COMMISSION OF THE EUROPEAN COMMUNITIES



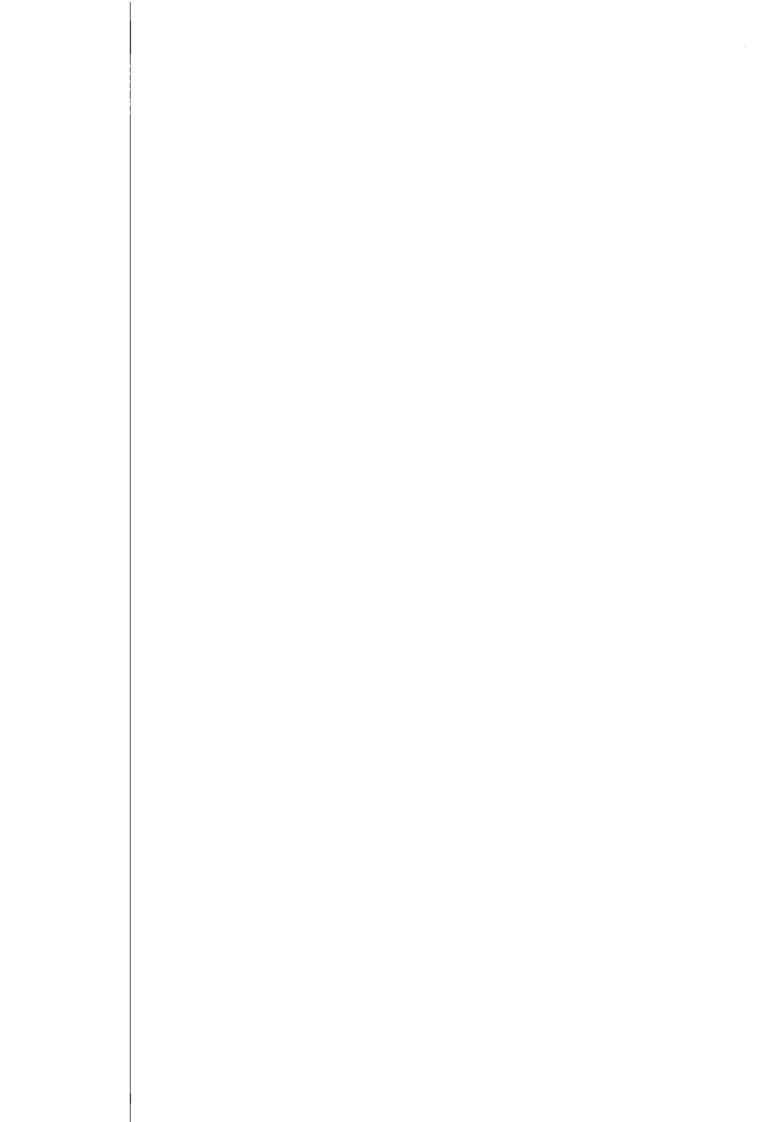
Brussels, xxx SEC(2007) 1378

AVIS DU COMITE DES EVALUATIONS D'IMPACT

WHITE PAPER

"Together for Health: A Strategic Approach for the EU 2008 - 2017"

{COM(2007) 630 final} {SEC(2007) 1374} {SEC(2007) 1375} {SEC(2007) 1376}





EUROPEAN COMMISSION IMPACT ASSESSMENT BOARD

> Brussels, 29 June 2007 D(2007) **5993**

Opinion

Impact Assessment on: White Paper 'Together for Health: Strategic Approach for the EU 2008-17'

(draft version of 14 June 2007 (resubmission))

Lead DG DG SANCO

1) Impact Assessment Board Opinion

(A) Context

Title

In 2000, the Commission adopted the first Health Strategy which gave rise to Public Health Programme (2003-2008). As a follow-up, the IA report considers the need for a new European Community Health Strategy 2008-17. The proposed strategy intends to respond to the main challenges by setting objectives for the coming decade, taking a new approach to health as a cross-sectoral issue affected by all policies and to global health issues.

(B) Positive aspects

Extensive stakeholder input has been sought on a number of issues during 2006-2007 including from various experts and an expert panel. A noticeable effort has been made to improve the IA report along the lines of the recommendations of the first opinion of the Impact Assessment Board. The recommendations below are meant to enhance the already achieved improvements.

(C) Main recommendations for improvements

The recommendations below are listed in order of descending importance. Some more technical comments have been transmitted directly to the author DG.

General recommendation: The IA report requires further improvement in the problem definition by developing a more concise and strategic approach to the shortcomings of the existing activities. The objectives should be more focused by setting process objectives as well as broad targets.

Commission européenne, B-1049 Bruxelles / Europese Commissie, B-1049 Brussel - Belgium. Telephone: (32-2) 299 11 11. Office: BERL 6/29. Telephone: direct line (32-2) 2981898. Fax: (32-2) 2965960.

E-mail: impact-assessment-board@ec.europa.eu Website: http://www.cc.cec/iab/i/index_en.cfm (1) The problem definition should be more concise and reflect more clearly the continued need for a strategic approach to the existing activities and their current shortcomings. While interesting in itself, the problem definition could be presented in a more concise way to allow a proper balance with the other sections of the IA report. For example, parts of the section could be presented in an annex as background information.

The problem definition should focus on what cannot be achieved with existing measures and structures, such that the value added from EU level intervention follows logically. For example, regarding the need for co-operation on communicable diseases such as tuberculosis or avian flu, it should be stated which benefits flow from existing cooperation mechanisms and which crucial elements are lacking. Furthermore, a more convincing case should be made why, with national and geographic specificities, Member States are not better placed than the EU as regards informing patients, health awareness campaigns, etc. At the moment, it is not clear, e.g. on page 14, whether and to which extent there is a risk with regard to how existing measures would fail or be suboptimal in an emergency situation.

Finally, the problem definition should avoid pre-empting the outcome of the analysis and political language. For example, 'the strategy will allow enough flexibility to deal with unforeseen events and issues, and to redirect the focus of effort as necessary during the ten years (page 9)' or 'As part of the overall strategy, a clear community framework for safe and efficient health services will be put in place ... (page 16)' are ill-placed in a problem definition.

(2) The objectives should be more focused, set in hierarchical order and be more detailed. Seven objectives - four health and three good governance objectives - correspond clearly to the problem areas identified. However, although it is explained that the purpose would be to remain flexible to cover any new challenges that may not have been identified, it should be possible to define specific procedural objectives as well as the broad targets. Otherwise it is difficult to see what the future policy is supposed to achieve. Further consideration should be given to which extent the objectives could be made SMART.

(D) Procedure and presentation

It appears that all necessary procedural elements have been complied with.

The final version of the IA report should contain a reference to the way in which the opinions of the Board have been integrated in the report.

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2) IAB scrutiny process

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Reference number	2006/SANCO/004, Strategic Initiative CLWP 2007	
Author DG	SANCO-C-5	
External expertise used	No	
Date of Board Meeting	NA	
Date of adoption of Opinion	29 June 2007	
	The present opinion concerns a resubmitted draft I The first opinion was issued on 23 May 2007.	A report.

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