

CURRENT INFORMATION ON PUBLIC HEALTH AND HEALTH PROMOTION

healthy *europe*

EUROPEAN HEALTH FORUM GASTEIN 2018



Health and Sustainable Development

BOLD POLITICAL CHOICES
FOR AGENDA 2030

Health inequalities

No one should be
left behind

Innovation for all

New incentive systems
are necessary

A success story

Tobacco-free
investments

OCTOBER 2018



EUROPEAN
HEALTH FORUM
GASTEIN



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Concept:

Dorli Kahr-Gottlieb (EHFG),
Thomas Panayotopoulos (EHFG),
Dietmar Schobel (teamword)

Editorial office:

Dietmar Schobel,
Meidlinger Hauptstr. 3/5-7,
1120 Vienna, Austria,
www.teamword.at,
schobel@gmx.at,
Tel.: +43 1 909 33 46 (office)
or +43 664 360 17 82 (mobile)

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Rosemary Bridger-Lippe

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Gottfried Halmschlager

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Photo: Fotolia.com - tomhanisch

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Dear Readers,



Photo: EHFG

Sustainable development and health are the main topics of the European Health Forum Gastein (EHFG) in 2018, and are likewise the focus of this issue of the magazine "Healthy Europe", which has been published on the occasion of the EHFG for the first time. These two topics can be regarded as two sides of the same coin, such is the strength of the connections between them. They are also the subject of our title story on pages 10 and 11 on the significance of the health sector in the 17 Sustainable Development Goals for 2030 set out by the United Nations.

These Goals are no less than a to-do list for people and the planet in order to avoid leaving the coming generations with a situation that is worse than when we inherited it. Health is a crucial factor here. As one of the UN Sustainable Development Goals itself, health also interacts with many of the other specified Goals; it carries them and ensures that they can be fulfilled. In an interview on page 4, President of the EHFG *Clemens Martin Auer* explains why bold choices are required of health policy-makers in order to implement the 2030 Agenda in practice at European and national levels.

Sustainability also means looking ahead to the future and planning over the long term. What this means for the health systems as a whole, how innovations can improve sustainability, and the role played by digitisation here, are all topics covered by other articles in this issue. *Herwig Ostermann*, Managing Director of *Gesundheit Österreich GmbH*, explains in an interview on page 7 how scientific evidence can be used smartly. On page 9 we describe how Australian doctor *Bronwyn King* has succeeded in persuading finance managers against investments in the tobacco industry. Last but not least, we address the frequently tense relationship between economic and health interests in a further article in this edition of the magazine "Healthy Europe", which was made possible by collaboration between the European Health Forum Gastein (EHFG), *Gesundheit Österreich GmbH* and the Main Association of Austrian Social Security Institutions.

I wish you enjoyable reading and interesting days at EHFG 2018,

Dorli Kahr-Gottlieb,
EHFG Secretary General

Health policy-makers must develop a louder voice

Clemens Martin Auer, *President of the European Health Forum Gastein (EHFG) on the relationships between health and other social areas, and on alternatives to disruptive policies.*

HEALTHY EUROPE

The main topic of the European Health Forum Gastein in 2018 is “Health and Sustainable Development – Bold political choices for Agenda 2030”.

What were the reasons for choosing this motto?

Clemens Martin Auer: Globalisation of the economy and strengthening the competitive position have been the determining narrative for the past ten, fifteen years. This has pushed economic constraints even further into the spotlight in the political debate. By contrast, the 17 Sustainable Development Goals set out by the United Nations for the years leading up to 2030 are socially oriented. We chose them as the main topic in order to be part of this different narrative. We would do well to implement them into social and health policies at a European and national level as quickly as possible, and to adopt them in our daily activities.

HEALTHY EUROPE

Isn't there currently a constant demand to reduce expenditure

especially in the health sector?

It is well known that the health sector is expensive and on average represents 10 per cent of the gross national product in European countries. This means that it is always under observation, as far as both economic and financial policies are concerned. In Europe we largely manage to contain cost increases. Nevertheless, we naturally have to carry on doing our homework, optimise processes and create transparency. Social and health policies should not just be focussed on increases in benefit and efficiency, though. It is a matter of recognising that there are many external processes beyond pure healthcare that can have a negative effect on the health of a population, such as certain market mechanisms.

HEALTHY EUROPE

What issues are at the heart of this?

The relationship between social cohesion, structures for efficient and comprehensive healthcare, and a prosperous market economy in Europe is crucial. Social cohesion is the prerequisite for a functioning

economy, yet it is endangered by the populist policies that we are currently experiencing in many places, where the main interest is in securing borders and preventing migration. In contrast, the United Nations 2030 Agenda is oriented on long-term goals and includes each and every single person.

HEALTHY EUROPE

What role does health play in connection with the Sustainable Development Goals?

Good health is one of the 17 Sustainable Development Goals. Sub-goals include reducing the number of communicable diseases and the number of premature deaths due to non-communicable diseases. Comprehensive healthcare is also pursued, which includes making innovations accessible to all people both rapidly and equally. The programme for this year's European Health Forum Gastein includes discussions on how this can be achieved. We will also focus on possible ways to strengthen the connections between the finance market and the health sector. After all, investment in health is investment in the future.

HEALTHY EUROPE

There is a need for “bold political choices” as well – as expressed by the conference motto. How can these choices be identified?

To begin with, health policy-makers across the whole of Europe must develop a louder



Photo: Harald Minich/HBF

“Investment in health is investment in the future.”

CLEMENS MARTIN AUER, PRESIDENT OF THE EUROPEAN HEALTH FORUM GASTEIN

voice and speak out in favour of well-functioning health systems. If health policy-makers don't dare to put their foot down from time to time, they won't be heard. A specific example would be to demand that processed foods are produced in accordance with findings from nutritional science. It is incomprehensible why far too much salt, far too much sugar and far too much fat is still being used. We have known for a long time that this has a direct negative effect on the health of the population.

HEALTHY EUROPE

What can participants expect from the European Health Forum Gastein in 2018?

The European Health Forum Gastein is a marketplace for ideas where freedom of thought is encouraged. The aim is for participants to be full of positive stimulus when they return to their working environment. The event should also act as a wake-up call for greater socio-political commitment, and inject a good dose of boldness that is necessary for this.



Dorli Kahr-Gottlieb

"The EHFG is Europe's leading discussion platform for health policies."

Photo: EHFG

WHERE NEW CHALLENGES AND OPPORTUNITIES ARE FIRST DISCUSSED

At the European Health Forum Gastein major topics for health policy-making are examined in result-oriented discussions and within a manageable framework. With a history that spans 20 years.

The medical doctor and former Member of the Austrian Parliament *Günther Leiner* describes his motivation for setting up the European Health Forum Gastein (EHFG) in 1998 as follows "The primary goal has always been to develop workable policy recommendations." The conference aims to advance discussions on health policies in Europe and bring together the players from four areas, the four pillars of the EHFG: these are decision-makers from the public sector, representatives from the private sector and civil society, and also researchers and scholars. In its first year, 220 high-level representatives from these four spheres of activity accepted the invitation to visit the alpine valley near Salzburg. Since 2003 the number of participants has averaged 500 to 600 people annually. According to the organiser, this number is intended to be kept at roughly the same level in order to preserve the added value of the Forum: the unique opportunities for open discussions and networking.

Fresh insight far away from everyday working life

"Far away from everyday working life in Brussels and other major European cities, we offer the opportunity to spend time

together discussing the major topics for health policy-making and gain fresh insight in a comparatively small and manageable setting," explains *Dorli Kahr-Gottlieb*, Secretary General of the EHFG since 2012. She adds: "Where else do you have the opportunity to meet leading representatives from the European Union on a walk through the village and exchange views with them?" The formats at the conference also ensure lively interaction. Instead of long lectures and panel discussions, the programme is filled with kick-off speeches, animated debates, and working in small groups as in world cafés, for example.

The content of the yearly event is prepared by the public health experts of the EHFG team together with partners from the four pillars and a committee of renowned experts. It is an important objective for the programme to focus on the latest and most intriguing issues in the health sector, and for Gastein to host discussions on current challenges and opportunities. "In Gastein the topics that concern the health sector in Europe should be discussed, developed further, and pooled. Ideally, the results should then be taken back to the European

countries and Brussels to support decision-making for health," emphasises Dorli Kahr-Gottlieb.

The "Young Gasteiners" bring new momentum

The contents are not limited to the health sector, though. It is rather the interaction between health and other societal areas that is continually the focus of discussions at the EHFG. The innovative strength of the event aims to be boosted not least by the initiative "Young Forum Gastein", which was established in 2007 and invites health experts below the age of 35 who have already gained some experience in their professions. Every year around 70 "Young Gasteiners" take part in the event as scholarship holders and play an active role in the programme and in past-event publications. This has enabled a separate, creative network that is recognised throughout the European health community to develop over the past years. "This initiative adds significant momentum towards maintaining the position of the European Health Forum Gastein as Europe's leading discussion platform for health policies in the future as well," says Dorli Kahr-Gottlieb.

Photo: Kickbusch Health Consult



"The health of the population is influenced by all social sectors."

**ILONA KICKBUSCH,
GLOBAL HEALTH EXPERT**

Ilona Kickbusch was born in Munich in 1948 and grew up partly in the Federal Republic of Germany and partly in South India. She now lives with her partner in Switzerland; her son Julian is 35 years of age. Ilona Kickbusch studied sociology and political sciences at the University of Konstanz, and between 1981 and 1998 she worked for the World Health Organization (WHO) in various positions, most recently as Director of the Division of Health Promotion, Education and Communication in Geneva. During her many years of work for the World Health Organization she has helped to shape European and international health policies. In 1998 Ilona Kickbusch was appointed professor at Yale University, where she taught Global Health until 2004. As CEO of Kickbusch Health Consult since 2004, she advises national governments and international organisations, and is Director of the Global Health Centre at the Graduate Institute of International and Development Studies in Geneva. What is the significance of the 17 Goals set out by the United Nations for sustainable development in the health sector? "Good health is one of the 17 Goals, and the well-being of the population is influenced by all social sectors. Taking a sustainable approach to development there will therefore also benefit the health sector," Ilona Kickbusch explains.

**JENNIFER DIXON,
CHIEF EXECUTIVE OF
THE HEALTH FOUNDATION**

"I thought to myself, surely there is more to it than this?"

"By age eleven my family had moved house six times due to my father changing jobs," explains Jennifer Dixon. This may be the reason why – at the age of 18 – she chose a stable profession instead of pursuing her artistic inclinations. She trained in medicine and subsequently worked for five years as a paediatrician in London, often for 90 hours per week. "Then I thought to myself, surely there is more to it than this?" Jennifer Dixon recalls. In 1989 she began studying public health in England and was awarded a Harkness fellowship to study in the US. She soon realised her interests lay more with 'the role of the state' than with medicine. So she developed her interest in policy analysis and

healthcare reform by doing a PhD in the subject and joining the independent foundation The King's Fund in the mid-1990s. Soon after she became policy advisor to the chief executive of the National Health Service for two years. In 2008 she joined another independent research foundation, The Nuffield Trust as chief executive. Since 2013 Jennifer Dixon has been chief executive of The Health Foundation, the UK's second largest Foundation devoted to health, after the Wellcome Trust. The Foundation carries out and commissions research, gives grants to improve health care, and funds several national and international fellowship programmes to develop leaders. Jennifer Dixon is married with two



Photo: The Health Foundation

daughters aged 16 and 12, and tries to stay healthy by running three times a week and swimming. Every year she also produces several oil paintings. "One goal is to paint something I'm happy with, and the icing on the cake would be to feature in the Royal Academy of Arts 'Summer Exhibition' in London," says Jennifer Dixon.

Photo: WHO/Franz Henniken



"The 17 Goals for Sustainable Development create unique momentum for public health."

**ZSUZSANNA JAKAB,
WHO REGIONAL DIRECTOR FOR EUROPE**

"The 17 Goals for Sustainable Development by 2030 from the United Nations create unique momentum for public health," says the Director of the World Health Organization's Regional Office for Europe, Zsuzsanna Jakab (67). Jakab comes from Budapest and studied political sciences there from 1969. From 1975 onwards she was employed in various positions at the Hungarian Ministry of Health and Social Welfare and became Director-General of the Department for International

Relations in 1989. Jakab held management positions at the WHO Regional Office for Europe in Copenhagen until in 2002 she was appointed Secretary of State at the Hungarian Ministry of Health, Social and Family Affairs. In 2005 she became Director of the European Centre for Disease Prevention and Control in Stockholm and was elected WHO Regional Director for Europe in 2010 and nominated for a second term of office in 2014. As Regional Director she is responsible for 300 employees at the WHO office in the Danish capital, and also for about another 300 people

in 29 country offices and six scientific "Centres of Excellence". "As WHO Regional Office we strive to maintain good relationships with the Member States and to support the national governments in their efforts to perform their responsibilities," says Jakab. And how does she take care of her own health, as an expert? "I watch what I eat, do exercises in the morning, and I like to go swimming," the WHO Regional Director explains. She continues: "I also try to maintain a balance between work and leisure, and I spend as much time as possible with my family."

Using evidence smartly

Herwig Ostermann, *Managing Director of Gesundheit Österreich GmbH,*
in an interview on the criteria for determining evidence
and how policy-makers, health experts and patients should use it.

HEALTHY EUROPE

**What is “evidence”,
 and how can it be used smartly?**

Herwig Ostermann: In the field of medicine, evidence means providing systematic proof of the therapies and other interventions that are effective – and those that are not. Over the past decades we have experienced a transformation in which evidence has been increasing in significance in all health professions and also shaping and professionalising everyday working lives. However, this does not mean that the subjective practical knowledge of experts has become less valid, but rather that both areas complement each other. And it is ultimately about applying the existing evidence smartly in each specific, individual case. This means using well-founded findings to weigh up the opportunities and risks of a treatment together with the patients, taking the best possible decision which is also the decision that most probably brings the greatest benefit and hopelessly causes no harm.

HEALTHY EUROPE

What questions can be examined in scientific research to produce evidence and in what cases is this not possible?

The larger the context, the more difficult it can be to generate evidence. The clearer and more definable the phenomenon to be examined, the greater the chances of success. With medicinal therapies the highest degree of evidence is still achieved in double-blind, randomised controlled studies. This means that sufficiently large numbers of patients are assigned randomly to a test or control group. This is the best way to compare and document the efficacy of a drug over a certain period of time. However, the question always



“Evidence and subjective practical knowledge complement one another.”

HERWIG OSTERMANN, MANAGING DIRECTOR OF
 GESUNDHEIT ÖSTERREICH GMBH

arises as to the extent to which the findings from the “ideal-typical” study population can then be transferred to real contexts. In technical terms, the internal validity of such studies may be high, but not necessarily the external validity.

HEALTHY EUROPE

Can evidence be generated for non-medicinal therapies as well, or for measures to improve the health of a population?

Interventions such as surgical procedures and physiotherapy treatments cannot be as easily standardised according to comparable criteria as medicinal therapies. They are also dependent on the skill of each expert, on the participation of the patient, and on the context in general. Nevertheless, it is possible to obtain a good comparison of the effectiveness of operations as distinct from conservative treatments, for example. As far as the health of a population is concerned, it is becoming increasingly difficult to obtain evidence that meets the aforementioned standards: it is a matter of documenting and evaluating the interventions as precisely as possible. This enables fact-based, well-founded knowledge to be gathered to establish why a certain measure works in a certain context – or not. Such knowledge has

already been provided by health services research and for evidence-based tobacco prevention, for example.

HEALTHY EUROPE

Who in particular are the people who should ultimately use the existing evidence smartly?

The prerequisites are adequate forms of knowledge communication, and in medicine they are encountered primarily via guidelines from expert associations. It is an established and proven procedure. On the other hand, evidence should above all serve as a basis for policy-makers to take decisions. It is the responsibility of the scientific community to prepare the facts with corresponding clarity and precision, and to illustrate potential action wherever they do not allow unambiguous conclusions. If this is explicitly commissioned, evidence-based support for decision-making can be submitted. In the end, however, we must also accept that whether and how these recommendations are implemented is ultimately dependent on the decision-makers and the overall political interests. In certain cases, the concerns of the health sector are in competition with other social areas such as the labour market or the economy.



Photo: EDPS

Leonardo Cervera Navas:
"Data protection should not be considered an obstacle, but an added value."



Photo: Mähr Consulting

Wolfgang Mähr:
"Data will be the raw material of the next economic cycle."

Data protection as an added value

Personal health data is highly sensitive information. The right to protect it may sometimes be perceived as an obstacle to the justified interests in new research findings, though. **Text:** Dietmar Schobel

1981 can be regarded as the year in which the internet was born. In the approx. 35 years since then, the digitisation of information, i.e. its depiction in binary numbers, has influenced the economy, politics and society so rapidly and so intensively that it shapes everyday life for each and every one of us. Still, in-depth discussions are a relatively recent occurrence with respect to the personal data left behind by us almost every time we use computers, tablet PCs and smartphones online. An extensive public debate on how this can be protected is ongoing, which applies to personal data in general and also specifically to information on health.

The General Data Protection Regulation (GDPR), which came into effect at the end of May, is regarded by many experts and citizens as the first important step in the right direction towards the protection of privacy. Others see the new rules as too restrictive, for example when it comes to evaluating health data for research. "Data protection should not be considered an obstacle, but instead an added value in order to improve the usage of health data, while keeping it safe and respecting the ethical dimension," says *Leonardo Cervera Navas*, Director at the European Data Protection Supervisor (EDPS), which operates for the European Union, in an interview with "Healthy Europe" (the full interview with Leonardo Cervera Navas can be accessed at www.ehfg.org/blog/2018/09/16/data-protection/).

Lawfulness of data processing

According to the GDPR and ethical principles, each person should give his or her explicit consent



Photo: Fotolia.com - natali_mis

to the use of his or her personal health data. In the healthcare sector, however, other legal basis than consent is available in the GDPR, allowing the processing of such sensitive data in particular when necessary for reasons of public interest in the areas of public health, such as for public health surveillance activities and epidemiological studies, or when necessary for scientific research. Moreover, the processing of anonymised data, which no longer singles out a person, is also allowed. A working group at the European Medicines Agency is currently examining how health data in clinical reports can be best anonymised. This technical anonymisation group consists of representatives from the private and public sector. The EDPS is contributing to and closely following the work of this group.

Data as a "raw material"

Pharma expert *Wolfgang Mähr* is convinced that the large volume of data made available to us via digitisation could bring many advantages, particularly in the health sector. For example, the medicine with the best effect for the patient

group in question could be determined more precisely based on criteria such as age, gender and weight, thus allowing personalised medicine. "The prerequisite of this, however, would be the standardised recording of health data in healthcare institutions ranging from doctor's surgeries and chemists to hospitals. In the majority of countries in the European Union, we are still very far from being able to do this," says the pharmaceuticals expert, who also points out that Europe on the whole has a lot of catching-up to do as far as digitisation is concerned: "After all, data will be the raw material of the next economic cycle."

Leonardo Cervera Navas also emphasises that the use of health data can bring advantages and new treatment options for patients: "Nevertheless, we still have to examine the ethical issues resulting from this." These issues will be the focus of the International Data Protection and Privacy Commissioners Conference in Brussels on 22–24 October. Its title: "Debating Ethics: Dignity and Respect in Data Driven Life".

Tobacco-free investments

*Many pension funds around the world invest their money in the tobacco industry. Australian cancer specialist **Bronwyn King** is successfully fighting to change this.*

Her first job as a hospital physician was a shock for *Bronwyn King* (43). As a radiation oncology resident at the Peter MacCallum Cancer Center in Melbourne, she mainly treated patients with lung cancer. 85 per cent of them die within five years of the diagnosis, and their death is very frequently extremely torturous. According to the Robert Koch Institute in Germany, nine out of ten cases of lung cancer in men are due to active smoking; this figure is six out of ten for women.

Bronwyn King suffered a second major shock around ten years later, when she wanted to buy a house together with her husband, New Zealand doctor *Mark Shaw*, and requested an overview of her pension forecasts. The advisor from her superannuation fund Health Super explained to her that she had no need to worry about pensions. Just like 75 per cent of Australians, her money was invested in the "default option" and therefore used for investments in secure industries such as the production of alcoholic beverages, mining and the tobacco industry.

As a dedicated doctor, she knew that she had to do something about this, and since 2010 she has been successfully implementing her plan, with a lot of optimism, patience and conviction. She told the employees at the Peter MacCallum Center how their pension money was being invested, and with the support of the hospital's Chief Executive Officer *Craig Bennett* she made an appointment with the executives of the Health Super fund. Initially, they found the issue challenging, but they listened to her arguments. Two years later, she had reached her goal: in July 2012 CEO of Health Super *Michael Dwyer* announced that the pension fund with capital assets totalling around 60 billion euros would be the first in Australia to ban any investment in tobacco.

To date, more than 45 other pension funds have followed their example and since 2015 Bronwyn King has been at the helm of the initiative for Tobacco Free Portfolios with the support of a small team of colleagues. Major financial organisations in 12 countries have participated so far. "One of our greatest



Photo: Tobacco Free Portfolios

Bronwyn King:
"One of our greatest moments was when AXA, the second biggest insurance company worldwide, decided to go tobacco-free."

moments was when the French insurance company AXA, the second biggest worldwide, decided to go tobacco-free," says Bronwyn King, who recently began rolling out the initiative in Canada and India, and in future intends to persuade even more pension funds to invest responsibly. According to estimates by the World Health Organization, smoking currently kills seven million people every year and causes economic costs of around 1.8 trillion euros. And these figures are continually rising.

SAVE THE DATE

European Health Forum Gastein

2 – 4 October 2019



www.ehfg.org

17 Goals for a future worth living

The 17 Sustainable Development Goals set out by the United Nations are a to-do list for people and the planet. Good health is one of the Goals and it interacts with all of the others.

Three years ago, on 25 September 2015, all the United Nations representatives stood up from their seats at the General Assembly and applauded wildly. The resolution on the 2030 Agenda for Sustainable Development had been adopted unanimously by all 193 Member States of the United Nations. It was truly a cause for celebration.

"This universal agenda is for every single person around the world, and no one should be left behind," explained the then Secretary-General of the United Nations *Ban Ki-moon*. The Agenda describes 17 specific Sustainable Development Goals (SDGs) that aim to end poverty, protect the planet and enable prosperity for all by the year 2030. These 17 Goals are intended to be implemented at national level by the Member States using plans and strategies. Sub-goals have also been formulated for each of the Goals, and the Member States report back voluntarily on the progress made on the journey towards achieving each Goal. An annual report summarises this in an overview, while examining several of the Goals more closely each time.

A strategy for every single state

The SDGs build on the MDGs, the Millennium Development Goals of the United Nations that set targets between 2000 and 2015 and in many cases were particularly aimed at underdeveloped regions. "In contrast, the Sustainable Development Goals were understood right from the outset as a strategy for every single state in the world. This comprehensive approach is especially important because the political and economic activities of the rich states greatly influence the poor countries of the world," stresses global health expert *Ilona Kickbusch*.

Goal 3 reads "Ensure healthy lives and promote well-being for all at all ages". The sub-goals in the area of health, described in greater detail at



Photo: WHO

Ilona Kickbusch:
"All the Goals interact with each other."



Photo: BMASGK

Beate Hartinger-Klein:
"Health is a cross-cutting issue."



Photo: UN Photo/Mark Garten

Ban Ki-moon: "This universal agenda is for every single person around the world, and no one should be left behind."

www.un.org/sustainabledevelopment/health, include, for example:

- By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
- By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
- Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

The Goals influence each other

The focus of the Sustainable Development Goals, however, is that all 17 fields of action are interconnected. The World Health Organization (WHO) therefore points out that health can be influenced by all other 16 Goals, among them "Quality Education", "Clean Water and Sanitation" and

"Climate Action", for example. "All the Goals interact with each other. The Goal that possibly has the most significance for sustainable development of the planet is Goal Twelve, which aims to achieve 'Responsible Consumption And Production'," says Ilona Kickbusch.

"In accordance with the approach taken by the 'Health in All Policies' concept, health is a cross-cutting issue," emphasises the Federal Minister of Labour, Social Affairs, Health and Consumer Protection in Austria, *Beate Hartinger-Klein*. This therefore concerns not only the Department of Health, but many other areas of society as well. For instance, production and trade, social services and education, and also working conditions, have a strong influence on health. This is reflected in the Sustainable Development Goals as well, which must be implemented at a national level using appropriate measures. "One specific example is increasing people's awareness of the connections between their consumer behaviour, their health, and environmental issues," says Beate Hartinger-Klein: "And we need to begin with children and young people. Workshop formats to generate conscious consumption such as the 'COCO lab' at Vienna's Economic Museum show how this can be achieved."

UNIQUE MOMENTUM FOR PUBLIC HEALTH

Zsuzsanna Jakab, WHO Regional Director for Europe, on the importance of the 17 Sustainable Development Goals for the health sector and why we are currently living at the expense of the present and future generations.

HEALTHY EUROPE

Can you explain the importance of the 17 Sustainable Development Goals of the United Nations for the health sector?

Zsuzsanna Jakab: The adoption of the 2030 Agenda and the universal commitment to the Sustainable Development Goals (SDGs) create unique momentum for public health. The implementation of the SDGs will contribute to the full realisation of human rights and fundamental freedoms for all, including the right of everyone to the highest attainable standard of physical and mental health. Also, the adoption of the 2030 Agenda has clearly shown that the vision of the international community is converging, and that there are growing signs of solidarity in the world. We have unprecedented political determination to strengthen health systems towards universal health coverage, strengthen primary healthcare, combat major diseases and address the multiple determinants of health through the achievement of all SDGs.

HEALTHY EUROPE

How can the health sector contribute to reaching all the SDGs together?

Obviously, its main contribution is the implementation of SDG 3, the “health goal”, which is the most powerful tool for operationalising health in all policies. This is underpinned by universal health coverage, which is the flagship of the new global vision for the WHO that was approved by Member States at the World Health Assembly in May this year. But health targets are not limited to SDG 3 – almost all of the other 16 goals are directly related to health or contribute to health indirectly.

HEALTHY EUROPE

The health sector is connected to all other societal sectors. Should health therefore be an overarching goal in the context of the SDGs?



Photo: WHO Europe

Zsuzsanna Jakab:
“Health is an overarching goal.”

Health is an overarching goal. Without health we cannot achieve the SDGs, and to achieve health we need to accomplish all of the SDGs. The SDGs have strong interconnections that extend to all sectors. If properly implemented, actions to achieve the SDGs should span many spheres of governance (such as legal, institutional, technical and fiscal realms) and many sectors (such as those focussed on agriculture, transport, energy, justice, welfare, education, security, industry and housing). Ultimately, this will improve people’s living conditions; increase capacity; improve social, environmental and financial protection; create a greener society; and increase security at all levels.

HEALTHY EUROPE

Sustainability means not living at the expense of future generations. Is this currently the case – in Europe and globally?

Let me clarify: sustainability means not living at the expense of future or present generations. How societies live, consume and produce continues to be disconnected from natural environments as a result of long-standing patterns and practices in policies, institutions, technologies and lifestyles. Despite improvements in the last decades, Europe’s ecological footprint is

large. If everyone on the planet had the same ecological footprint as the average resident of the European Union, we would need approximately 2.6 Earths to support our demands on nature. We are living not only at the expense of future generations, but also at the expense of the present generation.

HEALTHY EUROPE

The SDGs are not legally binding. What importance do they have in practice in terms of national policy-making?

The fact that the 2030 Agenda is universal, for high- and low-income countries alike, provides an unprecedented opportunity for global governance. Although it is not legally binding, we see more and more countries, international players and stakeholders engaged in implementing and contributing to the 2030 Agenda and achieving the SDGs. We can see this commitment in, for example, the annual reporting of more than 100 countries worldwide and 36 countries in the Region at the United Nations High-level Political Forum on Sustainable Development. The full interview with *Zsuzsanna Jakab* can be accessed at www.ehfg.org/blog/2018/09/16/unique-momentum/

How the economy affects our health

According to experts, economic growth theoretically leads to better health among the population. Not everyone benefits in the same way, however, and industrial production is frequently also linked to environmental damage. Text: Dietmar Schobel



Mark Pearson: "Economic growth has a fundamentally positive influence on the health of the population."



Hans Kluge: "We know that even in richer countries, the amount spent on public health is far lower than it ought to be."

DATA & FACTS

The gains in life expectancy that were achieved in recent years can be traced back both to factors within the health system but also to those outside the health system, according to the OECD working paper on "Inclusive growth and health". For instance, a 10 per cent increase in health spending is associated with a gain of 3.5 months of life expectancy from 1995 to 2015, on average across 35 OECD countries. The same rate of improvement in healthier lifestyles is associated with a gain of 2.6 months of life expectancy (fewer smokers with 1.6 months, and decreased alcohol use with 1.0 month). Wider social determinants also matter. A 10 per cent increase in income is associated with a gain of 2.2 months of life expectancy, and a 10 per cent increase in education with 3.2 months.

Source: Chris James, Marion Devaux and Franco Sassi: Inclusive Growth and Health, OECD Health Working Paper No. 103, 15 December 2017

"Policies are merely the degree of freedom permitted by the economy," the German political satirist, actor and author *Dieter Hildebrandt* (1927–2013) once said. The extent to which this applies is dependent on the creative drive and courage of the decision-makers. However, it is indisputable that our modern, highly specialised economy that is based on the division of labour shapes all our lives to a large extent. We all need goods, services and work for our families and ourselves. But what effect does this have on our health?

"Economic growth has a fundamentally positive influence on the health of the population. I know of no country where the two are not connected. However, this connection is more pronounced in developing countries than in the rich states," says *Mark Pearson*, Deputy Director of Employment, Labour and Social Affairs of the Organisation for Economic Co-operation and Development (OECD), to which 36 Member States worldwide belong.

Better health due to economic growth

"Numerous studies have evidenced that people who are employed and earn more are generally healthier," comments *Hans Kluge*, Director of the Division of Health Systems and Public Health at the World Health Organization Regional Office for Europe, who has observed favourable effects of economic growth at an individual level. It is not quite as clear on a macro-economic level, however. For instance, states with a higher gross domestic product are in principle capable of investing more in the social network and healthcare. "But we know that even in richer countries, the amount spent on public health is far lower than it ought to be," remarks *Hans Kluge* (the full interview with Hans Kluge can

be accessed at www.ehfg.org/blog/2018/09/16/data-protection/.

In a current OECD working paper on the topic of "Inclusive growth and health", it is established that not all groups of the population benefit in the same way from the nations' current growth in economic power and health. "Despite overall gains in the health of the population, large inequalities in health still persist in most OECD countries. These health inequalities seem to have been persistent over time, and are particularly large in Central and Eastern Europe," write the authors *Chris James*, *Marion Devaux* and *Franco Sassi*.

Reduce side effects

A further important aspect is that the way in which working conditions are designed, as well as pollution of the air, water and soil due to the production and consumption of goods, can have a negative effect on health either directly or indirectly. "However, this does not mean that it is a reason to restrict economic growth. Instead, we should reduce undesirable side effects as best possible," states *Mark Pearson*. "The awareness that this is absolutely necessary already exists, especially in many emerging and developing countries."

The same holds true for the importance of the health system overall, says the OECD representative. "I do not believe that there are many finance ministers around the world who only see the health sector as a cost factor. Nowadays, it is generally clear that the health of the population has value in itself and is a prerequisite for prosperous economies," says *Mark Pearson*: "Slowly but surely, over the past decades the attitude of decision-makers around the world with respect to this issue has been changing."

Facing future issues with an expert partner

As the key partner for the health reform, the Main Association ensures that people living in Austria receive good all-round care with health/accident/pension insurance.

Austrian social security is a pillar of the social state. The Main Association – as the umbrella organisation of the 21 social security institutions – makes sure that all people in Austria have high-quality and affordable health/accident insurance and pension schemes. It coordinates and manages the payments, services, innovations and finances of Austrian social security as a whole. As the umbrella association, it establishes a common strategic orientation and arranges the coordination between all social security institutions. All over the world, Austria is seen as a model of comprehensive social security. It aims to retain this standing in years to come. Fairness, transparency and efficiency are the basic principles of the Austrian social security system. *Johann Böhm*, the first President of the Main Association of Austrian Social Security Institutions, puts it in a nutshell: “Social security is the most reliable basis of democracy!”

A driver of innovation

The Main Association is the innovation driver of social security in Austria and the creative partner of the health reform, ensuring the high quality and financial feasibility of care. It also conducts research into social security and derives strategic positions and goals from this.

Hub of information and finance

Since 1982 the Main Association has conducted the insurance procedures for all insured people in Austria. It is responsible for the master data of these people, their employers, and also contractual partners. As the umbrella association it is responsible for ensuring that the key figures for accident/health insurance and pension schemes are accessible at the touch of a button. Decision-makers can therefore use these figures at any time for



Photo: Fotolia.com - Alena Ozerova

planning the further development of the system. In addition, the Main Association is a finance hub that distributes 13 billion euros per year within the social security system and externally in communication with the federal/state governments and abroad. Many smaller invoices for treatment in other countries are also paid.

The first port of call for social security

The Main Association is also the initial contact partner for social security throughout Austria. As the primary contact for politicians as well, it provides information quickly and competently in response to questions on social security and the health system. It represents the interests of the insured and of Austrian social security at a European and international level in its role as the umbrella association.

Health promotion and prevention

The health system is experiencing a process of upheaval. People are growing older and chronic illnesses caused by lifestyles are a burden to people and the health system. The

Main Association focusses on health promotion and prevention – exercise, nutrition and mental health must become the centre of attention in our lives early enough. The effort is worthwhile as it enables people to grow older with dignity.

As part of the health reform, ten health goals were developed in a participative process. Nine of these goals are directly related to health and its determining factors. The partners of the health reform – the federal/state governments and social security – have worked with other stakeholders to develop common strategies for these goals. The Main Association is intensely involved in this process and coordinates all social security activities throughout Austria.



Hauptverband der
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Sicher Versorgt



Innovation for all

Medical innovations can increase the quality of life and prevent deaths. In order to encourage new ideas with real added value, it is necessary to develop innovative incentive systems as well. **Text:** Dietmar Schobel

Inventions become innovations when they can be applied practically and economically. This was the description given many decades ago by Austrian political economist *Joseph Alois Schumpeter* (1883–1950), who is regarded as one of the pioneers of innovation management. From a social perspective, it is also a matter of whether an invention is adopted by a broad public, i.e. accepted by a large number of people.

In the area of patient care, innovations in the fields of pharmaceuticals and medical engineering can play a major role. New developments are certainly not limited to these areas, though. “Digitisation also opens up many new opportunities specifically in the health sector. It will change everyday working life on all levels, and the spectrum of applications ranges from the targeted exchange of standardised data through to artificial intelligence methods in diagnosis,” states *Xavier Prats Monné*, Director General for Health and Food Safety of the European Commission.

Innovative health systems

Innovations are also of importance to the European health systems, which in many cases are highly fragmented. In the opinion of the experts interviewed by “Healthy Europe”, the most urgent change would be to achieve better coordination of the different sub-areas in the interests of integrated care: these sub-areas range from prevention and primary care through to secondary care by



Photo: Directorate-General for Health and Food Safety

Xavier Prats Monné:

“We should strive to make health innovations easily accessible to all citizens of the European Union.”



Photo: Fipra International

Robert Madelin:

“I am optimistic that there will be many new developments in the future as well.”

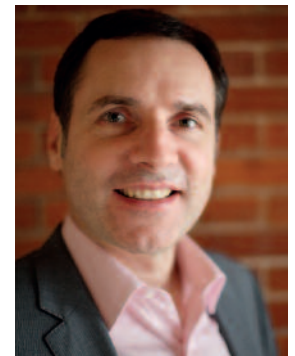


Photo: MSD

Boris Azaïs:

“Private industry is a partner of the public sector and the patients.”

specialists and rehabilitation. In addition, greater cooperation between the health sector and other areas such as the education and social care system should be pursued.

Whereas such changes incur minimal or moderate costs, new medicine or medical technologies are frequently very expensive. However, 9 out of 10 authorised medicines have “only marginal clinical advantages for patients”. This was established by the 14 members of the “Expert Panel on Effective Ways of Investing in Health” appointed by the European Commission. The recommendations of this panel include the identification of areas where there is a particular need for research, where true innovations should be encouraged and better rewards offered.

Good access for all citizens

Whether and when there is access to

medical innovations in the European Union also depends on the country, the scope of health insurance, and the private funds available in each case. Xavier Prats Monné therefore emphasises: “In general we should strive to make innovations easily accessible to all citizens of the European Union to the same extent,” and adds: “And therefore we must also endeavour to shorten the time it takes for innovative products to be launched on the market.”

However, in particular when it comes to medical innovations, excessive expectations are raised and subsequently disappointed,” says *Robert Madelin*, Chairman of the advisory company Fipra International since 2016. “Nevertheless, I am optimistic,” emphasises the innovation expert: “It is my expectation that there will be many new developments in the future as well, with which currently

untreatable diseases can be healed and lives can be saved: for example, with further progress in genetics and in the use of nanoparticles." Taking childhood cancer by way of example, the possibilities can be illuminated: "50 years ago there was only a 20 per cent chance of survival. Today, this figure has risen to 80 per cent."

In addition, "Health Technology Assessment" (HTA) provides a good method for systematically evaluating the benefit of medical technologies – from pharmaceuticals, medical devices, medical and surgical procedures through to advisory services and supply structures, Robert Madelin believes: "This objective

method, which cannot be influenced by politics, should therefore be used more frequently by the health authorities."

A common goal

The fact that the cost of pharmacological innovations is a challenge for health systems is not denied by *Boris Azaïs*, Director of Public Policy at the pharmaceutical company MSD: "The research-based pharmaceutical companies bring disruptive innovation in the sense that new treatments can significantly change how care is delivered. The best example is how the HIV medicines have turned a deadly sentence into a chronic disease." Regarding pharmaceutical research and

development he says that the main driving forces are scientific progress and unmet medical needs: "The industry's pipeline is really focussed on 'frontier science', including oncology, neurological disorders and genomics." Public funds should therefore be used to design health systems that are centred on patients, and there should also be better incentives to create real innovations that bring a considerably greater quality of life for patients, agrees Boris Azaïs. He emphasises: "Pharmaceutical companies are partners of the public sector and patients. We all share a common goal: bringing new medicines quickly and to all patients."

NEW RESEARCH MODELS

Josef Probst, General Manager of the Main Association of Austrian Social Security Institutions, on innovations in the health system, astronomical prices, and research findings as common property.

HEALTHY EUROPE

What are the important innovations in the health sector?

Josef Probst: They include innovations in the spheres of medical engineering, pharmacology and information technology. However, it is equally important to reorganise the health system prudently in order to enable improvements for patients. This involves strengthening primary care and improving the cooperation between the various areas of the health system, which also includes intensifying the collaboration with other sectors such as the social system. In Austria this is now being implemented in the current healthcare reform. Oversupply should be reduced as well. It is not just expensive to have too many people lying in Austrian hospitals unnecessarily, it is also unhealthy.

HEALTHY EUROPE

Certain new medicines have been launched on the market at very high prices in recent years. How can we make sure that they will be accessible to everyone to the same extent?

Initially, we must point out that some of the innovations do not bring any additional benefit for patients. For example, according to a study published

in the British Medical Journal, between 2009 and 2013 48 new anti-cancer drugs for 68 indications were approved by the European Medicines Agency (EMA). More than three years after market launch, for almost half of these it could not be proven that they had contributed to prolongation of life or an improvement in the quality of life. It is true that astronomical prices are demanded for many of these new products, such as the Hepatitis C medicine. This puts the public health systems under considerable financial pressure. Nonetheless, in Austria we can rest assured that all patients benefit very quickly from innovations that bring real added value. In countries that are less affluent, or where the general insurance protection is less comprehensive, this is not always the case. Even in Europe.

HEALTHY EUROPE

How can this be improved?

On the one hand, the prices demanded by pharmaceutical companies must become more transparent. On the other hand, we need new business models for research funding. Billions of euros are being invested at national and European levels in order to achieve this, for example in the research and innovation programme "Horizon 2020".



Josef Probst:
"We need new business models for research funding."

The research that is financed using taxpayers' money must yield a return on investment for the people, and the findings gained from this should therefore be common property. This should apply to both university institutions and also private companies that are commissioned with public assignments. At the same time, future payers should be integrated into research and development at an early stage, more frequently and with greater intensity, so this can be oriented to a greater degree according to actual needs. Overall, in future we should not pay for innovations on a "pill by pill" basis, but – in parallel to the actual decoupling of the value chain – also consider economic decoupling, in the sense of unbundling.

No one should be left behind

The health differences are considerable in European countries as well, for both communicable diseases and non-communicable diseases. Homeless people are among the groups most severely affected. **Text:** Dietmar Schobel



Photo: Fotolia.com - Romolo Tavani

The likelihood of growing older in good health is largely dependent on where you were born. These differences are also large between the individual Member States of the European Union. For example, according to details from EuroHealthNet, the European umbrella organisation of public health institutes and health-promotion agencies, Spaniards have an average life expectancy of 83.3 years. Their counterparts in Latvia and Bulgaria, on the other hand, only reach an average age of 74.5 years. Swedish women who are 65 years of age can expect to live another 16.7 years in good health, whereas this figure falls to only 3.6 years for Slovakian women.

There are considerable internal health differences within the countries themselves too. In a report by the World Health Organization (WHO) a life expectancy of 82 years was documented for male newborns from Lenzie, a smart commuter suburb of Glasgow, whereas this figure

dropped to as low as 54 years just 13 kilometres away from Lenzie in the district of Calton, which is marked by a high percentage of unemployment. It is known as the "Glasgow effect". Even though health inequalities due to the social influences are not quite as dramatic everywhere, in many places they are substantial. They are primarily caused by factors such as education, income and wealth, and this connection has long been documented by numerous scientific studies.

Health inequalities are determined by social factors

"The socio-economic situation influences health-related behaviour, health status and life expectancy," emphasises *Andrea Ammon*, Director of the European Centre for Disease Prevention and Control (ECDC). She adds: "This is the case for both communicable and non-communicable diseases." As a European Union agency, it is the ECDC's responsibility to strengthen Europe's defence

against communicable diseases and to prevent these from spreading. In order to achieve this, data from across Europe is gathered and interpreted, recommendations are given to the individual Member States of the European Union, and training measures are coordinated for experts, amongst other tasks.

The possible causes of the connections between social position and communicable diseases include poor hygienic conditions owing to substandard living conditions, or malnourishment. "One example of this is tuberculosis, which was always a disease that was linked to poverty," says *Andrea Ammon*. Although the number of cases is decreasing in Europe, currently approx. 59,000 people are still diagnosed with tuberculosis each year in the States of the European Economic Area, and around 4,300 died from this disease in 2016.

In addition, *Andrea Ammon* sees resistance to antibiotics and decreasing vaccination rates as great challenges in the area of communicable



Andrea Ammon:
“The socio-economic situation influences health-related behaviour, health status and life expectancy.”



Freek Spinnewijn:
“We should make sure that homeless people are better integrated into regular healthcare.”

diseases in Europe – at times when an estimated 25,000 Europeans die from serious infections with resistant bacteria each year and we see ongoing measles outbreaks across Europe. “We urgently need countermeasures. Otherwise the progress achieved in the fight against communicable diseases over the past decades could be undermined,” says the ECDC Director.

Using targeted measures to reach those concerned

Social issues also play a role here. The European Centre for Disease Prevention and Control therefore analyses not only the regions in which certain communicable diseases occur more frequently, but also the groups of the population that are particularly affected. These include unemployed people and specifically young people without work, drug users, prison inmates, and also migrants and ethnic minorities, for example. The ECDC also prepares relevant information and communi-

cation materials and makes these available to the European countries. Its aim is to respond to lack of knowledge and scepticism in relation to vaccinations and to increase awareness among health experts and patients that antibiotics should only be used with a highly targeted and consistent approach.

In order to reach vulnerable groups as well, both linguistic and cultural barriers must be overcome. Some Member States have therefore included these groups of the population when gathering feedback to ascertain, for example, the comprehension and acceptability of a country-adapted version of an ECDC communication guide on vaccination. For instance, in Romania and Bulgaria representatives of the Romani people were asked. In Bulgaria specific information material was also produced for this ethnic group. Throughout Europe around ten to twelve million people belong to the Romani ethnic minority.

4 million homeless people in Europe

“Around four million people per year are currently homeless at least temporarily in the countries of the European Union,” states *Freek Spinnewijn*, Managing Director of FEANTSA, the European Federation of National Organisations Working with the Homeless. The number of people affected is currently increasing in all countries apart from Finland, and in some cases this increase is at a dramatically high level, he continues. Nevertheless, the homeless are frequently forgotten when it comes to policy strategies, including those concerning health issues. FEANTSA is the only European non-governmental organisation that focusses on the fight against homelessness and intends to put an end to it. A team of 15 members is dedicated to its cause. The quality of living actually has a decisive influence on health, and so it is not particularly surprising that

homelessness has severe negative consequences here too. For instance, according to FEANTSA the rate of tuberculosis infections among homeless people is up to 20 times higher on average than among the rest of the population. Experts estimate that the life expectancy of chronically homeless people is about 50 years – this applies to people who spend their lives exclusively on the street, or who sometimes live in emergency accommodation. Exact data on this has already been gathered in England where, statistically speaking, chronically homeless men reach the age of 47 and women live to the age of 43.

Provide access to healthcare

The most important measure from a health perspective is to enable homeless people to access healthcare. There are relevant projects in various European countries, where doctors and nurses work voluntarily in emergency accommodation, remarks Freek Spinnewijn: “However, we should also make sure that homeless people are better integrated into regular healthcare and not just treated in emergencies.” When homeless people are released from hospital, they often land straight back on the street – and are consequently admitted back to hospital again a short time later, states the FEANTSA managing director, who demands better contact between health experts and staff at emergency accommodation, and also specific rehabilitation centres for the homeless.

However, it would be best to tackle the problem at its roots, to guarantee the right to affordable and safe homes and create a better general framework, for this, Freek Spinnewijn believes: “One consideration would be for the health insurance funds to pay for this. After all, there is a clear connection between the living environment and health, and improvements would contribute greatly to reducing health inequalities.”

Understanding challenges as opportunities

Health systems across Europe are facing similar challenges owing to demographic change and increasing expenditure. Solutions to these challenges can be found relatively easily using suitable strategies, according to European experts.



Photo: Fotolia.com - Jakub Jirsak

CELEBRATING 20 YEARS

The European Observatory on Health Systems and Policies was founded in 1998 on the initiative of the World Health Organization (WHO). Its purpose is to collect and analyse existing data on health systems and make this comparable, and also to enable this to serve as the basis for developing them further. "We prepare the information where there is an actual need, in a manner which makes it easily useable for decision-makers," explains Josep Figueras, who has been Director of the European Observatory on Health Systems and Policies since the outset. Initially with a team consisting of four colleagues, 30 experts are now employed at the Observatory, which is headquartered in Brussels. A network structure enables cooperation with around 650 further experts. The European Observatory on Health Systems and Policies is based on a strong partnership of international agencies, national governments, decentralised authorities and research institutes. Today it is regarded as one of the leading international knowledge brokers in this field.

European health systems may have very different structures, but they face similar challenges: the rising proportion of elderly people among the total population, the growing demand for health services, staff shortages and increasing costs. What can be done to cope with these challenges and develop sustainable health systems?

"Healthcare costs are increasing more rapidly than the gross domestic product in all European countries. There's huge room to improve efficiency in the National Health Service of the United Kingdom, as well as prevention of ill health and promotion of well-being. The greatest impact on our health



Photo: The Health Foundation

Jennifer Dixon:

"Healthcare costs are increasing more rapidly than the gross domestic product in all European countries."



Photo: WHO Observatory on Health Systems and Policies

Josep Figueras:

"The return on investment due to health-promoting or preventative measures amounts to 1:18."



Photo: Parlamentsdirektion/Simonis

Pamela Rendi-Wagner:

"A sustainable health system should be measured by its results."

Increased cooperation between health professionals is also desirable. Multi-disciplinary teams consisting of doctors, nurses, patients, administration staff and other health professionals can often solve problems rapidly and easily in everyday working lives. "Models for quality management could be adopted from industry, such as the 'big room'," remarks Jennifer Dixon. This format for regular multi-disciplinary meetings originates from the automobile industry. It was adopted by a Sheffield Trust hospital in England and proved such a success there that it is now practised by several other hospitals in the UK as well.

is from factors unrelated to healthcare," remarks *Jennifer Dixon*, Chief Executive of The Health Foundation. This independent British institution contributes to better healthcare, more effective policy strategies and ultimately a healthier population in the United Kingdom (UK) using research, strategic analyses and grant giving.

Worthwhile investments

According to the experts interviewed by "Healthy Europe", greater cost efficiency should be achieved above all by an improved allocation of resources. This means that the existing resources should be utilised particularly in those areas of the health system where the best effects are anticipated. These can be expected especially in primary care and also through increased health promotion and prevention. "The return on investment due to health-promoting or preventative measures amounts to 1:18. In other words, every euro that is invested can produce a productivity gain of 18 euros," states *Josep Figueras*, Director of the European Observatory on Health Systems and Policies with headquarters in Brussels, which is celebrating its 20th anniversary this year (see also box: "Celebrating 20 years").

He also points out that currently around 20 per cent of the resources in health systems are wasted, for example due to unnecessary treatments. Nevertheless, it is not just expenditure that should be at the forefront of considerations when it comes to health systems, emphasises *Josep Figueras*: "Investment in health is investment in the future. It ultimately enables better health

among the population and economies that are more productive. We need to communicate this even better to the decision-makers in Europe."

A greater number of years in good health

"A sustainable health system must be able to do more than just deal with the existing resources economically," emphasises Member of the Austrian Parliament *Pamela Rendi-Wagner*, who is speaking at the European Health Forum Gastein in 2018. She adds: "It should be measured by its results, and the most important aspect is to increase the number of years that we enjoy in good health." In accordance with the concept "Health in All Policies", this is a challenge that concerns not just the health system, but all social areas: "Here too, it is a matter of whether people live in conditions that enable them to enjoy fairer health opportunities. This begins with how we develop childcare facilities and schools, through to working conditions and the living situation of older and very old people."

With respect to the health system itself, "integrated care" aims to increase quality. The sub-areas – from the surgery of an individual doctor through to a large rehabilitation centre – should be better coordinated and geared to one another. The "case managers" could have a key function here, accompanying patients on their journey through the health system and thus generating greater efficiency. This would also prevent diagnoses and therapies occurring several times.

Patient-focussed health systems

Better utilising patient experience is also regarded as an important step towards greater sustainability. This should make the health systems simpler to use and make them more transparent, and better designed to meet the needs of users overall. "It is a matter of empowering the patients, not just seeing them as observers of their own healing process, but as experts for their own health," says *Pamela Rendi-Wagner*. This in turn can act as a basis for "shared decision-making". Using well-founded information, patients should discuss with health professionals to decide which therapy is best for them personally.

Inclusion is a criterion

Josep Figueras describes "inclusion" as a further criterion of a sustainable health system. It must be accessible and useable by all people to the same extent. "Equality is a core value of European countries, and inclusive societies are ultimately more efficient, too," says the health systems expert: "If we do not take this into account, we will pay a high price in the form of poverty, disease, unemployment and other negative consequences."

Inclusion is an ambitious goal, and a high degree of dedication is necessary to deal with the challenges that now face health systems in European countries. "However, we must see the challenges as opportunities. Then we will succeed in achieving sustainable health systems and secure the best possible treatment for all patients," summarises *Josep Figueras*.

Health for All!



Fonds Gesundes
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Fonds Gesundes Österreich is the national competence centre for health promotion in Austria.

We are convinced it is better to maintain health than to treat diseases after they occur. All people should have equal health opportunities.