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Health in Europe: A Strategic Approach
Discussion Document for a Health Strategy

Responses to DG SANCO

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Within the three broad elements of the Strategy, **addressing core issues**, **mainstreaming health,** and **global health:**

1. How should we prioritise between and within all these areas to focus on those which add real value at the EU level? In which areas is action at the EU level indispensable, and in which is it desirable? For example, is there a means to use the Healthy Life Years indicator or other outcome measurements to give weight to areas on which the EU should concentrate?

Actions on EU supraregional level should focus on definition of frameworks, guidelines and benchmarks in the fields of prevention/health promotion on the one hand and of health care provision/facility planning (incl. quality assurance/QA) on the other hand. For significant issues of cross-border relevance (e.g. infectious diseases surveillance and early action systems, actions related to E-Health, illegal trading of organs and responsibility of MS to take measures in this respect) legislation may be necessary, most other issues can be handled by non-legislative means. For creating a sound basis for decisions, availability of reliable and comparable data should be ensured by definition of EU wide uniform standards for data collection (for both quantitative and qualitative information, harmonized with E-Health-strategies) and by establishing an EU wide "Geographic Health Information System (GHIS)". In addition, we identify a great need for initiatives and projects of exchanging information and sharing experience (e.g. networks of competent authorities in several fields) as well as for any work on definitions and glossaries.

Priorities regarding issues presumably adding real value at EU level from our point of view (according to chapters 4.1 – 4.3 of the strategy paper):

Action on EU level indispensable:

- Improve prevention/response to health threats in the EU (incl. review ECDC mandate)
- Improve environmental health (e.g. PM2,5 and COPD, pollution and allergies)
- Continuing development of accurate, comparable and up to date health information and establishing and keeping a European Health Information system, built up on information and data from different health areas
- Complement work of national health systems in providing better quality/safety in health care (better governance/evaluation, guidelines, HTA, QA).
- Implement Health Impact Assessment as a routine element of decision making at EU level
- Stimulate and support research and action focussing on socially disadvantaged groups as a priority (but not yet sufficiently and effectively reached) target group for interventions relating to the key health determinants

Action on EU level desirable:

- Help reduce health inequalities, narrowing health gaps within and between countries, but at the same time prioritising supply of medical services within the respective MS (e.g. restricting unjustified "organ transplant tourism")
- Support citizens/patients (availability of more healthy choices, improving information)
- Promote health and help address key health determinants (nutrition, physical activity, alcohol consumption, smoking, mental health; e.g. Health-EU Portal on the www)
- Defining common principles and values for health in the EU (general reference points)
- Addressing global issues (e.g. communicable diseases, pandemics, trade in health products/services, rise in non-communicable diseases, environmental health) in worldwide context; extending initiatives/mechanisms for improving health outside EU (inputs to international health agenda; co-operation with WHO, e.g. ENHIS project)

- Exploring synergies, working with other policy areas regarding health improvement , creating innovative policy partnerships, support co-operation with MS and stakeholders to increase cross-sectoral work on health at all levels (incl. HIA, HSIA).

2. What should we realistically aim to achieve in practice in these areas of work? What broad objectives should we set for the short term and long term – 5 years and 10 years?

Proposed short term objectives (5 years, examples):
- Commitment to a EU wide and sustainable GHIS for monitoring and evaluating the strategy (incl. EU wide harmonized standards for collection of both qualitative and quantitative data and information, cf. EUPHIX approach, ECHI and ECHIM projects)
- Inventory of health behaviour and health status at present (e.g. via EUGLOREH 2007 and its presumable successor in 2012)
- Consolidated work on definitions / glossaries by making use of existing libraries (e.g. the Health Systems Working Party (HSWP) as well as the EASP project in the Pharmaceutical Forum, Working Group on Pricing refer for their glossaries / definitions to the glossary of the EU-funded Pharmaceutical Pricing and Reimbursement Project (PPRI, see http://ppri.oebig.at)
- Agreement and definition of EU wide "health goals" (similar to HFA21 goals of WHO)
- Definition of envisaged decrease rates in morbidity/mortality for overall EU region until 2020 by disease groups (e.g. - 10 % cancer mortality in age groups < 65a, cf. HFA21-goals of WHO)
- Definition of envisaged reduction of inequalities across the enlarged EU regarding health status and provision of health services (e.g. – 10 % inequalities in life expectancy, measured by Gini coefficient on level of NUTS-2-regions or NUTS-3-regions)
- Looking at the "black box" in pharmaceutical care, which is the hospital's sector (there are very few data and information regarding pharmaceuticals in hospitals, though the in-patient pharmaceutical provision has an impact on pharmaceutical care in the out-patient sector)

Proposed long term objectives (10 years, examples):
- Institutionalised monitoring regarding achievement of objectives by 2020 (see goals mentioned above, e.g. actual decrease rates in morbidity/mortality, actual reduction of inequalities in health status and provision of health services; EUGLOREH 2020)

3. Are there issues where legislation would be appropriate? What other non-legislative instruments should be used – for example, a process similar to the OMC? How can we make better use of Impact Assessment?

Legislation: Preferably for issues mentioned in response to question 1/"action on EU level indispensable" (possibilities of legislation on EU level to be checked; e.g. for surveillance systems for infectious diseases or regulation of blood and blood products).

Non-legislative instruments: Making further use of OMC for all issues mentioned in response to question 1 / "action on EU level desirable", perhaps also for commitment to a GHIS by all EU MS.

HIA: The existing HIA-techniques should be developed further (e.g. APHEIS approach). Guidelines should be elaborated and agreed that define which level of HIA should be applied for different types of decision making. HIA should become a routine element of decision making at the EC level in order to advocate the importance of health impacts in different policy areas and to better address and respond to health inequalities.

4. How can different approaches be used and combined, for example approaches to different health determinants, lifecycle approaches, and strategies on key settings (education, the workplace, health care settings)?

New models need to be developed that allow the combination of different approaches in order to support a more comprehensive overall approach. The workplace could be a good starting point for elaboration and implementation of a strategy that involves different health determinants as well as lifecycle approaches and allows to reach different target groups.

In terms of the **implementation** of the Strategy:

5. How can we ensure that progress is made and that objectives are met? For example, should indicators or milestones be used? What measures or indicators could show real short term change, within the early years of the Strategy?

First of all definition of clear objectives is necessary (cf. response to question 2, for instance in EUROGLEH 2007); for indicators see ECHI and ECHIM projects – these indicators will also show short term changes in the early years of the strategy.

6. How do we ensure that the Strategy adds value to actions at Member State level? How can the responsibility for implementation be shared between the EU and Member States?

In order to ensure implementation of certain indispensable and broadly accepted measures legal regulations on EU level will be necessary. Actions at MS level can be supported by provision of knowledge and "know-how" as well as by guidelines and standards advocating "best practice". In this context, special attention should be paid to stimulate and support research and action focussing on socially disadvantaged groups (cf. response to question 1). In addition, reactions of the EC to MS proposals (e.g. initiatives for networks, pilot projects) certainly add value.

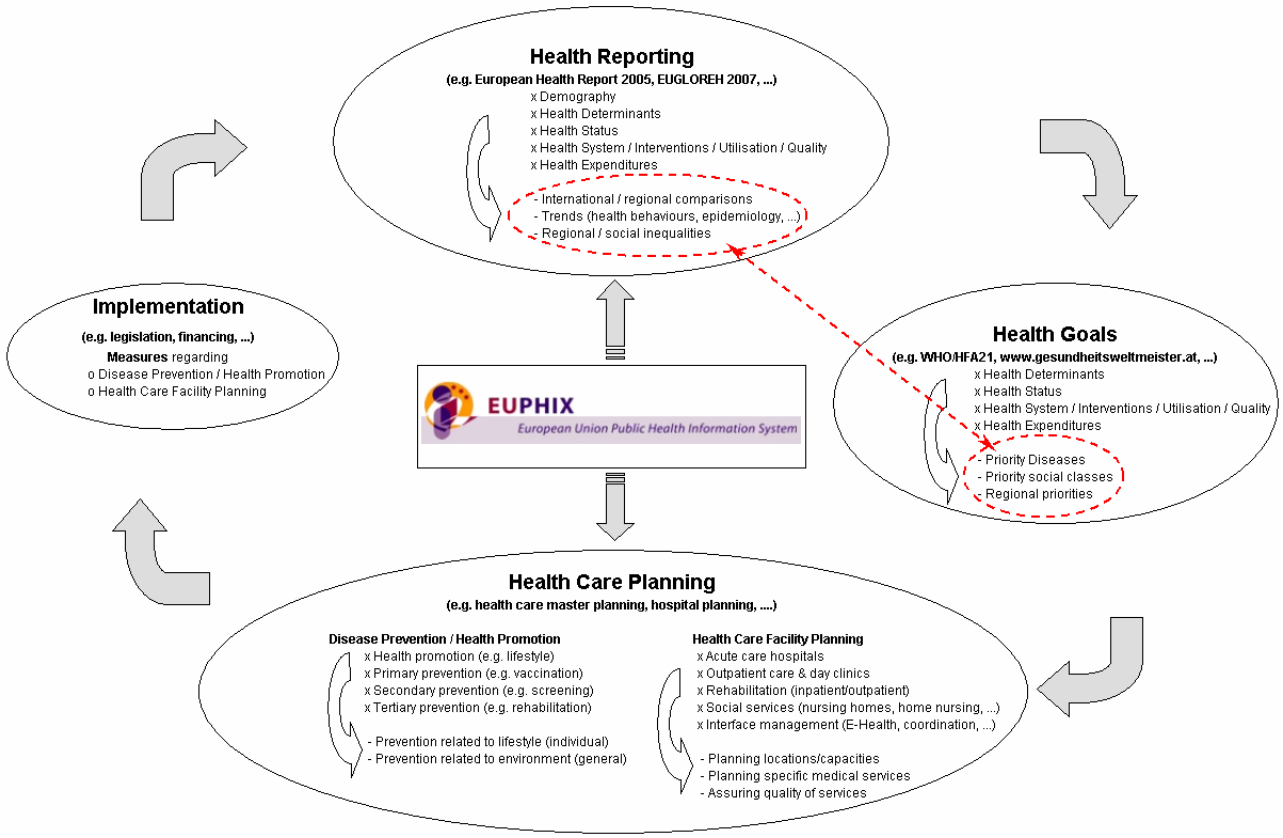
7. How could methods for involving stakeholders be improved? How can we create innovative partnerships with stakeholders?

First of all a clearly defined and complete list of all relevant stakeholders is required. Then several approaches should be discussed how to invite these stakeholders in a systematic and democratic way (e.g. by involving them in OMC activities of EC). Finally a decision is to be taken which way of involvement will be the most practical one.

Networking initiatives should be enhanced. A "good practice" example is the Pharmaceutical Pricing and Reimbursement Information (PPRI) network within the framework of a research project, which brings together competent authorities and other institutions from all Member States and associate countries as well as associated projects (over 40 participating institutions), in order to share information and experience, to avoid duplication to existing and on-going work and to disseminate the outcomes to even more stakeholders (e.g. patients, industry) and the public.

8. Do you have any **further comments**?

Figure 1: Potential role of EUPHIX in an European-Union-wide "Public Health Action Cycle"



Sources: Conception by GÖG/ÖBIG; cf. underlying concepts at http://www.quint-essenz.ch/en/introduction/1138.html and at http://www.henet.ch/ebph/04_konzepte/konz_042.php

As mentioned above a EU wide "Geographic Health Information System (GHIS)" should be established as soon as possible, preferably by building upon the EUPHIX project and by developing further this approach. EUPHIX at current status still is a "prototype for a sustainable, web-based health information system for the European Union, providing health professionals, policy makers and other interested users with relevant, structured information on issues of public health across the EU and within its 25 Member States". We recommend to extend this prototype to a complete public health information system, capable of providing the basis for an EU-wide "Public Health Action Cycle" (see figure 1 above, cf. http://www.euphix.info).

From our point of view, the database and mapping tools within EUPHIX should be harmonised as far as possible - for instance regarding the one predefined observation period (e.g. 1996-2005) for all indicators and one predefined level of resolution for each presentation tool (e.g. national level in tables and figures and NUTS-2-level or NUTS-3-level in maps). EUPHIX might play a central role in the concept of the "Public Health Action Cycle" on each regional level within the EU. Thus, EUPHIX should enable identification of problematic trends as well as of priority diseases and priority regions to be addressed by health policy (also in the sense of a "monitoring tool"). These clarifications should be provided in the course of health reporting (e.g. EUGLOREH 2007, national/regional health reports) and should contribute to evidence-based definition of (regional) health goals and planning measures (see figure 1, sections marked in red). In addition EUPHIX could provide general public health knowledge necessary for designing the specific actions aiming to improvement of health in a certain region or to combat a certain group of diseases.

Finally, we would like to emphasize that health care is based on the principles of solidarity, equality and accessibility and that a future Health Strategy needs to take these common values into account. In this context we would welcome considering possible effects of competition in health care with regard to solidarity, too.