European Public Health Alliance

EPHA is working with health organisations and politicians to improve the health status and life expectancy of Europe's population while reducing health inequalities. **Zoltán Massay-Kosubek**, Policy Coordinator for Disease Prevention, discusses the actions the Brussels-based NGO is taking to turn this goal into a reality

Can you describe the biggest health challenges facing Europe today?

There are two key issues. The first is the non-communicable disease (NCD) epidemic in Europe and the second is economically driven policy making.

NCDs including cancer, cardiovascular diseases, diabetes, chronic obstructive pulmonary diseases (COPDs) and respiratory diseases are responsible for 86 per cent of the deaths in the World Health Organization (WHO) European region. We call them all silent killers, and with regard to the ageing populations, they put a huge social and economic burden on society. We are encouraging responsible policy making as a way to address these issues. With regard to the economically driven policy making, I think it is a huge problem that all the major policy decisions focus only on finances and GDP estimates. At the European Public Health Alliance (EPHA), we think the health needs of the people should also be taken into consideration as health should come first to economics.

How is EPHA partnering with the EU to bring about international change to tackle these public health concerns?

As a Brussels-based organisation, we focus on Europe, mainly working with institutions like the European Commission (EC) and the different directorate generals (DGs) responsible for other policies which affect health (eg. the DGs responsible for environmental, social or agricultural policies); the European Parliament, which is the only democratically elected European institution; and the Council of the EU, which includes the 28 Member States. We also work with international organisations including WHO, as well as with other like-minded environmental and social NGOs.

What does your role in the Alliance as Policy Coordinator for Disease Prevention entail?

As Policy Coordinator, I am the ears, eyes and voice of EPHA members. My role is to monitor health-relevant EU policy making, represent EPHA members at various forums, coordinate the work of our members, and draft the articles, position papers and relevant documents for them. My focus areas are key risk factors for diseases such as tobacco (which are responsible for cancer, respiratory diseases, diabetes and COPD) and alcohol (which is a serious factor of other types of cancers and other diseases). I also do work relating to the built environment including housing, urban transport, air quality and access to water and how it impacts our health. I cover the area of Fundamental Rights of the European Union and how they are relevant for health as well as health inequalities, focusing on the health status of Europe's largest ethnic minority, the Romani.

Has your background prepared you for this position? What personal motivating factors are spurring your activities at EPHA?

I'm a Hungarian qualified lawyer with specific interests and experience in EU law. From that perspective, I think public health is one of the most interesting areas of law a lawyer can work in. According to Article 168 of the Treaty on the Functioning of the European Union, health should be included in all EU policies. In practice this means that I need to follow every single policy area that has an impact on health, which gives me the perfect opportunity to gain an overview of the whole EU legislation. In regard to my previous experience, in my professional career I worked for National Courts in Hungary, the European Court of Justice and the Ministry of Health of Hungary – I always represented the public interest. Working for EPHA allows me to use my experience and to continue the representation of the public interest from a civil society perspective, which I think is very important, very relevant, and I must say very enjoyable.

One of the Alliance's main motivations is to encourage healthy lifestyles and behaviours. Who in society is EPHA focusing on to achieve this goal?

We consider the most vulnerable as a specific group – this group includes children, the elderly, pregnant women, minority groups, homeless people, communicable disease patients and ethnic minorities like the Romani. The most vulnerable have much worse health outcomes than the majority of the population; therefore, we consider these people as a priority in our policy work.

Are there specific actions the organisation is taking within this remit?

In our opinion, the health of people is defined by the social and environmental determinants of health. Basically that means the food we eat, the air we breathe, the salary we have or don't have, the houses we live in, the water we drink, the education we have – all of these factors combine to define our health status. In order to help our citizens, it is not enough to focus on the patients or the people with diseases; we have to prevent them from becoming ill. Therefore, our mission is to impact EU legislation on nutrition, tobacco and alcohol consumption, social policy, salaries and economic policies. It is a very complex exercise, but we believe that this is the way to achieve improvements of health.

Strengthening health systems and making them more equitable are of key importance to EPHA. Can you discuss this work in the context of communicable diseases, chronic diseases and access to medication?

Many people espouse that health systems belong to individual nations, but this is not entirely true. There is a large amount of EU law that impacts the health systems in every European country; for example, there are pieces of legislation on the harmonisation of medical professionals

like doctors and nurses, and there is European legislation on medical devices and pharmaceuticals. There is also a huge European budget dedicated to research. Last but not least, in terms of economic governance, there are country-specific recommendations where the EC assesses national budgets, and it makes concrete country-specific recommendations with regards to the national budgets. We at EPHA examine these recommendations from a health perspective since several of them impact national health budgets. This clearly demonstrates again the direct European influence on national healthcare systems.

In regards to communicable diseases, we consider them as health threats. We have several EPHA members who put forth calls to action regarding communicable diseases and their treatments within the healthcare system. For chronic diseases, we again monitor the relevant European policy documents, decisions and recommendations, and we highlight our concerns to the appropriate political bodies.

As for access to medication and access to healthcare, this is a crucial area of concern in terms of EPHA's fundamental rights approach. Access to healthcare is a legal right and is a legal obligation of both the European state and European institutions to promote this outcome. Unfortunately, the right to health is very often side-lined and forgotten in economically driven health policy. For example, due to the economic crisis that started in 2008 and the impact this crisis has had on our health systems, many Member States have passed legislation that has resulted in some people – mostly those most vulnerable – being excluded from the healthcare system and basic medicines. This is something that EPHA cannot accept.

People are starting to expect more of their healthcare systems in terms of technological advancements. What role do eHealth and mHealth measures have in healthcare systems?

Healthcare systems are working with limited financial resources, which has made scientists and policy makers alike think about innovative methods for how to save costs and how to improve the systems; EPHA considers eHealth and mHealth technologies as a possible tool to achieve these outcomes. eHealth solutions and mHealth applications can simultaneously help reduce the prevalence of medical conditions while saving time and costs for both patient and doctor. Health technologies can also improve access to care because they provide solutions for people living in rural areas, individuals with limited mobility or people living in vast countries such as Finland to stay in contact with medical professionals through mHealth applications.

Is EPHA fostering inclusion in their standard care policies?

EPHA wants to see these technologies taken up by healthcare systems more readily while ensuring that individuals with lower levels of e-literacy – such as the elderly – are not excluded from receiving care in this manner. We do not want to see eHealth and mHealth exacerbate existing healthcare inequalities.

We also want to ensure that people are using these applications and methods in the right way so as to receive faster and more accurate diagnoses. To this point, we have collected EPHA member organisations working on those issues, prepared a briefing paper about eHealth and mHealth, issued a response to a recent EC mHealth Green Paper consultation and presented these documents to relevant forums.

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