Assemblée des Régions d'Europe
Assembly of European Regions
Versammlung der Regionen Europas
Asamblea de las Regiones de Europa
Assemblea delle Regioni d'Europa

AER Response
European Commission Consultation
"Health in Europe: A Strategic Approach"

The Assembly of European Regions (AER) represents over 250 regions from 32 European countries and 14 interregional organisations. The AER is the political organisation of Regions in Europe and their spokesperson at European and international level. Its vocation is to defend the Regions' interests in the political process and develop interregional cooperation.

This AER response is based on the contributions received from the AER member regions participating in the Social Policy & Public Health Committee (2) following an internal consultation, and on the priority areas for action that the members of this Committee and the AER have identified, within the AER Strategic Plan 2007-2012.

This document will first outline the key priorities that the AER member regions feel should be included in the future European Health Strategy, and the European action that should be undertaken under each. Separate responses will be given for questions which are not covered under the list of key priorities.

Overarching priority: Mainstreaming health across all EU policies
The AER member regions believe that the following should be key overarching priorities within the future European Health Strategy:

Mainstreaming health across all EU policies
The AER is convinced that mainstreaming health across all EU policy areas should become the key priority of the EU Health Strategy. This would:

- Increase the number of actors who take into account public health concerns and policy objectives and thereby ensure that public health goals are promoted by all policy actors. These actors are also potential partners for public health policies, for example as regards environmental policies, consumer protection initiatives or social inclusion;
- Create a sense of ownership of public health objectives among a wider set of policy actors;
- Limit the number of policies that contradict public health objectives;
- Thereby enhance the implementation rate of health policies.

We acknowledge the work that has been carried out to date in this direction and we encourage the European Commission to redouble its efforts. As an organisation active in almost all European policy fields, we often come across examples of cases where the lack of consideration for public health concerns is evident.

The AER suggests that the European Commission identifies key policy areas where public health concerns are not taken into consideration sufficiently and sets medium and

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long-term goals in order to ensure that a full health impact assessment is carried for policy proposals in these fields. In the view of the AER member regions, such areas include the internal market, in particular the free movement of goods and services, external trade (in light of the potential implications of the GATS negotiations for health services), agriculture and consumer protection (in light of the ongoing debate on GMOs).

In order to achieve the effective mainstreaming of public health across European policies, the regions suggest the following mechanisms:

4 Implement enhanced impact assessments for legislative proposals: these should include questions and criteria regarding the potential impact of a legislative proposal on public health and on European, national and regional policies in this area.

4 Consultations on legislative proposals should also include questions regarding the potential impact on public health and these should be circulated to the health stakeholders. There are too many legislative proposals and consultations produced by the European Commission and it is very difficult for health stakeholders to monitor all of them and assess their impact on public health. Therefore, already internally, DG SANCO should be consulted during the initial stages regarding the potential impact of proposals and policy initiatives on health and how these proposals could be brought into line with public health concerns. DG SANCO could also inform its stakeholders of upcoming proposals in other policy areas and request their opinion on the potential impact on health.

4 Create better links between the various Directorates-General of the European Commission. In particular, the AER emphasises the importance of strengthening the links between DG SANCO and DG EMPL, as health and social issues are intrinsically linked in terms of policies that are developed, administrations that manage them and providers that deliver them. But links should also be created with DG Education, DG Information Society and Media, Agriculture and Rural Development, Internal Market, Regional Development … in order to create rounded comprehensive policy initiatives in health.

4 Strengthen links between DG SANCO and stakeholders in health, in order to have a bigger impact. The 'Healthy Democracy' Peer Review was an excellent initiative and the AER eagerly awaits the publication of DG SANCO's commitments and their implementation.

AER priority areas for EU action in health – Core Issues

Based on the priorities of the AER member regions, the following core issues should be included in the health strategy and the European Commission should set a strategic framework for coordinated action with all policy actors concerned:

- Preventing alcohol-related harm;
- Developing innovative technologies for health (e-health);
- Improving the availability and delivery of health services, so that they may respond to citizens' needs;
- Redressing health inequalities

Action in these fields should be coached in the more general framework of responding to demographic challenges and promoting good health for all/preventive health policies. This would imply that European initiatives in the following areas should have distinct

dimensions that respond to the different needs of an ageing society on the one hand and of young people on the other.

The AER proposals for strategic objectives, types of measures and means for monitoring and evaluating each are contained under each subject heading. European action is required in these policy areas not only in order to support national and regional initiatives that are being developed or already exist, but also in order to complement and often counterbalance the impact of other European policies in these areas (such as the internal market, research and development or social inclusion)

Preventing alcohol-related harm

The AER supports the EU's initiatives for promoting good health which focus lifestyle-related health determinants. The European initiatives on tobacco and nutrition have been successful to date and efforts should be continued. However, the AER member regions feel that more emphasis should be placed on alcohol.

The publication of the European Alcohol Strategy in 2006 was a welcome development, as it specifically acknowledges the need for coordinated action to prevent alcohol-related harm in Europe. The AER member regions are disappointed however, that this strategy limits itself to aims and objectives exclusively within the public health sphere and does not venture into other policy areas, in particular the internal market, which has a significant impact on the success of any prevention strategy in alcohol.

The AER member regions are convinced that European-level action is required in this field, exactly because of the significant impact of European policies on the effectiveness of national and regional prevention strategies. The AER therefore encourages DG SANCO to strengthen its commitment to this policy and to work with policy actors outside the public health sphere in order to raise awareness of the impact of alcohol on individuals, society and the economy as a whole. The strategic objectives for the prevention of alcohol-related harm should include clear goals and milestones.

On its side, the AER and its member regions will launch a peer review process for the prevention of alcohol-related harm, with the aim of improving the formulation and implementation of prevention policies and raising awareness among the regions regarding the harm directly linked to alcohol and how this can be prevented.

E-health

The AER member regions acknowledge e-health as a key for the future of public health and social systems. This is an innovative sector, with a significant growth potential, and can be instrumental to the modernisation of health and social systems and the improvement of quality and efficiency in service delivery. It also contributes to the overall economic development of the regions, by attracting SMEs, creating R&D centres within the regions and supporting the population of rural and/or remote territories.

E-health should therefore be a core issue in the European Health Strategy, with clear objectives regarding the development of ICT tools and with a financial mechanism to back these objectives.

In order to monitor achievement, milestones should be set, for example regarding the use of the E-health card, the development of interoperable systems, the increased use of e-

tools by patients and citizens to access health information (in coordination with the European e-government strategy).

Health services

The future of health services in Europe is an essential question to any future European health strategy. Although the European Commission is planning to publish its proposals in 2007, this item should remain a key focus of the health strategy, with regular monitoring and evaluation of the situation of health services in Europe.

European action is required in this field, not only to create a clear framework for cross-border healthcare services, but should regularly monitor, assess and where necessary redress the impact of other European policies on health services. The AER member regions are convinced that the modernisation of health and social services in Europe should be the result of a political consensus, rather than a secondary effect of the European rules on the internal market.

The AER furthermore repeats its demand that a legislative framework is developed for health services. This framework should entrench the core values of European health and social systems, in line with the proposals of the Council of Ministers for Employment, Social Policy, Health and Consumer affairs, meeting on 1-2 June 2006 in Luxembourg. The legal basis of this legislation should be Article 152 EC and there should be links to the fundamental principles of the EC, as contained in Articles 2 and 3 EC.

The AER member regions have declared the following principles as forming the basis of health and social systems in Europe:

a. Solidarity
b. Social Justice
c. Social Cohesion
d. Equal access to employment, in particular for the young and the disabled
e. Gender equality
f. Equal access to health and social protection
g. Universal access to education
h. Universal access to health and social services
i. Equal opportunities for everybody in society, in particular the elderly, the young, the disabled, the socially excluded and minority groups
j. Universal access to, development of and implementation of knowledge in health and social services.

The adoption of such a legislative framework would also serve the debate on health services in Europe, as it would counterbalance the impact of the EC internal market rules on health services and the competences of the Member States and the regions to organise, finance and deliver these services according to their citizens' needs.

Redressing health inequalities

The AER member regions are committed to reducing health inequalities. Social inclusion and creating equal opportunities for all are key strategic priorities for the AER, as reflected in our Strategic Plan 2007-2012.

In this context, the AER repeats its request for increased coordination between DG SANCO and DG EMPL. The two Directorates develop policy complementary initiatives

and the AER is convinced that only a combined policy approach can make health equality a reality.

AER Response to the questions listed in the consultation document

Question 1
The AER agrees that in order to be successful, the future European Health Strategy should focus on a limited number of priorities, and set out clear mechanisms for their implementation and the monitoring and evaluation of progress.

The AER proposes the policy areas listed above, to be included in the European Health Strategy, as outlined under each heading.

Question 2
The AER supports the broad implementation of the Health Impact Assessment tool across all policy areas with a potential impact on public health, including: internal market (free movement of goods, services, workers), environment, agriculture, consumer protection, external trade *inter alia*.

In terms of mainstreaming health, the AER suggests that the European Commission identifies key policy areas where public health concerns are not taken into consideration sufficiently and set medium and long-term goals in order to ensure that a full health impact assessment is carried out in proposed policies in this field. In the view of the AER member regions, such areas include the internal market, in particular the free movement of goods and services, external trade (in light of the potential implications of the GATS negotiations for health services), agriculture and consumer protection (in light of the ongoing debate on GMOs).

The AER further suggests that the new European Health Strategy is subject to a mid-term review, in order to assess progress and to make necessary changes in light of new developments. In order to ensure however that the new strategy remains sufficiently flexible so as to respond to continuous changes and new challenges (such as demographic changes or pandemics), the AER suggests that an annual progress report is performed.

Question 5
In addition to the formulation of clear goals and the implementation of effective monitoring and evaluation mechanisms as outlined above, the AER also emphasises the importance of creating strategic partnerships and cultivating a sense of ownership of public heath objectives among a wide range of policy actors.

The European Commission has a very good track record in this context, as the European Health Policy Forum and the 'Healthy Democracy' Peer Review process illustrate. The Commission should continue to encourage Member States and stakeholders to cooperate and to develop common initiatives, for example by requesting in national progress reports information on the participation of civil society and other stakeholders in the implementation of public health objectives or by organising fora where the two parties can meet and develop partnerships.

Question 6
An essential ingredient to the implementation of European public health goals is the inclusion of all policy actors concerned. Across Europe, the regions are a key partner in the development, implementation and delivery of health policy. They should therefore be acknowledged as key partners at European level also.

Although the European Treaties acknowledge a direct relationship between the Commission and the member states, the AER is convinced that a regular contact with the regions and their representative associations is necessary. This would allow the European Commission to receive first hand information from the level of government that is responsible for the implementation and delivery of European health policies and a direct relationship would be enriching for both sides.

We therefore suggest that annual meetings are organised between the European Commissioner for Public Health and the President of the AER Public Health and Social Policy Committee, in order to discuss the progress of the health strategy and to identify the priority areas where regional action can contribute to the achievement of European goals.

Question 7
Firstly, the AER applauds the 'Healthy Democracy' peer review process, which took place in 2006. This initiative was not only a sign to health stakeholders that the European Commission is committed to stakeholders relations, it was also an opportunity to contribute to the improvement of the communication process and to point out the challenges stakeholders face in working with the EU institutions. The AER, as an organisation that is active in a number of policy fields, will communicate the Healthy Democracy initiative to the other Commission DGs that we work with as an example of best practice that should be followed.

The AER is convinced that the scope of stakeholders with whom the Commission works should be enlarged and that cooperation with DGs and stakeholders active in other fields should be increased. This should be done on a case-by-case basis, depending on the policy issues discussed. An obvious example is the need to develop more synergies between DG SANCO and DG EMPL in the context of redressing health inequalities. The potential added value of such further developing such synergies includes:

- Developing a rounded view of the policy issues at stake
- Increasing legitimacy, as a wider number of stakeholders are included
- Increasing support for the future policy initiative, by creating alliances between the various sectors
- Improved implementation of the policy in question, both by creating a sense of ownership among a variety of policy actors and by adopting a more rounded approach to formulating policies.