

# HEALTH POLICY AND THE EP ELECTIONS 2024

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As the current term of the European Parliament and the Commission is ending, after an exceptionally crisis-ridden five-year period, it is time to take stock and gaze forward towards the upcoming political cycle. While the 2019-2024 term has implied significant leaps for the EU's role in health against the backdrop of the Covid-19 pandemic - including immediate action such as advance purchase agreements of vaccines and medical equipment, but also reforms for a strengthened so-called European Health Union - many questions remain for the next institutional cycle.

As the lessons from the pandemic risk to fade with time, setting out the directions of EU health policy for the next political cycle will be crucial. As argued by think tanks and experts, this applies not least to the recognition of interlinkages with other policy areas such as security and strategic autonomy, climate, and environmental policy as well as research, digitalisation, trade and last and not least the EU's global role.

What has been achieved and where do we stand, four years after Covid-19 first hit the European continent? After the EU's initial problems and the joint management of the crisis that then followed, a series of initiatives were also taken to strengthen the EU's role in

health policy. The rationale was that the pandemic had exposed inequities between and within member states, shortages of essential medicines and equipment as well as general lack of preparedness and coordination at EU level in face of a virus that transcended borders. According to the Commission, the pandemic showed the importance of coordination also in normal times, to address underlying public health problems and vulnerabilities in European health systems - the justification for a so-called European Health Union was thus broader than just preparedness and response to future health threats.

Some legal proposals under this umbrella however were more directly related to the experience of the pandemic. As an example, the role of the European Medicines Agency (EMA) has now been boosted, and with a mandate that includes the tasks to monitor the availability of critical medical products. The same goes for the previously rather weak European Centre for Disease Prevention and Control (ECDC), which now has a clearer mandate and will be able both to issue recommendations and assist member states with a Task Force in the event of an outbreak. In addition, a new EU Agency for Health Emergency Preparedness and

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Response, HERA, has been established. The latter will work to finance and coordinate the development and procurement of medical countermeasures such as vaccines. In financial terms, the EU's health program has also received a substantial increase of almost ten times its previous budget.

Other reforms derived only indirectly or not at all from the experiences of the pandemic, such as that of the European Health Data Space (EHDS) meant to promote the sharing of health data and interoperability, revisions of the EU's pharmaceutical legislation as well as a much-praised EU Action Plan on Cancer that had been promised by Ursula von der Leyen already at the start of her tenure<sup>(1)</sup>. Some of the pharmaceutical files and the EHDS proposal are still under negotiation and may have to be handled by the next legislature.

Also on in its external relations, the EU's role external role has grown since the pandemic, well beyond its traditional role in health-related development cooperation. With the recent adoption of Council conclusions on the EU's new global health strategy<sup>(2)</sup>, the next Commission will have a key role in implementing this ambitious agenda which is not without tensions given its strong stance

on both values and multilateralism as well as strategic interests of the EU. The over-all ambition to forge strategic partnerships is likely to be a key priority, to secure access to health-related products and medicines as well as global goodwill in general. Strengthening health care capacities around the world is one of the five focus areas of the EU Global Gateway strategy.

Will these issues and the future of health policy more generally feature in the EP election campaign and the priorities of the next Commission? To start with, while citizens often rate health policy as an area where they would like to see more Europe - during the Conference on the Future of Europe, citizens called for health and healthcare to be included among the shared competencies between the EU and member states - it is unlikely that health policy will feature greatly in the electoral campaigns. Issues including security and the war in Ukraine, the cost-of-living, migration as ►

(1) A European Union of Health (europa.eu)

(2) EU Global Health Strategy:  
Council approves conclusions - Consilium (europa.eu)

► well as climate change, are now arguably of much greater salience for both citizens and politicians.

Still, the outcome of the elections will surely matter for EU health policy. The EP's role so far has generally been that of a keen supporter of deeper European integration in general and policies such as consumer rights, health, and environmental protection in particular. Already in July 2020, the EP called upon 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"<sup>(3)</sup>. This pro-integration stance may change in the next legislature, as coalitions of the three centrist groups may no longer easily dominate decision making in the EP.<sup>(4)</sup>

What exactly the forecasted strengthened role of the radical right-wing parties in the EP might mean for the EU's role in health policy, however, is not very clear. While transfer of competences is sensitive and anyways the remit of the member states, much of what the EU does in health is supporting and complementing the action of the member states, and this is still perceived as uncontentious. As an

example, conservative MEPs from European Conservatives and Reformists (ECR) Party have supported the EU's initiatives on non-communicable diseases and the extension of the ECDC mandate, including as rapporteurs. As for the European People's Party (EPP), the leadership seems more occupied to stop what is referred to as "over-regulation" related to the EU's Green Deal and with issues such as security and migration. When health protection comes though regulation affecting farmers or the private sector, such as regulation of pesticides or the shelved revision of the REACH regulation on chemical safety however, we might not expect favorable alliances in the next legislature.

Apart from the alliances that are possible in the new EP, another aspect to be seen is in which areas the EP party groups will push the new president of the European Commission. Without engaging in overspeculation, there is probably a greater likelihood of continuity for EU health policy if Ursula von der Leyen is allowed a second term by the member states. A medical doctor by training and known for her strong leadership during the pandemic, as well as her (by now unrealistic) statements in favour of making health a shared EU and member state competence, she may want to defend the health portfolio against unfavorable splits and to propose a fairly ambitious mission letter to the new Commissioner in charge. Following the repercussions of the pandemic, the position may now seem more attractive now than it used to - generally the portfolio has been held by smaller member states like Malta, Lithuania and right now Cyprus. Aspects related to preparedness, strategic autonomy when it comes to supply chains and the EU's external role also gives the portfolio a somewhat more geopolitical importance this time around.

Others that will want to have a say over the new Commission's political line on health are the civil servants, who will of course pass on their recommendations to their new political masters. After a period of a lot of legislative proposals, one might now rather expect focus on policy integration in other areas. One such example could be a push for more focus on the interlinkages between animal, human and environmental health (One Health perspectives) as well as intersections between health and climate change. Such a "greening"

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of the European Health Union was also something supported by citizens in the Conference on the Future of Europe and has been highlighted as a desirable next step by policy experts and think tanks<sup>(5)</sup>. The EPC has gone as far recommending a “planetary health approach across all levels of governance to encourage transdisciplinary action” and suggested the appointment of a “Vice President for the Well-being Economy”, ensuring coordination towards a more holistic approach, compliant with the Treaty provision that requires a high level of health protection in all of the EU’s activities and policies. Whether these ideas will fly remains to be seen.

To sum up, 2024 promises to be an interesting year for European democracy and policy making, also when it comes to health. Ultimately, public debates about the future direction of the Union, possibly facing a new historic enlargement and related institutional and policy choices in the near future, can hopefully contribute to higher voter turnout and ultimately, democratic legitimacy of the Union. ■

(3) 21. European Parliament Resolution of 10 July 2020 on the EU’s Public Health Strategy Post-COVID-19 (2020/2691(RSP)) [(accessed on 22 June 2021)]. Available online: [https://www.europarl.europa.eu/doceo/document/TA-9-2020-0205\\_EN.html](https://www.europarl.europa.eu/doceo/document/TA-9-2020-0205_EN.html)

(4) Protected: A sharp right turn: A forecast for the 2024 European Parliament elections (ecfr.eu)

(5) Planetary\_Health\_DP\_\_\_CERV.pdf (epc.eu)