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Opinion of the European Economic and Social Committee

Forging a European Flagship Initiative for health

(Own-initiative opinion)

(C/2025/105)

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1. Conclusions and recommendations

1.1. The European Economic and Social Committee (EESC) calls for a European flagship initiative for health, such as a forward-looking political vision for the 2024-2029 legislative term that is based on the principles [1] of universality, quality, accessibility, solidarity and inclusivity. This initiative should aim to build a cross-cutting health architecture within the European Union. The 2024-2029 political guidelines must therefore give prominence to the universal right to health, like Europe's Choice, through European advances and EU support to Member States. The EESC calls for a commitment from all European decision-makers and representatives to work towards integrated health policies and reduced health inequalities.

1.2. The EESC has set out the strategic pillars of this roadmap for strengthened solidarity and cooperation in health, including the following actions.

— Establishing a European care and healthcare guarantee, building on the European care strategy [2], through a recommendation setting out multiannual health objectives at EU level (linking needs and budgets), with the possibility of moving towards a binding legal text, such as a directive.

— Implementing the integrated One Health approach, linking human, animal, plant and environmental health policies through 'Health in All Policies', interdisciplinary cooperation, coordinated monitoring, data sharing between sectors and enhanced prevention – in particular with regard to the fight against zoonoses, antimicrobial resistance, food security and ecosystem preservation – in order to effectively manage shared health risks.

[1] OJ C 146, 22.6.2006, p. 1.

[2] Opinion of the European Economic and Social Committee on 'Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on the European care strategy' (COM(2022) 440 final) (OJ C 140, 21.4.2023, p. 39).

— Harnessing the potential of digitalisation and artificial intelligence (AI) to modernise health systems, while also establishing guidelines on cybersecurity and inclusivity by improving digital literacy in health among health professionals and the general public.

— Upholding European financial instruments to support national health initiatives and funding.

— Prioritising social and health investments, bearing in mind that these investments have a positive effect on economic growth, productivity and competitiveness ([3]).

— Promoting an integrated scoreboard of socio-economic, health and environmental reforms, with a view to a strategy that goes beyond growth, refocusing EU objectives on well-being and quality of life. An indicator of investments in health promotion and preventive healthcare at EU level and a health impact assessment should be developed to help strengthen health policies.

— Developing a targeted investment plan to strengthen capacity and promote care professions and healthcare workers through a three-pronged approach involving planning, training (including for advanced practices) and management.

— Undertaking collaborations between the EU and WHO/Europe to retain, attract and support care workers, including nursing staff – who work in a profession that is seeing increasing shortages.

— Improving health and safety at work, in particular through occupational health services and workplace screening.

— Implementing both an EU action plan and national plans on rare diseases to strengthen joint EU and Member State responses ([4]).

1.3. The EESC calls for health diplomacy to be integrated as a soft power instrument ([5]) in the EU's external policies. Initiatives should be developed to demonstrate the EU's commitment to worldwide health, positioning it as a pioneer in health governance and as a promoter of international health solidarity.

1.4. The EESC points out that addressing significant and persistent disparities within the EU and in its Member States is one of the main public health challenges. The EESC echoes the Conference on the Future of Europe, which called for all the current competences provided for in the Treaties to be used, while continuing to strengthen legislation.

1.5. The EESC calls for a more institutionalised involvement of civil society in defining, evaluating and monitoring health priorities ([6]). Social dialogue remains the formal and preferred mechanism for involving social partners in health policies.

2. **Achieving the European Health Union**

2.1. The EU is facing multiple crises which require strengthened solidarity between the Member States and the European institutions through a European Health Union package.

2.2. The main goal of the European Health Union cannot be limited to combating pandemics, but must also be that of achieving good health, including ensuring the universal quality and accessibility of health services, developing policies and measures to promote good health and prevent health problems (at primary, secondary and tertiary level), and incorporating non-medical determinants.

([3]) Opinion of the European Economic and Social Committee – Boosting long-term inclusive growth through reforms and investment (exploratory opinion – Belgian Presidency) (OJ C, C/2024/3378, 31.5.2024, ELI: https://eur-lex.europa.eu/eli/C/2024/3378/oj).

([4]) Opinion of the European Economic and Social Committee on Ensuring strong European solidarity for rare disease patients (own initiative opinion) (OJ C 75, 28.2.2023, p. 67).

([5]) Opinion of the European Economic and Social Committee on the communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: EU Global Health Strategy — Better Health for All in a Changing World (COM(2022) 675 final) (OJ C, C/2023/883, 8.12.2023, ELI: http://data.europa.eu/eli/C/2023/883/oj).

([6]) Opinion of the European Economic and Social Committee on Strengthening civil dialogue and participatory democracy in the EU: a path forward (exploratory opinion requested by the Belgian Presidency) (OJ C, C/2024/2481, 23.4.2024, ELI: http://data.europa.eu/eli/C/2024/2481/oj).

2.3. The EESC calls for an ambitious agenda by supporting a flagship health initiative under the EU's 2024-2029 strategic agenda ([7]), the Council conclusions on the Future of the European Health Union ([8]), and the European Commission communication on the European Health Union ([9]), complementing and in synergy with the Green Deal, the Blue Deal and the Sustainable Development Goals (SDGs).

2.4. While the EU has set up legal frameworks and developed initiatives aimed at protecting and helping to improve people's health, many objectives have yet to be met because the EU does not have sufficient competences in this area. The Europe of Health concept has mainly developed in a way that supports the key aspects of European integration, such as the internal market and single currency, without sufficiently taking into account the health dimension, for which the EU has supporting competence.

2.5. To deliver on the different pillars of the internal market, specific legislation has been created to establish a favourable framework for the free movement of goods and services that have an impact on health (medical devices, pharmaceuticals) and for the free movement of people (mutual recognition of qualifications).

2.6. The Court of Justice of the European Union (CJEU) has played a major role, influencing cross-border access to healthcare due to the decisive nature of its judgments based on the fundamental principles of free movement of people and the right to social protection and health.

2.7. The EESC recommends a comprehensive and integrated approach in order to strengthen the EU's health resilience and ensure equal access to healthcare through the single market, in line with the principles set out in the Letta report ([10]).

2.8. The EESC stresses that health is a fundamental public good that requires the principle of universal access to be applied, in accordance with the holistic definition of health provided by the World Health Organization (WHO). To achieve this, each Member State has 'the right to organise' its health services and to choose the legal form that best reflects the diversity of business models – which, in health, include the social economy and its various components, such as mutual societies and cooperatives – while respecting the general interest. European dynamics must support Member States in strengthening their health systems.

2.9. The EESC notes that existing mechanisms to overcome health challenges are fragmented, and that the objectives are not integrated across all EU policies. The EESC calls on the European institutions to turn the flagship initiative and implementation roadmap into a strategic priority in its own right, in line with the European Pillar of Social Rights, the Green Deal, the Blue Deal, economic governance, the digital decade, the industrial and competitiveness strategy and the European democracy action plan.

3. **Flagship initiative model and features**

3.1. The EESC calls on the Commission and the Member States to re-examine implementing the proposal for a European care and healthcare guarantee, building on the European care strategy and drawing on existing guarantees, such as the Youth Guarantee and the Child Guarantee. The aim is to guarantee the universal right to health, by ensuring fair and high-quality healthcare for all European citizens.

([7]) https://www.consilium.europa.eu/en/european-council/strategic-agenda-2024-2029/.
([8]) https://www.consilium.europa.eu/en/press/press-releases/2024/06/21/european-health-union-council-calls-on-commission-to-keep-health-as-a-priority/#:~:text=Les%20conclusions%20du%20Conseil%20mettent,des%20d%C3%A9c%C3%A8s%20dans%20l'UE.
([9]) COM(2024) 206 final.
([10]) https://www.consilium.europa.eu/media/ny3j24sm/much-more-than-a-market-report-by-enrico-letta.pdf.

3.2. As part of this flagship initiative, the EESC calls for a common EU approach based on the following pillars:

— supporting the continued deployment and operation of the integrated One Health approach through increased coordination among human, animal, plant and environmental health policies;

— prioritising the digitalisation of health, which is essential for modernising health systems, while also ensuring optimal data protection;

— promoting European health sovereignty and investments in research;

— achieving strategic autonomy and strategic industrial production in health;

— reducing health inequalities by improving access to and the quality of healthcare, and focusing on rare and other under-diagnosed diseases;

— creating a link between health, social aspects and the single market through better integration of health, social and economic policies by revising European legislation.

3.3. The EESC points out that funding for the pillars of this flagship initiative must have a substantial European budget that complements national budgets. The EESC points out the need to uphold the principle of solidarity, and believes that innovative forms of financing should be used in addition to public funding.

3.4. The EESC calls for the principle of universal access to be applied, in line with the public interest and through structured planning, taking into account and going beyond the progress made in the 2019-2024 period. The EU needs to continue preparing for future health crises and to continue investing in strategic initiatives aimed at improving health, protecting people and strengthening health systems.

4. **General comments – The implementation of the One Health approach**

4.1. A long-term health strategy based on the One Health approach is crucial to increase the resilience of humans, animals, plants and ecosystems, and to address the interdependencies between countries. This requires collective awareness and changed mindsets and behaviour at local, regional and global level. Much remains to be done to reduce silos in policy making and across policies.

4.2. The EESC welcomes the European Commission's work on the One Health approach, which is aimed at its effective and practical application.

4.3. The EESC supports the recommendations from the conference held in Luxembourg in 2023 to develop and apply this approach, including:

— stepping up cooperation between all actors (scientific, political, academic and administrative);

— improving coordination between the European agencies and the various European Commission directorates-general, including by creating an inter-agency One Health task force and by restructuring DG SANTE, with a single directorate dedicated to One Health that has a horizontal scope (breaking down silos);

— supporting the implementation and operation of the One Health approach at national and regional level through multilevel governance.

4.4. The EESC supports the implementation of the international Declaration on Climate and Health, which was signed by the EU at COP28.

4.5. Faced with the triple planetary crisis (climate disruption, loss of biodiversity and pollution) and its negative impacts on health, the EESC calls on the EU and its Member States to step up efforts to rethink our relationship with nature and restore it, end pollution, and mitigate and adapt to climate disruption in order to protect the health of all people. Rising temperatures, extreme weather events and pollution can not only have a direct impact on people's lives, but also influence the prevalence of chronic and communicable diseases.

4.6. The EESC recommends that the EU develop more robust public health policies that take full account of the impacts and risks of the triple planetary crisis. This includes expanding research and monitoring climate-, environment- and pollution-related health indicators, improving systems for early warning and response to emergencies, and investing in resilient health infrastructure. In addition, it is essential to adopt a fair approach to climate and environmental policy that protects those most vulnerable. Such an approach will require coordination between different sectors and disciplines and will have major shared benefits in areas such as food production, healthy eating, environmental protection and mental health.

5. **Bolstering the goal to digitalise health and care**

5.1. The adoption of the AI Act and the proposal on the European Health Data Space (EHDS) must continue to be a priority, especially when it comes to health. The implementation of the EHDS serves to improve patient outcomes and innovation in health research, and is fundamental for evidence-informed and value-based policies.

5.2. In order to ensure a comprehensive and efficient approach, it is crucial that the EHDS be compatible with various other regulations, including the proposed AI Act, the General Data Protection Regulation (GDPR), and the measures under the Medical Devices Regulation for AI-based applications.

5.3. In the midst of the digital transformation, the health sector has been the target of numerous cyberattacks, making a horizontal European cybersecurity policy indispensable to protect the personal data of patients and health professionals. While the EHDS contains a set of provisions on cybersecurity and highlights the need for strong cybersecurity, the EESC more broadly stresses the need for a comprehensive European cybersecurity strategy that includes proactive measures such as encryption, access controls and network segmentation, in order to protect the health of all people and their the right to health.

5.4. Digital developments in health should be seen as tool for citizens' fundamental rights and for consolidating human relations between patients and their healthcare professionals, who will have more time to dedicate to care work.

5.5. The EESC agrees with the WHO/Europe's concerns on the digital divide ([11]), and reiterates that almost half of all Europeans lack digital skills ([12]). There is an urgent need to increase digital literacy and digital capacity-building among all populations and among health professionals in order for the EHDS to be a success for all.

5.6. The EESC calls for a concerted effort towards health literacy programmes, focusing on developing health knowledge and skills among the general public, enabling them to make informed decisions about their health. At the same time, these programmes should ensure that healthcare providers are always up-to-date on the latest knowledge. An EU-wide online platform could be one initiative that could offer health education resources for the general public and for health professionals.

6. **Increasing European sovereignty and economic prosperity**

6.1. Drawing on the strategic reports on the European single market ([13]) and on European competitiveness, the EESC calls for the social and health dimensions of the European single market to be consolidated in order to ensure a fair distribution of its benefits among all EU populations, supporting social economy organisations, promoting training and better conditions for healthcare workers, and integrating sustainable and equitable access to health for all people in all circumstances. This approach aims to protect individual freedoms and to strengthen social resilience and solidarity against changing demographic and economic circumstances.

([11]) https://www.who.int/europe/en/news/item/05-09-2023-digital-health-divide--only-1-in-2-countries-in-europe-and-central-asia-have-policies-to-improve-digital-health-literacy--leaving-millions-behind.
([12]) https://ec.europa.eu/commission/presscorner/detail/en/ip_22_4560.
([13]) https://www.consilium.europa.eu/media/ny3j24sm/much-more-than-a-market-report-by-enrico-letta.pdf.

6.2. The EESC supports improving the working conditions and remuneration of the health workforce so that health needs are met through a three-pronged approach involving planning, training (including for advanced practices) and management, with a view to achieving universal health by ensuring care for all people in all Member States. The EESC calls for collaboration between the EU and WHO/Europe to retain, attract and support care workers, including nursing staff – who work in a profession that is seeing increasing shortages.

6.3. The EESC urges the establishment of a sustainable financing and investment mechanism for European health systems drawing on lessons learned from previous crises, such as the debt crisis in Greece, to prevent budgetary limitations from compromising the Member States' ability to maintain effective and inclusive health services.

6.4. The EESC calls for the EU fiscal framework to be applied in a way that ensures a sustainable recovery and just transitions, ensuring justified social and health investments.

6.5. In order to make progress towards socio-economic governance centred around well-being and full health, the EESC urges the EU and the Member States to revise the fiscal rules by:

— applying an integrated scoreboard with economic, social and environmental performance indicators;

— adopting a 'beyond growth' strategy that improves quality of life;

— developing and implementing a binding European welfare indicator, supported by a 'health growth standard' linked to health objectives that measure progress in promoting health, preventing diseases and providing treatment and integrated health support;

— developing preventive healthcare and promoting healthy lifestyles and environments;

— promoting mental health and overall well-being;

— preventing chronic and infectious diseases and protecting health and safety at work;

— establishing distributional impact assessments (DIA) for all new EU policies to ensure they are consistent with health objectives;

— developing a targeted investment plan aimed at strengthening health systems, upgrading the health workforce and connecting networks of health specialisation hubs;

— setting up a formal, ongoing mechanism for engaging civil society organisations for structured and regular collaborations in setting the priorities of the European Semester.

7. **Combating multifactor health inequalities**

7.1. In the light of the challenges our health systems are facing, reducing inequalities in access to care must be part of an EU strategy based on inclusion and solidarity.

7.2. Besides our individual genetics and our life choices, health is determined by a wide range of personal, social, economic and environmental factors. EU initiatives such as the 'healthier together' initiative ([14]) should be scaled up and diversified.

7.3. While health insurance mechanisms differ from one Member State to another, some Member States (in addition to compulsory health coverage) have complementary reimbursement mechanisms that involve a variety of economic and non-economic actors. The EESC reiterates that all of these systems must contribute to the objective of making health as affordable as possible for everyone.

7.4. The EESC suggests establishing incentive schemes to encourage health professionals to take up employment in underserved areas, including island and rural medical deserts.

([14]) https://health.ec.europa.eu/non-communicable-diseases/healthier-together-eu-non-communicable-diseases-initiative_en?prefLang=en.

7.5. The EESC notes that improving health and safety at work is an essential element of the European Pillar of Social Rights Action Plan, which the EU must promote in conjunction with the Member States, in particular through occupational health services and workplace screening. The EESC stresses the need to regularly update the directive on the protection of workers from the risks related to exposure to carcinogens or mutagens at work ([15]).

7.6. In order to improve the prevention of non-communicable diseases (NCDs), health aspects must be considered in all sectoral policies and in a structured way.

— In the short term: strengthening and coordinating actions between Member States that improve how preventive health measures are carried out.

— In the medium term: collecting, building on and disseminating good practices in prevention, in order to make actions more effective and allow the Member States to target their specific needs.

— In the long term: maintaining ongoing investments and a strong political commitment to ensure the integration and sustainable implementation of health prevention policies at all levels of governance.

7.7. The EESC calls for the EU to be a pioneer in implementing the International Labour Organization (ILO) conclusions on decent work and the care economy, in the face of a rapidly ageing society which exacerbates mismatches between the demand and supply of care services, and gaps in access to care, precisely when quality services are needed more than ever.

7.8. Efforts to strengthen the 24 European reference networks (ERN) for rare diseases and expand JARDIN joint action highlight the need to integrate these networks into national health systems and ensure their future viability. This must be done in a coordinated way and through national plans dedicated to rare diseases. A European partnership for rare diseases with sustainable financing means would be a cornerstone for improving the living conditions of patients with rare diseases and their families by creating a horizontal reference framework of policies and practices, pooling expertise, identifying interconnected specialisation hubs, coordinating efforts between national plans and targets, and providing the impetus of innovative care models. To this end, it is essential to promote promising treatments such as radioisotopes, and to include them in the Member States' health systems.

8. **The future of the European Health Union**

8.1. The EESC advocates a 2024-2029 legislature founded on better living in Europe and on social rights, through greater EU-level engagement in healthcare. The EESC highlights the need for interconnected transitions: social justice, multidimensional competitiveness, economic sustainability, digital inclusion, environmental sustainability, geographic fairness, democratic development and international solidarity, with resilience as a guide for post-pandemic actions.

8.2. Building on a Health Union, the European institutions should increase support to the Member States and implement all the measures set out in the joint declaration on the Conference on the Future of Europe ([16]), in which the EESC actively participated. The EESC highlights the need to:

— strengthen the role of the European Health Union and its legal bases in order to work towards reducing health disparities within the EU;

— raise the profile of EU health initiatives and make them more effective;

— ensure better coherence between policies that promote the right to health, while paying attention to subsidiarity.

([15]) OJ L 88, 16.3.2022, p. 1.
([16]) https://www.consilium.europa.eu/en/policies/conference-on-the-future-of-europe/.

8.3. The EESC recommends that the EU and its Member States play a key role in world health, implementing concrete actions to promote progress towards universal health coverage. The EESC calls for effective multilateral cooperation within the United Nations. Extending bilateral, regional and global partnerships is crucial. The EESC also stresses the need to collectively strengthen health funding around the globe, support domestic resource mobilisation in partner countries and develop coherent world health diplomacy. Health capacities in EU delegations need to be increased and the progress and impact of the EU Global Health Strategy ([17]) regularly assessed in order for these initiatives to succeed.

Brussels, 23 October 2024.

The President
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([17]) https://www.consilium.europa.eu/en/press/press-releases/2024/01/29/eu-global-health-strategy-council-approves-conclusions/.