Regional Assembly Health Partnership

Comments on “Enabling Good Health for All” by the European Commission

Introduction

The regional assembly health partnership was asked to consider and comment upon the document “Enabling Good Health for All” by the European Commission, by the West Midlands in Europe office so as to inform a national response.

General comments

This paper is a very timely and a helpful document. It is excellent that the EU is considering its future health strategy.

The question of competencies in relation to health needs more discussion since it is a critical constraint on the methods by which the EU can pursue any strategy. It would be helpful to separate out those things, which the EU can do itself, and those things where it will rely on influencing member states.

The paper starts with some striking comparative statistics. One area where the EU has contributed and can contribute further is by facilitating harmonisation of how health data is collected and processed in member states. This would make it easier to interpret health statistics and draw lessons for action from those comparisons.

It is excellent that the paper calls for good health to become a driving force behind all policy making.

The Commission for Public and Patient Involvement would welcome an EU initiative on health for all. They would want to see Patient and Public Involvement (PPI) extended across Europe and built into the design and planning of health services and decision making. They would want to see PPI championed by European institutions, Parliament and the Commission. They would want to see the principles of subsidiarity and additionality applied to an EU initiative as well as a strong regional dimension to policy and practice to enhance connectivity at the local level.

The Learning and Skills Councils are particularly keen to see an increase in employer led initiatives which tackle some of the health issues described in the paper. As work becomes more sedentary in nature (desk and office bound), there is a need to look at research in this area (probably already done but not necessarily widely known) to demonstrate the links between working lives and increase in health related illness, ie increase in weight, less manual activity and how employers can assist in keeping the workforce healthy.

Balance between individual responsibility and socio economic factors, which affect health

It is also important that the paper recognises the importance of lifestyle and individual responsibility for health. This of course in no way negates the importance of socio-economic and environmental factors but both have to be recognised as important.
Probably lifestyle accounts for about 25-33% of the variance in health and socio-economic and environmental for about 50-75% of the variance. Enabling citizens to make the right (healthy) choices is an appropriate approach. Health information has tended to be neglected in recent years, partly because it is extremely difficult to do it effectively. If health education is to be undertaken it has to be sustained and culturally appropriate. It is unlikely that any single approach will be suitable for all member states or even all constituencies within any one-member state. The role for the EU is therefore to help member states develop methods that are appropriate for their populations and to help states learn from each others experience. Europe wide campaigns may have a limited role in encouraging states to act on specific issues but any such campaign will only be useful if it is sustained and massively supported with local action. EU could also help by encouraging the growth of academic support for health education and health promotion, which is seriously underdeveloped.

Another area where EU has an important influence on lifestyle is then coherence of its own policies. For example the discrepancy between encouraging people not to smoke and subsidising growth of tobacco has been widely remarked. Similarly there is a real danger that harmonisation (downwards) of alcohol taxation may increase problems of excess alcohol consumption. The EU should explicitly apply health impact assessment to these issues so it is clear what weight is being given to opposing policy goals.

**Communicable diseases**

Monitoring, early warning and action to control cross border threats from communicable disease are important.

**Pharmaceutical industry**

The pharmaceutical industry is important but there is a possibility of conflicting policy aims. On the one hand one wants to maximise profitability of the industry. On the other hand one wishes to minimise drug costs in European countries and the developing world. In Europe health care systems seek to purchase drugs at the lowest possible price. Similarly in the developing word there is a powerful argument for encouraging production of generics in order to make therapy more available to the population. The EU can assist in balancing these competing policy aims. There is also scope for reducing development costs by harmonising drug licensing procedures across the EU.

**The NHS as a “good corporate citizen”**

The importance of health in stimulating regional employment and economic growth is recognised. In UK there has been considerable thought about the “health dividend” and how the NHS can be a good corporate citizen. WHO has also given some thought to this issue with the “investment for health initiative in Italy”. The EU can encourage exchange of ideas between health systems in order to maximise the beneficial socio-economic effects of investment in health services. The EU can also usefully explore possible policy conflicts between free trade rules and maximising the benefits from health service investment.
Health Impact Assessment

The paper mentions Health Impact Assessment (HIA) as a device to help with putting health as the centre of EU policy making. This is excellent. However it needs to be recognised that HIA is a developing art and much work still needs to be done to make it rigorous and truly useful to policy makers. The EU can encourage this development by providing greater interchange between the current HIA community and the policy makers. It can also help by acting as a “critical” friend testing HIA in its own processes and frankly discussing its strengths and weaknesses. Ideally in most cases health impact assessment would become a routine part of the policy making process and be undertaken by the personnel responsible for policy development.
European Commission Health Reflection Strategy

Response on behalf of the UK, West Midlands Regional Health Partnership, the Coventry and Warwickshire Health and Regeneration Forum and West Midlands South Strategic Health Authority.

In light of the format of the Consultation document, it was felt necessary to draw out the key issues in the form of a questionnaire. This format has been retained in the submission of the document.

The West Midlands Regional Health Partnership represents the Health Care sector of the UK, West Midlands region. Its response was presented to the Coventry and Warwickshire Health and Regeneration Forum and the West Midlands South Strategic Health Authority where additional comments were incorporated. These comments are represented in the Key Issues sub heading below.

Key Issues

The general consensus of all responses received was that there should be more European Cohesion on Public Health Issues:

- **EU Health Infrastructure**
  The European Commission should invest more in a Health Infrastructure Network. This could be done through the EU Health Forum, however efforts must be made to ensure that the right individuals are involved. Effective networks would guarantee greater regional engagement thus facilitating the dissemination of EU Health Information throughout all regions of the EU. Enhanced regional coordination would help to deliver the health agenda to the localities and to cross sector public and private organisations involved in health. The Health Forum itself should be more structured with Working Groups, and knowledge exchange via an effective Knowledge Management System, and greater use of the Internet.

- **Central Storing of Health Data**
  Health Data across the EU should be centrally stored, accessible, comparable and exchanged. There should be a community wide database for Health Information documenting statistics, research completed and underway, opportunities for learning, and exchange of expertise and experience. It was suggested that this may be through the creation of a European Health Institute.

- **Training and Development of Health Professionals**
  The EU should invest more in the Training and Development of Health Professionals. The creation of such a central EU Health Institute could contribute to this in setting procedures for standardisation and some common training programmes.
**Health Information and Health Promotion**

Health Information and Promotion strategies should take a more Member State collaborative approach and be supported by EU wide campaigns. These should be sustainable and supported by local initiatives and community incentives. These campaigns in particular should focus on Alcohol, Nutrition, Tobacco and Communicable Diseases (HIV/AIDS, and TB). Tax on Alcohol should be harmonised up to Northern European levels and action should be taken to tackle advertising for junk foods. The Irish example on Tobacco should be adopted across the EU.

Health Promotion mechanisms should be developed by investing more in understanding the differences between Member States. All Health Promotion mechanisms should be culturally appropriate to the Member States they refer to. Regional European Health Promotion Centres with Health Information and Health Promotion training capacity, could be established to achieve this.

**Health Impact Assessments**

Common Health Impact Assessment initiatives need to be developed across the EU. Health must be mainstreamed into all policy areas in order for HIAs to be fully effective. Urban planning, Access to Transport, Housing and Employment Strategies should all take Health Impact Assessments into account. Employer lead initiatives for a healthy workforce must be considered under this and rewarded in line with the “Health is Wealth” subheading of the consultation document.

**Health Threats**

The EU should have a Union wide resource and capacity for responding to Health Threats. This may be in the form of an EU Task Force and would only be facilitated by greater cohesion between Member States.

**Trade**

The EU should assist Developing countries in public health policies without being threatened by trade sanctions. A compulsory licensing scheme should be used to ensure that essential drugs are available to developing countries. The World Health Organisation has an important role to play here.

**Public Health Research and Development**

There should be more opportunities for EU Funding in Public Health, Research and Development and in the creation of Health Information Networks. This would support regional engagement and encourage cross sector involvement in Health. It would place more emphasis on the importance of Health Research. One contributor suggested an EU requirement for Pharmaceutical companies to contribute a proportion of their research spend every year to ‘public interest’ health research. Greater European support would advocate greater European cohesion on Public Health initiatives and would go a long way to facilitating earlier and more meaningful engagement with local authorities. Local Authorities are the link between Europe and its citizens, they hold the key to bringing local citizens closer to the European Agenda.

SEE BELOW FOR THE OFFICIAL WEST MIDLANDS REGIONAL HEALTH PARTNERSHIP RESPONSE:

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**West Midlands Regional Health Partnership Response**

**General comment**

The reflection is a helpful and balanced document but needs to recognise the limited role of behaviours over which the individual has control. Most estimates suggest that these factors account for a quarter to a third of observed variance in health in a population. Thus lifestyle has an important contribution to make and health education (promotion of health literacy) is a worthwhile activity. However, the social and physical environment is also very important and accounts for rather more of the variance in health than lifestyle. It is thus essential that effort does not concentrate exclusively on lifestyle but also considers the context in which people exercise choices.

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<tr>
<th>1.</th>
<th>Can – or should – the EU do more to assist Member States in improving the cost efficiency of health care systems through exchange of good practice and better use of available capacity?</th>
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<td></td>
<td>Exchange of good practice is always useful. Probably this is most effectively done by facilitating bi-lateral exchanges rather than large meetings.</td>
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<td>National targets should be set by the EU based on percentage improvement away from baseline information. This would give member states a direction and would give the potential for EU comparison. Exchange of good practice from high achievers to low achievers in a given health cohort will assist in the raising of standards.</td>
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<th>2.</th>
<th>How can the EU invest in an EU-wide resource planning and capacity to provide better protection at lower cost against major threats to public Health?</th>
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<td>Major threats to public health do not respect administrative or political boundaries and so the EU has a role to play in facilitating cross border co-operation and planning, including emergency planning and rapid response, working closely with national member states and non-member states where necessary. Economies of scale need to be established to enable such investment and a case made for EU-wide resource planning and capacity – might be most benefit to utilise EU resources to support national and regional initiatives.</td>
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<th>3.</th>
<th>How can the EU invest in awareness-raising measures for healthy lifestyles?</th>
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<td>Influencing health behaviours is notoriously difficult and culture dependent. This means that measure will often need to be not just country specific but specific to different communities within those countries. However there is scope for health educators to learn from each others experience. Europe wide co-operations with special weeks or months also have a certain cachet and can help stimulate national interest and support national activity. It must be recognised that national or international “campaigns” are only useful when they are backed up with local activity to build on and reinforce the campaign messages which is continued. It follows that any Europe wide activity must be planned in co-operation with those who have responsibility for delivering the local activity.</td>
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<td>The EU could invest in the training and development of doctors and other healthcare professional staff to equip them with the knowledge and skills to help educate their patients about healthy lifestyles.</td>
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Campaigns tend to put the issue into the national/local spotlight for a brief period only. There needs to be an ongoing interaction with local communities. Healthy lifestyles should be attached to incentives so that communities can benefit from being involved in an ongoing and sustainable strategy.

4. **How should the EU work on AIDS and other communicable diseases develop?**

There should be an EU co-ordinated approach which would determine the socio-economic groupings of all member states in an attempt to identify those more at risk. It is important that members learn and share information and findings and, also be mindful of independence and differences. The approach needs to be transparent. The importance of good research and communication must be stressed.

5. **How can we enforce prevention of tobacco smoking effectively? Should all governments follow the Irish example and ban smoking in public places?**

The Irish example is excellent.

The EU may want to promote the Irish experience as good practice, and the European Parliament may want to determine a view.

It is important that there should be a multi-pronged approach to tobacco control and should not be just based on one aspect of tobacco control, which includes awareness and education.

6. **How can the EU step up work in bringing together national expertise on promotion and prevention in disseminating best practice?**

Develop a clear understanding of the wide difference in practice and organisation of public health and health promotion throughout Europe. Recognise the wide differences in training, duties and values of people working in this area. It should then be easier to learn form each other and understand why some ideas are transferable and other not. The theory of health promotion is badly underdeveloped and the academic contribution generally unimpressive. The EU could encourage the development of a few academic health promotion centres, which could stand comparison with the very best centres of epidemiology and sociology. It could do this by supporting exchanges and conferences.

The centres should be linked with centres having educational expertise so that effective based health promotion practices are learnt by doctors and other health professionals in their training and development.

The EU should develop a community wide database similar to the Knowledge Management System used by the Commission for Public and Patient Involvement and PPI Forums. Such a database would bring together good practices from all member states. This should be accessible by all health professionals and thus allow for a greater understanding of the different approaches used and the benefits obtained. Such a database would allow research and analysis information to be disseminated and co-ordinated. Individual States should set its own targets in liaison with the EU.
| 7. | **In tackling obesity can the EU do more than legislation for quality and safety of food products, awareness raising and dissemination of good practice? What other actions could the EU take on nutrition and obesity and on alcohol?**  
On alcohol the EU could seek to harmonise alcohol taxes up to Northern European levels rather than down to Southern European levels.  
The EU should co-ordinate and monitor the strategies of member States. These strategies should include targets for weight reduction allied to programmes of diet, physical activity and behaviour change amongst the communities of the member States. Legislation on food quality and safety should be reviewed and standardized where possible, and the policing of food quality should be improved with voluntary agreements being phased out and replaced by a legal structure. Education should be an important aspect and schools should be actively involved in promoting physical education, sport and healthy eating. Governments should encourage the healthier options and seek to fund appropriate local schemes.  
Laws already exist to combat alcohol abuse and discussions should take place to identify how these could be more effectively applied. |
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| 8. | **How could an effective EU Health impact assessment system operate on order to understand better how different issues and policies affect health?**  
EU is already promoting HIA as part of Strategic Environmental Assessments.  
The system should be integrated into all policy decisions to ensure that the health benefits of any policy are distributed in ways that reduce health inequalities. Health Impact Assessment must be part of routine practice for all policy making processes at Government level. The EU should be leading this process and encouraging member States to develop inclusive policies. |
| 9. | **How can we integrate Health and Health promotion into all policies?**  
There is a need to ensure greater co-ordination and/or delegation between national Governments which then cascades to local level. Policies need to be joined up so that links are created between policy areas which have traditionally been determined independently. Health Promotion professionals need to link with professionals from other sectors in order to achieve a cohesive approach. Health promotion must cover all the determinants of health and take a very broad perspective where unhealthy products, activities and lifestyles are also promoted in the wider market place. |
| 10. | **How can the EU do more to mainstream Health into Research Policy and the RTD framework programme, into regional policy, Structural Funds, Trade policy and development policy?**  
Achieve (9) above and set appropriate targets. This process would need to be supported by incentives to ensure compliance by national Governments. This area is very important and key to the EU adding value. Health needs to be fully integrated into existing and future EU programmes and funding streams – this will join up the issues, enable prevention and promotion to play a stronger part as well as connect with other health determinants that contribute to major public health issues. |
11. With regards Health Research would there be advantages in creating new health research structures in Europe to assemble the best expertise, such as a European equivalent of the National Institutes of Health in the United States?

The EU would benefit from the establishment of such a structure as it would enable a central body to objectively consider a range of different perspectives when determining priorities for health research which could be based on the greater good. Having access to its own experts and supported by funds from the organisation, researchers could focus on current and emerging public health needs.

12. The EU should build on mechanisms such as the EU Health Forum, to create mechanisms to work more closely with health stakeholders. How?

The Forum has an important role to play in EU policy making and programmes and needs to be involved in supporting patient and public involvement in the longer term through a wider infrastructure and networks. The Commission needs to consider appropriate funding for the continuing development of such an organisation. Membership of such an organisation should be balanced and interested stakeholders should be represented. Regional working groups with appropriate expertise should be set up to discuss topics of concern. Patient groups as well as scientific groups should be able to discuss the future planning of services and priorities.

13. Regular meetings with stakeholders and other communication channels, a European Health Day and EU-wide health surveys are all good ways of listening to the health community. What else should the EU do?

Promote the use of the internet. It is essential that mechanisms exist for visitors to the site to comment on proposals and ongoing work and that these comments are acknowledged and where appropriate, acted on. Discussion groups and messages boards relating to all progress reports, research and proposed policies should be on line. As mentioned earlier, a database similar to the Knowledge Management System would have the potential to be used in this way.

14. How can the EU help citizens to make informed choices about their health and foster partnerships to promote their participation in decision-making?

The EU could invest in the training and development of doctors and other healthcare professional staff to equip them with the knowledge and skills to help educate their patients about healthy lifestyles. With this knowledge, EU citizens would be better placed to make informed choices In order to give assistance to citizens, it is necessary to:-

- improve information and knowledge by publishing health information in an understandable format.
- improve the response and co-ordination to threats to health.
- promote good health and prevent disease through addressing health issues.
- publicise the mechanisms for patient participation in the decision making process and the benefits of doing so both to the individual and to citizens generally.
- involve patients and the public in the design and development of health services and decisions.
15. **How can the EU develop an EU analysis of Health Data on which to base more effective health policies at national and EU levels?**

There is no shortage of health information in the EU, although it may be collected in different. Health statistics are kept by all national governments, universities, non-governmental organisations and commercial companies albeit that much of this information is fragmented. All of this information should be harnessed, analysed and made available through an EU public health website which could provide a platform for future health information and action projects. It could bring EU Public Health information under a single point of access. This would in turn network and support national systems which would allow the information to be fed into national policy making frameworks.

16. **How can the EU show more leadership in shaping the role of health in the international arena?**

The EU needs to create a central body with a responsibility for health issues. This body can then speak on behalf of the member states in the international arena. Not only would this co-ordinate the efforts of member states but it would demonstrate to the international community the importance that is attached to health issues by the EU. In concentrating on this role, the EU would need to maintain a respect for subsidiarity.

17. **How can the EU develop a trade policy that defends health interests and does not hamper for example access to medicines in the developing countries? Or a development policy that gives full priority to helping the third world develop health systems and fight disease?**

Globalisation and more liberalised markets in goods also involve substances that are detrimental to health. Policy makers need to recognise the need for regulatory public health policies on the grounds of health concerns. The EU has a very important role in this process. Developing countries should have the opportunities to maintain broad public health policies without being threatened by trade sanctions. The most meaningful way to achieve access to pharmaceuticals in developing countries is through the use and prioritisation of essential drugs (see WHO list of essential drugs), the import or production of generic pharmaceuticals, and when necessary the import or production of generic pharmaceuticals using a compulsory licensing scheme.

18. **How can strategies be transformed into concrete outputs and deliverables. How can more resources be drawn in to achieve this?**

The benefits of integrated health policies can be demonstrated by cost/benefit analysis and economies can be identified based on health gain. Albeit these economies are long term, they demonstrate the benefits of pursuing the policies. Against these economies, strategies can be turned into action plans and adequate resources can be assigned based on the long term return on investment.
This paper represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumer Protection DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.