

# EU Health for Growth

EUREGHA'S POSITION  
ON THE 3RD MULTI-ANNUAL  
PROGRAMME OF EU ACTION  
IN HEALTH (2014-2020)

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*The paper does not highlight the particular views of EUREGHA members, nor is it representative as a common position of the subnational level in the different Member States.*

*It does emphasise, however, how a multitude of competent actors and sectors could cooperate and leverage health in the EU.*

*The paper remains open for discussion and further reflection.*

# VIEW OF EUREGHA ON AN EU PUBLIC HEALTH PROGRAMME

The overall purpose of the programme is to improve health for citizens. To make a meaningful contribution towards this goal, the programme should foster a systematic approach to gathering and identifying the priorities and emerging trends in health policy existing within member states and where EU added-value can be leveraged.

The programme should encourage the voluntary cooperation of the competent authorities within member states whom are responsible for public health, to identify these common priorities and emerging trends. Once identified, such topics should lead to a thematic approach in which the problem (e.g. youth obesity) is identified, a process is defined (including specific goals and relevant indicators), before inviting the cooperation of relevant actors.

The comments and the subsequent annexes of this document are intended to make clear the belief that the public health programme should not be conceptualised as simply a funding programme. Instead, the programme should be orientated towards delivering outcomes that support and enhance policy-making at the EU level and for the competent authorities within member states whom are responsible for designing, planning and implementing health policy.

It is therefore essential that the programme fosters a systematic approach that encourages member states, and the competent authorities within member states, to work collaboratively, identifying mutually beneficial tools and exchanging innovative approaches to health policy making. In order for this to be effective and of lasting utility, the programme requires outcome focussed indicators which measure the impact of the programme in greater depth than at member state level.

If the programme is to be of relevance to competent authorities, and if it is to reflect the comments of the external evaluation and the Court of Auditors report, then it is important that the programme progresses beyond the funding of small-scale disparate thematic topics. For these reasons, EUREGHA intends to contribute to the discussion on the proposal for the next public health programme, “Health for Growth”, by emphasising the importance of integrating the concept of multi-level governance across all health-affecting policies. This will provide the programme with the necessary framework to better target, focus and measure its activities, ensuring that they are relevant to the appropriate actors and that EU added-value is, at all times, being pursued.

In line with its purpose, EUREGHA considers the comments as constructive and without prejudice towards the competences of the national level (EU Member States) in health. This contribution does not seek to intervene on the different topics that have been described in the proposal, nor does it intend to be counter-productive for the on-going discussions between the Institutions at EU level. Therefore, EUREGHA wishes to highlight and propose approaches that a multi-annual public health programme could take on board.

# ANNEXE I: EUREGHA COMMENTS

## GUIDING PRINCIPLES

1. The spirit of the current Public Health Programme's successor should be to act as an "umbrella" for innovative approaches (fostering the Health in All Policies principle) towards health policy-making.
2. The programme can be viewed as a fulcrum on which innovative health policy development leverages other existing, and relevant, EU co-financing programmes. To this end, we encourage the management of the proposed Health, Demographic Change, and Wellbeing theme of Horizon 2020 to be undertaken by the Executive Agency for Health and Consumers in order to promote and develop synergies between both programmes, fostering a culture of evidence-based policy-making.
3. The programme should also, where appropriate, seek to complement and add value to sub-national and national funding programmes.

## PURPOSE

4. The fundamental purpose of the programme is to ensure EU added-value through encouraging innovative approaches to policy-making and implementation in order to improve the health of EU citizens and reduce health inequalities.
5. To be effective, and to have a demonstrable, lasting impact, the programme must find ways to engage and encourage the active, voluntary participation of the competent authorities within Member States for the specific health policies in hand, whilst respecting Treaty obligations and the role of Member States as the primary interlocutor in EU decision-making.
6. This awareness is a crucial issue as, throughout Europe, key tenets of public health policies and health systems are planned, organised and delivered by sub-national authorities and local stakeholders. This entails that the ambition to secure EU added-value for innovative and sustainable health policies cannot be realised without the engagement of the competent authorities for the policies concerned.

## FOCUS

7. The programme should be resolutely focused on innovative approaches in public health, addressing the common societal challenges caused by demographic change and the impact of chronic conditions on EU citizen's health and wellbeing and on the sustainability of health systems.
8. Although, since the adoption of the current programme, the European Commission Directorate General for Health and Consumers has gained additional responsibilities in Pharmaceutical and Medical Devices policy, the public health focus of the programme should be maintained, ensuring an element of continuity with the current and previous programmes.

9. Emphasis on health care should be restricted to only those areas with a clear legal basis, where EU added-value is prominent and on the voluntary agreement of Member States and competent authorities.
10. Innovation in the programme should be defined as innovative approaches to policy-making; for instance, through fostering multi-level governance, including multi-sectoral approaches, through encouraging social innovation on a community basis; and through initiatives to engage so-called 'hard-to-reach' groups.
11. Whilst innovation in health care may have general benefits for public health, technological innovations carry with them financial implications for health systems. Therefore, it is important that actions covering innovative products and technologies are strictly limited within the programme and uptake is sought on a voluntary basis and in line with the comments of point 7. Synergy should be sought with other EU co-financed programmes or supportive initiatives to develop technologies and products.
12. EU added-value in most areas of health policy-making can be attained by creating the right incentives and environment for better policy development at both the national and sub-national levels: for instance, through robust cooperation (e.g. minimum barriers to accessing Joint Actions, participation in expert groups etc.), and by facilitating exchange of expertise and knowledge. In these instances, the appropriate legal basis should always be recognised.
13. In short, sub-national authorities, have a vital supportive role to play in collaboration with the European Commission and Member States.

## LEARN FROM THE PAST AND BUILD ON THE EXISTING ACQUIS

14. The following domains are essential to consider in order to support and realise the potential of the programme:

### 14.1. HEALTH IN ALL POLICIES (HIAP): 'MARKET THE ADVANTAGES'

- 14.1.1. If HiAP is to become a reality, health stakeholders require support to promote a better understanding of the issue (esp. the perception of the topic in other sectors) and to 'market' the advantages of this form of cooperation.
- 14.1.2. The climate for effective HiAP implementation still needs to be nurtured. There is a danger that an echo chamber effect will develop in which accepted wisdom is disseminated amongst those whom have shared beliefs and interests i.e. health policy-makers talking to other health policy-makers about influencing sectors outside of the traditional health fields.
- 14.1.3. Consequently, to trigger the interest of the other policy areas, health actors must have proven and replicable methodologies at their disposal, which they can utilise to demonstrate the necessity for integrating population health concerns into other sectors.

14.1.4. Moreover, data information is crucial. Data should not be conceptualised as the collection of traditional health statistics but needs to be broadly inclusive of social and economic data that can be aggregated to demonstrate the impact of certain policies on health status and outcomes. Encouraging innovative techniques in the field of epidemiology will be advantageous.

14.1.5. Better evidence on cost-efficiency and economic evaluations regarding the added-value of integrating health into other policies should be pursued. Particular emphasis should be placed on the impact of the financial crisis on health policies including health care and, more pertinently, long-term public health measures. The recent work in this field of the WHO European observatory for health systems and policies should be strongly considered and referenced in the specific actions of the programme.

14.1.6. HiAP can significantly impact on health inequalities through the integration of the social gradient of health concept into other policy areas. The social gradient of health is required (as demonstrated by the Marmot review) to tackle health inequalities appropriately. The social gradient in health and the socio - economic determinants of health are not in the remit of the health sector. This approach can help to meet EU2020 Strategy goals on tackling poverty.

14.1.7. The social gradient of health, health impact assessments with an equity focus, are helpful tools to concretise the HiAP. We encourage therefore that health policy development at all levels of competences can be supported with established, validated practices and recommendations, integrating this approach into policy dialogues with other sectors and programmes.

14.1.8. Integrated care is core to the HiAP approach. Further work in understanding this topic and disseminating successful examples would be helpful in mainstreaming HiAP as it should engender a greater appreciation of a multi-disciplinary approach to both prevention and care. In turn, this should encourage synergies between specialisations in the health sector and across other policy sectors, including the social and health insurance services.

14.1.9. Social innovation, (emphasising community approaches with an integrated health and social care service) is a necessary tool to realising HiAP in practice. Moreover, this approach can have a tangible impact on sustainable and inclusive growth. The combination of social and health service delivery is an opportunity to support the work force in general and can reduce costs through efficient use of resources and improve the quality of care through a better targeted approach at the grass-root level. It is a useful concept in times of budgetary constraints.

## 14.2. MULTI-LEVEL APPROACH TO HEALTH GOVERNANCE

14.2.1. Context is King: as stated, the programme should be focussed on sharing and perfecting innovative policy approaches. However, without the concordance of the correct competent authorities (very often sub-national authorities) the danger is that

generic solutions will be applied in situations (towards end-users, communities, vulnerable/'hard-to-reach groups') where a specific understanding of the context is required. Therefore, it is essential that the appropriate competent authorities are involved, as much as is feasible, to ensure effective and targeted implementation [please see annexe II on indicators].

14.2.2. Definition is key: efforts should be made to delineate what the '*policy of the Member States*' means in practice. Greater focus must be given as to how the programme can address the barriers sub-national actors experience.

14.2.3. Multi-stakeholder partnerships are crucial too, involving Civil Society and Industry where appropriate and where additional value can be found. This approach fosters a climate of positive and interactive networking. The programme should explore innovative possibilities for the development of voluntary platforms on specific health topics of mutual concern across the EU. Such platforms will allow policy-makers, health and social services, civil society, and International actors (such as the WHO) to discuss and reflect on the current state-of-the-art in policy-making.

## CONCLUSION

15. By supporting innovative approaches to health policy making, the programme would send an ambitious and bold signal that **investing in health** can be cost-effective and can deliver on the goals of the EU2020 Strategy. The programme should seek to include other policy areas in its *modus operandi* with the vision of improving the health of EU citizens; fostering a climate of evidence-based policy-making.
16. Moreover, this approach would allow for budgetary savings as it encourages stakeholders to collaborate at different levels of governance, and across different policy areas. It therefore makes sense to seek synergies and promote mutually beneficial programming across, as much as possible, the relevant EU financial programmes. To this end, the pilot European Active and Health Ageing Innovation Partnership has set a welcome precedent as to what is possible.
17. The advent of the Joint Action mechanism was a welcome improvement to the organisation and functioning of the current programme. However, greater efforts need to be made to facilitate access to Joint Actions and all other financial mechanisms in order to consistently reach the appropriate policy-makers. Consequently, there is a pragmatic need for transparent and inclusive coordination in the programming and development of the programme. To achieve this, competent authorities need to be encouraged to actively support the development of the programme, offering specific insights and expertise on supporting and sustaining Health in All Policies.
18. In order to make Health in All Policies a reality, the approach should address different levels of governance. This demands the recognition that health is de-centralised in many contexts and, thus, that the competent authorities for health issues are not only to be found at the national level. By extension, the indicators foreseen to evaluate the programme must take this fact into account. Nevertheless, it is essential that a level of coordination must be maintained at national level.

## ANNEXE II: COMMENTS ON INDICATORS

The main concern expressed here is regarding the type of indicators proposed for the Programme. Indicators are essential for guiding and improving EU policy development in health. However, the indicators proposed are perhaps not the most appropriate choices for measuring the programme's utility and progress. Moreover, and as previously stated, the Programme is a contextual umbrella to support public health policy at EU and within MS over the course of the multi-annual framework.

Indicators are vital to measure success and utility of the specific actions; however, **indicators are not an end in themselves**. When setting indicators, the wider context of EU health policy goals should be considered and should be embedded within a framework of evaluation and measuring utility. The 'Legislative Financial Statement' of the proposal covers more on the indicators / effects to be expected. However, it is unsure if these alone will provide enough evidence to measure the success of the actions.

Enumerating the outcomes in quantitative results and impact indicators is not enough to determine how satisfactory the implementation of the Programme was, nor will it provide an indication of the quality and/or performance of the various policies that the programme has supported. By way of example, the number of guidelines or advices produced should be completed with indications about impact and progress in policy development by the competent authorities.

Moreover, with the decentralisation of health competences in the EU MS, many of the objectives and eligible actions are not specifically or only within the remit of the national level. Therefore, what needs to be captured is the tangible impact that the programme has made to the policy development or implementation beyond quantitative measures, if possible.

We suggest that indicators are there to measure the outcome of policy development and highlight that:

- The initiatives have been included in policy making (where possible, considering HiAP);
- The initiatives have contributed to the implementation of legislation (at national, sub-national levels);
- The initiatives have contributed to identifying new trends or new issues for cooperation;
- The initiatives have given a basis for new legislation or for other initiatives (EU, national, subnational);

## FOOD FOR THOUGHT:

### ARTICLE 3

In order to maintain a good level of performing indicators, Article 3 on Specific Objectives and Indicators could include a general § that indicators need to be systematically identified when implementing the eligible actions of Annexe I.

### SPECIFIC OBJECTIVES

Robust and pertinent indicators will contribute to the Commission Activity Based Management and budget, and will prepare for the ex-post evaluation of the Programme. We envisage that it is important to measure the instant impact of an activity and to monitor over the longer term its impact and efficacy. And we share therefore the following thoughts:

With regards to the specific objective 1 addressing the shortages of resources, both human and financial and facilitating up-take of innovation in healthcare in order to contribute to innovative and sustainable health systems, we suggest by way of example:

- The number of activities receiving positive evaluation on their efficacy;
- The use of the activities by the competent authorities in the Member states;
  - o The integration of the activities in policy or legislation
  - o The monitoring of the implementation of the activities over time.

With regards to specific objective 2 to increase access to medical expertise and information for specific conditions also beyond national borders, and to develop shared solutions and guidelines to improve healthcare quality and patient safety in order to increase access to better and safer healthcare for EU Citizens, the Legislative Financial Statements identifies that the actions should result in support to improving access to diagnosis and provision for all patients requiring highly specialised care for a specific disease or group of diseases / in support to MS reducing morbidity and mortality related to healthcare quality and increasing patients and citizens confidence in the health care system. We suggest e.g.:

- To consider the inequalities of access to health care and to measure if actions have contributed in improving access for vulnerable and hard-to reach groups.

With regards to specific objective 3 to identify, disseminate and promote up-take of validated best practices for cost-effective prevention measures by addressing the key risk factors, namely smoking, abuse of alcohol and obesity, as well as HIV/AIDS, with a focus on the cross border dimension in order to prevent diseases and promote good health, we suggest that the implementation of each action will seek to encourage continuously measuring the instant impact of an activity and to monitor over the longer term its efficacy.

From experience with the current Public Health Programme, we like to stress that in this area many projects results exist and could be used for further fine-tuning and dissemination.

With regards to specific objective 4 to develop common approaches and demonstrate their value for better preparedness and coordination in health emergencies in order to protect citizens from cross-border health threats.

Since this objective concerns health crises management, common approaches should be taken up by all MS in the design of their preparedness plans. An indicator for success would require inclusion of all MS and if possible support to EU neighbouring countries.

Rather than measuring quantitatively, we suggest to reflect on the foreseen indicator and propose a target to integrate the agreed common approaches in all MS plans involving the relevant competent bodies outside the health sector according to the national distribution of competences in this matter.

**EUREGHA is the reference network for European Regional and Local Health Authorities.** We bring together a critical mass of knowledge and expertise and encourage diversity with the purpose of helping our members to improve the efficiency and quality of health systems and services in Europe.

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