EULAR Vision Paper

The Future of European Health Policies

Rheumatic and musculoskeletal diseases (RMDs) represent one of the more burdensome chronic diseases affecting European societies. Covering a wide range of painful medical conditions, affecting joints, bones, cartilage, tendons, ligaments and muscles, RMDs affect around 25 percent of European citizens of all ages (that is more than 120 million people in the EU). Furthermore, RMDs are the greatest cause of physical disability, being responsible for almost 30% of Years Lived with Disability (YLDs) in Europe. At the level of the individual, RMDs pose severe limitations on activities of daily living for a large proportion of the population. RMDs are often long-term remitting and relapsing conditions, bringing high direct and indirect costs to individuals and their families. But beyond the impact on individuals, RMDs impose an enormous burden on European societies, particularly in terms of productivity loss, as well as in terms of health care and social security costs. RMDs currently represent a burden of EUR240 billion to European countries every year, while direct costs are estimated to represent 2 percent of the gross domestic product. The increasing number of older people and other changes in lifestyle across the age spectrum mean that the burden on people and society is set to increase dramatically. In terms of productivity, RMDs are the main cause of work loss, presenteeism (lost productivity while at work because of diminished capacity), absenteeism (time off work due to sick leave), work disability (permanent partial or complete disablement for work purposes), early retirement, premature death (income loss and reduced taxation revenue), as well as compensation for household work performed by others.

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<th>About Rheumatic and Musculoskeletal Diseases</th>
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<td>Represent all painful conditions of the musculoskeletal system</td>
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<td>Largest single cause of physical disability at 30%</td>
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<td>Economic burden of more than 2% of GDP</td>
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<td>1 in 4 Europeans suffer from RMDs</td>
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<td>Principal health problem in the workplace (e.g. absenteeism, work loss)</td>
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<tr>
<td>High costs for health and social care systems</td>
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In order to address the enormous health and financial challenges imposed by RMDs and other chronic conditions, it is imperative that the EU and European countries further commit to finding effective, comprehensive solutions. EULAR (the European League Against Rheumatism) is committed to working together with policy makers and stakeholders. This paper provides EULAR’s views on the priorities and approach of European health policies in the years to come.
A Vision for a Future European Health Policy Agenda

1. Giving health the right place in European policy-making

Health is a top priority for European citizens, and European health policy needs a fresh start. Citizens’ expectations are high, whereas EU initiatives have been extremely weak on ambition over recent years. European policy makers need to find new ways to respond to citizens’ priorities. Health policy must be brought out of the niche and into the core of the political agenda by the new European Commission. Health decision-makers should promote active health policy as a way to ensure sustainability of health care systems. There is enough evidence today that every Euro invested in public health results in a return of several Euros for the economy.

The European Commission needs to maintain a dedicated Commissioner for Health and a Directorate-General (DG) for Health as a focus and coordination hub for all health-oriented policies. This Commissioner and the corresponding DG should have a steering role when it comes to implementing the Commission’s 2019-2024 key strategic goal to create a healthy planet for healthy citizens.

2. Integrating ‘health in all’ policies

A new approach to health at EU level needs to look across sectors and link better to other policy fields, such as, for instance, employment and social affairs, environment, migration, trade or security. To this aim, better coordination between institutions and actors in different fields, as well as cross-sectoral involvement of stakeholders from different communities is necessary.

A particular focus should be put on making sure European citizens can stay in work and return to work when they are affected by a chronic condition. Work is not only an essential element of citizens’ lives and well-being; a healthy workforce is also fundamental for Europe’s economic success and Europeans’ standard of life.

3. Strengthening the impact of health policy

Europe’s health policy needs to become more strategic and strengthen its support offer to individual countries. Currently, a gap exists between very broad high-level recommendations developed at EU or international level (e.g. WHO, OECD, G7) and, on the other hand, recommendations developed for specific issues.

In the next couple of years the European Union and associated European countries should work on more concrete, actionable strategies. These should include European strategies for major chronic conditions, such as rheumatic and musculoskeletal diseases, diabetes, cancer or cardiovascular diseases. Successful experiences in member states and regions demonstrate the value of such strategies. The European level should ensure that sector-specific strategies follow common requirements and standards.

In line with the EU Treaty, the European Commission should develop a framework for Health Impact Assessment (HIA) to guide future decisions on priorities, not only at European, but also at national level. Socio-economic impact should be a guiding line when decisions on resource allocation are made. Health conditions eliciting a particularly high burden on both health and social systems should be addressed in priority by the European Union and member states.

4. Improving access and pathways in health care systems

Access to health services and products is decisive for citizens’ support of public policies. Europe must ensure citizens in all regions and parts of society enjoy equal rights when it comes to access to medical doctors, medical services, (early) diagnostics or treatment. The same applies to medicinal products at affordable prices. Good access to healthcare is rightly mentioned as a prerequisite to help Europe preserve its way of life in the new European Council Strategy for 2019-2024.
The continuum of care and intervention has been identified as a priority for health system reform in Europe. Integrated approaches to care are increasingly implemented at member states’ level. The European Union has collected huge knowledge about best practices and has financed many pilot projects in national and regional health care systems over the past years. The time has come to put this knowledge to the benefit of citizens and propose concrete large-scale initiatives. This can be done for instance by helping national and regional healthcare providers to pool resources and purchasing power across borders. Bureaucratic hurdles preventing access to innovative products and services need to be removed; European standards and certification systems should replace scattered and uncoordinated assessment and authorisation procedures (e.g. in the fields of medical devices, borderline products, HTA).

5. **Putting the citizen and patient in the centre**

European health policy must give a central role to citizens and patients. Although significant progress has been made in recognising the role citizens can play when key decisions in health care systems are made, their level of involvement varies significantly between countries and systems. In many government or advisory bodies, patients and their organisations are still structurally underrepresented. Digitalisation of health care will bring about a paradigm shift which puts the citizen in the centre of decision-making on health management. Patients will furthermore become the main owners of their health data, increasingly replacing doctors and hospitals.

The European Union should develop models for new mechanisms governing data sharing, self-management and collaborative decision-making involving patients, doctors and health professionals. The Commission’s 2019-2024 priorities include a strong focus on the digital transformation of society and more tools to facilitate the transition towards digitalised economies. The EU should therefore use its resources for digital modernisation in programmes such as Digital Europe, Horizon Europe or InvestEU to invest in citizen and patient (digital) health literacy and skills, as well as to enhance digital skills among health professionals and other parts of the health workforce.