



EHFG 2012: New EHFG President Helmut Brand calling for expansion of EU health mandate

According to Prof Dr Helmut Brand, the new EHFG president, EU actions have contributed much more effectively to health protection in the everyday lives of EU citizens than national policymakers could have. He called for the further development of the EU health mandate established in the Maastricht Agreements, noting that the European Parliament should be given more power to deal with public health topics and the EU should be positioned more strongly in global health issues.

Bad Hofgastein, 5 October 2012 – Prof Dr Helmut Brand (Chair of the Department of International Health at the University of Maastricht) is the new EHFG president. He made the following comments on assuming office: “There will be no revolution; I rely on evolution when it comes to the continuation of the EHFG, the most important EU congress on health policy issues. The Gasteiner Valley as venue, the format of the congress in general, the integration of the four “pillars” of policy, research, industry and civil society—all these aspects have been well received and should be retained.”

The EHFG should also retain a perspective that extends beyond the EU borders. The EHFG has networked for many years with the Southeast European Health Network (SEEHN), conducted a health policy dialog with the CIS countries and developed a mature cooperation arrangement with Taiwan. Touching on this latter collaborative effort, Professor Brand said: “It is a tradition that should be expanded in the medium term into a European-Asian dialogue. It has also become much more important to view European health issues also in a global context and to push for global networking.”

A “Workshop on the Future” and interim activities also between the annual congresses will supplement the previous EHFG program in future. Prof Brand: “The first event of this kind will be held in May 2013 at the University of Maastricht and will commemorate the Maastricht Agreement that was signed there in 1992 and that went into force in 1993. This agreement defined a health mandate for the EU for the first time. The object was to support and coordinate national health policymakers.”

Very positive contribution of EU actions thus far

Prof Brand noted that EU activities have contributed very positively to various aspects of health protection in the everyday life of EU citizens, e.g. food safety, the protection of non-smokers, or product safety, for example, toys. Patients benefit from EU measures to improve the safety of drugs and medicinal products, from advances in controlling infectious diseases or from the safety of blood and blood products. Prof Brand: “These EU-wide efforts frequently improved the health protection of more than 500 million citizens. That never would have been possible with individual actions by single countries.”

BSE, SARS and other public health crises have occasioned changes in the responsibility of the EU. In international crises, the national authorities were often convinced to share their responsibility because of their own insufficient ability to respond and the declining trust consumers showed in them. Prof Brand: “The EU worked out concepts for this type of joint responsibility not only to lay the legal groundwork but also to establish suitable infrastructures. Examples include networks, scientific advisory committees, agencies or data recording systems that contribute to better health protection for citizens and consumers.”



Areas affected by these efforts were blood safety, food safety, monitoring of communicable diseases and cancer prevention or screening programs.

EU health mandate must be redefined

Prof Brand: “The EU health mandate has to be redefined for two reasons: first, because the challenges for public health and for health systems have changed dramatically since Maastricht but second, because of the current discussions on a further development of the architecture of Europe per se—for example developing the vision of the United States of Europe.” He went on to cite several central points crucial to further development:

- Further strengthen the European Parliament to give the public health sector another contact partner at institutional level.
- Position the EU even more strongly in global health issues as a major player on the global stage.
- Build up a European health information system to make data on health indicators broadly and speedily available.

Stability in a globalised world

“The subject of health is given much too little attention in the discussion of the financial and economic crisis. But it could offer a window of opportunity at European and at national level to implement reforms that would otherwise not be possible without the crisis, including a reform of the EU health mandate,” Prof Brand explained. He then added: “The public health sector must take an admonishing role in monitoring the solution strategies being developed to deal with the financial and economic crisis.”

The EHFG is the most important conference on health care policy in the European Union. In this its 15th year, the EHFG attracts more than 600 decision-makers from 45 countries to discuss major topics on the future of the European health care system from 3 to 6 October 2012.

Please find photos of the European Health Forum Gastein using this link: <http://www.ehfg.org/940.html>.

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