

EUROPEAN UNION ENLARGEMENT AND THE IMPACT ON HEALTH AND HEALTH SYSTEMS, CHALLENGES AND PERSPECTIVES

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Abstract: *An european consensus would facilitate the improvement of the quality of facilities and services. Moreover, the increasing focus on public health, the strength of regulations and guidelines, the quality improvement and the access to health services could also be regarded as potential benefits for the member states of the European Union regarding the health care systems.*

Keywords: *European Union, public health, health services*

Rezumat: *Un consens european ar facilita îmbunătățirea calității serviciilor și facilităților. Mai mult decât atât, concentrarea asupra domeniului sănătății publice, întărirea legislației, îmbunătățirea calității și accesul la serviciile de sănătate reprezintă beneficii importante pentru țările membre ale Uniunii Europene, în ceea ce privește sistemul de îngrijire a sănătății.*

Cuvinte cheie: *Uniunea Europeană, sănătate publică, servicii de sănătate*

Although it was a surprise for many people, the fall of communism in the Central and Eastern European countries, clearly suggested that at some point in future, these countries will also become members of the European Union. There were many factors that favoured the enlargement, which was seen to bring benefits not only for the candidate countries, but for the existing ones, as well. First of all, this meant the creation of an enlarged area of peace, stability and prosperity in a Europe divided by the cold war. Secondly, the accession of more than 100 million people, from economies in rapid development, to those more than 370 million persons of the EU, was expected to bring about an economic boom, as well as the increase of the number of employments within all states. Thirdly, the adoption by the member states, of the EU policies on environment protection, fighting against crime, drugs, illicit migration could mean the increase of the life quality of the citizens of the member states. Fourthly, the new member states led to the enlargement of cultural diversity, ideas exchange and to a better understanding of the others. Last but not least, an enlarged Europe essentially plays a more important part in the business world, as well as in the external and internal policies, in security and trade policies and in

other sectors of the global governing, counter-weighting the USA, in a world that seemed to be unipolar.

A key element for the new member states is the implementation of the *acquis communautaire*. This contains 31 chapters, covering the entire spectrum of the EU policies. Those with particular relevance for public health are: Chapter 13, about social policies, Chapter 23, about customers and health protection. Although it is not explicitly mentioned, almost all chapters have implications on health, too. The differences between the new admitted countries and the countries that form the union are huge in certain fields of activity. Relevant within this context is life expectancy at birth. Portugal has the lowest life expectancy.

The European Union was founded in 1957 by the Treaty of Rome, the purpose being political (avoiding a new war France-Germany) and economic. This meant free movement of goods, capital, persons and services. The treaty did not have much to tell about health. In 1993, a new and quite limited element was introduced in the Treaty of Maastricht, which stated that the Union will contribute to the accomplishment of a high protection level for its citizens, introducing the article 129 in the treaty in order to give it more power. Nevertheless, the community institutions were limited to the coordination of politics and programmes within the field of health, but they were prevented to harmonize the legislation. In practice, the article 129 offered the basis for an action plan for health promotion, education and public health. However, health assistance is an area in which many governments do not wish interferences.

The treaty of Amsterdam of 1997 clarified the way in which the community laws affect the health services, stating that “Community actions in the field of public health will fully observe the responsibilities of the member states of organizing and supplying medical health and assistance”. The exclusion of the health services from the competence of the EU did not prove to be a situation as simple as the Union’s officials expected. Today, there is a consensus within the European countries that the health services cannot be seen as any other type of services.

Following the European principle of solidarity, the majority of states, including those in transition,

regulated health systems that should provide universal coverage. Although, health services are excluded from the treaty, these may operate by using many levers covered by the unique market. The free movement includes goods, such as the medical or pharmaceutical technology, persons, such as patients and health professionals, services, such as the supply of health assistance or activities necessary for its good functioning. The acquisition process is under the incidence of the European laws, in particular for the cases in which it must be transparent and undiscriminatory.

The formal situation of the health systems is to a certain extent, confuse in this moment. Many governments which were assured by the non-interference of the European Union by the provisions of the treaty, were in difficulty by the regulation of the European Court of Justice, which settled different cases in this field.

In the absence of a clear legal basis, one of the possibilities was the Coordination through Open Methods, regulated by the European Council in Lisbon, in 2000. This facilitated the enlargement of the “good practice” and the accomplishment of an increased convergence in the areas in which the harmonization is not possible. In 2003, the ministers of the member states initiated measures for the establishment of certain common targets in this field of good practice indicators, of policies guides and targets that must be accomplished and adopted as soon as possible, as well as for the establishment of a monitoring system based on mutual learning. All these evolutions indicated the fact that it is necessary to revise the Treaty.

The most important challenges for the health systems of the new member states were considered to be the legislation harmonization in this field, increased pressure on the medical assistance costs and the necessity of improving the population’s health, as a tool for reducing the need for the medical assistance. The other problems are represented by the quality standards, the performance of the health system, equity and the pharmaceutical domain. It is somehow surprising that things, generally considered important, such as the increase of the mobility of the professionals of the system and the increase of the patients’ rights register a lower interest.

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