Abstract:
Europe 2020 represents the EU strategy for economic growth for the next ten years. In a permanently changing world, the EU desires to become an economy that is intelligent, durable and in favor of inclusion. These three priorities mutually support each other and are qualified to aid the EU and the member states obtain a high level of labor force occupation, productivity and social cohesion. The health of the citizens is one of the main priorities of the EU. The European health policy provides that everyone has the right to have access to high-quality medical services. Through the policy it promotes the EU proposes:
- To prevent illness
- To promote a healthier lifestyle.
- To protect its citizens from threats to their health, such as pandemics.
Whilst organizing and performing medical assistance services is the responsibility of member states, the EU has a contribution to common efforts, to deal with such challenges as the aging of the population and all the problems associated with this phenomenon.

Key words: Europe 2020 strategy, Intelligent growth, Health, Health Policy

JEL classification: M31

The E-Health action plan.
eHealth is the generic term used for the set of instruments which is based on information and communication technology used for preventing, diagnosing, treating, monitoring and managing health and living, and for improving all these processes.

The European Commission has invested in health research for more than 20 years. Starting with the year 2004, the eHealth plan has developed specific policy initiatives meant to encourage the massive adoption of e-health technologies on the territory of the EU.

The eHealth action plan:
- represents a series of instruments and services which use information and communication technologies (ITC), which can improve the prevention, diagnosing, treatment, monitoring and managing;
- benefits everyone, making the medical sector more efficient by improving access to quality medical attention.
- includes information and data exchange between patients, medical service providers, hospitals, sanitary personnel and information networks; electronic medical files; telematic services; portable patient monitoring systems, software for operation room appointments, robotic surgery, fundamental virtual human physiology research projects.
Figure no. 1. The Europe 2020 Strategy: priorities, objectives and initiatives.

**Priorities**

1) **Intelligent growth**
   - Objectives:
     1) C&D expenses to reach 3% of the EU GDP (as opposed to 1.9% in the present)
     2) increase of occupation rate to 75%
     3) Decrease of school abandon to 10% (from 15% in 2010)
     4) increase of tertiary education graduates to 40% of the population aged between 24-65 yrs old.
   - Initiatives:
     1) A digital agenda for Europe
     2) A union of innovation
     3) Youth in motion
     4) A Europe that is efficient resource-using-wise.
     5) An industrial policy for the age of globalization.
     6) An agenda for new competences and new jobs.
     7) A European platform for fighting against poverty.

2) **Durable growth**
   - Objectives:
     1) decrease of greenhouse gases emissions by 20% by 2020
     2) Increase of the regenerable energy source percentage to 20%
   - Initiatives:
     1) A digital agenda for Europe
     2) A union of innovation
     3) Youth in motion

3) **Inclusive growth**
   - Objectives:
     1) labor force occupation rate of 75% among population aged between 20 and 64 yrs old.
     2) better educational results
   - Initiatives:
     1) A digital agenda for Europe
     2) A union of innovation
     3) Youth in motion

**EU objectives:**

- to improve the health of the citizens by giving them all access, through the eHealth instruments, an informational fund of vital importance;

**Areas/Implications**

- to create a unique digital market

**Reorientation of the C&D policy** towards areas which represent major challenges for society:
- climatic changes
- efficient use of resources
- demographic changes.

**POPULATION HEALTH**
-etc.

**Support programmes.**

1) eHealth.
2) Innovative approaches to answer major society challenges.

1. A Europe that is efficient resource-using-wise.
2. An industrial policy adapted to the age of globalization.

1. An agenda for new competences and new jobs.
2. The European platform for fighting against poverty.
• to **improve the accessibility and quality of medical assistance services**, integrating the eHealth instruments into sanitary policy and coordinating the political, financial and technical strategies of member states;

• to make the **eHealth instruments more efficient, easier to use and more widely accepted** by involving sanitary personnel and patients in the stages of elaborating, projecting and applying the strategies

**General objectives:**

The action plan will run its course starting from 2012 up to 2020, reflect the chronology of Europe 2020, the digital agenda for Europe and the Union of innovation.

The general policy objectives of the initiative are the following: to continue supporting member states and medical service providers, so that they may benefit from ICT solutions in the interest of patients, medical assistance systems and society; to allow an environment in favor of innovation in health. Furthermore, the eHealth action plan assures the fulfillment of the objectives in the virtual agenda and the European partnership regarding active, healthy aging. To reach this kind of general policy objectives in the EU, the Commission intends to work on:

• Raising the level of awareness of eHealth benefits and opportunities for citizens, patients and medical personnel.

• Approaching problems which prevent the interoperability of e-Health

• Improving juridical security for e-Health.

• Supporting innovation and research in the development of e-health and a competitive market at a worldwide level.

A series of measures has been applied for the fulfillment of this plan of action:

- community investments - based on promotion programmes for preventing illness and maintaining health.

- cost-efficient prevention measures – such as the interdiction of smoking and pictorial warning signs, vaccinating, cancer screening and approaching the problem of alcoholics.

- preventive behaviors which benefit public health, measures like maintaining a healthy alimentation.

- European medical assistance systems must offer safe, high-quality medical assistance, accessible to everyone.

- beginning to plan for investments in health and future needs regarding the aging of the population should be a priority for Europe.

- the cost of efficient investments in medical assistance innovations, which are accessible to all citizens.

**Innovative approaches to answer the major challenges of society: Modern, receptive and durable health systems.**

According to the definition of the World Health Organization, health is „a state of complete physical, mental, and social well-being.” Given the importance of health to everyone, in the view of the European Commission, the medical system is one of the areas to which there should be given special importance and many reforms must be applied in order for it to develop.

The Council admits that the states of the Union are dealing with common challenges linked to:

- the aging of the population, the change of its needs.

- the increase of expectations of the patients.

- a fragile economic climate caused by the global economic crisis which has limited resources.

- the increase of the number of chronic diseases.

1) The EU Council proposes to member states to give increased attention to health as a field in the Europe 2020 strategy and the European Semester. For this, the
EU Council for Labor Force Occupation, Social Policy, Health and Consumers adopted, on 6 June 2011, a document entitled *Conclusions regarding the Sustainability of Health Systems – Modern, receptive and durable health systems*. Through this document, the Council invites member states to consolidate their commitment to play an active part in the elaboration of efficient health policies to firmly face social and macroeconomic challenges. The Council also recommends the member states of the EU to ensure that the field of health is properly taken in consideration in national reform programs circumscribed to the Europe 2020 strategy.

This implicates a change of perception on health policies, which should become more visible, so that this field is no longer seen as a money-wasting area, but as a factor of economic growth.

**Objective:** to progressively abandon hospital-based systems, in favor of integrated medical assistance systems, to ensure equal access to high quality medical attention.

2) The initiation and implementation of this process of reflection.

The member states and the European Commission should initiate a process of reflection (under the authority of the Work group regarding Public Health, at the level of its high functionaries) to identify efficient means of investing in health for the creation of modern sanitary systems, able to adapt to the current needs.

For this purpose, the Council asks the Work group regarding Public Health to have regular discussions with the Committee of economic policy and the Committee for social protection. Also, in this process of reflection, the Council invites the European Commission to support member states in the initiation and implementation of this process of reflection. At the same time, the Commission is called upon to offer member states the instruments and methodologies necessary for them to be able to evaluate the performances of the health system.

The European Commission has launched, on 12 April 2011, a public consultation regarding objectives to be included in the future *Plan of action regarding e-health 2012-2020*. Thus, the commission wishes to find out the points of view of the interested parties and to evaluate whether the policy objectives are technically sound, if they are practically applicable and if they correspond to their expectations, but also whether there are other elements that should be explored by the future *Plan of action regarding e-health*.

The future plan focuses on 4 objectives:
- raising awareness about the advantages and possibilities that e-health offers;
- solving interoperability problems of e-health technologies.
- enhancing juridical certainty regarding e-health problems, and respectively,
- supporting innovation and research regarding e-health.

The future *Plan of action regarding e-health 2012-2020* has the purpose of capitalizing on and continuing the actions stipulated in the first Plan of action, launched in 2004, as well as providing a long-term vision regarding e-health in Europe, in the context of the Digital agenda for Europe as well as the *Union of innovation* strategy and the *European Partnership for innovation regarding active aging in good health conditions*.

**The role of e-health**

At a national level, the implementation of e-health services has the potential to benefit both the public sector and the private one, as well as citizens, by increasing institutional transparency and credibility, the enhancement of the quality of medical act, optimizing of patient care and reduction of waiting time, decrease of costs, as well as optimizing the activity flux.
E-health applications occupy an increasingly important part in medical practice, as revealed by the comparative analysis of the Commission regarding the use of ICT (Information and communication technology) by generalist physicians in Europe. Approximately 70% of the European physicians use the Internet, and 66% use computers to perform consultations.

**The implementation of e-health implicates:**
- the creation of an electronic structure for recording medical data by supporting information exchange and standardization,
- the creation of medical information networks between various medical care centers to coordinate reactions in case of threats to health,
- ensuring online medical services, as well as,
- developing distance consultations.

**Comparative health indicators in EU member states and problems of the medical system in Romania**

In Romania during the ‘90s, health indicators were in a continuous decrease, but then they improve. Nevertheless, Romania continues to stay behind other countries in the region.

Health systems face the need to cope with the requirements of the phenomenon of globalization, with the aging of the population, and also with health problems (various diseases). Some health indicators, like life expectancy in men and standardized death rates (SDR), have deteriorated during the half of the ‘90s, while others continued to improve.

For example, the internal death rate and the infantile death rate are now at their lowest levels since 1970. The infantile death rate is situated under the average rate of countries with similar income levels, whilst the maternal death rate is a little over the average.

Also, the infantile death rate differs according to the areas of the country. For example, it is higher in rural areas rather than urban, because the population in the rural area has little access to health services. The causes of the high infantile and maternal death rates are poverty, lack of hygienic life and medical assistance problems. According to the data of the Ministry of Health, the number of deaths in children aged up to a year old has shifted in the last ten years - with a tendency of decrease - from 26 per thousand in 1990, to 16 per thousand in 2004. The highest values were recorded in Moldova (23 per thousand), while the lowest in Bucharest (10 per thousand).

In the following figure, regarding Romania, we notice that in 2009, it has also recorded a decrease of life expectancy getting to 61.4 years.

*Figure no.2: Life expectancy at birth in 2009*

(Source: Eurostat, www.eurostat.eu)
According to the Euro Health Consumer Index, which was launched on 1 October 2007, in Brussels, Romania occupies a low position. In the annual study of health systems in the European Union, we occupy position 25 in the top 29 countries which were analyzed, together with Latvia, Lithuania and Hungary. The highest-ranked country in health systems is Austria, with 806 points out of 1000 possible, followed by Holland, France, Switzerland, Germany and Sweden, as revealed in a press release of the Health Consumer Power group. The top is divided in 5 subcategories considered essential for medical services consumers, such as: the rights and information of patients, waiting time for usual treatments, results of the health system, its generosity, and access to medicine. Of the 1000 points that can be obtained our country totalized 508, the authors of the study considering the results of the health system in our country are very poor. We are only appreciated because we have an online medication dictionary for non-specialists, which is still rare in Europe, so in this regard, we are a good example for other EU countries.

But our great problem is the one regarding the unauthorized payment systems (bribe)

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