

5 proposals for a strong Health Union



The European response to the COVID-19 crisis has shown us an uncomfortable truth. Europe's health systems are extremely vulnerable to health crises and the Union lacked the necessary powers to better help its citizens. The fragmented efforts to combat the pandemic have made Member States collectively more vulnerable.

European citizens want more competences for the EU to deal with health problems and future crises. Multiple [polls](#) have shown that over two thirds of the citizens are in favour of more cooperation

at the Union level when it comes to healthcare. A common health policy is the [third most common answer](#) to the question of what would be most helpful for Europe's future.

The Conference on the Future of Europe offers us the opportunity to build a solid Health Union that can respond to the challenges that face us and to the demands of the citizens. Below are my 5 proposals that can stand at the core of healthcare cooperation across the EU.

I. Minimum quality standards for healthcare across the EU

What is the problem?

Although we developed a common internal market and European citizens can work and live freely within the EU, they do not enjoy the same access to healthcare, as there is a big gap in this field among Member States.

In 2017, more than [1 million people in the EU](#) died prematurely from diseases and injuries that could potentially have been avoided through more effective public health policies or healthcare. Out of these deaths, slightly more than one-third (372 000 or about 36%) were considered treatable through more effective and timely healthcare interventions.

Mortality rates from treatable causes was about [three times lower](#) in some Western and Northern European countries like France, the Netherlands, Spain, Sweden and Italy than in Central and Eastern European countries such as Romania, Latvia, Bulgaria and Lithuania.

What am I proposing?

The introduction of minimum quality standards of healthcare could be the first step in ensuring equal access to adequate medical treatment for all European citizens, no matter where they happen to live, work or where they travel in Europe and find themselves in need of medical help.

This could entail the introduction of a set of common criteria to be established through EU

Moreover, in the European Union, inequalities in healthcare are [estimated](#) to cost € 980 billion per year, or 9.4 percent of European GDP. A 50% reduction of gaps in life expectancy would provide significant benefits to all Member States.

Minimum standards in healthcare across the EU have been requested by citizens and NGOs alike on the Digital Platform of the Conference as well as in the Citizens Panels. One of the [ideas](#) that asks for minimum standards is among the most endorsed in the Health section of the Digital Platform. What is more, patients associations have asked for a long time now for [basic standards](#) in various medical services across the EU.

legislation that could be reported from Member States to the European Commission on a regular basis. Using the framework of the European Semester, recommendations and requirements in improving the quality of healthcare could be made available for all Member States. Recommendations should be followed by substantial resources allocation from the budget of the EU, to help Member States improve their healthcare systems.

II. Essential medicines list at the EU level and supply guarantees

What is the problem?

Medicines shortages, affecting both essential life-saving and common-use medicines, have been a [growing problem in the EU](#) in recent years, with an acute prevalence in the [Member States located in Eastern Europe](#). The risk of disruption in the supply of medicines to patients has become particularly high amid the coronavirus pandemic.

The impact of medicine shortages is felt by several groups of people—primarily patients, but also medical workers or pharmacists — who are personally impacted in their health or their day-to-day work. [Patient outcomes are most impacted as a result of medicine shortages](#). For medicines with no therapeutic alternative, shortages can result in prolonged hospital stays, delays and cancellations of medical procedures, ineffective treatment and increases in the incidence of adverse events.

The EU has promised to ensure access to affordable medicines for patients, address unmet medical needs, enhance diversified and secure supply chain and address medicines shortages through the Pharmaceutical Strategy for Europe of the European Commission, adopted in 2020. However, not a lot was done since the adoption of the strategy to tackle the above concerns.

Access to essential medicines is a concern for European citizens, and it became acute especially during the pandemic. This concern translated into proposals on the Digital Platform that ask for the EU to make [common acquisitions](#), [stockpiles](#) of medicines and medical products as well as ensuring essential medicines are [produced](#) in Europe and also [fairly distributed](#) across the Union.



What am I proposing?

One important step in ensuring access to life saving medicines for all European citizens should be the adoption of a EU List of Essential Medicines.

At present such a list does not exist at the EU level. However, the WHO has a list of essential medicines for Europe. Moreover, some Member States have their own list of essential medicines.

The EU, through its European Medicines Agency, should prepare such a list and use it as a baseline to guarantee the availability of these medicines for all citizens through:

- joint price negotiations;
- common acquisitions;
- building stockpiles for emergencies;
- creating an European mechanism to monitor the availability of essential medicines
- ensuring that the production of essential medicines is done as much as possible in the European Union.

The Union proved, through the acquisition of COVID-19 vaccines, that it has the means and the negotiating power to provide access to a high-demand pharmaceutical product. We should use this asset for other drugs as well in order to ensure that no citizen in the EU lacks access to essential medicines.

Moreover, an important focus of the [industrial strategy of the European Union](#) should be on the pharmaceutical industry, that, as many citizens are asking, should produce as many of the essential medicines as possible in Europe. The EU strategic autonomy concept should also translate to the health sector.

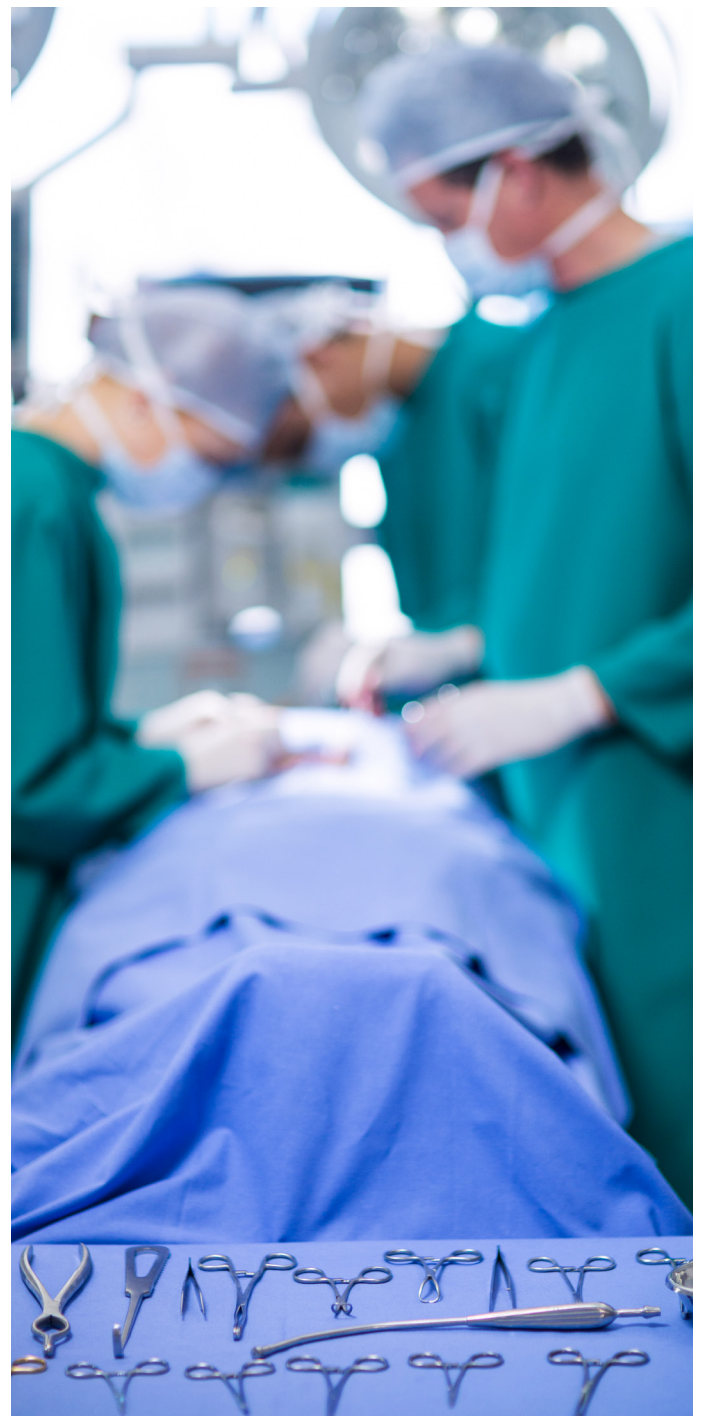


III. Building an EU network for organ transplants and for highly specialized treatments

What is the problem?

Currently, the EU does not have any cooperation mechanism on transplantation or organ donations, although the benefits of pooling resources in this domain have been proven. Cooperation in this area has been limited to regional networks, outside the EU framework, while many Member States are left out. It still happens that EU citizens can not get the treatment they need to survive because the Member State they were born in does not belong to any of the regional networks.

This is also true for other highly specialized treatments, such as the treatment of patients with severe burns. Many health systems in the EU have difficulties in dealing with such treatments and often patients' outcomes are affected by the lack of quality treatment.



The need to improve care for patients that need transplants is present on the Digital Platform of the Conference. Citizens are asking for a European unified transplantation system and the possibility for European patients to choose among the transplant centres where they want to receive transplant care.

What am I proposing?

Cross-border cooperation at the European level could save lives by offering every European citizen the chance to benefit from treatment for rare medical conditions such as the need of organ transplantation, treatment for severe burns or rare diseases.

It has been proven that cross-border agreements enabled some countries to become more specialised and efficient in specific procedures (for instance, lung transplants in Austria, severe burns in Belgium etc) thus making it easy for other countries to benefit from that expertise and redirect resources to other procedures which could benefit all.

European Reference Networks (ERNs) are virtual networks involving healthcare providers

across Europe. They aim to facilitate discussion on complex or rare diseases and conditions that require highly specialised treatment.

24 ERNs are working now on a range of thematic issues including bone disorders, childhood cancer and immunodeficiency. **However, there is no ERN on organ transplantation or on the treatment of severe burns.** These thematic issues should be added to the list of ERNs.

On top of this, ERNs should be better financed through the EU budget and should constitute the basis for the development of networks of medical care for highly specialized treatments.



IV. An EU action plan for rare diseases

What is the problem?

Rare diseases are characterised by a wide diversity of symptoms and signs that vary not only from disease to disease but also from patient to patient suffering from the same disease.

Rare diseases currently affect 3.5% - 5.9% of the worldwide population and an estimated [30 million people in Europe](#). 70% of rare diseases affect children, and as 72% of rare diseases are genetic they also affect future generations.

These diseases are often debilitating, frequently result in premature death, and have a huge impact on daily life. People living with a rare disease also report their experience of care as worse than those living with other chronic diseases.

There is currently [no overarching strategy](#) for rare diseases at the European level. The nature of rare diseases - affecting fewer than 1 in 2000 people, and with over 6000 different diseases in existence - means that for the best possible treatment research experts across Europe need to collaborate.

The only EU action on Rare diseases was a [2009 Council Recommendation](#) that was the basis for the set up of National Plans and Strategies on Rare Disease across 23 countries in Europe.

As a [survey](#) of nearly 4000 people living with a rare disease showed, this is no longer enough, more action has to be taken at the EU level. Over 79% of respondents said that they did not expect to be cured of their rare disease within the next decade. On the other hand, more than 80% of them agreed that improving coordination of healthcare could be a solution for their predicament.

Proposals for swift EU action regarding rare diseases made their way to the Digital Platform, where citizens ask for an [European Hospital for Rare Diseases](#). Common European action is also seen as a solution by the biggest rare diseases patient association, [EURORDIS](#).

What am I proposing?

To ensure that no European citizen with a rare disease is left behind we need a EU Action Plan for Rare Diseases. We should pool resources at the EU level in order to ensure that diagnosis and treatment is available for the wide range of rare diseases.

A common plan will align Member States towards the same measurable goals to ultimately improve survival, quality of life and social inclusion for patients that most often suffer without being diagnosed.



V. Launching European health plans for cardiovascular disease and mental health, based on the Eu cancer plan model

As we move toward an EU competence on health, it is important to show ambition and tackle health problems that most affect the life of European citizens. Creating action plans similar to Europe's Beating Cancer Plan for other diseases such as cardiovascular or mental health problems will show citizens that Europe is putting citizens' health on top of its priorities for a post pandemic world.

1. Cardiovascular diseases

What is the problem?

Cardiovascular diseases represent the main cause of mortality in nearly all EU member states, accounting for approximately [37% of all deaths across EU countries in 2017, about 1.7 million deaths](#). We also see a big gap in mortality rates between countries. For example, for stroke mortality, the rates are around three to four times higher than the EU average in Bulgaria, Romania and Latvia. This has major economic costs as well as human costs for the EU. The cost of circulatory diseases to the EU economy was estimated at 210 billion euros in 2015.

Because of the scale of the disease and the many risk factors and lifestyle determinants,

cardiovascular disease is best described as a societal disease. As such, effective regulation and population-wide interventions are necessary to prevent it. Improvements in cardiovascular patients' care and treatment are also needed.

[Multiple organisations in Europe](#) are asking [for the EU to take bold and urgent action](#) to address the burden of cardiovascular diseases, especially in the context of the deadly link between COVID-19 and cardiovascular diseases. Furthermore, in the context of an increased EU competence on health, tackling a disease that takes the lives of so many European citizens is an issue that we need to address directly.

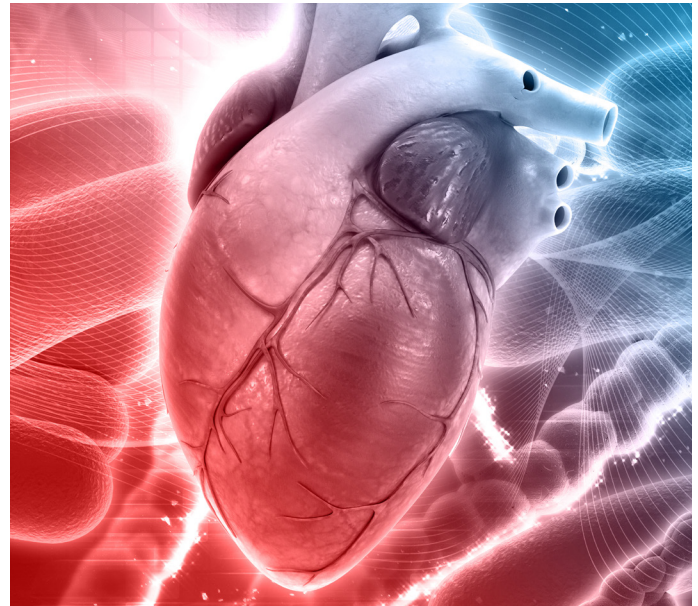


What am I proposing?

Based on the model of Europe's Beating Cancer Plan, the EU should create a plan dedicated to fighting cardiovascular disease

It can be structured around four key action areas:

- Prioritizing prevention of avoidable cardiovascular diseases
- Supporting research
- Improving diagnosis and treatment
- Improving quality of life of patients with cardiovascular diseases



2. Mental Health Issues

What is the problem?

The Covid-19 crisis has significantly impacted mental health problems across the EU. Especially among young people, anxiety and depression has risen dramatically. The worsening of mental health can be attributed to disruptions to mental health services, the wide-ranging impacts of school closures, and a labour market crisis that is disproportionately affecting young people.

The burden of mental disorders is linked to the high prevalence of mental health problems, which in the majority of cases onset early in life. Unfortunately, about [half the people with mental health problems do not receive evidence based treatments.](#)

The overall financial costs of mental disorders, including direct medical as well as indirect costs through care and lost productivity, are estimated to more than 450 billion euros per year in the EU.

Mental health has become a concern for more and more citizens in the EU. In the Digital Platform there are several proposals to [safeguard mental health at the EU level by making promotion campaigns for mental health care services](#) and dealing with burnout, stress and depression with a [EU wide-strategy.](#)





What am I proposing?

The European Union needs to tackle mental health problems directly. It needs to show ambition and improve access to mental health services for all its citizens, with a special focus on young people, given their increased vulnerability.

The EU needs to create an EU Action Plan dedicated to improving the mental health of citizens through which it can support Member States in improving mental health services. Furthermore, what we need to do is to have a “Mental Health in All Policies”

approach that promotes population mental health and wellbeing by initiating and facilitating action within different non-health public policy areas. “Mental Health in All Policies” emphasises the impacts of public policies on mental health determinants, strives to reduce mental health inequalities, aims to highlight the opportunities offered by mental health to different policy areas, and reinforces the accountability of policy-makers for mental health impact.

