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Enabling Good Health for all

A reflection process for a new EU Health Strategy

15 July 2004

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http://europa.eu.int/comm/health/ph_overview/strategy/health_strategy_en.htm



Introduction

Good health is a state of physical and mental well-being necessary to live a meaningful, pleasant and productive life. Good health is also an integral part of thriving modern societies, a cornerstone of well performing economies, and a shared principle of European democracies.

Achieving good health for all means not just reacting to ill-health, but proactively promoting health, preventing diseases and helping people make healthy choices.

It also means successfully tackling important challenges currently facing the European Union. These challenges include ageing-related conditions, high levels of lifestyle related diseases linked for example with obesity or tobacco consumption, a resurgence of serious communicable diseases, such as HIV/AIDS and the threat of new diseases such as SARS.

Achieving good health for all is a shared responsibility that requires co-operation between the EU, its Member States and its citizens. The EU is committed to bringing together all health players and building partnerships for health. This aim is inbuilt into EU action to complement national efforts to promote good health, minimise health inequalities and to tackle the factors that determine health.

This paper launches a reflection process to help define the future EU Health strategy.

I count on national governments, stakeholders, international organisations, health professionals and citizens to help develop and implement an effective European health strategy.

Comments will input on the recommendations for a future EU health strategy that I will hand-over at the end of my mandate.

David Byrne

1. Enabling Good Health for all

Modern economic progress has been built on good health - longer, healthier, more productive human lives. Good health is not just quality of life. Good health is key to economic growth and sustainable development.

People in the EU are living in better health than ever before. But good health for all is far from a reality. The health gap across the EU between those in good health and those in ill-health is widening. Good health still depends on where you live, what you do, how much you earn. The poor, the socially excluded and minorities are particularly affected by ill-health.

Life expectancy for men in the enlarged EU varies from 64 to 77 years¹, the incidence of lung cancer varies 5 fold between countries², and of tuberculosis 17 fold³. Can we allow such inequalities in health status in the EU? This wide health gap goes hand in hand with the economic gap.

	Amongst the best	Amongst the worse
Life expectancy at birth/males	77.4: Sweden 76.1: Malta Cyprus	72.7: Portugal 64.8: Latvia
Lung cancer (incidence rate p/ 100,000 males)	21: Sweden 32: Finland	85: Netherlands 102: Hungary
Tuberculosis (incidence per 100,000 people)	6.4: Italy 6.7: Greece	45.2: Portugal 86 : Lithuania
Ischaemic heart disease (mortality p/ 100,000 females.)	29: France 47: Portugal	240: Ireland 115: Finland 226: Slovak Republic
Suicides (death rate by 100,000 males)	4.9: Greece 7.5: Portugal	31.4: Finland 44.4: Hungary

Sources: "The new EU of 25 compared to EU-15, Eurostat March 2004;
"Health at a Glance, OECD indicators 2003; "Health Statistics, Key data on health" 2002.

To achieve good health, we need to look at the grass root problems – poverty, social exclusion, healthcare access. We need to understand how different socio-economic and environmental factors affect health. And then we need to make all these factors work together for good health. Good health must become a **driving force behind all policy-making**.

Europe should take positive action to **avoid ill health in the first place**. Pro-active, forward looking, long-term measures to promote good health are needed.

The time has come for a change of emphasis from treating ill health to promoting good health.

¹ Sources for EU 15: "Health Statistics, Key data on health 2002, European Commission"; for new Member States: "The new EU of 25 compared to EU-15, Eurostat, March 2004.

² The incidence rate of lung cancer in Hungary (102 per 100,000) is 5 times higher than in Sweden (21). Source: Health at a Glance, OECD indicators 2003.

³ The incidence of tuberculosis is 17 times higher in Lithuania than in Sweden (86 out of every 100,000 people in Lithuania, 5.1 in Sweden). Source for EU-15: Health Statistics, Key data on Health 2002, European Commission; for new members: "The new EU of 25 compared to EU 15" Eurostat, 2004.

2. Good Health as a shared responsibility

Good health is a shared responsibility. Different actors must work together to foster good health across the EU.

The EU and the Member States must cooperate respecting the varying distributions of responsibility under the Treaty, and harvesting the benefits of EU-wide networks for delivering the best solutions. The EU must achieve synergies with national authorities, stakeholders and international organisations and foster co-operation between the Member States.

Europe increasingly suffers from lifestyle related diseases triggered by an unbalanced diet, physical inactivity, smoking or alcohol abuse. This means that citizens' health is, to a great extent, determined by individual choices on what people eat, smoke, drink and do.

Citizens' choices are based on a number of factors ranging from knowledge and information to socio-economic determinants. European citizens need reliable and user friendly information about how to stay in good health and the effects of lifestyle on health. When they fall ill, they need authoritative information about their condition and treatment options to help them take decisions. **Enabling citizens to make the right choices** is indispensable.

Healthcare and health systems are the responsibility of the Member States. Member States decide on how to manage their health systems, the size of the budget to allocate to health and healthcare, which medicines to reimburse, which technology to use. When citizens fall ill, they expect to have prompt access to treatment. And when there is a disease outbreak, they expect their governments to protect them.

Member States are faced with important challenges: the need to provide universal access to healthcare, to match citizens' rising expectations, to invest in innovative treatment, to improve healthcare quality, and to respond to the added pressure on healthcare from the ageing population.

So what is the role of the EU in achieving good health?

The Treaty states that a high level of human health protection should be ensured in the definition and implementation of all Community policies.

The role of the EU is to protect citizens, foster synergies by fostering partnerships, mainstream health into all EU policies and inform citizens and health players.

First, the EU must **protect the** EU population against major health threats. This is an important role and also a major challenge.

Health threats such as HIV or the SARS outbreak are not confined to one country; they require co-ordinated action. This obligation is enshrined in the EU Treaty and reinforced in the new Constitution which foresees Community action on monitoring, early warning and combating cross-border health threats.

Similarly, the Constitution gives the EU the role of setting **quality and safety standards for medical products and devices**. This will enable action to secure the safety of health products being developed and to ensure that they are used in the most effective and appropriate manner.

But protection is not enough. Achieving good health requires positive action.

Positive action requires that different actors work together for good health. Building partnerships for health bringing together regional and national authorities, the health community and civil society is an achievement in itself. This is the role of the EU: **help players share knowledge and achieve synergies**, listen to the voice of different actors and translate it into policy. Here also the existing Treaty mandate is reinforced in the new Constitution.

There are many areas where synergies and savings can be achieved, such as exploiting European centres of expertise and exchanging knowledge on issues such as quality improvement and assessment of health technologies. The EU is also looking at issues such as the use of spare capacity in some regions to help overstretched capacity elsewhere.

In the long term, such co-operation can provide a solid evidence base for healthcare management and enhance the effectiveness and efficiency of healthcare systems across Europe.

Finally, the EU has a clear role to play in building a **solid EU-wide knowledge base**. In analysing trends, identifying common challenges and pointing to solutions.

The EU is a **catalyst for change geared towards achieving good health**.

Many of the choices for achieving good health lie in the hands of the citizens themselves. EU policy must therefore focus more on the citizen. The EU must empower citizens to make healthy choices and **involve them in policy-making** from the start.

The recent European elections show that citizens feel Europe is far away from their lives. We need to link Europe with its citizens.

And this is where health comes in. **We need to show that Europe is good for health.**

By increasingly putting EU policies at the service of good health, we bring Europe closer to its citizens and help them enjoy longer, happier, more productive lives .

3. Health generates Wealth

Health is closely intertwined with economic growth and sustainable development. There is evidence that investing in health brings substantial benefits for the economy. According to the WHO, increasing life expectancy at birth by 10% will increase the economic growth rate by 0.35% a year. On the other hand, ill health is a heavy financial burden. 50% of the growth differential between rich and poor countries is due to ill-health and life expectancy⁴.

Health expenditure is, however, too often viewed as a short-term cost, not as a long-term investment, and is only now starting to gain recognition as a key driver of economic growth.

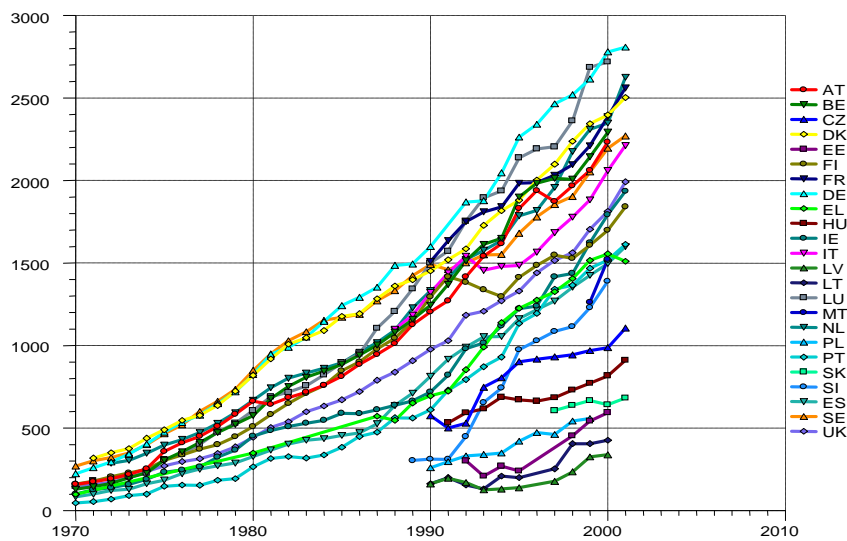
The EU spends an ever increasing share of its GDP on health⁵, yet still loses over € 100 billion with the direct and indirect costs of respiratory diseases⁶ and € 135 billion to

⁴ "Macroeconomics and health: investing in health for economic development", Report on the Commission on Macro-economics and health, Jeffrey D. Sachs, WHO, 20 December 2001

⁵ 8,6% of GDP in EU-15 ("Health Statistics, Key data on health" 2002) and 5.8% in new Member States (Health Policy and EU enlargement, European Observatory in Health systems and policy series 2004, quoting WHO data).

⁶ European Lung White Book, European Respiratory Society (ERS) and the European Lung Foundation (ELF), November 2003

cardiovascular diseases⁷ including 8 million disability adjusted life years lost⁸. The cost of mental health alone is estimated at 3% to 4% of GDP⁹.



Total health expenditure in PPP\$ per capita. Source: HFA database, 2004.

The disease burden translates not only into long-term increases in healthcare expenditure, but also into heavy social costs ranging from sick leave, replacement at work and lower productivity to early retirement. Europe loses over 500 million work days every year in work-related health problems¹⁰.

Each health euro better spent could make a net saving both for individual well-being and for EU economic competitiveness. With such a heavy disease burden, improving health must become an economic priority. Without long-term investment in health, healthcare and social costs will continue to rise and the economy will suffer.

It is not a question of just investing more on health. What matters is that health systems are effective and cost efficient – in other words, that money is well spent.

The health sector is driven by **scientific and technological progress**. Everybody wants and expects access to the latest and best treatment. But new health technology and drugs come at a price and must be used efficiently. Employing more expensive therapies when less expensive, equally effective alternatives exist is a waste of taxpayers' money and a net loss for the economy. It is therefore important that technology is properly assessed. This is an area where the EU can foster economies of scale and synergies between Member States.

Health related industries play a major role in the EU economy. The pharmaceutical industry for example is a major driver of innovation in healthcare, investing close to € 20 billion a year in EU-15 in research and development and employing over 500,000 people¹¹. A competitive pharmaceutical industry makes an important contribution to achieving good health by providing the effective medicines that are needed. This is the reason why the EU has brought

⁷ Eurohealth volume 9, Spring 2003

⁸ The Social situation in the EU 2003, European Commission, original source: British Heart Foundation – coronary heart disease statistics.

⁹ WHO: Investing in Mental Health, 2003

¹⁰ The Social situation in the EU 2003, European Commission

¹¹ The Pharmaceutical industry in figures, EFPIA, Key data, 2003

together industrial concerns and public health concerns in the so-called “G10 Medicines” process that recommended a wide range of measures to simultaneously improve the pharmaceutical industry’s competitiveness and achieving health objectives¹².

Another way to ensure that money is well spent is to focus on **prevention**. Europe increasingly suffers from very high levels of **lifestyle related diseases** linked with obesity or tobacco consumption, i.e., **preventable diseases**. In the EU almost 10% of the disability adjusted life years (DALY)¹³ are lost due to poor nutrition (4.5%), obesity (3.7%) or inactivity (1.4%)¹⁴. In England alone, obesity accounted for 18 million days of sickness absence and 30,000 premature deaths in 1998¹⁵. This calls for **long-term investment in prevention to save on future treatment costs**.

Health employs 10% of the EU active population and generated over 2 million jobs from 1995 to 2001 in the EU. **Employment** in Health can play a particularly important role in stimulating regional employment and economic growth. But health professionals are becoming older. Between 1995 and 2000 the number of doctors aged 45 or more increased by 57%¹⁶. Addressing this situation requires taking steps to increase training, recruitment and retention of health professions, including investment in providing access to medical training.

The European Commission has committed itself to integrating health into the Lisbon agenda as a driver of competitiveness and sustainable development. A structural indicator to monitor the evolution of “healthy life years” is in the pipeline. The Commission has also stressed the need for greater investment in health¹⁷ and has committed itself to help mobilize Community instruments for health.

But this is just the beginning. Europe needs a paradigm shift from seeing health expenditure as a cost to seeing effective health policies as an investment. Europe should look at what health puts in to the economy and what illness takes out.

4. Towards a European Strategy enabling Good Health for all

The EU has a broad health agenda.

Over the last few years the EU has made good progress across areas as diverse as tobacco control, pharmaceuticals, the safety of blood, tissues and cells, patient mobility and cooperation between health systems. The EU has also launched the new public health programme and has laid the foundations for the European Centre for Disease Prevention and Control.

Progress is encouraging but much remains to be done to achieve good health for all across the EU. Europe needs a strategy to guide EU action for good health during the next few years.

Below are some of my ideas for this strategy, together with some issues for consideration.

¹² G10 stands for the High level group on Innovation and provision of medicines, see COM(2003) 383

¹³ The DALY expresses years of life lost to premature death and years lived with a disability of specified severity and duration. One DALY is thus one lost year of healthy life.

¹⁴ The Social situation in the EU 2003, European Commission, original source: determinants of the burden of disease in the European Union. Stockholm, National Institute of Public Health, 1997.

¹⁵ Source: Eurohealth Vol 9 N1 Spring 2003 quoting from the UK National Audit Office.

¹⁶ The number of doctors below this age increased by only 20%. The Social situation in the EU, European Commission 2003.

¹⁷ Building our common Future": Policy challenges and Budgetary means of the Enlarged Union 2007-2013, COM (2004) 101 final of 10.2.2004.

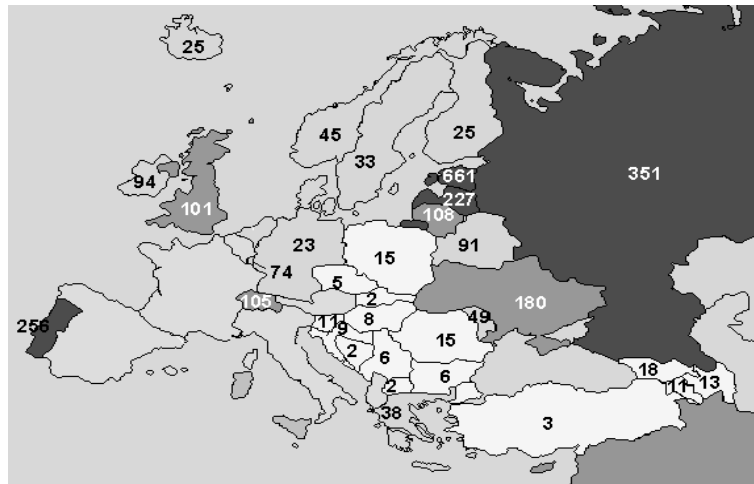
4.1. Putting health as the centre of EU policy making

The time has come for health to be put at the centre of EU policy making.

Positioning health as a driver of economic development, as outlined above, is part of this process. Investing in health needs to become a long-term economic priority geared towards growth and sustainable development. With an enlarged EU of 25 Member States there are even clearer health and economic inequalities that must be urgently addressed.

The EU can disseminate evidence on health's impact on economic growth and on the financial burden of ill health. It can assist Member States in improving the cost efficiency of health care systems through exchange of good practice and better use of available capacity. Can – or should – the EU do more than this?

Europe also needs to build on the lessons learned with SARS and invest in EU-wide resource planning and capacity to **provide better protection at lower cost against major threats to public health**, from influenza or other pandemics and bioterrorism. Health threats for example from infectious diseases may have very heavy consequences for the population and the economy of the EU as a whole.



Newly diagnosed HIV infections in Europe. Cases reported in 2002 per million of population. Source: www.EuroHIV.org.

HIV/AIDS is one area where the EU and the Member States must urgently work together to prevent a health catastrophe in the near future. The European Centre for Disease Prevention and Control will have a key role in the prevention of such health threats. How should EU work on AIDS and other communicable diseases develop?

A stronger **focus on prevention** is key to establishing health as an investment. The EU needs to invest in tackling issues such as smoking and obesity now to save in massive healthcare costs in the future. While more research on cost-effectiveness of prevention is needed, measures such as awareness-raising on healthy lifestyles, screening and legislation cost relatively little and can trigger important savings.

Tobacco clearly calls for concerted action at all levels. Smoking leads to 1 in every 3 cancers¹⁸, causes 90% of all lung cancers¹⁹, is addictive and kills well over half million people in the EU every year. The potential benefits of prevention – in lives saved and diseases avoided - can be very high indeed.

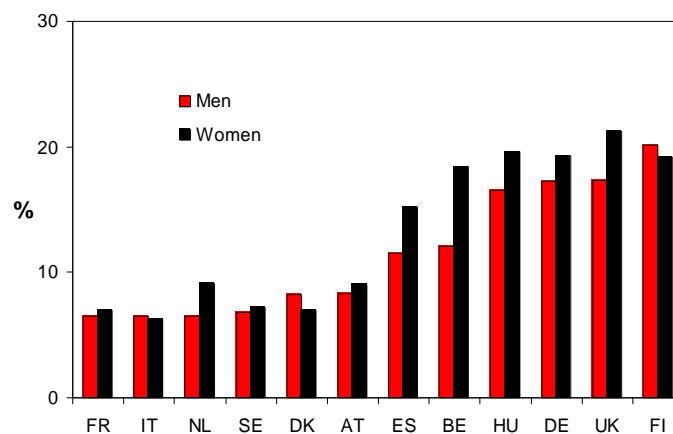
¹⁸ Securing good health for the whole population, Derek Wanless, February 2004.

¹⁹ Lung Health in Europe: facts and figures, the European Lung Foundation 2003.

This is the reason why the EU is already at the forefront of tackling tobacco smoking with a range of actions to control the contents of cigarettes, to regulate advertising and publicity across the EU and to raise awareness. The new Constitution reflects this concern, by specifically providing for EU measures to address tobacco smoking.

But how can we enforce prevention effectively? For example, should all governments follow the Irish example and ban smoking in public places?

Prevention through **nutrition** is more difficult to implement. The EU has focused on giving citizens the information they need to make their own decisions in their own best interest. There has been steady progress on legislation on the health claims of food and the labeling of fortified food. Later this year the Commission will propose mandatory food labeling on key elements such as sugar or fat, so that people know what they are eating. The EU can also step up work in bringing together national expertise on promotion and prevention and in disseminating best practice.



Prevalence of obesity, latest available data. Source www.heartats.org

But whether or not people eat healthy food or practice sports is a matter of personal choice. Can the EU do more than legislation for quality and safety of food products, awareness raising and dissemination of good practice? What other actions could the EU take on nutrition and obesity and on alcohol?

If the EU is to help its citizens **achieve good health**, it must **address the behavioural, social and environmental factors that determine health**. This involves understanding better how different issues and policies affect health. To do this, the EU needs an effective Health impact assessment system. This could play an important role in both mainstreaming health and evaluating how other policies affect health. But how could such a system operate in practice?

We need to ensure that health is at the very heart of policy making at regional, national and EU level. We need to **promote health through all policies**. Policy measures as different as inner city development, regional transport infrastructure, applied research, air pollution, or international trade must take health into account. Health needs to be integrated into all policies, from agriculture to environment, from transport to trade, from research to humanitarian aid and development.

The EU must build on policy initiatives such the Environment and Health strategy action plan and develop joint approaches with other policies. More needs to be done to mainstream health into research policy and the RTD Framework programme, into regional policy and the use of

the Structural Funds, into trade policy (in particular on the issue of access to medicines) and into development policy (humanitarian aid and anti-poverty agenda).

The need to invest more on **Research** is particularly pressing if the EU is to ensure that Europe remains a world –centre for health research. As well as ensuring that health has a proper place in the 7th RTD Framework Programme, would there also be advantages in creating new health research structures in Europe to assemble the best expertise, such as a European equivalent of the National Institutes of Health in the United States?

4.2. Mobilising different Actors: Partnerships for health

Openness and civil society participation, two core principles of good governance now enshrined in the new Constitution, are key to EU health policy-making. The EU must listen carefully to the voice of the health community.

Stakeholders' participation in health-related Community initiatives from an early stage is already a reality. The EU should build on concrete achievements such as the EU Health Forum - which brings together organisations in the broad health area to advise the Commission on health policy - to create mechanisms to work ever more closely with all those involved in health.

Regular meetings with stakeholders and other communication channels, a European Health Day and EU-wide health surveys are all good ways of listening to the health community. What else should the EU do?

The EU needs to help citizens make informed choices about their health and to promote their participation in decision-making by **fostering partnerships**. Supporting networking of patients' organisations and setting up an EU Health portal (an Internet based gateway to health information) are some of the means to this end.

EU Health policy must be based on solid grounds: facts, data and scientific evidence. Health authorities, citizens and health professionals need reliable information. These are the reasons why the European Commission is committed to **providing a strong knowledge base for European action**. This would entail developing EU-wide analysis of health data to provide objective, comparable, and timely information on which to base more effective health policies at national and EU levels.

The EU also needs to make more **use its public health programme²⁰ to shape policy definition**. The EU is spending € 50 million a year on public health projects, many of which to support partnerships and widen the knowledge base. The outcome of these projects must feed into policy making. For example, an on-going project mapping the motivation of patient mobility across the EU must feed into the new process of health systems co-operation.

Finally, health is increasingly acquiring a global dimension. Europe needs to **show more EU leadership in shaping the role of health in the international fora**. This is a two-way street, with mutual benefits on tobacco control, blood safety, and a range of health security issues. When the EU puts in place effective controls on tobacco advertising or on high levels of blood safety, the rest of the world benefits from our leadership. When the international health agreements improve health security in the developing countries, the EU benefits as well.

²⁰ The European Council and the European Parliament adopted a programme of Community action in the field of public health (Council Decision 1786/2002/EC) to be implemented between 1 January 2003 and 31 December 2008.

The question here is how to ensure that health is high in the international agenda. How can the EU develop a trade policy that defends health interests and does not hamper for example access to medicines in the developing countries? Or a development policy that gives full priority to helping the third world develop health systems and fight disease?

Co-operation with the WHO and other organisations active in health already plays a fundamental role in our work. Enhancing the EU's **international role on health** should be given a higher priority. The EU has to work in close partnership with international organisations with the aim of pursuing higher health standards both within EU border and beyond and to find shared solutions to common problems.

Last but not least, **good will** is not enough to achieve **good health**. Strategies need to be transformed into concrete outputs and deliverables. This requires having sufficient resources. Our European public health programme has nowhere near the resources needed to achieve good health.

The future financial perspectives for 2007-2013, which are currently being debated, must give the EU the appropriate resources to implement an ambitious and forward looking EU health strategy.

5. Good health in Europe: a view of the future

Achieving good health is a long-term agenda. Health promotion and disease prevention rarely produce evident short term results – it may take years – or even decades – for results to become clear.

This paper addresses the need for a European health strategy for the next few years. But the ultimate goal of a Europe in good health will take more than just a few years to fulfil.

This is the reason why I believe the EU needs a scenario of what it wants to achieve in the long term- a view of the future.

Looking ahead in the long term, I am convinced that good health will be as central to policy-making as it already is to people's concerns.

Below is a scenario of what a Europe in good health should look like in 10 to 20 years time.

In the future European Union politics, money and modern technology are all geared to good health. Citizens live longer, happier, productive lives.

Europe is back at the forefront of the **world's health research and technology with a European health innovation powerhouse** channelling research to new medical appliances and medicines and disseminating results across the EU. Such a centre would aim to ensure that anyone, anywhere in the EU could benefit from the most innovative and efficient therapies.

Europe is connected, united for health with e-Health facilities linking research centres throughout the Union, securing exchange of data and enabling distant operations.

Everybody has **easy and prompt** access to affordable, high-quality health care - whoever and wherever they are. In this European Union of the future, people have **no trouble finding clear and reliable information** on how to be in good health and about diseases and treatment options.

In the future, people from everywhere in the EU receive specific treatment in the **very best European centres** of reference. Our eHealth Action Plan will have materialised into electronic prescriptions and computerised health records boosting healthcare efficiency. People will be carrying around a **health card in their pockets** with their medical CV, so any doctor – anywhere - can treat them.

People **feel safe** in this European Union of the future because they rely on an efficient system, with rapid reaction capacity to monitor and fight any disease outbreak. And this system relies on the very best national experts and on a high-tech network of laboratories backing them up.

National and regional authorities benefit from **learning together and sharing best practice**. Member States are **sharing capacity** and saving money on joint health technology assessment. **State of the art technology is used efficiently**. Less money is wasted on avoidable diseases. Decisions on health investment are backed up by reliable data and cost efficiency calculations

Today, our so-called “health systems” are in fact 90% illness systems. They spend almost all their resources on treating ill-health, and only a small amount on promoting good health. Imagine the reverse situation. **Imagine the day when Europe makes a real shift from a focus on illness to a focus on health**. Not only through information, education and prevention measures, but also through each and every policy impacting on health: from better housing, healthier work conditions to a clean environment.

In this Europe of the future **international policy is geared towards promoting good health worldwide**. International trade and politics enable access to pharmaceuticals where they are most needed. There is a real emphasis on the fight against tropical diseases and the necessary resources are made available to help developing countries put in place effective health systems and fight disease. The EU provides assistance and expertise so that our neighbouring countries can tackle the serious health issues they face.

In short, in the future the EU will show leadership in enabling good health well beyond European borders.

This is the Europe in good health that we need. I count on your input and your support to help this scenario come true.