



Only with solidarity and cooperation can we overcome pandemics

Executive Summary

The COVID-19 virus has taken many lives in all countries around the world. It has led and will lead to a dramatic economic downturn. This situation has raised some questions about the role of the European Union in health. Several countries requested a common European approach, including sufficient supply of personal protective equipment, medical devices, critical medicines and vaccines.¹ Others pointed out to the need for stress testing of national health systems to better understand the shortcomings.² A broader holistic EU strategy is more efficient than each Member State attempting to enhance preparedness on its own.³ The recently published Communication of the European Commission on 'Additional COVID 19 response measures shows that the European Commission has taken up this challenge. The leading international umbrella organization of health insurance funds and health mutuals (AIM) supports such a prospective European health policy and is ready to think ahead with the European Commission. The Social Development Goals and the European pillar of social rights should always be kept in the back of one's mind. AIM has taken up some ideas which should be discussed and elaborated in the coming months to develop solutions for the EU and its Member States on how to deal with such a crisis in the future.

AIM recommendations:

Sufficient solidarity between the EU Member States is necessary for a prosperous and well-functioning union and thus for all Member States individually. Only in solidarity and good cooperation will we succeed in overcoming this pandemic. Solidarity needs to be strengthened at all levels: between citizens, between countries among each other and especially between rich and poor parts of the world. It is decisive to recognize the 'well-understood self-interest' in this.

1. Strengthening the role of the EU ahead and during a health crisis

AIM demands to strengthen the coordinating role of the EU when it comes to pandemics and calls for

- An upgrade of the already existing European Center for Disease Control (ECDC) for a better coordination and collaboration Europe's during a health crisis
- The development of an EU preparedness plan for pandemics with clear competences of the European and International institutions and a clear governance description.
- A mapping of national pandemic measurements and execution of stress tests supported by an improved digitalized surveillance system.
- A new tertium genus: Guidelines between existing recommendations and binding acts.

1. Letter initiated by Denmark and signed by France, Germany, Spain, Belgium and Poland on "How to ensure EU's preparedness for pandemics, p.1.

2. Spanish non-paper.

3. Letter of the BENELUX-countries to the Commission, 16 April 2020.

2. Role of Member States: Resilience of healthcare systems as a political priority in the European Semester

In a far-sided approach, the improvement of resilience of healthcare systems and a better preparedness for health emergencies should be a political priority in the European Semester and have the same weight than economic and fiscal coordination.

- Socializing' the European semester through the European pillar of social rights.
- Member States should show their solidarity through concrete actions by pledging themselves to commonly agreed goals. If Member States do not implement an agreed goal, they should justify it. A justification should be exceptional.
- Cross-border healthcare projects, e.g. the ones funded by Interreg programmes, are important drivers during the pandemic and should be maintained and strengthened.

3. Social inequalities must be addressed to protect the most vulnerable groups

The COVID-19 crisis is not only a threat to people's health but has far-reaching consequences for the economy and society. The pandemic has increased social inequalities and has especially affected socially disadvantaged families and children. People with less income and low savings, as well as people with a low level of education, living in cramped house conditions are more at risk than others. An emphasis must be put on preventive measures to counteract violence and psychosocial stress.

4. Securing the access to needed health products

In a far-sided approach, the improvement of resilience of healthcare systems and a better preparedness for health emergencies should be a political priority in the European Semester and have the same weight than economic and fiscal coordination.

- Global efforts are needed to develop pandemic vaccines

Global coordination to invest outside of pandemic times into "vaccines candidates", ready to be customized and enter clinical trials is needed. Collaboration between public and private investment, should be developed. Data from this research need to be shared as widely as possible globally, to enable economies of scale and effectiveness in research efforts, be they public or private.

- Ensuring the availability, affordability, and supply of vaccines

It is necessary to make vaccines available at a fair price once it is found. The scale of public investment at all stages of clinical research should be considered when deciding on this price, as well as R&D levels, costs of manufacturing, as well as the vaccine's therapeutic effectiveness. Then, it is important to produce and supply the vaccines in quantities that are needed at global level as well as fight vaccines hesitancy.

- Measures against fragility and the intransparency of pharmaceuticals' supply chains

Pandemic preparedness in the field of critical products should focus on ensuring enough quantities of diagnostics, treatments, and personal protective equipment to respond to stress situations:

1. Ensuring the availability of enough materials to supply national healthcare systems in a period of increased demand.
2. Securing enough stocks to ensure availability as delivery delays increase while supply chains absorb an increased demand. Plans should also on essential, critical products needed in intensive care units.

5. Efficient monitoring and data sharing as well as new technologies needs to be improved

One of the biggest challenges was finding an effective way to share data and results. The global response to the new coronavirus is crossing boundaries between scientific disciplines, including genomics, epidemiology, medicine, and drug discovery and vaccine design. Pandemics require unprecedented levels of international cooperation.

- European Health Data Space needs to be backed by a robust and ethical legal framework

A European Health Data Space helps to facilitate cross border data sharing and analysis and to accelerate research. Robust and ethical frameworks are indispensable to maintain public trust in rapidly developing technologies and need to put in place.

- Telehealth needs to be strengthened

COVID-19 has given rise to an extremely fast development, use and reimbursement of telemedicine. Many of these dynamics are likely to be in place for at least the next 12 to 18 months, as concerns about COVID-19 remain until a vaccine is widely available. This time should be used, to continue to evolve patients' preferences for care access, and to deeply embed virtual health into the care delivery system.

- AI in healthcare is a facilitator in times of crises

In a time of a pandemic such as the coronavirus outbreak, the biggest challenges for researchers, governments and public health officials are to gather information quickly and to coordinate the response. AI can be used to predict an outbreak and to minimize its spread.

6. Prevention

- Time for Green Policies

AIM calls on the European Commission to stick to the commitments described in its proposal of EU Green deal and to keep its environmental ambitions high, for the sake of both human and planetary health. AIM recommends to the European Commission to coordinate its environmental efforts with WHO. It also invites the WHO to review its recent Global Strategy on Health, Environment and Climate Change in view of the lessons learnt from the pandemic, investigating the links between environmental harm and the emergence of pandemics.

- A proper understanding and compliance with social distancing and other containment measures

On basis of the analysis of the COVID experience, guidance from WHO on which measures to implement, when and how should be issued. The EU and the ECDC should also take advantage of the evidence gathered as basis for EU guidelines and recommendations. AIM also invites both the WHO and the European Commission to gather evidence and best practices on efficient communication for public health.

- Continuity of preventive care and of mental health services

AIM calls on WHO and, on the EU, to issue recommendations to Member States on how to efficiently ensure continuity of preventive care in times of pandemic, while guaranteeing patient safety. AIM also invites the European Commission to tackle the underlying healthcare staff shortage issue through the establishment of a new EU Joint Action (JA) on forecasting health and long-term care workforce needs for effective planning. AIM encourages the European Commission to propose a Mental Health Strategy for the Union which would contribute to achieving better prevention of mental health problems and ensuring access to mental healthcare and promoting good mental health in times of pandemic.

7. Long-term care

- Better preparedness and overall improvement of Long-term care services

AIM encourages the European Commission to continue its work on LTC indicators, which constitutes a first step in ensuring that data on LTC gathered across Member States is comparable. Comparable data is a sine qua non condition to the development of any measures or recommendations. Agreeing on outcome indicators at EU level would allow to better integrate the monitoring of LTC systems within the European Semester process and provide proper guidance to Member States on how to improve their systems.

- Emergencies are no excuse to scrap the rights of the care-dependent individuals

The European Commission has a role to play in ensuring that individuals' rights are respected. When it comes to older people, we call on the European Commission to make the most of its upcoming Green Paper on Healthy Ageing, which can contribute to fighting stigma and negative attitudes related to ageing and achieve age-friendly societies and enhanced intergenerational solidarity (see our paper).

8. WHO needs to be strengthened in its independence to act

The WHO must become more independent of the influence of individual states. It also needs to become stronger in its coordinating role and also needs much faster information when new types of infections occur. Clarification is needed on how WHO Europe is cooperating with the European Commission and its different health agencies. Country reports of the European Semester could feed into WHO Europe's works on how to improve access to quality health care. An independent Panel for Pandemic Preparedness and Response (IPPR) to evaluate the world's response to the COVID-19 pandemic should be established.

9. Role of health insurance fund and health mutuals need to be reinforced to weather the health crisis

The pandemic showed that the lack of sickness benefits endangered public health, since it forced workers with no income security to go to work during sickness and thus risking to contaminate others. Countries with strong social protection systems can better protect their populations against the threats of pandemics. Social Security systems protect the economy as well and are therefore to be considered as an asset rather than a cost for societies. Solidarity-based health insurance funds and health mutuals play an important role in dealing with the pandemic by offering good health protection through high quality of health services for all persons independently from their social status. Self-administrated governance, based on democracy, enables health insurance funds and health mutuals to make patient- and fact-oriented decisions and to weather the health crisis. Public authorities should maintain a high level of investment.

1. Introduction: Only in solidarity do we overcome pandemics

Solidarity is the most important core value of AIM, the leading international organization of health mutuals and health insurance funds. The members of AIM contribute to good, affordable and universally accessible health care in the countries in which they operate. And that good healthcare is an important pillar of a social society.

Importance of international cooperation.

Solidarity is often seen as altruism, a form of one-way street. In simple terms: the rich support the poor, the healthy take care of the sick, the young take care of the old. But if you take a closer look, you will see that solidarity is essentially about reciprocity. Solidarity always has the aspect of 'well-understood self-interest' in it. The socially just society forms the basis of a healthy economy and thus of our well-being. Good health care also gives those who are healthy now the confidence that they can call on care when they need it. This applies at individual level, but also at (inter)national level. Sufficient solidarity between the EU Member States is necessary for a prosperous and well-functioning union and thus for all Member States individually.

If the COVID pandemic has taught us anything, it is this: only in solidarity and good cooperation will we succeed in overcoming this pandemic. This too is about solidarity at all levels: between citizens, between countries among each other and especially between rich and poor parts of the world. And it is good to recognise the 'well-understood self-interest' in this.

Young people may be less vulnerable to the virus, but they have every interest in ensuring that society and the economy can function openly. The virus itself makes no distinction between rich and poor, although the poor (because of their living conditions) are often more at risk. The first wave in many countries brought large parts of the health care system to a standstill, putting the care of other patients at risk. Children were sad that they could no longer visit their (grand)parents, even when they were seriously ill. In the end, therefore, we all have an equal interest in stopping the virus and resuming our normal lives.

Solidarity under pressure

This applies equally to solidarity between the EU member states. In the positive sense, it sometimes took on a very concrete form, for example, when French and Dutch COVID patients ended up in German hospitals. Unfortunately, however, the last few months have made it clear that in many other cases the necessary coordination and cooperation was lacking. Countries treated the pandemic as if it was a purely national matter. They had and do have their own policies with differences in approach that are often incomprehensible to citizens. Some closed their borders in the hope of keeping the virus out as well. In combating shortages of medicines and aids (such as face masks) and in 'securing' sufficient vaccines, as soon as they became available, countries initially often chose their own path.

But COVID does not care about borders. It is an illusion to think that countries in today's society can keep the virus out. For this reason alone, it is a matter of 'well-understood self-interest' to work together to prevent the spread of the virus. This does not alter the fact that health care in the EU is primarily a national responsibility. This is a good thing, because differences between countries can also make differences in approach desirable (we also see differences between regions within countries). But there is a common interest that the virus is effectively combated in all countries of the EU. Countries must also be able to be held accountable for this - by each other and by the EU. Recently, ideas have been put forward from various sides to improve the cooperation within Europe that is necessary to achieve this. AIM thinks that there are good and useful suggestions and lists a number of recommendations in this paper.

II. AIM recommendations

1. Strengthening the role of the EU ahead and during a health crisis

The pandemic has shown that “more Europe” is an opportunity. However, the prerequisite is that real solidarity between the states and their people is actually created and not only vocalized. The EU with its institutions must now succeed in communicating real joint action and its benefits to all European citizens. AIM calls for upgrading of the already existing European Center for Disease Prevention and Control (ECDC) and for strengthening its role during pandemics. This authority should not only act inside the European Union but also outside of Europe.

The EU should become proactive regarding the management of European global public health risks. On the one hand, the treaty mandates that in all human policies a high level of human health protection should be assured (Article 168 TFEU). The same provision excludes explicitly measures of the EU to organize and to deliver health services and medical care (Article 168 V TFEU). On the other hand, the EU complements and supports Member States, which have the main responsibility for public health, by coordinating in the “(...) fight against [...] serious cross-border threats to health” and “(...) also adopt incentive measures designed to [...] combat the major cross-border health scourges”. Protecting citizens, including preparedness for epidemics is one of the major objectives of the current EU health policy and should be read in conjunction with other health-related legal basis, such as disaster protection (Article 195 TFEU).⁴

Health crises like Covid-19 are global in nature and require collaboration. This has been proven by various examples such as the help provided by the German state of Baden-Wuerttemberg to patients from Alsace in France. Such a collaboration and collective action can only work if certain powers are transferred to European level. At the same time, this should be accompanied with local knowledge related to the management of health systems.

There is a clear case for a stronger ECDC that can ensure cooperative policy solutions across member states. This is even more important, as China and the US have been proven not to be reliable partners. It is therefore essential provide the ECDC with more forces to be able to control the outbreak of diseases. AIM requests that ECDC should not only act inside the European Union but also outside of Europe, as proposed by the German health minister Jens Spahn.⁵

a. **EU scenario book for pandemics should be developed describing competences and tasks of European/International institutions**

The EU should develop a European preparedness plan for pandemics with clear competences of the European and International institutions including a clear governance description. This European preparedness plan should include:

- The measures, which have to be taken at European level
- The measures, which have to be taken at national level
- Tasks of the main institutions such as European Commission, European Parliament and Council should describe
 - clear competences of the institutions
 - clear governance description
 - permanent cooperation between institutions and Member States
 - cooperation with the WHO/WHO Europe
 - cooperation between task forces, which include specialists from certain areas.

4. <https://verfassungsblog.de/testing-the-limits-of-eu-health-emergency-power/>

5. <https://www.handelsblatt.com/politik/deutschland/pandemie-lehren-aus-corona-spahn-will-die-eu-zu-einer-gesundheitsgemeinschaft-formen/26006930.html?ticket=ST-7756042-EdEXftdR3cdV7ANjPKGF-ap6>

b. A mapping of national pandemic measurement is necessary

To make informed recommendations for more effective pandemic governance in the EU, a mapping of national legislation regarding the pandemic management should be done. Time and expenditure that have already been invested should be taken into account to make use of what is already in place and to communicate if planning was unsupported by legislation.⁶ The pandemic plans of the Member States should be exchanged among the countries. In this connection, the improvement of digitalization of the surveillance systems could help. Member States should conduct stress tests, which focus on hypothetical scenarios, during which it would be difficult for the health system to maintain its essential function of providing services to protect population health. The stress test explores approaches to effectively manage acute and chronic climate-related events and conditions that could directly impact health systems, and climate-related events in non-health sectors that can indirectly impact health outcomes and/or health system function.⁷

c. A new tertium genus⁸: Guidelines between existing recommendations and binding acts

Guidelines of the European Commission and the European public health authority (European Center of Disease Control) could serve as a new tertium genus being more than the mere coordination public health measures and less than the harmonization of public health measures. Not following these guidelines would lead to a justification of the Member State, they would be asked to comply or explain.

As mentioned above: In the beginning of the pandemic, Member States failed to come together and it was too late, when they finally started acting jointly together. The ineffectiveness of the EU Cross-border Health Threats mechanism is based on one major structural cause: Healthcare falls within the competence of the Member States including common methods for data collection on the spread of the virus, the characteristics of infected and recovered persons and their potential direct contacts as well as a EU-wide common testing strategy to cross-border cooperation in healthcare emergency assistance. The new role for the EU must be in designing and enforcing an EU-wide coordinated approach for a better preparedness in the future. The proposed “Joint European Roadmap towards lifting COVID-19” of the European Commission together with European Council is such an approach, balancing the need for EU-wide coordination and Member States’ different country-specific needs and cost-benefit calculus.¹⁰ The guidelines of the ECDC could follow the same path. Still the legal implications of these guidelines remain unclear. They do not constitute legal acts at EU level, what is more, they should be more than simple recommendations, that can be followed or not. These guidelines could go through the legislative process and become ‘soft’ legislative acts. They could serve as a new tertium genus being more than the coordination public health measures and less than the harmonization of public health measures.¹¹ Not following these guidelines would lead to a justification of the Member State.

2. Social inequalities must be addressed to protect the most vulnerable groups

The COVID-19 crisis is not only a threat to people’s health but has far-reaching consequences for the economy and society. The pandemic has increased social inequalities and has especially affected socially disadvantaged families and children. Although the virus does not differentiate between different parts of the world, it was soon clear that people with less income and low savings, as well as people with a low level of education, living in cramped house conditions are more at risk than others. The loss of social and communicative contacts can have a negative impact on the well-being of children and young people. Quarantine can bring out the dangers

6. <https://www.sciencedirect.com/science/article/pii/S0168851017302221>.

7. <https://pubmed.ncbi.nlm.nih.gov/30373158/#:~:text=Stress%20tests%20focus%20on%20hypothetical,services%20to%20protect%20population%20health>.

8. <https://verfassungsblog.de/testing-the-limits-of-eu-health-emergency-power/>.

9. https://ec.europa.eu/info/sites/info/files/communication_-_a_european_roadmap_to_lifting_coronavirus_containment_measures_0.pdf

10. <https://verfassungsblog.de/testing-the-limits-of-eu-health-emergency-power/>.

11. *Idem*

of excessive use of electronic games, domestic violence and child abuse, and the loss of freely accessible school meals. A lack of educational support, such as the lack of a computer, little communication, and little family exchanges, reinforce as well socially induced inequalities. But not only children are affected. The violence against women has been increased during the pandemic. An emphasis must be put on preventive measures to counteract violence and psychosocial stress. Target group-specific prevention and intervention strategies must therefore provide for emergency care measures for children in day-care centers or other facilities. Psychological counselling services must also be offered.

3. Role of Member States: Resilience of healthcare systems as a political priority in the European Semester

As mentioned above, the national competence for public health policy remains with the Member States. National policies matter for convergence, but their coordination is essential to maximize their effectiveness. Member States should commit to common rules and recommendations adopted by the European Center for Disease Control and the Council.

a. Resilience of healthcare systems as a political priority in the European Semester

The resilience of healthcare systems was one of the major issues during the COVID-19 crisis and the reason for the lock down in Member States. The European Semester for economic policy coordination can help facilitate to ensure better resilience of these systems and to reach a better preparedness of Member States during pandemics. Through the Semester a solid economic and fiscal coordination system has been put in place, in which Member States commit to common rules for economic policies adopted by the Council of the European Union under the surveillance of the European Commission. Health, notably the improvement of resilience of healthcare systems and a better preparedness for health emergencies, should be given the same weight, especially with regards to the current COVID-19 crisis. However, the recommendations need to be correctly targeted to ensure sustainability in and adequacy of healthcare and to improve their resilience. It must be made a political priority at national level and aligned with political ambitions. Social aspects such as the Pillar of Social Rights should be even more integrated into the process. Countries need to pledge themselves to commonly agreed goals to prevent the collapse of health systems. If Member States do not implement an agreed goal, pressure should be put on their justification for not following the agreed goals.

b. Bottom-up approach for the better implementation of Country Specific Reports is needed

The relationship between social and economic policy co-ordination has been in the focus at EU level for years. To ensure that social and health objectives would not be drowned by fiscal and budgetary policies, the OMC on pensions as well as on health and long-term care was created. Healthcare OMCs included social adequacy, quality and accessibility. The 2020 Strategy, adopted in 2010, included a stronger social dimension.¹² Fears that that the newly integrated EU policy co-ordination framework would result in the demotion of social objectives to fiscal consolidation, budgetary austerity and welfare retrenchment didn't prove true. During the years from 2011 until now, slowly but steady, a socialization of the semester occurred, including the need for Member States to ensure adequacy, accessibility, and effectiveness of their social security, pension and healthcare systems as well as to combat poverty and social exclusion.¹³

What remains is that, according to the European Commission, since 2011 progress has been slow in implementing health and long-term care reforms. Gaps in social protection systems and access must be addressed in several Member States.¹⁴ Instead of economic and employment coordination, the European Semester should stress a

12. <https://www.tandfonline.com/doi/pdf/10.1080/13501763.2017.1363269>.

13. Idem.

14. https://ec.europa.eu/info/sites/info/files/2019-european-semester-country-specific-recommendations-commission-recommendations-communication_en.pdf.

stronger national ownership.¹⁵ Coordination of national policies tends to be essential during a time of crisis, when countries are the most affected. But it may slow down, when the conditions turn back to normal and the incentives for governments are diminished. It could lead to a bottom-up approach and a better enforcement of the commonly agreed rules, independently from the current situation and to remove the perception that rules are hierarchically imposed. This could be done by involving e.g. national institutes for quality and efficiency in healthcare, health insurance funds and health mutuals as well as the healthcare providers and patients elaborating EU recommendations for national governments.¹⁶

The recommendations of the European Semester could as well lead to consequences such as the justification of a Member State ("Tertium genus"). Justifications should be handled in a stricter way and should be exceptional.

c. Cross border healthcare projects as an important driver during pandemics

The pandemic has also led to a situation where the healthcare systems of European regions have been heavily over-burdened, with more patients to treat in intensive care units than they have capacity for. Several healthcare projects between cross-border regions, funded by Interreg programmes, have contributed to the fight against the virus, in particular in regions of Germany, France, Italy and Spain, some of the worst affected EU Member States.¹⁷ Through the closing of borders, the region in north-east of France was debarred from the neighbouring "Länder" of Sarre and Bade-Wurtemberg, which closed the land border to population flows on 11 March, thus destabilizing the local, and highly interconnected, socio-economic cross-border fabric. Ten days later, these German "Länder", along with neighbouring Luxembourg, opened their hospitals to patients from the north-east of France.¹⁸ The existing cooperation within the framework of the ZOAST in the Ardennes has enabled some French patients to be tested in Belgium. Every week the French authorities receive the results of the laboratory of the CHUCL of Dinant-Godinne for every patient in the Ardennes who is admitted in a Belgian hospital of the ZOAST and who has been tested positive. Thus, cross-border healthcare projects are important drivers during the pandemic and should be maintained and strengthened.

4. Securing access to needed health products

It is nearly impossible to predict in advance which pathogen could spread into humans, as well as when it would do so. However, we believe that as much as possible needs to be done to advance basic vaccines research in case a pandemic breaks out. The European Pharmaceutical Strategy should include a greater aspect of international coordination for preparedness, specifically in the field of vaccines against infectious diseases, in order to have the most comprehensive knowledge possible about the type and distribution of pathogens, their strengths and above all their weaknesses at the time of a pandemic breaks out. Current vaccines business models cannot adequately prepare us against pandemics as private business models focus mainly on diseases in the developed world and don't focus on those pathogens that can break out outside of their main markets. In addition, companies are reluctant to invest in R&D against a disease that could wane before the vaccine reaches the market. For instance, companies' efforts to develop vaccines for the severe acute respiratory syndrome (Sars) in China and Middle East respiratory syndrome (Mers) were halted as the viruses were contained. Still, in comparison with the huge economic loss due to COVID, investment in vaccines preparedness is cost-effective. We need global coordination to invest outside of pandemic times into "vaccines candidates", ready to be customized and enter clinical trials once a pandemic breaks out. One of the most advanced vaccines for COVID-19 is for instance an offshoot of prior products developed for Mers and Sars. Efforts to develop such candidates are estimated to cost in the tens of billions of euros. Relevant action can only be taken at global level, probably through a collaboration between public and private investment, given the scale of the issue and

15. https://www.ceps.eu/wp-content/uploads/2017/12/RR2017_15_CAandDG_EuropeanSemester.pdf

16. Idem.

17. <https://epthinktank.eu/2020/06/23/cross-border-regional-healthcare-cooperation-to-combat-the-coronavirus-pandemic/>.

18. Solidarís Position Paper "CALL TO GUARANTEE THAT CROSS-BORDER AREAS REMAIN OPEN FOR HEALTH AT ALL TIMES!"

the stakes in it. Data from this research need to be shared as widely as possible globally, to enable economies of scale and effectiveness in research efforts, be they public or private. The World Health Organization (WHO) has devised a model for an R&D blueprint for action to prevent epidemics, dealing with diagnostics, vaccines, treatments as well as personal protective equipment.¹⁹ We believe that the European Union should dedicate resources into the global coordination of efforts to prepare vaccines against future pandemics. The European Center for Disease Control (ECDC) should have a liaison role with the European Union's international partners, mainly WHO on this.

a. Ensuring the availability, affordability, and supply of needed medicinal products

Once a suitable vaccine is found, it is necessary to make it available at a fair price. The scale of public investment at all stages of clinical research should be considered when deciding on this price, as well as R&D levels, costs of manufacturing, as well as the vaccine's therapeutic effectiveness. Then, it is important to produce and supply the vaccines in quantities that are needed at global level. According to estimates²⁰, influenza vaccines production capacity is at 6.4 billion doses per year globally today. This is not enough to provide a dose for every person globally. It also means that should the vaccines that require two or three injections reach the market, there is severe capacity shortage. And this assumes that the vaccines that enter these supply chains are effective. Indeed, many vaccines are in mass- production while their effectiveness is not proven. Additional manufacturing capacity is therefore needed. Public manufacture of vaccines could be a way forward. Planning and implementation need to take place outside of pandemic times so that manufactures are ready to function when outbreaks occur. A facility could cost up to \$ 500 million (€423 million), according to some estimates²¹. Should we achieve global supply of such vaccines, manufacturing sites need to be spread out across the world, to shorten the delivery chains. Should a vaccine come from private investors, a smart system of licensing for the manufacturing of vaccines need to be adopted too, so that public authorities can supply products that companies developed. Public authorities and governments need to use the fact that they developed manufacturing sites to lower the price of these licenses as much as possible, to secure the affordability of products. Effort also needs to be dedicated to health literacy as well as to the fight against vaccines hesitancy, a worrying development across the EU over the past years. Given that vaccines are among the safest options to prevent damage on healthcare systems, economies, and societies due to viruses, the fight against vaccines hesitancy needs a specific attention as part of pandemic preparedness.

b. Measures against fragility and the intransparency of pharmaceuticals' supply chains

The COVID-19 crisis has laid bare the fragility and the opacity of pharmaceuticals' supply chains as well as the overdependence of Europe on trade partners regarding the supply of critical products needed in hospitals and pharmacies. As the European Commission devises its European Pharmaceutical Strategy, it is important that the document factors in the logistical challenge that pandemic situations put societies in. Relevant preparedness must be part of the expected European Commission study on medicines shortages. Pandemic preparedness in the field of critical products should focus on ensuring enough quantities of diagnostics, treatments and personal protective equipment to respond to stress situations with two objectives: 1) Ensuring the availability of enough materials to supply national healthcare systems in a period of increased demand and 2) Securing enough stocks to ensure availability as delivery delays increase while supply chains absorb an increased demand. In this respect, it is important to reduce Europe's dependence on manufacturers based in India and to increase Europe's strategic autonomy. It is also important to note that some vaccines need to be transported and stored under very specific conditions, otherwise they might lose their potency. This issue is extremely acute in the case of a global shortage of vaccines, which is the situation that we are in, at this stage. However, plans should not only focus on products that are needed to fight the pandemic, but also on essential, critical products needed in intensive care units, which were badly needed at the early stages of the coronavirus

19. https://www.who.int/blueprint/what/improving-coordination/workstream_5_document_on_financing.pdf?ua=1

20. [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(17\)30466-6/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(17)30466-6/fulltext)

21. Hard questions as scientists and governments seek covid-19 vaccines, The Economist, August 8th edition, <https://www.economist.com/finance-and-economics/2020/08/08/hard-questions-as-scientists-and-governments-seek-covid-19-vaccines>

epidemic. Public tenders for critical medicines must, as a rule, require shortage management plans, transparency of the supply chain, as well as the diversification of supply to make sure that sudden rises in demand do not lead to supply issues. Emergency contingency plans must be in place, co-financed by the industry, to mitigate future crises. The opportunities offered by digital tools should be used to their full capacity to monitor current and foreseen demand and supply of medicines. A future plan on medicines shortages should also strengthen and leverage the European Medicines Agency (EMA)'s COVID monitoring system including Member States, the European Commission and EMA, pharmaceutical companies, distributors, pharmacists and physicians. Access could be broadened to payer and consumer organizations. Such a platform should be based on similar standards and data, include the warning system provided in Article 23a of Directive 2001/83, and include real-time information on medicines shortages or appropriate information and alert mechanisms.

5. Efficient monitoring and data sharing, new technologies

One of the biggest challenges was finding an effective way to share data and results and to making sure that research informed the response of public health officials and healthcare workers to the pandemic. The global response to the new coronavirus is crossing boundaries between scientific disciplines, including genomics, epidemiology, medicine, and drug discovery and vaccine design. Pandemics require unprecedented levels of international cooperation.

a. **European Health Data Space needs to be backed by a robust and ethical legal framework**

If a pandemic occurs, scientists all over the world will try to combat this new epidemic by understanding this disease and developing treatments and vaccines. A major challenge in this fast-moving situation is to share data and findings in a coordinated way. A European Health Data Space can help to facilitate data sharing and analysis and to accelerate research. AIM and its members manage access to health data information very carefully. Robust and ethical frameworks are indispensable to maintain public trust in rapidly developing technologies. This is particularly important in the fields of health data and patient data, where data is profoundly personal. Irresponsible use can undermine the foundations of trust and legitimacy that goes with the social value of that data. The use of patient data should be visible, understandable and trustworthy for patients, the public and health professionals.²²

b. **Telehealth needs to be strengthened and further developed**

COVID-19 has given rise to an extremely fast development, use and reimbursement of telemedicine. Many of these dynamics are likely to be in place for at least the next 12 to 18 months, as concerns about COVID-19 remain until a vaccine is widely available. This time should be used, to continue to evolve patients' preferences for care access, and to deeply embed virtual health into the care delivery system.

COVID-19 has caused a massive acceleration in the use of telehealth. Patients are now using telehealth to replace cancelled healthcare visits. Providers have rapidly scaled offerings and are seeing more patients via telehealth than they did before. The potential impact is improved convenience and access to care, better patient outcomes, and a more efficient healthcare system. Healthcare players may consider supporting such a shift and improve their future position. Many of these dynamics are likely to be in place for at least the next 12 to 18 months, as concerns about COVID-19 remain until a vaccine is widely available. During this period, patients' preferences for care access will continue to evolve, and virtual health could become more deeply embedded into the care delivery system. The European Reference Networks should serve as a model in this respect.

22. See AIM position paper on sharing of health data.

However, challenges remain with regard to financial sustainability of expanding such services as well as their reimbursement which needs to be reflected upon). There are concerns about telehealth include security, workflow integration, effectiveness compared with in-person visits, and the future for reimbursement. Similarly, there is a gap between patients' interest in telehealth and actual usage. Factors such as lack of awareness of telehealth offerings, education on types of care needs that could be met virtually and understanding of insurance coverage are some of the drivers of this gap.

c. **AI in healthcare is a facilitator in times of crises**

In a time of a pandemic such as the coronavirus outbreak, the biggest challenges for researchers, governments and public health officials are to gather information quickly and to coordinate the response. AI can be used to predict an outbreak and also to minimize its spread.

AI is used for the so-called "Coronavirus apps". Beginning of April 2020, a code for an app was released that analyses Bluetooth signals between mobile phones to detect users who are too close and therefore risk infections. The data will be temporarily stored on the phones. If people will test positive, the app will warn anyone, who has been around this person. This can help health authorities to reduce the spread of a virus, while allowing slowly public life again. The new European software is supposed to anonymize personal information and to prevent abuse by third parties. It also complies with data protection standards, according to researchers.

AI can speed up diagnoses of diseases AI-based diagnostics that are being applied in related areas might be as well used for diagnosing infections such as COVID-19. Companies and start-ups in China and the U.S. claim to have an algorithm for automatically detecting both lung cancer and collapsed lungs from X-rays. This algorithm can quickly identify chest X-rays from COVID-19 patients as 'abnormal' and therefore has the potential to speed up diagnosis and to ensure resources are allocated properly. AI can help in developing a vaccine or treatment. As mentioned above, AI has the capacity to quickly search enormous databases for an existing drug that can fight a new disease or develop a new one. AI-based systems can identify thousands of new molecules that could serve as potential medications for e.g. the coronavirus. The speed and scalability of AI is essential to fast-tracking drug trials and the development of vaccines.²³

6. Prevention

a. **Time for Green Policies**

The COVID-19 pandemic has hit healthcare systems harder than any other crisis in the past. If the priority was rightly put on health, it is key, as a second part of the response, to look at the factors which favour the outbreak of epidemics. Among these and as highlighted by WWF²⁴, the destruction of ecosystems and the over-exploitation of animal resources are important factors in the emergence of these diseases. COVID-19 has made evident that the time for a shift of focus of all policies from economic efficiency to sustainability and fairness has come. AIM calls on the European Commission to stick to the commitments described in its proposal of EU Green deal and to keep its environmental ambitions high, for the sake of both human and planetary health. AIM recommends to the European Commission to coordinate its environmental efforts with WHO. It also invites the WHO to review its recent Global Strategy on Health, Environment and Climate Change in view of the lessons learnt from the pandemic, investigating the links between environmental harm and the emergence of pandemics.

23. See AIM position on artificial intelligence.

24. WWF, The loss of nature and rise of pandemics, 2020

b. A proper understanding and compliance with social distancing and other containment measures

The pandemic has made the need to improve communication strategies for public health more evident than ever. In order to both increase levels of literacy of the general population and ensure proper response as well as to guarantee that containment measures are understood and followed, it is vital for authorities to efficiently communicate on the risks and latest developments related to COVID-19. For communication to be efficient, it should be tailored to specific target groups and make the most of all communication channels (including social media). Another key aspect in adherence to measures, apart from transparent communication from authorities, is the credibility of the measures which are put forward, which depends both on the evidence sustaining them but also on coherence within and between countries. On basis of the analysis of the COVID experience, guidance from WHO on which measures to implement, when and how should be issued. The EU and the ECDC should also take advantage of the evidence gathered as basis for EU guidelines and recommendations. Those will pave the way towards harmonisation (within countries and across the EU), which will in the long run give more credibility to measures which are implemented. AIM also invites both the WHO and the European Commission to gather evidence and best practices on efficient communication for public health.

c. Continuity of preventive care and mental health services

The pandemic has caused a deep disruption of preventive care, with many treatments being cancelled or postponed. The consequences of that disruption are expected to be profound and should be mitigated in future outbreaks. On the one hand, lockdown measures and fear of the population have negatively impacted the continuity of care. On the other, the lack of available staff prevented other services to be guaranteed. AIM calls on WHO and, on the EU, to issue recommendations to Member States on how to efficiently ensure continuity of preventive care in times of pandemic, while guaranteeing patient safety. AIM also invites the European Commission to tackle the underlying healthcare staff shortage issue through the establishment of a new EU Joint Action (JA) on forecasting health and long-term care workforce needs for effective planning. The Joint Action could ensure better data collection across the EU and develop methodologies for better forecasting of workforce and skills needs and for better preparedness to future pandemics. The EU should also contribute to ensure healthcare capacity for both emergency as well as preventive and curative healthcare for future outbreaks through the use of different instruments (e.g the Emergency Support Instrument, the EU4health programme or Horizon 2020) to provide funding to support the training of healthcare staff and other carers.

The COVID-19 pandemic is also having an enormous impact on mental health and well-being worldwide. Lack of access to treatment for pre-existing conditions, anxiety, development of harmful coping strategies, ... As the risks of experiencing mental ill health are likely to rise, prevention of mental health problems, early intervention and access to adequate support should be an integral part of any containment and post-pandemic recovery plan. AIM encourages the European Commission to propose a Mental Health Strategy for the Union which would contribute to that objective and aim at improving mental health surveillance and data collection. The EU Strategy could provide guidance and recommendations on ensuring access to mental healthcare and promoting good mental health in times of pandemic (or other types of crisis).

7. Long-term Care

a. Better preparedness and overall improvement of Long-term care services

Long-term care (LTC) was, in most Member States, the ugly duckling of the pandemic. While some countries, like Germany, already succeeded in implementing a basic LTC system and had thus already developed supplementing pandemic aid strategies, most countries encountered fundamental difficulties. At the outburst of the pandemic, nursing homes and formal and informal carers were then often left without equipment and

support, sometimes having to work in extreme conditions. The impact on the sector was profound and some of the consequences of the crisis are yet to come (e.g. burnouts, lower interest for the carer profession, etc.) The COVID19 pandemic has made evident, for many Member States, the many structural problems related to LTC, which were already well present before the crisis: the lack of proper planning and monitoring, poor integration, and low quality of care and, one of the greatest challenges, staff shortages. On the one hand, decision-makers will need to ensure that long-term care services are integrated in their preparedness plan, to avoid a scenario like the one which was experienced with the COVID-19 pandemic. On the other, the above-mentioned structural problems will have to be tackled as a basis for any effective response in future crisis. To do, AIM encourages the European Commission to continue its work on LTC indicators, which constitutes a first step in ensuring that data on LTC gathered across Member States is comparable. Comparable data is a sine qua non condition to the development of any measures or recommendations. Agreeing on outcome indicators at EU level would allow to better integrate the monitoring of LTC systems within the European Semester process and provide proper guidance to Member States on how to improve their systems. AIM also calls for the establishment of a steering group on LTC, which could facilitate the exchange on improved organisation and proper financing of LTC systems as well as the implementation of best practices – including lessons learned from pandemic.

b. Emergencies are no excuse to scrap the rights of the care-dependent individuals

The pandemic has led governments to take strict confinement measures, which often restrict some basic human rights and personal freedoms. The fact that older people and people with underlying health conditions are at higher risk has often been used as an excuse to justify discriminatory and disproportionate treatment. Access to care was sometimes limited on basis of age. In addition, measures taken within institutions and communities as regards care-dependent individuals have not always respected people's autonomy and dignity. Moreover, the messaging around COVID-19 was often stigmatizing towards older people. On top of that, there is a clear threat for social distancing to turn into isolation, especially for people who do not have access to technology or are digitally illiterate. The European Commission definitely has a role to play in ensuring that individuals' rights are respected. When it comes to older people, we call on the European Commission to make the most of its upcoming Green Paper on Healthy Ageing, which can contribute to fighting stigma and negative attitudes related to ageing and achieve age-friendly societies and enhanced intergenerational solidarity (see our paper). Both the Strategy on the Implementation of the Charter of Fundamental Rights and the Implementation of the European Pillar of Social Rights should also contribute to guaranteeing each and every individuals' rights are respected, even in times of pandemic.

8. WHO needs to be strengthened in its independence to act

The COVID-19 crisis has shown that no country could solve the crisis on its own. The more important it is that national governments of all countries act together in solidarity. As a legitimate global institution, where all threads come together, the WHO needs to be reformed, strengthened, and expanded. Processes need to be improved.

First of all, the WHO must become more independent of the influence of individual states. It also needs to become stronger in its coordinating role and needs much faster information when new types of infections occur. The WHO is far from being as powerful as it can and must be. The WHO is the only existing international organization for dealing with such crises. Therefore, the WHO must play a decisive role in the development and distribution of a vaccine against COVID-19.

At the same time a clarification is needed on how WHO Europe is cooperating with the European Commission and its different health agencies. Continuous dialogue, sharing experience and information as well as drawing from each other's works is necessary. In this respect AIM refers to the works of the European Commission on the European semester. The country reports could feed into WHO Europe's works on how to improve access to quality health care. Moreover, the WHO and the European Commission could work together to

study the social impact of the pandemic, draw from the lessons learned and work on the inequalities that have been increased by the pandemic. An independent Panel for Pandemic Preparedness and Response (IPPR) to evaluate the world's response to the COVID-19 pandemic should be established.

9. Role of health insurance fund and health mutuals need to be reinforced to weather the health crisis

Solidarity-based health insurance funds and health mutuals play an important role in dealing with the uncontrollable outbreaks of pandemics by offering good health protection through high quality of health services for all persons independently from their social status. Self-administrated governance, based on democracy, enables health insurance funds and health mutuals to make patient-and fact-oriented decisions and to weather the health crisis.

The past few months have shown that no country in the world was well prepared for a pandemic. Neither were the EU member states. Nevertheless, European countries have not done badly compared to other parts of the world. The relatively high prosperity in our continent certainly plays a role in this. However, that is not the only thing, because in other rich countries they succeeded much less in controlling the virus and giving the sick a good treatment. The generally good and universally accessible health care in most member states turned out to be an important foundation in the fight against the pandemic. The pandemic showed that the lack of sickness benefits endangered public health, since it forced workers with no income security to go to work during sickness and thus risking to contaminate others. Many countries in Europe with strong social protection systems have taken immediate measures to enhance access to sickness benefits.²⁵ An analysis shows that these countries are able to better protect their populations against the threats of pandemics.²⁶ Social Security systems protect as well the economy and are therefore to be considered as an asset rather than a cost for societies. In order to overcome pandemics, AIM emphasizes that we must cherish good health care on a solidarity basis in all EU member states and, where necessary, develop it further.

In different European Member States, health insurance funds and health mutuals have rapidly re-designed their services on a large scale to release capacity for treating patients with COVID-19. This included discharging thousands to free up beds, postponing planned treatment, shifting appointments online where possible and redeploying staff. Questions from insurers to care and financing were answered widely via telephone; phone numbers were set up to take care of the elderly that felt alone. In nursing homes, video calls were made possible to keep contact as visits were not allowed. While in many Member States, telemedicine was blocked by doctors, it is now improving. Health mutuals provided services at home. These examples show that mutual societies play an important role in the European Union to ensure social cohesion, especially in the field of social welfare in which they provide a large variety of services: social and health services as well as health insurance. Now the focus is shifting towards the financial situation of the insurances. Solutions, especially rescue funds and financial aids for care institutions to help them over the "time without patients" because of social distancing, are a very important. The new situation worsened through the economic crisis, which lead to people losing their jobs and businesses. This has direct impact in reduced contributions by the insured and their employers. In addition, in some countries, health insurance funds and health mutuals will now be obliged to pay for almost all Covid-19-tests, which is usually the obligation of the state and financed via taxes. It is therefore important to support statutory health insurances and health mutuals through more state aid with regards to their finances and to integrate it in the European Semester and the Pillar of Social Rights.

Moreover, in some countries, health mutuals - treated the same way as for-profit health insurers- are subject to additional compulsory taxes on their global turnover, to help close the state budget gap. As mutuals cannot raise capitals as for-profit companies do, they must increase their members' contributions which can result in a heavy financial burden for them. This tax policies impact the capacity of mutual's to develop an affordable access to healthcare services and insurances.

25. ILO, Social Protection Spotlight, May 2020, [Sickness benefits during sick leave and quarantine](#)

26. <https://reliefweb.int/report/world/social-protection-responses-covid-19-crisis-country-responses-and-policy-considerations>.