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FUTURE OF EUROPEAN HEALTHCARE

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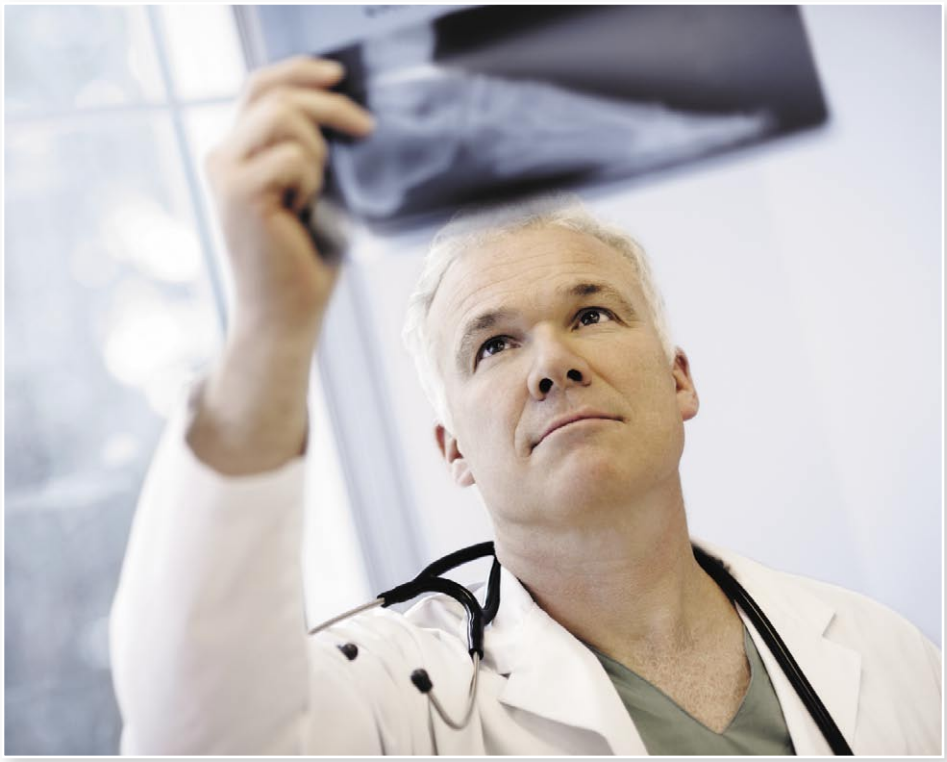
Contents

EU health forum hears alarm bells over budget cuts, inefficiencies

Europe's healthcare systems need to reform to avoid being crushed by vanishing resources, corruption and structural deficiencies, policymakers convening in Austria for the Gastein Health Forum will be told today (3 October).



"Intolerable, that massive cuts should be resulting in essential health services being slashed"

"It is unacceptable, indeed intolerable, that massive cuts should be resulting in essential health services being slashed – this to the point of posing real dangers to sick people," Günther Leiner, president of the forum, is scheduled to tell delegates in an introductory address.

"Limited available resources really are effectively deployed to give people the optimum treatment they need"

But he will add that "despite the pressure to save money, resources are being poured into unnecessary structures and services". "If the crisis offers an opportunity, then perhaps it is this: that we will finally make sure that the limited available resources really are effectively deployed to give people the optimum treatment they need," Leiner will tell Europe's healthcare policymakers, meeting for the 15th year at the forum he founded.

Leiner's message that scarce spending resources are being wasted on redundant structures and treatments will form the backdrop for discussions on how fundamental reform can counter the problems caused by spending cuts arising from Europe's financial woes.

The Organisation for Economic Co-operation and Development (OECD) says that in 2010 Ireland, Estonia and Greece slashed healthcare budgets by between 6.5% and 7.6%.

It's not only about the money

Other figures show the Czech Republic and Latvia cut healthcare spending between 2008 and 2010 by 25% and 30%, respectively.

In Bulgaria 1,800 staff have left the health system while in Romania, 2,500 doctors emigrated since the onset of the crisis. Some 10,000 Romanian patients are

Continued on Page 2

Continued from Page 1

awaiting chemotherapy drugs.
Despite heavily criticising the withdrawal of resources, Leiner says these alarming developments go hand-in-hand with "the apparent contradiction that in many European countries there is an excess of health structures and services, the keynotes being over-hospitalisation, over diagnosis, and over treatment".
Leiner will call for Europe to undergo a re-think in the structure of its hospitals, claiming that there are too many within the richer states, and that these provide more expensive and problematic services.
He claims that hospitals perform better when they are larger and fewer.
He also slams "over-diagnosis" and unnecessary operations". Echoing arguments made recently by the British Medical Journal, Leiner believes higher availability of diagnostic equipment is fuelling demand for treatment in richer states.

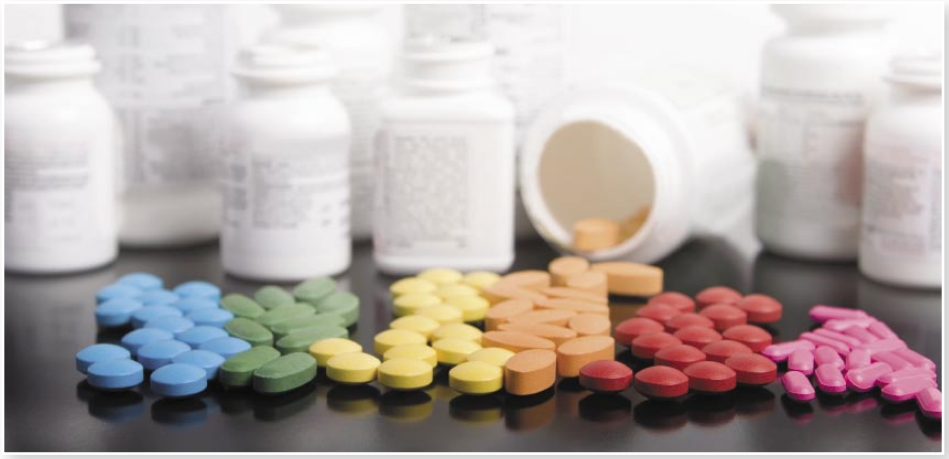
Healthcare in crisis is theme of forum

Meanwhile, the Gastein Forum will hear figures pointing to the wide discrepancy across the EU for the number of knee operations carried out each year per 100,000 people – which range from 213 in Germany to 42 in Ireland.

"Cutting medical services is not the answer to tight health budgets"

"It's hard to imagine that such large differences can be explained medically, and evidently economic factors are playing a role here too," Leiner is to tell the forum.
An associated problem is corruption in health systems, Leiner believes, pointing to a recent report by the European Health Care Fraud and Corruption Network that claimed that for every €1 trillion spent on health services within the EU, €56 billion disappears as a result of fraud and corruption.
"Cutting medical services is not the answer to tight health budgets, radical changes are needed in health structures," he will conclude.
These ideas will be thoroughly aired at the four-day forum, where policymakers will mull a range of issues under the theme of "healthcare in an age of austerity".
Sustainability of healthcare systems in the crisis, issues relating to transparency, health literacy, and ideas for innovative restructuring of health systems will be discussed in depth.

Forum calls for fewer specialists, more targeted treatments



Europe needs fewer specialised doctors and more drugs and treatments to target personal ailments with pinpoint accuracy, policymakers at the Gastein Health Forum heard yesterday (3 October).

But the continent needs to get a grip of IT and data in the health sector in order to enable such personalised medicine to flourish, delegates were told.
Over-structured health services in Europe are resulting in over-specialised doctors working in segmented departments, Thomas Plochg, a professor of public health with the University of Amsterdam, said in a session on sustainable health systems.

"Focus not on individual bodily organs but rather the body as an entire system and its interactions"

Plochg said that healthcare modernisation has revolutionised innovation in knowledge and technology, but left the sector's professionals – including specialists such as cardiologists, surgeons or community physicians – almost untouched.
He claimed that specialisation no longer suited an ageing demographic which increasingly suffered from overlapping chronic diseases rather than single maladies that could be treated in isolation.

Ageing population suffers many chronic diseases

"The disease-by-disease approach we have taken thus far to curable diseases is no longer efficient. Multimorbidity is too complex an interplay of genetics and lifestyle, socioeconomics and the

Continued on Page 3

Continued from Page 2

environment for us to be able to cure it with this old approach," Plochg said.
"You can only manage complex health problems if you focus not on individual bodily organs but rather the body as an entire system and its interactions," he argued, calling for change to be shaped at EU-level.
The Dutch expert explained: "The research agenda for the provision of health care is a good instrument to create more system-based knowledge and technologies that can legitimate and support the development of multi-morbidity-proof health professions in the 21st century."

"Truly dramatic advances in this regard are imminent"

But if the doctors of the future must become more generalised, the opposite is true of medicines and treatments, which are becoming so specialist that they will soon be able to target individual problems, delegates heard.

Breakthrough in personalised medicine is imminent

Huge research spending on such "personalised medicines" has delivered modest returns so far, Angela Brand, the Maastricht-based director of the European Centre for Public Health Genomics – told a seminar on European health governance.

"Predict very precisely for many types of cancer whether or not the given patient would benefit from chemotherapy"

"One reason is that we have not yet been able to sufficiently integrate the cellular, molecular and genetic uniqueness of the individual patients in interaction with environmental factors. But truly dramatic advances in this regard are imminent," she said.
So-called "stratified medicines" are already defining groups of patients with genetic

similarities who respond positively to certain therapies, Brand told the Austrian forum, adding: "For instance, based on certain genetic traits of a tumor, we can now predict very precisely for many types of cancer whether or not the given patient would benefit from chemotherapy."
Brand said that the next stage will be a shift from "stratified" to "personalised" medicines.
That would mean, for example, taking stem cells out of a tumor and using these to activate the individual patient's immune system against these cells using vaccination.
Although still at the experimental stage, Brand said: "These strategies are used by the Max Planck Institute for Molecular Genetics in Berlin. Their incorporation in actual practice is imminent."

Personalised medicine needs accurate models

The trend towards personalised medicine is being fostered with a number of initiatives by the European Commission, but the forum heard that concerns over data remain a hindrance to innovation in the sector.
Critical to the advancement of such medicines and technology are biobanks, or collections of human blood or tissue samples that can be networked with as much detailed information as possible about the lifestyle and diseases of the individuals from whom the samples were taken.
The pan-European Biobanking and Biomolecular Resources Research Infrastructure helps clear access to samples of human blood, tissue, cells or DNA and to the associated data, and the EU pilot project IT Future of Medicine is working on effective management of the enormous volume of data.
Professor Kurt Zatloukal of the University of Graz, said: "This development work is intended to produce computer models that allow physicians to simulate and understand diseases and therapies in a given individual and then plan their therapeutic recommendations more efficiently."

Data issues are dogging sector

The stark problems facing advancements in the sector as a result of inefficiencies and the lack of standardised rules affecting data were emphasised in the forum's opening plenary by Toomas Hendrik Ilves, the president of Estonia.
Ilves told delegates that European health systems are simply digitising existing bureaucratic paperwork systems rather than adapting new digital management models. The lack of standardised regulation concerning data protection is creating uncertainty and inefficiency, he said.
"Regulation and practice are way behind practise," said Ilves referring to new mobile "apps" used by the health sector, which gather data which cannot be effectively managed. "Data usage and ownership will significantly change the doctor/patient relationships," Ilves said, calling for the introduction of a new basic EU electronic health record for all citizens.

Mistrust puts pharmaceutical industry in the spotlight

The European healthcare system is struggling to cope with low levels of transparency and trust in the pharmaceutical sector, according to 97% of doctors, industry professionals and policymakers attending a workshop at the Gastein Health Forum yesterday (4 October).

"North Korea would be proud of you!" said workshop moderator John Bowis, a former MEP and president of stakeholder group Health First Europe, after conducting the straw poll in a session addressing transparency between the public, health professionals and industry

"North Korea would be proud of you!"

in the Austrian resort.

Thomas Heynisch, an official with the EU executive's enterprise department, told delegates that the Commission would publish new corporate social

"A level of mistrust, particularly between public authorities and the pharma industry"

responsibility guidelines in early 2013 to tackle issues of trust and ethics in the pharmaceutical sector, and access to medicines in Europe.

This was prompted because the EU

"The Commission wants to move beyond codes of conduct"

executive believed there was "a level of mistrust, particularly between public authorities and the pharma industry."

"Policymakers do not have that level of trust with us"

"The Commission wants to move beyond codes of conduct, but not to introduce new legislation, rather we want guiding principles which can be a source of inspiration for those working within and beyond the pharma industry," Heynisch said, explaining that enforcement of the new guidelines will be carried out at national level.

Industry acknowledges problem

Richard Bergström, director-general of the European Federation of Pharmaceutical Industries and Associations (EFPIA), agreed that transparency and trust were an issue, but that the pharmaceutical industry enjoyed levels of trust that exceeded other professions. He concurred that "policymakers do not have that level of trust with us."

Referring to new rules which came into effect last month - requiring the European Medicines Agency (EMA) to disclose the details of clinical tests for drugs - he said: "There is a lot of raw data that will be in the public domain, and industry and the public need to find ways of navigating this so that it makes sense for all parties."

"Bad data hits the headlines"

Bergström added that EFPIA is also in dialogue with the medical profession to help foster public trust. "We have not in the past been open enough about the number of people involved in the testing of medicines," Bergström added, explaining that the name of a single professor on pieces of scientific research sometimes gave the impression that only one person was responsible for the entire study.

Bridging the divide between patients, industry

Academic journals were another area where he saw the need for change, explaining that sponsored research

Continued on Page 5

Continued from Page 4

should be clearly indicated, and not marked with a barely visible footnote.
"Bad data hits the headlines," Mary Baker, the president of patients' group the European Brains Council, told the meeting. She said that the reason there were so many bad news stories was that patients and industry are too separated along tribal lines.
"We are like two houses apart, and in the middle is a ditch into which gets thrown a lot of rubbish," Baker said. She appealed, as a first step, for patients who are involved in clinical trials to be involved in longer-term dialogue with pharmaceutical companies.
"It should not be too much for industry to write to those whom they have used in their trials to explain to them what the outcome of these trials was, and to engage in a more meaningful dialogue that would enable more openness about the results to emerge," Baker said.

Doctors should disclose interests

Edwin Borman, secretary-general of the European Union of Medical Specialists, told delegates that doctors such as himself addressing conferences should be obliged to fully disclose any corporate or academic affiliations before adopting public stances.

"We want to know whether there is any inopportune influence"

Borman, who is a member of a working party on transparency for the European Commission, said that integrating corporate social responsibility procedures into the fields off medical research, education and training would go a long way to answering concerns about transparency and trust swirling around the industry.
Borman said that he had particular concerns about the awarding of credits for continuing education accrued at medical conferences, since often these are sponsored in less than transparent ways.

Careful of pendulum swinging back too far

"We want to know whether there is any inopportune influence. We want to know that the legal competencies have been addressed and that there is no room for bias," he added.
Trevor Jones, an industry professional working for several pharmaceutical companies and former head of the Association of British Pharmaceutical Industries, said that the new EMA rules requiring disclosure of vast amounts of raw data signified that "the pendulum has swung back too far".
Whilst he acknowledged that industry must deal with issues of trust, Jones said that the data would be available to anyone, and was therefore open to abuse from mischievous litigants and unscrupulous media interests.
The cost of gathering up and processing the material would also represent a burdensome cost to industry, Jones told the workshop.

Leading MEP: Parliament will reject cuts to health sector

The European Parliament will oppose cuts to the EU health budget for 2014-2020, MEP Antonyia Parvanova (ALDE, Bulgaria) told EurActiv in an interview. She also says the proposed budget of €50 million per year for 28 member states is too modest.

Dr Antonyia Parvanova, a physician, is a member of the Parliament's Committee on the Environment, Public Health and Food Safety. She spoke to EurActiv Senior Editor Georgi Gotev.

Let's talk about the need for transparency in the member states' policies to control the prices and the reimbursement of medicinal products. The Commission came forward with a proposal in March this year. In the European Parliament proposals are currently making their way, and you are the rapporteur on this important subject – the Transparency Directive. What is the directive trying to achieve, what are the abuses in the system at the moment?

There are several interests which are included in the initial idea of the Commission to come up with such piece of legislation.
It has been seen as mainly pro-industry because the main debate goes between the innovative and the generic industry. And the different techniques are sometimes against the common market rules and uncompetitive practices, which they use at the national level to protect their products or to include them in the pricing reimbursement list.
This directive is also covering the patients' interests because it's very clear that the sooner the product is included in the pricing and in the reimbursement list, the sooner the patients will have access.
What are the techniques in the uncompetitive prices, let's call it, and what is going on behind closed doors?
First of all, all the member states have different practices, and legislation related to the inclusion of innovative [drugs] and generics into the price and reimbursement list. In some of the member states this is one in the same list; in different member states they have two different lists, two different bodies and two different procedures for both of them, which is causing of course enormous delays.
The untransparency in the whole set of practices and procedures - it's not only in the administration untransparent, but also the untransparent practices which the companies sometimes use against each other. Like abuses related to the delays of generic products, which is practiced by some of the companies. To put to the court claims against the generic companies for breach of the patent law or the patent expiry date, or different types of pressure towards the administration to delay the inclusion in the pricing or reimbursement list, because of fear that inclusion may interfere with the financial constraints or may expose the national health insurance to some pressure, and some shortages may occur.
All these are acceptable as arguments, especially from the side of the national authorities, but it's unacceptable in terms of transparency and in terms of clear rules and protection of the interests of patients. Also, it's unacceptable that the pricing and reimbursement procedures are mixed with marketing authorisation elements which are also sometimes interfering and causing delays.

Can you give some examples?

For example, those companies which are submitting their documents for particular products for inclusion in the pricing and reimbursement, sometimes are required to present documents which are already or have already been presented when they got their initial marketing authorisation, which are the safety and efficacy issues. This is kind of double procedure, but it's more a tip for delay, and it's causing a delay, but it's unnecessary so this is one of the issues that this directive is also sorting out. The practice also shows there are incredible delays which sometimes amount up to 780 days, which is almost two years, just to look at the documents of the companies for inclusion of the price and reimbursement.
And this is why the intention of the Commission was to first of all, to justify the procedure between all the authorities on the territory of one national state, and to have one and the same procedure and clear transparency for the companies and patients in all member states. Then also to try to prevent unjustifiable and unjustified delays, by putting clear time frames. Even the Commission went one step further – with the so-called remedies or putting penalties on the national authorities which are causing these unjustified delays.
This is the first sticky point I should say in this directive. The second bottleneck in the directive is the idea that the member states should report to the Commission of changes they intend in corresponding legislation not only on the

time of transposition, but even further, which happens sometimes very often and it's also causing a delay. But you can imagine first of all, there is no such practice on the territory of the union on any other legislation, not only related to pharmaceuticals, but also in the whole legislative practices and transposition practices, and the member states are not very happy because there is lack of trust. Like they are not able to transpose correctly the directive and that's why they have to report to get ... approval from the Commission, and then to put it up for a vote in the national parliament.
This directive looked, at the beginning, blocked because there were more member states expressing worries than those which are supporting it. And mainly for financial constraints and probably because of the reason that the directive will put some deadlines for the inclusion of a pricing and reimbursement list, which will of course affect the annual budget of the corresponding institutions, or the one that is envisaged for the current year.
But the more we discuss and the more we clarify with the Cypriot presidency - and talking even to the member states which are expressing their concerns - we could find a way through and also find a common interest and a balanced approach. And I think we should be able to come up with very good quality piece of legislation which will really contribute significantly to the whole procedure of a very contradictory area of pricing and reimbursement of medicines, which actually has been subject to severe criticism.

Can you name member states that have specific concerns or are reluctant to harmonise further?

There are different sets of member states which are expressing concerns about some of the provisions of the directive for this bottleneck that I mentioned. I could name some countries, but it would be unfair, because the situation is dynamic. Some of them have actually shifted to more flexible positions. It also depends on the practices in a member state.

Is it possible to imagine that there will be transparency in the sense that one can go on a website and see the prices of medicines, the percentage of reimbursement in different countries, to compare?

As I said, there is no legislation which is harmonising all this at the EU level. The main problem is not to have only a website. The main problem is that there is no clarity on the procedures of the inclusion of medicines in national reimbursement lists. Nobody knows actually what are the real terms, what are the conditions and what are also the considerations that the national authorities may put forward for the companies. Sometimes there are cases in which national authorities are exceeding their competences and asking, for example, information about the shareholders of the companies etc. All kinds of weird things.
Or there are member states in which a claim of the company originator of a product is stopping the whole procedure of pricing and reimbursement for a generic product in one member state and it's not the case in another member state.
This is what we call unjustified. This is what has been detected by the analysis made by the Commission and there was a report on this on the main practices which are causing these delays. There is a very good summary issued by the Commission, and I think the data are showing clearly that the legislation and more transparency is needed. Otherwise, at national level, if a member state was to enhance their procedures, they could do so.
But inequalities and disparities are the main problems, because now with the parallel trade and with the opportunities of the national authorities to use the so-called reference prices, it is becoming more and more impossible to hide prices. Because if a ministry is calling another ministry or a range of ministries for prices of medicines, they usually get them, and they become terms of reference when the national legislation is envisaged. This means that there is no difficulty to find out what are the differences in prices, but still the companies are having their arguments of saying that the national markets are different, and because of this, they should protect their national prices which may significantly differ.
As I said with the parallel trade, the argument is becoming more and more invalid and unreasonable actually, because although a company would like to trade

Continued on Page 8

Continued from Page 7

their product at a certain price, the parallel trader could actually bring to the market as wholesale the same product from a member state where the prices are lower. To this extent, parallel trade, although it is causing various problems, is a little bit disciplining the market.

There is a lot of money involved in this business. As a member of the Parliament, are you lobbied a lot?

Oh, yes. That's absolutely true. Everything that is related to pharmaceuticals, tobacco and alcohol is a subject to severe lobbying here in the Parliament. Agricultural products as well. These are the main areas and almost everybody is lobbying now, as regarding the price transparency. People from universities or different consultancy companies who are calling for meetings, sending e-mails, opinions etc.
But I should say that we happen to take a very strict approach. First of all, I met with the Commission, with the Council representatives and the [present] Cypriot and [the next] Irish presidency. Then I met with both associations - the innovative and generics - to make absolutely clear that we will play with open cards. And I also met with civil society, patient and consumers' organisations and with professional organisations - doctors, nurses etc. - to make absolutely sure that everybody who has an interest in this process will be able to bring forward their concerns and proposals, and to avoid our office to become the main arena for conflict of interests.
That's why I think this is the only way to be efficient and I fully agree also with the main concern of the national authorities that if this directive is not done in the best possible way, it may cause even more problems at national level, but also it may expose the national health budgets to some challenges.

In terms of timing, if everything goes well, when do you expect the legislation to be in force and how do you describe the result of the legislation if everything goes well? Would it result in a drop of prices, more harmonised prices?

Usually with the short procedure, the easy legislation goes into a trialogue after the first reading. I don't know whether this procedure would be possible in the case of the price transparency directive, given the fact that there are many member states still hesitant about it. But after it goes through the whole procedure, the directive is envisaging three years of implementation, which means that there is enough time for the member states to amend not only the legislation, but also to catch up with the necessary procedures with the national authorities.
In terms of prices, the effect will be mainly in terms of shortening delays. You see, even if a product has passed the market authorisation procedure, this still that does not mean that the product could be on the free market or the reimbursement market. If it is not included in the pricing list, it's not marketed. If it is not included in the reimbursement list, it's not reimbursed. And the main delays are actually when the companies are asking for a price to go through the pricing procedure and also for reimbursement.
There are new products all the time, while often national authorities are updating their reimbursement list only once per year, which is exposing the patients to limited access to innovative medicines, but also to cheap generics. Less access to generics is actually causing more burden and financial burden to the reimbursement schemes.
That's why the delays are having more of a financial impact to the whole system and to patients' access instead of to the single price of a product. The single price of a product will be put on a more transparent footing because of the whole procedure of announcing the application for the pricing procedure, but it's not something that is subject to specific provision of this directive.
The special contracts are more disputable than the prices of the regular medicines. There is not that much lack of transparency of the prices of the medicines that are on the regular lists. Only those that are subject to contractual agreement and therefore excluded from the scope of this directive could be subject to critics.

Do you feel any impact of the economic crisis? Health budgets are under strain in individual countries...

Yes.

Is it something you are taking into account?

Yes, it has been discussed, actually. I had the opportunity to discuss this in person with Commissioner John Dalli because he is not only a Commissioner on health, not only a former minister on health of Malta, but also former finance minister. So he is someone that more than anybody understands the contradictory public engagement of a health minister and a finance minister.
But anyway, what we have seen recently is that the health budgets are those which are subject to the first glance of restrictions. I don't know why all member states decided to start with the financial restrictions of the health sector, probably a reform is needed, but to me less money does not make more efficiency. Probably more efficiency could bring to some savings, but not vice versa.
A pure example of this is for example the debate on the Health for Growth programme. The Parliament would like to see more and more activities covered by the Health for Growth programme, to give an opportunity for the next multi-annual financial framework to the member states to utilise money for better provision of health services, better access, for better health for the citizens. But the member states first of all have to limit those activities and try to limit also the financial portfolio.

Continued on Page 9

Continued from Page 8

You can imagine, just as an example because you asked me about the lobbying, just as a comparison, the whole financial portfolio for the health for growth programme is about €300 million for the period of six years, 2014-2020. This means about €50 million for 28 member states per year for public health programmes, which should have significant impact in health and equalities or disparities in the access of citizens to health care. At the same time, the annual budget of the alcohol companies for marketing and promotion only in the UK for one year is €800 million. Only in the UK.

So we are running against the wind.

It's something that requires us to reconsider our priorities. That's why there is more and more a call in the Parliament from different patient organisations to cover their problems. Because there is no opportunity in the treaty to cover health in the EU agenda.

More and more member states are claiming that this is a subsidiary issue, although I think they are abusing this a little bit. They have also cut the health budget. Now you can imagine that because of lack of EU legislation, lack of EU practices, lack of common EU policy on health and public health, each patient organisation should come and lobby for more attention about their problem and sometimes there are severe problems such as leading to different life expectancies for women. Eight years between the best and the worst. For men, 14 years between the best and the worst.

And it's not the same if you are born and live in a poor member state with fewer opportunities to get good access to quality health care and to one which is more advanced than this, but there should be no difference for our citizens. Then it's even worse with years spent in the healthy years of life, the years without disease, where there is 20 years of difference. And again this should put the question: isn't it time to talk about public health as part of the common EU policies and common EU legislation as well in a very structured way? Not as trying to cover issues related to safety of medicines, issues related to organ donation or occasional opportunities to issue a resolution which is bringing attention to one or another topic of severe inequality like for example cancer or chronic deceases.

This is an unsustainable way of dealing with such an important matter. I think that sooner or later, the Union will come up to a stage of development when more publicly directed policies will be more fashionable for not only national governments, but also for the EU institutions. Because a lot has been done over decades for the industry and it's obvious that so far the Union is not in a good shape, although and despite our efforts to boost the agriculture, industry etc., etc. But we haven't paid to much attention to fundamental rights and one of them I think that definitely deserves attention is the right to health.

Maybe this is the right time to raise the issue, now that everybody speaks of rethinking the European Union and a possible convention leading to treaty change?

That's absolutely true, but still I'm concerned that all these ideas of a new treaty and new combinations of countries that may join that treaty, are still around the economic interest and still around the eurozone, and still around the banking sector, still around the stability of the euro or the common market etc. And I don't hear anything about the citizens. I think that the citizens are not going to...

To buy it?

Yes. They are not going to buy such a policy because they have already shown their attitude when they vote for the European elections. Just 30-35% are interested in voting in European elections, which means that European decisionmakers do not deliver. To get better confidence from EU citizens, we have to work on different issues, not just protecting somebody's apples, somebody's wine, somebody's milk, cereals, cars, etc.

The question will be what is in the treaty for me?

Yes, and there is nothing in the treaty about somebody's job. Nothing about somebody's health. Nothing about somebody's education. Nothing about somebody's basic rights as a human being, as a citizen.

Another issue I would like to ask you about is health literacy. You are writing a report on this, what are the challenges for health literacy in Europe? I'm thinking of

Continued on Page 10

Continued from Page 9

vulnerable groups, for example, but also for the normal citizens. Sometimes we are very good in our profession, but we know very little about health ...

That's a subject that can have been neglected by the EU and I'm very glad that the European Commission has financed a project led by Maastricht University, so far in nine member states, which is looking at the different manner of appreciation of health and health-related issues, even health institutions. And the figures are very interesting because they show that there are no risk groups, there are risk countries. Like for example, there are two categories of citizens which deserve special attention. Those who have inadequate understandings and ideas, and problematic understandings and ideas, about three issues: about their health status, about the way that the health system is functioning, and about health prevention and health promotion.
And the figures are pretty shocking especially given the fact that 25% to 50% of the people in Europe or in some member states are having problematic and inadequate understanding of their health. In my own country, Bulgaria, more than 60% of the people are having problematic or inadequate understanding about health prevention and about health promotion. This refers to what they should do about themselves to keep themselves in a good shape and healthier.
If the people do not understand correctly topics related to their health and what they should do about themselves, then we are exposing at risk all our public health programs. And whatever is the financing, if the people do not understand, if they do not follow, if they do not appreciate, then we will still have failures. The health inequalities are following the same manner. The less the health literacy of the population is, the more inequalities occur and, less access, less literacy, less appreciation of health-related topics are causing more morbidity and mortality in a member state.

Can you give an example of bad practices because of health illiteracy? I'm thinking for example somebody who thinks that to cure his flu he has to drink a lot of alcohol ...

That's one of the very good, dangerous examples, but I can give you one even more cynical. Recently, there has been a big campaign for vitamin or additives substances added to cigarettes, making them "healthy". So you can imagine, to me it's sick. Completely sick. I don't know whether someone could believe that the vitamins added to the cigarettes will enhance their health, but it will definitely enhance their way to poor health. Still those kinds of things happen.
And there is a belief that the vaccination in general is a bad thing, and there is a big campaign against vaccination. You can imagine if we had followed such a campaign, we should still have been in the 17th or 18th century, and dealing with smallpox or tuberculosis, but still because of failure in vaccination, tuberculosis is on the rise and some other deceases as well. We do not cover our elderly people with vaccination and they unnecessarily are exposed to the different flu epidemics.

Your country Bulgaria, it's the EU's poorest country and life expectancy is also very low there. There is probably a link between the two.

There is a link because there are many reports and many conferences worldwide which... and very serious observations of the World Health Organization on the impact of poverty on poor health, on the health of the population. There is a link definitely between life expectancy and poverty.

Is there a risk, in a Union already divided between the eurozone 17 and the rest, to a division in terms of health standards? That it would be accepted that in some parts, health standards will be simply lower?

Not necessarily because it depends on the disease, but those diseases which are related to poverty like infectious diseases, related to poor and unhealthy diet, more consumption of alcohol and tobacco definitely, are more common for Eastern and Southern countries.

Since we are speaking about Bulgaria, next year there'll be parliamentary elections. Do you yourself have plans for the elections? Are you going to run? What are your political ambitions?

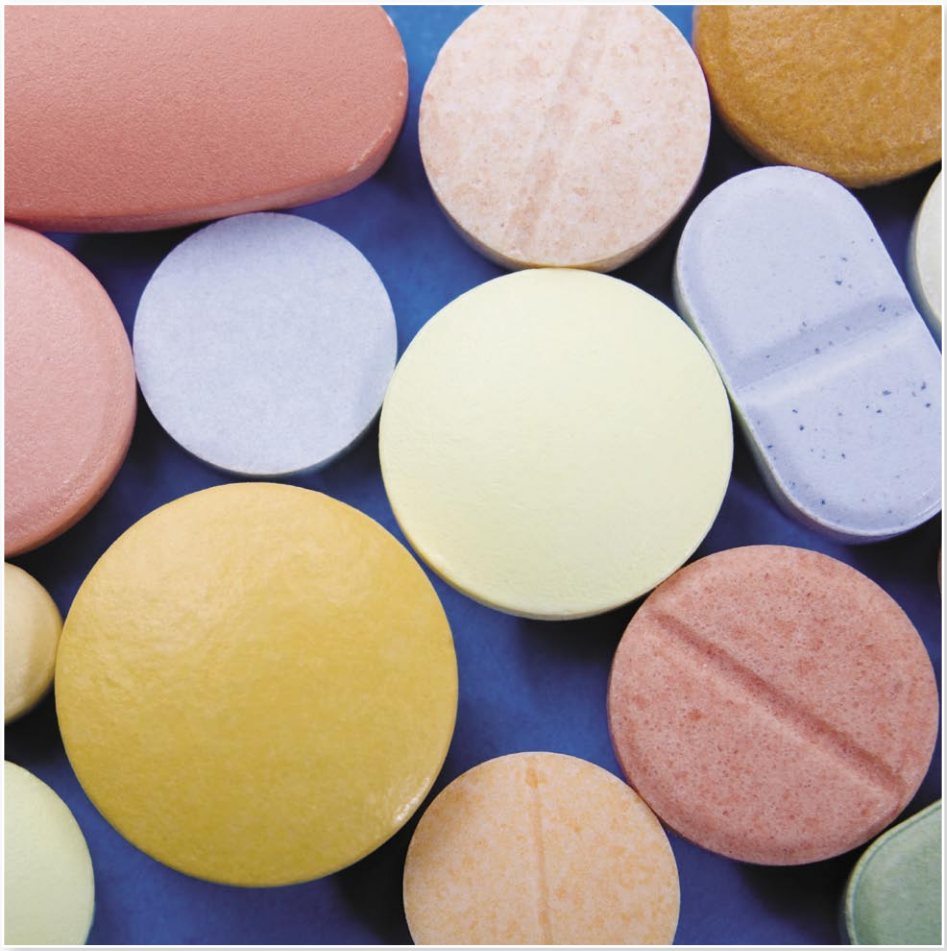
My political party [National Movement for Stability and Progress NDSV] will definitely run in the elections next year. We have concluded a memorandum with one of the agricultural parties in Bulgaria [Zemedelski Naroden Sayuz, a party not represented in the current parliament] and we think that Bulgaria needs a smarter alternative of governance: More transparent, less populist, more responsible and more sustainable.
What we see in the country, it's like we are trying to please the superficial supervision of the Commission for some budgetary requirements, but this is not the stability of the country. The true stability to me is the employment rate, it's the number of young people which are employed, it's the number of children that people are having. It's also the literacy number, the number of people which have access to education and health care so also the stability of the industrial sector and mainly smaller and medium enterprises, many, many indicators.
Of course the level of corruption, the status quo of the judiciary system are always under consideration when we talk about Bulgaria, but I don't see many successful policies in the country that have delivered to solve those problems. I should say that there is definitely a need for more proficiency in the state government.

So you say the country needs an alternative to the present government?

And a more professional government than this one.

EU 'running against the wind' on health policies

Public health should become part of the common EU policies and legislation "in a very structured way", argues Bulgarian MEP Antonyia Parvanova, rapporteur on the Transparency Directive aimed at speeding up the entry into the market of new medicines.



Parvanova, a physician who is a member of the Parliament Committee on the Environment, Public Health and Food Safety, told EurActiv that the Union should adopt policies centred on citizen's health, education and basic rights.

The EU has so far been focused on protecting the economic interests of various industry sectors, largely forgetting the citizens, she said.

"Just 30-35% [of EU citizens] are interested in voting in European elections, which means that European decisionmakers do not deliver. To get better confidence from EU citizens, we have to work on different issues, not just protecting somebody's apples, somebody's wine, somebody's milk, cereals, cars, etc.," Parvanova said.

More money for alcohol than for health

Parvanova gave as an example the Commission's proposed Health for Growth programme to promote health and increase access to better and safer healthcare, which has a €300-million budget for 2014-2020, or €50 million annually for 28 member states - Croatia is due to join on 1 July 2013.

"At the same time, the annual budget of the alcohol companies for marketing and promotion only in the UK for one year is €800 million. Only in the UK. So we are running against the wind," the MEP said.

""shocking revelations" that many people in EU countries have "dangerous" and "irrelevant" ideas about what is good for their health"

Parvanova, who is also preparing a report on health literacy, said that this subject has long been neglected in EU policy-making.

She said that a recent report under an EU-financed project led by Maastricht University has made "shocking revelations" that many people in EU countries have "dangerous" and "irrelevant" ideas about what is good for their health.

"If the people do not understand correctly topics related to their health and what they should do about themselves, then we are exposing at risk all our public health programmes. And whatever is the financing, if the people do not understand, if they do not follow, if they do not appreciate, then we will still have failures," Parvanova said.

She also regretted notions that vaccinations are a bad thing.

"Because of failure in vaccinations, tuberculoses is on the rise and some other diseases as well. We do not cover our elderly people with vaccination and they unnecessarily are exposed to the different flu epidemics," Parvanova said.

The proposed Transparency Directive is aimed at speeding up new medicines.

As rapporteur, she faced a barrage of lobbyists, and she told them that the European Parliament would "play with open cards" and consult with all stakeholders, including civil society, doctors and patient organisations.

Parvanova is hopeful that the EU would be able to come up "with very good quality piece of legislation" that addresses concerns about prescription pricing and reimbursement.

Europe fears new epidemics, cost of vaccines

Measles and rubella are "raging" throughout Europe and public fears fuelled by internet-driven campaigns and lack of funding are worsening the situation, delegates at the Gastein Health Forum were told.

"At the moment, for example, measles and rubella are once again raging in Europe," Austrian MEP Karin Kadenbach told a workshop on vaccination at the policymakers forum on Friday (5 October).

"Measles and rubella are once again raging in Europe"

"The World Health Organization has as a result had to put back its goal of conquering these diseases by 2010 to 2015," Kadenbach said. "The reason for this is a falling vaccination rate, leading to an increase in infections."

Measles viruses could be prevented from circulating if 95% of the population were inoculated, she said. But vaccination rates fall far short in the 53 countries of the WHO European region to stamp out this extremely contagious disease. Recent studies show that between 2010 and 2011 the number of measles cases in the EU has risen by a factor of four.

Obstacles include vaccine fatigue, scepticism and costs

Kadenbach said that the memory of Europe's success in eliminating polio and smallpox "is unfortunately fading". Vaccination has become a victim of its own success, she argued, claiming that its importance was increasingly disregarded, misleading people into believing that jabs are no longer necessary.

Costs are also a factor in preventing many from getting vaccinated, as the example of flu vaccinations showed, she said. Countries which spent the least on subsidising seasonal flu vaccination also had the lowest coverage rates. Austria, the Czech Republic and Poland had the lowest coverage in Europe.

"The risk to the WHO region was that highly-contagious diseases would recur"

World Bank health expert Armin Fidler told delegates there is clear evidence that immunisations are among the most cost-effective public health interventions, but falling healthcare budgets are challenging vaccinations.

Developing countries are pioneering on vaccination drives

The World Bank expert argued that the issue of whether or not to pay for such medical interventions did not only apply to developing countries, which are often more pioneering in their approach.

"Even in many low-to-middle-income countries, those responsible for public budgets are not only prepared to waive contributions to immunisation: they literally pay people to take part in order to boost the vaccination rate.

In countries like Brazil, Mexico, and Turkey, some social services such as school fees are linked to vaccinations," Fidler said, claiming such "conditional cash transfers" paid off, and should be encouraged elsewhere.

Internet fuels suspicions of vaccinations

Kadenbach called for a joint European initiative that brings in health experts and decision-makers, to give more political support for vaccination programmes.

"Otherwise the risk to the WHO region was that highly-contagious diseases would recur, bringing in their wake suffering, disabilities, and death," she said.

"Recklessly frightening parents into not having their children vaccinated"

The internet is also proving to be a hindrance to vaccinations, a separate

Continued on Page 13

Continued from Page 12

seminar on social media's effect on vaccinations heard.

"There is not only a great deal of misinformation on vaccination circulating on the internet,opponents are also organising actual campaigns and are recklessly frightening parents into not having their children vaccinated," John McConnell, editor of The Lancet Infectious Diseases said.

He claimed that evidence-based facts on vaccines or successful vaccination programmes have less chance of being taken seriously as a result. "The aggressiveness of the vaccination sceptics drowns out everything else," McConnell said.

Medical community should fight back on-line

A soon-to-be-published study done in the United States suggests that attempts to use social media to actively explain certain vaccinations, and appeals for vaccinations to be undertaken, could have a counterproductive effect, because they meet with such resistance from the anti-vaccination lobby, according to McConnell.

Although social media have been shown to be problematic in public education on vaccination, Marc Sprenger, director of the European Centre for Disease Prevention and Control, told the forum that the internet cannot be left to the vaccination sceptics.

"We must position ourselves more strongly and in a more professional way in social networks. It is especially important to strengthen public trust in vaccination by involving independent experts and testimonials," Sprenger told the forum.

Austerity hikes suicides, but opens door to healthcare innovation

Austerity is leading to an increase in mental illness and suicide rate in crisis-hit countries but also offers Europe the chance to embrace radical health innovations, experts at the Gastein forum heard.

"Stringent austerity policies are harming their economies as well as the health of their populations"

"Europe's politicians have to realise that stringent austerity policies are harming their economies as well as the health of their populations," Professor Martin McKee of the London School of Hygiene and Tropical Medicine told the forum on 4 October.

There is growing evidence of the direct negative effects the crisis and austerity policies are having on people's health and healthcare systems, said McKee, who is finalising research on the impact of the economic crisis for publication later this year.

The Greek Ministry of Health reported an increase of 40% in suicides during the first half of last year, compared to the same period in 2010, McKee said.

A recent study demonstrated an increase of 1% in unemployment is accompanied by an increase in suicides of 0.79%, and when the unemployment rate rises by more than 3%, the suicide rate goes up by 4.45%, he said.

More health disorders

Mental health has also deteriorated as a result of austerity measures, according to McKee who is also the research director of the European Observatory on Health Systems and Policies.

"In Spain, there has been a marked increase in attendances at general practitioners by those with mental disorders, especially depression," he said.

McKee called on the European institutions to assess the effects of such measures on

Continued on Page 14

Continued from Page 13

the health of people, saying: "The cost of austerity has been largely invisible so far."
"In some cases the scarcity of drugs or equipment available will inevitably lead to

"Difficult conditions"

rationing," Edwin Borman, the secretary-general of the European Union of Medical Specialists, told the forum.
Health Commissioner John Dalli acknowledged that austerity measures

"I believe crises provide opportunities to think creatively and push in-depth reforms"

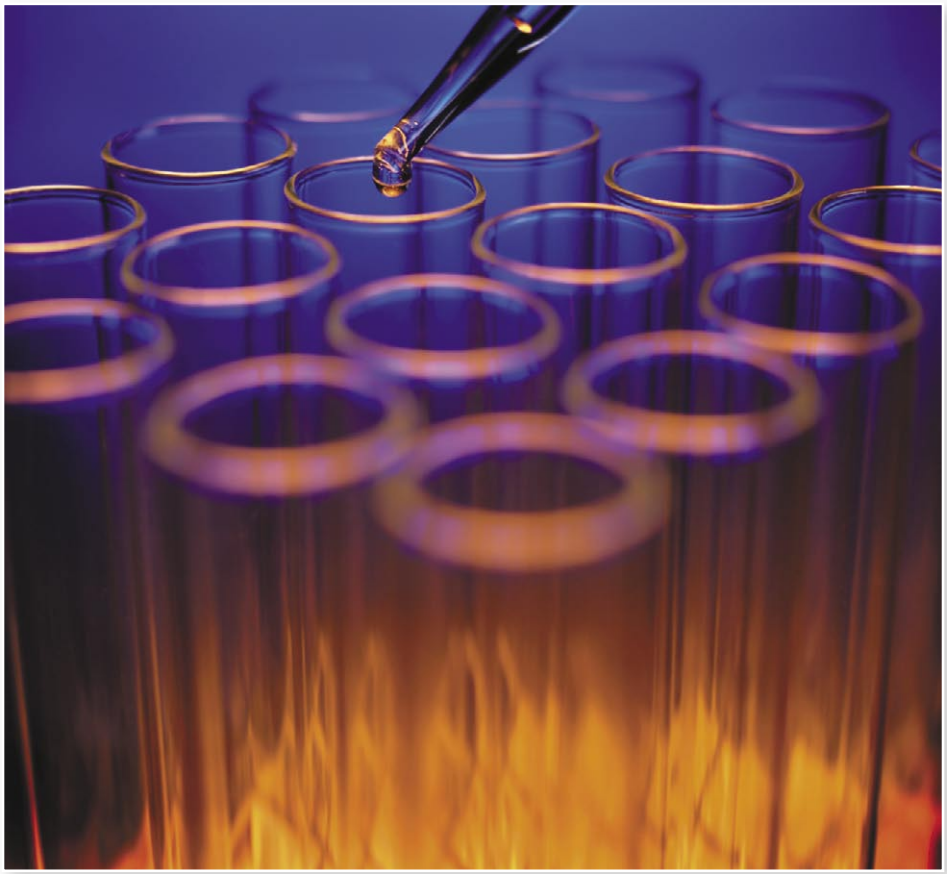
are leading to "difficult conditions", telling a news conference the European Commission's health department was doing all it could to emphasise the need for sustainable health budgets to be preserved in the crisis.

Use crisis as driver for change

In the closing plenary session of the forum on 5 October, Dalli said that there was scope for efficiency in the sector, adding: "I believe crises provide opportunities to think creatively and push in-depth reforms."

"The subject of health is given much too little attention in the discussion of the financial and economic crisis"

He singled out eHealth as a driver for innovation in the health sector that could be boosted as a result of the crisis. Speaking after the forum, Robert Madelin, who heads the EU executive's health directorate, said that the Commission would publish its eHealth strategy for the next five years within the next fortnight.
Madelin said that the initiative could pave the way for more record



sharing across the continent, and lay the foundations for the type of data management required to enable the personalised medicines sector to flourish.

Crisis a means to re-open EU Treaty

Meanwhile, Professor Helmut Brand, the new president of the Gastein forum, told a press conference that the economic crisis should also be used to increase the level of pan-European engagement with health issues.
He called for the further development of the EU health mandate established in the Maastricht Treaty.
"The subject of health is given much too little attention in the discussion of the financial and economic crisis," said Brand.
"But it could offer a window of opportunity at European and at national level to implement reforms that would otherwise not be possible without the crisis, including a reform of the EU health mandate."