



The new Environment Committee: what impact on health policy?

The 2004-2009 European Parliament was probably the most vocal so far when it came to healthcare and related issues. In addition to refining some major (and controversial) legislative proposals, such as that on advanced therapies, the outgoing Parliament played a key role in urging the EU to take action on specific diseases – probably more than any of its predecessors had.

Frequently this was done through adopting Resolutions to wind up debates on oral questions and/or through Written Declarations on issues as wide-ranging as cardiovascular diseases (CVD), diabetes, cancer, mental health and, more recently, rare diseases; all of which acts, in some way, as a substitute for health legislation, which is in short supply. It also represents a response to the demands of the electorate and EU stakeholders to raise awareness of and take action to combat these conditions.

The members of the Committee on the Environment, Public Health and Food Safety (ENVI) who focused on health (see below) played a major role in driving these wider, parliamentary initiatives through the assembly, as well as in working on health issues specifically within the ENVI Committee.

Will the new Committee continue this trajectory from July onwards? Will it continue to set the agenda on healthcare issues without many of the ‘health champions’ of the previous session?

MEPs leaving the Parliament

There is no doubt that the new ENVI Committee will miss a number of MEPs that worked heavily on health issues, including the coordinator for the centre-right EPP-ED group, John Bowis, Latvian Liberal Georgs Andrejevs, and Cypriot GUE/NGL member Adamos Adamou. All brought distinguished backgrounds in national healthcare policy and wider healthcare expertise to the Committee.

In addition to their very many other parliamentary commitments, these three members carved out an important place for themselves by being at the centre of the assembly’s health policy development: for example, Mr Bowis chaired the Parliament’s informal Diabetes Working Group, for example, and Mr Andrejevs and Mr Adamou the informal MEP Heart Group, focused on CVD. Mr Bowis was also rapporteur on patient mobility, Mr Adamou on counterfeit medicines.

In addition, some other leading members stood down at the elections – including long-standing Greek centre-right MEP (and professor of medicine) Antonios Trakatellis, Dutch Socialist Group member Dorette Corbey, and Irish EPP-ED MEP Avril Doyle.

Numerous other MEPs with an interest in health issues will also not return to Parliament. Jules Maaten (Dutch Liberal) was a key player on tobacco control issues on behalf of the ALDE Group, and will be missed when the Commission's new proposal on tobacco labelling is submitted. Irena Belohorska (Non-attached, Slovakia), an oncologist by profession, provided a valued central- and eastern-European insight on health-related issues.

Mojca Drčar Murko (ALDE, Slovenia) will be remembered as the draftsman that opposed many of the amendments tabled (and adopted) to the 'animal experimentation Directive' and who subsequently resigned as draftsman. Hiltrud Breyer (German Green) and Marios Matsakis (Cypriot Liberal) were noted for their frequent skepticism about the case made by industry, and Kathy Sinnott (an independent Irish MEP who sat in the IND/DEM group) for her vigorous defence of religious values and her stance against many aspects of modern medical technology.

Returning MEPs

Despite these losses, some familiar faces will return. French EPP member Françoise Grossetête seems to be an ideal candidate for a big healthcare portfolio for her Group (patient mobility may be such a dossier, given that Mr Bowis has retired and the British Conservatives have split from the EPP). German Social Democrat member Dagmar Roth-Behrendt, an MEP since 1989, will no doubt continue her work on healthcare issues, especially the Directive on cross-border healthcare and the 'pharmaceutical package', as a shadow rapporteur. Should they wish to, both women could also be in the running to chair the Committee (succeeding Miroslav Ouzky, whose party joins the new European Conservatives and Reformists Group, and is therefore highly unlikely to be Chair). The other obvious candidate is Karl-Heinz Florenz, who chaired the Committee from 2004 to 2007.

Christopher Fjellner (EPP, Sweden) is likely to stay as rapporteur on Information to Patients (ITP) and Linda McAvan (Socialists and Democrats - PASD, UK) will keep the lead on pharmacovigilance.

Also returning are Glenis Willmott (PASD, UK) and Slovenian centre-right member Alojz Peterle, both active on cancer policy, and Peter Liese (EPP, Germany) and Miroslav Mikolasik (EPP, Slovakia), both known for their strong interest in health issues (and especially biotechnology and medical ethics).

Thomas Ulmer, Richard Seeber, Renate Sommer (all EPP, Germany), Edite Estrela (PASD, Portugal), Ase Westlund (PASD, Sweden), Jorgo Chatzimarkakis and Holger Kraemer (both ALDE, Germany), and Caroline Lucas (Greens/EFA, UK) all return to Parliament and may well take up a place on the ENVI Committee. Vittorio Prodi, formerly of the ALDE group but now a member of the PASD Group, will also serve another term (and could even be a 'dark horse' candidate for Committee Chair on the basis of the likely d'Hondt scenario within the Socialists and Democrats Group).

New MEPs

Although the composition of the new Parliament is not yet entirely finalised (and less still, the membership of the ENVI Committee), there are several incoming MEPs who could potentially join the ranks of 'health champions'. The Portuguese members include a former health minister, Antonio Correia Campos (PASD), and a former Secretary of State for Health, Regina Bastos (EPP). Marietta Giannakou, a former Greek Minister for Health, Welfare and Social Security will join the EPP Group. A former Irish Minister of Health Promotion and Food Safety, Pat "The Cope" Gallagher, returns as an MEP (and will join his Fianna Fail colleagues in the ALDE group). Another MEP returning after a spell away from Parliament is Bulgarian Antoniya Parvanova (ALDE), who proved her strong healthcare commitment during a short spell in Parliament in 2007.

Key issues: Directive on cross-border healthcare, the ‘pharmaceutical package’, pandemic ‘flu

The new parliament’s healthcare agenda for the next couple of years has already been partially determined of course, on the basis of the Commission’s proposals currently before it. The new parliament will need to jump directly into the work started by its predecessor on cross-border healthcare, the ‘pharmaceutical package’ and animal experimentation – all very complex and highly controversial, at least in part.

Without doubt, the coming weeks will also see the new parliament express a view on the current threat of pandemic ‘flu; however, the key message of Europe’s role regarding pandemic ‘flu applies far more widely: the delivery of healthcare might be set to remain stubbornly national, but the rules around access to healthcare, the availability of healthcare, and the management (and eradication) of inequalities in healthcare, can never again be an exclusively national matter. Europe’s added value has been demonstrated and will continue to be shown.

A high point for the ENVI Committee towards the end of the year, and one to be looked forward to, will be the hearing of the incoming new Commissioner for Health. As of June 2009, it seems likely that Androulla Vassiliou will remain as the Cypriot commissioner, possibly even returning to the health portfolio, in which she has credited herself well since her arrival in Brussels. Many on the ENVI Committee would be pleased with the prospect of her return. However the Committee will probably remain true to its style during this and other hearings: this is a Committee which, over the years, has won itself a reputation for its refusal to be taken for granted.

There are enough continuing members of the ENVI Committee to be able to predict with some certainty that many of the traits for which the Committee has become known for over the years will be retained and soon inculcated by its new members.

Conclusions

Health policy has frequently been regarded as Europe’s Cinderella: locked up and hidden away but with a beautiful future. Health matters to Europe’s citizens – and all the evidence points to Europe’s citizens wanting the EU to ‘do more’ in the field of health. Yet health is also an area of policy which is expensive, publicly-funded and often involves choices which are about nothing less than life or death. National governments resist encroachment on national health policy, in spite of the potential benefits and the demands of patients, healthcare professionals and others for ‘more’ Europe.

Europe’s role in health policy is today massively greater than it was ten years ago. It is not difficult to predict Europe’s role continuing to grow. However, the evolution of EU health policy has never been easy and it will continue to be a slow journey to reap the benefits of Europe for patients and others. In time, as the Commission becomes more accountable to the Parliament, we may see an increase in the legislative role of the Parliament, moving beyond the policy initiatives already launched via questions, Written Declarations and Resolutions.

Over the decades the ENVI Committee has made an important contribution to building a Europe of Health: all the signs are that this will continue in the new parliament. There will certainly be much work for returning and new ‘health champions’ to handle.

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