



**European Committee
of the Regions**

NAT-VII/013

144th plenary session, 5-7 May 2021

OPINION

European Health Union: Reinforcing the EU's resilience

THE EUROPEAN COMMITTEE OF THE REGIONS

- notes that, although health policy remains a primary competence of Member States, a reflection is needed on how to improve coordination and strengthen the EU's response to cross-border health threats during the debate on the future of Europe. The CoR, as the EU's assembly of local and regional representatives, needs to be represented in all the discussions at EU level on health competences, including in the ambit of the Conference on the Future of Europe;
- regrets that the Communication does not specifically refer to the regional and local level as essential parties in health policy, only noting the role of border regions in cross-border cooperation on health;
- finds it necessary to invest more in scientific research, and to ensure the continuous development of digital tools, including the platform for surveillance established under Art. 14 of the regulation on serious cross-border threats to health; calls for LRAs to be involved in preparing, auditing and stress-testing the proposed binding national and EU level health crisis preparedness and response plans;
- considers it a strategic priority to promote basic telehealth services for the treatment and monitoring of home-based patients; stresses that telemedicine can increasingly transform the home into a place of care, with economic and social savings and high efficiency in treatment, prevention and healing;
- recommends that the proposed foresight activities and enhanced reporting requirements on healthcare data and performance include a regional dimension as well as the national one;
- calls for the joint EU procurement to be used also to ensure equal and affordable access to other important medicines and medical devices, especially for innovative antibiotics, new vaccines and curative medicines, and medicines for rare diseases;
- believes that the EU should seek to minimise its dependence on third countries with regard to the production of medicines and medical supplies; the companies which developed vaccines using public funds should share their patents with other companies to boost the production capacities in Europe.

Rapporteur

Roberto Ciambetti (IT/ECR), President of the Regional Council of Veneto

**Opinion of the European Committee of the Regions –
European Health Union: Reinforcing the EU's resilience**

I. POLICY RECOMMENDATIONS

THE EUROPEAN COMMITTEE OF THE REGIONS

General remarks – The COVID-19 pandemic

1. notes that, because of the pandemic, public health has been pushed even further to the forefront of the regions', cities', Member States' and the European Union's agenda and become one of the top political priorities;
2. in this context, welcomes the Health Union Communication, which proposes to strengthen the current EU health security framework, which dates back to 2013. The partially obsolete framework includes the Decision on serious cross-border health threats, which facilitated the exchange of information and supported specific national measures taken, but was not able to cater to the current pandemic;
3. shares the European Commission's view regarding the need to have more public investments in national health systems to ensure that they have the resources and means they need to emerge from the current crisis, as well as to strengthen their resilience in the long term. These objectives should be reflected in the country-specific recommendations under the European Semester. What the pandemic has highlighted in many areas has been the lack not just of early deployment of intensive and sub-intensive care (beds, equipment, specialist medical and nursing staff), but also of local health and palliative care. This has put Member States' different health systems in serious difficulty, especially at times of peak demand for care. At the same time, health systems and health professionals in many countries have demonstrated a strong ability to rapidly adjust and adapt their activities to the new conditions created by the COVID-19 pandemic;
4. welcomes the European Commission's proposal for a strengthened mandate to enforce a coordinated response at EU level in the Health Security Committee, enabled by targeted recommendations on response measures by the European Centre for Disease Prevention and Control (ECDC);
5. points out that the COVID-19 pandemic has been accompanied by major restrictions to freedom of movement inside the European Union, restrictions that have particularly affected border regions; therefore reiterates its request for an EU legal framework to allow for efficient management of cross-border public services which would address the needs of citizens living in these areas¹. Such a framework should be centred around the recently proposed EU regulation on serious cross-border health threats²;
6. welcomes the fact that the Communication contains proposals for medical countermeasures, including many measures such as stockpiling, increased production, joint procurement and

¹ COTER-VII/005.

² COM(2020) 727 final.

better demand assessment for vaccines, PPE, medical devices, therapeutics, and laboratory and testing equipment whilst remaining compatible with the principle of subsidiarity. To boost its resilience and address shortcomings in times of crisis as well as provide scientific and technical assistance, including training, the EU needs to become more self-sufficient in medical supplies for the health sector and less reliant on third countries as referred to in the EU pharmaceutical strategy;

Cooperation between the ECDC and local authorities

7. considers it essential that the ECDC can collaborate directly with individual regions in the Member States, or with groups of them, to facilitate the analysis of specific epidemiological situations that may arise. This collaboration could also include support for the training of all those involved and facilitate the circulation of information and communication;
8. urges the European Commission to re-establish the European Network for Highly Infectious Diseases (EuroNHID), a co-funded network of experts in the management of highly infectious diseases from national or regional centres set up to care for patients suffering from such diseases;
9. considers it necessary to invest more in scientific research within the EU, given that the transition to a more resilient society requires significant technological changes;
10. notes that there is a need to set up databases in cross-border areas, shared between the neighbouring countries and regions, that identify available stocks of medical supplies and PPE;
11. welcomes the European Commission's undertaking, in cooperation with the Member States and the regions, to set up a common general health database that enables comprehensive management and monitoring of shared problems, bearing in mind that pandemics do not stop at borders and that today's society is a globalised one: individual territories are not isolated, contact between them and the rest of the world is inescapable and the way in which pathogens are transmitted can only be determined after the fact, if at all;

Conference on the Future of Europe

12. believes that the Conference on the Future of Europe provides a suitable platform for discussing and providing impetus on the evolution of the EU's role in health in the future, in order to respond to citizens' expectations and improve the efficacy of Europe's healthcare systems. The development of enhanced European cooperation must take account of the subsidiarity principle and respect the fact that Member States have primary responsibility both for health and social care and public health, and for crisis preparedness and management;
13. notes that, although health policy remains a primary competence of the Member States, it is necessary to launch a reflection on how to improve coordination in the field of health and how to strengthen the EU's response to serious cross-border health threats during the debate on the future of Europe, while taking into account the different subnational structures in the field of health and the different competences of the health authorities in individual Member States. These improvements could, among other things, enable the EU Member States to jointly recognise a public health emergency at macroregional or Union level. They could also make it

possible to increase the capacity of rescEU, including the capacity to organise stockpiles and emergency medical teams;

14. maintains that, since in many Member States, local and regional authorities have important responsibilities and competences in the field of public health, the CoR, as the EU's assembly of regional and local representatives, needs to have a strong representation in all the discussions at EU level on health competences, including those in the ambit of the Conference on the Future of Europe;
15. expresses the wish to be closely involved in the work of the Global Health Summit, which will be held in Italy in 2021 and which will enable the EU to steer the worldwide exploration of how to strengthen global health security in the age of pandemics;

Role of regional and local authorities

16. reiterates the fact that local and regional authorities are on the front line in the COVID-19 pandemic. They carry out important actions and have responsibilities in many Member States in protecting the health of the citizens, employing a large share of the healthcare workforce, funding and managing health systems and care facilities in the short and long term, and in designing and implementing health policies, as well as prevention and health promotion activities. Crucial in this respect are the forms of regional autonomy that make it possible to change the existing organisational structure rapidly in order to be able to respond promptly to emergencies;
17. points out that regions that can communicate directly with the EU will be able to find the best solutions in the short term to deal with emergencies and will be able to better use the resources best suited to their needs, since regional circumstances within individual states are often diverse and the needs of different regions may not coincide;
18. regrets that the Communication does not, unfortunately, specifically refer to the regional and local levels as essential elements in health policy, but confines itself to noting the role of border regions in cross-border cooperation on health;
19. believes, furthermore, that greater coordination between all levels of government is needed in order to avert a situation in which the essential autonomy of each local area or region results in inequalities in patient treatment;
20. stresses the need to establish a public-private network of excellence, including, in the event of major public health emergencies, gold-standard hospitals specialising in the study and treatment of infectious diseases that can be transmitted by air, contact or vectors;

Lessons learned from the pandemic

21. notes that Member States' health systems exhibited varying degrees of crisis preparedness. In some cases they were not ready to deal with a crisis on such a scale because of under-investment in public health and shortages of medical staff, whereas in others they displayed greater resilience. This demonstrates a need for the European Commission to be able, in close cooperation with each Member State, to regularly assess its epidemic preparedness;

22. welcomes, in this sense, the proposal of the European Commission to organise in a coordinating capacity stress-tests of the health systems in Member States in order to ensure the functioning of the Union preparedness and response plan. Considers that these stress-tests should fully involve, depending on their competences, regions and cities in the Member States concerned;
23. calls to ensure the continuous development of the digital platforms and applications, including the platform for surveillance established under Article 14 of the regulation on serious cross-border threats to health; furthermore, calls for local and regional authorities to be involved in the preparation, auditing and stress-testing of the proposed binding health crisis preparedness and response plans to be drawn up at national and EU levels;
24. recommends that the proposed foresight activities and enhanced reporting requirements on healthcare data and performance include a regional dimension as well as the national one;
25. notes that the local and regional health and social services and intermediate facilities have played a key role in supporting hospitals, enabling both the role of "COVID hospital" to be concentrated in specific hospitals and also patients to be treated who are COVID-negative or have tested negative after contracting COVID-19 and need to complete their treatment; stresses the need to strengthen local health care, which cares for patients before and after arrival in hospital. The European Commission and the CoR should both play an important role in disseminating good practice in this sector;
26. notes that the pandemic has hit the most fragile sections of society (the elderly, the sick, children and young people) particularly hard, sometimes throwing into relief the fragility of the global socio-economic system and vulnerability in relation to technology (smart working, remote schooling, etc.); underscores the fact that these sectors therefore require more targeted support, including from the EU;
27. thinks that coordination capacity must be bolstered after the pandemic by promoting sustainable lifestyles at local level, focusing fully on the citizens , by building a framework of smart incentives and rules capable of stimulating and rewarding civic behaviour directed towards the common good;
28. calls for joint EU procurement to be used to purchase COVID-19 vaccines and medicines and for these to be used more systematically to avoid competition between Member States. It calls, furthermore, for it to be used to ensure equal and affordable access to other important medicines and medical devices, especially for new innovative antibiotics, new vaccines and curative medicines, and medicines for rare diseases;

Investment in health systems

29. points out that, in terms of investment in health systems, the Communication mentions support to Member States to improve the resilience, accessibility and effectiveness of their health systems, linked to the European Semester, the Social Scoreboard and the Recovery and Resilience Facility (RRF) and national plans; maintains that the involvement of local and regional authorities in all these instruments and processes needs to be ensured and/or strengthened, following the subsidiarity principle;

30. identifies as a strategic priority the promotion of remote basic telehealth services by integrated teams of professionals for the treatment and monitoring of home-based patients with chronic and multi-morbidity conditions; stresses that telemedicine can increasingly transform the home into a place of care, with evident economic and social savings and high efficiency in treatment, prevention and healing;
31. maintains that the Member States can cooperate in ensuring that the contractual framework and the financial treatment of health professionals carrying out equivalent activities are similar, so as not to create – assuming professional parity – privileged areas that are more attractive to health workers and, on the contrary, disadvantaged ones which are unable to recruit health workers;
32. considers that fair pay and salary top-ups for front-line health workers are essential for maintaining the resilience of the health systems. They help to recognise the professionalism of health workers and are a way of expressing gratitude for their selflessness, something that has been of proven value in shoring up the resilience of health systems during the pandemic in various Member States;
33. considers that intermediary professionals between those who are merely involved in personal care and those with nursing skills can help meet the needs of care institutions and ensure the necessary elasticity in social and health care services;
34. thinks Member States need to assess facilities and staff skills on an ongoing basis to ensure that they are able to handle practical tasks (e.g. swabs and vaccines) for the entire population in the event of systemic emergencies;

Vaccine strategy

35. calls on the Member States to involve local and regional authorities in the vaccination campaign against SARS-CoV-2 so they can contribute to the timely deployment and distribution of vaccines and provide clear factual information on vaccines to citizens in order to counter disinformation;
36. supports the sharing of good practice between local and regional authorities in the EU with regard to tackling vaccine hesitancy and understanding the reasons behind such hesitancy among healthcare and social care professionals;
37. strongly believes that it was a right decision to allow the European Union to procure vaccines on behalf of the Member States. Argues that to ameliorate the situation with the availability of vaccines, medicines and other medical supplies, the EU should seek to minimise its dependence on third countries with regard to their production. Furthermore believes that companies which developed vaccines thanks to the use of public funds should share their patents with other companies to boost the production capacities in Europe;
38. considers that the vaccine strategy should evolve apace with progress in the vaccination of the population, so that this strategy first targets high-risk groups and people working in essential services, such as health and social care workers, and then branches out to wider groups, also taking into account the reduction of social and economic restrictions on the ground;

39. supports the creation of an organisational model that enables as many people as possible to be vaccinated as quickly as possible, using all doses in individual vials;

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Strategy for fighting health disinformation

40. Calls for coordinated measures to be taken by all Member States to monitor and fight health disinformation. As local and regional authorities are in the front line when it comes to tackling health challenges in most Member States, it is these authorities that are most directly affected by the – often deliberate – spread of health misinformation. It is imperative for local and regional authorities to receive unified, coordinated support so that they can combat this issue effectively.

Brussels, 7 May 2021

The President
of the European Committee of the Regions

Apostolos Tzitzikostas

The Secretary-General
of the European Committee of the Regions

Petr Bližkovský

II. PROCEDURE

Title	European Health Union: Reinforcing the EU's resilience
Reference(s)	COM(2020) 724 final
Legal basis	Article 307(4) TFEU
Procedural basis	Own-initiative opinion (Rule 41(b)(i))
Date of Council/EP referral/Date of Commission letter	
Date of Bureau/President's decision	02/12/2020
Commission responsible	Commission for Natural Resources (NAT)
Rapporteur	Roberto Ciambetti (IT/ECR)
Analysis	11/12/2020
Discussed in commission	22/03/2021
Date adopted by commission	22/03/2021
Result of the vote in commission (majority, unanimity)	Majority
Date adopted in plenary	7 May 2021
Previous Committee opinions	
Date of subsidiarity monitoring consultation	N/A