

CoR INTERREGIONAL GROUP ON HEALTH & WELL-BEING

“Towards a European Health Union: the contribution of the European Committee of the Regions. State of the art and future perspective”

Thursday 26 November

Minutes

14:30 Welcome and introduction by the Chair, Birgitta Sacrédeus

The chair, Mrs Birgitta Sacrédeus welcomed all the participants and stated that the meeting will focus on the EU Health Union. The European Committee of the Regions will discuss how we can work towards this health union and how we can bring together different perspectives.

14:35 Opening by Mr Batey, EUREGHA Chair

Mrs Sacrédeus gave the floor to **Mr Batey**, who is the chair of EUREGHA and acted as moderator during the meeting. **Mr Batey** underlined that the meeting is an opportunity to bring the members of the CoR and a variety of rapporteurs together. He noted that the speakers should mute themselves and questions can be asked in the chat.

14:40 Formal welcome by Birgitta Sacrédeus, Chair of the Interregional Group on Health and Wellbeing

Mrs Sacrédeus mentioned that the Committee of the Regions and the European Parliament are taking crucial steps towards a stronger health union and that the afternoon will be a moment for rapporteurs to discuss their opinions.

Mr Batey then explained the set-up of the discussion with the rapporteurs.

1. Introduction rapporteurs: moderated by Nick Batey

*Nicolas Lété (Political Advisor PES Group CoR) on behalf of Rapporteur
Nathalie Sarrabezolles (FR/PES) on the EU4Health Opinion*

Mr Lété explained that he is happy to be part of the debate and highlighted that **Mrs Sarrabezolles**, who could not attend the meeting, is underlining the need to bring together all sorts of perspectives and use the outcomes of the meeting for future work. He said that on Monday 23 November, the

NAT Commission appointed three new rapporteurs on the European Health Union, the mandate of the health agency and the regulation on cross border health threats. **Mrs Sarrabezolles'** opinion aims to reinforce the Pillar on Social Rights and the reduction of health inequalities. The pandemic has demonstrated that inequalities are growing and Europe should collaborate to tackle them. Therefore, **Mrs Sarrabezolles** welcomes the increased budget for the EU4Health program, which seems to go into the right direction after the most recent agreement on the Multi-annual Financial Framework. According to **Mrs Sarrabezolles**, we need to improve the overall coordination at the EU level; contribute to the resilience of health systems in the long-term; intervene in health prevention; finance stress tests to assess the progress made by all different health systems; coordinate efforts in case of other pandemics and reinforce the role of regional and local authorities in the governance of health systems. He highlighted that regions -due to their experience on the ground- have an important role to play in defining the actual bottlenecks.

Mr Lété notified the group that he cannot join for the rest of the meeting but that both he and **Mrs Sarrabezolles** are welcoming feedback and input via email.

Mr Batey asked to **mr Geblewicz** to take the floor.

- *Mr Geblewicz on "Cross-border health Threats/New mandate for ECDC"*

Mr Geblewicz highlighted that he was appointed on Monday 23 November as the rapporteur for the Opinion on "Cross-border health threat/establishing a new mandate for ECDC". He mentioned that even though he and his team are at the very beginning of the preparation of the opinion, that he is happy to hear more about the position of the other CoR members. His first remark was that his region (the West Pomeranian Region in Poland) is located next to several borders and therefore has close cooperation with other regions and countries. The COVID-19 pandemic has shown that not all existing mechanisms are working properly and that a comprehensive plan for a European Health Union, as announced by Commission president Ursula von der Leyen, is essential and beneficial. He applauds the State of the Union address and mentioned that he is delighted to see that healthcare is raised to the top of the political agenda. Moreover, he said that the pandemic highlighted the importance of the European Centre for Disease Prevention and Control (ECDC) and that it is crucial now to further develop their abilities. Therefore, he welcomes the Commission proposal to reinforce the mandate of the ECDC. He referred to previous work on cross-border threats to health from 2013 and said that the current funding regulations need to be amended to ensure consistency with other instruments and regulations. Even though **Mr Geblewicz** said he still needs to carefully analyze the proposal, it is clear to him that it is necessary to

involve regional and local authorities in reviewing and updating their policies and work. It is furthermore clear that citizens from both sides of borders need to be safe and healthy with similar resources and means. During the current pandemic, weaknesses were exposed, such as a lack of solidarity and communication. Therefore, we need to coordinate services by, for instance, establishing national and international working groups. He said that we need to reinforce existing tools and we need to underline the crucial role of local authorities throughout this process.

Mr Geblewicz ended his intervention by highlighting the strength of the different backgrounds and perspectives of the members and said he is looking forward to hearing more suggestions and further email contacts.

Mr Batey then gave the floor to **Mrs Sacrédeus**

- *Mrs Sacrédeus on “EU Health Emergency Mechanism” and “Pharmaceutical strategy/new mandate EMA”*

Mrs Sacrédeus, chair of the Interregional Group on Health and Wellbeing, explained more about her existing opinion (European Health Emergency Mechanism). She mentioned that in March and April, the pandemic was challenging as there was barely any knowledge about the virus and we did not have sufficient protection materials or coordination across Europe. Slowly, we learned more about the disease and about the importance of having well-trained staff and a consistent and robust response to the virus. These issues made the EU Member States realize that there is a strong link between health and wealth. **Mrs Sacrédeus** said that the CoR worked on a paper in April. Taking into consideration that paper and all the developments that happened after, it seems that most aspects that were highlighted in this work were used for. This means that many steps have been taken in the right direction towards more cooperation and support.

Mrs Sacrédeus mentioned that she will soon start working on an opinion on the new pharmaceutical strategy and a stronger mandate of the EMA. She said that the issues around the vaccine show why joint procurement is important. Another concrete and fruitful example of EU coordination is the RescEU programme. She said that the supply chain can be improved, and that stock-piling is important, but that for this, we can not be dependent on a third country. In the future, we must think more about people’s mental health and rehabilitation. In 20 of the 27 countries, there are health responsibilities on a regional and local level, this shows that regions have a big impact and

much can be done on this level. It is also important to work together with the WHO on des-information.

Mrs Sacrédeus announced that in her new opinion, she will work on the topic of more sustainable and affordable medicines, to help individuals with, for instance, non-communicable diseases and cancer. She closed her intervention by stating that the opinion will also take into account the challenge of anti-microbial resistance (AMR).

Mr Batey then introduce the next speaker **Mr Uno Petersen**.

- *Mr Uno Petersen on “Cross-border healthcare”*

Mr Uno Petersen said that the “cross-border healthcare” opinion has in fact been a basis for the new “European Health Union” proposal. He made a strong focal point for further cooperation on cross-border healthcare to strengthen the European Health Union. He said that it is important to make a distinction between healthcare in “normal” times and healthcare during the pandemic, as it requires a different approach. During health emergencies, strong mechanisms need to be put in place which make it possible to quickly share data, enable joint procurement and build common stocks for medicine and protection materials. During “normal times”, we need to think with a patient-focused mindset and decisions need to be taken together with patients.

Mr Uno Petersen declared that in the stress-test of healthcare systems, mentioned by the European Commission, efficiency in the healthcare systems is related to the number of deaths. For him, it is more about the efficient organization and flexibility, which can be different from country to country. He said that his opinion is in line with the opinions on healthcare in times of crises, but it is important to deal with healthcare on a national level.

Mr Batey gave the floor to **Mrs Schauliege**.

- *Mrs Schauliege on “lessons learned because of the COVID-19 pandemic”*

Mrs Schauliege took the floor and said that health is an important topic and a debate is necessary. She said that the European Commission has requested a core outlook opinion on the lessons learned from the COVID-19 crisis, in which it welcomes lessons drawn from rural areas. The Core 2020 Barometer from regions and cities already provides detailed evidence of the impact of COVID-19 locally and regionally. Building upon this useful work, the outlook opinion can focus more

specifically. It became clear that common strategies, better coordination with key players, and a continued transnational cross-border cooperation would have enabled a more effective response to the crisis. The core declaration on COVID-19 has highlighted the need for a coordinated and consolidated response to the crisis rather than relying on national answers only. The opinion has intended to be broad in scope and that is why all core commissions are officially invited to provide inputs. It is also a chance to involve networks and a wide range of stakeholders outside the core, including national associations and networks of cities and rural areas. The opinion can provide a picture of the reality on the ground and can offer feedback on a EU level and national levels on the needs and challenges to better manage the current crises and future pandemics. The recovery should be based on levels learned of all levels of governance. The outlook should be specific and health is one of the policy areas, being a key area of response. One of the questions for the debate put forward in her document, is the field of public health at a local and regional level. She said she is in contact with the European Commission and the expert group on investing in health, who are keen to contribute. She furthermore works together with the research centre of the Commission, and together they work on regional, local, and sub-municipal data of COVID-19 and also response-measures. She is furthermore consulting other networks and regional associations and relies on evidence provided by studies on regional health responses on the COVID-19 crisis, published in October. The opinion aims to complement opinions brought forward over the previous months.

- **Mr Ciambetti** on *“European Health Union”*

In his intervention, **Mr Ciambetti** mentioned that there is no wealth without health. **Mr Ciambetti** thinks that healthcare protection for all the European citizens is one of the biggest achievement of the EU so far. What is fundamental for **Mr Ciambetti** in the creation of a strong and resilient EU Health Union is cooperation among member states and among local realities inside each member state. Sharing of information and best practices is mandatory to create a EU Health Union that will be truly able to prevent and tackle future health crisis. **Mr Ciambetti** also stressed the key role of regional and local health authorities during the COVID-19 crisis.

15:35 Open dialogue with the CoR members

Mr Batey thanked the speakers and highlighted that now is the time for the members of the Committee of the Regions to ask questions. He asked how we can ensure the sustainability of welfare state healthcare mechanisms.

Mrs Sacrédeus answered that the civil society helps a lot (e.g. neighbours, churches and clubs) to manage the crisis and have a robust healthcare system. She said that the key issue is the question of subsidiarity and how much we should do at EU level. According to **Mrs Sacrédeus**, things that happen in the every day life should be managed on a local level, but when there is added value for EU action and we thereby support smaller countries, it must be done at EU level. Procurement and competitive research, for instance, should be taken upon on European level. On EU level, we can also share examples and best practices related to healthcare.

Mr Batey then said there has been a change in how civil society has responded to the crisis, and even though some of those transformations are only meant for crisis management, some of them are actually bringing long-term solutions. One of the risks flagged is the risk of going back to the old situation. He asked how we can learn from the experiences and keep up?

Mrs Uno Petersen said that welfare depends on many aspects and most of all it is prevention that is the key for healthcare systems in Europe. This is because the inequalities are growing in Europe, and therefore we have to find out how we can fight against inequalities. To do this, we need to look at children of 0-2 years, who are the foundation of the future of healthcare. Prevention is needed on an early age and we need to build upon welfare. He furthermore said that during the first wave there was a strict lock-down in Denmark. During this time people thought it was necessary and followed it. Now, during the second wave, it is more difficult and there is more pressure on politicians.

Mrs Sacrédeus said that digital knowledge has improved enormously. This helps the sustainability of the environment. Moreover, in the Swedish perspective, digital knowledge has helped the healthcare system. There are, for instance, more digital meetings and people are more cautious about their health. Therefore, we won't go back to the old ties.

Mr Batey asked whether there is a competence-dilemma and whether Member States and Regions are ready to cooperate. **Mrs Sacrédeus** said that she thinks that it is very important to acknowledge the competences and that when there is not a clear distinctions there will be mistakes. It is important that every entity and level knows what to do, and a good collaboration is necessary. **Mr Ciambetti** said that prevention is fundamental and that it is through prevention that we educate people to manage ones health best, and how to face emergencies. Competences must be clear, because in moments of emergency there can be no uncertainty. Legislation must be clear. The possibility of cooperation

remains between the regions, but it must be clear who is doing what. What happened during the last months should lead to re-programming of the healthcare systems and should help us to re-consider prioritization. In Veneto, the healthcare systems were always good but, he said that, now is the time to transform our work by putting together best practices. He mentioned that the work done over the next months hopefully will be useful to transform their health systems.

Mrs Uno Petersen said that the readiness to work together during a crisis was high throughout the initial crisis. But in Denmark, for instance, there are mixed feelings when people think about the EU and an increased power for the institutions (both positive and negative). He acknowledged that some people raised the question whether the Danish government would have managed the crisis better without the EU. We should work together and share data as much as possible.

Mr Batey asked whether there would be any added value to have ECDC audits or benchmarking at a regional and local level and whether that would help to get a better understanding of the current situation. **Mr Uno Petersen** said that in a new opinion, the CoR emphasizes to strengthen the ECDC to make a common approach to pandemic situations. **Mrs Sacrédeus** added that data collection is important and the ECDC should therefore have more resources and be able to guide this process better. **Mrs Schavliege** said that in a presentation of the Joint Research Centre of the Commission it became clear that more data (on healthcare) can be very useful, as it can shed a light on the outcomes of different measures taken on various governmental levels.

Mr Batey then noted that in many models health service delivery competences operate at a regional or sub-national level. He asked the speakers whether they see that there is a shift in how service delivery takes place. **Mr Ciambetti** said that healthcare is a regional competence in Italy and that the state has competences for the coordination and high-level programming, but that other decisions are made at a regional level. He thinks that it is correct that the regions are responsible for the competences which need to be operated close to the need of the citizens, as regional authorities can have a direct dialogue with the citizens about what they desire. This has been particularly useful during the previous months e.g. the set-up of emergency units that did not exist before or the development of therapeutic programs that were very successful. According to **Mr Ciambetti**, some competences should remain at local level and we should instead at European level make use of data and share best practices. He agreed with **Mrs Sacrédeus** that we should arrange large measures (such as the procurement of vaccines) on European level to arrange good conditions for all European Member States.

Mr Batey asked whether there are any additional questions. **Mrs Schauvliege** highlighted that she needs inputs for the outlook opinion and asks what is necessary to ensure cross-border solidarity. She referred to the help of Germany to Belgium during the heat of the crisis: what does Europe need to make the solidarity more evident? Mr Batey invited Mr Uno Petersen to answer this question. **Mr Uno Petersen** said that he made a clear distinction between crisis and a normal situation. He said that under the crisis period, broad cooperation is necessary. COVID-19 learned us that we must prepare already for the next crisis, and we should, therefore, give the ECDC more power and make more cooperation possible to share practices and data. He stressed that in a normal situation, we don't use the possibility of cross-border healthcare enough. **Mrs Sacrédeus** said that she doesn't have the answer but that, indeed, we need to prepare ourselves for next crises by making sure there is enough stockpiling and a sufficient delivery-chain, managed in and from Europe.

Mr Batey read out a question on how we can actually use structural funds. **Mr Uno Petersen** said that we use the structural funds to build innovation at all levels. He said that we can use more structural funds. **Mrs Sacrédeus** said that structural funds are being used in the digital and green agenda. We can use the digital solutions also in the health area.

16:00 Closure of meeting

Mr Batey concluded by saying that the division of competences is an important debate, which needs to take place. He said that all European regions and countries had issues during these difficult times, which shows that we indeed need a coherent, and conceivably, a European response. We have heard about the supply chain and supply chain resilience which could possibly benefit economic growth within Europe. He said that we also need to think of challenges in terms of moving forward and the impact of mental health. Moreover, it was seen that health is priceless and that health is wealth. It was highlighted that health inequalities are important and that there is a need to transform the healthcare systems. He invited the members to take a look at the EUREGHA website and highlighted that information will be shared about the next meeting and all questions can be asked to the secretariat.

He thanked the speakers and the participants.