## Experts call for bringing public health expertise into EU’s fiscal governance and policy

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*The EU’s positive contributions as an advocate for public health have been overshadowed by the effects of its internal market regulation and centralized fiscal governance on the health of Europeans. Lately, that struggle has not been going well for public health, but that need not remain the case, US-based public health expert Scott L. Greer told the European Health Forum Gastein. Public health expertise and values should be brought into the detailed mechanisms of fiscal governance and policy, especially by making a serious evidence based case for investment in health.*

**Bad Hofgastein, 1 October 2014** – “In the past 20 years, since the Maastricht treaty for the first time stipulated a health mandate, the European Union has become part of health policymaking to an extent that few people would have predicted. But the EU’s positive contributions as an advocate for public health have recently been overshadowed by the effects of its internal market regulation and centralized fiscal governance on the health of Europeans”, Prof Scott L. Greer from Michigan University said at the opening press conference of the European Health Forum Gastein (EHFG).  “Lately, that struggle has not been going well for public health, but that need not remain the case. As ever in European integration, the answer to potentially bad EU policy is to engage in the process of making better EU policies.”

Until 2010, the direction of EU public health policy could be seen as positive, with achievements from the European Centre for Disease Prevention and Control (ECDC) to cancer care to the exclusion of health from the Services Directive to patient mobility legislation, the expert underlined. “Putting aside some specific areas of EU competency created under the public health power, such as blood safety, the public health language in the treaties obliges the EU to take health into account and clarifies that it does not have a role in the organisation and finance of health care services. Within this framework, most of EU public health policy is expenditure. This means it is limited. But the achievements of the EU in promoting cancer research and its development of communicable disease policies and public health resources in the ECDC are probably its most notable successes. These are areas where comparatively cheap EU policies have an important impact on agendas and policies across Europe”, according to Prof Greer.

**Extension of EU fiscal powers into health**

Since 2010, however, the situation has changed radically, the public health expert observed: “The EU has become a major part of health policymaking, not because of the extension of the health mandate in the Treaty, but because of the extension of EU fiscal powers into health. The EU has become a health policymaker because health is expensive and the EU is now the guardian of fiscal rules for most member states.” The Economic Adjustments Programmes (EAP) of the “Troika” for the four countries particularly hit by a balance of payment crisis contain a number of specific health policy recommendations, such as specific changes to the health financing scheme in Cyprus or asking Greece to implement e-prescribing. The same holds true for the recommendations of the so-called European Semester, the cycle of economic and fiscal policy coordination in the EU, which has lately increasingly focused on national healthcare systems reforms. “Fiscal rigor, not health, is the justification and mission of a vast new apparatus of EU oversight”, Prof Greer underlined. “There is not much evidence that the EAPs or fiscal governance take public health as a policy objective.”

How should public health advocates respond to this development in order to strengthen public health in the framework of future EU policy? Prof Greer: “The answer is to engage in the process of making better policies. The specific proposals for health system reform in the Economic Adjustment Programmes or European Semester are frequently formulated in the many European advisory gatherings or committees that formulate lists of desirable policies. They are therefore the best opportunity to bring public health expertise and values into the detailed mechanisms of fiscal governance and policy – especially by making a serious evidence based case for investment in health.”

“Electing Health – The Europe We Want” is the motto for this year’s EHFG. Around 600 participants from more than 50 countries are attending the most important health policy conference in the EU to exchange view on key issues affecting European health systems. The future direction of European health policy is the key topic on the conference agenda.

**EHFG Press Office**  
Dr Birgit Kofler  
B&K Kommunikationsberatung GmbH  
Phone during the conference: +43 6432 85105  
Mobile: +43 676 636 89 30  
Phone: Vienna Office: +43 1 319 43 78 13  
E-mail: press@ehfg.org