

CURRENT INFORMATION ON PUBLIC HEALTH AND HEALTH PROMOTION

# healthy *europe*

EUROPEAN HEALTH FORUM GASTEIN 2019



## A healthy dose of disruption?

TRANSFORMATIVE  
CHANGE FOR HEALTH AND  
SOCIETAL WELL-BEING

### Climate crisis

A public health  
emergency

### Interview

Towards the  
Economy of  
well-being

### Vaccine hesitancy

Counterstrategies  
are needed

OCTOBER 2019

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Photo: Fotolia.com - natali\_mis

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## **EDITORIAL**

*Dear Readers,*

**H**ealth systems usually develop slowly. In contrast, technical innovation often causes rapid, disruptive social change. Specifying the areas in which a healthy dose of disruption is needed for reforming health policies, together with how this can be devised to achieve transformative change for health and societal well-being, is the main topic of the European Health Forum Gastein (EHFG) in 2019. This issue of the magazine 'Healthy Europe', which has been published on the occasion of the EHFG for the second time, provides an initial overview of the key conference content and views of some of our key speakers.



Photo: EHFG

On pages 10 and 11, two leading digital health experts *Indra Joshi* and *Ran Balicer* explain why they believe that digitalisation will not reduce the human touch in health systems. In fact, they are convinced that it will enable healthcare to become better, more personal and more focussed on patient needs in the future, provided that digital technology is put to appropriate use and private data is guaranteed secure protection.

*Luca Li Bassi*, Director General of the Italian Medicines Agency Agenzia Italiana del Farmaco (AIFA), explains in an interview on page 14 why Italy was a leading force behind a resolution of the World Health Assembly to demand improved 'transparency of markets for medicines, vaccines, and other health products'. On page 15 *Päivi Sillanaukee*, Director General in the Finnish Ministry of Social Affairs and Health, explains why the Economy of Well-being is a priority area of Finland's Presidency of the EU Council. Fundamental, and likely disruptive change in the way we produce and consume is urgently required to address the climate crisis before it's too late. On pages 16 and 17 you will find more on this topic, which is currently heading the list of priorities in all areas of policy.

I wish you enjoyable reading and interesting days of learning and exchange at the EHFG 2019,

*Dorli Kahr-Gottlieb,*  
EHFG Secretary General



# A healthy dose of disruption for societal well-being

**Clemens Martin Auer**, *President of the European Health Forum Gastein (EHFG), explains why it is necessary to act with greater speed and decisiveness.*

## HEALTHY EUROPE

**Dr Auer, the EHFG in 2019 has the motto 'A healthy dose of disruption? Transformative change for health and societal well-being'. Why was this chosen as the central theme?**

**Clemens Martin Auer:** There are so many areas in the health sector where we have known a great deal about what needs to be done for such a long time. Yet it often takes far too long for knowledge to be followed by action. Or there is no action at all. What we need is decisive behaviour – or to put it differently, a 'healthy dose of disruption' – as the starting point for doing things differently and implementing the necessary steps more rapidly.

## HEALTHY EUROPE

**How would you describe these steps in practice?**

If you take as an example the increasing number of people who are overweight or obese, then at present we reach out to them with statements such as 'Follow a healthier diet!' or 'Do more exercise!'. But that won't be enough. We also have to examine the role of the food, drinks and alcohol industry. We

need to attempt to find new forms of partnership to search for solutions that provide better prevention of overweight, obesity and the non-communicable diseases that can develop as a result. At present such dialogue hardly takes place, or not at all. The public sector needs to get involved here as well: we have to wake up and leave our ivory tower – even if it might be a bit uncomfortable.

## HEALTHY EUROPE

**What are other examples of where change must happen more rapidly in the health sector?**

There are many examples. If I have to name just one, then it would be access to innovative medicines. At the moment, this is not open to all people to the same extent even within the European Union. For instance, new cancer medication is frequently only available in a small number of countries at first, and it takes years to arrive in the others. This is unacceptable, and so we need to reconsider current privileges in patent protection and market exclusivity. This can also involve overcoming market fragmentation and developing a common strategy between the European countries

for dealing with the global operations of the pharmaceutical industry.

## HEALTHY EUROPE

**Our health is influenced by all sectors of society, which is expressed by the concept 'Health in All Policies'. In what way do societies as a whole need to rethink?**

Over the past years and decades, globalisation of the economy and strengthening the competitive position were the determining narratives. Everything was subordinate to this way of thinking, which pushed economic constraints even further into the spotlight in the political debate. Now we actually need a new narrative for societies in general – one that takes into consideration the 17 United Nations Sustainable Development Goals. This could focus on activities that promote people's well-being. It would produce an entirely different picture of what action is really necessary now and in the future.

## HEALTHY EUROPE

**What do you personally, as President of the European Health Forum Gastein, hope that the conference achieves in 2019?**

The European Health Forum Gastein hosts high-ranking international representatives from the economy, science, civil society and health policy sectors. I would like us to succeed in convincing a good number of participants to act more rapidly and decisively in their everyday professional lives. Then we will have taken a big step. You see, in many areas of healthcare we don't have another 15 or 20 years to correct what is going wrong.



**'We don't have another 15 or 20 years to correct what is going wrong.'**

CLEMENS MARTIN AUER, PRESIDENT  
OF THE EUROPEAN HEALTH FORUM GASTEIN

# A unique conference

*Every year, the European Health Forum Gastein (EHFG) provides a platform for discussion of the latest topics.*

**T**he European Health Forum Gastein rests on four pillars that are of equal importance: the public sector, private sector, science and research, and civil society,' emphasises *Dorli Kahr-Gottlieb*, who has been Secretary General of the European Health Forum Gastein (EHFG) since 2012. She points out: 'This is the basis of our success and it contributes to making the EHFG such a unique conference.' The event's exceptional atmosphere, with its focus on health policy at European level, is to some extent due to the fact that it returns to the same location each year: the peaceful Gastein valley, far away from the hustle and bustle of everyday working life in major European cities. The location offers an excellent backdrop for a nuanced and forward-looking, possibly also controversial exchange on burning issues, as well as a fruitful breeding ground for joint innovation on questions of population health and well-being.

The number of participants from around the world totals between 500 and 600, the ideal conference size to both allow for one-on-one discussions and nurture far-reaching networks. EU Commissioners, Ministers and other decision-makers from European and national institutions are joined by renowned researchers and representatives from high-profile companies and major civic organisations, partly also from other areas such as the social or finance sectors. 'Health is a topic that concerns all areas of society, which is why the EHFG seeks to involve representatives from other sectors as well,' explains Dorli Kahr-Gottlieb.

## The EHFG team

Work on the programme for the next European Health Forum Gastein begins in late autumn, in line with the maxim that 'after the EHFG is before the EHFG'. As



The core team of the EHFG, from left: **Anna Wiedemaier**, **Christine Huttegger**, **Louise Boyle**, **Dorli Kahr-Gottlieb**, **Cara Pries**, **Chloe Maher** and **Alexei Croitoru** (not in this picture: Moritz Reis).

part of an ongoing process, strategic and programme developments are discussed with the 15 Board Members and the 18 individual and four institutional members of the EHFG Advisory Committee. All day-to-day activities relating to the EHFG are performed by a small team consisting of eight employees. *Louise Boyle* is senior advisor and leads the Gastein office, and *Cara Pries* is responsible for programme planning. *Alexei Croitoru* is a new member of the team who oversees Young Forum Gastein, a network of around 500 young public health experts that was initiated in 2007. Every year, 70 young health professionals from all over Europe receive scholarships that enable them to take an active part in the EHFG, as well as tailored programme contents. *Chloe Maher* is responsible for administrative and event management activities, *Anna Wiedemaier* for accounting, and *Moritz Reis* for IT support. On site, in the Gastein valley, the conference is coordinated by *Christine Huttegger*. During the event the team is supported by around 20 additional helpers.

## Innovative formats

Apart from offering engaging discussions on current topics such as disruptive innovation, the Economy of Well-being and the climate emergency at this year's EHFG, the team also focusses on encouraging the programme partners to work with innovative conference formats. Besides interactive session formats like Design Thinking, Fishbowl and World Café, last year this included the first 'hackathon'. 35 participants were selected to work together in seven teams on the topic of excessive alcohol consumption among young people. The aim: to develop a truly innovative solution in a short amount of time. With the first event having been a big success, the EHFG Hackathon 2019 looks for creative answers to yet another challenge, vaccine hesitancy. The best solution is awarded a prize of €25,000, the main portion of which is to be invested in the implementation of the winning project. With all these initiatives in place one can safely say that the EHFG is intent on helping experts and decision-makers within and beyond the field to mobilise actions and agents of change – to create a better future for health in Europe.

Photo: ECDC



**'I haven't eaten meat for 40 years, and that helps my health in many different ways.'**

**ANDREA AMMON, DIRECTOR OF THE EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL**

**A**ndrea Ammon was elected as the new Director of the European Centre for Disease Prevention and Control (ECDC) for a period of five years by the ECDC Management Board in March 2017. ECDC has a staff of around 300 people and commands an annual budget of over €50 million, with its headquarters in Solna near Stockholm in Sweden. Previously, she was ECDC's Acting Director from May 2015. Andrea Ammon joined ECDC as the Head of the Surveillance Unit in 2005. The unit was responsible for developing The European Surveillance System (TESSy), implementing a long-term surveillance strategy for the European Union (EU), evaluating the Dedicated Surveillance Networks (DSN), performing step-by-step transfer of DSN activities to ECDC, revising the EU case definitions and producing an Annual Epidemiological Report on infectious diseases in the EU. Prior to joining the ECDC, Andrea Ammon held several positions at the Robert Koch-Institute in Berlin, Germany, most recently as Head of the Department for Infectious Disease Epidemiology. In this capacity she maintained and further developed the German national surveillance system, amongst other things. And how does she take care of her own health, as an expert? 'I haven't eaten meat for 40 years, and that helps my health in many different ways,' says the ECDC Director, who lives in Stockholm and makes sure that she gets sufficient exercise. She takes care of all her day-to-day business on foot or public transport, does yoga five times per week, and likes to go hiking at the weekends.

**RAN BALICER, FOUNDING DIRECTOR OF THE CLALIT RESEARCH INSTITUTE**

**'Digitalisation has a lot of potential for enabling people to live better lives.'**

Ran Balicer was born in 1975 in Tel Aviv, Israel. He studied medicine at Tel Aviv University between 1992 and 1999 and later trained in public health at Ben-Gurion University, where he also received a PhD in Health Systems Management. His professional work includes a position at the Israeli government as Epidemiology Director, as an Advisor to the Israeli Ministry of Health, as Secretary of the Israeli Public Health Physician Association, and as a full professor at Ben-Gurion University. Since 2007 he has been the Director of Health Policy Planning for Clalit, the largest healthcare organisation in Israel, and a global leader in imple-

menting innovative strategies to tackle chronic illnesses. Since 2010 he has also served as the Founding Director of the Clalit Research Institute, which is the WHO Collaborating Centre on Non-Communicable Diseases Research, Prevention and Control. The Clalit Research Institute is responsible for the innovative use of Clalit's unique data and know-how resources for improving the health and healthcare of its 4.5 million members. 'Digitalisation and artificial intelligence have a lot of potential for enabling people to live better and healthier lives. In order to achieve this, however, data and privacy protection must be treated with



Photo: Clalit

care, and we would like to be at the cutting edge of development here,' says Ran Balicer. He looks after his own health by walking and cycling as much as possible, and whenever possible he goes hiking with his wife and three children.



Photo: NHS

**'Digital health technologies should be safe, effective and ethically developed.'**

**INDRA JOSHI, HEAD OF DIGITAL HEALTH AND AI AT NHSX**

Indra Joshi is the Head of Digital Health and Artificial Intelligence (AI) at National Health Service X (NHSX). NHSX is a joint unit between the UK Department of Health and NHS England, the central commissioner. She oversees standards for digital health technologies and policy for AI in health and care, as well as supporting the 'Empower the Person Portfolio', which aims to create a citizen-friendly digital interface

for the NHS. 'Our work focusses on making sure there is an applicable standard that is utilised when assuring and evaluating digital health technologies, and ensuring that AI technologies in health are developed in a safe, ethical and effective way,' she says. Indra Joshi studied medicine at University College London and trained as an emergency medic, gaining membership of the Royal College of Emergency Medicine. She worked as a doctor in the NHS for 10 years, followed by a position as a Senior Medical Policy Advisor at the Department for Work and Pensions, the

largest ministry in the UK. She also worked for a digital health company, Health Bridge Limited, that provides remote medical consultations and, if suitable, issues private prescriptions. In early 2016 she joined the voluntary network, One HealthTech, and is a founding ambassador whilst also being a core team member with the position of clinical director. One HealthTech (OHT) is a network that supports and promotes women and other underrepresented groups in health innovation. She was appointed Head of Digital Health and AI at NHSX in late 2016.



# Do we need a 'healthy dose of disruption'?

*'Healthy Europe' asked three leading decision-makers from the health sector about their understanding of the term 'disruption' and where a 'healthy dose' would be beneficial.*

## Zsuzsanna Jakab Deputy Director-General, World Health Organization

'Disruption' when used as a term in connection with health usually refers to the application of a new technology or innovation to introduce a radical shift in the way we think about or approach the delivery of a health service. Some of the greatest innovations of our time have originated from those who dared to think differently. Ignaz Semmelweis, who used his 'disruptive thinking' to drastically reduce the number of women dying after childbirth, is a good historical example of this. Today, a 'healthy dose of disruption' could address how and where health services are delivered to individuals, for example – through the use of mobile technologies. It could also explore novel uses of data to gain public health insights that can be used to improve the health of the population, or re-engineer health financing in a way that shapes investment in prevention services. Like other methodologies for innovation, disruption has its place in accelerating action for the digitalisation of health systems, to ensure health in all policies and to refocus on prevention. However, we also need to be mindful that leveraging the full potential requires Member States to establish a strong framework to evaluate and govern the broader process of change that ensues, ensuring that health service continuity is not interrupted or compromised. This is necessary specifically in relation to innovations to ensure that no one is left behind in the delivery of good health and well-being.



## Anne Bucher Director-General for Health and Food Safety, European Commission

I understand 'disruption' to be a radical innovation that fundamentally questions the manner in which things have been done so far. It concerns society and the economy as a whole or just a large part of it, and can affect how we live, work and communicate. Disruption does not usually occur overnight, whether technological or otherwise. The internet, for instance, developed back in the 1960s and was initially only used in a certain area. Nowadays digitalisation and the potential offered by artificial intelligence are technological innovations that pose a challenge for society as a whole and specifically for the healthcare system as well, and they can bring about major change. Big data holds great potential for better healthcare that is focussed to a greater extent on the needs of patients, and we need to use this potential. However, using patient data is also sensitive – specifically in relation to data protection and patient privacy. As policymakers, we need to decide whether and when interventions are necessary, which healthcare model we want, and how we can proceed as effectively and inexpensively as possible.

## Brigitte Zarfl Austrian Minister of Labour, Social Affairs, Health and Consumer Protection

Innovation that leads to fundamental change can usually only be recognised as disruption when it becomes manifest. Digitalisation seems to nourish the energy for future disruptive innovation, specifically in relation to the health system. It is important to secure the benefits for society here – and not focus so much on coping with the technical challenges. We can work together to address the opportunities and challenges for our health system by defining the ethical principles and boundaries within which we are willing to allow disruptive innovation. At the same time, social systems are frequently slow to absorb innovation. It is therefore also important that we press ahead with innovations ourselves to avoid being ultimately surprised by disruption created by the system itself. In Austria new approaches to health policy as a whole have also been implemented as a result of health reforms in recent years. Although these rely on the existing structures within the health system, they also rely on intensified collaboration, and we can say even now that this always results in positive change – whether disruptive or not. Challenges such as the reduction of health inequalities, improving primary care, and financial protection for the health system can only be addressed effectively if we work together. And it is possible that disruptive innovations can support us in reaching these goals over the long term.



# How can health information cause disruption?

**Herwig Ostermann**, *Managing Director of Gesundheit Österreich GmbH (GÖG), on disruption by health information, data as the basis for policy decisions, and the European project InfAct.* **Text:** Dietmar Schobel

## HEALTHY EUROPE

### Mr Ostermann, how can health information cause disruption?

**Herwig Ostermann:** Just like any other type of new findings, health information can have a 'disruptive' effect as it guides our view of certain things along different lines, and can therefore reorientate or profoundly change our approach to them.

## HEALTHY EUROPE

### Can you give a specific example?

One of many possible examples is that heart attacks have long been regarded as a 'male' or 'executive' problem. However, more detailed analyses have shown that heart attacks are far more likely to be fatal for women below the age of 50 than for men, for instance, and that the long-term unemployed are more likely to suffer a heart attack than managers, whether male or female. This data can therefore be used to derive specific results for an improved diagnosis and therapy in general. People who are aware of these facts will accordingly be able to interpret potential signs of a heart attack among those groups of the population.

## HEALTHY EUROPE

### What is the role played by data and its analysis in relation to the health system overall?

From the perspective of Gesundheit Österreich GmbH as Austria's national research and planning institute for the health sector, it is primarily about preparing objective data for decision-

makers in such a way that measures can be derived from it which guide the health system in a direction that provides the greatest possible benefit for the population. This means on the one hand that relevant facts need to be made available rapidly, and on the other hand that they should be provided in a manner that is as clear and easy to interpret as possible. The EU project InfAct, which we are working on together with 27 other countries, aims to further improve and intensify the handling and adequate utilisation of health data through mutual transfer of knowledge.

## HEALTHY EUROPE

### What are the objectives of InfAct?

InfAct is supported by the European Commission, and a total of 40 partners from 28 countries in the European Union and associated states are involved. The shared objectives include exchanging good practice models, learning from the experiences of other countries, and establishing a European architecture for health information. This also includes improving the comparability of data

from different European countries, which will ultimately make it easier to compare the services and structures of the health systems. The final goal is to establish a cross-border, sustainable knowledge platform with national contacts such as the GÖG and its sister institutes.

## HEALTHY EUROPE

### Isn't it possible to compare the European countries at present?

The specifications according to which certain parameters – such as the number of doctors and even the number of hospital beds – are measured, are actually very different in each country. Details are usually only found in the footnotes for relevant tables – if at all. At the same time, international comparisons currently frequently trigger a massive response in the media and therefore also in society and politics. Standardised data can therefore create disruption in a positive sense here: it can open up new perspectives and present the services of different health systems using more substantiated information.



'InfAct will make it easier to compare data from European countries.'

HERWIG OSTERMANN, MANAGING DIRECTOR OF  
GESUNDHEIT ÖSTERREICH GMBH

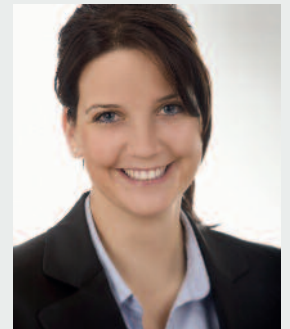


# What characterises a 'youth-designed health policy'?

*'Healthy Europe' asked three Young Gasteiners about factors that they believe constitute a youth-designed health policy and if their country is implementing such a policy.*

**Patricia Dundler** Assistant to the Head of the Negotiations and Settlements with Contract Partners Department at the Vienna Regional Health Insurance Fund (WGKK)

The qualities I associate with youth are modernity, freshness, curiosity and creativity. Of course, digital transformation is part of young people's lives. From the perspective of health, this can mean that they expect to find information on health and medical treatments quickly and easily via social media, apps or videos. A youth-designed health policy is future-oriented and offers flexible programmes that are adapted to the needs of young people, e.g. when they go abroad. However, most health programmes are not designed for the youth because our health system is mainly 'cure-oriented'. Since most illnesses occur later in life, I would say the focus is not put on young people. Nevertheless, children and adolescents play an important role in the health policy of my country; this is shown by the children's health strategy that was initiated by the Austrian Ministry of Health and includes 20 goals in five thematic areas and a comprehensive catalogue of measures. We know from the WHO study Health Behaviour in School-aged Children that there are areas such as smoking, nutrition and exercise where a lot needs to be done to promote a healthy lifestyle among young people, to provide the foundation for a healthy adult life. I believe concrete examples of youth-designed health initiatives therefore include programmes against smoking and the promotion of a healthy lifestyle. The initiative 'fit and strong' organised by the Austrian social security system has been a successful initiative where social-media channels and influencers are used to directly reach out to young people between the ages of 13 and 17.



**Alberto Mateo Urdiales** Public Health Resident at the University of Liverpool

If a health policy is to be designed so that it appeals to the interests of young people, then they need to be included in the process right from the start. This means not just asking young people about the topics that they associate with health, but involving them even before this stage, when developing methods with which the topics can be ascertained. As a rule, people are healthier when they are young, and so a youth-designed health policy needs to be less oriented on treating illness and more towards allowing young people to fulfil their dreams and to use their potential. In line with the concept 'Health in All Policies', this concerns not just health policy, but social policy as well. Good and secure workplaces are crucial prerequisites of a healthy life, particularly for young people. At the same time, youth unemployment is still very high in many European countries. Concrete health initiatives specifically for young people aim to highlight healthy eating, alcohol consumption and sexual health. It would also be very important to do more for the promotion of mental health – for young people just as for all other age groups.

**Ramona Ludolph** Technical Officer at the Department of Public Health, Environmental and Social Determinants of Health at the World Health Organization

Youth-designed health policies focus on the future generations and are characterised by their innovation, long-term vision and a clear focus on primary prevention. Policies formulated with that in mind will not just benefit the youth but all generations – which is the aim of good health policies. In view of demographic and lifestyle changes, there is a need for policies that improve people's health in a sustainable way, ensure that no one is left behind and are designed to make an impact in the long run, not just until the next election period. We need to think across borders and sectors to respond to today's complex issues. The younger generation can make a significant contribution to this solution-finding process as they bring a new angle and perspective to the table. While many countries and international organisations make an effort to include the perspective of young people in their work (e.g. by inviting them to their assemblies or holding consultations with student associations or interest groups), the actual policies often seem to lack a long-term vision of how to improve the health and well-being of these generations. It is important that young people actively participate in discussions to make their voices and ideas heard. In my opinion the Fridays for Future demonstrations are a great example that illustrate how well young people can organise themselves and gain a foothold in the public debate.





Photo: NHS

**Indra Joshi:** 'The needs of users always need to be at the centre.'



Photo: Clalit

**Ran Balicer:** 'We have to establish trust in digital technology and use it in an appropriate way.'

# The human touch in a digital world

*Digitalisation brings both opportunities and risks. Experts on digital health believe that if private data is protected securely and new technology is put to appropriate use, the advantages far outweigh the drawbacks.*

**D**igitalisation' and 'digital transformation' are topics that have been at the heart of public debate and policy discussions for several years. In healthcare, on the one hand they are linked to the hope for better and quicker services. But on the other hand, many citizens – and also experts – are afraid that digitalisation will jeopardise the human touch, for example if artificial intelligence applications were to replace doctors, or if tasks performed by carers were carried out by robots instead.

## Observing the interests of users

*Indra Joshi*, Head of Digital Health and Artificial Intelligence at England's National Health Service (NHS) and speaker at the European Health Forum Gastein 2019, sees no cause for alarm: 'Digital technology has played an important role in the health sector for decades, and the level of humanity in healthcare has not decreased significantly as a result.' She points out: 'To ensure it stays that way, it is primarily important that new technology does not become an end in itself. The needs of users should always be at the centre of development processes, especially with regard to use of technology.' While the application of digital technology has

considerably increased the quantity of health information available over recent years, the quality has also changed and new opportunities for access have been created. Digital technology has changed services in healthcare and – last but not least – affects diagnostics and therapies as well. We now have wearables that record our health data, apps that enable better management of diseases, artificial intelligence applications for early detection of certain conditions, and internet searches for health information, the last of which have long been taken for granted. 'The new technical possibilities also bring new strategic, legal and ethical issues for which we must find suitable answers,' says Indra Joshi.

In order to achieve this, England's National Health Service works with the suppliers of digital technologies and also their users. The latter are expected to be able to make even better and more efficient use of healthcare services with the help of digital tools and receive the necessary support where required. In cooperation with NICE, the National Institute for Health and Care Excellence, an 'Evidence standards framework for digital health technologies' has been drawn up for producers of digital technologies. The aim of this guideline is to make it easier for innovators and commissioners to understand good levels of evidence for digital healthcare technologies. These technologies must also meet the needs of the health and care system, patients, and users.

## Exploiting potential

'Indeed, digitalisation also bears risks, both in regard to privacy and also through potentially inappropriate usage of technology. However, these risks can be managed, and we should re-

member that maintaining the status quo holds even bigger risks, so we must not be deterred from fully exploiting the immense potential of innovation and digital health,' emphasises *Ran Balicer*, also a speaker at the European Health Forum Gastein 2019 and Director of the Research Institute at Clalit, Israel's largest healthcare organisation. He is also Director of Innovation for Clalit and sees huge potential in digitalisation, which can take healthcare away from being reactive, and develop a preemptive and proactive approach.

The significance of this in practice has been examined at Clalit in a large-scale study over the past eight years. Its aim has been to reduce the number of patients who suffer from chronic kidney insufficiency and consequently require dialysis. Chronic kidney insufficiency is a quiet disease. When the first symptoms appear, it is usually too late to avoid dialysis. Targeted data analyses therefore aim to identify patients at risk as early as possible to enable corresponding treatment.

## Reducing the risk of chronic kidney insufficiency

'Every year we identify around 12,000 people with a predicted high risk of forthcoming renal failure, and we pass on the relevant information to their general practitioner, who can take that into consideration when treating these patients,' explains Ran Balicer. In the course of this study, a guidebook was written that describes details of the possible therapies for patients at risk. Specifically, this can refer to a patient who – wherever possible – would stop taking certain medication against high blood pressure, or take



different medication, in order to reduce the risk of chronic kidney insufficiency. Over nearly two decades Clalit created electronic documentation for all the clinical data such as diagnoses, laboratory results, medication prescription and dispensing and imaging studies of its 4.5 million members, and this was the starting point of the research work. 'We are now doing the same in efforts to prevent cases of diabetes, pneumonia, even cancer, but it will take a couple of years

to measure the impact,' explains Ran Balicer. He believes that the spectrum of possibilities for diagnostics and therapeutics that are enabled by analysing large quantities of digitalised patient data with the help of corresponding algorithms will be significantly increased in the coming years. This will happen in particular by integrating data that have been collected by using genome sequencing as well as metabolome and microbiome analysis, in addition to clinical data. 'This

will allow us to provide tailored and more successful therapies for individual patients,' remarks Ran Balicer. He adds that it will definitely not make medical professionals superfluous: 'We have to establish trust in digital technology and use it in an appropriate way. With this support, in the future doctors will be able to focus their time and effort on the humane aspects of medicine, treating patients as people and responding to their needs even better.'

## EIGHT DIGITAL TECHNOLOGIES THAT WILL CHANGE HEALTH AND CARE

**The King's Fund, an independent think tank in England, has described eight digital technologies that could fundamentally change healthcare.**

### Smartphones

have only played a key role in our lives since the launch of the iPhone in 2007. They can be used to gather health data for personal use or for research. Hundreds of thousands of health apps are now available, but there is no effective quality assurance.

### Portable diagnostics and smart assistive technology

enable devices previously only kept in a hospital or a GP's surgery to become portable or cheap enough to be located in people's homes, and be used by patients themselves.

### Smart or implantable drug delivery mechanisms

include pills with a tiny sensor which enables patients and their clinicians to

see how well they are adhering to their prescription. Implantable devices with hundreds of tiny, sealable reservoirs have already been developed for medication to treat long-term conditions as well as for contraception.

### Digital therapeutics

include therapy platforms to connect with health professionals remotely. They can also enable prevention.

### Genome sequencing

aims to provide us with a better understanding of how diseases affect different individuals and to increase the effectiveness of medical interventions.

### Machine learning

is an application of artificial intelligence that provides systems with the ability to

automatically learn and improve from experience – for example, it can be used when looking at a patient's X-rays to detect suspected bowel cancer.

### Blockchains

are a technology that has become known particularly through the digital currency bitcoin. Their uses include decentralised and secure administration of patient data.

### Connected communities

for health are growing in their membership and diversity. These platforms bring together people with interests in health and care within countries and across the world to support each other and share learning.

Source: [www.kingsfund.org.uk/publications/eight-technologies-will-change-health-and-care](http://www.kingsfund.org.uk/publications/eight-technologies-will-change-health-and-care)





**Andrea Ammon:**

'A growing number of people in some European countries doubt the effectiveness and safety of vaccines.'

# Boost confidence in vaccinations

*Vaccine hesitancy is increasing in some European countries. Counterstrategies are necessary at a national level and also in cooperation between countries.*



**Sibilia Quilici:**

'Countermeasures against vaccine hesitancy are urgently needed.'

**A** growing number of people in some European countries doubt the effectiveness and safety of vaccines,' says Andrea Ammon, Director of the European Centre for Disease Prevention and Control (ECDC). She believes that this is also due to the fact that to a certain extent vaccines are the victim of their own success: 'Let's take poliomyelitis, for example. Back in the 1960s and 1970s everybody knew at least one person who was affected by this serious disease. Nowadays it has disappeared from Europe. As a result, some people have become less aware of the importance of that vaccination.'

Growing vaccine hesitancy has specifically contributed to a decline in the measles vaccination coverage rate. In the European Union (EU) and the European Economic Area the number of countries that have achieved immunisation coverage of at least 95 per cent with two vaccinations fell from 14 to 4 between 2007 and 2017. Between January 2016 and March 2019 over 44,000 cases of measles were reported in the region.

A 'Eurobarometer survey' in March 2019 authorised by the European Commission supplies the latest data and facts on the attitudes of Europeans towards vaccination. On average, 88 per cent – almost nine out of ten people – in the EU countries agree with the statement that 'vaccines are important to protect not only yourself but also others'. There are considerable differences between countries, though. For example, almost 100 per cent of the Finns, Dutch and Portuguese are convinced that vaccines are immensely important. This figure is only at

around 75 per cent in Austria, Romania and Bulgaria.

## Only five per cent are 'real vaccine opponents'

'Surveys on this topic have informed us that only about five per cent of people are "real vaccine opponents" who have held incorrect assumptions about vaccines over a long period of time,' says Andrea Ammon. While it is unlikely that this group will be convinced by more information, it is all the more important to increase the knowledge of vaccines among the rest of the population. There is huge potential here. Only four fifths of Europeans know that vaccines are rigorously tested before being authorised and only about half are aware that vaccines cannot cause the disease against which they protect.

Doctors can play a crucial role in reducing vaccine scepticism. As many as 65 per cent of respondents in the Eurobarometer survey gave their 'general practitioner, a doctor, or a paediatrician' as their most trusted source of information on vaccination. 12 per cent stated the health authorities, nine per cent other healthcare workers, like nurses or specialist doctors, and four per cent named pharmacists. Just one per cent stated online social networks as the most credible source of information on the topic of vaccines.

However, some medical professionals are also vaccine opponents. Training for doctors is therefore especially important: on the one hand in order to keep their knowledge up to date at all times, and on the other hand to communicate

## DATA & FACTS

The Standing Committee on Vaccination (STIKO) at the Robert Koch Institute in Germany has named 16 diseases that can be prevented by vaccines. These are diphtheria, tetanus, whooping cough, Haemophilus influenzae b, poliomyelitis, hepatitis B, measles, mumps, rubella, chickenpox, influenza, pneumococci, human papillomaviruses (HPV), meningococci, rotaviruses and shingles. A study by the Faculty of Medicine at the University of Liège in 2016 examined the costs of vaccinations against up to 17 diseases during a person's lifetime in Western Europe. These differ greatly from country to country. Including administration costs, they amount to between 443 euros for a healthy man in Sweden and 3,395 euros for a woman with underlying conditions in England.

Vaccine hesitancy is also the focus of the **EHFG 2019 Hackathon** (see page 5).



Photo: Fotolia.com - BillionPhotos

to them how they can pass on their knowledge of vaccines to patients in the best possible way, and how they can react to queries by worried parents. 'Viewed as a whole, specific combinations of measures are necessary in the individual European countries in order to boost confidence in vaccinations. The country profiles prepared by ECDC are a good starting point for this,' says Andrea Ammon.

### More cooperation

ECDC will explore whether a better alignment of vaccination schemes across all countries would be feasible. The fact that these differ in some respects from country to country is used by anti-vaxxers as a welcome argument against the scientific soundness of vaccine recommendations. Increased cooperation in the fight against diseases that can be avoided by vaccines is also demanded in a recommendation by the European Council from December 2018, and in early 2019 a committee of European experts discussed this topic on ECDC's initiative. Electronic vaccination reg-

isters are also expected to bring improvements, as they will enable more detailed documentation and also targeted reminders about necessary vaccinations. These digital tools have already been introduced in some European countries, and in others they are planned.

'People have doubted vaccines ever since they were first developed at the end of the 19th century. It isn't a new phenomenon. However, the situation has worsened in Europe over recent years and countermeasures are urgently needed,' remarks *Sibilia Quilici*, European Public Policy Director at the global pharmaceuticals company MSD. Improvements must be made in the areas of convenience, confidence and complacency, she explains. As part of this, it is important to:

- Make vaccines as easily accessible as possible in relation to both time and place
- Increase trust in state institutions, which has considerably declined in some countries

- Make it clear that the fact that many diseases prevented by vaccinations are almost or entirely extinct in Europe does not mean that vaccine protection is no longer necessary.

### Preventing deaths

From the perspective of vaccine producers, it is also important to ensure a reliable supply. 'This is a challenge that requires long-term planning because it can take up to three years to produce and deliver a vaccine, depending on the type,' explains *Sibilia Quilici*. She summarises: 'During the lifetime of an individual, 16 infectious diseases can now be routinely prevented thanks to the corresponding vaccines available in Europe. Unfortunately, access to these vaccines varies across the region. We need to harmonise the use of the public health tool that vaccines represent to benefit from its full potential. Every death that could have been prevented by a vaccine is one too many.'



**Luca Li Bassi:**  
'We must be able to obtain a complete picture.'

# We need more transparency

**Luca Li Bassi**, *Director General of the Italian Medicines Agency Agenzia Italiana del Farmaco (AIFA), in an interview on fair prices for health products, and why improved market transparency is necessary.*

## HEALTHY EUROPE

**Director General Li Bassi, Italy was a leading force behind a resolution that was passed by the Member States of the World Health Organization (WHO) at the end of May to demand improved 'transparency of markets for medicines, vaccines, and other health products'. Why was that?**

**Luca Li Bassi:** The Italian Minister of Health Giulia Grillo has always supported the importance of transparency in public policies and

has been instrumental in raising this issue at a global level as well. After all, the pharmaceutical market is a global market and the costs of medicines and other therapies are a national as well as an international issue faced by all countries of the world. In Italy alone, expenses for drugs total 30 billion euros in public and out-of-pocket spending every year. For this reason, we feel we are important stakeholders in this industry, as we invest a significant amount of resources. At the same time, there is a considerable imbalance in the information available on the lifecycle of medicines, from clinical trial results data and patents, to pricing. Such information is important for policy decisions, including for the reimbursement of medicines. The health systems in all European countries are under severe cost pressure, and being able to allocate available resources efficiently and effectively is of paramount importance and in the best interest of public health. The intention is to take responsibility to collectively shape a healthy pharmaceutical market, one that is more innovative, competitive and transparent.

## HEALTHY EUROPE

**In which areas is improved transparency especially necessary?**

Most delegations from the 194 Member States of the WHO – all except Germany, the United Kingdom and Hungary – agreed that the information required concerns the real prices effectively paid for medicines and other health products in the different countries and by different purchasers, information on sales revenues, units sold, marketing costs,

and public subsidies and incentives received for their development. Improved transparency is also needed with regard to results of clinical trials, plus improved public reporting of patent status information. We must be able to obtain a complete picture, as WHO Member States collectively represent significant investors in this business.

## HEALTHY EUROPE

**What progress has been made by the resolution passed at the Seventy-Second World Health Assembly of the WHO in relation to these demands?**

The current resolution now provides the basis for implementing the necessary measures to improve transparency at a national and international level. In Europe, for example, the European medicine price database EURIPID already serves as a tool for comparing the prices of reimbursable medicines at an international level. EudraCT (European Union Drug Regulating Authorities Clinical Trials Database) is the European database for all interventional clinical trials on medicinal products authorised in the European Union (EEA). We just need to follow up and work to achieve the objectives for which these tools were developed in the first place. It is now the responsibility of the individual states to take the necessary legal and practical steps. The WHO is committed to providing the necessary technical support. Many countries have already indicated that they are ready and willing to take action, including within the EU. We need to use this momentum over the coming months.

## THE RESOLUTION

The resolution of the Seventy-Second World Health Assembly for 'Improving the transparency of markets for medicines, vaccines, and other health products' was passed on May 28th. Besides other concerns, it calls upon the Member States of the World Health Organization (WHO):

'(1) to take appropriate measures to publicly share information on the net prices of health products;

(2) to take the necessary steps, as appropriate, to support dissemination and enhanced availability of, and access to, aggregated results data and, if already publicly available or voluntarily provided, costs from human subject clinical trials regardless of outcomes or whether the results will support an application for marketing approval, while ensuring patient confidentiality...'

The full document can be accessed here:

[apps.who.int/gb/ebwha/pdf\\_files/WH/A72/A72\\_R8-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WH/A72/A72_R8-en.pdf)



# A permanent change of mindset is required

**Päivi Sillanaukee**, *Director General in the Finnish Ministry of Social Affairs and Health, on the Economy of Well-being and why this is a priority area of Finland's Presidency of the EU Council.*

## HEALTHY EUROPE

**What is the Economy of Well-being and what are the most important concrete measures for putting this concept into practice?**

**Päivi Sillanaukee:** Pursuing the Economy of Well-being does not require new competences or new formal structures at the level of the European Union (EU), but rather coordinated and improved execution of existing powers and structures. At EU level, our aim is to promote a more balanced discussion and to break sectoral silos. The European Semester is an important tool in this regard because it provides the framework for the coordination of Member States' economic policies. Nowadays, the Semester is heavily linked to the employment and social sectors as well as health and education. According to the Finnish Presidency, what is needed is better recognition of the impact of people's well-being on economic growth and societal stability, and a more balanced analysis of the impacts of different policy measures on well-being. Better cross-sectoral collaboration across policy fields is crucial here. Finland is also proposing to adopt the Council Conclusions on the Economy of Well-being. Besides emphasising the general measures described above, the draft council conclusion text will also include a number of specific measures in each policy field, for example a request for the Commission to adopt EU-wide strategies on both gender equality and mental health.

## HEALTHY EUROPE

**What experiences has Finland already gained with the concept of the Economy of Well-being?**

The concept as such is fairly new, but Finland has over 100 years of experience of investing in people through legislative and other policy measures related to the provision of extensive public services, comprehensive social security, equal participation of women in society, education, etc. Characteristics of the Nordic welfare society include universal income guarantees and a broad and generous income safety net, including extensive income redistributions. Despite the challenges that the Nordic welfare model faces especially in economic downturns, the core of the system is still serving its purpose well today and has put Finland at the top of various international rankings, like the Human Capital Index and the World Happiness Report.

## HEALTHY EUROPE

**What role could already existing initiatives for workplace health promotion and occupational health & safety at national and European level play within the Economy of Well-being?**

We clearly see the potential of different initiatives to support and advocate the Economy of Well-being approach usefully. Finland has a long tradition of health promotion at workplaces. The demand for safer and healthier working conditions for all has grown in the past decade. In 2017, Finland proposed the idea of a global coalition that would generate practical solutions to common challenges through international collaboration. The coalition is now being set up in collaboration with the International Labour Organization (ILO) and the World Health Organization (WHO). Currently, the impact of mental ill-



**Päivi Sillanaukee:**  
'Our aim is to promote a more balanced discussion and break sectoral silos.'

health on economic productivity is particularly significant. For example, in Finland mental health disorders are the second most common reason for granting disability pensions, right after musculoskeletal disorders. The prevention of stress and other psychosocial risks in the workplace are therefore increasing in significance.

## HEALTHY EUROPE

**What should an Economy of Well-being throughout Europe look like in 2030, in a best-case scenario?**

A permanent change of mindset is required. People should be placed at the centre of decision-making. Policymakers in all sectors should acknowledge the importance of policies and schemes relating to well-being for the attainment of sustainable economic growth and stability. This calls for improved multi-sectoral collaboration, both at national and EU level. The Finnish Presidency is convinced that recognising people's well-being as a clear, long-term priority will increase the EU's legitimacy in the eyes of its citizens.

# A public health emergency

*Action groups are demanding that governments worldwide declare a climate and ecological emergency, urgently. EU environmental policy is adopting different methods to fulfil the same aims. Text: Dietmar Schobel*



## FACTS & FIGURES

After the United Nations Climate Change Conference held in Paris in December 2015, 197 states committed to limiting man-made global warming to well below 2 °C above pre-industrial levels. However, according to the study 'Aligning national and international climate targets' published in October 2018 prior to the UN Climate Change Conference COP24 in Katowice, Poland, only 16 of these countries have defined a national plan of action that is ambitious enough to actually fulfil these promises. The 16 countries are: Algeria, Canada, Costa Rica, Ethiopia, Guatemala, Indonesia, Japan, Macedonia, Malaysia, Montenegro, Norway, Papua New Guinea, Peru, Samoa, Singapore and Tonga. Plans for reduction submitted so far 'go nowhere near far enough to limit the increase in temperature to 2 °C, let alone 1.5 °C,' agree Helga Kromp-Kolb and Herbert Formayer in their recently published book 'Plus two degrees – Why we should warm to saving the world' (Original title: 'Plus 2 Grad – Warum wir uns für die Rettung der Welt erwärmen sollten'). As reported by the two researchers, the current global temperature increase can be used relatively simply to calculate that 2,200 gigatonnes of CO<sub>2</sub> have already been emitted into the atmosphere. In order to reach the Paris goal of 2 °C, there is a buffer of another 1,000 gigatonnes. For the goal of 1.5 °C this is just 200 gigatonnes. Worldwide CO<sub>2</sub> emissions currently total roughly 40 gigatonnes per year.

In the middle of April, many people in London were late for work, school, or private appointments. Thousands of 'Extinction Rebellion' supporters had blocked five busy intersections in the city centre: Piccadilly Circus, Oxford Circus, Marble Arch, Waterloo Bridge and the area around Parliament Square. For ten days no traffic was able to pass through, and over 1000 protesters were arrested. One of the founders of the decentralised movement, organic farmer *Roger Hallam*, declared that it was 'the biggest civil disobedience event in recent British history'. The huge response in the UK and international media provoked by 'Extinction Rebellion', also known as XR, is one of their aims. The group pursues civil resistance in the tradition of Indian pacifist Mahatma Gandhi (1869–1948) in order to draw attention to its causes.

## Zero emissions by 2025

These causes are primarily stopping species extinction and also 'zero emissions & drawdown by 2025' in order to limit any further increase in the global average temperature. *Gail Bradbrook*, one of the co-founders of XR, says: 'I'm not organising protests. I'm organising a rebellion against my government.' The movement aims to create pressure from civil society that will compel politicians to act more quickly. It also demands that groups of citizens should receive authority from the state to decide on the steps that are necessary to reduce the pace of climate change and stop it altogether (Citizens' Assemblies). According to Austria's Scientist of the Year in 2005 *Helga Kromp-Kolb*, the global average temperature has risen by almost 1 °C over the past 150 years and we are unable to prevent further warming by an additional 0.5 °C. The consequences



are severe even now: droughts, flooding and heatwaves have become increasingly frequent, and climate change is impacting all areas of life. The climate emergency has been caused by humans and is due to the emission of greenhouse gases – primarily carbon dioxide and also methane and nitrous oxide (laughing gas). These gases are emitted above all by industry, agriculture, the energy and construction sectors, as well as transportation.

### Warnings since 1972

Ever since the report 'The Limits to Growth' for the Club of Rome in 1972, scientists have warned about the effects of our overexploitation of nature. In 1992, the Union of Concerned Scientists and more than 1700 independent scientists, including the majority of Nobel laureates in the sciences, published the 'World Scientists' Warning to Humanity'. These warnings went largely unheeded, however. In October 2018, the Intergovernmental Panel on Climate Change appointed by the United Nations sounded the alarm and demanded that the increase in global temperature must be limited to 1.5 °C. If this fails to be achieved, there will be huge damage to humanity and the environment, including a sharp rise in sea levels. The necessary action taken by decision-makers as a result of these warnings has remained insufficient, however. This is not just the opinion of researchers and supporters of movements such as XR and the global movement 'Fridays for Future' initiated by 16-year-old *Greta Thunberg* from Sweden. It is also the opinion of an increasing number of citizens in countries all around the world.

### Policy success

At the same time, the Agreement passed in December 2015 at the UN Climate Change Conference in Paris can be regarded as a success for global environmental policy. It plans to limit man-made global warming to well below 2 °C above pre-industrial levels and was signed by 197 states. However, according to the study 'Aligning national and international climate targets' pub-

lished in October 2018, only 16 of these countries have defined a national climate plan that is ambitious enough to actually fulfil these promises. And, not one European state is among them. 'In order to reach the Paris climate goals, unpopular measures are also required. So far no government in Europe has had the courage to press ahead and take the first step,' remarks *Chris Newman*, General Practitioner in London. Pressure from civil action must therefore be maintained, and climate change needs to become a topic that moves the general public and forces politicians to act, adds the British doctor. He took part in the peaceful protest by XR supporters in London last April and afterwards founded the initiative 'Doctors for Extinction Rebellion' in order to support the protest movement. In April, XR consisted of 331 local groups in 49 countries on six continents.

### 250,000 extra deaths

Climate change is not only leaving its mark in our habitats, it is also putting an increasing strain on our health. According to the World Health Organization (WHO), it is those people who live in poverty and also specifically women, children and elderly people, plus people who work outside or are chronically ill, who are especially affected. The intensifying contamination of water, air and soil, and the rising temperatures, are leading to an increase in diseases and deaths. The WHO estimates that climate change will cause 250,000 extra deaths per year between 2030 and 2050 due to malaria, malnutrition, diarrhoea and heat stress alone. Chris Newman therefore emphasises: 'Climate change is a public health emergency'.

The Director for Quality of Life at the European Commission's Directorate-General for Environment *Veronica Manfredi* remarks: 'Climate change is associated with many different health risks. We must increase the awareness of these risks and also accelerate the speed of global, European and national efforts to reduce its pace and stop it completely'. Civil action can make a considerable

Photo: European Commission



**Veronica Manfredi:**  
'We must increase the speed of global, European and national efforts against climate change.'

Photo: private



**Chris Newman:**  
'So far no government in Europe has had the courage to press ahead and take the first step.'

contribution to this, she says, such as by demanding the right to clean water, clean air and clean soil, and also adherence to existing environmental legislation, at a local, regional and national level. The EU industrial emissions directive which has led to a 77 per cent reduction in air pollution by sulphur oxides in Europe since 2004, and the EU Single-Use Plastics Directive passed in March, show how this can be designed effectively.

### Moving together in the right direction

'Taken as a whole, we must fundamentally change the manner in which we produce and consume goods. If we explain that to people and then take steps in the right direction together, the European countries will manage it as well, and also achieve a climate-neutral and close to zero-pollution economy in the future,' Veronica Manfredi hopes. Climate neutrality by 2050 is also a goal expressed by the President-elect of the European Commission, *Ursula von der Leyen*. Extinction Rebellion's initial policy success can also give hope: in May, the United Kingdom was the first country in the world to declare a 'climate emergency' and commit to reaching zero carbon emissions by 2050.



# Does stronger governance improve health?

**Matthias Wismar**, *Senior Health Policy Analyst at the European Observatory on Health Systems and Policies hosted by the World Health Organization (WHO), on good governance as a system for steering targeted health reforms.*

## HEALTHY EUROPE

### What is 'governance'?

**Matthias Wismar:** Governance is defined as how societies make and implement collective decisions. It is ultimately about how decisions are made and how state authority is exerted.

## HEALTHY EUROPE

**You have written a book with your colleagues Scott L. Greer and Josep Figueras about the question of whether strengthening health system governance can improve the health of the population. What is the answer?**

In a nutshell, the answer is yes. Assuming that the health systems are equipped with a good structure and sufficient financial resources, stronger governance should ultimately contribute to better population health – provided that this governance is organised accordingly. We have developed a framework that describes the five components required for the governance of health systems. These five dimensions are transparency, accountability, participation, integrity and capacity. Potential problems include corruption, misaligned incentives, regulatory capture, unintended effects of badly thought-through policies, nepotism, incompetence, lack of trust, and difficulties with long-term planning.

## HEALTHY EUROPE

**How would you define these five dimensions of good governance for health systems in detail?**

**Transparency** means that institutions inform the public and other actors of the



**Matthias Wismar:**  
'International comparisons are a potential trigger for reforms of health systems.'

process and grounds used to make decisions. The transparency mechanisms include watchdog committees, regular reporting, and clear and useful public information. **Accountability** stands for the fact that the players in the health system such as decision-makers, the health insurance funds and healthcare providers need to be accountable – both to one another and also to the population. **Participation** means that affected parties have access to decision-making power so they acquire a meaningful stake in the work of the institution. In some cases the influence of certain interest groups must also be limited, however – for example, tobacco companies need to be excluded from discussions of tobacco control. **Integrity** means that there must be clear and generally binding rules for the processes used to make and implement decisions. **Capacity** refers to the specific technical resources at the disposal of a top policymaker. In most cases this is a fairly small number of skilled people with academic training and experience in health policymaking.

## HEALTHY EUROPE

**Good governance should be the basis of reforms that make health systems more effective and efficient, increase patient satisfaction and improve outcomes. Should or can these processes be disruptive?**

Health systems are actually large and complex, and they only tend to change incrementally. However, there is certainly reorientation to be witnessed that can be described as disruptive. Examples of this would be the targets of shortening hospital stays, enabling home care wherever possible, and extending the tasks performed by carers to include activities that have so far been the responsibility of doctors.

## HEALTHY EUROPE

**How can the necessary health systems reforms be accelerated?**

International comparisons of health systems are a potential trigger for reforms. One specific example of this would be where the care of cancer patients works especially well in one country, whereas the care of diabetics is particularly good in another. This offers an opportunity for one country to learn from another. In order to achieve such international benchmarking, the performance data must be collected and presented according to the same criteria. It must also be placed in the correct context. For example, the size of the country must be taken into consideration, together with the age structure and the extent of the country's disease burden.

# Ill health must not lead to poverty

**Sarah Thomson** *from the WHO Barcelona Office for Health Systems Strengthening in an interview on poverty due to out-of-pocket health payments in European countries and the most important countermeasures.*



**Sarah Thomson:** 'Even in rich countries, not everyone can afford to pay for healthcare.'

## HEALTHY EUROPE

**You have been researching the question 'Can people afford to pay for healthcare?' since 2015, in a project that examines the situation in different countries. What did you discover?**

**Sarah Thomson:** The essence is that not everyone can afford to pay for healthcare, even in rich countries with health insurance for the whole population. And I don't mean very expensive health services – what we find is that some people experience financial hardship because they have to pay for basic medicines for asthma, diabetes or high blood pressure.

## HEALTHY EUROPE

**What are the most important reasons for that?**

Household spending on outpatient medicines is the main driver of financial hardship across countries and the poorest households are most heavily affected. In a few countries, this is

because the publicly financed benefits package doesn't include enough essential medicines. But in most countries, the main problem is the weak design of policy on user charges, especially co-payments for outpatient prescriptions, which are widespread in Europe.

## HEALTHY EUROPE

**How great are the differences between the individual countries?**

We examined 24 countries in the WHO European Region and found substantial differences in financial hardship, including among EU countries. The results were published in a report this year. The incidence of impoverishing health spending (the share of households pushed into poverty, or deeper into poverty, due to out-of-pocket payments) ranges from 0.3 per cent in Slovenia to 9.0 per cent in Ukraine. There are also major differences in catastrophic health spending. Only 1 per cent of households in Slovenia are affected by this, compared to 17 per cent in Moldova. After paying for health services, households with

catastrophic spending may not be able to meet other basic needs like food, housing and heating.

## HEALTHY EUROPE

**Why is it important to monitor financial protection in Europe?**

The Tallinn Charter signed by all Member States in the WHO European Region in 2008 states: 'It is unacceptable that people become poor as a result of ill health'. Member States have also committed to the Sustainable Development Goal 3 of ensuring that everyone can use quality health services without experiencing financial hardship by 2030. Thanks to our research – now expanding to 35 countries – we know where financial protection is inadequate, who is most likely to experience financial hardship, and why. This knowledge can be used to develop context-specific recommendations for national decision-makers. A key measure to improve financial protection is to make sure poor households are exempt from co-payments.

Photo: WHO

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