



*Standing Committee of the Hospitals of the European Union
Comité Permanent des Hôpitaux de l'Union Européenne
Ständiger Ausschuss der Krankenhäuser der Europäischen Union*

Mr. David BYRNE
European Commissioner for Health
and Consumer Protection

Brussels, October 14, 2004

Dear Sir,

Thank you for enabling us, as the other EU health stakeholders, to share our views in the reflection process on the new EU health strategy.

HOPE (Standing Committee of the Hospitals of the European Union) has already produced elements within several EU related spheres, such as the high level process, but also studies and projects on the field. The following elements synthesize the results attained through this work and give brief additional comments.

Enabling Good Health for All is a message that is already well received in hospitals. Through different networks at the European, national or regional level, hospitals are engaged in activities aware of this idea that curative care is not the only way to health. Some of there are well-known: Health Promoting Hospitals, Smoke free hospitals, Migrant Friendly Hospitals; some others are less famous but as efficient in promoting good health. Conclusions of those activities clearly show that rather than being opposed, treating ill health and promoting good health should be viewed as complementary.

Good Health as a Shared Responsibility draws the attention on patient empowerment, already set in HOPE charter for hospitalized patients presented ... in 1979. It also identifies the European level as good place for exchange...but this is also true of national, regional and local level depending on the issue or the context. It should be kept in mind that in most country health care is run close to the patient and not so much at a central and national level. The synergies have also to be found sometimes within the countries. A full use of the information at regional level has yet to be made as well as ways to communicate between those



different levels. The vision of a uniform Europe for Health is certainly the best way to make European citizens react against it.



A solid EU-wide knowledge base is needed, HOPE has been an advocate of this for years and as also had some experiences of its own. But we are lacking first of all comparable definitions. The use of concept such as centre of reference, which has yet to be defined, is a good example of the risk to use it before defining it. Before speaking of exploiting those centre of reference one needs first of all to define them. HOPE is however very confident in the work in the information track of the Public health programme.

Concerning Health Generates Wealth HOPE fully agrees with this aspect and recommends its report, presented during the Health Forum Gastein in 2003: Health as a Growth Factor, a Comparative Analysis.

Putting Health at the Centre of EU Policy Making is of particular importance, as well as giving more coherence and at least transparency in all EU actions relating directly or not to healthcare, which is far from being the case today. In the field of research it is certainly important that the voice of health is heard in the preparation of the 7th framework programme and more generally that the healthcare institutions would get support to structure the research they are developing.

Partnership for Health is a field in which hospital and healthcare institutions have a lot to provide. Initiatives supported for example by HOPE in the field of cross-border co-operation in border regions should not be forgotten in the discussions. It is certainly a good case study for all issues relating to patient mobility and a good sign that co-operation may be better for health than the market.

European hospitals have been involved in putting Good Health Worldwide, first of all in some of the new members, present and coming candidates but also outside Europe. Knowledge could be drawn from hospital twinings and partnerships.

Enabling Good Health For All gives a clear first picture of the Commission's perspective. New tools in the health care field, open method of cooperation and high level group for example, will certainly provide complementary input. The present public health programme as well as results of several European projects financed through other European programmes will also give us elements to go further.

I also take this opportunity to thank you for your active involvement in the health field during those years as Commissioner.

Best regards



A handwritten signature in blue ink, appearing to read 'G. Vincent'.

Gérard VINCENT
President

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