JEAN MONNET EUROPEAN UNION CENTRE OF EXCELLENCE

DALHOUSIE UNIVERSITY

JEAN MONNET EUROPEAN UNION CENTRE OF EXCELLENCE STUDENT ESSAY AWARD (2022-23)

No Integration Without Sovereignty: The Potential for a 'True' European Health Union

Noah Hollis

With the support of the Erasmus+ programme of the European Union

---

Paper originally submitted to the class *Politics of Health Care* (POLI 5260) – Apr. 2023

Table of Contents

Introduction

The European Union is a supranational union that brings together 27 different member states through a range of regulatory and governmental institutions (e.g., the European Council; the European Commission; the European Parliament, and; the Council of Europe). (Bengtsson & Rhinard 2019: 364) It is understood by many to be the premiere supranational authority on the global stage, representing nearly 500 million people. (Fraundorfer & Winn 2021: 3) The European Union is tasked with fostering and coordinating relationships between, and promoting the standardization of, member state policies and practices. (Steurs, Van de Pas, Delputte, & Orbie 2017: 434) It has successfully laid the foundations for a wide range of harmonization strategies, like the European Green Deal (2019) and the European Energy Union (2015) that are intended to overcome the inherent fragmented governance practices of member states. (Bazzan 2020: 737; European Commission 2020: 3) These movements towards supranational integration have been hesitant to challenge the sovereignty over decisionmaking of member states when forming their policies. (Steurs, Van de Pas, Delputte, & Orbie 2017: 434) In the field of healthcare, the European Union is striving for policy coherence in health systems at the same time that member states are embracing national whole-of-government approaches to health. (Steurs, Van de Pas, Delputte, & Orbie 2017: 436) This is reflective of the notion of proportionality, where "the preferred policy option brings the best benefits at the least cost", both in terms of allocated resources. (European Commission 2021: 10; European Commission 2022a: 8)

Through the executive institution of the European Commission, the European Union has increasingly pursued an idealized vision of a 'European Health Union' that is focused on "common values of universal access to good quality care, equity, and solidarity." (European

Commission 2020: 2; European Commission 2021: 2; European Commission 2022b: 4) As a framework to guide this vision, the European Commission released in 2020 the "EU4Health Programme" that spans from 2021-2027. (Bazzan 2020: 738) The European Health Union is intended to address modern-day challenges to the core values shared by European Union member states in healthcare. These include "continuity, patient-centered care, the doctor/patient relationship and comprehensive and holistic care…prioritization, equity, and community orientation and cooperation." (Arvidsson, Švab, & Klemenc-Ketiš 2021: 1) It is a bold vision that requires extensive coordination in the dimensions of "policy frame, subsystem involvement, policy goals, and policy instruments", which in turn will, over time, generate and normalize a "new European health governance system." (Bazzan 2020: 738)

This paper argues that the metrics of a successful European Health Union as established by the European Union and those idealized visions of a fully authoritative supranational approach to health governance are distinct from each other. Member states retain their sovereignty and veto over decisions that counter their interests or core health values and it is unlikely that they would relinquish those without governance reform beyond health in the European Union as a whole. European Union member states have demonstrated an ability to present a 'One Europe' response to global crises like the COVID-19 pandemic, food shortage, disease, or other safety crises, and other cross-border threats to health. (Bengtsson & Rhinard 2019: 352, 361-362; European Commission 2021: 3) In order to achieve true supranational governance over health systems, a large degree of sovereignty must be conceded by individual member states in favour of shared decisionmaking. (Fraundorfer & Winn 2021: 3-4) The evolving nature of healthcare challenges at the national level, coupled with Euroskeptic

sentiments among some governments, threatens the efficacy of European Health Union strategies and institutions.

The paper will proceed as follows. First, it will provide a short overview of the methodology used in this paper. Second, it will provide background on the emergence of European Union-level health systems since the 1993 operationalizing of the Maastricht Treaty that founded the European Union. The third section synthesizes these findings in a discussion on the emerging European Health Union to provide an assessment of the successes and opportunities, compared to the outstanding and newly-emerging challenges, of this vision. The paper concludes with recommendations of where further supranational strategies should be focused to ensure quality healthcare for all European citizens.

Methodology

This paper applies a modified collective securisation framework, drawing from Bengtsson and Rhinard (2019), to demonstrate how the European Union's vision for a European Health Union centers a securitisation of human health. The European Union is a supranational actor in international affairs and it can be described as a 'crisis manager' in the field of promoting health security. (Bengtsson & Rhinard 2019: 346, 362) In particular, studies have considered how the World Health Organization (WHO) and the UN Security Council have each securitized health by coordinating collective action among groups of nation-states. (Bengtsson & Rhinard 2019: 347) Securitisation takes place when a securitising actor (such as the WHO) responds to a fundamental threat or crisis by 'securitising' an issue to ensure a comprehensive and powerful response from an audience. (Bengtsson & Rhinard 2019: 357; Fraundorfer & Winn 2021: 3) This is applied to the European Union, which serves as the securitizing actor, and to its member states, which serve as the audience.

The specific, European Union-defined, notion of a European Health Union was presented as a direct response to the COVID-19 crisis. (Schmidt, Bobek, Mathis-Edenhofer, Schwartz, & Bachner 2022: 1245) In late 2020, the President of the European Commission, Ursula von der Leyen, spoke about the need for increased funding in cross-border health care systems across Europe and called for a "geopolitical European Commission" that could lead supranational health system coordination and healthcare-focused relationships with other nation-states and institutions. (European Commission 2020: 2; Fraundorfer & Winn 2021: 9) The fundamental threat in this collective securitisation framework is the threat to human health, which this paper argues is wide-spanning beyond commonly-recognized health systems. Health is holistic and therefore, a 'true' European Health Union would need to coordinate "national (and subnational) and sectorial subsystems…to develop ideas about their role in the governance of public health protection. Achieving public health protection across all levels and domains is considered to be a challenge to the EU as a whole." (Bazzan 2020: 739) As well, the European Union must account for "political will, as no policy can be achieved without it" and inherent factors related to funding capacity to ensure longevity of this supranational unified approach to healthcare. (Nabbe & Brand 2021: 5) This paper will compare and contrast academic frameworks and conceptions of an ideal European Health Union with the actual goals and frameworks for policy framing, subsystem involvement, policy goals, and policy instruments. (Bazzan 2020: 738)

EU Health Institutions and Competences

The creation of the European Union stemmed from pre-existing institutions that centered around coordination of policy, strategy, and resources. The new European Commission immediately began to shape public health policies that impacted both the internal policies and

cross-border collaboration between European Union member states. The following passage describes this early emergence of integrated health systems:

> The member states agreed under Article 129 of the Treaty on European Union…to 'community action…directed towards the prevention of diseases', 'the coordination of policies and programmes' in liaison with the Commission, and the adoption by the [European] Council of [European] Commission proposals [, which] formalised a number of previous, looser cooperation agreements on issues like cancer and HIV/AIDS. (Bengtsson & Rhinard 2019: 351)

Bengtsson and Rhinard (2019) found in their research that the emergence of Mad Cow disease in Europe in 1996 was "a significant political and economic crisis", representing a "precipitating event" under the collective securisation theoretical framework. (Bengtsson & Rhinard 2019: 353) It threatened the European Union internal market as a whole, prompting the European Union's securitising move of formalizing its mandate to protect public health through integrated action. (Bengtsson & Rhinard 2019: 353-354) Over the following decades, the European Union began to increasingly establish institutions and collaborative strategies for health needs, such as creating the European Medicines Agency in 1995, the European Centre for Disease Prevention and Control in 2005, and the European Green Deal in 2019. (Bazzan 2020: 737; Nabbe & Brand 2021: 2) Many of these institutions have prioritized crisis readiness and specifically emerged out of the securitizing move by the European Union and its bodies, such as the "From Farm to Fork" strategy adopted under the Green Deal in 2019 that was called for by the European Commission to respond to food crises "to ensure food security and safety, reinforce public health, and mitigate their socioeconomic impact in the EU." (Bazzan 2020: 737)

In 2010, the European Union released a communication on its role in global health that described a "rapidly-changing geopolitical environment" where "health challenges are fast evolving." (European Commission 2022b: 1) It must be recognized that healthcare and health systems that are internal to a nation-state are situated within broader external policies of the European Union under a "Team Europe approach," where the union has a responsibility to ensure "the highest attainable standards of health, based on fundamental values such as solidarity, equity, and the respect of human rights." (European Commission 2022b: 1, 4) The 2010 declaration has defined the European Union's approach to health, with there being "significant legislative developments since 2013" leading up to the COVID-19 pandemic being declared in 2020. (Bengtsson & Rhinard 2019: 350) Much like the 1996 Mad Cow disease outbreak, COVID-19 posed a fundamental threat not only to public health, but to the European Union's internal markets and the stability of its institutions and member states as a whole. (European Commission 2020: 1; European Commission 2021: 2; European Commission 2022b: 15) Fraundorfer and Winn (2021) argue that, aside from specific regionalized examples of cooperation like "German support for French patients in the Alsace region of France", "there was no coordinated and effective EU-wide response to COVID-19…policy responses were mostly initiated by individual EU member states." (Fraundorfer & Winn 2019: 9)

The early vision of the European Health Union has laid out varying objectives intended to re-conceptualize health "as more than a technical, humanitarian concern and as vital to the interests of states in security and economic well-being." (Steurs, Van de Pas, Delputte, & Orbie 2017: 434) Some examples include: to "protect people in the Union from [cross-border threats to health] and increase health crisis prevention and preparedness"; to "complement the policies of the member states, in order to improve human health throughout the Union and to ensure a high

level of protection of human health in all Union policies and activities"; to "make a major contribution to global objectives with the Team Europe approach", and; to "encourage innovation and research and [deal] better with future health crises." (European Commission 2021: 10, 12; European Commission 2022a: 5) These guiding goals are grounded in the overarching principles of the European Union and reflect the role that a European Health Union plays in a more integrated and stable European Union as a whole. (Fraundorfer & Winn 2021: 12; Schmidt, Bobek, Mathis-Edenhofer, Schwarz, & Bachner 2022: 1244-1245) Several institutions, mechanisms, and strategies have already been developed and enacted since the onset of the pandemic in 2020. These include a Pharmaceutical Strategy for Europe (2020), the EU4Health Programme (2021), the European Health Data Space (2022), and the EU Global Health Strategy (2022). (European Commission 2020; European Commission 2021; European Commission 2022a; European Commission 2022b) These are significant developments - the EU4Health Programme has been allocated €2,446,000,000 for the period from 2021-2027. (European Commission 2021: 14)

Emergence of a European Health Union

The following discussion assesses the extent to which the new European Health Union vision, presented as a response to the COVID-19 pandemic, is markedly distinct from prior trends towards integrated health governance among member states. The COVID-19 crisis was a precipitating event that generated securitisation actions by the member state audience by deepening their supranational integration in health systems, as has been shown in this paper. However, it must be determined whether the new calls and prescriptions for a European Health Union have merit or whether this is simply a rebranding of the pre-existing trends characterized by a theme of "no integration without sovereignty". This phrase is employed by this paper to

represent the model of decisionmaking in the European Union, where nation-states remain authoritative despite decisionmaking being increasingly shared through integrated institutional mechanisms. (Nabbe & Brand 2021: 1-2) Although there was an increasing number of institutions and strategies formed between the 1990s and the 2020 announcement by the European Commission of its vision of a European Health Union, it is recognized "that national authorities remained the main focal points of activity." (Bengtsson & Rhinard 2019: 352) The nature of pooled sovereignty is intended first and foremost to preserve the final decisionmaking power of the nation-state, despite increasing shifts towards integrated health systems.

Any supranational entity is bound to be characterized to some degree by fragmented governance, and this is clearly present in the European Union. The European Health Union is one framework of several that are intended to generate the "geopolitical European Commission" laid out in President von der Leyen's 2020 speech. (Fraundorfer & Winn 2021: 9) Overcoming its challenges with fragmentation requires a standardization of core health values and principles. In the 1990s, Barbara Starfield laid out the four pillars of primary care as follows: first contact care, continuity, comprehensiveness, and coordination. (Arvidsson, Švab, & Klemenc-Ketiš 2021: 2) From this perspective, the COVID-19 pandemic has "challenged almost every core value, principle, and competency" in European Union member state health systems. (Arvidsson, Švab, & Klemenc-Ketiš 2021: 5)

This paper has argued that COVID-19 was a precipitating event for the new formal steps towards a European Health Union, but this vision is a new tool for the European Union to achieve broader goals of supranational integration across fields of health, politics, environment, and more. A crisis situation allows the securitising actor (the European Union) to designate the fundamental threat to evoke a powerful response from the audience (its member states), leading

to new programs and policies and high levels of funding from 2020-2023. However, the European Union member states will not relinquish their authoritative decisionmaking past a certain point to the supranational entity until they embrace political integration that places European Union goals above national government interests. While new integrated approaches have been successful, they do not represent a fundamental shift in the level of integration that characterizes the European Union integration. The new European Health Union vision is a response of the member states to the challenges of changing societies, since it facilitates the prioritization of public health across borders and from fundamental threats and crises. (Arvidsson, Švab, & Klemenc-Ketiš 2021: 5; Bazzan 2020: 738)

Conclusions and Next Steps

There is unlikely to be a complete release of sovereignty over healthcare and health system decisionmaking by member states to the supranational European Union institutions. Under pooled sovereignty, the principle of proportionality in European Union authoritative decisionmaking is just as paramount as the principles of equity and solidarity that are core to cooperation in Europe. (European Commission 2021: 10) In this respect, it is unlikely that there will be a true European Health Union that supercedes Westphalian nation-state health governance unless increased integration at the political level occurs, which is even more unlikely given the need for all member states to agree on such a governance scheme. (Fraundorfer & Winn 2021: 12, 15; Nabbe & Brand 2021: 5) While the European Union can certainly increase integration in policy framing, subsystem involvement, policy goals, and policy instruments, there remains the principle of proportionality that limits the potential of what a fully authoritative supranational health system governance could entail. (European Commission 2021: 10-11)

However, the only metrics by which to measure whether these strategies genuinely reflect a supranational European Health Union are those laid out by the European Union itself. There is no point at which a European Health Union suddenly exists. There are only successes and failures in achieving the goals it has clearly established. Therefore, the potential for a 'true' European Health Union to succeed relies upon the success of individual institutions and the buy-in of member states and their citizens to a broader "geopolitical European Commission." (European Commission 2022b: 1, 15; Fraundorfer & Winn 2021: 15)

Bibliography

Arvidsson, E., Švab, I., & Klemenc-Ketiš, Z. (2021). "Core Values of Family Medicine in Europe: Current State and Challenges." In *Frontiers in Medicine* vol. 8. Accessed at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7940667/pdf/fmed-08-646353.pdf

Bazzan, G. (2020). "Exploring Integration Trajectories for a European Health Union." In *European Journal of Risk Regulation* vol. 11 special issue no. 4, pp. 736-746. Accessed at https://www.cambridge.org/core/journals/european-journal-of-risk-regulation/article/exploring-integration-trajectories-for-a-european-health-union/4A0EBFE5468F96C708220F128E690C06

Bengtsson, L., & Rhinard, M. (2019). "Securitisation Across Borders: The Case of 'Health Security' Cooperation in the European Union." In *West European Politics* vol. 42 no. 2, pp. 346-368. Accessed at https://www.tandfonline.com/doi/full/10.1080/01402382.2018.1510198

European Commission. (2020). "Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: Pharmaceutical Strategy for Europe." SWD (2020) 286 final version: Brussels. Accessed at https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52020DC0761

European Commission. (2021). "Regulation (EU) 2021/522 of the European Parliament and of the Council of 24 March 2021 establishing a Programme for the Union's Action in the Field of Health ('EU4Health Programme') For the Period 2021-2027, and Repealing Regulation (EU) No 282/2014." In the *Official Journal of the European Union.* Accessed

at https://health.ec.europa.eu/funding/eu4health-programme-2021-2027-vision-healthier-european-union_en

European Commission. (2022a). "Proposal for a Regulation of the European Parliament and of the Council on the European Health Data Space." COM/2022/197 final. Accessed at https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52022PC0197

European Commission. (2022b). "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." Published by the Directorate-General for Health and Food Safety. Accessed at https://www.kowi.de/Portaldata/2/Resources/fp/2022-COM-EU-Global-Health-Strategy.pdf

European Commission (2023). "European Health Union." Webpage. Accessed on April 2, 2023, at https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/promoting-our-european-way-life/european-health-union_en

Fraundorfer, M., & Winn, N. (2021). "The Emergence of Post-Westphalian Health Governance During the Covid-19 Pandemic: The European Health Union." In *Disasters* vol. 45. (S1), pp. S5-S25. Accessed at https://www.proquest.com/docview/2575728532?pq-origsite=primo

Nabbe, M., & Brand, H. (2021). "The European Health Union: European Union's Concerns about Health for All. Concepts, Definition, and Scenarios." In *Healthcare* vol. 9 no. 12. Accessed at https://www.proquest.com/docview/2612768109?pq-origsite=primo&parentSessionId=e9rhqFebXYMNrQI0NZC89id2RtkalTZskvgIC5twxNY%3D

Schmidt, A.E., Bobek, J., Mathis-Edenhofer, S., Schwarz, T., & Bachner, F. (2022). "Cross-Border Healthcare Collaborations in Europe (2007-2017): Moving Towards a European Health Union?" In *Health Policy* vol. 126 no. 12, pp. 1241-1247. Accessed at https://www.sciencedirect.com/science/article/pii/S0168851022002809

Steurs, L., Van de Pas, R., Delputte, S., & Orbie. J. (2017). "The Global Health Policies of the EU and its Member States: A Common Vision?" In International Journal of Health Policy Management vol. 7 no. 5., pp. 433-442. Accessed at http://www.ijhpm.com/article_3421.html