



Health In All Policies: European Union Experience and Perspectives

International Meeting on Health in All Policies Adelaide

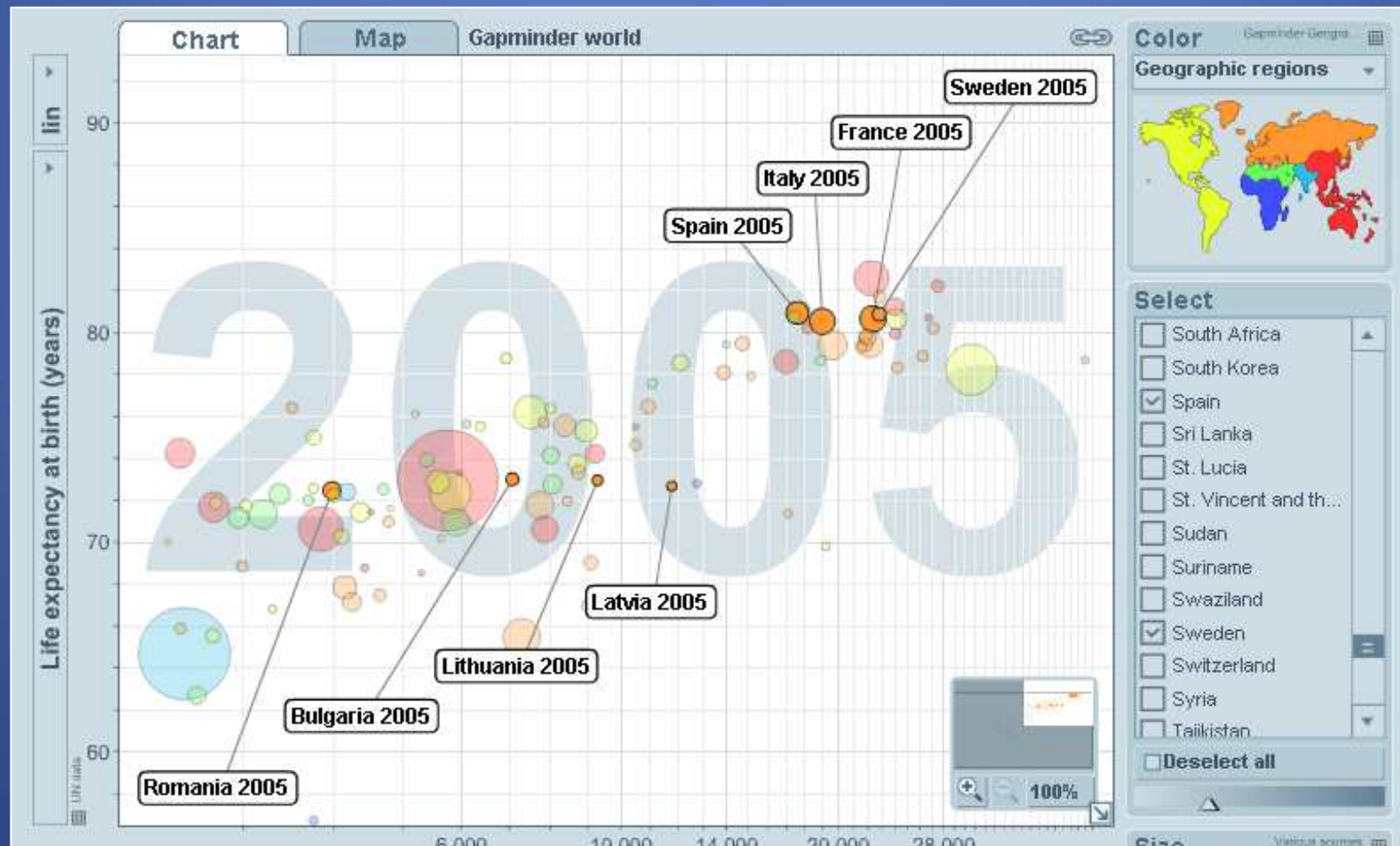
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April

EU diversity: health status

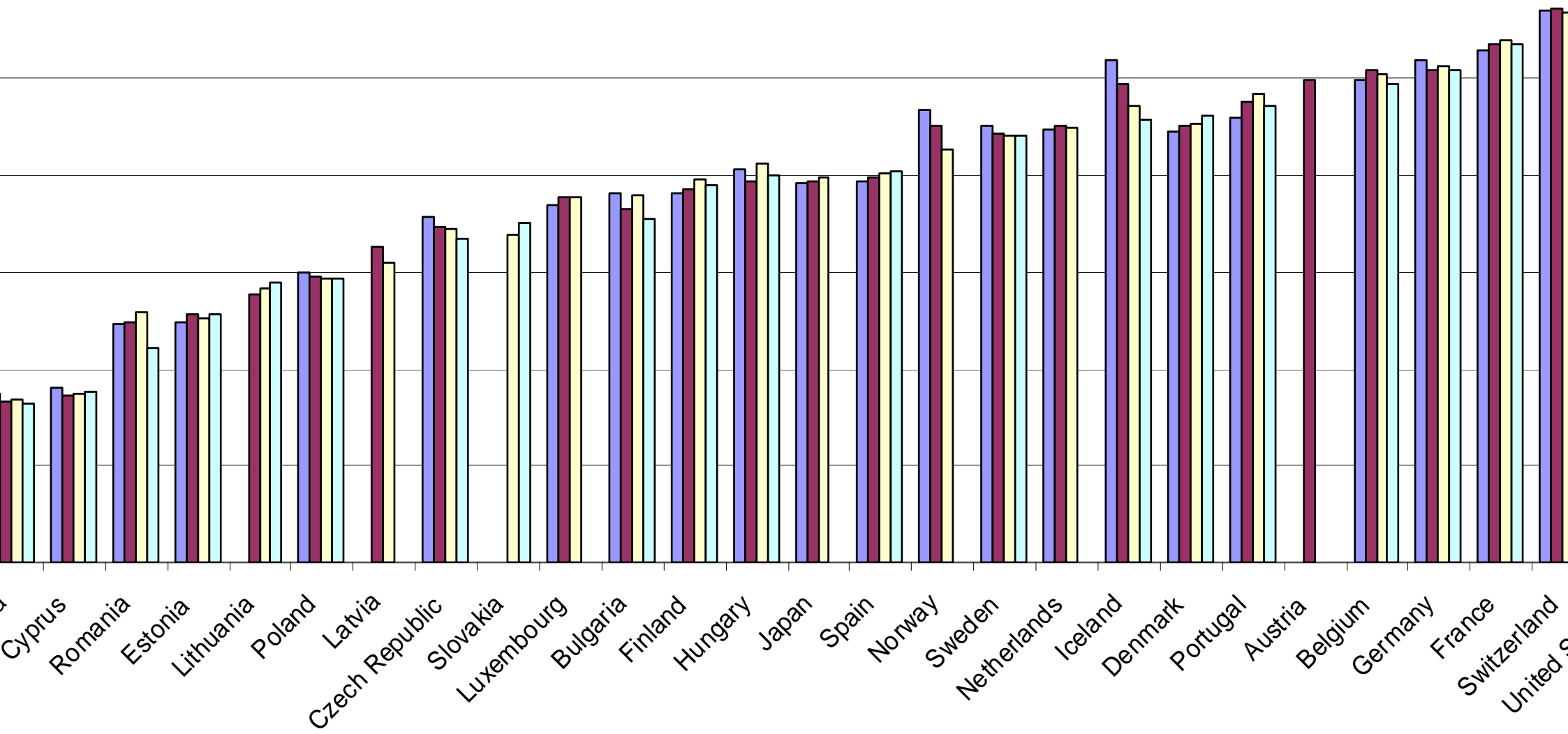
Health status varies widely in EU

- Life expectancy at birth (years) for males ranges from 65 (Latvia, Lithuania) to 79 (Sweden), a gap of 14 years
- Life expectancy at birth (years) for females ranges from 76 (Bulgaria, Latvia, Romania) to 84 (France, Italy, Spain), a gap of 8 years



2006)

2003 2004 2005 2006





A MIXED COMPETENCE

European Union Level

emphasis is on public health

Member States

largely responsible for health care systems (some with devolution to regional level)

in All Policies

PUBLIC HEALTH ARTICLE

A high level of human health protection shall be ensured in the definition and implementation of **all Union policies and activities**

Three Issues

- The Importance of an All-government Mandate
- Balancing Health Sector and other Sector Priorities
- The policy Cycle

An EU Health Strategy

- Set out a vision for the whole EU – not just health Directorate General
- Get ownership of, and tie in key policy makers and stakeholders
- Show how health goals were interlinked with the different policy goals
- Reduce fragmentation of actions
- Build in mechanisms to ensure that the strategy would be implemented in practice

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Four Principles

1. A value-driven approach
2. Health is Wealth
3. Health in all Policies
4. Global Health

Three Objectives

1. Foster Good Health in an Ageing Europe
2. Protect Citizens from Health Threats

Outcome

An overall strategy, including HIAP as a key principle

New coordination mechanisms

- Senior cooperation group with Member States
- Partnership with Committee of Regions
- Commission Inter-service committee on Health
- Regular dialogue with other Commission Policy Services

Limitations

- The strategy only covers a certain period – sustainability ?
- Health strategies can get forgotten in context of political and economic developments – eg recession
- Dependence on other players to cooperate; they have their own agendas
- The strategy must lead to concrete actions – resources, means ?

sectors

**A Negative Example:
HEALTH AND CONSUMER PROTECTION**

**Public Health policy and consumer policy share
several elements**

- Improving information/literacy and **Empowerment** of citizens/consumers/patients
- Protection of public/consumers against particular threats to health and safety
- Concerns about healthy behaviours and tackling basic determinants

Mutual Reinforcement

Two small programmes - with limited funds
limited clout

Same organisational structure in the
(Commission)

Similar legal mandates



Solution : One Joint Ambitious Programme

Outcome?

Unsuccessful

- Two separate constituencies
- No buy in
- Consumer vested interests, eg Non-governmental bodies, thought they were being taken over
- Health ministries were suspicious about the agenda

Ultimately, there are overlaps but the two agendas have separate elements which can't be ignored

Using the Different Stages of The Policy Cycle

A Positive Example: Health and Regional Policy

A major objective of the European Union is to contribute to social and economic development , particularly by improving the conditions in the poorest regions.

- Large funds are available for this
- Aim was to ensure that protection and improvement of health was included in plans for socio-economic development

Health is for the first time recognised as a legitimate aim for expenditure in the Structural Funds 2007-2013

3 New Objectives

Structural Funds 2007-2013

ERDF
Infrastructure,
Innovation

ESF
Training
Measures

Convergence

HEALTH

HEALTH

**Regional Competitiveness
and Employment**

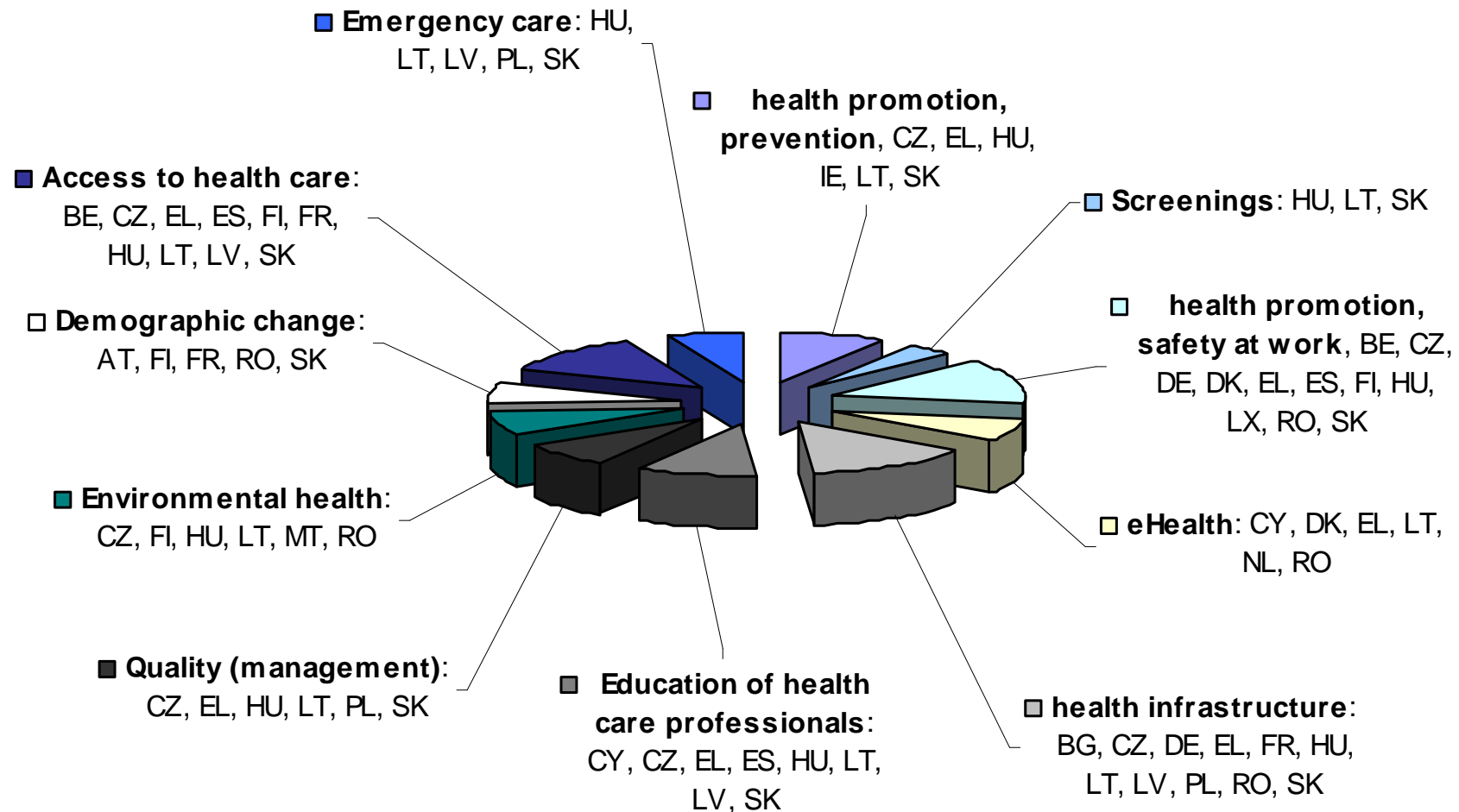
HEALTH

HEALTH

European territorial

Areas of Health Investment In Current Period

Member States' health priorities in National Strategic Reference
Networks and Operational Programmes (by area of investment)



approach

- First Critical Stage

Sustained Political intervention early in the process for drawing up the new regional and cohesion policy approaches to bring in health

- Second Stage

Sustained work to ensure that all stakeholders aware health was now an objective. Developing partners with leading regions

- Third Stage

Technical work to ensure people were considering health issues in their proposals, providing advice and expertise to overcome weaknesses

- Fourth Stage

Limitations

- Getting health recognised as an aim is not the same as ensuring it is always taken into account in decisions in other policy areas
- Acting to try to improve health does not always mean acting wisely
- Spending and interest in health is growing but still small compared to eg energy or transport infrastructure
- The next spending programmes have still to be agreed. Repetition?

Overall Lessons from EU Experiences

- Texts on paper and laws are useful for legitimacy and setting out scope and vision, but not enough
- Political will crucial
- Structures and concrete implementation plans and deliverables important
- Take account of the policy and programme timetable
- Focus
- This is not a one –off process
- Win-win the best way to ensure support - if possible
- Try to find actions and concepts that fit with major players agendas



Thank you!