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**Health without borders - leadership needed
A Parliamentary Perspective on Health in Europe**

Dorette Corbey, MEP for Dutch Labour Party (PvdA)

Ladies and Gentlemen,

Thank you for the opportunity to discuss with you the issue of health in general, and more specifically my vision on the right approach to combat health problems in Europe. Problems with health are a recurring subject in the parliaments proceedings. Attention focuses on problems from obesity and cardiovascular diseases, to the increasing risk of pandemics caused by bacterias which are transmitted across borders and frontiers. Due to global reporting, we directly witness the threat of the avian flu bacteria affecting people all over the world. Almost every day the public is confronted with frightening pictures of the results of such an outbreak because of intense media coverage. And yes, the possibility of people falling ill after being exposed to these bacteria has also crossed our European borders.

Earlier this morning you have discussed the proposed EU health strategy. So, I will not summarize it - and limit myself to present my political views. I will conclude with the advice not to agree with the three statements. Not that I disagree with every word of these statements. But it is my view that they simply do not add much to deliver a convincing health strategy - and they hardly contribute to European Health.

But let me start with two general political observations
First: health is in the first place an issue for national governments. This is a reality that follows from the EU treaties - but even more so it is a political reality. After the No votes of France and The Netherlands there is a widespread feeling that Europe interferes too much in national practices. Hence the screening process of Commissioner Verheugen to delete unnecessary rules, directives and policies. There is a lot of resistance against the European Commission to dig into the details of national health systems or to

interfere with national policies. We are not living in a Europe without policies.

Second - and partly contradicting the first point. Citizens do have high expectations of Europe. The EU should be involved in issues that really do matter to everyone. One of these matters is health.

It follows that EU should involve itself in health questions - but it needs to focus on joining forces, on genuine cross border issues. And it should present an added value. And - as I will conclude: it is with this attitude that we indeed can arrive at a situation of health without borders.

With these points in mind, I cannot help but think that the Health Strategy as formulated by the Commission is somewhat too abstract and too little focussed. It has some - or even many - good points but a clear focus is lacking.

I outline five areas that deserve in my view priority. These areas are: research, best practices, health check in all policies, cross border challenges and industrial policies.

But I have a demand that underlies all five items. That is: show leadership. Do not focus on EU- action programmes with too many aims, strategies with almost no money. There is hardly a citizen or patient that will benefit from these general activities. Show leadership, address member states, citizens, patients, hospitals, health care institutes, technology and industry. Address them with a program that makes health a true priority. Show leadership and make health an issue across all DGs. Commissioner come out of DG Sanco and spread the health message beyond DG Sanco.

So, what are the 5 points that are important in my view?

1. The first is Research. Here the message is: join forces for Health research. There are many diseases still poorly understood, many diseases that lack adequate treatment. Focus on Alzheimer rather than vague demographic changes that are mentioned in the statements. Focus on lung diseases, rheumatism, certain cancer types and so on. Take the 7th framework program as an opportunity to outline a research agenda. Use the money from FP7. And most important motivate - not force - member states to cooperate and get involved. Look across the Atlantic to the US and find out if a European Health institute with research programmes is a useful step. Look beyond FP7 and collect money from member states to engage the EU and the member states in a program to find answers to priority diseases.

2. Prioritize best practices over mobility: The EU, the parliament and not to forget the Court all have focussed on patient mobility. Of course I am entitled to have medical treatment when I need it during my stay in a foreign country. And I need this treatment to be reimbursed by my insurance company. But this is quite a financial-technical matter. Just make it possible where there are still gaps today. However, there is no need to make this the cornerstone of EU health policies. I have read in a Commission document on patient mobility that patients suffering from cancer of the bladder in Austria have 80% chance to survive. In Poland only 40%. In stead of send polish patients to austria and making a case for mobility of patients, I strongly suggest that our politics should aim to provide all Polish patients with Austrian treatment methods. So each patient should have the right to have the best therapy in his of her own country. Healthy treatments and best practices should cross borders, not patients, who after all will prefer to have treatment in their hometown or at least home country. Therefore, I suggest to establish for each disease area a centre of reference which maintains a network of doctors and patients. For diabetes, lung disease, cardio-vascular, different cancers, mental health and so on. Best knowlegde, best practices should be accesible to all doctors but also to patients. Use money from the FP7 to create and support these networks.

3. Introduce a health check. EU policies and rules should promote healthy living, healthy food, and healthy work. I suggest a health check in the screening process. Take obesity for example: Globally there are more than 1 billion overweight adults and at least 300 million of them are obese; the problem was a western problem - but is now flooding to China and other Asiatic countries. Obesity rates have raised three-fold or more since 1980. Obesity and overweight pose a major risk for chronic diseases, including type 2 diabetes, cardiovascular disease, hypertension and stroke, and certain forms of cancer. Malnutrition is a major cause of death. So, the least the EU should do is to stop subsidizing the production of unhealthy food. Subsidies should be on healthy food like fruits and vegetables rather than on sugar and butter. That would be commitment to health. Or: take labelling on food and recognize that consumers do not understand complex information on labels. Introduce a food quality star system that allows consumers to make a healthy choice and motivates industry to produce more healthy food.

Or: take the case of smoking: show commitment to health and stop subsidies on tobacco.

Or: take air quality, think about the more than 350.000 early deaths each year and encourage instead of prevent member states to impose particle filters on diesel cars.

In short: make a health check on all EU policies. Change or withdraw unhealthy policies!

4. Combat cross border communicable diseases. I can be short on this, because the intention is there. But I emphasize that the lessons from SARS and BSE should be learned. Act firmly. Be prepared. Make the Centre of Disease Control work efficiently. Make sure that member states are prepared, and that cooperation will not be hindered as a result of bad communication or logistical problems.

5. Activate industrial policy

Europe has engaged itself in a Lisbon strategy. Take the Lisbon strategy seriously. If Europe wants to regain a leading economic position in the world it should invest. Invest in health. Global health, healthy products, healthy production methods, e-health, healthy food and last but not least medicines that have a therapeutic added value. There will be an increasing demand for healthy products - so it will pay off to invest in health. Use the Competition and Innovation Program to subsidize investments in more healthy products and networks. Remember that a good public health is an important asset, also in economic terms.

Ladies and gentlemen, I arrive to my conclusion. There is a lot to gain from investing in health. There is a lot to do. Citizens, patients, doctors, and health care workers do expect a lot from the EU. So let us work together and deliver. Deliver a health program beyond the one of the commission. We should not limit our ambition to the proposal of the Commission. Let's move forward and focus on point that really deliver a added value to European's health

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