

Final Programme

**15th
European Health Forum
Gastein**

3rd to 6th October 2012

Crisis and Opportunity

Health in an Age of Austerity

Public health 2050

Health systems sustainability

Personalised medicine

Non-communicable diseases

Health communication

Global health governance



Supported by the
European Commission



PROGRAMMÜBERBLICK

	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00
Mittwoch	1 W1 Financial crisis * A W2 eHealth 2 W3 Flour fortification				A Plenum ** F Posterausstellung		A F1 Gesundheitskommunikation ** 2 F2 Global health governance 1 F3 Nachhaltige Gesundheitssysteme **					2 W4 Be aware of your kidneys 1 W5 Disease prevention	P Eröffnungsabend
Donnerstag	B1 Waking up to real solutions (starts 7.30am) B					2 L1 Governance N L2 Vaccination & social media 1 L3 Innovation & sustainability G L4 Dialogue, transparency & trust F L5 Lunch break	A F4 Public health 2050 ** 2 F5 Personalised medicine 1 F6 Nichtübertragbare Krankheiten **			A W7 Active & Healthy Ageing 1 W8 New science & future healthcare			P Gala Abend
Freitag		A F4 Public health 2050 ** 2 F5 Personalised medicine 1 F6 Nichtübertragbare Krankheiten **			F Empfang A Plenum 'Gesundheit in Zeiten von Sparpolitik' **				2 W9 Health & wealth 1 W10 Healthcare financing				E Abschlussabend
Samstag			2 W11 Public-Private Partnership										
RAHMENPROGRAMM													
* Simultanübersetzung in Englisch und Russisch													
** Simultanübersetzung in Englisch und Deutsch													

- Kursaal
- A Kursaal A (Plenarsaal)
 - B Kursaal B
 - F Kursaal Foyer/Tert

- Kongresszentrum
- 1 Kongresszentrum Rm 1
 - 2 Kongresszentrum Rm 2

- Veranstaltungsorte in Hotels in Bad Hofgastein
- G Grand Park Hotel
 - N Hotel Norica
 - P Palace Hotel/Festival Hall

- Veranstaltungsorte in Hotels in Bad Gastein
- E Europäischer Hof

- ★ Freitag: 19.30 Abfahrt der Shuttle Busse vom Kongresszentrum oder Ihr Hotel in Bad Gastein
- ★ Samstag: 17.30 Abfahrt der Shuttle Busse vom Kongresszentrum

WEDNESDAY 3RD OCTOBER 2012

09:00–12:00	Pre-conference Workshops	Pre-conference Workshops
Congress Centre Room 1	W1 Financial crisis 	W1 Financial crisis
Kursaal A	W2 eHealth	W2 eHealth
Congress Centre Room 2	W3 Flour fortification	W3 Flour fortification
12:00	Reception	Empfang
Kursaal Foyer/ Tent	Poster Exhibition	Posterausstellung
12:30–14:30	Plenary	Plenum
Kursaal A	Opening Plenary  European Health Award	Eröffnungsplenum  European Health Award
15:00–18:00	Parallel Forums	Parallelforen
Kursaal A	F1 Communicating health	F1 Gesundheitskommunikation 
Congress Centre Room 2	F2 Global health governance – Europe and the world	F2 Global health governance – Europe and the world
Congress Centre Room 1	F3 Health systems sustainability	F3 Nachhaltige Gesundheitssysteme 
18:30–20:00	Workshops	Workshops
Congress Centre Room 2	W4 Be aware of your kidneys!	W4 Be aware of your kidneys!
Congress Centre Room 1	W5 Disease prevention	W5 Disease prevention
21:00 Palace Hotel Festival Hall	Welcome Evening	Eröffnungsabend 



WORKSHOP 1

Financial crisis

09.00 – 12.00
Wednesday
3 October 2012

Congress Centre
Room 1

The effects of the financial crisis on health systems in Russia and other CIS countries

The economic 'shock' that followed the financial crisis of 2008 has also affected countries of the Commonwealth of Independent States (CIS). Those that already faced severe resource constraint had fewer options for maintaining equitable access to health services of reasonable quality. But even resource-rich countries such as the Russian Federation have sought to contain or reduce health spending in a number of ways: by cutting government budget expenditure on health, by redefining the benefit package more tightly or by improving technical and allocative efficiency in the system.

This workshop, which is organized jointly by the Russian Academy of Medical Sciences and the European Observatory on Health Systems and Policies, will explore the range of responses to the challenges that the financial crisis brought to health systems of the Russian Federation and other CIS countries. The various options available to policy-makers for building resilience to and dealing with economic shocks to the health system when they arise in both resource constrained and resource rich economies provide all the countries of Europe with a valuable opportunity for cross-country learning.

Chaired by Representative of the Academy of Medical Sciences, Russian Federation

Part 1: Health system challenges and responses to the crisis

In this session we will explore the potential for structural measures that may help to contain cost through improving performance and will have long term effects on expenditure levels.

Introduction

E Richardson, Senior researcher, European Observatory on Health Systems and Policies

Financial constraints to the health systems in Eastern Europe and Central Asia

B Akkazieva, Health and Finance Specialist, Health Policy Analysis project WHO, Health Policy Analysis Center, Kyrgyzstan

Panel discussion with policy makers:

Representative of the Russian Federation

Y Orynbayev, Deputy Prime Minister and Chair of the National Coordination Council for Health, Kazakhstan (tbc)

E Tkacheva, Ministry of Health, Republic of Belarus (tbc)

AS Mirzoev, Deputy Minister, Ministry of Health, Tajikistan (tbc)

O Chestnov, Assistant Director-General, Noncommunicable Diseases and Mental Health, WHO, Geneva

Part 2: How the economic downturn affects health and access to health care

In this session we will look at the immediate effects that the economic crisis has had on population health and how it has changed provision and utilisation of health services in countries of the CIS.

Introduction

B Rechel, Senior researcher, European Observatory on Health Systems and Policies

Access to health services in times of crisis: the case of Armenia

V Petrosyan, Director, Center for Health Services Research and Development, College of Health Sciences (CHS), American University of Armenia (AUA), Yerevan, Armenia

Panel discussion with policy makers:

D Borisov, Executive Director, Equal Right To Life Non-Profit-Making Partnership, Russian Federation

Y Orynbayev, Deputy Prime Minister and Chair of the National Coordination Council for Health, Kazakhstan (tbc)

E Tkacheva, Ministry of Health, Republic of Belarus (tbc)

AS Mirzoev, Deputy Minister, Ministry of Health, Tajikistan (tbc)

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



WORKSHOP 2

eHealth

09.00 – 12.00
Wednesday
3 October 2012

Kursaal A



Organised by
DG CONNECT,
European Commission

Evidence of the effectiveness of eHealth: focus on telehealth

eHealth has the potential to help European healthcare systems by improving accessibility to healthcare in remote locations, overcoming shortages of health professionals, bringing patients closer to managing their health and having positive influence on attitudes and behaviour of patients resulting in better clinical outcomes. Although policy makers do acknowledge this potential, large scale deployment of eHealth solutions in Europe still lags behind due to remaining doubts on the evidence of the cost-effectiveness of eHealth.

In this context, this workshop will focus on sharing the results of different research projects at EU and national levels, while stimulating a debate among experts around the existence of real informed evidence on the effectiveness of eHealth and ways to improve the quality and reliability of such evidence to ensure that the effectiveness of eHealth is finally recognised.

Introduction and moderation by P Timmers, Director, DG CONNECT, European Commission

Speakers

H Ripper, Professor, VU University Amsterdam, the Netherlands

C Duedal Pedersen, Renewing Health Project

Sharon O'Callaghan, Whole Systems Demonstrators Project, UK

M Wilks, Former President of CPME

Followed by a round table discussion and Q&A's with the audience:

What evidence exists on the effectiveness of telehealth and in what areas?

How could we improve the quality of the existing evidence and disseminate them?

What are the conditions to scale up telehealth, based on such evidence?

WORKSHOP 3

Flour fortification

09.00 – 12.00
Wednesday
3 October 2012

Congress Centre
Room 2



Sponsored by Flour
Fortification Initiative
and International
Federation for Spina
Bifida and
Hydrocephalus

Improving Nutrition in Europe with Flour Fortification

Food fortification, the addition of essential vitamins and minerals to food staples, is implemented by countries throughout the world to prevent micronutrient deficiencies and reduce the incidence of neural tube defects, such as spina bifida. Fortification of at least one type of commonly consumed wheat flour is currently mandated by 74 countries. Despite the fact that flour fortification has been a topic of discussion in European countries for a number of years, few have embraced this cost-effective public health strategy.

To support flour fortification efforts in the region and convince country leaders that the tactic should be adopted, especially in the current age of austerity, this session will cover the following topics: (1) Nutrition in Europe: Room for improvement (2) Flour fortification: Overview and benefits to Europe (3) Economic impact of flour fortification: Cost to fortify versus cost to not fortify (4) Common concerns related to flour fortification (5) A case study of neural tube defects: the face of fortification.

Speakers

F Branca, Director of Nutrition for Health and Development, WHO

S Montgomery, Director, Flour Fortification Initiative

S Horton, Chair in Global Health Economics, Centre for International Governance Innovation

M Whiteford, Vice President, International Federation for Spina Bifida and Hydrocephalus

W Dietz, Former Director of the Division of Nutrition, Physical Activity and Obesity, Centers for Disease Control and Prevention

Moderated by L Bauwens, Secretary General, International Federation for Spina Bifida and Hydrocephalus



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AUS DEN HOHEN TAUERN.



GASTEINER

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Opening Plenary Eröffnungsplenum

Health and wellbeing in times of austerity

12:30 – 14:30
Wednesday
3 October 2012

Kursaal A

Official opening

G Leiner, President, International Forum Gastein
G Burgstaller, Provincial Governor of Salzburg
F Zettinig, Mayor of Bad Hofgastein

Response to crisis and austerity

TH Ilves, President of the Republic of Estonia

Sustainability of health systems in times of austerity

P Testori Coggi, Director General, DG Health & Consumers, European Commission

Welcome speech

Z Jakab, Regional Director, WHO Regional Office for Europe

European public health research – time for change

L Matthiessen, Head of Unit Infectious Diseases & Public Health, DG RTD, European Commission

Presentation of the European Health Award and the shortlisted projects

- * Breast Health Day – Prevention and early detection of Breast Cancer
- * EB-CLINET of EB centres and EB experts (EB=Epidermolysis bullosa)
- * EUBIROD – European Best Information through Regional Outcomes in Diabetes
- * HLS-EU – The European Health Literacy Project
- * Pediatric Nutrition in Practice – Extensive e-learning programme
- * Tob Tax – Making Tobacco Tax Trendy

Moderated by A Parvanova, MEP, Bulgaria

Award ceremony and acceptance speech by the winning project

G Leiner, President, International Forum Gastein
R Salhofer, Director General, HYPO Salzburg
Award winner

Rapporteur:
N Zylinska-Puta,
Representative of the
Young Forum Gastein
Initiative

Gesundheit und Wellbeing in Zeiten der Sparpolitik

12:30 – 14:30
Mittwoch
3. Oktober 2012

Kursaal A

Offizielle Eröffnung

G Leiner, Präsident, European Health Forum Gastein
G Burgstaller, Landeshauptfrau von Salzburg
F Zettinig, Bürgermeister von Bad Hofgastein

Reaktionen auf die Krise und Sparmaßnahmen

TH Ilves, Präsident, Estland

Nachhaltigkeit der Gesundheitssysteme in Zeiten der Sparpolitik

P Testori Coggi, Generaldirektorin, GD Gesundheit und Verbraucherschutz, Europäische Kommission

Einleitungsworte

Z Jakab, Regionaldirektorin, WHO Regionalbüro für Europa

Europäische Public Health Forschung – Zeit für Veränderung

L Matthiessen, Abteilungsleiterin, GD RTD, Europäische Kommission

Vorstellung des European Health Awards und der Projekte in der Endausscheidung

- * Breast Health Day – Prevention and early detection of Breast Cancer
- * EB-CLINET of EB centres and EB experts (EB=Epidermolysis bullosa)
- * EUBIROD – European Best Information through Regional Outcomes in Diabetes
- * HLS-EU – The European Health Literacy Project
- * Pediatric Nutrition in Practice – Extensive e-learning programme
- * Tob Tax – Making Tobacco Tax Trendy

Moderatorin: A Parvanova, MEP, Bulgarien

Preisverleihung und Dankeswort des Siegerprojektes

G Leiner, Präsident, International Forum Gastein
R Salhofer, Generaldirektor, HYPO Salzburg
Preisgewinner

Rapporteur:
N Zylinska-Puta,
Repräsentantin der
Young Forum Gastein
Initiative

Simultaneous interpretation
Simultanübersetzung



This forum looks at the challenge of communicating health both to citizens and policy-makers. At a time of financial austerity, it is vital that money spent on communication is used to best effect. We intend to foster a lively discussion on diverse topics around communicating health.

- What do we know about the behaviour of individuals and how does this relate to public health issues?
- How can we ensure a proper flow of knowledge on health? What campaigns have been successful and why?
- Which communication channels, are the most effective, and for which segment of the population?
- Where do young policy makers, health professionals and patients prefer to receive information?
- How do we reach politicians and create mobility for the health agenda? How can we use health data to guide them in making the right decisions?

Diese Session wird die Herausforderung von Gesundheitskommunikation sowohl für die Bürger als auch für die politischen Entscheidungsträger betrachten. In Zeiten knapper Mittel ist es wichtig, dass für Kommunikation ausgegebenes Geld für die besten Ergebnisse verwendet wird. Mit dieser Session möchten wir eine aktive Diskussion zu verschiedenen Themen rund um Gesundheitskommunikation anregen. Die Debatte wird sich die folgenden Fragen stellen:

- Was wissen wir über das Verhalten von Individuen und was hat es mit der öffentlichen Gesundheit zu tun?
- Wie können wir einen optimalen Wissensfluss bzgl. Gesundheit sichern? Welche Kampagnen waren erfolgreich und warum?
- Welche Kommunikationskanäle sind die effektivsten und für welche Schicht der Bevölkerung am geeignetsten?
- Welche Wege bevorzugen junge Politiker, Gesundheitsexperten und Patienten, um Informationen in der modernen Zeit zu erhalten?

15:00–18:00 • Wednesday • 3 October 2012 • Kursaal A

Introduction

P Testori Coggi, Director General, DG SANCO, European Commission

Round table discussion

Are EU citizens health literate and aware of healthy lifestyles? How can we ensure that they are? What campaigns are successful and why? Which partnerships and communication channels offer the best value for money? How does the current economic climate come into play – how can we ensure savings and efficiency?

A Parvanova, Member of the European Parliament, Bulgaria

O Oullier, Adviser, the French Centre d'Analyse Strategique, France

M Dyakova, Representative of Young Forum Gastein Initiative

J Monés Carilla, Director of Medical Services, FC Barcelona, Spain

C Needle, Director, EuroHealthNet

Moderated by D Meth-Cohn, Editorial Director CEMEA, The Economist Group

Rapporteur: D Spanou, Principal Adviser for Communication and Stakeholders, DG SANCO

Assistant rapporteur: D Richie, Representative of the Young Forum Gastein Initiative

15:00–18:00 • Mittwoch • 3. Oktober 2012 • Kursaal A

Einführung

P Testori Coggi, Generaldirektorin, GD Gesundheit und Verbraucherschutz, Europäische Kommission

Podiumsdiskussion

Sind sich EU-Bürger über Gesundheit und eine gesunde Lebensweise bewusst? Wie können wir sicherstellen, dass sie es sind? Was sind erfolgreiche Kampagnen und warum? Welche Partnerschaften und Kommunikationskanäle bieten das beste Preis-Leistungs-Verhältnis? Wie wirkt sich das derzeitige wirtschaftliche Klima aus – wie können wir Einsparungen und Effizienz sicherstellen?

A Parvanova, MEP, Bulgarien

O Oullier, Berater, the French Centre d'Analyse Strategique, Frankreich

M Dyakova, Repräsentantin der Young Forum Gastein Initiative

J Monés Carilla, Direktor des Medizinischen Dienstes, FC Barcelona, Spanien

C Needle, Direktor, EuroHealthNet

Moderator: D Meth-Cohn, Redaktionelle Leiterin CEMEA, The Economist Group

Rapporteur: D Spanou, Beraterin für Kommunikation und Stakeholders, GD Gesundheit und Verbraucherschutz, Europäische Kommission

Assistent Rapporteur: D Richie, Repräsentant der Young Forum Gastein Initiative



Forum 2

Session 1

Global health governance – Europe and the world

This forum will contribute to the global health governance discourse from an international as well as European perspective.

It will put forward the issues that need to be addressed through a common international approach, with the European Union and the WHO Regional Office for Europe as key actors for the European continent.

The forum will achieve this by focusing on some of the multiple and complex issues that affect health and social wellbeing in a globalised context.

In line with ongoing EU policy processes (e.g. Europe 2020, Horizon 2020 and the EU Council Conclusions on Global Health), this session will give impetus to the way forward for global health in the EU.

15:00–18:00 • Wednesday • 3 October 2012 • Congress Centre Room 2

Global health governance in a European context

Chaired by H Brand, President, ASPHER

Co-Chaired by T Krafft, Professor, Maastricht University

The role of the WHO Regional Office for Europe in global health governance
Z Jakob, Regional Director, WHO Regional Office for Europe

The challenges of global health governance
I Kickbusch, Director, Global Health Programme

European global health priorities: climate change and health in the low carbon economy
A Haines, Professor, European Academic Global Health Alliance

Questions and Answers from the audience

Global governance for health in practice: communicable diseases

Chaired by T Krafft, Professor, Maastricht University

Co-Chaired by H Brand, President, ASPHER

Global drivers for infectious diseases and future communicable disease threats
M Sprenger, Director, European Center for Disease Prevention and Control

Surveillance and disease control in China. A shared agenda with Europe?
GH Yang, Former Vice Director, China CDC

Moderated panel debate on: Achieving good governance for global health
All participants from Session 1

Rapporteur: M Told, Executive Director, Global Health Programme, the Graduate Institute of International and Development Studies, Geneva, Switzerland

Assistant rapporteur: L Chi Yan, Representative of the Young Forum Gastein Initiative

Summary and conclusions from the first day

Organised by Maastricht University and Global Health Europe

Demand for health care is expected to increase in the coming decades, due to growing health needs and expectations as well as technological advances.

Spending an increasing share of national revenue on health is efficient as long as value derived from health care consumption is higher than value derived from the consumption of other goods and services.

Countries are faced with a simultaneous need to secure, and in some cases expand, the fiscal base to finance healthcare whilst ensuring that any additional money invested in health care is well spent and does not crowd out other, potentially more valuable, investments of public funds.

This session addresses protecting and expanding the fiscal space for high quality healthcare.

Die Nachfrage nach Gesundheitsleistungen wird aufgrund der wachsenden gesundheitlichen Bedürfnisse und Erwartungen sowie technologischer Fortschritte in den kommenden Jahrzehnten voraussichtlich zunehmen.

Ein durch Staatseinnahmen immer größerer für die Gesundheit aufgewendeter Anteil ist effektiv solange der Wert von Gesundheitstleistungskonsum höher ist als der Wert erhalten aus dem Konsum anderer Güter und Dienstleistungen.

Die Länder sind mit der Notwendigkeit konfrontiert, die finanzielle Basis der Gesundheitsversorgung zu sichern, bei gleichzeitiger Gewährleistung, dass zusätzliche Gelder im Gesundheitswesen gut investiert sind und, dass diese Mittel nicht andere potenziell wertvollere Investitionen verdrängen.

Diese Session befasst sich mit der Sicherung und dem Ausbau des finanziellen Spielraums für hohe Qualität im Gesundheitswesen.

15:00–18:00 • Wednesday • 3 October 2012 • Congress Centre Room 1

The path to sustainable health systems: creating and sustaining the fiscal space

Chaired by H Kluge, Director, Division of Health Systems and Public Health, WHO Regional Office for Europe

Health systems' responses to the economic crisis in Europe

P Mladovsky, Research Fellow, European Observatory on Health Systems

Fiscal sustainability and competing insurance: the Dutch case

P Jeurissen, Special Advisor, Ministry of Health, the Netherlands

New methods of payment to control costs: the Estonian health insurance system

T Habicht, Head of Department of Health Care, Estonian health insurance fund, Estonia

Projecting future health spending in the United Kingdom: Wanless revisited

A Charlesworth, Chief Economist, the Nuffield Trust, UK

Future fiscal sustainability of health systems: the roles of Ministries of Finance

M Borowitz, Senior Policy Analyst, Health Division, OECD

Rapporteur: I Forde, Policy Analyst, Health Division, OECD

Assistant rapporteur: C Hosbond, Representative of the Young Forum Gastein Initiative

15:00–18:00 • Mittwoch • 3. Oktober 2012 • Kongresszentrum Rm 1

Der Weg zu nachhaltigen Gesundheitssystemen: Schaffung und Erhaltung des finanziellen Spielraums

Chair: H Kluge, Direktor, Abteilung für Gesundheitssysteme und Public Health, WHO Regionalbüro für Europa

Die Reaktionen der Gesundheitssysteme auf die Wirtschaftskrise in Europa

P Mladovsky, Research Fellow, European Observatory on Health Systems

Finanzielle Nachhaltigkeit und konkurrierende Versicherungen: der niederländische Fall

P Jeurissen, Special Advisor, Ministerium für Gesundheit, die Niederlande

Neue Zahlungsmethoden um Kosten zu kontrollieren: das estnische

Krankenversicherungssystem

T Habicht, Abteilungsleiterin, Abteilung für Gesundheitsversorgung, Estonian health insurance fund, Estland

Vorhersage künftiger Gesundheitsausgaben in Großbritannien: Wanless revisited

A Charlesworth, Chief Economist, the Nuffield Trust

Zukünftige finanzielle Nachhaltigkeit der Gesundheitssysteme: die Rolle der Ministerien für Finanzen

M Borowitz, Senior Policy Analyst, Abteilung für Gesundheit, OECD

Rapporteur: I Forde, Policy Analyst, Gesundheitsabteilung, OECD

Assistent Rapporteur: C Hosbond, Repräsentantin der Young Forum Gastein Initiative

At MSD, we work hard to keep the world well. How? By providing people all around the globe with innovative prescription medicines, vaccines, and consumer care and animal health products. We also provide leading healthcare solutions that make a difference. And we do it by listening to patients, physicians and our other partners — and anticipating their needs.

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The recent merger between MSD and Schering-Plough expands and strengthens our capabilities to help make the world a healthier place. Our goals are clear and our commitment is fierce. We are dedicated to solving problems and pursuing new answers.





WORKSHOP 4

Be aware of your kidneys!

18:30 – 20:00
Wednesday
3 October 2012

Congress Centre
Room 2

Kidney transplantation: ambivalent aspects of kidney replacement therapy

In general, there is low awareness of kidney diseases among the public. In contrast to other chronic diseases such as diabetes and coronary heart diseases, you find in the public media few discussions on topics associated with kidney health, how to early diagnose, treat or prevent kidney disease. Medical or socioeconomic causes and consequences of kidney diseases are until today of minor interest to people in the political health care system as well as in parts among the healthcare professionals.

Aim of the workshop:

- Discuss the options for renal replacement therapy including kidney transplantation
- Medical aspects (possible options from the doctor's view)
- Patient aspects (personal choice, access)
- Legal and ethical considerations
- Personal experience of affiliated persons

Speakers

A Rosenkranz, Head of the Clinical Division of Nephrology, University Clinic, Graz, Austria

R Oberbauer, Director, Elisabethinen Hospital in Linz, Austria

M Kletecka-Pulker, Senior Scientist, Department for Ethics and Law in Medicine, Medical University of Vienna, Austria

Chaired and moderated by E Pohanka, Head of II. Medical Department, AKH Linz, Austria



Organised and
sponsored by Abbott

WORKSHOP 5

Disease prevention

18:30 – 20:00
Wednesday
3 October 2012

Congress Centre
Room 1

Disease Prevention A to V – putting a value on Life Span Immunisation

Outside of the paediatric setting, vaccination is still on the sidelines of health agendas, despite the on-going focus on disease prevention. However, with cost and value objectives increasingly driving health policy across Member States, the potential value of life span immunisation needs to be assessed.

- What are the benefits to the individual, in terms of time and cost of recovery gained?
- How does this translate to healthcare systems and Europe as a whole?
- And moving one step further, what would be required to set up a life course vaccination schedule in countries across Europe?

This workshop will aim to address these questions and map out a recommendation for future action in Europe.

Speakers

K Kadenbach, MEP, Austria

A Fidler, Lead Advisor of Health Policy & Strategy, World Bank



D Taylor, Professor of Pharmaceutical and Public Health Policy, University College London School of Pharmacy

S McMahon, International Alliance of Patients' Organizations, IAPO Representative



Hosted by Pfizer

THURSDAY 4TH OCTOBER 2012

07:30–09:00	Breakfast Session	Frühstücks-Session
Kursaal B	B1 Waking up to real solutions	B1 Waking up to real solutions
09:00–12:00	Parallel Forums (continued)	Parallelforen (Fortsetzung)
Kursaal A	F1 Communicating health	F1 Gesundheitskommunikation 
Congress Centre Room 2	F2 Global health governance – Europe and the world	F2 Global health governance – Europe and the world
Congress Centre Room 1	F3 Health systems sustainability	F3 Nachhaltige Gesundheitssysteme 
12:30–14:00	Lunch Workshops	Lunch Workshops
Congress Centre Room 2	L1 Governance	L1 Governance
Hotel Norica	L2 Vaccination & social media	L2 Vaccination & social media
Congress Centre Room 1	L3 Innovation and sustainability	L3 Innovation and sustainability
Grand Park Hotel	L4 Dialogue, transparency, trust	L4 Dialogue, transparency, trust
Kursaal Foyer/Tent	L5 Lunch break	L5 Lunch break
14:30–17:30	Parallel Forums	Parallelforen
Kursaal A	F4 The public health challenges of 2050	F4 Die Herausforderungen des öffentlichen Gesundheitswesens in 2050 
Congress Centre Room 2	F5 A global personalised medicine – can Europe lead the way?	F5 A global personalised medicine – can Europe lead the way?
Congress Centre Room 1	F6 Non-Communicable Diseases: Prevention policy and health system response	F6 Nichtübertragbare Krankheiten: Präventionsstrategien und Reaktionen der Gesundheitssysteme 
17:45–20:00	Workshops	Workshops
Kursaal A	W7 Active and Healthy Ageing	W7 Active and Healthy Ageing
18:00–19:30	Workshops	Workshops
Congress Centre Room 2	W6 Vaccines	W6 Vaccines
Congress Centre Room 1	W8 New science & future healthcare	W8 New science & future healthcare
20:15	Gala Evening	Gala Abend
Palace Hotel Festival Hall		

Breakfast Session

WORKSHOP B1

Waking up to real solutions

07:30–09:00
Thursday
4 October 2012

Kursaal B

Waking up to real solutions to chronic disease – how tackling obesity can reduce the burden of chronic disease and deliver substantial cost savings to struggling European healthcare systems

Over half of adults living in the EU are overweight or obese, rates more than doubling over the past twenty years. Overweight and obesity is an independent key risk factor for chronic disease, accounting for 44% of the global burden of type 2 diabetes mellitus, 23% of ischemic heart disease and 7–41% of certain cancers; placing substantial burdens on healthcare resources.

This breakfast session aims to take stock of the major threat posed by the chronic disease epidemic across Europe and examine the evidence of how tackling obesity through behavioural modification represents a tangible preventative solution.

The session will also explore the published outcomes achieved by innovative new partnerships between struggling healthcare systems and industry; introducing the model as a valid part of a portfolio of obesity solutions that are so desperately needed, setting this in the context of policy development to deliver effective, scalable and affordable chronic disease prevention.

Speakers

G Merron, former Minister of State for Public Health, UK

K Miller-Kovach, Chief Scientific Officer, Weight Watchers International, Inc.

WeightWatchers

Organised by Weight
Watchers
International, Inc.



Mark your Calendar!

16th European Health Forum Gastein

2nd – 5th October 2013
Gastein Valley, Salzburg, Austria

Further information available from:
International Forum Gastein
Tauernplatz 1, 5630 Bad Hofgastein, Austria

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www.ehfg.org

This forum looks at the challenge of communicating health both to citizens and policy makers. At a time of financial austerity, it is vital that money spent on communication is used to best effect. We intend to foster a lively discussion on diverse topics around communicating health.

- Where do young policy makers, health professionals and patients prefer to receive information in modern times?
- How do we reach politicians and create mobility for the health agenda? How can we use health data to guide them in making the right decisions?
- How can we best use ICT as a tool for communicating health?
- How can we empower patients through communication and make them a driving force to improve healthcare?
- How should personal health data be managed? Who should own this data?

Diese Session wird die Herausforderung von Gesundheitskommunikation sowohl für die Bürger als auch für die politischen Entscheidungsträger betrachten. In Zeiten knapper Mittel ist es wichtig, dass für Kommunikation ausgegebenes Geld für die besten Ergebnisse verwendet wird. Mit dieser Session möchten wir eine aktive Diskussion zu verschiedenen Themen rund um Gesundheitskommunikation anregen. Während der Debatte werden folgende Fragen gestellt:

- Was wissen wir über das Verhalten von Individuen und was hat es mit der öffentlichen Gesundheit zu tun?
- Wie können wir einen optimalen Wissensfluss bzgl. Gesundheit sichern? Welche Kampagnen waren erfolgreich und warum?
- Welche Kommunikationskanäle sind die effektivsten und für welche Schicht der Bevölkerung am geeignetsten?
- Welche Wege bevorzugen junge Politiker, Gesundheitsexperten und Patienten, um Informationen in der modernen Zeit zu erhalten?

9:00–12:00 • Thursday • 4 October 2012 • Kursaal A

Introduction

R Madelin, Director General, DG CONNECT, European Commission

Round table discussion

How can we best use ICT as a tool for communicating health? How can we empower patients through communication and make them a driving force to improve healthcare? How should personal health data be managed?

A Wyke, Founder and Managing Director, PatientView

N Forgó, Professor, Leibniz University, Hannover, Germany

U Schulze-Althoff, Representative of the winner of the SME Award 'Medisana Space'

M Kosinska, Secretary General, European Health Public Alliance

D Garcia Trigo, Indra, Spain

Rapporteur: E Maarserveen, Representative of Young Forum Gastein Initiative

Assistant rapporteur: D Richie, Representative of the Young Forum Gastein Initiative

9:00–12:00 • Donnerstag • 4. Oktober 2012 • Kursaal A

Einführung

R Madelin, Generaldirektor, GD CONNECT, Europäische Kommission

Podiumsdiskussion

Wie können wir ICT als Instrument zur Kommunikation von Gesundheit bestmöglich nutzen? Wie können wir die Handlungskompetenz der Patienten durch Kommunikation fördern und sie zu führenden Akteuren in der Gesundheitsversorgung machen? Wie sollen persönliche Gesundheitsdaten verwaltet werden?

A Wyke, Gründerin und Geschäftsführerin, PatientView

N Forgó, Professor, Leibniz University, Hannover, Deutschland

U Schulze-Althoff, Repräsentant des Gewinners des SME Award 'Medisana Space'

M Kosinska, Generalsekretärin, European Health Public Alliance

D Garcia Trigo, Indra, Spanien

Rapporteur: E Maarserveen, Repräsentant der Young Forum Gastein Initiative

Assistent Rapporteur: D Richie, Repräsentant der Young Forum Gastein Initiative



This forum will contribute to the global health governance discourse from an international as well as European perspective.

It will put forward the issues that need to be addressed through a common international approach, with the European Union and the WHO Regional Office for Europe as key actors for the European continent.

The forum will achieve this by focusing on some of the multiple and complex issues that affect health and social wellbeing in a globalised context.

In line with ongoing EU policy processes (e.g. Europe 2020, Horizon 2020 and the EU Council Conclusions on Global Health), this session will give impetus to the way forward for global health in the EU.

9:00–12:00 • Thursday • 4 October 2012 • Congress Centre Room 2

Europe as a global health actor

Chaired by I Kickbusch, Director, Global Health Europe
Co-Chaired by H Brand, President, ASPHER

The EU's foreign policy and health
D Guyader, Head of Division for Global Issues, European External Action Service

India and the EU: a shared agenda for health?
K Srinath Reddy, President, Public Health Foundation of India, India

Panel discussion:
Towards a common approach to global health including EU, WHO and the Member States
B Menne, Programme Manager Climate Change, Green Health Services and Sustainable Development, WHO
N Tomlinson, Head of EU and Global Affairs, Department of Health, UK

Outlook – the future of global health in Europe

Chaired by I Kickbusch, Director, Global Health Europe
Co-Chaired by Thomas Krafft, Professor, Maastricht University

Coordination of EU activities towards global health governance
JF Ryan, Public Health Directorate, DG SANCO, European Commission

The academic contribution to global health in the EU
H Brand, President, ASPHER

Global health and social sciences: changing the tenor
AS Yoosuf, Assistant Regional Director, WHO-SEARO

Questions & Answers from the audience

Rapporteur: M Told, Executive Director, Global Health Programme, the Graduate Institute of International and Development Studies, Geneva, Switzerland
Assistant rapporteur: L Chi Yan, Representative of the Young Forum Gastein Initiative

Summary of the day and closing remarks

Demand for health care is expected to increase in the coming decades, due to growing health needs and expectations as well as technological advances.

Spending an increasing share of national revenue on health is efficient as long as value derived from health care consumption is higher than value derived from the consumption of other goods and services.

Countries are faced with a simultaneous need to secure, and in some cases expand, the fiscal base to finance healthcare whilst ensuring that any additional money invested in health care is well spent and does not crowd out other, potentially more valuable, investments of public funds.

This session looks at ensuring quality and value for money in the context of an increasing burden of chronic disease and multiple comorbidity in European populations.

Die Nachfrage nach Gesundheitsleistungen wird aufgrund der wachsenden gesundheitlichen Bedürfnisse und Erwartungen sowie technologischer Fortschritte in den kommenden Jahrzehnten voraussichtlich zunehmen.

Ein durch Staatseinnahmen immer größerer für die Gesundheit aufgewendeter Anteil ist effektiv solange der Wert von Gesundheitsleistungskonsum höher ist als der Wert erhalten aus dem Konsum anderer Güter und Dienstleistungen.

Die Länder sind mit der Notwendigkeit konfrontiert, die finanzielle Basis der Gesundheitsversorgung zu sichern, bei gleichzeitiger Gewährleistung, dass zusätzliche Gelder im Gesundheitswesen gut investiert sind und, dass diese Mittel nicht andere potenziell wertvollere Investitionen verdrängen.

Diese Session befasst sich mit der Gewährleistung vom Preis-Leistungs-Verhältnis im Kontext einer zunehmenden Belastung durch chronische Krankheiten und mehrerer Komorbiditäten in der europäischen Bevölkerung.

9:00–12:00 • Thursday • 4 October 2012 • Congress Centre Room 1

The path to sustainable health systems: supporting patients with multiple, chronic morbidities

Chaired by A Turnbull, President, European Public Health Alliance

Meeting the need of patients with complex chronic conditions: challenges for hospitals to deliver appropriate services

E de Roodenbeke, Director General, International Hospital Federation

Putting the patient at the centre of future healthcare systems

R Johnstone, Board Member, European Patients' Forum

Another pathway towards sustainable health systems: reconfiguration of health professionals to meet the challenge of multi-morbidity

T Ploch, Researcher, the Academic Medical Center, University of Amsterdam, The Netherlands

Improved quality, improved safety and containing healthcare costs – too good to be true?

B Lilja, CEO, Danish Society for Patient Safety, Denmark

Rapporteur: I Forde, Policy Analyst, Health Division, OECD

Assistant rapporteur: C Hosbond, Representative of the Young Forum Gastein Initiative

9:00–12:00 • Donnerstag • 4. Oktober 2012 • Kongresszentrum Rm 1

Der Weg zu nachhaltigen Gesundheitssystemen: Unterstützung von Patienten mit multiplen chronischen Begleiterkrankungen

Chair: A Turnbull, Präsident, European Public Health Alliance

Dem Bedürfnis der Patienten mit komplexen chronischen Erkrankungen nachkommen: Herausforderungen der Krankenhäuser geeignete Dienstleistungen zu erbringen

E de Roodenbeke, Generaldirektor, International Hospital Federation

Den Patienten in den Mittelpunkt zukünftiger Gesundheitssysteme stellen

R Johnstone, Vorstandsmitglied, European Patients' Forum

Ein weiterer Weg zu nachhaltigen Gesundheitssystemen: Umschulung der Gesundheitsexperten, um den Herausforderungen der Multimorbidität gerecht zu werden

T Ploch, Wissenschaftler, the Academic Medical Center, University of Amsterdam, Die Niederlande

Verbesserte Qualität, Sicherheit und Kosteneindämmung im Gesundheitswesen – zu schön, um wahr zu sein?

B Lilja, CEO, Danish Society for Patient Safety, Dänemark

Rapporteur: I Forde, Policy Analyst, Gesundheitsabteilung, OECD

Assistent Rapporteur: C Hosbond, Repräsentantin der Young Forum Gastein Initiative

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Lunch Workshops

LUNCH WORKSHOP 1

Governance

12:30 – 14:00
Thursday
4 October 2012

Congress Centre
Room 2



Organised by WHO
Regional Office for
Europe

Does governance contribute to sustainable health system? Quality assurance and efficiency issues

In a context of decentralisation and patients' mobility, increasing demand for health care poses challenges in terms of quality assurance and efficiency, particularly in times of financial crisis. Seeking to ensure sustainability by getting more value for money, countries put in place mechanisms to promote better coordination and collaboration between health services providers while maintaining appropriate patient safety.

For these measures to be successful, they need to rely on system stewards capable of undertaking priority-setting, establishing institutional environments to (re)organize actors, ensuring accountability and assessing performance in their efforts to steer the system towards efficiency improvements.

The workshop will focus on health system governance and show it at play in policy initiatives seeking to introduce integration and coordination of care while ensuring patient safety as a means to improve efficiency. Attendees, supported by discussants, will review experiences in several EU countries and discuss the role of health system stewards and the governance function in making health systems more sustainable while continuing to serve the core values of equity and quality of care in the current policy agenda.

Speakers

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

J Figueras, Director, European Observatory on Health Systems and Policies

J Tello, Programme Manager, Health System Governance, Health Systems and Public Health Division, WHO Regional Office for Europe

A Gonzalez, Senior Advisor, Health System Governance, Health Systems and Public Health Division, WHO Regional Office for Europe

L Banfi, Programme Manager, European Union Agency for Fundamental Rights

LUNCH WORKSHOP 2

Vaccination & social media

12:30 – 14:00
Thursday
4 October 2012

Hotel Norica



Sponsored and organised by the European Centre for Disease Prevention and Control

Can social media really improve vaccination uptake?

Social media has great potential to change public perception of vaccination and its role needs to be further explored, with the aim of improving vaccination uptake in the population. How can social media raise parents' awareness of how best to protect their children? How can institutions like ECDC and the European Commission provide and communicate their expertise for the benefit of European citizens when it comes to the facts surrounding vaccination?

The objectives of the workshop are to:

- explore the untapped potential of social media in raising awareness of the importance of childhood vaccination;
- discuss a common approach of how to advocate childhood vaccination through the engagement of health care professionals via social media;
- explore what the main obstacles are, and possible solutions, to improve support to the measles and rubella elimination effort using social media channels;
- debate the web discussions on vaccination uptake.

Speakers

JF Ryan, Public Health Directorate, DG SANCO, European Commission

R Butler, Behaviour Change and Advocacy Adviser, WHO Regional Office for Europe

J McConnell, Editor, the Lancet Infectious Diseases

Speakers will also include representatives actively using social media

Chaired by M Sprenger, Director, European Centre for Disease Prevention and Control

Lunch Workshops

LUNCH WORKSHOP 3 Innovation and sustainability

12:30 – 14:00
Thursday
4 October 2012

Congress Centre
Room 1

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Reconciling innovation and sustainable healthcare systems – what next for Europe?

Are innovation and sustainability incompatible?

Which countries in Europe are falling behind in access to pharmaceutical innovation?

How can health care systems ensure access to innovation and remain financially sustainable?

What are the future pricing mechanisms that can enable improved access to innovation?

Join our lunch time session to discuss current research on pharmaceutical access, the health systems funding gap and future policy options to achieve solidarity and sustainability in the European Union.

Expect a lively debate between payers, academics and patients organisations on policy recommendations to increase access to innovation.

The session will be hosted by P Kanavos, Department of Social Policy, London School of Economics

Speakers will include representatives of academic institutions, EU member state payers and patients.

LUNCH WORKSHOP 4 Dialogue, transparency, trust

12:30 – 14:00
Thursday
4 October 2012

Grand Park Hotel

 efpia
European Federation of Pharmaceutical
Industries and Associations

Sponsored by the
European Federation
of Pharmaceutical
Industries and
Associations

Dialogue, transparency, trust: what part do they play in aligning the pharmaceutical industry with social needs?

In the current context of financial crisis and constrained healthcare budgets, is Corporate Social Responsibility an opportunity or an additional cost? How do pharmaceutical companies organise their corporate models in order to adapt to today's societal challenges and expectations while maintaining competitiveness and ability to innovate? How can responsible business behaviours foster collaborative research? How can stakeholders benefit from greater industry transparency and collaboration? What role for patient groups and healthcare professionals?

With an increased demand for greater transparency as a means to strengthen trust among the different health stakeholders and parties, the workshop will aim to assess how dialogue can be improved with initiatives organised by and with the industry, patient groups and healthcare professionals.

Speakers

T Heynisch, DG ENTR, European Commission

MG Baker, President, European Brain Council

R Bergström, Director General, EFPIA

E Borman, Secretary General, European Union of Medical Specialists (UEMS)

Moderated by J Bowis, President, Health First Europe

LUNCH WORKSHOP 5 Lunch break

12:30 – 14:00
Thursday
4 October 2012

Kursaal Foyer/Tent

No presentations will be held in this session. This lunch break is designed as an informal gathering to encourage networking among delegates. Use this valuable opportunity to make connections, seek out others with similar interests and develop personal and professional relationships.

Hier finden keine Präsentationen statt. Die Lunch Pause ist als informelles Mittagessen geplant, welches Networking zwischen Teilnehmern fördern soll. Nutzen Sie diese Gelegenheit, andere Teilnehmer mit ähnlichen Interessen kennenzulernen, sowie persönliche und berufliche Kontakte herzustellen.

Identifying tomorrow's European public health challenges and the concomitant opportunities to improve health entails investing in the right public health research now in order to be prepared for the future:

- What will be the main health challenges in 2050?
- Which external factors will influence these developments?
- Which scientific and technological developments will shape the future?
- How to get prepared to address these problems?
- What is the role of public health research?
- How to structure and prioritise public health research in Europe to face up to these challenges?

Chaired by TIA Sørensen, Professor of Metabolic Epidemiology, University of Copenhagen, Denmark

Rapporteur: N Rosenkötter
Assistant rapporteur: A Szalay,
Representative of the Young Forum
Gastein Initiative

Die Identifikation von Herausforderungen und Chancen im öffentlichen Gesundheitswesen ermöglicht es heute in die richtige Public Health-Forschung in Europa zu investieren, um für die Zukunft vorbereitet zu sein:

- Was werden die wichtigsten Herausforderungen des öffentlichen Gesundheitswesens in 2050 sein?
- Welche externen Faktoren beeinflussen diese Entwicklungen, z.B. Umwelt- und demografische Veränderungen, Lebensstil?
- Welche wissenschaftlichen und technologischen Entwicklungen werden die Zukunft gestalten?
- Wie bereiten wir uns auf diese Probleme vor?
- Welche Rolle spielt Public Health Forschung?
- Wie muss Public Health Forschung in Europa zur Bewältigung dieser Herausforderungen in Zeiten von Sparmaßnahmen für Forschung und Innovation strukturiert und priorisiert werden?

14:30–17:30 • Thursday • 4 October 2012 • Kursaal A

Health challenges in Europe 2050

This session will discuss what European society will look like in 2050: which external factors will influence our health challenges in Europe, e.g. demographic changes, global environmental change and lifestyle? Each presentation will be followed by questions from the panel and the audience.

Introduction

L Matthiessen, Head of Unit Infectious Diseases & Public Health, DG RTD, European Commission

What will our society look like in 2050?

S J Olshansky, Professor, School of Public Health, University of Illinois at Chicago, USA

Impacts of global environmental change on health

A Haines, Professor, London School of Hygiene and Tropical Medicine, UK

Lifestyle, population and individual actions to promote health

S Sans, Director, Institute for Health Studies of Barcelona, Institut d'Estudis de la Salut, Spain

What will we be able to afford by 2050?

M Borowitz, Senior Policy Analyst, Health Division, OECD

The chair and the panel will comment and summarise the discussion of Session 1

P Lange, former Director General, Life Sciences Research for Health, Berlin, Germany

K Lamiraud, Associate Professor, Department of Economics, ESSEC Business School, France

M Wysocki, Director, National Institute of Public Health, Poland

M Kosinska, Secretary General, European Public Health Alliance

A Olauson, Chairman, AGRENSKA, Sweden

SG Scintee, Deputy General Director, National School of Public Health Management and Professional Development, Romania

14:30–17:30 • Donnerstag • 4. Oktober 2012 • Kursaal A

Herausforderungen für Gesundheit in Europa in 2050

Welche externen Faktoren werden die Herausforderungen im Gesundheitswesen in Europa beeinflussen, z.B. demografischer Wandel, globale Umweltveränderungen, Lebensstil? Auf jede Präsentation folgen Fragen vom Panel und dem Publikum.

Thematische Einführung

L Matthiessen, Abteilungsleiterin für infektiöse Krankheiten und Public Health, GD RTD, Europäische Kommission

Wie wird unsere Gesellschaft in 2050 aussehen?

S J Olshansky, Professor, School of Public Health, University of Illinois at Chicago, USA

Auswirkungen der globalen Umweltveränderungen auf die Gesundheit

A Haines, Professor, London School of Hygiene and Tropical Medicine, UK

Lebensstil, Bevölkerung und einzelne Aktionen zur Gesundheitsförderung

S Sans, Direktorin, Institut für Gesundheitsstudien, Institut d'Estudis de la Salut, Spanien

Was werden wir uns bis 2050 leisten können?

M Borowitz, Senior Policy Analyst, Abteilung für Gesundheit, OECD

Zusammenfassung der 1. Sitzung und Diskussion

P Lange, ehem. Generaldirektor, Life Sciences Research for Health, Berlin, Deutschland

K Lamiraud, Associate Professor, Department of Economics, ESSEC Business School, Frankreich

M Wysocki, Direktor, National Institute of Public Health, Polen

M Kosinska, Generalsekretärin, European Public Health Alliance

A Olauson, Vorsitzender, AGRENSKA, Schweden

SG Scintee, Stellvertretende Generaldirektorin, National School of Public Health Management and Professional Development, Rumänien

Personalised medicine and healthcare call for appropriate governance strategies at the European and global level as they challenge the way in which healthcare systems worldwide are set up. Policy-makers and many other stakeholders have to interact and discuss medium- to long-term views and provide timely policy advice that will help prepare Europe for the likely changes in how society deals with well-being, health, healthy ageing, healthy diet, and disease. Such a European agenda may lead the way for a global personalised medicine.

- Personalised medicine – organisational changes, regulatory issues and bottlenecks
- Public Private Partnerships – who are the drivers, what are the incentives?
- Equitable access to personalised medicine – how can we assure added value for citizens and health systems?
- European policy making – leading the global way in times of financial crisis?

14:30–17:30 • Thursday • 4 October 2012 • Congress Centre Room 2

A global personalised medicine

Chaired by E Anklam, Director, Institute for Health and Consumer Protection (IHCP), Joint Research Centre, European Commission
Co-Chaired by A Henney, Programme Director, German Virtual Liver Network, Germany

A Forward Look at personalised medicine

S Berghmans, Director, Centre d'Innovation Médicale, Belgium, and former Head, Biomedical Sciences Unit, European Science Foundation

Addressing global health challenges through research collaboration: the examples of ITFoM and BBMRI

K Zatloukal, Professor, Medical University Graz, Austria

The importance of molecular testing to ensure personalised medicine uptake – the role of Public Private Partnership

A Penk, Regional President Oncology Europe, Pfizer

Is there a global approach to personalised medicine?

R Wells, former Head Biotechnology Unit, Directorate for Science, Technology and Industry, OECD

How can new systems biology make effective impact on global health concerns?

W Christie, Chairman, World Health Connections, Norway

Improving patient care by enabling access to personalised medicine in Europe

J Bowis, Co-Chair, European Alliance for Personalised Medicine

A new community-based vision of open access innovation in personalised medicine

S Friend, President, Sage Bionetworks, USA

Rapporteur: A Skat Nielsen, Representative of the Young Forum Gastein Initiative

Panel discussion

All speakers

A Brand, Professor, Institute for Public Health Genomics (IPHG), Maastricht University

R Sudbrak, Scientific Coordination and Management, Max Planck Institute for Molecular Genetics

Organised by European Science Foundation (ESF), the FET Flagship pilot project IT Future of Medicine (ITFoM) and Max Planck Institute for Molecular Genetics in cooperation with the Institute for Public Health Genomics (IPHG) at Maastricht University

Sponsored by AMGEN and Pfizer

Following the 2011 UN High Level Meeting, non-communicable diseases (NCDs) remain high on the policy agenda of countries in Europe and beyond.

This session goes to the core of contemporary debates on the prevention of non-communicable disease.

Should the state seek to change people's behaviours, given that it must pick up the pieces when they fall ill? Or should it allow them to be 'free to be foolish'?

Is 'nudging' people better than coercing them or leaving them alone?

How should the public health community engage with those who produce the substances that drive the epidemic of non-communicable diseases?

Is nudging the producers more efficient and acceptable than regulating them?

Im Anschluss an das 2011 UN-Gipfeltreffen bleiben nichtübertragbare Krankheiten (NCDs) hoch auf der politischen Agenda der Länder in Europa und darüber hinaus.

In dieser Session wird man sich dem Kern der aktuellen NCD-Präventions Debatte widmen.

Soll der Staat versuchen das Verhalten der Menschen zu ändern, unter der Annahme, dass er die Scherben auf sammeln müsste, wenn sie krank werden? Oder soll er ihnen erlauben, „Fehler“ zu begehen?

Ist ein leichter „Stoß in die richtige Richtung“ besser, als sie zu zwingen oder sie gar in Ruhe zu lassen?

Wie soll die Public Health Gemeinschaft mit denen umgehen, die zu der Epidemie der nichtübertragbaren Krankheiten beitragen?

Ist es effizienter und akzeptabler die Verursacher in eine Richtung zu lenken, als sie zu regulieren?

14:30–17:30 • Thursday • 4 October 2012 • Congress Centre Room 1

NCD policy: what works? From nudge to regulation

Chaired by M McKee, Professor of European Public Health, London School of Hygiene and Tropical Medicine, UK

The economics of NCD prevention

D Stuckler, Lecturer in Sociology, Cambridge University, UK

The challenges of advocating for effective NCD policy

J Watt, Director, NCD Alliance

Whole society development: strategy or fantasy?

ST Chiou, Director General, Bureau of Health Promotion, Department of Health, Taiwan

The role of industry in combating NCDs

C Leonard, Director of Scientific Affairs, Regulatory Affairs & Nutrition, Kraft Foods Europe

Influence of industry on public health

A Gilmore, Professor of Public Health and Director of Tobacco Control Research Group, University of Bath, UK

A nudge in the wrong direction: the limitations of the UK government's approach to public health

C Bonell, Professor of Sociology and Social Intervention, Oxford University, UK

Interactive discussion

A Turnbull, President, European Public Health Alliance

All speakers

Rapporteur: L Boyle, International Forum Gastein

Assistant Rapporteur: S Kumpunen, Representative of the Young Forum Gastein Initiative

14:30–17:30 • Donnerstag • 4. Oktober 2012 • Kongresszentrum Rm 1

NCD-Politik: Was funktioniert? Vom Anstoß zur Verordnung

Chair: M McKee, Professor für European Public Health, London School of Hygiene and Tropical Medicine, UK

Die Wirtschaftlichkeit von NCD-Prävention

D Stuckler, Dozent für Soziologie, Cambridge University, UK

Herausforderungen sich für eine effektive NCD Politik einzusetzen

J Watt, Direktorin, NCD Alliance

Ganzheitliche Gesellschaftsentwicklung: Strategie oder Fantasie?

ST Chiou, Generaldirektorin, Büro für Gesundheitsförderung, Ministerium für Gesundheit, Taiwan

Die Rolle der Industrie in der Bekämpfung von NCDs

C Leonard, Director of Scientific Affairs, Regulatory Affairs & Nutrition, Kraft Foods Europe

Einfluss der Industrie auf die öffentliche Gesundheit

A Gilmore, Professor für Public Health und Direktor der Forschungsgruppe für Tabakkontrolle, University of Bath, UK

Ein Schubs in die falsche Richtung: die Grenzen der britischen Regierung im öffentlichen Gesundheitswesen

C Bonell, Professor für Soziologie und soziale Intervention, Oxford University, UK

Interaktive Diskussion

A Turnbull, Präsident, European Public Health Alliance

Alle Sprecher

Rapporteur: L Boyle, International Forum Gastein

Assistent Rapporteur: S Kumpunen, Repräsentantin der Young Forum Gastein Initiative

Workshops

WORKSHOP 6

Vaccines

18:00 – 19:30
Thursday
4 October 2012

Congress Centre
Room 2

Innovative approaches in improving trust and uptake in vaccination

Vaccination stands second only to clean, safe water as the greatest public health intervention. It has prevented countless serious illnesses and premature deaths. Yet despite this, people are becoming increasingly hesitant to embrace vaccination; campaigns are increasingly becoming less effective, with the result that coverage rates dropping below public health objectives.

Given the pivotal role that vaccines have played in the past, why have younger clinicians, patients and parents changed their attitude? Why does the coming generation fail to recognise the importance of vaccination?

Therefore we need to ask whether we are using the proper tools, the correct messages and the appropriate channels to engage effectively with these audiences.

Using HPV vaccination as the main case study, we will discuss more effective approaches that address the patient perspective.

Speakers

B Samolinski, National Consultant in Public Health, Poland

G Lee Mortensen, Medical anthropologist & Research Consultant

H Sundseth, European Institute of Women's Health

S Suggs, Head, BeCHANGE Research Group, University of Lugano (USI), Switzerland

Moderated by K Kadenbach, Member of the European Parliament, Austria



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2nd – 5th October 2013

Gastein Valley, Salzburg, Austria

WORKSHOP 7

Active and Healthy Ageing

17:45 – 20:00
Thursday
4 October 2012
Kursaal A

Are we being ambitious enough? Deliverables under the EIP on Active and Healthy Ageing

The European Innovation Partnership on Active and Healthy Ageing (EIP on AHA) is now in its implementation phase. Crucial in the implementation of the Strategic Implementation Phase (SIP) is the agreement of Action Plans on a first set of specific actions that are to be launched in 2012.

The objective of this workshop is to use the 2012 Gastein Forum as an opportunity to anticipate the discussions that will occur during the first EIP 'Conference of Partners' in November (milestone for the EIP on AHA to test and discuss) on the Action Plans and to build momentum with a broad range of stakeholders. A number of projects committed to run a number of activities contributing towards the target deliverable of the specific action will be showcased.

Participants will have the opportunity to discuss with members of the Action Groups and help shape the development of the EIP on AHA.

Introductory remarks

J Dalli, European Commissioner for Health and Consumer Policy

Round-table discussion: Implementation of the Action Plans

Moderated by P Timmers, Director, Sustainable and Secure Society, DG CONNECT, European Commission

Action Plan on finding innovative ways to ensure that patients follow their prescriptions and treatments
S Vettorazzi, APSS, Trento, Italy

Action Plan on finding innovative solutions to better manage our own health and prevent falls
T Moreno-Casbas, Nursing and Healthcare Research Unit, Institute of Health Carlos III, Spain

Action Plan on helping to prevent functional decline and frailty
M Vollenbroek-Hutten, Roessingh Research and Development BV, the Netherlands

Action Plan on promoting integrated care models for chronic diseases, including the use of remote monitoring
G Crooks, Director of the Scottish Centre for Telehealth & Telecare, Scotland, UK

Action Plan on deploying ICT solutions to help older people stay independent and more active for longer
A Hull, Director of Stakeholder Engagement, Liverpool Primary Care Trust, UK

Action Plan on promoting innovation for age-friendly and accessible buildings, cities and environments
J Martin, Louth County Council, Ireland

Round-table discussion: What is a candidate Reference Site?

Moderated by M Iglesia Gomez, Head of Unit, Innovation for Health and Consumers, Directorate General for Health and Consumers, European Commission

M Varela Rey, Director of Innovation and Public Health Management, Galician Regional Health Ministry, Spain

A McCormick, Permanent Secretary, Department of Health, Social Services & Public Safety, Northern Ireland

MC Corti, Department of Health of the Veneto Region, Italy

B Frowen, Programme Director, Welsh Local Government Association

P Portheine, Director, Cooperatie Slimmer Leven 2020, the Netherlands

Closing remarks

M Iglesia Gomez, Head of Unit, Directorate General for Health and Consumers, European Commission

P Timmers, Director, DG CONNECT, European Commission



Jointly organised by DG Health & Consumers (SANCO) and DG Communications Networks, Content and Technology (CONNECT), European Commission

Workshops



WORKSHOP 8

New science & future healthcare

18:00 – 19:30
Thursday
4 October 2012

Congress Centre
Room 1

Connecting new science, research and healthcare needs: is the contract between society and pharmaceutical industry up for renewal?

Science is changing! New ways of collaborating in scientific research are revolutionising results and outcomes. New findings are leading to a reclassification of diseases which is consequently changing the way patients are treated and healthcare is delivered.

However, are healthcare systems flexible and versatile enough to adapt to new scientific findings? Is society ready for a new science paradigm? Is the contract between society and pharmaceutical industry up for renewal?

This session will seek stakeholders' views on:

- how to translate research and science into concrete benefits for patients
- how the industry and society can develop common agendas towards a new model that links knowledge to adequate patient access
- how will pressured healthcare systems respond to new evidence and treatments

Speakers

C Longson, Director, Centre for Health Technology Evaluation, NICE, UK

M Goldman, Executive Director, Innovative Medicines Initiative

S Marschang, Policy Coordinator for Health Systems, European Public Health Alliance

J Attridge, Research Fellow, Imperial College, UK

Moderated by T Jones, Director, Allergan INC



Sponsored by EFPIA in collaboration with Innovative Medicines Initiative (IMI)

Mark your Calendar!

16th European Health Forum Gastein

2nd – 5th October 2013

Gastein Valley, Salzburg, Austria




Further information
available from:

International Forum
Gastein
Tauernplatz 1, 5630
Bad Hofgastein
Austria

+43(0)6432 3393 270
info@ehfg.org
www.ehfg.org



FRIDAY 5TH OCTOBER 2012

07:30–09:00	Breakfast Session	Frühstücks-Session
Kursaal B	B2 Health literacy	B2 Health literacy
09:00–12:00	Parallel Forums (continued)	Parallelforen (Fortsetzung)
Kursaal A	F4 The public health challenges of 2050	F4 Die Herausforderungen des öffentlichen Gesundheitswesens in 2050 
Congress Centre Room 2	F5 A global personalised medicine – can Europe lead the way?	F5 A global personalised medicine – can Europe lead the way?
Congress Centre Room 1	F6 Non-Communicable Diseases: Prevention policy and health system response	F6 Nichtübertragbare Krankheiten: Präventionsstrategien und Reaktionen der Gesundheitssysteme 
12:00–13:00 Kursaal Foyer/Tent	Reception	Empfang
13:00–15:30	Plenary	Plenum
Kursaal A	Closing Plenary: Health in an age of austerity	Abschlussplenum 
16:00–19:00	Workshops	Workshops
Congress Centre Room 2	W9 Health and wealth	W9 Health and wealth
Congress Centre Room 1	W10 Healthcare financing	W10 Healthcare financing
20:00	Conclusion Evening	Abschlussabend
Europäischer Hof	19:30: Departure of shuttle buses from in front of the congress centre in Bad Hofgastein or your hotel in Bad Gastein	Abfahrt der Shuttlebusse um 19:30 vor dem Kongresszentrum oder Ihrem Hotel in Bad Gastein

Breakfast session

WORKSHOP B2

Health literacy

07:30–09:00
Friday
5 October 2012
Kursaal B

Health literacy – the cornerstone in future health

In times of demographic change, with the rise of chronic disease and increasing competition from other markets, health has become a key asset for Europe in meeting its objectives for the 2020 strategy. In addition, new health technologies such as personalised medicines, eHealth and the increasing knowledge in the area of healthy lifestyles are promising developments that contribute reaching the ambitious 2020 goals.

But are Europe's citizens ready? The results of the first European Health Literacy Survey, led by the University of Maastricht and supported by the European Commission, unveiled inconvenient facts: Europe moves at different speeds. Health literacy levels vary considerably between different Member States. The most deprived are the ones with most health problems. In addition, bad health often correlates with limited health literacy.

What shall we do? Health literacy seems to be a key concept and a critical element for fostering healthy choices, supporting healthy lifestyles or – in case of illness – improving health outcomes and healthcare efficiency. Eventually, improving health literacy means empowering citizens to take control over their own lives – the latter being a critical element for better health.

This workshop aims to discuss the need for governments, the private sector and European stakeholders to engage in health literacy as a cornerstone for future health in Europe.

Chaired by H Brand, Professor, Maastricht University

Opening remarks

K Kadenbach, MEP, Austria

Speakers

Representative from DG SANCO, European Commission

J delle Grazie, Head of Unit, Health Promotion Unit, Ministry of Health, Austria

K Sørensen, the European Health Literacy Project (HLS-EU), Maastricht University

Panel discussion

C Neumann, CSR Europe

D Boyd, Director European Government and Public Policy, GE Healthcare

J Pelikan, Ludwig Boltzmann Institute for Health Promotion, Austria

Representative of European Patients' Forum

Representative of Standing Committee of European Doctor's CPME

Representative from DG SANCO, European Commission

Representative of Federal Ministry of Health, Austria

Closing remarks

A Parvanova, MEP, Bulgaria

 Maastricht University

Organised by Maastricht University, sponsored by CSR Europe, GE Healthcare and MSD and supported by European Patient's Forum and the Standing Committee of European Doctors

Forum 4

Session 2

The public health challenges of 2050

Die Herausforderungen des öffentlichen Gesundheitswesens in 2050

This session will first discuss which scientific and technological developments, in the medical field, are likely to shape the way health care is provided. It will then analyse the impact of changes in demand and supply for health services and discuss the implications for public health research in Europe. Each presentation will be followed by questions from the panel and the audience.

Chaired by TIA Sørensen, Professor of Metabolic Epidemiology, University of Copenhagen, Denmark

Rapporteur: N Rosenkötter, Representative of the Young Forum Gastein Initiative

Assistant rapporteur: A Szalay, Representative of the Young Forum Gastein Initiative

Im Anschluss an die vorherige Session wird während dieser zunächst diskutiert, welche wissenschaftlichen und technologischen Entwicklungen im medizinischen Bereich sehr wahrscheinlich die Gesundheitsversorgung gestalten. Anschließend werden die Auswirkungen von Veränderungen in Angebot und Nachfrage nach Gesundheitsleistungen analysiert und die Konsequenzen für Public Health-Forschung diskutiert. Auf jede Präsentation folgen Fragen vom Panel und dem Publikum.

Chair: TIA Sørensen, Professor für metabolische Epidemiologie, University of Copenhagen, Dänemark

Rapporteur: N Rosenkötter, Repräsentantin der Young Forum Gastein Initiative

Assistent Rapporteur: A Szalay, Repräsentantin der Young Forum Gastein Initiative

9:00–12:00 • Friday • 5 October 2012 • Kursaal A

Future developments and their implications for Europe

Short summary of the first day's discussion by the Chair

What can the pharmaceutical industry contribute in 2050?
P Keil, Head Global Public Policy, Novartis, Switzerland

ICT in health care by 2050
D Kalra, Professor, UCL Centre for Health Informatics and Multiprofessional Education, UK

What will our health systems look like in 2050? Some critical challenges and opportunities for public health and health service delivery
H Kluge, Director, Division of Health Systems and Public Health, WHO Regional Office for Europe

What are the implications for public health research in Europe?
Discussion with chair, the panellists, speakers and audience
R Madelin, Director General, DG CONNECT, European Commission
P Lange, former Director General, Life Sciences Research for Health, Berlin, Germany
K Lamiraud, Associate Professor, Departement of Economics, ESSEC Business School, France
M Wysocki, Director, National Institute of Public Health, Poland
M Kosinska, Secretary General, European Public Health Alliance
A Olauson, Chairman, AGRENSKA, Sweden
SG Scintee, Deputy General Director, National School of Public Health Management and Professional Development, Romania

Closing remarks
L Matthiessen, Head of Unit Infectious Diseases & Public Health, DG RTD, European Commission

9:00–12:00 • Freitag • 5. Oktober 2012 • Kursaal A

Entwicklungen in der Zukunft und ihre Auswirkungen für Europa

Kurze Zusammenfassung der Diskussion vom Vortag durch den Chair

Wie wird die pharmazeutische Industrie im Jahr 2050 beitragen?
P Keil, Leiterin Global Public Policy, Novartis, Die Schweiz

ICT in der Gesundheitsversorgung in 2050
D Kalra, Professor, UCL Centre for Health Informatics and Multiprofessional Education, UK

Einige kritische Herausforderungen und Chancen für die öffentliche Gesundheit und für Erbringung von Gesundheitsleistungen
H Kluge, Direktor, Abteilung für Gesundheitssysteme und Public Health, WHO Regionalbüro für Europa

Welche Auswirkungen wird es im Bereich der Public Health-Forschung in Europa geben?
Diskussion mit dem Chair, Panelisten, Sprechern und dem Publikum
R Madelin, Generaldirektor, GD CONNECT, Europäische Kommission
P Lange, ehem. Generaldirektor, Life Sciences Research for Health, Berlin, Deutschland
K Lamiraud, Associate Professor, Departement of Economics, ESSEC Business School, Frankreich
M Wysocki, Direktor, National Institute of Public Health, Polen
M Kosinska, Generalsekretärin, European Public Health Alliance
A Olauson, Vorsitzender, AGRENSKA, Schweden
SG Scintee, Stellvertretende Generaldirektorin, National School of Public Health Management and Professional Development, Rumänien

Abschliessende Worte
L Matthiessen, Abteilungsleiterin für infektiöse Krankheiten und Public Health, GD RTD, Europäische Kommission



Personalised medicine and healthcare call for appropriate governance strategies at the European and global level as they challenge the way in which healthcare systems worldwide are set up. Policy-makers and many other stakeholders have to interact and discuss medium- to long-term views and provide timely policy advice that will help prepare Europe for the likely changes in how society deals with well-being, health, healthy ageing, healthy diet, and disease. Such a European agenda may lead the way for a global personalised medicine.

- Personalised medicine – organisational changes, regulatory issues and bottlenecks
- Public Private Partnerships – who are the drivers, what are the incentives?
- Equitable access to personalised medicine – how can we assure added value for citizens and health systems?
- European policy making – leading the global way in times of financial crisis?

9:00–12:00 • Friday • 5 October 2012 • Congress Centre Room 2

A global personalised medicine

Chaired by E Anklam, Director, Institute for Health and Consumer Protection (IHCP), Joint Research Centre, European Commission

Co-Chaired by A Henney, Programme Director, German Virtual Liver Network, Germany

FET Flagships – a novel approach to tackle big science challenges

W Boch, Head of Unit, DG CONNECT, European Commission

Personalised medicine – panacea or Pandora's Box?

T Lillie, Head Oncology International Therapeutic Area, AMGEN

ICT for personalised healthcare

M Hsu, Director of Bureau of International Cooperation, Department of Health, Taiwan

Personalised medicine – a Canadian funding perspective

N Ferrari, Assistant Director, Institute of Cancer Research, Canadian Institutes of Health Research, Canada

View of personalised medicine from the United States

S Spielberg, Deputy Commissioner, U.S. Food and Drug Administration, USA

View of personalised medicine from the European Medicines Agency

M Papaluca, Section Head of Scientific Support and Projects, European Medicines Agency

Rapporteur: A Skat Nielsen, Representative of the Young Forum Gastein Initiative

Panel discussion

All speakers

S Berghmans, Director, Centre d'Innovation Médicale, Belgium, and former Head, Biomedical Sciences Unit, European Science Foundation

A Brand, Professor, Institute for Public Health Genomics (IPHG), Maastricht University

R Sudbrak, Scientific Coordination and Management, Max Planck Institute for Molecular Genetics

Organised by European Science Foundation (ESF), the FET Flagship pilot project IT Future of Medicine (ITFoM) and Max Planck Institute for Molecular Genetics in cooperation with the Institute for Public Health Genomics (IPHG) at Maastricht University

Sponsored by AMGEN and Pfizer

This session will ask how we put in place the health system responses needed to respond to the rising tide of NCDs.

NCDs pose major challenges to many health systems that are still designed to address acute episodes of care. But change is difficult, in the face of long-established professional roles, inappropriate financial incentives, and difficulties in working across organisational and sectoral interfaces.

This session will present experiences from some of the more innovative models that are being implemented in Europe and beyond today.

In dieser Session wird man sich mit den tatsächlichen und erwünschten Reaktionen der Gesundheitssysteme auf die steigende Flut von NCDs beschäftigen.

NCDs stellen eine große Herausforderung für viele Gesundheitssysteme dar, die nur für den Umgang mit akuten Episoden der Versorgung gestaltet sind.

Angesichts der seit langem etablierten professionellen Rollen, unangemessenen finanziellen Anreizen, und Schwierigkeiten bei der Arbeit mit organisatorischen und sektoralen Schnittstellen, fällt die Veränderung schwer.

In dieser Sitzung werden Erfahrungen aus einigen, meist innovativen Modellen, die in Europa umgesetzt werden, präsentiert.

9:00–12:00 • Friday • 5 October 2012 • Congress Centre Room 1

Health system response to NCDs: innovations and challenges

Chaired by M McKee, Professor of European Public Health, London School of Hygiene and Tropical Medicine, UK

Financial and organisational innovations in Taiwan
WT Chiu, Minister of Health, Taiwan

Dutch bundled payments for integrated chronic care
B Vrijhoef, Professor of Chronic Care, Tilburg University, The Netherlands

The French use of incentives for quality improvement
I Durand-Zaleski, Chief of Public Health, Henri Mondor Hospital, Paris, France

GPs' voluntary quality bonuses in Estonia
T Lai, Senior Health Policy Analyst, Ministry of Social Affairs, Estonia

Approaches to chronic disease management
E Nolte, Director of Health and Healthcare, RAND Europe

Understanding the policy context for chronic care
C Knai, Lecturer in European Health Policy, London School of Hygiene and Tropical Medicine, UK

Interactive discussion
All speakers

Rapporteur: L Boyle, International Forum Gastein

Assistant rapporteur: S Kumpunen, Representative of the Young Forum Gastein Initiative

9:00–12:00 • Freitag • 5. Oktober 2012 • Kongresszentrum Rm 1

Reaktionen der Gesundheitssysteme auf NCDs: Innovationen und Herausforderungen

Chair: M McKee, Professor für European Public Health, London School of Hygiene and Tropical Medicine, UK

Finanzielle und organisatorische Innovationen in Taiwan
WT Chiu, Minister für Gesundheit, Taiwan

Das niederländische gebündelte Zahlungssystem für die integrierte Versorgung chronisch Kranker
B Vrijhoef, Professor für chronisch Kranke, Universität Tilburg, die Niederlande

Der französische Einsatz von Anreizen zur Qualitätsverbesserung
I Durand-Zaleski, Abteilungsleiter für Public Health, Henri Mondor Hospital, Paris, Frankreich

Das für Hausärzte freiwillige ‚Qualitäts-Bonus‘ Programm in Estland
T Lai, Senior Health Policy Analyst, Ministry of Social Affairs, Estland

Ansätze zur Behandlung chronischer Krankheiten
E Nolte, Direktorin für Gesundheit und Versorgung, RAND Europe

Die politischen Rahmenbedingungen für die Versorgung chronisch Kranker
C Knai, Dozent für europäische Gesundheitspolitik, London School of Hygiene and Tropical Medicine, UK

Interaktive Diskussion
Alle Sprecher

Rapporteur: L Boyle, International Forum Gastein

Assistent Rapporteur: S Kumpunen, Repräsentantin der Young Forum Gastein Initiative

Closing Plenary

Health in an age of austerity

13:00 – 15:30
Friday
5 October 2012

Kursaal A

EHFG 2009 discussed “Financial crisis and Health” as European economies entered recession. We concluded that “policy leadership” and the “resilience” of our communities would be required to steer us through the financial and debt crisis. Recession has endured and is deepening in many parts of Europe with new evidence of its impact on health and health systems. In response, austerity measures and budget cuts have been introduced to restore economic stability.

- How are policymakers taking into account the health consequences of their responses to the financial crisis?
- What will austerity mean for the future health of Europe’s citizens?
- Are we pursuing policies that will achieve sustained improvements in both health and economic growth?

Introduction by chair

M McKee, Professor of European Public Health, London School of Hygiene and Tropical Medicine

Keynote presentations

Closing remarks

A Stöger, Minister of Health, Ministry of Health, Austria

The European response

J Dalli, EU Commissioner for Health and Consumer Policy, European Commission

Video reflection

T Rose, Independent EU Health Advocate, Brussels, Belgium

Setting the scene – the evidence of health and health systems impact

P Mladovsky, Research Fellow, European Observatory on Health Systems and Policies

Panel discussion: health policy-making in a time of austerity

J Dalli, EU Commissioner for Health and Consumers Policy, European Commission

Z Jakab, Regional Director, WHO Office for Europe

E Mossialos, Member of Parliament and former Minister of State, Greece (tbc)

C Sakellarides, Professor Emeritus of Health Policy, National School of Public Health, Portugal

M Pearson, Head of Health Division, OECD

M Kosinska, Secretary General, European Public Health Alliance

Audience Question Time

Closing address

S Illmer, President, Regional Parliament of Salzburg, Austria

Farewell remarks

H Brand, President, International Forum Gastein

*Rapporteur:
T Clemens,
Representative of the
Young Forum Gastein
Initiative*

Simultaneous interpretation



Gesundheit in Zeiten von Sparpolitik

13:00 – 15:30
Freitag
5. Oktober 2012

Kursaal A

Beim EHFG 2009 diskutierten wir „Finanzkrise und Gesundheit“, da sich die europäischen Volkswirtschaften in der Rezession befanden. Wir kamen zu dem Ergebnis, dass „politische Führung“ und „Stabilität“ der Staaten erforderlich sind, um die Finanz- und Schuldenkrise zu überstehen. Die Rezession hat in vielen Teilen Europas Einzug gehalten. Neue Daten über ihre Wirkung auf Gesundheit und Gesundheitssysteme sind verfügbar. Als Reaktion sind Sparmaßnahmen und Budgetkürzungen eingeführt worden, um die wirtschaftliche Stabilität wiederherzustellen.

- Inwiefern berücksichtigen Politiker bei Entscheidungen, als Reaktion auf die Finanzkrise, die Folgen im Gesundheitswesen?
- Was bedeutet Sparpolitik für die Gesundheit der europäischen Bürger?
- Verfolgen wir Strategien, die nachhaltige Verbesserungen in den Bereichen Gesundheit und Wirtschaftswachstum erreichen werden?

Eröffnung durch den Chair

M McKee, Professor für European Public Health, London School of Hygiene and Tropical Medicine

Hauptredner

Abschlussrede

A Stöger, Minister für Gesundheit, Bundesministerium für Gesundheit, Österreich

Die europäische Stellungnahme

J Dalli, EU Kommissar für Gesundheit und Verbraucherpolitik, Europäische Kommission

Video Rückblick

T Rose, EU Gesundheitsberaterin, Brüssel, Belgien

Nachweise über die Auswirkungen von Gesundheit und Gesundheitssystemen – eine Einleitung

P Mladovsky, Research Fellow, European Observatory on Health Systems and Policies

Podiumsdiskussion – Gesundheitspolitik in Zeiten der Sparmaßnahmen

J Dalli, EU Kommissar für Gesundheit und Verbraucherpolitik, Europäische Kommission

Z Jakab, Regionaldirektorin, WHO Regionalbüro für Europa

E Mossialos, Parlamentsabgeordneter und ehem. Staatsminister, Griechenland (tbc)

C Sakellariades, Professor Emeritus für Gesundheitspolitik, National School of Public Health, Portugal

M Pearson, Abteilungsleiter für Gesundheit, OECD

M Kosinska, Generalsekretärin, European Public Health Alliance

Fragen aus dem Publikum

Abschliessende Worte

S Illmer, Landtagspräsident, Salzburg, Österreich

Abschliessende Worte

H Brand, Präsident, International Forum Gastein

Rapporteur:
T Clemens,
Repräsentant der
Young Forum Gastein
Initiative



WORKSHOP 9

Health and wealth

16:00 – 19:00
Friday
5 October 2012

Congress Centre
Room 2

Investing in health, increasing equity and wealth

The current global financial, economic and social crises have resulted in substantial cuts in healthcare budgets. These cut-back measures are highly likely to impact on innovation in health care as well as increase health inequalities and threaten well-being. New models and new business approaches for investing in health are required to support economic growth and Europe-based research.

The aim of the event is to reflect on the current situation and to sketch out concrete future perspectives which will help improve citizens' health, ensure equity and protect Europe's innovation and competition capacity. The first session will focus will be on how new business models can stimulate investment and growth; the second on how equity, patients' rights and responsibilities can be balanced.

Key note:

J Figueras, Director, European Observatory on Health Systems and Policies

Part 1: Maintaining Europe's competitive and innovative health capacity

P Kanavos, London School of Economics, UK

JF Ryan, Public Health Directorate, DG SANCO, European Commission

C Perol, Sanofi

Part 2: Ensuring rights and health equality

A Parvanova, Member of the European Parliament

L Banfi, European Union Agency for Fundamental Rights

A Olauson, European Patients' Forum

Chaired by T Rose, Independent EU Health Advocate, Belgium



Hosted and organised
by the European
Patients' Forum in
cooperation with
Sanofi

WORKSHOP 10

Healthcare financing

16:00 – 19:00
Friday
5 October 2012

Congress Centre
Room 1

Getting health reform done

While the discipline of health economics provides a growing body of evidence on what should be done in health policy, it sometimes takes decades for a country's healthcare system to adopt these findings. Numerous obstacles lie on the road from science to practice, and many of these can be found in the political processes.

The aim of this session is to exchange experiences gained in various countries that have undergone major reform or are in the process of doing so. Presentations will focus on examples and lessons learned in this field. What were the obstacles, what were the conducive factors, and if so, how was resistance handled? What means do veto-players use to achieve their goals and how can they be won over? Was the price paid proportionate or does the compromise 'compromise' the whole idea?

Participants from Poland, Norway, the Netherlands and Austria will present examples from their home countries and analyse the relevant factors, with OECD Health Division providing the bigger picture. Then, an attempt will be made together with the audience to draw conclusions from these experiences that might be relevant to other countries as well.

Getting health reform done – an introduction to the Austrian example

CM Auer, Director General, Federal Ministry of Health, Austria

Dutch healthcare: changes and challenges

I Mosca, Professor, Institute of Health Policy and Management, Erasmus University Rotterdam, the Netherlands

Crisis and opportunity: what are we doing in Norway?

T Åm, Director General, Ministry of Health and Care Services, Norway

Changes in Polish health care: lessons or warnings?

C Włodarczyk, Head of Health Policy and Management Department, Jagiellonian University, Poland

An international perspective on the process of healthcare reform

M Pearson, Head of Health Division, OECD

Chaired by T Czipionka, Senior Researcher, Head of IHS HealthEcon, Austria



Organised by Federal
Ministry of Health,
Austria

SATURDAY 6TH OCTOBER 2012

09:00–18:00	Social Programme	Rahmenprogramm
09:00–11:00	Workshop	Workshop
Congress Centre Room 2	W11 Public–Private Partnership	W11 Public–Private Partnership
18:30	Presidents Evening	Präsidentenabend
Alpengasthof Prossau	17:30 – Departure of shuttle buses from the front of the congress centre in Bad Hofgastein	Abfahrt ab dem Kongresszentrum in Bad Hofgastein: 17.30 Abfahrt der Shuttle Busse



Mark your Calendar!

16th European Health Forum Gastein

2nd – 5th October 2013
Gastein Valley, Salzburg, Austria

Further information available from:
International Forum Gastein
Tauernplatz 1, 5630 Bad Hofgastein, Austria
+43(0)6432 3393 270
info@ehfg.org
www.ehfg.org



WORKSHOP 11

Public–Private Partnership

09:00 – 11:00
Saturday
6 October 2012

Congress Centre
Room 2

Public procurement from the private sector: austerity, PPP and health service innovation

The economic crisis heralded an age of austerity in Europe. Four years on, economic futures look scarcely better. The origins of the crisis and the economic outlook need to be understood better for appropriate planning in healthcare.

As pressures on health systems continue to grow, it is increasingly clear that the state will not be able to fund health systems as it has in the past. This includes the capital developments necessary to underpin new, integrated-care models of service delivery. Beyond existing Public–Private Partnership (PPP) models, innovative financial instruments and funding streams need to be developed. Health service innovation should therefore be supported by financial innovation. There is increasing interest in the role of pension and sovereign wealth funds in healthcare capital investment. New PPP forms could be part of the asset mix of such funds. Non-bank investors will be better equipped to take the longer-term perspective.

The aim of this workshop is to explore the nature and dimensions of these key issues for future European health infrastructure and systems funding, in light of the evolving economic landscape.

Speakers

S Wright, Executive Director, ECHAA

E Reviglio, Chief Economist & Head of Research, Cassa Depositi e Prestiti Ministry of Economy & Finance

J Barlow, Professor of Technology & Innovation Management, Imperial College Business School

A Durán, Director, Técnicas de Salud

Facilitator: J Figueras, Director, European Observatory on Health Systems and Policies



Organised by
European Centre for
Health Assets and
Architecture (ECHAA)

European Health Award

AWARD CEREMONY

12:30
Wednesday
3rd October 2012

Kursaal A

Members of the Jury

N Bedlington, Director, European Patients' Forum

G Leiner, President, International Forum Gastein

M McKee, Professor of European Public Health, London School of Hygiene & Tropical Medicine

A Parvanova, MEP, Bulgaria

A Rys, Director of Public Health & Risk Assessment Directorate – General Directorate Health and Consumers, European Commission

E Schödl, General Manager, GlaxoSmithKline Pharma GmbH; Representative of FOPI

To mark its 10th anniversary in 2007, the EHFG established the European Health Award to recognise health policy initiatives that make a significant contribution towards meeting European health challenges. The health challenges Europe faces touch both public health and health care services and the common theme is an inequality and disparity in health status, access to services and the provision of treatment.

The purpose of the European Health Award is to highlight and reward multi-country initiatives that clearly contribute to meeting some of these challenges and to ameliorating disparities in health services provision within Europe.

Selection Criteria

- A (health) policy initiative of European importance that focuses on public health or health care delivery addressing an important threat to population health.
- The initiative has to demonstrate a benefit to population health or health care, in terms of prevention, improving quality of care, access to care or through increased efficiency or cost-effectiveness.
- The initiative should already be in the implementation phase in at least two European countries, although it does not have to be completed at the time of application. It should show evidence of its applicability to further European countries.
- Expected outcomes and improvements should be demonstrated and measurable and at least initial results should be presented.
- The health policy initiative needs to be transferable to other countries.

Short List

- ★ Breast Health Day – Prevention and early detection of Breast Cancer
- ★ EB-CLINET of EB centres and EB experts (EB=Epidermolysis bullosa)
- ★ EUBIROD – European Best Information through Regional Outcomes in Diabetes
- ★ HLS-EU – The European Health Literacy Project
- ★ Pediatric Nutrition in Practice – Extensive e-learning programme
- ★ Tob Tax – Making Tobacco Tax Trendy



European Health Award shortlist

Breast Health Day – Prevention and Early Detection of Breast Cancer

Project description

Launched by Europa Donna in 2008, Breast Health Day (BHD) is an annual campaign taking place on 15 October to remind women and girls of important lifestyle factors that can influence their breast health and help prevent breast cancer. The campaign uses social networks such as Facebook, Twitter and YouTube, a website and videos to disseminate information as well as print materials that are distributed to advocacy groups across Europe. See www.breasthealthday.org for more information.

Area of health and relevance

This project addresses the prevention of breast cancer. 450,000 new cases of breast cancer are diagnosed in Europe each year and 140,000 deaths occur. Research from the IARC and other sources indicate that as many as one-third of breast cancer cases could be prevented through changes in lifestyle, especially engaging in regular physical activity (30–60 minutes per day), maintaining a normal body weight and eating a healthy diet. Most recently it has been shown that alcohol consumption should be avoided as well as consumption of sugary drinks. It is also essential that these lifestyle changes take place as early in life as possible. Therefore we must begin educating and informing young women and girls about these important lifestyle factors that can help prevent breast cancer in later life. We know that obesity and alcohol abuse is a growing problem among young women and that awareness that these habits put individuals at increased risk of getting breast cancer is not at all well known today in European society. Girls and women need to be informed from an early age that there are steps they can take to lower their risk of getting breast cancer over their lifetime. It is estimated that by 2020 there will be a 20% increase in breast cancer incidence compared to 2008*, creating a burden of an additional 90,000 cases a year on European health systems compared to 450,000 today. This means a total of 540,000 cases annually of which one-third or 178,200 could be prevented through healthy lifestyle actions.

Results

- Our campaign is both national and viral in order to attract the attention of as wide an audience as possible.
- Young women and girls usually lack an awareness of lifestyle changes necessary to improve their breast health.
- Our first results have shown that our digital campaign is reaching our target audience of women aged 18–34, particularly as this is the group that is most active on-line.
- The Twitter campaign showed a reach of 153,630 in 2010 and 178,000 in 2011.
- Furthermore, 28 of our European national groups carried out Breast Health Day campaigns of varying types in 2011, 22 in 2010.
- Annual BHD events are held at the European Parliament and other key meetings across the world indicating substantial improvements since 2008 when Breast Health Day was launched as a European effort only. A study in the first two years showed that BHD messages published in media, newspaper, magazines, blogs etc. increased 34% between 2009 and 2010.
- This year we are conducting research on Facebook to try to measure the degree to which the public understands the lifestyle changes necessary to reduce the risk of developing breast cancer.

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*Susan Knox, Executive Director,
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* *Responding to the Challenge of Cancer in Europe: The Burden of Cancer in Europe*, Chapter 2 by Freddie Bray.

European Health Award shortlist

EB-CLINET – Clinical Network of Epidermolysis Bullosa (EB) centres and EB experts



EB-House Austria with staff, please also see:
www.EB-Haus.eu

Project description

The main goal of this project is to build up a clinical network of EB centres and EB experts and thus link clinical expertise in the field of Epidermolysis bullosa. The EB-CLINET initiative aims to become a reference project and role model for other rare diseases. Currently between 6,000 and 8,000 rare diseases have been identified. In Austria there are approximately 400,000 people affected by a rare disease, and it is estimated that in Europe there are 30 million people living with a rare disease. These figures show that 'rare' is only a question of definition. The ultimate goals of this initiative are to improve medical care for people with EB and, by providing a basis for clinical trials, to accelerate efforts to find a cure for this disease. At the moment, the most important step is to initiate multi-centre clinical studies to prove efficiency, efficacy, and safety of new treatment methods.

Area of health and relevance

Epidermolysis bullosa (EB) is a rare but severe genetic skin disease. Even the slightest touch or friction can cause painful blisters on the entire body: both externally and internally. The blisters cause permanent wounds and scars; people with EB are living with permanent pain and undergo daily difficult wound treatment. As EB belongs to the so-called 'rare diseases', the quality of specialised medical care for patients with EB is rather poor in many European countries and needs to be improved. Improvements in medical care can be obtained by implementing a European Reference Network of EB centres. The EB-CLINET network will link clinical expertise in EB and provide a basis to share knowledge, give access to and improve medical care for EB patients in all 27 EU member states and include as many patients as possible in upcoming clinical studies for potential EB therapies.

Aims and Objectives

- Strengthen the collaboration between medical institutions in Europe already providing medical care for EB.
- Find 'candidate centres' for medical care in European countries presently lacking any EB services. Include these centres in the network and build up relevant knowledge.
- Train and instruct medical specialists so that they can act as EB specialists in their national EB centres.
- Support EB research in as many European countries as possible.
- Provide a sound basis for recruitment of patients for multi-centre clinical studies to prove efficiency, efficacy, and safety of new treatment methods
- Set up an online community and an online database for best-practice medical care in EB.
- Increase awareness and knowledge about EB and rare diseases all over Europe, and develop a comprehensive programme for training and further education.
- Act as a role model for other rare diseases.

Results

- Our May 2012 Conference comprised 46 participants from 21 countries.
- We have received positive responses to a scoping questionnaire sent to 39 countries. Replies indicated significant potential for the formal establishment of an EB network and the development of joint initiatives.
- The first EB-CLINET conference in October 2012 will be held in conjunction with at least 40 partners from 33 countries

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European Health Award shortlist

EUBIROD – European Best Information through Regional Outcomes in Diabetes



The EUBIROD System: complex systems of health indicators require access to different sources, continuous updates and regular maintenance. Our vision is to create sustainable solutions for public information in ways never done before, in Europe and beyond



EUBIROD_BIRO Academy Residential Course together with Commissioner Dalli

Project description

The general objective of EUBIROD was “to implement a sustainable European Diabetes Register through the coordination of existing national/regional frameworks and the systematic use of the BIRo technology”. Through a targeted workplan, EUBIROD aimed to extend the use of the BIRo technology (www.biro-project.eu) to satisfy the needs of different users in safely exchanging aggregate data and producing different types of reports for policy and practice.

Specific objectives of the project included:

- revising issues of privacy and data protection in a heterogeneous context
- revising the format of diabetes datasets and the BIRo Database Engine
- expanding the BIRo Statistical Engine for the delivery of risk adjusted indicators
- developing a user-friendly customized toolbox for wider dissemination
- empowering users through e-learning and residential training sessions
- producing a fully automated EUBIROD Diabetes Report

Area of health and relevance

Diabetes kills approximately 325,000 EU citizens every year and affects at least 35 million citizens, 50% of whom are unaware of their condition, accounting in most member states for over 10% of healthcare expenditure. The EU Parliament resolution of March 2012 specifies the key action points immediately required to reverse these alarming trends, including routine monitoring of quality of care and outcomes.

Sources of accurate information already exist through various types of regional/national diabetes registries routinely capturing information on structures, processes and outcomes. However, the type and scope of these sources varies across countries, as does the possibility of linking electronic records to medical claims databases due to the heterogeneous implementation of privacy legislation. EUBIROD has been specifically conceived to overcome such limitations and to create a common information infrastructure for automated monitoring.

Results

In March 2012, EUBIROD delivered:

- European Diabetes Report. Automatically created in less than two weeks from the launch of data collection, it includes N=79 indicators, monitoring risk factors, population, structures, processes and outcomes on 200,000 subjects from 19 countries.
- Updated standardised definitions for diabetes (www.eubirod.eu/biroDataStandards.htm)
- Privacy Performance Assessment. A novel methodology to automatically monitor the respect of privacy and data protection (Di Iorio CT et al, EJPB 2012).
- Statistical analysis system. Integrated open source solutions on a multi-platform virtual Linux machine. Recursive application allows distributing efforts and the rapid compilation of an international report of risk adjusted indicators with no threats to privacy.
- Online platform to register features of data sources (meta-registry). A comprehensive ‘registry of registries’ of general validity (<http://questionnaire.eubirod.eu>).
- The BIRo Academy and e-learning platform (<http://www.eubirod.eu/academy>).

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European Health Award shortlist

HLS-EU – the European Health Literacy Project



HLS-EU Consortium together with Commissioner Dalli

Project description

Health literacy is identified as a critical empowerment strategy which constitutes the ability to make sound health decisions in the context of everyday life. With the global emergence of the health literacy field, it became clear that the European region was lacking an evidence base on health literacy.

The European Health Literacy Project (HLS-EU) was established from 2009–2012 with financial support from the European Commission. Its objective was to demonstrate the manifestation of health literacy in various European countries, to address its overall cultural, social and political impact, and to ensure the implementation of working structures and the formulation of policy measures. Accordingly a consortium of nine European partners coordinated the European Health Literacy Survey in eight countries, and established the international network 'Health Literacy Europe' and national advisory boards on health literacy in eight countries.

Area of health and relevance

Previous research has shown health literacy to be impactful in terms of proper access to health services, quality of treatments and the personal development of competences to make decisions and take actions in terms of health. People with limited health literacy have high risks of experiencing difficulties in terms of accessing services and information and understanding the information, as well as judging the information and applying it to their own situation.

Research has furthermore indicated a social gradient showing that limited health literacy is closely linked to health inequalities in general. It is an ethical imperative to ensure the best match between the population's health needs, their competences and the services of the societal systems in terms of health and education in particular. Health literacy forms a key part of this process.

Results

The HLS-EU survey provided first time data (n=8000) and comparative results on health literacy in eight countries using the conceptual based tool developed by the HLS-EU consortium to measure health literacy in terms of healthcare, disease prevention and health promotion.

The results were groundbreaking stating that on average 47% of the survey had limited health literacy, and hence making it clear that health literacy is a general public health challenge in the European population, and certain population groups are more vulnerable than others in terms of health literacy.

According to the European Commissioner for Health and Consumers, John Dalli: "The results of the European Health Literacy Survey provide a sound evidence base to guide national, regional and European approaches to improve health literacy in the coming years."

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European Health Award shortlist

Pediatric Nutrition in Practice – Extensive E-learning Programme



*E. Haschke-Becher,
Project Lead, Pediatric
Nutrition in Practice*

Project description

The Pediatric Nutrition in Practice e-learning programme is a joint initiative between the Institute of Public Health of the Paracelsus Medical University Salzburg, Austria and the Nestlé Nutrition Institute (NNI), Vevey, Switzerland, and is accessible worldwide.

Non-communicable diseases such as obesity, diabetes, cardiovascular diseases but also malnutrition are responsible for the majority of deaths both in developing and developed countries. Good nutrition substantially contributes to long-term health. Epidemiology, animal experiments, and now also controlled studies indicate that long-term quality of life can be influenced by early nutrition and targeted nutrition interventions.

The nutritional education of medical specialists is limited in many European countries, leading to gaps in counselling on nutrition related issues. Therefore, the objective of this initiative is to improve nutrition knowledge in the field of paediatrics and support medical specialists to achieve appropriate levels of knowledge to provide nutrition counselling to their patients. This e-learning programme is organised into nine modules covering all important aspects of nutrition in infancy and childhood. It is an asset for global paediatric nutrition education and promotes our current understanding of how nutrition influences short and long-term health. It disseminates paediatric nutrition knowledge in all European regions and beyond.

Area of health and relevance

Continuing medical education (CME) is essential in the medical field to maintain competence and learn about new and developing areas. These activities may take place in the form of congresses, scientific publications, online programmes, audio or video. More recently, e-learning programmes have been developed by scientific institutions and/or associations and offered to students. Because many countries require CME points for medical professionals to maintain their licenses, e-learning tools are becoming more and more popular.

Quality assurance of CME in European countries is embodied in the Union Européenne des Médecins spécialistes CME charter and is monitored by the European Accreditation Council for CME (EACCME). The Pediatric Nutrition in Practice e-learning programme is a joint initiative and is accredited by the EACCME.

Results

- Modules of the programme have been on the internet for 12 months.
- Single modules of the pediatric nutrition programme have been visited by 5,200 students so far.
- The entire programme with nine modules has been available since February 2012.
- 130 students from Europe, Latin America, African and Asian countries have so far passed examinations.
- ESPGHAN, the European scientific association of Pediatric Gastroenterology, Hepatology, and Nutrition uses this e-learning programme as part of a Certificate Course for African Pediatricians.

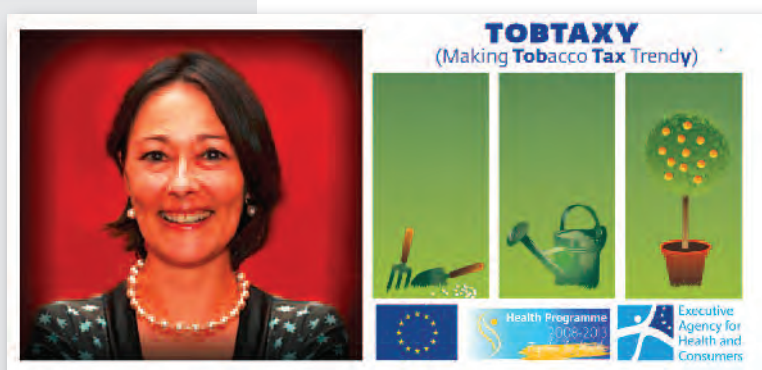
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European Health Award shortlist

Tob TaxY – Making Tobacco Tax Trendy



Project leader Florence Berteletti Kemp

Project description

TobTaxY (Making Tobacco Tax Trendy) aims to provide tobacco control advocates in Europe with training and expertise on tobacco tax and illicit trade issues by bringing together practical expert knowledge and disseminating its use in the field. TobTaxY also aims to gather support for on-going policy initiatives and promote a comprehensive approach to tobacco control in line with the overall EU approach and the FCTC. It aims to achieve this by promoting the effective implementation of Articles 6 and 15 (taxation and smuggling) and facilitating the development of advocacy plans at national level for a tobacco regime that addresses both public health and fiscal concerns.

TobTaxY involved the implementation of five capacity building workshops, conducted by prestigious health economists, which trained more than 90 public health advocates, economists and financial / health ministries from 25 European countries. Furthermore, translated advocacy toolkits were developed for all countries that took part and included national data and all competence areas in tobacco taxation.

Area of health and relevance

Non-communicable diseases (NCDs) are the world's number one killer; in Europe, the four most common NCDs account for 77% of the disease burden and 86% of all deaths in the region. NCDs burden health systems, reduce productivity, and can cause poverty. Tobacco use is the leading preventable risk factor for the four most common NCDs and one of the leading causes of health inequalities in Europe.

Price and tax measures are recognised by the International Monetary Fund, the World Bank and the World Health Organization as the most important instruments for reducing tobacco use; a 10% increase in cigarette prices worldwide would reduce consumption by 4% in high-income countries and by 8% in low- and middle-income countries. The diversity of tobacco prices, smoking prevalence, tobacco market structures and economic and cultural environments in European Member States tend to make tax regulation in the European Union complex.



Results

TobTaxY has seen a clear rise in the level of knowledge and skills of workshop participants in tobacco taxation, and the implementation of national advocacy activities from various country representatives. Furthermore, TobTaxY saw the establishment of relationships between ministries of finance and health that took part in the workshops, with both having a better understanding of taxation and its consequences on tobacco consumption.

As a capacity building project, it is hoped that the training and toolkits will eventually inspire the creation of a positive political environment in taxation and help develop the evidence base at the level of finance ministries, to support substantial increases in tobacco excise taxes. Such action would result in the overall reduction in smoking prevalence, especially amongst the youth and lower income groups, particularly when coupled with other comprehensive tobacco control measures.

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