

As discussed in Gastein ...
EHFG 2016 Outcomes



EUROPEAN
HEALTH FORUM
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Background: The EHFG 2016 took place against a backdrop of concerns about the future, both in terms of the European political landscape and the challenges posed by demographic change - including population ageing, the rise of multimorbidity, increased societal diversity and migratory pressures. However, demography is not destiny and the conference enabled the proactive consideration of both challenges and neglected opportunities presented by demographic change, in order to better steer and influence its outcome.

Future of Europe

Wanted - new leadership for a VUCA world: This year's edition of the EHFG went beyond core health topics and considered contemporary social and political issues in what currently seems to be a VUCA world – Volatile, Unclear, Complex and Ambiguous. The political landscape remains rather unstable with a few crucial turning points ahead in The Netherlands, France and Germany. Europe is experiencing increased diversity in many ways: cultural and ethnic, between open (pro-European) and closed (protective) societies. There was acknowledgment that we need to work not only on inter-, but also on intra-country problems. Delegates considered that a “social Europe” will be demanded by citizens as part of a new EU narrative, but that Europe's leaders need to listen first and discuss health and society in a more direct way. And all this requires leaders with a certain skillset and the ability to devise a new, positive European narrative and communicate it with the passion and emotion desperately needed to combat the disconnections, lies and falsehoods which have thus far encouraged fear and populism.

The tip of the iceberg – Brexit and what it stands for: Brexit is not the end of the European Union, it was asserted. But the Brexit vote can be seen as a proxy for growing inequalities in the UK and Europe. It is part of a trend which highlights societal divides: between the “haves” who have benefited from globalisation and the “have-nots”, and between the young and old. It was purported that it was the pace of change rather than the level of change itself which may have been the most significant cause of alienation and disaffection. Rapid social change means that many people have felt left behind and governments and the European institutions have not responded to these concerns, thus losing the trust of people. Greater societal equity is essential.

Nothing about us without us: As reflected at past EHFGs, there were renewed calls for putting people at the centre of policies. Keywords highlighted as conference takeaways by delegates were equity, solidarity, relevance, participation and leadership. Citizens need to be part of the design of healthcare; part of policy conversations; encouraged to engage, vote and to believe that their input makes a difference. Just how the so-called “establishment” can rebuild trust and reconnect with the “disenfranchised” was a much discussed issue during the EHFG 2016. Honest, open and improved local level communication about key issues such as jobs, health, education and security; refocussing European structural funds and bolstering social protection were just a few of the ideas put forward.

Demographics and Diversity

Demographic change means we need to act early, on time and together: The share of the older (over 65) population is growing and by 2050 will account for 28.1% of the population of the EU-28 (compared to 18.9% in 2015). The oldest-old (those aged 80 years or over) are the fastest growing components of many national populations and in the EU-28 their numbers are projected to more than double from 5.3% to 10.9% between 2015 and 2050. Crucially the demographic old-age dependency ratio is likely to almost double between 2015 and 2050, implying that the EU-28 will move from having four to having around two working-age people for every person aged over 65 years¹. Therefore a key question for EHFG delegates this year was whether we are prepared for

¹ http://ec.europa.eu/eurostat/statistics-explained/index.php/Population_structure_and_ageing



both the challenges and opportunities this unprecedented demographic phenomenon will pose? The answer: yes, as long as we act early, act on time, and act together.

Let's add life to years: People are living longer but they are not necessarily living healthier lives. Susceptibility to chronic diseases increases with age, with circulatory diseases (especially heart disease and stroke) and chronic lung disease being the biggest killers, and ageing the biggest risk factor for cancer. Health throughout the life-course is achievable, but such an aim needs a major shift in resources and policy and more upstream work on the social determinants of health. Personal investment in health in younger years will be needed for people to reap the benefits later. Attitudinal change is necessary so that older people can be seen as an asset and the silver economy (the third largest in the world) developed further. And we need to think outside the box: shift from reactive to proactive care; create jobs by improving the housing stock so that the elderly can remain longer in their homes; design and build age-friendly cities which both stimulate the economy by providing jobs and create better living and working conditions, enhancing health and well-being and enabling people to enjoy longer working lives. Taking such a horizontal approach with a Health in all policies (HiAP) lens might also prevent further silo-working approaches.

Migration – a part-solution to Europe's demographic challenge: Following last year's EHFG, it was reasserted that there are no diseases related to migration, just vulnerabilities. Worldwide, one in seven people is a migrant and migrants constitute 7% of the total population of EU member states.² Migrants and refugees need to be an integral part of communities – now is the time for action and for governments to holistically plan them into societies, recognising that they can be drivers of peace, growth and wealth. The health sector will play a vital role here, as it represents 8% of the European workforce.³ Indeed migration is part of the solution to our demographic challenge: the introduction of young, healthy migrants into Europe can mitigate some of the challenges of Eu-

rope's ageing populations. However, we also need to remember that we have different trajectories for different groups, for example there is a clustering of migrants in 3D (dirty, demanding and dangerous) jobs. A failure to address this could lead to further political and social instability.

Let's think of a different kind of diversity: The ability to work depends on lots of factors and retirement will not stop people from being "economic agents". As a society we must enable older workers to have the right to continue to work if they wish while giving blue collar workers the dignity to retire if that is what they prefer.

New Solutions

Significant macroeconomic challenges, but some solutions available through best practice sharing: We heard from Nobel Laureate Paul Krugman that the real challenge faced by advanced economies is to break out of the low inflation, less than full employment, low growth trap we are experiencing: essentially how we manage macroeconomic policy between now and 2020, not how we manage things in 2030 or beyond. His potential solution, a combined monetary and fiscal boost, is not intellectually hard to grasp but politically extremely challenging to implement. On the other hand, he proposed that while the growing ratio of older people to working-age people was serious it was not insurmountable, and indeed there might be some grounds for optimism. Across Europe countries differ when it comes to both health and pension expenditure as a share of GDP. However, increased expenditure does not automatically translate into better general health outcomes in the different systems. And when considering pension systems, there are huge variations which are not related to a country's welfare state provision but affected by incentives, path-dependency and how the systems were set up. Such elements should be easier to change than inefficiencies rooted in cultural understandings, Krugman suggested. Denmark was singled out as an example of a country that shows that it is possible to keep the older population in work while also having a high level of social security. So some of the answers to our demographic challenges can already be found amongst ourselves if we are open to new possibilities, communicate better and learn from each other.

Tackling inefficiencies requires innovative solutions: Urgent action is therefore needed to address what seems to be a global problem of highly fragmented and hospital-centric approaches contributing to inefficient healthcare service provision. Digital

² <http://www.iom.sk/en/about-migration/migration-in-the-world>

³ http://ec.europa.eu/health/workforce/policy/index_en.htm



solutions can help here, however we must overcome obstacles for deployment of ICT in support of care such as financing, inadequate knowledge of change management and lack of political engagement. We should look for solutions in policies that tackle upstream health determinants and that are supportive of innovation. Some suggestions: move to a focus on prevention and person-centred, integrated and proactive care; provide care at home where possible; consider where we can learn from the private sector; promote the use of time-banks.

New partnership models for accessible pharmaceutical innovation: It makes sense to embrace and promote access to medical innovation, both in terms of today's health challenges and for the future where there seems to be consensus regarding the importance of drug development for highly prevalent diseases linked to demographic change. However, what about rare and neglected diseases? There were passionate exchanges in a number of sessions regarding the high price of innovative medicines, re-

strictions on access and unmet patient needs, with arguments for accountability on all sides. The payer side may be accused of sending mixed signals to industry regarding acceptability of high prices, or avoiding common HTA across Europe, while industry is criticised for selling expensive drugs with little upfront evidence of value. Longer-term drug financing methods or payment-for-result pricing models may present some possible solutions. Ultimately there was agreement that a new model of working is needed that includes risk sharing and a need to work in public-private partnerships, with AMR offering an opportunity to experiment with such new models of inter-sectoral partnerships. This debate needs to be continued, with the recognition that all sides need to meet in the middle and find mutual benefits.

Conclusion

Health at the centre of European politics: Events such as Brexit have shown the importance European citizens attach to health – a core part of our most basic solidarity with each other. It is time that we put health firmly at the centre of European policy-making. Through collaborative working on cross-border health issues, through communicating and seizing the opportunities represented by demographic change, through reasserting the common foundations of peace and stability that we all enjoy and how central these are to our health and well-being, “Health” offers a lens through which all of us can be ambassadors for demonstrating the benefits of a strong and united Europe.

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