Disease Control and national organisations, would leave us more vulnerable to health threats like pandemics. As a secondary impact, the deprioritisation of health promotion and disease prevention would lead to a higher incidence of diseases, including NCDs and mental health disorders. Furthermore, an economic crisis of this scale could spur widespread migration, increasing pressure on health systems and leading to imbalances in labour forces.

Being focused on public health at home, the EU would contribute less towards universal health coverage globally, and a more limited and reactive approach to health security would likely emerge. This could jeopardise progress towards the health-related Sustainable Development Goals, in turn potentially leading to a lack of protection for fundamental and human rights (such as reproductive rights) globally and domestically, and from there to an increased incidence of sexually transmitted diseases and backsliding on women's rights. Similarly, it could lead to a rise in social disparities due to health inequalities. Global migration stemming from a worldwide economic crisis would further strain the healthcare system (see scenario 3). However, in the same way that the COVID-19 pandemic was a wake-up call, the increased pressure on healthcare systems could lead to renewed awareness of the importance of disease prevention and new action.

In the realm of technology, an economic crisis would result in budget cuts for research and a slowdown in the digitalisation of healthcare, which in turn would erode the EU's role as a global leader in health innovation. This likely would compromise its role as one of the prominent setters of international rules, norms, and standards in pharmaceutical medical devices, technologies and their interoperability. Furthermore, it could widen the digital gap. By contrast, economic strain could provide a push for innovation in low-cost medical technologies, such as digital applications and telemedicine.

Politically, the accompanying decline in democracy and rise of populism would be likely to result in decisions to focus on public health domestically, and to a great extent abandon the global dimension. The concentration on national solutions in this scenario could potentially spark an increase in the fragmentation of the EU and a relative decline of the EU's stature compared to other global actors. A difficulty in finding consensus could render the EU incapable of maintaining its role as a standard-setter. Similarly, a focus on domestic public health could lead to diminished willingness among Member States to share EU capacity with less economically developed countries outside the EU, leading to increased disparities in access to medical countermeasures. This could render societies worldwide more vulnerable to health threats, given that 'no one is safe, until everyone is'.[17] In parallel, radical policy-makers might be not inclined to advocate for certain

[17] As described in a declaration by the Council of Europe on 1 December 2021.

fundamental issues in health, notably sexual and reproductive health and the rights of vulnerable groups such as LGBTIQ people.

What if China blockaded Taiwan, resulting in a shortage of semiconductors?

On the environmental front, financial pressure from an economic crisis would likely lead to a decreased emphasis on climate initiatives and delays in achieving Green Deal targets. This in turn would contribute to a higher incidence and increased prevalence of diseases, particularly those associated with global warming and poor air quality. In addition, global warming would further shape animal, environmental and human interactions, increasing the risk of major pandemic outbreaks caused by changes in land use, environmental degradation, and human and animal mobility. Spillovers of air-, water- and vector-borne diseases, as well as zoonotic diseases, would become more likely to occur.

3.1.2. Expert views: Policy considerations for this scenario

To mitigate the potential negative impacts of an economic crisis scenario, several courses of action could be considered. One specific suggestion received was that the role of health in corporate social responsibility could be reinforced, particularly through environmental, social and governance evaluations. Another was that a commitment could be established to allocate a predefined percentage of GDP for health preparedness, possibly through a global health tax. A third suggestion was to prioritise mental health services and support systems, as economic crises can significantly impact mental well-being. Accessible mental health services could help mitigate the psychological effects of economic hardship on individuals and communities, which in turn, could increase the society's economic productivity.[18]

To address labour force imbalances, investments could be made to retain professionals and boost the attractiveness of the health professions. One policy proposed by the participants was to offer incentives or conditionalities. For example, a country might provide young professionals free training on the condition that they work in the country for a defined number of years (e.g. 5 years) after graduation. On the labour force receiving end, the participants underlined the importance that destination countries, which would benefit from the incoming healthcare staff, show solidarity with and consideration for countries of origin. In other words, attention would be need to be paid to not enact policies which would contribute to brain drain in workers' countries of origin (which are often developing countries). Finally, the EU could advocate for the digitalisation of healthcare, to make it more efficient, cost-effective and resilient to crises.

3.2. Scenario 2: Semiconductor shortage

In the year 2027, a six-month Chinese naval and air blockade of Taiwan cut the world off from Taiwanese semiconductor exports. The blockade was the result of a military standoff between the EU and China following years of rising tensions in the South China Sea and Taiwan Strait. China wanted to use the world's reliance on Taiwanese semiconductor exports to force a more robust recognition by the West of China's sovereignty over Taiwan, in line with its One China policy. The EU's heavily interconnected

[18] For example, a study in 2022 in Denmark linked good mental health with a reduction in economic productivity losses.

economy was hit hard as disruptions in one industry caused ripple effects throughout the entire supply chain, leading to shortages of goods and raw materials, delays in production and soaring prices. Particularly devastating was the resulting shortage of advanced semiconductors, or chips, the vast majority of which are produced in Taiwan. These chips are needed for the manufacturing of countless types of electronic devices. Industries of many different kinds were affected, including medical device manufacturers.

This scenario was similar to the first one, but the focus was on a disrupted semiconductor supply chain and its implications, particularly for the semiconductors used in many medical devices.

3.2.1. Expert views: Impacts of this scenario

A disruption in the global supply chain for semiconductors would have severe ramifications across society and detract from many of the goals of the global health strategy. The primary reason for this is that many medical devices, such as imaging machines, pacemakers, blood pressure monitors and glucose monitors, require semiconductors to function. In the most direct sense, a lack of semiconductors would mean that access to many diagnostics, treatments and technology-reliant services such as e-prescriptions, teleconsultations, patient management systems and medical research would be negatively impacted. A lack of equipment and resources for vital medical technologies would put elderly and vulnerable people especially at risk. Due to the challenges to diagnostics in particular, preventative practice in medicine and early diagnostics would be strained.

Politically, there would be heightened tensions between countries and continents, with similar concerns to those seen during the COVID-19 crisis. Countries might want to prioritise self-sufficiency and protectionism in industries and capacities, and there could be a lack of collaboration on border closures and resource-sharing for medical devices. Many countries might opt to strike their own deals with chip manufacturers. If EU Member States united around a common strategy, a potential for alliances between Europe and India could emerge, driven by the desire to establish chip factories within Europe. However, this would involve addressing significant cost disparities, as chip production might be significantly more expensive in Europe than in Taiwan.

Beyond medical devices, the absence or failure of digital infrastructure would have significant repercussions for the various types of services that depend on it. This could lead to increased isolation, disinformation and vulnerability, with loneliness becoming a prominent issue. Furthermore, significant disruptions could lead to heightened societal anxiety, which could even escalate into civil unrest in certain parts of the world. In the long term, decreased digital infrastructure could also affect Europe's standing in the medical research community, potentially allowing China to gain ground in this field. It would also impact the implementation and maintenance of the European Health Data Space, which could be stalled or even reversed.

Establishing new semiconductor factories in Europe would take time, posing a significant challenge to responding quickly to a sudden crisis. Companies possessing ample chip stocks would receive an economic boost, and companies might begin stockpiling semiconductor supplies. This could lead to a revival or even an entirely new branch of semiconductor recycling in medical device manufacturing, building on existing recycling practices for used electronic products. However, alternative semiconductor technologies might emerge, and some companies might find ways to transition to non-semiconductor-dependent medical equipment production. The chip shortage could also lead to a resurgence in older technology industries that could produce products that use a fraction of the chips previously required.

Funding in general would likely be impacted as more resources would be allocated to chip manufacturing and crisis response, potentially diminishing the prioritisation and availability of funding for health research and many other sectors. This reduction in funding could also lead to economic disparities if industries, as a result of intensified competition, relocated their production to where chip investments are the highest (i.e. the USA). Many sectors rely on products from other providers to manufacture their own goods, so industry relocations could further complicate supply chains. As an aside, depending on the details of where and for how long shortages occured, individuals might seek medical care in other countries, leading to increased medical tourism.

From an environmental perspective, the slowdown in production could benefit efforts to reduce greenhouse gas emissions. However, as monitoring systems for environmental conditions depend on chips, it could be difficult to gather information or act on any such developments.

3.2.2. Expert views: Policy considerations for this scenario

Without a doubt, it is a top priority for all that this scenario be avoided. However, if a semiconductor supply chain crisis were to occur, there are several actions that the EU could consider taking. Most prominently, regulation and diversification of supply lines would be needed to address market failures and reduce dependencies. To become further resilient to this scenario and enhance strategic autonomy, the EU would need to develop strategies for recycling chips, and to invest in research and development to explore ways to reduce raw material and semiconductor dependence, in particular by looking for alternative technologies. Lessons could be drawn from past occurrances, such as Russia's recycling of chips during its war of aggression against Ukraine. This approach could work well for simple chips, though it would not be as efficient for advanced chips.

It could be worth considering stockpiling chips and medical equipment that rely on them, particularly for use by critical infrastructures such as hospitals. A mapping exercise of technological dependencies in health could be undertaken to create a priority list of devices at risk. To further safeguard health infrastructures, it would be important to maintain pre-digitalisation skills and low-tech (analogue) solutions, particularly in hospitals. However, this could lead to difficulties determining which patients would get 'low tech' options and which would receive available 'high tech' options. Further to these, in the frame of the global health strategy it would be important to help prepare and build local manufacturing capacity in partner communities to prevent or minimise the impacts such a crisis would have on them, and to assess tech dependencies in their healthcare systems.

3.3. Scenario 3: Instrumentalisation of migration

In late 2027, the conflict in Ukraine had yet to be resolved, with relations between the EU and Russia remaining icy despite a decrease in fighting. Russia, resorting to hybrid warfare tactics, began sponsoring non-state actors in neighbouring countries, igniting new civil wars and inciting unrest in the region. This instability only worsened as the effects of the climate crisis intensified, causing a surge in migrants fleeing through these conflict zones and into Europe. Russia and Belarus declared themselves 'open migratory routes', through which anyone could reach the EU's external borders. Adding to the chaos, a new radical party in Türkiye,

What if the EU experienced a crisis owing to the instrumentalisation of migration?

unfriendly towards the West, gained power after winning the general elections earlier in the year. This left the EU with no friendly or functioning governments in its surrounding region, and millions of migrants from Africa and the Middle East began heading towards Europe from all directions, all at once.

Here, the important task was to assess how health systems in the EU would fare under such massive pressure, and how this would impact the EU's global health agenda with its partner countries.

3.3.1. Expert views: Impacts of this scenario

In a crisis caused by the instrumentalisation of migration, vulnerable groups, including migrants themselves and in particular distressed women and children, might not receive the requisite healthcare support primarily due to insufficient personnel availability. Furthermore, the health – and immunisation – status of migrants would be uncertain and depend on the exact nature of the crisis and the events that took place around it, potentially introducing additional challenges. Health screening would be needed at borders to assess the level of healthcare needed by migrants and to provide the immunisations required to mitigate a potential wave of incoming communicable diseases. Additionally, already-strained healthcare systems would be at elevated risk, particularly if health records were not easy to use or efficiently digitalised, or if there was a failure to adequately match migrant healthcare needs with Member States' healthcare capacities when distributing migrants across the EU.

From an economic standpoint, the influx of migrants could strain global supply chains for medical products such as a medications and baby formula, potentially driving up the prices of specific products. However, it is worth noting that companies – and healthcare itself – might reap benefits from the arrival of highly skilled migrants.

The political landscape could be impacted by such migration, as the unequal distribution of the resultant economic and procedural burden across Member States could lead to a potential loss of unity and capacity of the EU to address these challenges. Furthermore, migration places substantial strain on education and healthcare systems, and could thereby contribute to social discontent and increase the popularity of populist parties. Some countries might falter under the pressure and enact protectionist measures such as closing borders, furthering the uneven distribution of migrants and associated challenges across Member States.

The EU's environment could also be impacted, as migrants might bring pets[19] which could carry diseases and contribute to increased zoonosis, with potential adverse ecological consequences.

3.3.2. Expert views: Policy considerations for this scenario

In an instrumentalisation of migration scenario, swift and decisive action would be required to meet migrants' immediate needs. This would entail giving priority to border countries in terms of capacity-building and labour forces, and increasing funding for primary healthcare. The significance of effective communication, mental health support, and immunisation was heavily emphasised by the experts. Indeed, they stressed that external immunisation efforts should be a top priority globally, to help prevent the difficulties mentioned above from emerging during a migration crisis. A robust European Health Data Space, where health records from migrants' home countries could be easily accessed or new records quickly created, would facilitate migrant health screenings and integration, easing the strain placed on Member States. Surveillance systems for zoonotic disease outbreaks due to accompanying animal migration might be needed, as well as immunisation systems for pets (in line with the One Health approach). Furthermore, there would be a need for

[19] As seen with Ukrainian refugees in 2022, which led the EU to relax entry paperwork for pets.

infrastructure to monitor and forecast demands for medications and vaccines, as well as data-sharing infrastructure and strong collaboration across the EU.

The experts made clear that there is a need for proactive measures to prepare for the impact a crisis due to the instrumentalisation of migration would have on global health. This includes substantial investments in healthcare and the reinforcement of disease-monitoring systems. Research and investment in healthcare systems, both domestically and internationally, are of paramount importance if a potential health crisis is to be averted. These endeavours not only yield benefits for individuals' well-being but also have far-reaching positive implications for society as a whole. For example, such investments would build social cohesion, which can stabilise societies and thereby decrease the likelihood of an instrumentalisation of migration crisis developing to begin with. In the scenario presented, there would be a critical need to equitably distribute the workload of the crisis among Member States and coordinate this within the EU.[20] This underscores the necessity of international collaboration, strategic governance and cultivating relationships with countries or regions where potential crises could occur.

4. Summary of expert views by global health strategy priority

1. **Prioritise tackling the root causes of ill health**

   Impacts

   - An economic crisis could lead to budget cuts, particularly in healthcare, education, and research, causing vulnerabilities to health threats like pandemics. Deprioritisation of health promotion and disease prevention might lead to a higher incidence of diseases.
   - Economic strain could lead to a rise in social disparities and poverty, which are often the root causes of ill health.
   - Reduced emphasis on mental health services during economic crises could significantly impact people's mental well-being.
   - Reduced availability of diagnostics equipment due to a semiconductor crisis might strain preventive medicine and early detection practices.
   - Radical policy-makers elected as a result of populist backlash to crisis might not be inclined to advocate for several fundamental issues in health, notably sexual and reproductive health and the rights of vulnerable groups such as LGBTIQ people.

2. **Support health, nutrition, mental health and psychosocial support for communities during and after crises**

   Impacts

   - A lack of digital infrastructure and services due to semiconductor shortages might lead to increased isolation, societal anxiety and mis/disinformation, potentially escalating into civil unrest.
   - Shortages in semiconductors for medical devices could impact access to diagnostics, treatments and technology-reliant services, which are essential for elderly and vulnerable populations in particular.
   - An instrumentalisation of migration could strain already-struggling healthcare systems, leading to complications if health records are not efficiently digitalised, and/or if migrant healthcare needs are not well matched with Member States' healthcare capacities when migrants are distributed across the EU.

[20] N.B.: On 20 December 2023 (after the workshop in which these expert views were gathered), the Parliament and the Council reached a new agreement on a solidarity mechanism for migration. This mechanism allows Member States to contribute either through relocations, financial contributions (including in third countries) or alternative solidarity measures such as deployment of personnel or measures focusing on capacity building. Member States will not be obliged to carry out relocations, and will retain full discretion as to the type of solidarity they contribute.

- In the migration scenario, personnel shortages might cause vulnerable groups, including migrants themselves and particularly distressed women and children, to not have access to required healthcare.

Proposed mitigation measures

- Uncertainty about migrants' health and immunisation statuses could introduce challenges, necessitating health screenings at borders to assess their healthcare needs.
- Enhanced coordination between the European Commission, EU agencies and Member States would help ensure funding and medical countermeasures arrived at the local level/frontline.
- The digitalisation of healthcare (particularly health records) would make it more more resilient to crises.

3. Advance universal health coverage and strengthen health systems

Impacts

- In all three crisis scenarios, progress towards universal healthcare coverage might be lost, leading to a more limited and reactive approach to health security.
- Unequal distribution of migration and resultant challenges among Member States could lead to a loss of unity and capacity of the EU to address them, potentially leading to the enactment of protectionist measures.
- Populist politicians in EU governments might favour national solutions, stop supporting the development of healthcare in third countries and prevent a unified EU approach on the international scene, consequently diminishing the EU's stature and ability to contribute to and promote universal health coverage globally.

4. Foster digitalisation as a fundamental enabler

Impacts

- An economic crisis could lead to a slowdown in the digitalisation of healthcare, and widen the digital gap.
- A disruption in the semiconductor supply chain might affect the implementation and maintenance of digital health infrastructures and services.

Proposed mitigation measures

- Digitalisation of healthcare could make healthcare systems more efficient and resilient in the case of a crisis. For example, well-organised digital health records could facilitate health screenings of incoming migrants – particularly if EU systems were compatible with health records from migrants' home countries, or if new records could be quickly established on arrival.

5. Diversify and build EU capacity of supply chains for critical equipment and countermeasures, diagnostics and therapeutics

Impacts

- A disruption in the global semiconductor supply chain would significantly impact society, particularly jeopardizing the functioning of essential medical devices like imaging machines, pacemakers and monitors. This shortage would impede access to crucial diagnostics, treatments and technology-reliant medical services, posing heightened risks to elderly and vulnerable individuals who rely on them.
- The arrival of a large quantity of migrants could strain medical supply chains and might drive up product prices, with knock-on effects for healthcare, contributing to higher public expenditure and reducing available funding for other sectors.

Proposed mitigation measures

- Regulation and diversification of supply lines could reduce dependencies, uphold EU strategic autonomy and address market failures in a semiconductor supply chain crisis.

- Preparation for a potential triggered migration crisis would require substantial investments in healthcare and reinforcement of surveillance systems to prevent an accompanying health crisis.
- Investing in research and development for alternative technologies and strategies for chip recycling could reduce raw material dependence.
- It could be worth considering stockpiling chips and medical equipment that relies on them, particularly for use by critical infrastructures such as hospitals. A mapping exercise of technological dependencies in health could be undertaken to create a priority list of devices at risk.
- Preparing and building local manufacturing capacity in partner communities, and assessing tech dependencies in their healthcare systems would be critical for preventing or minimising the impacts of a supply chain crisis.

6. Negotiate stronger international rules in the field of health security

Impacts

- Fragmentation of the EU due to economic strain could render the EU incapable of maintaining its role as a standard-setter in health and might decrease Member States' willingness to share EU capacity with third countries.
- A rise of populism due to an economic or migration crisis would likely result in decisions to focus on domestic public health and largely abandon global public health efforts.
- In a semiconductor crisis scenario, countries might prioritise self-sufficiency and protectionism in industries and capacities, and there might be a lack of collaboration on border closures and resource-sharing for medical devices.

Proposed mitigation measures

- Solidarity among Member States and international collaboration would be essential for mitigating the impacts of a potential migration of millions of people.

7. Improve prevention, preparedness, response and early detection of health threats globally

Impacts

- Reductions in funding for health-related agencies caused by an economic crisis could leave the EU more vulnerable to internal health threats and jeopardise its role as a global health champion.

Proposed mitigation measures

- Swift and decisive action would be required in the migration scenario. Border countries would need to be prioritised in capacity building, primary healthcare, communication, mental health support and immunisation efforts.
- Mapping technological dependencies in health and stockpiling critical medical equipment that relies on semiconductors would be important measures to take to ensure preparedness in a supply chain disruption scenario.
- Enhanced coordination between the European Commission, EU agencies and Member States would help ensure funding and medical countermeasures arrive at the frontlines in a migration crisis.
- Preparation for potential influx of millions of migrants would require substantial investments in healthcare and reinforcement of surveillance systems to avert potential accompanying health crises.

8. Boost global health research to develop the technologies and countermeasures that are necessary to improve health

Impacts

- An economic crisis could lead to budget cuts for research and a slowdown in the digitalisation of healthcare, impacting the EU's role as a health innovation leader and widening the digital gap.
- An economic crisis might erode the EU's role as a global leader in health innovation and undermine its strategic autonomy in conducting cutting-edge research.
- On the other hand, economic strain could potentially provide a push for innovation in low-cost medical technologies.
- Absence or failure of digital infrastructure and services due to a disruption of the semiconductor supply chain could affect Europe's standing in medical research and impact the European Health Data Space.

Proposed mitigation measures

- Maintaining pre-digitalisation skills and low-tech solutions and assessing tech dependencies in healthcare systems would be essential for safeguarding health infrastructures in the event of a semiconductor supply chain crisis.
- Robust infrastructure for monitoring demands for medications and vaccines, data-sharing and collaboration across the EU and its Member States would be crucial for addressing the impacts of a mass migration scenario.

5. Conclusion

5.1. Cross-cutting themes

The exploration of three diverse crisis scenarios yielded a plethora of concerns and considerations regarding safeguarding the ambitions of the global health strategy and the health of communities in Europe and worldwide against disruptions. In strategic foresight, strategies that can address more than one possible scenario are typically seen as the most valuable, as they can promote resilience against a wide variety of possible disruptions. While the three scenarios employed in the course of this project differ substantially, some common themes emerged throughout the discussions.

One prominent theme was the importance of prioritising prevention measures over crisis response measures. Experts repeatedly underscored the necessity and benefits of establishing clear goals and taking proactive measures, rather than solely focusing on crisis management, which in healthcare often leads to ineffective responses. This perspective applied in various areas, with experts highlighting the need for a proactive approach to economic concerns such as market failures and labour market imbalances. The experts also stressed the importance of using periods of relative calm to enhance preparedness and develop robust strategies. However, they acknowledged the challenges of acting proactively during periods of sustained crisis.

Another theme was the benefits of multilateral cooperation, and the value of adopting an international lens to effectively tackle the intricate web of global health challenges. The possibility of paths diverging towards either fragmentation or union in times of crisis was frequently mentioned, underlining the necessity of cohesive strategies and unified responses, rather than isolated efforts, in navigating complex global crises. At the same time, another key takeaway was the need to build local capacity in areas where specific issues would be more pronounced. Experts suggested conducting mapping and forecasting exercises for specific regions that would be under strain in a crisis. A prime example would be border regions, which might face unique challenges during a migration crisis.

A third theme was the interdependency of different sectors in solving global health problems, and the need for a multi-dimensional approach. Health is multifaceted and involves various interrelated

factors. For instance, the discussion on semiconductors revealed that a shortage could impact the healthcare industry and lead to the closure of critical facilities. In other words: the stability of various supply chains is critical to the EU's strategic autonomy as a health supplier and consumer.

A final theme was that, as the recent pandemic propelled health to a high position on the agenda, there is currently a window of political opportunity. Reflecting on missed opportunities in the past, the participants noted that political momentum and sustained leadership are essential for effective global health promotion and security. They also highlighted the necessity of continuous awareness and avoiding siloed approaches.

5.2. Final takeaways

By many accounts, the current era is one characterised by turbulence and instability.[21] One of the EU's responses to this threat of 'permacrisis' has been to develop a principle of open strategic autonomy. In this way, the EU can act independently of other actors to enable greater resilience in the face of threats and shocks – while maintaining multilateralism as its fundamental approach to international relations. This exploration of the resilience of the EU's global health strategy has demonstrated that achieving its ambitions in the face of possible disruptions in the next 5 to 10 years will necessitate concerted and strategic action. It has shown that the further turbulence expected may lead to a deprioritisation of many aspects of the global health strategy, in favour of more immediate, local concerns. This poses a significant risk to the health of both EU citizens and those of partner countries. It could also lead to secondary impacts like societal instability and an increased risk of pandemics.

However, this project has also shown that investments in global health today could yield substantial progress towards mitigating the impact of future crises, and perhaps even preventing them. Furthermore, global health action could both enhance the strategic autonomy of the EU and its partner countries, as ensuring stable globalised supply chains in this substantial part of the economy benefits all involved.[22] Moving forward, these insights can help us carry forth and successfully implement the EU global health strategy, building resilient, responsive approaches to future crises that truly do promote better health for all in a changing world.[23]

[21] EPRS, Future Shocks 2023, European Parliament.

[22] ESPAS, Geopolitics of Health, ideas paper, 2022.

[23] As per the subtitle of the GHS: 'EU Global Health Strategy: Better Health for All in a Changing World'.

QA-02-24-224-EN-N

The new EU global health strategy, adopted by the European Commission on 30 November 2022, has been positioned as a crucial element of EU external policy, geopolitical influence and strategic autonomy. However, maintaining the long-term commitment necessary for achieving global health ambitions in turbulent times remains challenging. Against this backdrop, in 2023 the Policy Foresight Unit of the European Parliamentary Research Service conducted a foresight exercise involving external experts to explore the new strategy's resilience to diverse crisis scenarios. The outcomes of this analysis emphasise the need to prioritise prevention measures, foster multilateral cooperation and build local capacity. They underscore the interdependency of sectors in addressing global health challenges, and highlight how investment in global health today could help to mitigate future crises and enhance the strategic autonomy of both the EU and its partners.

This is a publication of the Policy Foresight Unit (PFOR)
EPRS | European Parliamentary Research Service

ISBN 978-92-848-1624-8 | doi: 10.2861/579625 | QA-02-24-224-EN-N