



Committee of the Regions

DEVE-IV-023

**74th plenary session
9 and 10 April 2008**

**OPINION
of the
Committee of the Regions
on the
WHITE PAPER – TOGETHER FOR HEALTH:
A STRATEGIC APPROACH FOR THE EU 2008-2013**

THE COMMITTEE OF THE REGIONS

- believes that a common approach to health matters should not result in any moves towards harmonisation or to any infringement of the subsidiarity principle;
- asks the Commission to make reducing inequalities in health a priority objective;
- notes that the strategy does not address the issue of pharmaceuticals and calls therefore for a closer examination of this issue;
- believes that cancer screening is an example of specific healthcare treatment and thus a matter for the national level; it should not therefore be included in the health strategy. However, cooperation and sharing of best practice amongst EU countries is welcomed;
- believes that local and regional authority input into the new EU-level structured cooperation mechanism could be achieved by having some seats on the new health-related committees filled by regional and local representatives, but demands that such a structured cooperation mechanism be discussed further and that it must be done in an open and transparent way.
- believes that the Commission should compile a digest of relevant health-related cooperation networks and organisations and that steps should be taken to bring together the stakeholders concerned to develop appropriate and effective types of cooperation

Rapporteur :

Mr Karsten Uno Petersen, Member of South Denmark Regional Council (DK/PES)

Reference document

White Paper – Together for Health: A Strategic Approach for the EU 2008-2013
COM(2007) 630 final

I. POLITICAL RECOMMENDATIONS

THE COMMITTEE OF THE REGIONS

1. welcomes the Commission white paper setting out a Community health policy strategy until 2013, subject to compliance both with Treaty Article 152, which stipulates that public health is basically a matter for national policy, and with the subsidiarity principle;
2. agrees that health is central in people's lives and needs to be supported by effective policies in all areas, including action taken in Member States and at EU and global level. The Commission should continue to give priority to public health as an area of EU competence in which major health gains can be achieved;
3. notes and applauds the growing interest in health matters at EU level, as was reaffirmed in the Reform Treaty agreed in Lisbon on 19 October 2007, which proposes reinforcing the political importance of health. However, the Committee of the Regions would point out that a common approach to health matters should not result in any moves towards harmonisation or to any infringement of the subsidiarity principle;
4. recognises the new requirements underlying the framing of a more strategic Community-level approach, including the ageing population, new health threats (pandemics, biological incidents, bioterrorism and climate change challenges) and new technologies, but underlines that care should be taken to ensure that the EU does not overstep the limited health-policy related powers assigned to it under Art. 152 of the EC Treaty;
5. supports the values and principles set out in the white paper, including solidarity, grassroots involvement in policymaking, the reduction of inequalities in health, the promotion of investment in this area, the integration of health concerns into all policies, and the strengthening of the EU's voice in global health;
6. backs the white paper's three overriding objectives – fostering good health in an ageing Europe, protecting citizens from health threats, and supporting dynamic health systems and new technologies – and endorses the proposals for specific action on them;
7. notes that openness vis-à-vis the role, interests and experiences of regional and local partners is a vital element in ensuring that the values, principles and objectives of the white paper can also be translated into practice;
8. asks the Commission to make reducing inequalities in health a priority objective and to focus on the health-related discrepancies between different social groups; Priority should thereby be given to supporting Member States that are lagging behind in developing public health measures and improving people's state of health, so as to reduce the discrepancies and imbalances that exist on the health front within the EU;

9. welcomes a system of health indicators, provided there is no infringement of national responsibility for healthcare;
10. notes that the strategy does not address the issue of pharmaceuticals despite the far-reaching impact on patients and the public if the provisions in place in this area are considered solely as a facet of industrial policy and not in connection with health; calls therefore for a closer examination of the pharmaceuticals question, taking as its point of departure the fact that, in many EU countries, this area comes within the ambit of health and health insurance; ;
11. believes that cancer screening is a healthcare issue and thus a matter for the national level; it should not therefore be included in the health strategy;

Implementation of the strategy

12. also notes that local and regional authorities are directly affected by the EU's new health strategy since, in many Member States, it is they who are responsible for the health and/or healthcare sectors;
13. draws attention to the fact that regions and local health players are often responsible for the planning, management, operation and development of the health sector – and also frequently bear financial responsibility for this area too; they are close to grassroots concerns and thus have a profound understanding and knowledge of the health field;
14. is pleased that the white paper recognises local and regional authorities as key actors in delivering healthcare and thus expects that, given their responsibility in this area, they will be fully involved in implementing the strategy. The strategy will be most effective if it is backed up by regional and local input at as early a stage as possible, thereby also boosting scope for the regional or local level to take ownership of the strategy;
15. welcomes the scope afforded by the white paper for regional and local involvement in a new EU-level structured cooperation mechanism, and is pleased that the Commission is to work on a cross-sectoral basis and that it is to ensure consistency with other bodies that deal with health-related issues, but demands that such a structured cooperation mechanism be discussed further and that it must be open and transparent and by no means go beyond the coordination referred to in the second sentence of Article 152 (2) of the EC Treaty;
16. notes in that connection the importance of involving bodies and networks representing local and regional authorities on health matters at an early stage in the deliberations of future EU health initiatives;
17. backs the Commission proposal for a new EU-level structured cooperation mechanism to advise the Commission and to promote coordination between the Member States, provided

that, as the Commission itself is proposing, this new mechanism secures adequate regional and local input and involvement at an early stage. This also applies to local and regional authority input and involvement in the planned new structure, under which Member States are to replace some existing committees;

18. makes the point that, in practical terms, local and regional authority input into the new EU-level structured cooperation mechanism could be achieved by having some seats on the new health-related committees filled not only by national-level members but by regional and local representatives as well, thereby yielding the broadest possible consultation on health issues and giving greater scope for generating a sense of ownership, at regional level, for EU health initiatives;
19. proposes that regional and local representatives be appointed from within the Committee of the Regions for a fixed period. The regional and local representatives on the new EU health-related committees could then report back to the Committee of the Regions;
20. agrees that value can be added to Member States' action through the Commission's proposal to foster cooperation with stakeholders at Community level and feels it is vital that Commission efforts to secure the continued development of partnerships with these players and to build on – or possibly set up new – health forums or networks should also bring in local and regional representatives much more fully than is the case today;
21. in that context, calls for cooperation first and foremost with the Committee of the Regions as the only advisory body under the Treaties representing local and regional authorities, but also with various networks and organisations that pool local and regional authority expertise in the health arena at EU level. It is important that, when selecting these networks, the Commission ensures that they have broad regional and local coverage, that they are equally accessible for all regional and local authorities to take part, and that no barriers, such as high membership fees, are erected to participation;
22. recommends that the Commission draw up a digest of relevant formal and informal health-related cooperation networks and organisations that meet the above criteria, and also that it bring together the stakeholders concerned to develop appropriate and effective types of cooperation;
23. drawing on the Commission's transparency initiative, recommends transparent working methods, i.e. the Commission should publicly announce the health stakeholders with whom it is working and the players that are to be involved at an early stage in the forums, committees and bodies it is proposing be set up;
24. would also ask the Member States to lay down procedures for the timely involvement of their own regions or local authorities in health-related issues at EU level;

Financial instruments

- 25. agrees that the actions in this strategy should be supported by existing financial instruments until the end of the current financial framework (2013), without additional budgetary consequences, not least in the light of the regions' and local partners' commitments;
- 26. is pleased that the Commission has drawn attention to the link between a healthy population and the Lisbon objectives for growth and jobs and, in that context, asks that, in future, cohesion policy and the common agricultural policy should focus more strongly on public health aspects;

Recommendations to the EU presidency

- 27. would ask the EU presidency to incorporate the substantive elements of points 7, 8, 15, 16, 19, 20 and 22-24 of this opinion into the Council conclusions on the EU health strategy, viz:
 - 27.1 openness vis-à-vis the role of regional and local partners is a vital element in ensuring that the values, principles and objectives of the white paper can be translated into practice (point 7);
 - 27.2 reducing inequalities in health must become a priority objective; the focus should be on the health-related discrepancies between different social groups and priority should be given to supporting Member States that are lagging behind in developing public health measures (point 8);
 - 27.3 the Commission proposal for a new EU-level structured cooperation mechanism should secure adequate regional and local input and involvement at an early stage. This also applies to local and regional authority input and involvement in the planned new structure , but demands that such a structured cooperation mechanism be discussed further and that it must be open and transparent and by no means go beyond the coordination referred to in the second sentence of Article 152 (2) of the EC Treaty (point 15);
 - 27.4 in practical terms, local and regional authority input into the new EU-level structured cooperation mechanism could be achieved by having some seats on the new health-related committees filled by regional and local representatives (point 16);
 - 27.5 cooperation should focus first and foremost on the Committee of the Regions as the only advisory body under the Treaties representing local and regional authorities, but should also be conducted with a number of other networks and organisation that pool local and regional authority expertise in the health arena at EU level (point 19);
 - 27.6 a digest should be compiled of relevant health-related cooperation networks and organisations and that steps should be taken to bring together the stakeholders concerned to develop appropriate and effective types of cooperation (point 20);

- 27.7 the Member States should lay down procedures for the timely involvement of their own regions or local authorities in health-related issues at EU level (point 22);
- 27.8 the actions in this strategy should be supported by existing financial instruments until the end of the current financial framework (2013), without additional budgetary consequences, not least in the light of the regions' and local partners' commitments (point 23);
- 27.9 in future, cohesion policy and the common agricultural policy should focus more strongly on health aspects (point 24).

Brussels,

The President
of the Committee of the Regions

Luc Van den Brande

The Secretary-General
of the Committee of the Regions

Gerhard Stahl

II. PROCEDURE

Title	White Paper – Together for Health: A Strategic Approach for the EU 2008-2013
Reference	COM(2007) 630 final
Legal basis	Art. 265(1)
Procedural basis	Optional referral
Date of Commission letter	23 October 2007
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Commission responsible	Commission for Sustainable Development (DEVE)
Rapporteur	Mr Karsten Uno Petersen (DK/PES) Member of South Denmark Regional Council
Analysis	21 January 2008
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Previous Committee opinions	