



Lithuanian Presidency
of the Council of the
European Union 2013

„Sustainable Health Systems for Inclusive Growth in Europe“

November 19-20, 2013, Vilnius, Lithuania

CONFERENCE REPORT





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“We have an opportunity to improve our healthcare systems. And improvement does not mean cutting services – it means reorganizing in a cost effective way. Optimization is not a cost – it is an investment”

Commissioner
Mr. Tonio Borg
Informal Meeting of
Health Ministers
July 8-9, 2013, Vilnius

Vilnius Declaration: Call for Action

Sustainable Health Systems for Inclusive Growth

We call on European governments and the European Union to take immediate action:

To increase investment in health promotion and disease prevention;

- Healthcare costs can be significantly reduced through investment in community-based prevention and health promotion programmes.
- The introduction of fiscal measures for health promotion such as improving the affordability and accessibility of fruit, vegetables and whole grains whilst taxing foods high in salt, sugar and fat, alcohol and tobacco.
- Investment in cost-effective preventative measures – such as smoking bans, vaccination, screening for cancer, increasing physical activity and tackling problem drinking - would significantly reduce the burden of mortality and non-communicable diseases in Europe, acknowledging that not all diseases are preventable.

- We need to invest more in primary, secondary and tertiary prevention as well as health literacy.
- A holistic approach to health, healthcare and public health is necessary as many drivers of good - and ill – health lie beyond the healthcare system.
- Poverty and social exclusion, as well as the health in all policies approach must be addressed and the importance of a well-funded and accessible welfare state is paramount particularly in times of crisis.



To ensure universal access to high quality people-centred health services;

- European health systems must deliver high quality and safe healthcare and public health services, accessible to all including equal access –within and between Member States - to modern and cost-effective medicines.
- Continuity of care including access for excluded, vulnerable and minority groups, is essential.
- A partnership approach between all stakeholders in the health sector at national and European levels should be promoted to identify effective solutions to improve equity of access to healthcare.
- To ensure patients and the public are empowered and supported in the management of their own health, and that their representative organisations are adequately involved in the development of policies and programmes through a whole-of-society approach.
- To ensure that the health service is a responsible employer, implementing effective recruitment and retention strategies, including continual professional development and an adequate skills mix.



To ensure that health system reforms including workforce planning are evidence-based and focus on cost-effectiveness, sustainability and good governance;

- Investment in health systems should ensure that funding for health is secure, solid and based on principles of solidarity as well as sustainability.
- Ensuring that principles of accountability, transparency and good governance are applied throughout the policies and processes surrounding health, health systems and public health is essential in order to ensure resilience of our health systems and promote confidence amongst European populations.
- Member States and the European Union should ensure that the effects of austerity do not adversely undermine health, access to healthcare or the quality of health services.
- Investment in prevention and promotion, transformation of health systems aligning financing and service delivery reforms towards continuum of services around primary health and community care and the health workforce, including through European Structural and Investment Funds, the use of the European Semester and other appropriate mechanisms, would greatly improve health and social outcomes.



- Cost effective investments in healthcare innovations, including innovation in systems and practices as well as social innovation and public health innovations - accessible to all citizens - will benefit research, knowledge and employment whilst improving health and the productivity of health systems and reducing disease.
- Implement effective, cost-effective and equitable pricing and reimbursement systems and improved co-operation between regulatory agencies on pharmaceuticals and other essential goods.



We call for European leaders to work with us to help ensure that European health systems are people-centred, sustainable and inclusive, and deliver good health for all.

We call on Member States, European institutions and the World Health Organisation to work together to achieve these goals and offer our support as European civil society in their delivery.

Vilnius, 20 November 2013

Background

Our call for action

Health has a significant role to play in Europe's success and economic future. We believe that EU 2020 headline targets and objectives will not be achieved without healthier Europeans, which requires improved health outcomes and reductions in health inequalities. We are ready to play our part, as one of Europe's largest sectors. But to do that we call on European leaders to work with us to help ensure health systems are sustainable, inclusive and fit for purpose for all of us living in Europe.

Why we make this call:

- Given the **impact of the economic crisis on Europe**, the health of its people and the organisation and sustainability of its health systems;
- Given the recent figures released by the OECD which show an alarming reduction in the levels of investment in health promotion and disease prevention;
- Given that **Article 168 of the Treaty of the European Union** requires "a high level of human health protection" to be ensured in the definition and implementation of all EU policies and activities and provides for EU level coordinating action to complement national policies to improve public health;
- Given that the implementation of the strategy to achieve **Europe 2020 objectives of smart, sustainable and inclusive growth**, the yearly cycle of economic policy coordination entitled the 'European Semester', is impacting on the traditional national competences of financial and organisations of healthcare through an increase of health governance at European level;
- Following the work of the Finnish Presidency of the Council in 2006 in the development of the **'Health in all Policies' approach**;
- Following the adoption of **2011 Council Conclusions on "modern, responsive and sustainable health systems"**, which invited Member States and the Commission to identify effective ways of investing in health to ensure modern, responsive and sustainable health systems;
- Following the adoption of the **WHO European Health Policy Health 2020** and the **WHO European Action Plan to Strengthen Public Health** at the Regional Committee in 2012 in Malta;

- Following the discussions during the High Level Meeting on the Impact of the Economic Crisis on Health and Health Systems in **Oslo, 2013**, held under the auspices of the World Health Organisation European Region (WHO Europe);
- Following the adoption of **2013 Council Conclusions on “Towards social investment for growth and cohesion”**; and the recognition of the importance of a healthy population, supporting health determinants and health care as well as the adoption of the **Staff Working Document on Investing in Health** (SWD 2013 43);
- Following the adoption of the **2008 Tallinn Charter “Health Systems for Health and Wealth”** and the follow up meeting in October 2013 addressing the Tallinn Charter in the context of the **WHO Europe Health 2020 policy framework**;
- In the context of the 35 year anniversary of the **Declaration of Alma-Ata**, calling for urgent action by all governments to protect and promote the health of all people, addressing the status and the Way Forward of primary care;
- In the context of the **Reflection process on modern, responsive and sustainable health systems**;

We remind European political leaders and policymakers that:

- Health spending is an investment, increases productivity and supports sustainable growth and investing in health should be acknowledged as a contribution to economic growth and social cohesion;
- Policymaking and decisions regarding investment in health and reform must be evidence based and undertaken with a strategic approach;

- Health is one of the priorities for Europeans and people living in Europe, and through addressing the challenges, hopes and expectations of Europe’s population it strengthens trust and commitment in the European project and democratic processes;
- Europe is facing a number of challenges, including the aging population, an increase in chronic disease, new technology development and reduced financial and human resources, that are relevant for all Member States that if addressed appropriately are opportunities to reform and redress investments for a sustainable future;
- The growing inequalities in life expectancy and outcomes between and within European Member States in the recent decade;
- Increasingly clear evidence that access to modern services, technology and medicine is worse in Europe’s poorer Member States, which also exhibit worse health outcomes;
- New economic governance at European level is impacting on health governance, and it is essential for Member States to ensure adequate coordination including co-ordination, monitoring and reporting at EU level;
- Health promotion and disease prevention are essential for the long-term sustainability of health systems and a productive population able to meet economic and social objectives.

The participants of the 2013 Vilnius Conference note the importance of each of these developments for the future of health development in and beyond the EU. We recognise our responsibilities to act, particularly in times of economic and social crisis. In turn we emphasise the important role of stakeholders and citizens in addition to Member States and EU Institutions, and call on Europe’s leaders to ensure the vital role and needs of citizens’ health are properly incorporated in a strong vision for Europe.



Sustainable Health Systems for Inclusive Growth in Europe

Conference Report

Austerity cuts have put Europe's health systems under severe pressure, increasing health inequalities and threatening sustainability in the future. Now, European governments and the European Union (EU) need to take immediate action to prevent further damage.

The inspiration for the Vilnius Declaration, agreed at the final health event of the Lithuanian Presidency of the Council of the EU 2013, is to ensure European health systems are people-centred, sustainable and inclusive – and that they deliver good health for all. To achieve this it is necessary to:

1. Increase investment in health promotion and disease prevention;
2. Ensure universal access to high-quality; people-centred health services;
3. Ensure that health system reforms – including workforce planning – are evidence-based and focus on cost-effectiveness, sustainability and good governance.

The Vilnius Declaration is “a crowning document” of all the work done by the Lithuanian Presidency to put the focus on the issue of ensuring health systems are sustainable for the future, said Tonio Borg, EU Commissioner for Health, responding as the Declaration was released.

Commissioner Borg told delegates, “Health is a value in itself, even if it didn't have positive economic consequences.” Are health systems sustainable? Commissioner Borg believes the answer is yes. “The Commission is committed to



*Algirdas Butkevičius,
Prime Minister of the
Republic of Lithuania*

doing all it can to foster higher quality healthcare, available to all, on a long-term, sustainable basis," Commissioner Borg said.

The Vilnius Declaration is the distillation from a number of events and discussions on how to make health systems resilient for the future that have taken place during the Lithuanian Presidency. The document was finalised during the conference in Vilnius, which was organized by the Lithuanian Health Forum in partnership with the Ministry of Foreign Affairs, Ministry of Health, Ministry of Education and Science, the European Public Health Alliance, the European Patients' Forum, and the European Federation of Pharmaceutical Industries and Associations. Crucially, health sustainability must be predicated on the principles of solidarity and universal access. This view was echoed by Algirdas Butkevičius, Prime Minister of the Republic of Lithuania, who said healthcare represents a "prudent investment" in the economy if made in the context of "a policy based on solidarity, universal access and the reduction of health disparities".



*Mr. Martin Seychell,
Deputy Director
General of the
Directorate-General for
Health and Consumers
of the European
Commission*

The conference provided the opportunity to hear leading experts describe and debate the foundations and evidence on which the Vilnius Declaration was based and to outline concrete measures that are needed to make health systems sustainable. It was emphasised that change and reform has to happen on the basis of a stated commitments to reduce social inequalities

*Ms. Monika Kosinska,
Secretary General, European
Public Health Alliance*

in health, to improve public health and disease prevention, and by putting patients at the centre of healthcare.



Attaining sustainability also entails taking a different view of healthcare, whereby rather than it being seen as an overhead it is considered an investment in health, job creation, industrial development and economic growth.

"Health is created, maintained and supported when everyone contributes," said Professor Vilius Grabauskas, President of the Lithuanian Health Forum. "Especially in the context of austerity, it is important countries learn from one another," he included.

Health spending is an investment

Convincing ministers of finance that health spending is an investment, and using innovation to increase efficiency is not easy. "This is the fundamental conundrum of the conference," said Dr Josep Figueras, Director of the European Observatory on Health Systems and Policies.

Martin Seychell, Deputy Director General of the Directorate General for Health and Consumers of the European Commission, said that while health is a national competence, it is important not to overlook the many areas where it makes sense for Member States to work together. The challenges of the ageing population, chronic disease and the pressure from innovation are the same in all Member States. "Public budgets will be constrained for years to come," said Mr Seychell. "The key challenge is to prevent the economic crisis becoming a health crisis."

An opportunity to strengthen health systems

Zsuzsanna Jakab, Regional Director of the World Health Organization (WHO) Regional Office for Europe, echoed this. The financial crisis has presented health systems in Europe with a challenge “you could even say a threat,” said Ms Jakab. But she added, “It is also an opportunity to strengthen health systems.”

“One impact of budget cuts has been to increase health inequalities, both between and within countries, and as the Vilnius Declaration states, action is needed to reduce the overall disease burden, address the social determinants of health and strengthen health systems to respond to this,” Ms Jakab said.

Need for evidence-based policy and improved governance

“Europe’s governments need to work with patients, payers and providers to make sure healthcare is sustainable,” said Monika Kosinska, Secretary General of the European Public Health Alliance. Critically, governments need to increase investment in health promotion and disease prevention, through measures such as taxes on sugar, reinforcing smoking bans, strengthening vaccination programmes, improving health literacy and looking to the drivers of good health that lie outside the health system.

“The time for talking is over: we know what to do,” said Ms Kosinska, summarising the main points of the Vilnius Declaration.

Education, training, science and innovation are policy areas that lie at the core of sustainability in healthcare said Professor Dainius Pavalkis, Minister of Education and Science of the Republic of Lithuania. To take one example, changing the skills mix is central to reforms to improve efficiency that involve tasks to be shifted from doctors to nurses.

The skills mix refers not only to medically-trained staff, but also to ICT and a range of other technical specialties. “On a ministerial level, it is important to measure the outcome of education and demonstrate the impact,” Professor Pavalkis said.

*Ms. Zsuzsanna Jakab,
Regional Director, World Health Organization (WHO)
Regional Office for Europe*



There has always been economic governance at an EU level, but the messages were not targeting specific member states. "It was saying, for example, strengthen healthcare to prepare for ageing", said Rita Baeten, Senior Researcher for the European Social Observatory. "Now, there is detailed guidance for reform."

Value added innovation

In the view of Christopher Viehbacher, President of the European Federation of Pharmaceutical Industries and Associations, CEO, Sanofi there are three routes to making health systems sustainable – reducing the resources burden; reducing demand; and increasing economic growth. Innovation lies at the heart of each approach.

Innovation is central in underpinning a shift to community-based care, helping patients to self-manage chronic conditions, and so reduce the disease burden. Innovation also lies at the heart of reducing demand through prevention of the chronic diseases that currently take up 75 per cent of healthcare budgets. "Europe is not low-cost; we need the skills and industries that value-add," said Mr Viehbacher.

The financial crisis may be unprecedented in our lifetime, but health systems have weathered severe disruption in the past, most notably following the fall of the Iron Curtain. This experience provides the tools for dealing with the current crisis, said Professor Helmut Brand, President of the International Forum Gastein. "We know how to increase efficiency, we know how to select the right innovation, and understand the need to combine social and technological innovation," he said.

"Now, there is a communication task to promote public understanding that healthcare is not a cost and a need for clear leadership to

highlight that health is a value," Professor Brand said.

Social determinants of health

At the same time it is important to acknowledge that sustainable healthcare cannot be delivered solely through efficiency improvements, said Sian Jones, Policy Coordinator at the European Anti-Poverty Network. "There is a need to tackle the social determinants of health."

The Europe 2020 policy has the stated aim of taking 20 million people out of poverty. However, the austerity-era cuts have forced 8 million people into poverty. "The result is a health loss and an increase in costs," Ms Jones noted.

Sustainable economic growth through better health

The financial crisis and subsequent cuts to public spending have allowed the rhetoric that healthcare is an expensive strain on resources to obscure the view of healthcare as investment that delivers a double dividend, in terms of a healthy, active population, and as a source of economic growth.

Professor Klaus-Dirk Henke of the School of Economics and Management at the Technical University of Berlin, is cooperating with the Federal Statistical Office in Germany to map the economic footprint of healthcare and how spending on health promotes growth and productivity. His analyses show healthcare is more productive than Germany's world-leading automobile sector, generating 11 per cent of



gross national product, 7 per cent of exports and 15 per cent of total employment. "The same analyses could be done for the EU as a whole," Professor Henke said.

Why health is wealth

While the observation that health is wealth is not novel, there needs to be an empirical basis to demonstrate the precise nature of the relationship between the two, said Professor Bengt Jönsson, of Stockholm School of Economics. "It goes in both directions; health produces wealth and vice versa."

*Mr. Christopher Viehbacher,
President, European Federation of Pharmaceutical
Industries and Associations, CEO, Sanofi*

The sustainability of health systems depends on transferring resources into outcomes that promote health, but it also requires other policies to be in line. For example, the health status of 54-74-year olds is rising, but unless the retirement age also increases, the benefits of this rise in human capital do not translate through to economic growth.

Sustaining the EU welfare model

The structures of Europe's health and pensions systems were put in place before the destabilising influence of changing demographics came into play. Trying to make these venerable structures fit in the context of the ageing population and sustain the European welfare model is a big problem, said Professor Fabio Pammolli of the IMT Institute for Advanced Studies, in Lucca.

A debate must be opened on the imbalance between the number of young people entering the labour market and the higher number who are retiring. While current health policy is focused on dealing with financial policy, it is necessary to focus in the longer term. "We can't approach reforms in healthcare as if they are removed from labour productivity," Professor Pammolli said.

There is an economic dividend from healthcare expenditure and this should be factored into economic policy.

Taking stock of health and healthcare inequalities in Europe

National income is part of the reason for health disparities between countries. However, some countries have similar national





Dr. Liudvika Starkienė, Secretary General, Health Forum and Leonas Kalėtinis, Member of the Board and Director, Health Forum

incomes but different life expectancies, indicating healthcare expenditure does not provide a full explanation, said Professor Johan Mackenbach, Chair of the Department of Public Health at the University Medical Centre in Rotterdam.

Professor Mackenbach has recently completed a study of the impact of policy interventions on population health in Europe, in which he has reviewed eleven areas of health policy including tobacco and alcohol controls, child health, food and nutrition, infectious diseases control and road safety, to find out which are the most effective in protecting health, and which countries have implemented each policy most successfully.

This analysis indicated that countries across Europe could reduce years of life lost by 30–50 per cent if they adopted and implemented each of the eleven health policies to the same standard as the country with the best practice. “This would be a huge gain,” Professor Mackenbach said.

Ms. Raisa Bohatyr’ova, Minister of Health of Ukraine

Health and healthcare inequalities within countries

While life expectancy by country is frequently discussed, there is less examination of the variation within countries by social and economic class. “Some of the best data highlighting how large these variations can be come from the UK, showing that the top two social classes in England and Wales have a higher life expectancy than in Sweden, which is the top EU country in terms of average life expectancy,” said Professor Reinhard Busse, Head of the Department of Healthcare Management at the Technical University of Berlin.

“You would hope medical care is where the needs are, not where the money is,” Professor Busse said. However, this is not the case in Germany, for example, where – despite capacity planning measures - richer areas have more general practitioners than poor ones.

When there are equal opportunities for access, for example, being invited for free cancer screening, socioeconomic deprivation is a predictor of participation, with the lowest group being two times more likely to



decline. “The introduction of an effective screening programme may result in increasing inequalities in cancer outcomes,” Busse said. Overall, income is the best proxy for inequalities in healthcare within countries. In terms of tackling inequalities this means focussing health policies on the disadvantaged.

Improving health system productivity

“It is a daunting and difficult task, but measuring the productivity of health systems is critical to dispelling perceptions that money is badly spent and to improving efficiency,” said Professor Peter C. Smith, Co-director of the Centre for Health Policy at the Institute for Global Health Innovation, Imperial College London.

Professor Smith focussed on the need for performance information to secure productivity improvements, noting that in striving to improve productivity, it is important to distinguish between efficiency and expenditure control. The prime role of performance information in increasing efficiency, is in improving accountability. The government is in the centre as the steward, but there are many other relationships, for example between clinician, patient and provider.

“Each of these relationships needs good information to function well,” Professor Smith said. Performance information enables the various actors to make better decisions.

How innovation can transform health systems

“Research can make an important contribution to improving the productivity of health systems.” said Dr Barbara Kerstiëns, Head of Sector Public Health, Directorate General for Research and Innovation of the European Commission. There is a need for a transformation that focusses on health promotion and disease prevention; cost-

*Mr. Anders Olauson,
President, European
Patient Forum*



effective technologies and treatments; and patient-centred systems that provide safe, high-quality healthcare.

“Many of the ingredients to achieve this are in place, and there will be opportunities within the next EU R&D programme, Horizon 2020, to carry out the research needed to push through these transformations, promoting health and active ageing, improving health outcomes, reducing inequalities and supporting a competitive health sector,” Dr Kerstiëns said.

Process improvements for better capacity of health systems

Health systems currently are wasting “a huge amount of resources,” delivering at around 70 per cent of their true capacity, according to Gary Howe, a Global Head of Health at the Ernst & Young Health Care Group.

Mr Howe stressed the importance of information in identifying waste. The service level of the outpatients department of an Oslo hospital was doubled by good governance and performance reviews; in a radiology department in Canada throughput was increased at no extra cost by altering the way in which patients are processed when they arrive for an X-ray.

There is widespread potential for such process improvements that require very little investment and do not need new policies or innovation to deliver. “Organisations can do this for themselves,” Mr Howe said.

Sustainable health systems for the future

Health has been in the spotlight throughout the Lithuanian Presidency of the Council of the European Union 2013, as Vytenis Povilas Andriukaitis, Minister of Health of the Republic of Lithuania described. While there has been progress, more work is needed to promote the uptake of modern health technologies in an appropriate and cost-effective way; develop integrated healthcare models; promote patient involvement; address the issue of chronic disease and to institute health-in-all-policies at the EU level.

For Dr Hans Kluge, Director, Division of Health Systems and Public Health, WHO Regional Office for Europe, the messages from the main

international health conferences of the past year are converging. The result is, “the powerful Vilnius Declaration”. The signs are that some countries are getting out of crisis mode, and it will be possible to make progress in the next five years. “It’s about making it happen: this is starting already in some countries,” Kluge said. “It is possible to run the system and simultaneously go for reforms.”

Anders Olauson, President of the European Patients’ Forum, said he would leave Vilnius with a sense that, “everything is in place, including willingness. We are ready to support as patients’ groups. The Declaration is a strong document,” he said.



Mr. Tonio Borg
European Commissioner
for Health

*Picture courtesy of The Council
of the European Union*



Health is a value in itself

It is also a condition for economic prosperity and social cohesion, says Tonio Borg, European Commissioner for Health, in this welcome to the conference.

“As President Barroso stated last month at the World Health Summit in Berlin, “Health systems are the cornerstones of Europe’s welfare, we must cherish their success and guarantee their future”. The Presidency Conference in Vilnius is an important event to further discuss the reforms needed to ensure inclusive, resilient, sustainable health systems that can provide citizens the healthcare they need for generations to come.

We still have a significant task ahead in shifting the current predominant perception of health as a “cost”. I am persuaded that this conference, with its focus on the contribution that health brings to inclusive growth in Europe, will further make the case for “investing in health”.

I firmly believe that health is a value in itself. And it is also a condition for economic prosperity and social cohesion. Inclusive, performing,

effective health systems are a key indicator of the true wealth of societies. Health is a “growth friendly” expenditure. This is why I am keen to support Member States in ‘Investing in Health’. This is about engaging further in health systems sustainability, in promoting health as a human capital; and in reducing inequalities in health. It requires coordination, cooperation and commitment from all.

Health systems inclusiveness and effectiveness must go hand in hand. If a health system is not performing well, it will not be able to provide healthcare to all. It is clear that the time has come for structural reforms in Europe’s health systems so as to secure universality and quality of care for current and future generations.

Efficiency checks

I believe that all national health systems can benefit from an efficiency check, from greater use of health technology and from a greater focus on smart investments. The question is not so much whether we spend more or less, but how to spend better.

The organisation and the funding of health care systems is a national responsibility. The European Union, however, can improve the context in which Member States operate their health systems and support them in their actions. There is a lot we can do in the EU to support innovation and research in health, encourage co-operation between health systems and to develop synergies with other sectors.

The Commission encourages cooperation between the national health systems. The recent entry into force of the Directive on Patients' Rights in Cross-border Healthcare enshrines citizens' right to go to another EU country for treatment and get reimbursed for it. For patients, this Directive means empowerment: greater choice of healthcare, more information, easier recognition of prescriptions across-borders. The Directive is also good news for Europe's health systems, improving cooperation between Member States on interoperable eHealth tools, the use of health technology assessment, and the pooling of rare expertise.

Equitable health policies

The Commission, through the EU economic governance processes, will continue to play its role in encouraging Member States towards the dual aim of providing access to high quality care and using public resources in health more efficiently.

EU funds will be channelled to support innovative, sustainable and equitable health policies, in particular through the EU Health Programme, the Research Programme Horizon 2020, and the European Structural and Investment Funds.

Investing in health is also about promoting health as a human capital. Good health is good for people. This is why we need to step up work to promote health, prevent disease in a cost-effective manner, and support patient empowerment. The fact that disease prevention only accounts for some 3 per cent of health expenditure illustrates the magnitude of the challenge of changing deep-rooted attitudes in government, but also in business, civil society and public opinion.

I am looking forward to the Presidency Conference in Vilnius on 20 November."



Prof. Vilius Jonas Grabauskas
President, Health Forum;
Chancellor, Medical Academy,
Lithuanian University of
Health Sciences.

Look beyond healthcare to build sustainable healthcare systems

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.

Mr. Vytenis Povilas Andriukaitis
Minister of Health of the
Republic of Lithuania

*Picture courtesy of The Council
of the European Union*



Sustainable Health Systems for Inclusive Growth in Europe

The challenge of creating sustainable healthcare systems is very important not only for Lithuania, but for the whole of the European Union. The theme also has a wider resonance for the whole world, believes Vytenis Povilas Andriukaitis, Minister of Health of the Republic of Lithuania.

Looking forward to the conference to be held in Vilnius on 19 - 20 November, Mr Andriukaitis points to the need to move on from the economic crisis and seize the new opportunities and new possibilities that are emerging. "This is very important for all of us," he says.

Through the vision of building sustainable health systems it will be possible to confront some of the shifts and changes that are motion, such as the ageing of the population and the increasing incidence of chronic disease to make coherent decisions to improve the health and well-being of people living in Europe. "We must concentrate on this very concrete topic," says Mr Andriukaitis.

In adopting Sustainable Health Systems as the theme of the conference, the Lithuanian Health Ministry is building on other meetings and

discussions taking place during the presidency, including the European Health Forum meeting in Gastein, Austria from October 2 - 4, which addressed the issue of 'Resilient and Innovative Health Systems for Europe'; the October 8 – 9 meeting of the Council of the Working Party on Public Health; the European Public Health Alliance, a conference held under the auspices of the Lithuanian Presidency in Brussels on September 4 -5; and an informal meeting of EU ministers for health, which took place in Vilnius on July 8 – 9.

"We have discussed sustainability of healthcare in other conferences, and looking to the European Union Health Council in December, we need to come up with concrete proposals from stakeholders," says Mr Andriukaitis. The outcomes of the Vilnius conference on 19 – 20

November will be summarised and combined with the conclusions of the other events in a single document, and be taken forward to the European Council meeting.

This is the first time that Lithuania has held the Presidency of the European Union, and Mr Andriukaitis believes the outcomes of the debate about healthcare sustainability will have a positive impact on the country's healthcare system in the future. "The core ideas are to take an integrated approach to healthcare system management," he says.

At present, Lithuania has a discontinuity in the landscape of its healthcare systems from primary care at one end to university hospitals at the other. "We need to look at how we can better deal with financial management, pathology, human resources, and how to connect all the actors," said Mr Andriukaitis.

"We have distinct areas in primary healthcare, district and university hospitals, we need to combine them in one integrated model." The aim is to create "integrated, efficient, healthcare clusters," Mr Andriukaitis said.

Healthcare and its role in the economy

Lithuania presents a role model for how healthcare can be used to drive economic growth, believes Mr Andriukaitis. The country has leading hospitals with a high level of technology adoption and a highly educated workforce. It is an important source of employment and is very competitive compared to other sectors.

"There is the possibility to create new jobs, [develop] new technologies, and involve scientists, involve society, in a rapidly developing economic sector," Mr Andriukaitis said.

Regional collaboration, between fellow Baltic states of Estonia and Latvia, and with Poland, is central to this vision.

"The answer is very simple: we need cooperation," Mr Andriukaitis said. This will be underpinned by the EU Directive on Patients' Rights in Cross-Border Healthcare which seeks to enable patients to receive treatment in another Member State.

"We see the possibility to create centres of excellence and of course to cooperate with Estonia, Latvia, and Poland," Mr Andriukaitis said. Vilnius will be a centre of excellence in cardiac surgery and oncology, Kaunas in neurosurgery. "There is a good opportunity to cooperate together with the three Baltic States and Poland."

This commitment to cooperation is reflected in the broad base of stakeholders that the Lithuanian Presidency will be pulling together at the conference in Vilnius. As Mr Andriukaitis says, "You can't get on today without collaborations." This applies as much at a cross-border level as it does within the specialisms and different levels in healthcare systems.

"You can't have separate actors: the conference aims to connect different stakeholders to discuss common problems and come up with common possibilities [for reforms]," Mr Andriukaitis said. "Industry, healthcare providers, NGOs, economists and so on, need common themes to move forward together and develop a multi-sectoral approach; it's the only way."

The European Union's ambition - as set out in the Health 2020 policy framework - is to support action across government and society to significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality.

It will be impossible to deliver on this vision, "Without pulling everyone together in high-level conferences such as this, in which there is a good opportunity to exchange our views," Mr Andriukaitis concluded.

Dr. Josep Figueras
Director, the European Observatory on
Health Systems and Policies



Applying the lessons of austerity to build sustainable healthcare systems

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.”



**Interview with
Prof. Klaus-Dirk Henke**
School of Economics and
Management, Institute for
Economy and Economic Law,
Technical University Berlin
(Germany)

Make health part of economic policy

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.

Prof. Bengt Jönsson
Department of Economics, Stockholm
School of Economics (Sweden)



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

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 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.

Ms. Monika Kosinska
Secretary General, the
European Public Health Alliance



Sustainable health care calls for innovation in disease prevention

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 – 2020.

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.

Ms. Nicola Bedlington,
Executive Director, the
European Patients' Forum



Consult patients on the design of health care systems

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



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

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 invest. "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 purchasers 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.



Mr. Richard Bergström
Director General, European
Federation of Pharmaceutical
Industries and Associations
(EFPIA)

Joint effort is needed to boost productivity in health care

We're in this together: from pharmaceutical companies to clinicians, public health specialists to patients – all have a part to play in making our health systems more efficient. That's why getting everyone together under the banner of the Lithuanian EU Presidency is so important, says Richard Bergström.

With shrinking budgets and rising demand, Europe's health systems are being forced to put the focus on eliminating waste and improving productivity to get more out of the – still considerable – resources that are available.

"Everyone has to contribute to this," says Richard Bergström, Director General, European Federation of Pharmaceutical Industries and Associations (EFPIA). The member companies of EFPIA have come a long way in this respect, embracing health technology assessments designed to quantify the value-add of drugs, signing framework pricing agreements with individual governments and cooperating in generic substitution when innovator drugs reach the end of their patent life, Bergström says.

"The pharmaceutical industry knows it has to live in the real world, for example in giving undertakings on equality of access to medicines. Before we didn't think it was our problem," Bergström notes.

Similarly, the industry has cooperated with programmes put in place by member states including Spain and Italy, since the start of the financial crisis, to promote uptake of generics. "The drugs were all originally invented by our members. Just because the patent has expired is not to say products are no good, but in the drive for efficiency, we're not credible if we argue the price should stay high," says Bergström.

A new equilibrium

As an indication of the contribution the shift to generics is making to health system efficiency, Bergström noted that while over the past 10 – 12 years the consumer price index as a whole has risen by 25 per cent, the price index for drugs has fallen by 16 per cent. “The benefit from that is tremendous,” he said. Governments are getting much more in terms of volume and products, without increasing the share of health care expenditure devoted to pharmaceuticals.

The need to find what Bergström describes as “a new equilibrium” is acknowledged by public health experts, who are coming to realise there must be a long-term and more strategic view of pharmaceutical industry innovation – that recognises new drugs can improve productivity and lead to efficiency gains. “There’s a lot of really exciting new products in the drug pipeline, which will not only bring value in terms of improving treatments, but also make for cost reductions elsewhere, for example by reducing care costs, or the cost of other interventions,” Bergström says.

Accommodating and deriving the efficiency benefits of novel, innovative drugs, calls for changes in the system to allow the savings to show through. A potent illustration comes from the way in which anti-TNF alpha antibody drugs have transformed the treatment of rheumatoid arthritis. “People said anti-TNF alpha drugs would break the bank, but in fact there are huge benefits. It’s just that as things stand with silo budgeting, the savings are not evident,” says Bergström.

Apart from the huge benefits in terms of individual mobility and pain reduction, people diagnosed with rheumatoid arthritis in their 40s and 50s can remain in work, do not need disability payments and continue to be able to care for themselves. It is also the case that rather than purely adding to costs, drugs costs are shuffled, from paying for steroids to paying for antibody drugs.

Forecasts of the cost of new drugs should also weigh the fact that while they will in time go generic, the benefits will be retained. “Cardiovascular drugs which have made such a huge contribution to reducing morbidity and mortality used to carry a higher price tag, but they are now all off-patent,” Bergström noted.

Spending drugs budgets more productively

All of which points to the need to read across health systems and recognise when a cost increase in one area results in a saving in another, contributing to greater efficiency and productivity overall. “We need better tools for assessing where the value lies. Medicines tend to be kept in a box, but the impact of new and better drug treatments obviously has an influence on costs elsewhere in the system,” Bergström says.

Despite the cuts there have been to drugs budgets, medicines still account for an average of 15 per cent of health care spending across Europe. There are definitely opportunities to spend this money more productively, Bergström believes. In particular, better adherence by patients with chronic diseases would allow them to avoid exacerbations that not only cause personal suffering but also drive up emergency care costs.

Agreeing to dissect out where cost and value lie across health systems, “is not an easy discussion to have,” says Bergström. That is why the Vilnius meeting, which is creating a single forum for representatives from across the piece, including public health experts, health economists, the health workforce, pharma and government, is so important.

“We rarely have all these people in the same place: Vilnius will be the opportunity to bring together all the different strands and see what works,” Bergström concluded.

Dr. Hans Kluge
Director, Division of Health
Systems and Public Health, WHO
Regional Office for Europe



Improve governance to build resilient health care for the future

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 by 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 now needed is a more nuanced, thoughtful and evidence-based approach, in which a 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 highlights 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, 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.”

Prof. Helmut Brand
President, International
Forum Gastein



Facing the new financial reality: Health systems need innovation for health and for sustainability

While there are one or two hopeful signs of an upturn in Europe's economies, the impact of the financial crisis continues to reverberate. The real-terms cuts in healthcare budgets since 2009 are not about to be reversed, and health systems now need to be reshaped to ensure the health gains that Europe made up to 2008 are not lost, says Professor Helmut Brand.

"There is some light, but the train is not coming down the tunnel, and health systems must recalibrate and adjust to the new reality," says Helmut Brand, Jean Monnet Professor of European Public Health at Maastricht University and President of the European Health Forum Gastein. "We need to learn from the current crisis and consider how we can bring in innovation in health care systems that will make them sustainable for the future," Brand says.

"Healthcare systems must be made resistant, both to any future shocks like the financial crisis, and to the challenges we have all been talking about for so long, in the ageing population and chronic disease."

The pressure to recalibrate will also let air into the system, shifting the power balance and opening the door to greater transparency and – it is hoped – to better governance. At present there is little will for change in established systems. "It is blocked by professional bodies that don't want to know," says Brand.

Using innovation to deliver more and better care

This is not some trite 'never waste a crisis' rallying call, but rather about taking a considered and thoughtful approach to dealing with the new fiscal realities. For the first time ever, the crisis that began in 2008 led to cuts in health care

budgets across the EU. As Brand says, “No one welcomed that.” However, it has prompted discussion about how to make better use of the resources that are available.

It has also focussed attention on how innovation can be applied to soften the effects of cuts, whilst at the same time driving efficiency and service improvements. The aim is to enable health systems to do more with less, and hence make them more sustainable. “We have to deliver more care and better care, with the same amount of money,” Brand says.

Living longer is a big success story. But rather than celebrating the huge gain in health that this represents - and the fact that it underlines how many European countries have created the best health systems the world has ever seen - longevity is portrayed as a problem.

“Ideas about how to manage the ageing population, about the need to reshape care, have been there for ten years or more, now in the crisis, it is time to accept change and to improve governance,” Brand says.

The immediate response to the crisis was for member states to make cuts that have variously translated through to longer waiting times, a shift from primary to acute care, reduced access to innovative therapies, a halt to planned infrastructure investments and increases in co-payments. The result has been greater health inequalities.

Making health care crisis-proof

In short, austerity programme budget cuts are undermining the sustainability of health systems - and cannot form the basis of a long-term response. Such knee-jerk cost cutting damages healthcare and results in higher not lower costs over the long term – as highlighted by the way in which cuts to the wages of expensively-trained health care staff have resulted in some leaving the profession; how reductions in primary care

provision have put greater pressure on accident and emergency departments; or by the fact that infections such as HIV are on the rise.

Health systems urgently need to be made crisis-proof, so that they can continue to meet the demands placed on them even when budgets are being tightened. “In times of economic crisis, poverty and widespread mental health problems, there is urgent need to free up the space and financial resources required for innovation,” Brand says.

While there are funding constraints, targeted investment in reforming and modernising delivery could be paid back within two years. “By investing in health, we also invest in general wellbeing, prosperity and economic growth. There is no other area where citizens benefit more directly from innovation,” says Brand.

For Brand, measures to make health systems sustainable for the future should be assessed not purely in terms of cost, but also in how they enshrine the overarching values of universality, equity and solidarity. “Health is for people,” he says.

The focus that the Lithuanian Presidency has put on dissecting the impact of the financial crisis on healthcare and on how to confront the task of making healthcare systems receptive to innovation, is very valuable.

In summarising the outputs and recommendations of various meetings and events held during the Lithuanian Presidency, including recommendations from the European Health Forum held in Gastein from 2 – 4 October, and taking them forward to the conference in Vilnius on November 19 – 20, the Lithuanian Presidency has opened up a bigger conversation about health.

As a result, “We don’t all have to reinvent the wheel and we are keeping up the momentum for health reform,” Brand concludes.



Investing in HEALTH



Health: a condition for economic prosperity and social cohesion

▶ A LOOK AT HEALTH SYSTEMS IN THE EU

Average government expenditure on health and social protection



- 40% SOCIAL PROTECTION*
- 15% HEALTH
- 13% GENERAL PUBLIC SERVICES
- 11% EDUCATION
- 8% ECONOMIC AFFAIRS
- 4% PUBLIC SAFETY
- 3% DEFENCE
- 2% ENVIRONMENTAL PROTECTION
- 2% COMMUNITY AMENITIES
- 2% CULTURE AND RELIGION

* social protection covers pension and unemployment benefits

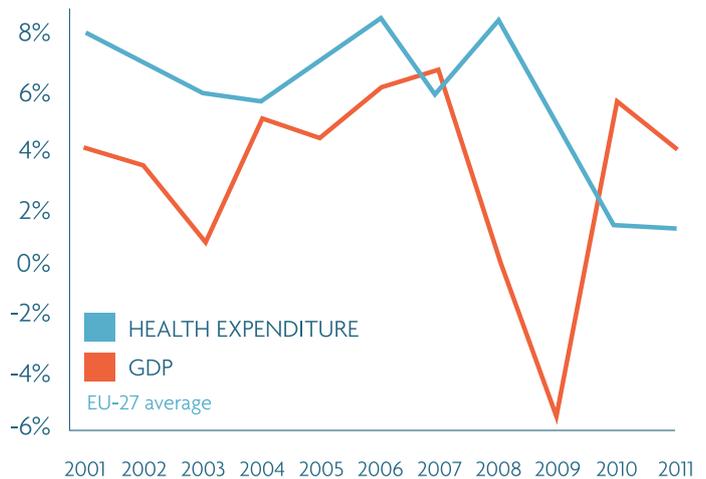
Health



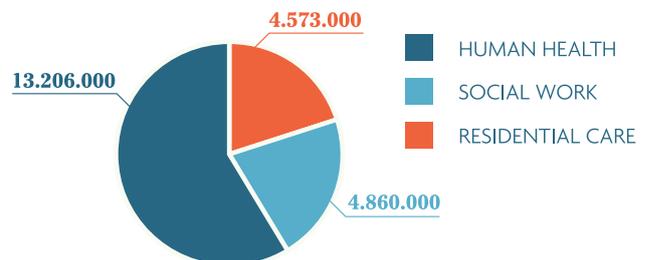
27% PRIVATE AND HEALTH INSURANCE

73% PUBLIC HEALTH FINANCING

Growth in health expenditure vs GDP



Jobs in the health and social sectors



ONE EMPLOYEE IN TEN
WORKS IN THE HEALTH
AND SOCIAL SECTOR



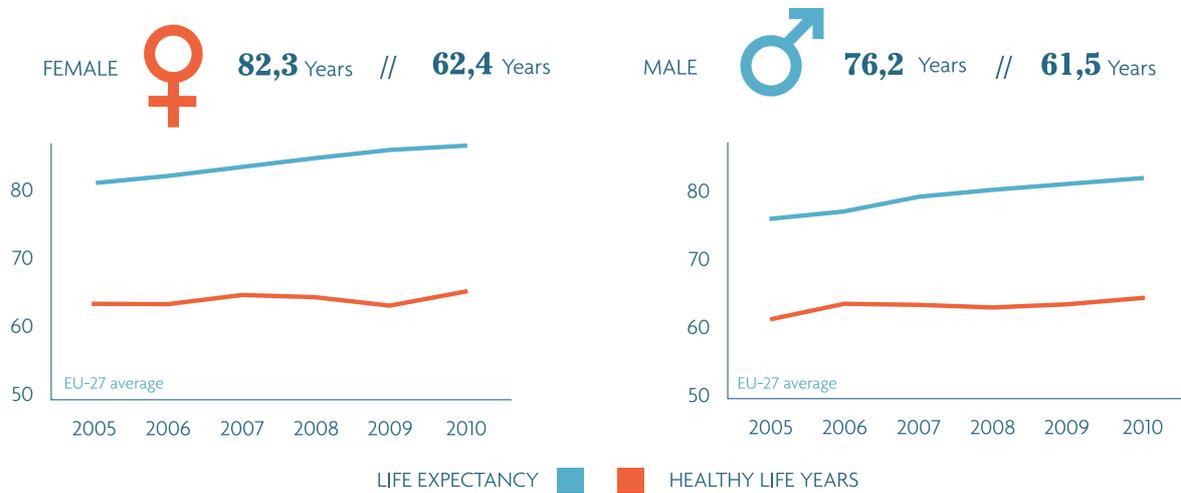
▶ INVESTING IN HEALTH

investing in
efficient HEALTH SYSTEMS
and more PREVENTION



- + good health
- + savings
- + productivity
- inequalities

Gap between life expectancy and healthy life years at birth



▶ HOW CAN THE COMMISSION HELP?



LEGISLATION

BEST PRACTICES

COOPERATION SUPPORT

COMPARABLE DATA

EXPERT ADVICE

EXCHANGE OF INFORMATION

UPTAKE OF INNOVATION

PARTNERSHIP ON ACTIVE & HEALTHY AGEING



The European Commission supports investment in health across the EU



6 Bn €

5,3 Bn €

321 M €

HORIZON 2020: HEALTH RESEARCH

EUROPEAN STRUCTURAL AND INVESTMENT FUNDS FOR HEALTH

HEALTH PROGRAMME: EU-LEVEL COOPERATION
EU HEALTH PROGRAMME 2014 - 2020: 449 M €



**Report by
Dr. Hans Kluge**

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

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.

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**.

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>.

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

¹ 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**.

“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.”



Zsuzsanna Jakab, WHO Regional Director for Europe.

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, former tuberculosis patient, 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



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 center of care and using patient centered 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 be 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 Forum

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