Health 'Brexternalities': The Brexit effect on health and health care outside the EU

Tamara Hervey, University of Sheffield
Co-authors: Ivanka Antova, QUB; Mark Flear, QUB; Jean McHale, Birmingham; Elizabeth M Speakman, Birmingham; Matthew Wood, Sheffield

The support of the Jean Monnet Network Grant on *EU health law and policy*; ESRC *Governance after Brexit* grant ES/S00730X/1 and *Brexit Priority/UK in a Changing Europe* grant ES/R002053/1 is gratefully acknowledged. We are grateful to Kenneth Armstrong.

Abstract

The principal effects of Brexit on health and health care will fall within the United Kingdom. Far from the promised extra funding for the NHS, any form of Brexit will have overwhelmingly negative implications for health care and health within the UK (Fahy et al 2017, 2019; Hervey & Speakman 2018).

This paper focuses on the *external* effects of Brexit for health and health care, or its 'Brexternalities' (Armstrong 2019). The EU is a particularly powerful institutional and legal arrangement for managing economic and political externalities (Weatherill 2016). This is the case for health policy as much as for any other policy area in which the EU is involved. Equally, when a state leaves the EU, the manner of leaving will result in better or worse management of relevant externalities. Notions such as state sovereignty, or 'taking (back) control', which have dominated UK discussions about Brexit, in and of themselves discount externalities.

A 'health Brexternality' has the following features: the effects of leaving the EU impose costs or benefits on the health of others who are involved in neither the decision to leave the EU, nor decisions about the manner in which the UK leaves the EU. 'Brexternalities' thus involve questions about policy legitimacy and accountability. In the health domain, 'Brexternalities' fall mainly in EU-27 countries, although some are felt by certain groups within the UK. Health 'Brexternalities' do not fall equally in all EU-27 countries. They are felt more distinctly in the context of those elements of health policy that are most closely entwined with the UK's health policy: for instance, on the island of Ireland; certain areas of Spain and other parts of southern Europe. Some health 'Brexternalities', such as in medicines safety, will be imposed on the whole population of the EU. And some health 'Brexternalities', such as communicable disease control, will be felt globally.