

**COMMISSIONER BYRNE’S
REFLECTION PROCESS
“ENABLING GOOD HEALTH FOR ALL”
PREPARING THE GROUND FOR THE FUTURE HEALTH STRATEGY

REPORT ON RESPONSES RECEIVED**

1. Contributions and participants

The reflection process “Enabling good health for all”, launched by Commissioner Byrne on 15 July, generated a major debate involving nearly all Member States and countries as varied as the USA, Norway, Switzerland, Israel or India.

Contributions express widespread support both for the open consultation process itself and for the main ideas presented in the reflection paper. In particular, respondents back Commissioner Byrne’s call for promoting good health and putting health at the centre of policy making. The main cautionary note expressed is a widely held concern on the delivery and implementation of the reflection paper’s ideas.

As of 25 October, 180 national and regional authorities, NGOs, universities, individual citizens and companies have sent their contributions to Commissioner Byrne, presenting many ideas on what the EU should do for health and putting forward a wide range of views. Contributions were sent in English, French, German, Italian, Spanish and Dutch. More contributions are still coming in.

The Ministries of Health of **the UK, France, Ireland, Sweden, Finland, the Netherlands, Germany, Poland, Latvia** and also of Norway participated in the reflection process. The largest proportion of participants represents European or national NGOs active in the field of health.

A large number of contributions come from the UK and from Brussels-based European organisations. There is also a significant number of contributions from Italy, Sweden and the Netherlands. Nearly two thirds of the members of the Health Policy Forum have participated. On the other hand there was only limited participation by individual citizens.

2. Overview of the main health issues and concerns expressed

(presented according to the headings of the reflection paper)

2.1. Enabling good health for all and promoting health (preventing illness)

There is overwhelming support for the need to **promote healthy life styles** focusing on the urgency of tackling in particular **smoking** and also alcohol, nutrition and exercise. Smoking is one of the most popular themes of this consultation with many contributions suggesting different approaches (total ban in public places, gradual phase out, pro-tobacco or pro-nicotine-smokeless tobacco). A good number of contributions stress that the health strategy should also encompass safe food.

Many contributions underline the importance of **prevention** in particular in children and teenagers, on the basis that adults' health depends on knowledge, habits (and illnesses) acquired during childhood and that an increasing number of children suffer from chronic diseases and obesity. Several respondents stress the role of health education in particular in schools, (or even hospitals) as a long-term investment for better health. Innovative approaches such as marketing healthy life styles through advertising, health "shops" and campaigns for youngsters (health= cool) are also put forward.

Other respondents emphasise, however, that not all diseases are preventable, that good health is not achievable for all (e.g. hereditary factors) and that health is influenced by a wide range of issues that should be addressed. The environment, working conditions, social and economic issues such as housing and poverty are amongst the determinants which need to be addressed in developing the health strategy.

A large number of respondents urge the EU to strike the **right balance between promoting health and supporting access to high quality treatment for those suffering** from a wide range of diseases including cancer, respiratory and cardiovascular diseases, communicable diseases, arthritis, sexually transmitted, gender-specific ageing-related and rare diseases. Many respondents ask for priority to be given to specific illnesses based on their incidence rate, mortality and disease burden.

2.2. Good health as a shared responsibility

There is general support for making **citizens** more responsible for their health. Respondents stress the need for the Commission and the Member States to provide comprehensive, accurate, user-friendly, up to date, targeted **information** about promoting health and treating diseases in order to "empower citizens" to take a pro-active role in managing their health.

However, several respondents caution against the possible blaming of citizens for their health condition, stressing the **numerous factors impacting on health** (beyond individual control), and the needs of vulnerable people (the very old, those with life long disabilities). Respondents put emphasis on the need for health to be seen as a responsibility shared by the whole society and for all players to take an active role (if citizens are to take more responsibility so should health systems).

Many respondents ask the EU to **clarify the roles of different players**. While some ask the EU to do more for health and to start exercising the health competencies foreseen in the Constitution immediately, others stress Member States' responsibility for managing their health systems and express concerns about going against subsidiarity. While some call for the EU to focus primarily on exchange of good practices, knowledge gathering, analysis and

dissemination, others ask for an ambitious, multi-sectorial EU health strategy, including harmonisation of taxes on alcohol or a ban on smoking in public across the Union.

In addition, many participants ask the Commission to broaden its role and show more leadership on **international health** (and not to limit it to tackling health threats and helping developing countries) and also to address health issues in **neighbouring countries**. Respondents further support the need for closer **co-operation and synergies** with organisations such as the **WHO** and for the future EU strategy to be coherent with the “WHO Health for all” strategy.

2.3. Health generates Wealth

Many respondents support positioning **health as a driver of economic growth** by showing the benefits to public finances and the economy of pro-actively promoting health and preventing illness. The Commission is asked to gather knowledge and **evidence** on health’s impact on the economy and to disseminate it to Member States (as a means to help governments take into account health’s impact on productivity, competitiveness and public finances). Several respondents further underline the need to position health within the **Lisbon agenda** and ask the Commission to include health **indicators** in its annual report to the Spring European Council and to further develop the business case for health promotion.

However, a number of participants are concerned about health being presented as an economic factor on the grounds that this may lead to basic principles such as **equity, ethical issues and health as a human right** being underemphasised. Similarly, fears are expressed by some respondents that the EU health policy might be too much driven by industrial concerns thus losing sight of the fact that health is an end in itself, not a commodity. They ask the Commission to **balance the socio-economic aspects** of health.

Many respondents strongly support the need to **bridge the health gap and address inequalities**, but stress that this should be, not only between Member States, but also within different regions of the same country. Several organisations ask the Commission to increase funding for health investment in the new Member States, in particular by using the Structural Funds.

2.4. Health at the centre of EU policy-making

Respondents urge the Commission to implement **a comprehensive and coherent EU approach to health, encompassing policies as diverse** as Education, Trade, Internal Market, Social, Environment, Agriculture, External, Transport and Regional development. Many respondents provide concrete suggestions on how to mainstream health in other policies including systematic Health Impact Assessment (*see heading 3*) and point to existing shortcomings. Most respondents are concerned in particular with developing health Research and with the impact of Environment, Internal Market and Agriculture policies on health.

There are many calls for the EU to provide a co-ordinated approach and infrastructure (a European health research centre) to health **research** and to allocate more funding to health in the 7th Framework Research Programme. Respondents call for more research on prevention (and its cost-effectiveness), on the impact of health determinants, and on specific diseases such as HIV, rare, genetic, gender-specific, mental or ageing-related diseases. Some respondents also stress the need to stimulate research for innovative medicines and new technologies, with some organisations asking for the pharmaceutical industry to dedicate part of its budget to public interest research. The pharmaceutical industry underlines the need to

boost research in Europe and for governments to ensure a balance between pricing of medicines and incentives to innovation.

As regards the **environment**, many participants ask for the strategy to address the impact of air and water pollution on health as a priority, in particular traffic related pollution. A large number of respondents also ask the Commission to make its **Internal Market** and health policies compatible and refer either to difficulties in accessing treatment in other EU countries or to the draft Directive on Services and its positioning of healthcare as an Internal Market service and health as a commodity. The need to align **agriculture policy** with public health objectives is also mentioned by several respondents that see a contradiction in promoting healthy eating while subsidizing the production of fat and sweet foods, and allowing the waste of fruits and vegetables.

2.5. Partnerships for Health

The Commission is urged to strengthen its consultation mechanisms and to involve stakeholders more closely and more systematically in policy-making from the start. Some participants ask for different types of **partnerships** to be reinforced: between the Commission and health stakeholders (for example by reinforcing the Health Policy Forum), between the EU and its Member States and between national health systems. Some respondents request the Commission to **clarify the types of partnerships** envisaged and the different roles played – in particular the role of the EU. Others ask for Member States' exclusive competence in managing healthcare or for local and regional authorities' role in promoting health and delivering health care to be recognised further.

There is a general call for the Commission to **help the civil society become more involved in health policy-making**. Many organisations urge the Commission to help improve civil society's **capacity** to participate in EU health debates (with financial assistance). Several organisations also ask for wider consultation mechanisms to be created or for the Health Policy Forum to be extended to other stakeholders including national organisations (when there is no organised representation at European level).

While everybody expresses support for building health partnerships and achieving synergies, several respondents oppose involving all stakeholders in such partnerships, in particular certain industries. The **incompatibility of different interests** (producers of fat food or tobacco *versus* public health interests) and the impossibility of reaching consensus are highlighted by several respondents. (A few contributions express fear that the health agenda may be driven by partnerships with the pharmaceutical industry.)

2.6. Additional specific issues raised

Respondents raise a large number of additional specific issues which in their view require more emphasis than what is given in the reflection paper. These include, amongst others, issues as diverse as the need to focus more on mental health, the challenges posed by an ageing population, the need to further increase quality in healthcare, to secure patients' rights and safety, to set clear rules for patient and professional mobility, for health technology assessment and research, and for clear reimbursement rules (in particular for treatment abroad).

In addition, the need to attract more people to the health professions and to address shortages in the sector, to adopt disease-specific approaches to relatively unstudied pathologies such as endometriosis and other gender-specific or rare diseases, the role of traffic accidents and

injuries in illness are raised. Several respondents stress the need to meet the health gap across the EU on a certain number of diseases such as cancer.

Finally, a number of respondents have taken the opportunity of the reflection process to reiterate the importance of certain complementary health interventions such as nature healing, homeopathic medicine, alternative and complementary medicines, anthroposophic medicine and nutritional approaches. They would like to see national health systems and reimbursement arrangements recognise the value of these approaches.

3. Overview of policy measures, tools and methodology presented

Many respondents call on the Commission to **allocate more human and financial resources to health** in order to meet its Treaty obligations and its health policy objectives (some respondents ask for resources to be shifted from industrial or agriculture policies to health policy). Doubts are raised on the financial and human resources capacity of DG SANCO to implement an ambitious health strategy fully effectively. Additional financial resources are asked for, in particular for health research and partnerships. Several participants ask the strategy to include a detailed multi-annual programme, clear objectives and targets. Some also request the Commission to explain the need and added value of any new measures proposed.

Many contributions ask for a **revision of the Public Health Programme** to better serve policy needs and priorities, to improve dissemination of project results, to fund measures in neighbouring countries and to be more patient-oriented. In addition, respondents ask for the programme to provide a larger share of funding to each project, for the simplification of its tendering procedures and for an increase of its overall budget.

While expressing strong support for putting health at the centre of policy-making, many contributions raise questions on how to achieve this goal. A large number of responses stress the need for **systematic health impact assessment**, while others underline that the future **strategy should encompass different policies** (such as the Internal Market).

There is overwhelming support for the Commission's role in steering **exchange of best practice** in a number of areas where synergies can be reached, in particular cost-efficiency of health systems. Several respondents support using the Open Method of Co-ordination for health and ask the High Level Group on Health Services and Medical Care to broaden its scope and increase transparency (by including stakeholders). Finally, several respondents ask for EU-wide centres of reference and for the potential of eHealth to be further exploited.

A very large number of respondents ask the Commission to assume a **stronger role in the collection of harmonised health data and its analysis and dissemination**. Measures proposed include using health indicators to analyse trends, issuing an Annual Health Report, carrying out surveys on lifestyles and determinants, presenting health information in a dedicated web page, gathering data on epidemiology and treatment, collecting patients' reports on medicine' effectiveness and creating a standardised system to store patient information and transmit it between Member States. The need to meet the information needs of patients suffering from certain diseases is also highlighted.

While stressing the role of the EU in protecting its citizens against cross-border **health threats**, several respondents would like to see the concept of health threats extended to include health determinants such as smoking or alcohol. In this context, many respondents ask for the mandate of the **European Centre for Disease Prevention and Control** to be widened

to encompass all health threats, for further investment on resources, planning and capacity and for the centre to help Member States develop national surveillance capacity.

Finally, several respondents ask the Commission to ensure the **independence of all the experts appointed to its scientific committees** (several mention the appointment of a member with alleged links to the tobacco industry).