

## EUROPEAN INTEGRATION AND NATIONAL HEALTH CARE SYSTEMS: A CHALLENGE FOR SOCIAL POLICY

A conference organised in the context of the Belgian Presidency of the European Union,  
with the support of the European Commission and the INAMI/RIZIV  
Het Pand, Onderbergen 1, 9000 Ghent, Belgium

*7-8 December 2001*

### Conference objectives

Policy makers, academics and particularly administrators within the health care sector increasingly realise that European integration *actually* reduces the policy margin that Member States have on health care issues, even though the European Union has few or no *explicit* competencies in this domain.

The lack of formal European competencies can account for Member States' failure to address the contentious issue of the impact of European integration on health care systems and, in particular, what possible social implications it entails (solidarity, equity, accessibility and quality of care). In any case, pressure from those working in the field (practitioners, administrators and policy makers) and citizens (patients) will make it difficult to keep this issue off the political agenda.

With a view to preparing the political debate, the Belgian Presidency of the EU is organising a scientific conference that aims at:

1. identifying the possible influences of European integration on Member States' capacity to organise and finance their health care systems in an autonomous manner. The European Union has already tackled health care issues, mainly through the functioning of the single market rules. The aim is to examine the extent to which such a market-oriented perspective of health care could affect the social aims of the Member States' health care systems.
2. making recommendations, at national and European levels, that attempt to respond to the challenges of the impact of European integration on health care systems from a social perspective. The recommendations should indicate the first steps to be taken to place social concerns more centre-stage.

### Content

Through this conference the Belgian Presidency of the European Union seeks to review the current situation and make it clear that it is no longer the Nation-State alone that decides upon (the organisation and financing of) health care, as it is increasingly influenced by the European level. However, if health care is currently being examined at European level, it is mostly indirect, through the free movement of persons, services and goods of the internal market, through the competition rules and (pharmaceutical) industrial policy. The Ministers of Social Affairs and Public Health are generally not involved in deciding upon these policies. Moreover, many decisions that have important consequences for health care are taken by the European Court of Justice, based on an interpretation of general rules in the Treaty. They are not subject to any political ratification or control by Member States.

The main question is "how could better structural guarantees be built in at European level to take social concerns into consideration, while pursuing policies to achieve the internal market?" Alternatively, "how could Europe guarantee a high level of social protection, considering the increasing influence of the internal market on health care?"

This main question contains several sub-questions:

- Can the general rules concerning free movement and free competition be applied to the health care sector and to what extent are specific rules needed? How would it be possible to reconcile the divergent needs of a far-reaching and completed market on the one hand and the preservation of health care systems with definite social aims on the other?
- What future awaits Member States' health care systems without any corrective action by the (European) authorities and what possible risks could be related to this inaction? Should the authorities have additional instruments at their disposal to adjust the market?
- What new initiatives could the European market create to make health care more efficient?
- Which forms of co-operation are practical at bilateral level (e.g. simplification of procedures for cross-border health care) and at European level (e.g. a minimum compulsory insurance package, referral patterns and procedures, prescription requirements, recognition of services and health care providers and procedures for assessment of cost effectiveness)?
- How should this co-operation be established: via informal co-operation, arrangements and recommendations, commonly agreed aims, indicators, the exchange of experience and assessment mechanisms, guidelines, or European-level legislation?
- How should the responsibilities of the Member States and the Union be determined?

## **Target group**

Policy makers, financiers and actors in the health care sector:

- Authorities: European institutions, (national) departments responsible for sickness insurance and public health
- Mutual benefit societies
- Health care providers
- Health care institutions
- Social partners
- Patients' organisations
- Health care industry

Throughout the conference, the strategies, options and questions posed by actors in the health care sector will be examined at length. The aim is to take account of the social aims of the individual systems (solidarity, equity, accessibility, financial viability) and to seek means by which to preserve and reinforce them in spite of or due to European integration. Working groups will be introduced each time by keynote speeches, after which the social administrators can speak at length.

## **Preparation and follow-up**

The conference will be organised on the basis of a scientific report drawn up by a group of international experts co-ordinated by Professor Elias Mossialos (director LSE Health and European Observatory on Health Care Systems, London). The co-authors are Willy Palm (Director, Association Internationale de la Mutualité, Brussels), Professor Martin Mc Kee (London School of Hygiene and Tropical Medicine, London), Professor Franz Marhold (University of Graz, Austria) and Assistant Professor Beatrix Karl (Max-Planck Institute for Foreign and International Social Law, Munich). The report consists of a review of the situation, formulation of the problem and recommendations to respond to the challenges.