# European Union public health policy at twenty: politics, effects and challenges

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# Policies affecting health

Directive 2000/9/EC of the European Parliament and of the Council of 20 March 2000 relating to cableway installations designed to carry persons. OJ L 106, 3.5.2000, p. 21–48

# Competencies versus mission

- Health policies:
  - Establishing EU health competencies, e.g. blood, communicable diseases
- Policies affecting health
  - Change the mission of the EU to incorporate health
    - Important for a body like the EU that has enumerated powers (treaty bases)
    - Also alters bureaucratic procedures

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# Three faces of the EU

- EU as regulatory market state
- EU as economic government
- EU as health policy maker

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# 1. The EU as a market-making regulatory state

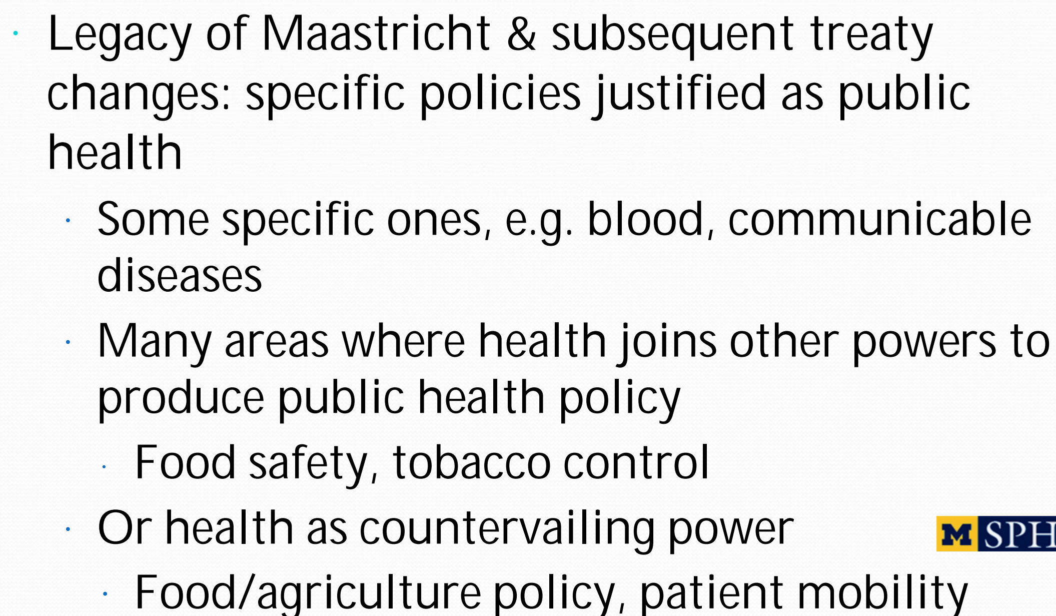
- Regulatory nature of EU
  - Tiny budget, weak staff resources...
  - Powerful legal system
  - Powerful ability to co-opt experts
  - Result: EU creates obligations & others pay
- "Constitutional" objectives of EU law: Freedom of movement of goods, services, and people

# 2. The EU as economic governance

- Major changes in nature and powers of the EU since 2010
  - Economic adjustment programmes: Greece, Portugal, Ireland, Cyprus, …?
  - ECB as active proponent of microeconomic reform (!)
  - Treaty changes: judicialise and harden SGP fiscal targets (3% deficit, 60% debt, 1.4% public sector spending growth). EU institutions define and enforce.
  - Obligatory constitutional changes (*schuldenbremsen*)
  - European Semester: coordinate budgets & policies

# 2. Consequences for health

- Health and social objectives are almost irrelevant
  - EAPs lack health impact assessment; bad effects
  - Objectives of European semester, Macroeconomic Imbalances Procedure, SGP ... exclude health
  - But social and health advocates can participate in procedures (especially European Semester) that state goals and make trade offs in country-Commission talks


3. EU as public health policymaker
Legacy of Maastricht & subsequent treaty changes: specific policies justified as public health
Some specific ones, e.g. blood, communicable diseases
Many areas where health joins other powers to produce public health policy
Food safety, tobacco control
Or health as countervailing power
Food/agriculture policy, patient mobility
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# Mechanisms: *policies create politics*

- Create "policy feedback:" empower activists, create constituencies for policies or changes
- Building European advocacy for public health
  - By networks: supporting disease specific networks, networks around e.g. ECDC
  - By data: providing comparisons, e.g. OMC, disease-specific data e.g. EUROCARE
  - By law: e.g. Directive on patient mobility creates new opportunities for litigation & legal development

# Challenges: using and advancing EU public health

- Framing: making food, or security, or trade, or economic governance a health policy and not just a policy affecting health. A legal *and* political task made easier by Maastricht and successor treaty revisions.
- Taming economic governance: participating in European Semester, National plans. Lobby and provide *evidence* on importance of health at EU and state level. Otherwise we lose what we have gained since Maastricht.
- Use legal instability: EU law begets integration begets legal challenge begets law. Know it and use it.
- Think bigger. Another EU is possible and desirable.

# References


- McKee & Mackenbach, "Health in Europe" *Lancet* series: http://www.thelancet.com/series/health-in-europe
- Greer & Kurzer, eds. *European Union Public Health Policies.* Routledge, 2013.
- Greer, "Avoiding Another Directive" *Health Economics, Policy and Law*, forthcoming
- On economic governance: http://www.ose.be/EN/publications/ose_paper_series.htm (www.ose.be more generally)

# Thank you


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