

THE EU'S HEALTH POLICY NEW STRATEGY - A LINK BETWEEN HEALTH AND ECONOMIC PROSPERITY

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Abstract: *Health is an important priority for Europeans. We expect to be protected against illness and disease. We want to bring up our children in a healthy environment, and demand that our workplace is safe and hygienic. When travelling within the European Union, we need access to reliable and high-quality health advice and assistance. The Member States have a responsibility to ensure that these concerns are reflected in their policies, but, although the EU doesn't usually intend to make health policy but in practice other policies often to do with the union's origins as a free market affect health care. Thus, the EU complements the national health policies and has a vital role to play through the obligations placed on it by the European Treaties, bringing European added value through its action to the EU sustainable development strategy. For these reasons, the present paper will focus on the EU's Health Policy and the related strategies to achieve its goals.*

Key words: *EU Health Policy, Health Strategies and Programmes*

1. Introduction to the EU Health Policy

Official EU health policy has been built on something of a paradox. Union leaders have wanted for years the union to be seen to be "doing something" about issues, like health, that citizens care about. Yet health policy is so high on national political agendas that most governments do not want the union interfering in it. The solution the EU came up with in the Maastricht Treaty of 1992 was to have a mandate of "encouraging cooperation between member states" and "if necessary, lending support to their actions" in public health [article 129(1)]. The EU was given the power to spend money on European level health projects but forbidden to pass laws harmonising public health measures in the member states [article 129(4)].

As a consequence, under the Treaty, EU action must aim to improve public health, prevent human illness and diseases, and identify sources of danger to human health. This has led to integrated health-related work at EU level, aiming to bring health-related policy areas together.

When the EU's powers over health policy were revised in the Amsterdam Treaty of 1997 the mandate was significantly strengthened. The EU was commanded to ensure "a high level of human health protection" in the "definition and implementation of all (union) policies and activities" and to work with member states to improve public health, prevent illness and "obviate sources of danger to human health" [article 152(1)]. None the less, harmonisation of member states' public health legislation with two small exceptions continued to be prohibited and the EU was mandated to "fully respect" the member states' responsibilities for "the organisation and delivery of health services and medical care" [article 152(4, 5)].

Food safety crises such as bovine spongiform encephalopathy, genetically modified crops, and dioxin in chicken have forced health up the EU agenda in recent years. In 1999 one of the first acts of the incoming president of the European Commission, Romano Prodi, was to create a directorate general for health and consumer protection. Though this gave EU health policy a new profile, most of the directorate's resources are deployed on consumer protection and in particular food safety.

As a result, several EU programmes were created to share common objectives such as supporting health protection and safety, improving living conditions and the quality of services, achieving accessibility for all, and increasing awareness. The aim is an integrated approach with particular attention to creating links with other EU actions to exploit synergies across all policies and programmes.

The *Public Health Programme (2003-2008)* was also designed to reinforce EU action in the field of public health within a single and coherent framework as part of an overall public health strategy. The programme includes annual work plans and actions for evaluating the programme and has three fundamental objectives:

- supporting the dissemination and sharing of health information,
- enhancing the capability to respond rapidly to health threats, and
- promoting healthy lifestyles by addressing health determinants.

So, improving quality of life in good health is now the EU's main goal, and it is achievable by approaching it from a broad perspective through cooperation and coordination between Member States and through legislative measures, where appropriate.

Consumer policy is a core component in improving the quality of life of citizens in terms of their health and their consumer interests. EU programmes that address social protection and inclusion, environmental concerns, research and development and technological innovation are major instruments in helping to achieve this goal.

Through the health strategy, the EU plays its part in improving public health in Europe, and in so doing provides added value to Member State actions while fully respecting the responsibilities of the Member States for the organisation and delivery of health services and health care. The EU health strategy focuses mainly on strengthening cooperation and coordination, supporting the exchange of evidence-based information and knowledge, and assisting with national decision-making. To this end, the EU is developing a comprehensive health information system to provide EU-wide access to reliable and up-to-date information on key health-related topics, and hence a basis for a common analysis of the factors affecting public health. Secondly, the EU wishes to enhance the capability for responding rapidly to health threats. This is why it is strengthening the epidemiological surveillance and control of infectious diseases.

Further aims are ensuring patient safety and the quality of healthcare to facilitate cross-border healthcare, as well as the mobility of health professionals and patients. Health and consumer protection policies are particularly closely linked. The safety of products and services — including food safety and rapid food alerts — are key priorities here.

There are other policy areas of particular relevance to ensuring a high level of health protection. Health and safety at work aims at ensuring protection against workplace risks, work accidents and occupational diseases. Environmental and health policies also need to work in tandem to achieve a high level of health protection. Technological developments and information society programmes include work relevant to health systems and public health. Several specific research projects are designed to provide scientific support to health-related challenges.

The evaluation and authorisation of medicinal products is another key related topic. Thus, the EU's role in public health and in health care is likely to grow over coming years, but for the moment the official health policy is something of a Cinderella.

2. The European Community Health Strategy

Health is increasingly a global matter, and it is not surprising that the European Union is developing a Europe-wide health strategy and related policies. A coherent and co-ordinated approach to health policy was first set out in the European Community health strategy put forward in May 2000. Originally the European Commission proposed the Services Directive, the “Bolkestein Directive” in January 2004 to liberalise the free movement of services. But the European citizens and Non Governmental Organisations expressed their resistance to the “Bolkestein Tsunami” as it undermined the right to collective bargaining, national labour market models, the European social model, the scope and content of a directive on Services of General Interest and last but not least quality in health and social care.

A new Health Strategy 'Together for Health: A Strategic Approach for the EU 2008-2013' was adopted on 23 October 2007. This Strategy aims to provide, for the first time, an overarching strategic framework spanning core issues in health as well as health in all policies and global health issues. The Strategy focuses on four principles and three strategic themes for improving health in the EU. The principles include taking a value-driven approach, recognising the links between health and economic prosperity, integrating health in all policies, and strengthening the EU's voice in global health. The strategic themes include Fostering Good Health in an Ageing Europe, Protecting Citizens from Health Threats, and Dynamic Health Systems and New Technologies. Thus, this new Health Strategy puts in place an overarching, strategic framework for work on health at the EU level, and sets the direction of travel for the coming years. The Strategy encompasses work not only in the health sector but across all policy areas, and together with this new

Health Strategy, the Second Programme of Community Action in the Field of Health 2008-2013 came into force on 1 January 2008.

The need for this new Strategy was based on growing and changing challenges that face the EU, and which can only be met effectively by a coordinated response at EU level involving all partners and stakeholders. These include the ageing of the population which is changing disease patterns and putting pressure on the sustainability of health systems and the wider economy in an enlarged EU. Health threats such as communicable disease pandemics and bio-terrorism are a growing concern, while the health impact of climate change raises new threats. New technologies are revolutionising the way health is promoted and illness is predicted, prevented and treated, and globalisation continues to change the way we interact with the wider world.

In an EU of 27 Member States there are wide health inequities (inequalities that are avoidable and unfair) within and between countries. For example, in Italy, men live 71 Healthy Life Years (HLY) compared to 53 HLY for men in Hungary. The ageing population will put a strain on health systems and the wider economy. Commission projections have estimated that if HLY increase at the same rate as increasing life expectancy, health care costs due to ageing would be halved. Although action is already taking place in this area, the EU could add value by, for example, further encouraging the use of Regional Policy programmes for health and by sharing good practice in this and other areas.

Protecting citizens against health threats such as communicable and non-communicable diseases, and improving safety and security are ongoing health challenges where the EU provides clear added value, because these are issues which cross boundaries and cannot be tackled effectively by individual Member States.

This new Strategy will add value by providing new opportunities to share good practice and drive forward improvements in areas such as communicable disease surveillance where EU systems can be further developed, and patient safety, where currently as many as 10% of hospital patients suffer an adverse effect.

The sustainability of health systems in the future is a challenge where the EU can add value on cross border issues such as patient and health professional mobility, and in facilitating exchange of knowledge and good practice on issues such as demographic change and the appropriate use of new technologies. The new Strategy will add value through the Community Framework for Safe and Efficient Health Services which is one of the initiatives it will encompass.

In today's globalised world it is increasingly difficult to separate national or EU wide actions from global policy. Decisions affecting EU citizens directly are often made at global level, and EU's internal policy can have consequences outside the EU borders. The new Health Strategy will add value by putting a new focus on strengthening the EU's voice on global health issues on the international stage and on tackling issues such as the global shortage of health professionals and improving access to medicines and technologies.

To be effective, the new Strategy needs also to support the principles of good governance, meaning that the EU's response to these challenges should be coordinated, effective, transparent, and coherent. A coherent framework for health policy at EU level will act as a driver for achieving objectives, and will help to rationalise and simplify existing structures. A Strategy at EU level will help strengthen health action at national level, and will guide the use of EU instruments and actions for health.

The Strategy will have a focus on *Health in All Policies*, a concept which underpins the EU health action in the Treaty. A cross-sectoral approach is more effective than an approach which is limited to the health sector. The Strategy will encourage this approach at national as well as EU level and will also make EU health action more visible to stakeholders including Member States, international organisations, NGOs, industry, academia and citizens.

3. The expected Impact of the new Health Strategy

Analyzing the possible impact of the new Health Strategy, four options should be taken into consideration:

- Option 1: to continue the status quo
- Option 2: to put in place a Health Strategy with an enhanced Health in All Policies approach at EU level but no new mechanisms with Member States or other stakeholders

- Option 3: to put in place a Health Strategy with an enhanced Health In All Policies approach at EU level and a new Structured Cooperation implementation mechanism to engage Member States and other stakeholders
- Option 4: to put in place the same measures as in Option 3, with the addition of legislation to set binding targets for key objectives in the Strategy

Economic Impacts - There is a clear link between a healthy population and economic prosperity. Under Option 1, the full potential for enhancing support for the wider economy through health improvements would not be achieved. Under Option 2, enhanced development of cross-sectoral synergies could lead to a positive impact on the economy through better understanding of, for example, the impact of health on the labour force and the impact of innovation on health systems. However, without the full engagement of Member States these gains would be limited.

Under Options 3 and 4, a stronger positive impact would be expected as a new Structured Cooperation mechanism would allow Member States to share knowledge and good practice in relation to, for example, investments in health. Through a visible new Strategy, the link between health and economic prosperity would be better understood, supporting sustainable health systems and economic gains in the long term.

Social Impacts - Positive social impacts would continue from ongoing health actions under the Status Quo option, but this would ignore the potential for improvements through a new strategic framework. Option 2 would build on existing cross-sectoral synergies which could lead to a positive social impact particularly in fields like employment and health, and health education. However, this impact would be likely to be limited without the full engagement of Member States and other stakeholders. Under Option 3, positive social impacts would be expected through the new strategic focus and Structured Cooperation mechanism. A risk of binding legislative targets under Option 4 could be that this would oversimplify complex issues, leading to less 'across the board' improvement than in Option 3.

Environmental Impacts - Ongoing work on environmental health issues would mean some positive impacts under the Status Quo option. Option 2 could offer further benefits through increasing cross-sectoral cooperation in fields such as climate change, and by building on existing work. Option 3 would offer the greatest potential for improvement through increasing opportunities for Member States and other stakeholders to share knowledge and experience on environmental health issues, including global issues. Option 4 would offer similar outcomes to Option 3, but could be seen as unnecessarily burdensome. Comparing the options:

Impact for Health Objectives	Impact for Governance Objectives
<p>Option 1: Status Quo: Option 1 would lead to benefits based on continuing action to protect and improve people's health, including sharing knowledge and best practice. However, the lack of a coherent strategic direction may mean that potential for improvement would not be fully exploited. New health challenges, including those linked to the enlargement to 27 Member States from 15 in 2004 and 2007 respectively may not be adequately addressed. Economic benefits of a more targeted approach to health systems issues could be lost.</p> <p>Option 2: Health Strategy with Enhanced Intersectoral Action: Through a more strategic approach to the many varied actions across the EU that impact on health, Option 2 could lead to benefits, for example a stronger focus on supporting healthy lifestyles, or</p>	<p>Option 1: Status Quo: Effective work would continue, including work with other sectors. However, a clear, strategic vision for the future would not be achieved, and there would not be a focus on addressing key new challenges and fully exploiting synergies between sectors at all levels. Without a well defined Strategy, presenting a clear direction of travel that stakeholders and citizens could engage with would be difficult.</p> <p>Option 2 would set strategic objectives which would help to strengthen HIAP cooperation across sectors by offering a clear, strategic framework and direction of travel. However, it is likely that the new framework would not become widely recognised by Member States and other stakeholders, and that progress towards the objectives would</p>

further clarification of issues relating to the use of new technologies within health systems.

However, without full engagement by Member States the added value and actual outcomes under this Option would be limited.

Option 3: Health Strategy with Enhanced Intersectoral Action and Structured Cooperation with Stakeholders:

Option 3 would be likely to lead to positive impacts by engaging all Member States through a Structured Cooperation system, including measuring progress against indicators, to focus attention on tackling new challenges, such as protecting health, reducing inequities, supporting healthy lifestyles, addressing the future sustainability of health systems, and supporting the consideration of global issues in health policy at all levels.

Option 4, like Option 3, would be likely to have a positive outcome through putting in place a new Structured Cooperation mechanism to help focus attention on key challenges.

The impact might be greater than in Option 3 due to the imposing of binding legislative targets. However, this may be seen as disproportionately burdensome to Member States and may reduce their flexibility in addressing problems at national level.

therefore be limited. Option 2 would be unlikely to adequately fulfil the objective of greater visibility and understanding of work on health at EU level.

Option 3 would put in place a system of Structured Cooperation with Member States and stakeholders to support work towards objectives and open up new opportunities for sharing knowledge and information.

It would go beyond Options 1 and 2 by supporting greater recognition of the importance of intersectoral working at national, regional and local levels across the EU, and greater involvement of non-traditional stakeholders as partners to achieve health aims.

Option 3 would be more likely than Options 1 and 2 to fulfil the objective of improved visibility of work on health at EU level.

Option 4 would be likely to be slightly more effective than Option 3 as it would enforce Member States to work toward the objectives through binding targets, rather than relying on the cooperation process alone. Similarly, it might be slightly more effective in improving visibility of work done at the EU level, as setting binding targets may mean that more policymakers at national, regional and local levels are required to consider EU health objectives. This Option, however, could be seen as disproportionately burdensome to Member States.

we can observe that Option 3 uses the powers given to the EU in the Treaty to go a step further than Option 2, by putting in place a new implementation system. This Option would ensure that the new strategy is not just a paper exercise, but that it drives real change. At the same time it does not go too far in placing a burden on Member States and respects the subsidiarity and proportionality principles. This Option should therefore be the preferred Option.

CONCLUSIONS

Within the ongoing enlargement process of the European Union, it is essential to develop and agree on European standards of care and quality control. As free movement of persons is one of the fundamental freedoms guaranteed by the European Treaty, we need to make sure that EU standards in care, standards in education and standards in recruitment are met at EU level, to comply with global challenges. But whatever strategy or legislative initiative is initiated by the European Commission, it is up to the national governments to put health and health system high on the political agenda and to develop a stakeholder approach with Civil Society to prevent ideas, initiatives and recommendations ending up on book shelves. As Europe manages its integration into the global economy and strives to become the world's most competitive and dynamic knowledge-based society by the year 2010, new ways of successful leadership within the European health policy making community is needed to address these concrete "future challenges".

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