
Volume 12, Issue 1 /2010 - News

EU Affairs

John Dalli

Commissioner for Health

Public health has moved higher up the European Commission's political agenda following a major internal administrative shakeup. The outcome means that the new commissioner, former Maltese economy and social affairs minister, John Dalli, who took over the post on 9 February will have more resources and influence than any of his predecessors.

His department has grown to 1,100 officials as policy on pharmaceuticals, cosmetics, medical devices, biotechnology and pesticides are transferred to the public health directorate general's existing responsibilities.

In one sense, the changes are logical. They bring all health-related issues under one roof within the Commission for the first time. This brings the institution into line with national practice in all European countries, apart from Greece, whereby medical legislation is handled by health ministries. A contributory factor was the fact that the Lisbon Treaty, which took effect from the beginning of December, places pharmaceuticals and medical devices under the health policy heading.

In another sense, they reflect a significant change of thinking. Until now, pharmaceuticals, medical devices and cosmetics had been the responsibility of the enterprise and industry directorate-general. As a result, any initiatives involving these sectors were invariably seen initially from a commercial point of view. Although health and safety concerns were not neglected, greater importance was attached to assessing whether particular measures would strengthen business competitiveness or not.

Now, as Dalli told the European Parliament during public hearings last month to determine whether he was a suitable candidate for the health and consumer affairs portfolio, this order of priorities is being reversed. The interests of patients come first.

But as someone who has been his country's economy and finance minister for over a decade, he is also acutely aware of the importance of nurturing a strong European industrial base. The two, he insists, are not incompatible, "Patient interests rest on a strong profitable pharmaceutical industry. Support for the industry and patients are not contradictory. You can get synergy between the two. I will push the industry to do more to put patients in the frontline", he told MEPs.

The former minister's previous responsibility for national purse strings also suggests that he will carefully weigh up the cost-benefit consequences of any course of action before adopting it – a cautious approach which may disappoint some single issue health lobbyists.

He gave a clear hint of this during the parliamentary hearings when asked whether he would use the powers given by the Lisbon Treaty to target action on specific diseases, and in particular whether rheumatic diseases would be among his priorities.

His reply was instructive. "With limited finance, it is very important to address the consequences of decisions", he said. He then confirmed that he will aim to tackle broad health determinants such as alcohol, tobacco and obesity, using information and educational programmes, rather than focus on individual areas.

"Health determinants cut across diseases. To concentrate on specific diseases would give a short-term and narrow outcome. Health determinants will give us health equality more quickly", he explained.

Moves to give patients more choice by creating a transparent system to allow them to have reimbursable hospital treatment in another EU country will feature prominently on his early agenda, despite being blocked by a handful of countries, led by Spain, shortly before Christmas.

"I believe the dossier needs to move forward. There is a problem in the Council of Ministers. I will make every effort to ensure an understanding is reached for an effective policy on patient rights and mobility", he told MEPs.

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Mr. Dalli plans to meet the Spanish health minister early in his five-year mandate to try and break the deadlock. Realistically, however, little progress will come before the second half of the year when Belgium takes over the six-month rotating EU presidency from Spain.

Nor are there likely to be any major developments affecting medical devices before next year when the framework legislation is due to be overhauled.

Instead, the first items the new commissioner can expect to see on the statute book are two pieces of relatively non-controversial pieces of pharmaceutical legislation. One aims to clamp down on counterfeit drugs, the other to improve pharmacovigilance.

However, he has already called a halt to the third element in the package which, as it stands, would allow pharmaceutical companies to provide information directly to the public under certain conditions. Critics say this would be tantamount to advertising. Mr. Dalli appears to agree. He intends to reassess the existing proposal, to strengthen a patient perspective and make a clear demarcation between information and advertising.

During an assured three-hour hearing before the European Parliament, the new public health commissioner also revealed the political style he intends to use in Brussels. "My experience shows me that sometimes a gradual approach works better and faster", he said.

Published on : Mon, 1 Mar 2010