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Health is an important priority for Europeans, who expect to have a long and healthy life, to be protected against illnesses and accidents, and to receive appropriate [health care](#). One of the 20 principles of the [European pillar of social rights](#) is that everyone has the right to timely access to affordable, preventive and curative health care of good quality.

Health issues cut across a range of topics – including consumer protection (food safety issues), workplace safety, environmental or social policies. As such, health policy within the [European Union \(EU\)](#) is principally under the remit of the [European Commission's Directorate-General for Health and Food Safety](#) and the [Directorate-General for Employment, Social Affairs and Inclusion](#).

The competence for the organisation and delivery of health services and healthcare within the EU is largely held by the EU Member States. The European Commission has a mandate to complement national actions on health by proposing legislation, providing financial support, promoting healthy lifestyles, and coordinating and facilitating the exchange of best practice.

The EU gathers statistical information in order to assess health issues and to support the effective design of policies and future actions. An example is the [European core health indicators \(ECHI\)](#). This article starts by explaining several EU health-related policy issues and concludes by introducing the main statistical sources.

EU actions in the field of health

Strategic plan 2020–2024

The European Commission's Directorate-General for Health and Food Safety released a [strategic plan covering the period 2020–2024](#). This highlighted the [six Commission priorities for 2019–2024](#) as a starting point for planning actions. Concerning health, the main objectives are centred on the priority for 'Promoting our European way of life', as reflected in the [European Pillar of Social Rights](#); this stresses the right to timely access to affordable, preventive and curative health care of good quality (Principle 16).

The strategic plan highlights a number of specific objectives, including:

- diminishing the impact of cancer;
- establishing a new pharmaceuticals strategy (to ensure timely access to safe, quality and affordable medicines under all circumstances);
- providing effective EU assessment of medical products and other treatments;
- providing a modern, regulatory framework for medical devices;
- ensuring effective response coordination of serious cross-border health threats;
- promoting EU cooperation against vaccine-preventable diseases;

- tackling antimicrobial resistance;
- supporting innovation and technology in healthcare;

Fourth multi-annual action programme – EU4Health

The Programme for Community action in the field of public health was the first EU action programme with a view to contributing to the achievement of a high level of health protection in Europe and covered the period from 2003 to 2008. The fourth multi-annual programme of EU action in the field of health is called [EU4Health](#). [Regulation \(EU\) 2021/522 of the European Parliament and of the Council of 24 March 2021 establishing a Programme for the Union's action in the field of health \('EU4health programme'\) for the period 2021–2027](#) offers funding to EU Member States, health organisations and non-governmental organisations (NGOs). It is designed, among other objectives, to boost the EU's preparedness for major cross-border health threats by establishing:

- reserves of medical supplies for crises;
- a reserve of healthcare staff and experts that can be mobilised to respond to crises across the EU;
- increased surveillance of health threats.

EU4Health has a budget of € 5.8 billion for the period 2021–2027 and will support a longer-term vision of improving health outcomes via efficient and inclusive health systems across the EU Member States. For this purpose, there are 10 specific objectives that are classified under the four general goals:

- improve and foster health in the EU,
 - disease prevention and health promotion,
 - international health initiatives and cooperation;
- tackle cross-border health threats,
 - prevention, preparedness and response to cross-border health threats,
 - complementing national stockpiling of essential crisis-relevant products,
 - establishing a reserve of medical, healthcare and support staff;
- improve medicinal products, medical devices and crisis-relevant products,
 - making medicinal products, medical devices and crisis-relevant products available and affordable;
- strengthen health systems, their resilience and resource efficiency,
 - strengthening health data, digital tools and services, digital transformation of healthcare,
 - improving access to healthcare,
 - developing and implementing EU health legislation and evidence-based decision making,
 - integrated work among national health systems.

Europe's beating cancer plan

EU4Health will also invest in urgent health priorities, including [Europe's beating cancer plan](#). The President of the European Commission highlighted a 'European plan to fight cancer, to support Member States in improving cancer control and care' among a number of political guidelines for the period 2019–2024. The plan is built around 10 flagship initiatives and several supporting actions, which are designed to support the work of EU Member States in preventing cancer and ensuring a high quality of life for cancer patients, survivors, their families and carers. It aims to tackle the entire disease pathway of cancer and is structured around four key action areas where the EU can add the most value: i) prevention; ii) early detection; iii) diagnosis and treatment; and iv) quality of life of cancer patients and survivors. For example, in December 2022 – following the European Commission's proposal to strengthen cancer prevention through early detection – the Council of the European Union adopted a [new approach on cancer screening](#). This aims to improve early detection throughout the EU.

Healthier together

In December 2021, the European Commission launched the [Healthier together – EU non-communicable diseases initiative](#). This complements the Europe's beating cancer plan, as cancer is also a non-communicable disease. The

healthier together initiative aims to support EU Member States to identify and implement effective policies and actions to reduce the burden of major non-communicable diseases and improve health and well-being. The initiative promotes a holistic and coordinated approach to prevention and care. It covers the 2022–2027 period and includes five strands:

- health determinants,
- cardiovascular diseases,
- diabetes,
- chronic respiratory diseases,
- mental health and neurological disorders.

Mental health

Mental health is an integral part of health. It is a state of well-being in which individuals fulfil their own abilities and can cope with the stresses of life and contribute to community life. Mental health is a precondition for a productive economy and inclusive society and goes beyond individual or family matters. Mental health is conditioned by personal and external factors.

According to the EU's Charter of Fundamental Rights, everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices. In June 2023, the European Commission adopted a [Communication on a comprehensive approach to mental health](#) (COM(2023) 298 final). This communication seeks to launch a new strategic approach to mental health, cross-sectoral in nature, going beyond health policy. It focuses on how to bring relief to people suffering from mental health issues and on prevention policies. It draws on three guiding principles that should apply to every EU citizen:

- to have access to adequate and effective prevention,
- to have access to high quality and affordable mental healthcare and treatment, and
- to be able to reintegrate into society.

Among the flagship initiatives in this communication, number 17 notes that 'As of 2025, the Commission will ensure that the [European health interview survey \(EHIS\)](#) includes additional data on mental health to ensure strong monitoring and assessment of progress on mental health across the EU.'

Cross-border health

The [European health insurance card \(EHIC\)](#) allows travellers from one EU Member State to obtain medical treatment if they fall ill whilst temporarily visiting another Member State, EFTA country, or the United Kingdom (under the same conditions and at the same cost – free in some countries – as people insured in that country). The EU has also introduced legislation on the [application of patients' rights in cross-border healthcare](#) ([Directive 2011/24/EU](#)) which allows patients to go abroad for treatment when this is either necessary (specialist treatment is only available abroad) or easier (if the nearest hospital is just across a border).

As part of an initiative to build a stronger European Health Union, [Regulation \(EU\) 2022/2371 of the European Parliament and of the Council of 23 November 2022 on serious cross-border threats to health](#) aims to ensure that the EU will have:

- a robust preparedness planning and a more integrated surveillance system,
- a better capacity for accurate risk assessment and targeted response,
- solid mechanisms for joint procurement of medical countermeasures,
- the possibility to adopt common measures at the EU level to address future cross-border health threats.

eHealth

Technological developments can have an impact on all stages of health care, from prevention, diagnosis and monitoring to treatment. In 2018, the European Commission adopted a [Communication on enabling the digital transformation of health and care in the digital single market, empowering citizens and building a healthier society](#) (COM(2018) 0233). This identified three pillars for future work in this area:

- providing citizens with secure access to their health data and sharing health data;
- better data to promote research, disease prevention and personalised health and care;
- digital tools for citizen empowerment and for person-centred care.

COVID-19

The European Commission coordinated EU-wide efforts in response to the COVID-19 outbreak. Firstly, this concerned public health measures such as supporting the healthcare sector, supporting research for diagnosis, treatment and vaccines, and developing guidelines for travel and border management. Secondly, actions were taken to mitigate the social and economic consequences, for example through a recovery plan (also referred to as NextGenerationEU); this is designed to ensure that the EU emerges stronger from the pandemic, by providing a stimulus package of € 806.9 billion for a greener, more digital and more resilient EU post-COVID-19.

At the time of writing (June 2023), the pandemic appears to be waning and almost all aspects of life in the EU have returned to 'normality'. Practically all restrictions on personal mobility and economic sectors having been lifted. That said, COVID-19 continues to impact healthcare systems in the EU: for example, large numbers of operations/treatments were cancelled or delayed during the pandemic because frontline staff had been redeployed to take care of those suffering from the virus or because they were suffering from the virus themselves. Furthermore, at an individual level, some patients decided to forego hospital visits, thereby missing regular check-ups and screening for a variety of diseases.

On 5 May 2023, the Director-General of the [World Health Organization \(WHO\)](#) declared COVID-19 'over as a global health emergency', while noting that it was not over as a 'global health threat'.

Health and safety at work

Concerning health and safety at work, the [Treaty on the functioning of the European Union](#) states that '[...] the Union shall support and complement the activities of the Member States in the following fields: (a) improvement in particular of the working environment to protect workers' health and safety [...]'. The European Commission's policy agenda for the period 2021–2027 was set out in a Communication on the [EU strategic framework on health and safety at work 2021–2027 – Occupational safety and health in a changing world of work](#) (COM(2021) 323 final). This was adopted in June 2021 and has three main concerns:

- anticipating and managing change in the world of work brought about by green, digital and demographic transitions;
- improving prevention of workplace accidents and illnesses;
- increasing preparedness for any potential future health crises.

Principle 10 of the European Pillar of Social Rights underlines that 'workers have the right to a high level of protection of their health and safety at work.' Actions in the field of health and safety at work are supported under the [working conditions](#) (rights at work) section of the [progress axis](#) of the [EU's programme for employment and social innovation \(EaSI\)](#). EaSI is a financing instrument designed to promote a high level of quality and sustainable employment, guaranteeing adequate and decent social protection, combating social exclusion and poverty and improving working conditions. For the period 2021–2027, the EaSI programme has become a strand under the [European Social Fund Plus \(ESF+\)](#); it has a budget of € 762 million. Among its policy priorities, it seeks to support analytical activities and evidence-based policymaking in relation to working conditions, social protection and active inclusion.

In January 2017, the European Commission adopted the Communication [Safer and Healthier Work for All – Modernisation of the EU Occupational Safety and Health Legislation and Policy](#) (COM(2017) 12 final). It proposed three key actions to bring new impetus to the existing framework:

- stepping up the fight against occupational cancer through legislative proposals accompanied by increased guidance and awareness-raising;
- helping businesses, in particular [small and medium-sized enterprises \(SMEs\)](#) comply with occupational safety and health rules;
- cooperating with EU Member States and social partners to remove or update outdated rules and to refocus efforts on ensuring better and broader protection, compliance and enforcement on the ground.

Support for analysis and research

In an effort to support EU Member States better in their policymaking and to boost analytical capabilities, the EU brings together internationally renowned expertise in a two-year information gathering cycle designed to gauge its progress towards providing effective, accessible and resilient health systems. [Health at a glance: Europe](#) (OECD and the European Commission) provides a neutral, descriptive comparison of the health status of the EU's population and the performance of health systems.

EU4Health is complemented by the [Horizon Europe research and innovation framework programme](#) (for example, by supporting initiatives in areas such as biotechnology), [cohesion funds](#) (for example, by supporting investment in healthcare infrastructure, e-health services, or initiatives to promote active ageing), the [Recovery and Resilience Facility](#), and the [InvestEU programme](#) (both of which provide investment support for a sustainable recovery from the COVID-19 pandemic).

Research funding through the [Horizon Europe](#) programme incorporates research and innovation missions to increase the effectiveness of funding by pursuing clearly defined targets. Five missions have been identified, one of which is the cancer mission. By joining efforts across the EU, the [mission on cancer](#), together with Europe's Beating Cancer Plan, aims to provide a better understanding of cancer, allow for earlier diagnosis and optimise treatment, and improve cancer patients' quality of life during and beyond their cancer treatment.

Health-related agencies in the EU: ECDC, EMA, HaDEA and EU-OSHA

The [European Centre for Disease Prevention and Control \(ECDC\)](#) in Frösunda (Sweden) is an EU agency that provides surveillance of emerging health threats so that the EU can respond rapidly. It pools knowledge on current and emerging threats and works with national counterparts to develop disease monitoring across Europe, strengthening the EU's defences against infectious diseases. In 2020, it started to provide information – including statistical information – on the Coronavirus disease and the COVID-19 pandemic. In 2022, it started to provide information on the outbreak of human monkeypox.

[Regulation \(EU\) 2022/2370 of the European Parliament and of the Council of 23 November 2022](#) provides for a stronger and more robust ECDC. This will not only issue recommendations to EU Member States regarding health threats preparedness but also host a new excellence network of EU reference laboratories and establish an EU Health Task Force for rapid health interventions in the event of a major outbreak.

The [European Medicines Agency \(EMA\)](#), located in Amsterdam (the Netherlands), helps national regulators by coordinating scientific assessments concerning the quality, safety and efficacy of medicines that are used across the EU. All medicines in the EU must be approved nationally or by the EU before being placed on the market. The safety of pharmaceuticals that are sold in the EU is monitored throughout a product's life cycle and individual products may be banned, or their sales/marketing suspended.

Having started in 2005 as the Public Health Executive Agency, after several transformations the [European Health and Digital Executive Agency \(HaDEA\)](#) emerged in mid-2021. Among other actions, the HaDEA is involved in the implementation of two health-related programmes for the European Commission: most of the EU4Health programme, and Horizon Europe – Cluster 1 that focuses on health.

The [European Agency for Safety and Health at Work \(EU-OSHA\)](#) is the EU's information agency for occupational safety and health, located in Bilbao (Spain). The agency promotes a culture of risk prevention to improve working conditions, endeavouring to make workplaces safer, healthier and more productive for the benefit of businesses, employees and governments.

Healthcare and health workforce

Population ageing is expected to become an even greater challenge for the EU's health sector in the coming decades. The demand for healthcare is expected to increase dramatically as a result of an ageing population. At the same time, the proportion of people in work will often stagnate or, at least in some of the EU Member States, decline. As a result, there may be staff shortages in certain medical specialisations or geographic areas. Other external issues affecting the [healthcare workforce](#) include technological innovation, changing care demands, and

migration patterns, while internal issues, other than simply workforce ageing, include issues of recruitment and retention, skills and geographic mismatches.

[An action plan for the EU health workforce](#) (SWD(2012) 093 final) seeks to help EU Member States tackle these challenges, by: improving workforce planning and forecasting; anticipating future skills' needs; improving the recruitment and retention of health professionals; and mitigating the negative effects of migration on health systems. Between 2013 and 2016, there was a joint action on health workforce planning and forecasting with 30 associated partners and 34 collaborative partners (from 28 European countries) working together on advancing the issue of planning and forecasting. Between 2017 and 2021, this work continued through [SEPEN – Support for the health workforce planning and forecasting expert network](#), which released a series of technical reports and regular updates on the EU's health workforce.

Statistics on public health and health and safety at work

As noted in the introduction, the EU gathers statistical information in order to assess health issues and to support the effective design of policies and future actions. This statistical information needs to be based on a set of common EU health indicators for which there is an EU-wide agreement regarding definitions, collection and use. Examples include the [European core health indicators \(ECHI\)](#), [sustainable development indicators](#) and the [European Pillar of Social Rights](#).

In December 2008, the [European Parliament](#) and the Council adopted [Regulation \(EC\) No 1338/2008](#) on Community statistics on public health and health and safety at work. The Regulation is designed to ensure that health statistics provide adequate information for all EU Member States to monitor EU actions in the field of public health and health and safety at work. The Regulation lists five domains:

- health status and health determinants;
- healthcare;
- causes of death;
- accidents at work; and
- occupational diseases and other work-related health problems and illnesses.

A number of European Commission Regulations were subsequently adopted specifying in detail the variables, breakdowns and metadata that EU Member States should deliver:

- [Regulation \(EU\) No 328/2011](#) on statistics on causes of death,
- [Regulation \(EU\) No 349/2011](#) on statistics on accidents at work,
- [Regulation \(EU\) No 141/2013](#) on the implementation of the European health interview survey (wave 2),
- [Regulation \(EU\) No 2015/359](#) on the implementation of statistics on healthcare expenditure and financing,
- [Regulation \(EU\) No 2018/255](#) on the implementation of the European health interview survey (wave 3),
- [Regulation \(EU\) No 2021/1901](#) on the implementation of statistics on healthcare expenditure and financing, and
- [Regulation \(EU\) No 2022/2294](#) on statistics on healthcare facilities, healthcare human resources and healthcare utilisation.

European statistics on health are derived from two types of sources: [administrative data](#) and surveys. Administrative data sources are the basis for important statistical data collections such as human and technical resources and activities, healthcare expenditure, causes of death, and accidents at work; these data therefore reflect, to some degree, country-specific ways of organising healthcare and may not always be completely comparable. General population surveys in health statistics include the minimum European health module integrated within the annual [EU statistics on income and living conditions survey \(EU-SILC\)](#), the five-yearly [European health interview survey \(EHIS\)](#) and modules of the [labour force survey \(LFS\)](#), such as the 1999, 2007, 2013 and 2020 modules on accidents at work and other work-related health problems or the 2002 and 2011 modules on access to the labour market for disabled people.

European Health Data Space

The European Commission has presented a [Proposal for a Regulation on the European Health Data Space](#) (COM(2022) 197 final). The [European Health Data Space](#) aims to:

- promote the safe exchange of patients' data (including when they travel abroad) and citizens' control over their health data;
- support research on treatments, medicines, medical devices and outcomes;
- encourage the access to and use of health data for research, policymaking and regulation, with a trusted governance framework and upholding data-protection rules;
- support digital health services;
- clarify the safety and liability of artificial intelligence in health.

This is the first proposal to establish a common European data space. It addresses health-specific challenges to data access and sharing and will be an integral part of building a European Health Union. Health data collected in this way should enable the public, private, not-for-profit entities, as well as individual researchers to have access to health data. This may include using health data for tasks such as public health surveillance, planning and reporting duties, health policymaking, ensuring patient safety, quality of care, and the sustainability of health care systems.

Other articles

- All articles on [health](#)
- [Health in the European Union – facts and figures](#) – online publication
- [Disability statistics](#) – online publication

Main tables

- [Health](#) (t_hlth), see:

Health status (t_hlth_state)

Health care (t_hlth_care)

Causes of death (t_hlth_cdeath)

Database

- [Health](#) (hlth), see:

Health status (hlth_state)

Health determinants (hlth_det)

Health care (hlth_care)

Disability (hlth_dsb)

Causes of death (hlth_cdeath)

Health and safety at work (hsw)

Dedicated section

- [Health](#)

Methodology

- [A System of Health Accounts 2011](#) – Revised edition March 2017
- [European Health Interview Survey \(EHIS wave 3\) – Methodological manual](#) – re-edition 2020
- [European Statistics on Accidents at Work \(ESAW\) – Summary methodology](#) – 2013 edition
- [Morbidity statistics in the EU – Report on pilot studies](#) – 2014 edition
- [Revision of the European Standard Population – Report of Eurostat’s task force](#) – 2013 edition

Legislation

- [Health legislation](#)

External links

European Commission

- [European Commission – Coronavirus response](#)
- [European Commission – Directorate General for Employment, Social Affairs and Inclusion](#) , see:
 - [Health and safety at work](#)
 - [Social protection and social inclusion](#)
 - [EU social indicators dataset](#)
 - [Persons with disabilities](#)
- [European Commission – Directorate General for Health and Food Safety](#) , see:
 - [ECHI – European Core Health Indicators](#)
 - [Public health](#)
- [European Commission – EU4Health 2021–2027 – a vision for a healthier European Union](#) , see:
 - [Europe’s Beating Cancer Plan](#)

EU agencies

- [European Agency for Safety and Health at Work \(EU-OSHA\)](#)
- [European Centre for Disease Prevention and Control \(ECDC\)](#)
- [European Monitoring centre for Drugs and Drug Addiction \(EMCDDA\)](#)
- [Health and Digital Executive Agency \(HaDEA\)](#)
- [European Medicines Agency \(EMA\)](#)

International organisations

- [International Labour Organization – Safety and health at work](#)
- [Organisation for Economic Co-operation and Development \(OECD\) – Health policies and data](#)
- [Organisation for Economic Co-operation and Development \(OECD\) – Health at a Glance: Europe](#)
- [World Health Organization \(WHO\) – Health system governance](#)