



CPME/AD/EC/30032012/030/EN

On 30 March 2012, the CPME Executive Committee adopted the “CPME response to the WHO New European Policy for Health - Health 2020; Policy framework and strategy” consultation (EC 2012/030)

CPME response to the consultation on the WHO Health 2020 policy framework and strategy document (long version)

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4. Do you agree with the main elements of the document? Is there, in your view, anything that should be added or any material that is redundant and should be omitted? Is the structure of the document helpful?

CPME warmly welcomes the opportunity to respond to the consultation on the draft WHO strategy ‘Health 2020’. The draft strategy represents a sound and comprehensive compilation of the current challenges to catalyse policy action. As CPME is a strong supporter of evidence-based analysis and action, the strategy’s commitment to this guiding principle is much appreciated. While the many of the key arguments and principles are frequently repeated throughout the document, this may be justified by the fact that readers may consult specific paragraphs according to their own interest rather than studying the entire document and should nonetheless be informed of the fundamental ideas behind the strategy.

The overall focus and objective of Health 2020 could however be sharpened by structuring the key objectives more clearly and in a more reader-friendly way, e.g. by clarifying the relation between the ‘key action principles’, ‘main goal’ and ‘main strategic objectives’ etc. and identifying the most relevant



of these to set the tone and direction of the strategy. It would also be crucially important to give the targets and indicators a more prominent position in the document to bridge the division between the policy recommendations derived from the analysis of the evidence-base and the concrete action which is to follow. Lastly, the division between chapters and sub-chapters could be made clearer; most probably the colour-coding announced will contribute to this.

Rheumatic and musculoskeletal diseases, a group of chronic diseases representing the highest burden at the workplace together with mental health could also be singled-out in a separate sub-chapter on Part 2, either under the systemic risks chapter or in a new chapter addressing strategically health at the workplace.

5. Does the contextual analysis for Health 2020 presented in Part 1 adequately and convincingly capture the emerging drivers of health, as well as trends, opportunities and risks?

CPME welcomes the comprehensive depiction of the context in which health, healthcare and healthcare systems must be considered in the European Region.

As regards the portrayal of the context, CPME would however welcome a more prominent position of the chapter on 'Values' (paragraph 115ff). As WHO is a champion of highlighting the value of good health in its own right, an approach which CPME strongly supports, the structure of the document would be a good opportunity to highlight this important dimension of the debate over the economic, demographic of governance considerations. Opening Part I of the strategy with the 'Values' chapter would be a tangible expression of this approach.

In the description of the epidemiological situation (p. 43ff), it may also be appropriate to highlight the increase in co-morbidity in patients, which poses different challenges for healthcare systems and healthcare professionals than treating patients according to traditional disease patterns ().

Also, with regard to the demographic situation presented on page 14 par 40, it would be notable to add a specific paragraph to mention the main conditions which cause either permanent or temporary unemployment due to disability. While mental health would be one such leading condition, rheumatic and musculoskeletal conditions is the second most common work-related problem (OSHA report, 5 March 2012 [Promoting active ageing at the workplace](#), WHO, 2010 [Health and Environment in Europe Progress Assessment](#), p 90, par 3, European Commission Statistics in Focus, [63/2009](#) p 1, [CPME Policy of Mental Health in the Elderly](#), [CPME Statement on the European Innovation Partnership on Active and Healthy Ageing](#)).

CPME very much welcomes the attention given to the social determinants of health, including the need to address health inequities, and the environmental factors influencing health, especially the co-benefits action against climate change can have for health ([CPME Policy on Health inequalities](#), [CPME Policy on Climate Change](#)). Similarly the emphasis on health promotion and disease prevention is much supported.



Discussing technological developments in healthcare (p. 102ff), their contribution to improving the health status is undeniable. However it should also be highlighted better that the driving force behind their development and utilisation, including the development of new pharmaceuticals, should not be economic considerations, but rather the improvement they offer for the treatment and management of diseases, and their added value for patients and healthcare professionals. Also, the discussion on eHealth and telemedicine must include references to issues such as data privacy and data protection rules ([CPME Response to the Public Consultation on the Commission's Comprehensive Approach on Personal Data Protection in the European Union](#), [CPME Response to the European Commission consultation on the eHealth Action Plan](#), [CPME Policy Statement on electronic health records](#), [CPME Policy on eHealth – Consent and Confidentiality](#)).

On the question of governance (p. 127ff), CPME very much agrees with the need to extend and structure the cross-sectoral and multi-stakeholder dialogue in the creation of policies both in healthcare and factors affecting health to achieve the 'health in all policies' objective. CPME would however like to emphasise the need for and use of regulation in those areas in which it has proven to be the most effective tool, e.g. increasing taxes to reduce tobacco consumption or increasing consumer protection by legislating on health claims in food products ([CPME Commitments to the EU Platform on Diet and Physical Activity](#), [CPME Policy on Labelling](#)). It is necessary to highlight this issue and call upon governments to act accordingly, as political and other pressure may lead to 'soft law' mechanisms such as voluntary regulation being applied instead of 'hard law' measures to the detriment of the public (p. 140). Also, involvement of private sector actors must always be mindful to avoid possible conflicts of interest.

These observations can also be applied to the corresponding sections in Part II of the draft strategy.

6. In Part 2 are the proposed strategies and interventions the most promising to address the public health challenges and seize the opportunities that exist to promote health and well-being in the European Region? Are the economic arguments clearly and convincingly made?

CPME welcomes the 'life-course' approach and strongly supports the focus on tackling inequalities in health and determinants that affect health, especially in earliest years of life.

As regards the health of adults (paragraph 227ff), CPME supports the view that the workplace can offer an effective platform for health promotion and prevention, especially in the form of health promotion interventions which take a comprehensive approach and integrate a variety of issues, including rheumatic and musculoskeletal diseases, alcohol use and mental health ([CPME Commitments to the EU Alcohol and Health Forum: 2011-2013](#),).

Vitamin D deficiencies in the European region can also cause avoidable complications with proven evidence for bone and muscle health and is associated with other conditions (as frailty in seniors). CPME would welcome a statement under *Investing in healthy people and empowering communities* that



informs on the WHO 2010 commitment to map Vitamin D deficiency in Europe and review the existing literature as well as highlight the evidence of Vitamin D intake for bone and muscle health and other conditions ([CPME Vitamin D Nutritional Policy in Europe](#), [WHO to Map Vitamin D Deficiency in Europe](#), 1 October 2010 meeting).

In the governance of action on the health of older people (p. 272ff), CPME would like to highlight the current European Innovation Partnership on Active and Health Ageing which aims to streamline EU action in this area across policy sectors and includes all stakeholders. Coordination and interaction with this initiative is to be encouraged to avoid overlap and develop synergies. The Strategic Implementation Plan for Active and Healthy Ageing as well as the supporting Operational Plan, could represent a starting point for further cooperation and synergies ([Strategic Implementation Plan](#), EC 2011).

Among the vulnerable groups mentioned, migrants are rightly given special attention (p. 277ff). CPME would like to highlight an additional consideration for the discussion on healthcare for irregular migrants. In many countries, legislation attempts to restrict healthcare professionals in their provision of treatment to irregular migrants. Initiatives such as the 'European Declaration of Health Professionals' by Médecins du Monde, co-signed by many organisations including CPME, which calls for the abolition of legislation which tries to prevent healthcare professionals from treating patients, including irregular migrants, according to each patient's individual needs, should therefore be supported by Health 2020.

CPME welcomes the analysis on the need to act on non-communicable diseases. With regard to tobacco use in particular (p. 327), Health 2020 can play a crucial role in holding policy-makers responsible to take forward action on stricter legislation in this area, despite the interests and pressures they may be faced with ([CPME Policy on Smoking in the presence of Children](#), [CPME response to the European Commission consultation on the Possible Revision of the Tobacco Products Directive 2001/37/EC](#), [CPME calls for higher taxes on tobacco in the EU](#), [CPME Position on the Legal Control of Tobacco Products](#)). CPME would like to suggest addressing the issue of palliative care (p. 337) under a separate heading as the challenges in this area are distinct to the situations addressed in the chapter on 'preventing disability'.

As to communicable diseases, CPME agrees that they must not be neglected. Issues such as anti-microbial resistance and childhood vaccination are of special interest. Healthcare professionals and doctors in specific play a decisive role in developments in this area and must be involved in policies to tackle the existing problems.

With regard to the challenges healthcare systems face, CPME supports the analysis that the current pressures on the systems necessitate a change. The health workforce is a decisive element for the well-functioning of a healthcare system. As the main objective must be the provision of the highest possible quality of care and patient safety, this goal must be at the heart of all structural policy changes. CPME agrees that the education of the health workforce is a central consideration and must respond to the changing environment as well as scientific progress. Changes, such as to the competences acquired or task profiles allocated to healthcare professionals, should however be driven by the objective to improve quality, not as a cost-cutting measure, and must be developed with the active input of the profession (p. 567ff). Furthermore more emphasis should be placed on creating enabling working



conditions for healthcare professionals, including issues such as working time and remuneration. Shortages in the health workforce are rightly highlighted as a problem, and harmful working conditions should be tackled in order to prevent an aggravation of the problem. Therefore this issue could be given more prominence in the chapter on ‘human resources’. Also the importance and evolution of the doctor-patient relationship, especially with regard to primary care physicians, should be addressed, in order to highlight this interaction which is at the basis of the healthcare services. In this context, CPME strongly supports actions towards patient empowerment and increased patient literacy leading to a better concordance with medical advices. Since these objectives have been pursued by European doctors for many years, CPME would welcome a more positive and modern approach to the interaction between patients and doctors than set out in the last sentences of p. 643 to focus on the opportunity for change and improvement. Policy debate in the last years has clearly shown that there is no doubt that a doctor-patient relationship based on trust, patient empowerment and health literacy leads to better health outcomes.

7. Are the proposed strategies and interventions sensitive to the context and needs of doctors?

CPME welcomes the proposed strategies and interventions but considers that for optimal health outcomes and needed changes, they need to be more sensitive to the needs and professional realities of doctors, proportional to their legal and ethical responsibilities as well as their key role for provision of health services.

As regards the proposed indicator on improving the distribution of human resources for health, CPME advises to make it more comprehensive and include alongside ethical recruitment of doctors, indicators on availability of local training capacities and participation in joint training initiatives and exchange programmes between countries. The proposed indicator correctly looks at the difference between the member states with the highest and lowest ratio of physicians per 100.000 population but it would be useful to also take into account the number and availability of physicians per speciality and assess the difference between the highest and lowest ratio. Improving the distribution of human resources for health should bring no prejudice to the principle of freedom of movement both as a basic individual human right and fundamental European principle.

The professional autonomy of doctors, good working conditions (including reduction in the red-tape obligations set on doctors) and proper remuneration are essential elements that affect positively the quality of healthcare services and should support recommendations for a more equitable distribution of human resources for health.

An area of further investigation concerns the wider impact of task shifting on appropriate, safe and high quality delivery of health services, ensuring that patients receive care from the most appropriate health professional, without compromising on education and training standards for doctors in training ([CPME Statement: Impact of Task-Shifting on Junior Doctors](#)).



With regard to improving access to and the quality of individual health services, advanced information technology solutions can represent a supporting tool as already stated on par 565, p 117, but that in order for such tools to be deployed, data protection must be ensured and the resulting legal requirements fulfilled.

8. *Is there sufficient emphasis on the strengthening of health systems, in terms of both public health and health care, and are the arguments clear and convincing?*

CPME welcomes the emphasis on the strengthening of health systems, considering that generating high-quality health system input is key towards this goal. Aligning information, feedback and appraisal with good working conditions and supportive management styles is indeed a necessary approach to health human resources. However, considering the decisive role of doctors in the delivery of health care, specific needs of physicians would need to be addressed alongside nurses and midwives, please see par. 571 p. 119. As responsibilities differ between healthcare professionals, it would be essential to address the specific needs of physicians proportional to the leading role they play in health and society and not only those of nurses and midwives (par 571 p119).

As to the strengthening of health systems, it is worthwhile to underline that healthcare services cannot be equated with services delivered in a purely economic context. It is in the direct public interest to guarantee that quality and practice of the medical profession are regulated by professional bodies which can ensure that technical qualifications, ethical requirements, professional regulations, treatment procedures and quality assurance are defined and implemented with the necessary expertise ([CPME Position on the legislative proposal for a Regulation on European Standardisation \(COM \(2011\) 315 Final\)](#)).

9. *Are the proposed health 2020 targets for the WHO European Region relevant and appropriate? Please select those that you feel best capture the essence of Health 2020. If you wish to propose additional ones, please do so, providing the evidence base and methods used to arrive at the target selected.*

CPME welcomes the Health 2020 targets for the WHO European Region. Other targets that could additionally be considered refer to reducing the burden of rheumatic and musculoskeletal diseases (please see above our response to Question 4), as well as targets for improving and ensuring health at the workplace.

Furthermore, the Vitamin D deficiency and intake for the WHO European Region would need to be assessed and developed as they could prove a potentially strong prevention indicator for a health and well-being ([CPME Vitamin D Nutritional Policy in Europe](#)).



Potentially, the burden of chronic diseases as measured from a disability perspective, e.g the DALY could be better linked with the Health 2020 targets. While a mortality approach to targets is valuable, the DALYs offer disability indicators, further enhancing the preventive approach to healthcare. CPME welcomes the WHO European Region 2010 commitment to map Vitamin D deficiency in Europe and encourages that this is reflected in the Health 2020 Strategy ([WHO to Map Vitamin D Deficiency in Europe](#), 1 October 2010 meeting).

10. In addition to the above questions, please feel free to comment on any aspect of the document as you consider appropriate.

While health at the workplace is emphasised in many parts of the proposed strategies and interventions, it could prove worthwhile to create one sub-chapter addressing this issue. It would contribute towards tackling demographic challenges and an active and healthy population.