

*From the Minister of State
Rt. Hon John Hutton, MP*



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Jean David,

Further to my letter of 21 September, I am writing to you as a formal response to your reflection process 'enabling good health for all across the EU'.

As you are well aware, health has become a key issue within the EU in recent years. This reflection process and your proposed EU health strategy will undoubtedly move this agenda forward. It is vital that we strike the correct balance between action at an EU level on health, information exchange on health systems and member states' responsibilities for health. As you indicate in your proposals, healthcare and health systems are the responsibility of the member state and it is important that any strategy reflects this position. The focus of your proposals on public health in the EU is therefore welcomed.

I would firstly like to put the remarks we have on your reflection process in context. We support many of the proposals you have outlined and consider this to be the right focus for the health agenda in the future. However it will be vital for any future health strategy to build on the various strands of work already being undertaken in health within the EU. The work being taken forward on the open method of co-ordination and through the high level committee for health is also important. We must avoid any duplication of work in these areas and ensure there is a consistent message in taking the health agenda forward.

As I mentioned in my earlier letter, we agree with many of the conclusions on your papers, particularly that there is a real need to work together and exchange best practice on a wide range of health areas, as well as ensuring that all policies should look to improve health in some way. You also raise some interesting points regarding 'health generating wealth', in particular the economic benefits of a healthier Europe, and we would be interested to see further research in this area.

A related economic matter is whether structural funds should be extended to cover health. The UK Government's position is that we believe this should be done without altering the fundamental nature of the structural funds. However, we note that it is already possible to use structural funds to invest in health where the investment is beneficial to a region's structural adjustment but we

would be open to discussion on whether the position needs to be made clearer.

One of the key statements in your proposals is that the time has come for a change of emphasis from treating ill health to promoting good health. The need to develop and maintain effective and efficient health services remains a priority but the role that health services play in preventing ill health (primary, secondary and tertiary) also needs to be strengthened. The UK agrees with the importance of focusing on prevention in order to manage our healthcare system. We would particularly welcome any research that could be carried out on the cost effectiveness of prevention. However, we would have concerns about possible guidance on prevention as individual member states need to take a flexible approach to health prevention.

Your paper also looks at patient safety and specifically focuses on mortality rates across the EU. We agree that this is a serious issue. Avoidable errors are one potential contribution to the differences in mortality rates and more should be done to consider both the impact that avoidable errors have and how systems can be made safer to reduce them. More generally, the UK sees patient safety as an important area to ensure good health. This will be one of the themes of the UK Presidency and we would support references to it within a future EU Health strategy.

We are encouraged that health inequalities have been identified as a key issue. It is important that health inequalities are recognised as being about disadvantaged groups or areas covering a part of the population with the poorest outcomes in health. However, tackling health inequalities within member states should be the key approach to tackling health inequalities, rather than stressing the inequalities between them. Proposals should focus on encouraging new member states to identify health inequalities within their borders and to develop proactive responses to tackling them, as well as sharing their experiences with other member states. Our experience has been that this approach ensures continuity between analysis and action. A focus on the health gap between member states is problematic as it would encourage the emphasis to be on analysis of comparisons rather than the action needed to tackle health inequalities at a national and local level.

On the issue of the EU international role, this is an area where we feel a high priority should be given. The EU should work in close partnership with international organisations, particularly the WHO, to find shared solutions to common problems for both health and development issues. It will also be important to align the EU international health role not only with international agencies but also with partner governments, in particular those in developing countries with a high burden of disease. By providing partner country governments with budget support and targeted technical assistance, the EU plays a very important complementary role to the European and other bilateral programmes and the new global funds. An EU health strategy should focus more on the scope of international health development. It will also be important to emphasise the need to work closely with the EU development programme on HIV and AIDS.

Finally, on research, the UK would welcome your suggestion that health research should have a proper place in the 7th RTD Framework Programme.

Thank you for the opportunity to comment on these proposals. I hope that the UK contribution is useful and I look forward to receiving your proposed health strategy in due course.

Warm regards



JOHN HUTTON

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