

The new EU health strategy: a step forward or another example of ‘bureaucracy total control’?*

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ABSTRACT – This article sets out the background to and the aims of the European Union (EU) health strategy published by the European Commission in October 2007. It explains the rationale for EU action in health, including the need to ensure effective cooperation in protection of health, and outlines the main principles and objectives of the strategy. Finally, it emphasises the need to implement the strategic goals by close cooperation with the member states and the important role for health professions and civil society.

KEY WORDS: ageing, equity, European Union health strategy, health systems, mobility

In October 2007, the European Commission adopted a white paper on a European Union (EU) health strategy to define and tackle common challenges at a European level to complement what is happening nationally. The first questions one might ask are, ‘Why is Europe doing anything at all on health? Why not just leave it to the member states? Is health not entirely a national competence?’.

It is no longer sensible or practical, however, for member states to try to do everything themselves. It is impossible, for example, to have effective protection against avian flu, or indeed ordinary flu, with the increase in travel and trade without, at the very least, some kind of international coordination. It also does not make any sense to control movement of patients and professionals at a national level – moving a patient into and out of Germany, for example, would potentially involve 26 other EU member states and 26 different bilateral arrangements. Similarly for a doctor who wishes to take up a post in another EU country. Clearly it makes sense for some health issues to be tackled on an EU level.

Other issues exist where EU action is not absolutely essential but nonetheless useful. Where there are common challenges – whether it is ageing, obesity or tobacco – information and best practice can be exchanged, interesting pilot projects can be funded and debate can be stimulated. All this is in the EU mandate and written down in the current EU treaty.

A treaty signed in December 2007 and which, after ratification, will develop the EU health mandate in various ways intended to strengthen public health and disease prevention actions and encourage cooperation between countries.

Why do we need an EU health strategy?

There is already a remarkable amount of EU action, and a body of legislation, covering a huge range of health-related policies. But much of this has developed piecemeal over the years as part of different policy agendas – research, the single market, the environment. It does not amount to a coherent strategic approach with clear aims and goals for health in Europe. The Commission therefore decided that it was necessary to try to bring together the fragmented action concerned with a series of different areas by developing some general objectives for Europe as a whole on how to address health issues.

In doing so, the Commission is attempting to set out what the main health problems are and establish whether and how the EU can contribute to the solutions. How healthcare is managed on a day-to-day basis – how many hospitals there are in the south of London or the west of Manchester, how staff are deployed, or how many primary care trusts exist – is not for the EU to stipulate. There are other issues, however, where the Commission can help people come together to exchange information and experience. Rare diseases are an obvious example. In small countries, for instance, only two or three cases of a particular disease may occur. Does the country have the expertise or capacity to diagnose this rare disease, let alone to offer optimum treatment? There are clearly ways in which expertise and information throughout the EU can be brought together to benefit European citizens, and this is one of the issues to develop.

*Quotation from an article in *Der Spiegel* (23 November 2007) criticising the European Commission for trying to tell people how to live their lives: the nanny state.

Principles

- *Equity.* Health policies must take an approach which reflects people's rights and the need to ensure that everyone can have access to the healthcare they need.
- *Health is wealth.* Health is also an important economic issue. Health sectors in all European countries are expanding rapidly. A higher percentage of gross domestic product (GDP) is being spent on health now than ever before. The USA, spend more than 15% of their GDP on health. In a few years time they may spend up to one quarter. Although spending in the EU is lower, the trends are similar. How the money is spent and how efficiently are serious issues.
- *Health in all policies.* Improving the health of the population is not just a matter for the health sector; all policies must support health. This means ensuring that health issues are adequately taken into account when policies and actions are being developed.
- *Global health.* The EU is a huge contributor in relation to global health, for example through emergency relief or development aid. It is also a major player in relation to discussions of access to pharmaceuticals in developing countries and intellectual property rights. But more generally, what happens outside Europe in relation to health will have consequences for health within Europe, and vice versa. Whether the issue is the control of communicable diseases, the effects of climate change on health, immigration or the mobility of health professionals, a sensible policy for Europe cannot ignore the global dimension.

Objectives

The strategy has three main objectives. The first is to foster good health in an ageing Europe. Europe has an ageing population and major population shifts are occurring. More people will require health and social care but there are going to be fewer physicians to deliver it. As people get older, they consume more healthcare and this creates higher costs. Healthcare systems will need to respond to the needs of the increasing elderly population. One crucial policy approach must therefore be to keep people as healthy as possible throughout their lives. Moreover, in the EU there are large differences in life expectancy and morbidity levels between and within European countries. As well as striving to improve population health across the board, these differences need to be tackled. At an EU level more can be done to assist individual countries to promote health and make adjustments in their health systems.

A second objective is to contribute to protecting the population against health threats. The EU has already done a great deal for health protection, for example through scientific research, and fostering cooperation on bio-terrorism and pandemics. The EU can help coordinate surveillance and alert mechanisms. Patient safety is an example of a common problem. Regardless of the kind and quality of a healthcare system, inevitably some problems in

patient care will arise with a significant number of patients suffering deleterious consequences. The research done on this has been remarkably consistent saying that the rate of adverse events in hospitals (in the USA, UK, the Netherlands and Spain for example) is around 10%. The aim of the European Commission in this area is to assist countries by bringing best practice together, encouraging research and improving information.

The third objective is to support dynamic health systems and new technologies. Health systems in Europe are under enormous pressure with unlimited demand and finite resources. There is huge potential in new technology to re-engineer health systems, to make them more efficient and more effective. New technologies, however, need to be properly assessed and used to their best advantage.

There is much scope for EU action in this area. Once a new pharmaceutical product has been authorised for use but before it is made available a cost-effectiveness assessment is made so that decisions can be taken about its use and whether it should be reimbursed. Take the new breast cancer drug, trastuzumab (Herceptin®), for example. A large number of separate evaluations of Herceptin® were carried out in different EU countries. This is a huge waste of resources. The Commission is proposing to make the assessment process more effective and efficient by bringing together relevant expertise.

Of course effective health systems depend on having a high-quality workforce. But many questions arise from the mobility of health professionals that are difficult for individual countries to address. For example: how to ensure that they have the relevant standard to practice in each country? How do they integrate? How does each country ensure that they are training the right number of health professionals for current, as well as future, needs when they do not know the situation in neighbour countries? Is the UK, for example, taking into account what is happening in mainland Europe? What are the implications for the UK workforce if in the future Germany and France have a huge shortage of medical practitioners and need to look elsewhere for recruits? Finally, is it ethically correct to attract doctors and health professionals from poor countries depriving them of the rather limited resources they have in the first place?

Training and workforce planning are issues that benefit from cooperation across the EU. The Commission will be producing a green paper on this subject at the end of 2008.

In relation to patient mobility, what happens if a patient is being treated in another country and something goes wrong after the patient returns to their own country? Who is liable? What happens about compensation? What happens if a doctor travels to another country to treat somebody and something goes wrong? Who is liable in this situation? Which country's rules apply? These are some of the issues that the Commission will be addressing in a new initiative on cross-border healthcare in summer 2008.

Implementation

Strategic goals need to be created to stimulate work towards achieving solutions. The Commission wants to set up some new

mechanisms to ensure that work is undertaken to pursue the goals. At the EU level this means close cooperation with national authorities. But it also means that the professions and non-governmental organisations have a key role to play in developing the agenda and ensuring that effective solutions to the major problems are found.

Further information

For further information please see http://ec.europa.eu/health/ph_overview/strategy/health_strategy_en.htm

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