

Thibaud Deruelle, University of Lausanne

COVID-19: a momentum for a "European Health Union"

Covid-19 has given way to unprecedented coordination in responding to a health threat

- Health prerogatives are a coordinating competence in the EU, which makes collective action rather difficult
- In spite of some institutional developments over the last 20 years, public health prerogatives are national preserves

'Stronger European Health Union' advocated by European Commission President Ursula von der Leyen in her first State of the Union speech (16 September 2020).

- But unclear on what a European Health Union could ultimately be
 - Integrated rather than coordinated response to pandemics?
 - Binding effects on Member States' health systems (hospitals, stockpiling)?

Is the EU is taking the road to the "stronger European Health Union"?

What was achieved during the crisis?

- EU4Health programme adopted on 24 March 2020
- Three legislative proposals to strengthen Europe's health agencies and set up a health task force 11 November 2020

The "European Health Union" and the role of Solidarity

Solidarity-based governance is the only way forward in the coordination of health threats management

- In the EU, public health policy is not about creating an *Acquis Communautaire*, but about coordinating national risk reduction measures
- The EU does not have binding instruments

In the absence of a coercive legal basis, solidarity is no trivial matter:

- Solidarity promotes equality of opportunity and efficient allocation of resources (Myrdal 1956)
- Solidarity incentivizes cooperation and coordination between Member States

Looking for a "solidarity" shift from the point of view of governance and instruments with a focus on health threats management

• And what it ultimately means for the European Health Union

COVID-19 as paradigm shift: solidarity-based governance



2001: Informal creation of the Heath Security Committee

At first because of fears of biological attacks post 9/11



2009: H1N1 Crisis

From July 2009: "big", operational measures appear to be unnecessary

The question of coordinating risk management becomes less sensitive

The issue of vaccines is now *de facto* matter of coordination in the EU (competence of coordination)



2020: change in *de facto* management of health threat

ECDC developed advice on management measures (scenarios for containment) as soon as 14 February

Vaccination plan, PPE procurement, testing resources and vaccines

Coordinated containment measures and discussions on Home Affairs in HSC

Express ban on advising on risk management, under MS pressure

ECDC mandate is harmonizing surveillance



2002-2004: ECDC created amid the SARS-Cov1 crisis

Formalisation of the role of the HSC in 2013

+ The ECDC role re vaccines endures post crisis for pandemic preparedness

But the momentum loses steam rapidly and coordination re preparedness is timid



2010-2019: Inter-crisis period

This includes non-binding recommendations and options for risk management such as vaccine strategy

This enshrines in the legal text some practices that incite coordination



11 November 2020: *de jure c*hange in the ECDC mandate

Solidarity based instrument: limits and recent development

Slow vaccine roll-out and the limits of solidarity-based instruments	Main instrument: voluntary joint procurement of medical devices	Created post 2009 H1N1 pandemic Member States purchases medical equipment together	Because the H1N1 crisis was not as severe as expected joint procurement mechanism was neglected prior to Covid-19.
	Communication Communication on an EU strategy for Covid-19 vaccines on 17 June 2020	Goal: to negotiate with pharma industry advance purchases Budget of 2 billion euros fixed by MS	'Advance purchase agreements' signed with six companies, from August 2020 to January 2021 2.3bn doses guarantee access to smaller MS
	Joint procurement of vaccines prevented a race between Member States	but the EU lagged behind the US and UK in rolling-out vaccines	Sobering light on the limits of the solidarity-based, coordinated approach
New solidarity-based Instruments	EU Health Emergency Preparedness and Response Authority (HERA)	Assists materially the deployment of management measures in the event of a health emergency.	Assists throughout the whole value chain from conception to distribution.
	EU4Health programme (24 March 2021) ramps up capacity-building at EU level	€5.3 billion over 7 years 12 x increase compared to the previous health programme (€446 million).	Capacity-building, and especially to the development of surveillance capacities in Member States

Solidarity & the legitimization of a European Health Union

Covid-19: significant paradigm and institutional shift towards solidarity-based governance and instruments

• This paradigm shift towards solidarity is paving the road for a 'stronger European Heath Union'

BUT, collective action is still contingent on the crystallization of a sense of solidarity between Member States

Coordination is time-consuming and may prevent Member States from taking action on a short notice (cf. vaccines)

Paradoxically, a 'European Health Union' can only be deemed a substantive leap if solidarity is not the active compound of collective action:

• Solidarity is only second best to a coercive legal basis when it comes to inciting collective action

To be fully realized, the European Health Union will necessarily include to 'upgrade' public health to a domain of shared competences.