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

Hearing on the draft opinion on ‘European solidarity in public health emergencies’

Brussels, 16 September 2021 (virtual meeting)

Aim and objectives

The Expert Panel on effective ways of investing in health (EXPH) is an interdisciplinary and independent group established by the European Commission in 2012 to provide non-binding independent advice on matters related to effective, accessible and resilient health systems in the form of opinions.

The aim of the hearing was to provide stakeholders with an opportunity to share their views on the draft opinion of the Expert Panel on “**European solidarity in public health emergencies**”. The draft opinion was published online prior to the meeting and can be accessed on the [EXPH website](#).

The hearing was organised online via Webex, hosted by the Health Policy Platform. Over 80 participants attended the hearing. Slido was used for live polling of the audience.

Presentation of the draft Opinion

Panel members: Prof. Jan De Maeseneer (Chair of the hearing), Dr Dionne Kringos (Chair of the drafting group), Prof. Christos Lionis, Prof. Liubove Murauskiene (Rapporteurs)

Professor De Maeseneer opened the hearing and introduced the Expert Panel.

Slido and the chat function were used to interact with the audience. The interactive elements were interspersed throughout the presentation and the results can be found at the end of this report.

Dr Kringos introduced the mandate of the opinion. The Panel was asked to provide a concise and meaningful document with analysis and practical recommendations on the following points:

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?

The rapporteurs presented summaries of the key points of the draft opinion during the meeting. The detailed presentation is available on the [EXPH website](#).

1) The theoretical concept of solidarity

Professor Lionis presented several different theoretical concepts of solidarity. He explained that for the purposes of this Opinion, solidarity can be considered as “a broad meaning of emotional and motivated readiness for mutual support”. It involves a presumption of reciprocity and, thus, is different from the non-reciprocal ideas of altruism, sympathy, caring, or understanding of suffering. He underlined that solidarity requires “a shared group-membership and behaviour according to the norms of a given group”.

2) Solidarity in the European Union and the importance of EU solidarity in times of health emergencies

Professor Lionis stressed the importance of European solidarity and presented selected references from the EU Treaties. The EU Treaties explicitly refer to solidarity in several provisions, including the values and objectives of the Union (solidarity ‘between generations’ and ‘among Member States’) and policies where the ‘principle’ or ‘spirit’ of solidarity is applied. This can be seen in the Treaty on the Functioning of the European Union (TFEU), based on the 2009 Lisbon Treaty, and the Treaty on European Union (TEU), based on the 1992 Maastricht Treaty. He pointed out that, since public health is largely a national competence, it is more challenging to create European solidarity in the area of public health. He gave examples of solidarity actions during the Covid-19 pandemic. He highlighted the importance of European solidarity to protect the health of the European citizen and social coherence on a political and humanitarian level.

3) Citizens’ support and political willingness for EU solidarity

Dr Kringos presented recent surveys that revealed a high level of support for the principle of solidarity in Europe, but rather less enthusiasm for how it is operationalised in practice. She stressed that, although the European leaders have recognized the importance of Europe delivering for its citizens, the national governments and the European institutions need to go beyond the rhetoric of solidarity, i.e. showing its practical value to the citizens of Europe. Although the focus of the opinion was on European solidarity, she pointed out that solidarity also extends beyond the EU.

4) EU mechanisms to foster solidarity and challenges

Professor Murauskiene outlined two EU mechanisms for solidarity: the Union Civil Protection Mechanism (UCPM) and the Emergency Support Instrument (ESI). These were used to provide mutual assistance during the COVID-19 pandemic. Within the UCPM, the European Medical

Corps (EMC) enables quick medical assistance and provides public health expertise in a health emergency inside and outside the EU. In 2019, the EU created a strategic rescueEU medical reserve and distribution mechanism under the umbrella of the UCPM. ESI enables the EU to support its Member States when a crisis reaches exceptional scale and impact. It enables the EU to rapidly address the human and economic consequences of a crisis and to mobilise and deploy resources across Member States based on real needs. In April 2020, the ESI was re-activated to help EU countries address the COVID-19 pandemic.

Professor Murauskiene mentioned other mechanisms that support solidarity in crisis, such as; the EU Solidarity Fund (EUSF), Coronavirus Response Investment Initiative (CRII), Recovery Assistance for Cohesion and the Territories of Europe (REACT-EU). She also referred to the newly established Health Emergency Preparedness and Response Authority (HERA), expected to be fully operational by early 2022.

5) Recommendations

Dr Kringos presented the virtuous cycle of connectedness and accountability supporting EU solidarity and concrete draft recommendations of the opinion.

- ✓ 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.
- ✓ Strengthen primary health care, public health and mental health support systems: The EU could further promote 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, focus on mental wellbeing as well as health care of socially isolated groups are important elements.
- ✓ Address the global dimension of a crisis: The EU should extend its solidarity by taking a leading role in a new dialogue with low- and middle-income countries, addressing populations not yet protected.
- ✓ 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.
- ✓ 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.
- ✓ 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.
- ✓ Monitor the interplay between trust and solidarity: developing a methodology to assess the effect of implementation of solidarity mechanisms on trust at EU and national level.

- ✓ Regulations, institutions, and practices should include solidarity as a guiding principle which will strengthen the relationship between EU solidarity and trust in the EU.

After the presentation, the Chair opened the floor for discussion.

Open discussion: participants' views

European Federation of Public Service Unions (EPSU) welcomed the opinion and stated that it was very much in line with the Monti Commission's report (report on lessons learned from the Covid-19 pandemic by Pan-European Commission on Health and Sustainable Development (WHO Europe)). He supported the recommendation on strengthening primary care but stressed the need to include social and long-term care as its weaknesses were apparent during the pandemic.

The Chair of the hearing confirmed this point would be clarified in the opinion so it is clear that social care and long-term care are included.

European Union of General Practitioners (UEMO) also showed its support to the recommendation on strengthening primary care. It voiced the need to increase investments in primary care and follow people-centered approaches.

Pharmaceutical Group of the European Union (PGEU) echoed the previous stakeholders in support of the strengthened primary care. PGEU highlighted the importance of collaboration, optimizing resources and task sharing among health professionals. PGEU recalled the difficulties in the beginning of the pandemic when Member States competed for medical equipment and stressed the importance of collaboration between EU countries and a global dimension of solidarity.

Standing Committee of European Doctors (CPME) welcomed this very timely report which touches on various topical issues. CPME suggested to reinforce a recommendation on health systems capacities as well as on the availability of health workforce during the crisis, and underlined the usefulness to define minimum standards for surge capacities. CPME supported the training for health professionals in emergency situations including for cross-border regions. CPME highlighted the importance of trust in data governance, and the need to have transparent and accountable systems for collection of data.

European Federation of Psychologists' Associations (EFPA) drew attention to the importance of mental health and well-being of health workers as well as citizens. EFPA pointed at difficulties that people experienced during the pandemic including the adherence to public health measures and asked what could be done in terms of solidarity on mental health and well-being.

The Chair of the drafting group agreed on the importance of mental health and confirmed that it was included under the recommendation of strengthening the primary care. She referred to the Panel's recent opinion on 'supporting mental health of the health workforce and other essential workers'.

European Federation of Nurses Associations (EFN) commented on health workforce shortages. EFN stressed there is a deficit in nursing education, recognition and working conditions. EFN referred to the *State of the World's nursing 2020 report* which is calling for the education and recruitment of 6 million more nurses. The report shows that 'many wealthy countries are not producing enough nurses to meet their own healthcare needs, and are therefore reliant on migration, exacerbating shortages in poorer countries'.

Representative of the UK Faculty of Public Health suggested to consider three levels of solidarity and address the global dimension of a crisis as well. He stressed that the EU should extend its solidarity by taking a leading role in a new dialogue with low and middle-income countries not only focusing on EU countries. He raised the issue of intellectual property rights waiver for producing vaccines against Covid-19.

A humanitarian aid expert working for DG ECHO in personal capacity commented that the EU needs to build up its own health security capacities but also needs increase its contribution to the Global Health Security Agenda (GHSA). The EU's role in the GHSA remains rather limited when compared to the US or other actors. He stressed that the internal EU response capacity would provide (mutual) benefit from links with global response and notably those in least developed countries. While there are several mechanisms that could be interesting, he mentioned the case of eventual EU stockpiles (e.g. for vaccines) build-up. It might be good to see in how far these stockpiles can be of benefit (donations) for less developed countries before they eventually expire in EU warehouses. This could be a way to prevent wastage and assure turn-over.

UNICEF supported the recommendations on building on existing trust in institutions including the EU, and highlighted the importance of citizens' engagement. COVID-19 has shown the value of non-medical interventions and need for increased evidence-based investments in risk communication and community engagement.

Conclusion

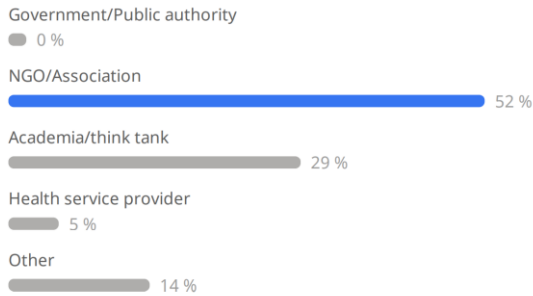
The Chair of the hearing thanked all attendees for their active participation (also via chat) and invited them to send additional comments by 1 October 2021. He concluded by stressing the importance of solidarity as a guiding principle, and acknowledged the importance of a global approach.

Slido poll results

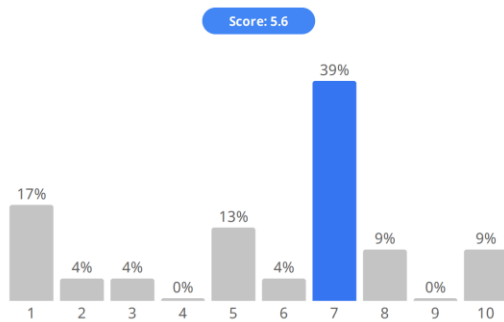
1) What is your nationality?



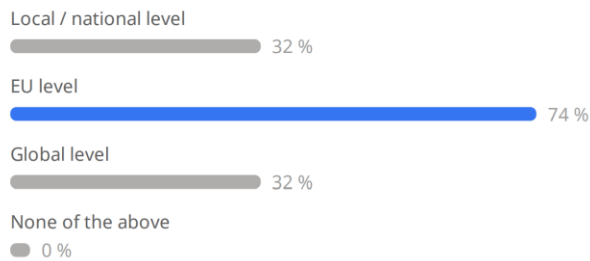
What type of organisation do you represent?



2) On a scale of 1 to 10, please rate your involvement in the COVID-19 pandemic response (1=not at all involved, 10=my full time job was all about the pandemic response)



3) If you were involved in the pandemic response, at which level did you work? (Select all appropriate answers)



4) Please rank the recommendations of the Expert Panel in order of importance

