



POST-ELECTION STATEMENT

The European Hospital and Healthcare Federation (HOPE) is the voice of the hospital and healthcare sector in Europe. It gathers national associations of public and private hospitals and owners of hospitals in 26 Member States of the European Union. It represents around 80% of hospital care in the EU.

Since its creation HOPE has had a positive attitude towards the European Union recognizing the need of cross border activities. HOPE is then actively and constructively involved in the development of the EU activities in the field of health.

At the same time the impact of the EU policies on hospitals and healthcare services of other EU policies has been growing. For this, HOPE has been as well vigilant and active.

Europe has suffered an economic recession and rising unemployment resulting from the global financial crisis. In addition, European health systems have faced and will continue to face other major challenges: rising expectations, ageing, innovation, and financial sustainability.

In this context, for the new legislative period, HOPE would like to draw EU decision makers' attention to several key policy priorities for EU action:

- **Public health should remain the core of EU health-related policies and initiatives;**
- **Hospital and healthcare services to be fully recognized as major contributors to economic development;**
- **The coherence of EU policies impacting on health and social care is to be increased.**

Public health should remain the core of EU health-related policies and initiatives.

Focusing on public health issues

Putting public health, i.e. health promotion and prevention, at the centre of EU policy making is a key goal set out in the European treaties. To achieve this it is of particular importance to ensure coherence and transparency in all EU actions relating directly or indirectly to citizen's health.

The European health Strategy has been important in defining clear objectives at the European level within the framework of the European treaties. At the same time, public health challenges are becoming increasingly globalized. The consequences of global warming, environmental pollution well drugs, tobacco, alcohol or the epidemic of obesity do not respect national borders.



In this context, HOPE believes that there is a genuine added value to cooperate at EU level to tackle these challenges. Given the size of the challenges we face, it is however crucial for EU action to be focused on those area and initiatives which add real value.

Having clear, understandable, transparent and accepted indicators of outcomes (achievements) for the different actions is in itself a major work. A solid EU-wide knowledge base is needed; HOPE has been an advocate of this for years and has some experiences of its own.

In this context, public health issues, i.e. health promotion and primary as well as secondary prevention should remain the core activity at EU level. A lot of work still needs to be done in this regard, in particular with new member states. The temptation to enlarge EU action beyond the public health agenda for focus on healthcare issues is a wrong approach, as there is a risk of dispersing efforts and reducing impact where EU action would be most beneficial. The work on mental health is of particular importance.

HOPE along with other stakeholders is committed to be a partner in the implementation and the monitoring of the Health Strategy. Good achievements have been made in this field by hospitals, in particular in their educational and monitoring role. HOPE has already produced evidence on studies and projects on the field. Through different networks at the European, national, regional and local levels, hospitals and healthcare services, aware of the fact that curative care is not the only way to health, are engaged in activities crossing boundaries. Some of those are well known: Health Promoting Hospitals, Smoke Free Hospitals, Migrants Friendly Hospitals; some others are less known but are as efficient in promoting good health.

Hospital and healthcare services to be fully recognized as major contributors to economic development.

Health and healthcare as investments

Discussions on health reforms typically see interventions that promote health and the delivery of hospital and healthcare as costs that need to be contained.

Recent years have seen important advances in our understanding of the link between health and economic development. There is considerable and convincing evidence that significant economic benefits can be achieved by improving health, in particular through hospital and healthcare.

HOPE believes that health, including mental health, is indeed one of the key determinants of economic development and poverty reduction. This has helped pave the way for health to be included in national development strategies and policy frameworks

Human capital contributes to economic growth. Since human capital matters for economic outcomes and since health is an important component of human capital, health matters for economic outcomes. At the same time, economic outcomes also matter for better health.



From a European perspective, this question links closely to the debate on the 2020 Strategy and the most recent debate on action to be taken at EU level to alleviate the impacts of the economic downturn. This discourse increasingly accepts that greater investment in human capital constitutes a necessary condition for making the European economy more competitive in the wider world. If this is to be achieved, it will be necessary to increase our understanding of the benefits to be derived from investments in human capital, including those in population health. Appropriate hospital healthcare is a key factor in reducing potential years of life lost due to premature death and disability. Structural funds should continue to be supporting healthcare systems.

Making the economic case for health is especially relevant at this moment in the history of European integration. The health gap between Member States is still large. Some Member States have life expectancies that are more than ten years lower than others. Closing this health gap will be both necessary for reducing the income differences in the EU and for demonstrating the success of enlargements.

In this time of crisis, it would be counterproductive to cut services in hospital and healthcare services. It is capital to consider how EU funding programmes and in particular structural funds could support hospital and healthcare services to innovate and provide better healthcare and thus to contribute to the economic development. EU policies are also there to reduce costs a need of a better and more transparent internal market as far as medicines and medical devices are concerned

The coherence of EU policies impacting health and social care is to be increased.

Coordination between social sector and healthcare sector

The prognosis is difficult to deny. Demographic shifts over the next few decades could lead to unprecedented financial issues in society where populations are ageing and succumb more frequently to chronic diseases.

All countries face dramatic increases in the incidence of chronic illnesses, many of which occur later in life. Significant advances in science and technology have helped to alleviate the pain and suffering, although cures for cancer, diabetes, heart disease and respiratory conditions remain a distant goal. These innovations translate into higher health expenditures as an ever increasing number people require surgery, or access to medical devices, or are required to take medicines for the rest of their lives.

The healthcare sector is aware of this shift and has prepared adaptation.

A key issue is however the clear need for coherence and articulation between the hospital and healthcare sector and the social sector. HOPE believes that there is a particular significance to put this debate at EU level since different initiatives of the Commission are leading to fragmented approaches: hospital and healthcare on one side and social care on the other.

There are serious contradictions in the design of some policies; particularly visible in the debates around mental health, around cross-border care, as well as around services of general interest and in particular social services of general interest.



Handling those issues separately when the population is ageing and will need better coordination between all social and health activities would be a mistake. It makes no sense to have complex system if they do not answer to the basic needs.

Having in mind the different level of healthcare competences, HOPE urges in particular the European Policy makers to make progress on two key pending EU issues:

- the working time directive, having in mind the necessary flexibility required for healthcare service ;
- the implementation of directive on cross-border care, focusing on the legal certainty needed and avoiding unnecessary bureaucracy.

More generally much should be done to better analyse the consequences of their decisions in particular financial ones. New tasks provided by EU legislation for hospitals and healthcare services should be adequately financed.