



**European Committee
of the Regions**

NAT-VII/008

140th plenary session, 12-14 October 2020

OPINION

EU4Health Programme

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THE EUROPEAN COMMITTEE OF THE REGIONS:

- calls for the health sector to contribute to the European Pillar of Social Rights and notes that the fight against health inequalities is a major goal and an effective means of promoting health security and health systems;
- notes that the preparation and implementation of the measures to respond to the COVID-19 crisis should be done in coordination with the relevant national, regional and local authorities competent in the field of public health;
- emphasises that the EU4Health programme must not only focus on crisis management, but should contribute through the post-COVID-19 recovery steps to significantly improving the health of the EU's population, by strengthening the resilience of health systems, promoting innovation in the health sector, and including health prevention and promotion as sustainable development tools;
- recalls that the programme should organise the coordination and funding of stress tests in the Member States in order to identify weaknesses and to assess their ability to respond to pandemics;
- highlights the fact that the budget of EUR 1.7 billion, set by the European Council of 20 July 2020, will not be sufficient; The financial envelope for the period 2021-27 shall be EUR 9 370 000 000;
- insists on the need to strengthen the involvement of local and regional authorities in the governance of health systems, as well as in the definition of priorities and the implementation of the programme, due to their essential role in health, prevention and support.

Reference document

Proposal for a Regulation of the European Parliament and of the Council on the establishment of a Programme for the Union's action in the field of health – for the period 2021-2027 and repealing Regulation (EU) No 282/2014 ("EU4Health Programme")

Opinion of the European Committee of the Regions – EU4Health Programme

I. RECOMMENDATIONS FOR AMENDMENTS

Amendment 1

Recital 6

<i>Text proposed by the European Commission</i>	<i>CoR amendment</i>
<p>While Member States are responsible for their health policies, they are expected to protect public health in a spirit of European solidarity. Experience from the ongoing COVID-19 crisis has demonstrated that there is a need for a further firm action at Union level to support cooperation and coordination among the Member States in order to improve the prevention and control of the spread of severe human diseases across borders, to combat other serious cross-border threats to health and to safeguard the health and well-being of people in the Union.</p>	<p>While Member States are responsible for their health policies, they are expected to protect public health in a spirit of European solidarity, <i>as also provided for in Article 222 TFEU, which stipulates that the Union and its Member States shall act in a spirit of solidarity.</i> Experience from the ongoing COVID-19 crisis has demonstrated that there is a need for a further firm action at Union level to support cooperation and coordination among the Member States <i>and local and regional authorities and, where necessary, public institutions,</i> in order to improve the prevention and control of the spread of severe human diseases across borders, <i>to support the development of and make available the products needed to prevent and treat disease,</i> to combat other serious cross-border threats to health and to safeguard the health and well-being of people in the Union.</p>

Reason

It is important to highlight the spirit of solidarity among Member States in the field of health.

Amendment 2

Recital 10

<i>Text proposed by the European Commission</i>	<i>CoR amendment</i>
<p>Due to the serious nature of cross-border health threats, the Programme should support coordinated public health measures at Union level to address different aspects of such threats. With a view to strengthen the capability in the Union to prepare for, respond to and manage health crisis the Programme should provide support to the actions taken in the framework of the mechanisms and structures established under Decision No 1082/2013/EU of the European</p>	<p>Due to the serious nature of cross-border health threats, the Programme should support coordinated public health measures at Union level to address different aspects of such threats. With a view to strengthen the capability in the Union to prepare for, respond to and manage health crisis the Programme should provide support to the actions taken in the framework of the mechanisms and structures established under Decision No 1082/2013/EU of the European Parliament and of</p>

<p>Parliament and of the Council and other relevant mechanisms and structures established at Union level. This could include strategic stockpiling of essential medical supplies <i>or</i> capacity building in crisis response, preventive measures related to vaccination and immunisation, strengthened surveillance programmes. In this context the Programme should foster Union-wide and cross-sectoral crisis prevention, preparedness, surveillance, management and response capacity of actors at the Union, national, regional and local level, including contingency planning and preparedness exercises, in keeping with the "One Health" approach. It should facilitate the setting up of an integrated cross-cutting risk communication framework working in all phases of a health crisis – prevention, preparedness and response.</p>	<p>the Council and other relevant mechanisms and structures established at Union level. This could include strategic stockpiling of essential medical supplies, <i>promoting investment in the production of devices and pharmaceutical products to combat pandemics and other public health scourges in order to ensure European sovereignty</i>, capacity building in crisis response, <i>or support for the development by Member States of a statistical protocol making it possible to compare data on the impact of pandemics at NUTS 2 level</i>, preventive measures related to vaccination and immunisation, or strengthened surveillance programmes. In this context the Programme should foster Union-wide and cross-sectoral crisis prevention, preparedness, surveillance, management and response capacity of actors at the Union, national, regional and local level, including contingency planning and preparedness exercises, in keeping with the "One Health" approach. It should facilitate the setting up of an integrated cross-cutting risk communication framework working in all phases of a health crisis – prevention, preparedness and response.</p>
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Reason	
<p>There must be major investment in the production of devices and pharmaceutical products to combat pandemics.</p>	
<p>Furthermore, there is a need for greater sharing of statistical data among Member States.</p>	

Amendment 3

Recital 12

<i>Text proposed by the European Commission</i>	<i>CoR amendment</i>
<p>With a view to protect people in vulnerable situations, including those suffering from mental illnesses and chronic diseases, the Programme should also promote actions which address the collateral impacts of the health crisis on people belonging to such vulnerable groups.</p>	<p>With a view to protect people in vulnerable situations, including those suffering from mental illnesses and chronic diseases (<i>including obesity</i>), the Programme should also promote actions which address the collateral impacts of the health crisis on people belonging to such vulnerable groups. <i>In order to ensure high standards for essential health services, the Programme should encourage, particularly in times of crisis and pandemic, the use of telemedicine.</i></p>

Reason

Telemedicine must be further developed, so that it becomes an effective tool in times of crisis and pandemic.

Amendment 4

Recital 15

<i>Text proposed by the European Commission</i>	<i>CoR amendment</i>
<p>Experience from the COVID-19 crisis has indicated that there is a general need for the support to structural transformation of and systemic reforms of health systems across the Union to improve their effectiveness, accessibility and resilience. In the context of such transformation and reforms, the Programme should promote, in synergy with the Digital Europe Programme, actions which advance digital transformation of health services and increase their interoperability, contribute to the increased capacity of health systems to foster disease prevention and health promotion, to provide new care models and to deliver integrated services, from the community and primary health care to the highly specialised services, based on people's needs and ensure an efficient public health workforce equipped with the right skills, including digital skills. The development of a European health data space would provide health care systems, researchers and public authorities with means to improve the availability and quality of healthcare. Given the fundamental right to access to preventive healthcare and medical treatment enshrined in Article 35 of the Charter of Fundamental Rights of the European Union and in view to the common values and principles in European Union Health Systems as set out in the Council Conclusions of 2 June 2006[12] the Programme should support actions ensuring the universality and inclusivity of health care, meaning that no-one is barred access to health care, and those ensuring that patients' rights, including on the privacy of their data, are duly respected.</p>	<p>Experience from the COVID-19 crisis has indicated that there is a general need for the support to structural transformation of and systemic reforms of health systems across the Union to improve their effectiveness, accessibility and resilience. <i>These reforms, in the context of a revamped European Semester, need to strengthen the specific features of European health systems based on strong public services and substantial public investment. Health services are services of general interest intended to strengthen the European Pillar of Social Rights, which cannot be made subject to private-sector thinking.</i> In the context of such transformation and reforms, the Programme should, taking into consideration how the Member States organise their health systems, <i>organise the coordination and funding of stress tests in the Member States in order to identify weaknesses and to assess their ability to respond to pandemics. The programme should furthermore</i> promote, in synergy with the Digital Europe Programme, actions which advance digital transformation of health services and increase their interoperability, contribute to the increased capacity of health systems to foster disease prevention and health promotion, to provide new care models and to deliver integrated services, from the community and primary health care to the highly specialised services, based on people's needs and ensure an efficient public health workforce equipped with the right skills, including digital skills. The development of a European health data space would provide health care systems, researchers and public authorities with means to improve the availability and quality</p>

<p>[12] Council Conclusions on Common values and principles in European Union Health Systems (OJ C 146, 22.6.2006, p. 1).</p>	<p>of healthcare. Given the fundamental right to access to preventive healthcare and medical treatment enshrined in Article 35 of the Charter of Fundamental Rights of the European Union and in view to the common values and principles in European Union Health Systems as set out in the Council Conclusions of 2 June 2006[12] the Programme should support actions ensuring the universality and inclusivity of health care, meaning that no-one is barred access to health care, and those ensuring that patients' rights, including on the privacy of their data, are duly respected.</p> <p>[12]Council Conclusions on Common values and principles in European Union Health Systems (OJ C 146, 22.6.2006, p. 1).</p>
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Reason
As detailed in the amendment.

Amendment 5

Recital 18

<i>Text proposed by the European Commission</i>	<i>CoR amendment</i>
<p>The Programme therefore should contribute to disease prevention throughout the lifetime of an individual and to health promotion by addressing health risk factors, such as the use of tobacco and related products and exposure to their emissions, the harmful use of alcohol, and the consumption of illicit drugs. The Programme should also contribute to the reduction of drugs-related health damage, unhealthy dietary habits and physical inactivity, and exposure to environmental pollution, and foster supportive environments for healthy lifestyles in order to complement Member States action in these areas. The Programme should also therefore contribute to the objectives of the European Green Deal, the Farm to Fork Strategy and the Biodiversity Strategy.</p>	<p>The Programme therefore should contribute to disease prevention throughout the lifetime of an individual and to health promotion by addressing health risk factors, such as the use of tobacco and related products and exposure to their emissions, the harmful use of alcohol, and the consumption of illicit drugs. The Programme should also contribute to the reduction of drugs-related health damage, unhealthy dietary habits and physical inactivity, and exposure to environmental pollution, and foster supportive environments for healthy lifestyles in order to complement the action of Member States <i>and local and regional authorities</i> in these areas. The Programme should also therefore contribute to the objectives of the European Green Deal, the Farm to Fork Strategy and the Biodiversity Strategy.</p>

Reason
Highlights the role of local and regional authorities.

Amendment 6

Recital 20

<i>Text proposed by the European Commission</i>	<i>CoR amendment</i>
<p>The Programme will work in synergy and complementarity with other EU policies, programmes and funds such as actions implemented under the Digital Europe Programme, Horizon Europe, rescEU reserve under the Union Civil Protection Mechanism, Emergency Support Instrument, European Social Fund+ (ESF+, including as regards synergies on better protecting the health and safety of millions of workers in the EU), including the Employment and Social Innovation Strand (EaSI), the InvestEU fund, Single Market Programme, European Regional Development Fund (ERDF), Recovery and Resilience Facility including the Reform Delivery Tool, Erasmus, European Solidarity Corps, Support to mitigate Unemployment Risks in an Emergency (SURE), and EU external action instruments, such as the Neighbourhood, Development and International Cooperation Instrument and the Instrument for Pre-accession Assistance III. Where appropriate, common rules will be established in view of ensuring consistency and complementarity between funds, while making sure that specificities of these policies are respected, and in view of aligning with the strategic requirements of these policies, programmes and funds, such as the enabling conditions under ERDF and ESF+.</p>	<p>The Programme will work in synergy and complementarity with other EU policies, programmes and funds such as actions implemented under the Digital Europe Programme, Horizon Europe, rescEU reserve under the Union Civil Protection Mechanism, Emergency Support Instrument, European Social Fund+ (ESF+, including as regards synergies on better protecting the health and safety of millions of workers in the EU), including the Employment and Social Innovation Strand (EaSI), the InvestEU fund, Single Market Programme, European Regional Development Fund (ERDF), Recovery and Resilience Facility including the Reform Delivery Tool, Erasmus, European Solidarity Corps, Support to mitigate Unemployment Risks in an Emergency (SURE), and EU external action instruments, such as the Neighbourhood, Development and International Cooperation Instrument and the Instrument for Pre-accession Assistance III. Where appropriate, <i>and if necessary, in coordination with the managing authorities of the European Structural and Investment Funds</i>, common rules will be established in view of ensuring consistency and complementarity between funds, while making sure that specificities of these policies are respected, and in view of aligning with the strategic requirements of these policies, programmes and funds, such as the enabling conditions under ERDF and ESF+.</p>

<i>Reason</i>
Highlights the link with the managing authorities of the European Structural and Investment Funds.

Amendment 7

Recital 25

<i>Text proposed by the European Commission</i>	<i>CoR amendment</i>
The Union health legislation has an immediate	The Union health legislation has an immediate

<p>impact on public health, the lives of citizens, the efficiency and resilience of the health systems and the good functioning of the internal market. The regulatory framework for medical products and technologies (medicinal products, medical devices and substances of human origin), as well as for tobacco legislation, patients' rights in cross-border healthcare and serious cross-border threats to health is essential to health protection in the Union. The Programme therefore should support the development, implementation and enforcement of Union health legislation and provide high quality, comparable and reliable data to underpin policymaking and monitoring.</p>	<p>impact on public health, the lives of citizens, the efficiency and resilience of the health systems and the good functioning of the internal market. The regulatory framework for medical products and technologies (medicinal products, medical devices and substances of human origin), as well as for tobacco legislation, patients' rights in cross-border healthcare and serious cross-border threats to health is essential to health protection in the Union. The Programme therefore should support the development, implementation and enforcement of Union health legislation and provide high quality, comparable and reliable NUTS 2 regional-level data to underpin policymaking and monitoring.</p>
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Reason
Specifies the NUTS 2 regional level.

Amendment 8

Recital 26

<i>Text proposed by the European Commission</i>	<i>CoR amendment</i>
<p>Cross-border cooperation in the provision of healthcare to patients moving between Member States, collaboration on health technology assessments (HTA), and European Reference Networks (ERNs) are examples of areas where integrated work among Member States has shown to have strong added value and great potential to increase the efficiency of health systems and thus health in general. The Programme should therefore support activities to enable such integrated and coordinated work, which also serves to foster the implementation of high-impact practices that are aimed at distributing in the most effective way the available resources to the concerned population and areas so as to maximise their impact.</p>	<p>Cross-border cooperation in the provision of healthcare to patients moving between Member States <i>or European Groupings of Territorial Cooperation (EGTCs)</i>, collaboration on health technology assessments (HTA), and European Reference Networks (ERNs) are examples of areas where integrated work among Member States <i>and local and regional authorities</i> has shown to have strong added value and great potential to increase the efficiency of health systems and thus health in general. The Programme should therefore support activities to enable such integrated and coordinated work, which also serves to foster the implementation of high-impact practices that are aimed at distributing in the most effective way the available resources to the concerned population and areas so as to maximise their impact. <i>For example, as recommended by the European Committee of the Regions in its opinion on cross-border healthcare, the programme should set up "health corridors" between the border</i></p>

	<i>regions, making it possible for patients and health professionals to continue moving across the border during the lockdown to guarantee access to and provision of care.</i>
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Reason
EGTCs could be mentioned in this context, as they contribute towards better access to services, including healthcare, in border regions and are an example of cross-border cooperation carried out by local and regional authorities.

Amendment 9

Recital 30

<i>Text proposed by the Commission</i>	<i>CoR amendment</i>
	In order to ensure that all of these objectives are implemented at Union level, the European Commission should strengthen the budget and mandate of the various European agencies responsible for health, such as the European Centre for Disease Prevention and Control, the European Medicines Agency, the European Food Safety Authority, the European Chemicals Agency and the European Agency for Safety and Health at Work. Furthermore, the work of these agencies should be better coordinated so that they can more effectively contribute to achieving the objectives of the EU4Health programme, and their role in the governance of this programme should be strengthened.

Reason
The European Union already has many instruments in place. They need to be strengthened and better coordinated in order to increase the EU's capacity to respond to health crises, and to improve the health of Europeans.

Amendment 10

Recital 31

<i>Text proposed by the Commission</i>	<i>CoR amendment</i>
Given the specific nature of the objectives and actions covered by the Programme, the respective competent authorities of the Member States are best placed in some cases to implement the related activities. Those authorities, designated by the Member States themselves, should therefore	Given the specific nature of the objectives and actions covered by the Programme, the respective competent authorities of the Member States <i>and local and regional authorities with competences in the field of public health</i> are best placed in some cases to implement the related activities.

be considered to be identified beneficiaries for the purpose of Article 195 of the Financial Regulation and the grants be awarded to such authorities without prior publication of calls for proposals.	Those authorities, designated by the Member States themselves, should therefore be considered to be identified beneficiaries for the purpose of Article 195 of the Financial Regulation and the grants be awarded to such authorities without prior publication of calls for proposals.
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Reason
Highlights the role of local and regional authorities with competences in the field of health.

Amendment 11

Recital 40

<i>Text proposed by the European Commission</i>	<i>CoR amendment</i>
Reflecting the importance of tackling climate change in line with the Union's commitments to implement the Paris Agreement and the United Nations Sustainable Development Goals, this Programme will contribute to mainstream climate action in the Union's policies and to the achievement of an overall target of 25% of the EU budget expenditures supporting climate objectives. Relevant actions will be identified during the Programme's preparation and implementation, and reassessed in the context of its mid-term evaluation.	Reflecting the importance of tackling climate change in line with the Union's commitments to implement the Paris Agreement and the United Nations Sustainable Development Goals, this Programme will contribute to mainstream climate action in the Union's policies and to the achievement of an overall target of 30% of the EU budget expenditures supporting climate objectives. Relevant actions will be identified during the Programme's preparation and implementation, and reassessed in the context of its mid-term evaluation.

Reason
Change to the percentage rate in order to provide more resources for climate-related goals.

Amendment 12

Recital 42

<i>Text proposed by the European Commission</i>	<i>CoR amendment</i>
The implementation of the Programme should be such that the responsibilities of the Member States, for the definition of their health policy and for the organisation and delivery of health services and medical care, are respected.	The implementation of the Programme should be such that the responsibilities of the Member States <i>and, if necessary, the regions or other tiers of government involved in drafting health policy</i> , for the definition of their health policy and for the organisation and delivery of health services and medical care, are respected.

Reason
The aim is to target the different stakeholders involved in drafting health policies.

Amendment 13

Article 3(3)

<i>Text proposed by the Commission</i>	<i>CoR amendment</i>
Strengthen health systems and the healthcare workforce, including by digital transformation and by increased integrated and coordinated work among the Member States, sustained implementation of best practice and data sharing, to increase the general level of public health.	Strengthen health systems and the healthcare workforce, including by digital transformation and by increased integrated and coordinated work among the Member States <i>and the local and regional authorities with competences in the field of public health, through the coordination of health and social care actors in areas that match population centres, through the</i> sustained implementation of best practice and data sharing, to increase the general level of public health.

<i>Reason</i>
Highlights the importance of the responsible local health actors.

Amendment 14

Article 4

<i>Text proposed by the European Commission</i>	<i>CoR amendment</i>
<p>The general objectives referred to in Article 3 shall be pursued through the following specific objectives, in keeping with the "One Health" approach where relevant:</p> <p>1) strengthen the capability of the Union for prevention, preparedness and response to serious cross-border threats to health, and the management of health crises, including through coordination, provision and deployment of emergency health care capacity, data gathering and surveillance;</p> <p>2) ensure the availability in the Union of reserves or stockpiles of crisis relevant products, and a reserve of medical, healthcare and support staff to be mobilised in case of a crisis;</p> <p>3) support actions to ensure appropriate availability, accessibility and affordability of crisis relevant products and other necessary health supplies;</p> <p>4) strengthen the effectiveness, accessibility, sustainability and resilience of health systems, including by supporting digital transformation, the uptake of digital tools and services, systemic</p>	<p>The general objectives referred to in Article 3 shall be pursued through the following specific objectives, in keeping with the "One Health" approach where relevant:</p> <p>1) strengthen the capability of the Union for prevention, preparedness and response to serious cross-border threats to health, and the management of health crises, including through coordination, provision and deployment of emergency health care capacity, data gathering, <i>the establishment of health corridors</i> and surveillance;</p> <p>2) ensure the availability in the Union of reserves or stockpiles of crisis relevant products, and a reserve of medical, healthcare and support staff to be mobilised in case of a crisis;</p> <p>3) support actions to ensure appropriate availability, accessibility and affordability of crisis relevant products and other necessary health supplies;</p> <p>4) strengthen the effectiveness, accessibility, sustainability and resilience of health systems, including by <i>organising the coordination and</i></p>

<p>reforms, implementation of new care models and universal health coverage, and address inequalities in health;</p> <p>5) support actions aimed at strengthening health system's ability to foster disease prevention and health promotion, patient rights and cross-border healthcare, and promote the excellence of medical and healthcare professionals;</p> <p>6) support action for the surveillance, prevention, diagnosis and treatment and care of non-communicable diseases, and notably of cancer;</p> <p>7) foster and support the prudent and efficient use of medicines, and in particular of antimicrobials, and more environmentally friendly production and disposal of medicines and medical devices;</p> <p>8) support the development, implementation and enforcement of Union health legislation and provide high-quality, comparable and reliable data to underpin policy making and monitoring, and promote the use of health impact assessments of relevant policies;</p> <p>9) support integrated work among Member States, and in particular their health systems, including the implementation <i>of high-impact prevention practices</i>, and scaling up networking through the European Reference Networks and other transnational networks;</p> <p>10) support the Union's contribution to international and global health initiatives.</p>	<p><i>funding of stress tests for pandemics, taking into consideration how the Member States organise their health systems</i>, supporting digital transformation, the uptake of digital tools and services, systemic reforms, implementation of new care models and universal health coverage, and address inequalities in health;</p> <p>5) support actions aimed at strengthening health system's ability to foster disease prevention and health promotion, patient rights and cross-border healthcare, and promote the excellence of medical and healthcare professionals;</p> <p>6) support action for the surveillance, prevention, diagnosis and treatment and care of non-communicable diseases, and notably of cancer;</p> <p>7) foster and support the prudent and efficient use of medicines, and in particular of antimicrobials, and more environmentally friendly production and disposal of medicines and medical devices;</p> <p>8) support the development, implementation and enforcement of Union health legislation and provide high-quality, comparable and reliable data to underpin policy making and monitoring, and promote the use of health impact assessments of relevant policies;</p> <p>9) support integrated work among Member States <i>and local and regional authorities</i>, and in particular their health systems, including the implementation <i>of a European health emergency response mechanism to respond to all types of health crisis</i> and scaling up networking through the European Reference Networks and other transnational networks;</p> <p>10) support the Union's contribution to international and global health initiatives.</p>
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Reason
As detailed in the amendment.

Amendment 15

Article 5

<i>Text proposed by the European Commission</i>	<i>CoR amendment</i>
1. The financial envelope for the	1. The financial envelope for the implementation

implementation of the Programme for the period 2021-2027 shall be EUR 1 946 614 000 in current prices.	of the Programme for the period 2021-27 shall be EUR 10 398 000 000 in current prices (EUR 9 370 000 000 in constant prices).
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Reason
Self-explanatory.

Amendment 16

Article 16

<i>Text proposed by the European Commission</i>	<i>CoR amendment</i>
The Commission shall consult the health authorities of the Member States in the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases on the work plans established for the Programme and its priorities and strategic orientations and its implementation.	The Commission shall consult, <i>at the national or – where competences are shared – at the regional and local level</i> , the health authorities of the Member States in the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases on the work plans established for the Programme and its priorities and strategic orientations and its implementation. <i>This will ensure that local and regional authorities that are responsible for health policies are involved in this exercise.</i>

<i>Reason</i>
Highlights the role of local and regional authorities in the field of health.

Amendment 17

Annex I – point (g)(i)

<i>Text proposed by the Commission</i>	<i>CoR amendment</i>
Support knowledge transfer actions and Union level cooperation to assist national reform processes towards improved effectiveness, accessibility, sustainability and resilience, in particular to address the challenges identified by the European Semester and to strengthen primary care, reinforce the integration of care and aim at universal health coverage and equal access to healthcare;	Support knowledge transfer actions and Union level cooperation to assist national reform processes, <i>in consultation with regional and local authorities competent in the field of public health</i> , towards improved effectiveness, accessibility, sustainability and resilience, in particular to address the challenges identified by the European Semester and to strengthen primary care, reinforce the integration, <i>coordination and gradation</i> of care and aim at universal health coverage and equal access to healthcare;

<i>Reason</i>
It is important to strengthen the involvement of LRAs in national reform processes and in the actions

carried out as part of the European Semester.

Amendment 18

Annex I – point (g)(v)

<i>Text proposed by the Commission</i>	<i>CoR amendment</i>
Audit of Member States preparedness and response arrangements (such as crisis management, antimicrobial resistance, vaccination);	Audit of Member States', and where appropriate, regional and local authorities preparedness and response arrangements (such as crisis management, antimicrobial resistance, vaccination);

Reason

Highlights the role of local and regional authorities.

Amendment 19

Annex I – point (g)(vi)

<i>Text proposed by the Commission</i>	<i>CoR amendment</i>
Support upwards convergence of national systems' performance through indicator development, analysis and knowledge brokering and the organisation of stress tests of national healthcare systems;	Support upwards convergence of national systems' performance through indicator development, analysis and knowledge brokering and the organisation of stress tests of national healthcare systems, involving local and regional authorities with competences in the field of public health;

Reason

Highlights the role of local and regional authorities in the field of health.

Amendment 20

Annex I – point (g)(ix)

<i>Text proposed by the Commission</i>	<i>CoR amendment</i>
Support the establishment and implementation of programmes assisting Member States and their action to improve health promotion and disease prevention (for communicable and non-communicable diseases);	Support the establishment and implementation of programmes assisting Member States, local and regional authorities and their action to improve health promotion and disease prevention (for communicable and non-communicable diseases), enabling their actions to be promoted when drafting and implementing actions tailored to their specific public health features;

Reason

LRAs are responsible for these actions in many Member States and should receive support from the

programme.

Amendment 21

Annex I – point (g)(x)

<i>Text proposed by the Commission</i>	<i>CoR amendment</i>
Support Member States' actions to put in place healthy and safe urban, work and school environments, to enable healthy life choices and promote healthy diets taking into account the needs of vulnerable groups;	Support Member States' and local and regional authorities' actions to put in place healthy and safe urban, work and school environments, to enable healthy life choices and promote healthy diets taking into account the needs of vulnerable groups;

Reason

LRAs are responsible for these actions in many Member States.

Amendment 22

Annex I – point (g)(xii)

<i>Text proposed by the Commission</i>	<i>CoR amendment</i>
Support for Member States to strengthen the administrative capacity of their healthcare systems through benchmarking, cooperation and exchange of best practices;	Support for Member States, and where appropriate, for local and regional authorities, to strengthen the administrative capacity of their healthcare systems through benchmarking, cooperation and exchange of best practices;

Reason

Highlights the role of local and regional authorities.

Amendment 23

Annex I – point (k)(iii)

<i>Text proposed by the Commission</i>	<i>CoR amendment</i>
Communication to promote disease prevention and healthy lifestyles, in cooperation with all concerned actors at international, Union and national level.	Communication to promote disease prevention and healthy lifestyles, in cooperation with all concerned actors, and tailored to the local, regional, national, international and Union level.

Reason

Highlights the involvement of the different local levels.

Amendment 24

Annex I – point I (new)

<i>Text proposed by the Commission</i>	<i>CoR amendment</i>
	<p><i>1) Common health challenges</i></p> <p><i>i) Support for actions to address common health challenges, such as health inequalities, access to care, migration, ageing populations, patient safety and high-quality healthcare at local, regional, national and EU levels;</i></p> <p><i>i) support for investment measures for the European production of materials and products needed to combat pandemics;</i></p> <p><i>ii) support for investment measures to promote the adaptation and modernisation of hospitals in order to ensure consistency and gradation of care in the regions.</i></p>

Reason

These actions should be included in the list of actions established by the programme.

Amendment 25

Annex II – part A – point I

<i>Text proposed by the Commission</i>	<i>CoR amendment</i>
Quality and completeness of EU <i>and</i> MS preparedness and response planning for serious cross border threats to health	Quality and completeness of EU, MS <i>and where appropriate, regional and local</i> preparedness and response planning for serious cross border threats to health

Reason

Highlights the role of local and regional authorities.

Amendment 26

Annex II – part A – point III.

<i>Text proposed by the Commission</i>	<i>CoR amendment</i>
Number of actions and best practices directly contributing to the SDG 3.4/Member State	Number of actions and best practices directly contributing to the SDG 3.4/Member State, <i>including best practices from the regional and local level, where appropriate.</i>

<i>Reason</i>
As detailed in the amendment.

Amendment 27

Annex II – part A – point IV.

<i>Text proposed by the Commission</i>	<i>CoR amendment</i>
Implementation of best practices by EU Member States	Implementation of best practices by EU Member States, <i>and local and regional authorities competent in the field of health.</i>

<i>Reason</i>
Highlights the role of local and regional authorities in the field of health.

Amendment 28

Annex II – part B – point I.

<i>Text proposed by the Commission</i>	<i>CoR amendment</i>
Number of Member States with improved preparedness and response planning	Number of Member States, <i>and where appropriate, local and regional authorities</i> with improved preparedness and response planning

<i>Reason</i>
Highlights the role of local and regional authorities.

II. POLICY RECOMMENDATIONS

THE EUROPEAN COMMITTEE OF THE REGIONS

1. highlights its commitment to prioritising health at European level and supporting regional and local authorities in the fight against cancer and epidemics of diseases in cross-border health cooperation and in the modernisation of health systems;
2. acknowledges that the European Commission's proposal complies with the principles of subsidiarity and proportionality;
3. deplores the severe consequences of the COVID-19 pandemic that could not have been foreseen but that can be overcome through strong cooperation and consolidated mechanisms;
4. stresses that municipalities, towns and cities, local and regional authorities and public institutions are on the front line when confronted with the COVID-19 pandemic, adopting health measures (purchase of medical equipment, hiring of medical staff, etc.) and emergency measures to respond to the different aspects of the pandemic, whether social, economic or logistical;

5. invites the European institutions to take strong measures, within the framework of their competences, in adopting initiatives for a targeted response to the COVID-19 crisis and to collect feedback in order to be prepared for any future health crisis; notes that the preparation and implementation of these measures should be done in coordination with the relevant national, regional and local authorities competent in the field of public health;
6. refers to the findings of the 2017 Eurobarometer, which showed that over 70% of Europeans wanted to see more EU involvement in health;
7. stresses that this major health funding programme for the period 2021-2027 must support actions to address common and long-term public health policy challenges in the EU and the Member States, including in particular anticipating further crises of the same type, health inequalities, access to care, migration, the ageing population, patient safety and high-quality healthcare at local, regional, national and EU level;
8. emphasises that the EU4Health programme must not only focus on crisis management, but should contribute through the post-COVID-19 recovery steps to significantly improving the health of the EU's population, by strengthening the resilience of health systems, promoting innovation in the health sector, and including health prevention and promotion as sustainable development tools;

The health of EU citizens, a fundamental right

9. takes into consideration the crisis the EU faces because of the COVID-19 outbreak on 10 March 2020, which has a very significant human dimension and a major negative impact on people's health;
10. calls for the health sector to contribute to the European social model, and in particular to the European Pillar of Social Rights;
11. notes that health is a fundamental right and a service of general interest, and cannot be treated as a market service;
12. notes that the fight against health inequalities, which result from avoidable social inequalities, is a major goal and an effective means of promoting health security and health systems;

Objectives and role of the EU4Health Programme

13. highlights the fact that the EU4Health programme aims to strengthen health security and prevention, improve the coordination of health care capacity and prepare the EU for future health crises and that the budget of EUR 1.7 billion, set by the European Council of 20 July 2020, will not be sufficient to accomplish this goal;
14. underscores the importance of the principle of "Health in All Policies" and hence the need to coordinate and structure this programme in line with other EU programmes, including the

European Regional Development Fund and Cohesion Fund for medical infrastructure, Horizon Europe for health research and innovation, and ESF+ for training and support for vulnerable groups in accessing healthcare; also calls for synergies to be promoted in the use of these funds;

15. welcomes the Commission's proposal to establish a dedicated health programme for the upcoming budget period 2021-2027 as well, but regrets that the EUR 7.7 billion of additional funding for EU4Health, as proposed by the Commission as part of the Recovery Plan for Europe entitled *Learning the lessons of the crisis and addressing Europe's strategic challenges*, was cut by the European Council, which runs counter to the programme's ambitions;
16. suggests that the EU4Health programme could allow the EU to have more and stronger tools to take quick, decisive and coordinated action with Member States, with the involvement of local and regional authorities competent in the field of public health, both in preparing for and managing crises, and in improving the functioning and performance of EU health systems overall;
17. considers that it is essential for the Union to provide itself with the means to achieve the stated ambition by supporting investment programmes in research and the production of pharmaceutical products and protective devices for the public;
18. points out that the programme also aims to build reserves of medicines and medical supplies, healthcare staff and experts and to provide technical assistance;
19. considers it important, in view of experiences with the COVID-19 pandemic, for the EU to devote significant resources to improving the Union's capacity to prevent, prepare for and respond to health threats/crises, and to strengthen cooperation between the Member States in this respect. At the same time, it is important not to deprioritise the EU's health promotion and disease prevention efforts;
20. believes that, as is currently the case and taking into account the right of the Member States to decide for themselves how to design, organise and finance their healthcare systems, funding should be allocated to various forms of health-related cross-border cooperation, such as the European Reference Networks (ERNs) for rare diseases and highly specialised care, health technology assessment (HTA) and the development of digital approaches to healthcare. It is also important to put a significant amount of effort into combating antibiotic resistance, a health threat that will require cooperation at both European and global level;
21. highlights that one of the goals of EU4Health is to reduce premature mortality by one third by 2030 and this will be achieved by tackling non-communicable diseases using better diagnosis, prevention and care, particularly for cancer, cardiovascular diseases, diabetes and mental health conditions;

A call for cooperation

22. points out that the EU4Health programme should be designed such that it strengthens regional systems by funding initiatives such as tailored support and advice to each country to improve

- healthcare; training healthcare professionals for deployment across the EU; auditing Member States' preparedness and response arrangements; conducting clinical trials to speed up the development of medicines and vaccines; cooperating with cross-border partners; and conducting studies, data collection and benchmarking;
23. welcomes the steps already taken by the European Commission to enable the EU to ramp up much-needed support to alleviate the burden on Member States in their efforts to respond to the current COVID-19 crisis;
 24. considers it necessary to take account of gender equality in the design and analysis of actions undertaken within the new EU4Health programme;
 25. takes the view that actions taken under the new EU4Health programme must be designed such that they contribute to the development of an environmentally and socially sustainable society;
 26. asks for the EU regions, as well as other EU actors, to cooperate to ensure better implementation of the various elements of the EU4Health programme and of the actions listed in the European Commission's Communication on *Short-term EU health preparedness for COVID-19 outbreaks*;
 27. sees an overwhelming need to strengthen the healthcare response and crisis management capacities of the EU institutions, including the direct involvement of local and regional healthcare response structures;
 28. believes that national health systems should become more efficient and resilient by: boosting investment in disease prevention programmes; supporting the exchange of best practices; promoting global cooperation; and improving access to healthcare;
 29. takes into consideration that the programme aims to fill the gaps revealed by the pandemic and that therefore the Member States are primarily responsible for health policy, while the EU can complement and support national measures and adopt legislation in specific sectors;
 30. draws attention to the need for EU cooperation in the field of developing, producing and distributing vaccines within the EU Horizon programme;
 31. insists on the need to strengthen the involvement of local and regional authorities in the governance of health systems, as well as in the definition of priorities and the implementation of the programme, due to their essential role in health, prevention and support; considers that the efficiency of a performance scheme for population health, from prevention to the gradation of care coverage, depends on how well adapted it is to the public health data specific to each region.

Brussels, 14 October 2020

The president
of the European Committee of the Regions

Apostolos Tzitzikostas

The secretary-general
of the European Committee of the Regions

Petr Blížkovský

III. PROCEDURE

Title	EU4Health Programme
References	Proposal for a Regulation of the European Parliament and of the Council on the establishment of a Programme for the Union's action in the field of health – for the period 2021-2027 and repealing Regulation (EU) No 282/2014 ("EU4Health Programme") COM(2020) 405
Legal basis	Mandatory referral (under Rule 41 (a))
Procedural basis	
Date of Council/EP referral/Date of Commission letter	
Date of Bureau/President's decision	10 June 2020
Commission responsible	Commission for Natural Resources
Rapporteur	Nathalie SARRABEZOLLES (FR/PES)
Analysis	2 July 2020 and 12 August 2020
Discussed in commission	18 September 2020
Date adopted by commission	18 September 2020
Result of the vote in commission (majority, unanimity)	Majority
Date adopted in plenary	14 October 2020
Previous Committee opinions	COR 2142/2020 Opinion on <i>An EU Health Emergency Mechanism</i> COR 15/2019 Opinion on <i>Active and healthy ageing</i> COR 4597/2019 Opinion on <i>Implementation and future perspectives for cross-border healthcare</i> COR 6620/2016 Opinion on <i>Health in cities: the common good</i>
Date of subsidiarity monitoring consultation	Not applicable