
Andrzej Rys is a medical doctor graduated from Jagiellonian University, Krakow, Poland. He specialized in radiology and public health. In 1991 he established School of Public Health (SPH) at the Jagiellonian University and he was the SPH’s director till 1997. From 1997-1999 he took up the post of director of Krakow’s city health department. In 1995 –1999 he was the Polish director of the “Harvard-Jagiellonian Consortium for Health” – a project focusing on local governments’ role in health care. In 1999 – 2002 he became the deputy Minister of Health in Poland and developed a new system of emergency medicine and new education system for nurses. He was a member of the Polish accession negotiators team. In 2003 he established and ran as a director, the Center for Innovation and Technology Transfer at Jagiellonian University, Krakow, Poland. He was also director for development of Diagnostic Ltd., executive director of the Polish Association of Private Health Care Employers and chief editor of the Journal “Health and Management”. He joined the European Commission in June 2006.

Reporter: Mister Director, grace to your current and important role to manage a central directorate of the European Commission, you are in the position to have a real and large image on the public health domain at EU level. As it is organized, The EC Directorate C- Public Health and Risk Assessment covers all spectrums of administrative and technical aspects in the field of public health; each of the units of this directorate could have been a separate directorate due to the broad issues addressed.

- Please describe what are the possible health threats and risks in a European dimension, in the context of globalization and economic crisis.

Andrzej Rys: In Europe, as elsewhere in the world, international travel brings with it health risks like influenza pandemics. A flu pandemic can occur whenever a new flu virus appears against which humans have no immunity. A recent example is the pandemic (H1N1) 2009. Pandemics can be severe and spread quickly. Even though we may hope for the best, we need to be prepared for the worst.

Potential threats from chemical, biological and radio-nuclear (CBRN) are also a concern. These can include accidents and criminal or terrorist acts. We need to be properly prepared for large-scale public health emergencies relating to CBRN agents. Protective measures include coordinating emergency planning, preparedness as well as the availability of appropriate treatment, vaccines and decontamination.

The current economic crisis can also have a negative effect on the health and well-being of European citizens, since health and the economy are so closely interlinked. Job losses may affect people’s mental health, and increase suicide rates and alcohol consumption. In addition, the financial pressures on public spending can put a greater strain on already over-stretched health systems. It is too early to say what the health effects of the economic crisis will be but we need to draw lessons from this financial crisis.

- What is the role of the Directorate in preventing these health risks?

A.R.: My Directorate leads the Commission’s work on health threats. We cover three main areas: prevention, preparedness and response. In 2001 we set up the Health Security Committee (HSC) to ensure coordination and the alignment of public health measures between national authorities, the Commission and the relevant EU agencies. Working in parallel with the HSC is the HSC Communicator’s Network which aims to foster cooperation between Member States and the Commission in order to provide EU citizens with accurate, timely and consistent information and guidance. Communication is of utmost importance during a health crisis and it is imperative that we do not send mixed or contradictory messages.

Generic Preparedness is about developing and strengthening capacities to respond rapidly to any kind of emergency affecting or likely to affect public health in more than one EU country. The Health Security Committee has facilitated this work by issuing a generic preparedness planning document dealing with all types of threat and also specific plans for individual threats such as influenza pandemic, severe acute respiratory syndrome (SARS) or smallpox.

At international level, the Commission is also actively developing and strengthening existing relationships and collaborations on health security. We are involved in the Global Health Security Initiative (GHSI), an international partnership to strengthen health preparedness and the global response to threats of CBRN substances and pandemic influenza.

- What would you recommend for improving the activity of this directorate?

A.R.: I think that in the Public Health and Risk Assessment Directorate we need to continue to play a pivotal role in coordinating and facilitating the exchange of information within Europe and with our global partners on the Pandemic and other health crises. We need to remain vigilant and prepared to adapt to any new developments and to continue to improve our preparedness plan. Protecting our citizens during a health crisis can only be achieved with sound and coherent planning, preparation and coordination across the EU.

Putting health at the centre of EU-policy making is a shared responsibility. Shared learning between Member States, stakeholders and International organisations can and should be achieved. My Directorate is well-positioned to bring together the different players to help development of synergies and pooling of information.
EU policy actions must be based on solid ground: this requires comprehensive Europe-wide information and comparable EU data. My Directorate can offer added value by bringing together information and expertise from a wide range of different sources which will help us, and national health systems, with prioritising actions in health.

Finally, we can further encourage the participation of citizens in health policy making by strengthening the EU Health Forum, regularly assessing citizens’ priorities and concerns in the field of health and shaping policy action accordingly and supporting the work of NGOs and patients’ organisation at EU level, ensuring the participation of organisations from all Member States.

On the subject of the other current health challenge I mentioned - the economic crisis – even though health systems in the EU countries are managed at national level, the Commission can support them in making the best use of their limited resources. To help with the challenges for the health systems in the EU, the Commission has introduced a policy and legislative initiatives aimed to support Member States’ efforts to provide better health care and to increase the safety of healthcare and the sustainability of healthcare systems. These include EU cooperation on Health Technologies Assessment (HTA), patient safety, health workforce, cross border health care, rare diseases, mental health and the European partnership for action against cancer, to name a few.

I would like to say a little more about our work on HTA, as this is a concrete way we can help Member States make the best use of their money. The Commission is currently working on a joint initiative on HTA. This action runs from 2010 to 2012, involves 24 Member States and EFTA countries Norway and Switzerland and received funding (50%) of 6 million euros from the Public Health Programme. This joint action aims to get a clear orientation on what can be better achieved at EU level. Avoiding duplication, spreading expertise and producing joint scientific assessments on interventions, medical devices and pharmaceuticals are other aims. A final goal is to implement the Pharmaceutical forum’s recommendations on relative effectiveness of pharmaceuticals.

R: Nowadays, we are in the position to say that health is seen as a central part of the 21st century European social agenda. The concern for improving health status of population is divers and complex, and in this regard, the role of European Commission is major in shaping guidelines for establishing national policy in a certain area. The elaboration of these guidelines/strategies is a long process for which a collaborative and participative work is needed; all these efforts are based on common aspirations and the judgment is based on general values and principles.

- Please describe what are the general principles and values of priority setting in the 21st century, and
- What kind of challenges/concerns the European Public Health Sector is facing with, in the 21st century.

A.R.: The most important thing for priority setting and the formulation of health policies and actions is to have a sound evidence base. Europe depends on reliable and up to date information about health for taking effective action and introducing sound policies.

I would say that the biggest challenge the European Public Health sector is facing in the 21st century is the ageing population. Europe's ageing population is indeed a Commission priority. It is estimated that between 2010 and 2030, the number of Europeans aged over 65 will rise by nearly 40%, creating huge challenges but also offering great opportunities for Europe's society and economy.

The Commission's new initiative entitled 'European Innovation Partnership on Active and Healthy Ageing' is being launched this year and will create alliances that will pursue innovative solutions to better address the societal challenge of ageing.

Healthy ageing must be supported by actions to promote health and prevent disease throughout the lifespan by tackling key issues including poor nutrition, physical activity, alcohol, drugs and tobacco consumption, environmental risks, traffic accidents, and accidents in the home. The public health directorate is active in many of these areas and has funded many projects on these issues as well as established multi-stakeholder platforms to commit all interested groups to tackle for example, obesity or alcohol abuse.

R: The main current policy papers in the field of public health at EU level present the general framework for current and further actions in the field of public health and promotes collaboration for "global health" in Europe. Thus, the European Commission Health Strategy, "Together for Health: A Strategic Approach for the EU 2008-2013" sets new and clear objectives for coordination of the activity in health area at the European level, and puts in place an implementation mechanism to achieve those objectives, working in partnership with Member States.

- Please explain what “global health” and “health in all policies” mean and how can these two concepts be efficient implemented at EU level.

A.R.: Diseases and their causes do not respect national borders, nor do pandemics and other health crises. Pressures on health systems are also universal. A current challenge faced by health systems all over the world is delivering quality care to ageing populations. These global health issues can only be addressed with better international collaboration.

The EU, in collaboration with other partners is in a good position to develop a coordinated and strategic approach to help address global health challenges. Furthermore, we have a responsibility to play a leading role in addressing global health challenges in our commitment to promote and protect health as a human right.

The Communication on Global Health, which was adopted by the European Council on 11 May 2010, signals a clear commitment by the EU to enhance its role in global health. The Communication highlights the main challenges that the EU needs to address with regard to global health: governance, universal coverage, coherence of EU policies and knowledge.

Many policies and actions have an impact on health and health systems across Europe. Broad policy approaches are therefore needed, to ensure that health is an integral part of all relevant policy areas, including environment,
social and economic policies. In other words, we need to incorporate ‘Health in all policies’ (HIAP). This is one of the key principles of EU Health Strategy Translations. The intention is for health concerns to be an integral part of all policies at EU, national and regional level. This is an area where putting the theory into practice is challenging. The first step in my view is raising awareness about the concrete effects that other policies have on health, whether these are positive or negative. Once there is recognition of the value of health in all policies, it may be easier to convince sectors outside the health sector to examine and assess the health impacts in their work.

- Could you describe, what is the role of European Commission (and its organizations), the role of each Member States and how these roles must be overlapped for implementing the actions recommended by the Health Strategy “Together for Health”?

A.R.: The Commission works with national governments, EU and national health agencies, local and regional authorities, stakeholders (NGOs, professional bodies, patients groups, industry), national and international organizations and other experts in the area of health. The EU health strategy by its very nature is about working together to achieve 3 strategic objectives: fostering good health in an ageing Europe, protecting citizens from health threats and supporting dynamic health systems and new technologies. Clearly, member states are responsible for the planning and organization of their health systems. However, many countries are facing the same health challenges and through EU cooperation on sharing best practice and pooling expertise we can address these challenges together.

R: Quality in health is one of the major issue addressed in the main political documents at EU level, and in this context, a lot of Patient Safety Initiatives and collaborative Structures are already functioning/running, in this field.

- What EC recommends regarding the regulation of this field? To what degree, structures and initiatives in this field are efficient and useful?

A.R.: Following the Commission Communication of 2008 on patient safety, including the prevention and control of healthcare associated infections, the European Council adopted a recommendation on 9 June 2009. One recommended measure is greater reporting of patient safety events, which will help monitor and control patient safety and also provide data on the effectiveness of implemented measures. Another recommended measure is education and training of healthcare workers, including on-the-job training. These together with other measures such as raising awareness of patient safety amongst patients and standardization of patient safety measures, definitions and terminology will certainly be efficient in improving patient safety in the EU.

The Commission is also funding several projects related to antimicrobial resistance through its Health Programme and is constantly monitoring the antimicrobial resistance risk with the support of the European Centre for Disease Prevention, the European Medicines Agency and Control and the European Food Safety Authority.

R: Future approaches in the field of public health are also intensive and the recent concerns refer to a new Future “EU 2020” Strategy”. Regarding the “Responses to the Commission consultation on this strategy, we can see a lot of solutions are already incorporated in the theoretical approach. Challenges to be addressed refer to issues such as: governance; employment; research; global markets; global health diplomacy; health in all policy; and new issues could be also included.

- What is the mission/vision/scope of the new EU strategy in the field of PH?

A.R.: The EU Health Strategy "Together for Health" which runs from 2008 to 2013 is innovative in that it provides a coherent framework for many different health actions. The aim is to have one document which encompasses the health challenges and how to address and tackle them. This strategy for improving health in the EU focuses on the principles of shared health values, health is the greatest wealth, health in all policies and strengthening the EU's voice in global health. It is structured around 3 strategic objectives which I already mentioned above. It is not aimed at specific groups but actually calls for support and action from all health actors at national, regional and local levels.

- Could you explain, briefly, what is the process/planning for elaborating a new EU Health strategy? What organisms and experts are involved in the elaboration of a EU Health Strategy? Please exemplify for this Future EU 2020 Strategy.

A.R.: The next EU Health Strategy will not begin until 2014 when the current one expires. The current strategy is undergoing a mid-term evaluation, at present, whose results will feed into discussions on the next Health Strategy. A public consultation will also take place to gather the view of stakeholders and the public. What is certain is that it will complement and reinforce the Europe 2020 strategy.

Health priorities are reflected in many areas in the Europe 2020 strategy. The best example is the Innovation Union strategy, one of the Europe 2020 Flagship initiatives adopted in October 2010. This particular strategy introduces the concept of European Innovation Partnerships to tackle societal challenges and has given rise to the "Innovative Partnership on Active and Healthy Ageing" which has a core objective of helping Europeans to live, on average, at least two more years of their life in good health.

Actions in health are included in other Europe 2020 Flagship initiatives. For example, mental health and health workforce are included in the "Agenda for new skills and jobs", pharmaceuticals are included in the "Industrial policy for globalization era" and innovation in healthcare including eHealth and health technology assessment are included in "Digital Agenda for Europe" flagship.

Thank you for your kindness to answer to questions.

Interview conducted by: Marius CIUTAN, MD, specialist in Public Health and Management.