



At its Board meeting, Brussels, 11 September, 2004, the CPME adopted the following policy : CPME comments on the reflection process on the future EU health policy(CPME 2004/103 Final EN/fr)

CPME comments on the reflection process on the future EU health policy

CPME has a very positive overall view on the analyses and ideas put forward by Commissioner Byrne¹ and would especially like to mention the following:

- the stress on the shared responsibility for public health
- the underlining that the disease patterns in Europe concern all member states (MS): heart problems, obesity, diabetes, lung cancer, infectious diseases and among them not least TB and HIV/AIDS
- the inequalities in (public) health
- special need for continued activities concerning alcohol and tobacco
- the statement that health actually generates wealth; prevention as well as care should be seen as good investments also from an economic point of view
- the necessary prerequisites for health by good information available to the public and an increasing knowledge among the citizens on health issues and how to get trustworthy information

CPME can fully support this approach and would also like to reconfirm its previous policy that high quality health care in the EU must be a right for every citizen and available to them on equal and fair conditions. CPME would have liked the wordings in the draft constitution to be stronger on both health and health care.

CPME believes that insufficient recognition is given to the impact of an aging population and the problems which will result. Any credible strategy must take full account of the changing demography of the European population.

The need for adequate health and health care statistics on the EU level is underlined; health should be put at the centre of all EU policies and it should be seen as a driver of economic development.

CPME fully endorses these views. But in order for health issues to have the important role envisaged it is also necessary to strengthen the role and

¹ In documents "Enabling good health for all – reflection process for a new EU Health Strategy" by Commissioner Byrne, and the Non-Paper "Partnerships for health in Europe" by DG SANCO

activities of DG SANCO. SANCO must get the right and responsibility to influence all policies that have any consequences for the health situation.

Bridging the health gap that exists within the enlarged EU, designing public health programmes and projects to support mainly the new Member States (MS), protecting all citizens against health threats and using financial means from the structural funds for this are other constructive suggestions. In this the new Centre for Disease Prevention and Control will have a vital role to play.

CPME shares these views and would also like to stress specifically that public health threats like HIV/AIDS and other communicable diseases know of no boundaries between states. It will therefore also be necessary to monitor and make efforts in neighbouring countries not being MS of the EU.

The CPME believes that the EU has a crucial role in influencing international policies so that health remains a key priority in both the developed and developing world.

CPME would also like to underline the importance of realising that public health and in particular improvements in public health cannot be brought about without social, behavioural and environmental changes as well i.e. changes in lifestyles and attitudes.

CPME notes with satisfaction that the Commission see the European Health Policy Forum and the Open Health Policy Forum as viable instruments in this process. CPME also believes that there must be a closer co-operation between the EU and MS on these issues as well as a continued and firm co-operation between the EU and the NGOs concerned. More co-operation EU-NGOs such as the professional organisations can also be helpful for the NGOs' health work nationally.

To educate all citizens on health issues and establishing an EU health portal, with easily accessible information, are other good suggestions.

The document also recognises the need for co-operation between MS concerning their health care systems e.g. by using excess capacity in one MS to help the situation in another MS. In this perspective the use of e-health systems and joint views on health technology assessments are of special importance.

CPME firmly believes that an EU co-operation must be more frequent in the future, not only concerning the public health aspects but also concerning mutual use of each other's health care systems, so that every citizen can get access to needed quality care in medically justifiable time and on equal terms. Information on the available options to the patients as well as simple rules for patient and professional mobility will continue to be necessary requirements for this to succeed.

A deliberate and structured co-operation between the MS on these matters are necessary to really create the Citizens' Europe; Common rules for no-fault compensation systems, common views on the need to promote patient safety by focusing on the preventive aspects, a European Health Technology

Assessment Authority are other necessary tools as are common views on the professional Continuous Professional Development (CPD).

CPME therefore also supports that these important questions continually will be monitored and discussed within the new and permanent High Level Group on Health Services and Medical Care.

The responsibility for delivery of health care should of course continue to be in the hands of the MS, but increased co-operation is necessary – cross-border care, establishing regional centres of excellence – to optimise resources and offer the EU citizens the best possible and cost-effective health care.

The responsibility for this co-operation to come true rests with all stakeholders: the EU institutions, the MS and the NGOs such as CPME.

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