EU-Health Policy
What you always wanted to know about the EU and health (but were afraid to ask)

Dr Matthias Wismar, Senior Health Policy Analyst
Overview

1. EU action for health
2. How other European action affects health
3. Future perspectives and implications for health
Take home messages

• A paradox: No specific health related article until 1992 (and a deliberate rather limited mandate)....

• ....but other legal provisions related to health with the founding Treaties since the 1950ies – E.g. coordination of the social insurance systems; pharmaceuticals; environment and health; consumer protection; health protection at the workplace

• An asymmetry: EU decision making strong in market integration (goods, services, people and capital)...

• ... but weak in establishing common regulatory frameworks for social and healthcare

• As a consequence
  – There is no single strategy bringing all health related activities together, nor is there neat and consistent body of legislation
  – No overall and simple assessment of success stories and progress
  – Difficulties to address inequities that may arise from market integration
  – Struggle for a real locus of health policy

The EU’s impact on health is bigger than you think...and with the financial crisis, it’s locus is changing
1. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities.

- Union action, which shall complement national policies, shall be directed towards improving public health, preventing physical and mental illness and diseases, and obviating sources of danger to physical and mental health. Such action shall cover the fight against the major health scourges, by promoting research into their causes, their transmission and their prevention, as well as health information and education, and monitoring, early warning of and combating serious cross-border threats to health.

- The Union shall complement the Member States' action in reducing drugs-related health damage, including information and prevention.

- 2. The Union shall encourage cooperation between the Member States in the areas referred to in this Article and, if necessary, lend support to their action. It shall in particular encourage cooperation between the Member States to improve the complementarity of their health services in cross-border areas.

- Member States shall, in liaison with the Commission, coordinate among themselves their policies and programmes in the areas referred to in paragraph 1. The Commission may, in close contact with the Member States, take any useful initiative to promote such coordination, in particular initiatives aiming at the establishment of guidelines and indicators, the organisation of exchange of best practice, and the preparation of the necessary elements for periodic monitoring and evaluation. The European Parliament shall be kept fully informed.
3. The Union and the Member States shall foster cooperation with third countries and the competent international organisations in the sphere of public health.

4. By way of derogation from Article 2(5) and Article 6(a) and in accordance with Article 4(2)(k) the European Parliament and the Council, acting in accordance with the ordinary legislative procedure and after consulting the Economic and Social Committee and the Committee of the Regions, shall contribute to the achievement of the objectives referred to in this Article through adopting in order to meet common safety concerns:

- (a) measures setting high standards of quality and safety of organs and substances of human origin, blood and blood derivatives; these measures shall not prevent any Member State from maintaining or introducing more stringent protective measures;

- (b) measures in the veterinary and phytosanitary fields which have as their direct objective the protection of public health;

- (c) measures setting high standards of quality and safety for medicinal products and devices for medical use.
5. The European Parliament and the Council, acting in accordance with the ordinary legislative procedure and after consulting the Economic and Social Committee and the Committee of the Regions, may also adopt incentive measures designed to protect and improve human health and in particular to combat the major cross-border health scourges, measures concerning monitoring, early warning of and combating serious cross-border threats to health, and measures which have as their direct objective the protection of public health regarding tobacco and the abuse of alcohol, excluding any harmonisation of the laws and regulations of the Member States.

6. The Council, on a proposal from the Commission, may also adopt recommendations for the purposes set out in this Article.

7. Union action shall respect the responsibilities of the Member States for the definition of their health policy and for the organisation and delivery of health services and medical care. The responsibilities of the Member States shall include the management of health services and medical care and the allocation of the resources assigned to them. The measures referred to in paragraph 4(a) shall not affect national provisions on the donation or medical use of organs and blood.
Fig. 2.1 EU Budget for 2012 in relation to its GDP

- 1.04% EU annual budget
- 98.96% GDP of EU

Fig. 2.2 EU Budget for 2013

- 5% EU as a global player
- 6% Administration
- 10% Rural development and fisheries
- 9% Competitiveness
- 1% Citizenship, freedom, security and justice
- 33% Common agricultural policy
- 36% Cohesion

Fig. 4.1 EU funding for health, 2007–2013

EU action for health

- Determinants of health
  - Tobacco, alcohol, environmental determinants, diet, nutrition and physical activity, social determinants, consumer protection, communicable diseases and threats to health

- Information, comparisons and benchmarking

- Substances of human origin

- Health outside the EU
  - European neighbourhood policy
  - Developing countries

- An integrated strategy?
  - Health in All Policies
Evolution of EU action for health

• agreement by the leaders of EU countries 1985 Europe should launch a specific programme of action against cancer, which was adopted the following year
• Single European Act in 1987: add powers for the EU to adopt binding legislation to protect the health and safety of workers
• The Maastricht Treaty of 1992 new health related articles:
  – Environment
  – Consumer protection
  – Health
Evolution: eight specific programmes of cooperation adopted through the 1990s

- on health promotion, information, education and training;
- an action plan to combat cancer;
- on the prevention of AIDS and certain other communicable diseases;
- on the prevention of drug dependence;
- on health monitoring;
- on injury prevention;
- on rare diseases;
- and on pollution-related diseases;
Tobacco


From a consumer protection issue to harm reduction but still some way to go to a full fledge tobacco control policy
Alcohol: five key areas of action

- protecting young people, children and exposure to alcohol during pregnancy;
- reducing injuries and death from alcohol-related road accidents (mainly by encouraging Member States to reduce permissible blood alcohol concentration for drivers);
- preventing alcohol-related harm among adults and reducing the negative impact on the workplace;
- informing, educating and raising awareness on the impact of harmful and hazardous alcohol consumption, and on appropriate consumption patterns; and,
- developing and maintaining a common evidence base across the EU.

The alcohol strategy is much more limited than for tobacco.

The alcohol strategy is no longer pursued (but integrated in all policies).
Diet, nutrition and physical activity

- Common agricultural Policy
- EU platform for action on diet, physical “activity and health – soft law (2005)
- School
- Consumer information on the nutritional content of food
  - Contentious traffic light system failed
Environmental determinant

- Well over 100 different directives, regulations and decisions

<table>
<thead>
<tr>
<th>Health impact</th>
<th>Associations with some environmental exposures</th>
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<tbody>
<tr>
<td>Infectious diseases</td>
<td>water, air and food contamination</td>
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<td>climate change-related changes in pathogen life cycle</td>
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<tr>
<th>Cancer</th>
<th>associations with some environmental exposures</th>
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<tr>
<td></td>
<td>air pollution (PM), mainly PM$_{2.5}$ or less</td>
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<tr>
<td></td>
<td>smoking and environmental tobacco smoke (ETS)</td>
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<td></td>
<td>some pesticides</td>
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<td></td>
<td>asbestos</td>
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<td>natural toxins (aflatoxin)</td>
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<td>polycyclic aromatic hydrocarbons, e.g. in diesel fumes</td>
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<td>some metals e.g. arsenic, cadmium, chromium</td>
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<td>radiation (incl. sunlight)</td>
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<td></td>
<td>radon</td>
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<tr>
<td></td>
<td>dioxins</td>
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<th>Cardiovascular diseases</th>
<th>associations with some environmental exposures</th>
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<tr>
<td></td>
<td>air pollution (carbon monoxide, ozon, PM)</td>
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<td></td>
<td>smoking and ETS</td>
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<td></td>
<td>carbon monoxide</td>
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<td>lead</td>
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<td>noise</td>
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<td>inhalable particles</td>
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<td>food, e.g. high cholesterol</td>
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<td></td>
<td>stress</td>
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Social determinants

- Health and safety at work, extensive set of requirements to protect health at work (within and between countries)

  - Directive 1993 initially excluded doctors in training

- Working time directive (particular cumbersome for some countries regarding the hospital sector)
  - Directive 1993 initially excluded doctors in training
  - Public health community failed to engage in the working time directive issue.
Beispiel Sozialpolitik: Arbeitszeitrichtlinie

- Richtlinie 93/104/EG erlaubt eine maximale Arbeitszeit von 48 Wochenarbeitsstunden (einschließlich Überstunden)
  - Seit 2000 Ärzte eingeschlossen
  - Interpretationsschwierigkeiten
  - EuGH Urteil
Auswirkungen der EU-Politiken auf Gesundheitssysteme

• Arbeitszeitrichtlinie Länderschätzungen der Finanziellen Auswirkungen (Kommission 2003)
  – Deutschland: 24% mehr Beschäftigte und 15,000 to 27,000 zusätzliche Ärzte; Zusätzliche Belastung: 1.75 Miliarden.
  – Die Niederlande: 10,000 zusätzliche eschäftigte; €400 Millionen
  – Vereinigtes Königreich: 1,250 zusätzliche nicht-ärztliche Angestellte und zwischen 6,250 and 12,550 Ärzte zusätzliche; £380 to £780 million.
  – Malta: Verdopplung der Fachärztezahl, ein Drittle zusätzliche Ärzte in Ausbildung (Azzopardi 2006)

• Andere Auswirkungen:
  – Katalonien und Slovenien: Ärztestreiks und erhebliche Erhöhung der Gehälter in Krankenhäusern

(Europäische Kommission 2003; Azzopardi 2006)
### Consumer protection

- **General safety directive**
- **Specific legislation**
  - Pharmaceuticals
  - Medical devices

<table>
<thead>
<tr>
<th>Causes of Death</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Cancer</td>
<td>✓</td>
</tr>
<tr>
<td>Diseases of the digestive system</td>
<td>✓</td>
</tr>
<tr>
<td>Diseases of the circulatory system</td>
<td>✓</td>
</tr>
<tr>
<td>External causes of injury and poisoning</td>
<td>✓</td>
</tr>
<tr>
<td>Other</td>
<td>✓</td>
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**Notes:**
- Source: Eurostat - public health - causes of death.

**Mortality**
Communicable diseases and threats to health

- Drivers: bioterrorism, HiV/AIDS, mad cow disease, SARS
- Monitoring: European Centre for Disease Prevention and Control (ECDC) 2004
- Preparedness: Health Security Committee
Information, comparisons and benchmarks

- Example Eurocare: European Cancer Registry Study on the Survival and Care of Cancer Patients
  - Unexpected variations within and between countries
  - New cancer policies and new orientation in many countries

- EHIC
- EUROSTAT
• Expert Group on Health Systems Performance Assessment (HSPA)

• A sound assessment is essential to:
  – identify good and bad practice;
  – strengthen effectiveness of care;
  – increase accessibility;
  – improve the safety of patients.

• CSR DG ECFIN; JAF DG EMPL
Substance of human origing

- HIV contaminated blood (powers added in 1997; Amsterdam Treaty)
- Actual legislation on blood, blood products, tissues and cells is relatively limited.
Health outside the EU

• European neighbourhood policy (2003)
  – Health system reform and policy dialogue
  – Health information and knowledge
  – Communicable diseases surveillance and health security

• Developing countries
  – Improving health especially tackling HIV/AIDS, malaria, tuberculosis, reproductive and sexual health, universal health coverage

The EU is the world’s largest donor of ODA; the contribution to improving health in developing countries is substantial.
How other European action affects health

• What is the EU trying to achieve?
  – Innovation Union Partnership on active and healthy ageing

• Fiscal governance – the Stability and Growth Pact, Reformed

• Internal market
  – Goods, Services: cross-border healthcare and patient mobility, people, Capital: the Structural and cohesion funds; Health-related actions, Which thematic objective? Which fund?

• Competition, state aids, and services of general interest
  – Public Private Partnerships

• Research

• Beyond the EU

• Well-being
  – Origins of the EU’s impact on health and strategies for responding
Reforms of the Stability and Growth Pact since 2011
European Semester;
Country specific recommendations, examples:

– Austria 2013: “Effectively implement the recent reforms of the health care system to make sure that the expected cost efficiency gains materialise. Develop a financially sustainable model for the provision of long-term care and put a stronger focus on prevention, rehabilitation and independent living”.

– Continue to improve the cost-efficiency of public spending on long term institutional care.” and explore cost-saving measures of health prevention and rehabilitation, and for the creation of better conditions for independent living.
Internal market

- Goods
  - Pharmaceuticals
  - Medical devices
  - Food safety
- Services
  - Cross-border healthcare and patient mobility
  - European reference networks; e-health and information society
  - European prescription, patient safety and quality, Council statement on health systems values
- People
  - Free mobility of health professionals
- Capital
  - European Social fund, focusing on workers adaptation
  - Cohesion Fund focusing on poorer Member States
Competition, state aids and services of general interest

• Against market distortion through subsidies
• Uncertainties: when does a service count as “economic”, what is an “undertaking”? 
• Liberlizing services
- Public Health work programme
- Work programme of other DGs
- Horizion 2020
Future perspectives and implications for health

• A shared commitment to health is a distinctively European value
• Health can make the value of European integration real for its citizens
• Health is a competitive advantage for the European economy
Future perspectives and implications for health

• Responsibilities
  – Modernising and simplifying EU food safety policy while keeping the current high level of safety and ensuring existing policies have maximum effect.
  – Ensuring the Commission is ready in supporting the EU’s capacity to deal with crisis situations in food safety or pandemics.
  – Reviewing the laws that oblige the Commission to authorise genetically modified organisms (GMOs), even when a majority of national governments opposes them.
  – Building up knowledge on the performance of national health systems to shape national and EU policies.
  – Helping address the challenge of increased calls on national health services at a time of intense pressure on public finances.