

Towards a European Union for Health

From Health in All Policies to EU
Governance for Health and Well-
Being

EPHA Annual conference, 2-3 September 2015

european public health alliance



Opening plenary and keynote addresses

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A vision for a union for health -How do we get there together?

On 2-3 September 2015, EPHA hosted our sixth annual conference in Brussels for almost 300 participants, around the question of how the EU can become a Union for Health and Wellbeing. This conference report summarises the main findings of the two days, including Plenary sessions and in-depth workshops on hot topics.





Opening plenary and keynote addresses

From health in all policies to EU governance for health and wellbeing

Almost one year into the EU institutional cycle, the Juncker Commission and new crop of Members of the European Parliament have established their key political priorities and work programmes. The opening plenary session of the EPHA conference investigated how well the EU Treaty obligation to ensure a high level of health protection is integrated into President Juncker's "European Union that is bigger and more ambitious on big things, but smaller and more modest on small things". Our keynote speakers Professor Martin McKee and Professor Ilona Kickbusch asked what could be a "bigger thing" than public health?

Professor McKee highlighted the need to "make the invisible, visible" when it comes to the health impacts of EU policies, which are widely felt across Europe. A timely and urgent example is the refugee crisis. Professor McKee wondered whether policy-makers are uninformed or misinformed when it comes to public health evidence – a theme that would be explored throughout the conference. He appealed to the public health community to get to know the opponents of public health policies. The reaction to policy discussions - particularly on social media - can be revealing and often comes through a political or ideological lens.

Professor McKee also called for more research to be undertaken on the impact of EU and IMF austerity policies which have proved dangerous for health. He contends that the European Commission has failed the Treaty obligation to protect health by imposing harsh measures on Greece, and by omitting to collect data and analyse the impacts the institutions missed chances to prevent what has become a severe public health crisis.

Professor Kickbusch argued that "the global is becoming local" and that public health has yet to be properly integrated not only into domestic economic and fiscal policies, but also foreign and development policies, where Europe should be seen as global actor, leading by example





She challenged the audience to consider a public health approach that is global.

NGOs must hold EU institutions accountable for their actions and statements, including coherence between the European internal and global external dimension, said Professor Kickbusch, whilst pointing out that the global level is “here not there”, especially in relation to the 2030 United Nations Sustainable Development Goals. She reminded the audience that the EU is committed to increase the average healthy lifespan in the EU by two years by 2020, as part of the Europe 2020 Strategy. EU policy-makers should be held accountable to this objective.

She challenged Europe to move from a charity to an investment approach when it comes to securing global public health. The EU should be more proactive as a global health actor and lead the way on commitment to and implementation of the SDGs. “Health is political, will stay political and to an extent must stay political: Health is a political choice.” She challenged the audience to consider a public health approach that is global.

“NGOs need to hold EU institutions accountable for statements and actions. The global dimension needs to be included.”

Prof. Ilona Kickbusch

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Session 1:

Making Space for Health across the EU Policy Agenda

The panellists represent a cross-section of EPHA's membership, featuring NGOs working on health determinants, chronic diseases, inequalities and representing healthcare professionals. The panel addressed two fundamental questions: What can the public health community achieve together? How can we make change happen?

Florence Berteletti shared her experience of supporting policy action for public health in relation to tobacco control. She emphasised the importance of both policy expertise - the 'what' - and decision-making processes - the 'how' - of EU level politics. The example of tobacco taxation illustrates importance of horizontal cooperation, for example NGOs helped to establish dialogue with national Ministries of Finance. Civil society organisations still need to close their knowledge gaps related to policy processes and decision-making, such as how the EU budget is negotiated and who is responsible at national level.

Medical students could also change paradigms, noted Alberto da Silva, citing as examples the establishment of local and national networks to develop policy proposals for health whilst considering the international level. IFMSA is a good example as its success depends on empowering the grassroots. Da Silva reiterated the need for better education on key topics, for example the health impact of trade issues

EPHA Members' Panel

Florence BERTELETTI,
Director, Smoke-Free Partnership (SFP)

Alberto DA SILVA,
Regional Coordinator for Europe,
International Federation of Medical
Students' Associations (IFMSA)

Catherine GUINARD,
EU Public Affairs Manager, Cancer
Research UK (CR UK)

Susanne LOGSTRUP,
Director, European Heart Network
(EHN)

Freek SPINNEWIJN,
Director, European Federation of
National Organisations working with
the Homeless (FEANTSA)

Frank VANBIERVLIT,
European Advocacy Coordinator,
Médecins du Monde - Doctors of the
World International Network (MdM)

Moderator:
Tamsin ROSE,
EPHA Strategic Advisor



including the Transatlantic Trade and Investment Partnership (TTIP) are sometimes not fully understood even at the highest political level. The crucial need to “make the invisible visible”, as Martin McKee’s stated during his keynote address, was underlined by Frank Vanbiervliet of MdM. The quote became a leitmotif of the whole conference. Vanbiervliet contests the term ‘vulnerable groups’ to describe migrants, as they are extraordinarily resilient people, having risked their lives when fleeing from war, persecution and hardship. The numbers of migrants arriving in Europe are very small compared to the millions of displaced people around the world. It is remarkable that the vast majority of users of MdM clinics in Greece are Greek nationals who now depend on MdM for basic healthcare since state health coverage has been significantly restricted. This is an illustration of how austerity policies have a major negative impact on public health. Although the Greek government has introduced some improvements to healthcare access, the latest agreement between Greece and the EU does not guarantee that these measures will be maintained. For example, €5 entry fee to hospitals has already been reintroduced, which is a major barrier to access for the poorest. Health should be a constant discussion topic in dialogues with national and transnational institutions in all policy areas.

Susanne Løgstrup of EHN reported difficulties in securing high-level meetings with horizontal services of the Commission, which she sees as indicative of the absence of Health in All Policies (HiAP). Inspired by the opening speeches by

Professors Kickbusch and McKee, she reiterated the need for global responsibility. She gave the example of TTIP, where capacity-building is

“European Commission President Juncker should make time for health.”

Susanne Løgstrup, EHN

needed with trade policy-makers since public health is often misunderstood as ‘health and safety’. The challenge is to create understanding of health in trade policy. There is a need to build awareness about public health and the Treaty obligation (Art 168) to consider health in all policies amongst all policy-makers. She calls on the public health community to communicate this in a more effective and targeted way.

Freek Spinnewijn of FEANTSA encouraged health organisations not to fixate only on the EU agenda, but to set the policy agenda in their own right. He deplored the policy and practical gap between health and homelessness, highlighting problems including discharging hospital patients into homelessness, and insufficient training of health workers to





understand homelessness. A better link should also be established between low quality housing and health, and between addiction and homelessness. Freek finds it astounding that access to health and health inequalities are not firmly on DG SANTE's agenda, despite plentiful evidence on the connections. The European Semester is an important process to improve efficiency in health systems, but the recommendations can be devastating for health outcomes. For example, health organisations should be more outspoken about Greece, where the Commission's social impact assessment of the policies imposed was biased.

“Health organisations should not fixate only on the EU agenda, but start setting the policy agenda in their own right.”

**Freek Spinnewijn
FEANTSA**

He concluded by pointing out that win-win policies, such as housing the homeless, are much cheaper than temporary shelters, and also offer big savings to the health sector.

Catherine Guinard of Cancer Research UK underlined that collaboration is essential for national organisations active at the EU level. It is strategically advantageous to communicate the same messages from different organisations to the same people at the same time, and also practically beneficial to pool intelligence and utilise all channels available. Her example is the General Data Protection reform process. The message used – “personal

data in research saves lives” – has been effectively propagated by a broad coalition, involving patients, researchers and other partners, thereby turning research into a health issue. She indicated that injecting scientific evidence into policy-making is vital, as well as working together to change hearts and minds, in order to ‘make space’ for HiAP. Regrettably, real leadership is still lacking from the EU Institutions.

Discussion and Conclusions

The discussion centred on the gap between EU rhetoric and practice, prompting moderator Tamsin Rose to reiterate that “health is about political choices”. She highlighted the role of the European Parliament and floated the idea that savings generated through implementing HiAP, e.g. in employment, could flow back into health.

EPHA Board member Stephen Gordon (ECCH) noted that access to healthcare has dropped off the EU agenda while access to medicines was a hot topic, in spite of the fact that the latter merely described products that are a part of healthcare.

“Collaboration is essential for national organisations active at the EU level.”

**Catherine Guinard
Cancer Research UK**

Caroline Costongs (EuroHealthNet) added that HiAP is not really on the EU agenda, capacity-building is needed in the Member states to educate national organisations on how to engage in EU politics.

Professor Martin McKee stated that housing arrears also led to a deterioration in health alongside homelessness. He noted that the newly released report by Corporate Europe Observatory on pharmaceutical industry

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lobbying in the EU shows why the research budget has fallen into the hands of the industry. EPHA President Peggy Maguire (EIWH) identified the need to move the debate on HiAP forward, and to focus on the implementation of existing EU legislation. A citizen-centred approach is needed - 'Growth for Health' instead of the opposite.

Frank Vanbiervliet (MdB) noted that there are shared concerns about the pharma-driven agenda on access to medicines and issues around the transparency of funding going into R&D. Rationing of treatment is happening in practice and exacerbating health inequalities. A bottom-up approach is missing in the debate, and health professionals have a big responsibility, e.g. in hospital practice, better training on detection, violence, etc.

Alberto Da Silva recalled the importance of ensuring sustainability of the health workforce, including taking care of their mental health and motivation. Health workforce policy is not only about increasing numbers, but also about ensuring they can deliver. It is crucial too to engage and educate people and policy-makers, to connect with real life health concerns. For example, the financial implications of ageing and health problems or that unemployed people are more at risk of mental health issues. Freek Spinnewijn disputed the claim that the Commission isn't political. For example, on migration, it is too easy to blame the Member states, and to only bring weak proposals or allow the issue to drop off the agenda in spite of the declared importance. He summarised that there is a need for more direct pressure from civil society to create accountability amongst policy-makers.

The panellists supported the proposal from Professor Kickbusch to focus on the EU's 2020 Strategy commitment to secure two additional healthy life years to create accountability amongst all policy-makers.





Session 2

Can policy coherence for health be achieved?

Lessons learnt from across the EU

This policy-makers' panel further explored the ideas raised by the keynote speakers and the visions of public health organisations to outline what the EU institutions can learn from the national level and vice-versa. This session sought to draw lessons from national experiences across Europe on how to create inter-sectoral coherence between different policies affecting health. In particular, the panellists were invited to examine the success factors necessary to foster coherent policies, be these particular governance structures, financing, political contexts or leadership.

Dr Kouroumplis shared the Greek experience with the Troika (European Commission, European Central Bank and International Monetary Fund) and the negotiation of its financial assistance programme which provided a touchstone for the discussions. He gave examples of the lack of coherence between the economic and fiscal policies imposed and health outcomes. Dr Kouroumplis told delegates that cuts to pharmaceutical expenditure, hospital resources

Luxembourg: Anne CALTEUX, Senior Policy Advisor, Ministry of Health. Luxembourg currently holds the Presidency of the Council of the EU.

Austria: Gabriele GRUBER, Scientific Officer, Gesundheit Österreich GmbH

Poland: Dr. Tadeusz JĘDRZEJCZYK, President, National Health Fund

Greece: Dr. Panagiotis KOUROUMPLIS, (former) Minister of Health, **Panagiotis STENOS**, Policy Advisor to Dr. Kouroumplis

Portugal: Dr. Fernando LEAL DA COSTA, Secretary of State for Health

Slovakia: Ivan POPROCKÝ, Head of Health Policy Institute of Ministry of Health

Moderator: Dr. Josep FIGUERAS, Director, European Observatory on Health Systems and Policies



and primary care funding are devastating the Greek health system and that though the Troika is well aware of the impacts, they continue to impose further austerity measures. Greece feels, the Minister said, “like a country under

“The roots of the Greek case’s incoherence are the same as for TTIP; where decisions are made behind closed doors, coherent policy is unlikely to result”

**Panagiotis Stenos,
Ministry of Health, Greece**

subjugation, like we lost a war”. Mr Stenos, speaking on behalf of the Ministry during the panel discussion, noted that the root of this incoherence in the Greek case is the same as that for TTIP; where decisions are made behind closed doors, without open scrutiny and public accountability, coherent policy is unlikely to result.

Dr Leal da Costa presented a more positive take on the Portuguese reforms in response to austerity: having agreed to provide free flu vaccinations to all citizens over 65, in 2014 60% of the eligible population were vaccinated. The programme was coordinated between the finance, social security and health ministries, as it was understood to reduce costs in the longer term. Dr Leal da Costa drew two main lessons from its success: Firstly, initiatives must bring together all relevant stakeholders in their design and implementation – this was mirrored

in an example given by Gabriele Gruber, who noted that the Austrian health targets owed their coherence to the involvement of a wide range of stakeholders. Secondly, the national health programme should be used as a ‘lighthouse’ document to guide all other policy. In Portugal, the National Health Plan has been used to inform the new Youth Plan and the Initiative for Elderly Care to ensure coherence between policies.

“Initiatives must bring together all relevant stakeholders in their design and implementation.”

**Dr Leal da Costa
Secretary of State for
Health , Portugal**

The experience presented by Anne Calteux from Luxembourg offered some practical lessons for coordination. At the Ministries of Public Health and Social Security, coherence has been greatly improved by appointing a person in each ministry who is responsible for liaising with the other. Reflecting the Portuguese model, the Luxembourgish Health Reform adopted in 2010 is the basis for all work in the field of social security and health. Ms Calteux gave examples in diet and nutrition and dementia care, where this model has worked well. She however was critical of difficulties adopting smoke-free legislation. She revealed that the initiative struggled because of objections from the Finance and Economy Ministries who were heavily lobbied by the tobacco industry arguing that public health policies would lead to job losses.



From Slovakia, Mr Poprocky presented a specific case study which could be replicated in other countries. He showed how improved cross-sectoral cooperation at both national level, between different ministries, and at local level, between GPs, schools, mayors and programme workers, has ensured coherence

“Cooperation, understanding, respect of both parties' stands and no compromise on basic principles is how we succeeded.”

Ivan Poprocký, Ministry of Health, Slovakia

and successful implementation of a health outreach programme in Roma communities. Health assistants, recruited from the communities with which they will work and provided with training and support, help to improve access for Roma people to vital health services. The robustness of the programme and its commitment to its original principles has allowed it to be successfully replicated across the country, securing EU funding for the coming years. When asked about the

sustainability of the project, should EU funding lapse, Mr Poprocky noted that programmes need to provide evidence of their value and of the importance of this coherence to their success.

A new law on the pricing of medicines in Poland was presented by Dr Tadeusz Jędrzejczyk and provoked a debate about the coherence of the price of innovative medicines. He made reference to purchasing power parity in countries with diverse economic situations in relation to the sustainability of healthcare expenditure.

Conclusions

Panellists were however cautious when discussing the potential to develop a solely European mechanism for procurement. Greater cooperation and transparency was welcomed and the Council conclusions on personalised medicine, due to be adopted in December, encourage the continuation of these efforts.

Whilst policy coherence with ‘more natural’ partner sectors or Ministries, such as social security, family and employment, is improving at national level and best practice is being developed, the health community is still struggling to reach decision-makers in the economic and finance sectors, in trade, agriculture and foreign policy. Josep Figueras, moderating, summarised that when collaborating with other sectors, the health community must highlight not only how important that sector is for health, but also how intrinsic health is for the success of that sector.





Session 3

Fairer EU governance for health

EU economic policies for health and well-being

The European Commission President Jean-Claude Juncker has published his 'Agenda for Jobs, Growth, Fairness and Democratic Change' with 10 key priorities, one of which is "a deeper and fairer economic and monetary union". This session is an opportunity to explore the fairness in the new Commission's priorities and to discuss what opportunities they present for public health.

Dr Kokeny introduced the session by asking the panellists, how can economic policies ensure fairer EU governance for health? What does fairness mean? Health is often considered as an expenditure and not as an investment – how can this paradigm evolve?

Richard Bergström kicked off by noting the apparent conflict between financial, fiscal and economic objectives and public health objectives and the overall perception by politicians that healthcare costs are not money well spent. In order to change that perception, three things are

Richard BERGSTRÖM,
Director General, European Federation
of Pharmaceutical Industries and
Associations (EFPIA)

Monika KOSIŃSKA, Programme
Manager - Governance for Health,
World Health Organization Regional
Office for Europe (WHO)

Sian JONES,
Policy Coordinator, European Anti –
Poverty Network (EAPN)

Moderator:
Dr. Mihály KÖKÉNY,
Senior Fellow, Global Health Program,
Graduate Institute of International and
Development Studies



needed: Firstly, we have to engage in showing efficiency in healthcare. Secondly, the health community has to engage in the European Semester [the macroeconomic governance coordination process led by the European Commission]. Thirdly, we need to be united as a community. If the European public health community considered the pharmaceutical industry as part of the health system, much more could be achieved.

Monika Kosinska explained how the WHO is working closely together with its Member states across the European region to develop Governance for Health. The WHO's work on Governance for Health contributes to the new Sustainable Development Goals for 2030, which will shape the political agenda, also within the EU and member states. It is still an open question as to how well health and well-being will be integrated into national development plans. During a consultation process the two main challenges identified by Member states were policy change and capacity development. Member states reported both co-benefits and conflict of interest with other sectors. There is a need to speak the language of other sectors, using political opportunities, fostering different horizontal and vertical coherence measures and the financial and legal institutionalisation of processes over the course of political cycles.

For EAPN, said Sian Jones, public health is

crucial: Health is a fundamental right and a pillar of social security systems. EAPN has serious concerns about current developments in EU and national policies affecting access to affordable and quality services.

“Investing in public health is an essential means to reduce inequalities and is undoubtedly good for growth.”

Sian Jones, EAPN

Ms Jones stressed the need to rebalance the Europe 2020 Strategy towards equitable growth. Investing in public health is an essential means to reduce inequalities and is undoubtedly good for growth. The political framework delivered by the European Semester focuses on fiscal consolidation, rather than on sustainable social security or health measures. The Commission has recognised that the current EU model is not delivering on social objectives. The same



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recognition should be applied to health. Health and social NGOs should work together to put pressure on the Commission to consider a different growth model.

Conclusions

In discussion with the moderator, Dr Kokeny, the panellists concluded that policies to improve health are also beneficial to our economies and societies. The price of ignoring health in other policies is paid by citizens. There is plentiful evidence of the broader benefits of investing in health. Resonating with the conclusions of the previous sessions, this panel also unanimously called for social and health impact assessments to be routinely carried out on EU policy proposals. A key obstacle is the lack of accountability as regards decisions affecting health. A good example of where this is needed is in the negotiations on pricing and reimbursement of medicines. The lack of direct EU competence on health should not be a barrier however. The real power of the EU is not its budget, but rather in its role as a regulator and standard setter, in particular for the internal market.

Mainstreaming health in governance is a complex issue which requires complex solutions: mutual learning plays an essential role in overcoming the silo mentality, as all sectors affect health. The public health sector is advised to better articulate its messages. The public health community should try to speak with one voice, using the language of the economic and financial sector, and hold other sectors and ministries to account for impacts of their decisions on health and inequalities.





Session 4

Europe and chronic diseases

Challenges accepted, lessons learned, ways forward

Europe is facing a chronic disease crisis linked to its unique profile of risk factors. Europeans are the heaviest drinkers, still amongst the heaviest smokers and have some of the highest rates of overweight, obesity and physical inactivity in the world. The demographic shift also results in an ageing population often with multiple morbidities from chronic diseases. Despite much of this health burden from chronic diseases being preventable, health systems are overwhelmingly focussed on treatment and management of illnesses, rather than prevention. Europe has a key role in regulating some of the risk factors, but should it change the way it plays that role?

Clive Needle opened the session with a short film on non-communicable diseases (NCDs) from the EU Joint Action on NCDs and Healthy Ageing. He stated his hope for a 'can do'- 'how to do' session.

Nick Sheron is Head of Clinical Hepatology within Medicine at the University of Southampton and advises both EPHA and the RCP on alcohol policies. Nick illustrated the direct and causal links between policy decisions affecting alcohol and alcohol related mortality and morbidity with

Professor Alberto ALEMANNI,
Professor of EU law and Risk
regulation, Hautes Etudes
Commerciales (HEC) Paris

Professor Stephen BEVAN,
President, Fit for Work Europe Coalition

Francesca COLOMBO,
Head of Health Division, Organisation
for Economic Co-operation and
Development (OECD)

Catherine HARTMANN,
Secretary General, European COPD
Coalition (ECC)

Michelle O'NEILL, Vice-President
Corporate Affairs, Mars, Inc.

Professor Nick SHERON,
University of Southampton,
Representative on EU alcohol policies,
Royal College of Physicians, UK (RCP),
EPHA Scientific Advisor

Moderator:
Clive NEEDLE,
Policy and Advocacy Director,
EuroHealthNet



Nick Sheron is Head of Clinical Hepatology within Medicine at the University of Southampton and advises both EPHA and the RCP on alcohol policies. Nick illustrated the direct and causal links between policy decisions affecting alcohol and alcohol related mortality and morbidity with examples from his own practice treating chronic liver disease patients:

- The survival rate for liver disease is 30% which has remained constant over the years. 80% of liver disease deaths are alcohol-related.
- In recent years, the UK has jumped from having almost no liver mortality to being one of the worst in Europe. Consumption of alcohol has doubled in two decades, with marketing of alcoholic beverages moving from the adult to the youth market. Vodka sales have also doubled.
- The affordability of alcohol - and strong alcohol in particular - has risen in the UK. 85% of youth reported being drunk before going out. There is an apparent association between a rise in liver mortality and a rise in the affordability of alcohol.
- In 2008, a duty escalator was introduced on strong alcohol content. The increase in liver mortality stalled. Was it economic factors related to the crisis, or was it because of the alcohol measure? Partly both. Now the duty escalator has been repealed following lobbying from the alcohol industry. The Public Health minister supported this move.

Small changes in Finance Ministry decisions can lead to major changes in mortality rates. In the UK, the alcohol industry has better access to the Treasury than public health advocates do. It is critical to have conversations with finance ministries, however long it takes to build trust and common understanding.

In the discussion, Professor Sheron was asked what possibility he sees for cooperation with the drinks industry. He noted that whilst some people in the drinks industry are genuinely convinced they are doing positive work, none has ever placed a chronic liver disease patient above their profits.

Francesca Colombo of the OECD encourages taking time to celebrate successes so far: CVD mortality rates have reduced by 60% over the last 50 years due to a number of factors, including improved medical technology. But, will we sustain these gains? Probably not. NCD mortality and morbidity are projected to increase, with a disproportional burden on low income groups. Health gains to be had are most important in these groups.

“Small changes in Finance Ministry decisions can lead to major changes in mortality rates”

Prof Nick Sheron, RCP and University of Southampton

The OECD collates the evidence base to demonstrate the link between the economy and health. The economic case for investing in health remains an important topic. In health systems there is still a lot of low impact spending which could be seen as waste. Major sources of waste to be tackled within health systems are antibiotic overuse and abuse, avoidable medical errors and ineffective services, poor coordination between primary and hospital care and poor data management and coordination.

More work is needed on the impacts and costs of NCDs on productivity. Recent work by the OECD addresses this causality between risk factors, chronic conditions and impacts on labour market outcomes. The evidence for such links is quite strong.

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There are many more policy options available than governments have had the courage to implement, said Ms Colombo. Governments should consider policy packages, rather than just one policy. This will stand more chance of the package working. An important note here is that expenditure on prevention is only 3% of the health budget.

Ms Colombo was asked during the discussion whether the EU policy-makers listen to the OECD, since evidence seems to be plentiful. She replied that the OECD is listened to, but action is a different thing. She believes that the narrative is changing, including in the OECD and is now about inclusive growth, wellbeing and health. There are some positive indicators, such as the health division now being in the primary division. There have been reforms based on OECD recommendations.

“Law is not a source of constraint, but an opportunity. An example? EU tobacco control regulation should be used as a blueprint”

**Prof Alberto Alemanno,
HEC Paris**

Professor Alberto Alemanno puts the legal expert view that the EU has a key role to play in regulating lifestyle risk factors. Existing gaps in public health-relevant policies are inconsistent with EU goals when considering the Treaty and ECJ case law. According to the EU, public health and the internal market can coexist and public





health objectives could be decisive. The law should not be seen as a constraint, but an opportunity. Tobacco control should be taken as a blueprint for other determinants. Just as the EU has been progressive on tobacco, there is no plausible legal reason for failing to act similarly to reduce the negative health impacts of food and alcohol. Alcohol is the least regulated product in Europe. Following the ‘Nuffield intervention ladder’, the EU has primarily relied on self-regulation and consultation but has hardly used regulatory policy options. While it needs to develop a regulatory mix to tackle complex and multifactorial issue.

There should be more discussion of the fundamental right to health – a rights-based approach to health, argued Professor Alemanno. He agrees that civil society should continue to mobilise around the regulatory agenda and points out that social media is a vital tool to “make the invisible visible”.

“Every Minister should be a health Minister. Every Commissioner should be a health Commissioner.”

**Catherine Hartmann,
COPD Coalition**

Catherine Hartmann reminded the audience that COPD is the 5th largest cause of death in Europe, but very few people know about it and the disease rarely hits the headlines. The Commission itself also makes no mention of it. Chronic respiratory diseases aren’t mentioned often in general. For a long time there was no political will to tackle chronic disease. The EU

accepts the challenge of chronic disease, focusing on shared risk factors, but has a long way to go before sustained outcomes. The EU, including the Commission, Parliament, Council, regional and national authorities, should:

- Drastically increase budgets for prevention;
- Use coercive tools such as taxation;
- Share information and raise awareness of chronic respiratory disease;
- Ensure that every minister/commissioner is a health minister/commissioner and that there are real health outcomes in all policies.

Ms Hartmann concluded that the debate around which institution has competence to act on health is not valid, but is a dangerous distraction. Health is already in all policies, it just needs to be made apparent.

Michelle O’Neill representing Mars, Inc. told the conference that she believes that stakeholder dialogue and cooperation is essential, including between companies and NGOs on issues of common interest. She gave the example of transfats, which Mars stopped using in 2002 and together with other big companies is calling for very strict restrictions on their use in Europe because of their known health impacts. She put it to the audience that Mars should not be compared with alcohol and tobacco lobbies, in particular as Mars is a family-owned company which responds to consumers rather than shareholders.

Ms O’Neill pointed out that Mars goes beyond legislative minimum standards on health, particularly on providing additional information to consumers. Mars recognises that their products should be consumed as treats, and are not recommended for daily consumption. The company has publicly supported WHO recommendations on added sugar and the proposal to label of added sugar in US public consultation, where Europe is lagging behind as there is no proposal for added sugar labelling. She recognises that there is room for improvement when it comes to marketing to children and highlights the need to consider online advertising as well.



In the discussion, Ms O'Neill urged caution when demanding regulation because of the risk of a lowest common denominator result. She noted that she was hopeful that trust could be rebuilt between the food industry and the public health community.

Professor Stephen Bevan presented the Fit for work Project which is designed to build bridges between academics and policy makers and highlight the burden of chronic disease in the working population. He highlighted some practical barriers to research and policy development in this field, notably the difficulty of identifying people of working age in datasets. He notes that a large proportion of working age people is living with chronic diseases. This limits working time and is particularly problematic as people are ageing. In 20-30 years over 40% of the working age population in the UK will have a work-limiting affliction. Globally, the health of the working age population is in decline and we are not doing much about it. Factors exacerbating this trend can include work itself - good jobs are a social determinant of health. The project recommends that workplaces themselves should become arenas within which public health interventions are located and finds that early intervention is preventative and cost-effective.

Conclusions

Health already is in all policies. The evidence base for policy action – or policy packages - is

rich, including the economic case from the OECD. There are no legal obstacles stopping the EU taking action on unhealthy food and alcohol as it has on tobacco. However political courage to take action is another matter. In terms of the narrative, public health groups should shift the focus away from personal responsibility. As was noted in previous sessions, the EU is good at regulating products, its real power lies in its role as the enforcer of standards for the internal market – including those to protect our health. But the EU has so far been bad at regulating environments, such as making unhealthy products less available or restricting marketing and advertising effectively, even to children. It has even proved excessively difficult to introduce plain packaging for tobacco, with the industry throwing up legal objections and threats at every opportunity. Other unhealthy industries have emulated these blocking and delaying tactics effectively.

Despite gains in CVD mortality reduction, NCDs are projected to rise, with the burden falling on low income groups in particular. Policies should modify the architecture of choice, and tackle NCD-causing (obesogenic, tobacco- and alcohol-promoting, physically and mentally stressful, etc.) environments, also in the workplace. Spending on prevention, which is still too low and falling, should be seen as an investment. For which the public health community must build connections with Finance Ministries, Tax authorities, which opponents of public health measures already have.





Session 5

Better regulation for better health?

Mainstreaming public health into the EU's agenda

Better Regulation has been a theme of EU policy-making for more than a decade. In theory it should ensure that EU policies and laws are evidence-based, developed and implemented in a transparent way and with a minimum of 'red tape'. In 2015, the Commission withdrew 73 proposals identified under a rolling review process. Many of the items identified for future evaluation are health related, including health and safety at work and general food law. This panel explored what "Better Regulation" really means in theory and in practice for public health and where do we go from here?

EPHA's Nina Renshaw started the session by highlighting key points of the Better Regulation proposals presented by the European Commission in May 2015. Sylvain Giraud of DG SANTE explained that the package is an important evolution on a practical level. It reflects the EC's commitment to improve impact assessment, reduce administrative burden and facilitate better preparedness for timely policy evaluation. He emphasised that evaluation of the existing policy and regulatory framework is essential before an impact assessment can take place. He further stressed the fact that most policies require integration and cross sectoral work, giving DG SANTE better opportunities to promote and push

Dr Christina COLCLOUGH,
Head of EU Affairs, UNI Europa and
Founder, Better Regulation Watchdog

Sylvain GIRAUD,
Head of Unit International Strategy, DG
SANTE, European Commission

Frazer GOODWIN,
Senior Advocacy Advisor, Save the
Children

Charles-Henri MONTIN,
Consultant, Smart Regulation Services

Magda STOCZKIEWICZ,
Director, Friends of the Earth Europe

Moderator:
Nina RENSHAW,
EPHA Secretary General



policies while demonstrating their added value through evidence. Among 30 different tools that are part of the Better Regulation package, No. 27 is on health impact assessment and it describes how DGs should assess the impact their activities have on health.

“The European Commission claims that better regulation will not lower social and environmental standards, but it means that it does not improve them either!”

Dr Christina Colclough

Charles-Henri Montin, contended that better regulation offers new opportunities for stakeholders and the health community to voice concern and contribute to the discussion. He stressed that the evolution of better regulation is on the right track, moving away from administrative burden and offering new opportunities. He contended that starting with a clean sheet can have many advantages. Overall, Mr Montin is of the view that Better Regulation is not a threat, but an opportunity for all stakeholders.

Dr Colclough of UNI Europa and the civil society group Better Regulation Watchdog questioned the objective of “Better Regulation” from its inception. For example, she said that one of the goals is to lessen the burden on SMEs, but then

the vital question is how to define ‘small’. The better regulation agenda has become much more political than it was before. There are key issues being missed out such as environmental problems and precarious work. The rise of populism and nationalism in Europe is not being addressed either. The European Commission claims that better regulation will not lower social and environmental standards, but it means that it does not improve them either! All of this is happening while growing income and wealth inequality is a reality in Europe. Better Regulation is not better for all, she concluded, but only for some.

Magda Stoczkiewicz continued by criticising the phrase ‘regulatory burden’, which assumes that all regulation is burdensome, effectively undermining that regulation is there for a purpose, to protect the public for example. Regulation should primarily serve citizens, she said. She also criticised the fact that the package heavily focusses on scrapping environmental standards, with heavy industrial lobbying behind it. She pointed out that the legislation very much resembles the agenda of Business Europe, an umbrella lobby businesses. She also complained about the evolution of TTIP and the regulatory convergence risks it would entail – “The official narrative says that TTIP allows SME’s to trade more, however SMEs mostly work in their local market. If you put them out of jobs, big companies will prevail. And SMEs do not want to be perceived as second class employers”. The Commission should scrutinise “Fit for Purpose” on the basis of benefits to society, she concluded.

Frazer Goodwin of Save The Children stressed the importance of the post-2015 agenda and SDGs in the context of Better Regulation. He highlighted that the process is driven by regulated industries, but goes against the wider interests of society. He also confirmed that agenda is in his view substantially shaped by Business Europe. He said that the whole concept that we need to slim down the body of regulation, going beyond just cutting ‘red tape’, puts an ideological slant against EU action being viewed positively. This is playing to Eurosceptics but may well be counterproductive as European citizens generally appreciate the protections

Towards a European Union for Health

offered by EU law to their consumer rights, safety standards, food standards and the environment. At the same time, the post-2015 SDG agenda is different from the previous Millennium Development Goals as it is universally applicable, also in EU countries.

Mr Goodwin contends that Better Regulation lacks a legal basis and circumvents democratic institutions such as the Parliament. He appealed to the public health community to engage in the process and to ensure that we have a say in a coherent and comprehensive manner. The reality right now is that the EU regulatory system serves the interests of those being regulated, he said.

In response to the previous speakers, Mr Giraud stressed that the rational tools for decision-making do not constitute a substitute for political decisions. Magda mentioned a need to shed light on organisations that lobby against the public interest, and continuing to advocate for improved transparency in lobbying the EU institutions. She lamented that Better Regulation appears to be “Regulatory capture happening under a democratic heading”. Frazer noted that the Member states never agreed to such political discontinuity and sees the agenda as an attempted power grab by the Commission with little involvement of the European Parliament, which would have serious implications for all civil society organisations.

Whilst the panel’s assessment of the opportunities and threats of the Better Regulation agenda is mixed, it is imperative for public health organisations to engage with increased consultation opportunities, better assessment of health impacts of policy proposals. Most essentially, public health organisations must play a watchdog role in the process, calling for increased transparency in the Brussels lobbying arena and raise the alarm if the agenda does not serve the public interest.





Session 6

Towards a union for health

Institutional, political and socio-economic obstacles to overcome

In 2015, the Commission launched the Energy Union initiative. A decade in the making it is designed to harmonise Europe's fragmented energy markets, delivering efficiencies and economies of scale and a better deal for consumers. Our panellists were asked to consider if there are parallels to health – in terms of the division of competences between national and European levels but clear EU-wide synergies, limited interoperability between legacy systems, the challenge of matching demand and supply and the need for technology and policy breakthroughs to meet globally agreed goals. What if the EU had such an ambitious plan for a Health Union?

Moderator Tamsin Rose opened the session by referring back to the theme explored in the previous session of the 'irrationality of politics' and the ways in which decisions are made. She asked the panel where to begin in making the EU a 'Union for Health'.

Dr James Reilly, Ireland's Minister for Children and Youth Affairs, opened the session by stating that public health needs champions like EPHA who are trustworthy and can drum up public support. He told the audience that plain packaging legislation in Ireland is the result of a long and arduous journey.

Thomas DOMINIQUE,
Chair of the EPSCO Council's Social Protection Committee

Monique GOYENS,
Director General of the European Consumer Organization (BEUC)

Dr James REILLY,
Minister for Children and Youth Affairs, Ireland

Martin SEYCHELL,
Deputy Director-General of DG Health and Food Safety, European Commission

Moderator: Tamsin ROSE,
EPHA Strategic Advisor



He added that tobacco control is also an important children's rights issue. In Ireland, the public has been won over to plain packaging in spite of legal threats to government by 'Big Tobacco', and the bill was passed by both Houses of Parliament. He noted that 700,000 Europeans still die annually from smoking and other countries including the United Kingdom, France and Norway are considering following the Irish example. He stated that "our children can't afford us to fail".

Martin Seychell of the European Commission sees the EU as a union of states who have come together to advance common interests, including health interests. He stated that the EU institutions, national governments and civil society organisations need to work together, and that there should be complementarity between national and European law. EU tools must be used effectively to support national policies. He recalled that Europe is the only region in the world using shared sovereignty, and rather than talking about how to shift competencies, it should be discussing how to get more out of existing tools. He said that the impression that nothing is happening was false; progress has been tremendous with Member states now discussing public health together with the EU on a daily basis, e.g. discussions about health system performance assessment, health technology assessment or access to medicines. An 'EU for Health' is already happening and so it is important to make better

use of the tools. The biggest gains for public health will be through the best use of other policies, 'health for all' policies not just health in all policies.

“Public health needs champions like EPHA who are trustworthy and can drum up public support.”

Dr James Reilly

Minister for Children and Youth Affairs, Ireland

Thomas Dominique, Chair of the EPSCO Council's advisory body - the Social Protection Committee - agreed that a 'Union for Health' is happening, and this included, inter alia, a thematic review of reforms by member states





of healthcare systems. It also comprised investment in healthcare workers and providing access to services. He stated it was important to collect best practices by Member states on what is being undertaken, and agreed that EU tools for coordination must be used. He cited the European Semester as one important tool to input. The social dimension of the governance process of the EU Semester, promoted by the EPSCO Council, the European Parliament, and others should be pushed forward via the open method of coordination; He referred to a paper by Professor Bennett (Oxford University) on common social values to examine what has been agreed. There should for example be a general approach to health insurance issues and there is room for manoeuvre also in the public health area.

**“An ‘EU for Health’
is already
happening.”**

**Martin Seychell,
Deputy Director-General
of DG Health and Food
Safety**

Monique Goyens, Director General of the European Consumer Organization (BEUC), pointed out that some of Europe’s most ambitious consumer legislation was taken during difficult political times. She said that for this reason, it is important to ask and push for change now. She highlighted that there were already lots of interesting initiatives including the EU Network on HTA, the EU reference networks for rare diseases, and the STAMP group [Commission Expert Group on Safe and Timely Access to Medicines for Patients] where European coordination was generating positive results. However, some EU files were ‘stuck in the system’, such as the Medical Devices

Regulation, and areas such as trans-fatty acids or alcohol labelling lacked European initiatives.

**“A healthier Europe
would be less costly
and thriving, with
innovation
dedicated to
people’s needs”**

**Monique Goyens,
Director, BEUC**

From the consumer perspective Ms Goyens notes that international trade agreements such as the EU-US Transatlantic Trade and Investment Partnership (TTIP) are already threatening existing policies and initiatives. Challenging intellectual property rights and the Trade Secrets Directive could give corporations more rights, coupled with the threat of the investor to state dispute settlement clause in TTIP. She congratulated Ireland for resisting this threat as health should come before trade. She deplored the EU institutions’ openness to lobbying by big pharmaceutical and tobacco companies and called for more transparency and increased resources for public interest organisations. BEUC is disappointed that health does not feature higher on Juncker’s agenda, and Goyens concluded by stating that a healthier Europe would be less costly and thriving, with innovation dedicated to people’s needs. Therefore, there should be more of a focus on resources for better coordination at EU level.

To kick off the first round of questions, Tamsin Rose addressed Dr Reilly to ask how relevant an actor the EU is in Ireland?



Minister Reilly replied that Irish Ministers understand fully the importance of the EU. In order to build public support for policy initiatives, NGO support is needed combined with evidence-based policies. He stated that

“Health is a resource, a source of wealth and an opportunity to create jobs and innovation.”

Dr James Reilly

Minister for Children and Youth Affairs, Ireland

health is a resource, a source of wealth and an opportunity to create jobs and innovation. He said Europe was losing out in terms of research and development, and that the public is needed to pressure politicians. Informed decisions are very important, for example regarding fatty foods. Moreover, cancer and children’s issues need to be linked to tobacco control activities as bad habits often start in childhood, which

creates a huge disease burden later in life.

Tamsin Rose referred to the findings by Médecins du Monde that one third of Greeks have lost their health insurance. Addressing Mr Dominique, she asked whether the social assessment of the EU Semester was looking at health insurance impact, and whether people with no health insurance like refugees were also taken into account.

Mr Dominique stated that the notion of health not being a burden, but a resource was the starting point. He explained that all evidence should be placed at the same level: economic, financial, fiscal, and social. Any recommendations need to be consistent in each area to avoid negative consequences - that is what social governance is trying to push forward. He said he is hopeful that a fairer approach can be achieved by doing this. Regarding migration, he stated that it was important to ensure that access to healthcare is provided for migrants coming to the EU.

Discussion and conclusions

In response to a question on the potential benefits of TTIP put by a representative from the UK Faculty of Public Health, Mr Seychell recalled that the EU has a large number of existing trade agreements with countries and the level of health protection remains high; Europe is able to defend its interests. On the other hand, Europe is heavily dependent on trade and Seychell stated that recovery from the crisis could only happen if Europe’s share of





global trade were increased. Regarding the pharmaceutical sector, eHealth and ICT, he said that standards will likely be shaped by the markets that have the most consumers and their demands. However, agreements can be found based on common values to help shape global standards. He cited GMP inspections in pharma companies as an example where a properly crafted TTIP could be beneficial globally. He continued by stating that the Juncker Commission had no problems taking decisions and tackling difficult topics, with health being a strong element. Examples included the European Migration Agenda which discussed the immediate health needs of migrants themselves, frontline needs, but also the integration needs of migrants already in Europe. There were also workforce considerations in relation to by the insertion of migrants into ageing societies. Health was also mentioned in the Digital Agenda. Despite apps now being common on smartphones, in some member states 100% of prescriptions are still issued on paper. Technology needs to be standardised in order to protect health and energy should be focused on these issues in the name of HiAP

Ms Goyens stated that European standards should not be given up for TTIP as vital protections are at risk. As an advantage of TTIP, she named the redundancy of duplicate clinical inspections in Clinical Trials – provided they remain transparent. But she cautioned that there are important potential risks for health in TTIP, including the extension of patent life resulting in less affordable medicines, and the abolishment of some EU food hygiene and chemicals legislation. What would be the public health implications of eliminating regulatory barriers? There were important costs involved in these. She closed by stating that TISA [the multilateral Trade in Services Agreement, also currently under negotiation] was even worse than TTIP given that the effects would be worldwide.

Tamsin Rose took up the issue of multinational interference in national matters, and asked Minister Reilly whether he was concerned about TTIP/ISDS, and whether the target of

increasing healthy life years by two by 2020 was discussed in Ireland?

“A very close eye needs to be kept on TTIP so that it does not become a new avenue to undermine public health.”

Dr James Reilly

Minister for Children and Youth Affairs.

Mr Reilly confirmed that Ireland is very concerned about TTIP. The chilling factor of litigation could already be felt as the tobacco industry was using it in Europe and in Uruguay. A very close eye needs to be kept on TTIP so that it does not become a new avenue to undermine public health, e.g. in relation to tobacco.

This point was reiterated from the audience by Florence Berteletti of SFP who pointed out that regulatory and legal chills are very real threats, as the European Commission has already been challenged by ten court cases at national and European level. She returned to the EU goal of securing two additional healthy life years as a way forward.

In response to questions from the audience about TTIP and tobacco packaging and children’s rights in relation to public health and the SDGs, Minister Reilly confirmed that the threat of multinational deal to state sovereignty is very badly perceived in Ireland. Children’s



rights organisations are held in very high esteem and should be involved in the battle against tobacco. A shift to a prevention culture needs to occur so people stay well. He also said that health professionals needed to change their attitudes as much work could be done by others at lower levels; doctors don't always know best and patients were claiming more autonomy. He affirmed that the political way is the way to go, and eventually it would be successful.

Ms Goyens added that Digital Europe, the Internet of Things and health are very much related. Soon objects like mirrors will contain smart devices. Hence there is a huge potential and a huge risk involved in the framing of the Digital Single Market. It can be fun, but depends on improving access and securing privacy protection.

Answering a question from EuroHealthNet about a forthcoming Commission proposal on social rights for 2016, Mr Dominique emphasised the need to speak to a range of decision makers, giving the example of the social pillar where the power lies mostly with the Council and not with the Commission. DG ECFIN leads the EU Semester cycle and not DG SANTE. More and more coordination was being devoted to economic affairs, whereas the '2020' inclusive rights disappeared in the Commission. There is a perceived risk that everything else will disappear; therefore social governance will be a pressing issue during the Luxembourgish Presidency. There are three possibilities: to incorporate it into the structure, to establish a parallel process or do nothing in the coordination process.

Professor Sheron (RCP) asked whether there is sufficient evidence on the economic impact of NCDs or whether this data is not getting through to decision-makers, do they not believe it, or do they simply choose not to prioritise it? Mr Seychell noted the clear economic impact of NCDs and communicable diseases, not only Ebola, but also influenza, TB, hepatitis, and polio. The data on the impact of disease is there, but less clear is the data on the relative effectiveness of individual measures. Very good

evidence is needed that it makes sense to invest. The EU Semester emphasis is on cost containment, not because of a book-keeping exercise but because there are also areas of overspending. He said that distribution must be right, e.g. fewer hospitals and more primary care. The mandate letter from President Juncker to Commissioner Andriukaitis explicitly includes Health Systems Performance Assessment (HSPA) as a tool for national and EU policymaking. HSPA is at the heart of the EU's work at the moment so inputs and outcomes can be measured, understood and compared.

Tamsin Rose closed the session by repeating Minister Reilly's phrase, 'where there's a political will there's a way'. It is all about making political choices and civil society can influence politics by providing good technical input at EU, national or subnational level.

“Europe is the only region in the world using shared sovereignty. Rather than talking about how to shift competencies, it should be discussing how to get more out of existing tools.”

**Martin Seychell,
Deputy Director-General,
Health and Food safety**

Plenary: A vision for a union for health

How do we get there together?

The final session of the main conference featured two keynote speeches from the Chief Scientific Advisor and Representative to the EU, Dr Roberto Bertollini, and DG SANTE's Deputy Director-General, Martin Seychell. Dr Bertollini outlined the WHO European Region's initiative on governance for health, whilst Mr Seychell outlined key priorities for the Commission's current mandate and a vision for beyond.

Dr Bertollini left the audience with the message that "Health and wellbeing should become and be perceived as an overarching goal." In particular, Europe is faced with major epidemics of non-communicable diseases, which require a decisive policy response. Many of these diseases are preventable, he reiterated. As an illustration, he described tobacco as a "weapon of mass destruction", given its deadly potential. He warned against overly focussing on the individual behavioural change perspective, also in discussions around obesity, as only one aspect of many, alluding to the external environment as a determinant of health. The WHO sees intersectoral

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individual behavioural change perspective, also in discussions around obesity, as only one aspect of many, alluding to the external environment as a determinant of health. The WHO sees intersectoral cooperation as key to achieving health in all policies. Health and wellbeing indicators should become crucial to evaluate policies.

He challenged the audience to consider whether we are communicating using the right arguments and statistics on key issues. “The public health community must be brave enough to remind [policy-makers] of commitments to coherence”.

Martin Seychell, representing Commissioner Andriukaitis for the closing address, reiterated the need for basic instruments and tools for policy-makers to make Health in All Policies evident and relevant. However, he admitted that “There will be no HiAP without political will” – a key factor that many previous speakers highlighted a lack of.

For HiAP to become a reality, he challenged the audience to demonstrate that public health has a clear value to other policy areas. He returned to the theme of better regulation, which he sees as policy-making rooted in a strong evidence-base. We must identify, describe and communicate economic benefits of health and also show the added value of EU action, show where and how European joint action can lead to better results.

“Health and wellbeing should become an overarching goal.”

Dr Roberto Bertollini

Chief scientist of WHO Europe



About EPHA

EPHA is a change agent – Europe’s leading NGO advocating for better health. We are a dynamic member-led organisation, made up of public health NGOs, patient groups, health professionals, and disease groups working together to improve health and strengthen the voice of public health in Europe. EPHA is a member of, among others, the Social Platform, the Health and Environment Alliance (HEAL), the EU Civil Society Contact Group and the Better Regulation Watchdog.

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