



## European Health Union a step closer

An expanded ECDC mandate and new laws on cross-border threats aim to bring greater cohesion to European health. Ferry Biedermann reports.

The European Commission has said that it has now put in place all the building blocks for the first pillar of its European Health Union project. On Oct 4, the European Parliament approved an extended mandate for the European Centre for Disease Prevention and Control (ECDC), as well as a new law on cross-border threats to health. The ECDC, along with the European Medicines Agency and the recently established Health Emergency Preparedness and Response Authority, means to put into practice lessons learned from the COVID-19 pandemic.

“As far as the first pillar is concerned, all the building blocks have now been adopted or are in the last stages”, a Commission spokesman for health told *The Lancet*. Work on the two additional pillars underpinning the European Health Union—the fight against cancer and a pharmaceuticals strategy—was ongoing, he said. Another central element of the Health Union is the European Health Data Space, which will facilitate exchange of health data and digital health services.

The Commission launched the European Health Union project in 2020 as part of the response to the COVID-19 pandemic. Countering cross-border health threats has been the priority so far. The agreed new legislation, awaiting formal approval by member states, will allow the ECDC to issue recommendations to EU members regarding preparedness for health threats, to build a network of EU reference laboratories, and to establish an EU Health Task Force for rapid health interventions in the event of a major outbreak.

Since the Commission proposed the idea, many European health-care representatives, patient associations, and non-governmental organisations

have called for a more holistic approach to health in the EU that goes beyond emergency response and addresses health inequalities. With the EU’s legislation on crisis preparedness and response now finalised, many people agree that it is positive but there has

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also been talk of a “missed opportunity”.

Martin McKee, Professor of European Public Health at The London School of Hygiene & Tropical Medicine, was upbeat. “It is reassuring to see many of the ideas advocated by the Pan-European Commission on Health and Sustainable Development being included in the regulation on serious cross-border threats to health. These include an emphasis on biodiversity, One Health, inequalities, and standardised data definitions.” But he cautioned that these ideas now have to be put into practice.

One of those who worked hard to broaden the scope of the legislation was Véronique Trillet-Lenoir, oncologist, Liberal Member of the European Parliament, and rapporteur for the European Parliament on cross-border health. “It has been a long and tough negotiation, but in the end we have succeeded to upgrade the legislation and have enhanced preparedness for any future crises, which will be united, coordinated, and, this is the field of the ECDC, independent and sustainable”, she told *The Lancet*.

In particular, the joint pharmaceuticals purchasing framework during emergencies had been hard to secure. Member states were reluctant to agree to an exclusivity clause that would stop

them from conducting “concomitant, parallel negotiations” with the same firm, she said. “They thought it could reduce their prerogatives and we had to convince them that, during the crisis, solidarity was key and that we were strong when we talked with one voice instead of 27 voices negotiating with a firm.”

However, several European health interest groups and non-governmental organisations had reservations. Rosa Castro, Senior Policy Officer at the European Public Health Alliance of non-profit organisations active in public health, welcomed the extension of the ECDC’s mandate. But she noted: “The opportunity to improve the interconnectedness between communicable and non-communicable diseases was unfortunately missed. The clear links between communicable and non-communicable diseases, as well as the complex gaps in terms of addressing health inequalities, were evidenced during the pandemic.”

Caroline Costongs, Director of EuroHealthNet, which unites many health agencies and regulatory bodies across Europe, welcomed many aspects of the legislation. “The extended ECDC mandate is also promising as it will build further support to national and regional public health authorities’ capacity to take on the expanded role of the centre,” she told *The Lancet*. Yet, she too called for non-communicable diseases to be included in the ECDC’s mandate now, rather than wait for a review planned in 2025. “I still miss references to the important issue that the European Health Union should be more alert to the societal impacts of future outbreaks, as well as to the collateral damage of protection, prevention, and response measures.”

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