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Parallel Forum 1

Public health leadership

Local leadership in Taiwan.

New Wine in an Old Bottle?—Getting Old Can Be a Beautiful Experience: Horizon for a Fulfilled Generation

By Jason Hu, Mayor of Taichung City, Taiwan, R.O.C

Accelerated aging issue has become a universal phenomenon, especially in developed countries, with concentration in cities. Speaker from Taiwan, Dr. Jason Hu, who is mayor of the third largest city which has been branded as the best retirement city in Taiwan for its relaxed atmosphere and fair living environment, is presenting a new prospect for an old issue, using the biblical analogy of “New Wine in an Old Bottle,” but in an entirely different angle! “Being old today,” Dr. Hu points out, “can be a brand new and pleasant experience of life totally!” Taking amazing examples of the things many elderly individuals as well as groups do and the fast-growing market for the so-called “silver hair race,” Dr. Hu takes a deeper analysis from the prospect of “social value and expectation of the elderly” and argues that the best way to look at the need for an increasing aging population must be from a home-based, culturally sensitive perspective. In other words, aging is a city, and best of all, community oriented issue that only through a sound overall national welfare policy executed and adapted by cities as well as rural townships can be truly satisfactory to the elderly!

The city of Taichung, Dr. Hu proudly shares, is exactly a case-in-point in that it is taking care of the elders according to the above-stressed principles and was elected as the most retirement-friendly city in Taiwan. To give a few policy examples in this regard, Dr. Hu names the city’s “3-Generation Cohabitation Benefits,” “Free Art Buses for City Tours and Neighbouring Scenic Spots,” “8-kilometer Free Buses” and “Free Fast Lane Buses,” “Intelligent and Neighbourly APP Guide System to Accommodate Elderly and Incapacitated Patients to Get Medical Help,” “Free Dentures for the Elderly,” and the list goes on!

Last but not least, Dr. Hu wishes to promote a new concept of “Elderly Power or Strength”! He sees that many from the latest elderly generation which includes people who have just turned 65 to roughly 80 are self-made billionaire or professional people who have dedicated their prime years to society and have also been richly awarded. Although classified as the senior group and entitled to many elderly benefits, they actually have even more to give to society in every way. How to involve these successful “elderly” people to continue to contribute their resources, materially or spiritually, to make our community a better place for all is a sustainable goal that we hope to achieve in the not too distant future!

Forum 2

Building EU health policy for the future

Stakeholder involvement: not enough, just right or too much of a good thing?

Making the Case for Smarter Intervention

By Hanne Melin, Policy Strategy Counsel EMEA, eBay

The context of policy formulation is one of inherent uncertainty: we can exercise some foresight but we cannot predict the future, we can guide outcomes but not control them with precision. Various issues in a market are shaped through continual interactions of individuals and companies acting within, adapting to and changing it. Under such circumstances, traditional “command and control” legislation is in many circumstances unsuitable and ineffective in realising public policy objectives. Instead, a shift towards governance that enables self-organisation by strengthening relationships among and bringing together relevant entities to facilitate change is more appropriate and effective.

First of all, no one actor – public, private, computers – has all the knowledge and information required to solve problems under increasingly complex, dynamic and diversified conditions. In rapidly changing societies where knowledge is dissociated, we must learn to efficiently make use of knowledge held by different actors. Secondly, in directing change in autonomous social systems, no single actor has sufficient potential or power for action as it is impossible to control such systems directly. Regulation must therefore not be looked upon as a tool in the hand of one controlling (state) actor; rather modern and effective regulation should be seen as a social process. Thirdly, in a world of interdependent and non-linear systems, there will rarely exist one final solution. Effecting system change towards a desired goal will require experimenting, monitoring, learning and adapting. Depending on the situation at hand, different actors and different combinations of actors will be suitably skilled and positioned to observe, orient, decide and act with a view to achieving the public policy objectives.

In my presentation, I will make the case for “Smarter Intervention”. Smarter Intervention is an approach to governance, moving beyond the questions of more or less regulation, of more or less stakeholder involvement. Smarter Intervention is about dancing with systems, instead of erroneously pretending we can control them. The question then becomes one of finding the most suitable mix of the best-placed actors – public, private, computers – to steer a system towards a desired goal in an iterative, yet survivable, fashion. This demands of us an understanding of the strengths and weaknesses of the different actors in solving particular problems. It also requires a policy process where focus is not exclusively on the legal institutions learning from private actors but there is an ongoing collective learning process.

Global governance for health: EU trade and health policies

By Meri Koivusalo, National Institute for Health and Welfare, Finland

Mobile health is booming: there are a huge number of mHealth apps on app stores and there exists a lot of health connected objects (scales, tensiometers, watches, etc.). In front of this abundant offer, the issue of the quality of mobile health applications is pivotal. Today, there is no medical validation for mHealth apps and no guarantee of safety and quality is given to users... Medappcare has developed a leading medical and technical evaluation method for mHealth apps.

Forum 4

Personalised Medicine 2020

Personalised Medicine from the perspective of the general practitioner (GP)

By Ferenc Hajnal MD., PhD., European Union of General Practitioners (UEMO)

UEMO representing GPs in Europe draws the attention of health stakeholders any time to the importance of reasonable, evidence-based operation for health. However, personalised medicine (PM) is another approach to medical practice, when the patient's individual clinical, genetic, genomic, environmental features should determine the intervention of choice to prevent and/or treat illness, i.e. PM should be based on reliable scientific evidence, as well. This statement seems conflicting to those who consider evidence based medicine (EBM) and PM different strategies in patient care.

Medicine is devoted to help and not to harm, so, to search for the most effective treatment and the least worsening effect is a command. The consequences of therapeutic interventions should be weighed as to the benefits versus the adverse effects. At the same time GPs, as the first contact points of citizens within health systems, are in a privileged position to prevent over-screening and over-medicalisation with clear results for the well being of the European population. These phenomena are growing, and the fight against them is named quaternary prevention, when GPs can identify patients at risk of over-medicalisation, to protect them from new medical invasion, and to suggest to them interventions which are ethically acceptable. GPs should be committed to deliver only scientifically acceptable, personally necessary, ethically justified medical care adjusted to the needs and values of the patient to achieve maximum quality with minimum quantity of intervention.

As to future perspectives, GPs understand that the

- therapeutic needs to improve patient care will be defined by clinician experts, but
- new therapeutic concepts should be suggested by evidence from basic sciences.
- The clinical relevance of these suggestions should be tested in large clinical trials,
- subgroups of patients should define where fewer adverse effects are expected by biomarkers resulting in higher efficacy, fewer adverse events, and
- biomarkers for these subgroups will be identified based on evidence from molecular research.

Forum 5

Deploying eHealth. The time to hesitate is over!

Interoperability

By Ib Johansen, Deputy Manager at MedCom, Danish Health Data Network and Coordinator of The Antelope Project.

ANTILOPE is a thematics network setup by core European National organisations supporting the adoption and testing of existing eHealth standards and specifications defining an eHealth interoperability framework.

Based on the results and recommendations in the Hitch project, the network was set up to promote and drive the adoption of testing guidelines as well as testing tools on a European and National level. The network will arrange a number of events and workshops across EU member states.

The outcome will be a common approach for testing and certification of eHealth solutions and services in Europe.

The presentation will focus upon the background to the project and results obtained until now as well as recommendations for future Interoperability activities.

Forum 6

Health system performance

European pharmaceutical market – One market, access for all?

By Dermot Glynn, Senior Policy Analyst, Europe Economics

When purchasing patented medicines the major health authorities in almost all EU Member States (MS) make comparisons with prices paid elsewhere in the EU, using a variety of methods. The research on which Dermot Glynn's presentation is based examines the overall effects of these External Reference Pricing (ERP) systems and shows that in combination with EU laws governing the internal market ERP severely reduces affordable access to medicines.

The data reviewed show:

- Substantial price convergence in the period 1986-2006/7, at which point convergence ceased and some divergence is observed. Nonetheless, prices remain far closer together than previously.
- Prices charged in lower-income MS are higher than they would otherwise have been.
- Manufacturers face added uncertainty in assessing the results of alternative possible pricing and distribution strategies.
- New products are launched later in lower-income MS.

The EU market for patented medicines is thus failing to deliver affordable access to patented medicines, and reducing the returns from innovation.

In order to rectify this situation, Member States should eschew comparisons with prices paid in low-income countries, and adjust any comparisons made by use of an index of affordability, and the European Commission should revisit the legal basis for parallel trade.

The research was funded by MSD Europe, Inc.

Lunch Workshop 2

Patient empowerment

Stakeholders' Partnership on Equity of Access to healthcare as a practical initiative

By Stanimir Hasardzhiev, Board Member, European Patients' Forum

Dr. Hasardzhiev will make a short overview of the socio-economic circumstances that have strongly affected our society in recent years, in particular the economic crisis that has put health systems under severe pressure.

Reinforced European Economic Governance through the European Semester has been scrutinising public budgets of the EU Member States to ensure strict budgetary discipline and lower deficits to levels necessary for the European economy and the Eurozone.

Governments have implemented a series of measures and had to reduce their basic package of publicly funded services, increased co-payments, and introduced significant budget cuts across the board.

All this resulted in growing inequities in access of patients to medical treatment and care in all Member States, but especially those with lower GDP or with high budget deficits in South and Eastern Europe.

The presentation will show evidences and proof from several European countries, including Bulgaria, where austerity measures and budget cuts have strongly influenced access to quality healthcare and subsequently had a negative impact on the lives of patients.

The principle objective of the presentation is to present the concept of the new initiative of the European Patients' Forum and the Bulgarian National Patients' Organisation to set up a structured partnership at the European level with the participation of all stakeholders for finding innovative solutions to reduce inequities in access to healthcare in Europe, namely the Patient Access Partnership.

Dr. Hasardzhiev will present the aims, the past activities and the future outlook of the Partnership. He will give a perspective on the policy relevance of this initiative and the importance of the EU institutions in this process which could strongly contribute to tackling the roadblock to access healthcare in the next legislative period.

The presentation will end with several questions to the panel before the floor is given to the audience for discussion.

Workshop 8

Active and Healthy Ageing

Good practice example: Global Management of Frailty in Clinical Settings

By Leocadio Rodriguez Mañas, Head of Geriatric Unit, University Hospital Getafe, Spain

The ageing of modern societies has raised several changes to be tackled. One of the more relevant challenges is the different profile of these patients, the different objectives to be met and the different models of care they need to cover their health necessities.

Models of care should be oriented to function instead of disease, to prevention instead of treatment, to care instead of cure, and to provide continued, coordinated and integrated care instead of episode-based, uncoordinated and isolated care.

For this purpose, the Service of Geriatrics at Getafe University Hospital, Region of Madrid, is providing such a model of care for older adults. This model of care has been extended to their usual practice, including some special Units, like in the case of the Falls and Fracture Unit, where patients at risk of fracture and recurrent falls are assessed and treated. This model of care has been recognised as a Reference Site by DG-SANCO.

Scaling-up of this model has been successfully done at a National level, where a National programme to detect and manage frailty and falls has been recently launched with the agreement of all the Spanish Regions. Moreover, a second scaling-up is now being tried at a regional level, trying to expand this model of care to other Hospitals and Health settings in the Region of Madrid.

Workshop 11

Undocumented Migrants. Walk the public health talk: access to healthcare

Key developments for undocumented migrants' access to health care

By Lilana Keith, Programme Officer, PICUM

Despite general consensus in the health community on the benefits and necessity of preventative health care for public health systems (both in terms of health at the individual and community level, and the financial functioning of health systems), access to health care is often highly dependent on residence status.

This presentation will provide an update on the state of play for undocumented migrants' access to health care services in the European Union – a brief overview of the different legal entitlements and access to services in practice. In particular, it will highlight the major recent developments in Spain and Sweden – one regressive and one progressive - setting the scene for more in depth discussion on the different responses to undocumented migrants by different actors, in particular health care professionals and health authorities at all levels.

Participants will then have the opportunity to hear in more detail about, and discuss, the responses of Médecins du Monde International Network and AmberMed, a clinic providing outpatient care to

uninsured people in Vienna. Participants will be asked how they would respond to particular health policy and individual case scenarios.

Key evidence from the MdM Observatory on Access to Healthcare

By Frank Vanbiervliet, Advocacy Coordinator, MdM European

For many years, Médecins du Monde (MdM) has been collecting data on the state of health and the social determinants of health of the patients that access our services across Europe. In 2013, routine data was collected in free Healthcare and Advice Centres in 25 cities of eight European countries – less than half of the 16,881 patients that were part of the sample had the right to reside in Europe.

This interactive session, in the form of a world café, will focus on the relationship between the data collection results and indicators used by MdM on the one hand and myths and stereotypes that have been circulating about migrants and their health on the other. What does the fact that only 2.3% of migrant patients decided to migrate for personal health reasons, tell us? And the fact that more than 60% of the people without residence permit said they restricted their movement or occupation due to fear of arrest? That 65.9% of the pregnant woman had no access to antenatal care, and 42.8% received care too late? Or that on average, 70% of the children had not been vaccinated or did not know whether they had been vaccinated against hep B, measles and whooping cough (pertussis)?

Undocumented migrants can seem very vulnerable – at other times they turn out to be quite resilient. Based on their own experiences and opinions, participants will have an opportunity to discuss and reflect on vulnerability and resilience. In conclusion, the debate will focus on how EU institutions, healthcare professional associations and other European civil society actors can contribute to more resilient health systems that tackle vulnerability factors linked to migration more effectively.

Provider perspectives from the AmberMed Clinic, Vienna

By Carina Spak, Director, AmberMed

AmberMed is an activity of the Diakonie Refugee Service, in cooperation with the Austrian Red Cross, to provide patients without health insurance outpatient medical care. About 75 people - doctors, interpreters, surgery assistants, therapists and administrative assistants - provide care on a voluntary basis. In cooperation with approximately 80 external partners (institutes, laboratories, diagnostic centres and medical specialists), the team currently provides medical care free of charge to about 2000 patients from 92 nations.

Patients seeking services from AmberMed often present with very acute symptoms, and the poor living conditions of patients are a significant social determinant, making recovery more difficult. The provision of care to uninsured people requires their special needs to be taken into account, for example by: respecting anonymity because of the patient's vulnerability; overcoming linguistic barriers; adapting to cultural differences in understanding illness and health; and addressing social factors and vulnerabilities, for example, regarding housing and income. In addition to the focus on general medicine AmberMed's work focuses on gynaecology, paediatric care, diabetes and health protection.

There is a lack of awareness among the Austrian population about the high numbers of people without health insurance in Austria; the "poverty conference" estimates that there are currently about 100,000 people living without health insurance in Austria.