

2014-2019: WHAT NEXT FOR EU HEALTHCARE

<http://www.euractiv.com/sections/2014-2019-what-next-eu-healthcare>

Contents

Health community debates impact of EU electionsp.1
Four 'holy grail' objectives for future public health.....p.2
The Internet is causing more problems for health literacyp.3

EU punching below its weight on global health issues.....p.4
Well-performing health systems make Europe 'politically stable'p.5

Health community debates impact of EU elections

Policy-makers, health organisations and industry will be discussing what the EU election year means for public health at the 17th annual European Health Forum Gastein (EHFG) in Austria, which kicks off today (1 October).

The EHFG calls itself the most important health policy event in the EU.

Leading experts from science and academia, patient organisations and NGOs, business and industry as well as numerous prominent decision-makers gather in Bad Hofgastein every year to exchange ideas.

This year will focus on what healthcare systems will look like 25 years from now, patient empowerment, health literacy, the Ebola outbreak and healthcare professionals' migration in Europe.

Among the most prominent speakers will be the Health Commissioner-designate, Vytenis Andriukaitis, who is widely expected to be confirmed after a convincing performance during his Parliament hearing on Tuesday (30 September). Andriukaitis will be present at the conference on Friday (3 October).

The European Parliament elections and the nomination process of the



Commission President and new College of Commissioners have earmarked 2014 as an important year for European politics and for health policy, according to the organisers of the conference.

Healthcare professionals across Europe are committed to common values such as universality, access to good quality care, equity and solidarity. However, the organisers are wary of the rising Eurosceptic presence in the new Parliament and what that could entail for health.

The president of the health policy conference, Maastricht University health expert Professor Helmut Brand, said that this year's EHFG will debate what should be on the agenda of the Parliament and the Commission for the next five years.

"To start with, how healthy is Europe right now? In general the state of health is improving in all European countries. But it is important to look at the differences within Europe too," Brand said.

"This year, 25 years after the fall of the Iron Curtain and ten years since the accession to the EU of eight Central and Eastern European countries, the health gap between 'old' and 'new' member states has decreased on major parameters such as life expectancy, infant mortality or mortality

of ischaemic heart diseases," the EHFG president continued.

But Brand said that over the past 20 years, since the EU obtained a health mandate, there had been "missed opportunities".

Examples include creating a real link with social policy, weak policies on food and on alcohol, the continued absence of a health information system, and a reluctance to use internal market rules as a base for legislation.

"At present, the Commission's health strategy is largely a compilation of issues to be addressed, rather than a policy document that sets priorities, assigns responsibilities and outlines methods of implementation and assessment," Brand said.

Austrian social democrat MEP Karin Kadenbach, who is also vice president of the conference, noted that although healthcare systems across Europe are among the best in the world, there is still a lack of harmonisation of health provisions.

"Concerning its legislative competence, the EU has, among other issues, an important role to play towards improving public health, setting high standards of quality and safety for medicinal products and devices and combating cross-border health threats," the MEP said.

Four 'holy grail' objectives for future public health

Many EU governments have made deep cuts to healthcare spending during the financial crisis. But changing demographics mean drastic change is around the corner, with four challenging objectives.



Researchers say that due to demographic changes, policymakers have to make hard choices now for the healthcare systems 25 years from now. [Idphotoro/Shutterstock]

As life expectancy continues to rise, more people are expected to suffer from age-related chronic diseases, putting pressure on healthcare systems.

The Dutch National Institute for Public Health and the Environment (RIVM) has mapped out future health outcomes for the Netherlands, based on four objectives.

"None of these perspectives will be the reality," warned Henk Hilderink, a senior scientific research at RIVM, as he presented the scenarios at the European Health Forum Gastein (EHFG) in Bad Hofgastein in

Austria on Wednesday (1 October).

The scenarios are meant to force incumbent politicians to determine the kind of healthcare system they want for future generations, as "having it all" will be impossible, Hilderink said.

The goals are:

- To keep people healthy as long as possible and to cure illness promptly.
- To support vulnerable people and enable social participation. For persons with low levels of education, life expectancy averages six years shorter than for people with high levels.
- To promote individual autonomy and freedom of choice. This will involve engaging local communities and patients in managing their own care, with support from technological and e-health resources.
- To keep healthcare affordable. Quality care is relevant and cost-effective as determined by the health ministry and insurance companies.

Speaking at the Gastein Forum, Hilderink said the Netherlands currently spends €83 billion per year, or 14% of its GDP, on health, a figure which is expected to rise to 20% in 2030 due to the growing rate of chronic diseases, as well as changing demographics.

"No one knows what our health systems will look like in the future," Hilderink said as he presented the four perspectives.

"The future systems will be a mix because, many will want a little bit of everything," he said, adding that since not everybody will benefit from future healthcare systems, policy makers can use the different perspectives to get an idea of which groups in a society will win or lose, if only one perspective is carried out.

Caroline Costongs, managing director for EuroHealthNet, an NGO which promotes health equity, said governments should respond not only by targeting risk groups, as suggested in the second scenario, as that would fail to narrow health gaps.

"We have to make sure that these groups improve on health at a faster rate than the rest. But if you only target the most vulnerable people, you may miss those who

in the long run will be unable to sustain a healthy life. None of the perspectives can stand alone. They are all interlinked and need to be tackled," she said.

No business as usual

Scott Greer, associate professor of Health Management and Policy at the University of Michigan, said the Dutch researcher had done a "mean thing" by forcing people to make a choice between objectives that are all positive, and unarguable.

"It's a nice way to express divergence and different priorities. Instead of just always using scary scenarios for people who smoke or are obese, we can also talk about what kind of public health policy we want," Greer said.

Monika Kosińska, programme manager on Governance for Health at the World Health Organisation's (WHO) Regional Office for Europe, added that some parts of the perspectives were already visible today, but overall the scenarios are "enormous goals".

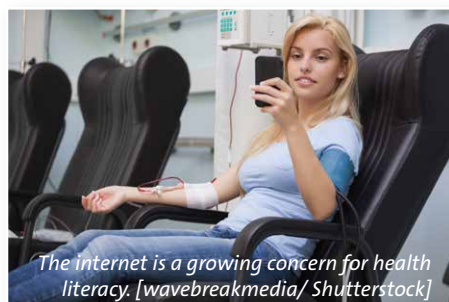
"These are four aspects of the holy grail in terms of health systems and well being. They imply a huge amount of change. I think this is a wonderful way for us to look at what we are trying to achieve and articulate all the time. In actual terms, we are not heading anywhere at the moment, though we know that if we don't do something now, and something quite dramatic in terms of the way we are organising our care, we will certainly not be at any of these four scenarios," Kosińska said.

'Business as usual' is not an option in order to achieve even just one of the scenarios, she continued, saying many decisions are being taken outside the health sector.

"It's an aspect which we need to bring into this discussion. One thing we do know about 2040, is that the world will be a different place. The impact of climate change is going to have ever more presence, with shocks delivered to our systems. There will be many different ways we will develop as a society. For example, demographic change is one of the things we will look at differently in 2040, I suspect," the WHO representative said.

The Internet is causing more problems for health literacy

While policymakers, doctors and other health campaigners want to educate the public to take care of its health, the Internet is making the task ever more difficult.



Health literacy refers to the capacity to make sound health decisions in the context of everyday life, both at home, in the community, at the workplace, in the healthcare system and in the political arena. It's linked to general literacy, and it describes a person's knowledge and ability to apply health information in order to make good decisions about their well-being.

However, with the emergence of new technologies, citizens will face more complex health decisions.

Speaking at the European Health Forum Gastein (EHFG) on Thursday (2 October) Pēteris Zigalvis, head of the EU Commission's DG Connect's Health and Wellbeing unit, said that for years the health community has called for 'the empowered citizen', but the citizen cannot be empowered to manage his or her own health if the person doesn't have access to digital tools. Secondly, many don't have the information on how to use these digital tools by themselves.

Zigalvis said that DG Connect is

currently involved in a project that tries to develop a curriculum for ICT skills in the workforce. A Eurobarometer survey on e-health will likewise be launched at the end of October. According to the survey, 77% of EU citizens agree that the Internet is a good tool to improve their knowledge on related topics. However, 41% have never searched online resources for health-related information.

The most searched health topics on the Internet are general information about improving one's own health, related to, for example, nutrition and physical activity. Many said that the information they found was relevant, but 41% of those polled said they didn't think the information they found came from a trustworthy source.

Kaisa Immonen Charalambous, from the European Patients' Forum, concurred that the Eurobarometer results were encouraging.

"For me, critical health literacy is crucial. We need to be able to distinguish what is good and trustworthy information, and what is not, because we are bombarded with so much information. There are many news articles about medical research that are presenting the research in a misleading way for example creating false expectations," Immonen Charalambous said.

Karin Kadenbach, an Austrian Socialist member of the European Parliament, also called for reliable sources of information.

"We do have parts of the population who do not have enough information, or information that they understand. We do also have a big part of the population which uses the Internet, where there's so much misinformation. For example, we should be at a stage now where there are no more measles in Europe anymore. However, we do have so many people who don't vaccinate their children and immunise them, because of some horror stories on the social media. So on one hand, there is information, but on the other, there is at least the double of misinformation," Kadenbach stated.

Targeting the right groups

Sylvain Giraud, head of DG Sanco's Strategy and International unit, pointed out

that the Commission has been aware of the problems related to the lack of health literacy for years.

"We recognise that health literacy is definitely something that needs to be taken into account when we develop health policies at an EU level. There's clearly a correlation between social status and social level and literacy and health. So poor literacy is linked to poor health in many cases. This is something that needs to be taken into account in designing any health policy at any level. It needs to be taken into account properly from a health literacy perspective specifically, but also from a wider approach on health determinant. For example via education," Giraud said.

Ramazan Salman, director for Ethno-Medical Centre in Hannover, which works with migrants from seven different countries in Europe, said that there are still diverse groups in society who don't have enough access to the healthcare.

"I think Europe has some of the best healthcare systems, but it makes no sense that there's capacity, but people are not able to use it. In order to be able to use it... it depends on the health literacy," Salman said.

Giraud added that in order to increase health literacy, information would have to be adapted to the language of the target group. Medical language should likewise be adapted to a lower level of literacy. Finally, stakeholders should also increase the general level of literacy and digital skills so that people can be better prepared to access health information.

Immonen Charalambous said that patient organisations can play a crucial role in improving health literacy.

"They regularly communicate with their patient community on the ground. They understand what patients need and want to know. They are also often good at putting complex issues like medical or scientific issues in a lay language. The barrier for them in order to take up their role is resources. They often work fully on a volunteer basis. So I wouldn't have too big expectations if we were to put the burden of improving health literacy only on patient organisations, but they are certainly willing to contribute," she concluded.

EU punching below its weight on global health issues

The Ebola crisis and immunisation campaigns in Africa have demonstrated the EU's added value in addressing global health issues. But there is still potential to improve if EU countries were less "suspicious" of each other, health experts say.

"There is no longer a clear separation between what is domestic policy and what is foreign policy," said Ilona Kickbusch, director of the global health programme at the Graduate Institute of International and Development Studies in Switzerland.

"There is an overlap which refers to issues that require collective action," she told delegates at the European Health Forum Gastein (EHFG) on Wednesday (1 October).

A former professor at Yale university who now advises governments and international organisation, Kickbusch urged European institutions and the member states to "come together" saying "the EU needs to find out how it will impact the global health debate."

According to Kickbusch, there is a global power shift going on, with changing alliances on human rights and gender equality, which requires stronger internal coordination among EU member states. When discussing global issues, the EU should have its own political climate in mind, she believes.

"There's an increasingly political nature of the global health agenda over, for example, universal health coverage, equality and redistribution. We have a rise in nationalism which makes a global agenda more difficult," the global health



Experts say that the EU can still gain influence in the area of global health. [Northfoto/Shutterstock]

director said.

When it comes to the global health agenda, polio vaccines, for example, have become a political tool, Kickbusch said. "Things are happening that we never thought in a worst case scenario, such as health workers being attacked while distributing vaccines, in order for a political view to gain attention," she continued.

'Suspicious' member states

Louise van Schaik, senior research fellow at the Clingendael Institute, said EU member states increasingly see the benefits of working with the European Commission or at the WHO, speaking with one voice.

But at the same time they tend to see health still mainly as a national issue and are afraid of losing authority, she said.

The WHO is the directing and coordinating authority for health within the United Nations system. It is among other things responsible for providing leadership on global health matters, articulating evidence-based policy options and providing technical support to countries.

"There is room for manoeuvre, but it is also a sensitive area for a lot of member

states," van Schaik said. "The process of EU coordination in external places such as the WHO... The member states see it as an added value, but they are also suspicious towards foreign affairs people taking care of health. There's sometimes a hostile negotiation environment. They are worried because since the EU pays more to the budget, they also want their share of the power. They want to be more powerful and of course this also creates some kind of opposition. There is an aspect of fear."

Lourdes Chamorro, who is in charge of WHO relations at the European External Action Service (EEAS), the EU's foreign policy department, said internal tensions quickly disappear when EU countries speak together at the global level.

"At the global level, there are common values which unite us much more than our differences. Our values are much stronger when we discuss them with other countries such as China and Russia. We use our common values quite often to reach common positions and our differences are not so obvious when we speak at a global level than when we speak or discuss internally," Chamorro said.

The EEAS spokesperson said positive

Continued on Page 5

Continued from Page 4

steps were taken every time the EU moves away from internal coordination to focus on decisions on actions at the WHO.

“Member states have realised when it comes to the WHO that when we act together, we are strong. I think there’s a feeling of a collective EU team, an EU force, or EU mind,” Chamorro said.

‘TTIP of the iceberg’

Ongoing free-trade negotiations between the EU and the US - the Trans-Atlantic Trade and Investment Partnership (TTIP) - is one of the hottest issues when it comes to global health.

Signe Ratso, from the European Commission’s trade directorate (DG Trade), defended the benefits of TTIP for the health community.

“Benefits are jobs and growth that generate tax revenues which politicians can spend on the public health sector,” she said. “TTIP can also reduce costs of drugs as well as harmonise data requirements on medical devices.”

Ratso stressed that the health sector had to be protected in the EU-US trade talks, highlighting the Commission’s “unprecedented” dialogue with industry and NGOs on the matter.

“TTIP will not lower the level of protection. The precautionary principle is non-negotiable,” Ratso said.

Emma Woodford, interim secretary general at the European Public Health Alliance (EPHA), emphasised that TTIP has given the EU health community, a wake-up call regarding how trade impacts on health.

“There might be areas where TTIP can improve health, for example on harmonised clinical trials for people with rare diseases, but these are small areas. I’m still concerned about how TTIP will have an impact on public services,” Woodford said.

“TTIP is moving beyond general free-trade agreements and streamlining of tariffs. It’s the ‘TTIP of the iceberg’,” she added.

Well-performing health systems make Europe ‘politically stable’

Improving health system performance has been on the political agenda in all member states over the past couple of years. This is crucial, because health systems are at the heart of the EU’s social model, the Commission says.

therefore it’s appropriate to strive for higher efficiency levels.

“Efficiency is an economic concept, but in the health arena we should also talk more about performance. Performance goes beyond the pure concept of the economic efficiency. A good healthcare system must also address a number of other dimensions,” he said.

Seychell pointed out that a healthcare system is not an end in itself. It’s a tool and an instrument to pursue a political, public policy goal. Whatever decisionmakers decide to do with the health systems, the systems must be effective in improving the health status of our population.

“A good health system also includes good equity. If we don’t, as policymakers, respond to patients’ expectations, the response will be negative. People will not feel satisfied and it will lead to a political issue,” the Commission representative



The Commission says healthcare is at the heart of the European social model. [Lighthunter/Shutterstock]

At the European Health Forum Gastein on Thursday (2 October) Martin Seychell, deputy director general at the Commission’s DG Sanco, stated that efficiency is important for the European health systems these days, as healthcare expenditure has been growing steadily in most countries. The drivers behind the expenditure have also increased, and

stressed.

Health systems play a vital role in societies, Seychell noted. They are part of social protection, as they guard citizens against unexpected shocks, which also have a beneficial effect on the economy and social security.

Continued on Page 6

Continued from Page 5

“The EU does care about the performance of our health systems, because the health system is at the heart of the European social model,” Seychell stated.

He added that the Commission-president elect, Jean-Claude Juncker, has pointed out that one of the characteristics of the European social model is that it places health as a very important value, and is at the very heart of the social system.

Though healthcare is mostly in the hands of member state governments, the role of the EU is to ensure that member states are in the strongest possible position to meet the objectives of their healthcare systems, which are to strengthen their effectiveness, increase their accessibility and improve their resilience, Seychell added.

How to compare performance?

Peter C. Schmidt, from London’s Imperial College, said that in order to improve health system performance, policymakers should focus on the issue of labour supply. Looking at the figures, most European countries are training a decreasing number of doctors. Schmidt

argued that the reason for that may be that it’s cheaper for politicians to not do anything, and hope that other countries “will come to the rescue”.

For example, the Romanian health service is facing a crisis, as thousands of highly skilled doctors leave to work in the UK and other European countries, according to the president of the Romanian College of Physicians. The number of doctors in Romanian hospitals has fallen to 14,400 in 2014, down from 21,400 in 2011.

“So there’s a real issue here about trying to ensure that we have a decent labour supply in the future without of course stripping the workforce of low-income countries that cannot afford to let their expertise depart their countries. There are some issues that are market failures,” Schmidt said.

Francesca Colombo, from the Organisation for Economic Co-operation and Development (OECD), said that her organisation wants the performance and and outcomes of European healthcare systems increased, but the OECD cannot get the necessary data to compare and share best practices.

“We don’t have the data that we would like to have to really understand the performance at disease level. When

we want to publish reports, we don’t have enough information on spending. We don’t have enough information about spending in order to understand processes. Therefore, it’s difficult to say anything about efficiency. We have tried to look at sectors, for example the hospital sector, which is the one with the most data. So understanding efficiency still has a very long way to go,” Colombo said.

Liisa-Maria Voipio Pulkki, from the Ministry of Social Affairs and Health in Finland, called for the EU, the World Health Organisation (WHO) and the OECD to agree on one general framework to serve policy-makers so that they can always compare apples to apples and pears to pears.

“We need a simple, logical, evidence-based policy-manageable framework to analyse the health and social system,” the Finnish health representative said.



For information on EurActiv Special Reports...

Contact us

Delia Nicolaescu
events@euractiv.com
 tel. +32(0)2 788 36 72

Arnaud Sonnet
publicaffairs@euractiv.com
 tel. +32(0)2 226 58 17

Other relevant contacts:

Rick Zedník
ceo@euractiv.com
 tel. +32(0)2 226 58 12

Frédéric Simon
executiveeditor@euractiv.com
 tel. +32(0)2 788 36 78