



// FEBRUARY 2007

## **CED POSITION PAPER**

# **RESPONSES TO EUROPEAN COMMISSION DISCUSSION DOCUMENT FOR A HEALTH STRATEGY**

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## // INTRODUCTION

The Council of European Dentists (CED) represents over 300.000 dentists through 31 national dental associations. Established in 1961, its objectives are to promote a high level of oral health and dental care in Europe and to ensure the views of the dental profession are taken into account in EU decision-making processes.

The CED welcomes the Commission's consultation process for a new EU health strategy. An integrated approach to this sensitive area, as set out in the Commission's discussion paper of 13 December 2006, is essential to achieve the threefold objective of contributing to the objectives of the Lisbon agenda, tackling common challenges for the EU and at global level, and enhancing the EU's visibility as a player in the international health policy arena.

By way of introduction, we would like to make three preliminary remarks:

- **Striving to be ambitious**

A new EU health strategy does not necessarily require new legislation. But the Commission should be ambitious in its proposals, aiming to commit Member States to a "Health in all policies" approach. The sustainable development of our respective health care systems will also benefit from sharing responsibilities and pooling resources. Non-communicable diseases such as oral diseases, heart problems, diabetes and cancer, and communicable diseases such as tuberculosis and HIV/AIDS are disease patterns that concern all Member States. Many of these diseases have similar "common risk factors". Structured cooperation between national governments, for example with regard to cross-border issues, research, and health technology assessments is necessary to tackle common challenges. However, the responsibility for organising and delivering healthcare must remain in the hands of Member States.

- **Balancing health, social and economic objectives**

A new EU health strategy should support a socially oriented model of healthcare provision with accessibility to, and affordability of high-quality healthcare. The set goal of achieving prosperity whilst maintaining solidarity and security requires a sensitive approach. As stated by the CED in their response to the European Commission's consultation regarding "Community action on health services" (January 2007), the guarantee of safety and quality is more crucial for healthcare than for other sectors. The fact that healthcare requires special consideration was also reflected in the European Parliament's and the Council's decision to exclude health services from the Services Directive. Any EU health initiative should therefore seek to strike a balance between internal market and health objectives, as well as to ensure a high level of consumer and patient protection.

- **Recognising that oral health is part of general health**

Oral disease, such as dental caries, periodontal disease, tooth loss, oral mucosal lesions, oro-facial trauma and oropharyngeal cancers, the latter resulting often from over-consumption of tobacco and alcohol, is a serious public-health problem, and among diseases the fourth most

expensive to treat<sup>1</sup>. Recent studies point to associations between oral infections – primarily gum infections – and diabetes, heart disease, stroke respiratory ailments, and poor pregnancy outcomes. Dentists have an important role to play in general health promotion and in disease prevention: they are well placed to detect diseases at an early stage when treating their patients, because problems in the mouth can signal trouble in other parts of the body. HIV/AIDS and osteoporosis are examples. Promotion of oral health is therefore a cost-effective strategy not only to reduce the burden of oral disease. It is also an integral part of health promotion in general<sup>2</sup>, as oral health is a determinant of general health and quality of life.

With regard to the questions posed by the Commission in their discussion paper, we would like to comment on them under the following headings: core health issues for the EU, indicators, health in all policies, tools and global health.

## // CORE HEALTH ISSUES FOR THE EU

### **Prevention**

We support the view of the Commission that health is wealth. Maintaining a healthy population is linked to generating economic growth in Europe. Prevention and equal access to high quality care are to be seen as investments, as are the promotion of a healthy lifestyle and continued activities to fight harmful alcohol consumption and smoking. As is the case for major chronic diseases, oral diseases are linked to unhealthy environments and behaviour. Oral health promotion and disease prevention should therefore be an integral part of non-communicable and chronic disease prevention.

### **Healthy ageing**

An EU health strategy must take full account of the changing demography of the European population. The challenges which may result from a constantly ageing population require the development of sustainable measures, such as through innovative projects and cross-sectoral work both at EU and at national level. The burden of oral disease is particularly high among older people, with tooth loss and gum infections affecting their quality of life. It is therefore important to promote oral health among older people, aiming at improving oral health, general health and well-being into old age through a life-long perspective in health promotion, integrated disease prevention, and emphasis on age-friendly primary health care.

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<sup>1</sup> World Health Organisation, "Oral Health: Action Plan for promotion and integrated disease prevention", 30 November 2006

<sup>2</sup> FDI / World Dental Federation, „A global perspective of oral diseases“

### **Patient information and patient safety**

Citizens need easy access to trustworthy information on health, such as that provided through the EU health portal. In view of increasing cross-border health care this should include simple rules – and checklists - for the mobility of professionals and patients. It is important that any health information be accurate and up to date. Competent authorities of the Member States should ensure the safety of the system within which health services are provided. Quality and safety of healthcare can also be promoted by Continuous Professional Development (CPD), Europe-wide ethical codes agreed upon by health professionals, as well as an overall commitment to patient safety.

### **Communicable diseases**

A new EU health strategy should ensure rapid and coordinated response to health threats such as HIV/AIDS and other communicable diseases. The mandate of the European Centre for Disease Control (ECDC) should be reviewed accordingly, further developing continent-wide disease surveillance as well as early warning and monitoring systems.

## **// INDICATORS**

Increasingly, EU Member States and European regions are formulating health priority areas or targets for health policies. There is a noticeable trend to broaden the spectrum of health objectives moving from simple morbidity measurements, or prevalence of specific diseases to objectives expressed in terms of improvements in quality of life.,

This increasingly common approach is better capable of recognising the important role of the dental profession in contributing to general health. It is the CED's view that oral health indicators should be systematically integrated in any health surveillance system so that trends and changes in life-style and the resulting improvement in oral health and therefore quality of life can be monitored effectively.

### **Performance indicators**

The CED believes that setting performance indicators is important to measure progress made, for example with regard to the improvement in clinical outcomes and quality of life for EU citizens.

With regard oral health, we wish to highlight the results of the European Global Oral Health Indicators Programme (2003-2005) which has been supported by DG SANCO. "40 Essential Indicators of Oral Health in Europe" have been identified and harmonised. They concern problems, determinants and risk factors relating to lifestyle or critical oral health care, its quality of care and of essential health resources. As a second step - EGOHIDP Phase II (2006-2008) - methodological criteria are being defined for the collection of data to effectively promote and implement oral health indicators.

To mention but a few examples, some of the performance indicators for monitoring oral health of children and adolescents are:

- daily brushing of teeth with fluoridated toothpaste
- the mother's knowledge about fluoridated toothpaste for child tooth decay prevention
- protective sealants prevalence
- orthodontic treatment coverage
- the extent of early childhood caries of the decay experience in 1st permanent molars in children

As to indicators for monitoring the oral health of the population in general, some examples are:

- obvious decay experience
- dental caries severity
- periodontal diseases severity
- functional occlusion
- the number of natural teeth present

#### **“Healthy life years” indicators**

The CED also considers the Commission's proposal of setting “Healthy life years” indicators to be useful. In relation to oral health, such indicators could be defined on the basis of performance indicators, e.g.:

- oral disadvantages due to functional limitations
- physical pain due to the oral health status
- psychological discomfort due to oral health status
- psychological challenges resulting from physical appearance (e.g. with damaged gums or teeth, or dentures)
- social disability due to poor oral health status
- physical disability (resulting from difficulties in eating or the inability to eat)

For example, elderly people suffering from infected gums and tooth loss, will also suffer from diminished quality of life as they will not be able to eat properly and are more likely to be reluctant to socialise as they are embarrassed of their physical appearance.

## **// HEALTH IN ALL POLICIES**

Health should be an integral consideration in all EU policies. The CED therefore fully supports “Health in all policies” as the horizontal concept underpinning Community actions. This, combined with cross-sector partnerships both at EU and at national level, can best contribute to improving the health of EU citizens.

The CED welcomes the fact that the European Commission is currently developing a tool targeting specifically the impact assessment of health systems, and advocates the use of

proper health impact assessment for all new policies – legislative proposals and projects alike – that may impact on health and on health systems.

Most importantly, we believe that for “Health in all policies” to be effective, improved cooperation between the Commission’s various Directorates-General with a strong coordinating role for DG SANCO is essential.

## // TOOLS

The CED considers that the need for new legislation on health should always be examined carefully to ensure there is real value added to action undertaken by the Member States. In the meantime, a EU health strategy can best be kicked off by combining existing legislation with non-legislative tools.

### **At EU level**

Investment in research should be further strengthened, and resources should be pooled so as to avoid duplication of effort. Some research could be devoted to the inter-relationships between oral health, general health and quality of life. Public health programmes and projects - with integrated strategies for oral health - to support mainly the new Member States should be continued to bridge the existing health gap within the enlarged EU. Funding under the European Structural and Regional Funds may be useful to help identify EU regions where there are shortages of health professionals, to inform the mobility choices of professionals in regions where there is a surplus.

The EU should continue to support the creation of a network of European reference centres, as well as cross-border health projects in the Euregios, which also exist in the field of dental care.

We appreciate the work of the High Level Group on Health Services and Medical Care to promote an ongoing structured dialogue between the Member States, as well as the work of its ‘patient safety’ working group, which we actively support.

We welcome the fact that the Commission appreciates the role of stakeholders with regard to health issues, as illustrated by the European Health Policy Forum and the Open Health Policy Forum, of both of which the CED is a member. We consider that close cooperation between the EU and European health organisations, including organisations of health professionals, must be further strengthened. Also, cooperation of the Member States with national organisations of stakeholders should be encouraged. We believe that innovative partnerships between governments, academic institutes, the private sector and stakeholders could possibly be built for cross-sectoral work on demographic change and healthy ageing, where responsibilities are shared among partners according to their respective expertise and resources. The CED is in favour of interdisciplinary and intersectoral approaches to the promotion of health.

### **At the level of the Member States**

The Member States should commit to a permanent structured dialogue between themselves. An active exchange of information is required concerning the mobility of patients and professionals, including close cooperation among competent authorities. Continuous Professional Development (CPD) and quality assurance are also important to promote patient safety.

Overall, the open method of coordination, whereby best practices can be spread across the EU, has proved to be a valuable tool of healthcare and long-term care and should continue to be used. The process would benefit from the inclusion of stakeholders' contributions.

In general, Member States need to recognise their role in actively and financially supporting measures relating to health promotion.

## **// GLOBAL HEALTH**

The Community should define a set of objectives to promote health within and outside the EU by building on existing international health regulations, conventions, and action plans – including the WHO's "Oral health action plan for promotion and integrated disease prevention" (November 2006) - as well as on their own achievements to protect and improve health in Europe, i.e. progress made in their work on the core issues of the EU health strategy.

Closer cooperation with EU neighbouring countries is essential for the coordination of pan-European planning for health threats.

Proven successful EU action in the area of public health should feed into pan-European networks for the exchange of best practice in areas such as rare disease treatments, nanotechnology, e-health or virtual centres of excellence.

Overall, a regular dialogue should be initiated with international organisations. One of the main lines of the WHO's global strategy for the prevention and control of chronic non-communicable diseases being the reduction of the level of exposure to major risk factors, the EU could support that prevention of oral disease be integrated with that of chronic diseases on the basis of common risk factors. The EU could also cooperate with the WHO to raise awareness of the determinants of oral and general health, and fostering health-promoting environments, healthy behaviour and prevention-oriented (oral-) health systems.