

Final

EHPF
EU
HEALTH POLICY
FORUM

Recommendations on
**HEALTH AND
ENLARGEMENT**

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<p style="text-align: center;">EU HEALTH POLICY FORUM</p> <p style="text-align: center;">RECOMMENDATIONS HEALTH AND ENLARGEMENT</p>

ABSTRACT

The EU faces great health challenges through the enlargement. A particular challenge is posed by the variations in health status between current EU Member States and some Candidate Countries. An important response is development of civil society by securing infrastructures, resources, information, access to policy makers, and the opportunity to network.

Another challenge is posed by the weaker institutional capacity of the health systems in some Candidate Countries. This weaker institutional capacity could create potential problems in relation to the EU internal market, the free movement of patients and professionals, pharmaceutical policy, tobacco advertising and food safety. These challenges will require longer term EU solutions.

Some of these could be to promote the economic case for investment in public health and health systems, to build capacity of health and healthcare related NGOs, to support national action, to use the EU Public Health Programme specifically on the Candidate Countries, to ensure coordination of work on health and enlargement, and to secure the availability of financial support for the accessing countries.

Keywords

Health status
Health systems
Non-governmental organisations
Financial support
Coordination

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EU FORUM ZUR GESUNDHEITSPOLITIK
GESUNDHEIT UND ERWEITERUNG EMPFEHLUNGEN

AUSZUG

Die EU sieht sich durch die Erweiterung vor große Herausforderungen gestellt. Eine besondere Problematik stellt sich durch die Unterschiede im Gesundheitszustand zwischen der Bevölkerung der Mitgliedstaaten und der Bevölkerung einiger Beitrittsländer. Der Ausbau der Zivilgesellschaft, die Gewährleistung von geeigneten Infrastrukturen, Ressourcen und Informationen, der Zugang zu politischen Entscheidungsträgern und die Möglichkeit zur Vernetzung sind in diesem Zusammenhang Maßnahmen von großer Wichtigkeit.

Eine weitere Herausforderung stellt sich durch die schwächere institutionelle Struktur der Gesundheitssysteme in einigen Beitrittsländern. Diese Schwäche kann zu Problemen in Bezug auf den europäischen Binnenmarkt, die Freizügigkeit von Patienten und den Angehörigen medizinischer Berufe, die pharmazeutische Politik, die Tabakwerbung und die Lebensmittelsicherheit führen. Diese Problemfelder erfordern längerfristige Lösungen auf EU-Ebene.

Lösungsmöglichkeiten lägen in der wirtschaftlichen Förderung von Investitionen in die öffentliche Gesundheit und die Gesundheitssysteme, im Aufbau von Kapazitäten im Bereich Gesundheit und Gesundheitsversorgung im Rahmen von NRO, in der Unterstützung nationaler Maßnahmen, durch Ausrichtung des EU-Programms zur öffentlichen Gesundheit auf die Beitrittsländer, durch gesicherte Koordination der Arbeiten in den Bereichen Gesundheit und Erweiterung sowie durch die Verfügbarkeit von finanzieller Unterstützung für die Beitrittsländer.

Schlüsselbegriffe

Gesundheitszustand
Gesundheitssysteme
Nichtregierungsorganisationen
Finanzielle Unterstützung
Koordination

FORUM UE SUR LA POLITIQUE DE LA SANTÉ
RECOMMANDATIONS SANTÉ ET ÉLARGISSEMENT

RÉSUMÉ

Dans le domaine de la santé, les défis de l'élargissement sont considérables. Citons notamment celui que représentent les disparités observées entre les situations sanitaires dans les États membres actuels de l'UE et certains pays candidats. Le développement de la société civile, en garantissant des infrastructures, des ressources, une information, l'accès aux décideurs et la possibilité d'une mise en réseau, constitue à cet égard une réponse importante.

La moindre capacité institutionnelle des systèmes de santé dans certains pays candidats représente un autre défi. Elle pourrait créer des problèmes par rapport au marché intérieur européen, à la libre circulation des patients et des professionnels de la santé, à la politique pharmaceutique, à la publicité concernant les produits du tabac et à la sécurité alimentaire. De tels défis requerront des solutions à plus long terme à l'échelle de l'UE.

Certaines pourraient consister à promouvoir la validité économique d'un investissement dans la santé publique et les systèmes de santé, à renforcer le pouvoir d'action des ONG du secteur sanitaire, à soutenir les actions nationales, à axer le programme de santé publique de l'UE sur les pays candidats, à assurer la coordination des travaux sur la santé et l'élargissement et à garantir aux pays adhérents un soutien financier.

Mots clés

Situation sanitaire
Systèmes de santé
Organisations non gouvernementales
Soutien financier
Coordination

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Recommendations on Health and Enlargement

To: The European Commission and other EU institutions including the European Investment Bank - with particular reference to those Committees and Directorates responsible for health, enlargement, research, environment, EU internal market and agriculture.

National representatives of EU Member States and Candidate Countries.

The wider European health community including health and healthcare related NGO's and other representative groups.

Introductory remarks

At the first full session of the EHPF in November 2001 it was decided that health and enlargement should be one of the key priorities to be addressed. It was selected as the main topic for discussion for the July 2002 session which led to the development of a series of recommendations coordinated by the European Heart Network (EHN) on the citizens dimension and the European Health Management Association (EHMA) on health care related issues. These were submitted to a consultation process involving all EHPF members and amendments were discussed at a preparatory meeting held in October 2002. The present document is the final result of this consultation exercise.

Background

While recognising that public health and healthcare challenges confront both the existing and enlarged European Union, some Candidate Countries face particular challenges which need to be addressed, not only in the current context as Candidate Countries but also as future full Members of the European Union. Although the EU accession process has concentrated on implementing the main body of EU legislation, the 'acquis communautaire', non-acquis related health concerns have been largely ignored in the process.

Citizens dimension and public health

The key health challenges facing an enlarged European Union are not unique to the Candidate Countries alone. However, there is a particular challenge posed by variations in health status between current EU Member States and some Candidate Countries. In some Candidate Countries, life expectancy is significantly lower - with men dying 7 years earlier than men in EU Member States - and infant mortality is far higher.

Fundamental health threats in Candidate Countries include non-communicable diseases: cardiovascular disease, cancer and injuries. Even though these remain the biggest killers in both Candidate Countries and existing Member States there is still a

significant gap, with death rates decreasing sharply across east to west European countries.

While the whole of Europe is facing similar challenges, health status in some Candidate Countries is under serious threat from the increasing prevalence of communicable diseases: the incidence of tuberculosis, hepatitis, HIV/Aids and diphtheria is growing at an alarming rate in some Candidate Countries.

Throughout Europe these health threats are exacerbated through insufficient action to tackle the determinants of health status but particular support is required in some Candidate Countries to address these issues: smoking, poor diet, alcohol, physical inactivity, environmental issues, social inequalities and poverty.

The effectiveness of European responses to these challenges is partly dependent on a developed 'civil society' and support is required to achieve this in specific sectors in some Candidate Countries. This is especially true in the public health arena where some public health infrastructures have been eroded through the transition from former socialist systems. In addition, we need to ensure that levels of personal responsibility for health, citizen involvement in policy making, and NGO capacity are at the highest standards in ALL countries of the future European Union and take specific action where this is not the case.

By building and supporting the growth of 'civil society' many health determinants can be tackled. Civil society can help support the development of public health policy and assist in the development of the public health infrastructure. It can also help deliver health promotion and support health policy development.

In order to do this, civil society must be supported by: the appropriate infrastructures, adequate resources, quality information, access to policy makers and the opportunity to network with key groups and representatives.

Health care

As with the Citizens Dimension, important concerns also exist with regard to health care which are not unique to the Candidate Countries. However, evidence shows that health systems in some Candidate Countries have weaker institutional capacities. Variations exist in the quality and equity of services provided with some particular concerns relating to overcapacity, inadequate infrastructure, and poorly paid health professionals who strive to make up for deficiencies in their health systems. Financial resources allocated to health are very limited in many of these countries and, while true for some existing Member States, there may also be a need for greater efficiency. Of course, the level of faith people have in their health systems varies across both the existing EU and Candidate Countries. However, while not totally unique to the future Member States, particular issues relating to the high prevalence of different forms of dishonesty and the persistence of informal payments may be jeopardising the goal of equity. The capacity of public health institutions is weak in some Candidate Countries and a modern public health concept may need to be strengthened in place of the former Sanepid 'inspectorate' philosophy.

All health ministries, whether EU or Candidate Country, should assume the role of 'steering' the whole health system but particular challenges exist in some Candidate

Countries to achieving this goal. Public health priorities are not always set and ‘public good’ activities such as immunisation or health promotion are sometimes insufficiently carried out. Regulation and, importantly, enforcement mechanisms to ensure the proper functioning of health systems can be absent and large parts of the population, especially the poor, may find themselves excluded.

Therefore, in an enlarged European Union, potential problems exist in relation to the EU internal market, the free movement of patients (issues of cross border care), free movement of professionals (topics such as professional qualifications, potential ‘brain drain’), pharmaceutical policy, tobacco advertising and food safety. Weak institutional capacity and lack of experience might prohibit some countries from participating fully in the existing EU communicable disease network or the new EU public health programme. In addition, the transposed health related acquis might not be sufficiently enforced.

Health system changes in the Candidate Countries have been supported by the EU in a variety of ways over the last decade. Support provided through the ‘Phare’ programme has moved from responding to health system needs towards the requirements of the accession process itself. Twinning projects have assisted the transposition and implementation of a series of health related acquis such as phyto-sanitary controls and food safety measures. The World Bank, the WHO and others have been active in the region and many EU Member States have provided bilateral aid. Even though most of these activities have individually been very useful, often the lack of a clear public health strategy at country and/or EU level have meant that they have remained largely uncoordinated with each institution/country applying its own strategy. A “health driven” approach, with a clear coordinated health strategy built into the enlargement process, together with adequate measures and indicators would ensure that all developments and reforms move in the right direction.

Much has already been achieved and most health related chapters in the negotiation process are now completed. The European Commission Staff Working Paper SEC(1999)713 of June 1999 identified key issues and response options and some of these have since been implemented but an updated assessment of the current situation would be useful. The European Parliament looked into health and enlargement issues in the Needle report (1999) and the Bowis report (2000). Moreover, health and enlargement has been on successive Council of Ministers’ agendas. Candidate Countries are increasingly involved in health related activities at EU level, such as the High Level Committee on Health.

However, despite all of these actions and activities, persisting gaps and challenges suggest that there is still a lot to do. The EHPF believes that a more important role should be assumed generally by the European Union on health throughout an enlarged Union. As enlargement itself is just on the horizon work must begin very quickly, but account should also be taken of the fact that many of these challenges, currently seen as *enlargement* challenges, will require longer term *EU* solutions and new arrangements when the Candidate Countries become full members of the European Union.

EHPF recommendations

A) Promote the economic case for investment in public health and health systems

While relevant to the existing EU, the particular and competing policy demands of economic transition and development in some Candidate Countries mean that it is of particular importance to show that investing in health can promote economic development through reduced health care (services and treatment) costs, reduced welfare payments and increased productivity through reduced morbidity. Harnessing economic arguments would also raise the political profile of health. Community level actions should include:

- a) Positioning health as a key economic driver in Member States and the EU Single Market
- b) Supporting work on economic modelling and forecasting for public health determinants and non-communicable diseases and communicable diseases.
- c) Investment to increase the efficiency of health systems and contribute to the overall sustainability of health systems, and, therefore, macroeconomic stability and growth.
- d) The institutional capacity of health systems should be strengthened. This is an important factor in responding to health care needs of the population, but it is also an important factor in being able to attract and retain productive workers and enterprises that can contribute to the country's economic growth.
- e) Public health infrastructures should be reinforced to deliver improved public health interventions and ensure optimum participation in EU public health programmes.

B) Building capacity of health and healthcare related NGOs and other representative groups

The presence of well-informed, well-resourced, active and capable NGOs is essential to ensure the development and enhancement of public health and health care across an enlarged EU. Importantly, existing NGOs and other representative groups have a key role to play in developing capacity and sharing experience and expertise across the Candidate Countries. In addition, the European Health Policy Forum recommends that:

- 1) Together, the Candidate Countries and existing Member States should:
 - a) Share expertise/resources to support the further development of health and healthcare related NGOs and other representative groups in the Candidate Countries, including the capacity of social partners, recognising the value of social dialogue.
 - b) With support from Member States, Candidate Countries should actively promote health and healthcare related NGOs and other representative groups and create a favourable legislative framework for them.

- 2) DG Sanco should lead Commission initiatives to:
 - a) Support the initiatives mentioned in 1a and 1b and provide support to enable networks of EU and Candidate Country health and healthcare related NGOs and other representative groups to share best practices and exchange information; to help develop Candidate Country NGOs advocacy skills; to consider challenges facing Candidate Countries' NGOs and how the Commission & EU NGOs can support them.
 - b) Provide support to bring together Member State and Candidate Country NGOs to develop strategies to tackle health determinants, convene workshops on the key health determinants: nutrition, physical activity, tobacco, inequalities, alcohol, drugs, mental health, injuries and sexual behaviour targeted at Candidate Country audiences.

- 3) The European Health Forum conference, open to the wider health community and planned for 2004, should, as a priority, invite health and healthcare related NGOs and other representative groups from the Candidate Countries (by then new Member States). Activities at this conference should pay particular attention to providing for effective networking.

C) European Union Supranational Function

The need to reinforce the supranational stewardship function at European Community level for health and healthcare (particularly cross-border issues) is even more evident in light of the challenges of enlargement and the significant institutional capacity gaps which may exist in some Candidate Countries. The occasion of enlargement should be seized by the European Commission as the opportunity to bring forward much needed initiatives to support national actions in the following areas:

1) Action on Public Health

- a) Examine and assess the impact of current EU policies on health and the future impact on Candidate Countries.
- b) Examine and assess the impact of enlargement on health in the European Union as a whole (e.g. increasing health inequalities between east and west EU Member States).

2) Action on Health Care

- a) The promotion and convergence of health care quality standards and improvement methodologies, including professional qualifications and continuous professional development. The process of developing appropriate guiding principles should be based on evidence and involve all relevant players, including those from the Candidate Countries.
- b) The promotion of benchmarking, exchange of best practices and information/data in the field of health and health care in the EU and in the Candidate Countries.
- c) The promotion of modern public health concepts in differing cultures and traditions throughout the EU and Candidate Countries

- d) The creation of the EU health portal will play a critical role in the exchange of information between all health related entities in the European Union and the Candidate Countries.
- e) Integration of the Candidate Countries in all levels of EU health work.
- f) Patient Mobility Group - As part of the recently announced 'high-level process of reflection' (Commissioner David Byrne, Health Council, June 2002) on healthcare issues, there should be a specific focus on enlargement. Consideration should be given to involving Candidate Countries in this group and include key enlargement concerns e.g. potential impact of health professional/patient mobility on existing EU and Candidate Countries' health systems.

3) Creating Consensus

A key task for the Commission should be to engage in an active dialogue with all partners to identify, negotiate and manage the wide-ranging hopes, (over) expectations and fears concerning enlargement and healthcare. This would establish common ground and understanding on which to build future European Community policies involving all relevant EU partners and help to put health centre stage in the enlargement process. In particular, key partners in this consensus building process should include:

- a) Regional and national officials responsible for healthcare in Candidate Countries
- b) EU Member State representatives
- c) Other Directorates of the European Commission (a Cross Commission Taskforce, see later)
- d) European Parliament
- e) European health and healthcare related NGOs and other representative groups, such as those represented at the European Health Forum.

D) Tailored use of EU Public Health Programme for Candidate Countries

1) The lack of opportunity to participate in previous EU public health programmes and/or weak institutional capacities in some Candidate Countries could jeopardise their full participation in the new EU Public Health programme and/or limit its impact. Therefore, a 'phase zero' should include levelling steps to close the institutional gaps and enhance guidance to the Candidate Countries to maximise the benefits of their participation. This could include the following steps:

- a) Specific targeted actions for all countries in defined areas, such as the network of communicable diseases and other information systems.
- b) Particular tasks could include recommendations and the earmarking of funds to cover 'phase zero' actions. These would study the extent of the gap(s) in participating countries and make suggestions for adjustments before the actual projects start. Actions could include support for the creation and/or development of civil society organisations relevant to the programme topics.
- c) Adopting a flexible approach to identifying and addressing important and upcoming issues both EU wide and on a country-by-country basis. Issues could include the development of a modern public health concept and

public health services, the mobility of health professionals and development of patient rights.

- d) Conference/workshops tailored for Candidate Countries to be held at the launch of the new EU Public Health Programme.

E) Instruments

1) DG Sanco Coordination Function for Health and Enlargement

Although there is a general demand for the Commission to coordinate better and inform more effectively on all European Community related healthcare issues (currently fragmented throughout many Community competencies and Commission DG's), there is an immediate need for DG Sanco to assume a co-ordination function/centre on health and enlargement issues – this would confirm that DG Sanco has key responsibility on all health related issues. The DG Sanco coordination function should:

- a) Be visible, effectively resourced and situated in DG Sanco, complementing the existing focal point for the official enlargement negotiations by taking the lead on health and enlargement efforts.
- b) Establish a Cross-Commission Taskforce on accession and health in all policies. The taskforce should be led by DG Sanco and include representatives from all DGs, Candidate Countries and key stakeholder groups. For this DG Sanco should:
 - Assume the secretariat of the Cross-Commission Taskforce.
 - Engage in information exchange and liaison with all health related DGs, such as DG Enlargement, DG Enterprise (pharmaceuticals), DG Internal Market, DG Research, DG Environment and DG Agriculture.
- c) Update and Regular assessment
 - Update the assessment carried out in the 1999 Staff Working Paper on health and enlargement including proposals for concrete actions, taking into account the EHPF recommendations. Set up a continuous and dynamic assessment of health and health system related issues in the new enlarged Europe. It should be ensured that the regular (yearly) monitoring reports on the Candidate Countries/New Member States include an evaluation of health and the health sector, such as in relation to economic criteria.
- d) Information Function, responding to demands expressed by Candidate Countries representatives:
 - Act as an information point for accession countries on health and on *all* healthcare issues relevant to enlargement, facilitate access to and exchange of information.
 - Facilitate workshops (including those set out in recommendation B1c)
 - Set up and oversee the Internet portal on health and enlargement. Such a portal could be integrated into the overall health portal planned by DG Sanco (announced by Commissioner David Byrne at Gastein, September 2002, and at the European Policy Centre in Brussels, October 2002).
- e) Continuous support

- Promote and support the participation of Candidate Countries/new Member States in the new European Community health programme, i.e. share best practice, experience and exchange information. Help develop advocacy skills of NGOs in those countries. Importantly, health and healthcare NGOs and other representative groups have an important supporting role to play in sharing their own experience of working with European Community programmes.

2) Joint Healthcare Framework/Strategy for all Community Enlargement and Follow Up Financial Instruments

European Community instruments relevant to enlargement should be “health-driven”, i.e. to ensure that a high level of health protection is observed in all enlargement policies and tools. A joined-up strategy with clear priorities and measurements for supporting the needs of healthcare and enlargement should be developed in liaison with DG Enlargement. This should provide:

- a) A framework for the use of EU funds like Phare (especially Twinning) and other pre-accession instruments, such as structural funds, and, especially EIB investments in health care.
- b) A guide for priorities at national level and bilateral and international efforts.
- c) Additional funds should be set aside to allow for the full participation of Candidate Countries in all EU health related activities should the special need arise.

3) Regional / Structural Funds

These funds should be used more effectively to promote health. The European Health Policy Forum recommends:

- a) Extending the remit of funds to cover projects on disease prevention, health education and health promotion.
- b) Making structural and regional funds conditional upon a health impact assessment.
- c) Priorities for the use of these funds should be to build up/improve the public health and health care infrastructures and capacity, based on a needs assessment in the country / region concerned.
- d) This should be driven and overseen by Cross-Commission taskforce (see recommendation E 1/B) in close collaboration with DG Regional Policy.

4) European Investment Bank (EIB)

In order to support recommendation A), the European Commission and the EIB should co-operate with a view to:

- a) Help build EIB’s capacity to invest (lend) in health promotion and disease prevention activities alongside healthcare infrastructure investments.
- b) Make the case and promote loan applications for health promotion and disease prevention projects in Member States and Candidate Countries.
- c) Make health impact assessment a loan requirement.
- d) Support loans aimed at improving health care infrastructure and institutional capacity.

5) Effective use of 'Priority 8' of the Sixth Framework Research Programme

'Priority 8' of the Sixth Framework Research Programme, which will fund research to implement other European Community policies, should take account of enlargement perspectives in Community health policy. Specific research relating to healthcare issues could include:

- a) The identification of potential risks, challenges and opportunities of enlargement for health systems in the Candidate Countries.
- b) Evaluation of institutional and structural preparedness of health systems to avoid risks or mitigate their impact.
- c) Investigation into how Candidate Countries can be full players in healthcare aspects of EU social security co-ordination and patient mobility and how traditional European values like 'solidarity' are taken into account in the Candidate systems.

And to assist the implementation of such research needs:

- d) With extra resources, the proposed DG Sanco co-ordinating function/centre should play a supportive role in encouraging the participation within the Sixth Framework Research Programme of Candidate Country health institutions and associations active in health.

F) Next Steps

1) Dissemination of Recommendations

- a) These Recommendations should be disseminated by the EHPF Secretariat of the European Commission to all European Union institutions and in particular their Committees and Directorates responsible for enlargement, research, environment, internal market and agriculture.
- b) Members of the EHPF should use their extensive membership networks to distribute and promote discussion of the issues raised in these recommendations.

2) Follow up by the Commission

- a) The EHPF calls on the European Commission – through DG Sanco's lead and coordination - to respond to these Recommendations by establishing follow up steps to be taken, identifying points of responsibility in the Commission, and providing a time frame for implementation. Areas could be identified where collaboration with the EHPF and its members could be useful.
- b) At the next EHPF meeting in June 2003, time should be reserved for an update on the issues raised here and an assessment of the achievements made in health and health care in the different countries, and the development of health related NGOs.
- c) The planned 2004 Open European Health Forum conference should allocate time to enlargement issues, especially in relation to capacity building and involving more Candidate Country NGOs in the membership and activities of pan European NGOs – and through their membership increase their role within the EHPF itself.

3) Follow up by the EHPF

The EHPF is ready to:

- a) Collaborate in the development of a European Commission action plan to address the identified issues with active input, review and follow up.
- b) Actively cooperate and provide ideas and continuous input to the Web Portal on Health and Enlargement
- c) Contribute to civil society capacity building, with actions such as studies on NGOs in the new Member States and active participation in networking activities.
- d) Assist in the preparation of special networking actions at the wider EU Health Forum in 2004.
- e) Regularly review the issue in future EHPF meetings.

4) Follow up by others

- a) The European Parliament is invited to acknowledge the recommendations of the European Health Policy Forum, respond to the issues identified, and make proposals on how it could support actions which respond to the issues identified.
- b) The European Investment Bank is invited to respond to the recommendations, especially on the issues related to the EIB. A presentation on EIB health and health care related activities in the new Member States in a future EHPF meeting would be very welcome.
- c) The new Member States, together with the existing Member States are invited to respond to the recommendations, and develop proposals on how they can be taken into account, particularly related to:
 - Recognising the importance of health and health care for economic development and consider how it can be taken into account.
 - Undertaking specific actions to facilitate and actively support the creation and work of health and health care related NGOs and other stakeholders.
 - Actively supporting consensus activities in relation to health and enlargement.
 - Actively promoting the participation of new Member States in the new European Public Health Programme.
 - Giving adequate priority to the issues identified when defining strategies for the different instruments, particularly in the decentralised framework. This would concern European instruments, such as structural funds and twinning, support from international institutions and bilateral aid.
- d) The Convention on the Future of Europe, especially in the newly created Working Group XI Social Europe, is invited to acknowledge the recommendations and consider how the issues identified can be taken into account in the future Europe.