

RESILIENT AND INNOVATIVE EU HEALTH SYSTEMS

<http://www.euractiv.com/specialreport-resilient-and-innovative-eu-health-systems>

Contents

TTIP: Health sector braced for 'damage control'.....p.1	Europeans want better control of their health through self care: Surveyp.5
Borg, EU health ministers push Parliament to adopt tobacco directive...p.2	Good governance seen as key to resilient healthcare systemsp.6
EU countries urged to invest in reducing health inequalities.....p.3	Campaigners call for common EU strategy on health literacyp.7
Forum calls for a 'shock-proofed' EU healthcare system.....p.4	

TTIP: Health sector braced for 'damage control'

While EU-US trade talks are expected to generate great economic benefits on both sides of the Atlantic, the impact of a trade agreement on the EU's healthcare systems will surely be negative, experts warn.

The second round of talks over the Transatlantic Trade and Investment Partnership (TTIP) had been supposed to start in Brussels today (7 October), but were postponed due to the government shutdown in the United States.

Although a free trade pact is expected to generate new economic opportunities on both sides of the Atlantic, healthcare professionals are worried over the impact that deregulation and free market economics would have on their sector.

Speaking at a panel debate at the European Health Forum in Gastein, Austria, on Thursday (3 October), Detlev Ganten, the president of the World Health Summit, said the key question was whether free-trade agreements restrict local government's ability to choose their own political, social and cultural systems – including the capacity to implement policies that promote and protect public health.



According to Ganten, the EU-US trade negotiations will align the legal systems of the European Union and the United States with respect to infectious diseases, food safety and tobacco policies. This, he said, would limit EU countries' ability to regulate these areas, including access to drugs, health services and nutrition. Health communities would have to follow up and adapt to changes, he warned.

To preserve its protective healthcare and social model, Ganten said the EU should push to maintain a high-level of safety during the negotiations – both on food and chemicals, especially the endocrine disruptor Bisphenol A, used in some plastics and resins.

Negotiators should also take into account national drug regulations when approving new medicines and pricing them on the market, the expert added.

Economic benefits and commercial interests

The notion that the economic benefits of liberalisation would compensate for the potential negative impacts was also challenged at the EU health forum.

“There will be economic gains, but they will be distributed differently. There are groups who have been working on this and concluded that even within Europe, the gains will be different. So it's not just one Europe, but various nations. Not everybody will gain from it. Some will have problems,” Ganten said.

Els Torreale, the director of the Open Society Public Health Program's Access to Essential Medicines Initiative, said that the trade agreement was not about public health or driven by people with an interest in the area.

Continued on Page 2

Continued from Page 1

“This is about trade and commercial interests. What we should do is damage control and safeguard what we care about so that they are not getting worse through the negotiation of the trade agreement,” she said.

Ganten added that the negotiations currently are behind held behind close doors, partially, but would have to be open and transparent, in order not to avoid public criticism that could derail the talks.

‘Defend what we have’

Bernie Merkel, a policy analyst at the European Commission’s health and consumers directorate (DG Sanco), said that the EU would be weaker in negotiations with

the United States as there were enormous differences among EU countries in healthcare and health services. Health competences were weak under the Lisbon Treaty, he added.

“This is the main issue. You can’t change the treaty via trade negotiations. Because of this we’re are going to take a rather defensive line, while the Americans will be very aggressive. They don’t like our approach to public health protection. They will use this opportunity to attack it,” Merkel said.

“The best way to go about this is defend what we have, while negotiate deals in one or two areas. But really, if you think we can use TTIP to raise the standards in healthcare, access to medicines and whatever, you have to remember that America works well for those with money, but not so well for those

without,” the policy analyst continued.

Petru Luhan, a Romanian MEP from the centre-right European People’s Party (EPP), advocated for a more incisive approach. “We should focus on which advantages we could get by signing such an agreement and it should include health as a new chapter,” Luhan said.

Ganten concluded that even though the Americans are experiencing a government shutdown and problems with their never-ending healthcare reform, they are “getting their acts together” in negotiations.

Although the European Commission, member states and stakeholders have a fragmented view of the trade agreement, the EU has to stick together if it wants to negotiate on an equal footing, he said.

Borg, EU health ministers push Parliament to adopt tobacco directive

The EU’s health Commissioner Tonio Borg said he was “confident” that the European Parliament would adopt the highly-debated tobacco directive in Strasbourg this week, after the first vote had been delayed.

Speaking at the Gastein European Health Forum in Austria last Friday (4 October), the commissioner said he was looking forward to start the negotiations on the tobacco directive, hoping it would be adopted under the current Parliament, whose term expires in April 2014.



“I’m confident that a mandate will be given to the Parliament rapporteur Mrs McAvan [British MEP, Socialists & Democrats] to start negotiations with governments on the tobacco directive,” Borg said, adding that the aim of the directive would be to reduce the number of smokers in the EU by 2.4 million, or 2% over the next five years.

“I think we can achieve this. The tobacco directive will help us as a force though there are other means of restricting tobacco consumption,” Borg told the conference.

Today (8 October), the European Parliament will vote on whether a pictorial health warning covering 75% of a cigarette package, front and back, should be mandatory across the EU. MEPs will also consider regulating the increasingly popular e-cigarettes and banning slim cigarettes

aimed at young women.

The Parliament was supposed to vote on the tobacco directive on 10 September, but leaders of the main centre-right political groups in the Parliament, the European People’s Party (EPP), the Alliance of Liberals and Democrats for Europe (ALDE) and the European Conservatives and Reformist Group (ECR), colluded to postpone the vote until 8 October.

Improving health

On Friday, health ministers from 16 member states also joined the chorus and called on MEPs to agree to start talks as soon as possible with a view to reaching agreement by the end of the year.

The health ministers from Austria, Belgium, Cyprus, Estonia, Finland, France, Greece, Hungary, Ireland, Latvia, Malta, the Netherlands, Slovenia, Spain, Sweden and the UK said they are “particularly concerned” about the number of children and young people who continue to be attracted to tobacco products and become addicted with great consequences for their health.

The ministers added that treating patients with tobacco related illness was a massive, but avoidable cost for public health systems in times of austerity.

EU countries urged to invest in reducing health inequalities

Austerity-hit member states must avoid deepening inequality when cutting their healthcare budgets, the European Commission said at the European Health Forum in Austria.



As a result of the financial and economic crisis, many EU countries have reduced their healthcare budgets, leading to an overall drop in expenditure in the sector for the first time in decades.

Speaking at a panel discussion on Wednesday (2 October) in Gastein, Paola Testori Coggi, director general of the European Commission's health and consumer policy directorate (DG Sanco), said member states had good reasons to make their healthcare systems more cost-effective and sustainable. But they should also be aware of the social consequences.

"We need to maintain the access to universal healthcare services which exists

as an obligation in our treaty under human rights. All European citizens have the right to access healthcare of good quality. But we know that this in fact is not the real situation for all the member states," Testori Coggi said.

In Greece, the public healthcare system has come under enormous pressure during the crisis, with hospitals and pharmacies cutting back on medical supplies. Spanish authorities have legally restricted access to care for undocumented migrants.

Groups that were already vulnerable before the crisis, such as undocumented migrants, asylum seekers, drug users, sex workers, destitute European citizens and homeless people, have seen a reduction in social safety nets which provide them with basic help.

Among the patients visiting clinics at the humanitarian organisation Doctors of the World, 20% have reported being denied access to healthcare services in the last 12 months, with 62% of those occurring in Spain.

In Greece, before the crisis most of the patients visiting Doctors of the World's clinics were migrants with little or no financial means. But in the last year, almost half of the patients were Greek citizens who could no longer afford healthcare services.

Cross-border help

Testori Coggi emphasised that member states should focus on the aspects of health with certain social consequences: nutrition, use of alcohol, tobacco and physical activity.

"We need to reduce inequality in Europe because this contributes to social cohesion and helps to reduce poverty," she stressed.

In this regard, the director general highlighted the EU's cross-border healthcare directive which regulates the mobility of patients within member states so that patients can move freely and decide where to get treatment in Europe.

"The directive is also important for other reasons such as innovation, as it has set up a cooperation and assessment system at European level. The directive helps

member states sharing best practices, also on eHealth," she said.

Structural funding

In the area of inequality, Testori Coggi said the Commission was working with the member states to improve access to healthcare through EU regional funding. The EU executive will also organise a conference on anti-discrimination in March as well as work with the World Health Organization (WHO) to develop guidance on health inequalities.

Miklós Szócska, minister of state for health at the Ministry for National Resources in Hungary, said his country was the biggest user of structural funding for health and restructuring healthcare, but has experienced conflicting results.

"My understanding is that the structural funds are the only development resources for making the health systems more sustainable. For countries like Hungary, this is an equality development fund that is accessible and which makes the system more sustainable, from hospital-oriented healthcare to prevention work," Szócska said.

Raed Arafat, Romania's secretary of state for health, said each EU country has different needs, but that the Commission had convinced him that the country's health infrastructure needed an upgrade after many years without reforms.

"For example, we haven't built hospitals," Arafat said. "Romania is now trapped. We can't do anything with our own money to increase the net of the country, so if we want to build a large, regional hospital, this is very hard. But the structural funds will help with the co-financing. If we want to make a real reform and nationalise hospitals we need to do those investments," the secretary of state said.

Arafat added that one regional hospital had its services spread between 27 different buildings, sometimes five kilometers apart, with the emergency room in one building and surgery in another, for example.

"We are talking about giving patients the rights to be treated well," Arafat said.

Forum calls for a ‘shock-proofed’ EU healthcare system

Europe’s healthcare systems are in urgent need of “shock-proofing” if they are to meet the challenges posed by severe budget pressures, policymakers will be told this week at the 16th annual Gastein Health Forum in Austria.

The president of the health policy conference, Maastricht University health expert Professor Helmut Brand, said the focus would be on how to safeguard both technical and social innovation.

“Innovation is crucial to European health policy,” Brand said at a pre-event discussing the themes for this year’s conference, ‘Resilient and Innovative Health Systems for Europe’, taking place in Bad Hofgastein, Austria, from 2 to 4 October 2013.

“People get more direct benefit from innovation in healthcare than in any other area. But austerity policies are having an especially harsh impact in many countries. Making cuts and innovation do not really fit together. So where is the line? At what point do cuts become critical for health systems and endanger social safety nets?” Brand asked.

Political impact

How to ‘shock-proof’ Europe’s endangered healthcare systems will be the central theme for this year’s conference, which brings together NGOs, patient organisations, academics, healthcare providers and industry to discuss burning issues face-to-face with policymakers.

For its part, the European Commission also has the opportunity of presenting its



health strategies and get feedback. Brand said he hoped that future conferences in Bad Gastein would also include representatives of the next three EU presidencies.

“This should ensure that issues which come up in Gastein directly affect actual, concrete policy,” Brand said.

“Following the Treaty of Maastricht, health is an EU policy area, and political decisions in social and health policies affect the lives of individual people very directly.”

No health borders

The conference has in previous years mostly addressed health policies in neighbouring regions such as south-eastern Europe.

One very topical development is the ongoing free-trade negotiations between the US and the EU which will be a subject of detailed debate, Brand promised.

“It would have a major impact on the health sector in many fields.”

As health issues are constantly changing, Brand said, the Gastein forum would also have to act as a seismograph and a monitor.

Past conferences notably identified at an early stage the demographic changes and their consequences, and the global spread of non-communicable diseases which were previously assumed to be a problem reserved for rich countries only, but which is swiftly becoming a global issue.

Karin Kadenbach, the conference vice president who is also a Socialist Party MEP and member of the European Parliament’s Environment, Public Health and Food Safety (ENVI) Committee, emphasised the conference’s commitment to socially equitable and affordable healthcare services, and to encourage healthy lifestyles.

“Those that take active responsibility for their own health are not just ensuring their own well-being,” she said. “They are also helping to make sure health systems remain affordable in the future,” Kadenbach added.

Europeans want better control of their health through self care: Survey

Europeans wish to take greater control of their health through self care, but face barriers and are missing out on the personal, social and economic benefits available, according to a new survey launched at the European Health Forum in Austria on Thursday (3 October).

According to the survey by Epposi, a Brussels-based health think tank, consumers want to use self care to take greater control of their own health and well-being.

Around 2,000 Europeans took part in the survey which was conducted in 10 countries: Denmark, Finland, France, Germany, Italy, the Netherlands, Poland, Scotland, Slovakia and Spain.

Almost 90% of the people who took part in the survey believe that self care is crucial to staying healthy and to managing illnesses such as diabetes, incontinence and minor ailments.

However, many people feel they are prevented from managing their own health by cost, health literacy and even the communication skills of medical professionals.

“These barriers can and should be overcome because the individual, social and economic benefits of self care are really significant,” said Jacqueline Bowman-Busato, Epposi’s executive director.

“Even replacing a tiny percentage of hospital visits by self care, for example, would lessen financial and human resource pressure of health care systems, and empower patients and their families,” Bowman-Busato continued.

She added that many barriers would be relatively easy to address.

“Improving basic health literacy and providing quality information would be an excellent start,” Bowman-Busato said.

Regional divide

However, there are financial barriers. Self care products and services would have to become easily accessible and affordable.

23% of those surveyed said they found the cost prohibitive, and therefore governments should identify policies that encourage self care, especially in low income groups, the health think tank said.

These policies would eventually deliver substantial benefits, allowing individuals to remain active and contribute to society.

The survey also showed great differences between countries. While half of those surveyed in Northern countries

perceive their skills and capacities on self cares as “very good”, only around a quarter in eastern and southern European countries said the same.

Northern countries also scored highest for feeling able to manage their own health, suggesting that better knowledge, skills and capacities for self care could be vital if consumers are to have the confidence and willingness to take the responsibility for their own health. Southern European countries, however, indicated a willingness to improve knowledge, skills and capacities for self care.

In southern Europe, 66% also prefer to consult healthcare professionals for information on self care, predominantly general practitioners (44%) and pharmacists (20%). This is double the rate of northern countries, where media is used as the primary source of information.



Good governance seen as key to resilient healthcare systems

Poor responses to budget cuts during the crisis have left many national healthcare systems in a bad state but they can still be shock-proofed for the future, according to policymakers who argue that stronger governance is the key to resilience.

The global financial crisis and resulting debt crisis in Europe have taken their toll on the health sector with European governments making deep cuts to healthcare budgets.

Between 2008 and 2011, 17 of the EU's 28 member states slashed public spending on healthcare due to austerity policies.

While countries such as Germany, France, the UK and Luxembourg experienced a decline for one year, Ireland's health budget was slashed for three years.

Speaking during a panel discussion at the European Health Forum in Gastein, Austria, on Thursday (3 October), policymakers emphasised that public health systems in the EU would have to be more "resilient" in the future – meaning they should be able to adapt and respond to unexpected pressures, whether internal or external.

Josep Figueras, director of the European Observatory on Health Systems and Policies, said that resilience had to do with governance and the ability to manage processes.

"Resilience with regards to health systems is not so much about surviving external shocks such as the crisis and austerity. There's also the aging population and obesity epidemic. So the health systems



are facing lots of major, important shocks," Figueras said.

Right and wrong responses

For public health systems, the issue is not just about how to survive or adapt, but also how to come back stronger than before.

"Resilience goes beyond the concept of sustainability and performance," Figueras stressed.

The European Observatory on Health Systems has recommended that the responses to the financial crisis should have been a "sensible efficiency response" which could have focused on eHealth, co-ordinated care or streamlining hospital resource management.

Instead, the most widely used responses were cuts in salaries, staff, training and research as well as social benefits. Other strategies included delaying investments or introducing user charges.

"Those countries during the crisis whose ministers and decision-makers had a clear vision of what they wanted, they used the crisis very effectively," Figueras said, adding that many had for a long time wanted to rationalise their systems, but needed the crisis as an excuse to do so.

"We all know what to do, but we don't know how to get re-elected [afterwards]" Figueras commented, quoting Luxembourg Prime Minister Jean-Claude Juncker.

Hans Kluge, director of the Division of Health Systems and Public Health at the World Health Organization's (WHO)

Regional Office for Europe said that the most resilient healthcare systems were those that were already performing well before the crisis.

"Usually these systems were working efficiently and tended to have better management capacity and they usually had much better evidence and data systems to make informative decisions in difficult times," he said.

Good governance

Scott Green, professor at the School of Public Health at the University of Michigan, said governance was all about how society takes and implements decisions and whether good ideas succeed or fail.

Green said that there were many aspects crucial to resilience within a system. First of all, decision-making had to be transparent and affected parties needed to be engaged in the process. Accountability was also very important, and those in power had to clearly report to supervisors who could sanction them. Integrity should be ensured through clear jobs and hiring tenure, while policy analysis always needed to be a central concern.

Monika Kosińska, secretary-general at the European Public Health Alliance (EPHA), added that civil society also had to get involved in the decision-making as it was a functioning part of a democracy.

"The importance of building civil society and making people active is crucial in a time of social media," Kosińska said.

Campaigners call for common EU strategy on health literacy

People who are well-versed in health issues make better lifestyle choices, avoid developing chronic diseases and lead longer lives. But with health literacy varying greatly across the EU, campaigners are calling for action from politicians.

A new consensus paper on how to advance health literacy in Europe was launched on Friday (4 October) at the European Health Forum in Gastein, Austria.

It shows that 47% of the population in eight European countries are estimated to have insufficient levels of health literacy.

According to the paper, health literacy can be understood as “people’s knowledge, motivation, competencies to access, understand, appraise, and apply health information in order to make judgments and take decisions in everyday life concerning healthcare, disease prevention and health promotion to maintain or improve quality of life during the course”.

The joint document was developed by a broad policy coalition comprising the pharmaceutical giant MSD, the European Patients’ Forum (EPF), the Standing Committee of European Doctors (CPME) and Maastricht University.

In the eight countries surveyed – Austria, Bulgaria, Germany, Greece, Ireland, the Netherlands, Poland and Spain –, 41% of respondents showed limited levels of literacy related to healthcare.

Some 43% had difficulties grasping the notion of disease prevention and 51% struggled with health promotion – or the ability to advance one’s own health.

Wake-up call

People with higher health literacy levels are less likely to develop chronic diseases and make healthier lifestyle choices. They are usually more adherent to treatment and tend to lead longer lives.

At the same time, high or low health literacy levels also have an impact on the efficiency of healthcare systems, said participants at the Gastein health forum.

Kristine Sørensen from the Maastricht University’s European Health Literacy practice, said that the consensus paper was a wake-up call for policymakers, but also for people in the medical professions. She said the policy coalition had already met with the European health commissioner, Tonio Borg, to discuss an EU strategy on health literacy as a cross-cutting issue.

While there are marked differences in levels of health literacy between countries, there are also great differences within states, according to the consensus paper.

Certain groups within the population are at greater risk – for example the elderly, people with low levels of education or socio-economic status, as well as those who report suffering bad health.

Limited health literacy has wide-ranging consequences, experts say. People with poor health literacy are hospitalised more often, are more likely to take inappropriate treatment or prescriptions and are less inclined to take preventative measures.

Alexander Rödiger, director of EU affairs at MSD, said a high level of health literacy was good for patients, but also beneficial for society at large as it contributes to making healthcare systems more efficient.

More education

Sylvain Giraud, head of unit for the European Commission’s health and consumers directorate (DG Sanco), said that the health literacy dimension was “very important” as surveys had shown that a 30-year old man who had completed university studies could expect to live 17 years longer than a 30-year old man who had not continued with education.



“This probably means that the best way to improve health literacy would be to invest a lot in education and invest a lot in social care,” Giraud stated.

Karin Kadenbach, an Austrian MEP (Socialists and Democrats), said that although she was the former health minister of Austria, she had sometimes found it difficult to find the right doctor, treatment and information.

“When I was the health minister, I tried to better communicate. I sometimes saw that we spent a lot of money on topics, on communication that didn’t reach the people that really should be reached.

“It makes no sense to produce a lot of brochures or to have a lot of material in a hospital and though we say literacy, this is not just about letters, but also pictures and pictograms,” she said.

For information on EurActiv Special Reports...

Contact us

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

Ross Melzer
publicaffairs@euractiv.com
tel. +32(0)2 226 58 17

Other relevant contacts:

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

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