



European Union Health Policy Forum

Europe in 2020: A Strategy to Achieve Our Vision

**Response to the consultation
on the future EU 2020 Strategy**

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I A Bold Vision

An inclusive and socially cohesive Europe, where all people living in Europe have access to quality and safe goods and services whilst enjoying the highest standard of environmental and social protection. Quality and safety of goods and services should be accessible by all, regardless of personal circumstances or economic status.

Goals:

- High level of social and environmental protection
- High level of inclusion and social cohesion
- High quality and safe goods and services
- Equity of access to high quality and safe goods and services

A strong and stable economy which delivers a good standard of living and quality of life, including good health, for all people living in Europe, including our most vulnerable. A self-sufficient economy oriented towards meeting our needs and challenges.

Goals:

- A strong and stable economy
- An inclusive and people-oriented economy that includes the principles of the social agenda in its objectives
- A needs driven economy working towards sustainability and physical and social security

A global actor, leading by example and generating sustainable solutions for global threats and challenges.

Goals:

- Europe as a responsible global citizen
- Europe as a centre for ideas and solutions to human global challenges
- Europe as a global leader in responding to global threats to human health and well-being

European institutions that contribute to the health and well-being of people and a clean and protected environment both within Europe's borders and beyond.

Goals:

- European policies and processes delivering for the health and well-being of people living in Europe and beyond
- European policies and processes delivering a clean and protected environment in Europe and beyond

II Common Values

The range of policies within the Treaties and the Commission can be in conflict with each other from a health perspective. Thus, encouragement of economic growth may be at the disadvantage of some people becoming structurally unemployed; that affluence begets disease as much as poverty (CHD, road accidents, alcoholism); that 'freedoms' of movement can conflict with social cohesion and equity, etc.

Sustainability:

Free movement of goods, people and services is a right enshrined in the Treaty not a goal in itself – we need to manage the flow of goods, people and services looking at supporting local economies to be sustainable and serve local communities. Not only is it unsustainable, but also inequitable, to ask people to travel large distances to reach employment opportunities, key services or basic goods.

- Local labour markets need to offer employment opportunities to meet the skills and needs of the local population in terms of core service staff such as doctors and nurses as well as a variety of high quality jobs for different levels of skills. Importing labour is not a 'magic bullet' solution to meet the needs of our communities, and contributes detrimentally to economies suffering from 'brain drain'. Labour strategies to ensure the needs of citizens are met, whilst not overburdening emerging economies with a loss of key staff are essential for a sustainable Europe.
- Production of goods, including food production consumer goods and industrial goods needs to be more sustainable in terms of production methods, sourcing methods, transportation and distribution as well as the health and safety of staff.
- Consumption of goods such as food, medicines, and consumer goods such as clothes, cars, and electronic equipment needs to be sustainable by reflecting the real costs associated with the production of those goods and not the reduced costs where other parts of the supply chain are assuming a greater proportion of the costs involved in their production. Where prices are kept artificially low due to distortions in the market or deliberate interventions, this should be carefully planned and monitored in order to ensure that all outcomes are desirable. A good example of this is the Common Agricultural Policy, where distortions create cheap, poor quality food contributing to current obesity problem in Europe. In addition to this, the negative impacts of CAP on rural communities, health and the environment make reform an utmost priority for the next ten years. Re-prioritisation of CAP to achieving the production of affordable and

nutritious food would contribute to reducing the burden of chronic disease in Europe whilst achieving environmental and social objectives.

- Services such energy, transport, health, education and water should be provided under principles of solidarity and sustainability in terms of their planning, organisation, resourcing (including human resources) and delivery. Access to key services is a basic indicator of inequity, and this gap is not tolerable in Europe.

Equity:

- Distribution of wealth and power needs to ensure social cohesion and bridge the gap between our highest and lowest socio-economic groups. Freedom from discrimination, for whatever reason, when accessing goods, services and employment is crucial for a greater distribution of social equity. Power and decision-making are essential in distributing resources.

Solidarity:

- No one within our societies should be excluded or bear the burden for the development of other parts of our societies.
- No region in Europe should bear the burden for the development of other parts of Europe, in terms of exploitation of local resources, a 'brain drain' or skills drain.
- The value of social and community activities, over and above their economic value should be recognised for their contribution towards cohesion and well-being.
- Social trust and working together for common goals should be promoted, valued and rewarded.

Accountability:

- EU decision-making needs to demonstrably serve the 'needs' and 'goals' of the people of Europe, and not simply the markets.
- EU decision-making should be transparent.

III Global Challenges

Causal challenges:

- **Over-consumption:** Our consumption level is unsustainable and damaging to our societies and individuals. It is driving climate change as well as the underlying causes behind our chronic disease burden.
- **Economic uncertainty and instability:** Economic uncertainty damages people's health through stress and employment uncertainty, limiting their ability to pay for key goods such as healthy food and medicines and creates cycles of poverty and exclusion.
- **An aging society:** The challenge of a changing demography yielding an ageing society in the EU Member States will put higher demands on the health and social sectors and notably on nurses, formal and informal carers. In response, the EU should focus on strategies which add quality to life years

Consequential threats:

- **Climate change:** A changing climate is affecting the organisation and resource distributions of healthcare as well as bringing new diseases¹ and increased risks from extreme weather conditions such as heatwaves and floods.
- **Pandemics and communicable diseases, anti-biotic resistance:** The distribution of communicable diseases is changing due to the changing climate. In addition to this, the influenza virus, HIV Aids, tuberculosis² and other major communicable diseases are still real threats at a time of increased anti-biotic resistance.
- **Chronic, non-communicable and mental diseases³:** The burden of non-communicable diseases is not only increasing but is disproportionately born by the most vulnerable of our societies. Cancer,

¹Increasing temperatures in parts of Europe has led to the presence of chikungunya and malaria-carrying tiger mosquitos – previously completely unknown in Europe. More information can be found: <http://www.imm.ki.se/klimatrapport091020.pdf>

²European Centre of Disease Control, 2009

³Risk factors such as smoking, obesity, lack of physical activity, high consumption of alcohol, injuries and accidents cause premature death and chronic disease. Non-communicable diseases contribute to over 87%, of the EU's total disease burden. Mental health disorders account for 27% of these. Cardiovascular diseases are currently the biggest single cause of death in the EU. They account for around 40% of deaths in both sexes. It is also a major cause of ill health in Europe. Obesity and type-2 diabetes are showing worrying trends, not only because they are affecting a larger population, but also because they have started to appear earlier in life. In the European Union, in 2000, a total of 158 million days work was lost, corresponding to an average of 20 days for every accident.

cardiovascular diseases and diabetes constitute a major disease burden accounting for almost half of Europe's NCDs. They are preventable and should be tackled by addressing their underlying risk factors and coherent implementation of known prevention measures mainstreamed across European societies. Chronic disease management should be patient-centred, equitable and quality focused.

IV Principles for an EU2020 Strategy for citizens

The priority for the European Union for the next ten years should be to:

- Invest in people, individuals and communities
- Invest in services to serve and protect people and the environment
- Invest in goods that serve and protect people and the environment
- Invest in generating employment opportunities that meet the needs of local communities and are sustainable
- Develop solutions to global problems
- Develop policies to deliver EU goals and vision
- Develop a people-centric economic strategy
- Develop a 'Better Regulation' framework that delivers for the needs and well-being of people and not simply markets

a. The case for good health and good healthcare

Achieving a 'high level of health protection' for all European citizens has been a clear objective of European Treaties since Maastricht (1992). It is also well recognised that high levels of physical and mental health and wellbeing are the foundations for other dimensions of European citizenship, including democratic participation, social and cultural integration, education, skills development and productive working life.

A sound education, life-long learning and fulfilling employment are major contributors to health and well-being throughout the life span. To this established wisdom, research over the past 20-30 years has added significant new understandings:

- The major improvements in health and life expectancy in European member states in the past century have been largely due to organised social and environmental policy measures, while health care services, despite their huge and continuing costs, have contributed less to overall population health. It is important that these services adapt to the new demands that they will face in future.
- The continuing growth of social and economic inequalities within the European Union threatens not only social inclusion and cohesion, within and between Member States, but also undermines the potential

for educational achievement and contributes to inequalities in health of all people living in Europe.

A healthy European population is not only an ethical issue, but a cornerstone for economic success in a highly competitive, globalised world. It is essential that Member States succeed in enabling good health for all.

In order to achieve good health for all people living in Europe, European healthcare systems need to deliver high quality and safe healthcare, accessible to all. EU policy and funding should support them in this goal. Maximising quality of life and staying healthy for as long as possible is essential to ensure healthcare costs do not spiral into unaffordable levels, as well as ensuring a healthy population. A holistic approach to health and healthcare is necessary: our economy and society need to deliver health by preventing diseases. The drivers of good – and ill – health lie outside the responsibility of the healthcare system and our overall strategy for Europe needs to address these drivers if we are to achieve our social and individual goals to improve health and well-being in Europe. We have the evidence to reduce inequalities and the disease burden in Europe: **employment, higher wages and minimum wage; better housing; improved nutrition for all, especially for children, including at school; more work to eradicate tobacco use, reduce total alcohol consumption and prevent alcohol-related harm; and improved public transport** are key targets for a European strategy to deliver equity and good health and social outcomes.

b. The importance of public health

Investing in prevention is cost-effective. We need to rethink our public health spending priorities and emphasize prevention. Only approximately four percent of total healthcare spend in Europe is estimated to be spent on prevention and public health.

- Investment in community-based prevention programs to increase physical activity, improve nutrition, and prevent smoking would save significant health care costs. This is in addition to gains in worker productivity and quality of life.
- A basic package of cost-effective preventions measures practiced by the entire population – such as smoking cessation, influenza vaccination, screening for colorectal cancer and problem drinking would significantly reduce the burden of mortality in Europe.

Differentiation between primary and secondary prevention is crucial in public health policies. Public health behavioural prevention measures such as a healthy diet, maintaining a healthy weight, regular exercise, seat belt use, water fluoridation, tobacco control, etc, are cost effective and contribute to improving population health status.

A culture of well-being linking public health and medicine should be fostered and promoted. Creating a culture of wellness by developing prevention-focused policies and programs creates a healthier population at a reduced financial cost to public service, and a reduced social and human cost. A holistic approach to health linking medicine and public health should prevail over discussions of healthcare reorganisation or reallocation.

A priority for Europe should be an investment in public health infrastructure including rebuilding the public health workforce. With the public health workforce diminishing over time, many additional public health workers will be needed by 2020 than are available today. Up-skilling and enabling key workers such as teachers and social workers to deliver public health would improve overall health and social outcomes.

c. Tools to deliver this strategy and support the health of Europe

i. Regional Policy – Cohesion Policy

Regional health policy should be driven by the principle of solidarity. It should aim at reducing health inequity between Member States and regions through the reduction of persistent social and economic disparities that allow for Health Inequalities.

Keys Points:

- The **overall objective** must be the **removal of disparities** in the levels of development between various EU regions and Member States. Future Regional Development policy should support regions which are weaker in terms of health. It should strengthen the distribution of medical infrastructure throughout the EU and medical knowledge so as to allow for cohesion. This is particularly relevant when we speak about distribution of the burden of cancer and cardiovascular diseases.
- **"Health and wealth"**, and the work undertaken by the WHO and EU-funded projects such as Health ClusterNet which demonstrate that investment in better health contributes significantly to economic growth in deprived communities should be better used as the evidence for policy and decision-making at European level. Good health contributes to better overall outcomes in terms of productivity as well as investment in health promotion, disease prevention and health services and tools acting as a driver for wealth and development.
- **Integration:** European policies should continue to support and integrate national programmes. A 2020 strategy would facilitate approaches that effectively prevent, manage and control major diseases, such as cancer, cardiovascular disease, diabetes,

osteoporosis and neurodegenerative diseases. By 2020, an integrated strategy for chronic disease control must include all elements of prevention, as well as patient-centred treatment, palliative care and research. For diseases that can be fatal, such as cancer, palliative care is an essential component of care. It should be aimed both at improving the quality of care for cancer patients and their families, and at helping them both to live well until they die, and to die well.

The existing **Community Programmes** should continue to be harnessed and strengthened to best effect. Special attention and support should be given to new Member States, for example the European Code against Cancer has not actively been promoted in these countries.

- **Cohesion policy** should benefit all regions. Cohesion policy should encourage the exchange best practices and reinforce cross-border and inter-regional cooperation. Funding to regions with increased health inequalities should be strengthened. Member States should be strengthened as actors to be mobilised into sharing their potential and cooperating with the surrounding Member States.
- **Responsibility for regional development** should be shared between the EU, Member States, regional, sub-regional and local levels. Civil society and citizens should be able to see the added value of regional development and play a role in the decision-making. Allocation of competence at various levels should be made clearer, reinforcing the role of all relevant levels of governance.
- **Cooperation and coordination** between policy areas should be increased at European, national, regional and local levels in order to achieve the regional objectives. Regional policy should be better coordinated with research, education, transport, agriculture and energy sectors.

ii. Digital Agenda

Information and communication technologies offer tremendous opportunities for patients and people living in Europe. However, as the result of the fast speed of development of medical knowledge and initiatives in social media create a challenge for EU and member state regulators. The EU2020 consultation document calls for “rethinking education” – innovation and technological development offers opportunities for “rethinking health”, whilst addressing the needs of our most vulnerable citizens to ensure that inequity

are not inadvertently widened through a lack of technological literacy or poorly thought-through digital solutions.

iii. Research

Research, knowledge and scientific outcomes are not merely commercial products or serving commercial needs. 'Blue skies' research is of course essential, however support non-commercial research and innovation is of crucial importance to the future of Europe. Public sector research is just as important as private sector, and non-commercial public-health research should receive national and European support as much as commercially-led research. To achieve this, Europe needs new incentives, e.g. developing research 'markets' through public funding, working with charitable sponsors (such as Foundations in USA) and building critical mass in social research organizations committed to non-commercial ends.

- At present there is a 10/90 gap between non-profit and commercial research. A Target should be set that by 2020 public funding for public-health research should reach the same level as commercially-led health research
- **Create sound evidence base:** At present the EU has robust data only in a few disease areas such as cancer, but even there the data is patchy. Not every country even has population-based cancer registries today, and for other diseases, including widespread diseases, such as cardiovascular diseases, as well as rarer conditions, reliable data does not exist at all. Research on improving useable information from data systems, and the challenges of data security and confidentiality can contribute to this knowledge gap. Data collection must be done in a compatible way in order to create comparative data and uncover inequalities on the regional, national and inter-country level as well as making a link between outcomes and treatment (including prevention measures).
- R&D efforts in the field of health must be strengthened, in order to ensure both public health outcomes and European competitiveness in medical technologies and treatments. The benefits of health 'innovation' must be assessed with an **overall equitable health technology assessment** approach, involving stakeholders thus ensuring the swift and effective delivery of public health outcomes. To complement these activities, there is a need for far more effective mechanisms for exchanging evidence of the real-life outcomes of treatment and a greater readiness on the part of health systems to evaluate and implement new effective approaches to prevention and

treatment. Coordination of national R&D programmes must be strengthened to generate European added value.

- Research funding should contribute to the evidence base for health and well-being improving policies. There should be more public-health research to understand how policies and practice at local and national levels affect health determinants, and improve the effectiveness and efficiency of the healthcare system. To achieve this, there must be investment in social as well as technological sciences and in university infrastructures as well as research institutes. The contribution of the civil society sector to formulating and prioritizing research should be developed. Improving health outcomes, using a holistic approach to health which encompasses the wider determinants of health as well as complementary and alternative approaches to health and well-being would facilitate better understanding of the key drivers of health and social status in Europe. The importance of green spaces, the role of socio-economic status and perceptions on the control over one's own decisions are three examples of drivers of well-being that are not currently fully understood or exploited by policy-makers.

iv. Budget and Financial Programming

The EUHPF contends that the **primary objective for the EU budget in the future should be to promote European objectives** of equity, social justice and well-being for people and society. Economic growth should be an objective only in so far as it is sustainable and responsive to these needs, improves environmental and social conditions, protects and promotes health, and does not seek to be pursued independently of these needs. Indeed, where there is conflict between these objectives, the EU budget should beware of inappropriate incentives for growth when the primary objectives should be social welfare of all. We would like to draw attention to our response to the EU budget consultation from January 2008 which contains specific comments and recommendations:

Principles of the EU Budget:

- The EU budget must respect and promote the values and rights outlined in the Lisbon Treaty and contribute to achieving the Treaty aims and objectives; currently, the EU budget does not sufficiently address people's needs and ambitions for health, well being and quality of life;
- EU money is public money and it must serve the European public interest;
- EU funds must respect the principle of solidarity;

- Sustainable development must be the overarching goal of a new EU budget;
- EU funds should be reoriented towards social objectives, including correction of market failures, increasing equity and promoting the well-being of all people living in Europe;
- Public budgeting and spending must be a transparent and accountable process;
- EU funds must be allocated in a way that reflects the EU's policy priorities and that also supports coherence within and between policies;
- There must be an immediate end to all inappropriate subsidies and incentives for growth;
- EU spending should be subject to regular evaluation;
- The process of public budgeting needs to allow for meaningful participation;
- The effectiveness and efficiency of budget delivery could be improved through the involvement of civil society stakeholders in planning and defining the programmes affecting them, and simplifying and speeding up the implementation processes.

Specific Recommendations on the EU Budget:

- EU spending should give particular attention to improving people's health and wellbeing;
- Funding allocated to health through DG SANCO should be substantially increased;
- The structural indicator concerning healthy life years should be widely applied to investment criteria for EU spending programmes;
- External Policy, Common Agricultural Policy and Structural Funds and their respective budget allocations should reflect Public Health objectives;
- The financial instrument for Public Health should be able to finance cross-sectoral actions;
- The Public Health Programme and the Public Health Executive Agency should prioritise civil society partnerships;

- A significant part of the multiannual financial framework should be managed across Programmes and DGs in order to promote synergies and more coherence amongst stakeholders from different sectors and also within the European Commission itself.

An **increase in the allocation of funding to health** specifically via the Public Health Programme and research programme would demonstrate an EU commitment to meeting the main concerns of its citizens⁴ and ensuring a greater level of health protection and promotion. High level, multi-annual programmes contribute to the sustainability and success of supported networks and projects, as well as providing an invaluable support to information exchange and knowledge transfer. We would like to draw attention to our letter on the Public Health Programme from November 2009 which includes more details on the programme and specifically:

- The increasing value of the Health Action Programme in providing a substantial body of evidence (case studies, reports, information, etc.) that already has, currently does and in future will contribute to protection and promotion of the health of many people within and beyond member states;
- The increasing value of the Health Action Programme in terms of supporting and helping to build effective cooperative networks internationally, nationally and within communities. The evidence for this would include the numbers of bodies able to participate in the EUHPF. The Report states that support for networking is shown to be one of the more important benefits of the Programme;
- The increasing value of the Health Action Programme in terms of the added EU value and visibility in member states and communities. Prior to the first Programme, in 1998 a survey was carried out of European public health officers in preparation for the Parliamentary Report on the programme proposal. It showed from over 200 responses a widespread lack of awareness of an EU role in public health. Ten years later it is unthinkable that similar findings would result because so many public authorities are actively engaged;
- The increasing value of the Health Action Programme through specific follow up of activities that would not have otherwise taken place without its support and stimulation, for example capacity building for health improvement in the newest EU member states.

A **simplification of the financial regulation** to enable an easier and accelerated implementation of EU programmes and funds for civil society

⁴Eurobarometre data source

organisations is a crucial stepping stone to greater impact and EU effective use of programme funds and other support mechanisms.

v. Internal Market

Mutual recognition of professional qualifications

It is essential for the free movement of job seekers that their education corresponds to recognised standards and criteria for the profession. Strengthening education is not only “one of the most effective ways of fighting inequality and poverty” (EU 2020, page 5), it is also a fundamental requirement for effective healthcare systems. To ensure an open job market and high quality services, the following should be a 2020 target:

- To enforce equal standards for health worker education in all EU Member States and a system for mutual recognition of qualifications in those areas not already covered;
- To support EU wide initiatives for peer review and learning mechanisms within the healthcare sector.

Directive 2005/36/EC has contributed to the establishment of minimum standards of education amongst some healthcare professionals groups. The benefits of such legislation can only be achieved and compliance ensured through regular periodic monitoring. This is essential to patient safety and confidence. Training standards vary considerably - an EU wide agreed set of training standards applied across EU is much needed as well as a system of revalidation and of monitoring of the health workforce.

Workforce organisation and planning

A strong case can be made for the need for better international monitoring and communication about health workforce policy and movements of health professionals across countries, with a view to diagnosing potential imbalances between demand and supply in the global market for health workers and improving the prospects for international co-ordination.

Such co-ordination could help avoid the “export of workforce shortage” within and beyond the EU, a situation which puts excessive burden on the poorest countries in the world. To achieve an effective and sustainable EU health workforce strategic foresight is needed. A coordinated effort in improving health workforce monitoring and planning between national authorities, educational institutions and professional organisations could go a long way in avoiding over-supply and shortage in the healthcare sector. The establishment of accurate and comparable databases on the health workforce in all MS is an essential prerequisite.

Further, ever evolving training needs and technological advances make it necessary to consider the skill mix needed in healthcare facilities. Continuous professional development in the nursing sector and other health professions is a good social investment as it simultaneously increases quality at an individual level and meet changing needs on an institutional level. Public health training of the wider health workforce, including teachers, community and social workers and others, would enable the wider community to take responsibility for public health, including healthy behaviours.

The EU 2020 strategy highlights the importance of ‘flexicurity’ on the labour market. This is a useful concept also within the healthcare sector. Healthcare systems development puts new demands on existing jobs and requires new positions. In order to make possible the matching of “future skills to future needs” (EU 2020, page 6).

Patient safety and quality of care

In the healthcare sector, safety in the workplace carries a double responsibility. It is about safety for the patients and safety for the practitioners. This puts special requirements on education and training, on planning and management and on working cultures. As Europe develops an increasingly competitive single market for healthcare services it cannot be at the expense of patient safety, service delivery standards or the exclusion of those unable to seize new opportunities in such a market. The emergence of healthcare services being provided over the internet (e.g. e-health) is of course a positive development but it is also a slice of the healthcare sector which must abide by the same standards and criteria for quality and safety as the other parts. Greater transparency of standards (survival rates, etc.) is required to achieve high quality and safety in care. Common accepted standards of care within Europe could be developed by appropriate bodies or actors to facilitate this process.

Better Regulation

Impact assessments are an important tool to ensure that policies are fit for purpose and that unnecessary administrative burdens are not created. This tool should be qualitative as well as quantitative and ensure that the health and social impacts of policies is sufficiently considered. For this we need to agree appropriate measurements that can be integrated into impact assessment tools.

The Commission must ensure that there is a greater level of **simplification and a reduction** in administrative burdens for both patients to receive objective, reliable medical information and have access to medical products across Europe. The application of better regulation principles in (among others) public health goals should be focused on putting limited resources to

the best possible use, without reducing or compromising health and consumer protection.

vi. Food and Agriculture

Food and agriculture policy (CAP) should be based on equity, the universal right to safe, affordable, nutritious food, and good governance and transparency in the food supply chain. It should be aimed at reducing inequity in diet and chronic disease, producing enough food to feed a growing world population and a “greener” agriculture policy that reduces green house gas emissions from food production

Key points:

- **Healthy eating patterns should be promoted**, moving towards plant based diets and addresses overconsumption of meat, energy-dense, highly processed foods, and saturated fats, while respecting the cultural dietary habits and traditions of Europe’s diverse population
- **Food and nutrition security** for Europe and the rest of the world as a universal human right
- Public goods provided through **rural stewardship, environment and public health.**
- Resources are devoted to teach children the **skills and knowledge required to produce, prepare, and enjoy** healthy, nutritious food.
- **Fair and equitable conditions** for farmers and land workers in Central, Eastern Europe and developing countries and promoting fair and equitable access to land.
- **Transparency ensured across the food chain** so that citizens know how their food is produced, where it comes from, what it contains and what it is included in the final price
- **Concentration of power in the food system is addressed** and its influence on what is produced and consumed, and brings EU food and agriculture policy closer to European citizens.

d. Role of Actors

Markets and economic actors

Markets and the economic actors bring products and services that are of great value to our societies. However, areas of private economic activity that pose risk to public goods and goals (economy, environment, health) need to be carefully regulated. The EU has a pivotal role to play as such activities are rarely limited to one member state but tend to cross borders.

As an economy seeking to provide high standards of social protection and highly reliant on external trade, the EU must remain internationally competitive in ways that do not simply rely on low costs, but on the development of innovative products, services and processes. The EU 2020 strategy must carefully consider, spell out and promote useful innovation, acknowledging that the goals of the Lisbon strategy were not achieved and learning from that experience. A significant shift in the share of the EU budget towards support for research would send an important signal. Innovation and change needs to ensure protection methods – the power of small numbers of economic actors in the financial sphere, where mistakes and ‘innovative financing’ led to bringing nation states to the edge of bankruptcy whilst devastating individuals and communities cannot be permitted in our future model of growth and development..

Civil society and non-governmental organisations

The participation of civil society, NGOs and patient advocacy groups in decision making and implementation of the health strategy is vital. Citizens and patients must be key partners in constructing the strategy and are able to play a key role in delivering strategy. NGOs can act as information relays and leaders of their constituencies and stakeholders they represent.

By 2020, patient groups must be supported, well-funded and empowered to enable them to act as responsible and knowledgeable advocacy and information conduits for their patients, working in partnership with regulators, healthcare professionals and other important stakeholders. Supporting NGOs and patient groups is an important part of citizen empowerment and should generally be supported by public institutions and channelled appropriately. Empowered citizens are those that look actively for information when it comes to their individual choices, including choices concerning their own health care and well-being.

V Governance

The Strategy, its implementation, monitoring, revision and evaluation, should be undertaken in accordance with the Treaty: this includes all the institutions of the European Union and their representatives.

Consultation processes that are transparent, open and sufficient in duration complement formal mechanisms for input into policy and decisions as well as bring expertise and diverse opinion from the spectrum of stakeholders. A commitment to accountability, involving elected representatives as well as representatives of groups and interests, would bring greater returns in terms of governance as well as contributing to bridging the gap between Brussels and people living in Europe. Organised civil society is an important actor in the governance process, and is an indicator of health democracy and public participation in the decision-making processes.

Due attention should be paid to responses such as that of the EU Health Policy Forum, which bring together the plurality of diverse interests, representation, positions, values and priorities. This position is complementary to the individual submissions of its members via official governmental channels or directly in response to the consultation.

Good governance also suggests a demonstrable commitment to regulating in the public interest, whilst giving due considerations to diverse positions from stakeholders. Decisions taken under the pressure of lobbying or influences that are not transparent and undermine the general vision of the EU contribute to the gulf between political elites and ordinary citizens. Transparency, accountability and regulation to protect the most vulnerable in Europe are cornerstones for the delivery of a strategy for Europe.

The EU Health Forum consists of the following member organisations:

Aids Action Europe (AAE)
Assembly of European Regions (AER)
Association Internationale de la Mutualité (AIM)
Association of European Cancer Leagues (ECL)
Association of Schools of Public Health in the European Region (ASPHER)
Association of the European Self-Medication Industry (AESGP)
Bureau Européen des Unions de Consommateurs (BEUC)
Council of European Dentists (CED)
EUCOMED
EuroHealthNet
European Aids Treatment Group (EATG)
European Alcohol Policy Alliance (EUROCARE)
European Breast Cancer Coalition (EUROPA DONNA)
European Cancer Patient Coalition (ECPC)
European Committee for Homeopathy (ECH)
European Disability Forum (EDF)
European Federation of Allergy and Airways Disease Patients Associations (EFA)
European Federation of Nurses Associations (EFN)
European Federation of Pharmaceutical Industries and Associations (EFPIA)
European Federation of Public Services Unions (EPSU)
European Generic Medicines Association (EGA)
European Genetic Alliances' Network (EGAN)
European Health Management Association (EHMA)
European Health Telematics Association (EHTEL)
European Heart Network (EHN)
European Hospital and Healthcare Federation (HOPE)
European Midwives Association (EMA)
European Network for Smoking Prevention (ENSP)
European Older People's Platform (AGE)
European Organisation for Rare Diseases (EURORDIS)
European Patients' Forum (EPF)
European Public Health Alliance (EPHA)
European Public Health Association (EUPHA)
European Region of World Confederation for Physical Therapy (ER - WCPT)
European Social Insurance Platform (ESIP)
European Society for Mental Health and Deafness (ESMHD)
European Union of Medical Specialists (UEMS)
European Union of Private Hospitals (UEHP)
European Youth Forum – Youth Forum Jeunesse (YFJ)
Global Alliance of Mental Illness Advocacy Networks (GAMIAN EUROPE)
Groupement International de la Répartition Pharmaceutique (GIRP)
Health Action International Europe (HAI Europe)
International Alliance of Patient's Organisations (IAPO)
International Planned Parenthood Federation European Network (IPPFEN)
International Union for Health Promotion and Education (IUHPE)
Mental Health Europe – Santé Mentale Europe (MHE-SME)
Pharmaceutical Group of the European Union (PGEU)
Red Cross - European Union Office
Standing Committee of European Doctors (CPME)