

ЕВРОПЕЙСКАТА ЗДРАВНА ПОЛИТИКА - СТРАТЕГИИ И РЕАЛНОСТИ.

Х. Брант

The European health policy:
strategies and objectives

50th anniversary of the Treaty of Rome

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Overview

- 1. Role of Community on health
- 2. Current and future health challenges
- 3. Forthcoming health strategy
 - Why an EU-health strategy?
 - Structure
 - Implementation

Evolution of health action

- specific public health role created in 1992 by the Maastricht Treaty – and still developing
- but health has always been an important part of Community policies

The public health article

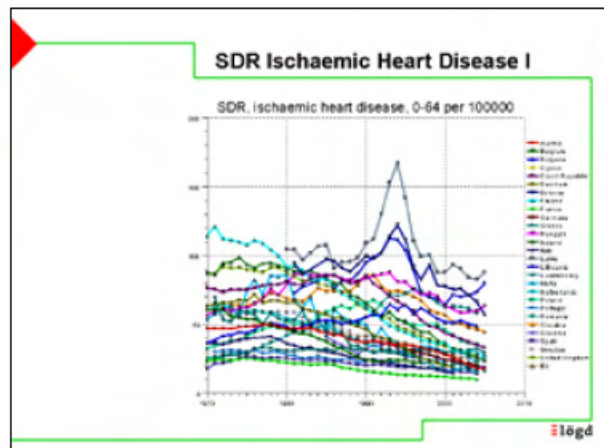
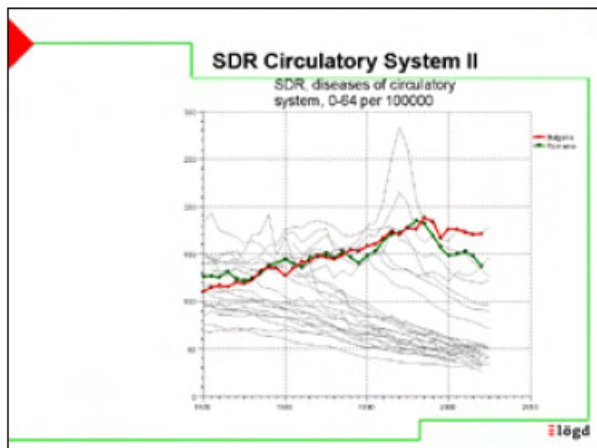
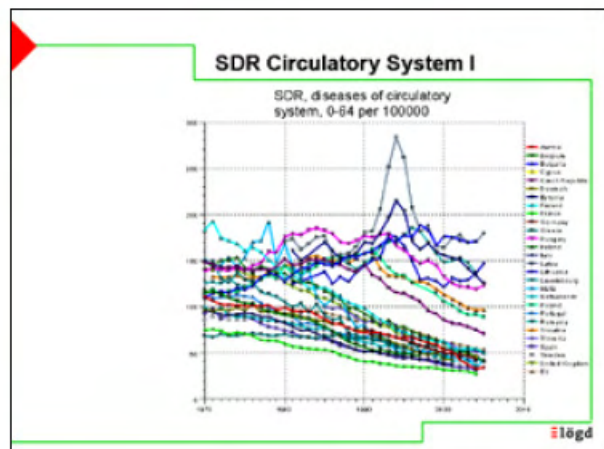
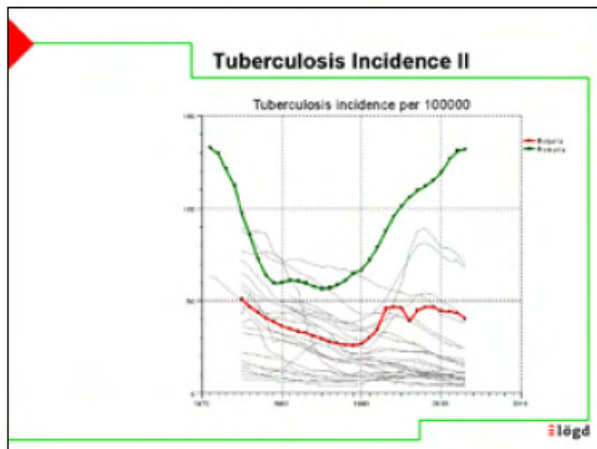
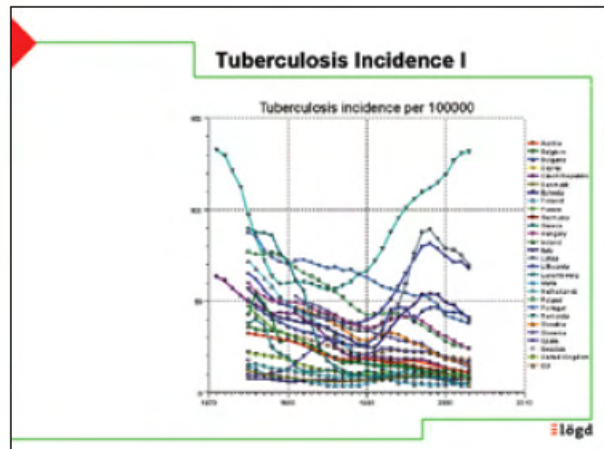
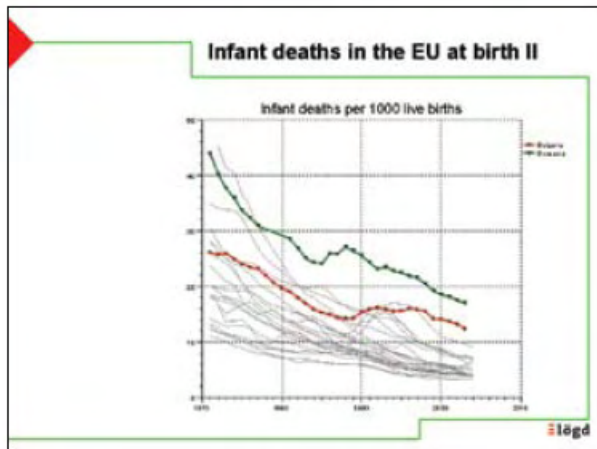
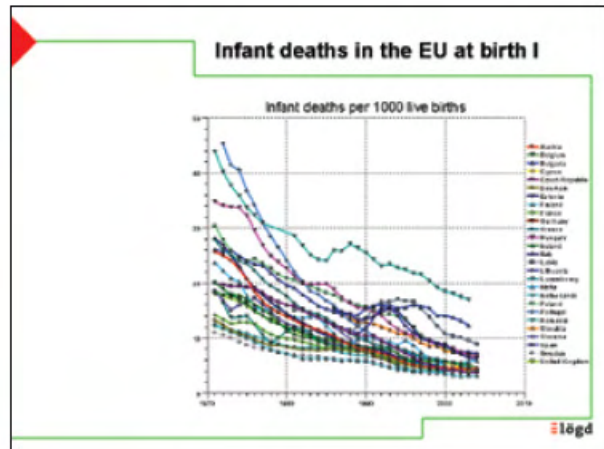
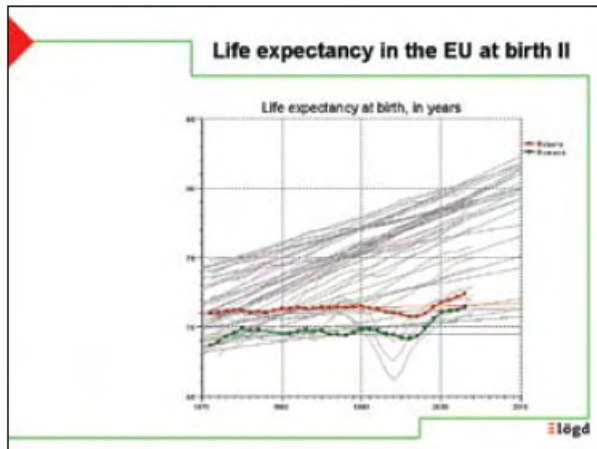
- Support to Member States through networks and projects
- Policy actions
- Legislation to set European standards

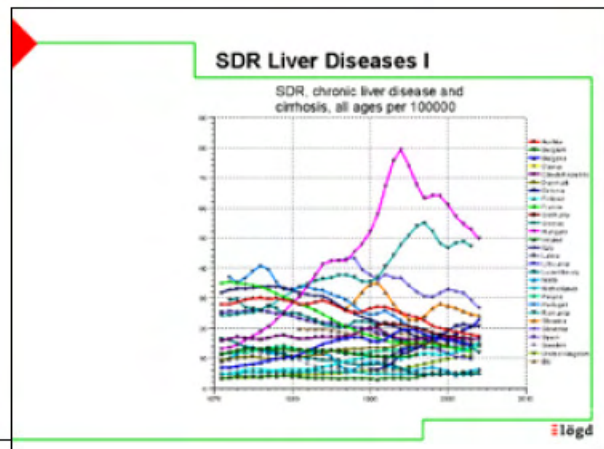
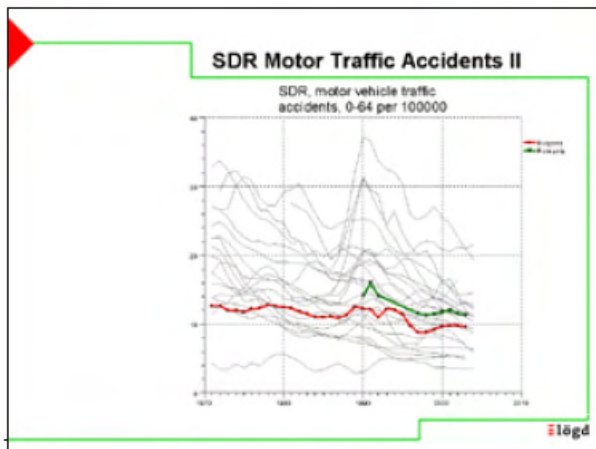
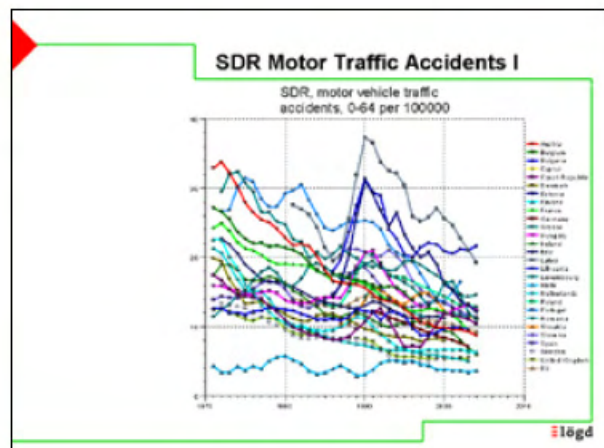
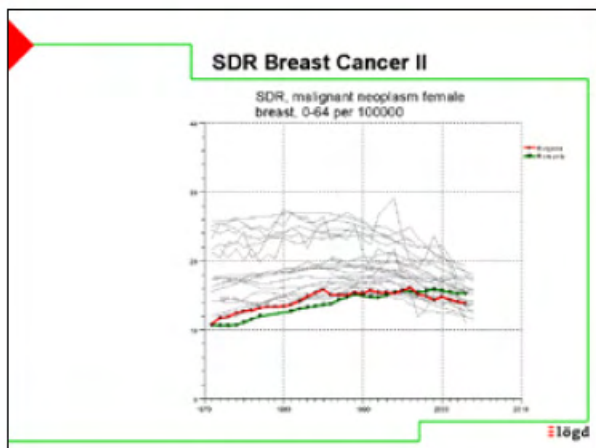
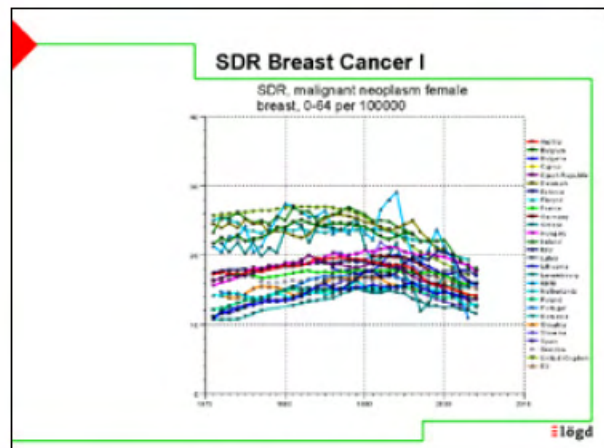
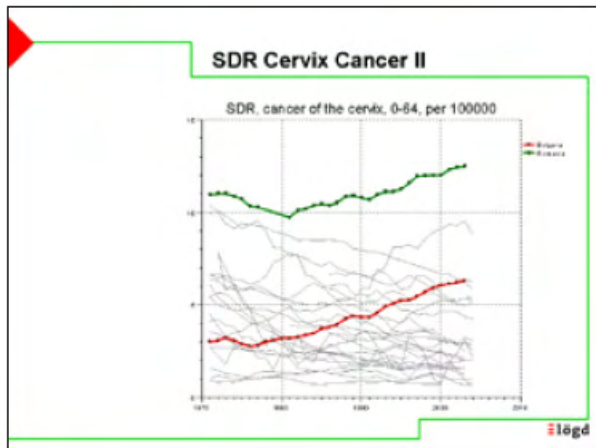
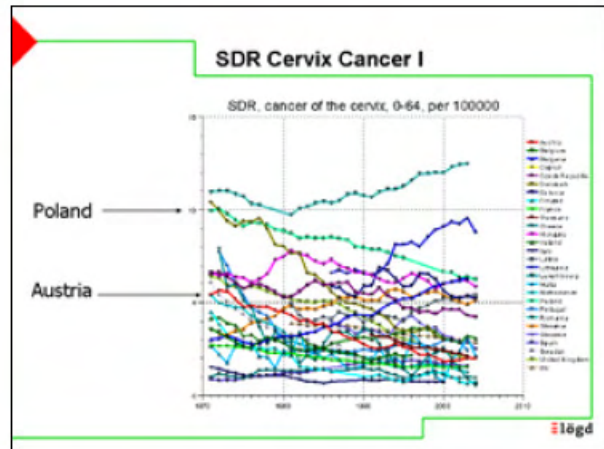
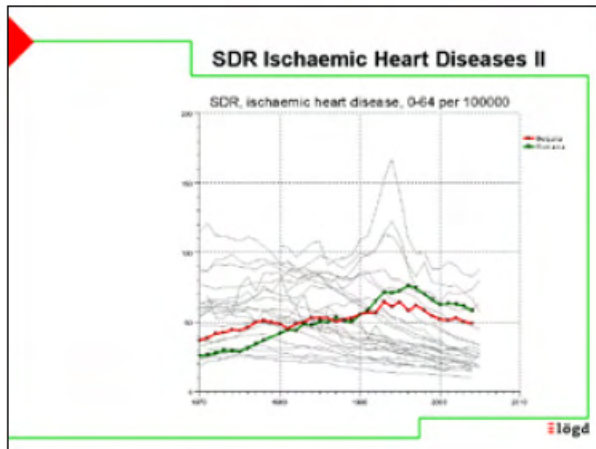
2. Current and future health challenges

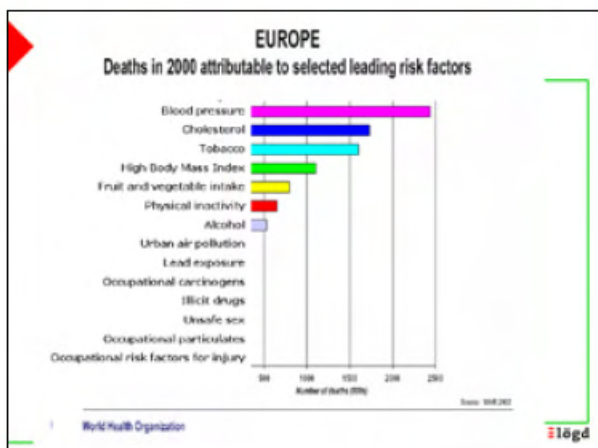
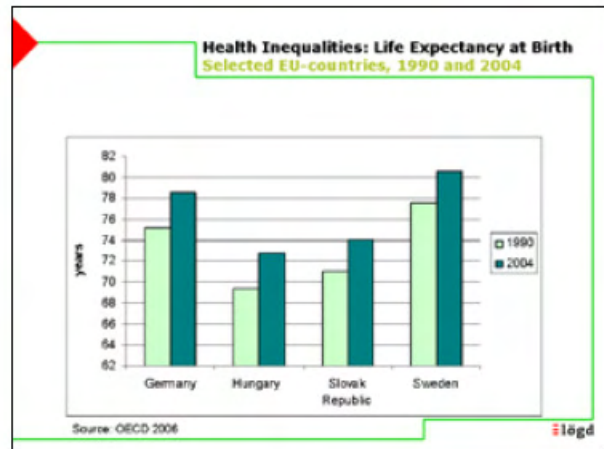
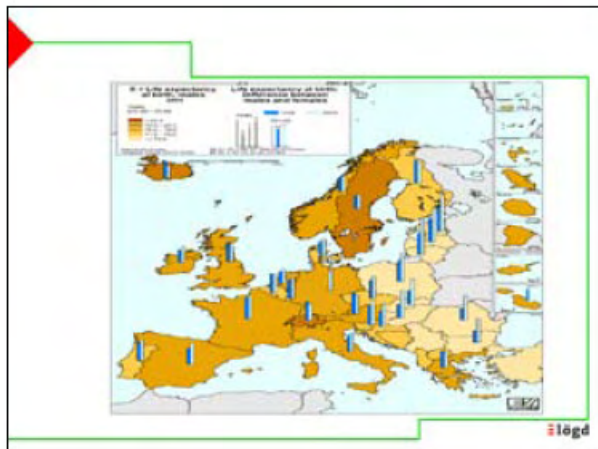
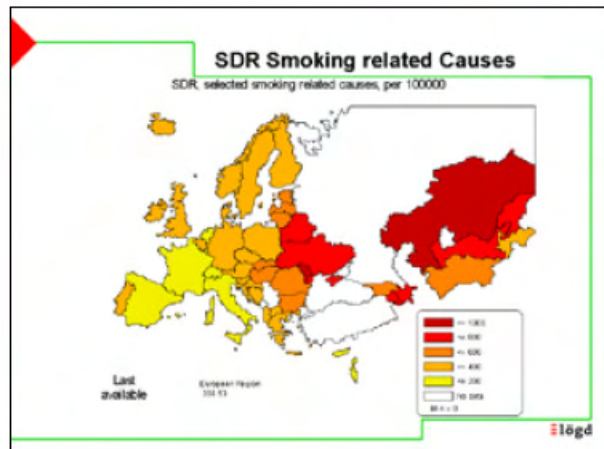
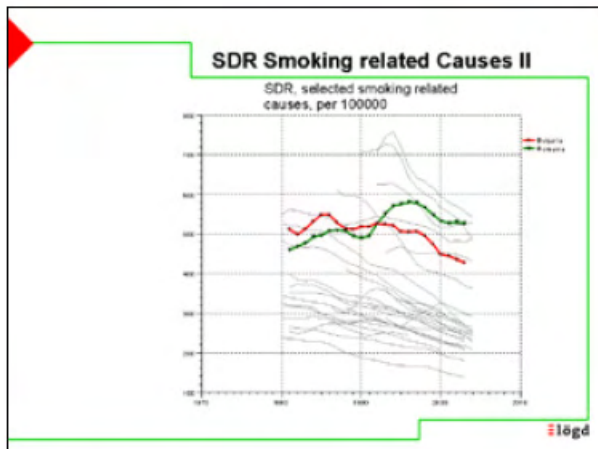
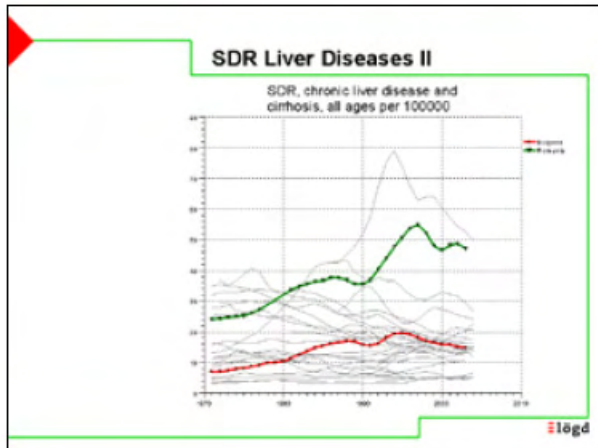
HFA Database WHO

Life expectancy in the EU at birth I

Life expectancy at birth, in years







Burden of disease in the EU



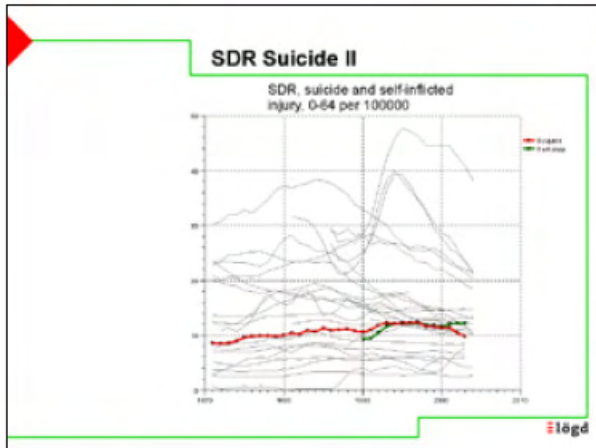
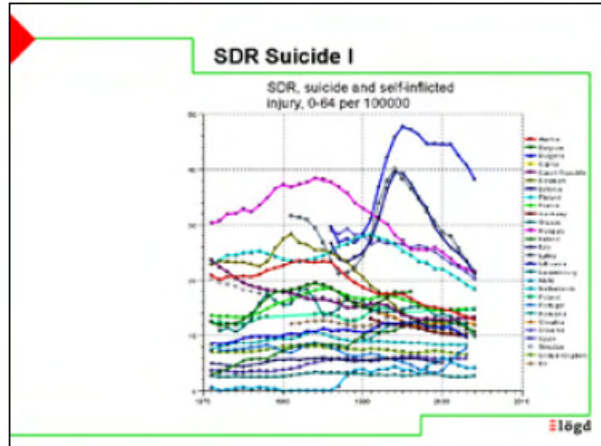
Causal Factor	Contribution (%)
Tobacco smoking	9,0
Alcohol consumption	8,4
Overweight	3,7
Occupational risks	3,6
Low fruit and vegetable consumption	3,5
Physical poverty	3,1
Unemployment	2,9
Illicit drugs	2,4
Physical inactivity	1,4
Diet high in saturated fat	1,1
Outdoor air pollution	0,2

Source: Nat. Inst. of Public Health, Stockholm, 1997 (with the best calculations)

Source: iögd



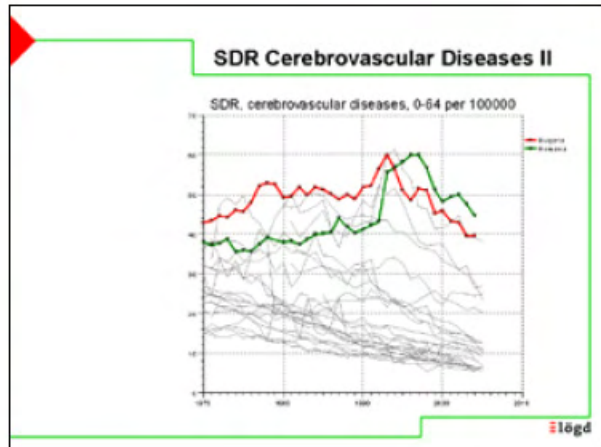
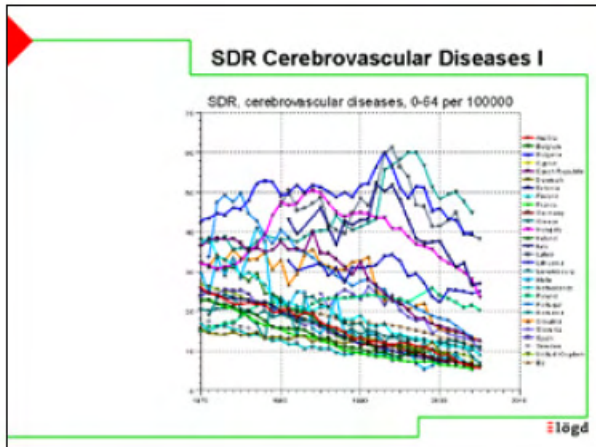
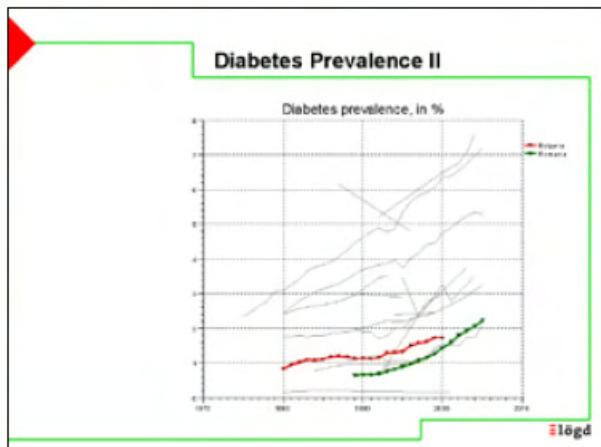
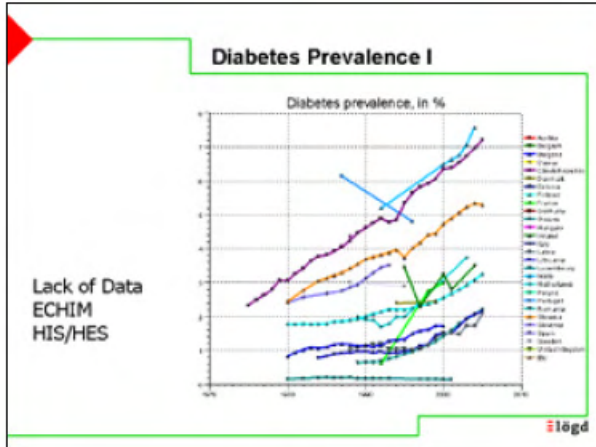
Case Study – Mental Health

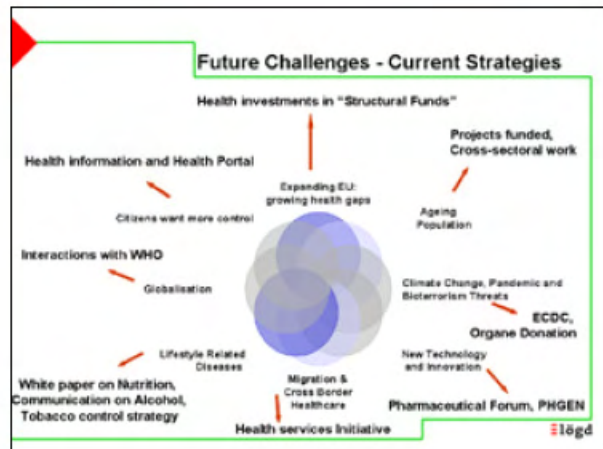
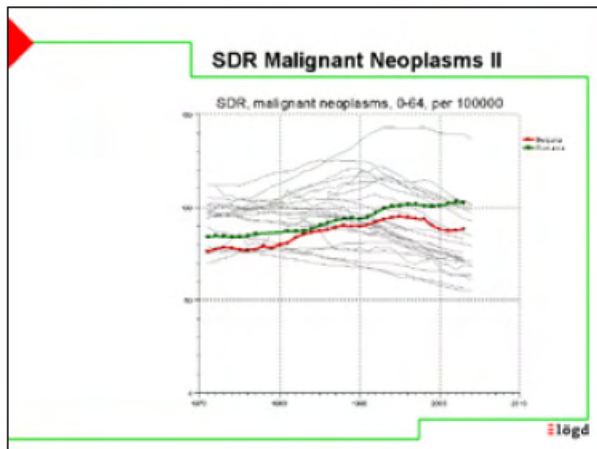
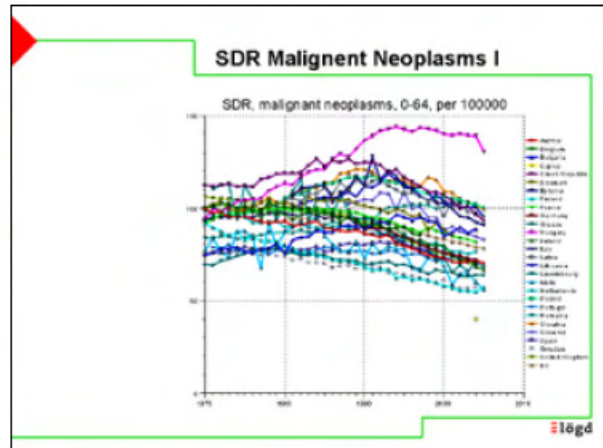
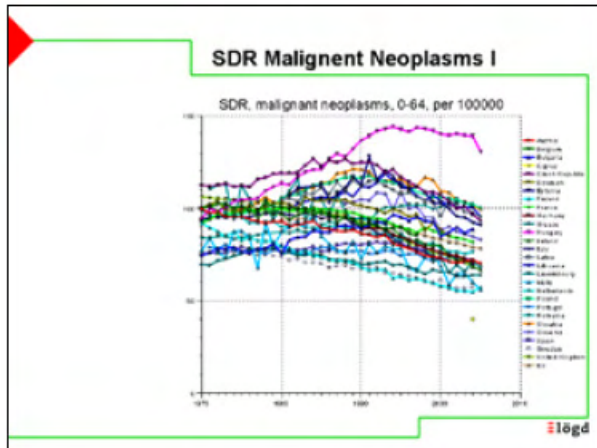
- 18 million work days lost to depression in Germany in 2002 -cost for employers: € 1.59 billion
- Mental health is 10% of the disease burden but 2% of spending

Case Study – Obesity

- 18% of school children are overweight (EU 25)
- Direct costs for diabetes in the EU varies between 2 and 7% of total health expenditure.
- 80% of CVD and type II diabetes and 40% of cancer could be prevented if lifestyle factors eliminated



3. Forthcoming EU Health Strategy

logd

- ### Health Strategy – Process 2006/2007
1. Open Consultation with 152 responses received
 2. Health Impact Assessment
 3. Adoption of the Strategy White Paper – 2007
 4. Implementation and regular monitoring of results
- logd

- ### Health Strategy: Consultation Results 1/2
- 2004 „Reflection Process“ and 2006-2007 Consultation:
- Health in All Policies Approach
 - Focus on health promotion
 - Bridge health inequities
 - Tackle global health issues
- logd

- ### Health Strategy: Consultation Results 2/2
- 2004 „Reflection Process“ and 2006-2007 Consultation:
- Address other key issues: ageing, technology, cross-border issues
 - Take action where EU added value is clear
 - Development of and access to comparable data
 - EU, Member States and stakeholders should work together for concrete results: the strategy's success linked to the sense of ownership at local, regional and national level.
- logd

Principles for the Strategy 1/2

1. a Value-Driven approach
 - Health as a Fundamental Right
 - Engaging with Citizens, improving information and data, equity, solidarity, etc...
2. „Health is Wealth“
 - HLY in the Lisboa Agenda
 - Recognising the economic benefits of cost-effective health investments

Principles for the Strategy 2/2

3. Health in All Policies
 - Bilateral work with (e.g.) Regional Policy on Health Investments, Employment on healthy workplaces, Enterprise on innovation
 - Encouraging new partnerships at all levels
4. Global Health
 - Strengthening EU's voice on global stage
 - Tackling shared issues such as pandemic, climate change

Strategic Objectives for the Strategy

1. Support **Healthy Ageing** through a lifecycle approach and reduce inequities in health
2. Protect citizens from the threats to health such as **Climate Change**
3. Support a sustainable future for health and health systems through **new technologies**

Implementation: Structured Cooperation Mechanism

1. „Together for Health“ needs to be implemented by all players in partnership
2. New mechanism will:
 - Develop guidelines and exchange good practice
 - Report and make recommendations
 - Agree indicators and measure progress
3. Accompanied by:
 - Review of existing mechanisms and bodies and a fresh look at involvement of other stakeholders

Implementation: a shared process

- Article 152 TEC– Public Health, parag. 2:
« The Community shall encourage cooperation between the Member States (...) and if necessary, lend support to their action. Member States shall, in liaison with the Commission, coordinate among themselves their policies and their programmes (...) The Commission may, in close contact with the Member States, take any useful initiative to promote such coordination »
- Coming to a new approach to work hand in hand with Member States

Health Means Wealth 1/2

Source: Authors.

Health Means Wealth 2/2

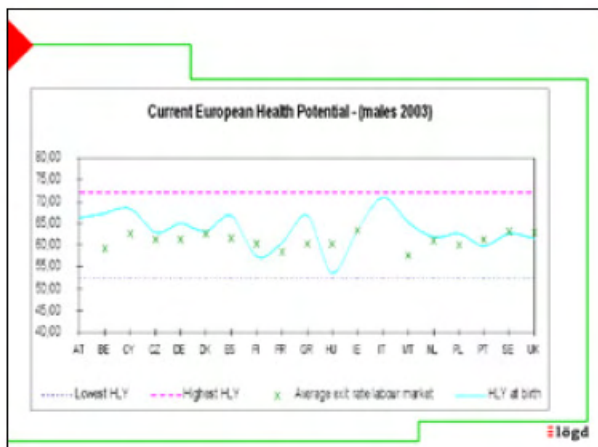
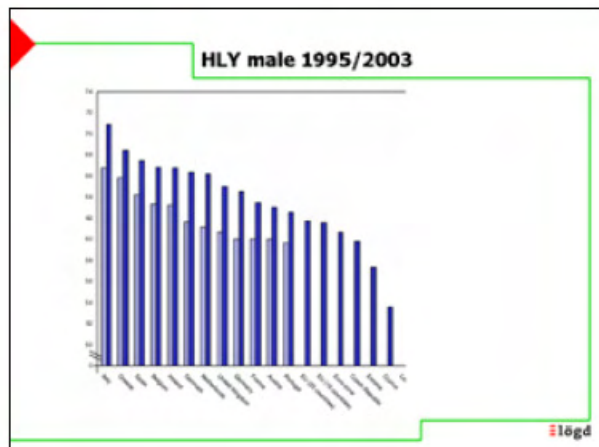
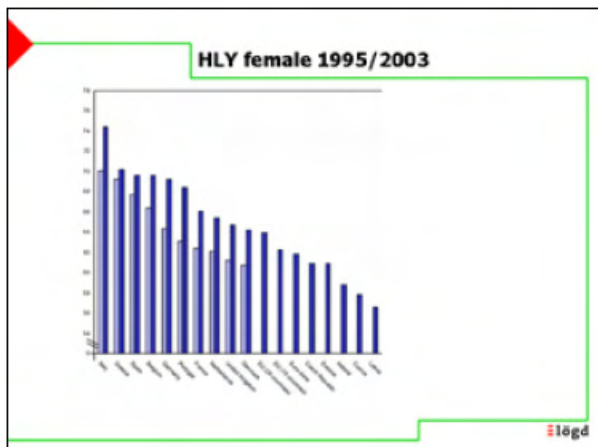
- Healthier citizens => reduced strain on healthcare system, but also:
- **Healthy Adults:**
 - are more likely to be in the workforce – in ageing Europe healthy active workforce will be a key determinant of sustainable productivity
 - are more productive
 - work and live longer and save more for retirement
- **Healthy Children**
 - have better schooling outcomes and education => less school absenteeism and early drop-out => indirectly contribute to future productivity.
 - lead to lower child mortality => increased future labour supply and less strain on pension systems

⇓
a more competitive economy

Healthy Life years – A Lisbon Structural Indicator

- > Men 85% of life free of disability
- > Females 80% of life free of disability
- > Diverging trends:
 Increase: AT, BE, IT, FI, DE
 Stable: F, EL, IR, ES
 Decrease: DK, PT, NL, S, UK

Due to ageing, health care spending is expected to rise in most Member States. However, if healthy life years increase at the same rate as life expectancy, this cost will be halved.



- ### Health in all policies within the Commission
- EMPL: OMC on social protection and social inclusion
 - ECFIN: Budgetary impact of changes in the demographic and health status
 - INFSO: eHealth action plan
 - Research: FP7, Innovative Medicine Initiative
 - Environment: Drinking water directive
 - Education: Social competence being a key European competence
 - Taxation: Tobacco taxation
 - JLS: Action plan on Drugs

Health Programme 2008-2013 1/3

- ### Health Programme 2008-2013 2/3
- Programme Objectives**
- To promote citizens' health security:**
- Developing EU and Member States' capacity to respond to health threats, for example with health emergency planning and preparedness measures;
 - Actions related to patient safety, injuries and accidents, risk assessment and community legislation on food, tobacco and cars.
- To promote health, including the reduction of health inequalities:**
- Action on health determinants – such as nutrition, alcohol, tobacco and drug consumption, as well as social and environmental determinants;
 - Measures on the prevention of major diseases and reducing health inequalities across the EU;
 - Increasing healthy life years and promoting healthy ageing.
- Health information and education:**
- Action on health education and ways of disseminating information to citizens;
 - Focus on Community-led value action to exchange knowledge in areas such as gender issues, children's health or rare diseases.
- The Health Programme 2008-2013 is intended to complement, support and add value to the policies of the Member States, and contribute to increased stability and prosperity in the European Union by protecting and promoting human health and safety and by improving public health.
- Under the new Programme, participation and consultation with stakeholders will be promoted.

- ### Health Programme 2008-2013 3/3
- Financing mechanisms**
- To ensure full participation in the Programme for organisations which promote a health agenda in line with the Programme objectives, a wide variety of financing mechanisms are offered. These include:
- Cofinancing of projects intended to achieve a Programme objective;
 - Tendering actions to achieve a Programme objective;
 - Cofinancing of the operating costs of a non-governmental organisation or a specialised network;
 - Joint financing of a public body or non-governmental organisation by the Community and one or more Member States;
 - Joint actions with other Community programmes, which will generate coherence between the subsector and other Community

