

European Union Integration and Institutions



SciencesPo.

François Briatte

May 2011

- Member states
- Candidate countries
- Other non-EU states



Political indicators	India	EU-27
Total population	1,151,751,000	501,064,000
Geographic area (km ²)	3,287,000	4,325,000
Estimated electorate on last election (2009)	> 714 million	> 375 million
Regime type	Federal	"Integrative"
Regional units	28 states 7 territories	27 countries
Parliamentary seats	545 (curr.) 552 (max.)	736



EU-INDIA SUMMIT

BRUSSELS
10 DECEMBER 2010





Latest (11 May 2011): EUR 1 = USD 1.4357 -0.0001 (0.0%)

Date range: [1m](#) | [3m](#) | [6m](#) | [1y](#) | [2y](#) | [5y](#) | [10y](#) | [All](#)

[See EUR vs. USD](#)

Change from 4 January 1999 to 11 May 2011 **+0.2568 (+21.8%)**

Minimum (26 October 2000): 0.8252 - Maximum (15 July 2008): 1.5990 - Average: 1.1951



Outline

- **EU integration**
- **EU institutions**
 - **Political** decision-making
 - **Judicial** decision-making
- **Discussion**
 - Integration theories
 - Euro adoption in Poland

European Integration

History

- **Long-term** (economic and cultural)
from 10th century onwards
 - State formation
 - Nationalism
 - Imperialism
- **Short-term** (political and institutional)
from 1945 onwards

Origins

- **Intellectual elites:**
(19th century)
 - Perpetual peace (Kant)
 - Popular union (Hugo)
 - **Mercantilism**
- **World Wars:**
(Age of Extremes)

Origins, post-WW1

- **Intellectual circles:** Paneuropa (1923)
 - Competitive equilibrium (USA, USSR, UK)
 - Industrial pacts (FR, DE)
 - **Gradualism**
- **Political initiatives:**
 - Kellogg- Briand Pact (1928)
 - League of Nations (1919-1946)

Origins, post-WW2

- **Elite-driven process:** Churchill, Monnet, Schuman
- **US support:** Marshall Plan, NATO
- **Political origins:**
 - European Movement
 - Treaty of London (**Council of Europe**)
 - Christian Democrats

European Coal and Steel Community

- **Franco-German cooperation:** Monnet Plan, **Schuman Declaration** (9 May 1950),
- **Treaty of Paris (1951):** ECSC joined by France, Germany, Italy, Benelux; rejected by UK
 - **Supranational organisation:** High Authority, Parliamentary Assembly, Court of Justice
 - **Economic interdependence:** 'de facto solidarity' through economic \neq political means

European Economic Community

- **European Defence Community:** failed ratification by French Parliament(1950–4)
- **Messina Conference (1955):** common markets and energetic cooperation
- **Treaty of Rome (1957):** EEC between 'The Six'
 - **Freedom of goods,** people, services and labour
 - **Nuclear energy** (Euratom)

European integration

- **Membership expansion** from 6 to 27 states, with forthcoming plans to integrate Croatia
- **Treaty expansion** from Messina to Maastricht and from Rome to Lisbon
- **'Creeping competence'** of judicial and political institutions over policy-making
 - Commission, Parliament and Court of Justice
 - Council and Council of Ministers

État de la Communauté Européenne en 1951



En 1951, six états, la France, la R.F.A., la Belgique, les Pays-Bas, le Luxembourg et l'Italie forment la C.E.C.A., Communauté Européenne du Charbon et de l'Acier, l'ancêtre de la CEE, créée, elle, en 1957 par le Traité de Rome.

L'élargissement européen de 1973



1973 : la C.E.E. s'élargit au Royaume-Uni, à l'Irlande, au Danemark. 9 membres.

L'élargissement européen de 1981



1981 : elle accueille la Grèce. La C.E.E. compte alors 10 membres.

L'élargissement européen de 1986



1986 : Espagne et Portugal entrent dans la C.E.E. ce qui fait alors 12 états membres.

Les adhésions de 1995 à L'U.E.



1995 : l'Autriche, la Suède et la Finlande adhèrent à l'U.E..

Les candidatures à l'entrée dans l'U.E.



Or le préambule du Traité de Rome stipule que l'Union Européenne a pour vocation de s'ouvrir à d'autres états européens. Après la chute du Rideau de Fer, 10 pays est-européens font donc successivement acte de candidature.

Les limites orientales de l'U.E.



Plus à l'est, l'élargissement de l'Union s'arrête aux frontières ouest de l'Ukraine, de la Biélorussie et de la Moldavie, c'est à dire à peu près sur la limite ouest de l'ex-URSS.

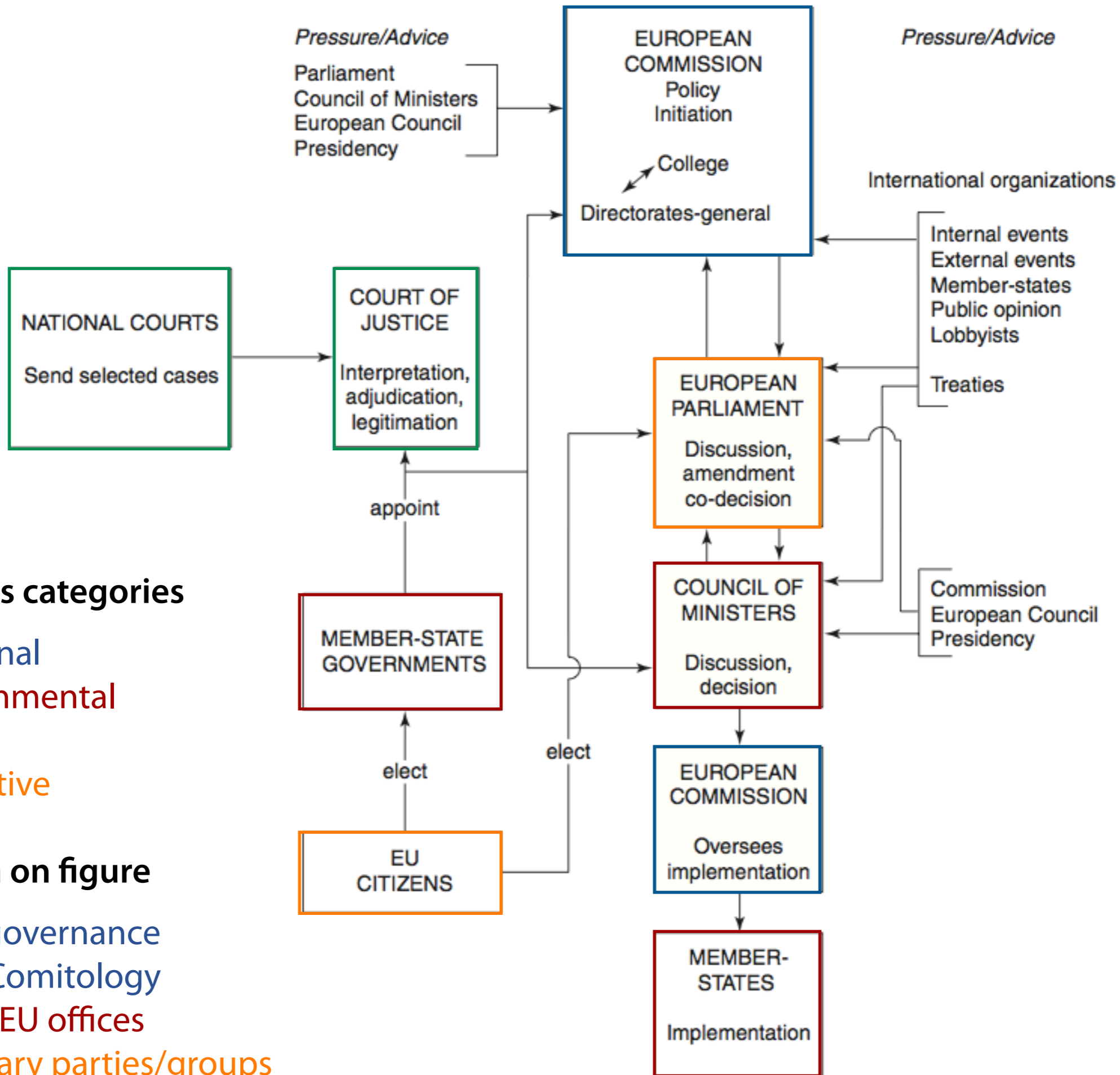
Treaty expansion

- **Single European Act (1987):** qualified majority voting (QMV) on **internal market** expansion
- **Maastricht Treaty (1992):** Treaty of the European Union (TEU) with three **policy pillars**
 - **Pillar 1:** European Monetary Union (EMU) and European Central Bank (ECB)
 - **Pillar 2:** 'Foreign and Security Policy'
 - **Pillar 3:** 'Justice, Freedom and Security'

Treaty expansion

- **Amsterdam Treaty (1997):** extensions of EU policy reach over Pillar 3 (justice, immigration)
- **Nice Treaty (2001):** revised decision-making rules (QMV, Commission, Convention)
- **Constitution:** launched in 2002, stalled after negative referenda in 2005 (FR, NL), ratified in 2007
- **Treaty of Lisbon (2012):** fusion of Pillars 1 and 3, increased EU powers (QMV, Commission, Parliament)

European Institutions



Ambiguous categories

- supranational
- intergovernmental
- judiciary
- representative

Not shown on figure

- EMU/ECB governance
- COREPER/Comitology
- Ministerial EU offices
- Parliamentary parties/groups

European Commission

- **'Brussels'** — College of 27 commissioners elected on 5-year mandates, with a president
- **Not a government:** **no responsibility** to Parliament, **no election** by either citizens or legislature
- **Legislative initiative:** **formal agenda-setting power** and decisive policy influence at all stages in Pillar 1
- **'Extensive' bureaucracy:** small but active networks of **committees** to smooth out decision-making

Council of the European Union

- **'Council of Ministers'** — 9 groups of 27 national ministers, covering the main policy areas
- **Intergovernmental power:** balances **supranational** influence from the Commission and Parliament
- **Legislative domination:** **transposes** EU law and controls trade and justice policy
- **Competitive fragmentation:** unequal influence of Ministers and Councils with **integration objectives**

European Council

- **'Council'** — 27 heads of Member States, meeting four times a year at summits, with a president
- **Wide policy control:** influences the agenda, monitors implementation, troubleshooting
- **Rotating governmental presidency:** 6-month mandate for EU representation by one Member State
- **Wide political control:** initiates intergovernmental conferences (IGC) to activate treaty revision

European Parliament

- **'Strasbourg'** — 736 MEPs with 5-year mandates, elected on national procedures since 1979
- **Rise to influence:** successive claims granted to increased powers within the **'institutional triangle'**
- **Parliamentary dynamics:** parliamentary **groups**, high (MEP) **turnover**, low (electoral) **turnout**
- **Symbolic controls:** expenditure (non-compulsory), appointment (president of the Commission)

European Court of Justice

- **'ECJ/CJEU'** — supranational court of national judges elected in office for 6 years by their governments
- **Judicial review:** extensive **jurisprudential reach** over violations and lack of implementation of EU law
- **Preliminary rulings:** **national courts** refer cases to ECJ judges and therefore largely determine its reach
- **Treaty Base:** Commission is 'guardian of treaties' but ECJ defines precise **scope and consequences**

Balance of power (1) Politics

- **Intergovernmental balance:** **Member States** defend their interests over EU and over each others'
- **Partisan politics:** centre of gravity at **domestic level**, absent of a collective electoral identity
- **Collective action:** **business interests** and NGOs are far more influent than organised labour
- **Public opinion:** wide-ranging '**democratic deficit**' argument, used by 'Euroskeptic' players

Balance of power (2) Policy

- **Within-triangle consensus primes:** complex decision rules but common **consensus culture**
- **Small states hold considerable influence:** QMV and equal representation induce **pluralistic power**
- **Large states pay or receive more:** net financial contributions do not match allocations (**CAP/SOC**)
- **EU weighs in international trade:** representation at WTO and other **free trade agreements**

Balance of power (3) Law

- **Policy initiation:** formal power of the **Commission**, who attends all other decision-making meetings
- **National implementation:** discretion of **Member States** over the transposition process
- **Judicial review:** extensive scope of **ECJ rulings** in defining exact EU attributions and prerogatives
- **Market internationalization:** **EMU/ECB governance** links with ECJ rulings and Commission policy

Concepts of European integration

- **Europeanization:** interplay between EU-level policymaking and domestic political orders
 - Policy **convergence**?
 - Policy **transfer/learning**?
- **Judicialization:** construction of judicial authority through dispute resolution and lawmaking
- **Governance:** social processes that adapt institutions to the interests of their constituents

Theories of EU integration

- **Liberal intergovernmentalism:** periodic clashes of national interests by rational state agents (CAP)
- **Neofunctionalism:** spillover effects created by feedback loops within legal and policy systems (ECJ)
- **Neoinstitutionalism:** path dependence as a historical result of institutional sunk costs (EMU)
- **Constructivism:** shared mental sets and collective imaginaries with normative influence (EBM)

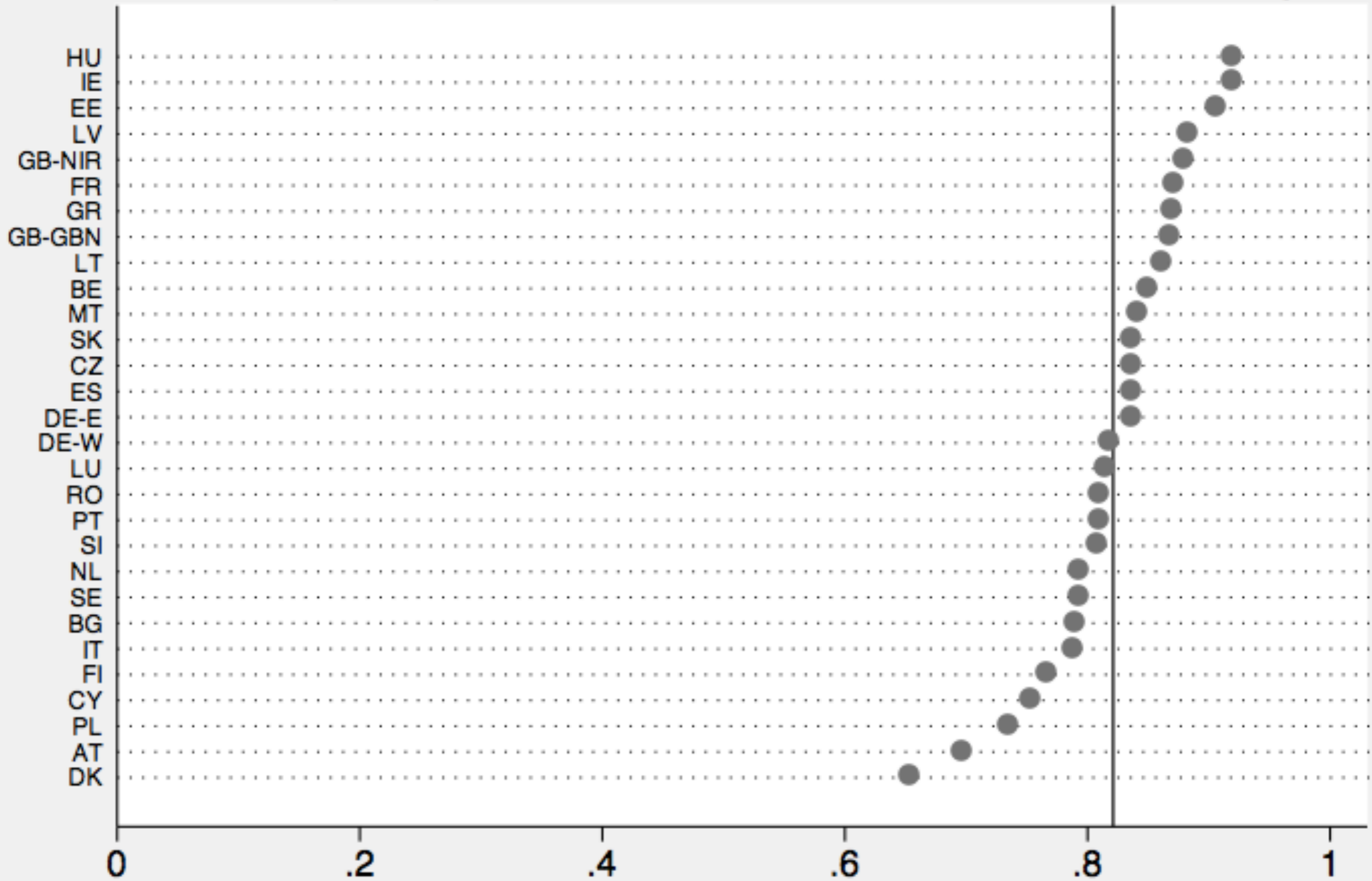
Discussion

Note: the course syllabus says 'EU and global finance regulation' (Quaglia 2011) here, but we will use recent research data discussed with Solveig Werner instead.

Euro adoption in Poland

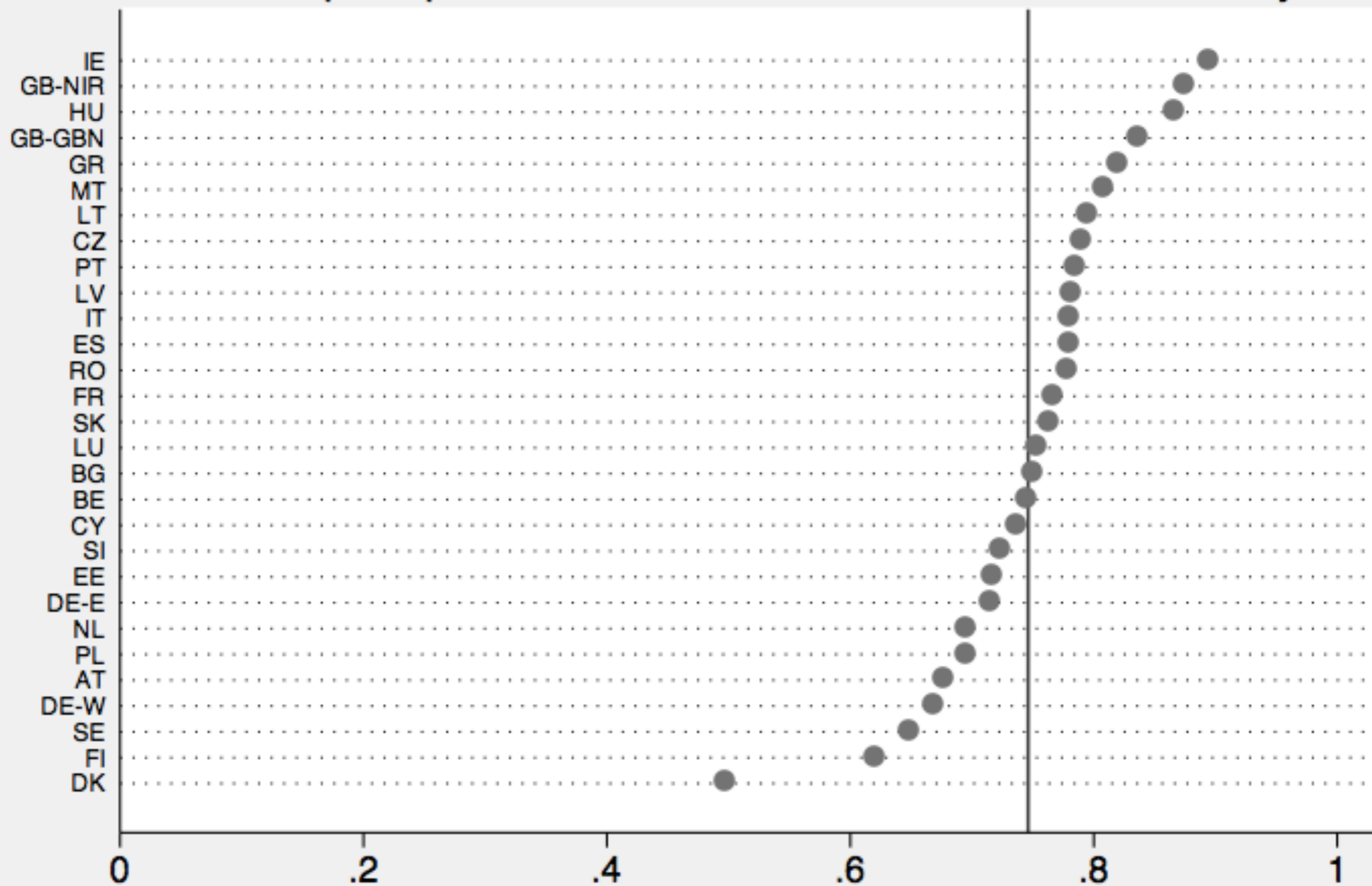
- **Economic performance:** adopting the euro might buffer future crises—or not
- **Popular support:** elite-mass communication might provide leverage for (or against) adoption
- **Treaty requirement:** Poland is legally bound by its accession treaty to enter the EMU
- **Timing:** accidental logics (plane crash, elections...), elite perceptions and domestic politics

Present perception of economic crisis on the national economy



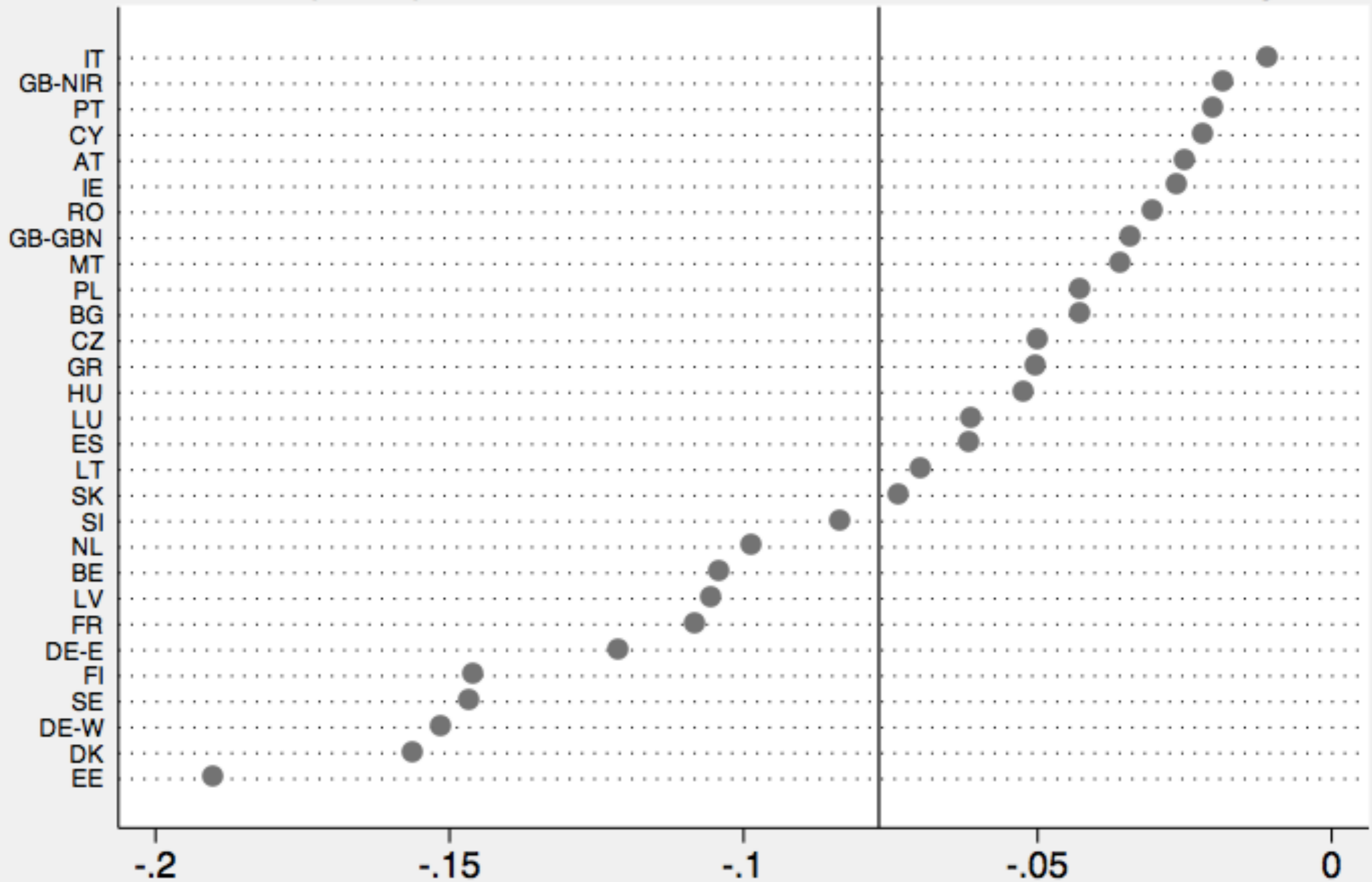
Source: Special Eurobarometer 71.1 (2009). Vertical line at average.

Future perception of economic crisis on the national economy



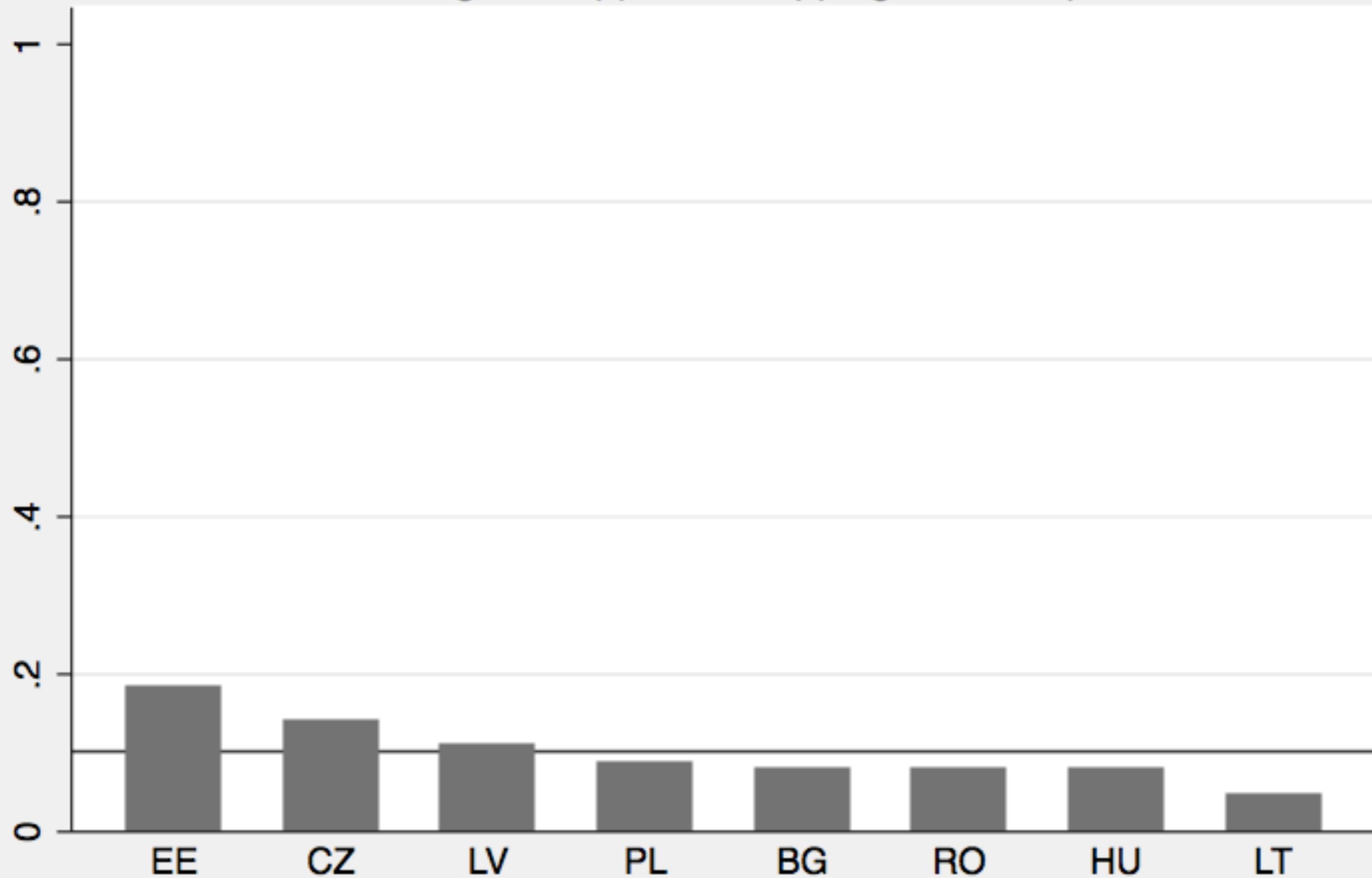
Source: Special Eurobarometer 71.1 (2009). Vertical line at average.

Delta perception of economic crisis on the national economy



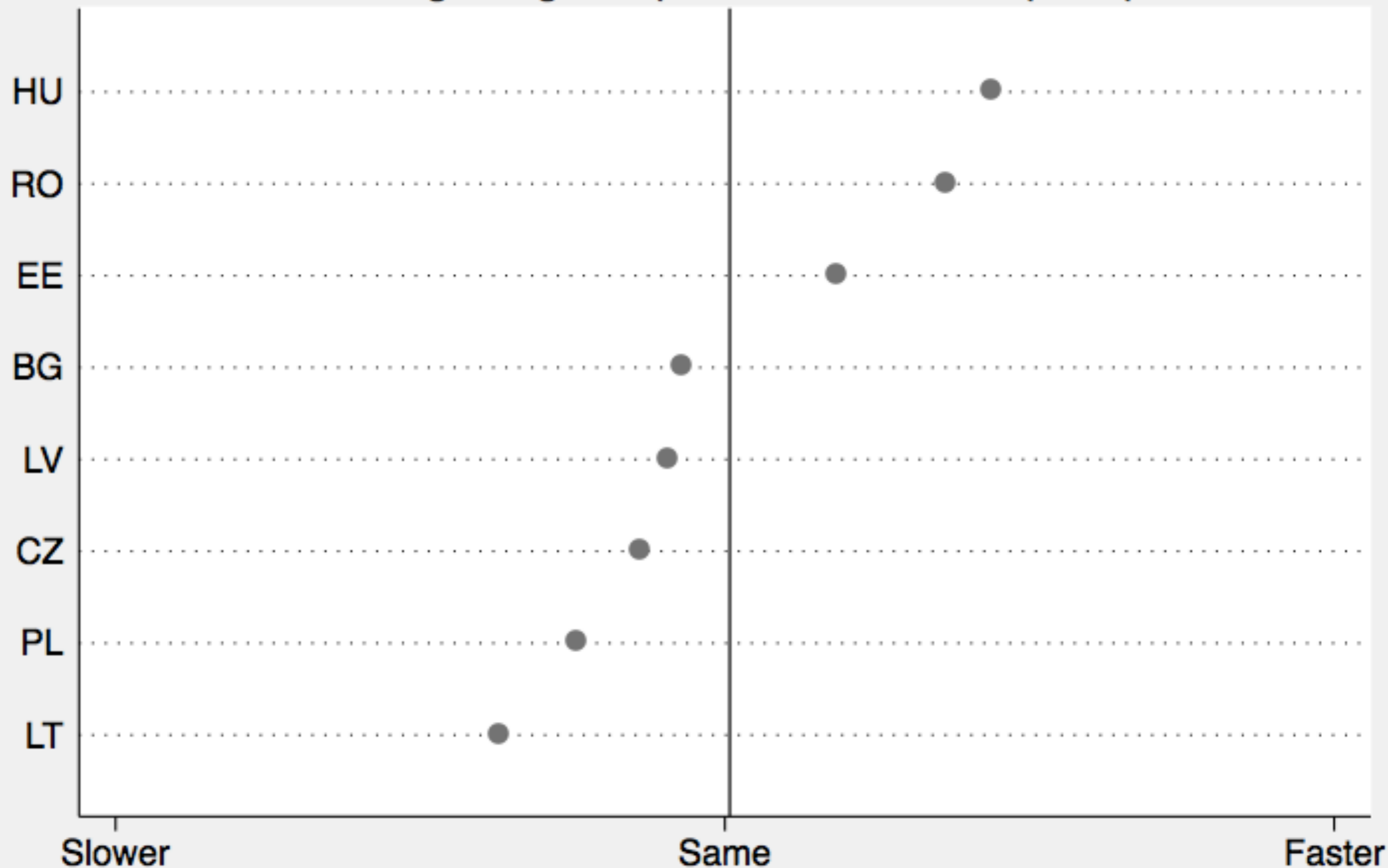
Source: Special Eurobarometer 71.1 (2009). Vertical line at average.

Percentage in support of stopping Euro adoption

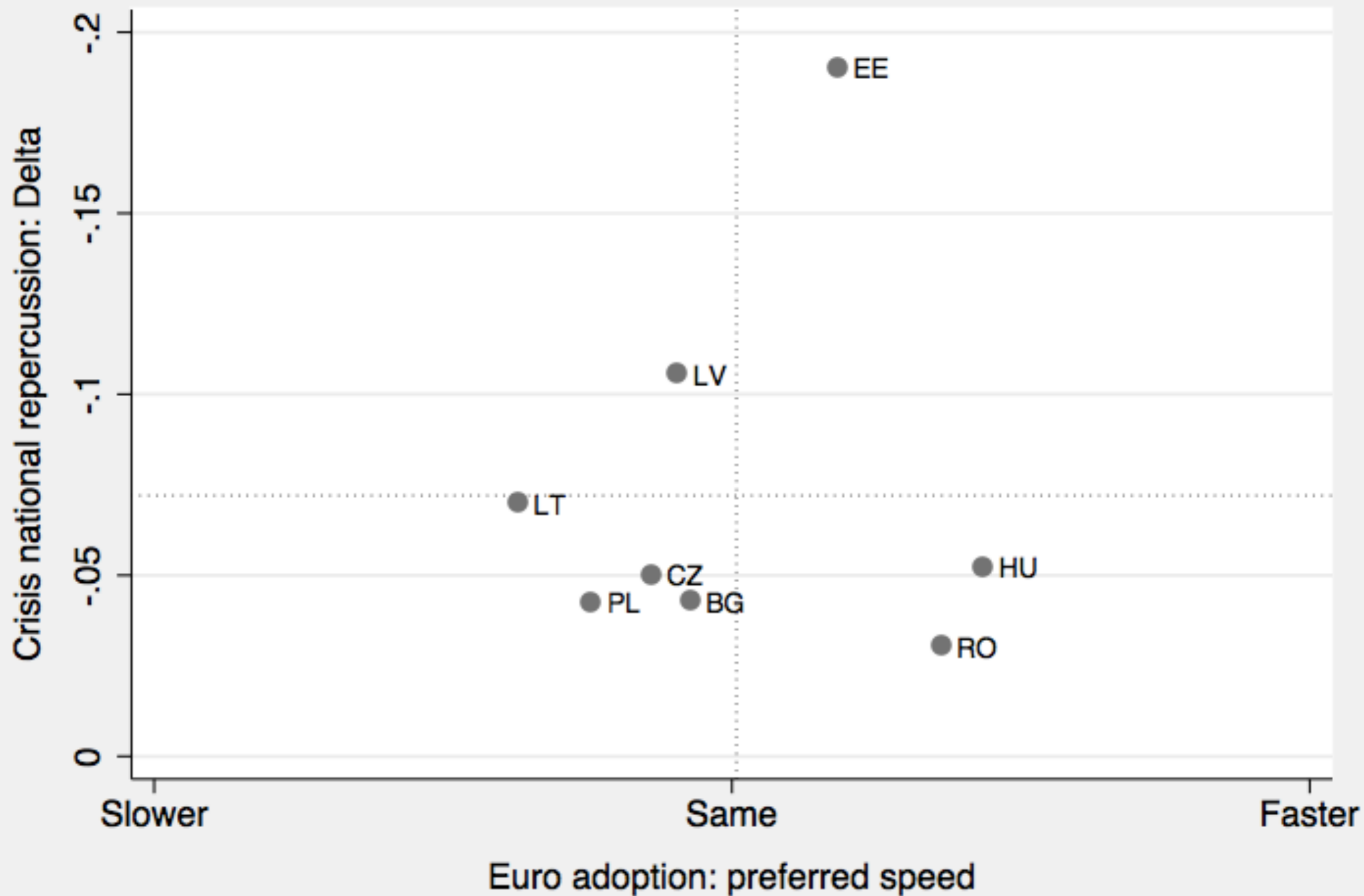


Source: Special Eurobarometer 71.1 (2009). Horizontal line at average.

Preference regarding the speed of the Euro adoption process



Source: Special Eurobarometer 71.1 (2009). Vertical line at average.



Source: Special Eurobarometer 71.1 (2009). Both lines at averages. Reverse vertical axis.

Thank you for your attention

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P.S. Full sources and credits appear in the syllabus.

Health Care and Public Health in the European Union



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May 2011

Political indicators	India	EU-27
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WHO indicators	India	EU-15	EU-27 – EU-15
Total population	1,151,751,000	393,367,000	103,032,000
Gross national income per capita (PPP intl. \$)	2,460	40,745	11,835
Life expectancy at birth m/f (years)	62 / 64	78 / 83	71 / 79
Probability of dying under five (per 1 000 live births)	76	4.5	8
Total health expenditure per capita (intl. \$)	109	3333	1255
Total health expenditure as % of GDP	4.9	9.8	6.5

Selected objectives

WHO SEAR	Prevalence in India	WHO Europe
Malaria	1.5 million	Prison health
HIV/AIDS	2.4 million	Maternity health (inequities)
TB / MDR-TB	3.3 million	Chronic illness
Tobacco	≈ 28% males ≈ 2% females	Mental health
Reproductive health	Perinatal mortality ≈ 48.5 per 1,000	“World Heart Day”
Environmental health	clean water ≈ 88% sanitation ≈ 31%	Health systems

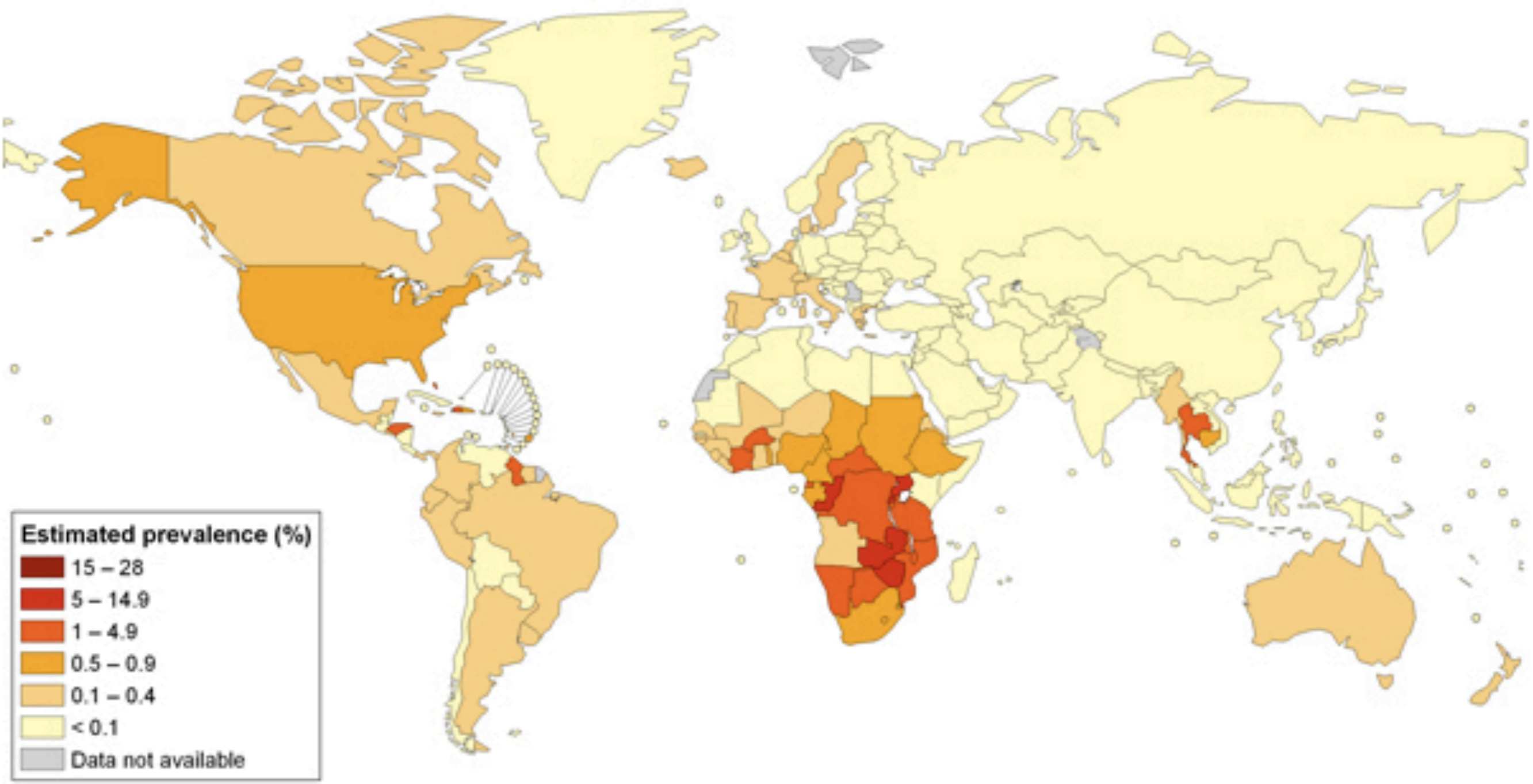
Outline

- **Comparative statics**
- **Health politics** in the European Union:
 - **Health systems** policy
 - **Public health** policy
- **Discussion:**
 - Health policy in transition countries

Introduction

Comparative statics

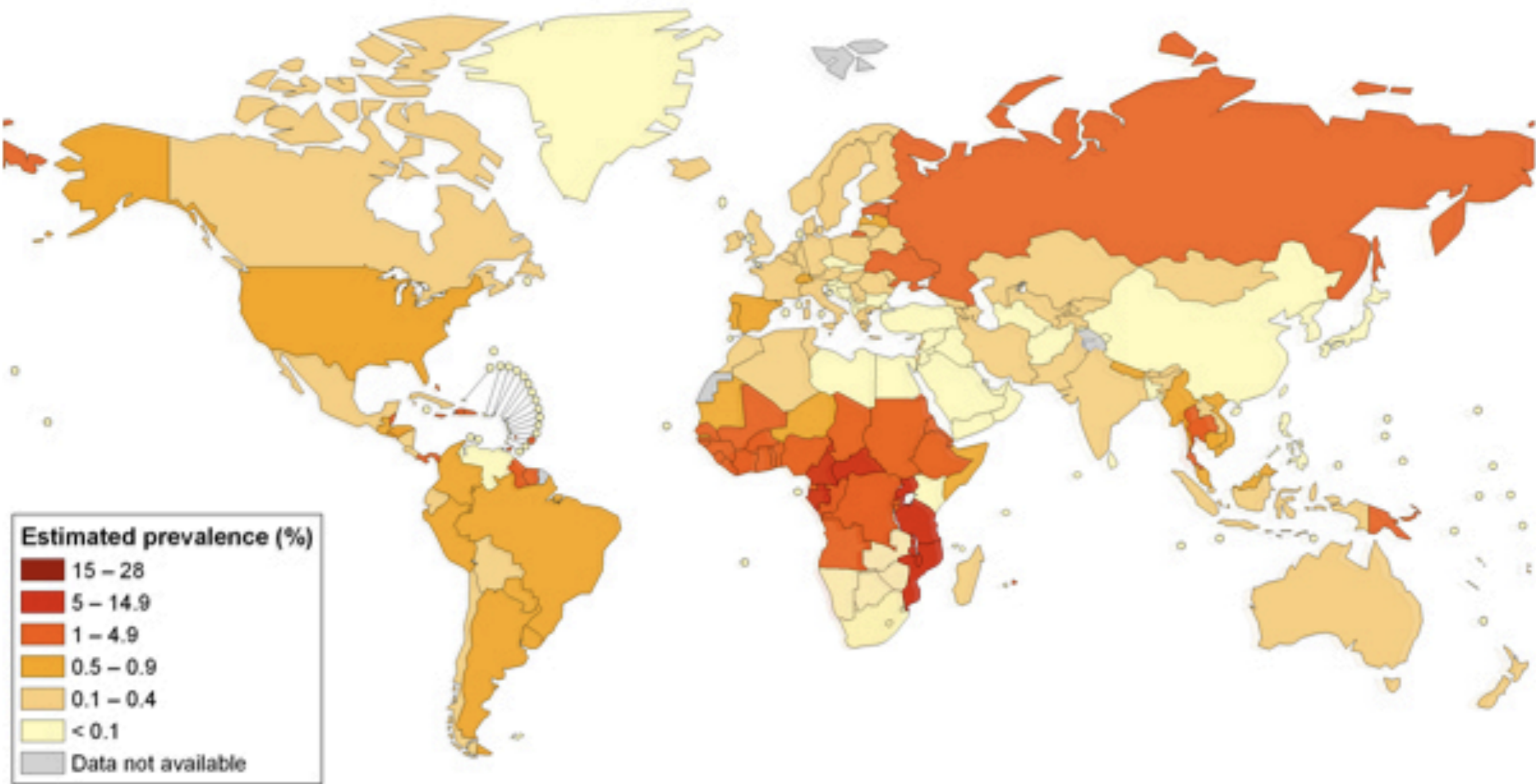




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HIV/AIDS (1990)

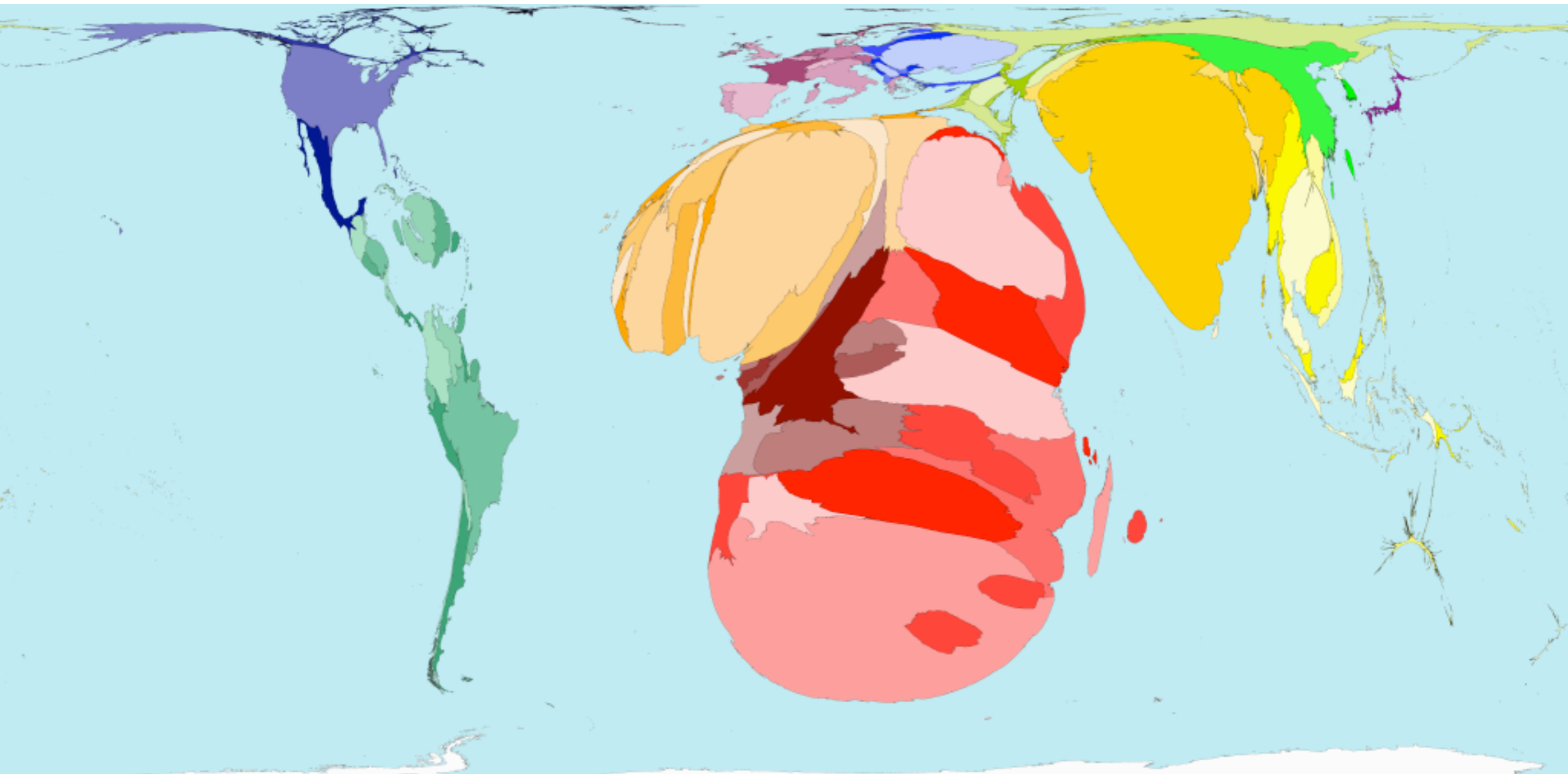
Source: UNAIDS / World Health Organization.



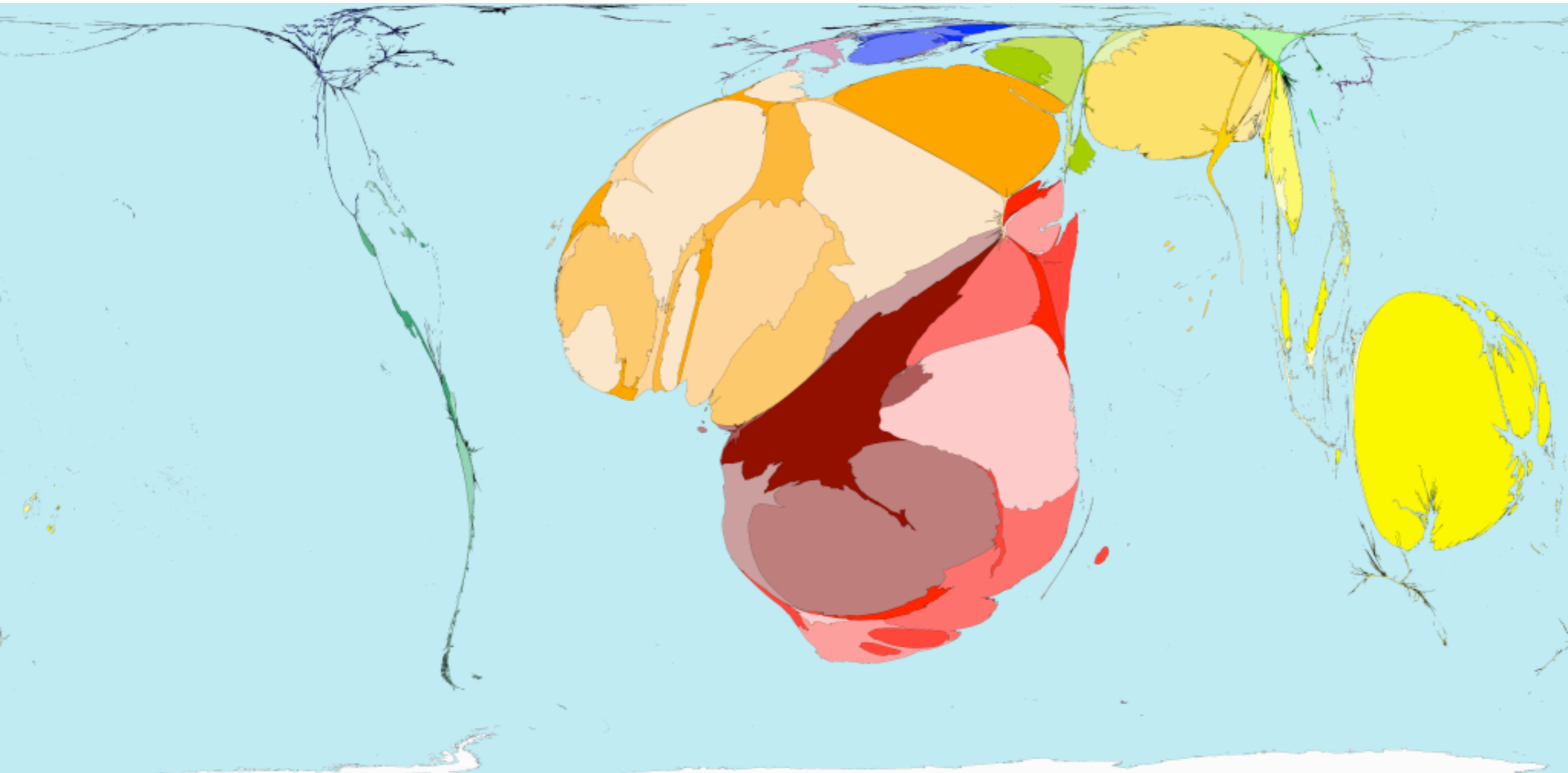
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HIV/AIDS (2007)

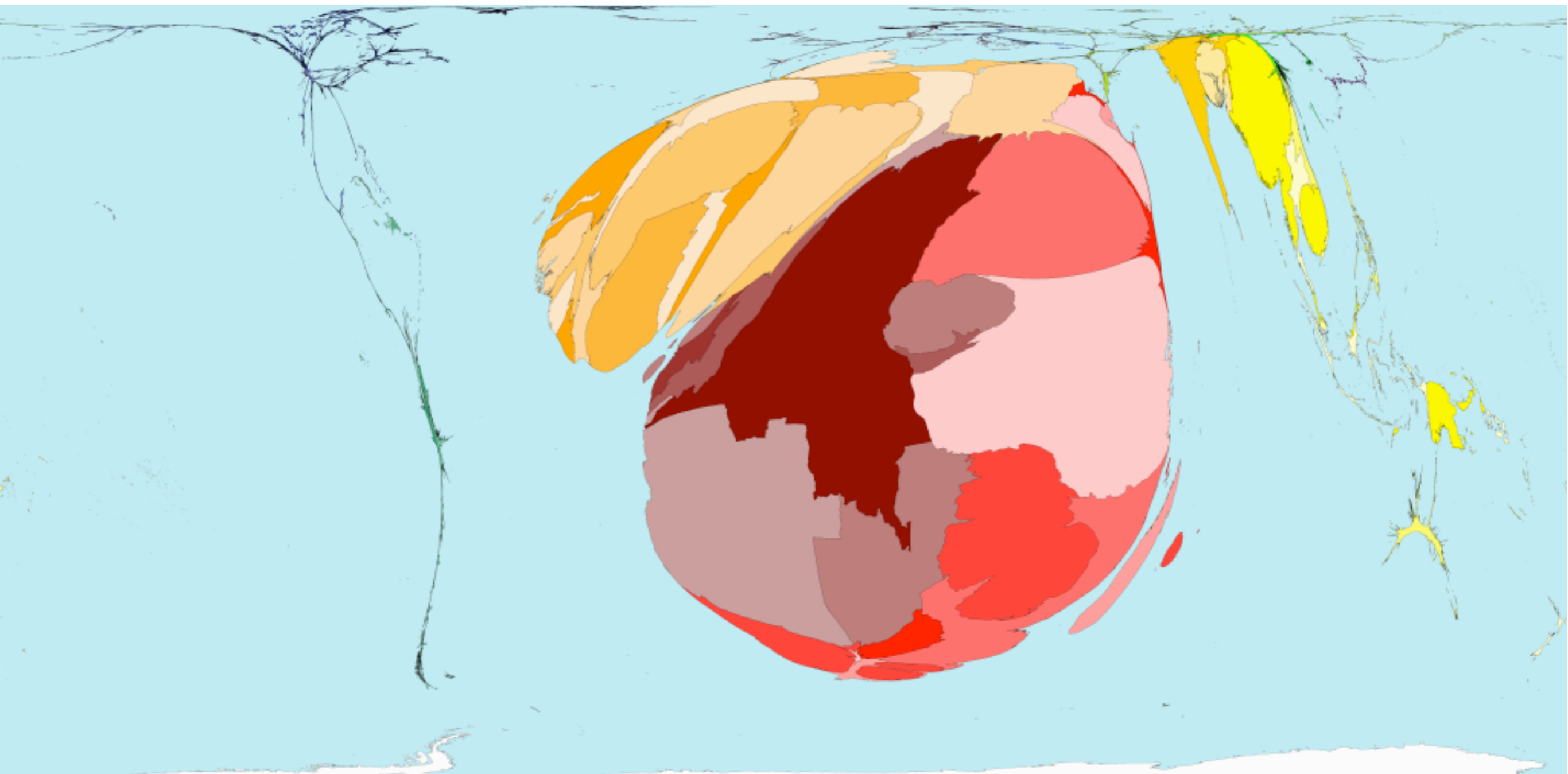
Source: UNAIDS / World Health Organization.



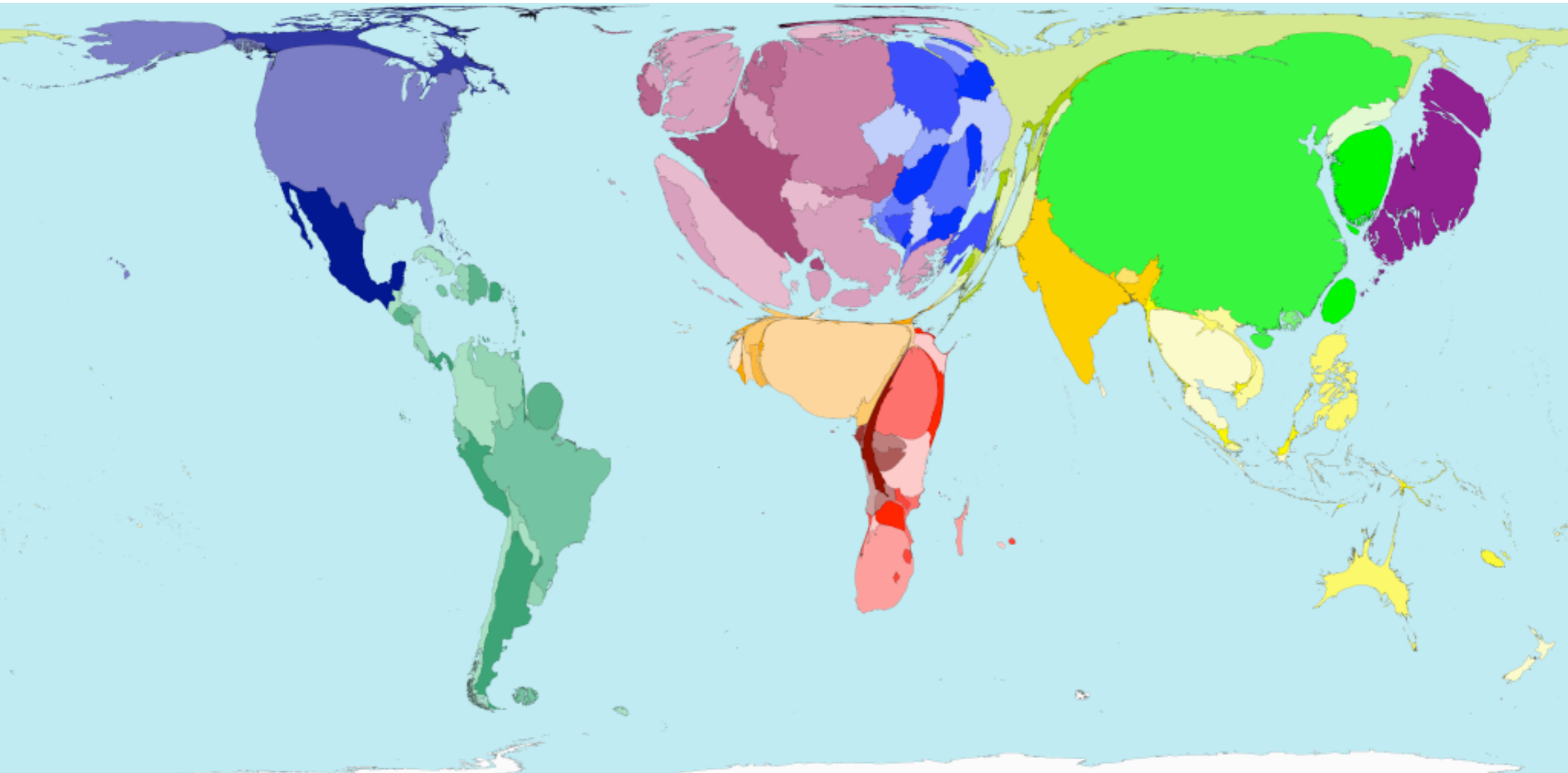
HIV prevalence



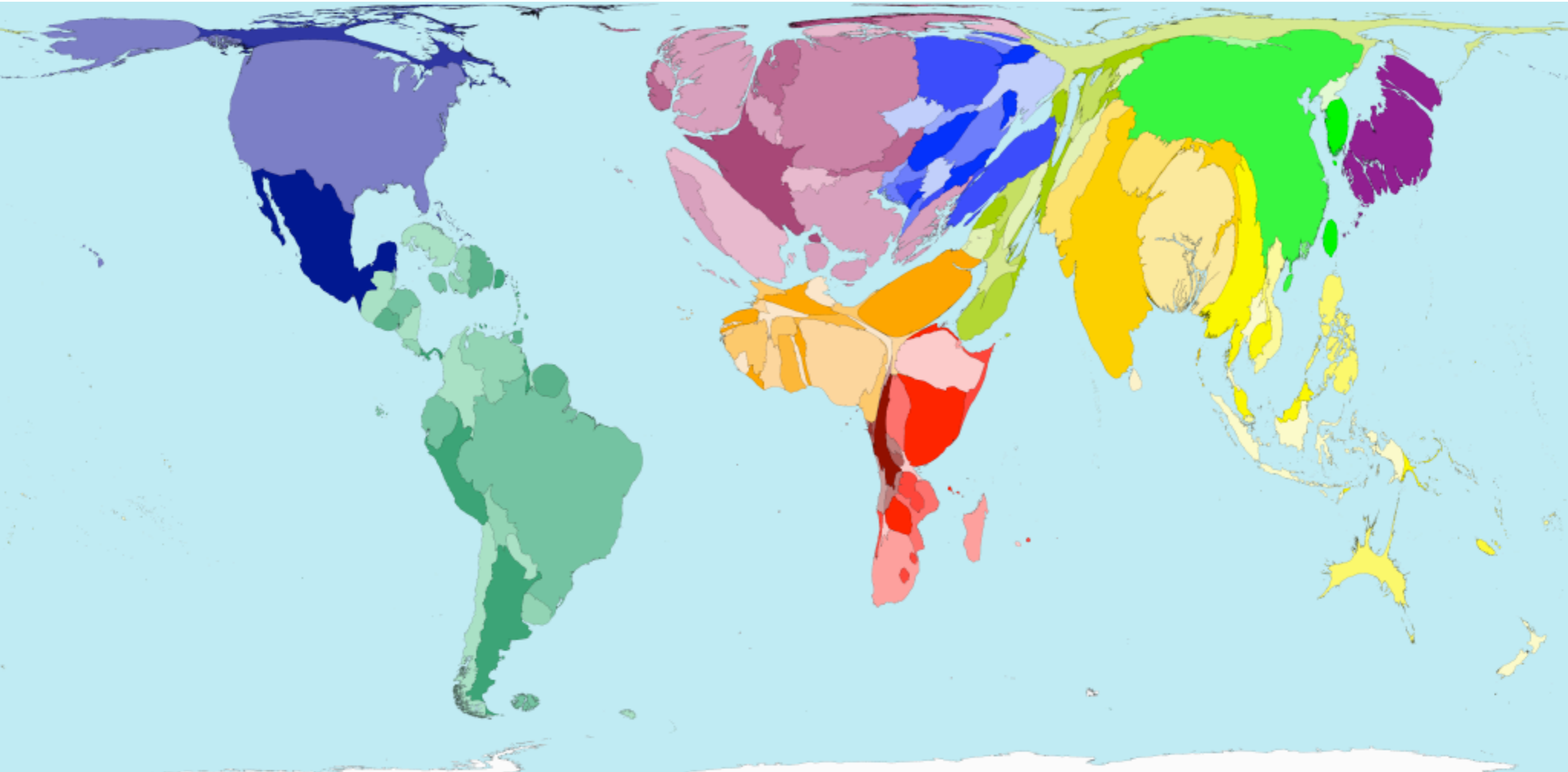
Cholera deaths



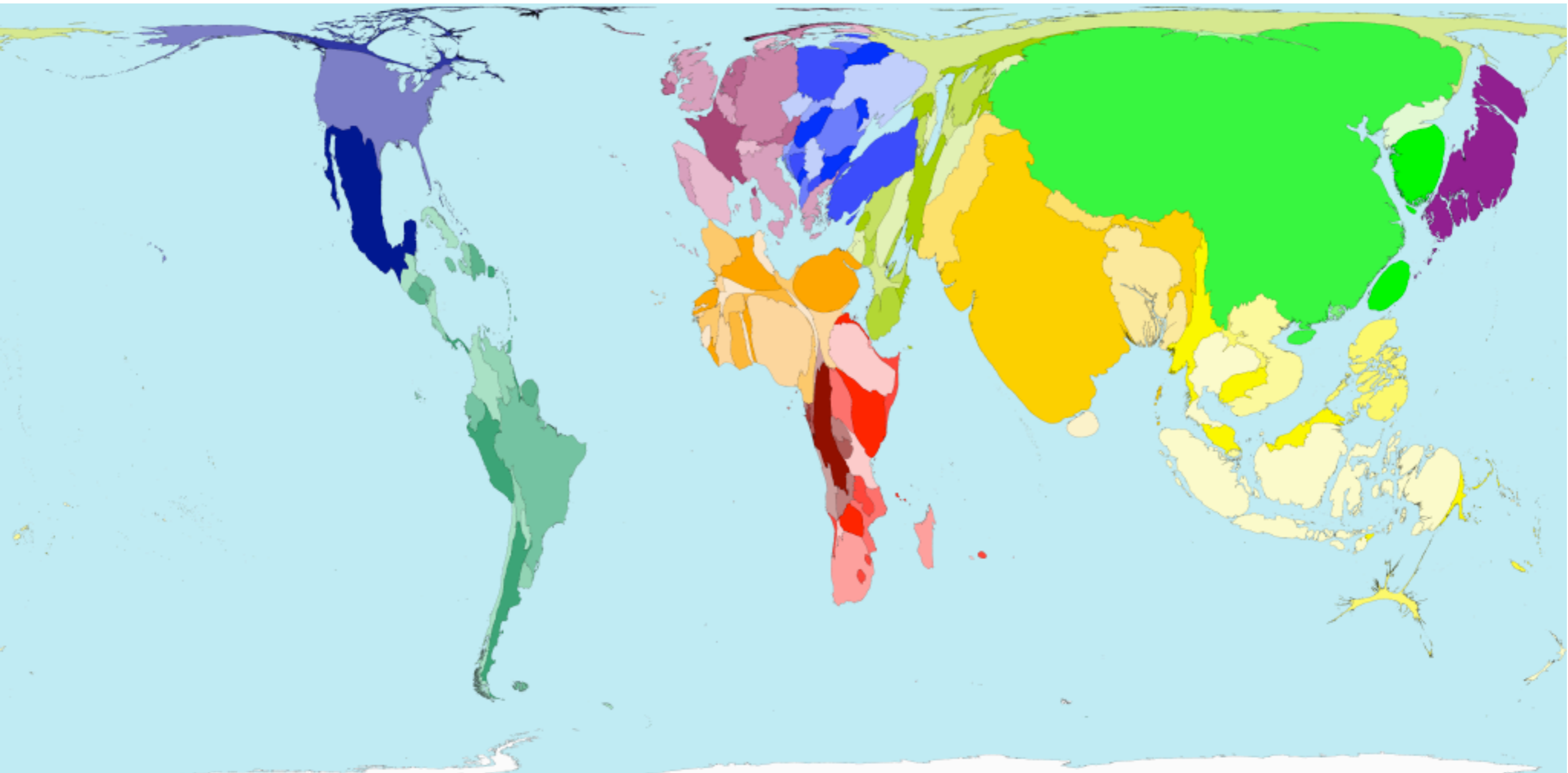
Malaria deaths



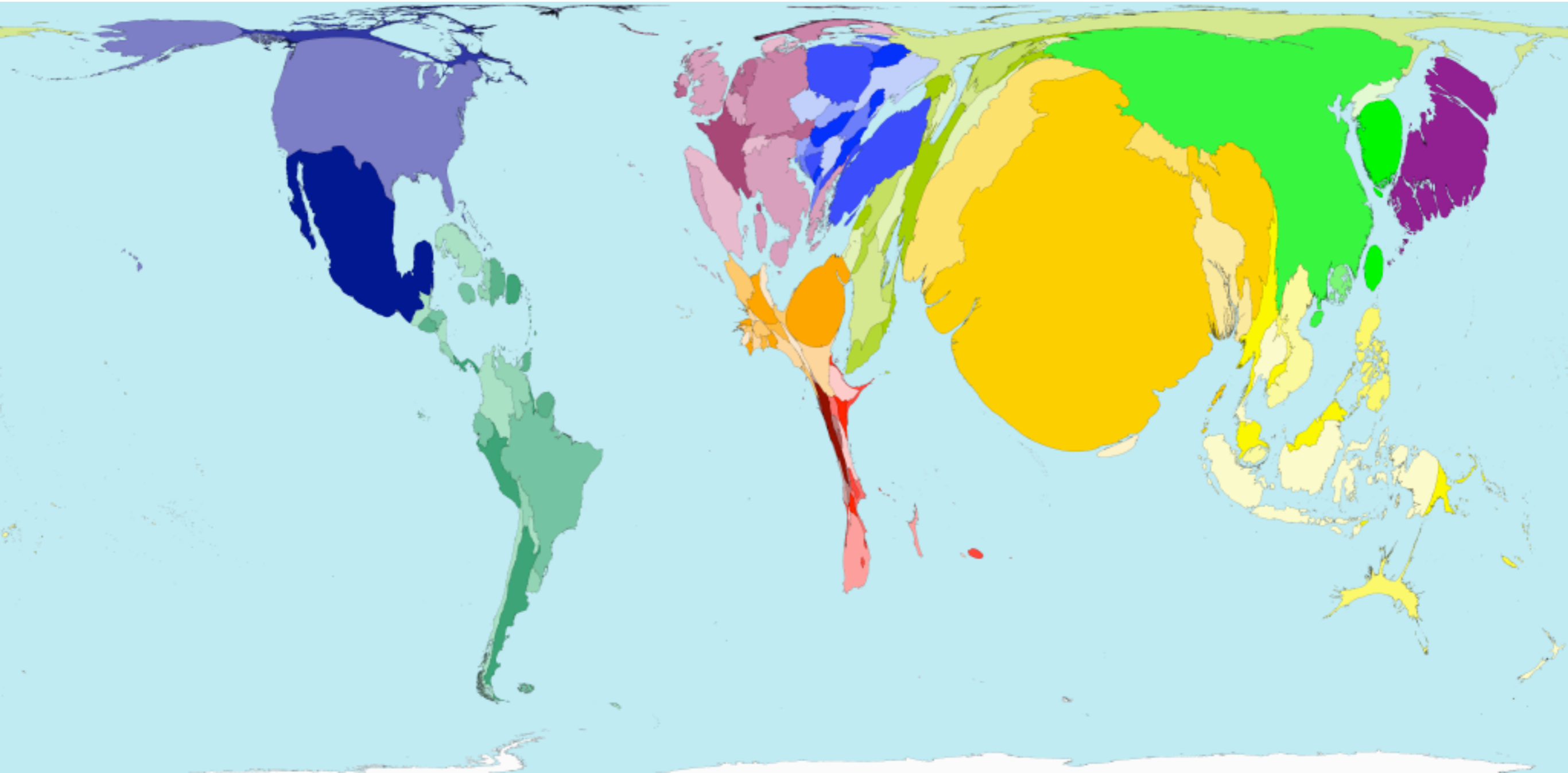
Alcohol consumption



Women smoking



Men smoking



Diabetes prevalence

Variability

- **Environmental** quality
- **Epidemiological** trends
- **Health system** capacity
- **Political economy** of health services
- **Social inequalities** in health
- **Global health** authority
- **Bioethics**

Epidemiological trends (1)

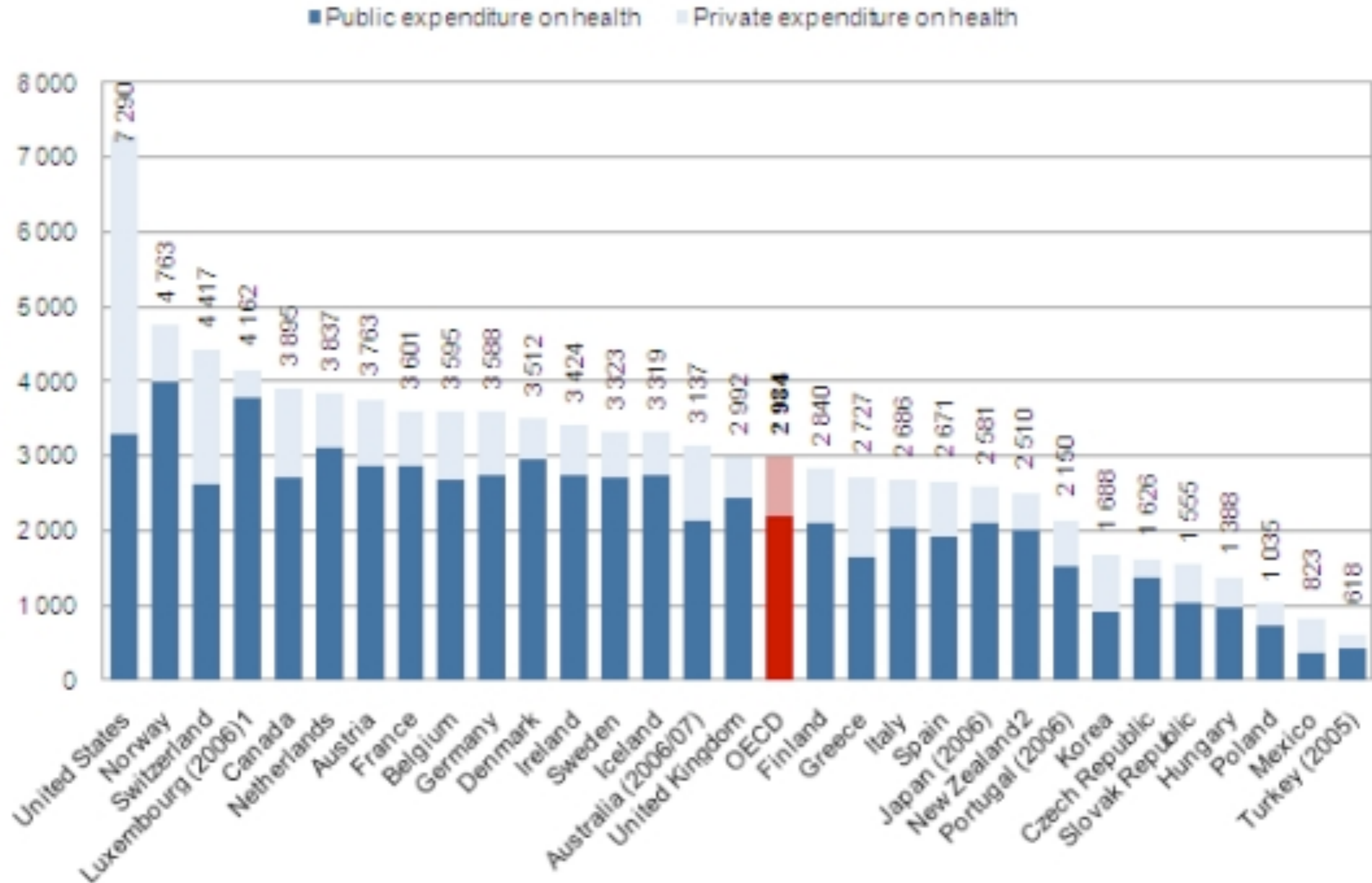
- **Outbreak epidemics:** infectious diseases that become widespread in a given population, often not limited to a single area
 - Leprosy (6th–13th); Plague (14th–18th); Cholera
 - Tuberculosis; Syphilis; HIV/AIDS; MDR/XDR-TB
- **Latent epidemics:** chronic diseases that become widespread in ageing, affluent populations after the **epidemiological transition**

Epidemiological trends (2)

- **Relationship to low wealth:** promiscuity, poverty, lack of education, absence of health support
- **Relationship to high wealth:** lifestyle factors, nutrition paradox, psychosomatic factors
- **Historical patterns** reflect the effects of **globalisation** and its effects on industrialisation, wealth, migration and lifestyles.

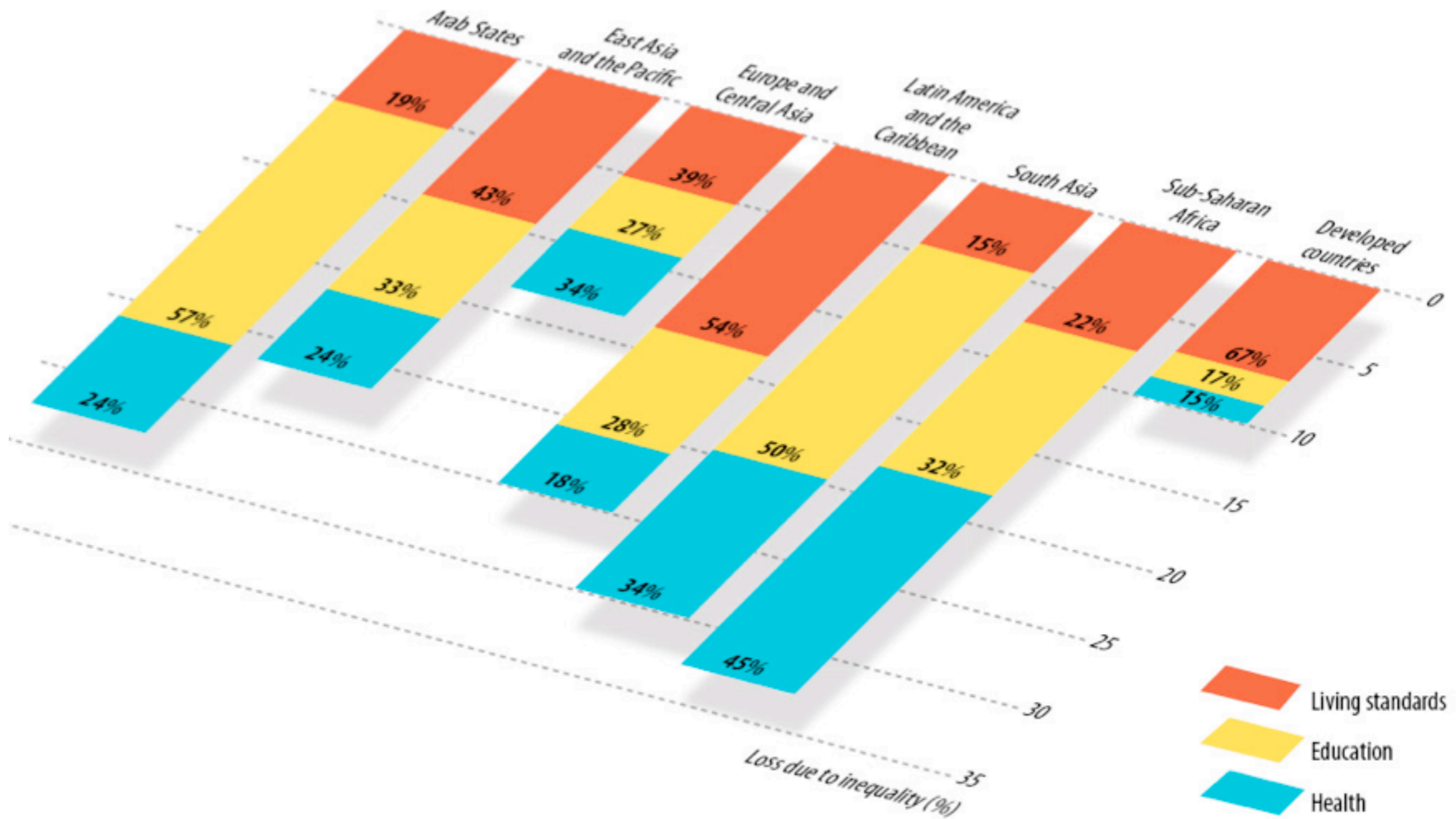
“Expensive health care is not always the best”

OECD press release, August 2009



Loss in HDI by component and region

UN Human Development Report 2010



Interdependence

- **Globalised patterns:**
 - **Epidemiological** (infectious and chronic)
 - **Liberalism** (political and economic)
- **Diffusion processes:**
 - **Isomorphism:** coercive, mimetic and normative
 - **Policy diffusion:** learning, transfer, convergence
 - **Rescaling:** global leadership and stewardship

Interdependence in the EU

- EU-level **policy-making**
- EU-level **policy coordination**
- EU-level **lawmaking** (supreme and direct)

Health systems policy

in the European Union

Health systems in Europe

Characteristics	Bismarckian	Beveridgian
Entitlement	Professional	Residential
Funding	Contributions	Taxation
Cost control	Insurance funds	State
Service control	Mixed	Public
Representatives	AT, BE, DE , FR, LU	DK, FI, GB , IE, SE

Residuals: Liberal (NL, CH) and Southern-Continental systems (ES, GR, IT, PT).

Common challenges

- **Increasing costs:**
 - **Demographics** (low incidence)
 - **Technological advances** (high incidence)
- **Fiscal strain:**
 - **Permanent austerity** (stagflation)
 - **Monetarism** (inflation control)
- **'Welfare crisis':** retrenchment policies and politics

Regulatory reforms

- **Universalization:** coverage for all citizens
- **Distributed financing:**
 - **State participation** (Bismarckian systems)
 - **Patient cost-sharing** (both systems)
- **Market integration:**
 - **Internal markets, PPPs / PFIs**
 - **Cost-efficiency**

Variability in political salience



Scope of EU mandate

- **No formal decision power over health systems:**
health is an EU objective, but welfare states are considered **national prerogatives**.
- **Wide mandate over freedom of movement:**
competitive nondiscrimination is enforced for **goods, services, capitals and individuals**.
- **Regulatory impact over market regimes:**
Macroeconomic, taxation and regulation policies are deeply shaped by EU law and agreements.

Initial EU health mandate

- **Article 152(1) EC:** “A **high level of human health protection** shall be ensured in the definition and implementation of all Community policies... which shall **complement national policies.**”
- **Article 152(5) EC:** “Community action in the field of public health shall **fully respect the responsibilities of the Member States** for the organisation and delivery of health services and medical care.

Treaty of Lisbon (2010–12)

- **Article 2E:** “[The Union shall] support, coordinate or supplement the actions of the Member States [in the] **protection and improvement of human health**”
- **Article 188(c):** “[The Council shall] **act unanimously** ... in the field of trade in social, education and health services, where these agreements risk seriously disturbing the national organisation of such services and prejudicing the **responsibility of Member States to deliver them.**”

From Art. 152 EC to 168 TFEU

127) Article 152 shall be amended as follows:

- (a) in paragraph 1, second subparagraph, the word 'human' shall be replaced by 'physical and mental' and, at the end of that subparagraph, the following shall be added: ', and monitoring, early warning of and combating serious cross-border threats to health';
- (b) in paragraph 2, at the end of the first subparagraph, the following sentence shall be added: 'It shall in particular encourage cooperation between the Member States to improve the complementarity of their health services in cross-border areas.';
- (c) In paragraph 2, the following shall be added at the end of the second subparagraph: ', in particular initiatives aiming at the establishment of guidelines and indicators, the organisation of exchange of best practice, and the preparation of the necessary elements for periodic monitoring and evaluation. The European Parliament shall be kept fully informed.';

From Art. 152 EC to 168 TFEU

‘5. 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 also adopt incentive measures designed to protect and improve human health and in particular to combat the major cross-border health scourges, measures concerning monitoring, early warning of and combating serious cross-border threats to health, and measures which have as their direct objective the protection of public health regarding tobacco and the abuse of alcohol, excluding any harmonisation of the laws and regulations of the Member States.’;

- (e) the second subparagraph of the current paragraph 4 shall become paragraph 6 and paragraph 5, renumbered 7, shall be replaced by the following:

‘7. Union action shall respect the responsibilities of the Member States for the definition of their health policy and for the organisation and delivery of health services and medical care. The responsibilities of the Member States shall include the management of health services and medical care and the allocation of the resources assigned to them. The measures referred to in paragraph 4(a) shall not affect national provisions on the donation or medical use of organs and blood.’.

Freedom of movement

- **Competition policy** is reflected in **free movement** and **antitrust regulation** decisions by the European Commission and the European Court of Justice.
- **Potential applications** concern **health technology** (pharmaceuticals, medical devices), contracted **health professionals**, privately funded **health care**.
- **Potential conflicts** arise with **risk adjustment** and **cross-subsidies** in health systems, if considered discriminatory against **internal market** behaviour.

Macroeconomic coordination

- **Economic and monetary integration** shapes (mostly by **restricting**) state options in fundraising.
- **Deregulation** further supports cross-border service circulation and constrains demand-side measures.
- **Safety regulations** apply to (**harmonise**) employment, environmental and public health law.
- **Constitutional asymmetry problem:** 'EU market protection' is unmatched by 'EU welfare'

Judicial interdependence

- **EU-level legal principles**
 - **Access and portability** of health care
 - **Service freedom** for competitive health providers
- ***Kohll and Decker* rulings (1995–1996)**
 - **Market regulation** applies to (health) services
 - **Confirmed** by subsequent decisions (1998–2006)
 - **Turning point** in EU law (supreme and direct)

Issue (1): Patient mobility

- **Principle:** EU citizens should be able to **access** health services and be provided **coverage** regardless of their residence
- **Adaptation:** cross-border **coordination complexes** between regions (e.g. ES, UK) expand to countries
- **Consequences:** expansion of cross-border services and '**medical tourism**' (especially when services are expensive and lowly covered) is *possible*

Issue (2): Professional mobility

- **Principle:** trained health professionals should be able to work in any EU Member State
- **Adaptation:** skills and language **ability tests** for medical and paramedical practitioners
- **Consequences:** increased cross-country hiring of health workforce based on **wage competition** (e.g. UK, India and Philippines; Hungarian dentists)

Issue (3): Public procurement

- **Principle:** EU Member States should not intervene against **provider competition** in national markets
- **Adaptation:** Member States have to defend **state compensation** schemes (*BUPA* ruling, 2008)
- **Consequences:** insurance products providers can **oppose state subsidies** to national competitors (Art. 86(2) and 87 EC, *Altmark* ruling, 2003)

Issue (4): Working time

- **Principle:** limited **number of hours**, defined breaks between shifts (Working Time Directive, 1993)
- **Adaptation:** substantial **cost increases** affected hospital and clinic staff
- **Consequences:** unintended **policy failure** with **negative externalities** on health services due to the legal definitions of 'on-call' and 'stand-by' (*SIMAP* and *Jaeger* rulings, 2000 and 2003)

Negative integration and 'spot markets'

- Removes obstacles to **'spot markets'**:
 - Patient and professional mobility (**circulation**)
 - Insurers and providers expansion (**competition**)
- Carries threats for **health system sustainability**:
 - Risk pooling (**equity**), financial balance (**solvability**)
 - **Paradox**: equitable health systems contribute to economic growth while being threatened by it

Contextual responses

- **Lags in directive transposition:** achieve minimal compliance and engage into intense lobbying
- **Market protections for welfare services:** attempt to insulate “Services of General Interest” (**failed**)
- **‘Soft law’ approaches:**
 - High Level advocacy groups
 - Open Method of Coordination (OMC)

National responses

- **Weak cases:** countries with **low and institutionally limited ministerial resources** for health policy have a low capacity to deviate significantly from EU health policy coordination (e.g. France, Germany).
- **Strong cases:** countries with **highly coordinated ministries with sufficient authority** to lead national responses can substantially deviate from EU health policy coordination (e.g. UK–England).

'Soft law' approaches

- **Funding** for research and services **collaboration**
(residual budget but substantial effects)
- **Coordination** between specialised **agencies**
independent from the Commission (\approx 28 total)
- **Learning** from (and lobbying from within) the **Open Method of Coordination** in Health (est. 2000)
 - Incentives: uncertainty, penalty default for failure
 - Conditions: absence of prescriptive hierarchy

EU-level funding

- **Biomedical research grants**
 - Increased collaboration between **research groups**
 - Increased standardization of **research protocols**
- **Clinical research networks**
 - Resource-pooling among **European clinicians**
 - Standard-setting by EU-level **clinical committees**
- **Professional networks**

EU-level coordination

- **Pharmaceuticals** (EMA, est. 1993): single market operator with expert knowledge
- **Food safety** (EFSA, est. 2002): created post-BSE crisis
- **Common issues:**
 - Varying levels of authority
 - Permeability to private interests
- **Disease surveillance** (ECDC, est. 2004) · next section

EU-level learning

- **Health priority-setting** (outcomes)
 - High level of health, low amenable mortality
 - **Spillover effects:** quality-of-life, gender equality
- **Health systems governance** (reform)
 - Benchmarks and best practices
 - **Spillover effects:** health system hybridization

Conclusions on health systems policy

- **Is the treaty base adequate?** Should the European Union **retain or reform its legal base**, given the impact on health systems policy?
- **Is the market approach adequate?** Should the European Union focus on **harmonizing markets or health outcomes**?
- **Is the political stance adequate?** Should the European Union produce **hard or soft law**, given the legitimacy of its 'judicial democracy' institutions?

Public health policy

in the European Union

Scope of EU mandate

- **Legal foundations**

- Initial: occupational health, consumer protection
- Acquired: disease surveillance, priority agendas

- **Political foundations**

- Intermediate positioning between states and IGOs
- Discrete legal base for public health & health care
- Limited authority of DG SANCO over DG MARKT

Additional factors

- **Renewed priority:** Art. 6 TFEU place public health protection highest in lexicographic order
- **Subsidiarity:** national prerogatives in health care services remain in place
- **Proportionality:** internal market law cannot serve public health objectives
- **Industrial lobbying:** additional litigation and directive contention at the national and EU levels

Additional involvement

- **Environmental policy:** air and water quality, waste disposal, noise pollution, nuclear safety (DG Env.)
- **Research policy:** public health research frameworks, EUROSTAT information system (DG Res.)
- **Agricultural policy:** nutritional health (misbalance) in the Common Agricultural Policy (CAP, DG Agr.)
- **Biosecurity:** 'Freedom, Justice, and Security' include illicit drugs and tobacco smuggling (DG Just.)

Specific programmes

- **Early initiatives:** priority-setting in relation to (or in replacement to) national agendas
 - Europe Against Cancer (1987–)
 - Europe Against AIDS (1991–)
- **Current initiatives:** priority-setting for global action
 - EU presidencies (e.g. cancer, Estonia 2008)
 - EU Public Health Frameworks (2003–8, 2008–13)

Case (1) Tobacco control

- **Early initiative** with wide variations in resource and EU support over time (1987, 1992, 2008)
- **Product regulation directives:**
 - labeling (1989), smokeless tobacco (1992), tar yield, 1990 (revision directive, 2001; **lobbied**)
 - tax and excise tax fixed minimums (1992–2002)
 - advertising (1989, 1998, 2003; **watered down**)

Case (2) Communicable disease control

- **Historical basis:** International Sanitary Conferences and Regulations, c. 1850 (cholera)
- **WHO compliance:** International Health Regulations, c. 1969– (revised 2005)
- **Limited restrictions:** movements of goods & people
- **Disease surveillance:** from c. 1990 (*Legionella*) onwards (anthrax, 2001; SARS, 2002; H1N1, 2009); ECDC (est. 2004) with reference to WHO, U. S. CDC

Shared sovereignty

- **WHO FCTC:** **split leadership** between Commission and Member States in the 1999–2003 negotiations
- **WHO Europe:** possibility to advance a **European agenda** outside of European borders
- **Main dilemmas:**
 - **policy coherence**
 - **lobbying** and legitimacy

Conclusions on EU public health policy

- **Is the EU public health regime adequate?** How much more (or less) could and should be achieved, within (or outside) the bounds of the treaty base?
- **Is EU-level policy-making adequate?** How much is gained in supranational coordination and lost in permeability to industrial lobbying?
- **Is EU global health leadership adequate?** How far could and should EU/WHO arrangements span?

Summary: EU health policy-making

- EU policies contain **market-enhancing, market-correcting** and **market-cushioning** policies that frequently contradict each other.
- The implementation of these policies reflects the **constitutional asymmetry** between market efficiency and social protection at the EU level.
- Strategies to establish **constitutional parity** in the 'European Social Model' are unclear in the current legal and political context.

Discussion

Health policy in transition countries

Post-1990 reforms

- **Past situation:** fragmented system with vertically integrated financing and provision, providing universal coverage at low costs
- **Regime shift:** compulsory health insurance funds ('from Beveridge to Bismarck') neither systematic or successful with cost containment
- **Managerial reforms:** quality of care and cost-benefit assessments are limited at purchaser-level

Thank you for your attention

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P.S. Full sources and credits appear in the syllabus.

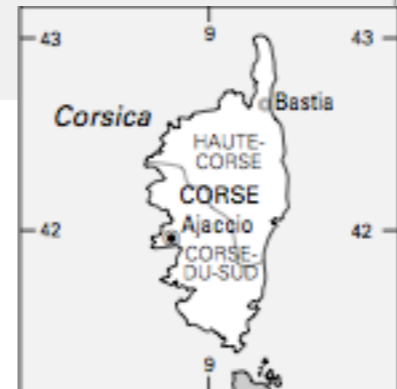
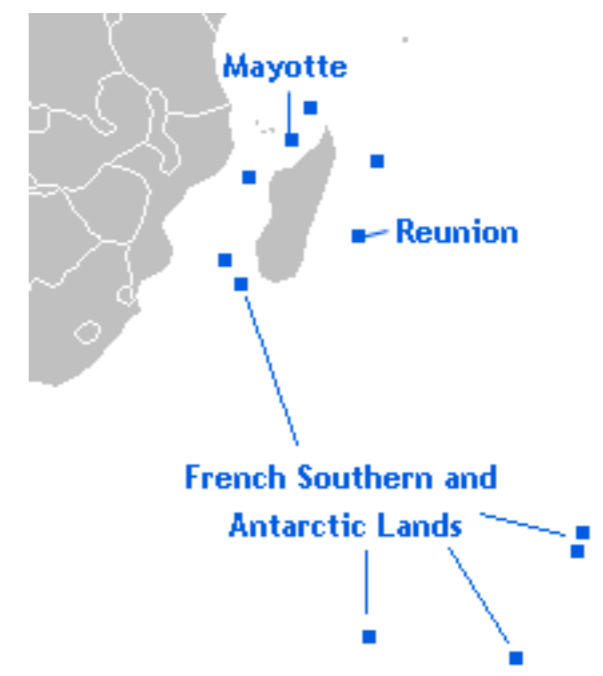
French Politics



SciencesPo.

François Briatte

May 2011



Political indicators	India	France
Total population	1,151,751,000	65,821,000
Geographic area (km ²)	3,287,000	674,843
Estimated electorate on last election (2009/2007)	> 714 million	> 36 million
Regime type	Federal	(Semi-)presidential
Regional units	28 states 7 territories	22 regions 100 districts
Parliamentary seats	545 (curr.) 552 (max.)	577



Outline

- **Introduction:** Fifth Republic Institutions (and other fragments of modern French political history)
- **Policy and politics:**
 - **State capacity**
 - **Europeanisation**
- **Discussion:** French market governance and internationalization under Nicolas Sarkozy

Introduction

Fifth Republic Institutions

Long-term regime (in)stability

- Succession of monarchies with **stable borders**:
 - **Monarchy** (1814/30–48); **Revolution** (1789, 1848)
 - **Colonial Empire** (1804–15, 1852–70)
- Institutionalised nation-state **central government**:
 - **Republic** (1792–1804, 1848–52, 1870–1940)
 - **Vichy Regime** (1940–46)
 - **Post-war Republic** (1946/58–today)

Long-term identity traits

- **Religious denominations and practice:**
 - 51% non-believers, 42% Catholics
 - Separation of Church and State: *laïcité*
- **State centralisation and devolution:**
 - Extensive bureaucracy and central concentration
 - Extensive delegated prerogatives to local units



(video)

Current regime stability

- **Extended presidential power:**
 - Extensive constitutional prerogatives
 - Elected by direct universal suffrage (1962)
- **Diminished parliamentary power:**
 - Single-member district vote, with 'double offices'
 - Subordinated to presidential power (1958, 2000)
- **Bipolarized party system** ([video](#))

Current identity traits

- **Educational system:**

- **Largely public**, central, egalitarian
- Challenged over social mobility and reproduction

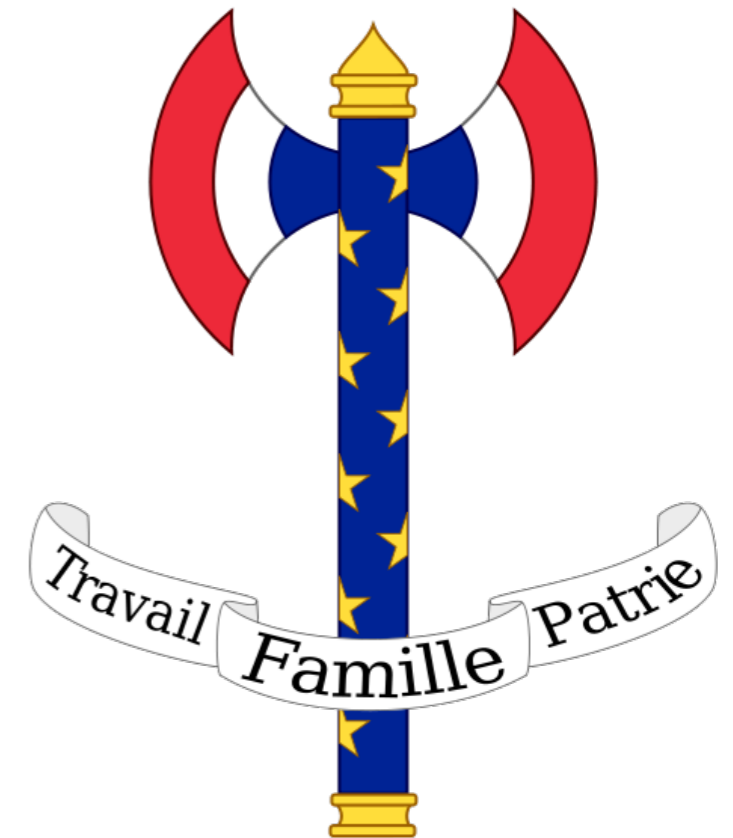
- **State involvement:**

- **Pro-active** on taxation, welfare, industrial policies
- Challenged over decreasing electoral support



Liberté • Égalité • Fraternité

RÉPUBLIQUE FRANÇAISE



(video)

State/Society conflicts

- **'Mai 68'** (1968) ([video](#))
- Death penalty abolition (1981)
- 'Plan Juppé' (1995)
- 'No to an EU Constitution' (2005)
- **'Émeutes de banlieues'** (2005) ([video](#))
- Stigmatizing the Roma (2010)
- ...

Immigration

- **Change in migration patterns** (1960–70s): from European to **(North) African countries** (video)
- **Change in public perceptions** (1980–90): from complementarity to zero-sum with **French workers**
- **Political context:**
 - **Algerian War** (1954–1962); **Extreme-right** (1983–)
 - **Racial inequalities** and **mass xenophobia**

Politics

- **Organizations:** multiple parties, trade unions and interest groups, active but with **weak membership**
- **Protest:** demonstrations, disobedience and defiance (with **varying support** for each of them)
- **Courts:** important role in making part of the ruling elite, well, ineligible
- **Media:** constant scrutiny of political **horse races**, low with rather low policy content

State capacity and Europeanisation

State entrepreneurship

- **Frozen welfare state (*sécurité sociale*):**
Resilient (path-dependent) measures in social and employment policies protect insiders
- **Industrial planning (*dirigisme*):**
'National champions' benefit from legal, economic and political protection
- **Bureaucratic workforce (*grands corps*):**
Top civil servants share the culture and mindsets of political and economic elites

Limits to interventionism

- **Global liberalism:** 'national champions' are up for grabs on **global financial markets** and can emancipate both their workforce and their capitals
- **European integration:** the EMU/EC/ECJ triumvirate exerts strong constraints in **competition and macroeconomic policy**
- **Budget limits:** '*grands projets*' are largely a thing of the past due to limited spending

Limits to welfare support

- **Initial model:** Bismarckian **self-managed funds** based on **social contributions** preferred to Beveridgian universalism by post-war trade unions
- **Reform attempts:** overall failure to control social expenditure, and yet **several successful reforms** after the 'Juppé plan' failure (**defrosting without benefits**)
- **Employment:** '**35 heures**' (reverse Reaganomics) mythology vs. '**CPE**' (magical activation) mythology

European stewardship

- **Historical fit:**
 - Mitterrand initiatives (Maastricht, EMU, SEA)
 - Counter-reaction (Constitution)
- **Top-down strategies:** 'adapt, ignore, reject'
- **Bottom-up strategies:** 'create, reform, upload'
- **Electoral strategies:** blame Brussels (scapegoating)

Discussion

French market governance and internationalization

Thank you for your attention

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