health forum

Lithuanian Presidency of the Council of the European Union 2013

„Sustainable Health Systems for Inclusive Growth in Europe“

19-20 November 2013 / Vilnius, Lithuania

CONFERENCE 2013 HANDBOOK

www.sveikatosforumas.lt

Content

Foreword

Dear participants, friends and colleagues,

We have a pleasure and an honour to welcome you to the Lithuanian Presidency Conference “Sustainable Health Systems for Inclusive Growth in Europe”. The main aim of this Conference is to identify the existing best evidence on fostering the development of sustainable health systems throughout the entire Europe. This way the Conference will contribute to the reflection process on modern, responsive and sustainable health systems.

This event is organized by the Health Forum, a non-governmental organization established by the national stakeholders, in partnership with the Ministry of Foreign Affairs, Ministry of Health, Ministry of Education and Science, the European Public Health Alliance, the European Patient Forum, and the European Federation of Pharmaceutical Industries and Associations.

400 participants will attend the Conference, including speakers and guests from the European Union agencies, World Health Organization, European Union Member States, Candidate States and Eastern Partnership States, coming from various governmental and non-governmental organizations.

The Conference will feature five thematic blocks. The opening plenary **Sustainable health systems: visions and strategies** will focus on the ways to ensure the sustainability of health systems. This session will highlight equitable access to high quality health care services in circumstances of scarce economic and other resources as a key question, which is crucial for the future economic and social landscape of Europe. The session will also address universality, equity and solidarity as core values of health systems and will stress the importance of evidence-based policy-making.

Sustainable economic growth through better health will highlight the major economic role of the health sector, aiming to shift health from being regarded as just an expenditure to being an acknowledged contributor of sustainable economic growth. The session will bring the practical options for finance reform in health care to adequately respond to society’s growing and changing health needs particularly due to ageing population, rapid technology diffusion and growing costs of health care. It will also stimulate the debate on health as human capital and on empowering the individuals to change and sustain healthy behaviour.

Taking stock: health and health care inequalities in Europe will address the unequal health of Europeans and its main determinants: socio–economic factors, unhealthy lifestyle, physical and working environment. It will emphasize the urgency for Governments and regional authorities to play a leading role in developing effective, health policy-driven approaches to adequately address macroeconomic challenges as well as health and societal challenges. Session will also highlight the negative impact of austerity measures on population health and access to high quality health care services.

Improving health-system productivity: scope for reform will emphasize importance of wise use of the financial contributions of taxpayers, insurers, employers, patients, and other payers and will search for the ways to improve it. The session will stimulate the discussions on addressing inequalities through health systems and will highlight the importance of innovation for growth.

The closing plenary **Sustainable health systems for the future** will be opened by the plenary speech of the Commissioner Mr. Tonio Borg. The session will be aimed at adding value to the results of the conference with the feedback from the main stakeholders and the major events: European Public Health Alliance Conference, 16th European Health Forum Gastein, and High level Tallinn Charter 5 year anniversary meeting, which all are very relevant to the Presidency conference.

We cordially welcome all of you to lovely Vilnius and wish you the best impressions and experiences at the Lithuanian Presidency Conference.

Prof. Vilius Grabauskas
President
Health Forum

Assoc. Prof. Liudvika Starkienė
Secretary General
Health Forum

Dear participants,

The topic of this Lithuanian Presidency of the EU Council 2013 conference is especially relevant for today's economic context in Europe. The sustainability of health systems becomes an important factor for overall economic growth and competitiveness in Europe, and it is discussed not only at health but also economic forums.

The consequences caused by the economic crisis seem to be gradually disappearing not only in Lithuania but also in other European countries. Together with positive economic trends in Lithuania (increasing average earnings in the country and decreasing unemployment rates), significantly greater financing of the health sector is planned in the upcoming years, which would allow ensuring the provision of high quality and accessible health care to the Lithuanian residents. More optimistic economic trends could also be observed in a number of other European countries and in the EU as a whole.

The European health policy is and should be based on the following key principles: solidarity, universal access to health services, reduction of health inequalities, inclusion of health into all areas of politics and intersectoral cooperation at all levels, sustainability of health care systems, social harmony, equality of persons, public participation in decision-making, responsible management, transparency and objectivity in making and implementing decisions, responsible, rational and efficient use of resources, and the principle of accountability. Especially important is the implementation of the principle of "Health in all policies" and the aspiration for closer intersectoral cooperation. Health systems have to be perceived in much broader political, economic and social terms than just health care systems, and the respective health system policy becomes more important at a national as well as at the European level. Making decisions on health problems and taking responsibility for these decisions cannot be mainly attributed to health care system alone. One of the positive examples of intersectoral cooperation in Lithuania is joint efforts and resources of the Ministry of Transport and Communication and the Ministry of the Interior for the achievement of common goals, which resulted in a decreased number of deaths caused by external factors. Therefore, other public sectors have to intensify and to apply in greater scope measures for improving public health. A common streamlined work of the government, all sectors of economy, communities and families for the sake of better health of all Europeans is essential.

This conference is held in the year of health promotion, which is very important to Lithuania. Health should be treated as a key factor for economic growth, competitiveness, social inclusion, reduction of poverty as well as increased productivity. The idea of health being a virtue in itself should be preached to society. In this sense public health is a national asset and capital, the protection and fostering of which is the most important national strategy. Only a healthy population can use their full potential. When citizens are healthy and active for a longer period of time, productivity and competitiveness are positively affected, and the burden on national budgets is decreasing. High level public health is a basis for the socio-economic advancement helping contemporary modern society to achieve an overall result.

Algirdas Butkevičius
Prime Minister
of the Republic of Lithuania

Health Forum Steering Committee

Prof. Gediminas Černiauskas

Vice Minister of Health of the Republic of Lithuania

He is also a Professor at the Department of Economics, Faculty of Economics and Finance Management, Mykolas Romeris University, Vilnius, Lithuania. He graduated from Vilnius State University, School of Economics, with Master's degree in Economics in 1980. In 1983-1986 he studied at Lithuanian Academy of Science, Institute of Economics and in 1987 obtained Ph.D. in Economics, Specialisation in Public Administration and Health. In 2008 he was a Vice-minister and later on – Minister of Health of the Republic of Lithuania. In 2007-2008 he was an adviser to the Prime Minister on health care organization, strategy and reforms implementation.

Prof. Vilius Jonas Grabauskas

President, Health Forum; Chancellor, Medical Academy, Lithuanian University of Health Sciences

He received his Medical degree in 1966 from Kaunas University of Medicine. Between 1978 and 1986 he was working for the World Health Organization (WHO) starting as a Medical Officer and completing his assignment as Director of Division of Non-communicable Diseases (NCD), Geneva, Switzerland. Upon return from WHO, he continued his research in NCD prevention (Director, CINDI-Lithuania), was actively involved in the formulation of national health policy in Lithuania, served as a chair of newly established National Board of Health. Internationally he continued active collaboration with and through WHO in different capacities (Chair of the Standing Committee of the Regional Committee for Europe, Member of the Global WHO Executive Board, Chair of the WHO/EURO CINDI Programme Management Committee). He served more than eleven years as a Rector, Kaunas University of Medicine, later on continuing as a Chancellor as well as a Head, Department of Preventive Medicine. Currently he is Chancellor of Medical Academy of newly developed Lithuanian University of Health Sciences and a Chair of the Senate. In 2011 he was elected as a President of the Health Forum. Prof. V. J. Grabauskas is an honorary member of Polish Academy of Medicine, full-member of A. Sweitzer World Academy of Humanistic Medicine, Member of Scan-Balt Medical Academy. He has published more than 300 publications, mainly on NCD prevention, health policy, health system management.

Dr. Josep Figueras

Director, the European Observatory on Health Systems and Policies (Belgium)

He is also head of the WHO European Centre on Health Policy in Brussels. In addition to WHO, he has served other major multilateral organizations such as the European Commission and the World Bank. He is a member of several advisory and editorial boards and has served as advisor in more than forty countries within the European region and beyond. He is member of APHEA board of accreditation; honorary fellow of the UK faculty of public health medicine, has twice been awarded the EHMA prize, and in 2006 received the Andrija Stampar Medal. He was head of the MSc in Health Services Management at the London School of Hygiene & Tropical Medicine and he is currently visiting professor at Imperial College, London. His research focuses on comparative health system and policy analysis and is editor of the European Observatory series published by Open University Press. He has published several volumes in this field, the last two: Health systems, health and wealth: assessing the case for investing in health systems (2012) and Health professional mobility and health systems (2011).

Ms. Monika Kosinska

Secretary General, European Public Health Alliance

Monika Kosinska is the Secretary-General of the European Public Health Alliance (EPHA), a non-governmental organisation committed to bringing about change to national and European Union policy that impacts on health, social justice and equity. Recent areas of work include global complexity theory, emerging social and technological changes, rethinking corporate and economic governance and co-operative approaches to delivering social and economic change. Ms. Kosinska was appointed as Secretary-General in recognition for her strong leadership and management in the public and private sector, working towards improving public policy to achieve better health outcomes. She was previously acting Executive Director of a Think Tank working in the United States, France and the United Kingdom to develop new thinking on future population challenges to health, International Corporate Affairs Manager at a global retailer working globally with senior company executives to improve understanding and relations with national authorities and local stakeholders, and a founder and Co-Chair of EUREGHA, bringing together local and regional authorities from across Europe working on health. Her experience in high-level and strategic representation includes being a board member for the Health and Environmental Alliance, the Civil Society Contact Group, the European Bachelor and Master in Public Health programme at Maastricht University, and former Chair of the Action for Global Health network.

Mr. Richard Bergström

Director General, European Federation of Pharmaceutical Industries and Associations

Richard Bergstrom is a pharmacist by training. He received his MScPharm degree from the University of Uppsala, Sweden in 1988. Until 1992 he worked at the Medical Products Agency as Assistant Head of Registration. He moved to Switzerland where he worked for nine years in regulatory affairs at Roche and Novartis. Before returning to Sweden in 2002, he was Director, EU Regulatory Strategy at Roche Basel. For nine years he was Director-General of LIF, the Swedish Association of the Pharmaceutical Industry. During this time he was member of the Board of EFPIA and the Council of IFPMA, the international association based in Geneva. In Sweden he had several government appointments, incl. as vice chairman of the Board of the Karolinska Institute. He also served on the Board of IMM, the Swedish Institute against Corruption. Since 2006 he is an advisor to the WHO on Good Governance in Medicine. Since April 2011 he is Director General of EFPIA, the European association for the research-based industry. In this capacity he also serves on the Board of IMI – the joint research undertaking between EFPIA and the European Commission.

Nicola Bedlington

Executive Director of the European Patients' Forum

Nicola Bedlington is EPF's Executive Director since the setting up of the EPF Secretariat in June 2006.
She worked as an external expert for the European Commission on disability policy and NGO cooperation and was the first Director of the European Disability Forum during the 90s. More recently she led the ENSI Secretariat, an OECD initiated international governmental network on education and sustainable development.

Leonas Kalėtinas

Director of the Health Forum

Leonas Kalėtinas, MD, is the director of the Health Forum, actively engaging in various health sphere activities in Lithuania. He is a member of Colegium of the Ministry of Health of the Republic of Lithuania and a member of the Committee of the Lithuanian Presidency of the Council of the European Union of the Ministry of Health of the Republic of Lithuania. Leonas Kalėtinas also is the director of the Innovative Pharmaceutical Industry Association. Previously he served as the Vice-Minister and adviser to the Minister and of the Republic of Lithuania. He holds degrees in Epidemiology and Public Health Management.

Program

November 19, 2013		
9:00-10:00	Registration of the participants, networking coffee	
10:00-10:20	Opening of the Conference	**Prof. Vilius Grabauskas**, President, Health Forum; Chancellor, Medical Academy, Lithuanian University of Health Sciences (LUHS)
	Greeting by the Prime Minister of the Republic of Lithuania **Mr. Algirdas Butkevičius**	
Session I. Sustainable health systems: visions and strategies Chairs: Mr. Vytenis Povilas Andriukaitis, Minister of Health of the Republic of Lithuania; Dr. Josep Figueras, Director, the European Observatory on Health Systems and Policies (Belgium)		
10:20-10:40	Towards modern, responsive and sustainable health systems	**Mr. Martin Seychell**, Deputy Director General of the Directorate-General for Health and Consumers of the European Commission
10:40-11:00	Impact of austerity on health systems	**Ms. Zsuzsanna Jakab**, Regional Director, World Health Organization (WHO) Regional Office for Europe
11:00-13:00	Health Forum Café discussion **Moderator: Dr. Josep Figueras**, Director, the European Observatory on Health Systems and Policies (Belgium)	**Mr. Vytenis Povilas Andriukaitis**, Minister of Health of the Republic of Lithuania; **Ms. Zetta Makri**, Deputy Minister of Health of Greece; **Prof. Dainius Pavalkis**, Minister of Education and Science of the Republic of Lithuania; **Ms. Sian Jones**, Policy coordinator, The European Anti-Poverty Network; **Ms. Rita Baeten**, Senior Researcher, the European Social Observatory; **Mr. Christopher Viehbacher**, President, European Federation of Pharmaceutical Industries and Associations; CEO, Sanofi; **Prof. Helmut Brand**, President, International Forum Gastein **Ms. Monika Kosinska**, Secretary General, European Public Health Alliance
13:00-14:00	Lunch	
Session II. Sustainable economic growth through better health Chairs: Prof. Jūras Banys, Rector, Vilnius University (Lithuania); Prof. Fabio Pammolli, Professor of Economics and Management, IMT Institute for Advanced Studies Lucca (Italy)		
14:00-14:20	The economic and the health dividend of health care and health	**Prof. Klaus-Dirk Henke**, School of Economics and Management, Institute for Economy and Economic Law, Technical University Berlin (Germany)
14:20-14:40	Why health is wealth?	**Prof. Bengt Jönsson**, Department of Economics, Stockholm School of Economics (Sweden)
14:40-15:00	How to sustain the EU welfare model?	**Prof. Fabio Pammolli**, Professor of Economics and Management, IMT Institute for Advanced Studies Lucca (Italy)
15:00-15:30	Questions & Answers	
15:30-16:00	Coffee break	
16:00-17:30	***Parallel session “Health as human capital”*** **(SAPPHIRE A HALL)** **Moderator: Prof. Danguolė Jankauskienė**, Vice Dean, Faculty of Politics and Management, Mykolas Romeris University (Lithuania); **Participants:** **Dr. Katrín Fjeldsted**, President, the Standing Committee of European Doctors; **Prof. Juozas Pundzius**, Chairman, National Health Board (Lithuania); **Ms. Marina Karanikolos**, Research Fellow at European Observatory for Health Systems and Policies, London School of Hygiene and Tropical Medicine	***Parallel session “Practical options for finance reform in health care”*** **(SAPPHIRE B, C HALL)** **Moderator: Prof. Fabio Pammolli**, Professor of Economics and Management, IMT Institute for Advanced Studies Lucca (Italy); **Participants:** **Prof. Gediminas Černiauskas**, Viceminister of Health of the Republic of Lithuania; **Prof. Lieven Annemans**, Department of Public Health, University of Ghent (Belgium); **Dr. Joaquim Oliveira Martins**, Head, Regional Development Division at the OECD (France)
19:00-22:00	***Conference Reception*** Official launch of: • “Health, Health Systems and Economic Crisis in Europe: Impact and Policy Implications” • “Lithuania: Health System Review”; • “Health studies Lithuania 2013: Health Sector Development and Its Impact on National Economy” Venue: Pirklių klubas (Merchants Club), Gediminas ave. 35, Vilnius (www.pirkliuklubas.lt)	

November 20, 2013		
8:30-9:00	Registration of the participants	
Session III. Taking stock: health and health care inequalities in Europe Chairs: Prof. Remigijus Žaliūnas, Rector, Lithuanian University of Health Sciences (Lithuania); Prof. Johan P. Mackenbach, Chair, Department of Public Health at Erasmus MC, University Medical Center Rotterdam (the Netherlands)		
9:00-9:20	Impact of policy interventions on population health in Europe	**Prof. Johan P. Mackenbach**, Chair, Department of Public Health at Erasmus MC, University Medical Center Rotterdam (the Netherlands)
9:20-9:40	Differences in health care structures and incentives: do they worsen or reduce health inequalities?	**Prof. Reinhard Busse**, Head, Department for health care management, Technische Universität Berlin; Associate Head of Research Policy, the European Observatory on Health Systems and Policies (Germany)
9:40-10:00	Economic justifications for reducing health inequalities (or not)	**Prof. Marc Suhrcke**, Professor in Public Health Economics, University of East Anglia (United Kingdom)
10:00-10:30	Questions & Answers	
10:30-11:00	Coffee break	
11:00-12:00	***Parallel session "Determinants of health inequalities"*** **(SAPPHIRE B, C HALL)** **Moderator: Prof. Ramunė Kalėdienė**, Dean, Faculty of Public Health, LUHS (Lithuania **Participants:** **Ms. Monika Kosinska**, Secretary General, European Public Health Alliance; **Dr. Taavi Lai**, Independent Consultant (Estonia)	***Parallel session "Effects of health inequalities"*** **(SAPPHIRE A HALL)** **Moderator: Mr. Anders Olauson**, President, European Patient Forum **Participants:** **Prof. Žilvinas Padaiga**, Director for Public Health, Research and Studies, Hospital of Lithuanian University of Health Sciences Kauno Klinikos (Lithuania); **Mr. Stanimir Hasardzhiev**, Chairman of Bulgarian National Patients' Organization (Bulgaria)
12:00-13:00	Lunch	
Session IV. Improving health-system productivity: scope for reform Chairs: Prof. Alvydas Pumputis, Rector, Mykolas Romeris University (Lithuania); Prof. Peter C. Smith, Co-director, the Centre for Health Policy in the Institute of Global Health Innovation, Imperial College London (United Kingdom)		
13:00-13:20	Performance measurement for health system improvement	**Prof. Peter C. Smith**, Co-director, the Centre for Health Policy in the Institute of Global Health Innovation, Imperial College London (United Kingdom)
13:20-13:40	Innovation for health system transformation	**Dr. Barbara Kerstiens**, Head of Sector Public health, Directorate-General for Research and Innovation of the EC
13:40-14:00	Sustainable Healthcare for Europe in the 21st Century	**Mr. Gary Howe**, Ernst & Young Health Care Group
14:00-14:30	Questions & Answers	
14:30-15:00	Coffee break	
15:00-16:00	***Parallel session "Addressing inequalities through health systems"*** **(SAPPHIRE A HALL)** **Moderator: Mr. Richard Bergström**, Director General, European Federation of Pharmaceutical Industries and Associations; **Participants:** **Mr. Jo De Cock**, CEO, National Institute for Health and Disability Insurance (Belgium); **Dr. Aaron Reeves**, Research Associate, Department of Sociology, University of Oxford (United Kingdom); **Ms. Dóra Horváth**, National Institute for Quality- and Organizational Development in Healthcare and Medicines (Hungary)	***Parallel session "Effective innovation for sustainable growth"*** **(SAPPHIRE B, C HALL)** **Moderator: Mr. Nick Fahy**, Independent Consultant (United Kingdom); **Participants:** **Mr. Rolf Stadié, Chairman**, Pharmaceuticals and Medical Devices Working Group, the Association Internationale de la Mutualité; Member, Management Board, Knappschaft (Germany); **Ms. Nicole Denjoy**, Secretary General, European Coordination Committee of the Radiological, Electromedical and Healthcare IT industry; **Ms. Marianne Olsson**, President, European Health Management Association
Session V. Closing plenary "Sustainable health systems for the future" Chairs: Prof. Vilius Grabauskas, President, Health Forum; Chancellor, Medical Academy, LUHS (Lithuania); **Ms. Monika Kosinska**, Secretary General, European Public Health Alliance		
16:00-16:20	**Closing speech by Mr. Tonio Borg**, European Commissioner for Health	
16:20-17:30	***Closing discussion and adoption of Vilnius declaration*** **Mr. Vytenis Povilas Andriukaitis**, Minister of Health of the Republic of Lithuania; **Ms. Raisa Bohatyr'ova**, Minister of Health of Ukraine; **Mr. Clemens Martin Auer**, Director General, Federal Ministry of Health of Austria; **Ms. Peggy Maguire**, President, European Public Health Alliance; **Dr. Hans Kluge**, Director, Division of Health Systems and Public Health, WHO Regional Office for Europe; **Mr. Anders Olauson**, President, European Patient Forum	

I Session Overview.

Sustainable health systems: visions and strategies

The pressures that an ageing population, the increasing incidence of chronic disease and the cost of adopting new technology is putting on Europe's health systems have been evident for some time.

But it has taken the financial crisis to force patients, payers and providers to confront these realities, and acknowledge that budgets simply cannot keep rising to meet growing demand.

This has forced the debate about the sustainability of Europe's healthcare systems to the top of agenda. It is against this background that the Lithuanian Presidency of the European Union is devoting its conference in Vilnius on November 19 – 20 to the topic, **'Sustainable Health Systems for Inclusive Growth in Europe'**.

The aim is to identify existing best practice and point the way to reforms, modernisation and innovations that will make healthcare systems responsive, resilient and sustainable into the future.

As Europe's healthcare systems come under pressure from many angles, one of the keys to promoting sustainability will be to maintain the core principles of universality, equity and solidarity on which they are founded. An absence of equality of access – based on need - will generate social and economic pressures that undermine longer-term financial stability. The importance of respecting these principles will be discussed in the opening session of the conference by Vytenis Povilas Andriukaitis, Minister of Health of the Republic of Lithuania, in his talk **'Universality, equity and solidarity: the core values of health systems'**.

Increasing resilience

It is the case that austerity-driven cuts have led to some uncomfortable – if isolated – illustrations of what happens when these core principles come under stress. But at the same time, there are examples of how cuts have paved the way for sensitively-handled restructuring that increases resilience.

There is also a growing body of evidence that reforms, such as moving care from clinical settings to the home, encouraging the self-management of chronic conditions and easing the demarcations between health and social care, can both increase the quality of care and promote sustainability of health systems.

In setting out an agenda and vision for promoting sustainability, it is important to recognise the impact that austerity is having on health systems and draw lessons from that. In a joint investigation, the European Observatory on Health Systems and Policies and the World Health Organisation (WHO) Regional Office for Europe examined how Europe's healthcare systems are dealing with the financial crisis, what impact there has been on performance and on health, and what the lessons are for policy.

As Zsuzsanna Jakab, Regional Director, WHO Regional Office for Europe, noted in her foreword in the programme for the 16th European Health Forum in Gastein, Austria on 2 – 4 October, two broad observations stand out, "First, the economic crisis has adversely affected many of the social determinants of health; second, given that health needs tend to increase when unemployment rises and household incomes fall, the policy responses introduced may themselves have an added impact on population health," Jakab said.

Since the onset of the financial crisis, the WHO Regional Office for Europe has worked directly with countries and partners in Europe to help them reform and adapt their health systems. Part of the mandate of the WHO Regional Office for Europe is to put forward innovative approaches that strengthen core health system functions and make them more resilient to economic downturns. Jakab will discuss the **'Impact of Austerity on Health Systems'** to set the scene in the opening session of the Vilnius conference, highlighting policy lessons and recommendations arising from this experience and from the evidence gathered.

Promoting sustainability

The role of innovation in promoting sustainability will be underlined by Martin Seychell, Deputy Director General of the Directorate General for Health and Consumers of the European Commission, in his presentation, **'Towards modern, responsive and sustainable health systems'**. Amongst many actions being supported by the Commission to promote sustainability of health systems is the European Innovation Partnership on Active and Health Ageing, which has the ambition of working at a European level to increase the 'healthspan' of Europe's citizen's by 2020.

This will result in a 'triple win', improving the health and quality of life of European citizen's, supporting growth and expansion of European industry and promoting efficiency and sustainability of health and care systems.

In setting the stage and pulling together the best evidence on how to foster the development of sustainable health systems in Vilnius, inspiration can be drawn from the significant progress made in recent years to reduce health inequalities in Europe - as a result of a concerted strategy. New statistics released by the European Commission in September 2013 show the wide variation in life expectancy and infant mortality, historically found between EU countries, is narrowing.

The gap between the longest and shortest life expectancy found in EU-27 decreased by 17 per cent for men between 2007 and 2011, and 4 per cent for women between 2006 and 2011, while the gap in infant mortality went down from 15.2 to 7.3 per 1,000 live births between 2001 and 2011. More needs to be done of course. In a February 2013 paper, 'Investing in Health', the Commission set out the case for stronger links between EU health policies and national health system reforms, and presented the case for investing in people's health, investing in reducing inequalities in health and for making smart investments to build sustainable health systems.

As the opening session of the Lithuanian Presidency conference in Vilnius will hear, dealing with the shock of the financial crisis has prepared the ground for further reforms. What is needed now is to face up to the new reality, gather the evidence to underpin new policies and use this opportunity to bring in structural reforms that will build in resilience to any further shocks – and make our healthcare systems sustainable into the future.

Moderators and Speakers of the Session I

Look beyond healthcare to build sustainable healthcare systems

Prof. Vilius Jonas Grabauskas

President, Health Forum; Chancellor, Medical Academy,
Lithuanian University of Health Sciences (LUHS)

He received his Medical degree in 1966 from Kaunas University of Medicine. Between 1978 and 1986 he was working for the World Health Organization (WHO) starting as a Medical Officer and completing his assignment as Director of Division of Non-communicable Diseases (NCD), Geneva, Switzerland. Upon return from WHO, he continued his research in NCD prevention (Director, CINDI-Lithuania), was actively involved in the formulation of national health policy in Lithuania, served as a chair of newly established National Board of Health. Internationally he continued active collaboration with and through WHO in different capacities (Chair of the Standing Committee of the Regional Committee for Europe, Member of the Global WHO Executive Board, Chair of the WHO/EURO CINDI Programme Management Committee). He served more than eleven years as a Rector, Kaunas University of Medicine, later on continuing as a Chancellor as well as a Head, Department of Preventive Medicine. Currently he is Chancellor of Medical Academy of newly developed Lithuanian University of Health Sciences and a Chair of the Senate. In 2011 he was elected as a President of the Health Forum. Prof. V. J. Grabauskas is an honorary member of Polish Academy of Medicine, full-member of A. Sweitzer World Academy of Humanistic Medicine, Member of Scan-Balt Medical Academy. He has published more than 300 publications, mainly on NCD prevention, health policy, health system management.

There are many influences beyond the orbit of health systems that contribute to health status. Factoring these economic and social determinants into policy promises both to improve health and make healthcare systems more sustainable. In putting the spotlight on best practice from around Europe, the Lithuanian Presidency conference aims to help release this great untapped potential to improve health, says Professor Vilius Grabauskas.

The Lithuanian Health Forum was established in 2011 to put a focus on the many influences beyond the reach of the health system that contribute to health status, and it is in his capacity as President of the Forum that Professor Vilius Grabauskas is looking forward to welcoming delegates to the conference ‘Sustainable Health Systems for Inclusive Growth’ in Vilnius on November 19 – 20.

The Lithuanian Health Forum looks to a much broader context and set of criteria for health than the traditional view of it being about the interaction between a doctor and a patient. “The Forum views health as a multi-faceted, multi-policy responsibility,” Grabauskas says.

However, the concept that cross-sector cooperation is central to health is not always understood. The fact that this approach underpins both World Health Organisation (WHO) thinking and the European Union’s Health 2020 policy, means the conference will be an important opportunity to discuss these ideas and showcase international best practice in applying them.

“It’s important that high-level speakers from all over Europe are coming to Vilnius; and it’s by happy coincidence that our annual Health Forum Conference coincides with this event in the Lithuanian Presidency,” Grabauskas said.

The thinking of the Lithuanian Health Forum is very much in parallel with the EU's Health 2020 policy. Given this, "It's extremely important for all of us in the entire European region to come together and see what needs to be done in practical terms," said Grabauskas. "Lithuania as a country is very interested to learn more from the experiences of other countries, and of how a multi-sector approach can work in practice."

For Grabauskas, one of the most compelling examples is the way in which Finland reshaped its healthcare system, moving from one centred on medical professionals in hospitals, to a more community-based structure.

It's extremely valuable to learn how wide-scale changes such as this are implemented, Grabauskas believes. "First there must be political will. Then it would be helpful to understand how to mobilise other sectors beyond the confines of the health system," he said.

The starting point is in building awareness that good health depends on far more than the patient/doctor relationship, as evidenced by the way in which social inequality feeds into health inequality. The issue of health inequality is central to health policy formulation in Lithuania, Grabauskas says, noting that Lithuania was a pioneer in publishing data on inequality through the WHO.

"This is an example of things that have been done to improve healthcare based on international standards and concepts," Grabauskas says.

Building a virtuous circle from prevention to sustainability

The rising incidence of non-communicable diseases is often cited as one of the biggest threats to the sustainability of healthcare systems. The links between diet and the risk of developing a non-communicable disease provide a potent example of the need for a multi-factorial approach that links social actions to health. "The social environment is very important: how can the unemployed afford a healthy diet?" Grabauskas asks.

Grabauskas was involved in the design of the WHO's strategy for the prevention of what are often termed lifestyle diseases, and as a medical doctor and cardiac specialist, he is pleased to see the positive impact.

"I am a believer in prevention: I am happy that today's generation of medical doctors in cardiology have taken on board the significance of risk factors. This shows the potential of prevention, even in the context of clinical practice."

There is a similar picture with ageing, which again is portrayed as poised to undermine the sustainability of health systems. "Yes the population is ageing. But there is evidence to show that people aged 70-plus are much healthier than a generation ago," Grabauskas said.

An international perspective

The whole-of-government approach to healthcare is being taken seriously by the Lithuanian Government, as evidenced by the number of ministries that will be represented at the conference.

Similarly, the range of speakers and delegates underlines how many different sectors and disciplines are becoming involved and the importance that is attached to sharing experience from different countries. "It's not just a national discussion; it will embrace the European Union perspective, the non-governmental organisation perspective, the views of people with many different roles," Grabauskas said.

Building on previous healthcare-related events of the Lithuanian Presidency, the conclusions from the Vilnius conference will be summarised by Grabauskas in the concluding session and presented to the EU Ministerial Council meeting in December.

Theses of the Minister of Health Vytenis Povilas Andriukaitis

Mr. Vytenis Povilas Andriukaitis

Minister of Health of the Republic of Lithuania

A Lithuanian physician, politician, and signatory of the 1990 Act of the Re-Establishment of the State of Lithuania. He enrolled in medical school in Kaunas, graduating in 1975. Since 1969 he was active participant in the anti-Soviet underground and studied in the underground Antanas Strazdelis humanitarian thought and self- education University. V. P. Andriukaitis entered politics in 1976 as a Social Democrat, going on to receive a degree in history from Vilnius University in 1984.

He was elected to the Supreme Council of the Republic of Lithuania in 1990. Vytenis Povilas Andriukaitis was one of the authors of Constitution of the Republic of Lithuania adopted in 1992. He served in Seimas from 1992 to 2004, and was its deputy chairman of its board from 2001 to 2004. During the period of 2008 – 2012 V. P. Andriukaitis became the deputy chairman of Lithuanian Parliament of the Republic Committee on European Affairs, the member of Foreign Affairs Committee and Vice-Chairman LSDP, the Social Democratic Party of Lithuania. Now V.P. Andriukaitis is a member of Seimas and the Minister of Health of the Republic of Lithuania.

Sustainability and efficiency of health systems is one of the key priorities of the Lithuanian presidency in the area of health policy. Lithuania started the main discussion on this issue during the Informal Council of Ministers held in July in Vilnius; later on the discussion was continued in the annual conference of the European Public Health Alliance held in September in Brussels. This subject was also relevant at the 16th European Health Forum Gasteinand the Conference on Health Systemsorganized by WHO in October in Tallinn. Finally, the significance and aspects of sustainable health systems are planned to be repeatedly reviewed in this Health Forum Conference and productive discussions heldare to be summarized there.

At the time of its presidency Lithuania will encourage to complete the process of consideration (reflection) on modern, open and sustainable health systems started in 2010. Currently, there is a prepared project of the Council's conclusions on modern, open and sustainable health systems discussed in the Council's working group, which is expected to be approved in the Formal Council of Ministers on the 10th of December. These conclusions will emphasize the necessity to strengthen the capacity of the EU Member States to apply the "Health in all policies" principle in practice and to encourage sharing of best practices. The conclusions are planned to include the implementation of the Europe 2020 Strategy objectives in the health area, effective investments in health sector and the use of the EU structural support, innovation in the pharmacy field, integrated care models and better hospital management.

During its presidency Lithuania plans to seek for a consensus with the European Parliament on the review of a very important Tobacco Products Directive. The proposal seeks to reduce differences between the legislation of Member States, coordinate labelling tobacco products with warning messages, improve consumer awareness of the contents of tobacco products, harmonize laws on the restriction on the use of substances hazardous to health and increasedappealof tobacco products, and to regulate the availability of tobacco products in the market. The main goal is to ensure that young people do not start smoking and that others give up smoking or smoke less, and to protect the society from this especially harmful, health damaging action.

Lithuania also seeks to reach an agreement with the European Parliament on the regulation on clinical trials of medicinal products for human use. The initiative aims to simplify the procedure for the submission of applications for clinical trials and the issuance of permits for them for them to be harmonized at the EU level, flexible and efficient; also to supplement them with rules on

the performance of clinical trials in emergency situations, to revise and simplify the principles for compensating persons undergoing trials for damage incurred during the clinical trials, update and modernize security reporting procedure, define more clearly the responsibility of a person ordering clinical trials. This is a very important aspect of the promotion of scientific research and innovation as well as the development of pharmaceutical industry striving for a better competitiveness of the EU on a global scale and for more clinical trials to be performed in Europe, as well as for better accessibility of medicines to the EU citizens.

Lithuania will seek for progress in negotiations on two legislative proposals in the field of medical devices: on regulations on medical devices and in vitro diagnostic medical devices. These proposals are aimed at the elimination of shortcomings and gaps of currently valid legal acts, strengthening the supervision of the declared bodies of medical devices and clinical evaluation rules, also tightening the provisions on market supervision and vigilance, increasing the traceability of medical devices and improving system management, determining ways for effective institutional cooperation. These initiatives are expected to encourage innovations in the area of medical devices, ensure smoother functioning of the internal market and a high level of human health and safety.

In order to ensure that citizens of Lithuania are healthier and live longer, health of residents of Lithuania improves and health inequalities are reduced, a draft Lithuanian Health Programme, providing for the goals and tasks of wellness activities as well as achievable health level indicators, has been drawn up. The main goals of the Lithuanian health is to reduce the consumption and accessibility of alcohol, tobacco, narcotic and psychotropic substances, enhance the prevention and control of chronic non-infectious diseases, reduce socio-economic differentiation of population and other important goals.

On 25 October 2013 the European Union Directive on the Implementation of Rights to Cross-Border Health Care Services aimed at ensuring freer movement of patients across the EU counties for them to be able to easier receive the desirable quality and safe services came into force. Clearly this innovation will allow medicine and medical professionals to become even more valuedabroad for high level services, their quality and innovation applied in medicine. Discussions are necessary on relevant issues on possibilities to cooperate more actively in the implementation of this directive, opportunities of border regions, also, for developing reference centres.

Health sector is very receptive to science and innovations, a lot of them are introduced in this sector as compared to other sectors. New modern technologies can change methods of health care provision and organization, however, the potential of new technologies and their impact on productivity and efficiency should be assessed very carefully. Given the demographic trends of the future and the need to apply innovation, for the ensurance of high quality and accessible health care services to citizens, it is very important to continue investing in health and to effectively use the European Union structural funds allocated for this purpose. At the same time we have to more intensively measure the results of investments in health.

The condition of health of citizens strongly affects their participation in the labour market. The progress in the health sector leads to increased healthy life expectancy, which allows extending the retirement age, reducing social benefits, thus healthy residents contribute to creating value added in the country.

One of the future prospects of health systems is an integrated health care model, which is especially relevant upon increasing threat of chronic diseases, the control and prevention thereof. Patient involvement is also a challenge: a question of how to enable patients to better take care of their health condition in order to remain longer in the labour market and fully participate in social life remains important. Discussions on chronic non-infectious diseases are currently coming to an end:

the European Commission has prepared a report, which is being considered in the Council's high-level working group. This work will be useful for further debate on this very important and relevant issue of chronic diseases.

Quite a number of good practice examples can be found in the Lithuanian health sector. According to statistical data, infant mortality rate has decreased in Lithuania by almost 3 times over the past 15 years. Cardiology Programme of the Eastern and South-Eastern Lithuania – the concept of the reduction of the morbidity and mortality of residents from cardiovascular diseases, integrated sectoral inter-institutional project is being implemented. The project is significantly contributing to the increase of social capital and development of social infrastructure, improving the provision of health care services. Project implementation leads to increased quality of the provided health care services and the variety thereof, also improved agility and complexity of service provision.

Applying the lessons of austerity to build sustainable healthcare systems

Dr. Josep Figueras

Director, the European Observatory on Health Systems and Policies (Belgium)

He is also head of the WHO European Centre on Health Policy in Brussels. In addition to WHO, he has served other major multilateral organizations such as the European Commission and the World Bank. He is a member of several advisory and editorial boards and has served as advisor in more than forty countries within the European region and beyond. He is member of APHEA board of accreditation; honorary fellow of the UK faculty of public health medicine, has twice been awarded the EHMA prize, and in 2006 received the Andrija Stampar Medal. He was head of the MSc in Health Services Management at the London School of Hygiene & Tropical Medicine and he is currently visiting professor at Imperial College, London. His research focuses on comparative health system and policy analysis and is editor of the European Observatory series published by Open University Press. He has published several volumes in this field, the last two: Health systems, health and wealth: assessing the case for investing in health systems (2012) and Health professional mobility and health systems (2011).

The expression 'don't waste a crisis' has been overused and abused. However, there have been some positive outcomes for healthcare and these should not be overlooked, says Josep Figueras.

It is obviously insensitive to talk about the financial crisis as an opportunity. However, there is evidence to indicate that, "austerity pressures have focussed the minds of policy makers in confronting change," says Josep Figueras, Director, European Observatory on Health Systems and Policies, and Head of the WHO European Centre for Health Policy, Brussels.

At the same time, the impact of the crisis has underlined the extent to which health and economic prosperity are entwined, adding weight to a growing body of research that demonstrates that rather than being an ever-more costly overhead, funding Europe's health systems is an investment in health and wealth. In short, a healthy population is an economically active population.

In a number of countries in Europe there was a policy vision to update and modernise healthcare systems through measures such as hospital restructuring and the reshaping of primary care. "Before the crisis there may not have been the urgency to see these through," Figueras says. "The cuts provided the impetus."

Over the past five years since the financial crisis started to unfold, The European Observatory on Health Systems and Policies has been tracking the impact in partnership with member countries, the

European Commission and the World Health Organisation Regional Office for Europe. Inevitably, cuts to healthcare budgets have had negative outcomes, with evidence of an increase in mental health problems and of infectious diseases, for example.

However, there is also evidence that some countries have used budget cuts as a spur to promote efficiencies that will ensure health systems are more resilient and sustainable in the future, Figueras says. It may be "by default not design" but measures such as increasing the use of generic drugs, centralising procurement and value-based purchasing have shown returns.

"They are areas where immediate savings have been made to meet targets. This has occurred without damaging quality or outcome; in other words, these measures have strengthened the system," says Figueras.

Such positive outcomes are not a charter for cuts, Figueras cautions. It is critical to examine the evidence, be clear about the objectives and distinguish between cost containment, savings and efficiency. "You can be successful in making cuts in one area to achieve savings, but end up with worse outcomes and lower efficiencies. The objective is to achieve savings through increases in cost-effectiveness. ."

It is also the case that measures aimed at making health systems more cost effective, for example by introducing integrated care, do not result in immediate savings in the short term. "You are bound to be more cost effective and save in the long run, but you may need to invest additional resources to implement what are often complex structural reforms" Figueras said.

Confronting a waste of resources

No doubt, as in any sector, there is room to make more efficient use of resources in healthcare. But it is critical to understand the complexities. If not, economic productivity and well-being will be undermined and the ability to restructure healthcare in the future will be constrained. "We want an evidence-based, transparent debate to understand the true impact of the crisis austerity responses and their potential outcomes," said Figueras.

In addition to the challenge to healthcare systems, the financial crisis has led some political commentators to call into question the European welfare state model as a whole. However, Figueras says the data indicate social security systems with broad social and health benefits make economic sense. "The evidence shows that countries with robust welfare states such as the Nordics have higher health outcomes and better performing economies."

The evidence gathered by the European Observatory over five years of austerity illustrates that health has an intrinsic value – as a fundamental human right - and also contributes to economic growth. This change in perspective, from seeing health as overhead to viewing it as an investment, implies other decisions need to be made. Spending on healthcare must become more strategic and be underpinned by data about performance, value for money and opportunity cost. The focus must be on value-based coverage, reforming service delivery, strengthening public health, improving governance and increasing transparency.

Some countries have had to make sizeable cuts, and it can be difficult in those circumstances to be thinking about reshaping delivery or other structural reforms as these require investments. But in summary Figueras says, the evidence from five years of austerity is that, "There is definitely an opportunity to make healthcare systems more resilient and sustainable."

Mr. Martin Seychell

Deputy Director General of the Directorate-General for Health and Consumers of the European Commission

A graduate in chemistry and pharmaceutical technology, Mr. Seychell specialized in Chemical analysis. He has held important positions on several government boards and commissions in Malta, including the Food Safety Commission and the Pesticides Board. Mr Seychell occupied the post of Head of Directorate at the Malta Standards Authority between 2001 and 2006. He has been responsible for the implementation of a number of EU directives in the areas of risk assessment, food safety, chemicals and cosmetic products legislation, and has actively participated in negotiations on major technical proposals such as the new chemicals legislation, REACH, and in screening processes in the areas of free movement of goods, environment and agriculture during the process leading to Malta's accession to the EU. He held the post of Director of Environment in Malta between 2006 and 2011. As Director, he was responsible for a broad range of functions arising from the Maltese Environment Protection Act. He was appointed Deputy Director General for Health and Consumers at the European Commission in March 2011.

Ms. Zsuzsanna Jakab

R*egional Director, World Health Organization (WHO) Regional Office for Europe*

Zsuzsanna took up her duties as Regional Director on 1 February 2010. Before her election as Regional Director, Ms Jakab served as the founding Director of the European Union's European Centre for Disease Prevention and Control (ECDC) in Stockholm, Sweden.

Between 2002 and 2005, Ms Jakab was State Secretary at the Hungarian Ministry of Health, Social and Family Affairs. She played a key role in the negotiations leading up to the Fourth WHO Ministerial Conference on Environment and Health, held in Budapest in June 2004. Between 1991 and 2002, Zsuzsanna Jakab worked at the WHO/Europe in a range of senior management roles.

Mrs Jakab holds a Master's degree from the Faculty of Humanities, Eötvös Lórįnd University, Budapest; a postgraduate degree from the University of Political Sciences, Budapest; a diploma in public health from the Nordic School of Public Health, Gothenburg, Sweden; and a postgraduate diploma from the National Institute of Public Administration and Management, Hungary. She began her career in Hungary's Ministry of Health and Social Welfare in 1975, being responsible for external affairs, including relations with WHO.

Ms. Zetta Makri

Deputy Minister of Health of Greece

Zetta Makri is the daughter of Dora and Michalis Makris, a former MP of Grevena representing the party of Nea Dimokratia. She is the mother of two children, Michalis who is currently employed in London and Konstantinos, a postgraduate student at the University of Sheffield.

She graduated from the Greek-French High School of Volos and received a scholarship to study at the Law School of the University of Athens, from which she graduated with distinction. She got further educated in European and Community Law at the University of Cambridge. She is a Supreme Court attorney of law and speaks English, French and German.

Whilst being a university student she was an active member of DAP-NDFK, a university political party adjacent to Nea Dimokratia. In 1984 she got elected in the newly-formed District Council of Metamorphosis in Volos and was the head of the scientific sector of the Prefectural Council of Nea Dimokratia.

During her early professional career she became heavily involved in Volos Lawyer Association Bar activities and was elected time and time again, first in votes as Administrative Councillor to the Lawyer Association of Volos. She also held the position of the Secretary of the Lawyer Association of Volos during the period 1996-1999.

At the 2000 and 2004 national elections she was elected Member of Parliament for the constituency of Magnesia representing the party of Nea Dimokratia. In parallel, she was the President of the Commission of Public Service, Public Order and Justice. She was also a member of the Commission of Educational Affairs of the Greek Parliament, of the Parliamentary Assembly of OSCE and of the Investigation Committee for the Armaments Programmes TORMI I.

In December 2009 she was appointed by the President of Nea Dimokratia, Mr. Antonis Samaras, as the Deputy Secretary of the Agricultural Sector of Nea Dimokratia. In January 2011 she was assigned Deputy Secretary of Political Programming until the national elections in 2012.

She was a candidate Mayor for Volos in the municipal elections in November 2010, leading the political combination "New Municipality, New Start" and from January 2011 till June 2013 she has been the head of the majority opposition

in the Municipality of Volos. From August 2012 till April 1st 2013 she held the position of the Secretary for Gender Equality in the Ministry of Interior.

She also occupied the parliament seat of Nea Dimokratia on April 2013 and in June 2013 she was appointed Deputy Minister in the Ministry of Health.

She has developed an important social activity. Amongst others, she is a member of the Council for the Protection of Abused and Neglected Persons, of the "Friends of Love", of the "Friends of Achillopoulio Hospital of Volos", of the "Soroptimistic Club", and of the "ZONTA Club". In June 5th, 2008 she announced the launch of the Environmental Association "Silence is not Ecological".

Through her interviews she has supported her political and social positions and the positions of her party. Numerous articles of Mrs Zetta Makri have been published in the Greek Press.

Prof. Dainius Pavalkis

Minister of Education and Science of the Republic of Lithuania

In 1984 he graduated from the Lithuanian University of Health Sciences [former Kaunas Medical Institute] with the qualification of a medical doctor. He continued his studies in the clinical residency in Moscow Research Institute of Proctology and later completed post-graduate studies in Moscow Research Institute of Proctology and Lithuanian University of Health Sciences. He has published over 280 scientific papers, and is a co-author of two textbooks. He has supervised or advised doctoral students on their dissertations. He has given over 70 presentations and lectures at international events; he has been a guest lecturer on more than 30 occasions. Prof. Pavalkis has been a visiting professor at universities in Athens, London, and Prague. He is a member of various international medical organisations. He is also a member of the editorial boards of Lithuanian and foreign medical journals. He is a member of the Labour Party.

Ms. Sian Jones

Policy coordinator, European Anti-Poverty Network

She is responsible for coordinating EAPN policy work and advocacy strategy amongst its 30 national networks and 23 European organisations, with a particular focus on supporting the development of rights-based, integrated anti-poverty and social inclusion strategies, within the context of Europe 2020. Ensuring affordable access to quality health services and tackling poverty as a key social determinant of health inequalities have been a growing concern. Prior to this, she worked as a Senior Advisor on social policy for the Wales European Centre in Brussels and as a consultant for the Council of Europe, on youth and exclusion in disadvantaged areas. She has extensive grass-roots experience in rural and urban settings, in Spain and London, designing and managing ESF projects supporting inclusive local development. She holds a first degree in History and a Masters in Social Policy and Administration.

Ms. Rita Baeten

Senior Researcher, The European Social Observatory

Her research activities focus on the impact of European integration on national healthcare systems and on their social character. Her research topics include themes such as patient and professional mobility in the EU; healthcare services in the internal market; the impact of EU economic governance on health systems; EU pharmaceutical policies and EU-level co-operation in the field of healthcare.

She is work leader for the OSE contribution to EU research projects such as ECAB (2010-2013) and "Europe for patients" (2004-2007). Both projects address cross border care and are financed by the European Commission under its Framework Programmes for Research. Rita Baeten advises the Belgian federal authorities on EU policy developments with a potential impact on healthcare in Belgium. She also coordinated the scientific preparation and follow-up of several international and ministerial conferences on these topics.

Mr. Christopher Viehbacher

President, European Federation of Pharmaceutical Industries and Associations; CEO, Sanofi

Christopher holds German and Canadian nationalities. He is a graduate of the Queens University (Ontario - Canada) and trained as a certified public accountant. Since December 2008, he has held the position of Chief Executive Officer, Sanofi and is a Board member, in addition to being a member of the Strategy Committee. He is also Chairman of Genzyme, which Sanofi acquired in February 2011.

Christopher Viehbacher started his career in finance at PriceWaterhouseCoopers before joining GlaxoSmithKline (GSK) in 1988. Throughout the next 20 years with the company, he acquired broad international experience in Europe, in the United States and in Canada. His previous position, before joining Sanofi was President of Pharmaceutical Operations North America. He was also a member of the Board and Co-Chairman of the Portfolio Management Board.

Christopher Viehbacher has been the Chairman of PhRMA in the United States (December 2010 - April 2012) and since February 2011 is Chair of the CEO Roundtable on Cancer. This association brings together employers across the United States to develop and implement workplace initiatives that reduce the risk of cancer, enable early diagnosis, facilitate better access to best-available treatments and hasten the discovery of novel and more effective diagnostic tools and anti-cancer therapies. Over 120 organizations are now members, covering 3 million employees.

In 2003, the French government acknowledged his commitment to public health and business by making him a knight of the French Legion of Honor. In 2012 he received the prestigious Pasteur Foundation Award, recognizing his leadership role within the pharmaceutical industry's support of research & development and improving health of the 7 billion people around the world.

Amongst other commitments, Christopher Viehbacher is also a member of International Business Council (WEF).

Prof. Helmut Brand

President, International Forum Gastein

Helmut Brand is Jean Monnet Professor of European Public Health and head of the Department of International Health at Maastricht University, The Netherlands. He studied Medicine in Düsseldorf and Zürich and earned a Master in Community Medicine from London School of Hygiene and Tropical Medicine and London School of Economics. Prof. Brand is a specialist in Public Health Medicine. After working in several Health Authorities and Ministries of Health in Germany he was director of the Public Health Institute of North Rhine Westphalia. Since then European Integration in Health is the main topic of his work. He is president of the Association of Schools of Public Health in the European region (ASPHER) and president of the European Health Forum Gastein (EHFG). As policy advisor he serves on the European Advisory Committee on Health Research (EACHR) of WHO Europe and on the Expert Panel on "Investing in Health" for the European Commission.

Ms. Monika Kosinska

Secretary General, European Public Health Alliance

Monika Kosinska is the Secretary-General of the European Public Health Alliance (EPHA), a non-governmental organisation committed to bringing about change to national and European Union policy that impacts on health, social justice and equity. Recent areas of work include global complexity theory, emerging social and technological changes, rethinking corporate and economic governance and co-operative approaches to delivering social and economic change. Ms. Kosinska was appointed as Secretary-General in recognition for her strong leadership and management in the public and private sector, working towards improving public policy to achieve better health outcomes. She was previously acting Executive Director of a Think Tank working in the United States, France and the United Kingdom to develop new thinking on future population challenges to health, International Corporate Affairs Manager at a global retailer working globally with senior company executives to improve understanding and relations with national authorities and local stakeholders, and a founder and Co-Chair of EUREGHA, bringing together local and regional authorities from across Europe working on health. Her experience in high-level and strategic representation includes being a board member for the Health and Environmental Alliance, the Civil Society Contact Group, the European Bachelor and Master in Public Health programme at Maastricht University, and former Chair of the Action for Global Health network.

II Session Overview.

Sustainable economic growth through better health

It's time to dispel the austerity-era view of health care as a drain on Europe's resources.

The understanding that health is a precondition for economic prosperity – adding to human capital, creating jobs, increasing productivity, underpinning innovation, and creating and growing markets - is not new. As long ago as 1993 World Bank was promoting the relationship between health and wealth as a key to promoting economic growth in developing countries.

But in these times of austerity, there is a danger that rather than connecting health with wealth, the 15 per cent of public expenditure devoted to health care in Europe is perceived as an unaffordable overhead. Session II of the conference will provide a timely reminder of the major role that the health sector pays in Europe's economies, highlighting the double dividend that public spending on health delivers, both in terms of a healthy, active population and as a source of economic growth.

The notion that health is just about expenditure, "Has to be considered a relic of the twentieth century," Lithuania's Health Minister Vytenis Povilas Andriukaitis, told the European Health Forum, in Gastein, Austria earlier in October. Now it is time to put the focus on health as an investment. "Growth of the health sector enriches the economy at large," Andriukaitis told delegates. "A healthy workforce ensures productivity; increases in life expectancy - if correlated with a higher retirement age - helps to ensure social insurance funds are sustainable; and innovation in medicine ensures the competitiveness of European pharmaceutical and engineering companies, boosting science and technological progress in all sectors," he said.

Health spending is growth-friendly

Setting out priorities for the macroeconomic reforms it believes are needed to recover from the financial crisis, the European Commission's Annual Growth Survey 2013 said it is essential for national governments to look at the overall efficiency and effectiveness of spending, recommending that, "reforms of healthcare systems should be undertaken to ensure cost-effectiveness and sustainability."

Following on from this, in February 2013, the Commission underlined the view that health spending is "growth friendly" and contributes to the Europe 2020 objective of achieving smart, sustainable and inclusive growth in 'Investing in Health'. This paper calls on member states to "spend smarter" to makes health care systems more efficient, for example, through investments in service reform and technologies to reduce the length of hospital stays, strengthening primary care and the use of health technology assessments to understand the precise value of new treatments.

As Paola Testori Coggi, Director General of DG Health and Consumers at the European Commission, told the European Health Forum in Gastein, "Investments in health are an investment in European human capital and pay dividends in terms of jobs and productivity." Poor health leads to productivity losses, with about a quarter of the people currently employed suffering from a chronic disease that restricts their daily activities, Testori Coggi noted.

Health care is also an important source of employment, with demand for health professionals growing at a time when Europe's labour market as a whole is shrinking. Health and social care generated 1.5 million new jobs between 2008 – 2012, and has the potential to create far more employment between now and 2020, Testori Coggi told delegates in Gastein.

Focus on healthy ageing

In its European Partnership on Active and Healthy Ageing, the Commission has set the ambitious target of increasing by two years the 'healthspan' of Europeans by 2020. The partnership is putting the focus on disease prevention, screening and early diagnosis, and active ageing and independent living, as the means to achieve this.

The programme will involve research into new products, but it will also look at factors that drive their adoption, for example, considering business models and involving end users, clinicians, purchasers and carers in product and service design.

One powerful illustration of the potential comes from the largest randomised control trial of telehealth in the world, involving 236 general practitioners in the UK supporting 6,197 people with chronic obstructive pulmonary disease, congestive heart failure and diabetes. The headline findings of the study included a 45 per cent reduction in mortality, 20 per cent fewer emergency hospital admissions, 15 per cent fewer visits to Accident and Emergency Departments and a 14 per cent reduction in hospital bed days. Quality of life was broadly the same and patient satisfaction with telehealth was high.

No one wants to be in hospital if they can avoid it, but at present the 15 million people in England with long-term conditions account for 70 per cent of beds occupied in the National Health Service, at a cost of £70 billion per annum. This situation is replicated in health systems across Europe, highlighting how the types of products and services the European Partnership on Active and Healthy Ageing is aiming to develop and deploy could save health care costs, add to quality of life and foster the development of new markets.

Mobile health (mHealth) and fitness applications represent another example of an important new technology-driven market that is supported in part by health spending, and which motivates individuals to adopt - and sustain - healthy behaviours. According to Research2Guidance, a mobile apps market research company, the European mHealth market is booming and is forecasted to be worth €5.4 billion by 2017. Commenting on the rapid uptake of mHealth, Robert Madelin, Director-General at DG Communications Networks, Content and Technology at the European Commission told the European Health Forum in Gastein, "mHealth tools can empower citizens and help cut costs to ensure healthcare systems remain sustainable." Mobile apps are a promising new channel of communication in the area of preventive medicine, presenting, "An excellent opportunity to convey health messages," Madelin said.

Health and economic growth are self-reinforcing

Health is a form of human capital as well as being an input to human capital. Seen from this perspective, there is scope to generate a virtuous circle in which health and economic growth are self-reinforcing. One study by the OECD estimates that a one year increase in a population's life expectancy could push up GDP by as much as 4 per cent.

In summary, health spending is not a trade-off against growth. Health and growth are complementary and synergistic. Better health equals more human capital, leading to sustainable economic growth.

Moderators and Speakers of the Session II

Prof. Jūras Banys

Professor, Acting Rector of Vilnius University (Lithuania)

Jūras Banys is Acting Rector of Vilnius University. He graduated from Vilnius University in 1985, obtained PhD in 1979 and the second degree (doctor habilitatus) in 2000. Between 1988 and 1989, he was at Oxford University, UK, as a PhD student under the supervision of Prof. A. M. Glazer. He was awarded Humboldt Research Fellowship for post-doctoral scholars and spent the period of 1993–1995 at Leipzig University, Germany. J. Banys has published a book and over 200 scientific papers. Currently his research group has been working on Relaxor Ferroelectrics and multiferoic materials. These investigations include single crystals, ceramics, thin films.

J. Banys won the Lithuanian National Prize for Science 2002. In 2003 he received P. Brazdžiūnas Award in the field of Experimental Physics of the Lithuanian Academy of Sciences. He is a member of the Lithuanian Physical Society, a member of the Lithuanian Materials Research Society, and Member of the Lithuanian Academy of Sciences, member of the international advisory board of ECAPD (European Conference on Applications of Polar Dielectrics), member of the international advisory board of EMF (European Meeting on Ferroelectrics). J. Banys has contributed to numerous Lithuanian national and international conferences as a Chair and Organizing or Program Committee Member.

Prof. Fabio Pammolli

Professor of Economics and Management, IMT Institute for Advanced Studies, Lucca (Italy)

Fabio is Professor of economics and management at IMT Institute for Advanced Studies (www.imtlucca.it). As the Founding Director of the Institute, from 2004 till November 2012 he presided over its establishment as an international graduate school, institute of technology, and institute for advanced studies. He coordinates the research unit Axes (Analysis of compleX Economic Systems) and Crisis Lab, a 'national interest' project in collaboration with the National Council of Research. Fabio is the President of the CERM Foundation (www.cermlab.it) and he is the director of the Switch Project, on the future of welfare and health systems (www.theswitchproject.eu). Fabio combines different methodologies to cover a variety of topics in economics of science and innovation, industrial economics, the economics of health and pensions, and network analysis of large socio-economic systems. He is a leading expert in the economic analysis of biotechnology and pharmaceuticals. He has served as a member of committees and as an advisor of Governments, Associations, and Companies, on welfare sustainability, innovation, and competition policy and strategies. He is currently writing a book on growth and instability in economic systems and a book on innovation and competition in the international pharmaceutical industry. He has published in journals such as: Science, Nature Reviews, Nature Physics, The Proceedings of the National Academy of Sciences (one cover article), The Journal of the European Economics Association, The International Journal of Industrial Organization, Management Science, Revue d'Economie Industrielle, Research Policy, Health Affairs, R&D Management, E. Journal of Health Economics, Economics Letters.

Make health part of economic policy

Prof. Klaus-Dirk Henke

School of Economics and Management, Institute for Economy and Economic Law, Technical University Berlin (Germany)

After several research stays in the U.S. and his successful habilitation in Marburg, he took over the Department of Finance at the University of Hannover, part of the Department of Economics, in 1976. Since 1995, he has held the Chair of Public Finance and Health Economics at the Technical University of Berlin. Prof. Dr. Henke has been a member of the Scientific Advisory Board of the German Federal Ministry of Finance since 1984.
From 1987 to 1998, he was a member in the National Expert Panel for Concerted Action in Health Care and from 1993 to 1998, the Chairman of the panel. Since 2004, he has been a spokesman for the Centre for Innovative Health Technologies (ZiG) at the TU Berlin. Prof. Henke works mainly in the fields of health economics, social security, European integration and on accounting and controlling issues. As part of the scientific advisory board, it is the job of Professor Henke to evaluate the quality of research in the above-mentioned areas.

Health care is commonly considered an overhead and a drain on a nation's finances. On the contrary, "health is a major production factor" contributing to growth, innovation and exports, says Klaus-Dirk Henke.

It is time to stop viewing expenditures on health care as a negative thing and begin treating them on a par with any other strategic investment, believes Professor Klaus-Dirk Henke. In the case of Germany, his research shows the total health economy generates 10 per cent of gross national product, 7 per cent of total exports and 15 per cent of employment.

In short, health is a major driver of economic growth. As Henke notes, a healthy population is more productive. Given this, boosting human capital - as mediated through healthcare – should be a central plank of economic policy. Investing in health and education increases the innovation skills and knowledge base of the population, in turn promoting growth in other sectors while at the same time reinforcing health as an economic catalyst.

"Even in austerity, health is, together with education, a major factor that influences the sustainability of a country positively," Henke says.

One illustration of the contribution of healthcare to economic stability comes from a recent analysis Henke carried out on Germany's seven leading pharmaceutical and medical device companies. These are responsible for creating highly skilled jobs, investing large amounts of money in research and development and being major exporters.

These seven companies account for nearly 35 per cent of the total gross value-added in Germany's pharmaceutical and medical technology sectors. The amount of value-added increased by nearly 40 per cent between 2005 – 2010, growing at a rate that was nearly three times higher than other sectors as a whole, and more than the value-added by Germany's world-leading automotive industry.

Pharmaceuticals and medical technology in general outperformed other leading German industries, including mechanical engineering and the electronics sectors. Germany's industrial healthcare sector employs an above-average number of highly educated staff and is also important in creating jobs in its supply chain.

Economic dividends go hand-in-hand with health dividends

The title of Henke's presentation to the Lithuanian Presidency conference is 'The Economic and Health Dividend of Health care and health'. One of the best illustrations of these dividends comes from investing in health prevention, a move that simultaneously prevents the onset of disease but also reduces health care costs whilst at the same time creating the potential for people to continue working beyond the retirement age of 65.

Whilst only 3 per cent of health care budgets are currently devoted to prevention of any kind, the desire to reduce the incidence of non-communicable diseases requires that the prevention and control of their risk factors is given the same level of attention as the prevention and control of infectious diseases.

A new understanding of health care

In most countries, health policy is straitjacketed by a focus on cost containment. A "new understanding of health care" is needed to enable a move to what Henke terms, "an open health society".

From this fresh perspective, rather than being viewed as a cost, health care is seen as a growing sector that increases the workforce and creates new career opportunities. Rather than focussing on the resources that health care consumes, the emphasis is on investment in health to promote growth and productivity.

The focus on healthcare's volume of inputs is replaced by a determination of its quality and outputs – assessing how to 'buy' the most health. And health is no longer the sole preserve of the health care system, but is integrated into other aspects of life. This focus will attract investors, creating new markets for a healthy, though ageing, population and driving demand in fitness, mobile health, assisted living technologies and nutrition.

Viewed from this new perspective – health spending as an investment – it becomes essential to factor health into other aspects of government policy. It also requires the development of improved indicators so the contribution of health care to the national economy in terms of value added, employment, and economic growth, can be tracked.

"We are now doing research on the health dividend/effects of potential investments. We do not know how the value added to the health economy should be measured, (on a micro, regional/ sectoral or macro level) in terms of productivity and efficiency," Henke concluded.

Health equals wealth, and never more so than when times are bad

Prof. Bengt Jönsson

Department of Economics, Stockholm School of Economics (Sweden)

Before joining the SSE in 1990 he was professor at Linköping University, Department of Health and Society, 1982-1990. He was director of the Swedish Institute for Health Economics (IHE) in Lund from 1979 to 1982, and a member of the IHE Board until 2004. He is now chair of IHE scientific advisory board. He is also a member of the European Academy of Cancer Sciences, and of the EU Expert Panel on effective ways of Investing in health. He has been a member of the Karolinska University Hospital Board, and the Scientific Advisory Board, National Board of Health and Welfare, Sweden. He was also Chair of the Expert Group to the Committee on Funding and Organisation of Health Services and Medical Care in Sweden (HSU 2000), and a member of the National Social Insurance Board from 1992 to 1994, and of SBU (The Swedish Council on Technology Assessment in Health Care), Scientific Advisory Board 1988-2004.

Professor Jönsson is a member of the editorial boards of several journals, including the Journal of Cancer Policy, European Journal of Health Economics, and International Journal of Technology Assessment in Health Care. He has also been a temporary adviser to the WHO and a consultant to OECD and UNIDO. Professor Jönsson's extensive publications in the field of health economics include over 200 papers, reports, and book chapters. Presently he is president of the SHEA, the Swedish Health Economics Association and past president of iHEA, the international Health Economists Association.

The link between health and wealth is well-established, but there is a sense that governments and policy makers have lost sight of this connection in the financial crisis, says Bengt Jönsson

"This link has been discussed and observed for the past fifty years. The whole idea that health is not a burden on the economy, but is an active partner in fostering economic development and economic growth is widely acknowledged," says Professor Bengt Jönsson, of the Department of Economics, Stockholm School of Economics.

"Now that we are in the situation where many public health care budgets have had to be cut, there is a need to remind ourselves of these links," Jönsson says. "My first observation would probably be that a period of austerity is a particularly bad moment to contain health care expenditure, prompting further contraction at a time when economies are shrinking."

However, health budgets do need to be used as effectively as possible to ensure the maximum economic return, raising the question of when cost containment should be attempted. "It's a little bit of a Catch 22, because when the economy is going well it is difficult to contain expenditure, and when austerity strikes you are forced to do it at the wrong point in time," says Jönsson.

The answer, Jönsson believes, is that efficiency is something that needs to be pursued and supported over the long-term. "Investments in health are something that should be a stabilising force in the economy, because unlike other goods and services, demand does not change in response to business cycles." At the same time, there is a constant desire to see improvements in health care, and this does not disappear with austerity.

Human capital, or the quality of the labour force generated by investments in education and health, is one of the leading contributors to wealth. The rise in the level of HIV infections that has been observed since health care cuts were instituted in 2008 provides a depressing illustration of how poor health destroys human capital and what is at stake when budgets are reduced. "This is particularly

sad since the development and introduction of effective treatments for HIV/AIDS is a classic example of the economic benefits of investing in health," says Jönsson.

The recent increase in HIV infections also highlights that, during periods of austerity, it is important not to make across-the-board cuts by looking very carefully at how reduced budgets are spent. "You know in health care spending that there are pockets of waste – you need to weed them out and make room for further innovation and development," Jönsson says.

One key finding from an assessment of the impacts of austerity-driven cuts on health carried out by the World Health Organisation Regional Office for Europe and the European Health Observatory, is that falling health care budgets and associated measures such as increases in co-payments have increased health inequality, both within and between countries in Europe.

Apart from undermining the principle of equity in access, this is significant because an uneven distribution of health within a population neutralises health spending as a driver of economic growth. "The exact nature of the relationship is debated, but if there are segments of the population with poor health that cannot participate in the labour market, there is a double negative effect on the economy: you don't get the productivity and you have to bear the cost of health care and social care."

Investments in improving the health of a population as a whole will have positive economic consequences resulting in higher growth; which as a consequence will improve health – a virtuous circle. Jönsson suggests three priorities for spending where the potential impacts are greatest. These are investing in health for segments of the population with the poorest health; investments outside the health care sector in promoting in healthy life styles and a healthy environment; and investment to maintain a healthy workforce in people aged 50-70 years.

This third area is particularly important given an ageing population and the desire by governments to raise the retirement age. More time spent in formal education and the resulting later start to working life, coupled with longer life expectancy, "Makes it both necessary and efficient to invest in avoiding health problems that reduce labour productivity later in life," says Jönsson, noting that whilst Swedish data shows that the share of the population aged between 55-74 that rate themselves in good health is over 60 per cent, it means that close to 40 per cent think they are not in good health.

"If people need to work longer, they need better health. This is an area where there is an enormous potential to increase human capital, particularly when the economy is starting to revive and there is an increasing demand for skills," Jönsson concludes.

Prof. Danguolė Jankauskienė

Vice Dean, Faculty of Politics and Management,
Mykolas Romeris University (Lithuania)

The history of her life covers various qualifications, as medical doctor pediatric surgeon working for 22 years in Vilnius university children's hospital, more than a decade working in the various leading positions at the Ministry of Health, including State secretary, Viceminister, Advisor to the Minister, she was a director of Health reform management bureau and Independent agency of health technology assessment, she has international expertise working in various projects at WHO and European Commission, also she has academic and scientific qualifications at Vilniaus and Mykolas Romeris university, where she is working for the last 8 years.

Prof. dr. Danguolė Jankauskienė is an expert of health policy and health management, she is involved in various national and international scientific and practical projects of health system's development also is teaching health policy course for master degree students at the university and leads PhD students.

Dr. Katrín Fjeldsted

President, the Standing Committee of European Doctors

Born 1946 in Reykjavík, Iceland. She completed her general practice training in 1979 (United Kingdom) after receiving her Medical Degree from the University of Iceland in 1973.

She has been a family physician at Efstaleiti Health Centre since 1980. She was the assistant Reykjavík City Medical Officer 1979-1980. Her political, social and civic activities are as follows: Member of Reykjavík City Council 1982-1994, member of the City Executive Council 1986-1994, Chairman of the Icelandic College of Family Physicians 1995-1999, Member of Board of the Icelandic Medical Association 1997-1999, Head of the Icelandic delegation to CPME since 2000, elected internal auditor for the CPME in April 2001, re-elected 2003, elected CPME Vice President for 2006-2007, re-elected for 2008-2009 and elected treasurer 2010-2012. Member of Althingi for the Reykjavík constituency 1999-2003, Deputy parliamentarian 1995-1999 and 2003-2007, Member of the Standing Committee on Judicial and Ecclesiastical Affairs 1999-2003, Member of the Standing Committee on Health and Social Security 1999-2003, Member of the Standing Committee on the Environment 1999-2003, Substitute member of the Standing Committee on Foreign Affairs 1999-2003.

Vice-Chairman of the Icelandic Delegation to the Western European Union Assembly 1999- 2003, Substitute member of the Icelandic EFTA-delegation since 1999-2003, Member of the Icelandic parliamentary delegation to the United Nations General Assembly in 1999 and 2000, Member of the Icelandic delegation to the U.N. conference on sustainable development in Johannesburg S-Africa in 2002.

Prof. Juozas Pundzius

Chairman, National Health Board (Lithuania)

Prof. Juozas Pundzius, M.D. is Chairman of the Lithuanian National Health Board and a Head of Surgery Clinics at the Hospital of Lithuanian University of Health Sciences Kauno klinikos. He specializes in surgery of liver and pancreas, peptic ulcer and gastrointestinal hemorrhage: diagnosis and treatment and urgent surgery. Prof. Juozas Pundzius participates in the international programme "COPERNIKUS". He served as a Head of Senate of Lithuanian University of Health Sciences and General Director of Hospital of Lithuanian University of Health Sciences Kauno Klinikos. He gives lectures and leads practical training. Prof. Juozas Pundzius is a president or a member of three doctorate committees.

Ms. Marina Karanikolos

Research Fellow at European Observatory for Health Systems,
School of Hygiene and Tropical Medicine, London (United Kingdom)

Marina Karanikolos (MPH) is a research fellow at the European Observatory on Health Systems and Policies and the London School of Hygiene and Tropical Medicine. Her main work areas involve the impact of the global financial crisis on population health and health systems performance assessment. She is a member of the editorial team of the Observatory's Health Systems in Transition (HiT) profiles. Prior to jointing the Observatory in 2010 Marina worked as a health intelligence analyst for England's NHS.

Health in all policies versus health for all policies

Prof. Gediminas Černiauskas

Vice Minister of Health of the Republic of Lithuania

He is also a Professor at the Department of Economics, Faculty of Economics and Finance Management, Mykolas Romeris University, Vilnius, Lithuania. He graduated from Vilnius State University, School of Economics, with Master's degree in Economics in 1980. In 1983–1986 he studied at Lithuanian Academy of Science, Institute of Economics and in 1987 obtained Ph.D. in Economics, Specialisation in Public Administration and Health. In 2008 he was a Vice-minister and later on – Minister of Health of the Republic of Lithuania. In 2007-2008 he was an adviser to the Prime Minister on health care organization, strategy and reforms implementation.

Ensuring intersectoral cooperation for health is an important objective from the perspective of the public health. European history does provide numerous success stories of intersectoral interventions in the fields of safety at work and on roads, sanitation, food safety, and enhanced physical activity leading to better health outcomes, such as longer and healthier lives. Currently life expectancy at birth in Europe is about 80 years, almost twice exceeding the figure for 1900. Preventive and curative health services as well as inputs from other sectors of economy (including household sector) has contributed to these impressive health gains.

The potential of intersectoral cooperation for health is far from being fully utilized but new times are bringing new dimensions to the interaction between health and other sectors. Not so long ago in the history health sector was considered to be inefficiently utilizing resources by most of the measurements (physical and human capital, R&D, managerial capacity) and lagging far behind such sectors as manufacturing, construction, financial services, agriculture. Today health sector is employing a stronger workforce than that of all manufacturing in the United States of America; during 2000-2010 it was the biggest contributor to employment in the European Union, and is the leading economic sector according to the intensity of R&D.

The scope of health sector in the economy as well as its role has changed substantially. Sustainability of health sector depends on the capability to play its current much more complex roles.

Sustainable gains in health are of outmost importance. Tax payers will be eager to contribute to the development of the health system until utility provided by health professionals in health promotion, disease prevention, treatment and rehabilitation remains on the rise and is manifesting itself in better health outcomes.

Contribution to the competitiveness of Europe (health as an investment) is the responsibility of the leading economic sector. Increase in life expectancy provides an opportunity to increase retirement age as well as to expand the workforce even during the period of unfavorable demographic conditions in Europe. Improved health indicators of working population are making it more productive and lead to less time lost due to illness-related absenteeism. Research in health field is contributing to the flourishing of science and maintaining the role of Europe as a leader of global technological progress.

Reducing inequalities and empowering people are the key contributions provided by the health sector in assurance of social stability in Europe. Putting equity, universality, equality and solidarity principles completely aside might destroy not only functioning of medical services but also social fabric of the modern society. The fact that the health sector is one of the main contributors in creating working places makes socioeconomic responsibilities of the sector even clearer.

Prof. Lieven Annemans

Department of public Health, University of Ghent (Belgium)

Full Professor of Health Economics at the medical Faculties of Ghent University and Brussels University. He was President of the International Society for Pharmaco-Economics and Outcomes Research, and is member of the Flemish Health Council. He is author of the book “Health economics for non-economists” and of the report “towards valuable innovation in the EU”. He published >160 peer-reviewed papers, >300 posters/papers, and has given >500 lectures on health economics, health care systems and & health technology assessment (HTA).

Dr. Joaquim Oliveira Martins

Head, Regional Development Division at the OECD (France)

Current projects cover regional growth, urban development, regional governance issues, and the eterminants of health expenditures. He was former Head of the Structural Economic Statistics Division, focusing on Trade & Globalisation indicators, Productivity measurement and Business statistics. Previously, he was Senior Economist at the Economics Department heading projects on the Economics of Education, Ageing and Growth, and Health Systems. He was also Head of Desk for emerging markets, where he was in charge of the first Economic Surveys of Brazil, Chile and several transition countries. Other OECD monographs focused on Competition, Regulation and Performance and Policy Response to the Threat of Global Warming. He was also Research Fellow at the CEPII (Centre d’Etudes Prospectives et d’Informations Internationales, Paris). He is Associate Professor at the University of Paris-Dauphine. He holds a PhD in Economics from the University of Paris-I, Panthéon-Sorbonne.

III Session Overview.

Taking stock: health and health care inequalities in Europe

Across Europe as a whole, life expectancy is increasing. However, health inequality remains: in Newcastle, UK, 55-year olds whose homes are eight miles apart can have eleven years difference in healthy life expectancy. Such huge inequalities are repeated in other European cities.

The differences between countries are even starker: for males there is a difference of 19 years between the average number of healthy life years in Slovakia at 52.1 years, and Sweden at 71.1 years. For women there is an 18.4 year gap between average healthy life years of 52.3 in Slovakia, and Malta, where women have a healthy life span of 70.7 years.

On average, the gap in healthy life years in 2011 was 11.8 years for men and 7.9 years for women, according to the latest data published by the European Commission in September.

Health inequality in Europe has been recognised as an important public health issue for the past 25 years, and a number of policies have sought to close this gap. But with health inequalities starting at birth and persisting into older age, the effects of policy instruments such as cutting tobacco and alcohol consumption, improving disease prevention or promoting social cohesion, inevitably take time to have an impact.

Social gradient in health status

Throughout the European Union a social gradient in health status exists where people with a lower level of education and lower income die younger and have a higher incidence of most types of health problem. Newcastle bears this out: between the high of 74.8 years and the low of 63.8 years, healthy life expectancy in other areas of the city varies from 71.5 years in South Gosforth, 70.1 years in Jesmond and 66.1 years in Fawdon.

The European Commission concluded in its latest update, *'Report on health inequalities in the European Union'* published in September 2013, (1) that although there has been some progress in reducing disparities, "sizeable gaps exist within and between member states of the European Union".

And it is disturbing to find that the latest research implies that rather than decreasing, fall-out from the financial crisis, including increasing unemployment and cuts to health and social care budgets, means that health disparities are increasing.

All of which points to the need for renewed action to deal with health inequality: if everyone is living longer the benefits should be shared by all, so that the extra years of life are genuinely worth having. Session III of the conference will take stock of current understanding of the extent of health and health care inequalities, and raise awareness of the need for governments to reframe and reinvigorate policies aimed at closing these gaps.

Speaking at the European Health Forum in Gastein, Austria, early in October EU Health Commissioner Tonio Borg stressed his commitment to fighting discrimination in health in all its forms and to addressing the stigma and discrimination suffered by vulnerable groups who he said, sometimes “slip through the net”.

“To address continued inequalities in health, we need to focus on improving Europe’s health systems – making them more effective and sustainable, and more accessible to everyone,” Borg said. “Reducing these inequalities is in everyone’s interest,” because better healthcare for all, “Is a crucial component for social cohesion and vital to achieve Europe’s 2020 goals of smart, sustainable and inclusive growth,” the Commissioner told delegates.

Lost years of healthy life expectancy are not only a significant cost to individuals, they are an affront to the European Union’s principles of solidarity, human rights, equality of opportunity and social cohesion. More than that, they also have major economic effects, as first highlighted by the research of Professor Johan P Mackenbach, Chair of the Department of Public Health at Erasmus MC, University Medical Centre, who will be chair of Session III of the Vilnius conference.

In initial research in 2007, Mackenbach estimated that inequality-related losses to health amount to more than 700,000 deaths per year and 33 million cases of ill health in the European Union as a whole. This accounted for 20 per cent of total health care costs and 15 per cent of social security payments. Furthermore, inequality-related losses to health reduce labour productivity, cutting 1.4 per cent, or €141 billion per year from Europe’s GDP.

Health in all policies

The World Health Organisation’s definition of the social determinants of health – “the conditions in which people are born, grow, live work and age” - could not present a wider canvas for policy intervention. Certainly it underlines the need for a whole-of-government approach to framing policy to reduce the health inequalities, with many contributing factors lying beyond the traditional scope of health ministries.

While health inequality is recognised as being the result of a complex mixture of socioeconomic influences, variation in health systems is an important contributory factor. The Commission’s September report attributes some health inequality to the differences that exist in the quality and effectiveness of health services across the EU.

One European Union research project, ECHO (The EU collaboration for Health Optimisation) is studying unwarranted variation in the effectiveness, quality and safety of Europe’s health systems, drawing on patient-level data from hospitals in six member states. The question of whether differences in health care structures and incentives worsen or reduce health inequalities will be addressed in Session III.

Although equal access to health care is a necessary element in bridging the divide, the socioeconomic determinants highlight the need for a ‘health in all policies’ approach to tackle health inequality. This is the only way to break the vicious downward spiral of poor health that both results from - and perpetuates – poverty and exclusion. A whole-of-government perspective is also required to ensure that the combination of a longer life expectancy lived in poorer health does not fundamentally undermine the sustainability of health systems.

The degree of autonomy a person has over their life and their decisions is incredibly important for wellbeing. Given this, a key to addressing health inequalities is to create the conditions for people to take control of their own lives. One way to do this is through patient empowerment, to help

people living with chronic diseases – which are the major manifestation of health inequalities – to cope better with their conditions.

As Nicola Bedlington, Executive Director of the European Patients' Forum says in the viewpoint accompanying this overview, "Empowered patients are not cost drivers. On the contrary, when patients are genuinely involved and their preferences are listened to and acted on, the result is better health outcomes, more engaged patients and lower costs."

Health inequality is preventable: if someone living in Ponteland in the north west of Newcastle can have a healthy life expectancy of 74.8 years, than so can someone eight miles away in Byker in the south east of the city, where currently the healthy life expectancy is 63.8 years. The same applies across the EU. Dealing with health inequality calls for improvements in housing, safer workplaces and access to healthcare to ensure people enjoy the good heath that is biologically possible.

(1) COMMISSION STAFF WORKING DOCUMENT. Report on health inequalities in the European Union. <http://ec.europa.eu/health/social_determinants/docs/report_healthinequalities_swd_2013_328_en.pdf>

Moderators and Speakers of the Session III

Prof. Remigijus Žaliūnas

Rector, Lithuanian University of Health Sciences (Lithuania)

Žaliūnas Remigijus, M.D., Ph.D., D.Sc. habil. (Biomedical Sciences, Medicine), Professor of Cardiology, Head of the Department of Cardiology in Medical Academy at the Lithuanian University of Health Sciences, Former President of the Lithuanian Society of Cardiology, Chairman of the Kaunas Region Society of Cardiology; a member of the Lithuanian Heart Association, the Lithuanian Union of Physicians, the European Society of Cardiology, the International Society of Cardiology and Federation, the American Society of Cardiology, the European Association of Universities; a board member of the Nordic-Baltic Society of Cardiology, a member of the Lithuanian Academy of Sciences; Rector of the Lithuanian University of Health Sciences; and a Former President of the Conference of Rectors of Lithuanian Universities.

Professor Žaliūnas is engaged in specialized diagnosing and treatment of cardiovascular diseases, in counseling cardiologists and is a permanent participant in consultations. He delivers a course of lectures The Topical Issues of Ischaemic Heart Disease; Cardiac Arrhythmias and Disorders of Conduction for the medical undergraduate and postgraduate students, doctors cardiologists, and internists improving their skills in Clinical Cardiology. He is also a co-author of the textbooks Basics of Cardiology; Internal Medicine; and Cardiac Diseases.

Prof. Johan P. Mackenbach

Chair, Department of Public Health at Erasmus MC,
University Medical Center Rotterdam (the Netherlands)

His research interests are in social epidemiology, medical demography, and health policy. He has (co-)authored more than 500 papers in international, peer-reviewed scientific journals, as well as a number of books. He is a former editor-in-chief of the European Journal of Public Health. He is actively engaged in exchanges between research and policy, among others as a member of the Health Council of the Netherlands and the Council for Public Health and Health Care. He is also a member of the Royal Netherlands Academy of Arts and Sciences, and honorary professor at the London School of Hygiene and Tropical Medicine.

Prof. Reinhard Busse

Head, Department for health care management, Technische Universität Berlin;
Associate Head of Research Policy, the European Observatory on Health Systems and Policies (Germany)

Reinhard Busse is professor and department head for health care management at Technische Universität Berlin. Besides being one the Observatory's Associate Head of Research Policy and Head of the Berlin hub, he is a member of several scientific advisory boards (e.g. for the Federal Association of Company-based Sickness Funds, the German Agency for Health Technology Assessment, and the Federal Physicians' Chamber) and a regular consultant for WHO, the EU Commission, OECD and other international organizations within Europe and beyond as well as national health and research institutions.

His research focuses on both the methods and the contents of comparative health system analysis (with a particular emphasis on the reforms in Germany, other social health insurance countries and central and eastern Europe, role of EU), health services research including cost-effectiveness analyses, health targets, and health technology assessment (HTA).

Prof. Marc Suhrcke

Professor in Public Health Economics, University of East Anglia (United Kingdom)

Currently heading the Health Economics Unit and acting as Course Director of the MSc in Health Economics. Prior to joining UEA in 2008 he has worked for more than 5 years as an economist with the WHO European Office for Investment for Health and Development (Venice), where he was responsible for the research on the economics of health, and on social determinants and inequalities in health. Prior to WHO he has held a number of research positions in international organisations and academia, including the UNICEF Innocenti Research Centre (Florence), Hamburg University, the European Bank for Reconstruction and Development (London), the Centre for European Policy Studies (Brussels), the European Commission (Brussels), and the Hamburg Institute for International Economics.

Prof. Ramunė Kalėdienė

Dean of the Faculty of Public Health, Lithuanian University of Health Sciences (Lithuania)

She is also president of Lithuanian Public Health Association, member of the Board of Directors and expert of the European Agency for Public Health Education Accreditation. For several years, she has chaired the Peer Review Committee of the Association of Schools of Public Health of European Region (ASPHER), was member of the Board of ASPHER, WHO expert for human resource development in public health and inequalities in health, currently she is a member of Scientific Committee of European Public Health Association. Since 2004, she was an expert for developing schools of Public Health in the European region, and took part in the assessment and development of the schools of Public Health in Russia, Georgia, Moldova, Macedonia, Kazakhstan, Bulgaria and Syria. She worked as adjunct professor at the Nordic School of Public Health in 2001-2003, was a member of the National Board of Health and expert of Health Committee at the Parliament of Lithuania in 2004-2008. Scientific interests: social and demographic inequalities in health and health care, epidemiology of external causes of death in Lithuania. Prof. R. Kalediene is an author or co-author of more than 290 scientific publications on related issues.

Sustainable health care calls for innovation in disease prevention

Ms. Monika Kosinska

Secretary General, European Public Health Alliance

Monika Kosinska is the Secretary-General of the European Public Health Alliance (EPHA), a non-governmental organisation committed to bringing about change to national and European Union policy that impacts on health, social justice and equity. Recent areas of work include global complexity theory, emerging social and technological changes, rethinking corporate and economic governance and co-operative approaches to delivering social and economic change. Ms. Kosinska was appointed as Secretary-General in recognition for her strong leadership and management in the public and private sector, working towards improving public policy to achieve better health outcomes. She was previously acting Executive Director of a Think Tank working in the United States, France and the United Kingdom to develop new thinking on future population challenges to health, International Corporate Affairs Manager at a global retailer working globally with senior company executives to improve understanding and relations with national authorities and local stakeholders, and a founder and Co-Chair of EUREGHA, bringing together local and regional authorities from across Europe working on health. Her experience in high-level and strategic representation includes being a board member for the Health and Environmental Alliance, the Civil Society Contact Group, the European Bachelor and Master in Public Health programme at Maastricht University, and former Chair of the Action for Global Health network.

There's ample evidence that investing in disease prevention is a far better way of spending money than treating the consequences. Prevention needs a higher profile. It also needs innovation, says Monika Kosinska.

It's time to put innovation at the heart of health prevention - to reduce disease burden and make health care systems more sustainable.

One important step would be in giving due weight to research into health promotion and disease prevention in the programme of health-related R&D that is to be carried out as part of the European Union's €73 billion Horizon 2020 between 2014 – 20202.

Another would be to make a shift away from viewing technology as the sole source of innovation, to embracing the potential of social innovation and process innovation to improve how health care systems operate, says Monika Kosinska, Secretary General of the European Public Health Alliance.

The need to improve diet and nutrition is one very stark case in point. The global pandemic of malnutrition, with approximately one billion people crushed by chronic hunger while 1.4 billion people are overweight or obese, underlines the need for innovative approaches to ensure food security, sufficiency and access, and for a more integrated approach to agriculture and food systems.

In Europe, most attempts to get people to eat healthier diets revolve around measures such as labelling and education. But appealing to individuals in this way is not effective because industrialised food systems mean it's hard make good choices, Kosinska says. "What is happening in trying to change the demand side, you are putting all the responsibility on individuals," Kosinska says.

But it is the last 50 years of change on the supply side that leaves people faced with unhealthy choices. "Why ask individuals to act rather than attempting to reform a flawed food system?" says Kosinska. A lever that the European Union could reach for here is the Common Agricultural Policy, which currently provides subsidies for beef and dairy cattle, but not for vegetables, Kosinska notes.

Innovation in patient empowerment

Similarly, social innovation, such as measures to promote health literacy, could make an important contribution getting patients more involved in their own care. In parallel, process innovation could open up channels to make health care system receptive to patient feedback.

Such innovation could also underpin a shift from acute care to community care, reducing costs and improving outcomes, Kosinska says. "If people have a greater sense of ownership and participation in their own care, it makes them feel better."

Despite the scope for bringing innovation to bear on health promotion and disease prevention, currently less than three per cent of health expenditure is devoted to this area. "It's hard to get an increase in spending on prevention in times of austerity because even though it is known to be cost-effective, it takes a longer time to play out than other types of measures," Kosinska says.

In effect, what prevention strategies need to do is bring about cultural change. "You've got to be realistic about this, it does take time," says Kosinska. However, there is evidence that young people are becoming more receptive to fast change, raising prospect that cultural shifts could be achieved over shorter time frames.

Technology innovation and sustainable health care

It is widely assumed that one of the main cost pressures on Europe's health systems is coming from the rising care requirements of its ageing population. In fact, as Kosinska points out, ageing is responsible for only 10 per cent of recent rises in costs, whereas 70 per cent is attributable to technology. "You have to be careful about ensuring technology innovation is cost-effective," she notes.

This is not to say technology does not have an important role to play in making health systems sustainable, but rather it illustrates that the conditions for fostering innovation in health care systems are completely inadequate, Kosinska believes. "The current set-up favours large, established centres and large companies, but they are not the innovators. Meanwhile, it's very hard for small innovative companies to get access to health care systems, to introduce and bed down new technologies."

Horizon 2020, which gets under way in January 2014, is putting both research to promote healthy ageing and moves to increase the participation of SMEs, at its heart. However, Kosinska says small companies will still face disparities vis a vis their larger counterparts, simply because they don't have the same administrative capabilities or financial resources.

And it's not only SMEs that are at a disadvantage. Young people and women, both important sources of the social innovation that is needed to increase the sustainability of health systems, also find it hard to get access to EU R&D grants, Kosinska says.

Finally, there is a pervasive barrier standing in the way of bringing any form of innovation into healthcare, which is that real innovation is disruptive. "You have to fundamentally rethink, not just tinker. I'm concerned that health systems have not got the tools to do this," Kosinska concludes.

Dr. Taavi Lai

Independent Consultant (Estonia)

Taavi Lai, MD, PhD (1974) is a long-time researcher in Department of Public Health, the Univeristy of Tartu, Estonia. His research topics span from health related quality of life and burden of disease to modelling of disease epidemiology on one hand and from health impact analysis to health system organisation on the other. However, the common denominators of his research have always been a quest for improvement of population health and support to evidence based health policy. He has also been a Senior Health Analyst in the Ministry of Social Affairs in Estonia where he led the creation of current Estonian national health policy „National Health Plan 2009-2020" and framework for monitroing and assessment of health system performance. He has also actively contributed to many EC, WHO and other working groups, projects and publications as well as provided support to evidence based policy development in several countries other than his own.

Mr. Anders Olauson

President, European Patient Forum

Mr. Anders Olauson is founder, chairman and chief executive officer of the Agrenska Centre in Sweden. His vision behind setting up the Agrenska Centre in 1989 was his profound concern for children affected by rare conditions and their families and the need to move towards a fairer society that embraces and nurtures young patients rather than excludes and isolates them. In September 2008, Mr. Olauson was appointed by the Swedish government to be a member of the Advisory Council at The National Board of Health and Welfare. Throughout his career, Mr. Olauson has been recognised for his work with children affected by rare conditions and their families and his commitment to patients' rights. He also works closely with representatives of hospitals, education and trade unions as well as other key players in the field of rare diseases. Mr. Olauson was instrumental in setting up the European Patients' Forum in 2003, and has been its President since 2005. EPF is an umbrella organisation of 42 European and national coalitions of patients and collectively representing their voice in EU policy debates. Mr Olauson received HM The King of Sweden's Medal for his valuable contributions in the field of patients' rights in January 2010.

Consult patients on the design of health care systems

Nicola Bedlington

Executive Director of the European Patients' Forum

Nicola Bedlington is EPF's Executive Director since the setting up of the EPF Secretariat in June 2006.

She worked as an external expert for the European Commission on disability policy and NGO cooperation and was the first Director of the European Disability Forum during the 90s. More recently she led the ENSI Secretariat, an OECD initiated international governmental network on education and sustainable development.

Patients who have the experience of living with chronic disease become experts in dealing with their conditions and surrounding issues. Tapping into this expertise will improve service design, reduce waste and contribute to the sustainability of health care systems, says Nicola Bedlington, Executive Director of the European Patients' Forum.

It seems self-evident: health care systems exist to meet the needs of patients. From this it ought to follow that patients are at the centre of any discussion of how health care services are organised and operate.

But despite much talk about encouraging patients to become more assertive in managing their own health, the prevailing view of patients as passive recipients means they are rarely supported to do that.

"If you consult and involve patients as end users, the likelihood is that rather than waste resources, you will design more effective and more sustainable services. Patients are not cost drivers, they are part of the solution," says Nicola Bedlington, Executive Director of the European Patients' Forum. The Forum brings together 62 national and European-level patients' organisations to promote the involvement of patients and ensure everyone with a chronic or lifelong condition is provided with equitable access to high quality health and social care. A key pillar in EPF's work is addressing health inequalities and promoting equity and access and EPF sees this Conference as pivotal in moving forward on these issues.

The shift from passive to empowered may be as challenging to patients as it is to providers, and not every patient will want to be engaged in this way. But there should be the opportunity and support required if they do," Bedlington says.

Medics may have clinical expertise in chronic diseases, but patients are "experts by experience" notes Bedlington. They live with the condition, manage it, learn how to cope with exacerbations, and how and where to access care when they need it.

The rise of the empowered patient

The availability of medical information on the Internet has, in part, contributed to the phenomenon of the empowered patient. Some clinicians have felt challenged by this, but it highlights how providing the means for patients to become health literate can foster a different type of interchange between patients and doctors. "You can have a dialogue, not a monologue, and this prepares the way for changing processes and service delivery," says Bedlington.

There is evidence that listening to patients' preferences and involving them in decision-making leads to better outcomes – and significantly – to lower costs. However, to date there has been little attempt to systematically capture these benefits.

True empowerment and involvement requires more than that patients scour medical websites. The quality of information should be monitored, there should be systems in place to collect feedback from patients on their experiences and to factor this into service design and delivery, and patients' rights should be explicit.

But more than this, health professionals need training in communicating with patients. "Specific strategies are required," Bedlington says. "In addition to improving health literacy, health care professionals need new skills and competencies, and the commitment to patient involvement has to be embedded into the way health systems are run."

Advancing patient involvement

The European Patients' Forum is actively driving this agenda, both through advocacy and in practical projects. An example is the Forum's role in the European Patients' Academy on Therapeutic Innovation (EUPATI), which is part of the European Union's €2 billion Innovative Medicines Initiative (IMI).

The patient-led Academy is developing educational material, training courses and a public database to enhance the knowledge of patients and citizens about the process of developing new medicines. Alongside patient involvement in drug development this will include information on how clinical trials are designed and conducted, and consideration of the safety and risk benefit assessments made before testing drugs in patients.

"Providing the right information to patients about drug design will facilitate their involvement," says Bedlington. "Other players need to be engaged too."

Another example is the work that the European Patients' Forum is doing to ensure patients' opinions are factored into the Health Technology Assessments that are increasingly being used to judge the value of newly-approved drugs and devices, to decide if they will be reimbursed.

Whilst Health Technology Assessment agencies express willingness to involve patients and carers, their – necessarily subjective – testimonies must somehow be factored into the file of objective data relating to the product being assessed. "There is a lack of clear methodology," Bedlington says. "Patients need the opportunity to express their experience and expertise in a way that is compelling; there needs to be training and support."

The message to delegates at the conference: Empowering patients should be put at the centre of efforts to ensure health care systems are inclusive and sustainable. "Empowered patients are not cost drivers. On the contrary, when patients are genuinely involved and their preferences are listened to and acted on, the result is better health outcomes, more engaged patients and lower costs," Bedlington concludes.

Prof. Žilvinas Padaiga

Director for Public Health, Research and Studies, Hospital of Lithuanian University of Health Sciences Kauno Klinikos (Lithuania)

He is also the Head of the Department of Preventive Medicine and Dean for International Relations and Study Center at Lithuanian University of Health Sciences. In 1990 Žilvinas Padaiga graduated as pediatrician from Kaunas Academy of Medicine. In the period of 1993-1994 he studied in Finland University of Kuopio and received degree of master in Public Health. For several years he worked as a researcher at the Institute of Edocrinology, Kaunas Medical University. In 1999 Žilvinas Padaiga finished PhD studies and in 2000 was granted a degree of professor at Kaunas University of Medicine (now Lithuanian University of Health Sciences). Professor has participated as a supervisor or consultant in a number of various projects and research studies. Ž.Padaiga worked as an expert of the Ministry of Health and in 2004-2006 was appointed as a Minister of Health of the Republic of Lithuania. He is author and co-author of 215 publications regarding health system management and health policy, healthcare resources planning, children diabetes.

SESSION III

Mr. Stanimir Hasardzhiev

Chairman of Bulgarian National Patients' Organization (Bulgaria)

Dr. Stanimir Hasurdjiev is one of the founders and current Chairperson of the Bulgarian National Patients' Organization (NPO) – the biggest patients' umbrella organization in Bulgaria. NPO has more than 80 member organizations representing patients with different socially significant diseases.

Dr. Hasurdjiev has devoted himself to the work in the patients' advocacy sector and in defense of patients' rights. In 2011, he represented the Bulgarian patients in the Supervisory Board of the National Health Insurance Fund. He is the Executive Director of the European Liver Patients' Association (ELPA), a member of several regional and international organizations and networks, e.g. World Hepatitis Alliance, European Community Advisory Board, International Capacity Building Alliance and others. He has many Bulgarian and international awards, such as the Best Media Award for the World Hepatitis Day campaign in 2008 "Am I number 12". In 2011 National Patients' Organization was awarded a prize by Effie Worldwide Awards for its campaign "If the healthcare system doesn't hear you".

He has been an editor of the health radiocast "Investment for Health" on the National Darik radio and host of the TV reality health show on bTV – "Realno". He is an author of many health projects for socially important diseases – program "Protection", "High cholesterol kills", antiabortion program "It's up to you", cervix cancer campaign "Tell someone", "A few kilograms younger", "Treat osteoporosis!" and many others.

In 2013 Dr. Hasurdjiev became a Board member of the European Patients' Forum.

IV Session Overview.

Sustainable Health Systems for Inclusive Growth in Europe

Improving health systems productivity: scope for reform

Efficiency improvements are needed to get more and better health care from dwindling budgets – to justify the claim on taxpayer funding and make health systems sustainable.

In response to the financial crisis many governments have cut spending on health care, forcing up waiting times, shifting demand from primary care to acute services, increasing health inequalities, demotivating health care staff and putting a stop to new investment. These undesirable consequences highlight how across-the-board decisions can set off a spiral of decline whereby a high level of public spending is devoted to health care, yet the value extracted from the investment diminishes.

This situation points to the need to confront the new financial reality – that healthcare budgets are unlikely to bounce back to pre-crisis levels – and to acknowledge the need to start reshaping services and applying technological and social innovations with the explicit aim of increasing productivity and making systems more efficient and resilient.

The recognition that budgets will remain constrained should also be the impetus for a concerted action to confront the challenges of ageing and burgeoning chronic disease and begin making the changes to established systems and ways of doing things that are required to deal with these problems.

The need to measure healthcare productivity

As the Chair of Session IV, Peter C Smith, Co-director of the Centre for Health Policy at the Institute of Global Health Innovation, Imperial College London, points out in the interview accompanying this overview, the idea of measuring productivity in health care is an anathema to many. But a daunting and difficult task though it may be, such assessments are critical to squeezing as much value as possible out of shrinking budgets.

One place to start is by making comparisons of expenditure and outcomes in different member states. The European Collaboration for Healthcare Optimisation (ECHO), a Framework Programme 7 project which reaches its end this month, has gathered patient-level data from public hospitals in six member states and used this to deliver insights into unwarranted variations in the effectiveness, quality and efficiency of these health systems.

Researchers involved in ECHO are meeting to report their conclusions in Brussels on 13 November, when they will highlight differences in hospital performance, length of stays, and socioeconomic inequality in access to health care, amongst other measures of comparative effectiveness.

While comparisons like this are a good way of highlighting best practice and giving health care staff models to which they can aspire, they do not provide the means for systematically and routinely measuring outputs and using the information to improve performance.

Restructuring health systems certainly has a part to play in attempts to extract the maximum value from budgets. While the ageing population and rising levels of co-morbidities may result in increasingly complex clinical care and support needs, there is no reason why this care must take place in a hospital setting.

An ethos of shared responsibility

Specialist care could be administered in the community, with medical teams cooperating with primary care doctors and social services, to deliver care in, or close to, patients' homes. For patients who do need to stay in hospital, there should be systems in place to ensure they can be discharged as soon as their clinical needs allow, not dictated by the 9 – 5, Monday to Friday regimes that currently exist in health and social care.

There is a need to pull down barriers between the different tiers of health and social care to create an ethos of shared responsibility that is reflected in, and supported by, more appropriate and transparent budget allocation and improved information management systems.

Removing the walls between different tiers will have the effect of making health systems more receptive to productivity-boosting innovation – which increase costs at the point of implementation, but reduces cost elsewhere in the system.

The push to improve productivity by centring health systems around primary care underlines the need for workforce training. Staff must look beyond narrow specialisations to empower patients through effective communications and support patients in self-management of disease.

It is clear that information technology can play a critical role in improving health system productivity in terms of improving administration; in the collection, analysis and dissemination of performance data as the foundation for evidence-based policy; and in supporting new methods of service delivery in telehealth, assisted living and mobile health.

'Infrastructure-lite' health care

Currently, health lags way behind other sectors in the use of information technology. Targeted investments in computer systems would provide the comparative effectiveness data needed to run health systems more efficiently and to justify and implement efficiency measures.

Coupled with the reconfiguration of health care systems in favour of primary care, assisted living technologies will allow older people to remain independent for longer. At the same time, the rise of mobile health will be a major opportunity to reduce costs by delivering health through 'infrastructure-lite' systems.

To give one example of the power of mobile health to improve treatment of chronic diseases, it is now possible to monitor wheezing in asthmatics via smart phones. While this is obviously very convenient, it also provides a better way of monitoring wheezing than existing manual devices. Similarly, smart phone-size diagnostic devices about to come on the market can process pinprick blood samples to isolate, amplify and sequence DNA, and then use this information not only for diagnosis of infections such as malaria, tuberculosis and HIV, but also to recommend the correct drug treatments. In other words, one portable device has the potential not only replace huge amounts of expensive equipment and fixed infrastructure, but also to deliver superior health care.

Mobile health is now primed to boost the productivity of health systems by giving European citizens greater control of their health. This is not only a route to reduce the cost of managing chronic conditions; it will be an important tool for disease prevention, health promotion and wellness.

In summary, it will take an intricate mix of cultural change and structural reforms, coupled with sensitive deployment of innovation, but the means are at hand to improve the productivity of health systems and to buy more health with our money.

Moderators and Speakers of the Session IV

Prof. Alvydas Pumputis

Rector, Mykolas Romeris University (Lithuania)

Alvydas Pumputis was born in 1950 in Molėtai, a town 50 km south from Vilnius. In 1974 he graduated from the Law Faculty of Vilnius University. In 1979 he defended his doctoral law dissertation. In 1984 he was awarded the title of Associate Professor and in 1993 became a Professor. Up to 1982 he worked as a laboratory assistant in Vilnius University's Law Faculty, as a lecturer in the Government Law Department, as a Senior Lecturer and as an Associate Professor. From 1982 he began to work in the Interior Ministry's Vilnius Faculty of Minsk Higher Education School as an assistant to the Chief in charge of learning and research. In 1990, with creation of the Lithuanian Police Academy, Alvydas Pumputis was appointed its chief and in 1991 was elected rector. Later, in 1998, Professor Alvydas Pumputs was elected Rector of the Lithuanian Law Academy. In 2003, after a competition, he became Rector of the Lithuanian Law University. In 2004, Professor Alvydas Pumputis was appointed temporarily to head the Mykolas Romeris University and undertake functions of the rector. That same year he was elected the University's Rector. Mykolas Romeris University's Council January 19th, 2010, in an open competition unanimously voted to elect Professor Alvydas Pumputis Rector of the University.

Professor A. Pumputis actively takes part in conferences abroad, as well as in Lithuania, and lectures. He is a Council member of the International Association of Universities (IAU).

Measure productivity to maximise use of resources and make health care sustainable

Prof. Peter C. Smith

Co-director, the Centre for Health Policy in the Institute of Global Health Innovation, Imperial College London (United Kingdom)

He is a health economist who has written many academic papers on the financing and efficiency of health systems, and is with Sherry Glied joint editor of the Oxford Handbook of Health Economics. Particular research interests include health system performance assessment, value for money, financial protection and the equitable financing of health services. Smith has advised many government ministries and international agencies on health reforms, including the World Health Organization, the International Monetary Fund, the World Bank, the European Commission and the Organization for Economic Cooperation and Development.

It is a daunting and difficult task, but measuring the productivity of health care systems is critical to dispelling perceptions that money is badly spent and to improving efficiency, says Peter C Smith.

Increasing the efficiency of health care systems provides a boost to sustainability in two ways. First, an efficient system is squeezing maximum value from the available resources. Second, if the system is efficient, citizens, ministers and governments are happier to put money in. "If you can demonstrate good levels of efficiency in a system, it predisposes payers to support it," says Peter C Smith, Professor of Health Policy at Imperial College London Business School and Centre for Health Policy.

Some of the most influential research in the field shows that taken as whole, health spending provides good value for money. However, there is also a huge amount of unexplained variation in

the return on investment in health. “Given this, there has to be an attempt to measure the level of efficiency. But doing so is terribly hard,” Smith says.

A number of European Union-funded projects have looked at comparative efficiency across Europe. While these comparisons are important for singling out best practice, they leave many unanswered questions about what to measure. “You could take the whole population and look at what you get in terms of health improvement. Or you could take a tiny bit of the care pathway, say length of stay in hospital. So there’s a trade-off; the first is probably fundamentally the most important measure, but the second is easier to do,” says Smith.

And while there may be general agreement that increasing efficiency is an important goal, talking about productivity in the context of healthcare is antithetical to many. Many common indicators of efficiency, for example, average length of stay, unit costs and labour hours per episode of care ignore the variation between individual patients. “This is not about time and motion,” Smith says, “Every patient is different, things crop up, you cannot mechanise treatment.”

But if it is impossible to adopt efficiency measures at an individual patient level, there are broad areas where it is possible to promote efficiencies. These are at the overall level of how systems and services are structured and configured, within individual health institutions, in how health practitioners do their work, and in how patients use the service.

Reconfiguration of structures is one of the big areas that many countries are grappling with in attempts to improve efficiency. “They are confronting the hospital system from 50 years ago, when every town had a hospital. However with modern medicine, it’s better to have a smaller number of specialised centres,” Smith says.

At present there are huge variations in costs and use of resources in different tiers of health systems, and hence scope for efficiency improvements. But understanding where the inefficiencies lie requires detailed diagnosis - and leadership to drive through change.

To underpin this, better information systems are a prerequisite. In particular, clinical guidelines are needed that embrace the principles of efficiency and are used to provide comparative effectiveness data on individual providers and alternative treatments.

The paucity of information in many health care systems is akin to trying to fly an aircraft without navigation aids, Smith says. “Other industries invest far more in information: indeed it is difficult to envisage any service industry that doesn’t have comprehensive information systems. There is a lot of scope for efficiencies if health care systems had better information to act on.”

Another lever for driving efficiency lies in funding mechanisms, with the traditional pay for activity approach known to be inadequate. One alternative is to pay for performance. Although this is “a good way to go” because it makes purchases think about what they want to buy, Smith says results of pilot studies to date “are not overwhelmingly exciting.”

A fourth area for efficiency lies in encouraging citizens to be more thoughtful users of services. This can range from turning up for appointments and adhering to prescribed medicines, to schemes where patients with chronic conditions are given personal healthcare budgets, through to moves to encourage behavioural and lifestyle changes.

Finally, efforts to implement efficiency measures will be wasted if there is no accountability. “There are a huge number of accountability relationships within health services, between patient and clinician, purchaser and provider, government and citizens, government and insurers,” Smith notes. There need to be accountability mechanisms to ensure objective scrutiny. “Performance measurement is a pre-requisite, and the most important factor for showing organisations and practitioners are doing as well as they could be.”

In any health care system there are funding limits. Measuring productivity may be difficult, but it is an essential tool for identifying inefficiencies and extracting the maximum value from resources. “If you don’t spend the money wisely, then somewhere in the system, you are denying people services they need,” Smith concluded.

Dr. Barbara Kerstiëns

Head of Sector Public Health,
Directorate-General for Research and Innovation of the EC

Barbara Kerstiëns, MD, MPH is the head of the Public Health Section within the unit of Infectious Diseases and Public health in the Health Directorate of the Directorate-General for Research and Innovation at the European Commission.

She has a long experience in international public health, working for Médecins Sans Frontières, Johns Hopkins Bloomberg School of Public health and DG Development and Cooperation of the European Commission. She joined DG Research and Innovation in 2012. Her main interests lie in health services organisation and management.

Mr. Gary Howe

Global Head of Health, Ernst & Young Health Care Group

Gary is the Health Advisory Leader for EY in the UK and a member of the Global Health Executive. Gary has worked in Healthcare consulting for over 24 years with a strong track record across all parts of healthcare finance, healthcare performance improvement and supply chain transformation working with both the public and private sector. Gary leads the practice as a strong practitioner and still spends a great deal of his time supporting clients in real delivery projects.

A qualified accountant and statistician, Gary is well respected as an innovator and has been responsible for the development of many of the solutions we have pioneered with our clients over his time with EY. Gary is currently helping to lead the development of the EY Global Healthcare practice and has put together a team of people with a wealth of experience and a mission to bring the best delivery experience across the Globe to help our clients solve the greatest challenges we face in health care today. In the UK, Gary is respected as one of, if not the leading, cost reduction and service improvement specialists in the market. Outside of the UK, Gary has a strong performance improvement and finance CV in many parts of Western Europe and has played an important part of the development of our practices in Australia and the Middle East.

As an inspiring leader, with a real focus on delivery of sustainable benefit, Gary is dedicated to working with clients and alliance partners to broker new solutions and partnerships, and bring real value to clients.

Mr. Richard Bergström

Director General, European Federation of Pharmaceutical Industries and Associations

Richard Bergstrom is a pharmacist by training. He received his MScPharm degree from the University of Uppsala, Sweden in 1988. Until 1992 he worked at the Medical Products Agency as Assistant Head of Registration. He moved to Switzerland where he worked for nine years in regulatory affairs at Roche and Novartis. Before returning to Sweden in 2002, he was Director, EU Regulatory Strategy at Roche Basel. For nine years he was Director-General of LIF, the Swedish Association of the Pharmaceutical Industry. During this time he was member of the Board of EFPIA and the Council of IFPMA, the international association based in Geneva. In Sweden he had several government appointments, incl. as vice chairman of the Board of the Karolinska Institute. He also served on the Board of IMM, the Swedish Institute against Corruption. Since 2006 he is an advisor to the WHO on Good Governance in Medicine. Since April 2011 he is Director General of EFPIA, the European association for the research-based industry. In this capacity he also serves on the Board of IMI - the joint research undertaking between EFPIA and the European Commission.

Mr. Jo De Cock

CEO, National Institute of Health and Disability Insurance (NIHDI) (Belgium)

He has obtained a master of law and a master of criminology from the Catholic University of Louvain, where he started his professional experience as a research assistant on the Institute of Social Security on the Faculty of Law (1977-1983). He continued his career by joining the Center for political, economical and social studies where he was researcher and political advisor. From the mid eighties until the beginning of the nineties he worked as a deputy director and counselor of social affairs in the office of the Belgian Prime Minister (1985-1993). Later on he filled the position of adjunct general administrator of the National Social Security Office (1993-1995).

Dr. Aaron Reeves

Research Associate, Department of Sociology, University of Oxford (United Kingdom)

His current research exploits policy variations within and between countries in order to examine the impact of government interventions on health outcomes. This stream of work explores the impact of the recession and austerity on health across Europe and North America. He has published on mental health during the recession, the political economy of healthcare, and patterns of physical activity. Prior to his time at Oxford he worked briefly at the University of Cambridge and completed his PhD in Applied Social & Economic Research with the Institute for Social and Economic Research, University of Essex.

Ms. Dóra Horváth

National Institute for Quality- and Organizational Development in Healthcare and Medicines (Hungary)

The National Institute for Quality- and Organizational Development in Healthcare and Medicines (Hungary) is the main methodological centre for organizational and system development, quality management and pharmaceuticals in Hungary. It was established in 2011 to support the implementation of health care reform in Hungary. The EU Project Directorate of the Institute is in charge of planning, implementing and monitoring health development EU and other international projects and programmes. Dóra Horváth was the coordinator of Subgroup 2 (Defining success factors for the effective use of Structural Funds) of the EU Reflection Process on modern, responsive and sustainable health systems between 2012-2013.

Mr. Nick Fahy

Independent consultant (United Kingdom)

Nick Fahy has over fifteen years of experience at senior level in European health policy, including ten years in the Health and Consumers Directorate-General of the European Commission, most recently as head of unit for health information. He has led the development of major European initiatives such as the multi-stakeholder European Partnership for Action Against Cancer, and represented the European Union in international forums such as the World Health Assembly. He has a particular interest in the contribution of psychology to public policy, and he is currently a member of the expert group on measurement of and target-setting for well-being advising the World Health Organisation's Regional Office for Europe. Before the Commission, Mr Fahy worked on issues such as European affairs and pharmaceutical policy at the UK Department of Health, as well as being private secretary to both John Horam MP, junior minister for the National Health Service, and Tessa Jowell MP, the first Minister of State for Public Health. Nick also contributes to academic work, both through his own PhD research at Queen Mary University of London and as a visiting lecturer at Maastricht University and at Management Centre Innsbruck.

Mr. Rolf Stadié

Chairman, Pharmaceuticals and Medical Devices Working Group, AIM; Member, Management Board, Knappschaft (Germany)

Rolf was born in Cologne, Germany and studied business administration at the University of Cologne. From 1997 to 2012, he was the Managing Director of the German Pension Insurance for miners ("Deutsche Rentenversicherung Knappschaft-Bahn-See") with responsibility for health insurance. He previously worked as a research assistant at the "Konrad Adenauer Foundation" and held various positions in the Federal Ministry of Labour and Social Affairs (1988-1997). His last was position in the Ministry was Head of the Budget Division. Currently, he is retired but continues to special tasks, inter alia, representing the Knappschaft as a Member of the AIM ("Association Internationale de la Mutualité"), a European organization for health protection bodies, in Brussels.

Ms. Nicole Denjoy

Secretary General, European Coordination Committee of the Radiological, Electromedical and Healthcare IT Industry

Nicole Denjoy is the COCIR Secretary General since 2005.

Nicole has gathered 30 years of experience in the medical technology industry, working with companies including L'air Liquide, Ohmeda, Boston Scientific and Baxter. Nicole has a Masters in Organisation and Change Management.

Nicole represents COCIR in a variety of influential fora such as the eHealth Governance Initiative and eHealth Stakeholder Group. Since May 2010, Nicole is Chair of the BIAC Task Force on Health Care Policy representing the private business sector to the OECD Health Committee. Since January 2013, Nicole is also Chair of DITTA, the Global Trade Association representing Medical Imaging, Radiation Therapy and Healthcare IT Industry (www.globalditta.org).

Ms. Marianne Olsson

President, European Health Management Association

Marianne Olsson is currently serving as president of the European Healthcare Management Association (EHMA) after having been on the board of the same organisation for several periods. In Sweden Marianne works for the County Council of Sörmland, as a process director. She also runs a consulting firm (Mofirm) dealing with management and improvement issues, mainly in the health care sector and is employed as an expert on health care equity by SALAR (Swedish Association of Local Authorities and Regions).

Ms Olsson was the project manager of an exciting health project, building a new hospital in a multi-cultural setting in Göteborg, the second city of Sweden. The project aims at improving the health of the population, creating processes for integrated care and serving as an experimental environment where the county council of the West Region can gather new experiences on how to develop the health-care of tomorrow.

Ms Olsson formerly worked as Director of Quality Improvement at Sahlgrenska University Hospital (SU). SU is the largest hospital in Sweden and one of the largest in northern Europe with 18 000 employees and 2 400 beds. Before SU, Ms Olsson worked for the Federation of Swedish County Councils, first as a Project Director and then as Director of the Department of Quality Improvement in health care. Marianne Olsson was the president of the Swedish Society for Quality in Health Care for several periods, and a board member for many years. She has been a member of the board of the Swedish Standards Institute (SIS.).

V Session Overview.

Sustainable Health Systems for Inclusive Growth in Europe

Surveying the fallout from austerity-era cuts and contemplating the rising tide of demand from an ageing population, it may be hard to feel optimistic about the prospects for Europe's health systems. But there is much to build on to ensure health systems are sustainable for the future, as will be brought to the fore and discussed in the closing plenary.

However great the challenges, the means are at hand – in the form of new technologies, in social innovation, process improvements, modernising structures, workforce training, a pre-emptive approach to chronic disease, better public health, a whole-of-government approach, refining governance, and human energy and ideas – to make health systems sustainable for the future and maintain Europe's commitment to universal care.

The imperative to learn from the impact of budget cuts and inform a programme of targeted investments and sensitive reforms, with the aim of creating sustainable health care systems, is central maintaining European values, but also has a resonance for the rest of the world, as Vytenis Povilas Andriukaitis, Minister of Health of the Republic of Lithuania, highlights in the interview accompanying this overview.

In taking Sustainable Health Systems as the theme of the conference, the Lithuanian Health Ministry is building on other meetings that have taken place during the Presidency. Across the course of its Presidency of the European Union, Lithuania has marshalled the disparate strands that must be brought together as the basis of an agenda for change. This final session will synthesise these discussions into a practical brief for the European Health Council meeting in December.

The Tallinn Charter

Most recently, the World Health Organisation Regional Office for Europe convened a meeting to discuss how to strengthen health systems on 17 – 18 October in Tallinn, Estonia, to mark the fifth anniversary of the signature of the Tallinn Charter.

The Charter, 'Health Systems for Health and Wealth' signalled a shared recognition of the need of each Member State to improve the performance of their health systems. The signatories pledged to "invest in health systems and foster investments across sectors that influence health, using evidence of the links between socioeconomic development and health."

The fact that the Charter was signed in rosier economic climes amplifies, rather than reduces, its relevance. Such investment is more essential than ever.

As one illustration of this need, the huge increase in unemployment in Europe is known to be increasing ill health. In addition to reinforcing the core statement of the Charter, that "it is unacceptable that people become impoverished because of poor health" it is now – sadly – necessary to transpose the statement to read, "it is unacceptable that people become unhealthy because of poverty."

Europe's shockingly high level of youth unemployment is particularly disturbing in this respect, as Michael Marmot, the world's leading expert and pioneer in exposing the social determinants of health highlighted in his latest report, published last week. (1)

Youth unemployment in Europe is a "public health time bomb waiting to explode," Marmot said. The poverty that comes from unemployment is closely linked to poor diets and smoking, leading to longer-term health problems, with poor health among 16 – 24 year-olds storing up problems for the future.

Economic problems are a reason for action, not inaction

The review of inequities in health between and within countries overseen by Marmot, was commissioned by the WHO Regional Office for Europe to support the development of the new European policy framework for health and well-being, Health 2020. Its findings underline the relevance of the Tallinn Charter and the need to keep pushing on with work to strengthen and make health systems sustainable, taking Health 2020 as the guide.

Health systems rank amongst the largest, most geographically dispersed and most complex – for which read difficult to manage and control – organisations in any country. Amongst the themes highlighted in Tallinn earlier this month was the importance of improving governance and transparency, so that reforms of these unwieldy organisations can be tracked and the relevant parties held to account.

This is crucial to the object of building sustainable health systems, because without such oversight it will not be possible to check the progress of reform. A summary of the other conclusions of the Tallinn meeting and also of an earlier meeting, 'Health in times of global economic crisis: implications for the WHO European Region', held on 17-18 April 2013 in Oslo, Norway, appears alongside this overview.

Good governance

The requirement for good governance, accountability and transparency was one also one of the main themes of the concluding session of the European Health Forum in Gastein, Austria at the beginning of October.

Similarly, the European Public Health Alliance conference in September, also an official event of the Lithuanian Presidency, underlined how shrinking health budgets have accentuated the need for reform, and called on governments to address the root causes of health inequality, "through political commitment, good governance and inclusive growth".

Also feeding into the closing plenary are, the conclusions of the Informal Council of the Ministers of Health of the EU Member States, held on 8-9 July in Vilnius; the European Commission summary of reflection process which took place in September; and the reflections of the Council High level working group and Public health working group.

Despite the impact of the financial crisis, Europe still has some of the best healthcare systems the world has ever seen. But they now need some care of their own. It is a complex and multifaceted task, but in putting the spotlight on the need to create sustainable health systems, the Lithuanian Presidency has provided a single, tangible objective, to which everyone from policy makers to patients, health care professionals to politicians, citizens and industry, can contribute and aspire.

(1) WHO Regional Office for Europe: Review of social determinants and the health divide in the WHO European Region: final report. Review chair Michael Marmot; Report prepared by University College London Institute of Health Equity.

Moderators and Speakers of the Session V

Mr. Tonio Borg

European Commissioner for Health

Tonio Borg; originally from Malta, is the European Commissioner for Health since 2012. Borg got involved from an early age with the youth branch of the Nationalist Party (PN), becoming its president at one point. During his work as a lawyer he specialised in human rights and from 1990 and 1995 he was a member of the European Committee for the Prevention of Torture.

He was first elected to the Maltese Parliament in 1992 and between 1995 and 1996 served as Minister of Home Affairs, a portfolio that he retook in 1998. In 2004 he was elected deputy leader of the PN and was named as Deputy Prime Minister. In 2008 he left the Home Affairs Ministry after big appointed Minister of Foreign Affairs while still Deputy PM until his election as European Commissioner.

Mr. Vytenis Povilas Andriukaitis

Minister of Health of the Republic of Lithuania

A Lithuanian physician, politician, and signatory of the 1990 Act of the Re-Establishment of the State of Lithuania. He enrolled in medical school in Kaunas, graduating in 1975. Since 1969 he was active participant in the anti-Soviet underground and studied in the underground Antanas Strazdelis humanitarian thought and self- education University. V. P. Andriukaitis entered politics in 1976 as a Social Democrat, going on to receive a degree in history from Vilnius University in 1984.

He was elected to the Supreme Council of the Republic of Lithuania in 1990. Vytenis Povilas Andriukaitis was one of the authors of Constitution of the Republic of Lithuania adopted in 1992. He served in Seimas from 1992 to 2004, and was its deputy chairman of its board from 2001 to 2004. During the period of 2008 – 2012 V. P. Andriukaitis became the deputy chairman of Lithuanian Parliament of the Republic Committee on European Affairs, the member of Foreign Affairs Committee and Vice-Chairman LSDP, the Social Democratic Party of Lithuania. Now V.P. Andriukaitis is a member of Seimas and the Minister of Health of the Republic of Lithuania.

Ms. Raisa Bohatyr'ova

Minister of Health of Ukraine

Ms. Bohatyr'ova was appointed for the position of Minister of Health of Ukraine on the 24th December 2012.

Before the appointment for the position of Minister of Health of Ukraine, Ms. Bohatyr'ova served as Vice Prime Minister of Ukraine - Minister of Health of Ukraine.

Between December 2007 and February 2012 Ms. Bohatyr'ova served as Secretary of the National Security and Defense Council of Ukraine.

Ms. Bohatyr'ova was first elected to the Parliament of Ukraine and served as a Member of Parliament of Ukraine between1990 and 1994 accordingly.

During the period of 1994 – 2000 Ms. Bohatyr'ova hold the government positions of Deputy Minister, First Deputy Minister, Minister of Health of Ukraine.

In 2000 Ms. Bohatyr'ova hold state appointment of Academic Advisor of the President of Ukraine.

Since 2000 Ms. Bohatyr'ova was elected again to the Parliament of Ukraine as a Member of Parliament. At the

Parliament of Ukraine during the period of 2002 – 2006 Ms. Bohatyr'ova led the faction "Regions of Ukraine" of Party of Regions at Parliament of Ukraine as a Chairman.

Between 2006 and 2007 Ms. Bohatyr'ova served as a Chairman of the faction of Party of Regions, Coordinator of Anti-Crisis Coalition, Coalition of the National Unity of Parliament Factions at Parliament Ukraine.

Ms. Bohatyr'ova began her career in 1970 – 1971 at Kramatorsk garment factory and worked there as a sewing machine operator until 1971.

Her professional career in the field of medical care has started in 1977 at Hospital № 2 of Gorlivka town, there she served as a internship doctor until 1979.

During the period of 1979and 1991 Ms. Bohatyr'ova became the obstetrician–gynecologist, Head of trade union committee, Deputy Chief Physician at Kramatorsk Central City Hospital.

Ms. Bohatyr'ova holds Medical Doctor's Degree from the Kharkiv Medical Institute (Specialty: General Medicine).

In 1996 Ms. Bohatyr'ova graduated from Taras Shevchenko National University of Kyiv. Specialty: Law; Qualification: Lawyer.

Ms. Bohatyr'ova has a degree of Doctor of Medicine, Professor and Associate Member of the National Academy of Medical Sciences of Ukraine.

During the period of 1997 and 2003 Ms. Bohatyr'ova hold the post of Secretary of the Supervisory Board of the National Fund for Social Protection of Mothers and Children "Ukraine to children".

Ms. Bohatyr'ova has the official national awards and state decorations such as Order of Princess Olga of III Class, Order of Prince Yaroslav the Wise of V Class. Ms. Bohatyr'ova is Laureate of the State Prize of Ukraine in the field of Science and Technology.

Mr. Clemens Martin Auer

Director General, Federal Ministry of Health of Austria

From March 2003 to January 2007 Head of the Cabinet of the former Minister of Health, Mrs. Maria Rauch-Kallat, and since September 2005 Director-General at the Federal Ministry of Health, responsible for the health system (health care planning, funding and quality) and general management (staff and budget). One of the key areas of his strategic work is eHealth, the„ electronic health record"(ELGA) in Austria. Being the coordinator of the EU-eHealth Governance Initiative Dr. Auer is responsible for the strategic orientation of the Member States" joint eHealth policy. Since 2003 he has been playing a central role at all stages of the Austrian health care reform process (inter alia drug reimbursement, organizational and funding reforms, establishing and expanding a new agency for the marketing authorization of drugs, reforms in the area of social health insurance et cetera).

Prof. Vilius Jonas Grabauskas

President, Health Forum; Chancellor, Medical Academy, Lithuanian University of Health Sciences (Lithuania)

He received his Medical degree in 1966 from Kaunas University of Medicine. Between 1978 and 1986 he was working for the World Health Organization (WHO) starting as a Medical Officer and completing his assignment as Director of Division of Non-communicable Diseases (NCD), Geneva, Switzerland. Upon return from WHO, he continued his research in NCD prevention (Director, CINDI-Lithuania), was actively involved in the formulation of national health policy in Lithuania, served as a chair of newly established National Board of Health. Internationally he continued active collaboration with and through WHO in different capacities (Chair of the Standing Committee of the Regional Committee for Europe, Member of the Global WHO Executive Board, Chair of the WHO/EURO CINDI Programme Management Committee). He served more than eleven years as a Rector, Kaunas University of Medicine, later on continuing as a Chancellor as well as a Head, Department of Preventive Medicine. Currently he is Chancellor of Medical Academy of newly developed Lithuanian University of Health Sciences and a Chair of the Senate. In 2011 he was elected as a President of the Health Forum. Prof. V. J. Grabauskas is an honorary member of Polish Academy of Medicine, full-member of A. Sweitzer World Academy of Humanistic Medicine, Member of Scan-Balt Medical Academy. He has published more than 300 publications, mainly on NCD prevention, health policy, health system management.

Ms. Monika Kosinska

Secretary General, European Public Health Alliance

Monika Kosinska is the Secretary-General of the European Public Health Alliance (EPHA), a non-governmental organisation committed to bringing about change to national and European Union policy that impacts on health, social justice and equity. Recent areas of work include global complexity theory, emerging social and technological changes, rethinking corporate and economic governance and co-operative approaches to delivering social and economic change. Ms. Kosinska was appointed as Secretary-General in recognition for her strong leadership and management in the public and private sector, working towards improving public policy to achieve better health outcomes. She was previously acting Executive Director of a Think Tank working in the United States, France and the United Kingdom to develop new thinking on future population challenges to health, International Corporate Affairs Manager at a global retailer working globally with senior company executives to improve understanding and relations with national authorities and local stakeholders, and a founder and Co-Chair of EUREGHA, bringing together local and regional authorities from across Europe working on health. Her experience in high-level and strategic representation includes being a board member for the Health and Environmental Alliance, the Civil Society Contact Group, the European Bachelor and Master in Public Health programme at Maastricht University, and former Chair of the Action for Global Health network.

Ms. Peggy Maguire

President, European Public Health Alliance

A political scientist and graduate of Trinity College Dublin, Peggy has been working in the health sector at national and European level for over twenty years highlighting that gender/sex are important determinants of health and that there is a need to reduce health inequalities, in particular due to gender, age and socio-economic status. She has served as a member of many expert groups including the EU Commission's External Advisory Group on Ageing and Disability and EU Commission's advisory group on gender in FP6 and the WHO Expert Group on gender mainstreaming, the Women's Health Council (Ireland) and a member of the We Can Quit advisory Group.

Mr. Anders Olauson

President, European Patient Forum

Mr. Anders Olauson is founder, chairman and chief executive officer of the Agrenska Centre in Sweden. His vision behind setting up the Agrenska Centre in 1989 was his profound concern for children affected by rare conditions and their families and the need to move towards a fairer society that embraces and nurtures young patients rather than excludes and isolates them. In September 2008, Mr. Olauson was appointed by the Swedish government to be a member of the Advisory Council at The National Board of Health and Welfare. Throughout his career, Mr. Olauson has been recognised for his work with children affected by rare conditions and their families and his commitment to patients' rights. He also works closely with representatives of hospitals, education and trade unions as well as other key players in the field of rare diseases. Mr. Olauson was instrumental in setting up the European Patients' Forum in 2003, and has been its President since 2005. EPF is an umbrella organisation of 42 European and national coalitions of patients and collectively representing their voice in EU policy debates. Mr Olauson received HM The King of Sweden's Medal for his valuable contributions in the field of patients' rights in January 2010.

Improve governance to build resilient health care for the future

Dr. Hans Kluge

Division of Health Systems and Public Health, WHO Regional Office for Europe

Dr Hans Kluge is a Belgian-trained medical doctor with a master's degree in public health. Having worked in Somalia, Liberia and Siberia (in the prison system), and been based in the WHO Country Office in Myanmar and in the WHO Office of the Special Representative of the Director-General in the Russian Federation, Dr Kluge has a broad background in health systems, public health and infectious diseases.

He moved to WHO/Europe in 2009, beginning as unit head for country policies and systems and has since worked as the Special Representative of the Regional Director to prevent and combat M/XDR-TB in the WHO European Region and most recently as Director, Division of Health Systems and Public Health.

Building on the latest evidence of the impact of the economic crisis on health, the World Health Organisation has formulated ten policy action points to strengthen health systems, making them people-centred, equitable and sustainable for the future. The key to implementation lies in good governance, says Hans Kluge.

There may be less money than before the financial crisis, but health care remains one of the biggest items of public expenditure across Europe. "No one wants cuts, but it is necessary to face up to the impact of the financial crisis and reflect on how to use this considerable resource to build resilient health systems for the future," says Hans Kluge, Director of the Division of Health Systems and Public Health at the World Health Organisation (WHO) Regional Office for Europe.

The major health challenge for citizens and patients has been the increase in inequity, both within countries and between the 53 member countries of the WHO European Region. Increasing co-payments, for example, is a "policy sledgehammer" that has most impact on the poor and unemployed and which reduces the use of both necessary and unnecessary services alike. Similarly, across the board cuts in hospital services and primary health care take no account of the quality of, or need for, those services.

What is needed now, is a more nuanced, thoughtful and evidence-based approach, in which a continuing focus on improving efficiency goes hand-in-hand with a prudent fiscal policy. "The aim is to ensure responsible management of public resources," Kluge says.

This could mean that services are cut – if they are shown to be ineffective or inappropriate. It is also likely to result in a rationalisation of hospital care, with resources more balanced towards public health, primary care and specialist outpatient services. In parallel, there needs to be investment in infrastructure that is less costly to run.

These "painful reforms" will have more credibility and legitimacy if there is evidence they will make for greater efficiency, if patients are involved and if health care workers are engaged more in these changes, says Kluge. "This is the way to build trust in health services."

Facing the new financial realities

Over the past two – three years the WHO Regional Office for Europe has worked closely with the European Observatory on Health systems and Policies to generate evidence of the impact on health and the health policy responses to the economic crisis. The WHO, together with the OECD and the

World Bank, has also brought together health and fiscal policy makers and other stakeholders to assess the evidence and extract the lessons. The number of EU countries benefitting from WHO's direct technical assistance has also increased sharply since the onset of the crisis (Greece, Cyprus, Ireland, Portugal, Hungary, the Baltic States). From this work, ten principles have been formulated to steer policy makers as they face up to the new financial realities.

After the knee-jerk budgets cuts dictated by the crisis, the first of these principles states there must be a long-term approach to health system sustainability. "This speaks to the need to spend money on prevention," Kluge says. The three per cent of health expenditure currently devoted to this area is "incredibly low".

For the most efficient use of the total health budget, preventative measures must take a more prominent role, with strengthening of the public health elements of health systems and the promotion of health in all policies. "This calls for a whole-of-government approach: some of the most powerful determinants, for example, speed limits, are outside the responsibility of health ministers," Kluge notes. This whole-of government and whole-of-society approach is at the heart of the WHO Health Policy, Health 2020.

Innovation in disease prevention

The WHO's Health 2020 policy, adopted by the WHO Regional Committee for Europe in September 2012, has the overall ambition of significantly improving health and well-being of populations, to reduce health inequities and to ensure sustainable people-centred health systems. Within this, a key aim is to promote the paradigm shift needed to move health systems from a sole focus on disease, and put more emphasis on health and well-being.

This points to the need for innovation in health promotion and disease prevention. It is heartening to see more involvement of the social sciences in the European Union's Horizon 2020 R&D programme, which will run from 2014 – 2020, says Kluge. However, it remains the case that most of the health-related research is biomedical.

It is also necessary to see research outputs translated through to improve health. "The results must be fostered into policy, we need more knowledge translation," Kluge says.

Alongside a long-term approach to health care sustainability and a greater emphasis on public health, the WHO principles call for fiscal policies to improve the overall performance of health systems, a safety net for the poor, a focus on efficiency gains, structural reforms, and better monitoring of, and information on, performance.

The key to enshrining these principles is good governance. The European Observatory on Health Systems and Policies has set out a framework on good health system governance to guide in its implementation, covering aspects including transparency; integrity; participation in decision-making; and planning, implementing and monitoring of reforms.

"All the evidence is that cost-effective, resilient health systems primarily result from good governance," says Kluge. "This is the way to protect health and equity."

Preliminary Report on the European Health Forum Gastein 2013

The 16th edition of the European Health Forum Gastein (EHFG) held under the main title of "Resilient and Innovative Health Systems for Europe" in the Gastein valley from 2nd to 4th October 2013 explored the relationship between austerity policies and necessary innovations in health care systems in order to keep them resilient. The forum aspired to find answers to the following questions:

1. What are the key strategies to make health systems resilient?

2. What are the most important innovations to promote health system performance and resilience?

3. How can decision-makers best introduce and implement these innovations?

Key areas to target in order to make health systems resilient are policies, prevention and governance. There seemed to be a general consensus that consistent and sustainable policies were needed to make health systems more resilient. Furthermore, a need for a renewed commitment to health in all policies was called for. Another prominent outcome was a call for a good balance between regulations and patient involvement with the aim of putting patients at the centre of care and using patient centred outcomes as the basis for evaluating health care performance. Also regarding prevention, the objective is a cross-sectoral sustainable model in order to enable and promote change.

Governance as a key dimension in creating resilient health systems was a recurring theme. Economic governance calls for health system reforms that ensure cost-effectiveness, sustainability and assess performance for the best use of public resources while keeping them transparent and ensuring accessibility as well as solidarity. A need for "tailor-made" governance structures was expressed in a session where conceptual dimensions of governance, such as transparency and participation were stressed as the foundation for the decision-making of health policy makers.

As the Greek Minister of Health, Adonis Georgiades said in the Opening Plenary: "This is not a crisis, this is the new reality".

Concerning the most important developments needed for resilient health systems, three areas were identified: governance, technological and social innovations.

Regarding governance, a need to remove barriers between sectors was expressed whereby the crisis could also be seen as a window of opportunity to translate improved health policies into practice. This was picked up in the main theme of the EHFG 2012, "Crisis and Opportunity – Health in an Age of Austerity" and could include measures implemented jointly with other sectors which have a decisive impact on health. i.e. education, environment or employment. Also, we should harness evidence for policy decision-making and not neglect the potential benefits of task shifts and skill mixes. This seems to be important especially when strengthening primary care services.

Innovation in information technology ideally supplies accessible data in real-time to implement strategies faster. A need to discuss and assess the impact of these new technologies was called for, and innovative approaches were discussed in several sessions during the EHFG 2013 in a parallel

forum on mHealth and a workshop on Big Data. Furthermore, Health Technology Assessment should not only performed once for new technologies, but be repeated over time - especially in times of financial constraint.

Social innovations should work towards breaking down the barriers mentioned above, such as between health professionals in order to rethink working routines in the health sector. We should also look into innovations that give more empowerment and support to patients and specifically to vulnerable groups during times of crisis. Innovations related to behaviour changes are the most challenging though crucial to implement as we need resilient people in order to foster and promote resilient innovation.

Patients, care, technology, assessment and involvement were the terms mentioned most frequently by the EHFG 2013 participants in response to the question of the most important innovations.

What advice should we give to policy makers regarding the implementation of these innovations? It is vital to understand that the three pillars do not work independently from each other. For technological innovation to support sustainable and resilient healthcare systems for Europe, governance reforms and social innovations are needed.

What was noted as being essential was the basic willingness for change and a continuous demonstration of improvements. Keywords which were mentioned prominently in this context: education, support, evidence, reform, leadership and change.

We need leadership to implement the ‘old and new’ measures to redefine the way we consider health by including the patient, the health professional, and the population as a whole. We also need an agenda to communicate the value of the reform sustained by information and good evidence, so that we can have a different approach to change.

Health Systems Strengthening in the WHO European Region – Putting the values and commitments of the Tallinn Charter into action through Health 2020 and a people-centred approach

Dr. Hans Kluge

Director, Division of Health Systems and Public Health
Special Representative of the Regional Director on MIXDR-TB
WHO Regional Office for Europe

In 2013, the WHO Regional Office for Europe convened 2 High Level Meetings on Health System Strengthening:

1. Health in times of global economic crisis: implications for the WHO European Region, 17-18 April 2013, Oslo, Norway; and

2. Health systems for health and wealth in the context of Health 2020: High level Tallinn Charter 5 year anniversary meeting, 17-18 October 2013, Tallinn, Estonia.

1. Health in times of global economic crisis: implications for the WHO European Region, 17-18 April 2013, Oslo, Norway.

WHO Europe has engaged extensively with Member States since the beginning of the financial crisis to help the Ministers of Health making effective policy decisions. Examples include support to Ireland, Cyprus, Portugal, Hungary and the Baltic States to maintain Universal Health Coverage but also our joint work with OECD on the Senior Budget Official Network convening Senior Budget Officials from health and finance.

In April 2009 the Government of Norway hosted a WHO high-level meeting on "Health in times of global economic crisis: implications for the WHO European Region". Since then, the crisis has deepened across the Region, with a damaging impact on the public finances of many Member States and consequent health outcomes.

Given the fast-moving economic and political environment, the WHO Regional Office for Europe convened a follow-up meeting, again held in Oslo on 17–18 April 2013, generously hosted by the Norwegian Directorate of Health, with the following objectives:

- to review the impact of the ongoing economic crisis on health and health systems in the WHO European Region;
- to draw policy lessons around three broad themes: maintaining and reinforcing equity, solidarity and universal coverage; coping mechanisms, with a focus on improving efficiency; improving health system preparedness and resilience; and
- to identify policy recommendations for consideration by Member States and possible future political commitments.

The meeting also served to intensify the dialogue with Ministers of Finance and the multi-lateral organizations (ECFIN, IMF, World Bank, OECD etc).

The meeting was informed by a raft of evidence produced jointly by the Regional Office and the European Observatory on Health Systems and Policies, based on 2 regional surveys, a literature review (both health and fiscal), detailed country case studies and our direct technical assistance work with countries on the impact of the crisis on health and health systems as for example Greece, Ireland Portugal, the Baltic States etc

The evidence and meeting emphasized that even with a restricted budget envelope, Governments and Ministers of Health do have a choice and can focus on areas and services that encourage economic growth and reinforce equity. Furthermore, maintaining and improving population health is an investment which contributes to a healthy workforce, economic growth and human and social development. Fiscal policy should therefore consider explicitly taking into account of the likely impact on population health and there is now ample evidence that long term unemployment is associated with higher levels of disease, especially mental health and increased mortality from suicides, especially among the poor and vulnerable. Fiscal policy should therefore avoid prolonged and excessive cuts in health budgets except where downward budget adjustments do not threaten population access to needed services which is at the heart of the **WHO European Health Policy H2020**. *Jonas Gahr Støre, Minister of Health Norway; Zsuzsanna Jakab, RD WHO Europe; Hans Kluge, Director Health Systems and Public Health, WHO Europe at the Oslo Meeting.*

Much of this evidence is available on the conference website. http://www.euro.who.int/en/media-centre/events/events/2013/04/oslo-conference-on-health-systems-and-the-economic-crisis.

Jonas Gahr Støre,
Minister of Health Norway;
Zsuzsanna Jakab,
RD WHO Europe;
Hans Kluge,
Director Health Systems and Public Health, WHO Europe at the Oslo Meeting

A crucial outcome of the Oslo meeting was the elucidation of a series of 10 key policy lessons and recommendations. These offer a way forwards for Member States in terms of navigating the crisis while mitigating the impact on health outcomes; and proved already to serve as a powerful negotiation tool for Ministers of Health in their dialogue with the Ministers of Finance and Prime Ministers (as for example, in the case of Ireland). They were subsequently put to a regional consultation in July and August 2013, resulting in some revisions and reflecting wider regional inputs. A resolution on health responses to the financial crisis was then tabled at the 63rd European Regional Committee meeting in Izmir, Cesme, and endorsed by all 53 Member States1.

The 10 policy lessons/ recommendations are:

- Policy lesson 1: It is critical to keep in mind the longer-term challenges to health systems while navigating the crisis

http://www.euro.who.int/__data/assets/pdf_file/0005/217733/63rs05e_HealthSystems.pdf

- Policy lesson 2: Fiscal policy should explicitly take account of the probable impact on population health
- Policy lesson 3: Social safety nets and labour market policies are intersectoral actions that can mitigate the negative health effects of the financial and economic crises
- Policy lesson 4: Health policy responses influence the health effects of financial and economic crises
- Policy lesson 5: Adequate funding for public health services must be ensured
- Policy lesson 6: Fiscal policy should avoid prolonged and excessive cuts in health budgets
- Policy lesson 7: High-performance health systems are more resilient during times of crisis

- Policy lesson 8: Deeper structural reforms require more time to deliver savings
- Policy lesson 9: Safeguarding access to services requires a systematic, reliable information and monitoring system
- Policy lesson 10: Prepared, resilient health systems are primarily the result of good governance

The future priorities for the Regional Office in this area are:

- Facilitating dialogue between health and finance officials (with OECD and the World Bank)
- Further evidence generation for cross-country learning with the European Observatory
- Improve systems to monitor the health impact of economic crisis in a more timely manner (with the Division of Information, Evidence and Research).

2. Health systems for health and wealth in the context of Health 2020: High level Tallinn Charter 5 year anniversary meeting, 17-18 October 2013, Tallinn, Estonia.

Marking the five year anniversary of the signature of the Tallinn Charter, a high level technical meeting on *"Health Systems for Health and Wealth in the Context of Health 2020"* was convened by WHO Europe and generously hosted by the Ministry of Social Affairs in Estonia. The Tallinn high level meeting provided a platform to understand new frontiers to improve population health, exchange inspiring examples of health system strengthening, and agree on future directions weaving together the commitments in the Tallinn Charter and the Health 2020 policy framework.

The WHO European Ministerial Conference on Health Systems, held in Tallinn in 2008, was a milestone signaling the importance that Member States placed on improving the performance of their health systems. Their political commitment was marked by the signing of the Tallinn Charter: Health Systems for Health and Wealth, and its later endorsement in a Regional Committee resolution. (EUR/RC58/R4)

The Tallinn Charter highlighted a number of themes central to health system strengthening and its signatories pledged to "invest in health systems and foster investments across sectors that influence health, using evidence on the links between socioeconomic development and health". The Charter places strong emphasis on value-driven policy design reaffirming solidarity and equity as core values. This commitment is embodied in the strong statement of the Charter related to universal health coverage: **"Today, it is unacceptable that people become impoverished because of ill health"**.

Ministers, experts and delegates from 38 Member States and representatives of key partners – including the European Commission, the Organisation for Economic Co-operation and Development (OECD), the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria – were in attendance to explain the steps they had taken to implement the Tallinn Charter, and move towards providing universal health coverage.

Zsuzsanna Jakab, *WHO Regional Director for Europe.*

"The Tallinn Charter and Health 2020 are synergistic, as they aim to inspire countries to act on their values to improve health and wealth, to affirm a value-based approach to strengthening health systems and to empower health ministries to lead change for health improvement. Carrying forward the momentum of health system strengthening takes us further down the road to **universal health coverage."**

Keynote addresses, ministerial panels and plenary discussions over the two-day meeting aimed to take stock of the implementation of the Tallinn

Charter and to map a way forward for efforts to strengthen health systems through the lens of Health 2020. Discussions during these sessions highlighted various themes.

- A whole-of-government, whole-of-society approach is important to ensure transparency, accountability, shared political and civic commitment. A common vision needs to be communicated to lay the foundation for all initiatives for health-system strengthening.
- The changing health needs across the Region, as the burden of chronic diseases increases with the growing rate of multi-/co-morbidities, demand treatment that is more continuous and proactive in addressing people's health status.
- The organization of health services needs to be transformed to offer more coordinated/ integrated pathways for the provision of care along the full continuum of services, according to a patient's needs and preferences.
- Greater commitment to public health – of key relevance for promoting health and reducing inequalities – is needed to point out the role of public health in primary health care as a unique niche for strengthening services and securing gains in societal, community, family and individual health.
- Modern technology needs to be used to support improved communication, strengthen data collection and empower patients to manage their health needs. Participants from the host country shared the experience of the Estonian health system as a strong example of using e-health to engage patients.
- New and innovative approaches to health-system financing are needed that are aligned to service-delivery models necessitated by health trends and applicable in the economic climate.
- In discussing these themes, participants acknowledged key cross-cutting challenges, including:
- strengthening human resources for health, aligning skills and competencies to secure more coordinated/integrated approaches to services delivery; and
- modernizing information systems and knowledge transfer, an area that needs attention owing to the continuously increasing volume of data that can be supplied through modern technologies.

In addition, interventions from Member States reported measures to improve accountability and governance through, for example, assessing the performance of their health systems. Tobacco and alcohol control were identified as areas in which effective, evidence-based cross-sectoral policies exist, and mutual sharing of experiences and expertise were highlighted as ways to promote learning and longer-term collaboration.

The outcomes of the high level meeting will feed into the final report of the Tallinn Charter implementation and a Resolution on the main health systems strategic directions 2015-2020 within the context of Health 2020 to be presented at the regional Committee in 2015.

Ms. Ilke Van Engelen giving testimony of her pathway through the fragmented health system on MDR-TB diagnosis and treatment"

Day 2 of the high level meeting, the Regional Director launched the work plan for the development of the European Framework for Action towards Coordinated/ Integrated Health Service Delivery at a session chaired by the Director-General of HealthCare, Ministry of Health, Belgium.

The Framework's goal is to support countries with policy options and recommendations that target key areas for strengthening the coordination/integration of health services. These changes are in line with the vision of Health 2020 and the values of universal health coverage, as the delivery of care must be of high quality and people centred to secure improvements in health and equity.

Discussions throughout the conference called attention to the importance of moving health-service delivery towards more people-centred care, with the coordination/ integration of delivery being a key approach.

A WHO/Europe roadmap explains the process of developing the Framework for Action towards CIHSD, setting out the phases from now to 2016. It gives particular attention to ensuring the participation of partners, including a network of focal points in Member States, external experts and leading organizations in the field, such as the International Foundation for Integrated Care.

For the final Roadmap document see: http://www.euro.who.int/ data/ assets/pdf file/0005/231692/ Strengthening-people-centred-health-systems-in-the-WHO-European-Region,-Roadmap.pdf

Official launch of WHO/EURO roadmap to developing a Framework for Action towards CIHSD with the WHO Regional Director for Europe and the Director-General for Healthcare, MOH Belgium

HE the Minister of Health Lithuania at the Opening Panel of the WHO High Level Meeting in Tallinn on Health for Wealth, 17-18 October 2013

Pursuing Health Care Efficiency in Lithuania

Marina Karanikolos, Liubove Murauskiene and Ewout van Ginneken

Marina Karanikolos is Research Fellow at the European Observatory on Health Systems and Policies and the London School of Hygiene & Tropical Medicine, UK; **Liubove Murauskiene** is Director of the Training, Research and Development Centre and a lecturer at Vilnius University, Lithuania; and **Ewout van Ginneken** is Senior Researcher at the Department of Health Care Management, Berlin University of Technology, Germany. Email: Marina.Karanikolos@lshtm. ac.uk

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Summary: Since the early 2000s changes in the health system in Lithuania have focused mainly on gaining efficiency in service provision. This includes developing primary care, expanding ambulatory and day care services, and restructuring outpatient and inpatient services. The most progress has been achieved in primary care and day care services, while overreliance on inpatient care still remains. At the same time, the strain put on providers by cuts in service funding, as a result of the financial crisis, has created concerns over financial viability and quality of services in the longer term. The next step is to put in place effective instruments, incentives and measurable goals that nurture change, build transparency and accountability, and gain the trust of health professionals and patients.

Keywords: *Health Care Reforms, Primary Care, Hospital Services Restructuring, Lithuania*

Introduction

In the late 1990s, the Lithuanian health care system became a mixed system funded primarily through mandatory health insurance contributions, the state budget and out-of-pocket payments. Since the early 2000s changes in the health care system have focused mainly on gaining efficiency in service provision, i.e. developing primary care, expanding ambulatory and day care services, and restructuring outpatient and inpatient services. At the same time, broader changes to fiscal policy were implemented aimed at ensuring stable health system financing. These changes have proven crucial in recent years, when the Lithuanian health system mostly made headlines because of the deep financial crisis it faced. It is easy to see why, as Lithuania's Gross Domestic Product (GDP) dropped by a startling 15% in 2009 and unemployment increased from 5.8% in 2008 to 17.8% in 2010. [1] This led to dramatic reductions in statutory health insurance revenue, which in turn necessitated drastic cuts in public spending.

However, the ensuing austerity package was less harsh than in some neighbouring countries and mostly included cuts to pharmaceutical expenditure, service provision costs, salaries of medical professionals, and sick leave benefits. Meanwhile less resource-intensive care was prioritised, but in contrast to some other countries heavily affected by the crisis, the existing broad benefits package was left intact and no changes were made to user charges. This was possible because the National Health Insurance Fund's (NHIF) budget was partially protected despite the falling revenues from the working population by a gradually increasing and countercyclical state contribution, aimed at covering economically inactive and unemployed people. [2]

Now that the Lithuanian economic outlook is improving–although concerns remain about the future impact of some of these cuts – it may be time to start focusing again on some of the country's structural reform efforts, particularly the restructuring of primary care and hospital care, with the ultimate aim of achieving greater efficiency. Although such reforms have been a top priority in many countries in the former Soviet Union, as well as in central and eastern European countries, results have been mixed. The Lithuanian case may hold important lessons.

Pursuing efficiency

Restructuring inpatient care has been pursued in Lithuania since 2001, with technical support provided under a World Bank loan. Implemented over the following ten years, goals included restructuring within the health sector by reducing inpatient services, accelerating the expansion of outpatient services and improving the efficiency of facilities. [3] These plans mirror those in other Baltic countries. [4] Although many of the reform processes took place in parallel, three distinct stages can be identified.

In 2002 the Parliament approved the initial phase of the health care restructuring plan. The first stage (2003–2005) focused on expanding ambulatory services and primary care, introducing alternatives to inpatient services (e.g. day care and day surgery), optimising inpatient care and developing long-term and nursing services. This stage involved a substantial decrease in inpatient hospital beds (by about 5,000 in general and specialised hospitals), average length of stay (by 2.2 days) and hospital admission rates (from 22.4 to 20.9 per 100 population). [5] At the same time, the provision of outpatient services increased by 6%, inpatient care volume decreased by 8%, nursing care increased by 15% and 600 day care facilities were established. [6]

The second stage (2006–2008) focused on further developing family medicine. The development of private general practice services had already been supported since the late 1990s by regulation (e.g. by applying the same payment rules for private and public providers for value added tax) and investments (e.g. refurbishing about 40 private general practices under the 1999 Programme of Community Aid to the Countries of Central and Eastern Europe (PHARE) project and another 137 practices between 2006 and 2009 with EU structural funds). [3] A comprehensive primary care planning, financing and management model was scheduled for implementation in the early 2000s, together with training programmes for general practitioners (GPs), introducing gate-keeping and developing infrastructure. These plans were only partly fulfilled because only a third of the necessary funds needed for their implementation were made available. [7]

Although gate-keeping was introduced in 2002 and a shift from capitation alone to a mixed system with fee-for-service was achieved, the necessary infrastructure upgrade lagged behind. However, funding from international sources partly offset the shortage of state funding, mostly for capital investment. A World Bank report suggested that efforts to strengthen primary care in Lithuania should be accelerated through expanding the range of health services and incentives to treat patients. [8] This would be achieved through the provision of equipment and increasing capacity and/or competences to provide more comprehensive services. As a result, GPs may now carry out certain laboratory tests and prescribe pharmaceuticals that hitherto only could be prescribed by specialists. The competences and number of nursing staff working with a GP have also been expanded. Nonetheless, successful development of primary care requires a change in patient perceptions and attitudes, as many only visit GPs to obtain a referral to a specialist. [4]

Other areas of change included restructuring of inpatient services and developing day care and day surgery. Transferring resources from specialist hospitals to general hospitals and the outpatient sector resulted in a reduction in the total number of hospital beds and a conversion of facilities

for other uses. This stage was marked by a slight increase in the overall number of inpatient beds (about 1%) and a 2% increase in hospital admissions due to the expansion of nursing, long-term and palliative care in hospitals, while the number of acute hospital beds decreased by a further 2%. [3]

These achievements can be contrasted with the targets set for service restructuring during the second phase. These targets included a 3-5% decrease in inpatient services; a 10% increase in day care; treatment of common diseases in facilities close to the patient's home; and concentration of modern technologies in tertiary-level hospitals. In 2010, Lithuania's National Audit Office reviewed inpatient care provided between 2006 and 2009 against these targets and concluded that the major goal of reducing the number of inpatient admissions to 18 per 100 population was not achieved in either the first or second stage of restructuring (**see Figure 1**). The review also noted an apparent lack of consistency regarding the targets and criteria setting. [9]

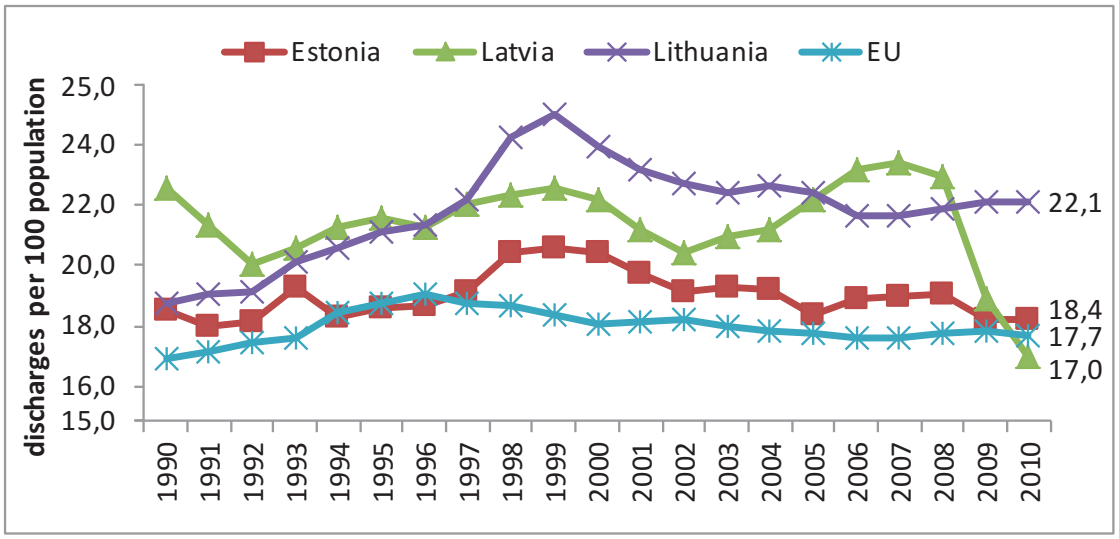

Figure 1. In-patient care discharges per 100.

Another major objective was to increase service delivery in day care. Between 2006 and 2009, the total number of day care procedures rose from 27,791 to 86,440. Despite this rapid increase, day surgery still accounted for just 8% of hospital service provision in 2010, while hospital inpatient services represented 45% of total hospital services. [3]

The third stage (2009–2012) of the health care restructuring plan aimed to optimise the network of health care institutions by further reducing oversized hospital infrastructure and better adapting it to the needs of the population. Since the restructuring programme began in 2003, 42 mergers have been carried out; 11 surgical and 23 obstetrics departments have closed, and ambulance service restructuring is underway. [10] In addition, there are now fewer legal entities providing services, mainly as the result of the merger of smaller and single-profile institutions with larger so-called 'multi-profile' hospitals.

The targets set for the third stage included a minimum 5% increase in outpatient care delivery and an 8% increase in day care in order to facilitate a decrease in the hospitalisation rate to 18 admissions per 100 population. Between 2009 and 2010, the NHIF reported a 2.5% increase in provision of outpatient services, a 15% increase in day care, a 9% increase in day surgery and a 6% increase

in short-term admissions, while inpatient services volume decreased by 2%. Other targets (quality, safety and accessibility of care as well as increased financing) have not been defined in a measurable way. However, at the end of 2012 the Ministry of Health adopted a set of criteria aiming to improve the quality of services and performance evaluation in inpatient care.

The whole restructuring process has taken longer than expected and not all planned elements have been fulfilled. A lack of clarity in legislation caused a high degree of uncertainty in the system and significant space for power-driven decisions, as some authorities owning health care institutions (state, municipalities or other sector ministries) resisted closures and mergers. Changes have been achieved mostly indirectly through general regulation (e.g. adoption of extensive requirements for care provision) and by applying different financing tools. [3]

Future service delivery

The vision for future health services provision envisages the concentration of advanced medical services at the tertiary care level (mostly in university hospitals), of specialist services in regional level hospitals and of general medical services in district or community hospitals. Furthermore, reforms will remain focused on the continued development of outpatient specialist care and day care, which is known to be a long-term process in many countries, not least because of the change in attitude it requires from patients. However, concerns have been raised over the actual implementation of the reforms on inpatient care planning (e.g. shortcomings in nationwide needs assessment); the application of service closure criteria (such as requirements for a minimum annual surgery volume of 600 cases and 300 infant deliveries per annum, plus a maximum 50 kilometre distance to a hospital providing inpatient surgery) and the possible impact of hospital service restructuring on access to care. [9]

The financial crisis has highlighted the importance of ensuring clarity and accountability in financing mechanisms, as some providers (particularly rural and nursing hospitals) now barely receive enough funding to avoid bankruptcy. These financial pressures underline the urgent need for both continuous investment and innovative primary and ambulatory care services and reforms, particularly if the level of access and quality of health services is to be maintained.

Conclusions

While service provision in Lithuania has made substantial progress since the late 1990s, service restructuring in the 2000s has yet to prove its success in terms of efficiency gains. The reforms have sought to provide alternatives to inpatient care by shifting care delivery from specialist and inpatient care into primary and outpatient settings, day care, day surgery and short-term hospitalisations. Most progress has been achieved in primary care and day care services where a broader range of services is now offered and competences have been expanded. Overreliance on the inpatient sector still exists, however, reflected in the high number of acute care hospital beds and the inpatient admissions rate. This relates to the lack of measurable goals, consistency in definitions and clarity in patient pathways.

Hospital network restructuring was incomplete and hampered by different levels of public ownership and a powerful provider lobby. At the same time, the strain put on providers by the cuts in funding to services has raised concerns about their financial viability and the quality of service provision. The next step in Lithuania's pursuit of efficiency and sustainability in the health system should be to put in place effective instruments, incentives and measurable goals that nurture change, build transparency and accountability and gain the trust of health professionals and patients.

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Practical Information

Venue

Conference will take place at the Conference Centre of the Crowne Plaza Vilnius hotel (M. K. Čiurlionio str. 84, Vilnius) on Tuesday and Wednesday, 19 and 20 November, 2013. Crowne Plaza Vilnius hotel, located near the city centre and the Old Town, makes you perfect possibilities to explore city sites or relax in the green area of the city – the most popular leisure place – Vingis park. Hotel is within the easy access to the center and Old Town, Vilnius International airport and train station.

Working language

Working language of the Conference will be English. No interpretation services will be provided.

Registration Desk Operating Schedule

Tuesday (19 November 2013) 08:00 – 18:00

Wednesday (20 October 2013) 08:00 – 18:00

The Conference Secretariat and Registration Desk of delegates are located in the lobby of the Conference Centre of the Crowne Plaza Vilnius hotel. The Conference staff at the Registration Desk and meeting rooms (with a blue badge) can help you with all questions.

Badges

All delegates will receive a name badge upon check-in at the Registration Desk. The badge authorizes them to access the Conference venue. Please note that all delegates are requested to wear the badge visibly at all times during the Conference.

Badges are color coded as follows:

- Speakers / VIP
- Delegates
- Organizers
- Press
- Volunteers
- Rapporteurs

Catering

Coffee, tea and other refreshments will be served in the lobby of the Conference Centre of the the Crowne Plaza Vilnius hotel during official breaks of the Conference. Lunches (light meniu) will be served in the Restaurant "Sezonai" (1st floor) and Restaurant "Horizontas"(top floor of the hotel). When you arrive at the restaurant just present your lunch ticket (lunch ticket will be in your badge, your lunch place will be indicated on the ticket - please pay careful attention).

Conference Reception

The Conference Reception will take place at "Pirklių Klubas" ("Merchants Club", Gedimino ave 35, Vilnius) at 19:30-22:00 on Tuesday, 19 November, 2013. Transportation to the Conference Reception

will be provided from the Conference Venue at 19:00. Buses from the Conference Reception will be leaving at 21:30, 22:00 and 22:30 to the Crowne Plaza Vilnius hotel.

Transportation between Hotel Novotel Vilnius Centre, Amberton Hotel and Crowne Plaza Hotel

Transfers will be organized between hotel Novotel Vilnius Centre, Amberton Hotel and Crowne Plaza Vilnius hotel. For times please contact reception at hotel Novotel Vilnius Centre, reception at Amberton Hotel and Registration Desk at Crowne Plaza Vilnius hotel.

Taxi

Numerous taxis are operating in Vilnius, the offers of the taxi companies you may find here www.etaksi.lt. Taxis hired in the street can be expensive and not always of the best quality.

Public transport

You haven't really experienced Vilnius until you've run the gauntlet of its public transport system, made up of city buses, expres buses and trolleybuses. Most routes run from 05:00 until around 23:00 or a little later. There are currently no night buses operating in Vilnius. Single tickets for regular city buses and trolleybuses can be purchased from the driver. Price for public transportation is € 1. You may use public transport and with Vilnius City card.

Contacts

For all issues relating to registration, accommodation, general information on the Conference, and all other questions please call (+370) 5 212 1013.

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