

HOW COULD THE EUROPEAN HEALTH UNION HELP THE HUNGARIAN HEALTHCARE TO CATCH-UP?

Expectations of the public, health professionals, advocacy organizations and local governments



Written by:

Dr. Mihály Kökény

Dr. Orsolya Süli

Dr. Istvan Ujhelyi

With the participation of
Gábor Harangozó

Executive Summary

The COVID-19 pandemic facilitated a long-expected paradigm shift in the European Union's perception on health and healthcare. It has been proved that health policy decisions cannot be kept within a nation-state framework only, and that a new vision and strengthened community competences are needed to cope with public health crises. At the pioneering initiative of the S&D Group, the European Parliament, the Commission and the European Council adopted the concept and the first measures of the European Health Union, including the strengthening of the European Centre of Disease Control and the European Medicines Agency, the development of a new cancer control program and the elaboration of quality standards for health care.

Creating a European Health Union can also contribute to catching up of the ailing Hungarian healthcare. Therefore, it seemed worthwhile to examine the opinion of the Hungarian population, professional organizations and local governments on this project. Based on the responses to a questionnaire, as well as a representative poll through telephone and online consultations, it has been found that the majority of the Hungarian society is open to the European Health Union. In relation to those in which it does make sense to urgently strengthen the European competence – a significant proportion of respondents highlighted the area of epidemiology and public health. On other fields a stepwise approach was advised. For instance, the harmonization and unification of healthcare systems can only be the result of a longer and cautious process, however, the establishment of service and quality minimums in the concept of the European Health Union can be a major step forward. Our respondents did not propose EU legislation on a few areas such as migration of health workers or compulsory childhood immunizations.

Further research on the topic could be carried out in other Member States. At the same time, in order to adopt the European Health Union, a medium-term action plan should be drawn up, while a stronger communication campaign and the necessary financial framework are needed.

Table of contents

1. Introduction	6
2. Antecedents of the European Health Union	8
Health in EU policies before the pandemic	8
Factors urging common European health policy	9
What can the European Health Minimum mean?	10
3. Common and unified health policy is in Hungary's interest	13
4. On the way towards the European Health Union	16
Conceptual considerations.....	16
The history of the implementation of the European Health Union so far and its Hungarian aspects	17
5. Hungarian research on the assessment of the European Health Union	20
Online consultation about the European Health Union	25
6. Conclusion	30
7. Recommendations	33



THE FOUNDATION FOR EUROPEAN PROGRESSIVE STUDIES

The Foundation for European Progressive Studies (FEPS) is the think tank of the social democratic political family at EU level. Its mission is to develop innovative research, policy advice, training and debates to inspire and inform progressive politics and policies across Europe. FEPS operates as a hub for thinking to facilitate the emergence of progressive answers to the challenges that Europe faces today. Today FEPS benefits from a solid network of 68 member organisations. Among these, 43 are full members, 20 have observer status and 5 are ex-officio members. In addition to this network of organisations that are active in the promotion of progressive values, FEPS also has an extensive network of partners, including renowned universities, scholars, policymakers and activists.

AVENUE DES ARTS 46 1000 BRUSSELS (BELGIUM)

+32 2 234 69 00

INFO@FEPS-EUROPE.EU

WWW.FEPS-EUROPE.EU@FEPS_EUROPE

SZOCIÁLIS
DEMOKRÁCIÁÉRT
INTÉZET



THE INSTITUTE FOR SOCIAL DEMOCRACY

The Institute for Social Democracy was established by two parliamentary parties the Hungarian Socialist Party (left) and the Dialogue for Hungary (left- green). Its main mission is to help the progressive political forces to break out from everyday political fights, and highlights the consequences of the different policy choices, develop and present a realistic alternative to all Hungarian citizens who want a just, free and democratic Hungarian republic.

WWW.SZOCIALIS.EU

With the financial Support of the European Parliament



*The present study does not represent the views
of the European Parliament*

ABOUT THE AUTHORS

Dr Mihály Kökény

MD, PHD



Dr Kökény, having worked in various government positions, served as Minister for Health twice (1996-98, 2003-4) in a socialist-liberal government. His international activities cover a broad field of health promotion, environment and health and health care reforms. As a delegate of his country he was the Chairman of WHO's Executive Board (2010-2011). Currently he is a Senior Fellow of the Global Health Centre at the Graduate Institute of International and Development Studies, Geneva. He is also a lecturer at the University of Debrecen, Faculty of Public Health in Hungary (on global health and health policy) and a WHO consultant.

Dr Orsolya Süli

MEDICAL DOCTOR



Dr Orsolya Süli holds an MSc. in Health Economics, Policy and Management. She took interest in health policy during her medical education and became involved on this field through the European Medical Students' Association, where she held the position of the Vice President for External Affairs. She completed an internship at the World Health Organization and contributed to several international global health related projects. Since the beginning of the pandemic, she has been working on the frontline, first as an emergency medicine doctor in Hungary and currently as an acute medicine doctor in Scotland

Dr István Ujhelyi

MEMBER OF THE EUROPEAN PARLIAMENT



Dr István Ujhelyi has been a member of the European Parliament since 2014 and is also the Chair of Tourism Task Force in the European Parliament since 2015. He previously served as Vice-president of the Hungarian Socialist Party from 2014 until 2017. He holds a degree in law and political sciences from the József Attila University.

INTRODUCTION



1. Introduction

In the seven decades long history of the European Union (EU) the health policy has been pushed to the periphery until recently. Only a fraction of EU funds has been spent directly on the development of health infrastructure or disease prevention programs. However, in a more nuanced approach, it is a fact that a large number of EU decisions affecting health have been taken, but disguised, in other areas, such as fiscal governance, research, or such as environmental-, labor- or social policy under the auspices of consumer protection or internal market regulations.¹

In the campaign for the 2019 EP elections, candidates from the left and the green parties have felt most strongly that the majority of EU citizens want not only a single market for capital and labour, but also a social Europe. The Socialists and Democrats (S&D) has recognized the need to invest in people, and to put welfare and social systems first, including the strengthening of the healthcare systems. Among its members, István Ujhelyi was one of the few who advocated and supported the establishment of the European Health Union (previously called – European Minimum Health Service) even before the coronavirus pandemic.

The COVID-19 epidemic has reached the European Union and all Member States unprepared. Therefore, the region has paid with human lives, and huge economic and social losses.

However, the public health and economic crisis have provided an opportunity to establish a framework for a previously unimaginable common and unified European health policy and to establish a European Health Union.

Frank Vandenbroucke, the Belgian Minister for Health said that advocating for a European Health Union means that the EU cares, protects and

serves. In this way, the European Health Union can become a component of the Social Union in the future.² From the summer of 2020, due to the initiative of the European Parliament, the work on establishing the European Health Union in EU agencies and decision-making bodies has accelerated, and additionally to coordinating the vaccine supply, a draft drug strategy and an action plan to roll back cancer were put forward for discussion. It is a promising development that in the EU's newly adopted 7-year budget – in line with the changed priorities – the amounts spent on healthcare will increase by 13 times. That means more than EUR 5 billion.

Nowadays, the European Health Union is both a vision and a constantly expanding set of concrete proposals and measures.

Its content and legal background take shape day-by-day. However, its future role will be influenced by the needs of the Member States. Therefore, the research launched at the end of 2020 - with the support of the Institute for Social Democracy (ISD) and the Foundation for European Progressive Studies (FEPS) - aimed to assess the impact that the European Health Union could have on Hungary. It was awaited to clarify whether the replacement of the current nation-state competences and the strengthening of European healthcare institutions could help the recovery of the Hungarian healthcare crisis, which areas of expertise should be given priority and how the professional and public actors feel about it.

The study summarizes the current concept of the European Health Union, its development process until now, the results of the above-mentioned Hungarian research, and contains recommendations for the European Progressives.

1 Greer, S.L. at al.: Everything you always wanted to know about European Union health policies but were afraid to ask. World Health Organization, 2019: <https://apps.who.int/iris/bitstream/handle/10665/328267/9789289051767-eng.pdf?sequence=1&isAllowed=y>

2 Frank Vandenbroucke: We need a Europe that cares and that is seen to care. Progressive Post. 24 November 2020. <https://progressivepost.eu/progressive-page/we-need-a-europe-that-cares-and-that-is-seen-to-care>

ANTECEDENTS OF THE EUROPEAN HEALTH UNION



2. Antecedents of the European Health Union

Health in EU policies before the pandemic

EU Member States have long opposed a greater role for the EU in shaping the health policies of Member States; based on the principle of subsidiarity³, as long as possible, they were kept under national competence, and the EU only intervened in areas where it could be more effective. Partly due to the differences in health systems and differences in economic opportunities, the sector has been deliberately kept away from EU affairs, and it played a role in raising sensitive moral and political issues.

The patient care systems of the Member States are developed in accordance with each country's history, which are national peculiarities, and their abandonment carries both cultural and political risks.

When the EU was formed it was an economic organization, and for a long time it did not even deal with social policy or healthcare. The EU remained indebted with a comprehensive vision of a Social Europe until 2017: the European Parliament, the Council and the European Commission announced the creation of the European Pillar of Social Rights at the Gothenburg Summit⁴.

In the 1980s, under the auspices of the Jacques Delors led Commission, efforts were made to extend integration to non-purely economic areas, that is how environmental and social issues came under EU competences.

The regulation on limited health powers was first introduced in the Maastricht Treaty in 1993. This has been driven by the recognition that the healthy workforce is the prerequisite of economic development, prosperity and competitiveness, so loose coordination measures have been

introduced in health-related matters:

- Occupational health and safety;
- Social security of migrant workers (social security, unemployment benefits, pension);
- In public health to avoid the health risks of the free movement of persons and
- The recognition of health qualifications and diplomas for also for promoting the free movement of qualified workforce.

Health emergencies have also contributed to the extension of health regulations at EU level. Developments that paralyzed agricultural economic cooperation such as the spread of dioxin - poisoned chicken or mad cow disease in the 1990s slowly appreciated the role of health policy: a Directorate-General for Health has been set up within the Commission's apparatus.

The 2009 H1N1 influenza pandemic highlighted anomalies in vaccine production, and pharmaceutical and medical regulations were then transferred to the Directorate-General for Health.

The current consolidated version of the Lisbon Treaty (since the adoption - 2007) on the Functioning of the European Union – still held at nation level – defines the enforcement of health requirements as a criterion:

"A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities.

Union action, which shall complement national policies, shall be directed towards improving public health, preventing physical and mental illness and diseases, and obviating sources of danger to physical and mental health. Such action shall cover the fight against the major health scourges, by promoting research into their causes, their transmission and their prevention, as well as health information and education, and monitoring, early warning of and combating serious cross-border threats to health.

³ The principle of subsidiarity is accepted in the European Union. Meaning: problems preferably should be resolved at the place of origin, and the interventions of higher levels should be minimized, but the necessary help must be given.

⁴ European Pillar of Social Rights (2017): https://ec.europa.eu/info/sites/info/files/social-summit-european-pillar-social-rights-booklet_en.pdf

The Union shall complement the Member States' action in reducing drugs-related health damage, including information and prevention." (Article 168 (1) paragraph)⁵.

Life has also forced other smaller or larger steps in health care towards supervision, such as the regulation on cross-border healthcare⁶ or the establishment of the European Center for Disease Prevention and Control (ECDC)⁷.

In practice, however, EU institutions remained weak in terms of health and healthcare issues, in many respects EU institutions have complementary rights and powers which are shared with the nation-states: disease prevention, medicine- and blood safety. The organization, financing and operation of healthcare systems, and the range of services on community health systems and their accessibility remain strictly a Member State competence.

Factors urging common European health policy

The economic weight of healthcare in the EU has increased, nearly 10 percent of the GDP generated in the 27 Member States is spent on the sector.

The economic weight of healthcare in the EU has increased, nearly 10 percent of the GDP generated in the 27 Member States is spent on the sector. 10 percent of the EU workforce is employed in healthcare, while pharmaceutical industry gives work for 650 thousand people.

Growing and unacceptable inequalities in life expectancy (spent in health), reflect the differences in the quality and accessibility of services provided by care systems in the health status of the population. Additionally, even in richer countries, it is becoming increasingly difficult to guarantee the financial and social sustainability of curative and preventive activities, as the rapid innovation is costly, which the Member States are less able to cover from their

own resources. Health and healthcare system inequalities have been exacerbated by the accelerated migration of health workers to richer Member States due to the existing wage gap, which made it even more difficult to organize the care systems for the already resource-poor, less fortunate EU countries.

Therefore, in the last 10-15 years, increasing amounts are spent from the EU structural and cohesion funds on the development of health infrastructure and healthcare.

Growing tourism, increasing labor mobility, and the arrival of large number of migrants and refugees have also exacerbated tensions between Member States in terms of healthcare and accessibility. These circumstances -even combined- have projected gradual progress in bringing healthcare into community competence. The COVID-19 pandemic marked an explosive paradigm shift in the prevailing approach so far, after proving that EU mechanisms are slow in public health crises, and the current coordination, advisory and recommendation powers are insufficient.

The epidemic has also been instrumental in recognizing that harmonizing the public health systems is not enough to tackle and curb pandemics, or to act according to a single preparedness plan, and organize vaccine development, procurement and distribution: but there is also a need for greater harmonization of care systems and access for citizens.

⁵ Consolidated version of the Treaty on the Functioning of the European Union (2012): <https://eur-lex.europa.eu/legal-content/HU/TXT/?uri=celex%3A-12012E%2FTXT>

⁶ Directive 2011/24 of the European Parliament and of the Council on the application of patients' rights in cross-border healthcare: <https://eur-lex.europa.eu/legal-content/HU/TXT/?uri=celex:32011L0024>

⁷ <https://www.ecdc.europa.eu/en>

It has also become apparent to the future of Europe that the declared goal of integration, the reduction of social inequalities and the achievement of cohesion are inconceivable while maintaining existing health inequalities. If our health is determined solely by the Member State in which we were born and in which we live, then the integration has not achieved its objective and its long-term survival becomes questionable⁸.

Last but not least, the European Union is increasingly seen as a global health actor. The establishment of the European Health Union will strengthen the EU's role in the global health decision-making. On the one hand it has more credible influence in UN platforms and forums, in the WHO and even in the G7 and it could have a greater and more credible influence during the G20 health policy consultations and commitments. But on the other hand, the EU's role in global solidarity is growing as well, as the developing countries expect to be supported by the EU in developing health infrastructure, vaccination and epidemiological preparedness⁹.

However, under EU law, the European Union can act outside the EU only in matters and to the extent that it has a mandate and authorization within its borders. These borders were already pushed off by the EU institutions after the outbreak of the COVID-19 pandemic, when they stood by the World Organization during the unjustified attacks of the Trump administration, proposed a new global pandemic treaty and took vaccine development and donation initiatives.

What can the European Health Minimum mean?

The definition of the European health minimum, the creation of standardized rules, the reorganization and development of European and national health care systems, as well as the development of the health services sector according to a uniform set of criteria all aim to ensure access to the highest possible level of health care, not just in the frame of a

constitutional fundamental right. It should be a real measure that depends to a large extent on the economic performance of a given Member State, but with the same technical and legal content for all EU citizens living in the territory of any Member State.

Over the last two decades, the EU has laid the foundations for a common minimum system of healthcare, both in terms of regulation and its institutional system in selected areas. There is already standardized normative EU regulations in Member States to ensure the rules for the production and distribution of medicine and healthcare products, and to ensure the harmonization of personal conditions for the provision of services, and specialized institutions, agencies in the fields of medicine and medical technology, and public health and epidemiology have been established.

The development of health products and technology and the sharing of research results are all based on standardized rules within the EU. There is a unified action against the products harmful to health, however, the standardized professional content has not been elaborated in the "classic" areas of services.

In addition to the wide variation in access to services from one area to another, the causes of disruption are not necessarily the lack of providers, but the often different quality of care they provide and the unregulation of its true content. Looking at the full range of health services, there are significant differences not only at the geographical level but also at the sectoral level. While significant progress has been made in the development of professional and therapeutic procedures and protocols in the field of inpatient and outpatient care (for example: oncology, manual therapies, surgery, orthopedics, gynecology, IVF, etc.), primary care has lagged behind for years. At the same time, the pandemic caused by the coronavirus - among many others - clearly indicated that different thinking about the tasks and responsibilities of primary care, the preparedness of primary care services for a crisis situation, and structural differences can be sources of serious disturbances.

⁸ István Ujhelyi EP-MEP website: <http://ujhelyi.eu/hu/europai-egeszsegugyi-unio/>

⁹ Yana, B.: Strengthening the European Union's Role as a Global Health Actor. Research Paper. Institute of European Democrats, 2020: https://www.iedonline.eu/download/geopolitics-values/23-Brovdiy-STRENGTHENING_THE_EUROPEAN_UNIONS_ROLE_AS_A_GLOBAL_HEALTH_ACTOR_FINAL.pdf

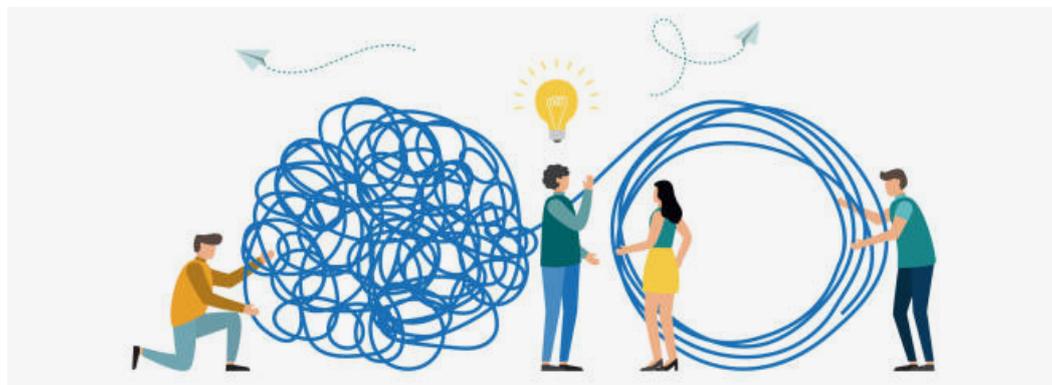


Recent decades have brought exponential developments in medicine and the healthcare industry. Such technological results have been achieved as the use of 3D printing in the sector, gene therapy, robotics, and AI in telemedicine

and imaging procedures. A community-wide regulation on data protection and data security (GDPR¹⁰) has also been established, but there has been no EU harmonization of the minimum professional content of services.

¹⁰ The European Parliament and Council (EU) 2016/679 regulation on the protection of individuals with regard to the processing of personal data and on the free movement of such data, 95/46/EK repealing this regulation (general data protection regulation): <https://eur-lex.europa.eu/legal-content/HU/TXT/HTML/?uri=CELEX:32016R0679>

COMMON AND UNIFIED HEALTH POLICY IS IN HUNGARY'S INTEREST



3. Common and unified health policy is in Hungary's interest

Due to a number of factors, it would be beneficial for the EU to play a greater role in shaping Member States' healthcare systems.

Hungary spends much less on healthcare, both in absolute terms and as a percentage of its GDP, than the EU average, and just over two-thirds of health spending is provided by the state. The ratio of public health expenditures to GDP decreased from 5 percent in 2010 to 4.4 percent

by 2019. Twelve percent of families are forced into so-called catastrophic health care expenditures that threaten their livelihoods¹¹. While the EU average during this period – in public health spending rose from 5.9 percent of GDP to 6.2. In Hungary, the per capita health expenditure measured in purchasing power parity was 1506 euros in 2019; it did not even reach the 60% of EU average (Figure 1.). As a percentage of the total budget, the Hungarian health spending is below 10% (the EU average is 14%)¹². Although funding is likely to improve in the years of the pandemic but change in our position within the EU is not expected.

HUNGARY SPENDS LESS ON HEALTHCARE THAN MOST EU COUNTRIES

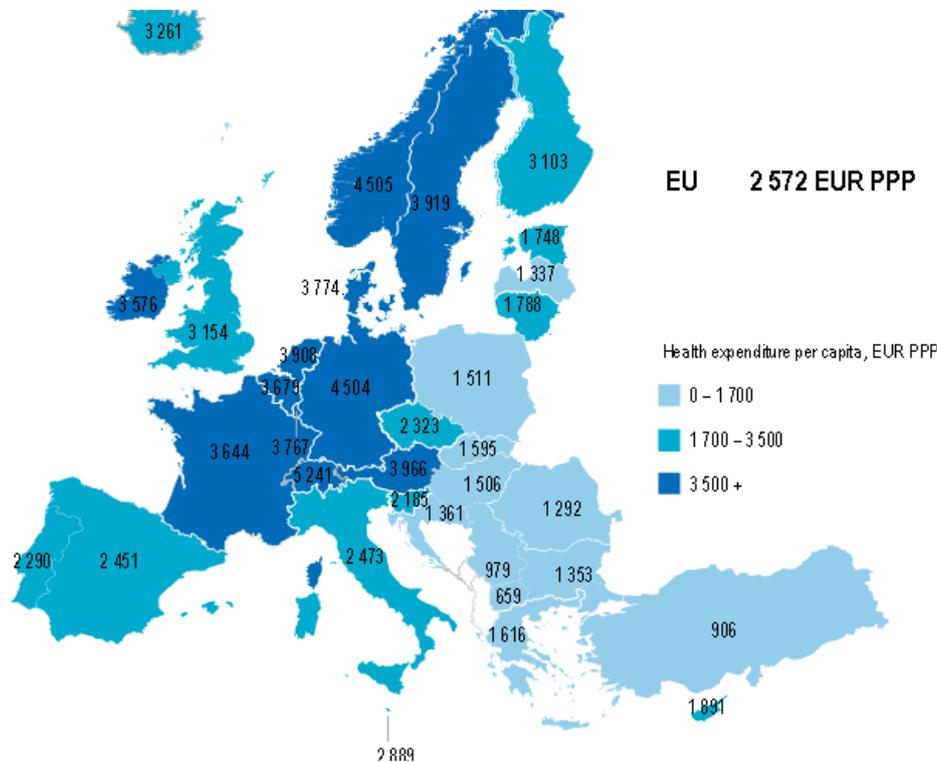


Figure 1.

In 2010, the direct emergence of healthcare in government was abolished, the management of the health sector became the responsibility of a mega-ministry. There has been no strategic planning for years. The basic institution of social health insurance and social security has been abolished or rather degraded. The State Public Health and Medical Officer Service, the responsible agency for public health security

was fragmented. Current political considerations successively override professional rationality.

Thousands of doctors and healthcare workers have chosen to work abroad due to the insufficient incomes, uncertainty and poor working conditions. Although the leaving of this profession slowed down, but it did not stop. The doctors and healthcare workers who chose to

11 Households with catastrophic health expenditures are those whose pocket, direct health expenditures account for at least 40 percent of their expenditures over their livelihood needs (i.e., food, housing, and utility bills).

12 Health at a Glance: Europe 2020, OECD: <https://doi.org/10.1787/23056088>

stay in Hungary before and during the pandemic saved many of our compatriots' lives, but it could not make up for the growing labor shortage. This weight on the doctors' and healthcare workers' shoulders will not be less once the epidemic is over, due to the ageing society and the increase in chronic diseases, consequently the pressure on the healthcare systems will increase.

The lag of health indicators of Hungary's health care and the health of the people within the EU is becoming more and more tragic. According to the European Commission's 2019 health report¹³ on Hungary, the Hungarian mortality data are worse than in most of the EU Member States. The reasons include, on the one hand, the prevalence of factors harmful to health (smoking, alcoholism, obesity, etc.) and the insufficient government actions to address these issues, also on the other hand, the perpetuating crisis in the care systems. It is estimated that 30,000 deaths could be prevented each year through more effective public health and disease prevention interventions. An additional 16,000 deaths could be avoided with more effective and timely health care. By the primary prevention measures, and by the introduction of strict restrictions on health risks could save additional lives and reduce the burden on the healthcare systems.

Patients are increasingly finding that the waiting lists in public healthcare are extremely long due to the lack of money and labor shortage. In many places adult GP practices have also been emptied (there are missing doctors in more than 500 districts - who are replaced somehow), and emergency admissions departments therefore fill up quickly – it is not uncommon to wait 6-7 hours for the first medical examination. More and more people are turning to paid private

healthcare providers for reliable and faster care.

The protracted coronavirus epidemic, especially its second and third waves, grinded the last reserves of the Hungarian healthcare.

The shattered public health organization was unable to deal with the data collection, pandemic management, and with providing the required number of laboratory tests and with locating the contacts of the infected patients. The sectoral management has been placed under law enforcement powers. The safety of coronavirus patients in need of hospital treatment is compromised by the lack of sufficient doctors, nurses and other important healthcare workers. The coronavirus restrictions also adversely affect the care of many patients with chronic illnesses who cannot receive an adequate care in the midst of a pandemic. This is accompanied by the uncertainty around healthcare workers' new legal relationship.

Hungary does not use the available EU funds to strengthen its healthcare, or to introduce prevention programs, more specifically this sector has been removed from the priority list of the current government. Between 2007 and 2013, the Hungarian healthcare system received HUF 450 billion in EU funding, during this period, Hungary spent the most on the development of health infrastructure from the new Member States.

As regards the approved recovery funds, according to reports, the government would not apply for the full funding of 5,800 billion forints", a combination of a grant and the loan, just the grant part totaling 2,500 billion forints. In the field of healthcare, in particular, the costs of the first year of the medical wage increase are also to be covered from this appropriation, as well as the construction of a gigantic hospital in Budapest.

¹³ Hungary: Health country profile, 2019, European Commission – OECD – European Observatory: https://ec.europa.eu/health/sites/health/files/state/docs/2019_chp_hu_hungary.pdf

ON THE WAY TOWARDS THE EUROPEAN HEALTH UNION



4. On the way towards the European Health Union

Conceptional considerations

Protecting health is a prerequisite for the fair and sustainable development of European societies. There is no prosperity without health, as healthy people can create wealth for themselves, their families, their narrower and wider communities through their productive work and take care of their disabled fellow citizens. Health plays a major role in achieving a Social Europe. The EU is in favor of predominantly publicly funded health systems that provide quality disease prevention

and treatment services in order to guarantee equal access to care and benefits for citizens with different circumstances and incomes, financial opportunities – and only then can the principle prevail that no one should be poor because she/he is sick, and no one should be sick because she/he is poor.

Healthcare and care services play a central role in the public good. This is a fundamental right and value that cannot be subjected solely to market forces. Expenditure on healthcare and on health promotion and disease prevention should therefore not be considered as an expense, rather as an effective investment for sustainable growth.

Fair and equitable access to high quality services is essential for all people. Therefore, the target model of the European Health Union should expect Member States to take all necessary measures to support and develop national health systems.

Through its commitment, the EU will also help to meet the international commitments of its Member States, whereas numerous declarations, including the constitution¹⁴ of the World Health Organization – which states that every individual has the right to the highest attainable standard of healthcare. The global conditions for achieving health are set out in the United Nations' Sustainable Development Goals¹⁵ furthermore the political declaration of the UN high level meeting on Universal Health Coverage¹⁶.

Proposals for stronger harmonization and standardization of EU Member States' health policies have been made before the emergence of the coronavirus in order to tackle cross-border health "threats" more effectively. The pandemic has accelerated the development of a mechanism and package of measures which is officially called European Health Union since the July

of 2020. Former Health Commissioner Vytenis Andriukaitis and other European public figures in a statement summarized their arguments and the steps they considered necessary to establish the European Health Union¹⁷.

The document proposes that such provision be incorporated into the Treaty on the Functioning of the European Union, which confer clear competence on the European Union. This is the long-term goal, but it reflects the expansion of EU health competencies is conceivable on a wide scale. This will also be on the agenda of the conference on the future of the European Union, starting in spring 2021.

There is likely to be a heated debate on the creation of a legal basis for the European Health Union, including the extension of EU health competences. If the pandemic eases, some Member States will not want to hand over their

14 Constitution of the World Health Organization, 1948. Basic Documents, Forty-fifth edition, Supplement, October 2006, WHO: https://www.who.int/governance/eb/who_constitution_en.pdf

15 Transforming our world: the 2030 Agenda for Sustainable Development. UN General Assembly Resolution (2015): https://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E

16 Political Declaration of the High-level Meeting on Universal Health Coverage "Universal health coverage: moving together to build a healthier world" (2019): <https://www.un.org/pga/73/wp-content/uploads/sites/53/2019/07/FINAL-draft-UHC-Political-Declaration.pdf>

17 Manifesto for a European Health Union (2020): <https://eihsd.eu/manifesto-for-a-european-health-union/>

powers to EU institutions, as it can be seen from the statements of the representatives of the V4 countries¹⁸.

The history of the implementation of the European Health Union so far and its Hungarian aspects

Several members of the European Parliament elected in 2019, including István Ujhelyi and others, became advocates of reducing health inequalities between Member States and eliminating disparities between healthcare systems. They pointed out that Brussels' activities do not extend to the definition of health policies, nor for the organization and nor for ensuring of services or health care. The European Union's actions in the field of healthcare are only to complement national policies, which can promote cooperation between Member States and make recommendations and suggestions to governments. Consequently, it leads to unacceptable differences in the quality of care, and it is therefore time to put an end to the dogma of Member States' competences and to develop a system of quality criteria for European healthcare systems¹⁹.

In January 2020, a wide range of professional and non-governmental organizations discussed and supported the draft prepared by István Ujhelyi on the framework of the European Minimum Health Service at the premises of the Budapest European Point. It has been said that the Hungarian Medical Association wants to standardize and make the healthcare transparent, therefore they support every action in which good practices can be passed on to each other, it would certainly support, for example, a common European "protocol bank" or a new EU institution dealing with technology assessment, perhaps

common workforce issues. The European Health Minimum would guarantee human dignity, would guarantee that ambulances reach the scene within 15 minutes from the alarm in 80% of the cases, and it would also expect from the EU Member States – regionally proportionally – to ensure a minimum of 20 CAT scan and 15 MRI per a million inhabitants. This would be a necessary step in reducing health inequalities at European level.

By the spring of 2020, more and more people have joined the reform of the European healthcare and the rethinking of key competences of Member States. Vytenis Andriukaitis and Violeta Bulc former EU commissioners and Klaus Hänsch former EP President noted – for example the joint article calling for more EU competence in healthcare²⁰. Based on the initial lessons of the coronavirus epidemic, an Italian consortium of researchers and academics committed to European integration has issued a similar call, which was joined by former heads of government and EU leaders, EP MEPs, and other civil activists²¹.

European Health Union - this was the title of a comprehensive policy brief prepared and adopted by the Socialist Group in the European Parliament (S&D) in mid-May 2020, including proposals for minimum quality standards, as called for in the working document discussed at the European Point in Hungary. It is an important pillar of the paper to call on all Member States' governments to stress test their healthcare systems. "Based on the results we call for an EU directive on minimum standards for healthcare, which provides a clear pathway for the provision of special healthcare in all regions of the EU" – can be read in the program²². After the adoption of the S&D paper three EP MEPs (Peter Liese, Chrysoula Zacharopoulou and Manuel Pizarro) also issued a joint statement on the management of healthcare in the EU, which also reaffirms its ambitions²³.

The next milestone came in July 2020, when

18 <https://pcb.blog.atlatszo.hu/2021/03/17/a-v4-ek-kozul-nem-mindenki-kesz-atengedni-az-egeszsegugyi-kompetenciakat-az-eu-nak/>

19 https://azonnali.hu/cikk/20200406_a-koronavirus-megmutatta-ideje-leszamolni-a-tagallami-hataskor-dogmajaval-az-egeszsegugyben

20 Call for Action: Time to strengthen the EU's public health policy powers. Euractiv, 2020. május 8.: <https://www.euractiv.com/section/coronavirus/opinion/call-for-action-time-to-strengthen-the-eus-public-health-policy-powers/>

21 <https://www.cesue.eu/en/appeal.html>

22 A European Health Union. S&D Position Paper. 12 May 2020: https://www.socialistsanddemocrats.eu/sites/default/files/2020-11/european_health_union_sd_position_en_30512.pdf

23 <https://www.politico.eu/wp-content/uploads/2020/05/ArtikelGesundheitFinalDraft.pdf>

the plenary of the European Parliament adopted a post-COVID public health strategy, including the concept of the European Health Union and the minimum-requirements. The European Parliament voted by more than two-thirds – the resolution was adopted by 526 votes to 105 against and 50 abstentions, which lays down the principles of an innovative EU public health strategy following the coronavirus epidemic²⁴. According to MEPs, the lessons of the coronavirus epidemic should be learned and cooperation between Member States in the field of health should be much tighter with the establishment of the European Health Union. It should also include the definition of minimum standards for quality healthcare. This is possible after stress tests to be urgently carried out in the Member States to assess the resilience of local health systems, identifying weaknesses and verifying that the system is able to cope with a possible re-outbreak of the coronavirus epidemic.

Subsequently, the European Parliament has incorporated the issue of healthcare into a number of other resolutions and reports, including the European Health Union and the promotion of the minimum-requirements. Ursula von der Leyen, President of the European Commission – in her September evaluation speech (State of the European Union)²⁵ – mentioned the concept of the European Health Union and talked about its necessary implementation: “It is quite clear to me that we need a stronger European Health Union.” She went further when she said that “it is clearer than ever that we need to discuss the issue of healthcare powers. I believe that this is a noble and urgent task for the conference on the future of Europe.”

On 11 November 2020, the European Commission announced the first proposals for the European Health Union, which aims to consolidate and strengthen the framework of the EU’s health security, and to strengthen the crisis preparedness and response role of key EU agencies²⁶. News, initiatives and documents related to the European Health Union are available

on the Commission’s website²⁷. At the moment, most of the proposals focus on responding to the public health crisis, on extending the mandate of existing agencies (ECDC, EMA) and on establishing a new response authority (HERA). HERA’s remit would cover the management of several processes that were poorly predicted in the current pandemic. It would be responsible for analyzing epidemic forecasts (along with their political, economic, social, technological and environmental contexts), developing drugs, vaccines, organizing mass production, distributing logistics, planning, procurement and stockpiling of medical devices, etc. At the same time, a draft on new European drug strategy and anti-cancer program have already been published. The documents show that the European Health Union’s plans take into account the wider threat posed by the climate disaster – in accordance with European Green Deal submitted by the European Commission.

By the adoption of the EU budget for 2021-2027 and the reconstruction package in December 2020, it is finalized that 12 times more resources will be allocated to healthcare in the coming years than in the previous cycle, and the agreement reached in the European Council refers to the establishment of the European Health Union as a priority program.

These developments show that the decision-makers in Brussels recognized that health is also part of our European civilization. In the aftermath of the pandemic, therefore, we should not primarily return and restore the normal, general levels of production and consumption, but those systems need to be rebuilt that support our social cohesion and our enlightened values, including the healthcare system and the establishment of the European Health Union.²⁸

24 The European Parliament’s resolution (10 July 2021): Post Covid-19 pandemic public health strategy; https://www.europarl.europa.eu/doceo/document/TA-9-2020-0205_HU.html

25 President Von der Leyen’s speech – State of the European, 16 September 2020: https://ec.europa.eu/commission/presscorner/detail/hu/SPEECH_20_1655

26 Building the European Health Union: EU cross-border healthcare strengthening its resilience to threats. Statement of the European Commission, 11 November 2020: <https://eur-lex.europa.eu/legal-content/HU/TXT/PDF/?uri=CELEX:52020DC0724&from=EN>

27 https://ec.europa.eu/info/strategy/priorities-2019-2024/promoting-our-european-way-life/european-health-union_hu

28 László Andor: Europe’s fight for health and unity. Progressive Yearbook 2021. Foundation for European Progressive Studies (FEPS), 28 January 2021: https://www.feps-europe.eu/attachments/publications/02_andor.pdf

HUNGARIAN RESEARCH ON THE ASSESSMENT OF THE EUROPEAN HEALTH UNION



5. Hungarian research on the assessment of the European Health Union

The Institute for Social Democracy and the Foundation for European Progressive Studies (FEPS) launched a research at the end of 2020, which collected opinions on the possible impact of the European Health Union on Hungary.

On behalf of the S&D in the European Parliament, Publicus / TeleQuest conducted a questionnaire survey (telephone survey) between the 12-19 December 2020 of 2.499 people representing the adult population of Hungary on the assessment of the European Health Union. The composition of the persons involved in the survey by gender, age, education, region and type of settlement reliably represents the distribution of the Hungarian population.

Contrary to original plans – due to the coronavirus lockdown and the workload of local governments – only 2 virtual conferences could be organized (with experts and the leaders of the city of Szombathely). The project involves a multitude of mayors, professionals as well as patient organizations – these groups had the opportunity to tell their opinion on (in 11 groups of question); what they think about the minimum-requirements for European healthcare systems, inter alia about standardizing care and deepening EU healthcare cooperation, but only a fraction of them took advantage of this opportunity.

Opinion poll on the European Health Union (Publicus)

The majority of respondents were positive about the European Health Union, seven out of ten respondents support the establishment of the European Health Union. Almost all opposition voters support the establishment of the European Health Union, three-quarters of uncertain voters, and more than a third of Fidesz voters as well. Nevertheless, there is a strong political polarization in the assessment of the idea, similarly to the assessment of the Hungarian healthcare.

In details: six out of ten (61%) respondents are rather dissatisfied with the conditions experienced in the public health system. Mostly the opposition voters see the healthcare bad: nine out of ten (92%). In case of uncertain voters, six out of ten (62%) respondents are rather dissatisfied. In contrast, eight out of ten (82%) Fidesz voters are rather satisfied with the conditions experienced in the public health system.

Six out of ten (61%) – according to respondents, these conditions have rather deteriorated in recent years. Nine out of ten (90%) opposition voters, and seven out of ten uncertain voters (73%) see it that way. Eight out of ten (81%) Fidesz voters, however, think these conditions have rather improved in recent years.

According to the vast majority of respondents (80%), the coronavirus pandemic has shown the weaknesses of the Hungarian healthcare system. In addition, many believe (71%) that the quality of public healthcare has not improved significantly in recent times. 73% of the respondents spend more on private care, because in their view, the public healthcare system cannot do its job properly.

According to the 43% respondents (four out of ten), no matter how poor or wealthy a person is, they have the same chance of receiving care in the public healthcare system. 63% of the respondents disagree with the statement of: who has any kind of health concerns, can certainly count on the public healthcare. Thus, it is not surprising that the vast majority of respondents (75%) say that if someone wants proper care, they need to pay.

Based on the above, according to respondents, Hungarian public healthcare is not able to fully perform its tasks, despite the fact that the people pay contributions and taxes every month for the operation of the system. Many people choose higher quality private care, which, however, cannot be financed by a significant part of the Hungarian population.

According to this opinion, the Hungarian healthcare has an exclusionary nature, as the poor and rich are far from equal from having

an equal chance of recovery and a healthy life (Figure 2).

How much do you agree with the below statements? (All respondents, %)

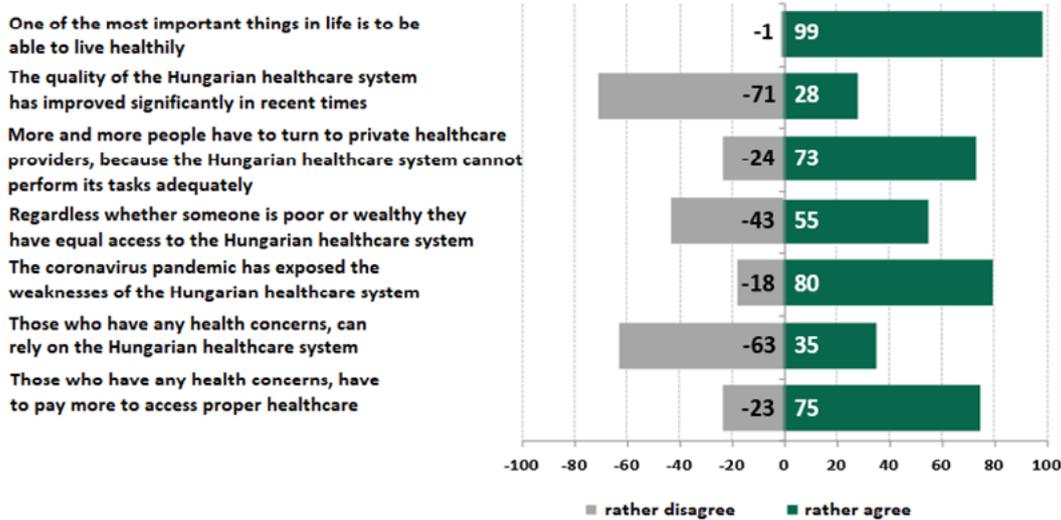


Figure 2.

39% (four out of ten) respondents have heard about the program of the European Health Union, which aims to eliminate the inequalities between Member States' healthcare systems, and to improve the standards in countries where the system is not able perform properly. Seven

out of ten (71%) respondent support the establishment of the European Health Union. Four out of ten (36%) Fidesz voters rather support, while six out of ten (56%) rather do not support this EU concept (Figure 3).

Do you support the establishment of the European Health Union? (All respondents, %)

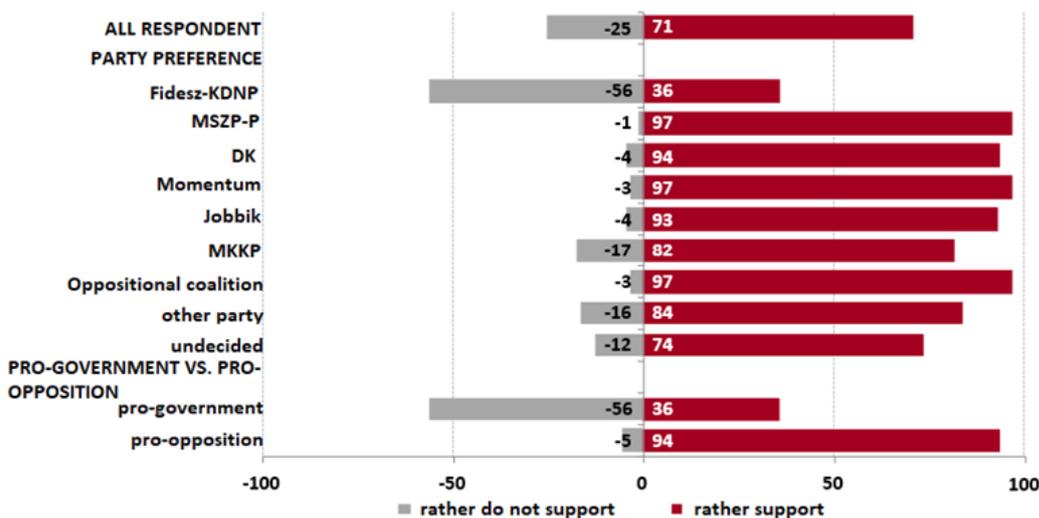


Figure 3.

Figure 4 presents, the nine out of ten respondents rather agree with the statement of: Hungary should much more spend on its healthcare system (88%), also agree with the statement of: there is a necessity of minimum-requirements in the healthcare system, which should be provided by all the Member States (87%).

Six out of ten respondents rather agree with the statement of: the European Union could have a greater role in the functioning of national healthcare systems, in order to have better functioning healthcare (60%), also agree with the statement of: the EU could set a “minimum amount” that Member States should spend on their healthcare systems (64%)

Do you agree with...? (All respondents, %)

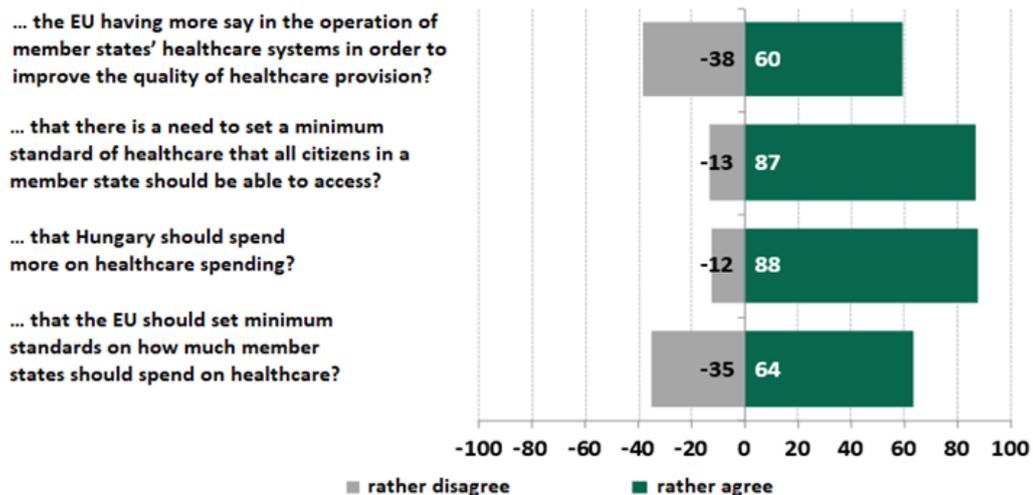


Figure 4.

97% of the opposition voters and 92% (nine out of ten) uncertain voters agree with the statement of: Hungary should spend much more on health spending than at present. 58% (six out of ten) of Fidesz voters agree with this statement as well

(Figure 5.). There is no significant difference in approval in the case of the breakdown of the respondents by age, education and settlement type (Figure 6).

Do you agree that Hungary should spend considerably more on healthcare spending than it currently does? (All respondents, %)

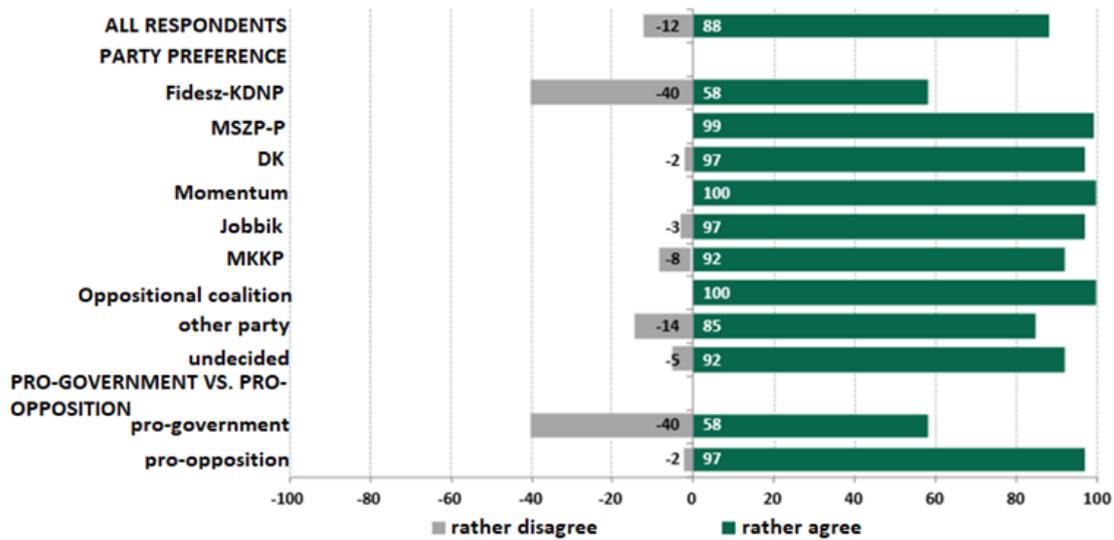


Figure 5.

Do you agree that Hungary should spend considerably more on healthcare spending than it currently does? (All respondents, %)

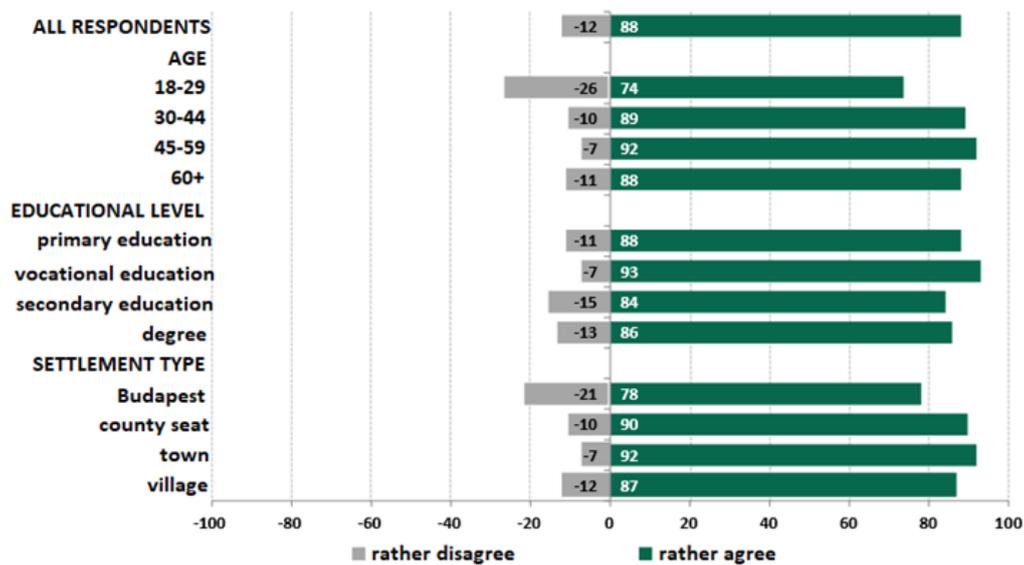


Figure 6.

According to 74% of respondents, membership of the European Union has been more advantageous for Hungary so far. 84% of opposition voters think this way, and 70% of uncertain voters. 46% of Fidesz voters agree with the previous statement (Figure 7).

Overall, would you say that membership in the EU has been... for Hungary? (All respondents, %)

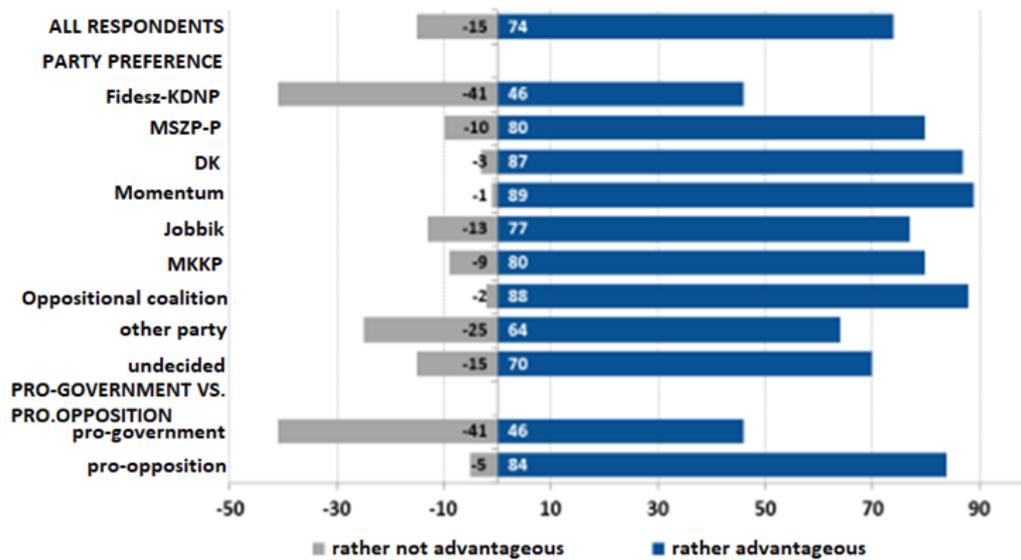


Figure 7.

61% of respondents said that if the European Health Union were established, their opinion of the European Union would rather improve. 85% of the opposition voters and 52% of uncertain voters think this way. And 27% of Fidesz voters think this way (Figure 8.).

If the European Health Union was established, how would that change your opinion on the EU? (All respondents, %)

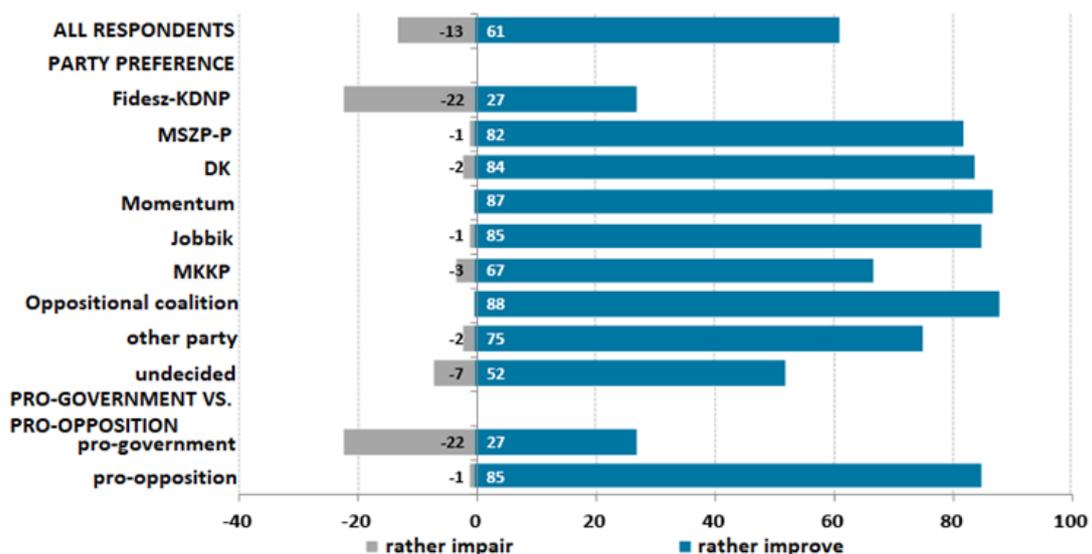


Figure 8.

One half of the respondents think it is good for the EU to have a say in more and more issues. However, according to the majority (56%) if the EU regulates an area or field, it will be safer and more reliable overall, in addition, six out of ten

(60%) say that compliance with EU regulations is not too much of a burden for Hungary. 63% of respondents say that overall, it is better to have

EU regulation in one area, to only have domestic regulations (Figure 9).

Do you agree with the below statements (All respondents, %)

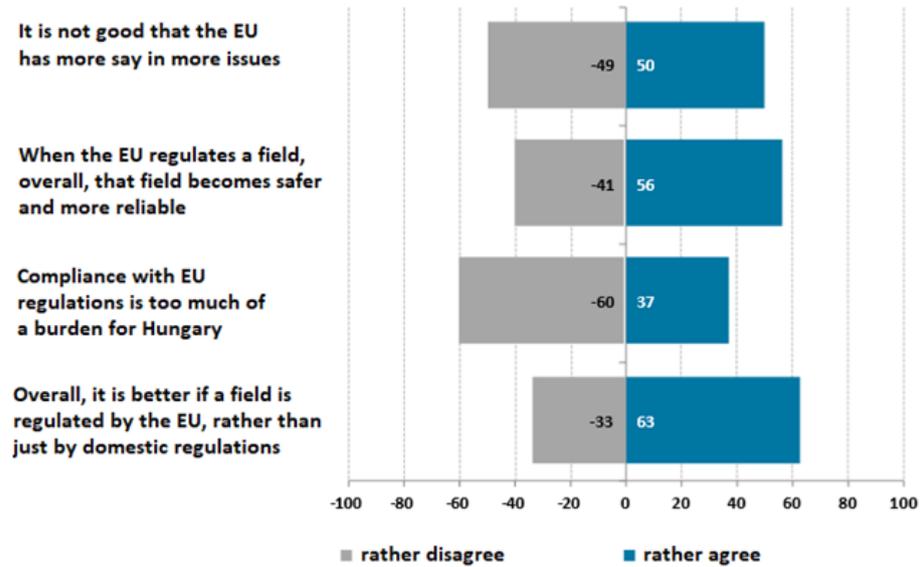


Figure 9.

Overall, it is not easy to introduce EU legislation for a new area, but it is possible if it is an important and neglected area -such as the Hungarian healthcare system- where meaningful results can be achieved. In this case, people would find the introduction of the European Health Union supportable.

Online consultation about the European Health Union

Between November and January 2020, hundreds of Hungarian mayors' offices, patients' and professional organizations and private

individuals received the online consultation, which asked the respondents about the different aspects of the European Health Union.

Thirteen responses were received to the consultation, most of the responses were received from Budapest and rural mayors' offices. Several professional organizations responded to the consultation, including the Hungarian Medical Association, Hungarian Association of Pharmacists, the Hungarian Association of Healthcare Professionals, and the National Association of Health and Family Protection (Figure 10).

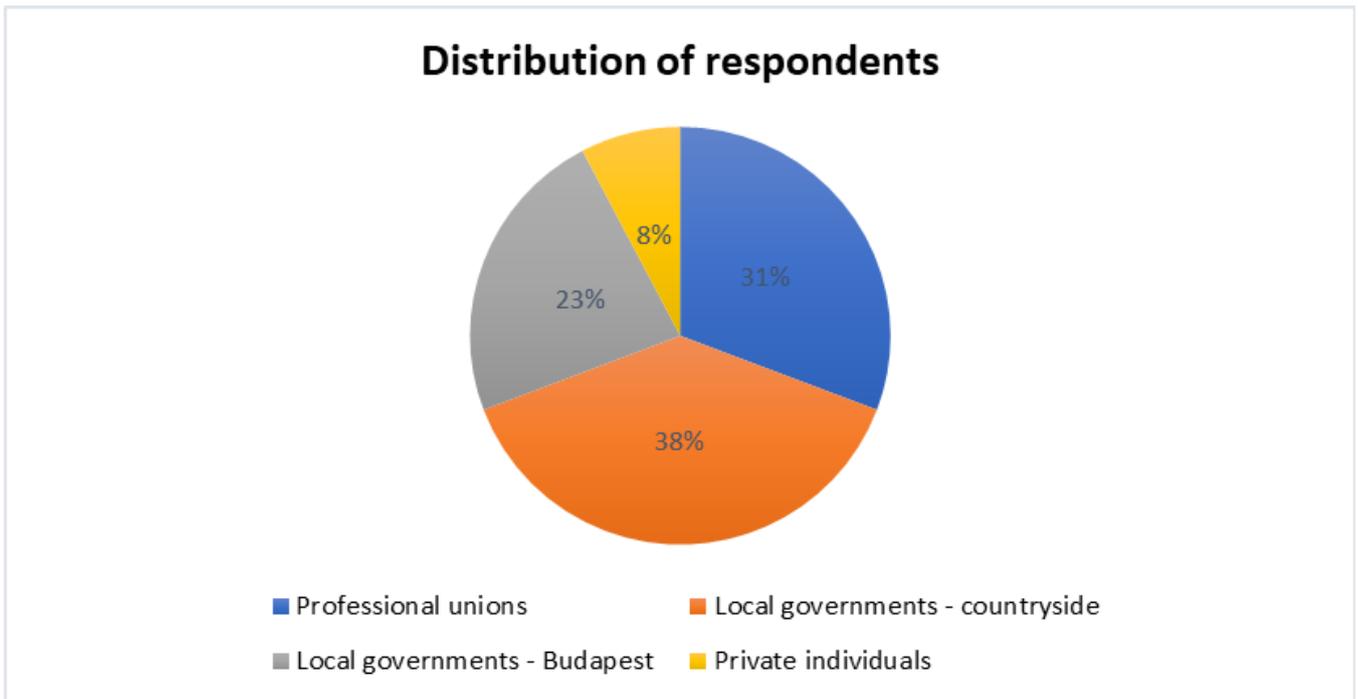


Figure 10.

Question about the possible areas of European competence (What are the areas in healthcare where the current nation-state competencies should be replaced by EU competencies?) – 46% of respondents mentioned epidemiology in times of pandemic, and 23% of respondents mentioned public health as important areas of cooperation. Rest of the responses covered a wide range of topics, such as research and development. On the issue of universal health coverage (Is there a need for a European directive to guarantee universal, non-discriminatory access to publicly funded health services, so that all people have access to socially guaranteed healthcare at a cost that does not affect their quality of life?) – 54% of respondents said yes, 15% said no, and 31% did not give a clear answer (Figure 11).

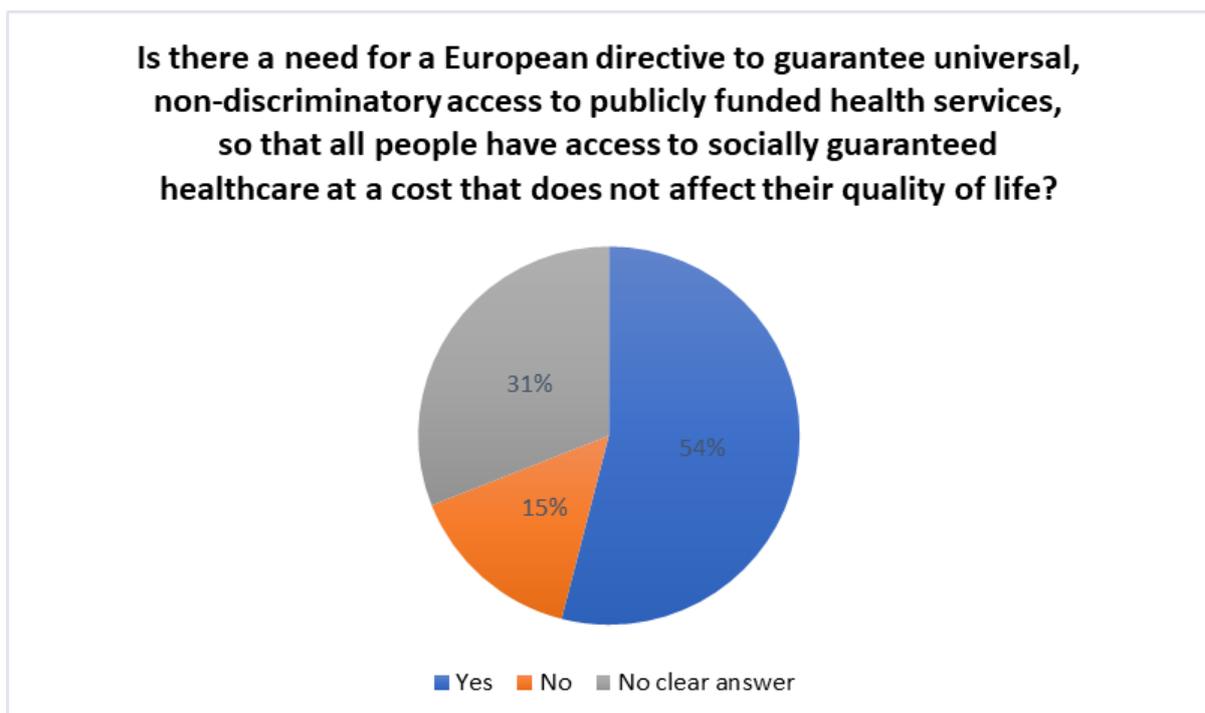


Figure 11.

On the issue of minimum-requirements; the most frequent responses were patient rights and care based professional protocols, which were mentioned by the 46 and 38% of respondents. These topics were followed, for example, by the topic of hospital hygiene, environmental and infrastructural conditions, and personal and material conditions of healthcare. One respondent believes that it is worth starting with the standardization of diagnostic and therapeutic procedures. This would require the establishment of an EU institute to develop and publish clinical guidelines and relevant technology assessments to be adapted under national competence on the basis of professional recommendations.

The question regarding the need for a minimum expenditure on public health expenditure (Is it necessary to have a minimum level of public

health expenditure? Is it necessary to set a minimum wage for health workers – for example, adjusted for GDP?) 62% of the respondents stated that the minimum value of public health expenditure should be adjusted to a proportion of GDP. And 54% of the respondents said that it is appropriate to set a minimum wage for health workers.

On the issue of the migration of health workers (Would EU regulation on migration of health workers be useful, which takes into account the interests of both the country of “origin” and the interest of the “receiving” country?) – data shows that the respondents were divided regarding this issue. 38-38% of respondents said yes and no, while 23% of the respondents did give a clear answer (Figure 12.).

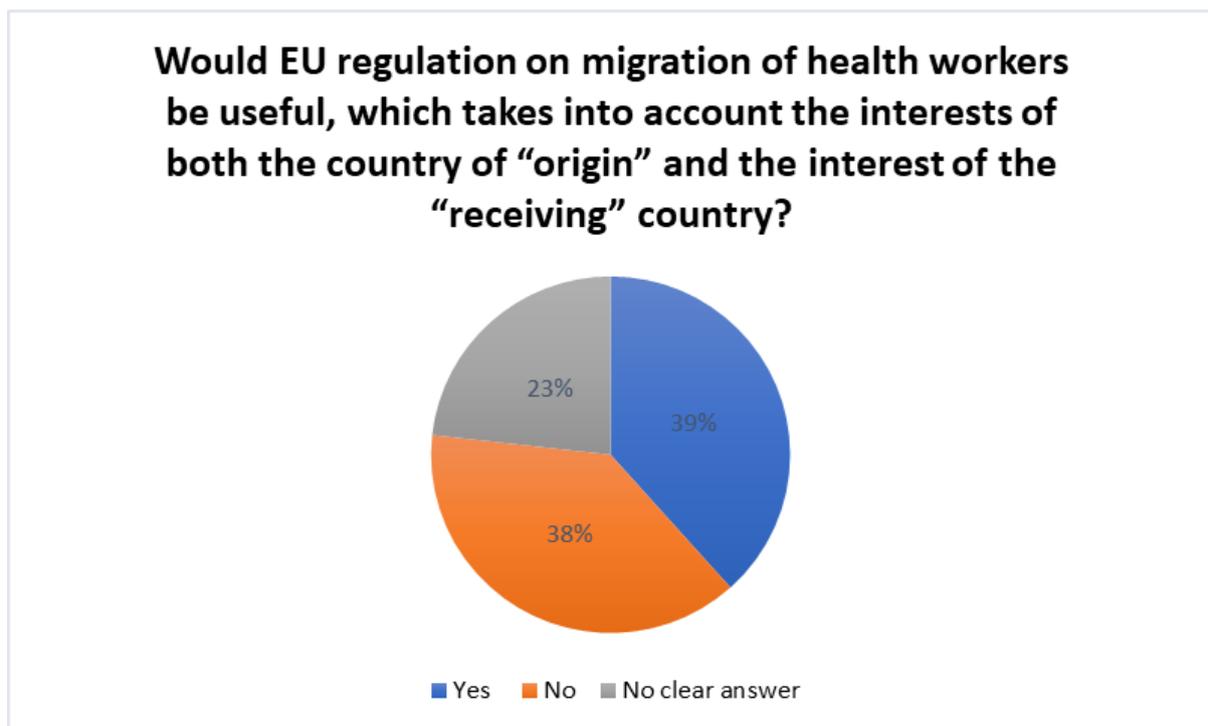


Figure 12.

On the issue of joint epidemiological efforts (in case of a pandemic or other public health risks which threaten the whole EU; population restrictions, healthcare preparedness and joint purchase of necessary equipment should be included in a unified, standardized system? Should the European Center of Disease Control, the ECDC be given powers beyond those of the Member States’ authorities during such periods?) – 69% of the respondents said yes, while 15-15% of the respondents said no or did not give

a clear answer.

On the issue of joint action against the determinants harmful to health, 62% of the respondents said, such actions would be necessary, and 15% of the respondents said it is not necessary.

On the issue of a common, unified drug support strategy (Is it justified to create a unified, standardized order for medicine subsidies?) –

responses were divided. 38% of the respondents said it is a necessary action, 15% said it is not necessary, 31% did not give a clear answer, and 15% said that such directives are needed, but the establishment of a common order may be a later goal.

The possibility of a single control, monitoring and reporting system and the sharing of patient information of public interest ("Is it appropriate to introduce a single control, monitoring and reporting system in healthcare? Should the publicity of patient-oriented data on the operation of healthcare institutions be made public?") a significant proportion of respondents (77%) answered yes to both questions. Most respondents consider that harmonizing the collection and standardization of data collection is an important first step in European cooperation. There have been several proposals to require the measurement of the effectiveness of health interventions, the use of quality indicators and the mandatory disclosure of data by institution, which is of key importance in promoting transparency and informed patient decision-making.

On the issue of concerning the European standardization of vaccination regimes and

screening programs (Is it advisable to standardize the Member States' vaccination regime at EU level and to support related initiatives at national level? Should there be a unified recommendation for age-related publicly funded screening, prevention program?) – 46% of the respondents answered with yes to both question, 15% said only the recommendation for vaccinations is needed, the argument in favor of ambiguous and negative answers may have been due to the current esteem of the Hungarian vaccination system and the fear of quality deterioration associated with standardization.

On the issue of telemedicine diversified responses were received, this could be partly due to the fact that based on the answers, respondents understand the field of telemedicine differently. Overall, it can be stated that 23% of the respondents said that it is necessary to have European regulations in the field of telemedicine, 15% highlighted the greater role of telemedicine in case of future epidemic management. According to one respondent, it is necessary to establish a joint European Agency for Innovation in Health, which could fund research at EU level in addition to regulation.

CONCLUSION





6. Conclusion

The COVID-19 pandemic has not only transformed the daily lives of EU citizens, but it has also brought change in the perception of health policy.

While before the pandemic broke out, only a few thought that the harmonization of Member States' healthcare could be on the agenda in the foreseeable future, a year after the virus appeared, the majority position seems to be that the coordinated, unified action in the healthcare more effective and more profitable, than adherence to sovereign nation-state solutions²⁹. Recognizing this, the concept of the European Health Union has already appeared in the public health strategy adopted by the European Parliament in plenary in the summer of 2020, and in the autumn of 2020, the European Commission made several proposals for the project's priorities, such as common and unified rules for emergency preparedness, standardization of data collection, extension of EU institutions' powers (ECDC, EMA), or the development of a common drug and cancer strategy.

While these are the initial steps of the European Health Union, it is important to work out the details of the plans and measures that have been introduced, and to publish new initiatives. To this end, it would be useful to assess, with the involvement of citizens, professionals, and political actors of the Member States, how and where the European Health Union could support, develop the healthcare systems of the Member States and improving the health of the people. That is why the Foundation for European Progressive Studies supported the preparation and writing of this study, which primarily focused on the possible impacts of the European Health Union on Hungary.

The opinion poll and online consultation conducted between December 2020 and January 2021 aimed present Hungary's assessment of

the European Health Union and was intended to explore the judgment of some of its possible elements. Based on the results of the telephone research representing the Hungarian population -political division is significant- the assessment of the European Health Union is positive; seven out of ten respondents support the establishment of the European Health Union. While the majority of the Hungarian population strongly support the European Union, six out of ten respondents said their views of the European Union would further improve in case of the establishment of the European Health Union. This data also proves that health and healthcare are important for the Hungarian people, and that Hungarian citizens trust in that the European Health Union could improve the Hungarian healthcare system.

The online consultation and the two virtual conferences also confirmed that the largest organizations representing the Hungarian healthcare workers and as well as local governments support the establishment of the European Health Union. In relation to those areas in which it would be worthwhile to replace, at least partially the current national competence with European competence – a significant proportion of respondent highlighted the area of epidemiology and public health. This attitude also demonstrates that the COVID epidemic has led to a paradigm shift.

Despite the shortcomings in the EU's epidemic management, there is widespread view that stronger EU competences should be used in public health crises, such as for epidemiological data management, vaccination rules, quarantine, testing and other restrictions.

²⁹ Frank Vandenbroucke. The Progressive Post. 2021. <https://progressivepost.eu/progressive-page/we-need-a-europe-that-cares-and-that-is-seen-to-care>

There is a consensus on the usefulness and desirability of a gradual and expanding increase of cooperation. This includes the development of quality care criteria, unification of patient right legislation, or the same requirements for training to the healthcare workers in all Member States.

In connection with some question, the respondents expressed the opinion that standardization at EU level could be detrimental to Hungary in certain areas. This feedback could be observed in areas where the Hungarian regulations are stricter than in other EU Member States, such as the authorization of non-drug medicinal products and dietary supplements. In addition, several respondents expressed concerns regarding the standardization of the vaccine regime, as there is a risk that some childhood vaccines will be excluded from the mandatory scope (as it is the case in Hungary), which would be undesirable. These concerns anticipate the need for broad consultations and public debates to establish a European Health Union.

The migration of healthcare workers is a significant challenge in Hungary, which was highlighted by most respondents. Nevertheless, many respondents expressed their view that any measures restricting labor mobility, would be contrary to EU principles. The majority of respondents said it is necessary to set a minimum level of public expenditure on healthcare, and also to set minimum wage for healthcare workers – which is seen as an essential factor in order to slow down the migration of the healthcare workers.

On the issue of telemedicine, and possible areas of European competence – numerous respondents suggested that they would give greater role to the European Union in health research and development.

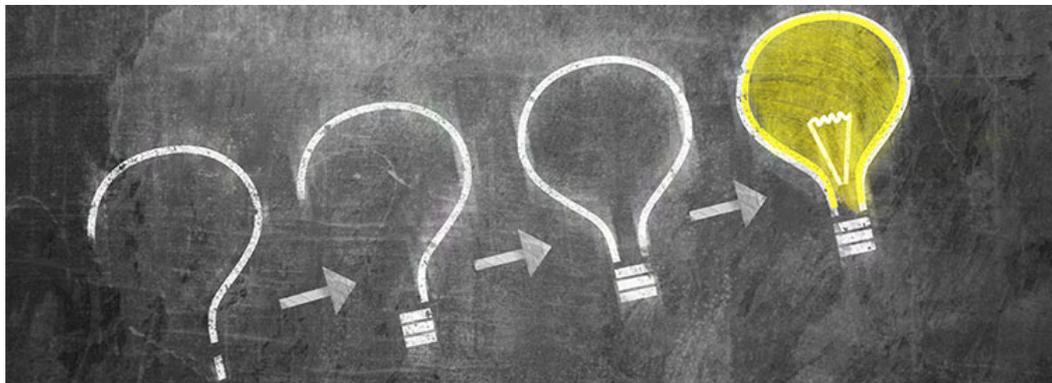
The commitment of local governments is illustrated by the example of Szombathely, where the local government plans to use EU funds to finance the GP career model to retain professionals and to build a new healthcare center.

The harmonization and unification of healthcare systems can only be the result of a longer and cautious process, however, the establishment of service and quality minimums in the concept of the European Health Union can be a major step forward.

The online consultation received far fewer responses than expected, primarily due to the extreme workload caused by the COVID-19 pandemic. But at the same time, the respondents include representing organization of domestic healthcare workers, which cover almost all healthcare professionals due to the compulsory membership. Professional associations accurately perceive the shortcomings of healthcare and the hidden opportunities where the European Health Union could improve the situation of the Hungarian healthcare system.

This research focused on the possible impacts of the European Health Union on Hungary; a multi-participant research may yield different results. Because the European Health Union needs to provide answers and solutions to the problems of all Member States, it is recommended that the research detailed in this study be replicated in a standardized, larger sample in several other Member States. Communication, dialogue between the European Commission and the societies of the Member States can legitimize sustainable, successful, ambitious projects, which can improve the health of the citizens and the healthcare systems of the Member States.

RECOMMENDATIONS



7. Recommendations

Based on the FEPS research in Hungary, the following recommendations can be made to the European Progressives in the European Parliament

- 1.** *A five-year program and a timetable for the implementation of the European Health Union should be developed, including arrangements for consultation with professional and non-governmental organizations*

Although the current initiatives put forward by the European Commission are important first steps towards the European Health Union, a broader package is necessary, feasibility studies and detailed timetable are needed for the project to succeed. Mapping political risks is recommended, in addition to take the views of national authorities, regional authorities, professionals and non-governmental organizations into account. Although the Hungarian online consultation did not meet the expectations - in terms of the number of responses received - primarily due to the epidemic, it is unlikely that other Member States would currently be able to form a comprehensive picture of the position of civil and professional communities regarding the issue. There is a great trust in the concept of the European Health Union – demonstrated by the Declaration on the European health Union, a civic initiative which were signed by a number of opinion leaders³⁰.

- 2.** *There is a need for a communication campaign that is well understood by citizens with different qualification, which concentrates on present the goals and benefits of the European Health Union*

The Publicus research ordered by the S&D also shows that the Hungarian public is more and more interested in the European

Health Union than in previous periods. People have been confronted with the fact that rapid and massive shocks to health can cripple the functioning of the society and the economy as a whole. All this makes many more receptive to the adoption of supranational initiatives that offer safer and more efficient healthcare. It is therefore appropriate to promote the European Health Union in the media, on social media and through social advertising.

- 3.** *It is worthwhile conducting research in several Member States based on a common methodology that clarifies, why the European Health Union is important for the population, professional and non-governmental organizations, and which measures should and should not be adopted*

After information, informed expression is the next step. It is important to give the European Health Union the opportunity to truly represent the goals and solutions that are best suited to European Citizens. The involvement of professional organizations has proven to be particularly valuable, and it is suggested to be emphasized in any further research. The involvement of professional organizations is also important for the society as these professionals are perceived as credible opinion formers. By analyzing the responses and result of the research, the European Health Union program can better be adapted to the needs and expectations of the professional and civil populations in the Member States.

- 4.** *Greater emphasis should be placed on disadvantaged groups - particularly regarding the accessibility to care*

The common European strategy on medicines and the proposed crisis prevention measures concern access to care, in particular the issue of access to medicines - stronger measures are needed to reduce inequalities. It is unacceptable for

³⁰ Declaration on the European Health Union. 2021. https://europeanhealthunion.eu/wp-content/uploads/2021/02/Manifesto_Hungarian.pdf



the European Union to place an unbearable financial burden on anyone to obtain basic healthcare services and the necessary medicines.

5. *It is necessary to strengthen the commitment to disease prevention*

The European cancer strategy is a great first step in reducing the various risk factors for health (smoking, alcohol, air pollution) however, a wider range of risks needs to be considered in the context of primary prevention. Only a few Member States have introduced a sin taxes to reduce the consumption of foods and drinks that are harmful to health, also the European legislation on tobacco control is unresolved.

In addition, it is important to build on existing EU competencies and expand the competences of EU health agencies, for example ECDC's competences could be

expanded to the aforementioned non-communicable diseases leading to death, such as cancer. Another important step would be to devote 20% of EU4Health funding to prevention alone.

6. *From EU funds addressing health - such as the EU4Health - allocate resources to the implementation of the components of the European Health Union.*

The harmonization of healthcare systems is difficult to imagine until they are almost entirely funded by the Member States. It is unrealistic to expect Member States to transfer certain competences to the EU without having the financial means to exercise the new powers. The European Health Union can only be successful and sustainable if adequate funding is provided for expanding the common health tasks.

Overall, it can be stated that the EU institutions have always been relatively slow. But the current public health crisis has accelerated the process of establishing the European Health Union and the first steps have been taken. What remains is a governance model that combines the health value policies of Member States and to make the protection of health a national and EU priority.

The experience of the pandemic so far has confirmed that the confinement and the special road solutions by Member States (urged by populist groups) represent a dead end. It is also morally unacceptable to criticize the extension of EU health powers on the grounds of health inequalities and different

administrative structures due to insurmountable economic and cultural differences. It is the noble mission of the Socialist Group (S&D) to continue to make forward-looking proposals for the development of the institutions and rules of the European Health Union. The above recommendations serve this purpose.

EU leaders recently agreed to launch a conference on the future of Europe. This conference aims to give a chance to develop a concept that defines the content and mechanisms of the European Union over a five, 10-, or 20-year period. It is important that the issue of the common health policy is not relegated to the background.

If necessary, supplementing the EU treaty and enshrining quality standards for care in legislation should provide a guarantee the Member States' healthcare system remain operational during critical periods and effective, and to help to combat public health disasters.

The COVID-19 pandemic and its impacts on all aspects of everyday life, physical and mental well-being reminds Europe, that health is an essential factor for sustainable economic growth and a successful society.

The energy and resources invested in health and the command of solidarity must not depend on economic interest or political selfishness. It is time for the European Union to gradually break down the barriers to health cooperation, moving

forward with the goal already set by Robert Schuman, the father of European integration:

„Europe will not be made all at once, nor can it be integrated simply by creating a common structure. It will be built through concrete achievements which first create a de facto solidarity”³¹.

³¹ The Schuman Declaration. 1950. https://europa.eu/european-union/about-eu/symbols/europe-day/schuman-declaration_hu

TABLE OF FIGURES

Figure 1 – Health at a Glance: Europe 2020, OECD: <https://doi.org/10.1787/23056088>

Figure 2- How much do you agree with the below statements?

SOURCE: S&D AND PUBLICUS

Figure 3 – Do you support the establishment of the European Health Union?

SOURCE: S&D AND PUBLICUS

Figure 4 – Do you agree with...?

SOURCE: S&D AND PUBLICUS

Figure 5 – Do you agree that Hungary should spend considerably more on healthcare spending than it currently does?

SOURCE: S&D AND PUBLICUS

Figure 6 – Do you agree that Hungary should spend considerably more on healthcare spending than it currently does?

SOURCE: S&D AND PUBLICUS

Figure 7 – Overall, would you say that membership in the EU has been ... for Hungary?

SOURCE: S&D AND PUBLICUS

Figure 8 – If the European Health Union was established, how would that change your opinion on the EU? SOURCE: S&D AND PUBLICUS

Figure 9 – Do you agree with the below statements?

SOURCE: S&D AND PUBLICUS

Figure 10 – Distribution of respondents

SOURCE PUBLICUS

Figure 11 – Is there a need for a European directive to guarantee universal, non-discriminatory access to publicly funded health services, so that all people have access to socially guaranteed healthcare at a cost that does not affect their quality of life?

SOURCE PUBLICUS

Figure 12 – Would EU regulation on migration of health workers be useful, which takes into account the interests of both the country of "origin" and the interests of the "receiving" country?

SOURCE PUBLICUS

The need for a European Health Union was urged by intolerable, growing health inequalities, but the lessons of pandemic response made it inevitable. Expanding EU health competencies is on the agenda, but there are those in the Member States who feel that their sovereignty is at stake. Our research shows that the vast majority of Hungarian society supports the idea of the European Health Union and the planned measures, a lot is expected of it by the organizations of health professionals and the local governments, especially in terms of unifying quality expectations and access to care.

**SZOCIÁLIS
DEMOKRÁCIÁÉRT
INTÉZET**



FEPS
FOUNDATION FOR EUROPEAN
PROGRESSIVE STUDIES

