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**Growing inequalities, stronger  
partnerships**

*Check Against Delivery  
Seul le texte prononcé fait foi  
Es gilt das gesprochene Wort*

European Health Forum Gastein - Session: European Health and partnership challenges. The widening health divide in Europe. Partnerships between the state and its citizens, health reforms and patients safety

**Gastein, 7 October 2005**

Ladies and Gentlemen,

I am **delighted** to participate in this eighth European Health Forum, and to visit the splendid setting of Gastein for the very first time.

I am well aware of how this annual event has grown in stature and influence, and I look forward to a fruitful exchange of ideas with you today and in the years to come.

Our theme this morning – partnerships and the health divide – is a **key concern** in developing European health policy.

### **Health inequalities**

When I became European Health Commissioner I was genuinely **surprised by the extent of inequalities** in health status and incidence of diseases that span our continent. This is a major challenge for us all. Can we really accept:

That male life expectancy in Estonia and Latvia is a full 12 years shorter than in nearby Sweden?

That heart diseases kill almost ten times more women in the Slovak Republic than in France?

Or that lung cancer kills twice more people in Hungary than in Finland?

Do we really want a European Union that sees these differences as reasonable, or even inevitable?

Naturally we need to examine what lies behind these differences.

First, there are **different levels of medical capacity** across the EU. Many regions do not have enough high-quality medical centres with up-to-date equipment and well-trained staff.

For example, Austria has about eleven MRI (magnetic resonance imaging) scanners per million people, while several other EU countries have only one or two.

But healthcare capacity is just the tip of the iceberg.

Health inequalities means **looking at the divide** between rich and poor, well educated and poorly educated, and even between communities and genders.

If we want to understand health inequalities, we also have to look at a **country's general approach to health**, including promotion and prevention. This is of particular importance as many of our health problems are linked to **lifestyle**.

The differences in incidence of certain diseases are hardly surprising when we examine the different **patterns of smoking, or obesity** across the EU.

In a couple of EU countries half of the male population smokes, while in others not more than a quarter smoke.

We must also look at the wider health determinants such as **environmental pollution** and **socio-economic conditions**, in particular poverty, and how they are being tackled.

The question is: **what can Europe do about it?**

The European Community is about fostering convergence to ensure a high level of prosperity and well-being across Europe. A high-level of health is an essential part of this.

And there is much we can do to bridge health inequalities if we work together, involving all players in close partnership.

**Strengthening partnership is what I want to focus on today.** I will first highlight partnerships between the EU and its Member States; then partnerships between different policies; and finally partnerships with citizens and civil society.

## **Partnerships between Member States and the EU**

Tackling the broad health determinants and ensuring that health systems meet citizens' needs is, of course, primarily **a matter for national and regional authorities.**

However, **countries have much to gain from working together** to bridge health inequalities.

Member States can **learn together and help each other** respond to common challenges. They could even take steps towards sharing capacity.

There is great scope for working together to make health policy and actions more effective, more efficient and more responsive. **The European Commission is well positioned to help Member States** in this process.

For example, all EU countries are struggling with **obesity.** Joining forces to seek and share solutions for this common problem is particularly appropriate. Indeed, the Commission is working closely with Member States and stakeholders to develop a European agenda in this area.

Or think about a possible **influenza pandemic** in Europe. We already have the **European Centre for Disease Prevention and Control** up and running in Stockholm. The Centre can provide vital scientific and technical support in fighting such pandemics.

I am also pleased that some EU Member States have made thorough **preparations for such a pandemic:** they have in place crisis plans, infrastructure, vaccines and trained experts.

However, the preparedness of a number of other Member States is not so advanced. And if one country cannot fight a pandemic within its borders, it can quickly spread to other countries, putting the whole EU at risk.

That is why I proposed measures earlier this year to help Member States **develop capacity to fight health threats,** including establishing networks and exchanging good practice.

But quite apart from any particular crisis, many Member States have **difficulties in meeting regular demands** for healthcare, for example as regards complex surgery or rare diseases.

**Networking European centres of reference** in different clinical fields and involving them in diagnosis and treatment of people across the EU could maximise the use of resources. This would help to raise healthcare standards and save individual States from investing in very specialised and expensive facilities.

This is why the Commission has been working with the Member States on **developing concrete proposals** along these lines. We are also discussing partnerships on other key issues such as health technology assessment and patient safety.

**Patient safety** is another good example of where strengthening partnerships is particularly valuable. Many Member States are putting in place patient safety programmes with systems for reporting and learning from incidents.

Co-ordination of different initiatives at European level could help improve the reporting of incidents, lead towards standardisation of medical equipment and help to build safety as a key element into the design of all health systems.

### **Partnerships between different policies**

But population health is of course **affected by a wide range of other policies** and healthcare measures alone will certainly not succeed in bridging the health gap.

So how do we **mainstream health concerns** into other policies? And on which policies should we **focus**?

The EU puts much effort into ensuring economic prosperity throughout the Union and devotes substantial funds to help poorer regions become more competitive.

But it takes more than infrastructure to help regions develop. It takes a healthy population. This is why, in close partnership with the Regional policy services, we made **health a key funding area of the European Regional Development Fund** from 2007. It will be up to the Member States to seize this new opportunity.

Continuing with development, you will no doubt be aware of the so-called **Lisbon agenda** to make Europe the world's most competitive economy. Everybody agrees Europe needs to create jobs, boost productivity, increase labour participation.

What is sometimes overlooked is that **these measures require a population in good health**. I am pleased that Healthy Life Years are integrated into the Lisbon agenda. But health will only be a concrete part of Lisbon if Member States themselves include health measures in their action plans to fulfil those goals.

Governments may well want to raise retirement age above 65, but in some parts of Europe many people will be lucky even to live that long. If employees are forced off sick due to bad health, how can industry boost productivity?

The European Commission has just published an important study that shows that **bad health is bad news for competitiveness**. Some of its authors are discussing it here in Gastein.

This calls for **stronger links between economic strategies and health policy**. Health Ministers, Industry Ministers and Finance ministers need to speak to one another more often.

I am working with the Commissioner for Enterprise policy, to launch a strategy aimed at **boosting pharmaceutical industry** competitiveness and address health concerns at the same time. An issue we will tackle together is information to patients.

Health and **international policy** also need to be brought closer together. We cannot neglect health issues outside our borders. I understand this was one of the clear messages that arose from this Forum last year.

Finally, last April **the Commission proposed** an ambitious set of objectives for health policy as from 2007 under a **new EU programme for health policy and consumer protection**. The new programme focuses on **helping citizens make healthier and better choices** and on protecting them from risks they are unable to manage by themselves. Developing stronger partnerships with civil society and citizens are the core of the new programme.

### **Partnerships with citizens and civil society**

This brings me finally to the **partnerships with citizens**. If we want to improve health and bridge health inequalities, we need to foster a new culture of health – with citizens and for citizens.

Policy makers can inform and raise awareness, create healthy conditions, provide healthcare. But each and every citizen has a role to play in shaping his or her health through their choices. So how do we **encourage citizens to make healthy choices**?

**Awareness-raising** is a key first step. Earlier this year I launched an **anti-tobacco campaign called HELP**. This is aimed at helping young people across the EU to resist or quit smoking. I am also launching a health portal next year to provide user-friendly information to citizens on health.

In addition to smoking, the rise in **obesity** in Europe, in particular amongst children, is one of our biggest concerns.

In this regard, I am pleased with the productive parallel forum on **promoting healthy nutrition and physical activity** which was held here on Wednesday and Thursday.

I have recently created a European **platform on nutrition** to encourage stakeholders to take concrete action to promote healthy eating. But if this proves insufficient, we will have to consider more stringent measures.

But ultimately people will stop smoking and will eat healthily only if they have the will to do so. We all support putting stairs or gyms in office buildings and healthy snacks in schools. But such measures will not work unless people chose to use them. We need to **trigger the leap from aspiration to action**.

This brings me back to the need to establish a culture of health. Civil society can help here as much as national authorities.

I am committed to giving **civil society** a stronger voice in EU policy-making. I plan to work closely with civil society organisations in designing and implementing health policy.

The Commission is launching shortly **two open consultations**: one on **mental health** and one on **nutrition**. I encourage you to participate fully in these consultations.

But these are just some ideas of partnerships with citizens. What more can we do to foster real participation of citizens in health policy-making? I would welcome your views.

Ladies and Gentlemen,

I have set out how I see health inequalities across Europe, where I see the need for partnerships, and the action the European Commission is taking.

I am convinced there is much more we can do, but I do not pretend to have all the answers. I hope that over the course of my mandate we can make serious and lasting progress on the vital issues I have discussed today.

Gastein is a melting pot for exchanging ideas and mutual learning. So let's start our partnership right here. I count on your support to help build the healthy Europe that we all wish to see.

Thank you.