

1. How should we prioritize 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?

- As challenges are different in different regions, objectives should be set regionally. For example, to define 10 broad areas, from which Member States would select their 5 priorities, commit to 5 and 10 year targets and then report annually on progress towards targets.
- Prioritization and timeframe should be determined by the goals the intervention is trying to achieve, the cost-benefit analysis, the possibility of achieving consensus, and existing practice. Perhaps the prioritization set in for example use of ESFs could be one guiding principle to determine the geographical areas or the topics where intervention should be emphasized.
- Health system related objectives tend to be quite general. One idea is to link non-communicable diseases with better system performance particularly at the primary care level. Primary health care (PHC) is uneven and underdeveloped in the New Member States in particular. Western Europe could be quite helpful in that regard in pushing new member states in this area.
- There are impressive inequities in access to care across EU states and within EU states, including inequity in utilization and financing. This is a huge issue and with unequal growth but open borders, something to go deeper into, including how to use the private sector to improve access to quality care for those who can pay and strengthen the public sector to better respond to the poor. Inequity in financing includes rampant informal payments in new EU member states and high uncontrolled levels of co-pays in the absence of accounting systems.
- More attention should be put on the health financial sustainability. Several EU health systems are already in financial dire straits. Some new EU member states face the challenges of the high pay-roll rates, pressure on the labor market and high out-of-pocket spending that leads to inequity in financing.
- There are huge inefficiencies in the hospital sector in some EU member states, that need to be addressed to save money that can then be invested in better quality care, and training for the work force to better respond to patient needs.
- Some priorities are as follows:
 - to ensure urgent care is available across the borders
 - to address public health threat, such as chemicals pollution, unsafe food and infectious diseases

Comments on Health Strategy

- to enhance transparent information systems across the borders, including services offered, the acceptance of health insurance from other nations, quality indicators, etc.
- to have a minimum package for hospital accreditation standards
- to enhance medical equipment labeling and standards
- to enhance food safety, not only in the market but also in the restaurant
- to combat poverty and social exclusion
- to meet the challenges of an ageing population
- to address gender inequality in various areas
- to have anti-corruption initiatives
- to enhance healthy life-styles, in terms of diet, exercise, smoking and drinking.

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 year and 10 year?

- Answering this question would amount to defining quantitative targets. It should be done in coordination with the member countries, after a proposal by a technical group.
- Since health outcomes need time to improve, a timeframe of 10 years seems reasonable. But on the other hand, 10 years is too long to have some meaningful policy directions. Strategies with 3-5 years timeframe, clearer types of interventions that can be a focus and priority of the EU, as well as definable markers for outcomes seems more interesting.
- Moreover, a unit could be set to estimate the cost of achieving these quantitative targets, highlight the best policies to do so, and facilitate the channeling of EU resources towards those policies.
- Again, priorities and challenges vary from region to region. The strategy and objectives should incorporate these variations.

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

- Benchmarking and sharing of best-practice
- Community level interventions and the associated impact evaluation
- Cross nation approach such as social inclusion
- Impact assessment shall be used as part of the guidance for future policies

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)?

- To make the benchmarking and best-practice more accessible to the general public
- To create different incentives (financial and social) in order to promote healthy behaviors
- To have an integrated approach for the objectives

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 and milestones be used? What measures or indicators could show real short term change, within early years of strategy?

- One way to measure progress could be to define quantitative targets appropriate to each of the countries. An example of such framework is the Millennium Development Goals MDGs. Obviously the MDGs are a very simplified framework for the EU countries, but it should be possible to define outcomes appropriate to the countries level of development.
- One of the areas where the EU could focus globally is that of monitoring the impact of policies towards achieving the quantitative targets. Gathering good quality and comparable data would be a prerequisite to assess the impact of policies. The choice of indicators depends on the nature of the interventions and the time frame of the interventions.

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 EU and Member States?

- As challenges are different in different regions, objectives should be set regionally, in cooperation with regional branches of other international organizations (like ECA and WHO Euro in the Bank for this region).
- Implementation should be largely shared by the member states for two purposes: (1) increased decentralization and engagement and (2) increased ownership
- Providing member states with incentives and timeframes
- Ensuring project sustainability

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

- Multilateral organizations like the World Bank have gathered significant experience in implementing successful programs and measuring the impact of those programs. Their experience could be put to practice in this initiative.
- Setting common objectives and harmonizing programme implementation rules between the organizations (or tailor programme rules according to specific countries and their requirements) would help to make international support globally and regionally more effective.

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