



**CPME Written statement to the WHO Regional Committee for Europe
Sixty-third session, Cesme Izmir, Turkey, 16-19 September 2013
Health 2020 – Implementation and challenges**

CPME welcomes the opportunity to submit written statements to the sixty-third session of the WHO Regional Committee for Europe on the implementation of the Health 2020 strategy.

Regarding the specific issue of health and medical research, CPME is convinced that research is the path to a better health and the best quality care for all. Scientific advances are essential to the better understanding of diseases and their treatments. This implies that health data is collected for the conduct of research analyses (p. 6 of the [WHO Health 2020 report](#)). CPME reminds that the collection of health data shall always be done in accordance with the principle of informed consent, which is internationally recognised in the World Medical Association's Declaration of Helsinki on *Ethical Principles for Medical Research Involving Human Subjects*, as well as in the Council of Europe's *Convention on Human Rights and biomedicine*.

Regarding the technological advances in the health sector (p. 9 of the [WHO Health 2020 report](#)), CPME believes that they shall be developed in order to answer the needs of the end-users, ie. the patients and the doctors. It is essential that eHealth and telemedicine services are designed first and foremost to answer health needs and not to satisfy economic and commercial interests. To this end, technology advances shall be user-driven and therefore always involve the concerned stakeholders. Furthermore, CPME insists that these services are designed in conformity with data protection and privacy rules.

Patient safety

Furthermore, CPME considers essential to drive further progress on patient safety, in particular towards an EU level classification for patient safety, improve the provision of information concerning healthcare-associated infections (HAIs) as well as research support for HAIs. It is also necessary to continue collecting comparable indicators on patient safety by Member States as well as enhance national and/or regional action in these areas.

Healthy ageing

Additional to health and medical research, technological advances and patient safety, CPME considers essential to continue finding innovative and evidence –based solutions to the existing demographic challenges. An integrated approach to the prevention of functional decline and frailty will be of benefit to ensuring healthy ageing, disease-prevention as well as continuation within the social and workplace environment of citizens.



Management of chronic conditions

Several tools are recommended to support the management of chronic conditions:

1. Guidelines on the management of chronic conditions elaborated by the appropriate professional bodies.
2. The validation of a new, uniform criteria to establish (including, possibly) a global hierarchy ("Common values in assessing health outcomes from disease and injury: disability weights measurement study for the Global Burden of Disease Study 2010" - 1) of chronic conditions.
3. Functional capacity assessment tools at work such as the '*Functional capacity evaluation list (FML - 2)*' and the '*Work Ability Index (WAI - 3)*'. Outcome measurements related to work may include: work efficiency parameters, number of sick-leave days/ year (and respectively), number of medical retirements/ year, work accidents/ year.
4. The achievement of an - as comprehensive and realistic as possible -list of chronic conditions and based on this, the establishment of such conditions' stratification, in:
 - preventable/ non preventable
 - curable/ manageable, non curable/ nonmanageable (palliation only)
 - non-work interrupting/ work-interrupting.

Mental Health

CPME welcomes the renewed commitment to taking action on mental health. CPME strongly believes in the importance to extend and improve access to and quality of healthcare services in this area. Against the background of the economic crisis, it is particularly urgent to appeal to Member States' responsibility to safeguard budgets for mental health services. Also, it is necessary to highlight the correlation between the crisis' effects outside health policy, especially with regard to employment, and mental health to encourage prudent policies. CPME believes that providing dependable employment and ensuring lawful working conditions is vitally important to protect mental health and well-being. This is also illustrated in the sad linearity between unemployment and suicide rates. The European Mental Health Action Plan will provide a meaningful framework to reaffirm the responsibility of policy-makers and stakeholders to take action.

Childhood Immunisation

CPME remains an active partner in the effort to improve immunisation rates, in particular with regard to the objective of eliminating measles and rubella in the European region by 2015 and maintaining the region's polio-free status. European doctors are conscious of the important role medical professionals play in informing decisions on vaccination and are committed to communicating the evidence-base for the safety and importance of vaccination, both within patient-doctor relationships and in the context of broader communication measures. CPME agrees that doctors should lead by example and encourages medical and other healthcare professionals to be vaccinated according to national schedules.

CPME Policies

- [CPME policy on informed consent](#), May 2001
- [CPME statement on the “eHealth Action Plan 2012-2020: Innovative Healthcare for the 21st century”](#), April 2013
- [CPME response to the Commission’s consultation on the eHealth Action Plan](#), May 2011
- [CPME “eHealth Paper”](#), October 2008
- [CPME-EMSA joint statement on ‘Healthy ageing: prevention of frailty and functional decline’](#), April 2013
- [CPME Statement on the Management of Chronic Conditions](#), April 2013
- [CPME Policy on Mental Health in workplace settings “Fit and healthy at work”](#), March 2009
- [CPME Policy on Childhood Immunisation](#), April 2013

Bibliography:

1. Salomon JA, Vos T, Hogan DR, Gagnon M, Naghavi M, Mokdad A et al. - Common values in assessing health outcomes from disease and injury: disability weights measurement study for the
2. Global Burden of Disease Study 2010. The Lancet 13; 380: 2129-2143, 2012. doi: 10.1016/S0140-6736(12)61680-8;
<http://www.healthmetricsandevaluation.org/gbd/publications/common-valuesassessing-health-outcomes-disease-and-injury-disability-weights>
3. Intra- en inter-beoordelaarsbetrouwbaarheid ‘FIS-Belastbaarheidspatroon’ en ‘Functionele mogelijkhedenlijst’, <http://link.springer.com/article/10.1007/BF03073950>, Tijdschrift voor Bedrijfsen Verzekeringsgeneeskunde, December 2003, Volume 11, Issue 12, pp 352-360
4. Juhani Ilmarinen, Finnish Institute of Occupational Health, Helsinki, Finland Work Ability Index: a tool for Occupational health research and practice
http://www.promozionedellasalute.ch/pdf_doc_xls/d/betriebliche_gesundheitsfoerderung/allgemeines/BGF_Tagung_Archiv_2005/d/Symposium_13_Praesentation.pdf