

To protect and advance what matters most to everyone in Europe - A Commission Vice-President for Health

Following the 'Future of Europe' scenarios, there has been much speculation about 'doing less' for health and whether certain policy files will be rerouted to other Directorates-General (DGs). The regulatory role of the EU is indispensable to protect public health and patient safety, and is embedded in the body of EU legislation and programmes overseen by the European Medicines Agency, European Food Safety Agency, European Chemicals Agency and European Centre for Disease Prevention and Control.

Responsibility for health cannot be devolved to DGs whose primary aim is the economic advancement of affected industrial sectors, for example in the oversight of the pharmaceutical and agro-food sectors, and of data with regard to health. This would be a retrograde step, at a time when the EU's credibility for regulatory oversight must be strengthened. Such an approach risks further fueling Euroscepticism, by raising suspicions of conflict of interest. Nor should responsibility be fragmented, or siloed, creating dilution and inefficiencies between respective legislation, policy and programmes.

Protection and advancement of wellbeing – public health, patient rights, safety, quality of life – is not an internal market issue, but citizens' primary concern and a central objective of the EU Treaties (Article 3 TEU). A high level of protection of health and universal health coverage are core objectives to be upheld at the European level, as reflected in the EU Pillar of Social Rights and the commitment of the EU and all Member States to the Sustainable Development Goals (SDGs).

Health requires specific political drive and dedicated Commission resources to meet citizens' expectations.¹ To achieve this, we call for the next Commission to include a Vice-President for Health. This mandate should include both health protection (including food safety) and healthcare cooperation, with the following primary responsibilities:

- **Leadership:** to act on the will of Member State governments on EU health collaboration, better ensure policy coherence for health across all legislation and programmes of the EU, putting health first in impact assessment, and management of health crises, or emergencies.
- **Subsidiarity:** to ensure that the subsidiarity principle is respected, particularly with regard to organisation of health systems and services, whilst encouraging valuable sharing of knowledge, experience and scale-up.
- **Implementation:** to facilitate and oversee the effective implementation of existing legislation, ensuring achievement of health protection objectives of the Lisbon Agenda and SDGs; to apply the results of EU funded health research and implement recommendations, e.g. of the Joint Actions, to improve health outcomes.
- **Participation:** to facilitate further cooperation in the field of health and healthcare, on the request of Member States; and establish an effective policy dialogue with all health stakeholders and their meaningful involvement in relevant initiatives.
- **Preparedness:** to identify, prevent and prepare for potential health threats and coordinate a swift and efficient EU response together with international partners to health emergencies.

Continued investment and strong leadership in health at EU level is indispensable. If we fail on the health 'project', we will fail, ultimately, on citizens' social and economic aspirations for the future of Europe. The future governance of the EU Commission and its programmes must demonstrate commitment to independence, through a top-level entity with adequate resources for health protection and promotion.

¹ http://www.europarl.europa.eu/external/html/eurobarometer-052017/default_en.htm#health
<http://bruegel.org/2018/01/eu-budget-expectations-vs-reality/>