

Present Status and Future Dilemmas of the Common Health Policy in European Union

A közös egészségpolitika jelenlegi helyzete és a jövő dilemmái az Európai Unióban

A pandémia okozta válság kihívásai a tagállamok mellett magát az Európai Uniót is cselekvésre kényszerítették. Az európai szintű járványkezelés szükségességének kérdése csak a jéghegy csúcsa. Megállapítható, hogy bár már régóta vannak erőfeszítések az egységes egészségügypolitika kialakítása és működtetése érdekében, még mindig jelentős különbségeket látunk ezen a területen az egyes tagállamok és egyes szektorok között az ágazatban. Jelenleg a legfontosabb kérdések, hogy fel lehet-e gyorsítani az egészségügyi ellátás európai szintű fejlesztését, és hogy szükség van-e erősebb összehangolásra az egyes tagállamok és az EU rendszereinek működése között? Melyek a legnagyobb kockázatok, és melyek lehetnek a közös uniós egészségpolitika fő céljai, feladatai és eredményei a jövőben? A tanulmány igyekszik releváns válaszokat keresni ezekre a kérdésekre rövid helyzetelemzéssel és a látható főbb szabályozási és gazdasági irányvonalak bemutatásával.

JEL kód: F68, H12, H51, I15, I1

Kulcsszavak: világjárvány, egészségügyi rendszer, kockázatok, válságkezelés, az Európai Unió szakerpolitikái, egyenlőség

The challenges of the pandemic crisis have forced not only the member states but also the European Union itself to act. The question of the need to manage the epidemic at a European level is only the tip of the iceberg. It can be concluded that, although efforts have been made for a long time to develop and operate a single health policy, we still see significant differences in this area between the member states and between individual sectors in this field. The most important questions at the moment are whether it is possible to speed up the development of healthcare at a European level and whether there is a need for stronger coordination between the functioning of the systems of the individual Member States and those of the EU. What are the main risks, and what could be the main objectives, tasks and results of the common EU health policy in the future? This study seeks to find relevant answers to these questions through a brief analysis of the situation and a presentation of the detectable main regulatory and economic trends.

JEL classification: F68, H12, H51, I15, I18

Keywords: pandemic, health care system, risks, managing the crisis, European Union policies, equality

1. Introduction

In Europe, as a member of the EU, the crisis situation caused by the pandemic has fundamentally shaken confidence in the security of existence after decades of relatively stable economic and social conditions. The resilience of even the public health systems of the most developed states has been tested by the challenges of an unprecedentedly serious epidemic threat, which had to be fought in a race against time. However, even after the peak of the infection wave, public health in Europe remains a serious challenge. In addition to the immediate emergency response, the sector's long-term problems, which need to be solved in the long run, represent urgent tasks worldwide. Perhaps even more difficult in the coming years will be the development and coordination of a common European policy for the development of safe epidemic control and recovery in the future with the Member States than the recent struggle with the pandemic. The success of this initiative largely depends on constructive cooperation among the Member States and the expedient use of the necessary resources. For the current seven-year budgetary programming period, 2021-2027, the European Union intends to use the Recovery and Resilience Facility (RRF) to finance policies. These policies are considered as the most important pillars, including the necessary improvements and reforms in the field of public health as a priority area. The RRF is the main component of the Next Generation EU (NGEU) package, which aims to support recovery from the COVID-19 pandemic. Unlike the budgetary expenditure of the Multi-annual Financial Framework (MFF), the RRF is a temporary instrument, and its implementation and financing are carried out in a fundamentally different way.⁽²⁾ Unlike EU budget expenditure, which is typically based on reimbursement or the fulfilment of certain conditions, the RRF provides Member States with access to funds once they have successfully achieved certain predefined milestones or targets.

Looking at the expected impacts of the RRF, the recovery plan, known as Next Generation EU and its main element, focuses particularly on presenting the most important new directions and expected results for domestic conditions. This provides the opportunity for Member States to mitigate the consequences of the coronavirus pandemic and return to growth. The EU instrument mainly aims to accelerate public investment and reforms.

However, a relevant example is that access to the Recovery and Resilience Fund is not met under the same conditions for countries that have been hit hard by the pandemic. Hungary have witnessed a protracted debate which, apart from its political aspects, has also had legal and economic implications. In the course of 2021 and 2022, Member States submitted national recovery and resilience plans setting out their reform and investment programmes up to and including 2026.

The Council adopted member states' plans in the following order:

- On 13 July 2021, it gave the green light for the first time to twelve Member States: Austria, Belgium, Denmark, France, Germany, Greece, Italy, Latvia, Luxembourg, Portugal, Slovakia and Spain.
- On 28 July 2021, recovery plans for four more EU countries – Croatia, Cyprus, Lithuania and Slovenia – were also approved.
- On 8 September 2021, implementing decisions approving the recovery and resilience plans for Czechia and Ireland were adopted.
- On 5 October 2021, an implementing decision approving Malta's recovery and resilience plan was adopted.
- Estonia, Finland and Romania were given the green light on 29 October 2021,
- On 3 May 2022, the Council welcomed the positive assessment of the national recovery and resilience plans of two more countries: Bulgaria and Sweden.
- On 17 June 2022, an implementing decision approving Poland's recovery and resilience plan was adopted.
- Economy and finance ministers endorsed the Netherlands' national plan on 4 October 2022. On 16 December 2022, the Council approved Hungary its national plan, prepared in line with the above,

Hungary has prepared its Recovery and Adaptation Plan, which responds to the economic and social impacts of the pandemic and promotes green and digital transitions. (Communication from the Commission to the European Parliament, 2021)

A significant portion of the programme's budget is dedicated to the development of health, education, and environmentally friendly transport. As stated in the 2021 EU Annual Sustainable Growth Strategy, the COVID-19 pandemic has plunged the world into a sudden and deep recession. The adverse economic and social effects of the virus crisis have affected all EU Member States, necessitating intervention at a European level and coordinated action by the EU. Among the EU initiatives, the Recovery and Resilience Facility (RRF) should be particularly highlighted given its resources. (Treaty On The Functioning Of The European Union)

Accounting for almost 90% of the total Next Generation EU initiative and around two-thirds of the Multi-annual Financial Framework, the RRF aims to intervene precisely in those policy areas that have either been severely affected by the pandemic or which have played a positive role in overcoming its effects (Treaty On The Functioning Of The European Union)

This study, based on relevant domestic, international, and European sources, attempts to highlight the key breakpoints and dilemmas. It explores whether further, deeper integration is needed in the common EU health policy (e.g., the joint vaccine procurement project), or whether retaining the situation in its current form should be preferred over centralizing efforts.

2. Main objectives of the common health policy

To understand the current processes, a few words must be mentioned about the three prioritized targets of joint EU health policy. The system of measures associated with the most important goals of the common healthcare system is summarized in a table where the current strategy covers the entire sector, from prevention to the development of health systems.

1. table

Main Strategic Objectives of the EU's Health Policy:	
1. Fostering Good Health	<ul style="list-style-type: none">● Disease prevention
	<ul style="list-style-type: none">● Promoting healthier lifestyles
	<ul style="list-style-type: none">● Promoting well-being
	<ul style="list-style-type: none">● Health information providers
	<ul style="list-style-type: none">● Educational activities.
2. Protecting Citizens from Threats to Health	<ul style="list-style-type: none">● Protection against health risks for residents of several Member States● Improving patient safety
	<ul style="list-style-type: none">● Establishing strict quality and safety standards for organs and other substances of human origin,
	<ul style="list-style-type: none">● Ensuring high quality, safety, and efficiency of medicines and medical devices
	<ul style="list-style-type: none">● Improving access to healthcare
3. Supporting Dynamic Health Systems	<ul style="list-style-type: none">● Supporting the development of dynamic health systems● Developing new technologies

Source: Compiled by the author based on Consolidated version Treaty on the Functioning of the European Union

Within these headline targets, linked to the first goal are: disease prevention; promoting healthier lifestyles; promoting well-being; health information; and education work. For the second goal: protection against health risks for residents of several Member States; improving patient safety; the establishment of high-quality and safety standards for organs and other substances of human origin; ensuring the high quality, safety, and efficacy of medicines and medical devices; and improving access to healthcare. For the third goal: supporting the development of dynamic health systems and the development of new technologies.

Each Member State is responsible for organizing and delivering healthcare, and the EU's health policy, which complements national health policies, aims to ensure that all citizens living in the EU have access to quality healthcare. Besides that, the European Union assists EU countries in achieving their common objectives. The EU's action creates added value. EU health policy also creates economies of scale by pooling resources and making it easier for Member States to find solutions to common challenges. (European Commission, Directorate-General for Communication, Public health, 2015)

These include pandemics and other health threats, risk factors associated with chronic diseases, and the impact of rising life expectancies on healthcare systems. (European Union policies explained , Health policy, 2015)

Human life and health have always been regarded as irreplaceable values in themselves, but scientific results also show that a healthy workforce and a 'healthy' social security system have become new types of competitiveness factors today. The defining components of the state's large systems – the social security and healthcare systems – are designed to keep human resources, capable of ensuring economic growth, fit for work as long as possible, and to support those who are excluded from the labour market due to their age or health condition.

As in many developed states, such as Europe and Hungary, one of the main causes of the financial difficulties of public social security provision is the ageing of society. By the mid-2000s, it was evident that the Hungarian healthcare system was not able to permanently improve the health status of the Hungarian 'labour force' in the same form, as the morbidity indicators were constantly increasing according to patient turnover data. From the series of analyses and professional materials on the assessment of the situation in Europe, including Hungary, and on proposals for solutions, the model of Csaba Lentner. (Lentner, 2007a) should be highlighted. Lentner drew attention to the appreciation of the competitiveness of a balanced national economy and the role of human capital in addition to the balance of public finances. Without the reorganization of the supply system, a healthy workforce, as a new type of competitiveness factor, will not be able to be provided to the desired extent and composition for the production processes taking place in Hungary. The harmonization of community accounting and expenditure from the state budget within the Union would be important from the point of view of comparability and accountability. (Cseh B., Hegedűs M., Csányi P. , 2019)

It is important to emphasize that in the series of factors of economic competitiveness, the role of the skilled and healthy labour force that ensures expanded reproduction is not peripheral but is becoming increasingly appreciated, as the author wrote in his article. (Lentner Cs., 2007b) During times of crisis, it is particularly relevant that, in addition to the limited market sales and the supply of raw materials and energy, human resource development and the ability to

provide a healthy, skilled workforce can be regarded as almost the only breakout point.

Over the past 20 years of transitioning to a market economy, Hungary has failed to stabilize its ‘competitiveness factor 1’, the financial environment of public finances. The establishment and organization of the role of international corporations in dynamizing the budget, essentially the naturalization process, has not been completed. Thus, the financial resources available in the system – otherwise scarce – should be used to improve the quality of the healthcare system and education as a “last resort.” (World Health Organization, 2008)

Policy-makers need a thorough understanding of the main health problems in Europe and their socioeconomic consequences before deciding how to invest in health system interventions that can improve health. This section draws from a policy brief prepared for the WHO Ministerial Conference on Health Systems Tallinn, June 2008, and examines the burden of disease, risk factors (which fall within the scope of public health interventions), and the economic impacts of some main health problems in the WHO European Region. The debate is framed in a ‘positive’ context, as health has been improving across much of Europe in recent years, with average life expectancy at birth reaching 74 years by 2005 for the entire WHO European Region. However, this general improvement masks significant variations across the Region, with life expectancy ranging from only 65 years in the Russian Federation to 81 years in Iceland. In general, health status is poorer in many of the countries in the central and eastern parts of the Region. In the countries that were EU Member States prior to May 2004 (EU15), life expectancy in 2005 was 79 years, compared with an average of 74 years in the post-2004 EU Member States and just 67 years for countries in the CIS. Moreover, even in areas where life expectancy is high, morbidity presents major challenges for societies in terms of their economic and social well-being. (Treaty on the Functioning of the European Union)

3. Key Milestones in the Historical Development of EU Health Policy

Firstly, some important dates and information in the context of the EU’s health policy will be introduced. Beginnings: The scope of EU action in the field of health policy is defined in Article 168 of the Treaty on the Functioning of the European Union. Article 9 sets out the principle of defining and implementing Union policies and activities to take into account requirements linked to the promotion of a high level of employment, the guarantee of adequate social protection, the fight against social exclusion, and a high level of education, training, and protection of human health (Article 168, ex Article 152 TEC). This is detailed in the consolidated version of the Treaty on the Functioning of the European Union, under the title “Public Health”.

To achieve these objectives, the Treaty identifies four main areas that specifically address health from a legal perspective:

- Article 168 (ex Article 152 TEC): Public health (protection of public health and health promotion)
- Article 114: Approximation of laws (harmonisation of national laws to comply with EU law)
- Article 191: Environment (protection of human health)
- Articles 153, 156: Social policy (protection of workers' health and safety and prevention of accidents and diseases at work)

This article highlights some of the elements that underline the fact that among the European Union's policies, the common health policy is becoming increasingly horizontal. In addition to the specific objectives linked to each fund and area of development, the European Union's policies also include so-called horizontal objectives. These are applied in all areas, at all levels, and permeate the entire policy framework. Equal opportunities and the environmental outcomes and sustainability criteria, to be mainstreamed in all areas, are all closely intertwined with human health and the creation of a healthy environment and society. A high level of human health protection shall be ensured in the definition and implementation of all European Union policies and activities (European Health Policy, European Council website) European Union action, which complements national policies, is directed towards improving public health, preventing physical and mental illness and diseases, and obviating sources of danger to physical and mental health. Such action includes the fight against major health scourges, promoting research into their causes, transmission, and prevention, as well as health information and education. It also involves monitoring, early warning of, and combating serious cross-border threats to health. The European Union shall complement the Member States' actions in reducing drug-related health damage, including information and prevention.

The European Union shall encourage cooperation between Member States in the areas covered by Article 168 of the Treaty on the Functioning of the European Union in its consolidated version and, where necessary, provide support for their action in the field of public health. It is particularly important for the Union to provide all possible assistance to improve complementarity between Member States in their health services in border areas. Member States, in cooperation with the Commission, shall coordinate their national health policies and programs in accordance with Article 168 to achieve common health policy objectives in the areas referred to in paragraph 1.

The Commission, in close cooperation with the Member States, may take initiatives to promote coordination, particularly initiatives aimed at establishing guidelines and indicators, organizing mutual knowledge of best practices and procedures to capitalize on good practices, and developing the necessary ele-

ments for periodic monitoring and evaluation. The European Parliament should be kept fully informed of the outcomes of all these initiatives. Strengthening cooperation with third countries and international organizations competent in the field of public health is also necessary to pursue common health policy objectives on the part of the European Union and the Member States.

The European Parliament and the Council, acting in accordance with the ordinary legislative procedure and after consulting the Economic and Social Committee and the Committee of the Regions, shall contribute to achieving the objectives referred to in this Article of the Treaty. They will declare, in order to address common safety concerns, that measures setting high standards of quality and safety for organs and substances of human origin, blood and blood derivatives shall not prevent Member States from maintaining or introducing more stringent protective measures. This also applies to veterinary and phytosanitary measures which have as their direct objective the protection of public health, or measures setting high standards of quality and safety for medicinal products and devices for medical use. The European Parliament and the Council, acting in accordance with the ordinary legislative procedure and after consulting the Economic and Social Committee and the Committee of the Regions, may adopt incentive measures to protect and improve human health, particularly to combat major cross-border diseases, and to monitor, anticipate, and combat serious cross-border threats to health. The COVID-19 pandemic has highlighted the need for measures to protect and restore the European Community beyond the borders of the Union.

Furthermore, due to the common public health objectives, measures whose direct objective is the preventive protection of public health regarding tobacco products and excessive alcohol consumption remain priority areas according to the cited article of the EU Treaty. This does not preclude stricter regulation of the laws, regulations, and administrative provisions of the Member States, as well as any harmonization thereof. The Council, on a proposal from the Commission, may also adopt recommendations for the purposes set out in this Article.

In addition to the fact that deeper integration can bring Member States' policies under closer scrutiny, the requirements for mainstreaming each priority objective permeate the entire strategic and regulatory area of health policy. Since neither sustainability nor environmental goals can be imagined only in interaction with human factors, it is justified and characteristic to apply the concept of a horizontal approach in this area as well.

Some elements of this article (Consolidated version of the Treaty on the Functioning of the European Union) should be highlighted to show that the common health policy is becoming increasingly horizontal among the European Union's policies. In addition to specific objectives related to individual funds and areas of development, European Union policies also include so-called horizontal

objectives. These permeate the entire policy, to be enforced in all areas and at all levels. Equal opportunities and environmental mainstreaming and sustainability in all areas are closely intertwined with human health and a healthy environment and society.

Action by the Union should respect the responsibilities of the Member States for defining their health policy and for organizing and delivering health services and medical care. Member States are responsible for the management of health services and medical care and for the allocation of resources allocated to them. However, especially in recent years, due to mainly political processes attributable to the effects of the Covid crisis in the EU, the priorities for resource allocation determine the room for manoeuvre of each Member State in exercising these powers.

Former President of the European Commission Jacques Delors¹ introduced the concept of ‘social Europe’, which led to the adoption of the European Social Charter and the Community Charter of the Fundamental Social Rights of Workers in 1989. An important factor was and remains that large welfare systems are not managed by the EU and that welfare expenditure is part of the Member States’ budgets and must be covered by them. (Fundamental Social Rights In Europe, 1999)

The European integration process reached a turning point with the signature of the Treaty on the European Union in Maastricht in 1992. The significance of the TEU is multifaceted – it introduced the pillar structure, established several new policies and specified already existing ones, and also defined new concepts like European citizenship, economic and social cohesion, etc. But what makes the treaty the biggest milestone in the history of European integration is that it transformed a primarily economic community into a political entity. (Dinan, D., 2004)

Since then, the EU is considered a political system, although social sciences have been unable to categorize it in traditional ‘boxes’ of international relations or constitutional law, thus it is often referred to as a “*sui generis*” political system. In response to the pandemic and crisis, the EU has taken a number of new initiatives and made funds available to limit the spreading of the virus and facilitate a swift and sustainable recovery from the crisis. But what exactly are the various institutions of the European Union and how can they help improve health equality in Europe?

If we want to understand the place of policies in the specific political system of the European Union, we can use the triangle of political science. In English, the term ‘politics’ is used in three different senses. On one hand, it means politics in a general sense, i.e., the politics, value- and interest-based conflicts of power, which usually manifest themselves in conflicts between political

¹ Jacques Delors (1925–2023) was one of the Presidents of the European Commission. He was a French politician who passed away on December 27, 2023, at the age of 98.

parties. On the other hand, it includes political institutions, that is, politics. Thirdly, it concerns policies, policy, including monetary, social, or educational policy. The relationship between politics, politics, and policy is such that the three different areas are not isolated from each other at the Member State level but exist in close interaction with each other. So, for example, a healthcare reform is political in addition to will; it also presupposes the cooperation of institutional actors. (Koller, B.-Varga, A.,2022)

Although the European Union has passed more than 65 years, the first step towards Community health policy was taken only 32 years ago, under the Maastricht Treaty. Five years later, the Amsterdam Treaty further broadened the EU's room for manoeuvre, but unlike other policies, the EU's competence in health remains limited due to the lack of a common regulatory framework. The provision of health services, including public health and health promotion policy, remains the responsibility of the Member States. At the same time, Member States face the same health promotion and public health challenges as a result of similar social, demographic and lifestyle-related problems, and therefore the EU sees joint action, support for Community programmes and exchange of experience between professionals as a compromise as an effective way to solve them. (A Guide to the European Union, the EU Public Health Programme and Opportunities for the Regions, 2007)

In 1997, in preparation for the Treaty of Amsterdam, the provisions on public health of the European Treaties were amended at the Amsterdam Summit of Heads of Government and a new Article 152 entered into force, providing for a renewed vision that “a high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities”, (Treaty of Amsterdam, 1997)

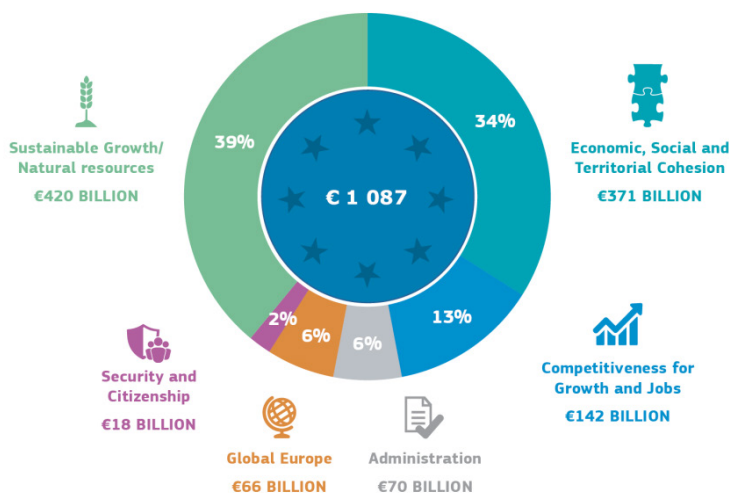
Nevertheless, the outcome of the Treaty of Amsterdam fell short of expectations, as it postponed the most far-reaching and toughest compromises. At the same time, significant progress has been made in laying down the requirement that a high level of protection of public health be taken into account in the formulation of any EU policy. Despite this tipping point, in the absence of harmonisation, the EU can only achieve its public health objectives by supporting Community programmes.(A Guide to the European Union, the EU Public Health Programme and Opportunities for the Regions, 2007)

The crisis situation caused by the COVID-19 pandemic has reinvigorated the question of whether closer integration in the field of health, i.e. moving towards European central management and ensuring adequate funding, is essential for the development and operation of a common health policy, which is not sufficiently covered by the current budget, has regained importance.

4. Today's processes and tomorrow's issues

The figures of the budget of the previous EU cycle also show that it amounts to barely 1% of the common GDP, half of which goes to the common agricultural policy and a significant part to regional policy and administration. There are insufficient resources left for the common social and health policy, leaving those tasks to the Member States, with funding for EU programmes only playing a complementary role to addressing the challenges faced by the sector. A more extensive health policy could be expected if the proportion of resources available from the EU budget in this area were increased, or if the overall EU budget were increased, for which Member States are currently allocated.

Figure 1. *EU funding programmes 2014-2020 EU programmes financed by the 2014-2020 long-term budget by heading*



Source: <https://commission.europa.eu/strategy-and-policy/eu-budget/long-term-eu-budget/2014-2020>

In the current changing situation, which has been considered a new world order since 2021 the last year marking the end of the period caused by the pandemic—we are convinced that health security is as much a global issue as climate change and a sustainable economy. In a globalized environment, the bonds of

interdependence and interconnectedness between states are necessarily seen as strengthening. However, acceptance of this varies among different actors in the international system. The EU's long-term budget includes tools to address priorities efficiently and in a coordinated manner after 2021 (Communication From The Commission To The European Parliament, 2020).

The decision on the total amount of the budget for the period 2021-2027 was adopted on July 21, 2020. The total allocation of 1,824.3 billion euros included the so-called Next Generation EU (NGEU) temporary instrument, which is financed through bond issuance. 90% of NGEU funds are used to finance the Recovery and Resilience Facility (RRF). In 2021, expenditure on RRF support amounted to 46.5 billion euros. Taking into account RRF expenditure, payments made by the EU totalled 228.0 billion euros in 2021. For EU funds for the 2021-2027 programming period, decision-making is based on three mechanisms, with the European Commission managing and deciding on the use of central funds for health expenditure EUROPEAN COMMISSION (2021/a): EU4Health 2021-2027, 2021). In addition to the increased number and scope of funding sources, a trend towards more strategic purpose limitation can be observed EUROPEAN COMMISSION, EU4Health 2021-2027, 2021).

In response to the socio-economic impact of the COVID-19 pandemic, the Council of the European Union established the Recovery and Resilience Facility (RRF), which is at the heart of Next Generation EU (NGEU). It operates under a delivery model different from traditional EU budget expenditure under the headings of the Multi-annual Financial Framework (MFF). Unlike EU budget spending, which is based on reimbursement or the fulfilment of certain conditions, under the RRF, Member States can access funds if they successfully reach certain pre-defined milestones or targets. Here, I would like to briefly refer to the newly introduced 'rule of law' criterion. Recovery and Resilience Facility expenditure will finance investments and reforms in policy areas of EU relevance, divided into six pillar. (EU Audit in Brief 202).

NextGeneration EU is more than a recovery plan; it represents a unique opportunity to emerge stronger from the pandemic, transform our economies, create opportunities and jobs, and make Europe an even better place to live, as written on the EU Committee's information website. The process was strengthened not only by the COVID-19 epidemic, but also by the digitization efforts and technological solutions of the fourth industrial revolution. (Hegedűs M, Cseh B., Fábics I, 2020)

With the NextGeneration EU, the aim is to make Europe healthier. The third pillar focuses on the lessons learned from the crisis: The Commission proposes to set up a new autonomous EU4Health programme with a budget of 9.4 billion euros. It invests in prevention, crisis preparedness, procurement of vital

medicines and equipment, and improvement of long-term health outcomes. A number of other key programmes will be reinforced to draw lessons from the crisis, notably rescEU and Horizon Europe (Next Generation, 4 COM, 2020).

With NextGenerationEU, the EU is taking an effective step towards jointly addressing these tasks.

- All EU countries can collaborate to safeguard against future health threats.

- Increase investment in research and innovation to develop vaccines, cures, and treatments not only for coronavirus and other emerging diseases but also for other endemic diseases such as cancer.

- Member States can modernize their health systems to facilitate the adoption of new technologies by hospitals across all EU countries and improve access to medical equipment.

- Fund the training of European doctors and other health professionals to enhance the overall healthcare delivery system.

- Together, we can improve the health of Europe's people. This goal encompasses more than just large-scale, spectacular measures; through good diet and regular exercise, individuals can improve their own physical and mental well-being.

The Commission proposed the establishment of a new, autonomous EU4Health programme with a budget of €9.4 billion. This programme is dedicated to investing in prevention, crisis preparedness, the procurement of vital medicines and equipment, and the improvement of long-term health outcomes. Additionally, a number of other key programmes will be strengthened to incorporate lessons learned from the crisis, notably rescEU and Horizon Europe.

Synergies and Complementarities with Other Funds

Health challenges are inherently cross-cutting. The EU4Health programme collaborates with other Union programmes, policies, instruments, and actions, including:

- European Social Fund Plus
- European Regional Development Fund
- Horizon Europe
- Union Civil Protection Mechanism
- Digital Europe and Connecting Europe Facility
- InvestEU Programme
- Single Market Programme
- Recovery and Resilience Facility
- Emergency Support Instrument

Through the Health for Growth strategy and its action programme (2014-2020), as well as through secondary legislation, the EU has successfully implemented a comprehensive health policy. The EU4Health programme is set to continue funding for the period 2021-2027.

In 2013, the Commission adopted rules to effectively protect EU citizens in the event of serious cross-border threats to health through robust and coordinated risk and crisis management measures. These new rules facilitate the joint procurement of vaccines and medicines by EU countries in the event of a pandemic or emergency, allowing Member States that have signed the Joint Procurement Agreement to obtain the necessary medicines faster and at a lower cost than in the past.

It is also clear that the number and volume of resource elements in the 2021-2027 programming period has increased compared to the current one. In terms of absorption, the link of funds to EU added value and strategic goals will be further strengthened, clearly by strengthening the Commission's dominant role in the design of the various allocation mechanisms. A new feature of the 2021-2027 period is that while in the 2014-2020 programming period the EU2020 strategy set targets to be achieved, in the 2021-2027 period, recommendations prepared by the Commission within the framework of European Economic Governance show Member States directions and targets for development. (Nyikos Gy.-Erdei_Dreschner K., 2020)

On 13.03.2024, the European Parliament approved the Artificial Intelligence Act, which boosts innovation while guaranteeing our safety and fundamental rights. As with all areas in the EU today, one of the most pressing questions for the future of health policy is how the health sector can benefit from exploiting the database accumulated in the sector by making use of the significant technological advances that can be achieved through the use of artificial intelligence (AI). Co-rapporteur Dragos Tudorache (Renew, Romania) said: "The EU is the first in the world to introduce robust regulation on AI that drives its development and development in a human-centric direction. The AI Act sets rules for large, robust AI models, ensuring that they do not pose systemic risk to the EU and offers our citizens and democracies strong safeguards against misuse of technology by public authorities. (Tudorache, D. , 2023. Renew Europe Group, Vice-President

With the integration of artificial intelligence into health services and the consequent increase in data assets, the European Union can take significant steps by positioning itself as a global data powerhouse. This shift over the past decade has been marked by remarkable results in both data accumulation and processing. Summing up progress in this area, since its creation in 2005, the European Health Consumer Index (EHCI) has been the most important benchmark for assessing the performance of national health systems in 35 countries. The EHCI examines national healthcare using 46 indicators, covering aspects such as patients' rights and information, access to care, treatment outcomes, and the range and availability of services, including prevention and use of medicines. (Horgan, D. et al. European Health Data Space, 2022) The European Commission's

proposal in May 2022 for a ‘European Health Data Space’ (EHDS) aims to capitalize on the vast and growing volume of health data in Europe, presenting a significant opportunity to utilize this previously underexploited resource. The EHDS is designed to provide immediate and free access to electronic health data, facilitating its sharing among healthcare professionals across the EU to enhance healthcare services. To bolster cross-border projects, the proposal includes the establishment of new national health data access bodies, which will be integrated into a decentralized second-use EU infrastructure, HealthData@EU (Horgan, D. et. al. , 2022).

Summary

The coronavirus pandemic has affected individuals, care systems and institutions in Europe and Member States, highlighting the urgent need for a safer and healthier European Union that is better prepared for future crises. As is often stated in today’s political narrative, this century is expected to be a period of various crises. The pandemic situation has highlighted the need to improve the EU’s health regulatory framework and expand joint health procurement, starting with vaccines and expanding to other areas. In addition, the creation of a European Health Data Space is key to facilitating the exchange of health data and supporting global research, in full respect of data protection. Substantial investment and financial support are essential to make health systems more resilient. This will allow Member States and the EU to find effective solutions and strengthen their capacities and preparedness for upcoming health challenges. The EU Joint Health Programme plays a key role in this strategy by promoting the long-term development of robust public health systems, focusing on disease prevention, surveillance and access to health, diagnostic and treatment services. In summary, it is widely recognized that the EU and the Commission’s legal instruments, measures, and directives have progressively aimed at enhancing joint integration in health policy. The COVID-19 pandemic, particularly through the collective procurement of vaccines, provided a real-world test of these procedures. While this study cannot encompass all historical challenges and deficiencies in this field, the experiences gained offer valuable lessons for the future. Given the anticipated continuation of epidemics and crises in the short term, there is an urgent need to refine common policies, with a special focus on health policy, to better prepare the EU and its Member States for the years ahead. The outcomes of some initiatives have raised concerns, notably with suspected corruption cases in vaccine procurement among others, exacerbating existing problems. A significant debate has unfolded within the EU regarding the balance between deeper integration efforts and the preservation of national sovereignty. Putting in place the measures needed to

achieve common health policy goals would require a shift towards a federal Europe. This issue will be limited by political changes in line with the balance of power in future EU elections. For instance, the rule of law proceedings against Hungary pose a risk to healthcare funding, a scenario many hope to avoid. It is essential to find a middle ground that safeguards the interests of all EU citizens, promoting health and well-being. Moreover, recent debates have highlighted tensions between the European Commission and certain member states over the direction of integration efforts versus national powers. The case with Hungary exemplifies these challenges, underscoring the need for a compromise in health policy that serves the best interest of all EU citizens, irrespective of their health status.

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