



Health in Europe: A Strategic Approach

Discussion Document for a Health Strategy¹

Following the consultation process *Enabling Good Health for All – A Reflection Process for a new EU Health Strategy*², this discussion document offers stakeholders the opportunity to comment further on plans for an overarching Health Strategy to be adopted by the European Commission in 2007.

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1 **DISCLAIMER**

This discussion paper does not express the official position of the Commission, neither does it commit the Commission, nor should it be assumed that it will be the position taken by the Commission in its future initiatives.

² Documents relating to the formal consultation process are available at:
http://ec.europa.eu/health/ph_overview/strategy/reflection_process_en.htm

1. Introduction

Health is important for individuals and for society. People expect to be protected against illness and disease. They want to bring up their children in a healthy environment, and demand that their workplace is safe and hygienic. They need access to reliable and high-quality health services.

Improving the health and well-being of European citizens is also important for the European Union. Achieving the strategic social and economic objectives of prosperity, solidarity and security requires a population in good health. In relation to prosperity, population health is a key factor for productivity and growth, and this is reflected in the Lisbon agenda; in relation to solidarity, reducing inequalities across the enlarged EU in terms of life expectancy, health status and provision of high-quality health services is part of achieving the goal of a more cohesive Europe; and in terms of security, EU action on cross-border health threats from communicable diseases such as avian flu continues to be vital.

European Member States have the prime responsibility for protecting and improving the health of their citizens. As part of that responsibility, it is for them to decide on the organisation and delivery of health services and medical care. However there are a number of health issues, notably those with a cross-border or international dimension, such as prevention of pandemics or movement of patients or health professionals where Member States cannot act alone effectively and where cooperative action at the EU level is indispensable.

There are also a wide range of health issues where the EU has a key role in undertaking actions which add value to and complement the work done by Member States in making European Citizens healthier and safer. In recent years the EU, in partnership with Member States, has made important progress in improving and protecting health. Important achievements have included, for example, legislation on tobacco advertising and on blood products, and the launch of the European Centre for Disease Control (ECDC). EU action can be valuable in creating pan-European networks of expertise which enable exchange of best practice, in fields such as e-health, nanotechnology, rare disease treatments, or virtual centres of excellence. Work is already taking place in some of these areas, but there is great potential for further development.

At the same time, Europe is currently facing great change and new challenges: greater social diversity and economic inequalities in an enlarged Union, the need for sustainable growth and competitiveness, globalisation, an ageing population, and the impact of innovation and technological development. All of these will have profound consequences on the health of the EU population and will in turn be affected by it. The importance of health as a European issue is increasingly recognised, as demonstrated by the growing demands for more Community action on major health issues.

This highlights the need for **a new overarching, strategic framework** to set aims and objectives to guide future work on health, and to put in place the right instruments and actions to achieve them, building on the work that is already taking place in some of these areas, but there is great potential for further development.

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2. Background to the new Health Strategy

The stage has been set for a new Health Strategy over recent years. Following the introduction of specific public health provisions into the EU Treaty³, in the 1990s the EU worked on several 'sectoral' health programmes, looking at individual issues such as cancer, communicable diseases and health promotion. In 2000 the Commission adopted a first health strategy⁴ which gave rise to the Public Health Programme (2003-2008), setting out a framework for action on health determinants, health threats, information and monitoring.

In late 2004, the Commission consulted stakeholders on what future action the EU should take in the field of health through the initiative 'Enabling Good Health for All – A Reflection Process for a new EU Health Strategy'. The reflection process generated a broad debate amongst stakeholders, attracting around 200 responses from national and regional authorities, NGOs, universities, individual citizens and the private sector. The consultation document and report of responses can be found on the internet at:

http://ec.europa.eu/health/ph_overview/strategy/reflection_process_en.htm

Key outcomes of the consultation were that stakeholders want a comprehensive approach to health that **mainstreams** health concerns into all Community policies; that they see a need to bridge health **inequalities** across the EU; that the EU should take a much stronger role in **global health**; that the EU should focus on health **promotion**; that it should tackle **key issues** such as mental health and cross-border matters, and that the EU, its Member States and stakeholders should work together to **deliver concrete results**.

³ Initially in Article 129 of the Maastricht Treaty and then in a strengthened form in Article 152 of the Treaty of Amsterdam.

⁴ Proposal for a Decision of the European Parliament and of the Council adopting a Programme of Community Action in the Field of Public Health (2001-2006), COM (2000) 285.

This discussion document provides a further opportunity to stakeholders to contribute to the development of the strategy, in particular on practical issues about the definition of objectives, priorities and implementation mechanisms.

3. New Developments

The new Strategy will be brought forward in the context of new developments in the areas of health services, health threats, and health in all policies. These three broad areas of work have all gained a high profile at European Level in recent years and will play an important role in the strategic framework.

3a. New developments on health services

High-quality health services are a priority issue for European citizens. Health service provision is a Member State responsibility, but some issues have cross border implications where work at the EU level can be valuable. Healthcare-related developments in the context of cross border care, patient mobility, mobility of health professionals, etc. have generated much debate between Member States.

To provide a means for addressing these issues, the Commission invited Member State ministers and representatives of civil society to take part in a high-level process of reflection on patient mobility and health care developments in the European Union, which led to a Commission Communication in 2004⁵. Subsequently a mechanism was established for taking this work forward: a High Level Group on health services and medical care. This High Level Group started work in July 2004 bringing together experts from all the Member States to work on practical aspects of collaboration amongst national health systems in the EU.

Earlier this year the Commission undertook to develop in 2007 a Community framework for safe, high quality and efficient health services, by reinforcing cooperation between Member States and providing certainty over the application of Community law to health services and healthcare. On the basis of a Communication adopted in September, a specific consultation is currently being conducted on this subject⁶, with a deadline for contributions of 31 January 2007.

Health services issues have gained a higher profile in the Commission's activities and will be covered by the Strategy as a key issue to address in the future.

3b. New developments on health threats

Another issue that has become increasingly important at EU level in recent years is health threats, notably preparedness, surveillance and response mechanisms.

The emergence of HIV and AIDS, the re-emergence of tuberculosis, the appearance of variant Creutzfeldt Jacob Disease, the potential risk of bioterrorist

⁵ Communication on patient mobility and healthcare developments in the EU (COM(2004) 301 of 20 April 2004).

⁶ http://ec.europa.eu/health/ph_overview/co_operation/mobility/community_framework_en.htm

threats, and the human threat caused by avian influenza serve to illustrate the diversity of the threats to health in the EU. Preventing the transmission of emerging pathogens and the resurgence of others through epidemiological surveillance as well as through enhancing rapid and co-ordinated response capability in relation to such threats, has become a responsibility shared between national health authorities and the European Commission.

Amongst other important policy initiatives during recent years, the focus on health threats at EU level has notably led to the creation of the European Centre for Disease Prevention and Control (ECDC) in Stockholm in 2004. The aim of the ECDC is to strengthen and develop continent-wide disease surveillance and early warning systems. More recently the Commission has presented a Communication on generic preparedness planning which aims to address threats and emergencies which affect, or are likely to affect, public health in more than one Member State⁷.

Protecting EU citizens from health threats has therefore also become a key issue which needs to be addressed in the future Strategy.

3c. New developments on health in all policies

Health in all Policies is a concept that underpins work on health at the European Level. Under the Treaty establishing the European Community, the EU is required to make sure that a high level of health protection is ensured in 'the definition and implementation of all Community Policies and Activities'. What underlies this concept is the fact that although a great deal of progress can be made within the health sector, even more can be achieved when sectors work in partnership together to improve the health of the population.

The Finnish presidency currently has health in all policies as a key health theme, and has focused particularly on work in the field of determinants of health such as nutrition and physical activity, building, for example, on the emphasis during previous presidencies on inequalities by the UK and on health determinants by Portugal.

Developing work on health in all policies involves forging new and innovative partnerships across all sectors both at EU and national level, and putting in place the right systems, such as impact assessment, to ensure the systematic scrutiny of the impact of new policies on health. All major new initiatives at Community level must now have an Impact Assessment which considers, based on evidence, what impact the policy will have on other sectors, including on health and health systems. The EU is now developing a tool related specifically to Health Systems Impact Assessment, a relatively new concept which looks at health infrastructure rather than directly at population health status.

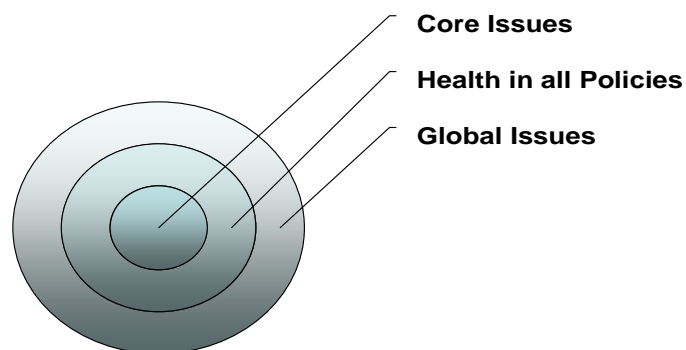
⁷ Communication on generic preparedness planning for public health threats (COM (2005) 605 of 28 November 2005).

4. The Focus of the Strategy

Building on the responses to the consultation and on latest policy developments the Strategy will be focused around three elements: core issues which need to be addressed in order to protect and improve health in Europe, health in all policies, and global issues. General objectives will be defined for these elements to guide the direction of work and to set goals for achieving real change.

Within the area of **core issues** the Strategy will set clear objectives for the broad range of action in the field of health. **Health in all policies** has a key complementary role. As is now increasingly acknowledged, improving public health requires a broad approach across all policy areas. Moreover, the EU also has to address **global health issues** both because of its general responsibilities to the global community, and also because these issues have an impact upon health in Europe. In short, to make progress on the core issues, we also need clear objectives for improving work across sectors and for work at the global level.

The three elements are shown in the diagram below. Core issues are at the heart of the Strategy, but many of these issues will benefit from a broader focus. For example, preparing for and responding to health threats is a core issue, but also needs to be tackled at global level, as well as in partnership with other sectors. Achieving healthy ageing is another core issue and one which is also a key 'health in all policies' topic. These three elements are also found within the proposal for a Programme of Community Action in the Field of Health for 2007-13, adopted by the Commission in May 2006.⁸



⁸ COM(2006)234

4.1. Core Issues - Challenge: to protect and improve health across the EU

Health policy makers at all levels aim to protect health, for example by reducing the threat of communicable disease and to improve health, for example, by improving health care and prevention. In broad terms, therefore, the Core Issues element of the Strategy will include actions to:

- Improve prevention of and response to health threats, including a review of the mandate of the European Centre for Disease Control
- Help reduce health inequalities, narrowing health gaps within and between countries
- Support citizens and patients, including by making more healthy choices available and improving information to patients
- Complement the work of national health systems in providing better quality and safety in healthcare (including issues of better governance and evaluation and use of technologies) and addressing cross border issues
- Promote health and help address key health determinants such as nutrition and physical activity, harmful alcohol consumption and smoking, as well as tackling important challenges such as mental health.

A further possibility might be to develop a coherent framework for such core issues by considering whether there are common principles and values for health in the EU which could serve as a general reference point. This could build on the recent Council Conclusions on Common values and principles in EU Health Systems.⁹

4.2. Health in all Policies – Challenge: to ensure that all sectors work to improve and protect health

Exploring synergies and working with other policy areas is essential for health improvement. There are many fields where health has a cross-sectoral impact: regional development, environment, economic policy, social policy, etc. Partnerships are ongoing, for example in the fields of pharmaceuticals; demographic change and ageing; the use of the Structural Funds for health, and health in the information society.

The Strategy will look at how to respond to policies in other sectors which have a health impact, for example by improving the use of Health and Health Systems Impact Assessment. It will set a framework for building a more common understanding, innovative policy partnerships and exploring synergies, and work to support co-operation with Member States and stakeholders to increase cross-sectoral work on health at all levels.

⁹ Adopted at the EPSCO Council on 2 June 2006.

4.3. Responding to global health issues – Challenge: to increase effective EU action on health at the global level

Global issues such as communicable diseases, pandemics, trade in health products and services, the rise in non-communicable diseases, and health in relation to development aid, are key issues for the EU in the worldwide context. Building on existing initiatives and mechanisms, including cross-sectoral work in the fields of international development, the Framework Convention on Tobacco Control, International Health Regulations, European Neighbourhood Policy, trade and aid, etc, the Strategy will set a clear framework for actions in relation to global health issues. It will set broad objectives relating to work to help improve health outside EU borders; to input further to the international health agenda; to co-operate more closely with organisations such as the World Health Organisation and with EU neighbouring countries; and to foster co-operation with Member States and stakeholders on global issues.

The new Health Strategy is intended to encompass the major activities in health at EU level, taking into account the existing broad range of actions whether taken through:

- Legislation, for example issues such as the regulation of blood, tobacco and the International Health Regulations;
- Non-legislative means such as the Community strategies on health determinants, the development of a health information system, and the coordination of pan-European planning for health threats; or
- Cross-sectoral work such as the contribution of health to the Lisbon Agenda or cross-sectoral work on demographic change, as well as the Programme which sets the framework for the funding of projects in the health field.

To take work forward on these issues, the Strategy will need to consider how further actions and cooperation at EU level would support Member States, how to develop new approaches to building partnerships across sectors and with stakeholders, and how better to share best practice and improve co-operation between the EU and Member States. It will also require, as a key underpinning element, the continuing development of accurate, comparable and up to date health information.

5. Next Steps - How will the Strategy work in Practice?

As described above, a broad focus for the content of the Health Strategy has been identified. Crucially, in order to achieve real change, we now need to determine the most effective ways to address these themes. The Strategy aims to set a small number of broad, overall **objectives** to aim for, and to prepare the way for **implementation** to achieve those objectives. The objectives can build on current objectives to promote health and protect citizens, and should guide health policy at the EU level for the years to come. The intention is that the strategy would cover a **10-year period with a mid-term review after 5 years**. Examples of such common objectives might be increasing Healthy Life Years, reducing health inequalities or preventable disease, or increasing cross-sectoral cooperation. Member States and Stakeholders are asked to contribute to the development of key objectives for EU health policy that can be agreed by all players, to support and improve health for the next decade.

To achieve the objectives of the Strategy, the instruments and methods available to frame work with Member States must be used in appropriate and imaginative ways. These need to be agreed with Member States to ensure that they are effective while respecting national policies and differences. Under the Treaty there are a range of possibilities including binding legislation, 'soft' legislation such as Council Recommendations, and also financial mechanisms, partnerships, networks, and formal structures such as the Open Method of Coordination (OMC). The OMC is currently used in the field of social inclusion and is a process of policy exchange and mutual learning based on agreement of common objectives, development of indicators and establishment of a reporting system.¹⁰ Methods of working with stakeholders and international organisations also need to be identified and developed. Building on experiences in areas such as nutrition and physical activity, innovative partnerships and alliances could be forged with sectors not generally involved in health in the past. Finally, the Strategy must be monitored and evaluated. Member States and Stakeholders are asked to assist in defining effective and appropriate implementation and monitoring mechanisms for the Health Strategy.

The purpose of this document is to ask Member States and other Stakeholders for views on how to ensure the effectiveness of the Strategy in practice, to help set objectives and find ways to prioritise between actions. We need to put in place methods to ensure rapid progress in the short term, at the same time as looking ahead to goals for the future, particularly given the challenges of a society which is getting older, has increasing levels of migration within the EU and from outside, and where new technologies are developing day by day.

Stakeholders are asked to consider and respond to the following questions by **12 February 2007**.

¹⁰ For more information see : http://ec.europa.eu/employment_social/social_inclusion/index_en.htm

QUESTIONS

Within the three broad elements of the Strategy, **addressing core issues, mainstreaming health, and global health:**

1. How should we prioritise between and within all these areas to focus on those which add real value at the EU level? In which areas is action at the EU level indispensable, and in which is it desirable? For example, is there a means to use the Healthy Life Years indicator or other outcome measurements to give weight to areas on which the EU should concentrate?
2. What should we realistically aim to achieve in practice in these areas of work? What broad objectives should we set for the short term and long term – 5 years and 10 years?
3. Are there issues where legislation would be appropriate? What other non-legislative instruments should be used – for example, a process similar to the Open Method of Coordination? How can we make better use of Impact Assessment?
4. How can different approaches be used and combined, for example approaches to different health determinants, lifecycle approaches, and strategies on key settings (education, the workplace, health care settings)?

In terms of the **implementation** of the Strategy:

5. How can we ensure that progress is made and that objectives are met? For example, should indicators or milestones be used? What measures or indicators could show real short term change, within the early years of the Strategy?
6. How do we ensure that the Strategy adds value to actions at Member State level? How can the responsibility for implementation be shared between the EU and Member States?
7. How could methods for involving stakeholders be improved? How can we create innovative partnerships with stakeholders?

Further comments:

8. Do you have any **further comments**?

Responses to the questions above can be sent to the following mailbox, which will be open until **12 February 2007** :

Sanco-Future-Health-Strategy@ec.europa.eu

The adoption of the new Strategy is planned for summer 2007.