

The *Lancet* Commission on the European Health Union: strengthening the union for and through health



The key purposes of the European Union (EU) to date have been peace, prosperity, environmental protection, and the promotion of common interests in the wider world.^{1,2} In some ways, health has always been integral to these aims: during the 1980s, Europe Against Cancer and Europe Against HIV paved the way for EU public health policy, consolidated in the Maastricht (1992) and Amsterdam (1997) Treaties and Article 168 of the Treaty on the Functioning of the EU on public health.³ Concrete EU health policies do not, however, amount to a comprehensive vision of a union that reaps the full benefits of joint action for health.⁴ Some past EU health policies resulted from other policies that furthered EU integration. Access to cross-border health care, for instance, emerged indirectly from free movement of workers in the 1970s, reinforced by the Decker and Kohll judgements, eventually resulting in the 2011 Patients' Rights Directive.^{5,6}

More often, the EU has achieved major, shared health policy milestones in reaction to public health crises across borders, such as infectious disease outbreaks. One early catalyst was the spread of bovine spongiform encephalopathy during the 1990s, which led to the establishment of the EU Directorate-General for Health and Food Safety. In 2003, the severe acute respiratory syndrome pandemic expedited the establishment of the European Centre for Disease Prevention and Control (ECDC).

However, the effort for a comprehensive action on health, the EU's Health Strategy 2008–13, was never renewed by the European Commission.⁶ The EU's involvement in health before the COVID-19 pandemic thus remained limited⁶ and followed, according to Wolfram Lamping and Monika Steffen, a "chaordic" pattern, whereby health policy emerged with some coherence and "order" from "chaos", through "a differential, multiple and often accidental process", rather than from a clear policy vision.⁷

In November, 2020, at the height of the COVID-19 pandemic, European Commission President Ursula von der Leyen announced that a future "European Health Union" would help "address cross-border health threats" and "protect citizens with high-quality [health] care

in crises".⁸ The thus conceived European Health Union followed again a chaordic pattern: it emerged from crisis conditions rather than from a pre-existing strategic vision. As the pandemic progressed, EU health policy clearly demonstrated that further European integration around health can deliver benefits that individual member states alone cannot generate, such as coordinated vaccine procurement.^{9,10} The EU itself concluded that "after early challenges, the European Union responded with concrete and decisive action, showing the power of solidarity in addressing an unprecedented health threat".¹¹ This realisation led to the establishment of the EU's Health Emergency Preparedness and Response (HERA) and EU4Health investment programmes, intended to strengthen health systems across Europe, and to a proposal for the European Health Data Space.¹² With a budget of €4.4 billion, EU4Health is the largest financial commitment the EU has made to date for health.¹³

Despite this progress in EU health policy, however, the 2024 plan for the European Health Union is a "patchwork"¹⁴ of pandemic preparedness together with past health policy priorities of the EU, such as beating cancer, safeguarding mental health, and tackling rare diseases.¹¹ These initiatives are valuable but without a forward-looking, unifying vision they remain fragmented.

We propose an orchestrated foresee-and-prepare strategy in place of the current chaordic wait-and-react approach. We believe that a more coherent, more expansive and bolder vision for the European Health Union could powerfully leverage the EU's size and diversity for the health of its citizens, particularly in areas where it can deliver greater value than individual nations acting alone.

Looking outward, the urgency for such a union has increased with the US withdrawal since 2025 from its previous substantial and effective investment in global health, leading to avoidable suffering and deaths in resource-poor communities worldwide.¹⁵ This is a true health emergency—one that the EU must address if it is to meet its self-stated commitment to "reassert its responsibility and deepen its leadership" in global

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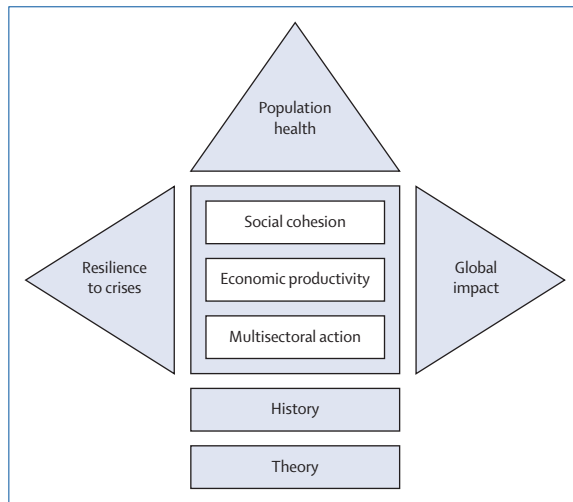


Figure: Conceptual framework for a strengthened European Health Union

health, based on “solidarity and equity, and the respect of human rights”, and to safeguard global and European health security and pandemic preparedness.¹¹ Building a genuinely coordinated European Health Union is not only a bureaucratic ambition, it is also a prerequisite for health-care systems to fulfil their role as crucial infrastructure in an era of mounting geopolitical and systemic risk.

Looking inward, polling across the EU reveals Europeans’ strong desire for more potent policy, action, and research on public health,¹⁶ suggesting that a European Health Union could provide a much-needed positive identity for the EU in the eyes of its citizens.¹⁷ Such a health identity—aligned with public sentiment and promoted with confidence—might also effectively counter populist initiatives that contest the EU on grounds of inequality or policy ineffectiveness.

We have thus formed the *Lancet* Commission on the European Health Union, bringing together 23 Commissioners from 15 countries with expertise spanning health policy, health economics, health systems research, clinical practice, public health, behavioural science, social and structural determinants of health, data science, innovation research, global health governance, economics, and ethics. The Commissioners are supported by a Secretariat at the Heidelberg Institute of Global Health, Heidelberg University, Germany. Working across a range of thematic areas, this Commission aims to make the case for a substantially expanded and strengthened European

Health Union and recommend concrete policies and actions to implement it.

Our work spans several broad themes (figure). The first theme concerns the history of the EU’s involvement in health and the current institutions that embody and enact EU health policy. The second theme addresses the theoretical arguments from a range of scientific disciplines for why and how a deeper European Health Union can generate new value for European citizens while following the subsidiarity principle of EU policy—such as opportunities for specialisation and learning, economies of scale and scope, and risk pooling and sharing. The third theme explores actions to strengthen European identity and social cohesion through an expanded focus on health, and how EU social policy instruments can address widening health inequalities. The fourth theme examines how deeper EU integration focused on health can strengthen the EU’s resilience against global crises, including future pandemics, economic recession, and climate change. The fifth theme considers how health can drive the EU’s economic competitiveness, attract global talent, and boost entrepreneurial growth. The sixth theme draws on lessons learned from 20 years of Health in All Policies¹⁸ to boost population health through cross-sectoral action spanning education, housing, transport, food systems, and urban planning. Finally, the seventh theme addresses the responsibility and roles of the EU in global health, building on the EU Global Health Strategy (2022) and working with partners worldwide to boost health care and health in countries connected to Europe through history, trade, and shared health risk exposures.¹⁹

Our Commissioners are deeply committed to developing specific policy recommendations for an ambitious European Health Union. The Commission’s future vision will address the broad and complex needs of population health and recognise health as a catalyst for peace, social cohesion, and economic growth in Europe.

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TB is the Chair and MJ and MV are Co-Chairs of this Commission. The vision for this Commission was developed with the input of all Commissioners: Vera Araújo-Soares, Rifat Atun, Till Bärnighausen, Alice Borghini, Christian Bugge Henriksen, Niels Chavannes, Caroline Costongs, Anniek de Ruijter, Frederico Guanais, Eldrid Herrington, Anant Jani, Maris Jesse, Ilona Kickbusch, Stefan Listl, Iveta Nagyova, Tapani Piha, Magda Rosenmüller, John-Arne Røttingen, Vita Steina, Milena Vainieri, Ewout van Ginneken, Kremlin Wickramasinghe, and Siri Wiig. The full list of Commissioners and their affiliations is available in the appendix.

*Till Bärnighausen, Maris Jesse, Vania Coelho Wisdom, Milena Vainieri

till.baernighausen@uni-heidelberg.de

Heidelberg Institute of Global Health, Heidelberg University, 69120 Heidelberg, Germany (TB); Tallin, Estonia (MJ); The Lancet, London, UK (VCW); Scuola Superiore Sant'Anna, Pisa, Italy (MV)

- 1 European Union. Consolidated version of the Treaty on the Functioning of the European Union. *Official J EU* 2012; **C326**: 47–390.
- 2 Usherwood S, Pinder J. The European Union: a very short introduction. Oxford: Oxford University Press, 2018.
- 3 Birt CA, Gunning-Schepers L, Hayes A, Joyce L. How should public health policy be developed? A case study in European public health. *J Public Health* 1997; **19**: 262–67.
- 4 McKee M, de Ruijter A. The path to a European Health Union. *Lancet Reg Health Eur* 2024; **36**: 100794.
- 5 European Parliament. Directive 2011/24/EU of the European Parliament and of the Council on the application of patients' rights in cross-border healthcare. *Official J EU* 2011; **L88**: 45.
- 6 Greer S, Fahy N, Rozenblum S, et al. Everything you always wanted to know about European Union health policies but were afraid to ask. Brussels: European Observatory on Health Systems and Policies, 2019.
- 7 Lamping W, Steffen M. European Union and health policy: the "chaordic" dynamics of integration. *Soc Sci Quarterly* 2009; **90**: 1361–79.
- 8 European Commission. Building a European Health Union: stronger crisis preparedness and response for Europe. Nov 11, 2020. https://malta.representation.ec.europa.eu/news/building-european-health-union-stronger-crisis-preparedness-and-response-europe-2020-11-11_en#:~:text=President%20of%20the%20European%20Commission%2C%2%A0Ursula%2%A0von,%E2%80%9D (accessed April 23, 2026).
- 9 Mogherini F. How 2020 has shaped the future of the European Union: when a crisis turns into an opportunity. *JCMS* 2021; **59**: 11–19.
- 10 Blanford JJ, Jong NB-d, Schouten SE, Friedrich AW, Araújo-Soares V. Navigating travel in Europe during the pandemic: from mobile apps, certificates and quarantine to traffic-light system. *J Travel Med* 2022; **29**: taac006.
- 11 European Commission. The European Health Union: acting together for people's health. Brussels: European Commission, 2024.
- 12 European Parliament and Council of the European Union. Regulation (EU) 2025/327 on the European Health Data Space and amending Directive 2011/24/EU and Regulation (EU) 2024/2847. *Official J EU* 2025; **L327**: 1–20.
- 13 European Commission. EU4Health 2021–2027—a vision for a healthier European Union. 2021. https://health.ec.europa.eu/funding/eu4health-programme-2021-2027_en (accessed April 23, 2026).
- 14 Delhomme V, van Os C. Building the European Health Union (2019–2024): successes, limits and future perspectives. *Euro J Risk Regul* 2025; **16**: 942–60.
- 15 Cavalcanti DM, de Oliveira Ferreira de Sales L, da Silva AF, et al. Evaluating the impact of two decades of USAID interventions and projecting the effects of defunding on mortality up to 2030: a retrospective impact evaluation and forecasting analysis. *Lancet* 2025; **406**: 283–94.
- 16 European Parliament. EP Autumn 2025 Eurobarometer Survey. Brussels: European Parliament, 2026.
- 17 Maloingne T. Health for the Europeans, who cares? Robert Schuman Foundation policy paper. Schuman Papers 745. April 16, 2024. <https://www.robert-schuman.eu/en/european-issues/745-health-for-the-europeans-who-cares> (accessed April 23, 2026).
- 18 Cairney P, St Denny E, Mitchell H. The future of public health policymaking after COVID-19: a qualitative systematic review of lessons from Health in All policies. *Open Res Eur* 2021; **1**: 23.
- 19 European Commission. EU global health strategy: Better Health for All in a changing world. Brussels: European Commission, 2022.

See Online for appendix

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Supplementary appendix

This appendix formed part of the original submission. We post it as supplied by the authors.

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Appendix

The *Lancet* Commission on the European Health Union: strengthening the union for and through health

Lancet Commission on the European Health Union: Commissioners and Affiliations

Till Bärnighausen <i>Chair</i>	Alexander von Humboldt University Professor & Director, Heidelberg Institute of Global Health (HIGH) Heidelberg University <i>Heidelberg, Germany</i>
Maris Jesse <i>Co-Chair</i>	Health Expert and Consultant Independent <i>Tallinn, Estonia</i> Former Deputy Secretary General Ministry of Social Affairs, Estonia <i>Tallinn, Estonia</i> Former Director Estonian National Public Health Institute (NIHD) <i>Tallinn, Estonia</i>
Milena Vainieri <i>Co-Chair</i>	Professor in Management Scuola Superiore Sant'Anna <i>Pisa, Italy</i>
Vera Araújo-Soares <i>Commissioner</i>	Director, Center for Prevention and Digital Health, Mannheim Heidelberg University <i>Heidelberg, Germany</i>
Rifat Atun <i>Commissioner</i>	Professor of Global Health Systems; Director, The Health System Innovation Lab Harvard T.H. Chan School of Public Health <i>Boston, MA, USA</i>
Alice Borghini <i>Commissioner</i>	Head of Digital Health and Telemedicine Office National Agency for Regional Health Services (AGENAS) <i>Rome, Italy</i>
Christian Bugge Henriksen <i>Commissioner</i>	Research Group Leader & Associate Professor, Climate & Food Security, Department of Plant and Environmental Sciences University of Copenhagen <i>Copenhagen, Denmark</i>
Niels Chavannes <i>Commissioner</i>	Full Professor of General Practice Leiden University Medical Center <i>Leiden, Netherlands</i>
Caroline Costongs <i>Commissioner</i>	Director EuroHealthNet <i>Brussels, Belgium</i>
Anniek de Ruijter	Professor of Health Law & Policy; Director of Law for Health & Life

<p><i>Commissioner</i></p> <p>Frederico Guanais <i>Commissioner</i></p> <p>Eldrid Herrington <i>Commissioner</i></p>	<p>University of Amsterdam <i>Amsterdam, Netherlands</i></p> <p>Deputy Head of Health Division OECD <i>Paris, France</i></p> <p>Honorary Fellow University of Cambridge Judge Business School <i>Cambridge, UK</i></p> <p>Editor in Chief Cambridge University Press Cambridge Forum on Corporate Climate Governance <i>London, UK</i></p>
<p>Anant Jani <i>Commissioner</i></p>	<p>Research Fellow University of Oxford <i>Oxford, UK</i></p> <p>Senior Researcher Heidelberg Institute of Global Health (HIGH), University of Heidelberg <i>Heidelberg, Germany</i></p>
<p>Ilona Kickbusch <i>Commissioner</i></p>	<p>Founder & Chair, International Advisory Board Global Health Centre, Geneva Graduate Institute <i>Geneva, Switzerland</i></p>
<p>Stefan Listl <i>Commissioner</i></p>	<p>Full Professor, Translational Health Economics Heidelberg Institute of Global Health (HIGH), University of Heidelberg <i>Heidelberg, Germany</i></p>
<p>Iveta Nagyova <i>Commissioner</i></p> <p>Tapani Piha <i>Commissioner</i></p> <p>Magda Rosenmüller <i>Commissioner</i></p>	<p>Senior Research Leader and Head of Department, Department of Social and Behavioral Medicine Pavol Jozef Safarik University <i>Kosice, Slovakia</i></p> <p>President EPH Conference Foundation <i>Utrecht, Netherlands</i></p> <p>Immediate Past President European Public Health Association <i>Utrecht, Netherlands</i></p> <p>Special Advisor Pihanet Consulting, Fipra International <i>Helsinki, Finland</i></p> <p>Associate Professor IESE Business School <i>Barcelona, Spain</i></p>
<p>John-Arne Røttingen <i>Commissioner</i></p>	<p>Chief Executive Officer Wellcome <i>London, UK</i></p>
<p>Vita Steina <i>Commissioner</i></p>	<p>Patient Experience Expert Riga East University Hospital and Paul's Stradins University Hospital <i>Riga, Latvia</i></p>

	<p>Advisor to the Health Minister of Latvia Ministry of Health of Latvia <i>Riga, Latvia</i></p> <p>Chair Patient Experience Association of Latvia <i>Riga, Latvia</i></p> <p>Fellow and Member of Global Council The Beryl Institute <i>Nashville, TN, USA</i></p>
<p>Ewout van Ginneken <i>Commissioner</i></p>	<p>Director European Observatory on Health Systems and Policies <i>Brussels, Belgium</i></p>
<p>Kremlin Wickramasinghe <i>Commissioner</i></p>	<p>Regional Advisor (Nutrition, Physical Activity, and Obesity) World Health Organization <i>Copenhagen, Denmark</i></p>
<p>Siri Wiig <i>Commissioner</i></p>	<p>Professor & Center Director, SHARE-Center for Resilience in Healthcare University of Stavanger <i>Stavanger, Norway</i></p>

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