

## **Health in Europe: A Strategic Approach**

### **Response to the Discussion Document for a Health Strategy**

We are a group of health professionals following an MSc in Health Promotion and Public Health at Canterbury Christ Church University, Canterbury, Kent, UK. As part of this programme, we have had the opportunity to undertake a module on International Perspectives in Health Promotion and Public Health, and this has brought the 'Discussion Document for a Health Strategy' to our attention. With the guidance of our tutor, we have decided to make a response to this Discussion Document to contribute to the Europe-wide consultation process.

#### **Preliminary Remarks on the Request for Responses to this Document**

We had a discussion initially on whether we would count as 'stakeholders' in your terms. But noting that in the previous reflection process on 'Enabling Good Health for All', you had received 'around 200 responses from national and regional authorities, NGO's, universities, individual citizens and the private sector', we decided that we are 'stakeholders' – although we should make clear that we are responding as a group of individuals, and do not represent our University or our various employers.

We then noted, that in our group, none of us had been aware through our membership of the University's Faculty of Health and Social Care, our various employments within the UK National Health Service or our membership of health professional bodies and subscriptions to various UK health journals that such a consultation process was on-going.

The low response to the first process of consultation and our collective lack of awareness in our professional lives of the current process, led us to wonder whether sufficient efforts have been made by the Health and Consumer Protection Directorate-General to actively solicit responses to help inform the process of strategy development.

We would recommend that in future, greater efforts are made to ensure that all professional groups and stakeholders interested in public health in the countries of the Union have information available on current European level developments and their relevance for policies and practice in their own countries.

#### **Comments on the Discussion Document**

##### Global Health Issues

The EU Strategy should be formulated in the light of international health treaties (e.g. on tobacco), the new international health regulations, the Millennium Development Goals, UNAIDS strategies, the Global Fund, WHO strategies and initiatives and so on, so that there are the benefits of mutual

synergy, and there is an avoidance of duplication or even conflicting objectives.

We wonder to what extent discussions have gone on with strategic teams within international organisations such as the UN, the WHO and so on, to help ensure collaborative efforts? We note for instance, the comments made by the new Director of the WHO, and the priorities on the health of Africa and of women worldwide, which she has set for her term of office.

We are also aware of the valuable work undertaken by Bjorn Lomborg in establishing the Copenhagen Consensus process, and wonder if any account has been taken of the outcomes of this work (e.g. in highlighting the clear cost-benefit case made for the prioritisation of prevention work on HIV prevention in the interests of improving global health, as opposed to all other areas of possible public health intervention).

We have also been very impressed by the arguments recently made by Laurie Garrett (2007), that the current huge financial investments being made in health initiatives in poorer countries of the world, and especially in Africa, could actually make matters worse rather than better in the medium to longer term. We feel strongly, that evidence should appear in the new EU Health Strategy that full attention has been given to the view that any strategy carries the risk of harmful effects despite explicitly stated best intentions. (Garrett, L., 2007, The challenge of global health, Foreign Affairs, Jan/Feb issue, 86, 1, 14-38).

There is also a need to ensure that potential conflicts between different elements of a strategy are considered critically. For example, policies that allow or encourage the internal or inward migration of highly skilled health professionals in Europe may well have significantly damaging impacts on health infrastructures and services in poorer countries of the world. One of the most significant contributions the EU might make to supporting health development in poorer countries could be to find ways of increasing the training of health professionals both within European and in more impoverished countries to address the problems associated with the third world 'brain drain'.

A further example of EU countries having a directly detrimental health impact on countries elsewhere in the world is the current practice of exporting waste from the EU for recycling or disposal. Such waste is often toxic or unhygienic, and unregulated procedures for sorting or incineration can be damaging to the health of refuse workers in the third world, and their local environmental.

#### Disease surveillance and protection

We support the setting up on the new European Centre – would suggest that a key focus of the strategy should be to support all countries across Europe in developing national infrastructures, surveillance mechanisms and national strategies around disease surveillance and protection (e.g. for Pandemic Flu), in line with best practice within the Union. This would provide for clear action

plans and targets which are potentially achievable within 3-5 years and which would provide concrete targets against which to evaluate the success of the strategy.

### Health Inequalities in Europe

We support an emphasis on the need to address health inequalities – and in the context of an enlarged Union – an obvious focus should be on supporting health development in the new accession states in Eastern Europe, where public health and health infrastructures are clearly poorer

Support a focus on health issues associated with migration within the borders of the Union – particularly with respect to ensure that migrant workers are fully aware of the health facilities available to them as migrant workers.

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