EUROPEAN POLICY CENTRE

POLICY BRIEF

June 2011

Promoting health – should the EU have a role?

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BACKGROUND

Who does not wish to be healthy? According to numerous quality of life surveys, Europeans value health as a key component of well-being. As healthy workers, we are likely to be more motivated, productive and innovative than co-workers in ill health. If we remain healthy as we age, we can continue to enjoy our lives to the fullest, contribute to society and save both our and public sector's money on health and social services.

This is what we, the EU and Member States want, but it is easier said than done. For example, managing the demand for healthcare is becoming increasingly difficult. Demographic change, rise in chronic disease and higher consumer expectations are some of the factors driving up healthcare demand and spending. At the same time, EU Member States face budget constraints, which affect public services. These pressures can only be met by adapting European health systems and the way we view health.

At the heart of the challenge is implementation. Health promotion and disease prevention provide a good example of the possibilities and challenges that emerge with creating a healthier European society.

Why the emphasis on health promotion?

Lifestyle, environment, healthcare and working conditions all influence people's health. Health promotion is about improving these factors to support health. Disease prevention, on the other hand, consists of avoiding development of illnesses by screening, diagnosing and treating diseases before they become harmful and costly.

Preventable health problems, leading to early retirement, sick leave and poor educational or work achievement, are costly for Europe. Chronic illnesses such as heart disease, cancer, respiratory disease and diabetes cause 86% of deaths and 77% of the disease burden in Europe. Many of these illnesses could be prevented by maintaining balanced vitamin, mineral and hormone levels, and by tackling unhealthy lifestyles such as smoking, bad diets, harmful use of alcohol and physical inactivity. In addition, measures such as tackling social isolation can help to prevent mental health problems.

This is well acknowledged. In a recent qualitative Eurobarometer survey most respondents wanted to direct health spending especially towards prevention and health promotion. Measures such as education, food regulation and screening programmes were perceived to be more cost-effective than treatment of disease.

Reasons for weak action

However, changing our systems and attitudes with regard to health promotion is extremely difficult in practice. Six reasons help to explain why.

Member States' resources are geared towards treating disease rather than promoting health. This is reflected in the fact that, in many European languages, hospital translates as 'sickhouse'. Doctors and nurses are trained to treat illnesses, and financial mechanisms such as reimbursement for disease prevention and health promotion are not developed. According to the Organisation for Economic Co-operation and Development (OECD), only 3% of Member State healthcare spending goes to prevention, such as vaccination programmes and public health campaigns on alcohol abuse and smoking.

Low investment in health promotion has too easily been explained by **limited evidence** on effectiveness. But in fact, it is proven that even small changes in diet, smoking or exercise, can in a short time substantially reduce illnesses. There is also evidence that some of the

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most effective measures are taken outside the health sector. For example, urban and rural development, education and transport policies can strongly influence healthier living environments and lifestyles.

Health promotion is often seen as a **long-term investment** – targeting younger people, for example, would not show results for many years. Although these measures may be cost-effective one day, most politicians back policies that produce results during their mandate. These measures may also increase initial health expenditure if individuals live longer and then develop age-related diseases. Thus, the cost of these interventions remains an important barrier, and decision-makers need politically attractive incentives to invest in prevention and health promotion, while cutting spending elsewhere.

A further difficulty is to agree on **who should do what** and the responsibility of public authority versus individuals. This raises questions about the role of family, school and work place in health education and promoting physical activity; should industries aim to change unhealthy habits; how far can governments go in changing eating, smoking and drinking habits; and is it justifiable that tax payers pay for preventable diseases or should people with unhealthy habits pay more into social security systems?

Governments seek public acceptance for their policies, which hinders promoting measures that aim to change behaviour. At the same time, it should be remembered that banning smoking in restaurants was fiercely opposed in the beginning but is now largely supported by the public. Unfortunately, governments are often too hesitant to take the lead.

Once the EU and Member States begin to promote health in all policies, it will provide a strong incentive to the private sector to join in, including food industry, retailers, advertising and recreation businesses, insurance groups, pharmaceutical companies and the media. Health promotion could become an important source of income and economic growth if the policy framework and public procurement encouraged industry to develop products and services for a healthier society and promoted their uptake.

In addition, although taxation, subsidies or direct pricing can be used to encourage healthier choices and influence the availability of, access to, and consumption of foods, medicines and harmful products such as tobacco and alcohol, many **national authorities are wary of using regulation and fiscal levers**. Reasons include complexity of regulatory processes, costs of enforcement and wish to avoid confrontation with industries. Also, it is not a silver bullet, as European smoking regulation shows – although smoking has decreased in some groups, in many countries it has actually increased, e.g. among teenage girls.

Thus, another key barrier is the **difficulty to change our attitudes and behaviour**. Although people value health as a key component of well-being and understand the risks of unhealthy behaviour, there is a conflict between attitudes and action. Knowledge or conviction does not automatically lead to behavioural change, such as a lasting change in diet. It is easier to change beliefs than actual behaviour. This can be explained by lack of incentives such as infrastructure for physical activity, inability to act due to high costs or lack of information, difficulty to change learned behavior, and the tendency to discount future benefits such as losing weight.

If we take prevention and health promotion seriously, action and cooperation is needed on various levels of the society. Whether this entails behavioural change or transforming health systems and societies to promote health, the question is whether the EU can and should have a role in pursuing this change?

STATE OF PLAY

Framework for action

Whilst health policy and provision of healthcare is a Member State responsibility, the EU is not without a role. Firstly, **health discussions are increasingly taking place at the European level**. This is because Member States share similar challenges, from demographic change to increasing costs, and they are starting to look for common solutions. The economic crisis, in particular, has given European health policy a new push. Member States have agreed on a new EU-level economic governance structure, 'European Semester', which helps to coordinate their macro-economic, budgetary and structural reform policies. This coordination started with a Commission Communication on the Annual Growth Survey and recommendations to the Member States. The macroeconomic report, which accompanied the Communication, noted that '*Health care systems need to be rigorously monitored and, where needed, reformed to ensure greater cost-efficiency and sustainability, especially in regard to demographic ageing.*' Thus, building efficient health systems is an integral part of economic recovery. Many Member States have considered this in their national reform programmes – and some have even recognised the importance of prevention and health promotion.

Secondly, the **importance of prevention and health promotion is recognised at EU-level, in the Lisbon Treaty, Health Strategy and the European Innovation**

Partnership on Active and Healthy Ageing (EIP-AHA). The Treaty recognises their importance, and encourages sharing of best practice and benchmarking between Member States. Article 168 of the Treaty states that '*Union action, which shall complement national policies, shall be directed towards improving public health [and] preventing physical and mental illness and diseases*'.

The White Paper '*Together for Health: A Strategic Approach for the EU 2008-2013*' underlines that preventable diseases such as coronary heart disease can cost Europe 1% of GDP, and mental disorders 3-4% of GDP annually. Thus, the Strategy calls for combining healthcare spending with investments in prevention and improving the population's overall physical and mental health.

The recently launched EIP-AHA recognises prevention and health promotion as a key policy area in enabling EU citizens to lead healthy and active lives while ageing, and improving the sustainability and efficiency of social and healthcare systems while creating new business opportunities.

It is, however, still questionable whether EIP-AHA can address lifestyle risks and attitudes, which is needed to achieve an increase in healthy life years.

Thirdly, to promote health and behavioural change in practice, the EU can use **legislative tools** such as advertising restrictions on unhealthy products, regulating salt and fat content, and food labeling laws. The European Parliament, the Commission and the Council are currently seeking an agreement on a new regulation to clarify food labeling. This would be an excellent opportunity to make it more consumer friendly by e.g. adding a clear nutritional facts box on the front of the packaging.

All of the above can contribute to creating a **European internal market for health and health promotion**, which would bring significant economic and welfare gains for Europe. It would encourage exchange of knowledge, research and best practices between stakeholders, tackle the barriers in bringing new medicines and technologies to market, and help to empower consumers by providing information and greater choice e.g. in cross-border treatment.

PROSPECTS

As Member States put common good above national interests, it enables the EU to play a meaningful role in promoting health and driving behavioural change. But it must develop and make a full use of the means at its disposal in order to create an environment, a single market for health, which supports healthier choices, making them more accessible, affordable and attractive.

First of all, as health is influenced by various factors from environment to urban planning, the EU must put **greater emphasis on a cross-sectoral policy approach to health**. Changes in health policy and healthcare systems are not enough. In accordance with the Lisbon Treaty, the EU must ensure that policies that can influence Europeans' health – e.g. on agriculture, transport, employment, environment, taxation and regional development – promote health and healthier lifestyles. For example, transport policy can advance a healthier environment by decreasing vehicle emissions, while urban planning can ensure that infrastructures are safe and support physical activity. Moreover, the financial instruments, including Structural Funds, European Agricultural Fund for Rural Development and EU-funded research should contribute to creating healthier European societies. These possibilities for health promotion must be explored further and implemented.

As behavioural factors explain the main loss of healthy life years, much more discussion at EU and national level is needed about cost-effective ways to influence behavior. The Behavioural Insight Team of the UK Cabinet Office suggests that in addition to rules, people's behavior is affected, for instance, by having an influential source of information, like children telling their parents of the risks of smoking; incentives that increase personal benefits, like not being billed monthly when attending a gym weekly; influencing the social network, family and friends; and changing default options such as the meal of the day into a healthier option. Both policies and environment must support behavioural change when it can increase people's well-being.

Secondly, the EU must help Member States to transform their health systems, **making prevention and health promotion an integral part of health services**. Although health systems are a national responsibility, the European Semester can provide an efficient peer-review mechanism for Member States' health policies and best practices. And the new Directive on Patient's Rights in cross-border healthcare could help to strengthen cooperation on health promotion and improve health outcomes.

The key is to find innovative ways to deliver health, gain acceptance by health professionals and patients, and ensure that systems support their implementation. A good example is the limited uptake of biosimilar medicinal products in EU Member States. Biosimilars, such as bio-identical

hormones, could promote health and reduce age-related symptoms and diseases, if countries shared experience on these products, compared their approval, pricing and reimbursement, and tackled existing barriers to their uptake.

Reimbursement rarely covers prevention and health promotion and this is an area where Member States should continue to exchange information. Health insurers can play an important role in developing reimbursement models for comprehensive disease management where focus is on patients' needs, and allowing reimbursements for disease prevention.

Member States should also share best practices in empowering health personnel to deliver health. For example, educating and training staff in health promotion, such as the importance of physical activity and nutrition, would help them provide practical advice to patients during routine checks. Health personnel can also help identify high-risk groups for chronic diseases by using genetic or lifestyle risk factors, and prevent and slow down the development of these diseases.

Thirdly, **information** can empower people to promote health and make healthier choices. Although the existing knowledge base on health promotion is significant, more research is needed e.g. on a cross-sectoral approach to health and health promotion. To support this, the EU should use more qualitative and quantitative evaluation tools such as health impact-assessment, cost-benefit analysis and national burden-of-disease studies that provide detailed information about illnesses, including causes and consequences. It is important for decision-makers to understand the direct and indirect costs of preventable diseases and benefits of health promotion to society. In addition, more case studies are needed about the factors that influence individual behavior and social norms. The search for common solutions must build on strong research cooperation across Member States.

More emphasis must also be on communication. Existing EU-funded research and the Commission's knowledge on national health policies and health promotion should be utilised better. Effective communication about costs, benefits and possible measures could provide politically attractive incentives for Member States to make required investments and reforms now. The Commission should also provide EU citizens with consumer-friendly information that helps to drive behavioural change and enables them to improve their own health. Organisations such as the European Food Safety Authority could promote healthy diets by providing nutritional advice to health professionals, food chain operators and the general public. Consumers need a holistic understanding of a healthy, balanced diet.

Lastly, the EU should use its **legislative tools** such as food labeling to help consumers make healthier choices. Unhealthy diets worsen obesity, diabetes and heart diseases and it is important that marketing does not mislead consumers. Europeans need accurate, standardised and comprehensible nutritional information. The information for citizens has to take into account different literacy levels and cultures – it must be understandable by all segments of the population.

The EU can and should act – now

Much more must be done to tackle the causes of ill health rather than cure its consequences. It is time to recognise health promotion as an investment with significant economic and welfare gains.

According to Standard Eurobarometer (2006), a majority of Europeans would like to see more EU-level decision-making on prevention of 'major health issues'. As Member States' cooperation in health issues increases, developing a European single market in health becomes ever more timely. The EU should build on its expertise and utilise the tools at its disposal to develop an environment that promotes health and encourages citizens to make healthy choices, strengthens cooperation between different stakeholders and pushes for a reform of existing structures. It must start now – the well-being of millions of Europeans is at stake.

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This Policy Brief builds on EPC's Health Forum events and is published under the auspices of 'Well-being 2030' research project.

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With financial support from the European Commission