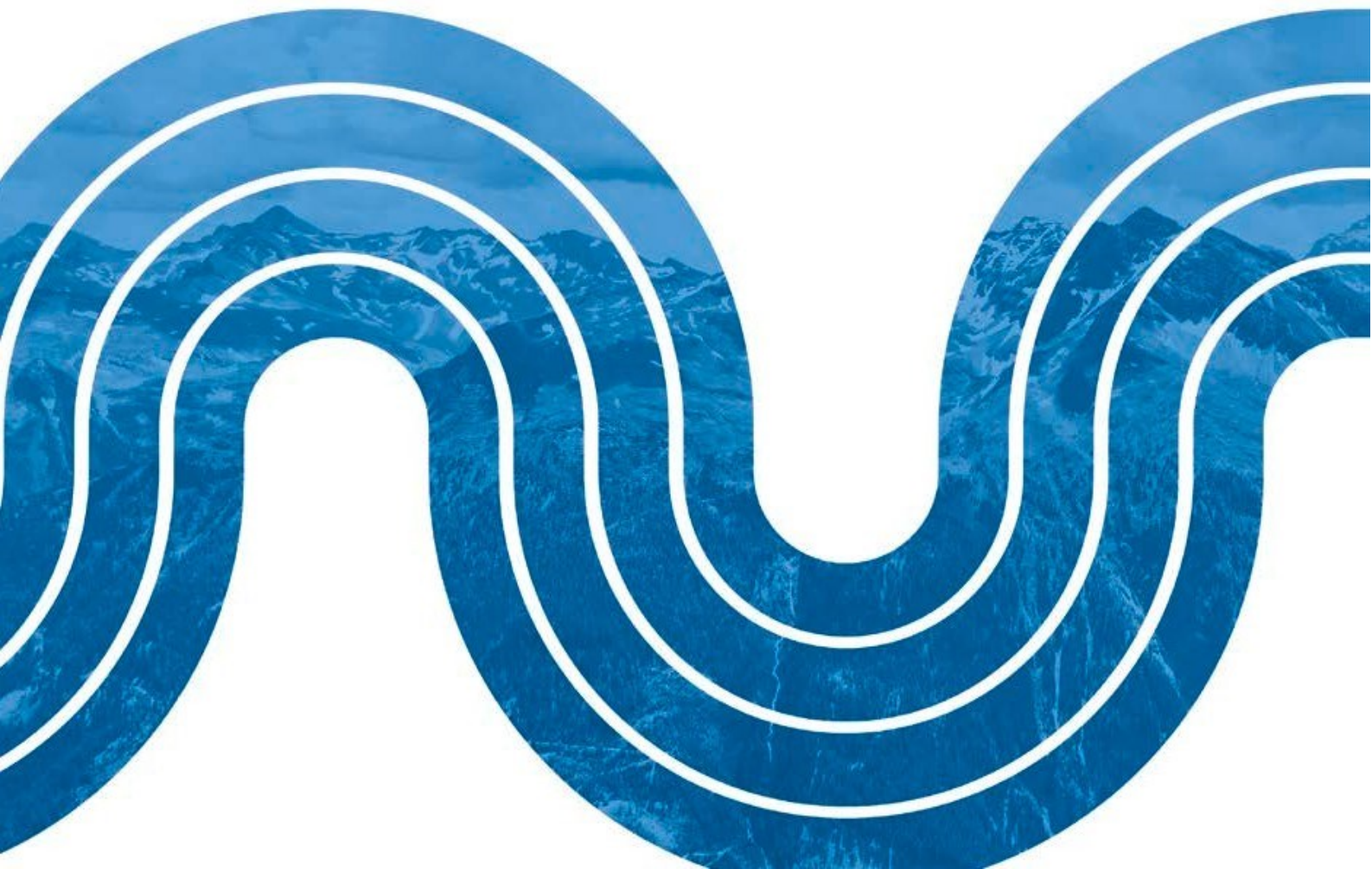


As discussed in Gastein...

EHFG 2018 Outcomes

Health and Sustainable Development -
Bold political choices for Agenda 2030

3 – 5 OCTOBER 2018, BAD HOFGASTEIN, AUSTRIA



Introduction: Health in Europe – Think big, be bold, be practical!

Without health nothing is sustainable

Opening the EHFG 2018, Gastein Forum President Clemens Auer addressed the importance of finally conceding a more prominent role to health on the European agenda, saying 'It would be a mistake to think that the single market can work without a corresponding health and social policy'. He urged conference participants to "Think big, be bold and be practical". Referring to European Commission President Juncker's mantra that the EC should be "big on big things and small on small things" (with health falling into the latter category under the principle of subsidiarity), the newly elected EPHA President Freek Spinnewijn maintained that to some extent "big" has become a contaminated expression. He proposed that first and foremost we need a new European Commission to be "effective on the issues where it can add value". Spinnewijn continued that while the social rights pillar is currently just a declaration, if effectively implemented it has huge potential for advancing public health in Europe. There were some bolder calls for the rethinking the principle of subsidiarity, in recognition of the limitations of this principle and the loss of momentum when continuing to work on problems in silos. Not only were the workings of the EU single market in respect to health outcomes highlighted, but also the role of global capital flows. Given the significant health impacts of products from the global food, beverage and tobacco industries, delegates at the EHFG 2018 agreed that it was high time to bring their discussion into the public health mainstream and address issues around the commercial determinants of health.



Bold leaders and social innovators

Against the backdrop of the Austrian Presidency of the Council of the EU, it was no coincidence that the concept of leadership permeated discussions at the EHFG 2018. WHO Regional Director for Europe Zsuzsanna Jakab highlighted the SDGs as a fantastic opportunity to think big and outlined how the WHO is leading by example with a European roadmap to reach the SDG targets, and will critically assess progress on an annual basis. "Things only evolve because bold leaders stand up and press for change", articulated Bronwyn King, Founder and CEO of Tobacco Free Portfolios, a next generation health promotion leader campaigning for tobacco-free finance. She reminded us that change is possible and that there are no inevitabilities - if we can escape the confines of our own mindsets. Recognising her contribution as a social innovator, Filippo Addarii, Co-Founder of PlusValue, emphasised that we must however engineer a shift from leaders embodying great personal bravery to an educational system embodying fundamental social values, that equips people with the knowledge and tools to act socially in every facet of their lives – for example through introducing "social" business schools. The wider role of civil society as a political actor was determined to be crucial: "Everybody needs to be political. It is not just up to the politicians, we all need to play a role and advocate, and exert pressure for bold political choices to be taken" said Fanny Voitzwinkler, Deputy Executive Director at Global Health Advocates. Effective collaboration asks for political will, which comes with taking responsibility for engendering the right changes in the right places. All sectors and actors carry responsibility for health system sustainability. Without the genuine involvement of everyone, we cannot take the concrete and decisive actions needed to ensure that Europe realises the SDGs by 2030.

Reframing the inter-sectoral narrative

Seeing the SDGs as an opportunity to advance the concept of intersectoral collaboration, and vice-versa, was an oft-mentioned theme of the EHFG 2018. In a video message, EU Health Commissioner Vytenis Andriukaitis stressed the need for multi-stakeholder approaches to reach the goals, maintaining that “Health is no longer the sole responsibility of those working in the health sector”. DG SANTE Director John Ryan reminded us that the political arguments of big business have so far been far stronger than those championing sustainable health, with employment concerns offering considerable political leverage. But a balance must be found if we want to achieve better health for everyone. Some even argued that the healthcare sector may have been too successful in claiming resources, perhaps at the expense of other sectors linked to important determinants of health. “Invest in housing, not just hospitals”, implored Jennifer Dixon, Chief Executive, Health Foundation. While partnerships with the private sector were debated as a possible solution at times, some offered words of caution. “Let us be precise, not everything is a partnership. WHO’s best buys to tackle NCDs require government action which many industries will not like,” affirmed Ilona Kickbusch, Director of the Global Health Centre, Graduate Institute Geneva. Some advocated integrated action plans accounting for the local epidemiological context of each EU Member State - an SDG toolkit that could be tailored to a country-level approach.



Health in all policies and sectors

The growing and important role of the Gastein Forum as a place to bring diverse actors together was also highlighted by many participants, with advances made this year by involving actors from finance, procurement and the social sector. Zoltán Massay-Kosubek, Policy Manager for Health Policy Coherence at EPHA, highlighted the cross-sectoral levers of international trade, the EU budget, national taxation policies and local and regional policies that all play a role in improving the wellbeing of citizens. To effect fruitful collaboration, health actors must learn to speak the language of their counterparts in other sectors and vice versa. ‘The health sector does not really speak the language of finance ministers’, Jennifer Dixon reminded us – but needs to in order to engender understanding of the importance of investment in and collaboration on health. Amongst others, John Ryan reminded us of the main reason for really working together across sectors: achieving the best possible outcomes for patients and people.

STARTING A NEW NARRATIVE ...



A bold political choice we need to make now is...

Your voices – visualised!

Encourage health ministers and finance ministers to align policies.

Bronwyn King



Hans Severens

To disrupt and ride on the waves of disruption. Without that the values of solidarity are unsustainable.

Miklós Szócska



Invest in people, putting people at the centre of sustainable development.

Anonymous



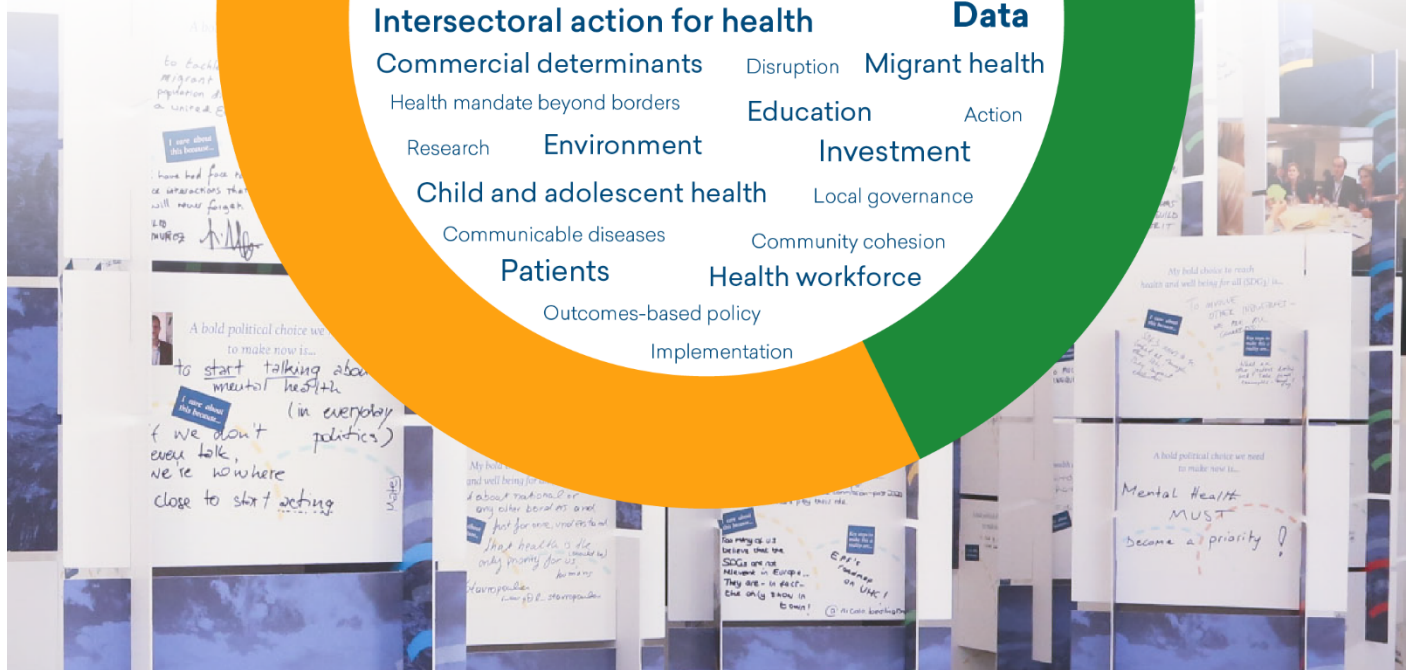
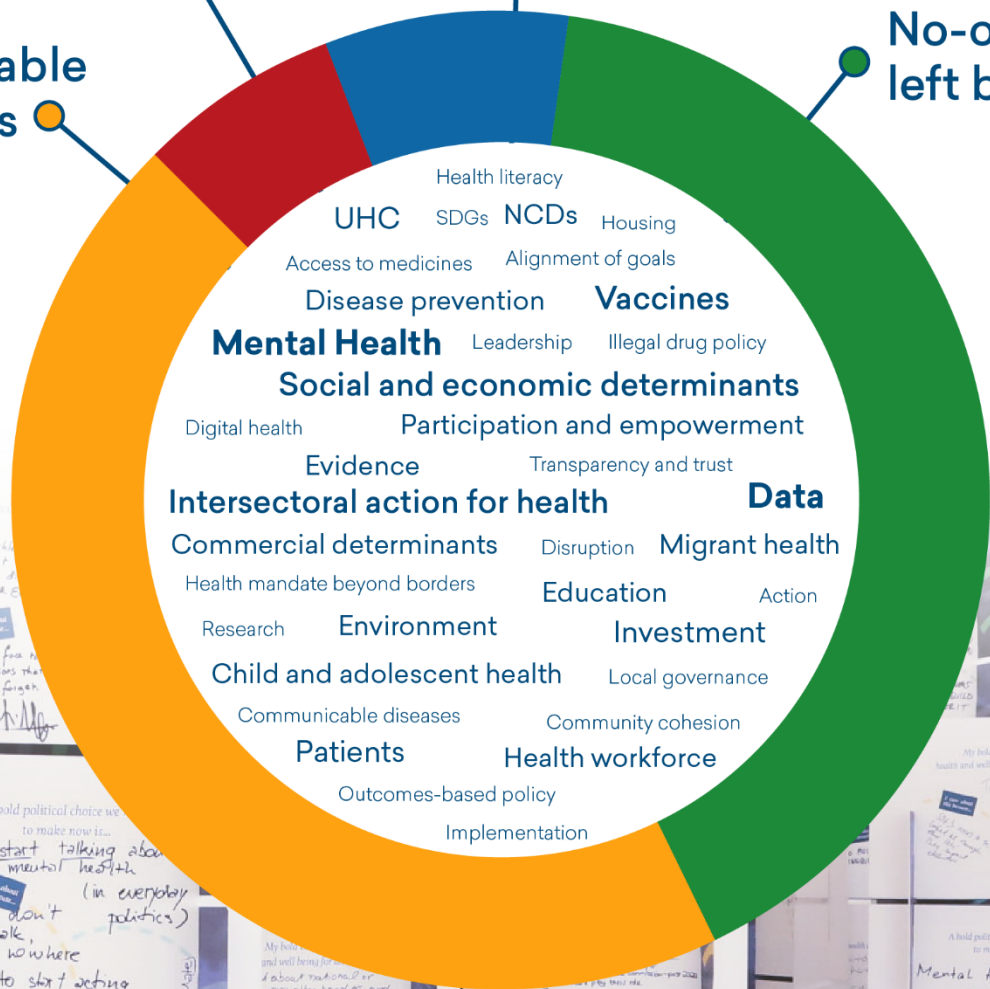
To base decisions regarding health and healthcare systems on transparent and valid evidence only.

Evidence for action

Innovation for all

No-one left behind

Sustainable Systems



TOPIC TRACK I

Innovation for All

Digital health

The opportunities offered by block chain, big data and the digitalisation of healthcare systems were discussed, ranging from new ways of collaboration between countries to patient-centred care, available closer to the patient. Delivering care where the patient needs it will result in better outcomes at lower costs, argued DG SANTE Deputy-Director General Martin Seychell. He highlighted some key priorities for the European Commission in digital health: better access to health data and using digital services for citizen empowerment and person-centered care; connecting and sharing health data for research, and better diagnosis. The potential advantage of digital health in reducing inequalities was also noted by several people across sessions. One example highlighted by the Estonian Health Minister Riina Sikkut concerned the increased uptake of subsidies for regular prescriptions with a new digital solution. Digitalisation - not AI - is the clue to cost-savings in healthcare, argued Liisa-Maria Voipio-Pulkki, CMO, Ministry of Health of Finland, suggesting the cost-saving benefits of AI would only become apparent in the long-term.

Artificial intelligence – hype or hope?

There was both optimism and caution about the opportunities offered by Artificial Intelligence (AI). First, we need to be clear on what we mean by AI – there is a huge difference between regression analyses and basic algorithms offering decision support tools and far more sophisticated “black-box” diagnostic tools. Some argued that AI will increase the accuracy, value and efficiency of healthcare services, others were more sceptical and cautioned against regarding it as a silver bullet. E. g. in terms of supporting workforce issues, discussions highlighted how AI has the potential to ease the burden of health professionals but cannot replace their multi-faceted roles. “We need humans to check, challenge and provide care”, said Lydia Makaroff, Director, European Cancer Patient Coalition. Brian O’Connor, Chair of the ECHAlliance, added: “Algorithms will not dehumanise medicine, they can strengthen the human factor by delivering more focus on personalised medicine”. While there was unanimous agreement that measures to engender trust and ensure data safety are paramount, many thought that potential safety risks should not serve as an argument against the adoption of AI. Yet, Clayton Hamilton, WHO Regional Office for Europe, stressed that we must tread carefully and advocated for a progressive but cautious approach to foster public trust concerning key issues of data quality, sharing and governance, covering all dimensions from ethics to safety and transparency. He suggested public health systems have an opportunity and duty to create

independent regulatory bodies ensuring that AI solutions are developed in a rigorous manner, for example. Overall there was optimism that if we carefully design, effectively regulate and apply a whole system approach to how these technologies are implemented and evaluated, we can mitigate many of the potential dangers. And, it was argued, not using AI presents risks too. Rachel Dunscombe, CIO, Salford Royal NHS Foundation Trust, boldly argued “We have a duty of care to use AI. To fail to do so is to harm our patients.”

Innovative and personalised medicine

EHFG 2018 participants agreed that it was time to drop the “s” in “innovative medicines” and start talking about “innovative medicine”, i.e. taking an integrated approach to healthcare delivery. A growing acknowledgment of the need for new business models and consistent approaches to make sure the medical needs of people are met, and innovations are made affordable, was once more the topic of a number of popular conference sessions. The commercial unattractiveness of certain medications due to small target populations and short courses of curative treatment were recognised as major issues underlying the limited access to these medicines. Some questioned whether we have the courage to divest from ineffective medicines after they are authorised, while others advocated for mandatory and timely post-authorisation trials that use real world evidence. The role of governments in adjusting the regulatory and incentive systems to drive positive change was also discussed, as were responsibilities at EU level. Here, we need to set new policy frameworks for increased access to pharmaceuticals, for example by proposing new criteria for the approval, designation, and reimbursement of medications. Thereby we can ensure greater control of the innovation pathways in the pharmaceutical field, support the implementation of a needs-led research strategy, and help secure funding for medications lacking commercial attractiveness. The need to increase research in areas other than pharmaceuticals (e.g. prevention and early diagnosis) was also highlighted as a key element to innovate medical care. Riina Sikkut gave an example, citing the recently-set target to sequence the DNA of over 10% of the Estonian population. The measure aims to gain insights that will help improve health outcomes and strengthen prevention and diagnostics - and would be impossible without the digitalisation of Estonian healthcare, she explained.

TOPIC TRACK II

Sustainable Systems

The role of markets in health

The role of global financial flows in relation to health, in particular NCDs, was explicitly discussed. The financial markets are key to achieving the SDGs and the public health community needs to build its capacity on finance issues, read the Financial Times as much as The Lancet, and pro-actively enter finance negotiations to tackle the challenge of NCDs, advocated Ilona Kickbusch, fresh from the UN High Level Meeting on the topic. "WHO should have a Chief Economist who can actively engage and shape financial discussions – it cannot afford to be absent", she stressed. From smarter vaccine procurement and social impact investing as the main pay-off from big urban projects, to health bonds to drive better clinical management of patients with chronic diseases, the role of markets is clearly integral to health. Filippo Addarii emphasised that markets are social products and citizens have the power to change them: "We are all shareholders and we can no longer devolve decisions to others claiming that we do not know - we have the technological tools to make informed decisions about where to invest and to influence markets", he exhorted. We should not forget, however, that the market power of citizens differs across different socio-economic strata and take steps to redress these inequalities.

Economic strategies for health equity

Participants agreed on the need to move from corporate social responsibility to creating a shared valued approach, and through this change in philosophical mindset put all our energies and weight in one direction. There is a need to not only engage businesses, but also involve shareholders and investors, requiring new narratives in advocacy to underline that investing in health is money well spent and inclusive growth is a vital route to tackling inequalities, precipitating a change in perspective from seeing health spending as a financial 'black hole' to a productive societal investment that provides tangible returns. As in other areas, for example innovative medicines, it was agreed that the key principle for partnering with the private sector in social impact investment is a fair profit. Investors get back their capital and a reasonable surplus – this would mark an end to 'profiteering'. However, partnering with some sectors, particularly tobacco, was recognised to be futile and even dangerous. In such cases regulation is the only option. Momentum has been gathering for some time for a Framework Convention on Alcohol Control (FCAC) – and given the results of recent research on the impact of alcohol and health it was commented that the time seems ripe to finally turn this idea into reality.

**Primary healthcare**

Reforming primary healthcare (PHC) is a predominant concern of most European countries, and common issues highlighted included workforce challenges, chronic disease management, care coordination, prevention and investment. Contractual and organisational matters form major obstacles to primary care reform, because they are often GP-centric and do not support multidisciplinary team working. However, diverse solutions were offered, from making full use of a multi-professional workforce to improvements in medical training and more possibilities for career development to increase the attractiveness of PHC among young health professionals. The EU was challenged to strengthen PHC by reducing the fragmentation of healthcare systems and by supporting the continuation of care across the different Member States. Peter Smith, Emeritus Professor of Health Policy at Imperial College London, highlighted similar issues across Europe for the sustainability of healthcare funding – demography, technology and public expectations – and asserted that essentially healthcare funding remains a political choice.

TOPIC TRACK III

Evidence for Action

Smarter use of existing data

The mere existence of evidence is by no means a guarantee for improved outcomes - how we employ it is key. At the EHFG 2018, we focussed not on how much evidence we have but on how smartly we are using it. Obstacles to fruitful health research include misalignment of goals between different stakeholders, like universities, pharmaceutical industries and healthcare providers. Sometimes the problem is more to do with evidence uptake. Peter Smith commented that while the quantitative data on health system sustainability are clear calls to action for policymakers, straightforward data is not enough. What we need in addition is a more profound sociological, cultural and organisational understanding to ensure research evidence successfully impacts the way the health system operates.



Policymaking in practice

Making better use of existing data was something that resonated across EHFG sessions. "Policymakers are swimming in white papers, reports and studies" stated Paul Cairney, Professor, University of Stirling. He dismissed the oft-cited "knowledge gap" between research and policy, suggesting policymakers were forced to prioritise and thus ignore most evidence with which they were presented to make decisions. The policymaking process is essentially complex and convoluted, with multiple influencers and evidence sources, of which usually the most useful studies are research syntheses. There were suggestions that rather than being impartial knowledge-brokers, researchers' work was most fruitful when crossing the "objectivity line", discussing policy implications and even giving advice. Recognising windows of political opportunity such as events or sympathetic politicians was another key recommendation for enabling the uptake of evidence. Some found that bypassing central government and targeting information at more local levels - for example giving municipalities specific health data about their population - has spurred political leaders into action.

Disseminating best practice

Several new best practice tools were launched or highlighted at the EHFG 2018, offering new solutions to better translate knowledge into action. The new DG SANTE Steering Group on Promotion and Prevention could become a particularly useful tool, a hub for consulting with Member States on spending priorities and efficacy of EU funds and a cooperation space with other EC DGs and the European Investment Bank. The WHO Global Coordination mechanism on the Prevention and Control of NCDs launched a Knowledge Action Portal (KAP) - an interactive platform and knowledge hub for multisectoral and multi-stakeholder engagement. They also highlighted a new Community of Practice on the commercial determinants of health, an online network of experts developing knowledge, sharing best practices and country case studies on NCD prevention and control. Martin Seychell related that despite a set of challenging political circumstances there has never been so much health collaboration between Member States as now, pointing to the example of pandemic vaccines, ERNs, HSPA, eHealth and HTA.



TOPIC TRACK IV

No-one left behind

Health inequalities: complex issues in complex systems

Leaving no-one behind is absolutely central to the 2030 Agenda and was a key theme running through EHFG 2018. Europe is generally considered a continent where great strides have been made in ensuring equitable chances of well-being and good health for all people. Yet, even though progress is visible, challenges remain – health inequalities continue to persist or even grow between and within countries, regions and communities. People with lower socio-economic status experience cumulative inequalities, resulting in a toxic cocktail of high demands, low control and low recognition. This leads to powerlessness and, where it persists, hopelessness. There were calls to fight learned helplessness by using tried and tested approaches, acting upon evidence instead of hand-wringing and theorising. Yvonne Doyle, Regional Director London, Public Health England, illustrated how the London Health Inequalities Strategy was drawn up by bringing together deputy mayors from across different policy areas and engaging them in evidence-based actions to address the challenge of health inequalities. Social movements for health that invite people to join were acknowledged as having the potential to empower and accelerate progress.

Let's get political!

Vaccination is another complex issue where inclusivity as well as recognising the value of investment are key. It remains high on the list of European priorities in 2018: "Vaccination may save societies approximately ten times more than the original cost" John Ryan stressed. Discussions made clear that while improved vaccination coverage and access throughout people's lives could contribute to progress on several SDGs, we need to work harder to reach vulnerable and hard-to-reach groups. Speaking on the challenges surrounding HIV/AIDS, Hepatitis and Tuberculosis, Andrea Ammon, Director of the European Centre for Disease Prevention and Control, highlighted that both the complex nature of these epidemics and the nature of the SDG targets call for a multisectoral, societal and integrated response. Reaching underserved populations however remains inextricably linked to political will, solidarity and commitment. "Let's get political!" Ricardo Baptista Leite, Member of Parliament, Portugal, challenged, and Vinay P. Saldanha, Regional Director for Eastern & Central Asia, UNAIDS, added that we are in need of "a new sense of geographic solidarity - to work beyond borders limits and mandates."

**Systemic changes for a more equitable society**

One of the key challenges is that many of the causes of health inequalities and therefore the solutions to addressing them lie outside the health sector, in areas such as employment, education and housing. This draws attention once more to the necessity of intersectoral collaboration, and the importance of establishing a coalition of leaders on the social determinants of health across Europe. It was agreed that interventions exclusively focussing on behavioural change are doomed to failure. Systemic change is needed, and projects and their potential impact on inequalities across several key domains, for example living, moving and consuming, were on the agenda. Yvonne Doyle, asserted that when taking decisions or actions we might not always get an answer to "Does it work?" The question should rather be "(Who) does it help?" A way forward may be targeted investment in research that explicitly takes opportunities for vulnerable populations into account when formulating research questions and strategy. Also, once a successful policy intervention has been identified, funding should be made available to transfer and upscale if appropriate. Sir Michael Marmot even advocated the concept of universal basic services. We are already familiar with this concept when it comes to education and healthcare, but expanding the array of services to include transportation, nutrition, and communication (amongst others) has the potential to make our societies more equitable. Another bold strategy proposed was that the EU should adopt an approach of an economy for the common good, which would connect many SDG themes and put human wellbeing and the environment at the core of all policies.

Conclusion: Courage and conviction to embrace disruption

A disruptive discourse

The current political discourse has been considerably influenced by the biggest disruptions of our times – the highly competitive global market economy, the influence of digitalisation on the job market, and the national management of unpredictable migration flows. In order to ensure social cohesion and wealthy societies, politicians need to consider health as a crucial factor. Aligned to this, the health sector needs to grow in confidence as its purpose reaches far beyond providing care. All this requires a dose of courage for rethinking health policy and a new narrative in health, with the SDGs providing a valuable, socially-oriented model. We would do well to implement the goals into social and health policies at national and European levels as quickly as possible, and to adopt them in our daily activities.

Trio 8 remaining EU presidencies

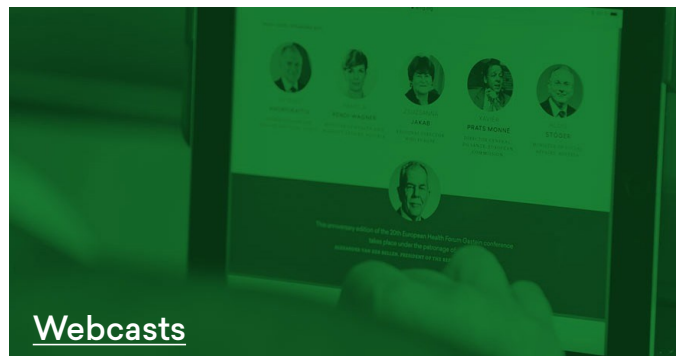
Looking to the future and the forthcoming leadership of Romania and Finland as part of the Trio 8, Romania stressed that the rotating EU Council Presidency is about keeping legacies and putting things into perspective, and that digital health will be a top priority for #ROEU2019. Finland trailed its welcome Presidency theme of “the economics of a society based on wellbeing”, which was greeted with much enthusiasm by the Gastein conference community.



Gastein’s contribution

And what of Gastein’s continuing contribution to the field of health policy? The many professionals in health and healthcare owe it to patients and society as a whole to bring a range of stakeholders from different sectors together to think outside the box and have a clear and transparent debate that constructively pinpoints the kind of decisions that need to be taken. The EHFG will continue to offer an open market space for new ideas and insights and a safe space for controversial debates and thought experiments, which may plant the seeds for creative restructuring and disruptive ideas.

Links



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