ANNEX 3

Health Systems Network Comments on Policy Assessment – Feedback Table

We would like to express our gratitude for all the valuable and constructive comments we have received from the experts of the network. The following table lists the comments which require action or clarification. We have not included in this list the many positive and encouraging comments. Also not included are minor editorial comments. Some few comments clearly outside the scope of the health systems impact assessment were not included either.

WHO Observatory

5 September 2006

| Comment by Network Member | Action taken or clarification | |
|--|---|--|
| General comments | | |
| Clarifying the title: is the document already | Yes, we will clarify the title | |
| the assessment or part of the tool? | | |
| The elements of the policy (Social Provision, | The policy assessment is following the | |
| European Social Fund, and Education | policies as stipulated in the Treaty. The three | |
| Vocational Training and Youth) are unrelated | elements are indeed loosely connected. | |
| and could be treated separately; combination | However, some actions under the Social | |
| of the policy is unclear since it falls in the | Provision chapter are funded by the European | |
| remit of different DGs | Social Fund. | |
| Who is the recipient, the desk officer or the | The impact assessment should facilitated | |
| public health community? | communication between the non-health sector | |
| | and the health sector. Therefore, the text | |
| | should be comprehensible to both sides. That | |
| | entails, however, that some issues are | |
| | explained in more detail than it would be | |
| | needed for a single audience. | |

| Let the text end with a positive idea supporting the desk officer | Yes, we will follow the suggestion | |
|--|---|--|
| Introduction | | |
| Shorten the introduction | For the purpose of the review we have included in some detail the background of the document. This can be shortened for the web- version | |
| The mechanism of policy impact on health systems | | |
| More details Shorten this section The poicy may | We suggest not to expand this section since the document is already quite long. It is difficult to shorten it, since both the desk officer and the public health community need to acquire a conceptual understanding which conveys the message that a) health systems are affected by other polices that are b) not drafted by DG SANCO and c) there were substantial impacts in the past. | |
| benefit from a table to provide an overview | | |
| Is social policy broader than the material covered by this policy assessment? | Social policy in the Member States is certainly broader and will vary between them. However, the draft assessment is confined to the definition of social policy according to the Treaty. The co-ordination of social protection schemes (Directive 1408/71) is not part of the EU social policy. | |
| Case studies on past impacts | | |
| Focus on 2-3 countries to provide more detail Focusing on 1 case (WT directive) | Given the number of countries in the EU and their differences in health systems, impacts | |

| | may vary widely. It would be difficult to give | |
|--|---|--|
| | reasons for a selection. Since the document's | |
| | purpose is to support the desk officer | |
| | assessing a specific proposal, it is | |
| | questionable if the document needs to include | |
| | all the details. | |
| | | |
| The internal market directive has been left | The internal market directive is not part of the | |
| out | social policy and therefore not included as a | |
| | case study. | |
| Case study on EWTD clarification on | Yes, we have clarified this. | |
| 48/52hrs maximum working time. | | |
| The cases are all related to health care in a | No, they are rather indirect. The directives | |
| direct and clear way. | are neither based on the public health article | |
| | nor drafted by DG SANCO | |
| Asbestos case applies to all organizations not | Yes the Asbestos directives are not | |
| just to health care. | exclusively aimed at health care | |
| | organizations. One aim of developing a tool | |
| | for health systems impact assessment is to | |
| | highlight the possible impact on health | |
| | systems of proposals which do not have an | |
| | obvious link to health. | |
| Relevance and magnitude of impacts | | |
| Open Method of Coordination: what about | It remains unclear how reporting | |
| the reporting requirements | requirements can interfere with health system | |
| | functions and health systems objectives. | |
| OMC effects | As a "soft law" mechanism, the OMC may | |
| | indeed have effects on Member States. | |
| | However, the implementation is entirely at | |
| | the discretion of the Member States. | |
| All impacts or only the larger ones? | We will try to mention the minor impacts. | |
| The impacts of only the farger ones: | real fraction of the second | |

| | the health systems objectives. |
|--|--------------------------------|
|--|--------------------------------|