

# An Agenda for Securing Health in Europe

A year and a half after the last European elections, the state of the European Union (EU) is a puzzling one. In the North and South we saw national elections with a swing to Euroscepticism.



On the EU's Eastern border there is an armed conflict. In the South the consequences of the financial crisis still dominate the news and a humanitarian crisis in the Mediterranean is taking place. In the West there are problems in transatlantic cooperation, such as spying (NSA) and the negotiations of a free trade agreement (TTIP). And one country (the United Kingdom) is even going for a referendum on EU membership. The prediction that EU-sceptic members of national parliaments are a greater threat to the idea of European integration than the ones in the EU Parliament has proven correct, as ruling parties are forced to become more Eurosceptic to avoid losing even more voters. At a time in which we need "more Europe" instead of "less Europe" to secure health, these are worrisome developments.

"More" in this context does not mean that Member States have to delegate more competences to Europe. It is about a common understanding that only increased cooperation (and solidarity), which is already codified in the treaty, will secure the level of health (and wealth) that we have reached and will make further developments possible.

Why do we need "more Europe"? Let us have a look at six examples:

## **Migration**

The humanitarian crisis in the Mediterranean, with several hundred thousand refugees, cannot be solved by a single Member State alone: neither in hosting all the refugees nor in tackling the reasons why they leave their countries. European solidarity in handling this problem is clearly needed. And there is time pressure as the push factors are high. Five countries taking care of 75% of all asylum seekers shows the uneven distribution. If we cannot develop together solutions for a "Mare Europaeum" we will not be able to solve other serious problems. This is a litmus test for European cooperation.

## **Innovation**

New innovative products and technologies in the health sector put pressure on Member States regarding how to finance them and how to assure equal access at the same time. In addition, the disease burden is often distributed unevenly: e.g. the countries with the highest Hepatitis C burden in Europe, for which there is now an expensive treatment available, are those with the lowest GDP.

## **Pandemic control**

The next Pandemic will come – we have to learn from the Ebola experience regarding the management of outbreaks and the response within and between international organisations, as well as how to better position ourselves in globalisation.

## **Data**

We live in a data-economy in which individual data are the new currency. Thus, in Europe we cannot afford to have scattered regionalism in Data Protection laws any longer. E- and m-health applications can only show their full potential if we find European solutions.

## **Demographic change**

The demographic change in Europe is a long-term problem and a "political marathon" but is often pushed aside by more hot topics. Europe will definitely become a continent of less, older and more diverse people. We live longer, have a low fertility rate and will see more migration of people and changes in the workforce. This will lead to higher and, more importantly, different needs and demands in health and care.

## **The economic rise of other countries**

By 2050, no individual European country will be part of the G7/G8 any longer. This is important as these meetings gain importance in international diplomacy – and health issues

show up on the agenda. The first one to be discussed was antimicrobial resistance this year. The major challenge of this development is how to secure our social standards in this changing economic environment.

How can we achieve “more Europe”? There are different ways that can help to secure health and to demonstrate, at the same time, the clear benefit of the EU to its citizens.

- **Consolidating the fiscal union**

Triggered by the financial crisis, measures have already been taken for a closer fiscal union to prevent another such crisis in the future. Additionally, the European Semester issues Country Specific Recommendations for Health as the percentage spent on health is not a negligible amount in national budgets. The Recommendations' content varies and countries beyond those still facing a financial crisis receive them. Austria, for example, was challenged regarding primary care services. Through this kind of health system performance assessment, the EU becomes (in)directly involved in the monitoring of the management of health services in the Member States.

- **Deepened cooperation between the Member States**

Increased cooperation is either steered by the Commission or by the Member States themselves. We already see this happening in the development of approaches to European health technology assessment as a basis for the national and, perhaps later, European adoption of technologies – as we have seen for pharmaceuticals through the creation of the European Medicines Agency twenty(!) years ago; or in the fact that most Member States have signed up for the joint procurement initiative for vaccines and will take part in the upcoming discussions to expand this to pharmaceuticals to make more use of economies of scale.

- **Making full use of existing European regulations**

At the moment, European Member States have not exploited the full potential of existing regulations in health, such as the “cross-border” directive. They allow for a much deepened cooperation as shown in current examples in rare diseases. And they need to be used to make improvements beyond only health services. Health information can benefit too, as comparable data on quality and the costs of health systems are needed for health systems' performance assessment.

- **Applying the cross-cutting nature of Health in All Policies (HiAP)**

The EU has in a way already codified HiAP in the health mandate and has been pushing this concept for years. An obvious area for its application is demographic change and especially cooperation with social services. However, the potential of HiAP has not been exploited to its full extent. Health is too often kept in silos and administrative hurdles make it difficult to cooperate. But without HiAP, it will be difficult to secure health in an interconnected world. A clear roadmap would help to make things happen.

- **Effective cooperation with international organisations**

This is already ongoing in some areas, such as health information in cooperation with the WHO and OECD. But we should exploit the full potential of it as duplication of work is still happening too often and we will not be able to afford this in the long run. Furthermore, the European neighbourhood policy can benefit from WHO's mandate in a wider definition of Europe that would support EU actions. As the EU is often a payer in this cooperation it should emphasise value for money to secure efficiency.

- **Good Governance models for (a social) Europe**

We will have to discuss not only the model of “Intergovernmental Agreements” that have been used to combat the financial crisis versus the “Community Method” of the EU. There are already statements from inside the Commission regarding upwards social convergences with minimal standards expressed in benchmarks. Even a basic health care basket seems to be on the table again due to the experiences of the financial crisis. These are promising concepts on how to tackle the existing inequalities in health.

- **Supporting the new drivers of European integration**

In the past, the motors of European integration have been France and Germany. In the future, small European Member States will take up this role as they benefit most from the achievements of the EU. In health care, we already see this tendency in the above-mentioned joint procurement initiatives. Even the idea of BeNeLux gets a fresh start as Belgium and the Netherlands, together with Luxembourg, discuss negotiating prices for pharmaceuticals together.

- **Europe is about the Europeans**

As life is getting more complex and demanding we have to empower the Citizen to become a true “Citoyen” who is capable of being actively involved in decision making, not only in health care, but in all areas such as the data economy. And participatory processes are not only on the health agenda. We see them also in the data economy with concepts of Health Data Cooperatives in which the citizen is the owner of the data.

The European Health Forum Gastein is already mirroring most of the above-mentioned topics in its 2015 programme. It provides not only a place for open discussion, but also a forum for the development of new ideas that help to solve European health-related problems.

#### **Helmut Brand**

*President, European Health Forum Gastein*

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