THE GASTEIN HEALTH OUTCOMES 2015

Securing health in Europe - Balancing priorities, sharing responsibilities.

The 18th edition of the European Health Forum Gastein (EHFG) was held in the Gastein Valley, Austria, from 30th September to 2nd October 2015. Entitled "Securing Health in Europe - Balancing priorities, sharing responsibilities", the conference sessions explored how to respond in an age when "crisis is the new normal". In an ever-changing political and social environment for health, how can we safeguard past gains to our health systems while responding to new threats and opportunities?

KEY OUTCOMES OF THE EHFG 2015

◆ This is not a refugee crisis, this is a reception crisis. Human mobility is the new norm in our increasingly globalised world.

◆ We need "more Europe" - deeper cooperation - to develop a comprehensive, sustainable and collective strategy to respond to the challenges and opportunities presented by key societal challenges. The costs and consequences of non-Europe should be considered.

◆ There should be clearer, stronger leadership from the EU in those areas where it has a mandate.
In today's interconnected world, the EU needs to think globally and act locally.

◆ We need joint cooperation between all stakeholders on access to medicines and innovation in order to achieve transparency, solidarity and trust in this area.

◆ A paradigm change is needed in the way we finance, organise and operate our health systems. Particularly to take into account demographic changes, rising healthcare costs, new patterns of disease and a shortage of skilled health workers. Strengthened primary healthcare, a better workforce skills-mix and technological innovations amongst other things can play a major role here.

◆ We need to build in mechanisms to ensure joint accountability for Health in All Policies (HiAP) across government ministries and European institutions. Improved inter-sectoral collaboration is a pre-condition for health security.

◆ We must make better use of existing EU mechanisms to address health challenges. We need better implementation of existing regulations and awareness raising campaigns so that citizens and policy-makers are aware of what is already available.

◆ "Citoyen" participation is required to secure health in Europe: empowered, health literate citizens should be directing decision-making on health.

◆ We should analyse and act on the data we have, and persist in better translating research evidence into policy recommendations. Where appropriate we should capitalise on new forms of data for health purposes. We need to move towards disseminating health intelligence rather than health information.

◆ The time for action is now, and in our actions let's remember the core values and objectives upon which the European Union was founded.

Sincere cooperation between Member States

The humanitarian crisis in the Mediterranean continues to present European countries with multiple challenges. The Opening Plenary was devoted to the topic of migration, where it was discovered that 44% of attendees classed themselves as migrants or had a migrant background. There was acknowledgement that echoing the citizen-led *Willkommenskultur* voters were ahead of politicians in responding to the crisis. The initial response was highlighted as key: "This is not a refugee crisis, this is a reception crisis". And there is no question that this crisis is the new reality: human mobility is a core feature of our globalised world, and the profound geo-political changes the world is currently undergoing will likely only exacerbate the phenomenon.

It is therefore crucial for the EU to swiftly develop a comprehensive, sustainable and most importantly collective response to the crisis: we need More not Less Europe, more cooperation, more understanding, more trust and more solidarity. Besides, the cost of excluding migrants from society is high: we have data to prove that allowing irregular migrants' access to a basic package of healthcare services pays off in the long-term, and we know that migrants regenerate society and strengthen the workforce - in the healthcare sector alone we are looking at a shortage of one million workers by 2020.

"Voters are ahead of politicians"

Most importantly we need more leadership in Europe to recognise common European problems that require common European solutions. The Lisbon Treaty does not stop us from doing more if we so desire. Examples include the Cross-border Care Directive that offers possibilities for deepened cooperation between Member States; on Health Technology Assessment where long term structural reforms are needed, and voluntary cooperation on pricing with the example of countries using their joint purchasing power to negotiate better deals on vaccines and pharmaceuticals. "More Europe" is also called for in the area of personalised medicine so that we can manage together the complex challenges such as affordability, fair pricing and regulatory issues offered by technological innovations in this area.

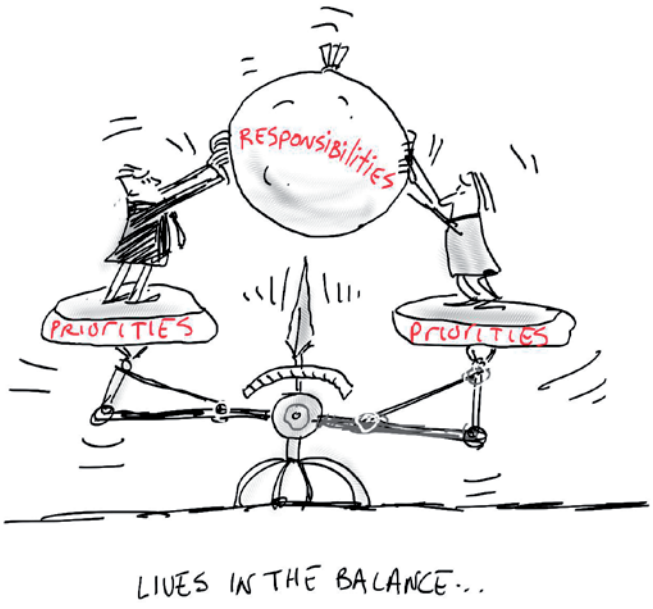
Access, affordability and equity were some of the keywords of the conference, and particularly so in discussions around access to medicines. There were calls for increased partnership working between industry, Member States and payers to address the issue. Debates on pricing included calls for transparency so that Member States could obtain a common understanding of prices, versus the autonomy of Member States and the potential benefits of secrecy in this area. Disparities across Europe were also discussed in the context of clinical outcomes and mortality and access to innovation, with many of the CEE countries at the worst end of the spectrum. A pan-European strategy was called for to tackle the issue of increasingly expensive innovations. Health systems can further deliver improved outcomes by addressing inefficiencies, waste and reducing medical error; thereby freeing up money that can be put where it is needed.

The costs and consequences of "Non-Europe" in public health, both in responding to crises such as the "reception crisis" as well as in taking action on ongoing public health issues such as tackling risk factors in Member States that contribute to chronic diseases and multi-morbidities should be borne in mind.

Good governance models for (a Social) Europe and beyond

There were strong renewed calls for clear leadership where the EU has a competence to ensure a balance again between political vision and technocracy. We also need a major shift in the way we finance, organise and operate our health systems. One specific example was how health systems need to adapt to the challenge of treating patients with multi-morbidities, with a move away from a disease-focused to a person-centred approach. Strengthened primary healthcare has a role to play here, it was asserted, with a systemic approach needed and better training and incentives for General Practitioners plus a more diverse workforce skill-mix comprising more integrated, multi-disciplinary teams. And evidence in the form of good quality data will help support decision-making: we need health systems performance assessment to know what we get for the money invested.

In general there was a consensus that between the different Member States - especially old and new - there should be an upward social and health convergence.



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Innovations in eHealth and mHealth were also highlighted, with calls for governments to provide information systems and infrastructure and the right incentives necessary for health professionals and managers to encourage take-up.

In the context of global health, it was agreed that the global health crisis remains a governance crisis. The challenge faced by Europe of developing a public health approach that responds to a globalised world was considered, in light of the observation that with an increased number of people on the move the global is now here and not there.

Opportunities available to the EU were reflected upon. In terms of global health, Europe could and should exercise a leadership role, in areas such as the Sustainable Development Goals, which have both a domestic EU dimension in addition to their overseas impact and give the EU the opportunity to lead on new development models. Financial leadership opportunities are already present considering the EU is the biggest aid donor in the world. The challenge of health security represents another leadership opportunity where the EU must think globally and inter-connectedly but act locally: the Ebola crisis highlighted that weak, underperforming health systems “somewhere” have the potential to affect everywhere else.

Applying the cross-cutting nature of HiAP

"Health in all policies or health in all politics?" Participants of the Thursday Plenary session which was focused on the topic of Health in All Policies (HiAP) agreed there was a need to move on from a technocratic to a political vision of HiAP: after all, health is a political choice. Smart, inclusive and sustainable growth strategies always include health, and in order to be re-elected politicians need to increase well-being in every sense. Investing in health systems translates into investments in people's lives. So HiAP is a EU Treaty obligation, makes economic sense and should be self-evident. Then why is it inconsistent, loosely applied and not adhered to? Why is it that we are better at HiAP in crisis situations than in routine practice?

The words "responsibility" and "accountability" arose frequently in discussions. Which government ministers (beyond the health minister) feel responsible for health outcomes? Some ideas put forward were more checks and balances across policies, such as consultations and Health Impact Assessments, and tackling policy incoherency, including a recognition that where public health conflicts with industrial interests self-regulation rarely works. The health sector should be more transparent about its work and make better use of evidence and big data to prove its effects. A concrete example of improved inter-sectoral collaboration discussed in a couple of sessions was the nexus between social services and health services. Health literate politicians and populations are needed to truly have a democratic approach and take HiAP seriously.

Without inter-sectoral collaboration, especially collaboration in healthcare delivery for patients through innovative partnerships, health security cannot be achieved.

Making full use of existing EU-regulations

In delivering "more Europe" we need not reinvent the wheel but should revisit, fully implement and make best use of existing EU-regulations. EU funds need to be more accessible, flexible and timely. Sometimes crises are of our own making, the result of or worsened by our inability to quickly deploy financial instruments at short notice. Flexible mechanisms that can be rapidly deployed are necessary in a world of frequently changing "theatres of crisis".

Health security is never-ending work and mechanisms need to be updated and sustainable to be effective. Member States need to make use of the European Semester process and its Country Specific Recommendations for Health to optimise health system performance and leverage results for health. Many sessions touched on the Cross-border Care Directive, which is currently under-exploited by Member States. Optimal implementation of the Directive is needed, and there is the potential of eHealth solutions as a tool to fight the challenge of bureaucracy in cross-border care.

Better implementation was also called for in the context of the International Health Regulations (IHR), with agreement that "The only certainty about the next outbreak is that it's coming!" and that it would be a mistake to let the momentum built as a result of the Ebola outbreak pass without taking proactive steps for increased preparedness.

Europe is about the Europeans

"Participation" was added as a fourth "P" to the triumvirate of "Prevention, Promotion and Protection". Without Participation there is no way to secure health in Europe. The importance of European citizens being at the heart of (political) decision-making processes was echoed in many of the conference sessions. In access to new and innovative medicines, technologies and healthcare it was argued that empowered citizens should be at the forefront of considerations to develop user-friendly, person-centred innovations and be included in a dialogue on costs as well as value. In order to participate effectively citizens need more health information and higher levels of health literacy. To achieve greater health literacy a holistic, bottom-up approach should be adopted: this will help create the "European Citoyen" - the educated citizen who can make political decisions.

There is an implementation and utilisation gap in health information, and it was considered worth analysing and acting on existing data before collecting more. A goal in this area should not be health information but health intelligence, encompassing the appropriate dissemination and utilisation of available data based on the target audience.

Data also needs to be fit for purpose, it was argued: demographic changes mean many patients have multi-morbidities but most clinical research is still based on single diseases. There were some calls for an EU-led Joint Action on health data, and better translation of health data into policy processes.

The fact that we should remember the values and objectives upon which the European Union was founded was frequently mentioned at the EHFG 2015. The current situation in Europe is testing the Union itself as well as its values and objectives, particularly that of solidarity, to the core.