



TEXTS ADOPTED

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The EU's public health strategy post-COVID-19

European Parliament resolution of 10 July 2020 on the EU's public health strategy post-COVID-19 (2020/2691(RSP))

The European Parliament,

- having regard to Article 3 of the Treaty on European Union (TEU),
 - having regard to Articles 4, 6, 9, 114, 153, 169 and 191 of the Treaty on the Functioning of the European Union (TFEU), in particular Article 168 thereof,
 - having regard to the Charter of Fundamental Rights of the European Union, in particular Article 35 thereof,
 - having regard to its resolution of 17 April 2020 on EU coordinated action to combat the COVID-19 pandemic and its consequences¹,
 - having regard to the World Health Organization (WHO) manifesto for a healthy and green COVID-19 recovery²,
 - having regard to Rule 132(2) of its Rules of Procedure,
- A. whereas COVID-19 has demonstrated the interdependencies between human health and the health of our planet and our vulnerabilities; whereas the emergence of zoonotic diseases that are transferred from animals to humans is exacerbated by anthropogenic climate change, the destruction of biodiversity and environmental degradation;
- B. whereas the WHO manifesto for a healthy and green COVID-19 recovery sets out six prescriptions for a healthy and green recovery:
- a. Protect and preserve the source of human health: Nature;
 - b. Invest in essential services, from water and sanitation to clean energy in healthcare facilities;

¹ Texts adopted, P9_TA(2020)0054.

² https://www.who.int/docs/default-source/climate-change/who-manifesto-for-a-healthy-and-green-post-covid-recovery.pdf?sfvrsn=f32ecfa7_6

- c. Ensure a quick healthy energy transition;
 - d. Promote healthy, sustainable food systems;
 - e. Build healthy, liveable cities;
 - f. Stop using taxpayers money to fund pollution;
- C. whereas this resolution will focus on the more narrow scope of public health policies as referred to in Article 168 and Article 114 TFEU;
- D. whereas COVID-19 has highlighted the fact that the European Union does not have strong enough tools to deal with a health emergency such as the spread of a novel infectious disease, which by its nature knows no borders;
- E. whereas the World Health Organization (WHO) describes health as ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’;
- F. whereas the right to physical and mental health is a fundamental human right; whereas every person, without discrimination, has the right to access modern and comprehensive healthcare; whereas universal health coverage is a Sustainable Development Goal that all signatories have committed to achieve by 2030;
- G. whereas Article 168 TFEU stipulates that ‘a high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities’, and whereas the Court of Justice of the European Union has ruled on numerous occasions that the EU can pursue public health objectives through internal market measures;
- H. whereas, according to Article 168 TFEU, Member States remain responsible for the definition of their health policy and the organisation and delivery of health services and medical care, including the management of health services and medical care and the allocation of resources assigned to them;
- I. whereas there is still scope for the European Union to better deliver on public health policy within the existing parameters of the Treaties; whereas public health provisions under the Treaties are still largely underutilised in terms of the commitments they could be used to fulfil¹;
- J. whereas public healthcare systems are under great pressure to ensure adequate care for all patients; whereas any measure to reduce public deficit should not lead to underfunding of the healthcare system or to the suffering of patients;
- K. whereas it is recognised that access to cross-border health care, and better coordination and promotion of best practice between Member States can bring considerable public

¹ Study entitled ‘Unlocking the potential of the EU treaties: An article-by-article analysis of the scope for action’, European Parliamentary Research Service, published on 28 May 2020, [https://www.europarl.europa.eu/RegData/etudes/STUD/2020/651934/EPRS_STU\(2020\)651934_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2020/651934/EPRS_STU(2020)651934_EN.pdf)

health benefits¹;

- L. whereas current demographic trends, access to treatment for all, the high prevalence of chronic diseases, eHealth/digitalisation and the sustainability of healthcare systems have amplified the focus on the European Union's public health policy;
- M. whereas the Commission communication of 20 October 2010 entitled 'Solidarity in Health: Reducing Health Inequalities in the EU' (COM(2009)0567) underlines that, throughout the EU, there is a social gradient in health status; whereas the WHO defines this social gradient as being the link between socioeconomic inequalities and inequalities in the areas of health and access to healthcare; whereas health inequalities are rooted in social inequalities in terms of living conditions and models of social behaviour linked to gender, race, educational standards, employment, income and the unequal distribution of access to medical assistance, sickness prevention and health promotion services;
- N. whereas the EU currently regulates products that have an impact on health and health outcomes, including tobacco, alcohol, food and chemicals, as well as pharmaceuticals and medical devices;
- O. whereas antimicrobial resistance (AMR) poses a serious global health risk for human and animal health;
- P. whereas EU regulation and policy exists on clinical trials and on coordination of healthcare systems through the Cross Border Healthcare Directive², and whereas discussions are ongoing on the proposal on health technology assessments (HTAs);
- Q. whereas health research is financed through Horizon 2020 and the upcoming Horizon Europe framework, the Health Programme and the upcoming EU4Health Programme, as well as other EU funds; whereas the EU4Health Programme with a proposed budget of EUR 9,4n billion is a strong indication of the increasing role of the EU in terms of health public policy;
- R. whereas the European Medicines Agency, the European Chemicals Agency, the European Food Safety Authority, the European Centre for Disease Prevention and Control and the European Agency for Safety and Health at Work are all European agencies with important public health functions;
- S. whereas the current infrastructure for emergency response, including the European Centre for Disease Prevention and Control, the Cross-Border Health Threats Decision and the Union Civil Protection Mechanism, has been tested to its limits during the current health crisis;
- T. whereas workers in the health and care sectors have been exposed to unacceptably high risk and in some cases have been forced to make decisions on who can and cannot receive intensive healthcare; whereas many essential workers, cross-border and seasonal

¹ Study entitled 'Europe's two trillion euro dividend: Mapping the Cost of Non-Europe, 2019-24', European Parliamentary Research Service, published on 18 April 2019, [https://www.europarl.europa.eu/thinktank/en/document.html?reference=EPRS_STU\(2019\)631745](https://www.europarl.europa.eu/thinktank/en/document.html?reference=EPRS_STU(2019)631745)

² OJ L 88, 4.4.2011, p. 45.

workers, and workers in industries such as slaughterhouses and food production, have been in a particularly vulnerable situation;

- U. whereas the COVID-19 crisis has changed working conditions for many workers in Europe, highlighting some already existing issues and raising new questions regarding health and safety in the workplace;
- V. whereas COVID-19 has disproportionately affected vulnerable populations, ethnic minorities, residents of care homes, residential services for older people and persons with disabilities;
- W. whereas access to sexual and reproductive health and rights services has been negatively affected during the health crisis and women, children and LGBT+ people have been at higher risk of violence and discrimination;
- X. whereas many of the long-term health effects of COVID-19, including the effects on mental health, are not yet known;
- Y. whereas the COVID-19 health crisis and its spread throughout Europe has exposed the difference in capacity between the Member States' healthcare systems, and demonstrated that, in circumstances where an unexpected health threat emerges, some Member States may become reliant on their neighbouring countries having sufficiently resilient systems;
- Z. whereas differing approaches to the collection of data relating to COVID-19 across the EU have made it difficult to compare data;
- AA. whereas the COVID-19 crisis has demonstrated the importance of evidence-based health policies, including initiatives for prevention and treatment; whereas preventative measures should be proportionate;
- AB. whereas EU joint procurement has been successfully used for personal protective equipment (PPE), test kits, ventilators and certain medicines, although the mechanism has proved to be slower and less effective than needed; whereas EU capacity was strengthened to include a stockpile of key resources such as masks, ventilators and laboratory equipment, to be deployed where most needed;
- AC. whereas various ad hoc arrangements were put in place during the COVID-19 health crisis, including the Commission's panel of experts and guidelines for the treatment of patients and the dispatch of healthcare workers to other Member States;
- AD. whereas pharmaceutical supply chains are reliant on active pharmaceutical ingredients or generics that are manufactured in third countries, sometimes by only one factory globally; whereas the export bans imposed during the COVID-19 health crisis highlighted the danger of relying solely on these supply chains;
- AE. whereas the psychological consequences of COVID-19 have been highlighted in many reports and studies and people of all ages have been impacted by the need for social isolation over a long period to stop the spread of the virus;
- AF. whereas urgent action is needed to address the health and care needs of the elderly;

- AG. whereas some Member States suffer significantly from brain drain, with highly qualified healthcare professionals opting to work in Member States with better pay and working conditions than their own;
- AH. whereas vaccine hesitancy and its impact on public health is a growing concern; whereas greater clarity on the benefits and risks of immunisation in the organisation and delivery of vaccination programmes in the Member States is needed;
- AI. whereas the pledging conference hosted by the Commission on 4 May 2020 to raise EUR 7,5 billion for the development of vaccines, treatments and tools as a global common good in relation to COVID-19 reached EUR 15,9 billion on 27 June 2020; whereas the Commission stated in its communication entitled ‘Europe’s moment: Repair and Prepare for the Next Generation’ (COM(2020)0456) that ‘any future vaccine must be produced by the world, for the whole world and be affordable and accessible for all’;
- AJ. whereas the EU Vaccine Strategy relies on advance purchase agreements, but fails to mention availability at cost;
- AK. whereas flexibilities provided for in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), further reaffirmed by the Doha Declaration, can be used for the issuing of compulsory licences in public health crises;
- AL. whereas cross-border threats can only be addressed together and thus require the cooperation and solidarity of the entire international community;
1. Calls for the European institutions and the Member States to draw the right lessons from the COVID-19 crisis and engage in far stronger cooperation in the area of health; calls therefore for a number of measures to create a European Health Union;
 2. Emphasises that the Treaty allows for much more European action than has been taken so far; calls on the Commission to examine all possibilities, and calls on the Member States to look at the options more positively than they have in the past;
 3. Strongly supports the ‘health in all policies’ approach and calls for its full implementation, with the integration of health aspects in, and a systematic health impact assessment of, all relevant policies such as agriculture, transport, international trade, research, environment and climate protection;
 4. Points out that the COVID-19 crisis is not over and that additional infections and fatalities will occur if we do not exercise a prudent approach; strongly advocates effective measures to prevent and control infections;
 5. Calls on the Commission, the Member States and global partners to ensure rapid, equal and affordable access for all people worldwide to future COVID-19 vaccines and treatments as soon as they are available;
 6. Calls on the Commission and the Member States to formally support the COVID-19 Technology Access Pool (C-TAP), allowing maximum sharing of COVID-19 health technology-related knowledge, intellectual property and data to the benefit of all countries and citizens;

7. Calls on the Commission and the Member States to incorporate collective safeguards in favour of the public regarding public funding, such as transparency, accessibility and affordability clauses and non-exclusive licences for the exploitation of the final products, in all current and future calls for funding and investment;
8. Calls for dialogue and cooperation with third countries; urges Member States to issue compulsory licences, in the event that third countries do not share the vaccine and/or therapy or the respective knowledge;
9. Calls on the Member States to urgently carry out stress tests on their healthcare systems to identify weaknesses and verify that they are prepared for a possible resurgence of COVID-19 and any future health crisis; calls on the Commission to coordinate this work and establish common parameters;
10. Calls on the Commission to propose a directive on minimum standards for quality healthcare, based on the findings of the stress tests, maintaining the competence of Member States in the management, organisation and funding of their healthcare systems, but guaranteeing patient safety, decent working and employment standards for healthcare workers and European resilience in the face of pandemics and other public health crises;
11. Calls on the Commission to integrate adequate funding of the healthcare system and well-being indicators and targets within the country-specific recommendations under the European Semester;
12. Calls on the Commission to adopt a common set of health determinants to monitor health inequalities by age, sex, socio-economic status and geographic location and establish a methodology for auditing the health situation in the Member States, with a view to identifying and prioritising areas in need of improvement and increased funding; considers that the Commission should evaluate the effectiveness of measures in order to reduce health inequalities resulting from policies relating to social, economic and environmental risk factors;
13. Calls on the Commission to propose the creation of a European Health Response Mechanism (EHRM) to respond to all types of health crises, to strengthen operational coordination at EU level, and to monitor the constitution and the triggering of the strategic reserve of medicines and medical equipment and ensure its proper functioning; considers that the EHRM should formalise the working methods established during the COVID-19 health crisis, building on the measures provided for in the Cross-Border Healthcare Directive, the Cross-Border Health Threats Decision¹ and the Union Civil Protection Mechanism;
14. Calls for the creation of a health crisis management unit to run the EHRM, led by the Commissioner for Health and the Commissioner for Crisis Management, supported by the ECDC, EMA and the expert panel; calls for this unit to be prepared with a pandemic emergency plan, in order to have a coordinated response;
15. Calls for the creation of a digital exchange platform, such as the COVID-19 Data Portal, to facilitate the exchange of epidemiological data, recommendations to health

¹ OJ L 293, 5.11.2013, p. 1.

professionals and hospitals, and the exact state of mobilisable capacities and stocks of medical products;

16. Considers that the Union should be able to rely on the mobilisation of health professionals through the European Medical Corps, which was created to enable quick medical assistance and public health expertise to all Member States;
17. Calls for EU joint procurement to be used for the purchase of COVID-19 vaccines and treatments, and for it to be used more systematically to avoid Member States competing against each other and to ensure equal and affordable access to important medicines and medical devices, in particular for new innovative antibiotics, new vaccines and curative medicines, and medicines for rare diseases;
18. Calls on the Commission to propose a new regulation on cross-border health treats to replace the Cross-Border Health Threats Decision, *inter alia* to make EU joint procurement faster and more effective in health crises, to guarantee the efficiency and transparency of the process and to ensure equal and affordable access to new treatments;
19. Urges the Council to adopt as soon as possible its mandate on the HTA proposal so that negotiations can be concluded by the end of the year;
20. Calls on the Commission and the Member States to present a new proposal to revise Directive 89/105/EEC on the transparency of prices, ensuring transparency of the R&D costs and putting Member States on an equal footing when negotiating with manufacturers for treatments that are not jointly procured;
21. Insists on the swift implementation of the heavily delayed Clinical Trials Regulation to ensure transparency of clinical trial results, regardless of the outcome, and facilitate larger, cross-border clinical trials; underlines that negative or inconclusive outcomes from clinical trials represent important knowledge that can help improve future research;
22. Calls for the EU Pharmaceutical Strategy to address the problems in EU and global pharmaceutical supply chains, which should include legislative measures, policies and incentives to increase production of essential APIs and medicines in Europe and to diversify the supply chain to guarantee supply and affordable access at all times; considers that the EU Pharmaceutical Strategy should be without prejudice to the actions to be taken under the strategic approach to pharmaceuticals in the environment;
23. Encourages all countries to join the WTO's Pharmaceutical Tariff Elimination Agreement and urges that the scope be extended to all pharmaceutical and medicinal products and supports that the EU must maintain a robust European intellectual property (IP) system to encourage R&D and manufacturing in Europe, to ensure that Europe remains an innovator and a world leader;
24. Calls for targeted guidelines from the Commission on the Public Procurement Directive regarding the awarding of tenders to the pharmaceutical sector; calls for these guidelines to be based on the 'most economically advantageous tender' (MEAT criteria), allowing the contracting authority to take account of criteria that reflect qualitative, technical and sustainable aspects of the tender submission as well as price;
25. Calls on the Member States to promote and ensure access to sexual and reproductive

rights services, including access to contraception and the right to safe abortion; calls on the Member States to consider access to contraception, including emergency contraception, and safe abortions where legally possible, as essential healthcare services to be maintained in times of crisis;

26. Deplores the fact that some Member States have failed to effectively guarantee safe and timely access to sexual and reproductive health and rights (SRHR) during the COVID-19 pandemic; reaffirms that the denial of SRHR services, including safe and legal abortion, is a form of violence against women and girls; reiterates that the rights of LGBTI persons are an integral part of working towards complete respect for SRHR; urges all Member States to analyse how their SRHR services have fared during the pandemic and to cooperate on finding best practices for the future, in the light of the example set by several countries in finding good and innovative ways to provide SRHR services, including telemedicine, online consultations and early medication abortion from home; calls on all Member States to guarantee comprehensive sexuality education, ready access for women to family planning, and the full range of reproductive and sexual health services, including modern contraceptive methods and safe and legal abortion, also in times of crisis;
27. Calls on the Commission to propose a revised mandate for the ECDC to increase its budget, staffing and competences, which would enable the ECDC inter alia to extend its competences to non-communicable diseases, to draw up mandatory guidance for Member States and to be able to coordinate laboratory research in times of health crises;
28. Calls for a stronger role for the EMA in monitoring and avoiding medicine shortages and in coordinating the design and approval of EU clinical trials in times of crisis;
29. Believes that the creation of a European equivalent to the US Biomedical Advanced Research and Development Authority should be explored, which would be responsible for the procurement and development of countermeasures against bioterrorism, chemical, nuclear and radiological threats, as well as pandemic influenza and emerging diseases;
30. Calls for the role of the European Agency for Safety and Health at Work to be strengthened to ensure that healthcare workers are not put at risk;
31. Recalls the particularly tragic impact COVID-19 has had on long-term residential facilities in Europe, which has seen the most vulnerable in society hit, with care homes accounting for more than 50 % of COVID-related deaths in some Member States; calls on the Commission and the Member States to investigate the causes of this tragic turn of events and to come up with proper legislative solutions;
32. Calls on the Commission to urgently present a new Action Plan on the EU Health Workforce that will take into account the experience of the pandemic to provide healthcare professionals with a new, adequate strategic and operational framework;
33. Calls for the EU Action Plans on antimicrobial resistance to be reinforced with legally binding measures so as to limit the use of antimicrobials to only when strictly necessary and to encourage innovation for new antibiotics;
34. Calls for the adoption of an EU vaccination card;

35. Calls for the establishment of a communication portal for the public to allow the Union to share validated information, send alerts to citizens and fight against disinformation; notes that this portal could include a wide range of information, prevention campaigns and youth education programs, and that it could also be used to promote strong immunisation coverage at European level, in cooperation with the ECDC;
36. Calls on the Commission to propose, in consultation with civil society, the creation of a European Health Data Space that fully respects the European data protection framework, in order to improve standardisation, interoperability, sharing of data and the adoption and promotion of international health data standards;
37. Calls for the adoption of an EU action plan on the transparency of health information and to combat disinformation;
38. Firmly believes in the One Health principle, which connects human health, animal health and environmental protection; believes that action against climate change, environmental degradation, biodiversity loss and unsustainable food production methods is critical in protecting humans from emerging pathogens; calls on the Commission and the Member States to reinforce the application of the One Health approach in the EU;
39. Stresses the need to prioritise prevention, which benefits both the health of citizens and national health budgets; calls on the Commission to take all necessary action to tackle health determinants such as smoking, alcohol consumption, poor nutrition, air pollution, exposure to hazardous chemicals and health inequalities in order to improve health outcomes;
40. Calls for the European Reference Networks (ERNs) to be expanded to include communicable diseases (for example through the establishment of an ERN in the field of health crisis management) and non-communicable diseases;
41. Calls on the Commission to encourage and on the Member States to make more targeted use of lower VAT rates on healthy products, such as seasonal fruit and vegetables;
42. Calls on the Commission to develop a strategy for a 'resilient Europe', consisting of a risk assessment map and options to address sound management and investment in healthcare systems and pandemic response at European level, including resilient supply chains in the EU; insists, in the context of a 'resilient Europe', on the need to strengthen European production, in order to relocate and build a powerful health industry;
43. Calls for a coordinated, collaborative and open approach in the field of research and innovation, with a stronger role for the Commission and Member States in coordinating health and epidemiological research so as to avoid duplication and drive research towards outcomes including needed medicines, vaccines, medical devices and equipment;
44. Calls on the Commission to assess the impact of intellectual property incentives on biomedical innovation in general and to explore credible and effective alternatives to exclusive protections for the financing of medical R&D, such as the numerous tools based on delinkage mechanisms;
45. Strongly welcomes the significant increase in the proposed budget for the new

EU4Health programme; stresses, however, that increases in the EU's health budget should not be limited to the upcoming MFF, but that long-term investments and commitments are needed; requests the establishment of a dedicated EU fund to strengthen hospital infrastructures and health services, subject to clear criteria;

46. Points out the fundamental role of health research, and asks for more synergies with the research carried out in the Member States, as well as for the establishment of an EU health academy network as part of a global health plan;
47. Underlines the important role of European industry in pharmaceuticals and other health-related areas; asks for a clear regulatory framework for European businesses, as well as for dedicated resources to science and health research, as a thriving and technically advanced European health industry and a competitive research community is of vital interest;
48. Welcome the Commission's commitment to present an EU Action Plan against Cancer;
49. Calls for an EU Action Plan 2021-2027 on mental health, with equal attention being paid to the biomedical and psychosocial factors of ill mental health;
50. Calls for an EU Action Plan on healthy ageing to enhance the quality of life of older people;
51. Calls for an EU Action Plan on rare and neglected diseases;
52. Calls on the Commission to present a proposal on improving the independent financing of European patient groups;
53. Calls on the Commission to propose without further delay a new Strategic Framework for Health and Safety;
54. Considers that the lessons learnt from the COVID-19 crisis should be addressed as part of the Conference on the Future of Europe, which could come forward with clear proposals on how to bolster EU health policy;
55. Emphasises the international dimension of health; considers that cooperation with third countries on the exchange of knowledge and best practices in the preparedness and response of health systems should be strengthened; calls on the EU to cooperate fully with the WHO and other international bodies to combat infectious diseases, achieve universal health coverage for all and strengthen health systems globally;
56. Instructs its President to forward this resolution to the Council and the Commission.