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Response to the EC Consultation concerning Community action on health services

EuroHealthNet submits the following specific comments for consideration:

1. The current impact of cross border healthcare is significant in terms of access, affordability and quality of care, which have direct correlations with the gradient of inequality in health status as defined within several aspects of other work in which the Commission and WHO are involved.

Increasing evidence suggests that demographic change, clinical and pharmaceutical costs, and consumer expectations could render aspects of health care unsustainable.

It is not acceptable that the proportions of expenditure for treating preventable diseases and conditions are regarded as inevitably rising as an economic burden when alternative approaches are available. Studies such as that carried out in the UK and elsewhere suggest the economic, social and health benefits of a “full engagement” scenario, where prevention is maximised.

Work by the International Union for Health Education (IUHPE), whose parallel submission EuroHealthNet commends, demonstrates the effectiveness of health promotion interventions.

Thus EuroHealthNet urges the EC and Member States not to merely focus in isolation on financial management or patient mobility aspects of health and care services in the EU, but to take this opportunity to take forward a systematic appraisal of how services can be integrated more effectively into health improvement systems as part of the overall EU strategic health in all policies process.

EuroHealthNet welcomes the EU Council Conclusions of June 2006 on *Common values and principles in EU health systems* and in particular point 4 that “*health systems are a central part in Europe’s high levels of social protection and make a major contribution to social cohesion and social justice*”

Specific studies were produced in the joint work with the European Health Management Association and others, co-funded by the European Commission in successive projects within the Action Programme to Combat Social Inclusion 2002-5 “*Tackling health inequalities and social exclusion*” and “*Health and social inclusion*” and we respectfully request that its conclusions are taken into account.

The question must be addressed that health services may attempt equity of access when equity of outcome should be the meaningful objective.

2. The practical information necessary should seek to empower citizens to make informed choices and enhance health protection, not simply to reinforce the ability of more able people to increase existing choices. Health promotion authorities are part of this process, and should be included in coordinated initiatives to regulate and support provision of information and rights to access.

The effect of successive rulings from the ECJ is that citizen rights within the Treaty outweigh national responsibilities to organise *services*. That word is important: *service* provision is paramount rather than *control*. Member states should seriously consider whether limitations most benefit citizens. Public health should be the driver.

5. It is essential to avoid exacerbating inequalities that essential cross-border treatments are fully funded or compensated by the responsible authorities, including related costs such as after-care support, family support etc. An EU market where the few can exercise choice while most are prohibited is not appropriate for health and care services.

6. The mutual recognition of qualifications, professional training and professional mobility are equally important for associated health promotion professions relevant to delivering quality care.

7. The approaches of the member state working groups on health care services should be progressed at EU level to support national systems. Progress on clinical and public health and effectiveness quality evaluations should be collaborative.

9. A toolbox of instruments should be used by the EC to ensure adherence to the above principles, including regulations to protect rights, improvements to the OMC process and greater cross sectoral programme support for cooperation.

Thank you for this welcome opportunity to contribute to this consultation. Independent national and regional network members may also contribute through other channels and do not necessarily restrict themselves to or support in total the above comments, which are based on internal consultation responses.

**Clive Needle,
Director
Brussels, January 2007.**

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