

EFPIA response to DG SANCO reflection on Future EU Health Strategy

Section I : General Comments

1. EFPIA welcomes both the European Commission's Non-paper "Partnership for health in Europe" and Commissioner David Byrne's paper entitled "Enabling Good health for all – A reflection process for a new EU Health Strategy". The increased emphasis given to health in the Constitution underlines the importance of the exercise. The Commission reflection is also an opportunity to look for ways to reconnect with European citizens.
2. The financing and organisation of health services is a member state responsibility. As the non-paper notes, member states are constantly faced with the challenge of meeting citizens expectations with finite resources. The resulting tensions between public expectation, growth in the technical capacity to treat and budgets which are fixed in the short-term, are unavoidable. The EU has a very specific role, relative to the financial responsibilities of the member states. The central objective of the reflection should be to identify the added value that the Commission can add to member state activities. The Commission's success in making an impact in its extended role rests on four pillars.
3. The first is the **enhancement of the quality of information to citizens**. The paper recognises that many of the critical decisions which determine long-term health outcomes are taken by individuals. These range from choices about diet and exercise to the management of known health conditions *"European citizens need reliable and user-friendly information about how to stay in good health and the effects of life style on health. When they fall ill, they need authoritative information about their condition and treatment options to help them take decisions. **Enabling citizens to make the right choice is indispensable.**"* (page 3)
4. The second is the Commission's **ability to initiate and sustain partnerships**. There are positive examples to draw on, such as the Health Policy Forum. The G10 programme is one area where SANCO has an unfinished role to play in bringing the conclusions of high-level thinking through to tangible implementation.
5. Third, the Commission must **act as a catalyst in the debate on healthcare** which is urgently needed within the EU. The non-paper maps out the strategic challenges very well. The European population is aging. How we are going to lessen dependency and improve the quality of later life? How to raise support for the prevention measures that, taken now, will reduce the future burden of healthcare. There are widening disparities in income between and within member states, together with a pronounced East-West split which will take a generation to close. What scale of intervention is required to ensure that healthcare provision counters those differences rather than perpetuating them? Communicable disease is an increasing threat for a multiplicity of reasons from bio-terrorism to public complacency over risk behaviours. The EU requires an equally multi-faceted response.

The fundamental question underlying many of these specific points is how to value healthcare. Here the past is no guide, anymore than it is to the “right” level of expenditure on information technology or transport. In all of these areas and others, the Commission should act to establish the right context for policy debate.

6. The unifying principle of SANCO’s new role and its core challenge is to **promote health gain from investment**. Page 2 of the non-paper states “*Good health is key to economic growth and sustainable development*” The underlying concept of investment in health is extremely powerful and links together all of the essential elements of SANCO’s future role from the responsibility of the individual to the effectiveness with which Europe is delivering prevention and treatment programmes. These links have been demonstrated in the developing world through the WHO Commission on Macroeconomics and Health.

Section II; Specific proposals

7. The Non-paper illustrates the losses incurred by European society through the incidence of major illnesses such as cardio-vascular disease and depression, but the figures lack a proper context. SANCO should progress the development of a systematic framework of indicators, linking disease burden to treatment patterns. One vehicle for this would be an annual **EU Health Report**, modelled on the existing Health Status Report, but appearing more regularly and with greater depth of data concerning treatment patterns and areas of potential health gain. Such a report would serve to anchor future debate in fact, whereas at present, in the words of the Health Status Report “The need for comparable data remains at the centre of the preoccupations emerging from this report”.
8. The non-paper raises issues regarding waste and excess expenditure in healthcare systems, but is not systematic or rational in the challenges it identifies. In particular, it fails to reflect the widely-accepted principle that, as a result of complexity and other factors, health systems globally are characterised by high levels of inefficiency and waste. Much of this waste arises from the quality of health infrastructures and the level of integration of decision-making. There is a legitimate rationale for targeting enhanced collaboration between Commission and member states where the savings can be achieved, but this does not appear in the non-paper. EFPIA would welcome **a more transparent and publicly-debated approach to the issue of improving efficiency**.
9. As a first step in tackling this issue, it would be valuable to see some **European principles of healthcare provision**, concerning *inter alia*, the patient-focused concept of care. This could then provide a framework which could be progressively elaborated to address particular situations.

EFPIA shares David Byrne’s concluding vision for the future: “In this EU, of the future, people have no trouble finding clear and reliable information on how to be in good health and about diseases and treatment options” (page 10). The pharmaceutical industry remains committed to play its role and to contribute to making this vision a reality.

Section III : Specific comments on Part II of the paper

The way ahead : good health for all

Positioning Health as a driver for economic development

The non-paper makes very clear the hidden cost to society of ill-health. EFPIA strongly endorses the view that we need to “gain better understanding of health’s impact on economic growth” in order that informed decisions can be made.

This important area needs to be distinguished in future workstreams from the quite different question of achieving value for money from health systems. This latter area is mostly concerned with identifying processes which deliver improved outcomes from finite resources, whereas the broader and context-setting question is to identify how to define the returns from investment in healthcare. In a recent healthcare survey in *the economist*, one academic questioned what these limits were and pointed out, that absent detrimental effects on other social or economic goals, there is no reason why the level of investment in healthcare (as a percentage of GDP) should not continue to rise, as it has done over the past century.

It will be important if SANCO is to take a more central role in EU policy that it does not misinterpret transient benchmarks for enduring norms. The fact that Europeans now commit a certain % of their resources to healthcare has absolutely no bearing on the question of whether it is the right amount now or will be the right amount in the future. It will also be vital that priorities for action are selected on the basis for evidence. In this respect, it is interesting to note that the non-paper contains a specific proposal for an action plan to address rational use of medicines. No basis for this highly-specific action step is given in the accompanying text. EFPIA considers itself as an interested party in any such proposal and believes that the scope of any such initiative should be thoroughly discussed with stakeholders before it is progressed.

Bridging the Health Gap

EFPIA’s position on EU enlargement states the following :

“The success of enlargement is fundamentally based on the belief that accession to the EU will be a source of economic stimulus, enabling the standard of living in the candidates to converge with that in the EU. The past history of EU accessions has shown that convergence can be achieved, although the EU has never before integrated new members a starting point of such huge disparities in per-capita GDP. On the most optimistic assessments, it will be 30 years before the population in the new member states and candidate countries achieves the average standard of living currently enjoyed by the existing EU. Such long-term disparities will have many effects on the EU which are hard to anticipate now. From the perspective of the pharmaceutical industry, the key challenge is to underpin the core principles of healthcare provision by assuring the supply of modern medicines to the candidate countries. This remains a critical and unresolved challenge.”

We welcome the commitment of the non-paper to address this issue and the acknowledgment that “the resources (*of the public health programme*) are nowhere near adequate to respond to the to the major health problems in the enlarged Union”. At this point our only recommendation is that a realistic view of resource issues must be taken. Though the increased allocation of community funds to healthcare is very welcome, the scale of the challenges should be addressed realistically. Differences of up to 4% of GDP in levels of allocation to healthcare cannot be covered through structural funds. **The Commission Staff Working Paper of 1999 was an important early contribution to this issue and should perhaps now be revised. It would also be useful if the Commission could reflect on the impact that the Union’s budgetary disciplines have had on the health budget in the new and aspirant member states.**

Protection the population against health threats

This is a very wide-ranging objective. The new Centre for Disease Prevention and Control will clearly have a major contribution to make in enhancing coordination and responsiveness. EFPIA can endorse the proposed actions, but would welcome some reflection in the paper to the challenges posed by the evolution of communicable disease and of social attitudes to disease. Today’s medicines will not be sufficient to treat tomorrow’s epidemics.

Enabling good health and promoting health through all policies

The objective to mainstream health into all community policies is challenging and should be pursued in tandem with activities which directly affect the lives of Europeans. The EU’s Health strategy should always be relevant to citizens.

Pooling europe’s capacity : Partnerships for Health

Creating partnerships for citizen’s health

Information is at the heart of the future EU health strategy.

In part II, section 1.4 “Enabling good health and promoting health through all policies”, note the statement “European citizens want access to reliable, authoritative and user friendly information about health issues to help them make the right choices”. EFPIA fully supports this statement.

Similarly, in this section of the paper, the objective is to “create partnerships to help European citizens make well informed choices about their health, and to promote their active participation in the health decision making process”. The paper goes on to say “EU policy on pharmaceuticals has identified information as an area where patients are not only demanding more information more directly relevant to their needs – what treatment options exists and how they can access them”.

Patients are perhaps the group where there is the most significant information deficit and where partnerships have the most to contribute to progress. EFPIA member companies have contributed individually and collectively in a number of ways.

Educational initiatives supported by pharmaceutical companies in the industry clearly have a role in the treatment of many of these diseases - and in the provision of high quality non-promotional information about them.

In 2001, EFPIA has developed its own Internet Guidelines¹, which are in line with the quality criteria set by the Commission. Among others, they stipulate that sites may include information for patients and the general public on products distributed by the company (including information on their indications, side-effects, interactions with other medicines, proper use, reports of clinical research, etc.), provided that such information is balanced, accurate and consistent with the approved summary of product characteristics. For each product that is discussed, the site must contain full, unedited copies of the current summary of product characteristics and patient leaflet.

EFPIA supports the idea of setting up public private partnerships (PPP) as one part of a comprehensive information strategy. EFPIA's proposals in this area are more fully discussed in the EFPIA Policy Memorandum, which can be found at http://www.efpia.org/4_pos/informedpatient/policymemo0604.pdf

Facilitating member state's cooperation between health systems

EFPIA notes the proposal to create a European vision for health systems, but believes that this vision must be patient focused. Healthcare outcomes can become a universal currency of debate in a way that healthcare functioning cannot due to the complex and multiple differences that exist between member states.

More generally, the paper reveals a need for further reflection within SANCO on its future role in relation to the member states. It is often the case in Europe that systems introduced to support rationality are modified in practice to address financial stability, a completely different concept. There is a great deal to be gained from the exchange of best practice and potentially, resource-sharing between member states if the systems in place at member state level are to be objective and verifiable. It is far from clear how the Commission can add value to the procedural aspects of such discussions as it has no direct experience of the operation of healthcare systems. Where the Commission can add value is in bringing its wider policy perspective to bear.

Providing a strong knowledge base for European Action

EFPIA considers that this is critical and welcomes the proposal to propose specific European healthcare indicators.

Enhancing International Cooperation

No comment

¹ http://www.efpia.org/6_publ/Internetguidelines.pdf

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