



Aachen, 20th of April 2007

Notes of the Trio Presidency

Health care across Europe: Striving for added value

The purpose of this Trio Presidency Note is to provide some elements for debate with a view to shaping a wider Vision on how health and healthcare policies should be taken forward at the EU level, building on the messages contained in last year's statement by all the EU Health Ministers on *Common Values and Principles*.

Health promotion, prevention and research could all be part of this Vision, which should set out other practical areas where there is real added value for further co-operation at the EU level. Patient mobility could be an initial practical example of how the ideas presented in the statement on *Common Values and Principles* could be applied in practice.

But in the long run, the aim should be to establish a real health policy for the EU based on such common principles and ensuring better health for our citizens through all policies.

1. *Common Values and Principles*

In June 2006 the EU Ministers of Health adopted *Common Values and Principles* that underpin all EU health care systems. The four overarching Values are **universality, access to high quality care, equity, and solidarity**. At a more practical level, the six operative Principles include **quality, safety, care that is based on evidence and ethics, patient involvement, redress, and privacy and confidentiality**. These Values and Principles guide our policy decisions, in taking the responsibility for our health care systems both within Member States and in the framework of their interactions across Europe. Though they are not easy to implement, these Values should guide and are the basis our socially-orientated health care policies and shape and reinforce the European Social Model. This paper is aimed at linking these *Common Values and Principles* with health policy priorities regarding health across Europe, for instance, in dealing with issues of cross-border health care.



2. National and European responsibility - unity in diversity

Health systems are a central part of Europe's high levels of social protection and make a major contribution to social cohesion and social justice. In our capacity as Ministers of Health we are responsible for ensuring a high level of health care and access to health services, while guaranteeing the sustainability of our national health systems. Our responsibility is comprehensive - encompassing objective and evidence-based policies, involving objective transparent decisions on programming and planning of health care and delivery of health services as services of general interest.

Building infrastructure and human capital is a long term endeavour requiring strategic planning. Specific attention should be paid to the responsibility for long-term and strategic planning of capacities and human resources, distribution and use of high-end medical equipment, policy decisions on the accessibility - to new medical treatments, including pharmaceuticals.

Strategic planning should also consider the ongoing restructuring of health systems translated in movements from in-patient to out-patient care and in innovation and technologic changes result in evolving concepts of in-patient and out-patient care, with growing expansion of the latter. In this context the criteria for both, hospital and non-hospital care, as evolved by the European Court of Justice should be re-examined. Therefore the new framework should respect the basic features of health systems that use a referral process to provide access to specialized care.

Health policy is both: Cross-sector and cross-border responsibility, and therefore a joint commitment for all Member States. We continuously strive for a community-wide convergence of standards of living. In terms of health care this means that we aim to enhance the standards of care we provide to our citizens with the goal of attaining the best possible level.



3. Common challenges

Member States are confronted with the need for sustainable growth and competitiveness in a context of globalisation and ageing population, innovation and knowledge management, well-informed and demanding citizens, competition and choice, while facing new challenges related to cross border care. Moreover, they face these challenges in a framework of diverse health resources in terms of capital and human resources. At the same time, the financial and material capacity and the productivity of the systems differ considerably. What are the adequate incentives to ensure access, quality, universality and equity, without giving up our national sovereignty in managing our health care systems and their financing? Furthermore health care systems need protection against undesirable consequences of health tourism and excessive health care utilisation.

4. Politics first

We are determined to maintain the national competence for health care organisation. However, our common health care challenges call for a joint effort to identify **viable political solutions**.

In this regard, we should debate here:

- What is the most appropriate level, what are the most appropriate tools to deal with adequate health across Europe and with cross-border issues of provision of health care?
- Which issues are best dealt with: (i) in a regulatory framework, (ii) on a bilateral or multilateral basis between Member States, (iii) and at an operational level?
- How and where can the Commission create clarity and legal certainty where it is deemed necessary?
- How can the Community add value while fully respecting the principle of subsidiarity?





5. Linking Values and policies

A patient-oriented health policy for Europe is a cross-sectoral challenge. Therefore we need political leadership with a clear vision that strikes a balance between individual and collective rights and respects the overarching value of equity and a strategy that generates prompt and visible advantages for our citizens.

In line with the **value of access to good quality care and the principle of patient safety**, we can improve the healthcare quality standards across the different health systems in the EU through the following:

- evidence-based medicine, health technology assessments, cost-benefit-analyses;
- ensuring that the public is clear about the entitlements deriving from the Regulation (EEC) 1408/71 (e.g. European Health Insurance Card);
- epidemiological surveillance and control in cooperation with EU neighbouring states and international organisations and
- securing access to life-saving drugs (e.g. for people living with HIV/AIDS).

In line with our **values of equity, universality and solidarity**, we aim to improve access to high quality and specialized care for all citizens. This can be achieved through

- knowledge transfer and knowledge management;
- promoting European reference networks, particularly for rare diseases and
- looking for ways in which the Structural Funds can support improved health and health care

6. Towards a value-added EU health policy agenda

Added value in health care can be realized through:

- monitoring patient mobility starting out from the assumption that health monitoring and data exchange are not an end in itself, but a prerequisite for evidence-based, objective health policy and high quality of care;



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- pursuing high quality standards across Europe and
 - funding of health research.

7. Generating visible advantages for our citizens

Prompt and visible advantages for our citizens can be generated through:

- promotion of networking aiming at cost-benefit-assessments of health care services;
- clarification of cost reimbursement for cross-border health care;
- increased information for patients
- health as a component of European cohesion policy - we suggest to investigate opportunities to reinforce the use of resources provided by structural funds to improve health infrastructure and
- promotion of cross-border co-operation in the health care sector (Euregio).

8. Where support from the Commission is needed

Based on our *Common Values and Principles* and a patient-orientated vision we need to prioritize key policy issues of health care provision in Europe. While patient mobility constitutes one aspect of cross-border health care, it is closely related to a multitude of other issues (e.g. health infrastructure, human resources, quality). Recognizing the diversity of health systems we deem it necessary to carry out a comparative analysis of the situation and the impact of these processes on some typical examples of national health systems, which operate in objectively different circumstances.

We need a clear provision for cost reimbursement of cross-border health care. The case-law of the Court of Justice of the European Communities and the principles and conditions with regard to the reimbursement of health care abroad have to be codified and clarified in some respects. This should be performed in a way that ensures the coherence between different legal instruments.

In this regard we strongly suggest that the Commission presents a broad framework on all of the above-mentioned issues, not just on patient mobility - with due acknowledgement of the

Member States' autonomy and sovereignty in determining the organisational and financial issues of health care delivery, as well as the principle of subsidiarity. ✧

9. The way forward– making health care across the European Union an added value for European citizens

Cross-border health care is not an end in itself. But we will make the best use of the opportunities of cross-border health services: to improve the health care for our citizens, to strengthen solidarity in the European Community, and to make patients benefit from the advantages of a joint Europe.

As referred above, we need a Vision, which should set out areas where there is real added value from further co-operation at the EU level, so that the European citizens can win in terms of increased mobility without questioning the sustainability of their own health systems. And we need to set a clear roadmap to address all aspects of cross-border care. This should be done working jointly with key stakeholders as other European Commissioners, the EU Parliament, NGOs, private sector, etc.

Finally, we have focused this Note on health care policy and cross-border related issues, leaving, just for the near future, the debate on broader health issues, namely the proposed elements for a future health strategy in standby. These should however be kept in mind as they must be closely interlinked.

We consider this a continuous process aiming at a true health policy for the EU, to be clearly advanced during the time span of the current Trio of Presidencies.