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## Editorials

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# From 'Public Health in Europe' to 'European Public Health'

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Take an evening off and go through the last issues of this *Journal*. You will find a nice composition of articles on public health issues with a European perspective. Most of them deal with major problems of public health like smoking, alcohol, social inequalities, obesity, etc. Furthermore, most of these articles analyse and compare the situation in several European countries identifying good or best practice examples on what should be done. Thus, it is about 'Public Health in Europe'. There are also comments on what the European Commission is doing, is not doing or should be doing. This is fine, but nevertheless it is responsive. Where is the proactive approach of public health towards Europe and especially European integration? And has public health lost its memory on recent European history? Looking at the issues of this *Journal* from 2007 onwards you hardly find articles devoted to 50 years of Europe,<sup>1</sup> or in 2009, to the fall of the Berlin Wall. What you find are articles suggesting to be more active in 'new Public Health' in the European Member States, but there is hardly any view on the unique situation of a 'European Public Health'. Even EUPHA annual conferences have had very few presentations on those issues. Is this 'Public Health myopia' or are we just fed up with this kind of discussions on Europe?

Health and Europe never was an easy story. The limited mandate for health following the Maastricht Treaty is quite new. The majority of the Ministers of Health are still reluctant to the idea that Europe might play a role in their work. But the European courts paved the health way for European citizens. One example is cross-border care; while not being a big economic issue, politically it is.

Timothy Garton Ash has recently proposed to not look at European history in the traditional way 'from Charlemagne to the Euro',<sup>2</sup> but to define a new European story in a pragmatic way. The strands he suggests are: freedom, peace, law, prosperity, diversity and solidarity. These topics are not new, but they summarize what a European citizen expects from Europe.

If 50 years of peace and justice, decades of increasing prosperity and a common understanding of solidarity<sup>1</sup> form the idea of what Europe is based on, this is indeed relevant to 'old' and 'new' public health. By the way, maybe it is time to get rid of expressions like 'old' and 'new' public health. Health protection has never been 'old' and the ideas of health promotion have never been exclusively 'new'. Furthermore, the differentiation between 'East' and 'West'-Europe is fading out. An interesting example is that 20 years after the German reunification, the difference in life expectancy between the East

and West German Länder is now nearly the same, and that the difference in life expectancy between the Länder in the old West is now bigger than between the former East and West divide.

What could a European Public Health perspective look like? It depends on what kind of Europe we would like to have in the future. An economic free trade zone, or something like the United States of Europe that Churchill proposed or recently the former Belgian prime minister Guy Verhofstadt?<sup>3</sup> Why not starting a discussion in the public health community on this? In order to do so we have to realize that our values are important, too.

There are already several parts of a concept in place that fit the European Public Health approach:

- 'Health in all Policies'<sup>4</sup> has been partly implemented not only in the work of the European Commission but also in some European Member States.
- Research is carried out on the development of 'generic' Health Technology Assessment (HTA) to be used in cross-border health care settings. Generic HTA's could be used in different Member States and be adopted to specific local needs.
- More and more countries in Europe are adopting stricter legislation on smoking in public places and at the work place in a combination of a top-down and bottom-up approach of good governance.
- Treatment for rare diseases should be centralized for quality management reasons. Special reference centres offer the chance of being designed based on a European vision as they will treat patients from all over Europe and will need European financing.
- The European Medicine Agency (EMA) and the European Center for Disease prevention and Control (ECDC) are institutions having a mandate for European Public Health issues.

In 2007, the European Commission published the Health Strategy.<sup>5</sup> Even if the strategy still is a reaction to the health problems we face today, it can also be seen as the start of a discussion what European Public Health could be.

European Public Health is not only important inside the EU. In the new Commission, Baroness Catherine Ashton has been appointed as High Representative of the European Union for Foreign Affairs and Security Policy. So it is even time to think of 'Global Health Europe'<sup>6</sup> to shape Global Health and Foreign Policy towards a common European agenda.

## References

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# EU cross-border health care and public health

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For more than a decade, cross-border health care has been at the top of the policy-making agenda within the EU. Ministers of health agreed in principle that there is a need for more legal certainty and clarity for patients following an ongoing spate of rulings by the European Courts of Justice. After an extensive consultation process and impact assessment, the European Commission came forward with its proposal in July 2008.<sup>1,2</sup> The proposal sought to focus more widely on patients' rights and included a series of issues such as e-health, prescriptions and health technology assessment. The original Commission proposal met initial widespread resistance from national Ministries of Health. However, through the painstaking work carried out under the three successive Presidencies, a text which gave far more certainty and control to Member States was put forward for political agreement in December 2009. The text did not, however, gain the required qualified majority.

The Spanish Presidency has decided to put this dossier somewhat on the back burner. This provides a few months for the European public health community to take 'time out' and reflect on the best way forward. The lack of political agreement stems from the fact that although European health systems subscribe to a common set of principles and values,<sup>3</sup> the way in which these values are practically implemented within the different EU Member States remains very diverse. This is partly due to the differences in the levels of socio-economic development across the EU and is equally a result of different geographical, historical and cultural contexts. One of the stark differences is the status of private health care providers within the different health systems as traditionally these fall outside the scope of those systems organized on a National Health Service model. Unless these basic differences are understood and a solution is found to address the different aspirations and concerns, it will remain very difficult to move forward in such a way that will be acceptable to all. Most importantly, European citizens may be deprived of the benefits of cross-border health care when utilized effectively.

We ought to revert to basic principles and ask ourselves:

How can cross border health care really improve health for European citizens from a public health perspective?

How can cross border health assist in reducing health inequalities within the European Union?

How can cross border health be a tool to enhance access and quality of health care in a manner that is financially sustainable?

A good starting point may be that of re-acknowledging the fact that cross-border health care incorporates a very heterogeneous bundle of processes and activities.<sup>4</sup> There are patients who cross an 'imperceptible' border by car to access care in a hospital that is geographically actually closer to their residence than a hospital within their home Member State. In such situations, it is common for the same language to be spoken and for the patient to return back home on the same day. This type of situation is hardly comparable with one in which patients undertake journeys by air to a 'foreign' health system to access care that may require them to be away from home for weeks or months.

A second point of reflection could be to look closely at those health systems that are organized at regional levels and allow inter-regional movement of patients with reimbursement mechanisms. What has the impact been on the poorer and more peripheral isolated regions? Has there been an exodus of patients to the richer more developed regions?

It is important to ensure that, at European level, the necessary investment in health facilities and human resources takes place in those areas where health outcomes are known to be the poorest. This process has started with an increased focus on the use of structural funds for health within the 2007–13 funding programme but needs to be further strengthened to have a real impact on public health outcomes.

It is high time to firmly anchor the future developments of European policy on cross-border health care within the sphere of public health. Outstanding issues that are preventing health Ministers from moving forward together in agreement need to be re-examined from the point of view of the impact on public health rather than from a legal and free movement of services perspective. It is only in this way that we will be able to seize the opportunity to turn the movement of patients across borders into an activity that is meaningful as an instrument to improve health outcomes for all European citizens.

Through its renewed strategy, which attempts to focus on the four pillars of research, policy, practice and training in public health, I believe that EUPHA can be an important and relevant player that engages in taking forward these