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WHO Governing Body to Make Decisions Affecting Health Systems

The need to strengthen health systems so that they can respond quickly and flexibly to the growing number of new challenges was on the agenda of the WHO's European governing body, the WHO Regional Committee for Europe. Attended by over 250 health officials from the WHO European Region, its annual session took place in Tbilisi, Georgia from September 15 - 18.

The Regional Committee considered several critical health issues and adopted important resolutions. Member States' representatives discussed the governance of health systems, health promotion, the social determinants of health, non communicable diseases, child and adolescent health, and climate change.

The Regional Committee gives priority to making health services accessible to all, particularly to those who cannot afford to pay for healthcare. Opening the session on 15 September, the Prime Minister of Georgia, Vladimer Gurgenzidze, said that health is an important tool in reducing poverty. Providing his country's population, especially people who live below the poverty line, with access to social and health protection is among the Government's top objectives.

Increasing Health Systems' Capacities

One of the Regional Committee's goals is to increase health systems' capacities to respond to health emergencies.

"Governments made important achievements in this field by signing the Tallinn Charter in June this year. When a crisis happens, the malfunctioning of a health system puts the health of the world in danger. There is no room for complacency – we have a lot of work to do to carry out the plans mapped out in Tallinn," says Dr. Marc Danzon, WHO Regional Director for Europe.

Health systems are the focus of other items on the Regional Committee's agenda. Representatives are exploring the driving forces behind better health system performance, the difference good governance can make, and the health sector's role in encouraging people to adopt healthier behaviour, including abstinence from smoking, weight management, blood pressure control and regular exercise.

The Regional Committee is also taking stock of progress made across the WHO European Region and setting new goals for the years ahead. The Regional Director's report on the work of the WHO Regional Office for Europe in 2006 – 2007 showed that many goals had been successfully achieved but much work remained.

Presenting the report and describing the Regional Office's activities in 2008, Dr Danzon cited encouraging trends in such areas as tackling non communicable diseases and the provision of health services for vulnerable population groups. The report highlights significant increases in the Regional Office's presence in countries and in the share of its budget devoted to country work.

EU to Study Electronic Chips for E-Health

The Commission has decided to study the options for using Radio Frequency Identification (RFID) technology in healthcare, with applications ranging from the identification of patients in hospitals to tagging pharmaceutical products.

The Commission recently published a call for tenders for a study on requirements and options for actions in Radio Frequency Identification (RFID) technology in healthcare. The main objective of the study is to assess the expected features of RFID applications in the healthcare market and to build future scenarios in the field. It is also set to identify possible obstacles and needs for policy actions or specific research activities on the subject.

In healthcare, RFID is used primarily for tagging pharmaceuticals. In hospitals, RFID systems are used, for example, to identify patients and to permit relevant hospital staff to access medical records. The systems are said to save lives, prevent errors, save costs and increase security.

Results of a recent Commission consultation on RFID show privacy, health and environmental risks as the main stakeholder concerns with regard the use of this technology. As to the use of RFID-based solutions in healthcare, 45% said they were positive about the technology while 40% said that they had a negative view. The Commission has also recently launched a procedure to study the economic aspects of E-Health in general and of economic impact of interoperable electronic health records and E Prescription in particular.

Commission Weighs Up Options on E-Health Interoperability

The lack of interoperability in systems and services, such as electronic health records, patient summaries, and emergency data sets, has been identified as a major obstacle to the widespread take-up of e-Health applications in the EU. The Commission has launched a public consultation on the issue with a view to adopting specific guidelines.

The Commission's notion of e-Health interoperability is two-fold. In addition to the technical definition of the term that relates to connecting systems and exchanging information, it also seeks to recognise the concept of connecting people, data, and diverse health systems, while taking into account the relevant social, political, regulatory, business, industry and organisational factors.

Plan Defines Priorities, Sets Agenda

The EU's e-Health action plan (2004) defines the block's priorities in the field until 2010. One of them is the development of interoperable healthcare systems across the Union. In June 2006, the Commission's ICT for Health Unit adopted a new strategy to promote the transformation of the European healthcare landscape, in line with the Commission's new policy framework i2010. The Unit is currently in the process of drafting

guidelines for good practice on eHealth interoperability.

According to the Commission, the ultimate goal of the recommendation is "to contribute to enabling the provision of a means for authorised healthcare professionals to gain managed access to essential health information about patients [such as the appropriate parts of a patient's electronic health record, patient summary and emergency data], subject to the patient's consent, and with full regard for data protection and security requirements" across Europe.

Initial Information on Planned EU Action on Healthcare Services

The Commission is preparing its action on healthcare services and cross-border healthcare. In recent years these issues have been discussed widely at European level and the Commission has recognised the need to address current uncertainties about the application of Community law to health services, and to provide support for efforts to improve effectiveness, efficiency, quality and safety of national health systems. Also health ministers have welcomed the Commission's initiative and endorsed the need for action. The planned EU action, which is to be tabled very shortly, is likely to be a package of legislative and non-legislative measures, a directive and a communication.

The Commission together with representatives from Member States is drawing up a list of highly specialised and expensive services, for which in case of a crossborder performance in a hospital a prior authorisation of the payment provider would be needed. For non-hospital care, no such authorisation would be required.

Also planned are extensive information rights for patients as well as the duty to inform from service providers and member states. The latter would have to set up "patient information centres", that would support patients from abroad to find the right service provider and in case of potential damage claims.

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