

THE GASTEIN GAZETTE 2018

Health and Sustainable Development
Bold political choices for Agenda 2030

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OPENING PLENARY

“Be bold and think big”: this was the phrase of the opening plenary, which was declared by all speakers. Thinking big means, for instance, collecting information at the population level, sequencing the population itself (Riina Sikkut, Minister of Health, Estonia), being critical at assessing progress (Zsuzsanna Jacab, Director, WHO Europe), tackling disabilities (Liisa-Maria Voipio Pulkki, Ministry of Social Affairs and Health, Finland), establishing social policies that impact health, such as housing and working with the underserved communities (Freek Spinnewijn, President, EPHA).

We need to be bold and think big to counteract the general sentiment of the European electorate, focused on the European single market, employment policies, protection of external borders, and migrant policies. Meanwhile, health and social policies are somehow neglected, despite the general notion that next generations won't be better off (Clemens Martin Auer, EHFG, President).

Long-term care and public pensions, currently about 1.4% and 8% GDP in OECD countries, respectively, are some of the fiscal sustainability challenges we are facing; we strongly need to reduce caregiving responsibility and reduce dependence on public services (Peter C Smith, University of York).

Alessandra Lafranconi

DAY 1 @ EHFG2018

Day one was kicked-off with three parallel workshops, each of them bringing in new and innovative aspects on sustainability and innovation. This was a great introduction into an exciting Opening Plenary – from the keynote speech of the EHFG president, who invited us to be bold and think big, to many valuable inputs from Dr Smith as well as an impressive panel of high-level experts, we were once again reminded that there is no wealth without health – a strong and captivating message that will hopefully feed into the sessions in the coming days. With the afternoon filled with inspirational speeches and innovative session formats, we are very much looking for the next couple of days and ideas to come.



Join us this evening
at the Fest Alm for
the last choir
rehearsal at 19.30!



FORUM 1

Forum 1 on Wednesday afternoon posed the (optimistic) question “How Good Are Our Medicines?” The introduction posed challenging questions about the power of pharmaceutical companies to make life and death decisions about access to medicines.

The first panel debated how we can evaluate quality of innovation, and how current regulatory systems incentivise this. Panellists decried the lack of evidence for some medicines at the point of approval, and emphasised the need for regulators to demand stronger, timely post-authorisation trials. They also discussed the challenge of disinvesting in ineffective medicines after they are authorised and the need to balance incentives, such as for orphan drugs, to produce the outcomes we as a society want.

The second panel illustrated issues with the current regulatory framework. They discussed cases such as the supplementary protection certificate (SPC) of Truvada, the restrictions SPCs can place on European biosimilar and generic manufacturers, and the off-label use of Avastin. Small changes to system of SPCs and improved transparency regarding R&D costs and pharmaceutical prices have the potential to improve access to medicines.

PHILIP HINES

WORKSHOP 5

Big data, increased computing power, and better algorithms mean that the potential for using data to overcome health system challenges and provide more personalised, higher quality care for patients, explained Microsoft’s Cornelia Kutterer. Indeed, the potential benefit is so big that to not harness it would be unethical, according to Magda Rosenmoelle. The ensuing panel discussion provided a fascinating insight into the benefits and challenges with using health data. Two key messages were the importance of patient involvement, and the critical role for governments to create the right regulatory balance to ensure trust, while supporting innovation. Franz Leisch described the Austrian ‘opt out’ data storage system, where citizens are informed of the exact ways in which their data should be used. For moderator Robert Madelin: “giving data should be like giving blood” – with strict rules and structures for informed consent and ethical use.

ALICE WALKER

FORUM 2

At a time where the European project is highly challenged, this forum outlined opportunities to collaborate across different sectors and beyond national borders to make Europe healthier. During the first part, panellists argued for taking intersectoral action such as including a health element in international trade deals and creating multi-stakeholder networks to promote a healthier continent. Experts from the public and private arena highlighted the need to invest in (digital) infrastructures enabling healthy choices and the importance of existing policy tools such as the European Semester to put health at the heart of all policies. During the second part of the forum, participants discussed in groups which intersectoral policies and actions they would like to see implemented at European level. The most popular proposals included education on health promotion at schools, healthy workforce strategies, the creation of a European health passport and policies to improve air quality. The ideas gathered during the forum will serve as a basis for the development of an actionable campaign document to be used for health advocacy in the lead up to the European elections.

ALBERTO MATEO

WORKSHOP 2

Peter Nowak (Austrian Public Health Institute), Katie Gallagher (European Patient Forum), Cathryn Gunther (Merck), Daniela Gunz (healthbank) and Mark Lawler (Queen’s University Belfast) discussed how personalised medicine could change treatments and decision-making, and what should be the role of health literacy have in these developments.

Future trends in medicine focus on the individual patient rather than providing *one size fits it all* solutions. But, are patients ready for these developments?

Evidence suggests that between 1/5 and 1/3 of patients (depending on country) show limited health literacy. This means that even now a considerable proportion is facing troubles in accessing, understanding, appraising and applying health information. Personalised medicine would thus add another layer of complexity to an already very complicated field.

So, what can be done to get the patients ready for personalised medicine?

Two important aspects, which might increase patient’s health literacy and eventually prepare them for the challenges related to personalised medicine were mentioned.

Communication as crucial prerequisite for good patient-provider relationships; and education not only of health professionals, but also of our future generation(s). To achieve this, a systematic approach, engaging different stakeholders is required.

JULIA BOBEK

TWITTER CORNER....

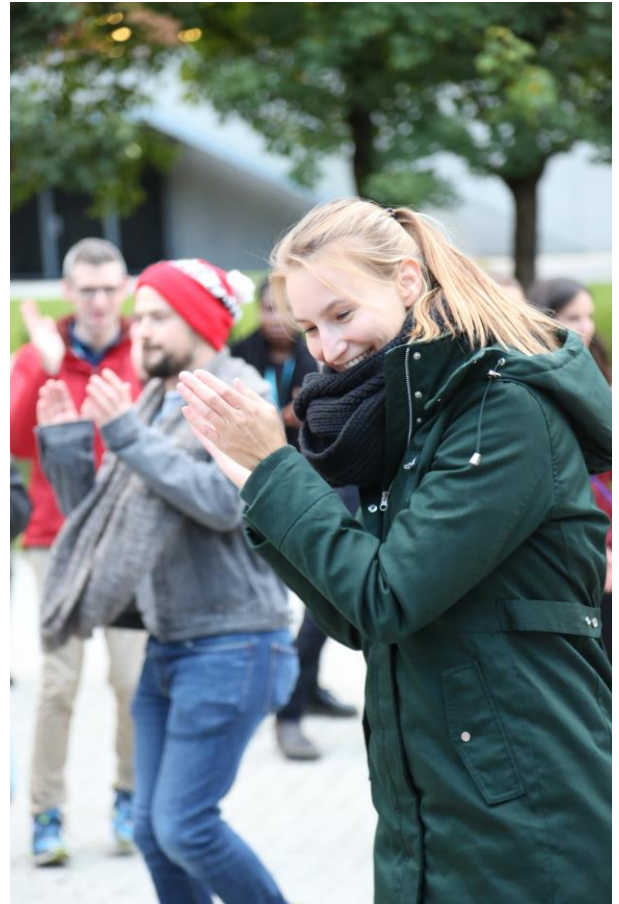
#Estonia plans to include citizens' DNA information for better health outcomes and to strengthen prevention. This year's target is to sequence 10% of the population. This couldn't be possible without a deep digitalization of Estonian healthcare
#EHFG2018

Artur Olesch @ArturOlesch

Very few sectors generate as much data as the healthcare sector, but such a tiny fraction of it is used to benefit patients or public health- it just sits there: strong push to leverage #digitalhealth by Martin Seychell at #EHFG2018

Ava Lloyd @AvaLloyd

Martin Seychell Dep Director @EU_Health tells #EHFG2018 that 2 achieve proper implementation of big ideas & goals in healthcare, such as the Sustainable Development Goals, among other items, 1) a strategy is required and 2) there must be finance associated with the strategy #sdgs
ECCO @EuropeanCancer



WORKSHOP 3

Should the public sector partner with the private sector? This is a difficult and controversial question. Let's take *alcohol* as an example. The goal of public health is to reduce the mean of alcohol consumption, because if you lower the mean, you lower the number of people who are heavy drinkers. This means to make the alcohol industry smaller and less profitable, obviously the opposite of what they want. The panellists told us that the pharmaceutical industry was learning very painful lessons concerning infectious diseases in low- and middle-income countries. If we want to reach the SDG goal to reduce NCDs by a third, the alcohol and food industries will have to change in a socially responsible manner as well.

- Is it time to change the wording from "harmful use of alcohol" to "use of alcohol"? Recent studies published in the Lancet indicate that there is no safe level of alcohol consumption, as many believed previously.
- Sir Michael Marmot: "If you want to solve the obesity problem, you need to solve the inequality problem"
- Sir Michael Marmot: "The top 1% is very good at avoiding tax"
- Ilona Kickbusch: "How many of you have checked if your pension fund is invested in tobacco, Coke or Heineken. Those are the pressures [of the Commercial Determinants of Health]."
- Ilona Kickbusch: "Let's be precise, not everything is a partnership. WHO's best buys require the Government action which many industries won't like."

FLORIAN STIGLER



WORKSHOP 4

Experience from patients, families and caregivers opened the workshop and Antonia Croy, the president of Alzheimer's Austria, argues: "We desperately need successful treatments, cause our hopes have been dashed so many times before."

With new Alzheimer treatment available in near future our health systems are facing new challenges. New Alzheimer treatments will not be able to reverse progressed disease, but could target first symptoms and mitigate the progression of the disease. These findings give hope to a large number of people, but the reality might be much more complex. Prior to considering cost-effectiveness of the drug, the Health Systems need to address issues of structural weakness when it comes to timely diagnosing and promptly delivering the treatment.

The RAND policy report sponsored by Biogen examined the preparedness of health systems in Germany, France, Italy, Spain and Sweden to meet the challenge of Alzheimer. This simulation model found out that peak waiting times range from 5 to 19 months for evaluation. Both health care professionals and treatment delivery capacities are an issue. It is now time to act, and address the identified weaknesses through workforce planning policies, innovation in diagnosis and treatment delivery and infrastructures.

DAMIANO CERASUOLO



EDITORS

Young Forum Gastein



YOUNG GASTEINER NEWS

Congratulations to the three winners of the Young Gastein poster competition!

Think Outside the Circle: D.A.S.H Prototype - Decision Assistant for Sustainable Health Using Visual Analytics for Policy Makers

Duarte Vital Brito, Julio Muñoz, Matej Vinko

InfAct: Sustainability for Health Information
Petronille Bogaert

Headline Indicators for Monitoring the Performance of Health Systems
Nataša Perić

Well deserved!

DON'T MISS...

- Forum sessions
- Lunch workshops
- Thursday plenary
- Poster exhibition
- Alpine night dinner at Fest Alm