



# EU health institutional and policy developments

**Update May 2019**

**AEMH General Assembly, 10-11 May 2019**

# EU competences - reminder

- The competences of the Union are defined in the EU Treaties ([Articles 2-6](#) of the Treaty on the functioning of the European Union - TFEU).

Exclusive  
competence  
(see [Article 3](#)  
[TFEU](#))

Shared  
competence  
(see [Article 4](#)  
[TFEU](#))

Competence to  
support,  
coordinate or  
supplement  
actions of the  
member states  
(see [Article 6](#)  
[TFEU](#))

Competence to  
provide  
arrangements  
within which EU  
member states  
must coordinate  
policy  
(see [Article 5](#)  
[TFEU](#))

# EU competences - reminder

- Shared competences (i.e. the member states can act *only* if the EU has chosen not to) - common safety concerns in [public health](#) matters, limited to the aspects defined in the TFEU
- Competence to support, coordinate or supplement actions of the member states (i.e. the EU may *not* adopt legally binding acts that require the member states to harmonise their laws and regulations) - protection and improvement of [human health](#)

# Role of the European Commission in the EU legislative process

- ▶ In the EU legislative process, the Commission makes the proposal for a legal act of the Union. To become law, it must be adopted by the legislator. In most cases, the legislator is both the [European Parliament](#) and the [Council](#). In some cases, it is only one of them.
- ▶ A citizens' initiative invites the Commission to propose a legal act. If the Commission decides to put forward a proposal, it will have to be adopted by the legislator to become law.

## DG SANTE's role:

The [European Commission's Directorate for Health and Food Safety \(DG SANTE\)](#) supports the efforts of EU countries to protect and improve the health of their citizens and to ensure the accessibility, effectiveness and resilience of their health systems. This is done through various means, including by:

- ▶ Proposing legislation
- ▶ Providing financial support
- ▶ Coordinating and facilitating the exchange of best practices between EU countries and health experts
- ▶ Health promotion activities.

# State of Health in the EU: more protection and prevention for longer and healthier lives (November 2018)

The 2018 [\*Health at a Glance: Europe\*](#) joint report of the European Commission and the Organisation for Economic Cooperation and Development ([OECD](#)) shows that the steady increase of life expectancy has slowed down and that large gaps across and within countries persist, notably leaving people with a low level of education by the wayside. This report is based upon comparative analyses of the health status of EU citizens and the performance of the health systems in the 28 Member States, 5 candidate countries and 3 [EFTA](#) countries.

# State of Health in the EU: key findings

- ▶ since 2011, the gains in life expectancy have slowed down markedly; large **disparities** in life expectancy persist not only by sex but also by socioeconomic status. For instance, on average across the EU, 30-year-old men with a low level of education can expect to live about 8 years less than those with a university degree.
- ▶ Evidence from various countries suggests that **up to 20 % of health spending** could be reallocated for better use
- ▶ Over 84,000 people died of the consequences of **mental health** problems across Europe in 2015. The total costs arising from mental health problems are estimated to amount to over EUR 600 billion per year.
- ▶ Nearly 40% of adolescents report at least one **binge-drinking** event in the preceding month. Despite existing control policies in several EU countries, heavy alcohol consumption among both adolescents and adults remains an important public health issue.
- ▶ Low-income households are five times more likely to report **unmet care needs** than high-income households.

# Making the case for smarter investing in health:

highlights of "Health at a Glance: Europe 2018"



Health spending accounts for **9.6% of GDP**



Up to one-fifth of health spending is **inefficient** and could be used for other care needs



**1 in 6** people has a **mental health issue**



Low income households have **5 times higher unmet** care needs than high income

Unnecessary admissions consume over **37 million hospital bed days** each year

Direct and indirect costs adding up to more than **4% of the GDP** (over EUR 600 billion)

## PREVENTION REMAINS A PRIORITY

MORE THAN 790 000 DEATHS PER YEAR DUE TO BEHAVIOURAL RISK FACTORS



**20%** ADULT EU CITIZENS ARE SMOKERS



**38%** ADOLESCENTS REPORTED BINGE-DRINKING



**1 IN 6** ADULT EU CITIZENS ARE OBESE



## Health at a Glance: Europe

Health status

Risk factors

Effectiveness/Quality

Access to care

Health expenditure

All data refer to 2017 or nearest year.

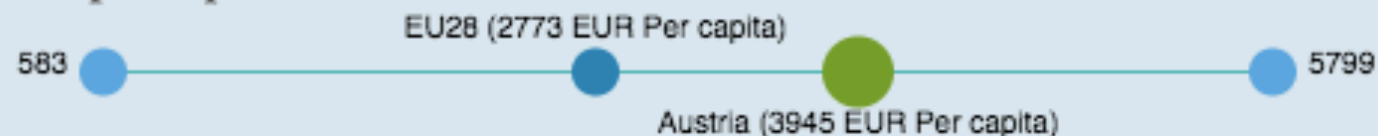
Highlight a country:

### Health expenditure

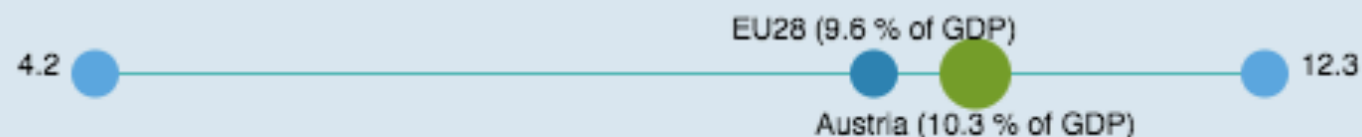
Lowest

Highest

#### Health expenditure per capita



#### Health expenditure as a share of GDP



Visit the ["Health at a Glance: Europe" website](#) for access to the full report, detailed country notes and more information.

# Health workforce in the EU

Health systems that support high levels of initial education and training, as well as consistent investment in continuous professional development, are better equipped to develop innovative and integrated solutions to respond to the major challenges that the EU is facing.

# FORCES SHAPING AND CHALLENGING THE RESILIENCE OF THE HEALTH WORKFORCE

## EXTERNAL

Population AGEING  
Changing care demands  
MIGRATION patterns  
Technological  
INNOVATION

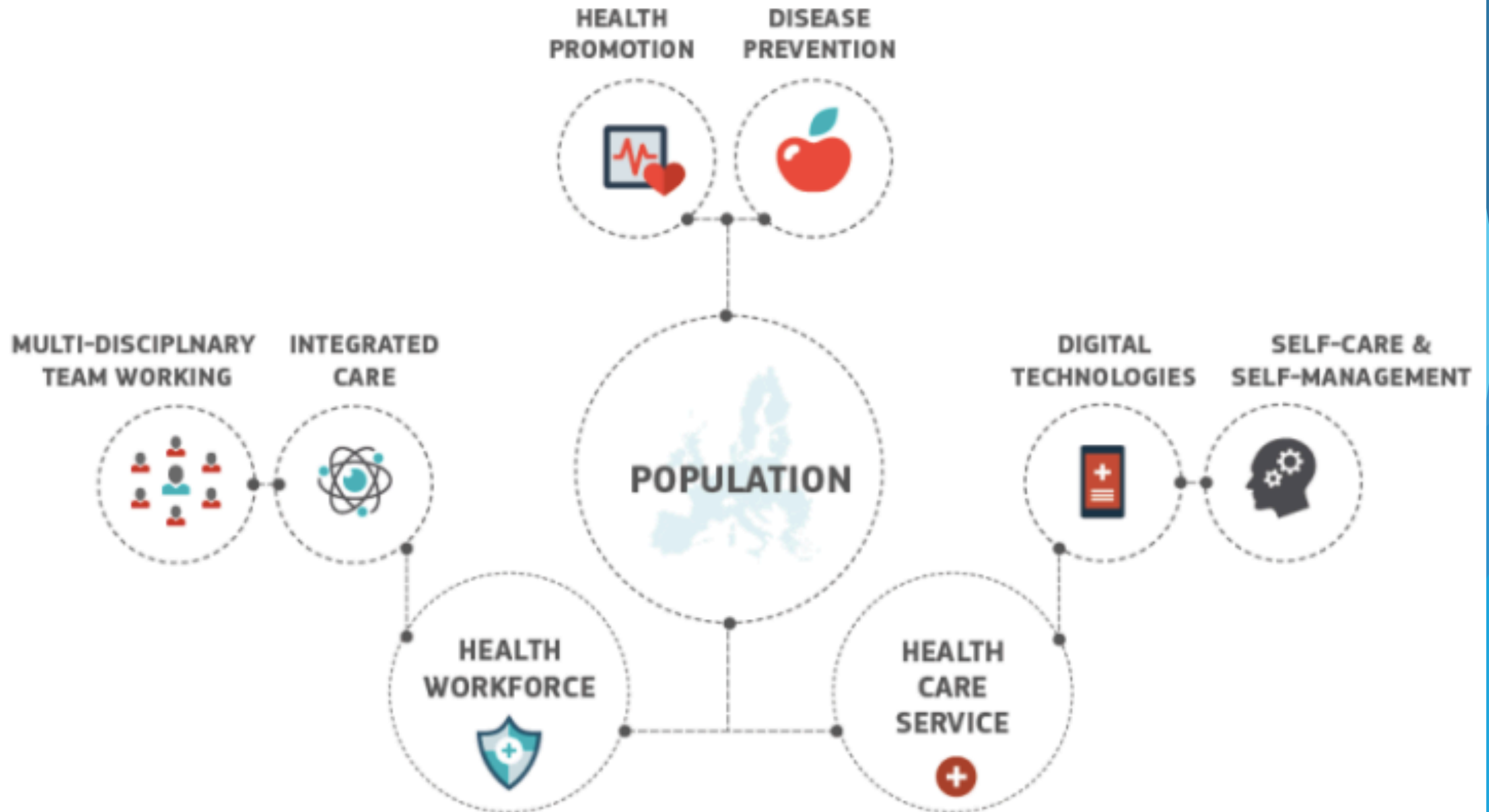
## HEALTH WORKFORCE

## INTERNAL

WORKFORCE ageing  
Recruitment & retention  
Poor geographic DISTRIBUTION  
Skills mismatches



# THE DRIVING FORCES INFLUENCING FUTURE SKILLS AND COMPETENCES



# EU Health Workforce Network

Tailored advice and guidance : SEPEN joint tender provides tailor-made support for EU countries “on demand”, for those who are willing to improve their health workforce planning capacities at national and regional level.

Examples of support (exchanges of expertise):

- ▶ Support to the implementation of national health workforce strategy;
- ▶ Advices on physicians’ and nurses’ retention;
- ▶ Preventing health workforce loss due to international mobility;
- ▶ Managing health workforce maldistribution;
- ▶ Supporting the development and the implementation of methods to calculate the appropriate ratio of specialized medical doctors to population.

# SEPEN Network

- ▶ According to the tender requirements, we are going to provide maximum 6 experts exchanges.
- ▶ In order to successfully organise the exchange, your request should reach SEPEN secretariat at the latest by 30 September 2019. We kindly remind you that the costs of the exchange will be covered by the SEPEN joint tender activities.
- ▶ More information: <http://healthworkforce.eu/>