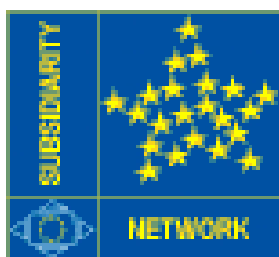




**REPORT ON THE CONSULTATION
OF THE SUBSIDIARITY MONITORING NETWORK
ON THE ROLE OF LOCAL AND REGIONAL AUTHORITIES IN THE
IMPLEMENTATION OF THE HEALTH STRATEGY 2008-2013**

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<http://subsidiarity.cor.europa.eu>

Disclaimer:

The present report does not aim to reproduce all the contributions to the Subsidiarity Monitoring Network, but tries to draw some main elements together. The remarks made here serve purely as an illustration, do not commit the CoR administration and do not prejudice the final content of the relevant CoR opinion.

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This document consists of **31** pages.

The consultation of the CoR Subsidiarity Monitoring Network (SMN) on the role of local and regional authorities in the implementation of the Health Strategy 2008-2013 ran between 2 July and 13 August 2010. A total of six Subsidiarity Network Partners participated in the consultation by electronically submitting questionnaires. Three of them are regional authorities (from Spain and Italy) and the three others are bodies/associations representing multiple regions (from Austria, Denmark and the Assembly of European Regions)¹. Through our partner, the Flemish Government, we have received the comments of the European Regional and Local Health Authorities Network (EUREGHA) on our consultation. These comments have not been taken into account when drafting this report; however we have decided to share their input and added it to the appendix.

1. Scope and level of EU action/Subsidiarity

All partners agree that addressing health issues requires action of a transversal and cross discipline nature and highlight the added value provided by the European Union's supporting competences. However, a majority of the consultation's participants emphasise the fact that local and regional authorities (LRAs) have to be consulted at an early stage of the elaboration of health-related and social policies and not only about the implementation phase. Moreover, the EU should always take into account the diversity of healthcare models in Europe, as well as the different systems of management, organisation and patient cover when proposing a new legislative act in this field. Options for a better involvement of LRAs will be developed below.

EU action is particularly welcome in the field of harmonisation of health standards and in the establishment of data allowing the comparison between Member States' regions. In this regard, the creation of a Technical Platform for Cooperation on Health is considered as a very positive initiative. It is seen as a good instrument to increase cooperation between regions and the European Union as well as between regions themselves. It is a useful tool for promoting exchange of experience and results obtained. The standardised data collection provided by the European Commission's Health Strategy 2008-2013 can effectively support regional activities in this field by making possible the comparison of health indicators and thus the level of health in the individual regions.

To a larger extent, the support and development of EU-wide networks accessible to LRAs has been encouraged. Such networks dealing with infectious diseases issues are very important for grassroots health authorities to help them to be well informed, organise prevention campaigns or face crisis situations. They could be the link that strengthens interoperability between regional, national and international levels (EU, World Health Organization and Centres for Disease Control and Prevention) for pandemic management. One partner suggested, for example, including the Pandemic Severity Index in the definition of pandemic levels.

EU support to research activities at regional level as planned in the 7th Research Framework Programme is very important. Indeed, EU action in the field of development of new medicines,

¹ For a detailed list of the partners and their contributions, see Appendix.

biotechnologies and innovative therapies helps all actors involved to identify gaps in research and draw up a research agenda. It can facilitate their action and thus increase their efficiency in order to reach the high level standards promoted in EU health policies. For example, improvements should be made to ensure free movement of medicines in the internal market or to update blood and tissue safety standards at European level.

There is a large consensus among the consultation's participants in support of the EU's principle of "health in all policies". This global approach taking into consideration directly-related health issues as well as other factors (i.e. food safety, environmental protection, improvements in the fields of education and social policies or working conditions) is considered as the right way to reach and maintain the objectives of quality and high standards of health for EU citizens. The European Union has many control levers to impact the different fields mentioned: its Regional and Cohesion policies together with the Structural Funds are recognised as excellent potential tools. Unfortunately, regional and local authorities are often insufficiently informed about financing opportunities: according to many partners, the EU should improve and develop its communication about funding opportunities and simplify its procedures to access them. This could be done through conferences or information sessions targeted at national and regional administrations. More generally, regions have identified and highlighted several challenges that need to be overcome to benefit from an optimal use of the Structural Funds available for health:

- lack of effective implementation due to insufficient administrative capacity in the regions;
- insufficient expertise in funding and especially in Structural Funds;
- lack of a strategic and long-term approach leading to limited results;
- difficulties in evaluating health investments outcomes;
- complex procedures for obtaining and investing Structural Funds.

A targeted action of the European Union towards these challenges could thus be envisaged. In this regard, all participants stressed the necessity of having regional and local representatives in EU health-related committees and more regular and institutionalised contacts with the European Commission; this could be a first step towards improving the efficiency of the Structural Funds system and multilevel governance in general. It is important to mention here that two participants pointed out the pivotal role that the Committee of the Region has to play in this regard and that one of them suggested giving more weight to the Committee.

The consultation also highlighted two incoherencies of the EU Health overall policy:

- a paradox between the overall objectives of the EU's health policy and its support for some industries (e.g. the tobacco industry);
- the initial wording of the proposal for a Directive on the application of patients' rights in cross-border healthcare² gave priority to the free movement of patients and did not sufficiently take into account the specificities of different health systems and the different levels of cover in each country, which gave rise to paradoxical situations of citizens enjoying greater rights to treatments in other countries (in the private sector) than they would have in

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their country of residence; this had as a consequence that citizens with higher incomes would have enjoyed better access to health services by avoiding waiting lists for surgery. Patient mobility, which is to be regulated by the directive, should be organised in such a way that it is not economically or financially detrimental to national or regional health systems in the EU.

Main contributions of the consultation:

- ⇒ The principle of the **technical platform** is largely approved and is considered as a very useful tool to exchange best practice, collect standardised data and help LRAs to become involved.
- ⇒ **Local and regional representatives must be better involved** in all phases of the elaboration of EU legislation in the field of health (bottom-up approach)
- ⇒ EU legislation **must respect the principle of subsidiarity and the specificities** of national and regional systems; its impact on existing structures must be assessed **continually**.

2. Impact of the economic crisis

The current economic crisis has forced many Member States to adopt plans reducing or reorienting public spending. As health expenses represent almost 15% on average of EU governments' public expenditure (WHO estimate, 2005), this sector could potentially be particularly affected by budgetary cuts.

The participants in the consultation can be classified into two categories. The first category does not report any specific impact of the economic crisis on budgets or investments in the field of health. Three out of the six participants answered that their regional programmes for health had not suffered any financial cuts, but without giving any more details about the situation. One of them, however, estimates that the situation could evolve negatively because of the economic situation of the country, despite the high priority given to the health sector.

The second group of participants, on the contrary, report significant difficulties due to the economic downturn. A lot of countries have been hard hit and the impact has been felt in all areas of the society, health being no exception. National and regional authorities encounter great financial difficulties which necessitate substantial budgetary cuts. The competition with other sectors for public investments is weakening health sectors across the EU. The low level of private investments also contributes to a deterioration of the situation.

As a consequence, health authorities have to take drastic measures:

- Restrictions on financial and human resources;
- Income cuts for sector professionals (which will entail an increase in the income differential with other professionals in European countries);
- Retiring staff are not being replaced;
- Rationalisation measures for pharmaceuticals spending;
- Postponement of investment projects.

All these measures make it extremely difficult for health authorities and professionals to respond to the wide range of obligations primarily towards citizens but also towards the European Union and the partners abroad. There is an urgent necessity to carefully prioritise activities planned for the forthcoming years, which also means the delay of multiple projects. All these factors are diminishing the regions' capacity to develop, manage and implement health and social policies/services.

Moreover, several participants consider that these financial and budgetary difficulties will continue and that the impact of the economic crisis will increase in the next few years. That is why one of our partners suggested and encouraged the European Commission to conduct an assessment of the global impact of the current crisis on the capacity of EU regions and other stakeholders in health to manage, finance and deliver health and social services.

Main contributions of the consultation:

- ⇒ Important **financial and budgetary cuts**;
- ⇒ Necessity to **rationalise** and **prioritise projects** for the next years;
- ⇒ Impact of the crisis will be felt for several more years;
- ⇒ Necessity to **evaluate the consequences of the crisis for regions**, at EU level.

3. Healthcare systems facing new challenges

Member States are confronted with multiple difficulties and challenges to maintain their high-level healthcare systems' efficiency and sustainability. All participants of the consultation are aware of these challenges and have already undertaken reform programmes to adapt health structures and services to this evolving environment. To ensure the efficiency and financial sustainability, Member States and regions need a strategic approach and management improvements in the following fields.

Health authorities must pay special attention to lifelong action and prevention. SMN partners highlighted the importance of prevention and promotion of health in the new socio-economic environment. Targeted actions should be undertaken at regional and local levels towards elderly or unemployed populations for example to raise awareness of the need to deal with health globally. Some suggested creating local health management bodies, to actively involve family associations and other actors on the ground or to create local information/listening centres.

Lifelong action should also be supported by the creation of pools of expertise, through the specialisation of hospitals able to fulfil the objective of the continuity of care. The development of "pathology networks" (e.g. in the oncology, cardio-cerebrovascular and haematology fields) to synergise health professionals already enables the pooling of procedure protocols based on best practice. The objectives of such pools also include the identification of population or persons requiring health care, to deal with patients globally and to manage health, socio-health and social action in an appropriate and sustainable way.

Such pools or centres need of course to be well-equipped. The development and use of new technologies (including Information and Communication Technologies, ICT) is fundamental. The equipment should meet the highest criteria of efficiency to permit these centres to face acute episodes (such as pandemics) as well as to provide quality services for chronic patients. The use of telemedicine, in its broad sense, should be developed to cover all stages of health care, by means of coordination of the above-mentioned centres, in synergy with the industry.

All participants insisted on the necessity to rationalise the health sector in order to improve efficiency and sustainability, by making economy of scale for example, by determining common objectives and establishing shared indicators. The definition at EU level of a services portfolio in the field of health has been suggested as a potential action which could provide a significant added value. Moreover, a better definition of patients' rights in cross-border healthcare has been asked for by a majority of the consultation's participants.

Main contributions of the consultation:

- ⇒ **Prevention and lifelong action** is fundamental
- ⇒ Development of **pools of expertise** and **networks**
- ⇒ Development and **use of new technologies** and **ICT**
- ⇒ **Better definition of standards** and more **coordination support** at EU level
- ⇒ Challenge lies in marrying the improvements/adjustments with the rising costs.

4. Appendix of partners contributions

A total of six partners submitted a contribution:

- Local Government Denmark (DK)
- Catalan Parliament (ES)
- Generalitat of Valencia (ES)
- Conference of Austrian State Governors (AT)
- Regional Government of Lombardy (IT)
- Assembly of the European Regions

4.1 Local Government Denmark

<p>1. Scope and level of EU action/subsidiarity <i>Addressing health issues requires action of a transversal and cross discipline nature, which would lie within the terms of reference shared by the EU and the Member States (either at national or sub-national level).</i></p>
<p>In the framework of the Health Strategy, what kind of action at EU level could best help local and regional authorities in addressing health issues within their remit?</p>
<p>EU has a role to play in assisting and promoting ICT technologies within health. The EU level should help local authorities not only by promoting exchange of experiences within health issues but also to promote the results that have been achieved so far. The EU could do more to create coherent policies within health (e.g. not supporting the tobacco industry etc...). Also to ensure clear rules about which health EU citizens can receive in other countries.</p>
<p>According to you, how could local and regional authorities be better involved in the implementation of the Health Strategy?</p>
<p>Important to have - like now - consultation, conferences where the EU informs about relevant initiatives and also in close cooperation with the national authorities.</p>
<p>Should there be a common commitment by Member States at EU level to better involve regions in the implementation of the EU Health Strategy (e.g. by having some seats for regional and local representatives on EU health-related committees)?</p>
<p>It would be a good idea to have a more institutionalised representation for both regional and local authorities so that local authorities can advice the Commission in relevant matters regarding health.</p>
<p>2. Impact of the economic crisis <i>The current economic crisis has forced many Member States to adopt plans reducing or reorienting public spending. As health expenses represent almost 15 % (average) of EU governments' public expenditure (WHO estimate, 2005) this sector could be particularly affected by budgetary cuts.</i></p>
<p>Do you have problems in continuing health-related public projects because of the actual economic downturn that national governments are facing?</p>
<p>No, no yet so far but the situation might change because of the financial crisis in Denmark. At the moment health issues are highly prioritised in Denmark.</p>
<p>3. Healthcare systems facing new challenges: <i>Member States are confronted with multiple difficulties and challenges to maintain their high-level healthcare systems' efficiency and sustainability: the ageing population of the EU, home treatment of chronic disease, climate change³, health inequalities, growing patient mobility, etc.</i></p>
<p>Do you consider it useful or necessary to reform or adapt your healthcare system in the light of the above-mentioned challenges?</p>
<p>Yes, absolutely.. LGDK is aware of these challenges and are adapting to these, e.g. we have a major focus on the ageing population and the elderly but much more could be done since local authorities have a central role to play in order to solve these problems. It is an on-going process but much work could be strengthened.</p>
<p>Are you already taking steps to adapt your system to any new/future challenges that you are/will be facing? If so, could you please provide a short description (including the governance structures involved)?</p>

³ Pandemics, major physical and biological incidents as well as bioterrorism pose potential major threats to health. Climate change is causing new communicable disease patterns. It is a core part of the Community's role in health to coordinate and respond rapidly to health threats globally and to enhance the capacity of EU and non-EU countries to do so. This relates to the Commission's overall strategic objective of security.

At the moment there are major changes in the health system. These changes influence the work of municipalities. There is a high degree of specialisation within hospitals; this means more day-care treatment which means the municipalities play an important role in the rehabilitation period afterwards.

What actions within the framework of the Health Strategy could be undertaken to address the issue of healthcare systems facing new challenges?

Make sure that there is a knowledge and promoting that there should exist personnel with highly skilled professional expertise, the EU should have a constant focus on these challenges and promote solutions to how these could be solved in the different countries (via the OMC method)

Further comments

Do you wish to raise any issue which you consider interesting and has not been tackled in the present questionnaire? (maximum 800 characters)

4.2 Catalan Parliament

1. Alcance y nivel de las medidas y la subsidiariedad de la UE

Tratar los aspectos relacionados con la salud requiere medidas de naturaleza tanto transversal como puntual, que entrarían dentro de los temas de referencia compartidos por la UE y los estados miembros (tanto en el ámbito nacional como en el ámbito subnacional).

¿En el marco de la Estrategia de Salud, qué tipo de medidas en el ámbito de la UE podrían ayudar más a las autoridades locales y regionales en el tratamiento de los aspectos relacionados con la salud de su competencia?

We consider that, within the EU, there are many areas in which measures (either in the form of legislation or recommendations) can assist local and regional authorities in areas related to health, such as public health, health protection, medicines, evaluation of health technologies, technological innovation and patient mobility, but we also think that any EU initiative should always take account of the diversity of health models existing in Europe and of the various systems of management, organisation and patient cover. For example, the process of implementing the recent directive on patient mobility highlighted the need for closer coordination of essential aspects of cross-border health which, while taking account of the rights of patients and their free movement, also takes account of the idiosyncrasies of the Member States and continually assesses the possible impact on existing structures. The initial wording of the cross-border directive was clearly intended to give priority to free movement of patients, without taking account of the different health systems and different levels of cover in each country, which in many countries gave rise to paradoxical situations, whereby EU citizens enjoyed greater rights to treatment in other countries (in the private sector) than they would have had in their country of residence, and with citizens with higher incomes enjoying better access to health services, by avoiding waiting lists for surgery.

Según su opinión, ¿de qué forma podrían estar las autoridades locales y regionales más y mejor involucradas en la implementación de la Estrategia de Salud?

By taking special account of the sovereignty of governments and of the bodies responsible for developing healthcare in a specific territory and by consulting them before implementing measures at Community level which could affect the health services offered. We think that the optimum approach would be for the regional or local officials responsible for health services to be represented on European health committees, participating actively as fully-fledged members.

¿Debería existir un compromiso común a nivel europeo por parte de los estados miembros para implicar e involucrar a las regiones en la implementación de la Estrategia Europea de Salud? (por ejemplo, la asignación de algunos asientos a los representantes locales y regionales en los comités europeos relacionados con la salud)

Yes - see comments in previous section.

More weight could be given to institutions like the Committee of the Regions (CoR). The Committee is an EU consultative body which brings together the Union's local and regional authorities and it is consulted by the Council of the European Union, the European Parliament and the European Commission in various areas, including public health and the environment. Currently it may issue own-initiative opinions, as in the case of the cross-border directive.

2. Impacto de la crisis económica

La actual crisis económica ha forzado a muchos estados miembros a adoptar planes de reducción y reorientación del gasto público. Dado que el gasto en salud representa casi el 15% del promedio del gasto sanitario público de los gobiernos (WHO estimación, 2005), este sector podría estar particularmente afectado por el recorte presupuestario.

¿Tienen problemas en la continuidad de los proyectos públicos relacionados con la salud como consecuencia de la actual regresión económica a que los gobiernos deben hacer frente?

As is happening in the rest of the developed economies, Catalonia has been hard hit by the economic crisis and its impact on public finances. The impact has been felt in all areas of society, and health is no exception. Public revenues have shrunk significantly, and in order to fulfil commitments on controlling the deficit and public debt all governments have to make strenuous efforts to draw up spending policy priorities. This has also had an impact in the area of healthcare, which makes up a significant part of regional public spending. Thus, both the central government and the Catalan regional government have adopted a series of rationalisation measures in the area of health in a bid to preserve the benefits of our national health system and ensure its sustainability. Against the current backdrop of economic crisis measures are being adopted in various areas: cuts in the incomes of sector professionals (which will entail an increase in the income differential with professionals in other European countries), staff retiring are not being replaced, reduction in overtime, cuts in staffing levels, rationalisation measures for pharmaceuticals spending, postponement of investment projects and all new activity entailing public spending etc. This is in turn making it difficult for health centres to obtain financing from financial institutions. And clearly all of this leads to delays in new public health projects, making it necessary to increase efficiency in the sector and to take great care in prioritising new activities planned in the coming years.

3. Los sistemas sanitarios afrontando nuevos retos:

Los estados miembros se están enfrentando a múltiples dificultades y retos para mantener su elevado nivel de eficiencia y sostenibilidad en sus sistemas sanitarios: el envejecimiento de la población de la UE, los tratamientos a domicilio de los pacientes con enfermedades crónicas, el cambio climático, las desigualdades en salud, etc.

¿Consideran útil o necesario reformar o adaptar su sistema sanitario teniendo en cuenta los cambios anteriormente apuntados?

Clearly the health sector has always striven to increase its efficiency in the face of historical trends driving up health spending such as an ageing population, the emergence of new diseases, the introduction of new technologies etc. All these factors have meant that health spending has risen faster than public revenues. The objective of ensuring the sustainability of the national health system, which was already on the agenda of central and regional government before the economic crisis, has been made all the more difficult by the serious economic crisis. As stated above, measures are being adopted to this end and this process should be continued in order to ensure the economic sustainability of the system.

¿Están preparados para adaptar su sistema sanitario a cualquier reto nuevo o de futuro al que tengan que hacer frente? ¿En dicho caso, pueden describirlo brevemente (incluyendo las estructuras del gobierno afectadas)?

Even before a crisis, and even more since 2009, we have been attempting to adapt our health system to the needs and challenges of the moment on various fronts. It should be pointed out that the Catalan health model, which is based on a large government-assisted sector, has made it possible to adapt more effectively and rapidly to the new challenges. It therefore has to be ensured that the new restrictive environment does not lead to an "administrativisation" off the sector which would affect this flexibility. There has been a clear adaptation to new challenges in health in the sector, both in terms of boosting the role of the main insurer of the health model (CatSalut) and in changes to the management model of the main public provider (ICS), as well as the decentralisation and local availability of health services to the public through the creation of local health management bodies (GTS). In terms of management, attention should be drawn to the introduction of centralised purchasing procedures for public health centres, which is already yielding positive results as well as improved coordination between the levels of support. In terms of the support model, a health model has been reinforced which emphasises replaceability, and public health policies have been pursued aimed at preventing illness and promoting health in the new socio-demographic environment resulting from immigration in recent years. The pioneering role of Catalonia should be emphasised in tackling the challenge posed by an ageing population, as well as the application of socio-health programs focusing on this sector of the population. Progress has also been made in raising awareness of the fact that the public participates, individually and collectively, in the management of health and caring for the sick. On the other hand, the development of information technologies has promoted a much more efficient and secure environment for patient management and clinical practice, with the introduction of shared health records and electronic prescriptions.

In recent years, the Department of Health has consolidated a planning strategy which provides a general framework for determining priorities in the health system and for decision-making on the development and adaptation of services. Specifically, attention should be drawn to the health plan and the health, socio-health and public health map as strategic planning instruments for health and services, as well as the management plans for priority diseases (cancer, cardiovascular disease, mental health, diseases of the locomotory system etc), plans for the management of services in strategic areas and the provision of services (specialised outpatient care, maternity and paediatric care etc), and the

innovation plan for primary care and community health. This development provides a solid basis for tackling the decisions required by the new challenges.

¿Qué medidas dentro del marco de la Estrategia en Salud se podrían iniciar para el tratamiento de los nuevos retos que deben afrontar los sistemas sanitarios?

The health strategy document sets out four principals and lays down three objectives, with a series of actions and measures. Catalonia has adopted a package of initiatives and has consolidated instruments allowing for the development of the various measures proposed. Catalonia has a charter of rights and obligations in the field of health, and recently approved the universalisation law (law on access to publicly funded health care provided by the Catalan health service), which extends health cover to population groups which have hitherto been excluded, and it has developed the results centre as an instrument for information compilation and transparency. Moreover, the health plan and the law on public health are the product of policies to reduce inequality. These instruments ensure that all the activities related to the principles of the strategy can be integrated (shared values, health as a valued social good, health and other policy areas).

With regard to the objective of promoting good health habits in an ageing Europe, priorities which should be highlighted, apart from the promotion of health in the framework of the law on public health and the health plan, include activities set out in the oncology management plan, the socio-health management plan and a new project currently being drawn up on proactive care for older, highly dependent, particularly vulnerable patients with chronic and complex care needs and comorbidity.

The government of Catalonia, by means of the law on public health adopted by the Catalan parliament, has set up the Catalan public health agency. This will be an instrument for reinforcing health monitoring and action mechanisms to tackle the challenges facing public health.

The work being done on developing and applying the new information technologies will improve the system's capacity for dynamic adaptation to the new challenges. Experience gained on shared health records, electronic prescriptions and the sharing of medical images, in the context of digitalisation, are projects in this area which are at an advanced stage of implementation.

Finally, one of the main strategic focuses of health policy action, as in the other countries of the West, is to achieve an integrated care model. On the basis of the regional organisation of services, progress has been made in Catalonia on integrating various areas of service, with common objectives and shared indicators, adapting systems for the allocation of resources, and moving towards population-based models in order to promote this process. The regional governance model used (regional health management bodies), shared between the regional government, local institutions, providers and professionals, with public participation, offers an institutional, consensus-based framework for progressing on health system pacts.

These measures, in relation to which Catalonia has the experience of initiatives already in progress, provide instruments to facilitate implementation, with a tradition of evaluation; these are actions aimed at tackling the new challenges under the best possible conditions for the management of change.

Otros comentarios

¿Desean comentar o destacar cualquier tema que consideren interesante y que no haya sido tratado anteriormente en el cuestionario? (máximo 800 caracteres).

4.3 Generalitat of Valencia

<p>1. Scope and level of EU action/subsidiarity <i>Addressing health issues requires action of a transversal and cross discipline nature, which would lie within the terms of reference shared by the EU and the Member States (either at national or sub-national level).</i></p>
<p>In the framework of the Health Strategy, what kind of action at EU level could best help local and regional authorities in addressing health issues within their remit?</p>
<ul style="list-style-type: none"> - To homogenize Health services portfolio - To homogenize the different insurance accreditation - Financing Models
<p>According to you, how could local and regional authorities be better involved in the implementation of the Health Strategy?</p>
<p>It is difficult because their relations with the EU are centralized in the Ministry of Health in Spain.</p>
<p>Should there be a common commitment by Member States at EU level to better involve regions in the implementation of the EU Health Strategy (e.g. by having some seats for regional and local representatives on EU health-related committees)?</p>
<p>Yes, of course. We would be very interested in such possibility.</p>
<p>2. Impact of the economic crisis <i>The current economic crisis has forced many Member States to adopt plans reducing or reorienting public spending. As health expenses represent almost 15 % (average) of EU governments' public expenditure (WHO estimate, 2005) this sector could be particularly affected by budgetary cuts.</i></p>
<p>Do you have problems in continuing health-related public projects because of the actual economic downturn that national governments are facing?</p>
<p>Yes, we have serious problems, even we invest 40% of the Public Budget for Health.</p>
<p>3. Healthcare systems facing new challenges: <i>Member States are confronted with multiple difficulties and challenges to maintain their high-level healthcare systems' efficiency and sustainability: the ageing population of the EU, home treatment of chronic disease, climate change⁴, health inequalities, growing patient mobility, etc.</i></p>
<p>Do you consider it useful or necessary to reform or adapt your healthcare system in the light of the above-mentioned challenges? Yes, to adapt.</p>
<p>Are you already taking steps to adapt your system to any new/future challenges that you are/will be facing? If so, could you please provide a short description (including the governance structures involved)?</p>
<p>We have a Strategic Plan, and we face the changes to be implemented with this Plan. E.g: electronic prescription, electronic health history, per capita financing and comprehensive health management.</p>
<p>What actions within the framework of the Health Strategy could be undertaken to address the issue of healthcare systems facing new challenges?</p>
<ul style="list-style-type: none"> - Services portfolio - Patients' rights in cross-border healthcare

Further comments

⁴ Pandemics, major physical and biological incidents as well as bioterrorism pose potential major threats to health. Climate change is causing new communicable disease patterns. It is a core part of the Community's role in health to coordinate and respond rapidly to health threats globally and to enhance the capacity of EU and non-EU countries to do so. This relates to the Commission's overall strategic objective of security.

Do you wish to raise any issue which you consider interesting and has not been tackled in the present questionnaire? (maximum 800 characters)

1. Scope and level of EU action/subsidiarity

Addressing health issues requires action of a transversal and cross discipline nature, which would lie within the terms of reference shared by the EU and the Member States (either at national or sub-national level).

In the framework of the Health Strategy, what kind of action at EU level could best help local and regional authorities in addressing health issues within their remit?

The first point to note is that the EU has only limited competences in the field of health. In accordance with Articles 6 and 2(5) TFEU, protecting and improving human health falls within the definition of supporting, coordinating and supplementary measures. These EU responsibilities must not supplant the prerogatives of the Member States. Moreover, the EU is required to ensure a high level of human health protection in all EU policies (see Article 168 TFEU).

Regional activities in the field of health could be supported by standardised data collection at European level, as provided for by the European Commission in its EU health strategy 2008-2013. This will make it possible to compare health indicators and thus the level of health in the individual regions. The consequences drawn from harmonised data should, however, be drawn at regional level. The area of health promotion must be orientated in a bottom-up way and not top-down. It is particularly important here to gear measures to strongly diverging regional circumstances.

Healthcare is essential to reducing inequalities in the level of health. In some cases significant financial resources are required in order to improve this. And here the European level can act in accordance with its regional-policy powers and co-finance projects.

Another major EU contribution to reducing health disadvantages is the EU 2020 Strategy, and in particular the goals of promoting social inclusion by reducing poverty and improving the level of education by reducing the level of school drop-outs. There is a clear link between the socio-economic and health situation of the population, despite social insurance in the event of sickness, a high level of medical and nursing care and provisions regarding protection against health risks in the environment and at work of the kind which are usual in the EU's regions.

Apart from explicit measures based on responsibilities for health, the European level is in particular active in relation to factors influencing health and also on the basis of other powers conferred by the TFEU. Examples include advertising and sponsorship for, as well as the manufacture, packaging and sale of tobacco products; also medicines, food safety and the environment. The EU's approach in relation to factors which have a particular influence on health is welcomed and it is an important source of support for regional health policy. In general the EU, in accordance with its mandate set out in Article 152 TEC, should require a high level of health protection in relation to transport policy, environmental policy (e.g. air pollutants, noise, drinking water etc), protection of employees, and food safety. Standards are important here. In this area the EU has already laid down a variety of binding requirements and it should continue to concentrate on this area in order to achieve health improvements for the EU population overall.

Health research, already enshrined in the 7th research framework programme (research into biotechnology, generic instruments and technologies for human health, research on the transfer of basic knowledge in the interests of human health, optimisation of health care for European citizens) is another area in which the EU can usefully support regional health activities.

In relation to medicines, the EU should promote research and development on innovative therapies,

ensure the free movement of medicines in the EU internal market, identify gaps in research and draw up a research agenda and organise the authorisation and monitoring of medicines available on the market.

High-level standards, for example in relation to blood and tissue safety, should be updated to reflect the state of the art, so that safety gains are proportionate to the effort involved.

EU-wide networks exist for many infectious diseases, for which data are also needed from peripheral health authorities, which in some cases will require a significant effort. The undoubted usefulness of the knowledge gained from the data provided and its evaluation at supra-national level should be made clear in an appropriate way to the grass-roots health authorities involved. Good interoperability between the WHO and the CDC is required for pandemic management. The Pandemic Severity Index should for example be included in the definition of pandemic levels.

The further development of the basis of European cooperation in the field of health - which is currently being pursued with the proposal for a directive on the application of patients' rights in cross-border healthcare - is useful for all stakeholders, including the regional level. EU rules must, however, respect the subsidiarity principle, especially as the Member States and often the regions are the guarantors of smoothly operating health systems. Patient mobility, which is to be regulated by the directive, should be organised in such a way that it is not economically or financially detrimental to national or regional health systems in the EU. It should be possible to establish a general system of prior authorisation for hospital treatment, and the provider of health services should be reimbursed for treatment costs actually incurred.

Quantitative targets, comparisons of performance, reports and the open method of coordination are not considered appropriate in the field of health, particularly as regional differences are often very great in this area; against this background, targets laid down at European level do not appear useful; they would otherwise have to be defined so broadly that they would not provide any useful basis for the work of the regional level. On the other hand, the exchange of secure data and best practice, for example in relation to projects regarding medical quality assurance, prevention and integrated healthcare, carried out in the framework of networks, are seen as a useful source of support for the regions.

According to you, how could local and regional authorities be better involved in the implementation of the Health Strategy?

The regional and local level can be involved in the implementation of the EU health strategy by sending representatives of these levels to participate in the various Commission committees. Arrangements for involving the regional level in this way exist in Austria. Thus, for example, representatives of the *länder* are involved in the Commission committee on the food chain and animal health.

Should there be a common commitment by Member States at EU level to better involve regions in the implementation of the EU Health Strategy (e.g. by having some seats for regional and local representatives on EU health-related committees)?

From an Austrian perspective, this is unnecessary because of the constitutionally guaranteed participation rights of the regional level in EU affairs.

2. Impact of the economic crisis

The current economic crisis has forced many Member States to adopt plans reducing or reorienting public spending. As health expenses represent almost 15 % (average) of EU governments' public expenditure (WHO estimate, 2005) this sector could be particularly affected by budgetary cuts.

Do you have problems in continuing health-related public projects because of the actual economic downturn that national governments are facing?

From an Austrian perspective there are no current problems arising from the economic crisis to report.

3. Healthcare systems facing new challenges:

Member States are confronted with multiple difficulties and challenges to maintain their high-level healthcare systems' efficiency and sustainability: the ageing population of the EU, home treatment of chronic disease, climate change⁵, health inequalities, growing patient mobility, etc.

Do you consider it useful or necessary to reform or adapt your healthcare system in the light of the above-mentioned challenges?

Are you already taking steps to adapt your system to any new/future challenges that you are/will be facing? If so, could you please provide a short description (including the governance structures involved)?

Existing arrangements concerning health structures and services are regularly adapted to reflect the current situation. The greatest challenge is ensuring that improvements can be financed against a background of rising cost pressures.

What actions within the framework of the Health Strategy could be undertaken to address the issue of healthcare systems facing new challenges?

See point 1. There are no proposals for more far-reaching EU measures on the EU health strategy.

Further comments

Do you wish to raise any issue which you consider interesting and has not been tackled in the present questionnaire? (maximum 800 characters)

⁵ Pandemics, major physical and biological incidents as well as bioterrorism pose potential major threats to health. Climate change is causing new communicable disease patterns. It is a core part of the Community's role in health to coordinate and respond rapidly to health threats globally and to enhance the capacity of EU and non-EU countries to do so. This relates to the Commission's overall strategic objective of security.

4.5 Regional Government of Lombardy

1. Portata e livello dell'azione UE/sussidiarietà <i>Per affrontare le questioni sanitarie occorre un'azione di tipo trasversale e interdisciplinare che rientri tra le competenze condivise dall'UE e dagli Stati membri (a livello nazionale o subnazionale).</i>
Nel quadro della strategia europea per la salute, che tipo di azione UE sarebbe maggiormente indicata per aiutare gli enti regionali e locali ad affrontare le questioni sanitarie di loro competenza?
Programmes that facilitate comparisons between health systems, reciprocal knowledge of choices in terms of assistance levels and pathologies, and access to best practices.
A Suo giudizio, come si potrebbe migliorare il coinvolgimento degli enti regionali e locali nell'attuazione della strategia per la salute?
The Commission could encourage the dissemination of information on its own strategies and actions throughout the regions.
Gli Stati membri dovrebbero impegnarsi tutti insieme a livello UE per migliorare il coinvolgimento delle regioni nell'attuazione della strategia europea per la salute (riservando, ad esempio, ai rappresentanti regionali e locali alcuni posti in seno ai comitati sanitari UE)?
The involvement of regional representatives in health committees would be a step in the right direction.
2. Impatto della crisi economica <i>L'attuale crisi economica ha costretto numerosi Stati membri ad adottare dei piani per contenere o riorientare la spesa pubblica. La sanità potrebbe risentire in modo particolare dei tagli di bilancio, visto che le risorse utilizzate per questo comparto rappresentano quasi il 15% (in media) della spesa pubblica dei paesi dell'UE (stime OMS, 2005).</i>
Ha riscontrato problemi nel portare avanti progetti pubblici in campo sanitario a motivo della crisi economica che il Suo governo sta attualmente affrontando?
The economic crisis is not currently having an impact on our regional programme.
3. I sistemi sanitari di fronte a nuove sfide <i>Per poter mantenere l'efficienza e la sostenibilità dei loro sistemi sanitari di livello elevato, gli Stati membri devono affrontare molteplici difficoltà e numerose sfide quali l'invecchiamento demografico della popolazione europea, il trattamento a domicilio delle malattie croniche, i</i>

⁶ Le pandemie, i gravi incidenti fisici e biologici e il bioterrorismo rappresentano considerevoli minacce potenziali per la salute. I cambiamenti climatici sono all'origine di nuove patologie trasmissibili. Il coordinamento e la reazione rapida alle minacce sanitarie a livello mondiale nonché il rafforzamento delle capacità dei paesi UE e non UE necessarie a tal fine sono una componente fondamentale del ruolo dell'UE in ambito sanitario. Ciò si collega all'obiettivo strategico generale della Commissione a favore della sicurezza.

cambiamenti climatici⁶, le disuguaglianze sanitarie, la crescente mobilità dei pazienti, ecc.

A Suo giudizio è utile o necessario riformare o adattare il sistema sanitario del Suo paese per far fronte alle sfide appena citate?

Nel Suo paese si stanno già prendendo misure per adeguare il sistema sanitario a eventuali sfide nuove/future? In caso affermativo, tracci una breve descrizione di tali misure (comprese le strutture di *governance* coinvolte).

Quali azioni potrebbero essere intraprese nel quadro della strategia per la salute allo scopo di aiutare i sistemi sanitari a far fronte alle nuove sfide?

In the Lombardy region we are convinced that in order to deal with the challenges that lie ahead – primarily an ageing population – strategic programming is needed and the system must be properly adapted, particularly as regards continuity of care and chronicity.

Pathology networks (e.g. in the oncology, cardio-cerebrovascular and haematology fields) have been set up and are being developed to synergise health professionals and enable pooling of procedure protocols based on best practice. The objectives include: continuity of care and identifying the people who require healthcare, while dealing with patients globally and by managing health, socio-health and social actions in an appropriate and economically sustainable way.

The use of telemedicine, in its broad sense, should be developed to cover all stages of healthcare, by means of coordination centres equipped with state-of-the-art and innovative technologies, in synergy with the industry, that are capable of receiving clinical parameters, with a view to preventing acute episodes and stabilising chronic patients as far as possible. The launch of large-scale projects is one of the ways of achieving this goal and one of the most effective tools for planning treatments so that every person, as soon as they require care, is aware of the fact that they can be taken care of for as long as they need.

Primary prevention is a top priority.

Faced with an ageing population and a life expectancy among the highest in the world, it is both possible and desirable to set goals towards achieving a more general aim of emotional, mental, physical, social and spiritual wellbeing that enables the person to reach and maintain their potential within the family and society at the various stages of life.

The measures planned include:

- launching an awareness and training programme at regional and local levels, with the active involvement of family associations on the ground;
- dissemination of approved preventative programmes and good practices already in operation at local level;
- launching information/listening centres in social meeting places/educational establishments;

Altre osservazioni

Desidera segnalare un aspetto, a Suo giudizio interessante, che non è stato affrontato nel questionario? (al massimo 800 caratteri)

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4.6 Assembly of the European Regions

1. Scope and level of EU action/subsidiarity

Addressing health issues requires action of a transversal and cross discipline nature, which would lie within the terms of reference shared by the EU and the Member States (either at national or sub_national level).

In the framework of the Health Strategy, what kind of action at EU level could best help local and regional authorities in addressing health issues within their remit?

Including regions in the early policy formulation stages

The first step to take at EU level to help local and regional authorities address health issues is to recognize this essential role regions play in developing health and social policies, and not just implementing them. AER has called for the inclusion of the regions in the early policy development stages, with the creation of regular contacts between the regions and the European Commission and the inclusion of regions in consultative groups. The AER report “Overview of Healthcare Systems” (published February 2009 and available on the AER website: clearly demonstrates that in many countries in Europe, regions have the primary competence of organizing, financing and delivering public health policies and services.

Funding for regions

As regards the implementation of EU policy in health, the Assembly of European Regions welcomes the European Commission’s efforts to target funding under the European Public Health Programme to the regions and to issues concerning the regions. We acknowledge the work that has been carried out to date in this direction and we will continue to regularly monitor and inform AER member regions about the funding opportunities available for health under EU funding programmes.

AER will be launching a survey of its members on EU funds: how aware regions are of the EU funding opportunities available to them, what challenges they encounter when trying to access EU funds and their proposals for improving the EU funds system. The first outcomes of this survey will be available later this year. AER will communicate these to all relevant partners and use them as a a basis to propose policy responses.

Mainstreaming Health

AER supports the EU’s policy approach “health in all policies”. To this end; AER calls for the continued emphasis on public health in the EU’s Cohesion Policy.

AER welcomes the focus the European Commission has placed on supporting regions to make

use of the Structural Funds available for health under the current funding period and to maximise the impact of health investment under structural funds. AER feels, however, that more progress can be made in this area, as not all regions are conscious of the range of opportunities available to them to invest in health under the structural funds.

AER member regions have highlighted several challenges that need to be overcome to benefit of an optimal use of the structural funds available for health: lack of effective implementation due to insufficient administrative capacity in the regions, insufficient expertise in funding and especially structural funds, lack of a strategic and long-term approach leading to limited results, difficulties to evaluate health investment outcomes, complex procedures for obtaining and investing structural funds.

To respond to these challenges, AER is concentrating its efforts on helping the regions understand what an effective and sustainable investment in health is and is participating to a project providing training for the relevant actors at national and regional level.

AER encourages the EU to retain health as a key priority in the future Cohesion Policy, in order to allow regions to develop the infrastructure and policies for ensuring citizens' health.

According to you, how could local and regional authorities be better involved in the implementation of the Health Strategy?

AER suggest further efforts to include regions at an earlier stage policy-making process.

The mid-term review of the Health Strategy is an opportunity to identify to what extent the Health Strategy is in line with regions' priorities and needs and to what extent the strategy has had an impact at regional level. It is also an opportunity to ask regions directly what adjustments they feel are needed, in order to ensure the EU Health Strategy remains on track and remains relevant.

AER welcomes the creation of the Committee of the Regions technical platform for cooperation on Health as a good instrument to increase cooperation between the regions and the Commission.

Moreover, AER acknowledges the inclusion of regional representatives in the European Health Policy Forum (EUHPF), where AER has been an active member since its creation. It is crucial for regions to work together with stakeholders in health and develop cooperation projects, common positions and exchange knowledge.

Should there be a common commitment by Member States at EU level to better involve regions in the implementation of the EU Health Strategy (e.g. by having some seats for regional and local representatives on EU health-related committees)?

2. Impact of the economic crisis

The current economic crisis has forced many Member States to adopt plans reducing or reorienting public spending. As health expenses represent almost 15% (average) of EU governments' public expenditure (WHO estimate, 2005) this sector could be particularly affected by budgetary cuts.

Do you have problems in continuing health-related public projects because of the actual economic downturn that national governments are facing?

Informally, AER has received the following feedback from some member regions on the impact of the crisis:

Some AER member regions are experiencing internal cuts in budgets and staff, difficulties in attracting private investment, as well as increasing competition with other policy sectors for access to increasingly limited public resources. The restrictions in some regions' financial and human resources mean that in practice these regions are having difficulties responding to the wide range of obligations they have, primarily towards their citizens but also towards Europe and their partners abroad. AER is also receiving indications that some regions are planning restrictions for the years to come; it is therefore our estimation that the impact of the crisis will continue to increase in the next few years.

AER is currently conducting an indicative survey of some of its member regions to understand the impact the crisis is having on these regions' financial and human resources, and on their capacity to develop and implement health and social policies and to organize, manage and provide health and social services.

AER encourages the European Commission to conduct an assessment of the impact of the current economic and financial crisis on the capacity of the regions and other stakeholders in health to manage, finance and deliver health and social policies and services. The impact of the crisis on the implementation of the EU health strategy should be considered and adequately addressed, as part of the strategy's mid-term review.

3. Healthcare systems facing new challenges

Member States are confronted with multiple difficulties and challenges to maintain their high-level healthcare systems' efficiency and sustainability: the ageing population of the EU, home treatment of chronic disease, climate change, health inequalities, growing patient mobility, etc.

Do you consider it useful or necessary to reform or adapt your healthcare system in the light of the above-mentioned challenges?

Are you already taking steps to adapt your system to any new/future challenges that you are/will be facing? If so, could you please provide a short description (including the governance structures involved)?

What actions within the framework of the Health Strategy could be undertaken to address the issue of healthcare systems facing new challenges?

.../...

AER welcomes the focus the Health Strategy and resulting policies have placed on the potential of e-health. The AER e-He@lth network has been facilitating the exchange of knowledge and experience among regions about the potential new technologies have to offer in improving the quality and efficiency of healthcare, as well as contributing to a territory's overall economic development.

Further comments

Do you wish to raise any issue which you consider interesting and has not been tackled in the present questionnaire? (maximum 800 characters)

4.7 Statement from the Chair of EUREGHA

EUREGHA description

In Europe, much of the organisation and delivery of healthcare takes place at the regional or local level. For this reason, EUREGHA was created in January 2006 and has since become an established forum for European local and regional authorities to engage with. Today, the network counts more than 100 local and regional health authorities and has continually expanded the scope of the core activities.

By representing the interest of local and regional authorities in the public health field at the European level, the network aims to strengthen policy collaboration between regional and local actors and the EU institutions.

Abstract

In response to the Consultation on the Own-Initiative report “the role of the regional and local authorities in the implementation of the Health strategy”, launched by CoR Subsidiarity Monitoring Network (SMN), the European Regional and Local Health Authorities Network, hereafter referred as EUREGHA, will outline the opinion of its Chair, currently taken up by Flanders.

With kind regards to the Veneto and the North West England Brussels Offices for their support

The following response does not reflect the point of view of the single regions members of EUREGHA since it is the result of the work of the EUREGHA chair.

Introduction

Large differences in health status, health systems exist within and between the EU Member States.

In this context, the regional or territorial dimension of health policy plays a key role due to its closeness to citizens. The EU Health Strategy 2008-2014 gives opportunities and challenges for regions and for the local level to mainstream health in the EU Policy Agenda. The main challenge is to streamline the synergies and to get better organised amongst regions and in Europe.

Response

The starting point for all health policy makers, be it at European, national, regional or local level, is to protect and improve the health of their citizens.

Local and Regional Health authorities are close to their own citizens and are therefore best placed to understand their health needs, challenges and the potential workable solutions.

Even though large differences in health status and in health systems exist, all European regions face the same challenges for the near future: on one hand, there is the demographic evolution, with an ageing population, requiring more care, and less people able to provide this care. On the other hand, the economic crisis has forced all levels of governance to think carefully about the best use of our public finances. Cuts in public spending will be necessary in the public and private sector across Europe. Health systems, no matter how they are financed will not be immune from budgetary constraints and will have to adapt to this changing landscape. However, economists and health policy makers agree that investment in health is necessary, even now, in order to create a healthier society and economy in the long term. Policy makers at all levels, including the European level should therefore be bold and positively invest in the health of their citizens.

Health should remain at the core of EU policy initiatives. Health prevention and promotion should be seen as an economic driver and as a long-term opportunity. Investing in prevention can save money for care; investing in care creates work; investing in innovation can boost the economy. Many regions are focusing their policy making on investment in innovation in the health sector in a broad sense. It contains actions in patient-centred care, development and implementation of e-health applications, development of reference networks for highly specialised health care, investing in jobs in the social profit sector and in basic and translational research. It should be underlined that health initiatives need more to be geared from care towards prevention. The cost-effectiveness of preventive measures has been proven and this evidence should be shared.

.../...

The decentralisation of health issues from the national to the regional and/or local level structures the implementation of the Health Strategy differently from other EU policy areas. There is a clearer interest for the regional and local level to be more involved and interested in the EU policy making.

The ambition of the regional and local level is not merely to increase the age of the population, but mostly to improve people's healthy life expectancy. Investing in disease prevention is thus an important focus for health policy makers, for which we work with health targets and action plans. This is a field par excellence where the EU level can have added value, where regions and local level can and should learn from each other, and join forces, also with the EU Institutions.

In essence, even in an economic crisis, it is possible to create a win-win situation that improves the health of citizens, whilst developing our economic needs, if we share expertise and cooperate across sectors and levels of governance to create sensible, health promoting policies for European citizens.

The basic principles of policy making should not differ over Europe, in a way the following analysis tree is simple but logical:

1. First identify the health threat with the largest impact (the biggest killer)
2. Then see if we can do something about it
3. Look for evidence based strategies to tackle it
4. Find resources to invest in the implementation of these strategies

In an ideal situation, actions at different levels should be synchronised and be complementary, so that they strengthen each other. In order to approach this ideal, the regional level should also be involved in the process of policy development at the EU-level, ideally as early as possible in this process.

Amongst regions it is necessary to learn more about our priorities and to communicate them. Communication and cooperation about our priorities and our solutions in health is transparent and constructive and should be the basis for further collaboration.

Conclusion

The Future EU health strategy will have to build on the existing strategy and should work towards:

- Creating an environment of cooperation and companionship in the creation of health policy at EU level, that involves local and regional stakeholders.
- Demonstrating the relevance of the strategy to the local and regional stakeholders who are closest to the citizens of Europe.
- Learning from the economic crisis and seeking to create win-win situations that promote the health of European citizens and the health of our economies.
- Investing in health should be the long-term approach: prevention rather than care.
- Integrating the new strategy and its objectives into other overarching EU strategies.
- Integrating the Healthy Life Years Indicator into the benchmarking of the EU 2020 Strategy.
- Promoting communication and cooperation at all levels of governance and over all relevant sectors, but in particular amongst health authorities.

- Creating an environment where health inequalities are seen as simply unacceptable and that they can be overcome if the appropriate environment is created.
- Incorporating health initiatives and policy should be a multi-level governance issue
- Further integrating the 'health in all policies' approach to EU policy making
- Allocating adequate financial resources for the implementation of the strategy, with European public health programmes that enable regional and local health authorities to learn and improve the health of their citizens rather than restrict them.

The European Union is able to provide impetus and incentive for all levels of governance to invest in improving health, despite a limited competence in the field of health. This potential must be realised if we are to achieve a high level of health for all EU citizens. Local and regional authorities are ready to take up the challenge and are well placed to deliver tailored results for their own populations. The EU must encourage, not stifle this and facilitate further exchange and cooperation amongst regions and local authorities where possible and useful.