

# HEALTH IN EUROPE: A STRATEGIC APPROACH - DISCUSSION PAPER

## STAKES comments on the discussion paper and questions

The European Commission has started a further consultation on the future health strategy in the context of this discussion paper. STAKES welcomes this opportunity. However, we would like to raise some general comments about the process, contents, scope and use of consultation before addressing the specific questions. These issues raised should be considered also as a reply to question number 8 asking for further comments.

It is important in our view that the consultation is focused on the strategies and core issues suggested and not only with respect to the questions provided as otherwise there is a danger of a flawed consultation process, with the acceptance of a strategy without really addressing it at all, but merely responding to questions that do not deal with the contents of the strategy, but more on specific issues within the core areas of the strategy and the ways and means of implementation. We would wish to have first discussion on the proposed strategy, the presented core issues and given examples, before discussing the means, indicators and more narrow targets or aims. The main contents of the strategy remain scarce and appropriate understanding of what is actually proposed in the context of core issues needs to be further elaborated. This is essential given that European health services, for example, are now more prominently on the agenda of the strategy, covering also issues of better governance.

STAKES would first like to emphasise our support to the inclusion of the Health in all policies approach and compliment the Commission for the swift work in integrating health in all policies as part of the broader strategy. We are pleased that this was supported also by the earlier consultation process of the strategy. We are glad to see that alcohol is more clearly on the agenda of the new health strategy. STAKES would like to further recommend the use of the comprehensive Finnish Presidency book on the matter as part of further development of the area.

In terms of contents, the main focus on health threats, inequalities in health, addressing determinants of health and health in all policies, have been present in earlier strategy documents and communications. The need to address global health issues has become more prominent in the later strategy documents. The issue of health services or responding to patients information needs have been less clearly articulated as part of earlier European health strategies. It is also an area that has not been a core focus in European health-related work. This consultation follows very closely to previous consultations on health services and mental health, though it might have been useful to space the consultation processes to allow these to have contributed to the current document.

As the substance of policies is rather scarce in the consultation it is necessary to clarify what the consultation seeks to gain. Our worry is that consultation without actual substance of the policies, gives a kind of open mandate for the European Union on these matters, which might also undermine the actual aims of a consultation to inform the Commission on the views concerning these matters. Yet, there are common approved stands amongst the European Member States on key areas of concern.

We would like the Council statement on common values to bear more relevance to the strategy, as it has not been used to the extent that it could have been used and the same applies to common stands expressed in

statements made concerning health in all policies. It would also benefit the substance if the European strategy document would be related to other policies that European Member States have adopted, for example, in the context of WHO/EURO.

It is important that the role, mechanism, purpose and limits of the open consultation are clear. We are not sure if achieving a stakeholder consensus should be considered as a starting point for the strategy. STAKES would further like to address that even if "stakeholder consensus" would be achieved, this does not necessarily imply that it would be representative of what European citizens' - or Member States - want. The different and specific interests of stakeholders need to be considered before a broad consensus amongst stakeholders is called for as the aim of European policies, otherwise actual policy choices or legislative approaches might become constrained as a result.

On the other hand different types of consultation processes could be used for particular substance questions and issues that are addressed as part of the questions. There should be more scope to enhance the inclusion of national institutional actors involved in research and advice on health policy and public health research in Member States, such as sectoral research institutions and National Public Health Institutes, to contribute to this process. This could be more helpful in addressing the specific issues and means of implementation. This is also of importance as European level stakeholders can be more representative of single issue and particular commercial, industrial and other interest groups, which have direct and specific interests in how policies are shaped, regulated and financed at European level.

This could help in integrating European strategy and policies with existing work and in understanding of the crucial issues at national level on the basis of evidence, experience and a more direct relationship with national policies. This would also enable a better tackling of inequalities in health as part of the programme and other core issues, as an emphasis on health promotion or healthy choices does not adequately address this issue. STAKES would like to highlight the importance of not only considering aging population, but also to consider further factors which influence choices of having children. This is closely related to issues such as combining work and family-life and the health and social needs of children.

We would like the strategy to elaborate more on what is meant by references to cross-sectoral work and the contribution of health to the Lisbon agenda. The Lisbon agenda currently remains driven and interpreted essentially on the basis of competitiveness. If EU work on health becomes driven predominantly by the needs of competitiveness or if the health sector in this context is seen as the ground for commercial policies, this would lead to an undermining of the strengths of European health systems and their essential contribution to social cohesion - and European competitiveness. We suggest that the strategy should emphasise more that ensuring and maintaining the physical and mental health of European citizens has to be seen as a key precondition for the realisation of the Lisbon Strategy.

We thus wish to comment on the core issues brought up as part of the consultation and the five suggested actions:

### **1. Improving prevention and response to health threats, including a review of the mandate of the European Centre for Disease Control.**

We would like the strategy to further elaborate on *how* the response to prevention and health threats would take place and what kind of changes to the mandate of the European Centre for Disease Control might be considered as a more explicit part of the strategy. This should include, for example, issues of competence in the area so as to ensure that it is understood what kind of changes the measures would imply for national policies and institutions.

## **2. Help reduce inequalities, narrowing health gaps within and between countries**

STAKES strongly supports the focus on inequalities, but wishes to highlight that European Union action should not only address inequalities within and between Member States but as well address inequalities between Member States in meeting their public health and health services obligations. This is particularly relevant to the work of the European Union and an area where further European action is needed. We would also stress the need to address social determinants and i) how the European Union policies relate to the reduction of social inequalities and ii) how European Union policies relate to the measures that governments take through public policies to address inequalities in health and access to health care, including access to pharmaceuticals, particularly in the new Member States. In Finland, for example, alcohol is one of the main contributors to inequalities in health, and so inequalities should not be considered as a separate strand, but need to be taken into account also in the context of other activities.

## **3. Support citizens and patients, including by making more healthy choices available and improving information to patients**

STAKES welcomes the emphasis on support to citizens in principle, but we would like to point out that citizens do have other expectations from health policies than making healthy choices in the markets. This approach to public health remains based on individualised and consumerist approaches in health. People do not make choices in a vacuum. A shift towards understanding the role of public policies in determining the choices that are available and the context in which choices are made is important and warrants further attention as part of European policies. This has been a part of the health in all policies approach and deserves to be better recognised also as part of European strategy.

We welcome the emphasis on patients, although we would like to highlight that this requires a critical look at the financing and ties that may influence the role of patient organisations due to the large share of industry funding of many patient organisations. We wish to emphasise also that support to citizens and patients to make healthy choices cannot and should not imply further measures to introduce Direct-to-Consumer advertising (DTC) in Europe. The negative impacts of DTC are widely known and due consideration should be given to ensure that European policies towards more information sharing does not end up as support to advertising campaigns.

The emphasis on choice is also problematic as allowing free choice to citizens with respect to health care may result in unsustainable costs requirements and fragmentation of health systems. The experiences of offering choice in other parts of the same country have not indicated a major consumer preference and it is likely that this is even less for services outside the country. There is a conflict between the aims of prioritising inclusive and comprehensive health care for all, as close to their place of residence as possible and irrespective of willingness or capacity to choose, in comparison to an emphasis on freedom of choice of health care provider across European Member States. It is probable that supporting the choice of a service provider outside the country of residence is likely to promote an individualisation and commercialisation of health systems within Europe. While this would enable functioning according to internal markets, this would also lead to the costliest and most inequitable way of running health systems.

## **4. Complement the work of national health systems in providing better quality and safety in health care - including issues of better governance and evaluation and use of technologies and addressing cross-border issues**

This task sets the European Union role in health care and we would like the wording over better governance to be elaborated, as that is likely to cover much broader issues than what is generally understood as complementary. This is important especially in the light of the increasing emphasis in European documents on

the need to ensure that health systems are in line with Treaty provisions, internal market requirements and the aims of core EU strategies, such as the Lisbon Strategy.

On the other hand, there is an increasing need to ensure that an assessment of new technologies, including pharmaceuticals, is made also with respect to cost-effectiveness and in comparison to existing technologies and other options. This is an issue that cannot be only market or stakeholder driven due to the substantial interests in the issues and would require an independent institutional focus and establishment within the European Union for this purpose.

The extent of cross-border care is not yet so substantial that it would as such require the attention that is currently given to the matter. It would also be important that patient safety and rights would be at the forefront in this matter, especially as it is more likely that patients often independently travel for treatment of relatively commercialised services, which are paid for by patients themselves. They may end up suffering from inappropriate care and excessive costs and in the case of problems may further need additional or corrective care within their national health systems. Secondly, it is important that it is ensured that patients are not obliged or inappropriately expected to travel elsewhere if local services are contracted out to a European operator based in another country and wishing to shift patients to be operated on to another country to save costs.

#### **5. Promote health and help address key health determinants, such as nutrition and physical activity, harmful alcohol consumption and smoking, as well as tackling important challenges such as mental health**

This is, to put it frankly, all too weak for areas that are of core relevance to European health policies and to health in all policies. The word harmful should be taken out as it further overemphasises the limits of dealing with alcohol and is also problematic with respect to smoking, unless there is new evidence of non-harmful smoking. We would also like to emphasise that in terms of alcohol, public policy measures which tackle the overall consumption of alcohol remain the most effective.

We would like to support the European efforts to influence the key determinants of health through public policies and European action. This is also essential for increasing healthy life-years. Health determinants cannot be tackled only within health care, but requires focus on broader public policies.

We then address briefly two elements of the strategy:

##### **Health in all policies**

We would like to support European efforts on health in all policies and in particular tackling health determinants that remain outside the scope of health sector efforts. In this context we would like to have clarification on pharmaceuticals, as pharmaceutical policies are usually considered as part of health policies. The major focus on action is on impact assessment and specifically on health and health systems impact assessment, but there is little guidance on how their use would be improved in practice. Currently health is only part of the overall impact assessment procedure and in this context remains a weak instrument. Health in all policies needs to have stronger articulation and focus as there is otherwise a danger that it remains more rhetorical than a real part of the overall strategy.

##### **Responding to global health issues**

As the European Union enters new ground with its emphasis on global issues, any further powers it seeks should be matched by further investments in capacity, institutional strengthening and knowledge building in the field of global health issues. This would avoid European policies becoming unduly influenced by internal

markets, trade and industrial priorities or stakeholder campaigning, which do not provide sufficient ground for action on global health issues. The European Commission has as part of European research programmes opened up substantial collaboration and international exchange between Member States on specific health issues as well as on health systems and policies, with substantial international health expertise within European institutions being directed to global health and development issues.

European measures on global health issues should be defined on the basis of health priorities and concerns. Further, the health policy interests and priorities of the new Member States also need to be taken into account in European stands on global health issues. This is significant, for example, in the field of pharmaceutical policies, as particularly newer Member States face relatively high costs for pharmaceuticals and in particular second line HIV/AIDS drugs. Their health policy concerns are closer to those of middle-income developing countries than to the more industrial policy driven interests of major European pharmaceutical producer countries.

The emphasis on global issues remains still too general to give an appropriate perspective of how the European Union seeks to tackle global issues and on what basis it wishes to do so. However, STAKES welcomes the proposal for the European Commission to work more closely with the WHO and in cooperation with Commission work on development.

In response to questions (1-7) we would like to take up the following issues:

**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.**

It is unlikely that areas where the EU should concentrate could be singled out through quantitative measures or estimates only. While this can be done as part of debates, future scenarios and processes, it is unlikely that quantitative outcome measures or data would answer this question directly. The choice of the five areas is already a prioritisation and should be evaluated further, as not all of these are necessarily priorities for European action. There is a clear value for European action in areas where the European Union has already a clear mandate or where European action is needed for ensuring appropriate implementation of health policy priorities as part of national policies. These would include public health policies influencing, in particular, social determinants of health, responding to cross-border public health concerns and work on health in all policies. We have also brought up earlier in this document health in all policies, the importance of tackling inequalities, assessing health technologies and addressing determinants of health and key issues such as mental health.

It is likely that focus on social determinants of health, public policies and health in all policies as well as on inequalities and solidarity in health care and on ensuring access to all citizens will be key areas of concern in the future. It is unclear how European Union actions and strategies will in practice address these issues.

**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 current strategy remains too scarce to assess what we can realistically aim to achieve and on what basis this would be measured. It is likely that stakeholder consultation is not the appropriate means to define this. This would require more work and cooperation with national administrations and in linkage with other work on health in the context of WHO/EURO.

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**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?**

In principle different means - including legislation - should be used where these are most effective and appropriate on the basis of existing knowledge. It is also possible to use several approaches to tackle the same problem. The means to address the issue should come after there is a clear understanding of policy and priorities in the issue of concern as otherwise there is a danger that, for example, the choice of partnerships ends up defining the agenda. If the open-method of coordination is used, it should be based on priorities and aims set by Member States and the process driven by their priorities. The process should be under parliamentary guidance both at national and European level. The role of stakeholders needs to be evaluated as well as openness and transparency of the process so as to ensure that OMC does not become primarily a means for early lobbying of particular interest groups. In terms of impact assessment, the current context of health impact assessment remains weak. A more transparent and decision-making oriented focus for impact assessment, including health systems impact assessment, should open more scope for positive action on health.

**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) ?**

This question might be best answered on the basis of each particular problem, as a combination of approaches and strategies on key settings may differ on the basis of what kind of results are sought. In terms of European action and key settings, focus needs to be on such policy that is influenced and/or defined at European level, which would highlight the importance of the work place and the importance of European policy measures in respect to determinants of health.

**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 Strategy?**

The debates on targets and milestones have a history in the context of Health for All policies and this might be utilised also for further work in the area. The indicators used in this context could also be used for European policies. Process indicators are usually preferable to outcome indicators in the field of policy change. It would be appropriate to link the choice and use of indicators with the work of other organisations, such as the WHO and OECD so as not to duplicate work or unnecessarily increase the workload of national administrations responsible for gathering the data.

**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?**

Perhaps the best way to ensure that EU strategy adds to national strategy is to ensure that European level policies are in line with broad policies approved in other international organisations, such as the WHO/EURO. It is also necessary to ensure that European policies do not move national policies backward in countries, which have taken more action in particular areas. The European strategy should be based on European Union level action, where possible, and focus on where the EU role can be truly complementary.

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

The means and ways of involving stakeholders should be such that it does not lead to opening up inappropriate early policy influence possibilities for specific private interest organisations and other actors with direct financial profit interest in health issues. Stakeholder consultation should be open, transparent and based on publicly available documentation on the website. It should not become a new lobbying ground for solely Brussels-based organisations, but rather seek broader consultation from Member States. The process of involvement should include due attention to funding and financial ties of stakeholders as well as aims, function, nature of representation and accountability. The role of partnerships needs to be clear and especially with public-private partnerships not lead towards becoming public subsidies to commercial operators and agencies or alternative means of compromising potential European regulatory action. The terms of partnerships should be open and particular emphasis should be given to joint policy priorities for a common cause so as to ensure that all partners share the values and priorities of actions taken.

**8. Do you have any further comments**

Please go back to the first paragraph on page 1 of this STAKES comments paper for further comments.

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