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First Conference on Health Inequalities in the New EU Member States

Policy Makers and Patients – Creating the Change



INTRODUCTION

Health inequalities are recognized as a major problem throughout Europe and unfortunately, it is further exacerbated by the current financial crisis. Given its importance, the issue is being addressed at various levels by the EU Institutions and national administrations. Patients with chronic diseases are particularly vulnerable to inequities within the healthcare system and they are directly affected by healthcare reform policies. As these policies evolve, it is absolutely critical that the patients' perspective is understood and taken into account; that their individual and collective expertise is valued and properly harnessed.

How can we optimize the communication channels between patients and policy-makers in order to create much needed change? Have we explored all possible options to overcome health inequalities? Are we aware of the real needs of patients at national, regional and local level?

With this in mind, the National Patients' Organization and the European Patients' Forum decided to undertake a long-term strategic initiative with particular emphasis on the new Member States and candidate countries to encourage collaboration and exchange of good practice and know-how, and most importantly, to identify and communicate the needs of patients, how they are 'living' health inequalities, and their views on the path forward. This conference marked the start of this important process. The objective of the conference was to help frame a new agenda on health inequalities where patients are truly at the centre.

The event provided good background information and recent data on health inequalities, explored the country-specific challenges and good practices and further informed about the results of the EU cooperation in terms of health inequalities. The conference allowed for an active participation of the leaders of patients' organizations during discussions and working sessions.

This report contains edited versions of the presentations and plenary discussion as well as a summary of the results of working sessions. Its aim is to outline the key challenges and underline good practices in tackling health inequalities throughout Europe.

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AGENDA

First Conference on Health Inequalities in the New EU Member States Policy makers and patients – creating the change

Day 1

09:00 – 10:30 Opening Policy Session and discussion

- ✚ Welcoming words from the organizers: NPO and EPF, Mrs. Desislava Atanasova, Minister of Health of the Republic of Bulgaria and Dr. Andrey Kovatchev, MEP
- ✚ Dr. Daniela Daritkova, Chairperson of Healthcare Committee, National Assembly, Republic of Bulgaria
- ✚ Officials from EU institutions
- ✚ Dr. Marijan Cesarik, Deputy Minister of Health of Croatia
- ✚ Officials from the Bulgarian Health institutions: National Health Insurance Fund, Bulgarian Medical Association, Bulgarian Association of Health Professionals in Nursing, Bulgarian Red Cross
- ✚ Video message featuring patients from the region
- ✚ Discussion

10:30 – 11:00 Coffee break

11:00 – 12:30 Health inequalities: Data

- ✚ Dr. Erio Ziglio, Head of the European office for Investment for Health and Development, WHO – Regional Office for Europe – Skype Video Link: **“The Relevant Issues of Health Inequities in Europe“**
- ✚ Dr. Hana Janatova, EuroHealthNet **“Overview of the Health Inequalities in the new EU Member states”**
- ✚ Dr. Joao de Deus, President of the European Association of Senior Hospital Physicians **“AEMH view on health inequalities in European Countries”**
- ✚ Mr. Jarosław Fiks, General Director of Bureau of the Commissioner for Patients’ Rights, Poland **“Inequalities in healthcare system from the prospect of the Commissioner for Patients’ Rights”**
- ✚ Dr. Stanimir Hasardzhiev, Chairperson of NPO **“Health inequalities from the lens of the patients’ community”**
- ✚ Discussion

12:30 – 14:00 Working lunch

14:00 – 15:30 Health inequalities: National perspectives

- ✚ Ms. Dessislava Dimitrova, Deputy Minister of Health, Bulgaria **“Challenges and good practices from Bulgaria”**
 - ✚ Mrs. Ivi Normet, Deputy Secretary General on Health, Estonia **“Bridging the Health Divide in Estonia”**
 - ✚ Dr. Ivana Pavic Simetin, Croatian National Institute of Public Health **“Tackling health inequalities through National Health Care Strategy, 2012-2020: meeting the patients’ needs”**
 - ✚ Mrs. Tatjana Petrushevska, Head of Sector, Bureau of Medicines, Ministry of Health, Republic of Macedonia **“Challenges and good practices from Macedonia”**
 - ✚ Dr. Grażyny Rogala-Pawelczyk, President of the Main Chamber of Nurses and Midwives, Poland **“Activities of the nurses and midwives’ associations for patients’ rights in Poland. Cooperation with patients’ organizations”**
 - ✚ Discussion
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15:30 – 15:45 Coffee break

15:45 – 17:00 Health inequalities: EU Cooperation

- ✚ Mr. Charles Price, DG SANCO, European Commission “**Health Inequalities - Initiatives by the European Commission and perspectives for the future**”
- ✚ Mr. Peter Balik, Central & East European Health Policy Network “**Strategic scenarios 2020 - The Future of Central and Eastern European Healthcare**”
- ✚ Mr. Stuart Merrifield, chairperson of ARPharM “**The role of the industry and transparent, ethical cooperation with the patients’ organizations in Bulgaria**”
- ✚ Discussion

17:00 – 17:30 Plenary policy discussion and closing of the day

19:30 Bulgarian dinner

Day 2

Working sessions

Adopting a **Patients’ Resolution on Health Inequalities**



PLENARY SESSION

HEALTH INEQUALITIES: DATA

- ✦ Dr. Hana Janatova, EuroHealthNet “**Overview of the Health Inequalities in the new EU Member states**”
 - ✦ Dr. Joao de Deus, President of the European Association of Senior Hospital Physicians “**AEMH view on health inequalities in European Countries**”
 - ✦ Mr. Jarosław Fiks, General Director of Bureau of the Commissioner for Patients’ Rights, Poland “**Inequalities in healthcare system from the prospect of the Commissioner for Patients’ Rights**”
 - ✦ Dr. Stanimir Hasardzhiev, Chairperson of NPO “**Health inequalities from the lens of the patients’ community**”
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“Overview of the Health Inequalities in the New EU Member States”

Dr. Hana Janatova, EuroHealthNet

Key Conclusions: A successful approach to health inequalities should be grounded in the concept of healthy lifestyle. To effectively tackle health inequalities, new health determinants should be included and current data should be utilized.

The presentation of Dr. Janatova provided an overview of the main challenges with respect to health inequalities in the new EU Member States. She approached the issue by looking at the relationship between healthcare systems and public health, comparing the average health condition of citizens in old and new EU Member States and by discussing the importance of data in health inequalities. The objectives of her presentation were to remind that health is not the mere absence of illness, to demonstrate how available data on health inequalities can be utilized for identifying country profiles on the issue and to challenge stereotypes in the interpretation of inequalities between Eastern and Western European countries.

To begin with, Dr. Janatova recognised that differences between Member States are present not only in health policies but also in other policy spheres. She emphasised that health *per se* is not solely influenced by biological factors but is also dependent on economic, social and environmental determinants. Referring to the definition of the World Health Organization from 1949 that suggests that there is more to health than the mere absence of illness, she expressed her regret that often times people neglect the individual responsibility they carry for making harmful choices on a daily basis. In this respect, she suggested that the focus should gradually shift from terms like ‘cure’, ‘disease’ and ‘drugs’ to the concept of ‘healthy lifestyle’.

Furthermore, Ms. Janatova expressed doubt over the claim that the health status of citizens in ‘old’ Member States is better than in the ‘new’ Member States. According to her, socioeconomic determinants of health are not necessarily worse in new EU Member States but on contrary, in certain aspects they are better. In this regard, Ms. Janatova considers that the current indicators of health inequalities such as mortality rate, life expectancy and GDP reinforce the stereotypes between old Member States and new ones; instead, she proposes that other determinants of health are used to identify disparities between health systems in the Member States such as poverty risk among elderly and children in different types of households, income distribution, educational attainment, gender wages gap and healthcare utilisation.

With respect to data on inequalities, Ms. Janatova recognises that the collection of data from conducted surveys at the national level is a difficult task; however, she considers that this ought not to be a reason to postpone tackling health inequalities in each country. She believes that once collected, the data should be approached analytically with further reference to the comprehensive data available as a result of the work of EU institutional bodies (Eurostat, European Commission) and international organizations (World Health Organization, Organization for Economic Co-operation and Development).

**“AEMH View on Health Inequalities in European Countries”**

Dr. Joao de Deus, President of the European Association of Senior Hospital Physicians, Portugal

Key Conclusions: Increase in public health expenditure will diminish health inequalities. It is further necessary to implement a comprehensive approach based on patients safety and quality of care.

Dr. Joao de Deus pointed out that health inequalities are usually perceived as the exposure of disenfranchised groups with lower socio-economic status to a combination of unfavourable factors such as increasing social insecurity, breakdown of public healthcare and rise in risk factors for premature mortality. Dr. De Deus explored the relationship between GDP and other health indicators such as life expectancy, infant mortality and mortality from ischemic heart disease to demonstrate that the new Member States, which are the countries with the lowest GDP in the EU, are exposed to the highest risk. Yet he clarified that GDP alone does not account for health inequalities since what is also important is the percentage of GDP spent for public health expenditure according to which, Europe can be divided into three regions: Eastern Europe (low GDP, low public health expenditure), Southern Europe (low GDP, higher public health expenditure) and Northern Europe (high GDP, high public health expenditure). Dr. De Deus emphasized that the discrepancies in public health expenditure causes inequalities in patients' safety, different quality of healthcare and emigration of healthcare professionals.

After affirming that health inequalities throughout Europe is among the greatest challenges nowadays, Dr. De Deus presented a comprehensive approach based on patients safety and quality of care to effectively address the determinants involved in health inequalities. The first step is to conduct risk management by recognizing that reduced patients' safety is the result of multiple factors rather than personal mistake. This would lead to the implementation of standards in the organizational components, the development of quality measures and the reduction of excessive risk-taking. The second step is to encourage postgraduate medical training by developing new programs and setting training periods. Thirdly, special attention should be paid to the continuous professional development (CPD) to ensure that doctors improve their medical competence and clinical performance for the purpose of providing patients' safety based on adequate scientific evidence. The support for CPD involves improvement of the quality of training and working conditions of junior doctors, advocacy for medical careers, training of hospital staff. The fourth step is to improve the working conditions for healthcare workers by optimizing working conditions, ensure rest time and stimulate teamwork. The fifth step is discouraging task shifting (qualified professionals shifting tasks to health professionals with different or lower professional qualification) as a result of shortage of manpower or as a cost-saving strategy. Next step in the process envisions hospitals as centres of excellence grounded in the promotion of patients' rights and patient involvement, accessibility of care and enhanced trust between patients and doctors. Last, but not least, Dr. De Deus emphasized the necessity for integrating patients' rights in cross-border healthcare with respect to payment, special care and waiting lists. Dr. De Deus further explained the crucial and fruitful role of doctors in hospital management and strategic decisions.



“Inequalities in healthcare system from the prospect of the Commissioner for Patients’ Rights”

Mr. Jaroslaw Fiks, General Director of Bureau of the Commissioner for Patients’ Rights, Poland

Key Conclusions: The Commissioner for Patients’ Rights effectively defends and promotes patients rights and in this respect, it is a key actor in the fight against health inequalities.

Mr. Fiks began his presentation with a brief introduction of the structure and functions of the Bureau of the Commission for Patients’ Rights in Poland. As a central body of the governmental administration in Poland, the Commissioner for Patients’ Rights in collaboration with the Bureau ensures that any infringement upon the rights of patients by the National Health System or its representatives will be duly considered. The main functions of the Bureau of the Commissioner for Patients’ Rights are to carry out proceedings, to apply to the appropriate institutions concerned, to prepare studies and issue publications, to cooperate with stakeholders and to analyse patients’ complaints in order to identify and tackle existing threats. He also listed the main patients’ rights.

Mr. Fiks provided useful statistics from the work of the Bureau of the Commissioner for Patients’ Rights, which demonstrated significant increase in the number of complaints from patients in the period 2009-2011. He specified that the main complaints received in 2011 were related to the right to health benefits, the right to medical documentation, mental healthcare, the right to information, the right to respect of private and family life and the right to expressing agreement to giving health benefits.

On behalf of the Bureau of the Commissioner for Patients’ Rights, Mr. Fiks reported that most cases come from elderly people who suffer severely from health inequalities. As Mr. Fiks clarified, elderly people experience discrimination with respect to treatment and the care received from medical staff. For the purpose of raising awareness on the issue and tackling health inequalities, the Bureau for the Commissioner for Patients’ Rights organises a national conference with the participation of the Minister of Health and the Minister of Labour and Social Affairs of Poland. To illustrate the importance of health inequalities and the burden on elderly patients, Mr. Fiks recalled that year 2012 is the European Year for Active Ageing and Solidarity between Generations.

**“Health Inequalities from the Lens of the Patients’ Community”**

Dr. Stanimir Hasardzhiev, Chairperson of NPO, Bulgaria

Key Conclusions: The preliminary interviews with the leaders of patients’ organizations provide good understanding of the real challenges that patients face as a result of health inequalities. Investment in healthcare will improve public health and life expectancy and will decrease morbidity.

Dr. Hasardzhiev discussed the results from the preliminary telephone interviews with 13 leaders of patients’ organizations from 11 countries. The purpose of the non-scientific research was to gather patients’ experience and impressions with respect to health inequalities. Dr. Hasardzhiev further outlined the objectives of the interviews, namely, to identify of the main challenges to patients in order to establish the priorities for tackling inequalities, to determine to what extent the problems in the health systems in the old Members States match the problems of the new ones as well as to acquire sensible data on patients’ perspective on the issue. The interviews, along with the discussions during the conference and the outcomes of the working sessions are to be the basis of an in-depth survey on health inequalities which is going to be presented during the follow-up activities such as discussions at the EU Parliament and call-to-actions activities.

Based on the collected data, Dr. Hasardzhiev identified common and country-specific concerns for each of the four questions. With respect to the common concerns of patients, he emphasized the lack of equal and timely access to treatment, of life-long range of services and support for patients with chronic diseases and of thorough information on the possibilities for treatment abroad, the limited and unequal access to modern treatment as well as the increased financial burden for patients. Concerning the role of EU institutions in addressing health inequalities, patients throughout new Member States and candidate countries suggested enhancing the access to Cross-border Healthcare, ensuring basic right to timely treatment, therapies and medicines as well as patient safety, guaranteeing adequate funds and invigorating the collaboration with local organizations. With respect to the work of non-governmental organizations, patients believe that they have to improve the communication channels between stakeholders and their advocacy skills with respect to access to treatment and inclusion of new medication. As to the current EU priorities, Dr. Hasardzhiev pointed out that there is a lack of quality information on the possibilities for treatment abroad, ignorance with respect to pharmacovigilance, limited number of clinical trials and insufficient transparency on medication policies.

Dr. Hasardzhiev proceeded with a discussion on the importance of investment in healthcare for the purpose of improving public health. He took the case of Bulgaria to illustrate that inadequate funding for healthcare has a direct negative impact on life expectancy, mortality rates and morbidity. The failure of successive governments to recognize the significance of the healthcare policy resulted in the increased financial burden for the Bulgarian patients and difficult access to treatment. Dr. Hasardzhiev suggested that with appropriate investment in healthcare, we can anticipate better life expectancy and decreased morbidity.

PLENARY SESSION

HEALTH INEQUALITIES: NATIONAL PERSPECTIVES

- ✦ Ms. Dessislava Dimitrova, Deputy Minister of Health, Bulgaria “Challenges and good practices from Bulgaria”
- ✦ Mrs. Ivi Normet, Deputy Secretary General on Health, Estonia “Bridging the Health Divide in Estonia”
- ✦ Dr. Ivana Pavic Simetin, Croatian National Institute of Public Health “Tackling health inequalities through National Health Care Strategy, 2012-2020: meeting the patients’ needs”
- ✦ Mrs. Tatjana Petrushevska, Head of Sector, Bureau of Medicines, Ministry of Health, Republic of Macedonia “Challenges and good practices from Macedonia”
- ✦ Dr. Grażyny Rogala-Pawelczyk, President of the Main Chamber of Nurses and Midwives, Poland “Activities of the nurses and midwives’ associations for patients’ rights in Poland. Cooperation with patients’ organizations”



“Tackling Health Inequalities: Examples from Bulgaria”

Ms. Dessislava Dimitrova, Deputy Minister of Health, Bulgaria

Key Conclusions: Health inequalities are a key issue on the European health agenda “Health 2020”. Bulgaria is committed to the implementation of the European strategic goals at the national level through an integrated program for non-communicable diseases.

Ms. Dimitrova discussed both the wider international effort to tackle health inequalities and the Bulgarian national strategy in this direction. With respect to the prior, she provided a thorough overview of “Health 2020: European policy framework for health and well-being” in order to demonstrate the centrality of the issue of health inequalities on the European political agenda. As to the latter, Ms. Dimitrova informed the participants about the implementation of an integrated national program for non-communicable diseases.

Ms. Dimitrova introduced “Health 2020: European policy framework for health and well-being” by outlining the goals of the strategy, namely, reducing health inequalities and improving public health as well as improving leadership and participatory governance. The interventions of highest priority, Ms. Dimitrova further noted, are: investing in long-term life-course health and empowering people; addressing non-communicable and communicable diseases; strengthening health systems and public capacity as well as emergency management; creating and supporting strong communities. Ms. Dimitrova explained that at the basis of Health 2020 lies an approach aimed at partnerships between governments, sectors and institutions. The strategy will assess progress in six main dimensions, or “headline targets” – reduce premature mortality, increase life expectancy, reduce inequalities, enhance well-being, ensure universal coverage and set national goals.

Ms. Dimitrova proceeded by presenting the commitment of the Bulgarian government in accordance with the new vision of the World Health Organization/Europe for improving public health and reducing health inequalities. Underpinned by Health 2020, the national strategy aims to identify and address the risk factors that cause the most common non-communicable diseases. As Ms. Dimitrova pointed out, the four main risk factors for public health are smoking, alcohol abuse, physical activity and nutrition. With the implementation of an action plan in consideration of the main four risk factors, the Bulgarian government aims to successfully reduce the number of patients, which suffer the most common diseases in the country such as cancer, diabetes, cardiovascular diseases and chronic respiratory disease.

**“Bridging the Health Divide in Estonia”**

Ms. Ivi Normet, Deputy Secretary General on Health, Estonia

Key Conclusions: Estonia adopted a comprehensive health strategy, which proved successful in fighting health inequalities and improving public health. Health-policy responses ought to be evidence-based in order to adequately reflect both the population changes and the wider context.

Ms. Normet began her presentation with a brief geographic and demographic overview of her country – Estonia. The purpose of Ms. Normet’s presentation was to share her valuable insights and practical experience regarding the efforts of the Estonian government to curb health inequalities at the national level. In this respect, Ms. Normet’s presentation consisted of two main components – an overview of the health status and developments in Estonia and a presentation of the strategy for future improvement of the existing healthcare system.

In the light of the health status in Estonia, Ms. Normet introduced the WHO Tallinn Charter adopted in 2008, which testified for the commitment of the Estonian government and the World Health Organization to tackle healthcare challenges. More specifically, the Charter affirms the importance of solidarity, equity and participation in health policies as well as of investment, confirms the willingness to promote transparency, accountability and responsiveness to patients’ needs, emphasizes the necessity for wide involvement of stakeholders, advocates for cross-country cooperation and learning and stresses that health-care systems ought to be prepared to manage potential crises. The adoption of the Charter was underlined by the severe health situation in the Baltic countries in the 1990s’, which improved significantly due to the implementation of prevention and treatment measures. Ms. Normet demonstrated the impact of health inequalities in the case of tuberculosis incidence, which is closely related to different risk factors and socio economic determinants (being single, uneducated, underpaid, homeless, unemployed, malnourished, a smoker or an alcohol abuser).

In order to tackle the heavy healthcare burden, Ms. Normet explained, Estonia adopted a comprehensive national strategy. It includes a “National Health Plan 2009-2020” to set common healthcare goals and outline the priorities for future healthcare development. The strategy has five main key areas including reduction of health inequalities and improvement of social cohesion, health behaviour and high quality healthcare. Ms. Normet further noted that new evidence-based priorities and activities are planned, supported by health system performance assessment, which provides intelligence for effective long-term planning. Furthermore, she stressed on the fact that sustainable financing is persistently assessed in collaboration with international partners, particularly the World Health Organization.

In conclusion, Ms. Normet re-emphasized that the Baltic countries have managed to overcome the worst healthcare situation seen in the European Union so far. The improvements have become a norm of development with specific attention to health inequalities. Ms. Normet expressed her belief that health-policy responses ought to be evidence-based in order to adequately reflect both the population changes and the wider context.



Tackling Health Inequalities Through National Health Care Strategy 2012-2020 – Meeting the Patients’ Needs”

Ivana Pavic Simetin, Croatian National Institute of Public Health, Croatia

Key Conclusions: Croatia puts serious effort in close collaboration with the EU to eradicate health inequalities by identifying strategic development goals to enhance cohesion, standardisation, productivity and efficiency of the healthcare system.

Ms. Pavic Simetin provided comprehensive background information on the core values that the Croatian government has endorsed in its health policy, on the main health challenges in the country and further shared good practices from Croatia by presenting the National Health Care Strategy 2012-2020. Ms. Pavic Simetin affirmed that equality of access to means for enhancing health and solidarity in society are the values at the heart of the Croatian health policy. Ms. Pavic Simetin stressed that the Croatian government recognizes its obligation towards the Croatian citizens to achieve optimal health and well-being as healthcare is delivered according to the principles of catholicity, continuity, humanism and accessibility. However, the government also encourages citizens to accept responsibility for their health and the health of others.

Ms. Pavic Simetin listed some examples of inequalities in healthcare in Croatia such as regular annual visits to specialists of people with better economic status as compared to those in worse socio-economic status or existence of healthcare barriers to the disadvantaged due to long waiting lists, remoteness from treatment centres, inability to cover the costs involved in receiving treatment. To address these problems, the Croatian government identified strategic development goals to enhance cohesion, standardisation, productivity and efficiency of the healthcare system and to improve accessibility to treatment and health indicators in general. Ms. Pavic Simetin specifically identified the eight priority areas for action as follows: information and e-health; human capacity building; strengthening leadership in health care facilities; health care institutions’ reorganization; stirring quality of health care; strengthening of preventive activities; fiscal stability; collaboration with other sectors and with whole society. As an example of good practice in the sphere of e-health, Ms. Pavic Simetin pointed to the e-waiting lists and e-specialists’ appointments, which facilitates access to treatment. As to the collaboration with other sectors, Ms. Pavic Simetin emphasized that the Croatian government works towards patients’ empowerment in healthcare policies and seeks enhancement of their knowledge, skills and responsibility towards their own illness/health. Furthermore, the Croatian government works closely with the non-governmental organizations in the field of community-based counselling, primary healthcare, support for the local and regional community, supervision and guidance of specialists, patients’ empowerment and development of new communication technologies. The health strategy also envisions support for youth organizations as well as various activities related to advocacy and promotion such as creating trust between doctors and patients, promoting healthy lifestyle and protection of personal health as well as capacity building. According to Ms. Pavic Simetin, the Working Conference in the Framework of National Health Care Strategy 2012 demonstrated the productive collaboration between the government and patients’ organizations as the discussions concentrated on five strategic topics, namely, organization of healthcare, human resources, healthcare, fiscal stability and legal aspects.

Ms. Pavic Simetin also touched on the good collaboration between the EU and Croatia as a candidate country. The work between the two sides includes work on EU priorities and strategic documents, support from EU cohesion funds, health workers migration, patients mobility, medical tourism, harmonization of Croatian legislation with the EU policies. Finally, Ms. Simetin shared her experience of a good practice in healthcare that is the weekly meeting of the Minister of Health with one patients’ organization to discuss issues related to access to treatment and patients’ problems.



“Priorities, Challenges and Good Practices in the Republic of Macedonia to Tackle Health Inequalities”

Ms. Tatjana Petrushevska, Expert, Bureau of Medicines, Ministry of Health, Macedonia

Key Conclusions: The health system in the Republic of Macedonia shows positive and consistent progress in tune with the EU and UN strategic objectives for access to efficient and safe treatment.

At the beginning of her presentation, Ms. Petrushevska recalled the main priorities of the global health agenda such as investing in health to eradicate poverty, building health security, promoting universal coverage and health-related human rights, tackling the health determinants, ensuring equitable access, integrating knowledge, science and technology and strengthening governance and leadership capacity. Ms. Petrushevska further reaffirmed the significance and achievements along the UN Millennium Goals to emphasize that the hardship of the global crisis requires that humanity lives up to the human rights ideal for universal health, education, shelter and security. Ms. Petrushevska explained that health systems are complex social institutions and in this sense, their improvement depends on a comprehensive approach based on ethics, participation, equity, solidarity and the perception that health is a human right.

Ms. Petrushevska explained that the Republic of Macedonia faces the challenge to endorse the European model of competitive, inclusive, diverse and sustainable economy in a period of vulnerability and insecurity. Ms. Petrushevska proceeded with an overview of the structure and funding sources of the Macedonian healthcare system. Ms. Petrushevska further assessed the Macedonian progress in the light of the UN Millennium Goals to announce good results and significant progress in meeting the set targets. The Republic of Macedonia benefits from a well-developed network of pharmaceutical and medical devices manufacturers, wholesalers and pharmacies. Significant achievements are recorded with respect to pharmacovigilance due to the work of the National Centre for Pharmacovigilance and its supplementary bodies, which report 53 notifications on local level and 1250 notifications for adverse drug reactions. An important pharmaceutical-related activity is the existence of a Register of Drugs.

Ms. Petrushevska observed that the health system in the Republic of Macedonia shows positive and consistent progress in tune with the EU and UN strategic objectives for access to efficient and safe treatment. However, the challenges to be faced ahead concern strengthening the health system capacity in multiple directions (administrative, technical, technological, ethical), including the provision of financial support and motivation for the medical personnel but also ensuring wider and inclusive access to treatment. Ms. Petrushevska summarized the main priorities as follows: strategic health system development, strengthening the healthcare capacity in the face of global challenges, securing availability of medicines.

As an example of a good practice, Ms. Petrushevska pointed to the Law for the Protection of Patients Rights based on the principles of humanity and availability, which regulates the rights and obligations of patients, healthcare workers, associates and the health insurance fund. The surveillance mechanisms are further strengthened due to the work of a Committee to control the quality of the provided healthcare, a Commission on ethical questions and an Investigation Commission, which examines specific cases and complaints. Furthermore, the Republic of Macedonia maintains a comprehensive system for drug dependency treatment, which includes a therapeutic community, hospital facilities, social care centres, needle exchange programs and centres for treatment of drug abusers.



“Activities of the Nurses and Midwives’ Associations for Patients’ Rights in Poland. Cooperation with Patients’ Organizations”

Dr. Grazyna Rogala-Pawelczyk, President of the Main Chamber of Nurses and Midwives, Poland

Key Conclusions: The Professional Self-government of Nurses and Midwives is strongly committed to protecting and promoting the rights of patients in Poland.

Dr. Rogala-Pawelczyk began her presentation with an affirmation of the importance of patients’ rights in the Polish legislation, deeply integrated in wide range of legal documents (the Constitution, the Civil Code, the Criminal Code, the Code of Professional Ethics of Nurses and Midwives, the Code of Medical Ethics, The Pharmacy Code of Ethics, Act on Patients’ Rights and the Ombudsman for Patients’ Rights, Mental Health Protection Act, The Cell, Tissue and Organ Recovery, Storage and Transplantation Act, The Nurses and Midwives Act, Medical Profession Act).

The Professional Self-government of Nurses and Midwives, Dr. Rogala-Pawelczyk explained, was appointed by the Sejm law act of 1991. It is to supervise the professional conduct of nurses and midwives and to observe the implementation of patients’ rights. Dr. Rogala-Pawelczyk emphasized patients’ rights are deeply recognized by the associations of Nurses and Midwives in Poland; for this reason, they are considered a priority both in the Code of Professional Ethics of Nurses and Midwives of the Republic of Poland (provides binding guidelines and ethical standards) and in the Nurses and Midwives Act (confirms that patients’ rights shall be observed on a non-discriminative basis).

Dr. Rogala-Pawelczyk clarified that the Nurses and Midwives are accountable for the observance of compliance with rules of professional conduct and/or regulations, violation of patients’ rights and of professional malpractice cases (heard before the tribunals of the Professional Self-government of Nurses and Midwives).

The Professional Self-government of Nurses and Midwives collaborates vigorously with a number of patients’ rights organizations (Urszula Jaworska Foundation, Patients’ Rights and Health Education Institute, Coalition Against Cervical Cancer, Nobody’s Children Foundation, etc.). In the period 2008-2011, the organization has been a proactive organizer, co-organizer, and participant in 32 conferences and training sessions on patients’ rights and professional conduct of Nurses and Midwives.

PLENARY SESSION

HEALTH INEQUALITIES: EU COOPERATION

- ✚ Mr. Charles Price, DG SANCO, European Commission “**Health Inequalities - Initiatives by the European Commission and perspectives for the future**”
- ✚ Mr. Peter Balik, Central & East European Health Policy Network “**Strategic scenarios 2020 - The Future of Central and Eastern European Healthcare**”
- ✚ Mr. Stuart Merrifield, Chairperson of ARPharM “**The role of the industry and transparent, ethical cooperation with the patients’ organizations in Bulgaria**”



“Health Inequalities: Initiatives by the European Commission and Perspectives for the Future”

Mr. Charles Price, Team Leader, Social and Environmental Determinants, European Commission, Brussels

Key Conclusions: The European Commission recognizes the significance of health inequalities in the European Union and for this reason, it dedicates enormous efforts and resources to address the challenge by conducting various initiatives to enhance public health and build solidarity and cohesion among Member States.

Mr. Charles Price discussed the scope of health inequalities in the European Union, its causes, the future measures in this direction, the current initiatives of the European Commission to tackle the problem and their potential implications. Mr. Price illustrated the fact that health inequalities are most severe in the new EU Member States and candidate countries with a diagram of life expectancy at birth of males and females which is the lowest in the CEE region. Mr. Price supported his claim regarding the discrepancy between the old and new EU countries with another diagram of life expectancy of males with lowest and highest educational levels in each country. The main causes of this phenomenon, Mr. Price announced, are the socio-economic environment, the behavioural patterns in each country, the level of social protection, the development of health services and the quality of governance. In this respect, Mr. Price explained that the future steps needs to be in the direction of strengthening solidarity, reducing poverty gaps, improving living conditions and enhancing social protection, creating prevention mechanisms and addressing cultural behaviours, working towards universal quality and accessible healthcare and also improving governance.

Mr. Price testified for the willingness and actual commitment of the European Commission to actively work in all the abovementioned areas by providing a number of examples of its on-going activities in this direction. In 2009, the European Commission addressed the other relevant EU bodies with a strategy called “Solidarity in health: reducing health inequalities in the EU” (Commission Communication COM (2009) 567) to raise awareness on the issue of health inequalities and the necessary future action to tackle it. Mr. Price expressed the seriousness of the issue by quoting the words of Mr. John Dalli, Commissioner for Health and Consumer Policy: “Poor people should not have to suffer poor health”.

Mr. Price provided sufficient evidence to demonstrate that health inequalities are recognised as a major challenge by the EU institutions. The EU actively supports Member States, regions and stakeholders by undertaking Joint Action 2011-2013. Health inequalities are on the working agenda of both the Social Protection Committee, which set an objective to reduce inequalities and secure access to health, and of the Expert Group on Social Determinants and Health Inequalities. The EU has also adopted a comprehensive social and economic policy called Europe 2020 which took 20 million people out of poverty, increased employment, set the EU Platform Against Poverty and Social Exclusion, set an innovation platform on healthy and active ageing. Since April 2011, the EU demands the integration of health objectives into the National Roma Integration Strategies. Mr. Price further noted that the EU structural funds help to close inequalities gaps. For the period 2007-2013, the EU has invested 5.1 billion euro to enhance health, improve e-health and e-services and into active ageing programs. Mr. Price informed the participants that the EU health policy with respect to inequalities concentrates on chronic diseases, tobacco, mental health, nutrition and physical activity. Mr. Price recalled the Seventh Framework Programme, which provides sufficient resources to stimulate research in health. Mr. Price suggested that health inequalities in terms of health status would be addressed under the proposed European Regional Development Fund 2014-2020, which aims to enhance economic and social cohesion.



“Strategic Scenarios 2020: The Future of Central and Eastern European Healthcare”

Mr. Peter Balik, Central and East European Health Policy Network, Slovak Republic

Key Conclusions: The CEE Policy Health Network developed Strategic Scenarios 2020 to provide innovative solutions in the healthcare sector to enhance the benefits for patients. The purpose of the project is to stimulate alternative thinking and prepare for future opportunities and threats.

Mr. Balik presented the structure and function of the Central and East European Health Policy Network of which he is a distinguished member and then proceed with an explanation of the challenging project Strategic Scenarios 2020. The CEE Health Policy Network provides innovative solutions in the healthcare sector to enhance the benefit of the “consumers” (patients). The main tasks of the organization is to ensure transparency in the medical care, to encourage individual health responsibility, to secure fair competition for consumers’ preferences, to ensure fair access to healthcare, to support sustainable financial utilization and provide diverse expertise from people who can share insights and local experience. The members of the network come from the Czech Republic, Germany, Hungary, Lithuania, Poland, Serbia, Slovakia, Switzerland and the USA.

Mr. Balik continued his presentation with the essence of Strategic Scenarios 2020 based on the premise that the future is unpredictable and therefore, Strategic Scenarios are mind maps that guess what might eventually happen. The purpose of the project is to stimulate alternative thinking and prepare for future opportunities and threats. The four scenarios are based on four variables – consumer’s world, doctor’s world, liberal environment and regulated environment. The specific combination between these variables determines the respective roles and relative power of the consumers, the industry, the government and the doctors. The scenarios take a current crisis and forecast its possible outcomes in the presence of weak signals, which predict changes and serve as an early warning system.

By taking a particular crisis in a country from the CEE region, the team identifies four possible scenarios. The first scenario assumes that the consumer rules which leads to a series of socially driven events which succeed in implementing new legislation based on principles of transparency, accountability and respect for law. Furthermore, the health insurance market is competitive and offers products that are legally defined. In the second scenario, the government refuses collaboration with the doctors and also imposes stringent fiscal policy and regulation measures which ultimately leads to bureaucracy, overregulation and poor response to consumer needs. In a third scenario, there is a corruption-tolerant environment in place where industry has a key role, which leads to weak patients’ rights and poor control over healthcare providers. There is a lack of a concrete basic benefit package; there is also low market regulation and oversupply of services, unfavourable insurance strategy and a culture of bribery, corruption and profit making. In the fourth scenario, there are medical strikes and discontent on behalf of doctors who argue in favour of a considerate approach to healthcare. The result is the implementation of barriers for foreign medical specialist, ban over insurance companies, which are replaced by a taxation-based funding system. To compensate the budget deficiency further enforced by a lack of free market competition, the government increases VAT. Last, but not least, the influence of patients’ organizations is limited, the supervision of medical care is diminished and the black market flourishes.

Mr. Balik noted that there is a provisional “consumer kit” which will optimize the chances of consumers (patients) to benefit in each scenario. Strategic Scenarios 2020 also envisions five Wild Cards (pandemics, immortality, hacking, solar flare, empty card for individual imagination), which indicate highly improbable but rather disastrous events able to change the balance at any stage in each scenario.

**“Innovative Pharmaceutical Industry as a Partner”**

Mr. Stuart Merrifield, Chairperson of ARPharM, Bulgaria

Key Conclusions: The interaction between the pharmaceutical industry and patients’ organizations is based on independency of the latter, mutual respect, transparency, acknowledgement of support by the prior and diverse funding of patients’ organizations. The role of the industry in the new Member States is to intervene when there is a limited ability to pay, to ensure access to the innovative treatment and medication, to partner with other key stakeholders, to set high ethical standards.

Mr. Merrifield discussed the role of the industry in shaping healthcare policy. Mr. Merrifield presented the Association of Research-based Pharmaceutical Manufactures in Bulgaria (ARPharM) founded in 1996, which comprises 24 member companies involved in the development of innovative pharmaceuticals. ARPharM is a liaison member of EFPIA. The Association supports healthcare and pharmaceutical policy in Bulgaria with respect to access to the latest treatment, ethical principles of cooperation between stakeholders and also cooperates with healthcare authorities, professional unions and patients’ organizations.

Mr. Merrifield explained the importance of the patients’ organizations involvement in healthcare policy for reasons related to the individual impact, which gives them moral and ethical right to play a key role, the need to identify and reflect both patients’ and caregivers’ preferences and needs, the possibility to improve responsibility, satisfaction, quality of life and overall outcomes. In this sense, the interaction between the pharmaceutical industry and patients’ organizations is based on independency of the latter, mutual respect, transparency, acknowledgement of support by the prior and diverse funding of patients’ organizations. To demonstrate the good cooperation in Bulgaria, Mr. Merrifield pointed to programs, patient congresses, patients’ rights campaigns, ‘round table’ discussions on pricing and reimbursement, first joint discussions with the National Health Insurance Fund and pending joint negotiations on managed entry agreements (MEA). The purpose of MEA is to manage cost impact and maximize patient access since the budget impact of new products can be a concern for payers which on the other hand, could lead to delayed or reduced access to treatment.

Furthermore, Mr. Merrifield clarified the role of the industry in the new Member States summarised as follows: responsibility to intervene when there is a limited ability to pay, ensure access to the innovative treatment and medication, partner with other key stakeholders, set high ethical standards. As an example of how the industry helps to create good healthcare environment in Bulgaria is a project organized in association with the Physician’s Union, which aims to tackle the problem of medical staff shortage by providing additional salary and continuous medical education to doctors up to the age of 30.

Mr. Merrifield provided information on the key focus areas in the work of the industry and the policy advisory groups (PAGs), namely, flexible pricing and discount policies to enhance patient access, participation in key decision-making forums, healthcare capacity building and implementation of the Ethical Codex.

Mr. Merrifield made an important remark of how particular policies may trigger further health inequalities, especially in the case of price convergence. According to him, the price convergence is disadvantageous for smaller countries because under this system drugs are priced to protect larger states, there is a limited access to medication and therefore, reinforces inequalities thorough Europe. On the contrary, the variable pricing system allows for drugs to be priced according to the payment ability as it secures wide access in lower-income countries and hence, decreases inequalities.

OPENING PLENARY

REFLECTIONS AND FORWARD LOOK

- ✚ Dr. Antoniya Parvanova, MEP **“A Perspective from the European Parliament”**



Dr. Antoniya Parvanova, MEP

“A Perspective from the European Parliament”

Co-discussants: Dr. Stanimir Hasardzhiev, NPO and Mr. Tomasz Szelagowski, FPP

Key Conclusions: The EU Parliament considers health inequalities a central challenge. The Member States can benefit from wise utilization of the resources under the new financial framework of the EU which allows for multidimensional health reforms. Capacity-building and exchange of good practices can foster better results in the fight against health inequalities.

Dr. Antoniya Parvanova, MEP, shared her invaluable insights and recommendations with respect to the strategic documents of the EU and the opportunities they provide for enhancing public health and diminishing health inequalities.

Dr. Parvanova recognised the crucial and fruitful collaboration with the European Patients' Forum in terms of health issues and in specific, in optimizing the utilization of the trans-border healthcare possibilities. Dr. Parvanova confirmed that health inequalities are a primary concern of the European agenda. Furthermore, she emphasized that health inequalities are a challenge interconnected to other socially significant issues discussed at the EU Parliament, such as the issue of professional qualification. In recognition of the centrality of health inequalities, the EU Parliament prepared a Report on Reducing Health Inequalities in the EU 2010-2014 to provide assistance to national governments with respect to good governance and future strategic frameworks. The Report calls for the reduction of inequalities and identifies the key priorities with respect to health issues such as guaranteeing equitable distribution of health, enriching the knowledge base by generating compatible data, building commitment to reduce inequalities and helping vulnerable groups and also involving patients' organizations in discussions on healthcare policies.

Dr. Parvanova demonstrated significant awareness and engagement with the health inequalities issue. Dr. Parvanova shared her concerns over the recently disclosed striking data on health inequalities in terms of life expectancy, years in good health, infant mortality and morbidity across Europe. With this in mind, Dr. Parvanova conducted an extensive discussion on the implications of the new financial framework of the European Union for the period 2014-2020 and the opportunities it provides for bringing health issues to the attention of national and European institutions. Dr. Parvanova advised patients' organizations to utilize the funding opportunities of the programs for the new strategic period and to pressure national governments to invest in healthcare reforms since ten out of eleven priorities allow for the development of different spheres of the healthcare policy. Dr. Parvanova emphasised that unlike in the past, the new national strategic frameworks will be the subjects of discussions with the European Commission for the purpose of optimizing best results and effectiveness. Dr. Parvanova explained that with this framework, the Commission aims to synchronize the efforts of the Member States to achieve better cohesion. She further noted that the funding would be directed in four main areas: health infrastructure, health system reform, health insurances and population agency.

Although Dr. Parvanova recognised the difference in health inequalities between old and new members, she expressed her belief that change could be achieved through best practices exchange and collaboration in projects at the civil society and the national levels. She further affirmed the crucial importance of administrative capacity building, which she perceives a challenge that needs to be addressed continuously. In this respect, Dr. Parvanova shared her concern that the European Commission advances at a pace, incompatible with the abilities of the Member States to endorse the policies and comprehend the increasingly complex working language of the EU institutions, which therefore, imposes the necessity for simplification of the political language to allow understanding of the essence of the conceptions.

Dr. Parvanova kindly answered the questions of the representatives of patients' organizations. To the affirmation that health issues are poorly perceived, Dr. Parvanova answered that health literacy is crucial to the competent assessment of the advantages, disadvantages and implications of the decisions, which can be achieved through effective promotion and campaigning for health. As to the scepticism on the effectiveness of advocacy, Dr. Parvanova explained that continuous efforts for investing in health are necessary to advance health systems. With respect to the austerity measures, which undermine healthcare progress, Dr. Parvanova assured the representatives that the Parliament recognizes health as a human right and for this reason, would readily advise states on their national strategic frameworks. Dr. Parvanova urges patients' organizations to target the whole government and not only specific ministries when exerting pressure. To the final question, which concerned the importance of enhancing digital literacy, Ms. Nikola Bedlington joined the discussion to inform the participants that the European Patients Forum is extremely active in capacity building in this direction with a project called "SUSTAINS".



WORKSHOP SESSIONS

Background Information

The discussions during the workshop were based on the preliminary interviews with 14 leaders of patients' organizations from 12 countries: Bulgaria, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Republic of Macedonia, Romania, Serbia, Greece and Slovenia. The telephone interviews consisted of four main questions. The interviews' objectives were to establish the main challenges patients are facing with respect to the healthcare system in their countries, as well as to determine to what extent the EU problems in the healthcare system match the problems of the new Member States. The preliminary interviews provide basic information, which will be used in the Patients' Survey.

The Patients' Survey is a product of the effective collaboration of the National Patients' Organization – Bulgaria (NPO) and the European Patients' Forum (EPF). The Survey is a part of the follow-up activities planned to reinforce the impact of the First Conference on Health Inequalities in the New EU Member States and will help to establish the Conference as an annual event. Indeed, the Survey will build on the outcomes of the Conference and will delve further into the perceptions, needs and expectations of patients for future healthcare standards. The Study will incorporate the views of 150 patient representatives from 15 EU member states on significant topics referring to their nation's healthcare systems. The results of the Study will be used to draft recommendations for policy amendments in selected EU Member States, which will be presented during a series of national, and EU policy even

Workshop Title

Meeting the real needs of patients. What should be the priorities? Developing an in-depth survey with and for the patient community.

Participants

20 people

Moderators

Nicola Bedlington – Executive Director, European Patients' Forum

Tomasz Szelagowski – Treasurer and Board Member, European Patients' Forum

Outcomes

The delegates gathered to discuss the main topics to be included in the future survey. ¹The main topics of interest proposed by the participants and their suggested questions and comments are:

Prevention and promotion from a patient's perspective

- Can health promotion be taught in schools?
- Do patients understand Health Promotion and Prevention?
- Do patients receive informative support from their national health bodies?

Access of information

- What are the main barriers to access of information, treatment and medication?
- How, and is, information accredited and validated before submitting to patients?

Collaboration and solidarity

- Do patient organizations have partners in the government? How do they work together?
- Do organizations have the means and attitude to build strong and lasting connections?

Investment vs. Expenditure

- How is technology affecting the healthcare system in your country?
- Which part of the healthcare is in higher need of additional subsidies?

Impact assessment

- What changes do you record after your nation's accession to the EU?
- How has the global economic crisis affected your nation's healthcare system?

¹ *These are only provisional questions and topics and are in no way binding or exclusive to the survey. The actual*

Workshop Title

What do we want policy makers and institutions to act upon to curb health inequalities in the new EU member states in the next 5 years?

Participants

19 people

Moderators

Dr. Milan Lopašovský, Slovak Patients' Rights Association, AOPP

Outcomes

The delegates gathered to discuss the main topics to be included in the future survey. The main topics of interest proposed by the participants and their suggested questions and comments are:

Involvement of patients' associations in the decision making process in the healthcare sector

- Is patients' voice heard?
- Do we need to include patients' organizations in Government discussions?
- Do patients receive information support from the national health institutions?

Set standards to curb health inequalities

- Are policies likely to have direct or indirect effect on health inequalities?
- Do we need services sensitive to the needs of disabled people and which promote greater awareness of health risks?

Efficient use of resources and public control

- Do patients' organizations have partners in the government? How do they work together?
- Do institutions allocate resources to patients' organizations to provide equal access for equal need in all parts of the countries, and to reduce avoidable health inequalities?

Accessibility to treatment

- Need of innovation and integration into the labour market.
- Do qualified professionals immigrate abroad?

Review of EU resources and projects

- Request to national government responsibility in the implementation of the EU strategies into the national health frameworks.
- Insufficient cooperation with stakeholders, patients' organizations and EU institutions.
- Need for systematic exchange of information
- The EU needs to make local governments accountable.

Cooperation & communication

- How to improve the communication with stakeholders?
- Is there transparency and cooperation in the regional healthcare centres?

Solving prices reference for medicines

- Will the economic crisis stop us from having drugs?
- Do new EU Member states make cost-effective choices?
- There is pressuring need of appropriate government legislation on medicines pricing.

Workshop Title

Future steps – how patients could be involved further in fighting against health inequalities in the new EU Member States?

Participants

20 people

Moderators

Dr. Stanimir Hasardzhiev, Chairperson, National Patients' Organization

Outcomes

The delegates gathered to discuss the next Conference on Health Inequalities in the new EU Member States as well the other initiatives that could be realised to eradicate health inequalities. The main comments and proposals of the participants are:

Three different methods of organizing the future conference:

- Hosting country (not sustainable)
- Steering Committee/ Monitoring Committee/ Strategic Group
- Patient-led networking and coalitions (involving all stakeholders)

Collaboration between stakeholders

- Organizing seminars within and among the countries
- Meetings with key stakeholders
- Networking and information exchange between countries
- Collaboration with the media and ensuring accurate interpretation of the information
- Building broader coalition to attract the attention of high-level EU institutions

Organisation of the next conference

- Setting clear criteria for candidates in the election procedure
- Informing other local patients' organizations about the conference through workshops in order to identify current challenges
- Preparation of reports from the workshops
- Submission of the reports to the Monitoring Committee for analysis and clarifying the demands of the local organizations
- Organization of the Conference which will discuss the identified demands

Follow-up to the Resolution

- Encourage meetings of the ministers of health as well as meetings of MEPs
- Translate the Resolution into the local languages and communicate the message to all concerned parties and local health insurance companies
- Encourage the creation of national patients' organizations
- Approaching European umbrella organizations of other stakeholders, e.g. doctors, nurses, pharmaceutical companies



RESOLUTION

FIRST CONFERENCE ON HEALTH INEQUALITIES IN THE NEW EU MEMBER STATES
“POLICY MAKERS AND PATIENTS – CREATING THE CHANGE”

RESOLUTION AND CALL TO ACTION

21 September 2012

The parties to the First Conference on Health Inequalities in the New EU Member States, “Policymakers and Patients – Creating the Change”,

Recognising that healthcare is a priority concern for citizens in the EU Member States as well as in the candidate countries;

Recalling that the well-being of the citizens is among the main goals of the Union, as expressed in the Treaty; and that the reduction of health inequalities forms a major pillar of the EU Health Strategy, “Together for Health” and a major element in achieving the goal of ‘inclusive growth’ of the Europe 2020 Strategy;

Reaffirming our commitment to the common European values of universality, access to good quality care, equity and solidarity;

Highlighting the positive economic impact of investment in health;

Expressing concern over the alarming discrepancies among the EU Member States with regards to access to healthcare and the quality of care;

Recognising that policymakers at the national and the EU levels are committing significant efforts to address the problem;

Stressing that cost should not be the main criterion for evaluating strategies for reforming health systems even in a time of economic crisis. The ultimate goal of such strategies must be to improve the health and quality of life of European citizens, including persons at risk of or affected by chronic diseases.

Recalling The Council Conclusions of 2010 calling for implementation of innovative chronic care models including ways to reduce health inequalities and improve access;

Recognising that chronic disease is often a direct cause of health inequalities for patients and their families, due to their dependence on timely access to safe, high quality healthcare and support services; reduced or inability to work, and the resulting loss of income and risk of poverty; the direct and indirect costs of illness; and social discrimination and stigma.

Recognising the need for strengthening the capacity of the healthcare systems in the new Member States;

Acknowledging that health promotion, prevention, and patient-centred chronic disease management form a holistic continuum, where effective prevention and health promotion can free resources for healthcare provision, while investment in high-quality, patient-centred chronic disease

management can reduce the disease burden, increase social productivity and optimise the use of healthcare resources.

Recognising that access to timely diagnosis followed by prompt treatment is crucial to ensure good health outcomes and quality of life for patients, and to avoid deterioration and complications that require complex medical interventions that burden both the patient and the healthcare system.

Recognising that patients, when well treated and supported, are able to function in society and continue working for longer, thus reducing the burden on their families while also benefiting the economy and society as a whole.

Recognising that patient-centeredness is a core component of high-quality care, as well as demonstrably cost-effective, leading to reduction in avoidable hospitalisations, better allocation of resources, better patient experience, and more activated, motivated and empowered patients.

Recognising that patients have a unique experiential knowledge that is currently under-utilised as a resource for improving the healthcare system – through identifying gaps and unmet needs, and through identifying solutions for better targeting of services and better cost-effectiveness;

Recognising that in order to become “co-producers” of health, patients and citizens should be empowered inter alia through health literacy, high quality information and the implementation of patient-centred care models;

Recognising that health inequalities affect disproportionately women and men in certain population and age groups and gender, age and socio economic status are key determining factors;

Recognising the cultural differences in different regions of Europe and its impact on health inequalities;

URGE the EU Member States, in collaboration with the EU Institutions and health stakeholders:

1. to recognise the alleviation of health inequalities in the new Member States and Candidate Countries as a political priority at European, national, regional and local levels;
2. to implement existing high level commitments and strategies on health inequalities;
3. to ensure that health systems reforms are based on the fundamental principles of equity of access, solidarity, inclusion, high quality and patient-centeredness;
4. to encourage a multi-faceted approach to health inequalities, including enhanced investment in health, optimising efficiency and effectiveness and facilitating innovation in all its guises;
5. to encourage a wider debate on access to medicines and treatments based on patients' needs;
6. to ensure a life course perspective on health inequalities, whereby health promotion, prevention, and patient centred disease management are seen as one continuum;
7. to stratify and target vulnerable groups at real risk of health inequalities;
8. to secure mechanisms to strengthen capacity to tackle health inequalities, increase the quality of the provided healthcare services and examine concrete strategies for better access to treatment and medication;
9. to encourage and support strategies for increased collaboration, solidarity and cohesive action among and between all the relevant stakeholders – policy makers, health providers, relevant industry sectors, and civil society organisations – in a joint effort to address the challenge of health inequalities; to empower patients and other citizens to become partners in the dialogue

on health and integral parts of the health systems, inter alia through high quality information and health literacy strategies and the implementation of patient-centred care models;

10. to recognise the valuable role played by patient organisations, and to actively involve patients and their representative organisations in healthcare-related policies and initiatives at national, regional and local levels coupled with adequate institutional, structural and financial support mechanisms;
11. to reiterate the role of health professionals and specialists in relation to health inequalities, and address the large scale migration of health workers;
12. to actively promote European cooperation through identification and exchange of good practices for the purpose of enhancing the quality of healthcare, implementing patient centred chronic disease management strategies, and facilitating patients' access to affordable treatment;
13. to encourage and facilitate the use of relevant EU funding programmes to advance projects addressing directly or indirectly health inequalities (European Innovation Partnership on Active and Healthy Ageing, Horizon 2020, the Health for Growth Programme and others);
14. to ensure that health inequalities are prioritised in the Structural Funds during the next programme period and that appropriate capacity building and technical support is made available to Member States and Civil Society;
15. to commit to receiving and using the data from patients' perspective on health inequalities that will be launched following this conference;

FUTURE STEPS

Under the initiative of Mrs. Desislava Atanasova, Minister of Health of the Republic of Bulgaria, it was decided to organise a meeting in a near future on health inequalities that will convene the Ministers of Health from Central Europe. It will be the occasion to identify and address main challenges such as immigration of highly skilled professionals and utilisation of financial resources. "The common problems of the new EU Member States imply common actions, and this meeting will provide a unique forum for the ministries of health from the region to outline these common actions for overcoming health inequalities", pointed out Minister Atanasova.

Dr. Andrey Kovatchev will also reiterate the issue of health inequalities at the EU Parliament level. He will present the results that emerge from the First Conference on Health Inequalities at a meeting of MEPs from Central Europe that will take place in Brussels.

Mr. Charles Price, Representative of DG SANCO, shared the activities of the European Commission to address health inequalities.

The outcomes and data elaborated at the conference were also discussed at the 7th International Health Summit, "More Consumer Oriented Healthcare - more money for health", on 23-25 September in Prague, Czech Republic.

The conference is a first step taken towards creating and implementing a comprehensive, continuous and economically efficient strategy for tackling health inequalities in the new EU Member States and candidate countries. The Federation of Polish Patients takes over the responsibilities to organize the next event in Warsaw, Poland in 2013. The Bulgarian National Patients' Organization (NPO) and the European Patients' Forum (EPF) will continue to support the fight against health inequalities with an in-depth survey among patients' organisations to ensure up-to-date and concrete data on the results for patients.

ACKNOWLEDGEMENT

*The Ministry of Health of the Republic of Bulgaria, the National Patients' Organization and the European Patients' Forum would like to thank all participants for taking part in the **First Conference on Health Inequalities in the New EU Member States – Policy Makers and Patients – Creating the Change**. Your dedication, vivid interest and invaluable insights contributed to raising awareness and encouraging future action to curb health inequalities.*

Together, we shall work to ensure quality and accessible healthcare in Europe!

*The Ministry of Health of Bulgaria
The National Patients' Organization
The European Patients' Forum*

APPENDIX**A**

Association of Innovative Pharmaceutical Manufacturers, Hungary (Innovatív Gyógyszergyártók Egyesülete)
 APAH-RO, Romanian Liver Patients Association, Romania (Asociația Pacienților cu Afecțiuni Hepatice din România)
 Aliance
 ARPharM, Bulgaria (АрпФарм)
 Association "2002 Hopes", Bulgaria (Асоциация " 2002 Надежди")
 Association of patients with rheumatoid arthritis, Bulgaria (Асоциация на пациентите с ревматоиден артрит)
 Association "HEART", Bulgaria (Асоциация "Сърце")
 Association "Women without osteoporosis", Bulgaria (Асоциация "Жени без остеопороза")
 Alcon
 Astra Zeneca

B

Bulgarian Union of Transplanted People, Bulgaria (Сдружение "Български съюз на трансплантираните")
 Bulgarian patients' forum, Bulgaria (Български пациентски форум)
 Bulgarian Association for Patients' Defense, Bulgaria (Българска асоциация за защита на пациентите)
 Bulgarian union of transplanted people, Bulgaria (Български съюз на трансплантираните)
 Bulgarian Association of people insured and victims in car accidents, Bulgaria (Българска асоциация на пострадали при катастрофи)
 Bulgarian Haemophilia Association, Bulgaria (Българска асоциация по хемофилия)
 Bulgarian Industrial Association, Bulgaria
 Bulgarian Association for Drug Information, Bulgaria (Изпълнителна Агенция по лекарствата)
 Bulgarian Medical Association, Bulgaria (Български лекарски съюз)
 Bulgarian Dental Association, Bulgaria (Български Зъболекарски Съюз)
 Bulgarian Pharmaceutical Group, Bulgaria (Българска Фармацевтична Група)
 Bulgarian Red Cross (Български Червен Кръст)
 Bayer Bulgaria
 Bulgarian association for Protection of Patients' Rights (Българска асоциация за закрила на пациентите)
 Bulgarian Drug Agency, Bulgaria (Българска агенция по лекарствата)
 BGpharmA

C

Croatian National Institute of Public Health, Croatia (Hrvatski zavod za javno zdravstvo)
 Council of Representatives of Patients' Organizations of Lithuania, Lithuania (Lietuvos pacientų organizacijų atstovų taryba, LPOAT)
 CEE HPN (Central & East European Health Policy Network)
 Coalition of Associations in Healthcare Debra, Croatia (Društvo oboljelih od bulozne epidermolize)
 Cyprus League Against Rheumatism, Greece (Αντιρευματικός Σύνδεσμος Κύπρου)
 Confederation of Independent Trade Unions in Bulgaria (Конфедерация на Независимите синдикати в България)

E

European Federation of Nurses' Associations
 Estonian Union of Multiple Sclerosis Societies, Estonia (Союза обществ рассеянного склероза Эстонии)
 European Cancer Patient Coalition
 Estonian Patient Advocacy Council, Estonia (Eesti Patsientide Nõukoja)
 Estonian Patients Council, Estonia
 European Commission Directorate, Brussels
 EPHA, Brussels
 European Patients' Forum, Brussels (EPF)

European Public Health Center, Germany
European Association of Senior Hospital Physicians, Portugal

G

Greek Haemophilia Society, Greece (GHS)
GlaxoSmithKline

H

Health Consumer Powerhouse, Ltd., Sweden (Europeisk sjukvård bättre än någonsin)
Hungarian League Against Cancer, Hungary (Rákkellenes Liga)
HRONOS, Serbia (Udruženje za pomoć obolelim od hroničnih virusnih hepatitis)
HEPTA, Association for health education, prevention and improved treatment, Macedonia (Асоцијација за здравствена едукација, превенција и подобар третман)
Hungarian Federation of Rare Diseases, Hungary (Ritka és Veszélyes Rendellenességgel élők Országos Szövetsége)

I

I Have the Power to Fight, Bulgaria (Имам правото да се боря)

K

Kultlab Celje Society, Slovenia

L

Latvian Association For Kidney Patients, Latvia (Latvijas Nieru slimnieku asociācija)

M

Ministry of Health, Estonia (Sotciaal Ministerium)
Ministry of health, Republic of Macedonia (Министерство на Здравство)
Ministry of Health, Croatia (Ministarstvo zdravlja)
Ministry of Health, Greece (Υπουργείο Υγείας)
Main Chamber of Nurse and Midwives, Poland (Naczelna Izba Pielegniarek i Położnych, Polska)
Ministry of Health, Romania (Ministerul Sănătății)
Ministry of Health, Poland (Ministerstwo Zdrowia Rzeczypospolitej, Polskiej)
MIA-Association for health promotion and education, Macedonia (Македонска Информативна Агенција)
MIA - Association for health promotion and education, Macedonia (Македонска Информативна Агенција)
Malta Health Network, Malta
Malta Blood Donors, Malta
Main Chamber of Nurses and Midwives, Poland (Naczelna Izba Pielegniarek i Położnych)
Mamma HELP, the Czech Republic
Ministry of Health of the Republic of Bulgaria (Министерство на Здравеопазването)
Ministry of Health, Healthcare Commission, Bulgaria (Министерство на здравеопазването, Комисия по здравеопазване)
Medical federation "Подкрепа", Bulgaria (Медицинска федерация "Подкрепа")
MundiPharma
MSD Bulgaria

N

NGO "EVERYTHING for HER"
National Patients' Organization, Bulgaria (Национална пациентска организация)
National Health Insurance Fund, Bulgaria
Novartis Pharma Services Inc.
National Union of General Practitioners of the Republic of Bulgaria (Национално сдружение на общопрактикуващите лекари в България)

O

Ombudsman Office of the Republic of Bulgaria (Омбудсман на Република България)

P

PHAEUROPE, Brussels
Public Health Institute, Czech Republic (Státní zdravotní ústav)
Polish Federation of Patient (FPP), Poland (Federacja Pacjentów Polskich)
Positive Choice Foundation, Bulgaria (Фондация "Позитивен избор")
Patients' organisation "GLAUKOMA", Bulgaria (Пациентска организация "ГЛАУКОМА")
Presidency of the Republic of Bulgaria (Президент на Република България)
Pfizer

Q

Q-klub (Centar za afirmaciju pozitivnog života)

R

Romanian National Alliance for Rare Diseases, Romania (Alianta Nationala pentru Boli Rare din Romania)
Roche

S

Slovak Patients' Rights Association, Slovakia (AOPP)
Sofia Medical Association, Bulgaria (Софийски лекарски съюз)
Sanofi

T

The First European House-Health Forum
The Latvian Umbrella Body For Disability Organization SUSTENTO, Latvia ("Latvijas Cilvēku ar īpašām vajadzībām")
Thalassaemics' Organization in Bulgaria, Bulgaria (Българска Организация на болните с таласемия)
Thrombophlebitis Patients in Action, Bulgaria (Тромбофлебитици в действие)
Thirst for life Association, Bulgaria (Асоциация "Жажда за Живот")