## Experts’ verdict on 20 year EU health mandate: successes so far, expansion needed

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**Bad Hofgastein/Maastricht, 22 May 2013** – “The Maastricht Treaty, signed in 1992 and entered into force in 1993, introduced a public health mandate for the European Union for the first time. That has been the basis for important joint and coordinated public health actions,” Prof Dr Helmut Brand (President of the European Health Forum Gastein and Head of the Department of International Health at Maastricht University) told the conference “European Public Health: 20 years of the Maastricht Treaty.” The meeting is organised by the University of Maastricht in partnership with the European Health Forum Gastein (EHFG), the Maastricht Centre for European Governance, the European Union as well as the Association of Schools of Public Health in the European Region (ASPHER). “These EU wide efforts have largely contributed to improving the health protection of more than 500 million citizens in many areas such as food safety, infection control, protection of non-smokers or product safety,” said conference host Prof Brand.

**Importance of the EU health mandate**

“The European Union had powers affecting health from the day it was created. The third piece of common market legislation ever passed was about coordinating access to social security and health,” Prof Scott L. Greer (School of Public Health, University of Michigan, USA) told the Maastricht conference. “If you have a policy on worker mobility, or agricultural subsidies, or freedom of trade, then you have a policy with health effects.” What changed with Maastricht was that the EU gained a new mandate to use its powers for health, according to Prof Greer: “Without Maastricht, we would have to imagine a world where there was even less balancing between the economic mission of the EU and its social and health, agenda.” The actions that are formally authorised by the health article were less important than the message it sends, said Prof Greer, “that health is a legitimate, and now obligatory, objective of EU policy.”

The health mandate has been most important in two areas, Prof Greer stressed. “First, it helped to channel the activity of the EU in a more social, practical direction when it began to regulate health care services. Without the health mandate, it would have been harder to argue that health services were anything more than another protected public sector.” Second, it has influenced the areas where public health is an increasing concern, such as communicable diseases, food safety, and non-communicable diseases. Prof Greer: “The most important achievement was not to expand EU power in health. It was to make health a mission of the powerful EU.”

The EU has radically changed shape with the expansion of its “economic governance” mechanisms, ranging from oversight of member state budgets to the “economic adjustment programmes” in Greece, Portugal and Ireland, according to Prof Greer: “The health effects of economic policy have scarcely been discussed. The challenge for those who want to preserve health as an objective of the European Union is to influence the use of its remarkable new powers.”

**Current Study: EU as relevant reference point in matter of public health**

“The EU has become a relevant reference point for professionals and decision makers in European public health policy,” Prof Brand noted in summarising the results of a study conducted at Maastricht University which had assessed the value of past EU health policy action. “The results of our research indicate that the effects of EU health policy cannot only be measured in respective EU regulations and directives being transposed into national law. In addition, more subtle ways of EU influence take on practical effects as well.”

The establishment of DG SANCO, infrastructure delivered by European public health agencies, and success in tobacco control were identified by the Maastricht research as areas perceived as achievements, whereas the implementation of the “health in all policies” approach was perceived as a missed opportunity by the respondents. “In general, the European Union is a recognised player in public health in Europe and as such has begun to develop competencies in supporting, coordinating and supplementing member state actions over the last twenty years. But the assurance of health protection in other European policies seems to require further development,” said Prof Brand in referring to study results.

**Risks from the economic crisis**

The current financial and economic crisis poses special challenges for European health policy and development of the EU health mandate, according to Prof Martin McKee (London School of Hygiene & Tropical Medicine): “The European Union and national governments face the greatest peacetime crisis since the 1930s. The question we must ask ourselves today is how, and indeed whether, the European Union will survive the current economic crisis.”

Decision makers in the EU and national governments have to realise that stringent austerity policies are harming their economies as well as the health of their populations, Prof McKee emphasised. “It is increasingly clear that the policy responses to the crisis were and are inadequate. There is an alternative to austerity programmes, but at the moment ideology seems to be triumphing over evidence. Given the failure of some national governments to evaluate the impacts of austerity on the health of their citizens, it falls to the European institutions to do so, based on the treaty obligation to ensure a high level of health in all EU policies. Yet the human cost of austerity has been largely invisible so far.”

Prof McKee believes the current situation offers an important lesson for the future design of European health policy, namely “a real and not merely rhetorical commitment that health issues be considered in all policy areas. It is up to the national governments and the European institutions to reconnect with the people of Europe. One has to face the reality that many Europeans are, rightly, opposed to the austerity programs. The EU needs to show leadership in engaging with the citizens of Europe, showing that it hears their cries of pain and is willing to respond to them. It should not be driven by the domestic political agendas of national politicians or the vested interests of powerful corporate elites,” said Prof McKee.

**EU health mandate needs further developing**

“The subject of health is given much too little attention in the discussion of the financial and economic crisis. But the crisis could offer a window of opportunity at the European and national levels to implement reforms that would otherwise not be possible, including a reform of the EU health mandate,” Prof Brand suggested. “The public health sector must also adopt an admonishing role while monitoring the solution strategies being developed to deal with the financial and economic crisis.”

The EU health mandate has to be redefined for two reasons, according to Prof Brand: “First, because the challenges for public health and health systems have changed dramatically since Maastricht. And second, because it would be an important component of the current discussion on the further development of the European architecture per se, including the vision of the United States of Europe.” Crucial changes, said Prof Brand, should include a further strengthening of the European Parliament's role in public health issues, positioning the EU even more strongly in global health issues and building up a European health information system.

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