



EPHA response to the consultation regarding Community action on health services

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Date	January 2007

The European Public Health Alliance (EPHA) represents over 90 non-governmental and not for profit organisations working in support of health in Europe. EPHA aims to promote and protect the health interests of all people living in Europe and to strengthen the dialogue between the EU institutions, citizens and NGOs in support of healthy public policies - <http://www.eph.org>

General Comments

EPHA welcomes the consultation of the European Commission regarding Community action on health services. Drawing on the expertise of its members, the European Public Health Alliance has prepared a response that is based on the following two key principles:

1. Any European initiative on health services must contribute towards improving the health status of people living in Europe. This means aiming for a high level of health protection, while fully respecting the subsidiarity principle and allowing Member States to organise effectively their health system. The objective should be to support accessible, financially sustainable and high quality healthcare organised on the basis of solidarity for all people living in the European Union.
2. Health services are an integral element of services of general interest and this should be reflected in a comprehensive legal framework which would protect the right to health and access to healthcare, rather than just a narrow focus on facilitating cross-border mobility.

The rationale for an European initiative on health services: a rights and value-based approach to health services

According to Article 152 of the EU Treaty, *“a high level of human health protection shall be ensured in the definition and implementation all Community policies and activities. (...) 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.”*

It should also be noted that the right of equal access to health is included in the Charter of Fundamental Rights of the EU, adopted in Nice in December 2000: *“Everyone has the right of access to preventative healthcare and the right to benefit from medical treatment under the conditions established by national law and practices.”*

We would therefore strongly encourage the European Commission to use the proposed initiative on health services as an opportunity to guarantee, safeguard, promote and enforce citizens' right to



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health and access to healthcare. This would enable individuals to feel that the European Commission champions their right to health and the sustainability of the health systems ahead of competition rules.

Overall, the Commission's consultation document is a very technical approach with a clear orientation on the internal market aspects of health services. EPHA would recommend that the consultation be more strongly linked to a rights and value-based approach to health services, with the clear goal of tackling health inequalities.

Recognising the specificity of health services and health care provision

In 2006, the European Parliament and Council decided to exclude healthcare from the scope of the European services directive, recognising that health services need particular protection from the general rules of the internal market. This approach builds on a report by John Bowis MEP on patient mobility¹ (2004) which outlined that health systems are based on solidarity, equity and universality and that all persons should have access to high quality care, regardless of age, income, gender etc.

The specific features of the health sector must be acknowledged and taken into account in any initiative. Those features were set out by the EU Health Policy Forum in May 2005, in a key document entitled "Recommendations on Health services and the internal market":

- The enjoyment of good health and the access to health care are fundamental rights
- Health services have a clear general interest aim
- The primacy of the solidarity requirement
- Health services commonly require the intervention of a third party
- Patients are not ordinary consumers
- Health providers are not ordinary providers

This perspective was emphasised by Council Conclusions in June 2006², and reiterated in November 2006³ which both recognised that health and well-being are important fundamental values *per se* and should not only be considered as a means of improving economic performance. The 25 Health Ministers affirmed that their health systems are based on shared values of universality, access to good quality care, equity and solidarity. They stated that health systems are operated on principles of quality, safety, care based on evidence and ethics, patient involvement, redress, privacy and confidentiality.

EPHA therefore recommends that the future Commission initiative on health services adequately enshrines these principles and core values into any future legal framework. In order to do so, the European Commission could take as a basis the World Health Organisation health system

1 http://www.europarl.europa.eu/omk/sipade3?PROG=TA&L=EN&REF_P=P6_TA-2005-0236

2 http://www.eu2006.at/en/News/Council_Conclusions/0106HealthSystems.pdf

3 http://www.eu2006.fi/news_and_documents/conclusions/vko48/en_GB/1164897086637/



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approach. Health systems are defined by the World Health Organisation Europe as “*comprising all the organisations, institutions and resources that are devoted to producing actions principally aimed at improving, maintaining or restoring health. (...) A health system is more than hospital and service delivery institutions and more than the public sector. It includes the pyramid of health facilities and associated resources that deliver personal health services, and also non-personal health actions, for example anti-smoking, diet, and seat-belt campaigns*”⁴.

Bridging the gap between health services and public health: Health services as Services of General Interest

Good health is not just dependent on access to healthcare, it is also largely influenced by the social and environmental factors. Policies on employment, income support, welfare, housing and education policies can have great impact on the health of individuals and communities. Increasingly, healthcare provision is being configured around the needs of the patients. The objective of improving the health of Europeans cannot be met by health services alone. It will require integration and coordination across a range of policies and services.

There are clear trends towards delivery of healthcare, welfare and other promotion or prevention services in a de-institutionalised context. A network of health and personal services may be needed to assist individuals and their families, particularly in the context of the growing burden of chronic disease and numbers of individuals living with multiple health conditions. For example, long-term care may involve a range of support services such as assisted housing, food delivery, physical and psychological support services, home medical visits or installation of specialist medical equipment etc. This greater integration in organisation and delivery of health and care services is not reflected in the European Commission’s approach which is to separate health from social services.

EPHA strongly recommends the European Commission address broader public health services as well as traditional healthcare services. For example, public health initiatives such as advice and treatment for addiction, counseling and mental health support, crisis helplines or centers, peer education, HIV/AIDS prevention initiatives, healthy eating projects, support services for vulnerable parents, rehabilitation of offenders etc. These type of public health services are often funded publicly but managed and delivered by the NGO sector, building on the experience of volunteers. These types of public health services are not specifically addressed by the European Commission’s Communication on Social Services of General Interest⁵, or by the health services initiative. As the largest network of NGOs working on public health in Europe, EPHA is concerned that because these community based or public health services are not acknowledged and given specific protection as services of general interest, by default they will be subject to the internal market rules.

To ensure that the full spectrum of health and welfare services are covered, the European Commission needs to develop a comprehensive approach for Services of General Interest and to

4 p.4 and 6, in *Strengthened health systems save more lives*, World Health Organisation Europe, 2005

5 http://ec.europa.eu/employment_social/social_protection/docs/com_2006_177_en.pdf



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integrate healthcare, public health and social services within this framework. This would provide the necessary legal certainty.

An EU limited role in health services

In coherence with the Article 152 of the Treaty, any Community legislation must fully respect the subsidiarity principle and provide genuine added-value for Member states.

The ECJ has ruled that, under certain circumstances, European citizens have a right to access healthcare in other countries of the EU and be reimbursed for it by their home healthcare system. However, a patient's right to 'shop around' for treatment must not override the principle of shared risk and solidarity or undermine the ability of Member States' ability to manage their healthcare systems. Patient mobility may deliver better choices for the individual whereas improving the availability of high-quality and appropriate healthcare services locally can benefit a whole community. The high profile of a very small number of patients legally enforcing their rights to travel abroad should not become the core focus of European Commission efforts on healthcare services. There is no evidence that such individual patient movement results in better quality care or raises overall standards of treatment. It is important that in governance terms that a few exceptions should not dominate the European agenda on health. In fact, much of the treatments being offered or sought internationally are elective or cosmetic procedures and are at the limit of the standard package of care offered by many national health systems.

The European dimension of health must guarantee that access to health care is ensured on the basis on real need and not the ability to pay or identify providers in other countries. The principle of mobility of patients must not further increase health inequalities.

Against this background, EPHA will respond to the two last questions.

Question 8: In what ways should European action help support the health systems of the Member States and the different actors within them? Are there areas not identified above?

Collecting comparable data: Although the type, quality and provision of care vary tremendously across Europe, very limited comparative information is currently available. There is a role for the EU in compiling such comparable data.

Establishing an observatory on health services: There is already a well functioning and active European Observatory on Health Systems which brings together universities, international agencies, the European Commission and governments of EU Member States. Given the limited human and financial resources available for health at EU level, it is questionable whether a new Commission initiated and managed observatory would provide any added-value.



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Health Impact Assessment: The impact of the all Commission initiatives on health systems, health inequalities and the determinants of health should be properly assessed. As stressed above, access to quality healthcare shall be enhanced and not eroded.

Question 9: What tools would be appropriate to tackle the different issues related to health services at EU level? What issues should be addressed through Community legislation and what through non-legislative means?

A package that comprises both legally binding measures and incentives could be envisaged to address the various issues.

Ensuring and safeguarding right to health and access to healthcare: The “common values and principles” of solidarity, access, equity and universality agreed by the Council of Ministers in June 2006 should be enshrined in any future legal framework to guide action on health services. As already stated, any initiative should not only focus on traditional healthcare services but take a broader approach to include public health activities which are currently not addressed by the Communication on SSGI nor by the health services initiative.

We strongly encourage the European Commission to put forward a framework directive that would address health services as services of general interest and aim to protect the right to health and access to healthcare, rather than the narrow focus on facilitating cross-border mobility.

Better coordination across the European Commission: The separation of health and social services may correspond to the organisational structure of the Commission but it is an artificial division that lacks any basis in the way that services are actually delivered locally.

Although DG Sanco and DG Employment confirm that they are collaborating operationally, the two parallel processes need to be better linked to avoid overlaps and gaps.

Establish a Community framework to support the provision of mental health services⁶: In several Member States, the process of de-institutionalisation has led to a significant reduction in the number of mental health hospitals, and to a consequent increase in the demand for community-based mental health services. Experience shows that the provision of these services has been inadequate and that access to these services has been uneven. Action at the EU level is therefore needed to put emphasis on developing community mental health care services and coordinate them with general health services. Such an action will facilitate the access to mental health services and reduce the stigma associated with seeking help from stand-alone mental health professionals.

⁶ Recommendation from Mental Health Europe (MHE), EPHA member organisation.



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Health information is of crucial importance and therefore the initiatives on information to patients being led by DG Enterprise must be linked to the broader framework of health services.

Use of the Open Method of Coordination (OMC): This methodology allows common objectives to be defined at European level with implementation decided at national level with the involvement of a range of stakeholders including civil society organisations which are key providers of health and social care. The OMC includes qualitative and quantitative evaluation indicators and a monitoring and assessment procedures.

Better use of other European programmes: The new Public Health Programme (2008-2013) will have even less financial resources than the current Public Health Programme (2003-2007) which is widely regarded as inadequately funded. Therefore other, larger EU programmes should be explored as a means of supporting cooperation between health systems. Specifically, Regional funds and the 7th Research Framework programme could be used to fund data collection, information dissemination and cross-border collaboration. The limited Public Health budget should be focussed on core public health issues of tackling the determinants of health and targeting health inequalities. Having been instrumental in cutting the budget available for health at EU level, if national governments decide that there is an added value to cooperation between their health systems, they should provide additional funding rather than drain the Public Health Programme.

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