

# As discussed in Gastein...

EHFG 2017 Outcomes

---

Health in All Politics - a better future for Europe

4 - 6 OCTOBER 2017, BAD HOFGASTEIN, AUSTRIA



## As discussed in Gastein...

### EHFG 2017 Outcomes



#### No creativity without confrontation

The 20th edition of the European Health Forum Gastein centred around the theme of *Health in All Politics – a better future for Europe*.

One of its key insights was coined by newly elected EHFG President Dr Clemens Martin Auer: There is no creativity without confrontation. Now more than ever, Gastein must remain an open forum for all health stakeholders to engage critically but constructively in key issues, from working out the specifics of IP rights for medical innovation to joint efforts to foster trust in public institutions on all levels, within and beyond the European health sector.

An important takeaway from the conference was the widely perceived urgency to unite against any attempts to close down health policy at EU level. Health is indisputably a core business of the EU and entrenched in the Treaties of the European Union. With 70% of

Europeans favouring a greater role for the EU on health as a prerequisite to unlock the full potential of EU economic and social policies, its role and ambition should be BIG, not small.

Furthermore, the EHFG 2017 reiterated that facts are not enough to counteract negative health developments precipitated by post-truth rhetoric. Strong moral leadership and identification of common values are needed to give the facts a fighting chance. Travesties such as the recent avoidable measles deaths in the EU are a stark reminder not to forget the lessons history taught us - sessions covering a multitude of issues from vaccine scepticism to digital health illustrated how fake news and misinformation may prevent the soundest health system from realising its potential. "It is not possible to create trust from nothing, but we can build a mountain of trust if governments are open, transparent and make use of resources for the good of citizens", stated Ain Aaviksoo, Secretary General for E-services and Innovation at the Estonian Ministry of Social Affairs.

#### Topic tracks

We have invited our participants and speakers to discuss how we can move forward in several concrete areas: Health in All Policies, Health systems, Access to medicines and Innovation, Big Data & ICT.

We are pleased to share with you the first results on the following pages.

## TOPIC TRACK I

## Health in All Policies



Health in All Policies has to be a mutually beneficial relationship. Those who work on other policies need to converge with the health sector on agreed goals, but as health policy-makers we should also contribute to shared goals in other sectors. Clear political decisions are needed on what these common goals are and the courage to work towards them - even if this means rewriting current structures. One example for this is the food value chain, often dominated by incentives outside the best interests of public health. While educating consumers is crucial, we must not underestimate the power of the market to create artificial demand; empowering people to choose is important - but decision-makers also need to work towards making the right choices easily accessible for all.

When making the case for Health in All Policies, enhancing our research and research translation skills is crucial. We need to make the interlinkages between health and environment, work, education and other areas more obvious, and communicate them better. And especially in politically challenging times we should never cease to emphasise that health is much more than the delivery of healthcare. It is about equity and social cohesion.

IMPLEMENTATION  
DIALOG

## TOPIC TRACK II

## Health systems



How can we make European health systems more efficient, equitable, inclusive and sustainable? Many sessions echoed the mantra that putting patients at the centre, listening to them and focusing on their needs, experience and outcomes will lead to resources being targeted where it matters.

Transdisciplinary and multi-stakeholder collaboration were also identified as crucial. The diversity of national contexts and individual needs means that there is no one-size-fits-all solution – a truly person-centred, adaptive health system requires a change of mind-set in numerous areas. There are many areas where we must do better e.g. when it comes to giving a voice to marginalised groups, and continuing education of both healthcare professionals and patients requires increased attention. All sides need to be open for solutions that possibly challenge current belief systems.

Sir Michael Marmot highlighted that “inequalities should not be seen as a footnote to the problems that we face, they are the problems that we face”. It is not enough to redistribute power, wealth and resources across sectors and societal groups for the sake of reducing health and other inequalities; we also have to reframe what health means: social, mental and physical well-being. We need to give space both to new actors coming into the health field, and for new roles for old actors. For example the possibilities of civil society organisations can be exploited far better by focusing on the opportunities flexible funding offers, the increased momentum brought about by engaging donors as advocacy partners, and the civil society sector’s special potential to join up silo thinking.



It was no surprise to learn once more that new does not always equal better. Calls for stricter quality regulations for innovative drugs being released to the market were supported by many: these drugs must address unmet needs and represent therapeutic advances for patients. In addition, prevention measures require more investment and uptake, including screening and earlier diagnosis to capture the benefits of managing diseases at an early stage. Government research grants and other R&D finance instruments must be more efficient and effective, setting the tone for where public money is allocated, and taking time lag effects into consideration.

It was also suggested that the public sector must address the issue of R&D spending with the pharmaceutical industry too, to ensure conditionality and to consider some of the lessons learned from non-profit drug development initiatives in terms of sharing risks and costs. Among solutions discussed were differential pricing to support patient access in lower income EU countries, greater use of PPPs, and the possibility of crowd-funding R&D for therapies which may not provide a sufficient prospect of returns on investment for private biopharmaceutical companies.

Overall, better collaboration is required between everyone involved in the drug delivery process, including the end-user, to be solution-oriented and avoid blame and recriminations. In line with this year's conference theme, it was concluded that there has never been a better opportunity to experiment with new models of inter-sectoral partnership to deliver the high-quality and affordable medicines that will meet patients' needs on time.



The two worlds of the health community and technology sector need to meet if progress is to be made in the area of innovation, participants recognised. Big Data, an ambiguous but ambitious tool, could have a tremendous influence on disease areas such as breast cancer and Alzheimer's, by discovering new risk factors and new ways to diagnose and follow up patients. However, we have to ask ourselves which outcomes we need to look at – essentially, what is the best way to measure health? Also, with almost 80% of data still unstructured and disconnected to other data and therefore lacking contextual information, targeted investment in start-ups and other new initiatives is challenging.

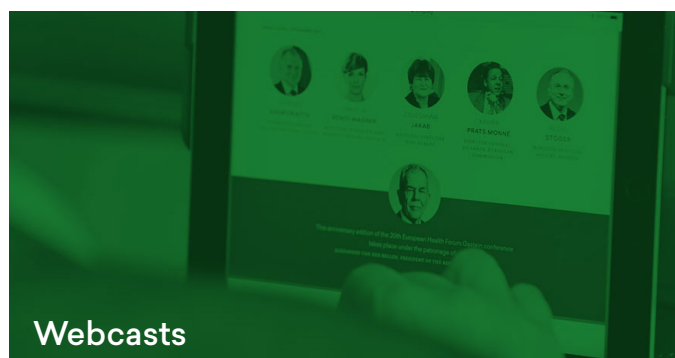
All this means that new forms of education are needed to equip the health workforce with the right skillset to capture the benefits of using Big Data. At the same time, we need to engage with policy-makers on issues of data usage across sectors, and investment in research and its translation for policy. While it was recognised that the future of health<sup>1</sup> is both high-tech and high-touch, there were some concerns that we are not doing enough to counter the unintended consequences, like potentially worsening inequalities in health literacy due to the increased importance of eHealth.

Also, we need to openly reflect on the ethical dimensions of data usage, e.g. the thin line between personalisation and discrimination. There needs to be a new and clever form of data stewardship for patients, including societal consent based on trust in health data management. And what better way to accomplish this trust, it was posited, than to let the patients, with their knowledge and experience, advocate for innovation and progress?

<sup>1</sup> This year, the EHFG also embarked on a scenario building project - check out our [Health Futures for 2037](#).

## Useful links

---



## Imprint

---

Publisher	European Health Forum Gastein Tauernplatz 1, 5630 Bad Hofgastein, Austria <a href="http://www.ehfg.org">www.ehfg.org</a> · <a href="mailto:info@ehfg.org">info@ehfg.org</a>
Cartoons	Floris Oudshoorn Represented by Comic House
Photography	framez. / Fabian Kapo, Andreas Steger, Anna Dziubińska
Design concept by	C RCL . / <a href="http://www.wearecircle.at">www.wearecircle.at</a>
Published on	23 October 2017