



# **Expert Panel on Effective Ways of Investing in Health (EXPH)**

**Opinion on  
European solidarity in public health emergencies  
Public hearing 16 September 2021**



European  
Commission

# SLIDO



# Expert Panel on Investing in Health

The Expert Panel on effective ways of investing in health is an **interdisciplinary and independent group established by the European Commission to provide non-binding independent advice** on matters related to effective, accessible and resilient health systems. The Expert Panel aims to support DG Health and Food Safety in its efforts towards **evidence-based policy-making**, to inform national policy making in improving the quality and sustainability of health systems and to foster EU level cooperation to improve information, expertise and the exchange of best practices.



# Expert Panel on Investing in Health

The Expert Panel consists of **15 experts** appointed in December 2019 for a period of 3 years. They were appointed following an open call for applications, evaluation and selection process ensuring a balanced representation of relevant areas of expertise as well as geographical and gender balance.

Appointed in a personal capacity, they are **well-established, independent scientists, with over 10 years' professional and multi-disciplinary experience in health area.**

# Expert Panel members (2019-2022)

**Prof. Jan De MAESENEER (Chair)**  
**Dr Anna GARCIA-ALTES (Vice-Chair)**  
**Prof. Damien GRUSON**  
**Dr Dionne KRINGOS**  
**Prof. Lasse LEHTONEN**  
**Prof. Christos LIONIS**  
**Prof. Martin McKEE**

**Prof. Liubove MURAUŠKIENE**  
**Prof. Sabina NUTI**  
**Prof. Pedro PITA BARROS**  
**Dr Heather ROGERS**  
**Prof. Luigi SICILIANI**  
**Prof. Katarzyna WIECZOROWSKA-TOBIS**  
**Dr Sergej ZACHAROV**  
**Dr Jelka ZALETEL**



Picture taken  
in pre-  
corona times

## Mandate: Questions for the Expert Panel

1. How can we plan and prepare for EU solidarity in health emergencies? How can we strengthen cross-border cooperation in future public health emergencies? ?
2. What are the limitations to EU level actions, how can we overcome these limitations and what can be done to promote EU solidarity?
3. What transformation needs to take place at EU, national and regional level in order to operationalise EU solidarity in public health emergencies?



# DRAFTING GROUP

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Dr. Jelka Zaletel

The views in this presentation are those of the independent scientists who are members of the Expert Panel and do not necessarily reflect the opinion of the European Commission nor its services.



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# EU solidarity in health emergencies: concepts and values



## The theoretical concept of solidarity-I

- The word “solidarity” is derived from the Latin words “solidum”, meaning “whole sum” and “solidus” meaning “solid”.
- Its origin being in Roman law, the closest its meaning to its etymology is that of “Collective responsibility”.
- For the purposes of this Opinion, solidarity can be considered as “*a broad meaning of emotional and motivated readiness for mutual support*”. (Laitinen A, Pessi AB. 2014)
- Solidarity involves a presumption of reciprocity and, thus, is different from the non-reciprocal ideas of altruism, sympathy, caring, or understanding of suffering.
- In addition, solidarity should be distinguished from equity.
- Solidarity requires “a shared group-membership and behaviour according to the norms of a given group”.

## The theoretical concept of solidarity-II

- Agustín and Jørgensen (2018) attempted to broaden the concept of solidarity by expanding the notion of the sense of community in an organic process that rejects the logic of national borders.
- They stated: *“solidarities are shaped and shape spaces in which social relations are produced, and they can upscale and connect different spaces and geographies through trans-local networks and imaginaries”.*
- Eschweiler and colleagues (2019) stated that solidarity is about creating a different kind of relationship between the various collective entities.
- They stated when refer to solidarity *“embedded in institutional notions [...] such as systems of preference and redistribution”.*



# Solidarity in the European Union-I

## Solidarity in the EU Treaties

- It is not the first time that the concept of solidarity is mentioned in EC documents (*2019 Opinion of the Expert Panel in "value-based healthcare"*).

## **Solidarity is mentioned in two Treaties:**

- (a) The Treaty on the Functioning of the European Union (TFEU), based on the 2009 Lisbon Treaty. It sets out organizational and functional details.
- (b) the Treaty on European Union (TEU), based on the 1992 Maastricht Treaty. It lays out the general principles underlying the purpose of the EU, the governance of its central institutions, and rules on external, foreign and security policy.

Solidarity is also features in the Chapter of Fundamental Rights of the EU.

# Solidarity in the European Union-II

## Solidarity in the EU Treaties

- Art. 168(7) of the EFEU: the definition of health policy and the organisation and delivery of health measures are the competence of EU Member States.
- However, an explicit mention to solidarity in the Art. 80 of the TFEU, stipulating that the policies of the Union and their implementation shall be governed by the principle of solidarity and fair sharing of responsibility.
- In addition, a broad solidarity clause enshrined in the TFEU with Art. 222 providing the EU and its Member States shall act jointly to: - to prevent a terrorist threat [...], and ; - to provide assistance to another EU country [...] victim of a natural/ man-made disaster.
- In June 2014, the EU adopted Council Decision 2014/415/EU, a decision laying down the rules and procedures for the operation of the solidarity clause.

The clause gives substance to ‘solidarity’:

- one of the Union’s values (in the Art. 1.2 of the TEU) and of which the scope and implementation, including on the role of EU institutions, as well as
- to the relationship with other provisions in EU law which refer to the expression of solidarity between EU Member States (in TFEU Art. 222).



# Solidarity in the European Union-III

## Selected references from the Treaties

- Art. 122 TFEU (ex Art. 100 TEC) states that *“the Council, on a proposal from the Commission, may decide, in a spirit of solidarity between Member States, upon the measures appropriate to the economic situation, in particular if severe difficulties arise in the supply of certain products, notably in the area of energy”*
- Concrete provisions for financial assistance for when a Member State *“is in difficulties or is seriously threatened with severe difficulties caused by natural disasters or exceptional occurrences beyond its control”*.
- Regulation 2016/369 was enacted, primarily based on the principle of solidarity, as captured and specifically Art. 122 TFEU, para. 1.
- Although the Regulation 2016/369 based on the humanitarian refugee crisis, its scope is much broader, rendering it applicable to any natural or man-made disaster (Art. 1, para. 1).(32)



# Solidarity in the European Union-IV

## Solidarity in the EU-Key comments and considerations

- The EU Treaties emphasise defensive solidarity (action as reaction to events) among Member States and public bodies.
- There also is no easily discernible common interpretation of the limits and application of solidarity in legal terms.
- Although there is no clear statement in the Treaties about demonstrating solidarity with the rest of the world, there is an explicit mention of solidarity in the economic and monetary policy of the Union (Art. 122 TFEU (ex Art. 100 TEC) .
- The question arises is whether solidarity is intrinsically and solely only linked to crisis situations
- The congruent assessment that institutionalised expressions of transnational solidarity in the EU have both limited solidarity outreach and entrenched conditionality.
- In the EU context, policy makers also need to distinguish between solidarity among Member States and transnational solidarity
- Article 168(7) of the TFEU, the definition of health policy and the organisation and delivery of health measures are the competence of EU Member States.



## The importance of EU solidarity in times of health emergencies-I

- It can be discussed on its importance to protect the health of the European citizen and European unification (social coherence) on both. political and humanitarian level.
- The latest example was derived from August 2021, where immense forest fires broke out in various locations in Greece.
- Greece activated the EU Civil Protection Mechanism on 3 and 5 August. *(This was the start of one of the largest operations in the history of the Mechanism).*





# The importance of EU solidarity in times of health emergencies-II

## Solidarity in action during the COVID-19 pandemic/Examples

- Transfer of patients and the dispatch of medical equipment, masks, training support, plasma centres, disinfection robots, common procurement on vaccines.
- Several European Commission's interventions; the loosening of border controls to allow the movement of medical staff, patients, and medical products; and the release of a reserve of medical equipment financed mostly by the European Union with small contributions by the Member States. 44)
- Digital health data (Solidarity, when it comes to data, requires transparency on definitions used, ways of data collection, clarity on methods of analysis and conceptual frameworks used). Legal obligations that protect an individual from the misuse of her/his personal data should be wisely incorporated.
- COVID-19 vaccinations (On 19 January 2021 most Members of the European Parliament expressed support in principle for the EU's common approach to vaccination policy, at the European Council in June 2020, the EU Member States mandated the Commission to organise the joint procurement of vaccines).



# The importance of EU solidarity in times of health emergencies-III

## Solidarity in action during the COVID-19 pandemic/Considerations

The pandemic has exposed important weaknesses in the EU's current ability to adequately respond to a health crisis.

- Frequently the Member States have guarded their competences in the field of human health, in contrast to their willingness to concede powers to the EU in the areas of animal and environmental health
- In the early days of the pandemic, competition between EU Member States and globally to obtain equipment, test kits and medicines to meet the public health emergency impeded the ability of the EU to mount a joint timely and effective response,
- They were generating tensions about the perceived lack of solidarity.



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# The importance of EU solidarity in times of health emergencies-IV

## Implications for solidarity during the pandemic-I

- Solidarity can help to create a collective consciousness in a crisis that can reduce health risks.
- It may also help to overcome social distance resulting from movement restrictions and exclusion of vulnerable populations.

The consequences of the COVID-19 pandemic correlated to our era's four main megatrends that increase vulnerability:

*-demographic changes,*

*-power imbalances,*

*-technological innovations, and*

*-global environmental changes* (Thompson and colleagues, 2021).

- Solidarity is identified not just as a fundamental principle, but as the key response strategy that can help both to protect citizens' rights and to control pandemics.



# The importance of EU solidarity in times of health emergencies-V

## Implications for solidarity during the pandemic-II

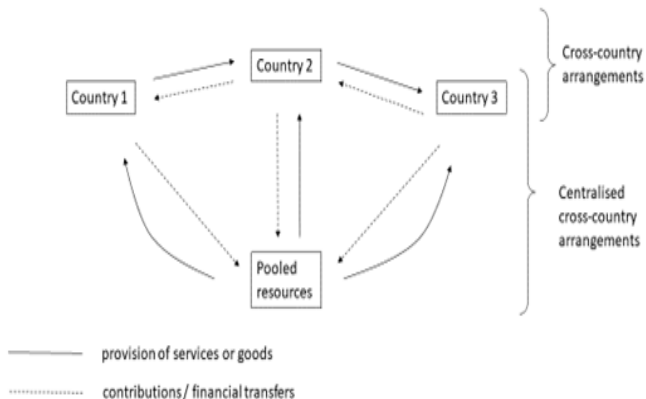
- Another important impact on the European population by:
  - enhancing the feeling of coherence and trust in the EU and
  - reducing the uncertainty that often accompanies health and social crises.

### To consider:

- *“the vulnerabilities of Member States’ infrastructures and supply chains, and the limited [health] competences of the EU in supporting Member States’ management of public health emergencies. (Meyer and colleagues, 2021)*
- *COVID-19 tends to act as a threat multiplier and source of instability, particularly in low-income countries already affected by socio-economic imbalances and governance problems”. (Meyer and colleagues, 2021)*
- European citizens seem to consider solidarity as *“reciprocal benefit rather a moral or identify-based obligation”, while they prefer permanent arrangements for risk and burden (Cicchi and colleagues, 2020)*

# Cross-country cooperation and solidarity-I

**It is important to distinguish between cooperation and solidarity**



Source: the authors.

The first is where countries have a set of arrangements that facilitate one country helping another if the need arises. These arrangements describe the services or aid provided, and possible financial transfers between countries.

The second scenario involves countries to contribute and pool resources at a centralized level to acquire goods or services, which are then redistributed across countries or have a public goods nature.



## Cross-country cooperation and solidarity-II

### Countries may cooperate because of mutual benefit or solidarity

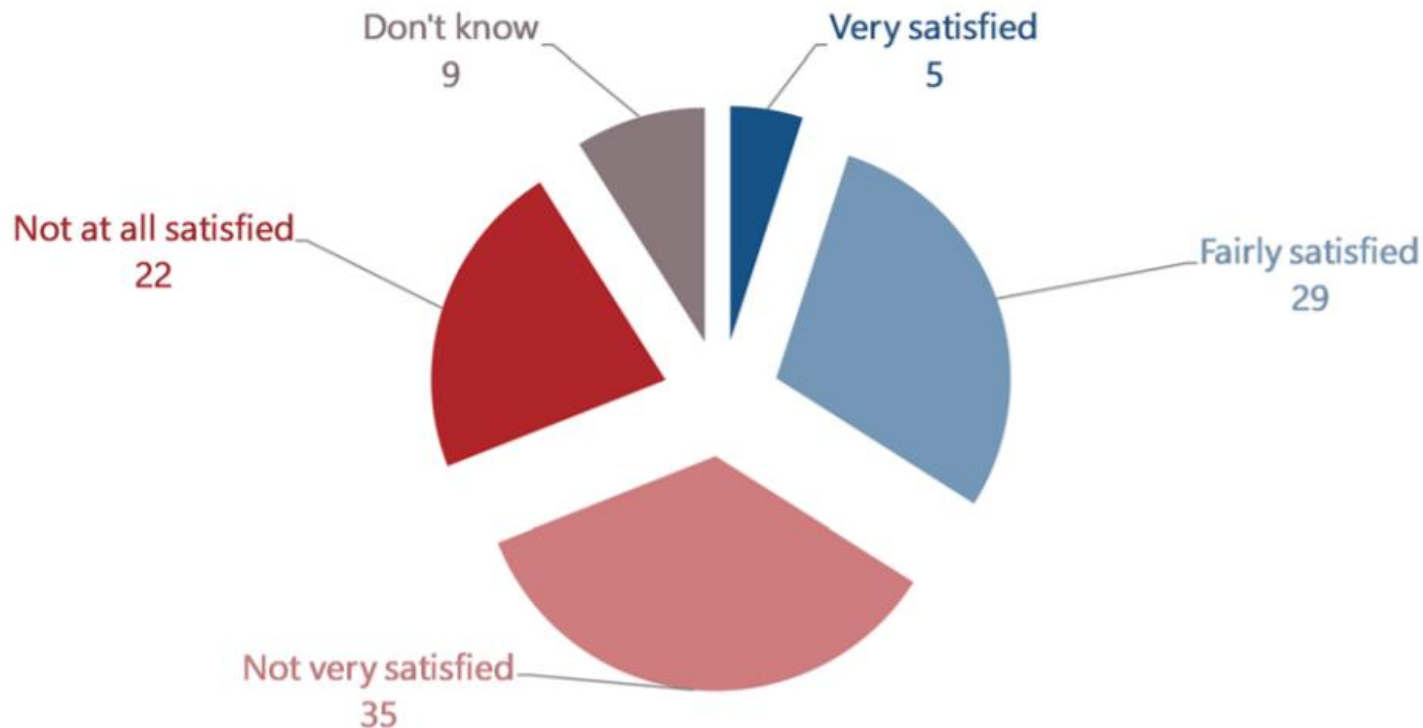
- A country may help or support another country facing a health crisis by making health professionals available, or by accepting patients for treatment.
- Possible financial transfers or without any financial compensation (*a form of redistributive solidarity*)
- Mutual benefit and solidarity go hand in hand when countries face a common threat or pursue a common goal (*they can pool resources and exchange expertise and at the same time help for example smaller and less well-resourced countries*).
- In other instances, solidarity will not necessarily reflect an expectation of mutual benefit, or at least not for every country. (*solidarity is about creating a different kind of relationship between the various collective entities/Eschewiler, et al*)
- In the case of acquisition or production of goods or services, a centralised approach can benefit all countries, if there are economies of scale or if it strengthens bargaining power.
- Cooperation agreements that arise out of solidarity or other motivations can be mandatory or voluntary (*One example is the Union Civil Protection Mechanism(UCPM) which aims to strengthen cooperation in case of disasters and it is also supported by voluntary contributions*).



# Citizen's support and political willingness for EU solidarity

## Citizen's support for EU solidarity - I

**Q4** How satisfied or not are you with the solidarity between EU Member States in fighting the Coronavirus pandemic?  
(% - TOTAL)



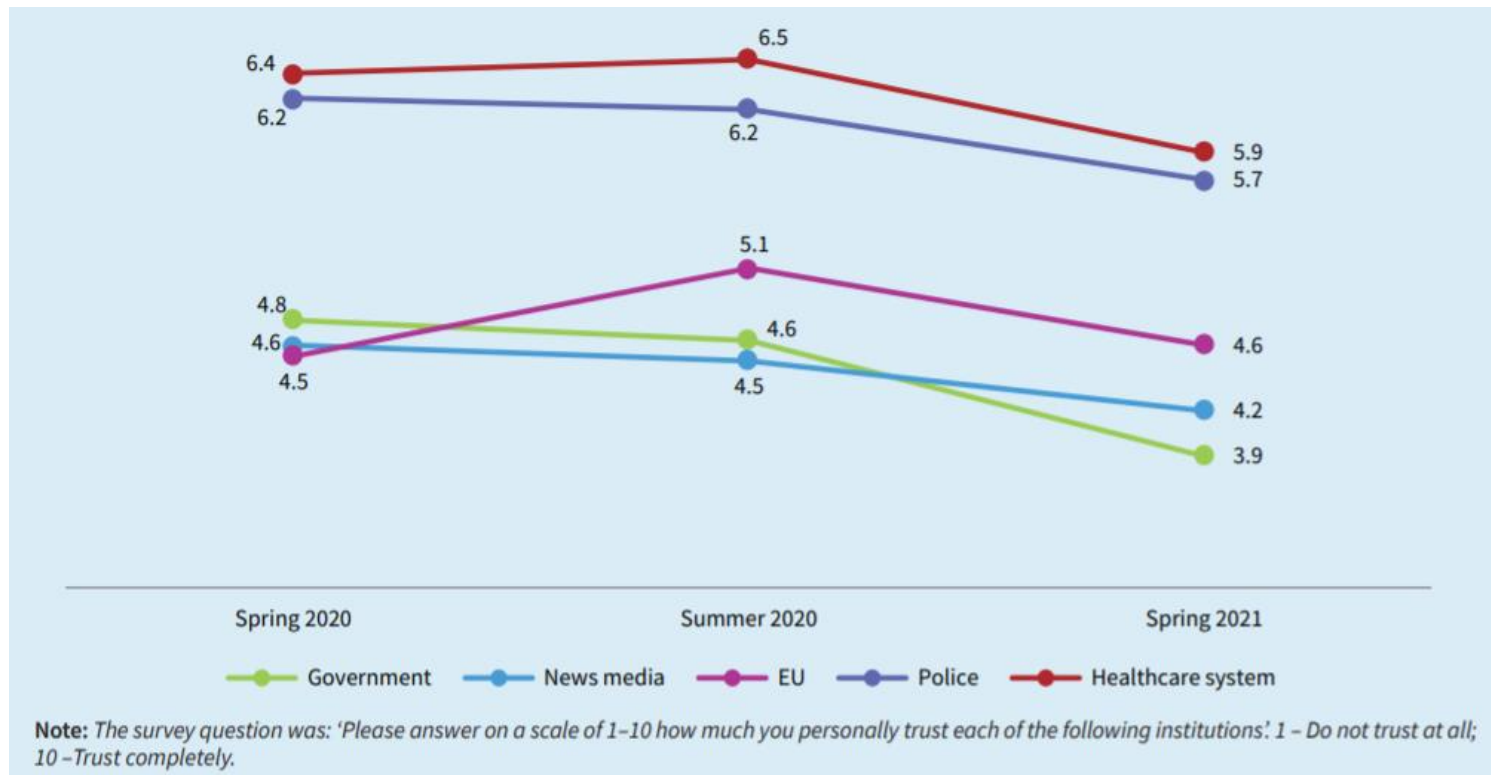




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# Citizen's support for EU solidarity – II

## Trust in institutions (mean scores), EU27 (%)





## Political willingness for EU solidarity

- European leaders have recognized the importance of Europe delivering for its citizens
- The EU's procurement of vaccines in the pandemic was an opportunity to demonstrate the value of Europe to ordinary people
- National governments and the European institutions need to go beyond the rhetoric of solidarity; showing its practical value to the citizens of Europe, most of whom support the principle but have questions about how it will work in practice
- Solidarity also extends beyond the EU

# EU Mechanisms to foster solidarity and its challenges



## EU mechanisms

- the Union Civil Protection Mechanism (UCPM)
- the Emergency Support Instrument (ESI)
- others



## The Union Civil Protection Mechanism

2001 EU framework for cooperation of national civil protection authorities

- The Emergency Response Coordination Centre coordinates assistance
- The European Medical Corps including Emergency Medical Teams (medical care, laboratories, medical evacuation)
- 2019 strategic reserve – rescEU in 9 EU MSs



# The Emergency Support Instrument

2016 ad hoc mechanism involving EU budgetary contribution

April, 2020 re-activated due to COVID-19

- Enhances existing EU programmes/instruments (rescEU, Advance Purchase Agreement of Vaccines, the Joint Procurement Procedure, etc.)
- Complements national efforts



## Other mechanisms - I

- The **EU Solidarity Fund (EUSF)** since 2002 complements MSs efforts following major disasters. Currently, it might cover a part of public expenditures on rapidly assisting people affected by COVID-19
- The **Coronavirus Response Investment Initiatives (CRIIs)** from unused funding from the **European Structural and Investment Funds (ESIF)**



## Other mechanisms - II

December, 2020 the **Recovery Assistance for Cohesion and the Territories of Europe (REACT-EU)** as a top-up to the 2014-2020 ESIF

November, 2020 a start for a **Health Emergency Preparedness and Response Authority (HERA)** to be fully operational by early 2022:

- To coordinate/support critical medical measures
- To create synergies with the work of existing EU agencies





## Other mechanisms - III

Mid-term evaluation of HP 2014-2020: focus on cross-border health threats, fostering best practicing, increasing participation of poor MSs and underrepresented organisations

- March 2021 **EU4Health Programme 2021-2027**: better preparedness, reserves of healthcare staff and essential crisis-relevant products, support for collaborative networks



# Legislation on serious cross-border threats to health

2013

- Broad rules
- Strengthening a role of Health Security Committee in coordination & communication
- Establishing an 'Early Warning and Response System'
- Setting requirements for regular (every 3 years) reporting on national preparedness



## 2020 legislative proposal on serious cross-border threats to health

- Establishing EU-level oversight, monitoring, network coordination, and decision-making bodies
- Creating national preparedness and response planning
- Detailing the EU health crisis and pandemic preparedness plan (assessment, planning, training)



# Illustrative examples of solidarity in response to future health emergencies within a resilient health systems

Under a situation when

- the definition of health policy and the organisation and delivery of health measures are the competence of EU Member States
- there is a lack of research evidence to evaluate the response to the COVID-19 pandemic

## (1) Strengthening of primary health care

- International evidence on crucial role of and clear need in sustainable primary care for a strong health system response to pandemics
- Numerous policies based on solidarity (multidisciplinary approach towards vulnerable groups in the community to manage mild cases of COVID-19 at home)

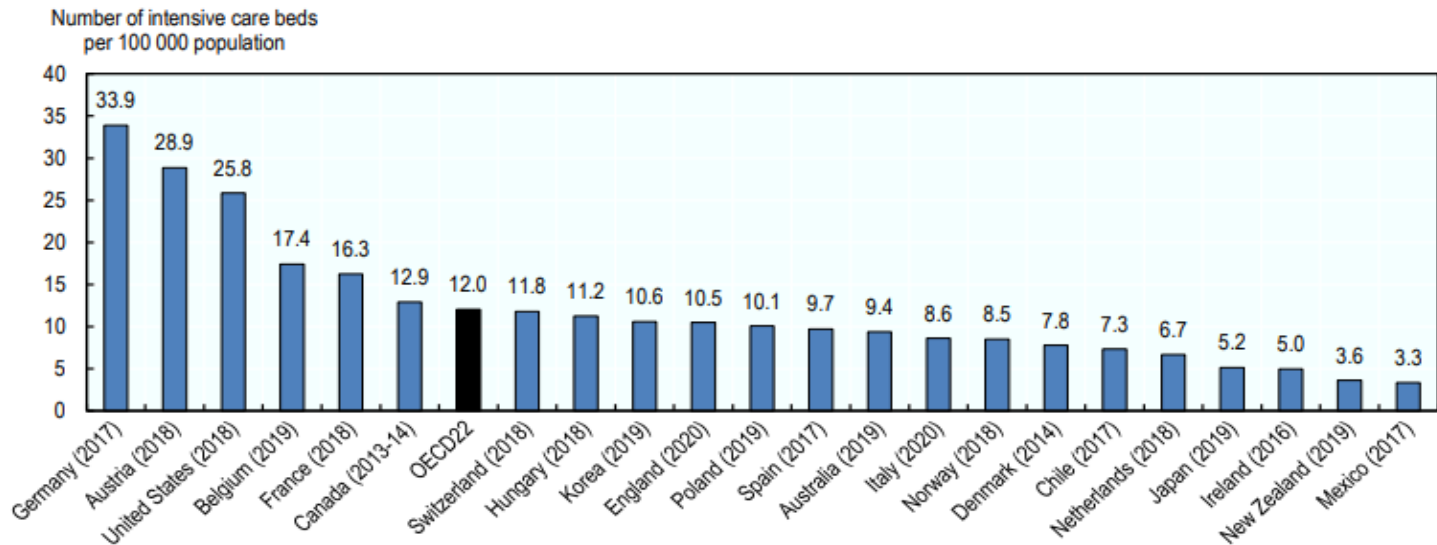
are worthy to be shared as good practices with facilitation of the EU

## (2) Deployment of sustainable surge capacities

COVID-19:

- lack of both intensive care unit (ICU) beds and trained staff;
- continuous widespread variations in access to ICU

## (2) Capacity of intensive care beds in selected OECD countries, 2020 (or nearest year)



Note: There may be differences in the notion of intensive care affecting the comparability of the data. Data refers to adults only in Belgium, Ireland and Canada, to all ages in Germany, England and Spain. Data in France includes "lits de réanimation adulte" (except severe burns) and "lits de soins intensifs" (except neonatology) but excludes "lits de surveillance continue adulte et enfants" and "lits de réanimation enfants".

Source: German Federal Statistical Office, Austrian Ministry of Health, USA: Tsai, Jacobsen and Jha (2020), Belgian Ministry of Health, French Ministry of Health, Canadian Institute for Health Information, Hungarian National Health Insurance Fund, Korea: Phua, Faruq, Kulkarni et al. (2020), NHS England, Polish Ministry of Health, Spanish Ministry of Health, Australia: Edward Litton et al. (2020), Italy: Remuzzi and Remuzzi (2020), Norwegian Health Ministry, Danish Society of Anesthesiology and Intensive Medicine, Chilean Society of Internal Medicine (2020), Dutch Intensive Care Society, Japanese Society of Intensive Care Medicine, Irish Department of Health, New Zealand Ministry of Health, Mexican Ministry of Health.

## (2) Deployment of sustainable surge capacities

- Taccone FS and colleagues (2021) concluded in favour of redirecting overflows of critically ill patients to other ICUs (nationally or internationally)
- Capacity to develop flexible structures (space, beds) and training of staff on intensive care medicine skills
- Coordination in surge capacity response within an EU framework with a focus on the four S's of health system surge capacity: system, staff, stuff and structure
- In a real time accessibility to data, data exchange/analysis to adjust capacities
- Incentives to increase interoperability of the digital environment surrounding surge capacity responses





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# Recommendations - I

*How to strengthen:*

*Create structure & conditions*

*(Legislation, Data, Harmonization, Transparency, Cross-talk within EU decision makers, Competency building)*

LONGER-TERM ACTION/IMPACT

**EU Solidarity:**  
Citizen & political values  
Structuring principle

**EU Cooperation:**  
Decentralized regions arrangements  
Cross-country arrangements  
EU centralized arrangement

**VIRTUOUS CYCLE OF  
CONNECTEDNESS AND  
ACCOUNTABILITY  
SUPPORTING EU SOLIDARITY**

*How to strengthen:*

*Leverage lessons learned from COVID-19  
and need for EU-level Solidarity*

*Address upstream causes: climate change, social  
justice, fair trade, and human rights*

*Time for EU action is now,  
before the next health emergency*

*How to strengthen:*

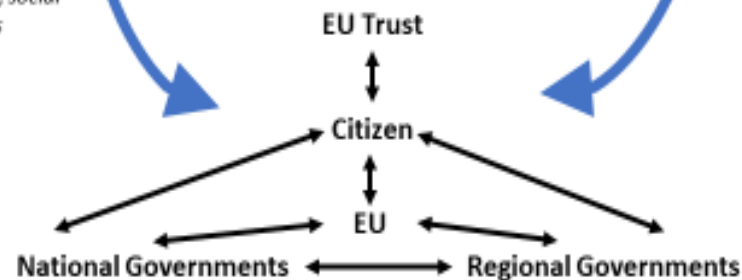
*Manage perceptions*

*(Media, Transparency, Communication, Data)*

*Develop good practices*

*Share in learning communities*

SHORTER-TERM ACTION/IMPACT



Health



## Recommendations - II

**1: Build on existing trust:** The EU can foster and further strengthen solidarity ensuring that vulnerable people are not left abandoned as resources shift to dealing with a pandemic nor are they forgotten in the context of the additional support they may require in the context of the pandemic.

**2: Strengthen primary health care, public health and mental health support systems:** The EU could work further on the establishment of integrated people-centred primary care including availability of interdisciplinary work, information and communication capacity and technology, prevention, health promotion and management of chronic care and vulnerability and as well as health care of socially isolated groups.



## Recommendations - III

**3: Address the global dimension of a crisis:** The EU should extend its solidarity by taking a leading role in a new dialogue with LMICs, addressing populations not yet protected.

**4: Increased alignment, coordination and responsiveness** at the EU-level to improve health systems' ability to prepare for, and cope with, “surges” of need or demand

**5: Data solidarity:** The EU should take the lead in transforming and fostering transparent and accountable governance of public and private sector data ensuring all safeguards to protect privacy are in place, creating a common framework for the exchange of such data.



## Recommendations - IV

**6: Nurture bottom-up good practices:** Create sufficient room for strengthening the successful actions and planning related to preparedness plans to benefit from insights gained from what happened in cross-border settings, and nurture bottom-up good practices.

**7: Monitor interplay trust-solidarity:** developing the methodology to assess the effect of implementation of solidarity mechanisms on trust at several levels.

**8: Regulations, institutions, and practices should include solidarity as a guiding principle** which will strengthen the relationship between EU Solidarity and EU Trust



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## Recommendations - V

**8: Regulations, institutions, and practices should include solidarity as a guiding principle** which will strengthen the relationship between EU Solidarity and EU Trust



# Discussion

Thank You !

Comments, Questions & Answers



# Additional comments

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by 1 October 2021