PUBLIC HEALTH

The Treaty on the Functioning of the European Union (TFEU) enhanced the importance of health policy by stipulating that 'a high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities' (Article 168(1) of the TFEU). Primary responsibility for health protection and, in particular, healthcare systems continues to lie with the Member States. However, the EU has an important role to play in improving public health, preventing and managing diseases, mitigating sources of danger to human health, and harmonising health strategies between Member States.

Public health policy has recently taken centre stage of European policymaking with the European Parliament making cancer one of its areas of focus early on in the 9th legislative period, the emergence of the COVID-19 pandemic, and the Commission’s announcement that it is working towards a stronger European Health Union.

LEGAL BASIS

Article 168 (protection of public health), Article 114 (single market) and Article 153 (social policy) of the Treaty on the Functioning of the European Union (TFEU).

OBJECTIVES

EU public health policy aims to:
— Protect and improve the health of EU citizens;
— Support the modernisation and digitalisation of health systems and infrastructure;
— Improve the resilience of Europe’s health systems;
— Equip EU countries to better prevent and address future pandemics.

ACHIEVEMENTS

EU health policy originated from health and safety provisions, and later developed as a result of the free movement of people and goods in the internal market, which necessitated the coordination of public health issues. Various factors, including the bovine spongiform encephalopathy (‘mad cow disease’) crisis towards the end of the twentieth century, put health and consumer protection high on the political agenda. The setting-up of specialised agencies such as the European Medicines Agency (EMA) in 1993 and the European Centre for Disease Prevention and Control (ECDC) in 2004
exemplified the EU’s increasing commitment to health policy. Public health has also benefited from actions in policy areas such as the environment and food, among many others. The establishment of the European Chemicals Agency (ECHA) in 2006 under the REACH framework for the evaluation and registration of chemical substances, and the creation of the European Food Safety Agency (EFSA) in 2002 were also indicators of the wider efforts aimed at improving the health of EU citizens.

A. Past actions and context

Despite the absence of a clear legal basis, public health policy had developed in several areas well before the TFEU was adopted. Legislation on medicines had already been introduced in 1965 to ensure high standards of research into and manufacturing of medicines, to ensure the harmonisation of national drug licencing procedures, and to introduce rules on advertising, labelling and distribution. Medical and public health research programmes date back to 1978, covering subjects such as ageing, environment- and lifestyle-related health problems, radiation risks and human genome analysis, with a special focus on major diseases. Member States also agreed to offer mutual assistance in the event of disaster or extremely serious illness: ‘mad cow disease’ offers a prominent example of such cooperation and assistance. The emergence of drug addiction, cancer and AIDS/HIV (among others) as major health issues, coupled with the constant increase in the free movement of patients and health professionals within the EU, means that public health has attained an ever more prominent position on the EU agenda.

The Maastricht Treaty of 1992, which created the European Union, introduced public health into the founding treaty. The scope was rather limited, but it did create a clear legal basis for the adoption of health policy measures. The Amsterdam Treaty of 1997 further strengthened the provisions, and while the primary competence for health matters remained with the Member States, the role of the EU became more prominent. The EU could now adopt measures aimed at ensuring (rather than simply ‘contributing to’, as before) a high level of human health protection, and Member States could cooperate in relation to any causes of danger to human health.

In 1993, the Commission published a communication on the framework for action in the field of public health, which identified eight areas for action, including health promotion, cancer, drugs and rare diseases. This was the forerunner of the later multiannual public health programmes. The evaluation of that first programme concluded that a more horizontal, interdisciplinary approach was needed in future so that EU action could produce more added value. This approach was taken on board for the design of the subsequent programmes, from the first EU Public Health Programme (2003-2008), the Health Programme (2009-2013) and the Third Health Programme (2014-2020), to the current EU4Health programme (2021–2027).

B. Recent developments

In recent years, the EU institutions have focused on three key dimensions that have direct implications for public health policies:
1. Consolidation of the institutional framework

The role of Parliament as a legislator (through codecision with the Council) has been reinforced with regard to health, the environment, food safety and consumer protection issues. The way in which the Commission launches legislative initiatives has been fine-tuned, with standardised inter-service consultation procedures, new comitology rules, and dialogue with civil society organisations and experts. Finally, the role played by the relevant agencies (the EMA, ECDC, ECHA, EFSA) has been enhanced, and the implementation of the EU health programmes entrusted to the Executive Agency for Health and Consumers (EAHC) since 2005.

2. The need to strengthen rapid response capacity

The current COVID-19 pandemic has again highlighted the need for the EU to have a rapid response capacity to enable it to react to major health threats in a coordinated manner, especially in an age in which rapid global transport makes it easier for diseases to spread. In this vein, the Commission established a new dedicated European Health Emergency Preparedness and Response Authority (HERA) in September 2021.

3. The need for improved coordination of health promotion and disease prevention

The aim is to tackle the key underlying causes of ill health related to personal lifestyles and to economic and environmental factors (pollution from pesticides, heavy metals, endocrine disruptors). This entails, among others, close coordination with other EU policy areas such as the environment, transport, agriculture and economic development. In addition, it means closer consultation with all interested parties and greater openness and transparency in decision-making. In this vein, the European Parliament put the need for a more coordinated European approach to fighting cancer on the political agenda early on in its current 9th legislative period.

C. Current issues and upcoming challenges

1. Health in all policy areas

Synergies across various policy areas allow health issues to be tackled in their wider context. The Farm to Fork Strategy will contribute to the production of not only sustainable, but also healthier food; the Zero Pollution Action Plan will create a cleaner and healthier living space; the EU4Health Programme (2021-2027), together with other funds and programmes, will help to address health issues from different viewpoints. Mitigating the impact of climate change also includes tackling the health problems brought, or exacerbated, by climate change, such as the increasing number of deaths due to heatwaves and natural disasters, and changing patterns of infection for water-borne diseases and diseases transmitted by insects, snails or other cold-blooded animals.

The Health in All Policies (HIAP) approach, codified in the TFEU and the Charter of Fundamental Rights of the European Union (the Charter), responds to the cross-sectoral nature of public health issues and aims at integrating health aspects in all relevant policies (Articles 9 and 168(1) of the TFEU; Article 35 of the Charter).

2. Disease prevention and health promotion

Cancer is the second leading cause of death in the EU. Its consequences are felt not only at the individual and family levels, but also at the level of national healthcare systems, budgets and economic productivity. In order to put this topic high onto the political agenda, Parliament set up a dedicated Special Committee on Beating Cancer (BECA). Responding to an initiative from the European Parliament, the Commission presented its Europe’s beating cancer plan, covering prevention, early diagnosis, treatment and follow-up.

Cancer has been addressed at European level through a number of initiatives. For example, there are EU-level recommendations in force about the national screening programmes for breast, cervical and colorectal cancer, but outreach to the target population, attendance of screening examinations, and follow-up on uncertain or positive results vary greatly across the Member States. The Parliament’s BECA committee is now emphasising the need to achieve more equity across the Union regarding access to cancer detection and treatment programmes.

The EU Joint Action on Mental Health and Well-being ran from 2013 to 2018, and created the European Framework for Action on Mental Health and Wellbeing. With suicide being the second main cause of death in the 15-29 age group, prevention, awareness, non-stigmatisation and access to help when it comes to depression, self-harm and suicide remain of key importance. Mental health at schools and at the workplace also requires special attention. Though the lifetime of the joint action was limited, mental health has received renewed attention in the context of the current COVID-19 pandemic.

As for communicable diseases, legislation is in force (Decision No 1082/2013/EU) that provides a framework for dealing with cross-border threats to health: the ECDC has put in place an Early Warning and Response System, and the EU Health Security Committee coordinates the response to outbreaks and epidemics. Cooperation with the UN’s World Health Organization (WHO) is pivotal in those cases, as was seen with the recent outbreak of the coronavirus pandemic (Sars-CoV-2 virus; 2019 coronavirus disease, COVID-19) in late 2019/early 2020. Many ad hoc measures were adopted under urgency procedures and can be followed on a dedicated EUR-Lex webpage, as well as on the coronavirus response webpage of the Commission. Key regulatory initiatives included:

— Regulation (EU) 2020/1043 of the European Parliament and of the Council of 15 July 2020 on the conduct of clinical trials with and supply of medicinal products for human use containing or consisting of genetically modified organisms intended to treat or prevent coronavirus disease (COVID-19);

— The Commission communications ‘EU Strategy for COVID-19 vaccines’ and ‘Preparedness for COVID-19 vaccination strategies and vaccine deployment’;

— The Council recommendation of 13 October 2020 establishing common criteria and a common framework on travel measures in response to the COVID-19 pandemic. The recommendation aims to help Member States to make decisions based on the epidemiological situation in each region;
Throughout 2020, the Commission continued to take additional action to help build increased resilience across several areas in all Member States. Measures include connecting national contact apps, broadening travel exemptions, more extensive testing and securing supplies for vaccines. The COVID-19 response package includes:

- Commission communication on additional COVID-19 response measures;
- Commission Recommendation on COVID-19 testing strategies;
- Commission Recommendation on the use of rapid antigen tests;

Under the umbrella of a communication entitled ‘Building a European Health Union: preparedness and resilience’, the Commission made proposals in November 2020 for a regulation on serious cross-border threats to health, as well as for acts extending the mandate of the EMA and the ECDC.

Drugs, alcohol and tobacco use are lifestyle factors with a serious impact on human health, and the fight against them is a major issue in public health policy. The Tobacco Product Directive (Directive 2014/40/EU; applicable from 2016) and the Tobacco Tax Directive (Council Directive 2011/64/EU) were milestones in this fight. In December 2020, the Council approved the new 2021-2025 EU Drugs Strategy. The document establishes an overarching political framework and sets out strategic priorities for EU policy on illicit drugs under three main strands: drug supply reduction, drug demand reduction and addressing drug-related harm. Efforts to revise the 2006 EU Alcohol Strategy seem to currently be stalled.

The 2014-2020 EU Action Plan on Childhood Obesity was an important step for streamlining the various measures tackling obesity. Although the mid-term evaluation showed further potential to strengthen the scheme, and the Council found that it was not sufficiently effective, it has not yet been updated.

3. Societal changes, demographic transition

Recent demographic trends have brought up further issues to be focused on in health policy. The ageing population of the EU, the demand for quality of life in old age, and the sustainability of healthcare systems all require a response. In 2020, the WHO launched the Decade of Healthy Aging, and in this context, the Commission published a green paper on ageing in January 2021.

The recent migration crises and the arrival of a large number of non-EU migrants prompted the adoption of an Action Plan on the Integration of Third-Country Nationals in 2016. The action plan addresses, inter alia, health-related disadvantages experienced by migrants, including access to health services. In 2020, the Commission put forward the European Agenda for Migration and the New Pact on Migration and Asylum, which aim to further streamline European policies in this area.

Back in 2015, Parliament called for action to reduce childhood inequalities in areas such as health, and for the introduction of a Child Guarantee in the context of an EU plan to combat child poverty. In June 2021, the Commission’s proposal for establishing a European Child Guarantee was adopted by the Council. As a next step, Member States
are expected to submit national plans to the Commission by March 2022, outlining how they will implement the Child Guarantee until 2030.

4. **Medicines**[2]


Access to affordable medicines and the tackling of medicine shortages will feature on the political agenda in the coming years, in particular in the light of Brexit. The evaluation of the legislation on medicines for children and rare diseases, and the blood, tissues and cells directives will pave the way for possible future changes. Parliament has already raised concerns about vaccine hesitancy and the dropping vaccination rates[3], and expressed its view on the European One Health Action Plan on Antimicrobial Resistance[4]; these issues will also remain pivotal in the coming years.

5. **eHealth**

Information and communication technologies improve the whole life cycle of health issues, from prevention through diagnosis to treatment, monitoring and management of health and lifestyle. The digitalisation of the healthcare sector forms part of the EU’s [digital single market strategy](https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52018IP0354) and has enormous potential; to make it work, several measures are being prepared.


6. **Cross-border healthcare**


7. **Health Technology Assessment (HTA)**

In 2018, the Commission presented a [proposal](https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52018IP0188) to strengthen EU-level cooperation among Member States for assessing health technologies. HTA assesses the added value of new or existing health technologies – medicines, medical devices and diagnostic tools, surgical procedures, as well as measures for disease prevention, diagnosis or treatment – compared with other health technologies. Parliament and the Council are expected to formally adopt it by the end of 2021.

---


ROLE OF THE EUROPEAN PARLIAMENT

Parliament has consistently promoted the establishment of a coherent public health policy. It has also actively sought to strengthen and promote health policy through numerous opinions, studies, debates, written declarations and own-initiative reports on a wide range of issues. At the start of the current legislative period, it moved into a more active agenda-setting role with its push to make beating cancer a top priority of EU health policy. In the light of the COVID-19 crisis, Parliament took an active role in promoting a coordinated European response and underlined the need to engage in far stronger cooperation in the area of health to create a European Health Union.

The Committee for Environment, Public Health, and Food Safety (ENVI) is Parliament’s main actor on health matters and is responsible for over 10% of Parliament’s total legislative activity.[5]. Several parts of the upcoming European Green Deal package will also have a direct or indirect impact on health, such as the strategy for a clean and circular economy, the zero pollution goal, the food chain sustainability goal, and the climate neutrality goal. Related legislation will be adopted with Parliament as co-legislator. Parliament also exercises its right of scrutiny by checking and possibly objecting to delegated and implementing acts proposed by the Commission in relation to previously adopted legislation.

The Health Working Group within ENVI is playing an active role in promoting exchanges between MEPs and professional experts on the most topical health issues, through the organisation of thematic workshops.

Christian Kurrer
10/2021