

Healthy debate is needed to tackle Europe's ills

By Linda Mc Avan

European Voice, 26 January – 1 February 2006

The priorities of EU health policy must be kept focused on delivering genuine benefits, despite the many competing demands

The European Parliament is currently discussing the priorities for the next EU health action programme. There is pressure for EU action across a range of areas. But the EU has limited powers and resources in the field of health. It should therefore concentrate on areas where it can make a real difference and add value. Three main areas spring to mind: trans-border health threats, patient/health mobility good proactive between health services.

In the first area, we are already facing a major trans-border health threat, a flu pandemic. If a pandemic happens and the EU fails to act effectively in what is clearly a trans-border issue, the public will wonder what EU health policy is all about. But here there are problems of legal competence. The World Health Organisation (WHO) has suggested, for example, that the EU organise joint stockpiling of anti-rivals and co-ordinated orders to increase manufacturing capability. But the Commission lacks competence in this area. It can, for example, stockpile animal vaccines but not human vaccines. The competence issue would have been partly addressed in the draft EU constitution, but in the meantime we must get more clarity about what we want the EU to do and equip it with the necessary resources to do it. One task of the new health programme must be to establish clear and effective mechanisms in this area.

The second one- patient mobility- is an obvious area for more effective EU action. There are different strands to patient mobility. One is to ensure that the new EU health Card which replaces the old E111 works properly and that citizens fully understand their entitlements. As an MEP I receive dozens of cases from people who incur costs because they are not properly informed about their rights. A second aspect is the much more complex area of patient mobility – the E112 right to planned treatment abroad. More and more EU citizens are now seeking treatment for a range of conditions in another member state. New ideas such as European centres of reference for certain health specialities are being considered. But there are no clear rules governing such mobility. In the absence of clear EU rules, European judges and not elected politicians are writing the rules as they deal with individual complaints. My colleague John Bowis drafted an excellent report for the parliament last year which sets out a number of options on patient mobility. Commissioner Markos Kyprianou has said that once we have clarity on whether the health sectors included or excluded from the services directive, the Commission will bring forward proposals. They will be welcome.

The third area is co-operation/exchange of good practice between national health systems. It is in this area where MEPs receive intense lobbying as organisations dealing with different diseases/conditions push for EU support for their work on

different diseases equally deserving of investment. But what we have to bear in mind here is that there is only so much the EU can do. We cannot simply ask the Commission to collect data on different conditions and health determinants without any clear view of how that data can be used to make a difference on the ground. In other words, any action paid for from the EU budget must add value to the work of member states and be part of a clear strategy action.

Keeping a sharp focus to EU health policy will not be easy. There are over 200 amendments tabled for committees on the health action programme. There are over 200 amendments tabled for committees on the health action programme. There are many competing demands. But the more focus we have and the more apparent is the added value from EU-action on public Council and indeed our own MEP budget colleagues to invest proper resources. The public, too, will see the real benefit of EU level action – and you never know, an effective EU health policy might be just what is needed to convince a sceptical public that the EU can deliver real benefits on issues which matter most to them.

UK Socialist MEP Linda McAvan is a member of the European Parliament's committee on the environment, public health and food safety.