

HEALTH IN EUROPE: A STRATEGIC APPROACH

Discussion Document for a Health Strategy

Responses from some Departments/DGs of the MoH of Republic of Turkey about the ‘‘Discussion Document for a Health Strategy’’.

DG HEALTH EDUCATION:

Although being protected from the threats and developing a response mechanism for these threats are important determinants, prioritizing of reducing inequalities in the field of health and informing citizens so as to make healthy choices are considered to be suitable.

DG CURATIVE SERVICES:

It is specified in the discussion document that the European Health Strategy which has been focused on three main factors such as core issues, health in all policies and global problems in order to protect and enhance health in Europe, will identify purposes by defining general targets for charting a course and making a success of real modification.

By specifying and reducing main problems which are revealed by specific health problems, short-term targets for 5-10 years must be set under general purpose. Indicators must be developed in all fields in order to monitor the current situation and progresses and periodical reporting must be performed in accordance with these indicators. In the exercise, after determining a coordination unit; state representatives, health employees, civil society organizations and concerned sectoral representatives should take decisions for execution in a joint manner.

As is known, with the effect of lengthening of life span expectancy at birth and scientific developments, priority in the public health has been drifted from communicable diseases to noncommunicable diseases. Also the priority of WHO’s works – particularly WHO European Office – are toward the incommunicable illnesses. Notwithstanding the mentioning of health determinants like physical activity, tobacco, alcohol in the discussion document, it is considered to be more suitable of noncommunicable diseases to take a wider place in the Health Strategy Discussion Document if their economics and health quality aspects are considered.

DIRECTORATE OF HYGIENE SCHOOL:

About the core issues, mainstreaming the health and global health those are the three comprehensive factors of the Health Strategy:

1. How should we prioritise between and within all these areas to focus on those which add real value at the EU level? In which areas is action at the EU level indispensable, and in which is it desirable? For example, is there a means to use the Healthy Life Years indicator or other outcome measurements to give weight to areas on which the EU should concentrate?

Ageing and chronic diseases are gradually engaging a wide place among other health problems. For this reason, they must take place in the core issues. And also the performing of cost-effectiveness study of the diseases about *helping to reduce the inequalities in the field of health by narrowing the health gaps between the countries and within the countries* must be taken into consideration as well as its role about proper health planning and enhancement of health quality.

Indicators like Healthy Life Years (HALE) are important to use in the evaluation of the current-used strategies. Measurement criteria are necessary to use because the expected outputs and outcomes can be evaluated by specifying these criteria.

2. What should we realistically aim to achieve in practice in these areas of work? What broad objectives should we set for the short term and long term – 5 years and 10 years?

The ranking of **core issues, mainstreaming of health and global health** in a hierarchical manner may not be realistic for some countries. For example, measures taken about core issues can be notably in relation with other questions in the discussion document. So, it is preferable to determine the strategies in each field and follow them in their own entirety. Targets about short or long terms like 5 or 10 years are reasonable and these targets of 5 or 10 years must be determined for each field. In doing these, it is sensible to propose that each member state must make a stakeholder analysis and problem/objective analysis by making a strategy analysis identifying different strategies to achieve solutions selecting the most appropriate strategies.

3. Are there issues where legislation would be appropriate? What other non-legislative instruments should be used – for example, a process similar to the Open Method of Coordination? How can we make better use of Impact Assessment?

4. How can different approaches be used and combined, for example approaches to different health determinants, lifecycle approaches, and strategies on key settings (education, the workplace, health care settings)?

In terms of the implementation of the Strategy:

5. How can we ensure that progress is made and that objectives are met? For example, should indicators or milestones be used? What measures or indicators could show real short term change, within the early years of the Strategy?

In order to understand whether the specified targets are accomplished or not, the indicators must be used and monitored. About the last part of this question; so as to give a response, the strategies and indicators must be specified in advance.

6. How do we ensure that the Strategy adds value to actions at Member State level? How can the responsibility for implementation be shared between the EU and Member States?

Aims and strategies should be told to the responsible departments in an effective manner and make them to adopt it. If it is not taken in a serious manner and not adopted, the chance of success will diminish. Thus, a painstaking monitoring and evaluation of the subjects by the administrators is a must and also the reporting of the relevant subject can be required. The responsibility of the execution can be different for each country because they will be in different positions in the strategies and so there can be differences in the scheduled timetables of the strategies. Similar countries can share similar responsibilities. But at the end of the scheduled timetable, countries must have been in a different position than the beginning and reduce the gap of disparities to a reasonable level.

7. How could methods for involving stakeholders be improved? How can we create innovative partnerships with stakeholders?

All the stakeholders must be informed following the specification of all stakeholders within the framework of the proposed “stakeholder analysis” in item 2 above. For achievement of the aims, stakeholders must gather and prepare the necessary timetables in order to take all the opinions and reach a consensus.

STRATEGY DEVELOPMENT DEPARTMENT:

It is considered useful and advantageous to work within the framework of Turkish national legislation and WHO International Health Regulation about the prevention of the dissemination of communicable diseases; and also in these activities, ECDC (European Centre for Disease Prevention and Control) should play an active role.

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