

The Gastein Gazette 2015 #2

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“SECURING HEALTH IN EUROPE. BALANCING PRIORITIES, SHARING RESPONSIBILITIES”

UNITING EUROPE ON HEALTH

I hope you are all enjoying your stay in the Gastein Valley and will go home with many new ideas, insights and perspectives. Now in my third year as a Young Gasteiner, one of the things that strikes me about EHFG is the willingness of participants to think outside of the normal boundaries of their expertise and to consider the issues that matter for Europe. This year for instance I have yet to attend a session where the refugee crisis was not mentioned. Last year it was Ebola, and the previous year it was AMR. For me, this is what sharing responsibilities is all about. These issues are not the obvious priorities for every field in health, but there are overlaps and a role we can all play. Of course, there is still a long way to go to get the multi-sector systemic solutions that are needed, but if we can leave Gastein and ‘walk the talk’ within health, it is certainly a step in the right direction for securing health for citizens across Europe.

Hannah Brinsden, Editor & Young Gasteiner

USING BIG DATA IN HEALTH (F1)

Big Data: value or controversy? One example of Big Data being used in health in Taiwan and UK is for identifying obesity 'hotspots' and examining obesogenic environments with Google Street View.

Guidelines on reporting Big Data are due to be published soon and should help to enforce good practice in this area.



THE CHALLENGE OF MULTI-MORBIDITIES (F2)

A lot of research and initiatives have been done on the management of multi-morbidities, but scaling these policy innovations up might require additional investment in health care. While the EU could theoretically step in to promote thinking beyond silo-budgeting, Member States have only given the Commission a mandate to address fiscal efficiency objectives in the field of health, not health objectives. In this context, MEP Karin Kadenbach highlighted the importance that the Commission's recommendations are about health rather than just austerity.

PLENARY: HEALTH IN ALL POLICIES



QUOTE OF THE DAY
“Maybe we have approached HiAP too much as a technical problem, forgetting it is a political one as well.”

Ilona Kickbusch



ACCESS TO HIGH-PRICED MEDICINES (F6)

European healthcare systems face a number of rising challenges around the affordability and sustainability of access to highly priced medicines. New alternative pricing policies and cooperation between stakeholders are needed. There is also a need for increased dialogue between stakeholders, including patients in order to co-produce solutions and to increase efficient recourse allocation and trust in medicines. It was concluded that ‘outside of the box’ thinking, as well as innovative ideas, are needed in the near future to address these issues.

Health in All Policies (HiAP) – the focus of Thursday’s Plenary – is an idea that has evolved over the years and is currently integrated within the Health 2020 strategy. While HiAP has been incorporated across a number of issues at an EU-level, such as AMR, there are a number of examples where improvement is needed - Food and alcohol labelling and trade agreements to name a few. There is also an issue of accountability: who can be held responsible at all levels? One thing we must not forget is that within the EU HiAP is a treaty obligation: *“a high level of health protection shall be ensured in the definition and implementation of all Community policies and activities” (article 152).* **More to come in the future: a high-level policy meeting on inter-sectoral action organized by WHO will take place in Paris in 2016.**

L3 WORKFORCE SKILLS-MIX

Reflecting Europe’s diverse health care systems, it is not surprising that different countries configure their health care workforces in different ways. **A WHO global strategy on workforce skills-mix will be out in May next year – something to look out for!**

STRENGTHENING GLOBAL HEALTH (F4)

The clear message from Thursday’s forum on global health was that Europe’s leadership in global health governance needs to be stronger. Several opportunities for EU leadership exist, including in SDGs, universal health coverage and global health security. And yet, despite being the biggest donor in the world (€50 billion/year, 56% of global public aid), the EU’s leadership is faced by a multitude of challenges such as trade agreements and the commercial determinants of health. The session reflected on learnings from the Ebola epidemic and the universality of the SDG agenda, before hearing the outcomes of several EU funded projects addressing global health issues around the world.

TWITTER CORNER.... #EHFG2015

- ❑ Chris Grundy says public health mapping has changed not because of internet but because of smart phones - @StefEurope
- ❑ Glad to see patients speaking at #ehfg2015 yet why don't we have a patient per panel to provide true value in EACH session? - @francescoflo
- ❑ @martinmckee reminds the audience that we have the duty to use big data for good - it has long been used for commercial purposes. - @BLMG
- ❑ #PALANTE studied, measured patient #EHealth empowerment, activation, and technology acceptance in six countries - @sofiасhelttе
- ❑ Richard Bergström DG EFPIA: to me there is a difference between unstructured big data and real-world evidence - @EFPIA



HEALTH INFORMATION DATA – TOO MUCH OF A GOOD THING? (F5)

Are we creating more data than we know what to do with? Just one of the questions raised at Thursday afternoon's session on Health Information. A number of different perspectives on the challenges of dealing with health information were shared, including the methodological challenges faced by the JRC while creating a common cancer registry and the experiences of Malta's healthy ministry in adapting the function of their Health Information Unit after an audit demonstrated that their output was not utilised as expected. Pekka Puska from the International Association of National Public Health Institutes highlighted the key role of National Institutes to effectively combine and transfer public health data into scientific evidence.

PATIENT EMPOWERMENT IN PRACTICE (L4)

Patient empowerment is not a goal or an outcome, but a process. 98% of the time patients are dealing with their illness on their own without their doctor. The expertise this brings should not be understated. Patients are assertive and active citizens ready to play their role in the system, and as such we need to create an enabling environment in order to use patients as an asset to health systems. Health care professionals are trained to cure, but as the concept of patient empowerment increases, so must HCPs ability to build a relationship with their patients, allowing them to influence their own health outcomes. This presents challenges for measuring performance as health outcomes won't always be comparable or standardised. This crossover between measuring performance of the systems and individually tailored health care outcomes is an area that needs to be addressed.

YOUNG GASTEIN POSTER COMPETITION

Congratulations to the following winners of this year's Young Forum Gastein poster competition!

- **Camille Bullot** - *Cross-border healthcare. It is a long journey*
- **Siobhan O'Connor** - *Mobile technology and its potential to educate the European nursing workforce - A review of its implementation in clinical settings*
- **Susan Spillane & Emer Fogarty** - *State pharmaceutical expenditure in Ireland: Sharing responsibilities and balancing priorities*

Well done to everyone who submitted a poster
All submissions are displayed in the Congress Centre Foyer.



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