



DIRECTORATE GENERAL FOR INTERNAL POLICIES
POLICY DEPARTMENT A: ECONOMIC AND SCIENTIFIC POLICY

ENVIRONMENT, PUBLIC HEALTH AND FOOD SAFETY

Workshop
Health in All Policies (HiAP)
Brussels
25 May 2011

Proceedings

Abstract

For many years the health consequences of new legislation have been taken into account during the policy formulation process in areas such as agriculture, environment, food and others. The inclusion of Health in All Policies is now enshrined in the Lisbon Treaty (Art. 168). The aim of the workshop was to present an update on how the system is actually functioning within the different Commission services. Several DGs representatives, led by DG SANCO, made contributions. The case of The Netherlands as an example of how it works in a Member State was also presented.

IP/A/ENVI/WS/2011-04

August 2011

PE 464.422

EN

This workshop was requested by the European Parliament's Committee on Environment, Public Health and Food Safety.

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LINGUISTIC VERSIONS

Original: EN
Executive summary: DE/FR

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Manuscript completed in August 2011
Brussels, © European Parliament, 2011

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EXECUTIVE SUMMARY

This report summarises the presentations and discussions that took place during the Workshop "Health in All Policies (HiAP) approach: Developing synergies with all sectors is crucial for a strong Community health policy". The workshop was requested by the Committee on Environment, Public Health and Food Safety (ENVI) of the European Parliament, and it was hosted by Ms Glenis WILLMOTT (MEP) and Mr Alojz PETERLE (MEP), co-chairs of the ENVI Committee's Working Group on Health. The aim of the workshop was to discuss how the principle of Health in All Policies (HIAP), which is now enshrined in the Lisbon Treaty, is working in practice and can be further enhanced in the future. The sessions consisted of an exchange of views with representatives and experts from EU institutions and bodies, Members States' authorities, health care workers and patients' organisations.

In his opening remarks, Mr. Peterle, MEP mentioned the White paper - *Together for Health: A Strategic Approach for the EU 2008-2013*- (COM(2007)630) presented by the Commission in 2007 that emphasized Health in All Policies. The question laid out by Mr. Peterle was whether an integrated approach to health has been developed in the years after adopting the principle of HiAP. Co-chair Ms. Willmott, MEP underlined also the importance of promoting health policies everywhere stressing the role of the European parliament on this issue.

The first part of the workshop was dedicated to discuss the presentations by "Policy and Institutional Representatives - Strategic Perspectives".

In her starting presentation, Ms. Paola Testori Coggi (Director General of DG SANCO) declared that reaching a HiAP paradigm is an incredible achievement although many difficulties still need to be overcome. She gave an overview of the work carried out by DG SANCO on HiAP, focusing on its Health policy, the major key policies and stakeholders for achieving the health objectives of Europe 2020 Strategy. She stressed that although the management of healthcare systems is a competence at national level, progress has also been made at European level, for instance through the agreement of a Cross-border Healthcare Directive (2011/24/EU). She added that Member States acknowledge that the challenge of maintaining a sustainable healthcare system cannot be met without more integration at European level.

She outlined health as a result of mainly four determinants: a) age, sex and genetic factors; b) healthcare systems; c) environment and socio-economic factors; and d) lifestyle. She considered that environmental and socio-economic determinants to health are mostly found in other policies than Health policy. Therefore she stressed the importance to have an integrated work with other policy areas such as employment, social, regions, agriculture and research including innovation. Ms. Testori Coggi also highlighted that according to the new article of the Lisbon Treaty (art. 168) it is an obligation to integrate health in all EU policies and activities.

Concerning the integrated governance, she pointed out the Thematic Working Groups on Health chaired by DG SANCO. Health organisations as well as industry were other prominent groups identified by Ms. Testori Coggi working together with DG SANCO on health. Finally, Ms. Testori Coggi highlighted the role of the European Parliament, and especially the ENVI Committee, as an important partner and as a voice of the European citizens.

Mrs. Nicoline Tamsma (Senior Advisor of International Affairs, Public Health and Health Services Division, National Institute for Public Health and the Environment (RIVM), the Netherlands) gave an insight on the implementation of HiAP at a national level. She reported that an integrated approach to health has been a part of Dutch health policy since 1986. That year, the acknowledgment of the impact of social, environmental and biological factors was put at the heart of the national vision for a healthy Netherlands.

She informed of the public health Strategy "*Being Healthy, Staying Healthy*" that was launched in 2007 to improve health and reduce health inequalities. Ms. Tamsma emphasised that the Netherlands government acknowledges the importance of health as an asset for other sectors, and identified health improvement as a joint interest. A range of national programmes have been set up, also to support local work. Moreover, the Ministry of Health, Welfare and Sport has created interdepartmental working group to facilitate coordination and dialogue across the government.

RVIM Centre for Healthy Living has been leading the work on this manual, Ms. Tamsma informed, by assessing the quality, efficiency and coherence of health promotion interventions in the Netherlands. The Centre is home to the National Healthy Schools Programme. It conducts also research into integrated policies and processes, which includes evidence on measures contributing to safe housing and working conditions, to discourage smoking and reduced traffic related injuries.

She added that the National Action Plan on Environment and Health has also incorporated goals on children health set within WHO frameworks. She stressed that health and employment are mutually reinforcing policy areas and that RVIM leads the national implementation of REACH regulation and CLP regulation in the workplace.

The second part of the workshop consisted on a Round Table on "Technical Aspects" where representatives of six Commission's General-Directorates- (DGs) discussed about the HIAP approach across Europe.

Mr. Pēteris Zilgalvis (Head of Unit, ICT for Health, DG INFSO) raised the topic of how DG INFSO works with eHealth - Information and Communication Technologies tools and services for health -which can be found in several policies in the Commission, such as the flagship initiatives "Digital Agenda of Europe" and "Innovation Union" of the Europe 2020 Strategy. There are strong synergies in working with eHealth between the different DG's. Mr Zilgalvis pointed out that within the Europe 2020 Strategy, in the area of eHealth, DG INFSO is trying to utilize clinical information systems, telemedicine systems and services, regional/national health information networks and secondary usage/non-clinical systems in order to reach Europe 2020 goals. Finally Mr. Zilgalvis emphasised that DG INFSO is working on a staff working paper on telemedicine and is cooperating with DG JUST on the process of revision of the Data Protection Directive related to health data.

Mr. Ralf Jacob (Head of Unit Active Ageing, Pensions, Healthcare; Directorate Europe 2020: Social Policies, DG EMPL) stressed the importance and relevance of HiAP. He underlined that it is clear that health policy is the most prominent determinant of health, but that other policies have great impact, such as employment policy. Therefore a broader view of health is essential. When comparing health status between and within countries several improvements need to be made, he expressed.

He highlighted that health inequalities have to be one of the priorities of HiAP. Regarding this field, a first contribution from DG EMPL is the funding of six projects that focus on exposed regions and population groups. Also, there is a need to develop a statistical tool; this is the reason why DG EMPL works closely together with EUROSTAT.

Mr. Kevin McCarthy (Head of Sector, Public Health and Health Services Research; Directorate Health, DG RTD) pointed out that research is a bit outside the policy domain being discussed but that DG RTD is right behind. He added that as Health is one of the main research themes in DG RTD, this directorate is serving HiAP at the European level. As a target research in DG RTD relevant to HiAP, Mr. McCarthy mentioned the Cross-border care Directive, which has been mainstreamed in FP7. He stressed that DG RTD at the moment has over one thousand researchers in more than 109 research projects in a broad range of areas, to a cost of over 275 million Euros. In the area of health, research is carried out in different projects, for instance in cross-boarder collaboration and healthcare systems, with more than 70 million Euros. He added that DG RTD also constantly needs to relate its work to initiatives taking place in the policy arena driven by colleagues in other DG's, such as DG SANCO. He mentioned RTD projects involving social innovation and a roadmap for ageing research.

Ms. Gabriella Fesus (Policy Analyst, Unit Conception, Forward Studies, Impact Assessment; Directorate Regional Policy, DG REGIO) highlighted that the main objective of European Cohesion Policy is to promote economic, social and territorial cohesion and reduce disparities in Europe. In particular, she stressed that regional disparities are significant in terms of productivity, health and social indicators, as well as with regard to vulnerability to climate change. While there is also some convergence on certain indicators, the remaining gap is wide.

She further underlined that health investments should take economic, social and territorial cohesion objectives into account. As regards structural funds, the objective is to address bottlenecks in relation to health and health systems that constitute constraints to regional development and growth. Ms. Fesus also noted that health is a priority area for the structural funds in the 2007-2013 periods as five billion Euros are spent on health infrastructure investment and additional resources are invested in eHealth.

She further remarked that if one wants to strengthen HiAP, it needs to be integrated within the framework of comprehensive long-term strategies at both national and regional levels

Mr. Lars Hoelgaard (Adviser "Hors Classe", Special Adviser and Head of the Task Force in Charge of the Development of New Measures, DG AGRI) started by emphasising that cooperation between different DG's within the Commission is a normal practice. On the issue of health in other policies, he stressed that DG AGRI is used to integrate health in their policies. From his experience as the director in charge of veterinary policy and plant health, health related issues are an important part on the Common Agriculture Policy (CAP), for example through pesticide legislation, public health, and animal health. If there is no trust amongst consumers in the health of the products and their consumption, the producers will suffer. As initiatives within the CAP, he mentioned EU School Milk Scheme, promoting low fat dairy products to improve children health, and the School Fruit Scheme, a programme with 24 participating Member States.

In the conclusions, Ms. Testori Coggi emphasised that we need to ensure that a health dimension remains in the core of all policies in general, but especially in innovation and research, social, regional, education and agriculture policies. Ms. Willmott, MEP summarised the discussion of the workshop, highlighting the overview from the Commission on integrated health policy and determinants involved, the inputs from the different DG's working together with health issues, the aspects of implementation from the Netherlands stressing the need for long-term and consistent commitment. Ms. Willmott concluded that political will is needed to deal with the difficulties in the health area. Mr. Peterle, MEP was also convinced that sustainability will not be achieved without a healthy population and workforce. He further stressed that European efforts are essential and that more Europe is needed for improving health.

WORKSHOP PROCEEDINGS

HEALTH IN ALL POLICIES (HIAP) APPROACH: DEVELOPING SYNERGIES WITH ALL SECTORS IS CRUCIAL FOR A STRONG COMMUNITY HEALTH POLICY

WELCOME AND OPENING

MEP'S Glenis WILLMOTT and Alojz PETERLE

In his opening remarks, Mr. Alojz Peterle MEP, expressed his gratitude for being able to organise the Workshop on Health in All Policies (HiAP) and thanked all the organisers involved for their hard work, especially in the difficult task of finding speakers.

MEP Peterle drew the participant's attention to the White paper presented by the Commission in 2007 - Together for Health: A Strategic Approach for the EU 2008-2013- (COM(2007)630) where the Commission emphasised on the principle Health in All Policies. Now, four years later, MEP Peterle expressed his interest as a policymaker in the area of health to know whether the implementation of the HiAP principle has been successful or if there have been problems or shortcomings. He emphasised the importance of HiAP, stressing that health is not only a concern for one sector but a broader aspect and a global dimension. The question laid out by Mr. Peterle was whether an integrated approach to health has been developed in the years after adopting the principle of HiAP.

In order to discuss the issue of HiAP, Mr. Peterle was pleased to welcome speakers from six different Directorates-Generals (DG's) from the Commission and the expert representative from the Netherlands.

Co-chair Ms. Glenys Willmott MEP also thanked the speakers and participants of the Workshop for attending. Based on her experience working as a medical scientist for many years, she underlined the importance of promoting health policies everywhere. Now working on European legislation, she found it clear that the work of the EU could and should benefit public health. As an example, Ms. Willmott highlighted her work on food labelling legislation, which, if well done, could help consumers to make healthier choices. This is important when addressing issues such as obesity, heart diseases and diabetes. Another issue raised by Ms. Willmott was the future revision of the Tobacco Products Directive, which she claimed as a real opportunity to tackle one of the biggest killer's worldwide, namely tobacco use. Finally, she stressed the role of the European parliament on this issue highlighting that much can be done with sufficient political will.

1. PART 1: POLICY AND INSTITUTIONAL REPRESENTATIVES - STRATEGIC PERSPECTIVES

1.1. Ms. Paola Testori Coggi, Director General for Health and Consumers of DG SANCO (Health and Consumer policy), EUROPEAN COMMISSION

Ms. Testori Coggi thanked MEPs Willmott and Peterle and stressed the importance of organising the Workshop on HiAP. She also highlighted the value in getting the colleagues from different DG's together to present their point of view on health.

She declared that reaching a HiAP paradigm is an incredible achievement although many difficulties still need to be overcome. Nevertheless, she underlined that DG SANCO is making progress on the issue. In her presentation, Ms. Testori Coggi aimed at giving an overview of the work carried out by DG SANCO on HiAP, focusing on: its Health policy; the major key policies and stakeholders for achieving health objectives; the health aspects of Europe 2020 Strategy; and the Commission internal work through integrated governance on health.

Health determinants

First of all, Ms. Testori Coggi outlined health as a result of mainly four determinants: a) age, sex and genetic factors; b) healthcare systems; c) environment and socio-economic factors; and d) lifestyle.

The impact of age, sex and genetic factors on health is not possible to influence with any policies. Concerning the other determinant, healthcare systems, however, DG SANCO works in order to help Member States move towards a more efficient healthcare system. She stressed that although the management of healthcare systems is a competence at national level progress has also been made at European level, for instance through the agreement of a Cross-border Healthcare Directive (2011/24/EU). This progress demonstrates the willingness among Member States to agree on common criteria's concerning issues such as healthcare quality and patient safety as well as to an exchange of good practices. According to Ms. Testori Coggi, Member States are acknowledging that the challenge of maintaining a sustainable healthcare system cannot be met without more integration at European level.

It was put forward by Ms. Testori Coggi that environmental and socio-economic determinants to health mostly are found in other policies than Health policy. Therefore she stressed the importance to have an integrated work with other policy areas, such as social policy, in order to thoroughly achieve health objectives.

It was highlighted that lifestyles is one of the determinants with greatest impact on health and a factor present in many policies. Lifestyles, such as nutrition, physical activity, alcohol- and tobacco use, have been evaluated to have an effect of 30-40% on health. However, Ms. Testori Coggi made clear that the Commission does not wish to tell people which lifestyle they should **choose, but instead give peoples the opportunity to have greater influence on their choices of lifestyle and in so doing influence health.**

Policy context

Providing an overview of the current policy context, Ms. Testori Coggi outlined HiAP as one of the principle cores for action on health in the EU Health Strategy for 2008-2013.

She further underlined that "Health is Wealth" and pointed out that by achieving good health, a system that is economically more viable and competitive can be reached. Therefore it is necessary to develop a HiAP approach with the aim to maintain and reach good health in Europe. Good health, Ms Testori Coggi stressed, does not signify an increase of life expectancy but an increase of healthy life years. An average European woman, she explained, has a life expectancy of 82 years, of which only 62 years are considered healthy life years. This means that one fourth of an average women's life in Europe is not spent in good health, being a burden to national budgets.

Ms. Testori Coggi also highlighted that according to the new article of the Lisbon Treaty (art. 168) it is an obligation to integrate health in all Union policies and activities.

Working on health across policies

She continued by providing examples on how DG SANCO is working on health across policies and the most important other policy areas outside the scope of the health sector.

By working on the determinants - mainly lifestyles such as tobacco use, nutrition and alcohol - the risks to health can be tackled. Other policy areas, such as tax, education and transport, are important for achieving a reduction of risk from lifestyle determinants.

Another example of working across policies can be found with focus on the main drivers for proper healthcare systems. The efficiency and outcomes of healthcare systems depend on many other policies. Policy of health professionals in Europe is for instance connected to vertical policies such as internal market, labour- and migration policies, which determine the efficiency of healthcare professionals. Another important policy area to bring about an efficient healthcare system is research, which can help develop new instruments, one example being eHealth. Therefore a push for innovation and more research was identified by Ms. Testori Coggi as crucial.

One significant aspect of health is to have a sustainable healthy workforce, she further stressed, why Employment policy is crucial. Trends in Europe show an increased demand for a healthy workforce in the future with a shortage of one million healthy workers expected within ten years.

Ms. Testori Coggi highlighted Social policy as another policy area since the socio-economic situation is a major determinant of health. Looking closer at figures on life expectancy and healthy life years, there is a great gap between and within countries and regions in Europe. She illustrated this by taking London as an example. For each underground station you pass leaving the city centre, one healthy life year is lost. Fighting poverty, reducing health inequalities and acting on mental health are therefore essential for achieving good health.

Regional policy and agricultural policy were also mentioned by Ms. Testori Coggi.

Health in the Europe 2020 Strategy

Continuing with the issue of health aspects in the Europe 2020 Strategy, Ms. Testori Coggi gave an insight to the seven flagship initiatives in the core of the Europe 2020 Strategy for a smart, sustainable and inclusive growth.

Within each of the seven flagship initiatives important work can be made for health, she declared:

- In the flagship "Resource efficient Europe", combating climate change will have an impact on health.
- Flagship initiative "Youth on the move" concerns youth health workers and youth at the risk of exclusion.
- The "European platform against poverty" flagship is linked to issues such as mental health and health inequalities.
- The flagship "Agenda for new skills and jobs" affects a healthy workforce
- Flagship initiative "Industrial policy for globalisation era" is crucial because it creates an innovative and competitive industrial sector including pharmaceuticals.
- One aspect of the "Digital agenda for Europe" flagship is eHealth, important to achieve good health.
- Lastly, the flagship "Innovation Union" was especially highlighted by Ms. Testori Coggi as the launch of the flagship initiative that put forward a healthy and active ageing as one of the first societal challenge which innovation should tackle. A new form of governance, so called Innovation partnerships, has been created under the flagship with the aim to use better innovation to reach certain tangible amelioration to tackle societal challenges. Ms. Testori Coggi pointed out that a European Innovation Partnership on Active and Healthy Ageing is the pilot project of this new governance. She stressed that DG SANCO is working on the issue of active and healthy ageing to make sure that the Innovation Partnership concept can really deliver and be transferred to other areas, such as agriculture and energy.

Another important aspect of the Europe 2020 Strategy emphasised by Ms. Testori Coggi in relation to health is to make Member States to understand that modernisation of the healthcare system can achieve sustainability of public finance. Today, the healthcare system accounts for more than 15% of national budgets and therefore it is fundamental that the money is spent in an efficient way, she declared. Consequently the Commission is working together with Member States to develop sustainable public finances through the National Reform Programmes. Ms. Testori Coggi emphasised that health should be at the core of the National Reform Programme as health is one of the largest part of expenses.

On this issue, Ms. Testori Coggi informed that a discussion amongst the EU Health Ministers took place in April and that Council conclusions will be adopted in June tackling how healthcare systems can be made more efficient in order to have sustainable public finances. It has been asked to the Commission to launch an EU-wide reflection process to develop advice and expert knowledge in order to help Member States to reform their healthcare system, she also reported.

Integrated governance

Working on health within the Commission, Ms. Testori Coggi stressed the aim of integrated governance to make health and well-being a universal goal for all policy-making. She mentioned the work with mechanism working groups and inter-service groups in order to make sure that health is being considered in decision-making within the Commission as well as within national governments. Also, guidelines have been developed in order to help to define how other policies can contribute to health objectives.

Another example pointed out by Ms. Testori Coggi was the Thematic Working Groups on health related issues chaired by DG SANCO or other DG's for a continuous flow of information within the Commission, which has created a strong partnership between the DG's.

DG SANCO has also worked on improving impact assessments to include health. The impact on health of new policies is now recognised by the Impact Assessment Board (IAB) and is seen as one of the aspects that have to be taken into account when making an impact assessment. Ms. Testori Coggi also put forward that DG SANCO, although at times limited by resources, aim at being present at an early stage of defining policies in other DG's.

Working together for health

Besides working with an integrated approach on health within the Commission, DG SANCO also works on building synergies with other partners and sectors that have an impact on health policy.

Working with Member States and other institutions in Europe, such as the Committee of the Regions, was recognised by Ms. Testori Coggi as central. This was illustrated by the Committee of Regions Technical Platform on Health, which has several meetings per year. She highlighted this example as essential since some regions in Europe have an advanced development of HiAP, which cannot be observed when only looking at national level. These regions are drivers to bring the HiAP approach to national levels.

Health organisations were another prominent group identified by Ms. Testori Coggi working together with DG SANCO on health. She highlighted the EU Health Policy Forum that takes place every year and brings together stakeholders in the health sector. The last EU Health Policy Forum was dedicated to the issue of HiAP.

DG SANCO also involves industry in order to achieve health objectives. Two successful examples put forward by Ms. Testori Coggi were the EU Platform for Action on Diet, Physical Activity and Health and the EU Alcohol and Health Forum. As part of these actions, industry can voluntarily participate and develop action with the aim to improve public health. For example, the reformulation on food is not a compulsory but voluntary action that has resulted in a 16 % reduction target of the presence of salt. This is a good demonstration of the progress of voluntary action and working with industry, she underlined.

Finally, Ms. Testori Coggi highlighted the role of the European Parliament, and especially the ENVI Committee, as an important partner and as a voice of the European citizens.

1.2. Ms. Nicoline Tamsma, Senior advisor, International Affairs, RIVM-Public Health & Health Services Division, National Institute for Public Health & the Environment, The Netherlands

From her experience working for the National Institute for Public Health and the Environment (RIVM) in the Netherlands, Ms Tamsma gave an insight on the implementation of HiAP at a national level.

She started by giving an overview of the work carried out by RIVM and a background of HiAP in the Netherlands. RIVM is a governmental agency with a scientific and impartial role that generates, gathers and disseminates knowledge to policymakers, professionals and the public at large. About 1500 persons work within RIVM in the field of public health and health protection, food and consumer safety and environmental protection.

Ms. Tamsma reported that an integrated approach to health has been a part of Dutch health policy since 1986. That year, the acknowledgment of the impact of social, environmental and biological factors was put at the heart of the national vision for a healthy Netherlands. In recent years from 2007, the policy and practice has been guided by a public health Strategy "Being Healthy, Staying Healthy". In order to improve health and reduce health inequalities, the Dutch government has identified integrated policies and health alliances as crucial for implementation.

She also stressed that local authorities have been given an important role. However the national government in the Netherlands is not legally forced to implement HiAP or to carry out health impact assessments. Local authorities, on the other hand, are responsible to protect the health of citizens living in their area and the Public Health Act therefore requires the local authorities to adopt a HiAP approach. The same legal framework also requires that the national government and local authorities draw up public health policy plans once every four years, Ms Tamsma added. She emphasised that RIVM has an important role in providing insight to population health status. A National Health Status and Forecast Report are published by RIVM once every four years and include feedback on the progress made.

Ms. Tamsma continued on the issue of national implementation of HiAP and highlighted some national initiatives. She put forward that the Ministry of Health, Welfare and Sport has created interdepartmental working group to facilitate coordination and dialogue across the government. This group was instrumental in incorporating a health focus in environmental impact assessments. The interdepartmental collaboration was further inspired by lessons from other countries, she stressed, including a policy dialogue facilitated by the European Observatory on Health Systems and Policies.

Further she reported that health inequalities within the Netherlands are considerable. For men, the gap in life expectancy between the best and least educated is seven years. Looking in healthy life expectancy, the difference is up to 19 years. Knowing that opportunities to influence socio-economic health determinants lay outside the scope of the health sector, a National council for public health and healthcare have explored common ground with their counterparts in the education and public administration sectors. As a result, Ms. Tamsma emphasised, all three councils acknowledge the importance of health as an asset for other sectors, and identified improvement as a joint interest. To this, the national social and economic council added their view: good health contribute to higher productivity and better performance.

At more concrete level, a range of national programmes have been set up, also to support local work. Examples put forward by Ms. Tamsma included a public/private alliance on tackling obesity, with a key role for the Ministry of Education, two networks dedicated to broaden and transfer knowledge on health related issues and a major research programme to evaluate efforts in deprived neighbourhoods. A web based instrument, an e-manual, has also been developed to support local policy and practice by providing insights to evidence based interventions. RIVM Centre for Healthy Living has been leading the work on this manual, Ms. Tamsma informed, by assessing the quality, efficiency and coherence of health promotion interventions in the Netherlands. The Centre also supports setting based efforts, for instance at the workplace, and is home to the National Healthy Schools Programme.

Ms. Tamsma stressed that the RIVM involvement in supporting HiAP is manifold. In addition to the work already mentioned, RIVM conducts research into integrated policies and processes, for instance on cost effectiveness. The research experts on health, inequalities and impact assessments as well as the agency's quantitative work have an international reputation. RIVM hopes, she added, to bring some of that expertise into a new initiative that seeks to advance the implementation of HiAP approach in the EU Member States, a Crossing Bridges project led by EuroHealthNet. She pointed out that RIVM aims at incorporating the best available evidence in their various products and reports. With regard to the effectiveness of integrated health policy and intervention, this includes evidence on measures contributing to safe housing and working conditions, to discourage smoking and reduced traffic related injuries.

She further explained that the initiatives addressed so far were taken by the previous governments and added that the health priorities of the new government may offer new opportunities. As an example, Ms. Tamsma mentioned the new Health Minister, Edith Schippers, who is keen on stimulating easy options for physical activity locally and has also presented an integrated plan for safer sports.

The work mentioned by her to this point was driven by the department of Health, Ms. Tamsma pointed out, yet other departments have in addition embraced a health agenda. RIVM carries out work for other departments, for example on environment and health as well as social affairs and employment. Ms. Tamsma continued by identifying some national policy initiatives from other departments, highlighted how RIVM is involved with the implementation and also illustrated with a few examples how RIVM supports other policies on an international level.

One of the national policy initiative identified by Ms. Tamsma was the National Action Plan on Environment and Health, which includes objectives on indoor climate, outdoor living environment and environmental risk assessment. It has also incorporated goals on children health set within WHO frameworks. Also, health impact assessments of infrastructural plans are mandatory in the Netherlands. In addition, integrated risk assessment is also one of the cores of RIVM work, she remarked.

Health and employment are mutually reinforcing policy areas, Ms Tamsma stressed. Health problems are the major reason why people living in poverty in the Netherlands do not seek a job. Investing in health would therefore make a significant contribution to tackling unemployment, she underlined. As regard health and safety at work, RIVM contribution is considerable and diverse. As an example, Ms. Tamsma put forward that RIVM leads the national implementation of REACH regulation and CLP regulation in the workplace, gathers evidence on effective Workplace Health Promotion and calculates the burden of work related disease.

RVIM also works very broadly on an international level, Ms Tamsma highlighted, with a leading role in drafting guidance for immunotoxicity and risk assessments for chemicals together with WHO and UNEP, amongst others. RVIM also worked within the scope of the European social inclusion agenda, participating in projects with the aim to tackle health inequalities. EU research programmes are also very important for RVIM, enabling them to broaden, sustain and share their knowledgebase. In that way RVIM can offer the best available expertise to national and international policy makers, she expressed.

HiAP has many facets and Ms. Tamsma summarised by sharing some of the lessons the Netherlands has learned by looking at other countries. The lessons learned show that HiAP requires a vision, a strategy and a consistent and long-term commitment. Making a strong appeal to other sectors is also important. Carrying out health impact assessments and evaluating effectiveness complete the chance of success, she concluded.

1.3. Questions and answers

Question by Mr. Peterle MEP

He expressed that his main concern is that the statistics still show that diseases, such as cancer, are increasing despite all efforts with HiAP. Mr. Peterle underlined that the healthcare systems have more and more patients and higher costs, adding that only fewer patients will be an evidence of a successful HiAP approach. He highlighted that the Commission has emphasised the need to change the health paradigm, but questioned if we are heading in the right direction. How does the strategic debate look like in the high-level meetings? Is there a smell of paradigmatic change in the current debate?

Answer:

Ms. Testori Coggi agreed that, with Europe's ageing population, the greatest challenge today is chronic diseases, but expressed at the same time a more optimistic view. For example, two major chronic diseases today, cardiovascular disease and cancer, are slowly decreasing. However, other chronic diseases are on the increase, such as mental health. She remarked that improvements have been made in the healthcare system. However, the main challenge is to extend improvements across all regions of Europe and all levels of society- to fight inequalities - and also to maintain efficiency without increase of the health budget. Ms. Testori Coggi stressed once again that in order to make health accessible to everyone with good results, the healthcare systems need to be more efficient. She pointed out that healthcare systems today are still hospital-centred, which is not sustainable but too costly. A new health paradigm means a change in the way in which we treat and cure the patients. Another part of a new health paradigm is the need of a shift from treatment and cure perspective to prevention, she added. Of the total amount of money spent by Member States on health, 97% is spent on treatment, cure and long term rehabilitation and only 3% is spent on prevention. As already underlined by Ms. Testori Coggi, 30% of health is determined by lifestyles. Therefore prevention is a very important aspect in order to keep the healthcare system sustainable.

Question by Dr. Mileikowsky (Alliance for Patient Safety)

He focused on the aspect of ensuring quality and sustainability in public finance. He expressed that what is missing in the discussion so far is that one of the fastest and most effective ways to reduce the burden of healthcare cost is reducing healthcare errors. He put forward that there is an initiative focusing on health care errors in the U.S and wondered if anything similar has been planned at a European level.

Answer:

Ms. Testori Coggi stressed that the healthcare system is financed from public resources and effect of having a good result for the patients' and the economy for the hospital is usually a shared objective, why reducing health care errors are important.

Question Luiza Bara (European Public Health Alliance)

She made a comment on the need to work with early prevention. She expressed that it is very important to look at HiAP and that she was glad to see the different DG's gathered to discuss the issue. She agreed with Ms. Testori Coggi on the need for a shift from treatment to prevention, this paradigm shift is crucial in order to achieve a better health among the EU population. Ms. Bara therefore put forward a suggestion for a future initiative on a children health strategy to the Commission and to the European Parliament, stressing the need to intervene already during the first years of life. This would complement the action taken within the European Innovation Partnership on Active and Healthy Ageing.

Answer:

Ms. Testori Coggi agreed with Ms. Bara that prevention needs to start at an early age.

2. PART 2: ROUNDTABLE ON TECHNICAL ASPECTS: HIAP APPROACH ACROSS EUROPEAN COMMISSION'S DIRECTORATES-GENERAL (DGS). DIALOGUE WITH 6 DGS

2.1. DG INFSO (Information Society and Media): Pēteris ZILGALVIS, Head of Unit, ICT for Health.

Mr. Zilgalvis raised the topic of how DG INFSO works with eHealth - Information and Communication Technologies tools and services for health -which can be found in several policies in the Commission, such as the flagship initiatives "Digital Agenda of Europe" and "Innovation Union" of the Europe 2020 Strategy. There are strong synergies in working with eHealth between the different DG's. Mr Zilgalvis pointed out that within the Europe 2020 Strategy, in the area of eHealth, DG INFSO is trying to utilize clinical information systems, telemedicine systems and services, regional/national health information networks and secondary usage/non-clinical systems in order to reach Europe 2020 goals. He highlighted some policies and research activities, such as stakeholder groups and the eHealth Week, as instruments used by the Commission in order to make eHealth work.

Regarding the flagship initiative "Digital Agenda for Europe", Mr. Zilgalvis emphasised on the interoperability and patient empowerment as central themes. DG INFSO also seeks to undertake action to equip Europeans with secure online access to their health database by 2015, and to achieve by 2020 widespread deployment of telemedicine services, amongst other things.

Another important issue, underlined by Mr. Zilgalvis, was the cooperation that DG INFSO has with other DG's and stakeholders concerning the governance of eHealth data. The online access to medical records and secondary use of health data for research was stressed as important tools for interoperability.

As a key action, DG INFSO also utilize a project called epSOS which aims at providing cross-boarder services that support safe, secure and efficient medical treatment for citizens when travelling across Europe. This project builds on existing national eHealth Projects, Mr. Zilgalvis explained, and use experiences and knowledge from all Member States.

Returning to the flagship initiative "Innovation Union", Mr. Zilgalvis highlighted that eHealth plays a very important role in the first European Innovation Partnership on Healthy and Active Ageing. This partnership, he informed, turns the challenge of ageing into an opportunity with benefits for the citizens and also to make the cost of care and healthcare sustainable. The aim is to add two years to the average healthy life expectancy in the EU by 2020 with focus on prevention and health promotion, integrated health and social care as well as independent active living through innovative products, devices and services.

Mr. Zilgalvis concluded by looking forward, stressing that an eHealth Action Plan is planned to increase the awareness of the benefits and opportunities of eHealth. Also, issues such as the need to achieve eHealth interoperability and to improve the legal certainty for eHealth will be address. Finally Mr. Zilgalvis emphasised that DG INFSO is working on a Staff Working Paper on Telemedicine and cooperating with DG JUST on the process of revision of the Data Protection Directive related to health data.

2.2. DG EMPL (Employment, Social Affairs and Inclusion): Mr. Ralf JACOB, Head of Unit Active Ageing, Pensions, Healthcare; Directorate Europe 2020: Social Policies.

Mr. Jacob started his presentation by stressing the importance and relevance of HiAP. He underlined that it is clear that health policy is the most prominent determinant of health, but that other policies have great impact, such as employment policy. Therefore a broader view of health is essential.

As previous speakers, Mr. Jacob pointed out that most resources for healthcare systems are being used for the treatment and care. Although he highlighted that focus of HiAP has to be on prevention his priority was health inequality.

When comparing health status between and within countries several improvements need to be made, he expressed. There is a huge social gradient in health outcomes with a difference in life expectancy between the lowest and the highest social classes of six years for women and ten years for men. But, referring to the statement by Ms. Tamsma, the gap in healthy life expectancy can be up to 19 years. This was highlighted by Mr. Jacob as a great challenge.

The issue of health inequalities is relatively new on the European agenda, he explained. It was put forward in a Communication -"Solidarity in health, reducing health inequalities in the European Union" - (COM(2009)567) in October 2009. The Communication showed very clearly a considerable lack of knowledge on health inequalities throughout Europe. Mr. Jacob stressed that with better data broken down by social economic status and risk groups, areas of improvement can be identified and better policies developed. The Europe 2020 flagship "European platform against poverty" includes a number of initiatives related to health, including a follow-up on the Communication on health inequalities due next year. It is also linked to an analysis of the efficiency and effectiveness of health expenditure.

Mr. Jacob also highlighted the coordination between DG EMPL and the Social Protection Committee on common objectives in the area of health: to give access to all people in need for care; to ensure a high quality of care; and to safeguard the affordability and sustainability of care provision. These objectives are underpinned by a set of indicators defined by the Indicators Subgroup of the Social Protection Committee. This indicator reflects unmet need for care for financial reasons, which is a social protection problem, or for healthcare system reasons, such as distant to healthcare providers.

In order to better understand the dynamic behind health inequalities and how they can be overcome, a first contribution from DG EMPL is the funding of six projects that focus on exposed regions and population groups. Also, there is a need to develop a statistical tool; this is the reason why DG EMPL works closely together with EUROSTAT.

Mr. Jacob continued by stressing once again that in order to make progress in public health the issue of health inequalities cannot be ignore. A focus on the groups which are lagging behind is essential when it comes to health and only by highlighting injustice can health and other policies be improve, he said.

To conclude Mr. Jacob pointed at the need to gain a better understanding of which policies constitute the biggest risk for health, and which policies are most beneficial in terms of promoting health. Rather than investing in an effort to analyse every policy system, Mr. Jacob is of the opinion that the focus should be on the policies with strongest impact.

2.3. DG RTD (Research and Innovation): Mr Kevin MCCARTHY, Head of Sector, Public Health and Health Services Research; Directorate Health.

Mr. McCarthy wished to make some points relevant to the debate on HiAP from the point of view of DG RTD. He pointed out that research is a bit outside the policy domain being discussed but that DG RTD is right behind. One of the themes within DG RTD is health, he stressed, with a mandate to spend EU money on research in a broad range of health related issues. Therefore DG RTD is serving HiAP at the European level, as well as national and regional levels where possible, by providing relevant and targeted research funding in the health research area.

Mr. McCarthy explained that the European Parliament, through its deliberations in the Sixth Framework Programme (FP6), had an important role for the developments of creating a health theme within DG RTD.

As an example on how DG RTD was able to target research that was relevant to HiAP, Mr. McCarthy highlighted that some of the early work carried out by DG RTD served as input to the evidence base that allowed colleagues to draft the proposal on the Cross-border Care Directive. This was mainstreamed in the Seventh Framework Programme (FP7), with a realisation that this kind of research was not just an ad-hoc approach but needed to be an important part of health research.

A clear relevance and reference to the impact of health research can be found in DG RTD, one example being Mr. McCarthy's area of responsibility: optimising the delivery of health care to European citizens. He stressed that DG RTD at the moment has over one thousand researchers in more than 109 research projects in a broad range of areas, to a cost of over 275 million Euros. In the area of health, research is carried out in different projects, for instance in cross-boarder collaboration and healthcare systems, with more than 70 million Euros.

Mr. McCarthy argued that this demonstrates how DG RTD contributes to a HiAP debate with a targeted approach. However, DG RTD also constantly needs to relate its work to initiatives taking place in the policy arena driven by colleagues in other DG's, such as DG SANCO. By following the latest developments at European level on the flagship initiative "Innovation Union" and the pilot project European Innovation Partnership on Healthy and Active Ageing, DG RTD can contribute to the debate by carrying out research on what social innovation means to Europe's health. Mr. McCarthy pointed out that DG RTD spends around six million Euros on projects that demonstrate how social innovation can make a difference to elderly populations, and how the richness of research in Europe can be harnessed to serve this agenda.

Further, Mr. McCarthy made reference to Ms. Testori Coggi presentation on the health determinants, highlighting the projects of DG RTD in the area. He put forward that the latest call focuses on health and inequalities and will spend 12 million Euros on four projects on health inequality. Prominent researchers from the Netherlands and the UK are involved, working with European funding for a European goal. They are working to change the health paradigm, but Mr. McCarthy stressed that changing a paradigm takes time. The pipeline for research is long, he explained, with plans for projects for next year starting already last years. The work on health systems and health promotion areas has been growing since FP6, but he emphasised that it takes time for projects to mature and to start producing knowledge.

The biggest challenge, he concluded, is how to transfer, translate and make the knowledge produced by the projects available. The pilot project European Innovation Partnership on Healthy and Active Ageing will offer an opportunity to transfer important knowledge in different ways, he added. An example put forward by Mr. McCarthy was a Roadmap for Ageing Research for the next 10-15 years dealing with highlighted concerns, challenges and barriers in order to allow better quality of life for EU citizens.

Finally, Mr. McCarthy welcomed the participants to take part in the annual European Health Forum where the main debate will be on the relevance of social innovation for Europe's health.

2.4. DG REGIO (Regional Policy): Gabriella FESUS, Policy Analyst, Unit Conception, Forward Studies, Impact Assessment; Directorate Regional Policy.

Ms. Fesus highlighted that the main objective of European Cohesion Policy is to promote economic, social and territorial cohesion and reduce disparities in Europe. In particular, she stressed that regional disparities are significant in terms of productivity, health and social indicators, as well as with regard to vulnerability to climate change. While there is also some convergence on certain indicators, the remaining gap is wide.

She further underlined that health investments should take economic, social and territorial cohesion objectives into account. As regards Structural Funds, the objective is to address bottlenecks in relation to health and health systems that constitute constraints to regional development and growth. Ms. Fesus also noted that health is a priority area for the structural funds in the 2007-2013 periods as five billion Euros are spent on health infrastructure investment and additional resources are invested in eHealth. She continued by highlighting that the fund intervenes in a number of areas also important from a health perspective by playing a key role in addressing social determinants of health. She added that it is very important that the health perspective is part of long-term development strategies.

She further remarked that if one wants to strengthen HiAP, it needs to be integrated within the framework of comprehensive long-term strategies at both national and regional levels. More generally, Ms. Fesus is convinced that the added value of the structural funds is that they provide a cross-sectoral integrated approach to development.

Ms. Fesus also highlighted that reflections are ongoing for the next Structural Funds period and here the main direction for the structural funds is alignment with the EU 2020 Strategy, with the aim to increase effectiveness, efficiency and quality of public expenditure. She reported that the Commission is therefore looking at different types of incentives linked to the funds to see to what extent the funds could further foster structural change in a number of areas, including the health sector.

She also identified another important area that DG REGIO is working on, namely indicators that would allow for a better result-oriented approach in the future, with clear, measurable and verifiable indicators as well as robust evaluation and monitoring systems. Moreover, Ms. Fesus expressed her conviction that the evidence and effectiveness of health investments can be strengthened but that at the moment there is a lack of information. On these issues DG REGIO would be working in close cooperation with other services; in particular a new structural funds framework and indicator system is in the making.

2.5. DG AGRI (Agriculture and Rural Development): Mr Lars HOELGAARD, Adviser "hors classe". Special Adviser and Head of the Task Force in charge of the development of new measures.

Mr. Hoelgaard started by emphasising that cooperation between different DG's within the Commission is a normal practice. On the issue of health in other policies, he stressed that DG AGRI is used to integrate health in their policies. From his experience as the director in charge of veterinary policy and plant health, health related issues are an important part on the Common Agriculture Policy (CAP), for example through pesticide legislation, public health, and animal health. Mr. Hoelgaard underlined that it is essential that health is part of CAP. If there is no trust amongst consumers in the health of the products and their consumption, the producers will suffer.

Also, DG AGRI works with cross-compliance integrated in pillars one and two of the CAP. Mr. Hoelgaard made clear that in order to benefit fully of the support under the CAP, whether from direct payment or rural development programme, it is necessary to respect the cross-compliance requirements of issues such as animal health, public health, environment and animal welfare. In particular, the environment is an essential element when talking about health, he added, that is why DG AGRI has especial requirements regarding the environment in the CAP.

Mr. Hoelgaard continued by addressing specific health initiatives within the CAP. The first example put forward was the EU School Milk Scheme, promoting low fat dairy products to improve children health. Another initiative highlighted was the School Fruit Scheme, a programme with 24 participating Member States. By establishing a national strategy to make a School Fruit Scheme effective, authorities on national levels work together. Accompanying measures to the initiative is a key principle, Mr. Hoelgaard added. By providing children with fruits within the School Fruit Scheme, they are at the same time educated about the relevance of agriculture as well as learn about environment, nutrition and healthy lifestyles. This will also have a snowball effect from the children to their families and friends.

Mr. Hoelgaard summarised by pointing out again the already existing cooperation between the DG's within the Commission, for instance through impact assessments, and he also highlighted the importance of consultations with stakeholders outside the institutions.

2.6. Questions and answers

Question by Dr. Mileikowsky (Alliance for Patient Safety)

Addressed to Ms. Testori Coggi stressing the impact of health care errors and raised the topic to consider opening up channels to tackle health care error issues.

Answer:

Ms. Testori Coggi reported that more comparable data of the outcomes of the hospitals is on the agenda and that she will take in to account the information put forward by Mr. Mileikowsky in the future work of DG SANCO.

Question by Mr. Robert Pederson (The European Public Health and Agriculture Consortium)

Addressed two questions to the panel. The first question was directed to Mr. McCarthy, DG RTD, on the percentage of funding spend on research related to health treatment in relation to prevention. This in light of the figures reported earlier by Ms. Testori Coggi on national budgets spent on treatment and prevention respectively. The second question was addressed to Mr. Hoelgaard on the reform of the CAP 2013 and whether a greater move towards the area of nutrition policy is planned and not only on food safety. Mr. Pederson expressed a wish to see more nutrition policies from DG AGRI.

Answer:

Concerning research in health systems and treatment, Mr. McCarty repeated the previously mentioned funding figures of 70 million euro. The comparative figure for health prevention, within the research area of health promotion and disease prevention, he reported that DG RTD at the moment has 20 projects with a budget of roughly 47 million Euros. Together with research projects on health inequalities, mental health and physical inactivity the figure reaches about 61 million. Again very roughly, he added that this is about 3-4% of total funding for all research areas, which can be compared to same figures of 6-7% on national levels. At the same time, Mr. McCarty stressed that taking into account that the research area of health prevention is new, only starting four years ago, these figures can be considered very good. He also highlighted that the challenge for the future is to turn these 60 million Euros into knowledge and evidence that can be used by policymakers.

Responding to the second question, Mr. Hoelgaard explained that depending on the upcoming report with the evaluation and results of the School Fruit Scheme, DG AGRI will assess the cost-benefit of nutrition projects and the future of new similar projects.

Question by Ms. Kate Trollope (EU Food Policy)

She commented on HiAP being a very ambitious approach and put forward a question to the panel about the barriers of achieving HiAP. Ms. Trollope noted that even in EU health policy, integrating health is facing difficulties, taking into account the ongoing discussions on food labelling and mandatory front of pack labelling as an example. Although proposed by the Commission, and also supported by MEP Willmott, Member State as well as the ENVI Committee was opposed to front-of-pack-labelling. Also, Ms. Trollope acknowledged that a lot of speakers mentioned the importance of impact assessments and wished the panel's views on how the cost of doing nothing is being assessed.

Answer:

Ms. Willmott, MEP agreed with Ms. Trollope on the need of front-of-pack-labelling and reported that she is still working on the issue and wish to put it back on the agenda; it was a close vote in the ENVI Committee, she added. Ms. Willmott also remarked on the amount of lobbying from the food industry as an element to take into account. She further expressed her opinion that Member States attitude towards food labelling is diabolical and that the health of citizens should come before the cost for food industry.

On the issue of impact assessment, Mr. Hoelgaard pointed out that all impact assessments require an assessment of the impact of doing nothing. Also, Ms. Testori Coggi added that the burden of bringing evidence, also for the cost of non-action, is a responsibility of the department putting forward a proposal. She expressed that it is sometimes difficult to have objective evidence strong enough to make a case for action and that the lack of solid and defensible evidence can constitute a problem.

Question Mr. John Considine (EuroHealthNet)

He expressed that he was encouraged listening to the debate and hearing the different DG's discuss the issue of health together. He commented on the need to look closer at the social determinants, which has a major impact on health. He put forward a question to the panel on the role of prevention, more specifically the importance of health promotion. Addressed to Ms. Testori Coggi he wondered what types of prevention DG SANCO will focus on and if this will incorporate health promotion. Mr. Considine also asked the panellists for comments or suggestions on what they need from the public health community, like EurohealthNet, in order to incorporate a HiAP approach.

Answer:

Ms. Testori Coggi agreed with Mr. Considine and highlighted the need to tackle social determinants. On the issue of health promotion, she pointed out that this work is in particular being done together with national authorities in Member States. On other issues, such as preventing the use of tobacco and alcohol as well as working on nutrition, the Commission works more on community level.

On the topic of what the public health community can contribute with, Ms. Testori stressed the importance to have strong NGOs in the area of health to weigh out the influence from lobbyists. Also Ms. Willmott highlighted the need of greater equality between lobbyists and NGOs. Resources from the lobbyist cannot be matched by resources from NGOs, she added, and this is something the policymakers have to be mindful of.

Ms. Fesus put forward a wish for the public health community to bring about more evidence of the benefits of investments for economic and health equality in the health sector. She also expressed an interest for more examples of good practices. Especially in the current times of fiscal constraints, a need to highlight health equity benefits of investments is essential, she pointed out.

Question by Ms. Neha Dave (Fit for Work Europe)

She commented on the need to further discuss the issue of a healthy and sustainable workforce. She raised a question directed to Ms. Testori Coggi on concrete actions and next steps from DG SANCO concerning a healthy workforce and the issue of healthy working years. Ms. Dave emphasised that a large part of the population is part of the workforce and that working life is an important element of a healthy and active ageing.

Answer:

Ms Testori Coggi pointed out that the issue of a health at workplace is more directly linked to DG EMP, but looking at it from a patient point of view, DG SANCO tries not only to have a disease oriented approach but also work more in a horizontal way. Mr. Jacob added that DG EMPL is currently working on a new long-term strategy for health and safety at work.

CONCLUSIONS

In her conclusions, Ms. Testori Coggi stressed once again that the real challenge is to ensure a high quality healthcare system while guaranteeing the sustainability of public finances.

Instruments in order to achieve this objective are on the one hand to work on prevention of diseases and health promotion and on the other reach an efficient healthcare system concerning treatment and care. An integrated approach to health is therefore necessary. Ms. Testori Coggi emphasised that we need to ensure that a health dimension remains in the core of all policies in general, but especially in innovation and research policy, social policy, regional policy, education policy and agriculture policy.

Ms. Willmott, MEP thanked the panel for their expertise and contributions and also the audience for their inputs. She summarised the workshop, highlighting the overview from the Commission on integrated health policy and determinants involved, the inputs from the different DG's working together with health issues, the aspects of implementation from the Netherlands stressing the need for long-term and consistent commitment. Ms. Willmott concluded that political will is needed to deal with the difficulties in the health area. Policymakers need to act, not only talk. Public health is about increasing the well-being of citizens, however, if we are serious about tackling some of the biggest health problems such as obesity, diabetes and cancer, it can also have a positive effect on EU economy.

Mr. Peterle, MEP was also convinced that sustainability will not be achieved without a healthy population and workforce. He further stressed that European efforts are essential and that more Europe is needed for improving health. He underlined that the Lisbon Treaty has given the legal ground for more action on health. Mr. Peterle concluded by again expressing his gratitude for being a part of the Workshop but also added that he next time wished a higher presence of representatives from other DG's of the Commission. With more input, the debate can further be developed.

ANNEXE I : PROGRAMME

**Committee on the Environment, Public Health and Food Safety (ENVI)
Policy Department A-Economy & Science**

**Workshop on Health in All Policies (HIAP) approach: Developing synergies with all
sectors is crucial for a strong Community health policy**

**Wednesday, 25 May 2011 from 12.30 to 15.00 hrs
European Parliament, Room ASP5E2, Brussels**

AGENDA

12.30 - 12.40

Welcome and opening by Co-chairs of the Working Group on Health
Alojz PETERLE and **Glenis WILLMOTT**

Part 1: Policy and Institutional Representatives - Strategic Perspectives

12.40-12.50

Ms. Paola TESTORI COGGI, Director General of DG SANCO

12.50 - 13.00

National Implementation

Mrs. Nicoline TAMSMA, Senior Advisor International Affairs, Public Health and Health Services Division, National Institute for Public Health and the Environment (RIVM), The Netherlands.

13.00 - 13.20 Question Time

13.20 - 14.20

**Part 2: Round Table on Technical Aspects: HIAP approach across European Commission's Directorates-General (DGs)
Dialogue with 6 DGs**

- **DG INFSO** (Information Society and Media): Pēteris ZILGALVIS, Head of Unit, ICT for Health.
- **DG EMPL** (Employment, Social Affairs and Inclusion): **Mr. Ralf JACOB**, Head of Unit Active Ageing, Pensions, Healthcare; Directorate Europe 2020: Social Policies.
- **DG RTD** (Research and Innovation): **Mr Kevin MCCARTHY**, Head of Sector, Public Health and Health Services Research; Directorate Health.
- **DG REGIO** (Regional Policy): **Gabriella FESUS**, Policy Analyst, Unit Conception, Forward Studies, Impact Assessment; Directorate Regional Policy.
- **DG AGRI** (Agriculture and Rural Development): **Mr Lars HOELGAARD**, Adviser "hors classe". Special Adviser and Head of the Task Force in charge of the development of new measures.

14.20- 14.50

Question time

14.50

Conclusions

Mrs. Paola TESTORI COGGI and Co-Chairs, Alojz PETERLE MEP and Glenis WILLMOTT MEPs.

15.00 Closing

ANNEXE II: PRESENTATIONS



**"Health In All Policies (HIAP)
approach: Developing synergies
with all sectors is crucial for a
strong Community health policy"**

European Parliament Workshop - 25 May 2011

Paola Testori Coggi
Director-General for Health and
Consumers

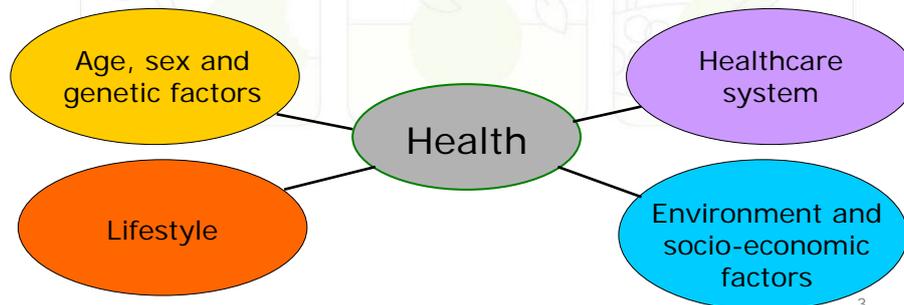


Structure

- Policy context
- Key policies and partners for health
- Europe 2020
- Integrated governance & working together

Health determinants

- Health is a result of a number of factors, individual and social
- Need for action at many levels
- Tackle the root causes of health inequalities
- Advocate "health in other policies"



3

Policy context

■ EU Health Strategy 2008-2013

- **Health in all policies** is one of the core principles for action on health

■ Art 168 Lisbon Treaty

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

4



Working for health across policies - Examples

■ Tackle **risks to health**:

■ Alcohol

- taxation, education, transport

■ Tobacco

- taxation, education

■ Nutrition and physical activity

- agriculture, fisheries, food safety, education, media & ICT

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Working for health across policies - Examples

■ Focus on drivers for **health systems**

■ health professionals

- Internal market, labour or migration policy

■ eHealth

- Digital agenda, research policy

■ Innovative medical products/ applications (e.g. personalised medicines)

- Research policy

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Major partners for health policy

■ Employment policy

- Health & safety at work
- Sustainable health workforce

■ Social policy

- Fighting poverty
- Reducing health inequalities
- Acting on mental health

7



Major partners for health policy

■ Research policy

- Finding innovative solutions for health
- 7th Research Framework Programme (FP7) - over €6 billion for health

■ Regional policy

- Supporting national health systems
- Investing in infrastructure/human capital
- Structural Funds 2007-13: more than €5 billion for health

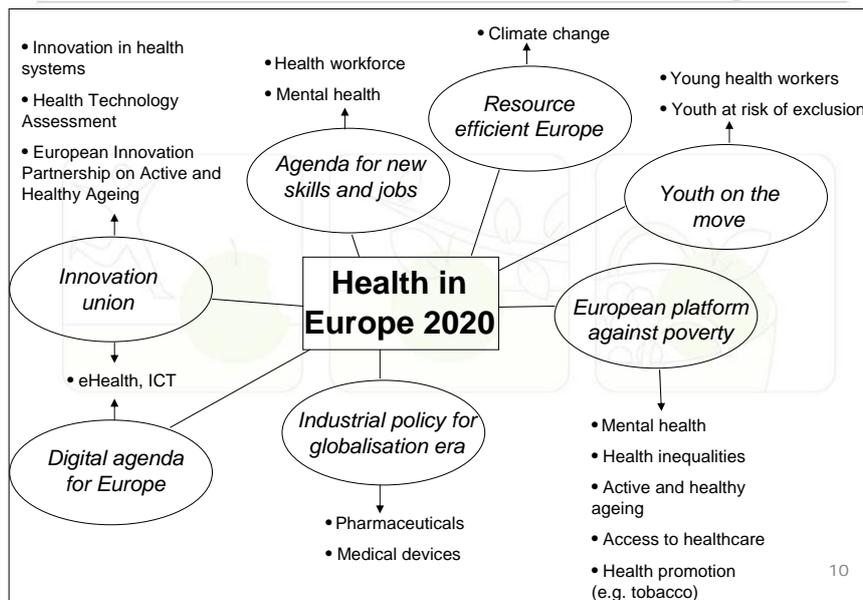
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Major partners for health policy

■ Agriculture Policy

- Finding innovative solutions for healthy nutrition
- EU School Fruit and Milk schemes, Most Deprived Persons Programme

Health for smart, sustainable and inclusive growth





Europe 2020 and Health Systems

Guidelines for economic policies:

ensuring quality and sustainability of public finances

- Health systems are central to this sustainability (15% of budgets)
- Health needs to be a partner of economic policies

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Europe 2020 and Health Systems

Recent and next steps

- Discussion at last Informal Health Council (April 2011)
- Council conclusions (foreseen for June 2011)
- Launch EU-wide reflection process on sustainable health systems
- Commission to facilitate access to advice for Member States

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Integrated governance

- Health and well-being as universal goals for all policy-makers
- Shared mechanisms/decision-making bodies in governments (e.g. horizontal working groups)
- Guidelines to help define how other policies contribute to health

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Integrated governance

Commission examples:

1. Thematic working groups on health related issues

- owned by SANCO or other DGs
- Continuous flow of information
- Create intra-institutional shortcuts
- Build reliable partnerships across sectors

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Integrated governance

2. Joint policy-making

- Early involvement in policy definition (roadmaps, inter-service groups and consultations)
- Provide support for assessing health impacts (within impact assessment guidelines)
- Support of SANCO stakeholders in participation in other DGs consultations

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Integrated governance

3. Finding innovative ways of collaboration with stakeholders

- European Innovation Partnership on Active and Healthy Ageing
 - Bringing together actors at all levels (national, regional, local, industry, NGOs)
 - Building synergies with many sectors (research, health, ICT)

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Working together for health

■ Member States and regions

- Council High-level Working Party
 - Identifies strategic issues - also outside health
- Committee of the Regions
 - inter-group and technical platform on health → several meetings per year

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Working together for health

■ Health organisations

- Regular meetings with the “health community”: EU Health Policy Forum
- Last Open Health Forum in June 2010 dedicated to HIAP

■ Industry

- Involve companies to achieve goals, e.g.
 - ✓ Platform on diet, physical activity and health
 - ✓ Alcohol and Health Forum

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Working together for health

European Parliament

- Link to European citizens
- ENVI committee already cross-sectoral & close cooperation with other relevant committees
- a key ally for pursuing health in all policies

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Thank you!



More information at

<http://ec.europa.eu/health>

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**National Institute for Public Health
and the Environment**
Ministry of Health, Welfare and Sport

Health in all Policies in The Netherlands

Nicoline Tamsma,
senior adviser international affairs

Tamsma HiaP workshop ENVI| Brussels, 25 May 2011



Advancing public health, ensuring a safe living environment

- Public Health & Health Services
- Health Protection
- Nutrition, Food & Consumer Safety
- Environmental Safety



2 Tamsma HiaP workshop ENVI| Brussels, 25 May 2011 2



Health in all Policies since 1986...

- Focus on social, environmental, lifestyle determinants since 1986
- Being Healthy, Staying Healthy' (2007):
 - National public health strategy
 - Preventing ill health, health promotion, tackling inequalities
 - Integrated health policies & healthy alliances
 - Important role local authorities
 - Added value cross-national learning

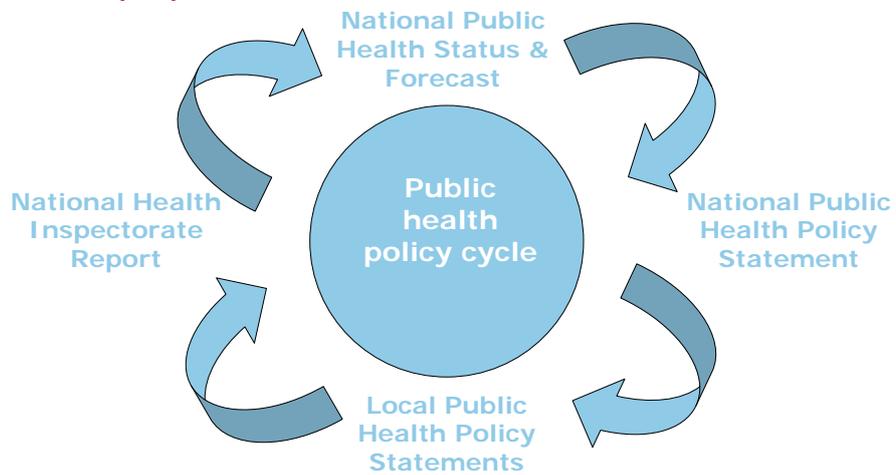


Responsibilities

- No specific legal requirements for HIA or HiaP at national level
- Public Health Act (2008):
 - Local Authorities:
 - > to promote & protect health of local population
 - > to adopt HiaP approach
 - National government and local authorities
 - > To develop national / local health plans
 - > once every four years



Policy cycle



5

Tamsma HiaP workshop ENVI| Brussels, 25 May 2011



National level

- Interdepartmental Committee 'Healthy living environment and HiaP'
- Policy dialogue: cross-national learning (2009)
- 'Beyond well-trodden paths' (2009): integrated HiaP vision



Raad voor de Volksgezondheid & Zorg



6

Tamsma HiaP workshop ENVI| Brussels, 25 May 2011



National level: facilitating and supporting implementation and research

- Healthy Bodyweight PPP
- National Action Plan Sport and Physical Activity
- Expert networks on:
 - HiaP
 - Healthy alliances
- Healthy Implementation ('Gezonde Slagkracht') programme
- URBAN40: upstream research in deprived neighbourhoods



Healthy Municipality eManual

- Supporting local policy and practice
- Taking local context into account
- Focus on:
 - Health in all policies
 - Cross-sectoral collaboration
- Five national priority themes
- Overview preventive interventions





Further RIVM expertise and involvement

- Build and disseminate evidence-base interventions
- Research:
 - Effectiveness HiaP interventions and processes
 - Health Equity Impact Assessment
 - Health inequalities (e.g. URBAN40)
- Support local professionals
- Quantitative work:
 - Modelling, health gain, burden of disease
 - Tools, e.g. DYNAmic MOdel for HIA (DG SANCO)



Health impact of other policies in The Netherlands: examples of evidence.....

- Smoke-free environments, advertising restrictions and tax measures
- Safe housing
- Healthy indoor climate
- Safe and healthy work environments
- Road safety measures



New government, new opportunities

- Physical activity high priority
- Safer sports – with Security and Justice Dept.
- Easy accessible, local facilities and services
- Key role for:
 - Local government
 - Public-Private Partnerships



RIVM *for* other Policies.....

- Infrastructure and the Environment
- Economic Affairs, Agriculture and Innovation
- Social Affairs and Employment





Environment: supporting NL

- National Action Plan Environment and Health
- HIA City and Health (mandatory)
- National expertise centre Environment and Health
- HIA Helpdesk for local government and professionals
- Atlas Living Environment (<http://www.atlasinfo.nl>)
- Integrated risk assessment web tool



But also.....

- European Environmental Health Indicators & Information System



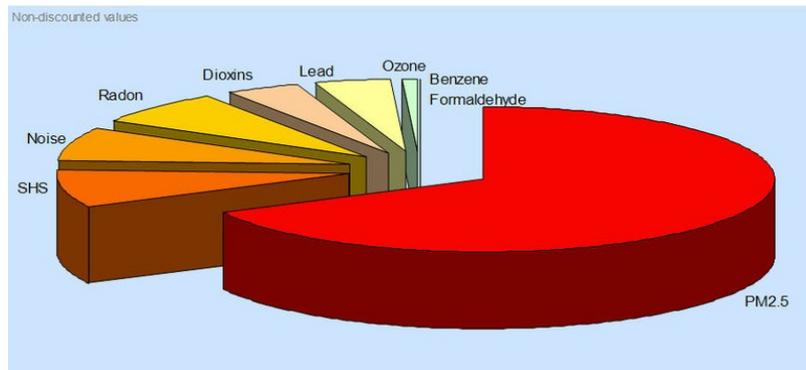
- The PEP website and toolbox





Environmental Burden of Disease: NL (2010)

(Knol, 2010, EBoDE)



Employment and Social Affairs: supporting NL

- Action Plan Health and Safety at Work
- National implementation REACH and CLP in workplace
- Effective Workplace Health Promotion
- Burden of disease
- HIA of EU Employment Strategy in NL (2004, SANCO)



But also.....

- Risk assessment, e.g.
 - Draft Guidance Immunotoxicity (OECD/WHO/ILO/UNEP)



- Tackling health inequalities / equity of access to health services (DG EMPL)



Lessons from other countries: the way to success in HiaP (Maas and Storm, 2011)

- National vision and strategy
- Consistent and long-term commitment
- Strong appeal to other policy sectors
- Unit within DoH to champion, facilitate and support process
- Implement Health Impact Assessment
- Evaluate effectiveness



Thank you!



This presentation is based on input from many distinguished colleagues at RIVM, including:
Lea den Broeder, Anne Knol, Henk van Loveren, Jolanda Maas, Jantine Schuit, Brigit Staatsen,
Ilse Storm and Hanneke van Zoest



ICT for Health

Achieving a transparent and innovative market where competition will give us better quality, secure eHealth systems and services at a lower price for the benefit of the end user.



Defining the scope of eHealth

1. Clinical information systems

- a) Specialised tools for health professionals within care institutions
- b) Tools for primary care and/or for outside the care institutions

2. Telemedicine systems and services

3. Regional/national health information networks

including electronic health record systems and associated services

4. Secondary usage / non-clinical systems

- a) Systems for medical education, research, public health
- b) Health education and health promotion of patients/citizens



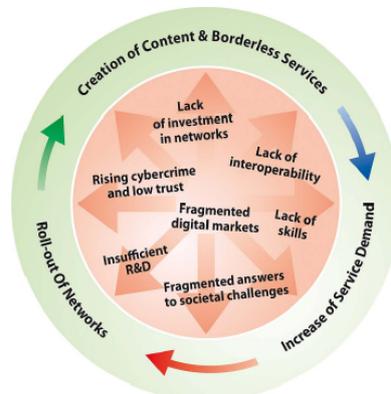
EC instruments to make eHealth reality!

Mix of policy and research activities:

- **Research instrument:**
 - **Seventh Framework Programme for Research (FP7)**
 - Personal Health Systems, Patient Safety, Virtual Physiological Human (~100M€/year)
- **Policy activities:**
 - Communications/Recommendations/Directives
 - eHealth Ministerial Conference / eHealth Week
 - Stakeholders' Groups (Users, Industry); EU Health Policy Forum (SANCO Lead)
 - Studies
- **Support implementation and deployment**
 - Competitiveness Innovation Programme (CIP ICT PSP): Large Scale Pilots on Interoperability and Telemedicine + Thematic Networks



Digital Agenda for Europe:



Sustainable economic and social benefits for all from a flourishing digital economy



Online trust and security

identity theft privacy concerns
cybercrime spam

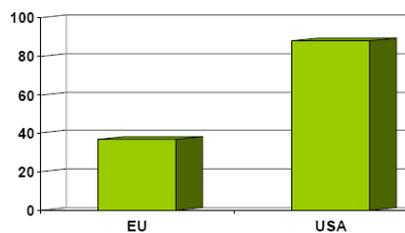
low trust = low use



- ✓ **cybercrime centre**
- ✓ **computer emergency response teams**



ICT research and innovation



- ✓ **Funds** { **double investment to €11 bn**
light & fast measures to access
- ✓ **Coordination**



DAE and eHealth

- Secure online access to health data for patients
- Widespread deployment of telemedicine services
- Minimum set of patient data for interoperability of patient records
- Standards, interoperability testing and certification



Governance of eHealth Data

- Interoperability
- Online access to medical records
- Secondary use of health data for research



Interoperability and continuity of care

- **Rationale:** When systems talk to each other
⇒ BETTER, SAFER, QUICKER healthcare
- Digital Agenda KA14
- Directive on cross-border care



Digital Agenda: Key Action 14

- Recommendation on minimum common set of patient data for interoperability of patient records by 2012.
 - epSOS
 - European eHealth Governance
 - Consultation with MS and stakeholders



epSOS

Objective: to provide **cross border services** that support safe, secure and efficient medical treatment for citizens when travelling across Europe

- Focus on services close to the patient:
 - **Patient Summary for EU Citizens**
 - **Occasional Visitors or Regular Visitors**
 - **ePrescribing for EU Citizens**
 - **Medication ePrescription and /or Medication eDispensation**
- Builds on **existing National eHealth Projects** and use experiences and knowledge from all Member States



Art 29 WP and eHealth

- Art 29 WP paper on EHR
- epSOS was presented to the Art 29 WP Plenary in October 2010
- the Art 29 eHealth sub-group on eHealth is analysing epSOS related issues



Digital Agenda: Key Action 13

- Undertake pilot actions to equip Europeans with secure online access to their medical health data by 2015

PATIENT EMPOWERMENT



Access to online medical records

- Political priority in many MS
- Support to deployment (CIP ICT PSP)
- E.g. In Latvia online access to medical records is a reality
- ...the issue of authentication of users is important
- eSignature Directive can help
- eSignature Directive is under revision

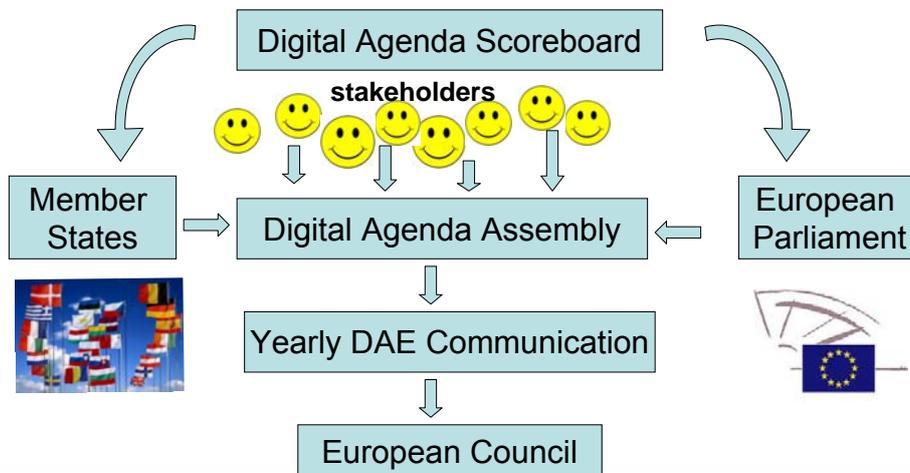


Secondary use of data for research

- Relevant INFSO funded projects:
 - TRANSFoRm
<http://137.73.82.45/Home.html>
 - PONTE
<http://www.ponte-project.eu/>
- Art 14 on eHealth: Directive on cross-border care



Governance





Innovation Union

- Make Europe a world-class science/economic performer
- Remove obstacles to innovation – like expensive patenting, market fragmentation, slow standard-setting and skills shortages
- Revolutionize the way public and private sectors work together: **European Innovation Partnerships**



European Innovation Partnership on Active Healthy Ageing

- **Pilot project launched in 2011**, to be followed by a 6 month strategic work plan
- To tackle **societal challenges** –through **linking research and innovation and uptake** and turn them into opportunities



Aim

To add 2 years to the average healthy lifespan in the EU by 2020 by

- Developing innovative products and services for longer healthier lives
- Helping social and healthcare systems to be sustainable,
- Encourage competitive markets
- Spur innovation



Focus

- **Prevention and health promotion** - medical technology, medicines and treatment for age-related chronic diseases and others
- **Integrated health and social care** for the elderly, improving home-based care and self-care; and new large-scale, innovative solutions for long-term care of the elderly
- Independent, active living for elderly people, supported by **innovative products, devices and services**



How

Bringing together major players from the **demand and supply side**

Working together towards **common goals**, identifying and overcoming barriers to innovation

- making rules and systems more supportive of attempts to put new ideas into practice
- helping leverage financing and investment for innovation projects
- improving coordination between systems for funding research and innovation at European, national and regional level.



Looking forward: eHealth Action Plan

- Increase awareness of the benefits and opportunities of eHealth, and empower citizens, patients and healthcare professionals
- Address issues to achieve eHealth interoperability
- Improve legal certainty for eHealth
- Improve innovation in eHealth and development of a competitive European market
- Public consultation: open until 25 May



What's next?

- SWP on legal aspects related to telemedicine
- INFSO to cooperate with JUST in the process of revision of the Data Protection Directive, giving inputs on specificities related to health data



EIP

http://ec.europa.eu/information_society/activities/einclusion/deployment/ahaip/consultation/index_en.htm

Digital Agenda for Europe

<http://ec.europa.eu/digital-agenda>

ICT for Health

http://ec.europa.eu/information_society/ehealth

Follow eHealth activities

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- ICT for Health:
 - twitter.com/ehealthinfo
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