

QUESTIONNAIRE ON THE EU HEALTH STRATEGY

Questionnaire on the role of local and regional authorities in the implementation of the Health Strategy 2008-2013

Submitted to the Subsidiarity Monitoring Network for consultation purposes
by Mr Adam Banaszak (PL/EA)

Please complete and submit by 13 August 2010. You can upload the completed questionnaires directly on to the Subsidiarity Monitoring Network webpage (<http://subsidiarity.cor.europa.eu> - remember to log on). Alternatively, you can send them by email to subsidiarity@cor.europa.eu.

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AER Introductory words

The Assembly of European Regions (AER) is the largest independent network of regions in wider Europe. Bringing together more than 270 regions from 33 countries and 16 interregional organisations, AER is the political voice of its members and a forum for interregional cooperation.

AER welcomes the decision of the Committee of Regions (CoR) to draft an opinion on the role of the regions in implementing the EU Health Strategy.

The following AER contribution is based on past positions and declarations adopted by the AER Social Policy and Public Health Committee and the AER General Assembly:

- AER Response to the EC Consultation on “Formulating a European Health Strategy” (2007)
- AER Declaration on Financing Regional Healthcare (2009)
- AER Response to the consultation on health inequalities (2009)
- AER Response to the European Commission Proposal for a Directive on the “application of patients’ rights in cross-border healthcare” (2009)
- AER Response to the European Commission Green Paper on “European Workforce for Health” (2009)
- AER Overview of Health Care Systems (2009)

Health Strategy 2008-2013 – Context

In its White Paper “Together for Health: A Strategic Approach for the EU 2008-2013”, the European Commission stated that health is central in people’s lives and that it needs to be supported by effective policies and actions in Member States, at EU level and at global level.

Member States have the main responsibility for health policy and the provision of healthcare to European citizens. According to Article 168 of the Treaty on the Functioning of the European Union (TFEU), “Union action shall respect the responsibilities of the Member States for the definition of their health policy and for the organisation and delivery of health services and medical care. The responsibilities of the Member States shall include the management of health services and medical care and the allocation of the resources assigned to them.”

The EU’s role is not to mirror or duplicate Member States’ work. A common approach to health matters should not result in any moves towards harmonisation or to any infringement of the subsidiarity principle. Nevertheless, there are areas where EU actions can present a clear added value in the field of health.

Local and regional authorities are directly affected by the EU’s new health strategy since, in many Member States, they are responsible for the health and/or healthcare sectors. In addition, regions and local health actors are often responsible for the planning, management, operation and development of the health sector. They often bear financial responsibility for this area too; they are close to grassroots concerns and thus have a sound understanding and knowledge of the health field.

Given Member States’ responsibilities in health at national, regional and local level and the need to comply with the principle of subsidiarity, they must be closely involved in the implementation of the Strategy, at all levels of governance.

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 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)