



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
EUROPEISKA ÖVERLÄKARFÖRENINGEN
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVNIKOV
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΙΑΪΙΑ ΗΑ ΣΤΑΡΣΗΤΕ ΒΟΛΗΝΗΧΝΗ ΛΕΚΑΡΗ
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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**EU Open Health Forum
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**Report from the Plenary Session
Recent Developments in Shaping the Health Policy Agenda**

After the opening address by **Mr John Dalli**, Commissioner for Health and Consumer Policy followed by the presentation of **Ms Zsuzsanna Jakab**, Regional Director, WHO Europe, on "Health in All Policies from the International Perspective" the plenary sessions continued by the panel discussion.

The discussion was moderated by **Ms Tamsin Rose**. The panel included:
Mr Andrzej Rys, Director of the Public Health Directorate, Directorate General for Health and Consumers, European Commission
Mr Alberto Infante, Director General for Quality and for Professional Planning, Spanish Ministry of Health
Mr Dirk Cuypers, President of the Board of Directors, Federal Public Service Health, Food Chain Safety and Environment, Belgium
Mr Jo Leinen, Chairman of the Environment, Public Health and Food Safety Committee, Member of the European Parliament
Mr Alojz Peterle, Member of the European Parliament, Rapporteur for the EU Health Strategy Communication
Mr Archie Turnbull, President of the European Public Health Alliance

Ms Rose introduced the session and distinguished members of the panel. She informed the audience about the draft conference declaration prepared by the members of the EU Health Policy Forum. Participants of the Open Health Forum have the opportunity to comment on the document before it will be proposed for adoption at the end of the Forum.

Mr Alberto Infante, representing the EU Council, highlighted the priorities and achievements of the Spanish presidency in the area of public health. There were many challenges related to institutional changes in the EU including entry into force of the Lisbon Treaty, the new European Parliament and the new Commission. The main achievements of the Spanish presidency in public health are:

- Adoption of the Directive on standards of quality and safety of human organs intended for transplantation. This Directive will ensure high quality of organ transplants across the EU and will save the lives of 20,000 patients each year. A high-level conference on Organ Donation and Transplantation was held in March in Madrid.
- Political agreement by the Council on the compromise proposal of the Directive on the application of patients' rights in cross-border healthcare. This compromise respects the subsidiarity principle, properly defines the legal base and takes into account the interests of countries of origin and the countries of treatment for cross-border patients;
- A political agreement was reached on the Directive and Regulation on pharmacovigilance with a view to their adoption in the first reading. Negotiations continued on the Directive on counterfeit medicine;
- Adoption of Council Conclusions on equity and health in all policies. Member States committed themselves to combat inequalities in health care;
- Adoption of Council Conclusions on Action to reduce population salt intake for better health. This important issue requires work by both health and food sector stakeholders.
- E-Health Ministerial Conference (Barcelona 15-18 March) and the launch of the Joint Action on e-health. These are good examples of partnership between industry and public health authorities;
- Conference on Patient Safety and Anti-microbial Resistance and Health Care Associated Infection in Madrid in May and the work of the AMR EU-US Taskforce;

- In the last few days, a conference was held on mental health and elderly people.

Mr Dirk Cuypers, the representative of the incoming Belgian Presidency, outlined their programme in the field of public health. The central theme will be "Innovation and Solidarity" and the work of presidency will be grouped in four areas:

(1) Health Security:

- A high level conference conferences on lessons learned from the Pandemic A(H1N1) 2009: for a better management of future health threats, 1-2 July 2010. The conference will explore good practice in the use of antivirals and vaccines;

- A ministerial conference on Pandemic and Health security, 5-6 July 2010 will address general issues of health security

- A technical conference on Antimicrobial Resistance, 8-10 November 2010. It will discuss new instruments to prevent and control infection, best practice in antibiotic use and strategies to combat antimicrobial resistance in health care facilities.

(2) Health Care Systems

- A ministerial conference on Investing in Europe's Health Workforce of Tomorrow: scope for innovation and collaboration, 9-10 September 2010. Health care providers will discuss workforce planning: developing the necessary skills of the work force and ensuring high quality of care.

- A ministerial conference on Innovative Approaches for Chronic Illness, 19-20 October 2010. This will explore the potential for innovation in prevention and treatment of chronic diseases, the cost of preventive treatments and how treatment can be adjusted to the needs of chronic patients. Patients' organisations will play key roles in the event.

(3) Pharmaceuticals

- A ministerial conference on Innovation and Solidarity in Pharmaceuticals, 23-24 September 2010. The conference will deal with innovation in the pharmaceutical sector and how to assess innovations and make them accessible to all EU citizens.

(4) Health Inequality

- A conference on Addressing Social Determinants of Health and Health Inequalities from a Regional Perspective, 8-9 November 2010;

- A conference on Environmental Health and Social Vulnerabilities, 21-22 October 2010;

- A conference on Child Poverty, 2-3 September 2010.

Mr Jo Leinen, Chairman of the Environment, Public Health and Food Safety Committee, European Parliament (EP), presented the work of the EP in the field of health: Parliament and the Council will soon arrive to the agreement on the Directive on patients rights in cross-border healthcare. The EP is working on legislation on food information: Health of consumers will be better protected with more information on the sugar, fat and salt content, although the general guidance in the form of traffic lights has rejected. In relation to the pharmaceutical package the EP is under pressure from lobbyists to allow advertisement of medicines in printed press. The ENVI Committee disagrees as it wants patients to receive sound information. The EP will not form a special committee on A(H1N1) flu but the ENVI Committee will publish a special report in which it will draw lessons from the pandemic. There was sharp criticism on how the pandemic was handled so the EP will use its competences to ensure that there is better preparation for future pandemics. The EP recognises inequalities in health care therefore it will prepare a report on provision of health care in member states and put pressure on new member states to ensure that all their citizens have access to high quality health care. The EP will also prepare a report on pharmaceutical market in order to address the existing fragmentation. The EP is taking a proactive approach to health prevention and will address nutrition, environmental factors, drugs, tobacco and alcohol and to chronic diseases including cancer.

Alojz Peterle, MEP, sent a strong message on the need for cooperation and partnership, and focus on prevention in the implementation of the EU Health Strategy.

As a cancer survivor he focused on the EU action against cancer. He sees favourable conditions as the Commission launched the partnership against cancer and the Council adopted its conclusions. EU institutions have to cooperate with Member States where many competences lie. He pointed to two elements of the Health Strategy – Health for All and Health in All Policies as relevant principles for the fight against cancer. The crisis affected the health care systems but Member States need to ensure that adequate health care is accessible for all. The Health in All Policy is best implemented if prevention is integrated in other policies. He expects that the Directive on cross-border health care will also contribute to mobility of knowledge that is needed to remove inequalities in the access to cancer treatment between and within member states. The action against cancer will require partnership of all stakeholders including non-governmental organisations because there is a need for community based prevention. He concluded that Cooperation has to take place between all levels and there will be growing public expectation from actors at the EU level.

Mr Archie Turnbull, President of the European Public Health Alliance gave the view of civil society. The economic crisis will define the context for the Public Health policy in the future. It may lead to greater social inequalities that could widen the existing gaps in health. To integrate health into all policies five issues have to be addressed:

(1) Integrate health in the sectors where the drivers of health lie. Poverty, low levels of education, poor food and diet and environmental pollution are preventable causes of ill health. By tackling these challenges we tackle the underlying causes of health inequalities. The economic slow down will accelerate the trend of growing inequalities.

(2) Europe needs a healthy, productive working population to meet the EU2020 goals and remain a globally competitive region. Rising levels of chronic disease such as obesity and cardiovascular diseases decrease productivity and put additional costs on the overstrained health care systems. Governments are raising the retirement age to keep the pension systems viable but this will fail if the ageing population is not healthy.

(3) We cannot afford not to invest in health prevention and promotion. This means investing in the structural causes of poor population health as well as tackling behaviours and norms. Investment in health promotion is cost effective and we have the evidence of successful strategies.

(4) Investment in health workforce is crucial. Demographic ageing affects also the health workforce at a time when we need it most. Our strategy has to include a coherent approach for the health workforce including recruitment and retention. The Belgian presidency's priority on the health workforce is welcome.

(5) How can the strategies to exit the crisis and the austerity plans help to combat health problems? Primary health care may be negatively affected but there are opportunities to tackle other challenges, e.g. increase the tax on alcohol or tobacco. This requires leadership by the health actors as well as engagement of other sectors.

Mr Andrzej Rys, Director of the Public Health Directorate, Directorate General for Health and Consumers, European Commission responded to the question of MEP Peterle on what working together actually means. The Commission intends to implement the Health Strategy with key partners including the European Parliament particularly the ENVI Committee, the Committee of Regions, local governments, the EU Council and its Working Party at Senior Level and the EU Health Policy Forum. DG SANCO also seeks better collaboration with colleagues inside the Commission, it has established an inter-service group on health with specific working groups on global health and cross-border health care. The EU2020 Strategy provides for new opportunities for the health agenda. Several flagship initiatives will contribute to the advancement of health agenda including the Agenda for New Skills and Jobs, Youth on the Move, and Innovation Union. The review of the EU Cohesion Policy also provides an opportunity to cut economic and social disparities that are drivers of health inequalities.

The moderator asked the panel two questions:

- (1) What changes need to happen for health to have a higher priority at EU level?
- (2) What is the gap between the policies we need and the policies we have at the moment?

Mr Infante considers mass media an important tool in health policy. The recent experience of the A(H1N1) flu showed that the mass media can disseminate messages across the EU very quickly. Health policy tends to be discussed by health experts but intelligent use of mass media can raise public awareness and interest in health issues.

Mr Leinen proposed to use the approach that proved to be successful for climate change and biodiversity protection, i.e. to show that the cost of inaction is much higher than the cost of action. A special report on the Health Status in the EU and Member States should be developed. Environment, agriculture and the way of life elements will have to be taken in the account.

Mr Peterle notes that health is becoming more important in the EU institutional agenda but it still needs better consideration in other policy areas. As example, he mentioned the proposal for cloning of animals recently discussed in the EP where different views surfaced and health issues were not taken into account in a holistic way.

Mr Rys sees signs that health is becoming more central to public policy agenda. For example, the UK government decided that one of the few sectors where public funding will not be cut is the health sector. Eurobarometer surveys regularly put health high on the list of EU citizens' priorities. Health was also referenced in the conclusions of the EU summit and is the subject of international cooperation between the EU and the US.

Mr Turnbull proposed that the public policy could overcome industry resistance to new health measures by providing a more holistic view of the impacts on the society. Experience from tobacco control shows that good communication can change public perception. Civil society organisations can produce such communication.

Mr Cuypers agreed with Mr Peterle that health is underestimated. The evidence on the importance of health needs to be better marketed to decision makers. Health information also needs to be marketed to public through media.

The moderator took five questions from the audience, summarised them into 3 categories and asked the panelists to respond:

1. Questions about multilevel governance – how should healthcare be properly organised and coordinated between different levels of government and how to allocate budgets efficiently between medicines, health care and health promotion;
2. Questions about how to control the influence of industry on decision making;
3. In times of crisis how can the health system ensure that the communities who were already vulnerable, do not lose out even more.

According to Mr Leinen, public authorities have to be the counterweight to industry interests. In the case of pharmaceuticals there is no need for adverts, balanced information for patients is needed and this should be provided by a neutral public body. In the food sector the situation is more complex because the scope is broader and there is a lack of independent bodies to provide information on food. More funding for public campaigns would help. On tobacco some progress has been achieved but similar efforts have not been possible on alcohol because of the breadth of alcohol producers in Europe and their political strength.

Mr Infante stated that policy making in public health is about balancing interests. The solutions should deliver the greatest results for the most people and respect the

scientific knowledge. Spain has had a good experience of cooperation with industry on cutting the salt content of food and portion sizes of fast food. Alliances are needed because public bodies cannot implement health policy alone. What happens in public health in Europe is important because it sends strong signals at the international level.

Mr Peterle stated that times of crisis are not the best time for major reforms. Focussing on prevention delivers results in the longterm but this needs to be balanced against the immediate needs of current patients. Getting the right balance is critical.

Mr Turnbull responded that effective partnership have to be backed up by organisations that are trusted by the public. Governments and industry tend not to enjoy a high trust rating and academics often lack communication skills. Civil society organisations that have a certain degree of trust can help deliver interventions which can lead to creation of new policies.

The moderator thanked the panel for their interventions and closed the morning plenary session.