



President Jean-Claude Juncker
Commissioner Günther Oettinger

Brussels, 9 March 2018

Open Letter: Your Proposed List of Instruments for the next MFF – Healthcare Professions call for a separate Health Programme

Dear President Juncker,
Dear Commissioner Oettinger,

We are contacting you regarding the proposed list of instruments for the next Multiannual Financial Framework (MFF) that you shared with the College of Commissioners on 1 March 2018. The undersigned organisations representing healthcare professionals in the EU call for the continuation of a comprehensive and coherent EU approach to health and for this to be reflected in the Commission's proposed list of instruments for the next MFF.

We noted with regret that your proposal does not foresee the continuation of a separate health programme, but that funding would be going towards a Single Market Programme, which will also cover health aspects. **We strongly urge you to reconsider the option that you mention in footnote 1, namely to have a separate health programme as part of an investing in people cluster.**

In recognition of the commitments made in the EU treaties and EU Charter of Fundamental Rights, it should be ensured that the protection of human health remains at the core of EU policy-making. Although we acknowledge that one of the Union's objectives is to strengthen the internal market, we also wish to state strongly that **investment in health and a healthy workforce is a precondition to a sustainable and inclusive economic growth.** EU-level measures such as exchange of best practices, cooperation, legislation and targeted funding are good value for money, can provide clear added benefit and contribute to an EU in which high level of health and access to safe and high quality healthcare are a reality for everyone.

There are many health challenges that the EU Member States will face in the upcoming years where the EU, through a health programme, could serve its citizens. This includes issues like fighting cross-border threats to public health and antimicrobial resistance (AMR); ensuring the quality and safety of healthcare products; improving public health - for instance by focusing on prevention, exchange of best practices in the



fields of patient safety, chronic disease management and planning and health workforce forecasting; and developing digital and cross-border exchange of expertise.

We are attaching a detailed problem statement to this letter that provides you with additional information on why a health programme is needed.

We remain at your disposal if you have any questions.

Yours sincerely,

*On behalf of the
Council of European Dentists (CED)
Standing Committee of European Doctors (CPME)
Pharmaceutical Group of the European Union (PGEU)*

A handwritten signature in black ink, appearing to read 'Marco Landi'.

*Dr Marco Landi
CED President*

A handwritten signature in black ink, appearing to read 'Jacques De Haller'.

*Dr Jacques De Haller
CPME President*

A handwritten signature in blue ink, appearing to read 'Jesus A. Santamaria'.

*Jesus A. Santamaria
PGEU President*

cc: MEP Jan Olbrycht
MEP Isabelle Thomas

Problem statement on the future of health in the EU

In the context of the ongoing discussions on the White Paper on the Future of Europe, the next Multi-Annual Financial Framework and the future of DG SANTE, the Council of European Dentists (CED), the Pharmaceutical Group of the European Union (PGEU) and the Standing Committee of European Doctors (CPME) call for the continuation of a comprehensive and coherent EU approach to health.

Echoing the call made by Members of the European Parliament, the three organisations urge Member States and the European Commission to maintain health policy on the EU agenda under the auspices of DG SANTE. In recognition of the commitments made in the EU treaties and EU Charter of Fundamental Rights, it should be ensured that the protection of human health remains at the core of EU policy-making. Health is a precondition for economic growth and only through sustained investment in health can the full potential of the single market be realised. EU-level measures such as exchange of best practices, cooperation, legislation and targeted funding are in this context good value for money, can provide clear added benefit and contribute to an EU in which high level of health and access to safe and high quality healthcare are a reality for everyone.

Reactions to a number of public health crises - such as the bovine spongiform encephalopathy and the tobacco-related morbidity and mortality - show the effectiveness and benefit of EU-level action coordinated by a specific directorate in charge of food and health security. Challenges such as antimicrobial resistance, lifestyle related conditions such as obesity, dental decay and health workforce shortages underline the necessity to maintain and enforce such cooperation at EU level to protect the health of European population and beyond.

In support of a strong EU health policy, the three organisations would like to draw attention to examples where a

- coherent EU approach to health has proven successful, and
- non-coherent EU approach to health has proven detrimental.

A. Coherent EU approach to health

1. Fighting cross-border threats to public health and antimicrobial resistance

Faced with increasing cross-border threats to public health, such as the spread of zoonotic diseases (e.g. Ebola and Zika virus), the effective protection of European citizens requires a Europe-wide cooperation. For instance, the European Commission set up the European Medical Corps, after the Ebola and Zika crises, to provide more rapid response to emergencies with health consequences and to increase the availability of doctors and medical equipment.

Antimicrobial resistance (AMR) could lead, by 2050, to 10 million deaths globally and have a major impact on our economy if no action is undertaken to tackle this issue¹. The EU has a central role to play in this fight to help Member States in containing the spread of AMR. In this context, we would like to highlight the necessity to take actions and fully implement the recently adopted EU action plan on AMR. The European Antibiotic Awareness Day (EAAD) is one of the most successful public awareness campaigns in the EU and is widely supported by Member States and stakeholders. Its success was recently recognised by WHO, which chose to coincide the World Antimicrobial Awareness Week with the EU EAAD.

2. Ensuring the quality and safety of healthcare products

The EU has also a clear mandate when it comes to defining high standards of quality and safety of organs, blood, tissues and cells but also of medicinal products, medical devices and food supplements. In recent years, the Commission undertook several important initiatives to strengthen the EU-wide pharmacovigilance system and to combat counterfeit medicines. The falsified medicines directive, which establishes the community logo certifying legal online retailers and the European medicines verification system will ultimately make EU the safest place to purchase medicines. The ongoing evaluation of the EU legislation on pharmaceuticals should help finding the right balance between the need for research and innovation and ensuring patient access to affordable medicines. There is not one EU member state which did not experience drug shortages over the past years. Reasons of drug shortages and possible solutions are multifaceted and also require coordination at EU level.

Legislation adopted at EU level might in some cases also have implications which by itself affects availability of medical devices and materials at national level and where European response would be warranted. EU Regulation on Mercury will in the next years result in a phase down of the use of dental amalgam; to prevent negative oral and general health impact in those countries that still rely on the use of dental amalgam to a significant degree, measures such as sharing of best practices by Member States no longer using amalgam, cooperation on oral health promotion, and EU funding for research on alternatives would be vastly beneficial.

¹ UK review on antimicrobial resistance – [O'Neill report](#) from May 2016

3. Improving public health for the benefit of EU citizens

Facing similar public health challenges, such as the ageing of the population, the rising incidence of chronic diseases and the increasing hesitancy towards vaccines, European countries benefit from exchange and collaboration at EU level. A directorate specialised in health as DG SANTE is best equipped to ensure a balance between public health necessities and economic interests.

The EU recognises that vaccination is one of the most cost-effective public health measures available. In this context, DG SANTE has defined vaccination as one of its top priorities and supports EU countries in maintaining or increasing rates of vaccination against vaccine-preventable diseases. It is also exploring how cooperation at EU level can increase vaccine coverage, address shortages and strengthen routine immunisation programmes.

To promote healthy lifestyles and tackle obesity trends and by extension related conditions such as dental caries and gum disease, the Commission leads a high-level group on nutrition and physical activity which seeks European solutions to obesity-related health issues. The group focuses especially on childhood obesity, sharing knowledge and good practices, as well as the coordination of national initiatives in key fields such as product reformulation.

Moreover, the EU has taken various tobacco control measures in the form of legislation, recommendations and information campaigns. The Commission also coordinates the Committee on National Alcohol Policy and Action (CNAPA) which shares information, knowledge and good practice on reducing harmful alcohol consumption between Member States.

4. Developing digital health and cross-border exchange of expertise

While the fast digitalisation of our society has already transformed many sectors, numerous challenges still need to be overcome in the health sector. The lack of interoperability but also cybersecurity and privacy risks remain major barriers to data exchange. EU action can help tackling these challenges. For instance, European Reference Networks (ERNs) will help bringing together highly specialised healthcare professionals from different Member States in specific areas of medical expertise. We expect that this initiative will facilitate access to diagnosis and delivery of high-quality healthcare for patients with rare diseases.

The Action Plan for EU Health Workforce implemented by DG SANTE has seen a series of activities which aim to improve the evidence base for policy-making and support effective collaboration between ministries of health and stakeholders. Health professions prepared a CPD mapping study and were actively involved in the Joint Action on Health Workforce Planning and Forecasting. To build on the outcomes of these activities and continue the cross-border exchange of good practice it is important to retain the topic and structures for cooperation on the DG SANTE agenda.

B. Non-coherent EU approach to health

1. Markets vs health policy

In the EU, trends can be observed to introduce standards in healthcare services developed by industrial standardisation bodies, which have neither the necessary professional, ethical and technical competencies nor a public mandate to do so. Moreover they are likely to conflict with national regulatory frameworks. Applying a logic from industrial policy to healthcare services, leads to competing policy agendas with the protection of quality of care and patient safety being pitted against economic objectives of free market competition. Such an approach will not benefit patients.

Member States` regulatory frameworks for the health workforce are a crucial tool to protect patient safety and quality of care. The proposed Directive on a proportionality test before adoption of new regulation of professions however places a high burden of proof on Member States to provide evidence as to the suitability and proportionality of new professional regulation. Here too, the implementation of a policy agenda directed at completing the internal market for business services conflicts with the objectives and responsibilities of health policy.

The Commission's Communication "Upgrading the single market: more opportunities for people and business" announced a series of initiatives including the setting out of best practices for reducing operational restrictions in the Single Market. In this respect, it is worrying that effective public health measures such as restrictions of distribution channels of alcohol, tobacco and non-prescription medicines as well as taxation policies for alcohol, sugar and tobacco are considered as operational restrictions that negatively affect the retail sector. It appears that retailer competitiveness is preferred to public health objectives.

2. Misinterpreting health in all policies

'Health in All Policies' is a cross-sectorial approach to public policies that systematically takes into account the health implications of all decisions. This approach aims at ensuring that health considerations are transparently taken into account in policy-making. It should also help avoiding that a range of political priorities takes systematically precedence over public health aspects.

The implementation of this concept implies maintaining and building on the expertise available within EU institutions and ensuring internal consultation processes but would not mean the spreading of health dossiers across the Commission. Such developments are likely to misinterpret health in all policies to the benefit of internal market considerations only.

3. Giving up on patient safety

The Council Conclusions on Patient Safety, 1 December 2014 invited Member States and the Commission to intensify efforts and improve strategies taking into account the work of the Patient Safety and Quality of Care Working Group. The European Commission decided to close the Patient Safety and Quality of Care Working Group thereby giving up a valuable and sustainable platform for the cross-border exchange of expertise on patient safety.

*The **Pharmaceutical Group of the European Union (PGEU)** is the association representing community pharmacists in 32 European countries. In Europe over 400.000 community pharmacists provide services throughout a network of more than 160.000 pharmacies, to an estimated 46 million European citizens daily. PGEU's objective is to promote the role of pharmacists as key players in healthcare systems throughout Europe and to ensure that the views of the pharmacy profession are taken into account in the EU decision-making process.*

*The **Standing Committee of European Doctors (CPME)** represents national medical associations across Europe. We are committed to contributing the medical profession's point of view to EU institutions and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues.*

- *We believe the best possible quality of health and access to healthcare should be a reality for everyone.*
- *We see the patient-doctor relationship as fundamental in achieving these objectives.*
- *We are committed to interdisciplinary cooperation among doctors and with other health professions.*
- *We strongly advocate a 'health in all policies' approach to encourage cross-sectorial awareness for and action on the determinants of health.*

*The **Council of European Dentists (CED)** is a European not-for-profit association representing over 340,000 dental practitioners across Europe through 32 national dental associations and chambers in 30 European countries. Established in 1961 to advise the European Commission on matters relating to the dental profession, the CED aims to promote high standards on oral healthcare and dentistry with effective patient-safety centred professional practice, and to contribute to safeguarding the protection of public health. The CED is registered in the Transparency Register with the ID number 4885579968-84.*