COMMON VALUES AND PRINCIPLES OF THE EUROPEAN UNION

Remarks by
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Introduction

Thank you for inviting me to speak here today. The title of this conference is – "Shaping the future for Community action on health services", which is very appropriate.

- 2007 is a year where the EU is taking stock of 50 years of cooperation and looking ahead to the next 50 years.
- A year where Bulgaria and Romania have been welcomed into the European Union, marking a historic increase to 27 Member States.
- And a year in which DG SANCO is looking ahead and setting the direction and priorities for the future.

I will speak today about the challenges of improving health across the EU, and the reasons why this is important – for people's individual wellbeing, which is a worthwhile aim in itself, and for the European Community's long term aims of economic prosperity and sustainability across the Union.

I will then focus on two key initiatives for 2007:

- First, the forthcoming Community Health Strategy, which aims to put a new, coherent framework in place for achieving key aims over the coming years.
• Second, the forthcoming EU initiative on healthcare, which will look specifically about the challenges facing health systems, including issues such as cross-border care.

**Improving Health Across an Enlarged EU**

*Health inequalities and the need to invest in health*

- Investing to improve population health is an end in itself.

- European citizens should live in healthy conditions and have easy access to good quality health services regardless of their nationality or place of residence.

- But there are wide health gaps across the EU. Latest figures (2005) show life expectancy in Latvia is 65 years – in Sweden it is 78 years. And even more worryingly the gap is widening; the Latvian figure actually dropped compared with the previous year.

- And there are wide gaps within countries too. Many regions, particularly in the newer Member States, lack efficient health systems. Many have scattered resources and not enough local health facilities to meet population needs. Many do not have the latest equipment, or enough well-trained medical staff.
Many countries also find it difficult to invest in much-needed health prevention and promotion when there are major gaps in terms of basic infrastructure or equipment to tackle health emergencies.

Mobilising funds for health improvement is therefore crucial to help ensure "the right of access to preventive healthcare and the right to benefit from medical treatment".

And there are clear inequalities between different groups of people too. It is well known that many health problems are more prevalent for socially disadvantaged people, particularly those linked to lifestyles, such as smoking-related diseases and obesity-related diseases. Minority groups often have lower health status within regions, and we also see inequalities between men and women.

There is a clear need to address these gaps in health, and to raise standards for those groups experiencing inequality.

Health drives growth /Health as a driver of productivity

The health gap between and within Member States goes hand in hand with the economic gap. Health status impacts on productivity, on labour participation and on economic growth.
A healthy population is a necessary condition for a productive workforce, for a high labour supply and for keeping more older people at work.

If we invest to improve people’s health in the long-term, we increase people’s life expectancy in good health, and we enable them to continue working as they grow older.

A healthy population also means less demand on healthcare in the long run, lower labour costs and therefore more sustainable public finances.

This is why the Lisbon agenda focuses on increasing Healthy Life Years as a way to attract more people into employment. The Lisbon agenda also foresees the need to reduce the important differences between Member States in terms of life expectancy, incidence of major diseases and health capability across the EU.

As part of the Lisbon Agenda for Growth, Competitiveness and Employment, reducing the ill-health burden in Europe is therefore a vital target in order to minimise economic loss and increase the quality of life of citizens.
Health and regional development

- Structural funds may play a key role in reducing health gaps and health inequalities across Europe, and they are also an effective tool to achieve the so-called Lisbon objectives, seeking to create more growth and jobs.

- Structural Funds can help reduce health disparities in the level of development between EU regions by investments in infrastructure, innovative capacity and human capital, and thus contribute towards increasing economic and social cohesion between and within EU Member States.

- Health features as one of the priority areas for investment within the new regulations for the use of Structural Funds in 2007-13. The Funds can be used to develop health infrastructure, and to develop better cooperation and joint use of infrastructure across regions. Alongside this the European Social Funds continue to be used for health investment in human resources, training and capacity building.

- Encouragingly, we are seeing investment in health being integrated into national plans for the use of Funds in Member States for the period 2007-13.
- But, to be effective these investments need to be targeted and based on a thorough analysis of the health needs. Sufficient clarity as to the long-term and strategic nature of the investments in health is therefore essential. Member States need to prioritise health in their national plans as a long-term investment both for population health and for growth and competitiveness.

- The Commission, and in particular DG SANCO, is actively engaged in working with Member States to ensure that the opportunities in mobilising Structural Funds for Health are fully seized.

- The EU-12 countries are particularly keen to channel Structural Funds to improve their health services and infrastructure. In these countries, the health needs of the population are many, and there is an urgent need to act.

- Looking at the two newest Member States, in the period 2007-13 Romania is expected to receive 17 billion euros and Bulgaria 6 billion euros in cohesion and convergence funds. A key challenge will be to spend this funding effectively, and in ways which support health as well as other aims.

- Mobilising Structural Funds for health improvements will help Member States to close the gap in Healthy Life Years; and it will also enable
more sustainable public budgets, especially in the more wealthy countries.

- The door to allowing broad health investment using the Structural Funds is open. But the challenge will be to ensure that the Structural Funds are effectively used to deliver a co-ordinated, focused and long-term response to the many health challenges that an enlarged EU faces.
A New EU Health Strategy

- One ambitious and important step we are taking this year is shaping a new European Community Health Strategy which will set the direction of EU health policy for the decade to come.

- Europe is changing, and faces many new challenges. The population is ageing – by 2050 there will be 70% more people aged over 65 in the EU. New technologies have changed the way we live and work. Citizens want more control over their own health, but the information they obtain is not always reliable. Globalisation is increasing. Climate change is looming.

- We see new communicable disease threats such as avian influenza, and we also see the consequences to health of choices we make as individuals in the modern world in terms of diet, smoking, exercise and so on. For example, people are consuming 500 calories more per day than they did 40 years ago – and more than 1 in 3 EU citizens does no exercise in their leisure time.

- There is clearly a growing demand for the EU to act on health, and the Commission is already addressing many of these areas.
We have made good progress in the multi-stakeholder Nutrition Platform, for example. We play a key role in coordinating Member States preparedness for a pandemic. And we work closely with other sectors on a wide range of issues from pharmaceuticals to the environment.

But the time has come to take a new strategic approach. We need a coherent framework which sets broad health objectives for the future, and which addresses these challenges.

We are not starting from scratch. We began with a reflection process consultation in late 2004, called 'Enabling Good Health for All'. Many of you may have contributed to that consultation. It asked very openly what we should be doing at EU level in the field of health.

The messages we were given from a broad range of stakeholders was that a European Community strategy should include a focus on the following:

- **Mainstreaming health** into all Community policies;
- **health inequalities** across the EU;
- **health promotion** and disease prevention
- **key issues** such as mental health and cross-border matters.
- **And global health**; which I will come back to shortly.

  o We went on to give a further opportunity for comments in a consultation process that closed on 12 February this year. This time we asked practical questions about how we should set objectives and mechanisms to drive real change. The response was good – and we are currently analysing the material we have received.

  o Now we need an ambitious **strategic framework** setting out **overarching objectives, priorities and milestones** for European health policy. These objectives will set the direction for the coming years, and will aim to tackle some of the challenges we are facing in a changing Europe.

  o Importantly, this will not be just for DG SANCO. Many other Commission Services are working towards the same health goals. For example DG Enterprise works on pharmaceuticals and medical devices; DG Environment works on improving air and water quality; Research policy, Regional policy, and many others provide vital contributions towards health aims.
We have heeded calls from the consultation processes, and from the Finnish Council Presidency in the latter part of 2006, to better link together all sectors that are working together towards the same broad aims for health. A key element of the new Strategy will therefore be this renewed focus on *Health In All Policies*.

Secondly, as I mentioned before, the Strategy will take a new approach to **global health issues**. European health is affected by the world outside. But looking outside Europe does not mean just protecting ourselves from communicable disease like AIDS or pandemic flu coming from developing countries.

The EU is increasingly called upon to work with other international organisations to show leadership in tackling health issues beyond EU borders, as globalisation leads to more and more movement of goods, people and services internationally.

For example, the 'brain drain' of health professionals to developed countries is one issue that clearly needs to be tackled. It is time to set clear objectives for the "Europe in the world" in the area of health, again working more closely with other sectors such as the Development and Enlargement sectors.
And as we clearly do not want this Strategy to be just a paper exercise, we are also going to look at the **new mechanisms** that will be needed to make things happen. We need to ensure that we are connecting with partners in the most efficient and effective ways, across the Commission, with Member States and with stakeholders. All players will need to come together to tackle the challenges ahead of us.

The Strategy will be adopted by the Commission later this year.
A new EU Initiative on Healthcare

I will now turn to the new EU initiative on health services.

- Issues of health services, and in particular the application of Community law to health services, have been much discussed at European level in recent years.

- Now the time is approaching to take action on these issues. We need to address current uncertainties about the application of Community law to health services, and to provide support for efforts to improve effectiveness and efficiency of national health systems.

- This is why we are bringing forward a new initiative on health services in the EU – in order to provide a clear framework for safe, high-quality and efficient health services.

- Let me stress once again that EU action on health services does not mean or imply harmonising national health systems. The benefits provided by national health systems and their organisation should and will remain the responsibility of the Member States.
o Rather, such an EU framework will help Member States to improve efficiency and effectiveness within their own national healthcare systems, whilst respecting both Community law as well as the social and health values on which those systems are based. **The aim of this initiative is threefold:**

o **First** and from the short-term perspective, this initiative will provide more certainty regarding the cross-border healthcare and more clarity regarding general application of Community law to national health services.

  - Patients normally prefer to be treated near to their homes whenever possible. But sometimes the healthcare they need is provided in another Member State. A current lack of information and uncertainties regarding patient rights and quality of treatment abroad can prevent patients from seeking out these opportunities.

  - A recent survey in one Member State found that while 25% of the population were in principle interested in healthcare abroad (provided that it would be reimbursed at normal rates), only 2% had in fact used such healthcare.
• But this initiative is not only about patients. Health professionals would also benefit – they would have a clear framework for issues beyond those already addressed by mutual recognition of qualifications – in particular, over their clinical and administrative obligations to patients from other Member States, and their liability if there are errors or inadvertent harm.

- Second, this initiative would also help national health systems to better address the common challenges that all the health systems are facing at the moment and to improve overall efficiency of healthcare in the EU.
  
  - It is primary responsibility of the Member States to provide sufficient efforts in order to address these issues. However, in this field there are several areas where the scale or nature of action is such that it would be most effective if undertaken at EU level.
  
  - Health technology assessment is a good example, where it is more efficient for everyone to collaborate on assessing new health technologies rather than duplicating assessments across the Member States.
• A clear framework at EU level would also provide clarity for healthcare purchasers and health insurers to take full advantage of healthcare provision possibilities in other Member States, such as through European networks of centres of reference;

• And once we provide Member States with sufficient legal clarity over the extent and nature of the impact of Community rules on their healthcare systems, they would be able to better manage their health systems whilst fulfilling their commitments under Community law.

• EU health ministers identified last year a set of common overarching values underpinning EU healthcare systems – which is a good reference point for any Community action in this area. The next step is to provide a framework for the Member States within which they can implement these principles.

  o **Third** and from the long-term perspective, this initiative would help to reduce inequalities and disparities between Member States and regions by enabling interaction and cooperation between different health systems.
This would facilitate effective transfer of best practice and innovation between the Member States and regions and thus improving the situation in the parts of the EU that are lagging behind.

- A very good example of this development is the Europe Against Cancer programme, which developed for the first time comparative statistics about outcomes for different cancers across Europe. The outcomes revealed some quite dramatic variations between Member States, and prompted action in a number of countries on the reforms of cancer services over recent years.
- This illustrates the power of comparative statistics, but also more generally of the cooperation at European level and interaction between national health systems.

But the Commission cannot achieve these goals on its own. We need to work together with all health stakeholders if we are to achieve the outcomes to which we aspire. This is why we first held a broad consultation on these issues.
This public consultation was formally closed at the end of January this year. We have received more than 270 contributions – most of them of high quality with many interesting ideas. We are now finalising the analysis of the consultation and on that basis then plan to bring forward proposals later this year.

Without prejudice to this in-depth analysis of the consultation, a first assessment of the contributions received broadly confirms the need for some kind of Community action to address the range of issues set out in the consultation paper such as the need for legal certainty and support to cooperation between health systems.

The contributions provide many different views on the details, but the overall picture is clear - there does seem to be potential added value for patients, professionals and health systems overall from some form of Community action on health services.

The lack of comprehensive reliable data on cross-border healthcare was broadly confirmed. However, the contributions also suggest that in some areas where we have such data, the current impact seems to be somewhat bigger than we estimated in our consultation paper. This applies, for example, to some medical specialties, border regions and tourist areas, and underlines the need for action.

A surprisingly high number of contributors also identified the need for clear and transparent information as a key area of action. We
will need to take that into consideration. There were also clearly concerns about ensuring quality and safety of cross-border healthcare, as well as redress if things go wrong.

- Many stakeholders also emphasised the need to respect social objectives, as well as common values such as universality, access to good quality care, equity and solidarity as set out by health ministers in June 2006. These provide a good reference point for any Community action.

- The challenge therefore is not to make a choice of either having the benefits of the internal market or respecting social values, but to put in place a framework that can bring both the benefits of freedom of movement and respect for health objectives and social values.

- I hope that we will soon receive the European Parliament's contribution on these issues. In any event, a summary report of the contributions will be available later in the Spring.

- Health ministers will also discuss all the views received from the consultation at the informal council in Aachen on the 19th and 20th of April.

- On that basis, the Commission then plans to bring forward concrete proposals later in 2007. This is likely to be a package of
different measures. Some problems may require legal solutions. But in other areas, practical cooperation, better transparency and exchanges of information and expertise may be more effective.

- We cannot hope to solve every problem at once. We will proceed step by step, and some issues may need to be left for future proposals. The Commission plans specific further initiatives on patient safety and health professionals in 2008, for example.

- In any case, our benchmark must remain what works in practice for patients and for health systems as a whole. I look forward to your continued input in helping to ensure that we meet that test.

**Conclusion**

- To conclude, this is an exciting time for DG SANCO, for the EU, and for the whole health community. The world is changing rapidly and we continue to look ahead and to work towards meeting the challenges facing us. And it is important that we work together and learn from each other as we go forward.

- For that reason I would like to thank the organisers for organising this health conference. It gives us a good opportunity to share knowledge, views and expertise, and I am sure that the sessions today will be a rich source of interesting and fruitful discussions.

- Thank you.