

EUROPEAN HEALTH FORUM GASTEIN 2015

Contents

Health forum discusses emerging 'threats and opportunities'p.1

WHO calls on private sector to finance costs of chronic diseasesp.2

Health forum looks for better ways to treat patients with multimorbidities.....p.3

After Ebola, global health experts say crisis is the new normal.....p.4

EU urged to include health in all policies.....p.5



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EU policymakers, academia, civil society and industry gather in Bad Hofgastein in Austria for the 18th time to discuss public health issues. (Crosa/Flickr)

Health forum discusses emerging 'threats and opportunities'

From budget austerity to the Ebola crisis, and the ongoing refugee crisis, policymakers at this year's European Health Forum Gastein (EHFG) in Austria have no lack of challenges to tackle.

European health systems have been under stress in recent years. First the shockwaves of the 2008 financial and economic crisis led healthcare professionals to develop resilience strategies against issues that lie outside of the health sector.

Last year, policymakers, academia, health advocates and the industry discussed the rise of Euroscepticism in member states, and in the European Parliament, and its consequences for public health legislation.

Over the last twelve months, health systems have witnessed new challenges coming from the outside the EU, such as the Ebola epidemic in Western Africa, and the influx of refugees from the Middle East and Africa.

"This year's motto of "Securing health in Europe. Balancing priorities, sharing responsibilities" – reflects that in a constantly changing political and social environment for health, current health systems need to safeguard past gains while responding to new threats and opportunities," said Helmut Brand, the president of the conference.

"Nevertheless, these topics give us a chance to discuss Europe's role in the world too. The European Union has the potential and the need to act as a global player, so Europe does not lose out in globalisation," Brand continued.

Vytenis Andriukaitis, the EU's Commissioner for Health and Food Safety, mentioned the Ebola crisis as a priority during his first year in office.

"This is a health crisis that highlighted the importance of cooperation, as it has involved various sectors such as: public health services, research and innovation for the development of new vaccines and therapies, humanitarian aid, transport and international cooperation," the commissioner said.

Health in all policies

It is vital that both at EU and member state-level, all protocols and procedures are in place to efficiently address any crisis that comes to

Continued from Page 1

Europe, Andriukaitis added.

This includes “efficient links between sectors and services potentially affected by a crisis, and the ability to jointly purchase vaccines and other medical countermeasures if the need arises, so that all member states have access to the means of responding to outbreaks and events”.

Brand likewise highlighted the new

drugs and therapies that are being developed in the background. Despite this progress in innovation, the EHFG president mentioned that this creates funding challenges for the public health systems to ensure equal access.

“The concept of intellectual property and whether it is still fit for our time has to be discussed in this context. Because of this, questions of solidarity in health are now high on the

agenda again. Are there new ways to secure universal health coverage in the future?” Brand asked.

The fact that the healthcare sector is influenced by many issues which lie outside of the sector means that the old motto ‘health in all policies’ is still relevant, according to the EHFG president, not least in relation to the changing demographics in the coming decades.

WHO calls on private sector to finance costs of chronic diseases

As the economic burden of chronic diseases continues to grow in Europe, the private sector - including pharmaceutical and insurance companies - needs to contribute more, says the World Health Organisation (WHO).

Europe is the continent which is the most affected by non-communicable diseases, such as cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases. At the moment, these account for 86% of deaths and 77% of the disease burden in Europe and make up large parts of the overall health expenditure.

But there has to be a balance in public and private contributions, according to the WHO, which is now calling on pharmaceutical companies to dig into their pockets.

These actions could include more public-private partnerships and funding of other types of programmes, said Bente Mikkelsen, the director for the department of Non-Communicable Diseases at the WHO. She was part of a panel discussion at the European Health Forum Gastein (EHFG) on Wednesday

(30 September).

“This is about governments realising their own commitments when it comes to engaging the private sector and how they are actually going to finance non-communicable diseases as they have promised through previous political declarations,” Mikkelsen said.

“There is a clear view also in the global context that there is a need for the private sector to come forward with the financing through all kinds of fashions and mechanisms. The contribution from the private sector has to increase and should be more coherent,” she continued, admitting at the same time that the WHO is currently unaware of how big the contribution from the private sector is.

Ilir Begaj, the Minister of Health in Albania, said it can be difficult to measure the pharmaceutical industry’s contribution to a country’s health sector, saying only that it makes up a large part of his country’s health

expenditure.

Still, more than half of the working-age population is not covered by the country’s insurance-based healthcare system twenty years after it was established, Begaj pointed out.

Begaj said he was currently negotiating medicine prices with the pharmaceutical industry, saying generic drugs had become more expensive in Albania than new innovative drugs.

This has caused many Albanians to travel to Greece and Italy to buy their medicines.

Public-private partnerships

Governments sometimes find it difficult to negotiate with multiple private sector firms, ranging from pharmaceutical groups to insurance and food companies, Mikkelsen said.

However it’s possible to place them



A panel discusses how to share the burden of chronic diseases in Europe at the European Health Forum Gastein 2015. [Henriette Jacobsen]

Continued on Page 3

Continued from Page 2

in a “non-conflict of interest” situation, he added, saying there are ways to collaborate.

Morten Pedersen, from the Danish pharmaceutical group Novo Nordisk, emphasised the public-private partnership approach to tackling chronic diseases. Novo Nordisk has been part of such partnership through the World Diabetes Foundation, a non-profit organisation running projects on diabetes in the developing world. In thirteen years, the organisation has funded more than 300 diabetes-related projects worth €180 million, Pedersen said.

In order for these partnerships to work, Pedersen said it was important to ensure full transparency - on the shareholders, the rules, the goals and the budget of the project.

But the audience at this EHFG panel took a more critical stance towards public-private partnerships. Several participants said they had lost trust in the pharmaceutical industry, which often supports patient organisations in order to win public funding.

Pedersen acknowledged that a general mistrust in the pharmaceutical industry is currently standing in the way of new initiatives and that companies should take measures to regain public trust.

Andrey Potapov, the general manager of Takeda Pharmaceuticals in Russia, pointed out that when it comes to contributions from the pharmaceutical companies to tackle chronic diseases, there could be other areas than financing.

“You can save a lot of money through early diagnostics and prevention. The most successful experiences, we have had, have been when we have a lot of projects on raising awareness for the population to make sure that diseases do not develop or that we catch them at a much earlier stage. This costs much less money for the patient than buying the drugs,” Potapov said.

Health forum looks for better ways to treat patients with multimorbidities



Rokas Navickas speaks about multimorbidity at the European Health Forum in Gastein. (Henriette Jacobsen)

A growing number of Europeans are diagnosed with multimorbidities, or co-occurring diseases. As caring for patients with multimorbidities is resource-intensive and expensive, experts are looking into new types of treatment.

A patient with multimorbidities can, for example, suffer from cardiovascular diseases such as both diabetes, heart disease and high blood pressure, simultaneously.

But the co-occurrent diseases can also include maladies which are normally dealt with separately, such as chronic diseases, mental illnesses and viral diseases, making them more difficult to treat.

As a consequence, these patients make up a considerable part of public health spending, budgets for long-term care, as well as social services.

In the United States, around one-fifth of the population suffers from multimorbidity, with 65% being over 65 years old.

According to Martin Seychell, the Deputy Director General of DG SANTE, the

Commission has made a ‘conservative’ estimate that 15 million people in the EU suffer from multimorbidity. However, many people have probably not received the diagnosis yet, Seychell admitted, and the number will increase in the future.

“Multimorbidities are particularly complex to manage,” Seychell said, speaking at the European Health Forum Gastein (EHFG) on Wednesday (30 September).

“It certainly has an impact on the bottom line of the healthcare expenditures, and certainly also on the sustainability of our healthcare systems as a whole. One of the main reasons why chronic diseases are so difficult to manage, so complex and expensive, is precisely multimorbidity,” he said.

Vesna-Kerstin Petric, Slovenia’s Minister for Health, mentioned that her country had already researched multimorbidity in the population. Petric said that its prevalence is greater in patients who come from lower social and economic groups.

These patients often suffer from a chronic disease, as well as a mental health condition, and this has to be taken into account when policymakers build treatment strategies, she emphasised.

“We now really have to make sure that we work together with the social sector. It’s not just the health sector that can take all the responsibility. We also need to realise that since the number of people with multimorbidity is rising, we are definitely failing when it comes to prevention,” Petric stated.

The cost perspective

How to better treat patients with multimorbidity is still being discussed by healthcare providers. Even though the consequences of multimorbidity are huge, they haven’t been researched that much, said Rokas Navickas from Vilnius University Hospital and the Chrodus Joint Action programme.

Continued on Page 4

Continued from Page 3

According to Navickas, the reason is that general clinical trials research exclude multimorbid patients, as they are not “simple patients with one simple disease”, preventing good data on these particular patients. One thing is however certain, Navickas said, specifically, that these patients have a poor quality of life.

“They are people who lose their physical function, get depressed, are on multiple drugs and have polypharmacy side-effects,” the researcher noted.

“The key is to find ways to make doctors not only treat one single disease,

or one speciality of cardiology, but make them see the whole picture. This will result in better care, quicker care and we’re going to use fewer drugs,” Navickas said.

Whether this method of treating the patients will also result in lower costs, is still uncertain, said Andrea Feigl, representing Harvard University and Abt Associates.

“Cost-effectiveness data has shown that patients with multimorbidities at the primary healthcare centre cost the system more than patients with single diseases. But whether it’s

better to integrate services from a cost perspective is actually very difficult to answer,” she said.

Feigl emphasised that if there is a high number of multimorbidities, and the capacity of the healthcare workers is low, creating new tasks for healthcare workers would not produce better results.

“It might be cheaper to do it this way, but it might not help in terms of health outcomes. Ideally, you would need to have first and foremost a really good health system that has the capacity, and providers with the right knowledge,” the researcher stated.

After Ebola, global health experts say crisis is the new normal

After nearly a decade of economic crisis, an Ebola epidemic in West Africa, and a refugee crisis, experts say that EU health systems must get used to the fact that “shockwaves” are here to stay.

They hope that the Ebola outbreak will be a wake up call, that, without stronger European leadership, healthcare in the EU will come under many threats.

At the European Health Forum Gastein (EHFG) on Thursday (1 October), DEVCO, the European Commission’s Directorate-General for International Cooperation and Development, hosted a forum dealing with how to secure health in the EU through development work and international cooperation.

DEVCO’s Kevin McCarthy stressed that the bloc aims to strengthen national healthcare systems in developing countries in order to guarantee primary healthcare for all sections of the population, including those who



Speakers at the European Health Forum. Gastein, October 2015. [Henriette Jacobsen]

live on the margins of society. This is needed in order to prevent and control pandemics, such as the as the recent Ebola epidemic.

But Ilona Kickbusch, Director of the Global Health Programme at the Graduate Institute of International and Development Studies in Switzerland, argued that despite the significant number of things that the Commission is doing, its leadership could be more determined, visible and stronger.

She called for more leadership in the areas of social protection, universal healthcare and access to health.

New crisis reality

Kickbusch also emphasised that the EU needs get used to many global health crises in the future, which will

have an impact on healthcare in Europe.

“We have been in a financial crisis for nearly ten years. We have been in a permanent state of crisis and emergency. Many of our policy mechanisms both at EU, national and global level are not really geared to that constant crisis effect. I think we also do need to say goodbye to the notion that there is a kind of normal scene and crises are something special, an exception,” the global health expert said.

Kickbusch stated that healthcare systems not only need to be “resilient”, a new buzzword within EU health, but they also need to be prepared for, and respond to, crises in many ways.

“A lot of people have hoped that the

Continued on Page 5

Continued from Page 4

scare that came with the Ebola crisis is what some of us call a 'cosmopolitan moment'. A moment where institutions and governments wake up and say 'Hey, we actually have to do something'. You see, after the Ebola crisis in the EU and within the Commission, an increased activity in relation to preparedness in relation to health in countries in Africa, to get their health systems developed."

Frazer Goodwin, Senior Advocacy Adviser of Save the Children's EU office, pointed out that though this year's

Ebola outbreak does not signify a new kind of epidemic, it highlighted the fact that in many countries, health systems are dramatically unprepared for such challenges, and that in the EU, there are research programmes on global health that are neglected.

"The reason why we responded to the Ebola crisis, let's be honest, was because it might be killing rich white people. We don't respond to the deaths in maternal healthcare in Bangladesh, even though they are happening at a much greater scale," Goodwin said.

Cutting costs for the development of global health programmes in Europe, Goodwin stressed, can potentially backfire when, for example, epidemics at the EU's borders start to cause problems.

Remco van de Pas, a researcher at the Institute for Tropical Medicine in Antwerp, added that when it comes to health, it's not about doing more. Often it's enough that policymakers take the most basic and effective action, and focus on health prevention and promotion.

EU urged to include health in all policies

The European Commission is required by the EU treaty to follow a "health in all policies" approach, but this principle is often put aside due to inconsistency of single market rules, according to health advocates.

The Commission has acknowledged health as playing an important part in growth, jobs and sustainable development. And so have EU member states, according to Austria's Finance Minister Hans Jörg Schelling, who sent a video message to the European Health Forum Gastein (EHFG) last week.

Although it must not be forgotten that individuals need to take responsibility for their own health, public authorities can also play a key part by minimising risks, Schelling said.

They can do so, for example, via rules on maximum daily working hours, emissions from automobiles, rules for the use of drugs, alcohol and smoking. This will benefit society and increase productivity in the population, he argued. Finance



Panelists at the European Health Forum. Gastein, 2015. [Henriette Jacobsen]

ministers may play a more important role for people's health, as prosperity and the prevention of unemployment are crucial components for good public health, Schelling continued.

His claim was accepted by Richard Bergström, the director general for the European Federation of Pharmaceutical Industries and Associations (EFPIA), an industry group. But the health sector also needs to be seen as innovative and a creator

of jobs and growth, he retorted.

"Finance ministers need to see health not just as a cost. I'm amazed by the reactions of finance ministers and policymakers that see health as a cost, as an expense. We need to be transparent about what the whole sector is doing. We can create competitiveness. In the EU, the pharmaceutical sector is a net exporter

Continued on Page 6

Continued from Page 5

where the US is a net importer of our products,” EFPIA’s director general said.

The single market policies

Nina Renshaw, Secretary General of the European Public Health Alliance (EPHA), took a different approach. Despite the EU treaty’s promise that health needs to be taken into account, this is often forgotten in EU legislative proposals, she claimed.

Taking the EU’s Common Agricultural Policy (CAP) as an example, she said that plant and animal health were discussed in great detail during the last reform, but human and public health did not get a mention in the review of the EU’s biggest spending programme.

Other examples of policy inconsistency cited by Renshaw include the taxation of unhealthy food and alcohol. Recently, Finland was told to repeal its taxation of confections as being inconsistent with internal market laws. And Scotland was challenged at the European Court of Justice for introducing a minimum unit price on alcohol in order to fight compulsive drinking.

“There is always this question whether something is in line with other single market rules, as if there is this natural assumption that the single market takes precedence if there is policy inconsistency,” Renshaw said.

Likewise, public health was not taken into account in the ongoing trade negotiations with the US, although it might impact, for example, food and tobacco labelling and pharmaceutical companies’ patents and intellectual property measures, Renshaw continued.

Andrzej Rys, Director for Health Systems and Products at the Commission’s DG Sante, said that the EU executive is well aware of the criticism, but stressed that health

remained on top of the Commission’s agenda. For instance, he said, health was one of the most important policies in the Juncker Plan.

“The first three projects recommended by the European Investment Bank are linked to public health, for example one on bio research. In the single market strategy, there are links to health,” Rys said, adding that lately, the refugee crisis and its impact on public health has been much debated in the Commission.

For the ‘Health in all policies’ principle to work in the EU, it’s key to have an intersectoral and societal approach, and to understand the role of the government, said Piroška Östlin from the World Health Organisation (WHO).

“Intersectoral action in itself is a political choice because it is so complex and you really need a strong and firm political commitment for this. Or else it will not really work. The WHO is of course very keen on supporting member states in implementing intersectoral action and we have platforms where we can share experiences,” Östlin stated.

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