PREVENTION AS A NEW HEALTH PARADIGM:

BUILDING AN EFFECTIVE EUROPEAN RESPONSE TO ENABLE HEALTH PREVENTION TO 2030

EIH Working Group 1 Report

Contents

Foreword

Most of European healthcare systems face the same challenges for the next years: first populations are ageing and second they are ageing with one or more chronic conditions. As a consequence, the expected budgets allocated to chronic disease treatments is expected to soar while it already represents 50% to 60% of total spending.

Numerous but preventable factors including lifestyle patterns or nutrition highly contribute to major chronic conditions as diabetes or cerebral vascular accidents. But the time spent by physicians on prevention (as education, communication and support toward patients) is today limited compared to the time focused on diagnoses and cure of existing symptoms or emergencies.

Besides, technologies will offer new opportunities for prevention, start in with new diagnoses technologies (genomics combined with health-data analytics capabilities), new detection and monitoring capabilities with portable devices.

Healthcare systems can then benefit from a better integration of prevention, in term of costs and quality of care and cure. While this statement is most often conventionally accepted (not ignoring that cost/benefit may be challenged when it comes to specific risks and patient segments), it represents nevertheless a paradigm shift and challenge in our existing healthcare « ecosystem ».

Sketching the next step for prevention requires to better define the scope of prevention, which implies assumptions on the levers to be activated to best preserve our health, the content of the coaching activity in terms of protocols, roles and responsibilities, and how we will pay for it.

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Defining prevention

Preventive health is the implementation of interventions to tackle key risk factors for the development of disease and the challenges of ageing to limit their negative health impacts. Prevention involves assessing risks to health, and building strategies to mitigate these risks. Prevention in health means creating an enabling environment which provides individuals with the tools, capabilities and incentives to lead healthier and productive lives, thereby improving overall health outcomes whilst reducing the burden on health and social care systems.

Introduction

European nations are facing crippling challenges to their ability to provide quality healthcare for citizens.

There are significant threats to the future sustainability of health provision in EU Member States. The impact of demographic change and the growing incidence of chronic disease place an increasing burden and cost on European health systems. By 2030 there will be 110 million people over the age of 65 in the European Union (EU), and the dependency ratio - the percentage of people aged 65 and above compared to the number of people aged 15-64 - will increase from 23% in 2000 to 35% in 2025 and 45 to 50% in 2050. In the coming years, the impact of rising obesity and the toll of unhealthy lifestyles will become ever more evident, with incidence of chronic disease set to rise. Statistical projections show that 64 million people will die in 2015; 41 million (64%) of these caused by chronic diseases. This is a 17% increase in chronic disease deaths since 2005, and the trend is set to continue[ii]. Improvements in healthcare mean chronic disease can be managed for longer periods of time, but at a cost. The burden of paying for this care falls to a shrinking working cohort, leading to huge pressure on public finances.

There is hope, however. Non-communicable diseases are largely preventable by means of effective interventions to tackle shared risk factors, namely: tobacco use; unhealthy diet; physical inactivity and harmful use of alcohol. If the major risk factors were eliminated, the World Health Organisation (WHO) estimates that around 75% of heart disease, strokes and type 2 diabetes cases, and around 40% of cancer would be prevented.

European health systems are currently orientated towards acute care provision – focused on sending the ambulance rather than preventing the fall.

The time for a new approach to health care organisation and prevention is here. The challenges posed by demographic change and the impending disease and care burden present significant risk to the future ability of European nations to sustain quality provision of health services. At the same time, new technologies, scientific progress, increased availability of data and new financing and business models offer significant opportunity to transform delivery of health services and to prioritise prevention. A creative, coordinated approach is required to take advantage of these opportunities, and reconfigure service provision so it is fit for future demand.

This paper is the outcome of a series of workgroups convened by the European Institute of Health, which brought together a pan-European group of experts from across the public, private and community sectors concerned with citizens' health. The group was challenged to imagine a future European health and social system orientated around prevention, which successfully tackles risk factors and the challenges of ageing to reduce the incidence of disease and dependency, and to understand how we could move towards this system from where we are today.

The issue of prevention is worth discussing at EU level due to the commonality and criticality of risks facing Member

States. There is an urgent need to develop strategies to manage the impact of demographic change across the EU, and preventative health is a powerful tool within this. Leadership and direction setting at the European level should both enable and catalyse action within Member States to make the changes that are required now to reap the benefits of prevention, particularly as pressure on health systems becomes more acute. The European Commission itself has a mandate to take action on some of the areas covered in this paper. In other cases, European institutions can take the lead in furthering research and discussion on prevention, and incentivising Member States to take action.

The objective of EIH was to identify a series of actionable recommendations which would form a roadmap to enable the delivery of a prevention orientated health ecosystem.

These recommendations aim to address structural challenges to delivering prevention which exist today, and to promote the case for a coordinated effort to designing and implementing a prevention-focused approach to health and social care.

The success of this endeavour will rely on the specialist knowledge of the many practitioners working in this field to determine innovative ways to catalyse behavioural change. This paper is focused on recommendations to create an enabling system which allows these programmes to flourish, rather than providing input on what specific interventions should be delivered.

This paper builds upon the work undertaken to date by the European Institute of Health, and the expertise and contributions of working group members.

Technology will be a key enabler in the future delivery of healthcare and driving innovation but is not a focus in this paper. The second 2012 EIH working group is dedicated specifically to exploring the impact and possibilities offered by new technologies.

Figure 1: The Prevention challenge: Challenges and opportunities facing European health systems

A Vision for Preventive Health to 2030

The EIH advocates the prioritisation of prevention as a strategy to deliver improved health outcomes for citizens and manage increasing demands on European health and social systems. EIH envisages a future delivery system where:

- Prevention is considered the primary objective of government, citizens, employers and health providers in preserving wellbeing. Health and social systems are orientated around prevention as the first line of defence. The point of intervention of preventative support takes place long before a citizen has become a "patient".
- Member States define and measure targets for success of preventative programmes. Delivery and legal systems are reconfigured to break down the barriers to effective prevention programmes, for example around data usage or cross-agency working.
- Prevention is driven by a wider ecosystem of players, spanning far beyond the traditional limits of health provision. Citizens have access to the information, tools and incentives to take action to preserve their wellbeing, through settings they interact with on a daily basis, rather than at point of care.
- Prevention is valued as an investment and a tool to reduce costs. The emergence of new business and financial models drives innovation in prevention delivery, and brings new contributors and resources into the prevention effort.
- Greater coordination of research across the EU speeds up understanding of risk factors and effective interventions. Coordination between practitioners through a central prevention body facilitates quicker evaluation and scaling of prevention programmes, and sharing of best practice.

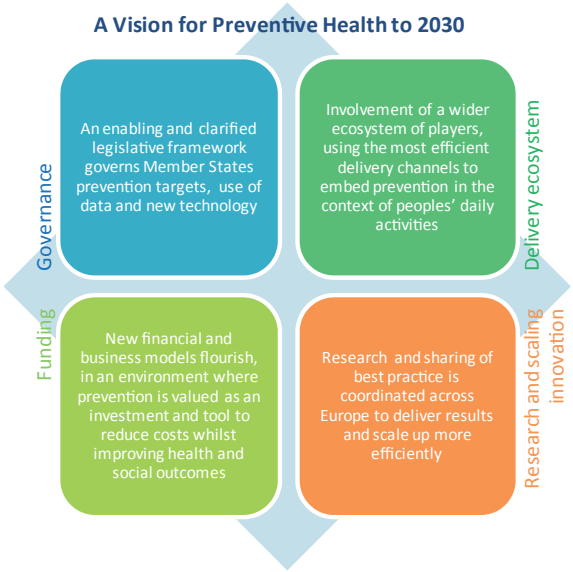

Figure 2: A Vision for Preventive Health to 2030

Roadmap to enabling the Vision

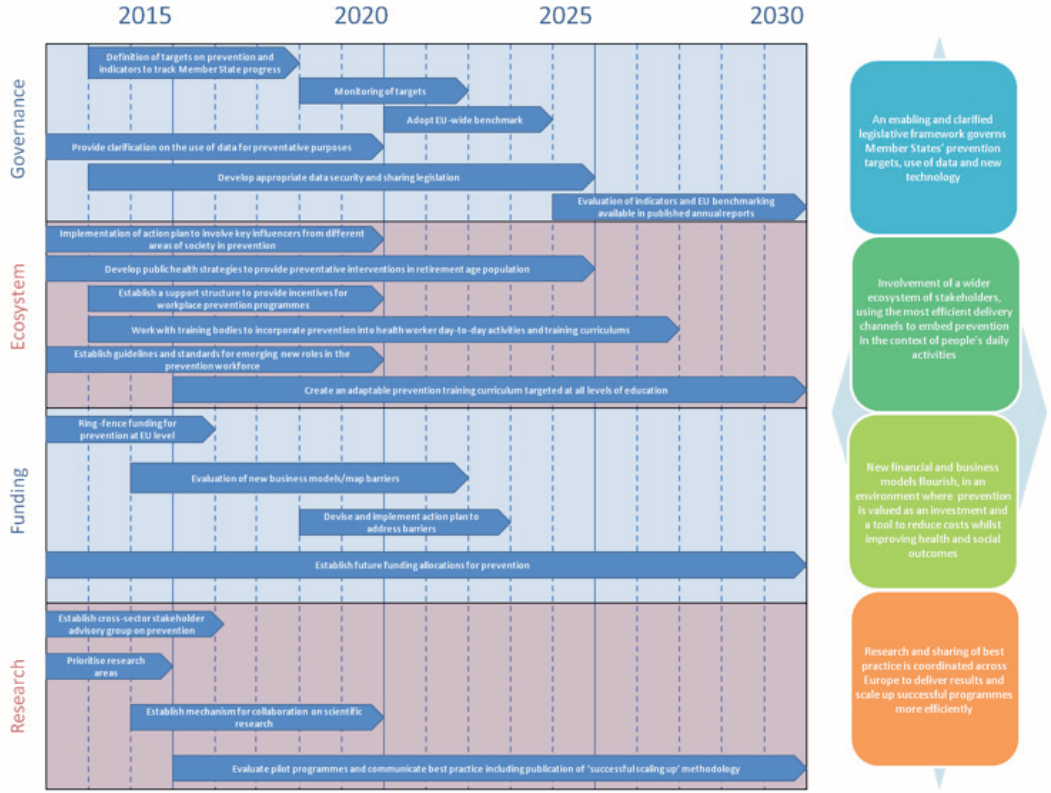

Figure 3: Roadmap to enabling the vision for preventive health to 2030

- This roadmap outlines key milestones to implement the recommendations outlined in this paper.
- Milestones represent steps towards the creation of a system which prioritises and promotes prevention in health and social provision

Governance

Effective governance is a critical element to achieve in order to deliver the goals of prevention set out in this report.
Ensuring the right level of leadership and direction setting at the European level is particularly critical in the following areas:

Setting the targets for prevention and monitoring progress against these
Without setting challenging targets to incentivise Member States to incorporate prevention into their health and social system planning, unequal development across Member States is likely, and the opportunity to make progress on preventative health outcomes will be missed, contributing further to the burden on EU health systems.
Preventative health outcomes in Member States should be assessed according to a standard methodology, to benchmark progress within and between EU nations, making governments accountable and highlighting areas of inequality.

Determining the roles and responsibilities required.
Governments should be active in anticipating the requirements of a system which facilitates the development of new approaches to prevention, including new ways of working, new business and financial models, and the reallocation of roles and responsibilities between existing and new players in the delivery ecosystem.

Helping to create the ideal regulatory environment
Legislative input will be required on some key issues of building an efficient preventative system, such as data sharing and cross agency working and financing. Sharing of health data provides mutual benefit to the data owner and the recipient through allowing more targeted prevention. However, issues of data privacy and security are paramount – and will require political and legal clarification at the EU level.
Breaking down silos between financing, commissioning and delivery structures may require legislation at the national level. These changes should be pre-empted and implemented at the earliest opportunity, to enable innovative approaches to thrive.

Recommendations

1.1 Develop a shared definition of prevention and ask Member States to define targets to meet ambitious but achievable prevention goals. Targets should address implementation of prevention strategies within health and social systems, cost, quality and access issues.

- Collective action at the EU and national level should be taken to further the cause of prevention. This should be commenced through a concrete definition of what is required and a commitment to embed prevention within the health, social and economic policy and planning process.

- These targets should address both progress on orientating systems around prevention, as well as ensuring cost, quality and access issues are addressed.

1.2 Member states' performance in embedding prevention and specific prevention of disease should be assessed according to a standard methodology, and key indicators should be published in an EU-wide performance benchmark to hold Member States to account.

- Establishing a standard methodology to assess Member States' progress on achieving prevention targets is useful for several reasons. Benchmarking provides a lens through which one can assess measures of equality and equity in provision between nations, and understand which national approaches are yielding results.

- The EIH welcomes the progress made on establishing a European health monitoring and reporting system by the European Community Health Indicators Monitoring (ECHIM) project[iv]. EIH supports the recommendations made by ECHIM to DG Sanco to continue the European Community Health Indicator (ECHI) system after the project close in June 2012, as a system jointly operated by DG SANCO, Eurostat and the Member States, in close collaboration with WHO and OECD[v]. The range of indicators included in the project should be expanded to include more specific indicators on preventative health impacts.

1.3 Map the barriers to the use of data in targeting preventive health interventions. Determine which issues require legal clarification to establish how and under what conditions data can legally be used for the purpose of prevention, and shared amongst prevention partners.

- A wide variety of data that could be used to further the goals of prevention exists, but often there are barriers and a lack of clarity as to how this data can be used.

- New communication technologies and data management practices enable the compilation of data on individuals from disparate sources. This information could be integrated into a 'personal health record' which would collect and store data from an individual's interactions across prevention agencies and stakeholders, could be managed by the individual, and shared amongst stakeholders.

- There is a need for clarity on how data can be used and accessed, by whom and in what way. This will require a significant legal and political debate.
  The possibility of being able to target interventions around an individual's genetic profile presents opportunities, but also significant risks and ethical challenges. The need to consider and provide clarity on these issues at a national and international level is critical.
  The European Commission should commission an investigation to map the issues and barriers to data usage that should be addressed at European level, and begin the legal clarification process.

Expanding and optimising the delivery ecosystem

An increasing interest in prevention for personal, social and economic reasons across a range of stakeholders external to traditional health delivery will shape and offer new opportunities for the delivery of prevention.

Increased commercial and economic interest in prevention
A growing number of players will have a vested interest in improving health outcomes, and this will lead to a natural expansion of the delivery ecosystem surrounding prevention. Employers will be increasingly concerned with safeguarding the welfare of their employees to ensure they are able to contribute to the workforce as the retirement age increases. Prevention will be one component of sustainability programmes developed in more and more companies. Insurance companies will offer incentives to clients to protect their health as the demographic burden increases. As the benefits of prevention accrue to a larger number of actors, so the costs and responsibility for delivering prevention will become distributed amongst those who benefit – including government, employers, insurers and individuals themselves.

Prevention will become truly "preventive"
Increased involvement of new players will transform delivery from health practitioners to a range of channels which are much more integrated with citizens' daily routines.

Increased role of the citizen and self-management
Citizens themselves will have a greater access to self-management tools for health care, and consumer driven healthcare will play an important role in transforming the way in which healthcare is delivered. Citizens will be increasingly incentivised by payers and employers to be proactive in protecting their health.

Increasingly targeted delivery
Whilst prevention as a whole will become more prolific, preventative interventions themselves will become increasingly specialised. Interventions will transition from being general public campaign to segmented approaches to target groups, through to specific interventions centred on the unique circumstances of the individual.
In order for such a complex interaction of influencers, beneficiaries and interventions to operate effectively, a concerted effort in public health planning is required, with a specific focus on:

- Need to facilitate entry of new players into the field of prevention
- Providing clarity on roles, responsibilities and accountabilities
- Analysis of the most appropriate delivery partners and channels

Recommendations

2.1 Member States should develop overarching public health strategies that involve a wide range of influencers in society. The role of employers, industry, educational establishments and other organisations with regular citizen engagement as potential channels for preventative interventions should be explored.

- Member State governments should develop national and local strategies and implementation roadmaps to involve a wider range of stakeholders in prevention, based on a clear understanding of those actors with an interest in investing in prevention, or an ability to influence preventative outcomes.
- Member States should mandate or empower other institutions, including schools, workplaces and commercial channels to provide advice or support to citizens in their daily lives. All schools and workplaces should be held accountable to standards for the delivery of prevention information and interventions.
- Motivations and the influencing potential of different actors should be clearly understood, in order to determine the most effective channels for preventative actions. Understanding where certain actors have a vested interest in preserving citizens' health, such as employers, will be critical to leveraging new resources into prevention.
  Ensure that potential delivery channels which have limited resources, such as small to medium enterprise (SMEs) employers, are supported to play an active role in delivery of prevention.
- SMEs could access programmes through partnering with larger employers or pooled workplace health programmes amongst local SMEs. Specific programmes exist at the EU level for building the capacity of SMEs. Support for workplace health initiatives could be incorporated into these programmes (for example, those conducted under the European Agency for Safety and Health at Work)[vi].

2.2 Target citizens reaching retirement age specifically, to prolong the opportunity to live healthy, independent lives.

- The current generation of retirees comprises the generation of "baby boomers", product of the post-war population boom. This represents a significant cohort of people who have benefited from improved health care and are expected to live longer, more productive lives beyond retirement.
- Assuming the longer term vision for prevention is achieved, preventative health will become an integral part of citizens' daily lives long before retirement. However, the current generation of retirees will fall into a "prevention gap", where they have not benefited from integrated prevention, and are no longer in daily contact with regular delivery channels, such as an employer.
- Governments should consider inclusion of delivery channels relevant to this group specifically in their national prevention strategies.
- Member States should actively support and trial the use of telehealth systems, and leverage social media as a tool through which the retired can stay linked in

to their communities and healthcare workers.

- Public private partnership (PPP) models should be explored to develop trials, such as the Ambient Assisted Living Joint Programme (AAL JP), whose objective is to enhance the quality of life of older people and strengthen the industrial base of SMEs in Europe through the use of ICT[vii]. The European Commission should promote initiatives such as the European Innovation Partnership Pilot Project on "Active and Healthy Ageing Innovation Partnership"[viii], and maintain funding for OASIS (Open architecture for Accessible Services Integration and Standardisation to improve quality of life for the elderly)[ix] and similar projects.
- With both of these recommendations, best practices and innovation should be shared amongst Member States through a European Resource Centre (see also Research and Scaling recommendations).

2.3 Embed preventive health interventions as a required competence within the education and training guidance provided to healthcare workforces within Member States. Ensure new roles associated with prevention are subject to the same standards of quality and professionalism as other health sector professions.

- The European Commission already implements guidelines on the education and training of the healthcare workforce. The Commission should incorporate education and training which embeds prevention advice and practices into day to day responsibilities of staff and define prevention as a core competency of the healthcare workforce.
- This could specifically include:
  - Inclusion of specific education and training on prevention into the directives on "Recognition of Professional Qualifications' Directive", expanding the defined training and role requirements of Doctors, Nurses, Midwives and Medical Specialists[x].
  - Supporting the proposed legislation at Commission level promoting the DIR136 Annex into Health Promotion and Prevention, and work closely to create specific guidelines on this relevant across the health workforce.
  - Work with initiatives such as the Development and Implementation of a European Guideline and Training Standards for Diabetes prevention (IMAGE) for Type 2 Diabetes and support their submission to the European Commission for Member State-wide implementation.[xi]
  - Trace the progression and results of schemes such as the Public Health National Occupational Standards (NOS)[xii], the Public Health Skills and Career Framework 2008[xiii] and the UK Public Health Register[xiv] in working towards a structured approach to training action plans, timelines, objectives and defining long-term responsibilities of the workforce. Share best practice amongst Member States. Monitor emergence of new roles in the field of prevention, such as care managers, health coaches and telehealth monitoring assistants, and agree on appro-
- priate standards and guidelines to which employers and practitioners should be held accountable.

Funding

There is an urgent need to identify and secure the financing required to deliver the goals of prevention. Current economic pressures on all Member States mean healthcare faces severe budgetary constraints. In this context, it is particularly difficult for governments to prioritise preventative health programmes when there is pressure on acute services. However, investment in prevention should be reintroduced as an urgent priority for government spending to drive future savings and secure European productivity.

Repositioning of prevention as an investment

Prevention is often wrongly attributed as a cost. There are in fact many forms of prevention that can be carried out at little or no cost, and prevention overall needs to be framed as an attractive investment which drives savings for public sector agencies, employers and individuals themselves. Investing in prevention is not a new concept: the evidence supporting positive return exists, but it has slipped from the agenda in recent years. Governments should commit to developing national funding strategies dedicated to delivery and promotion of prevention.

Ring-fenced funding to bridge the gap between investment in prevention and savings

There is an obvious cashflow issue which is central to the historical approach to prevention as a low priority for investment: despite the fact that preventative programmes have proved to save money in the medium to long term, it can be difficult to bridge the immediate gap when focus on such programmes means increased spending. This is made even more pertinent in the current situation where funding for health research at the EU level is under threat – hitting hard at a time when the need is increasingly critical.
Funding at the EU level should be made available specifically for catalytic investments in preventative initiatives. By 2030, ring-fenced funding for prevention should be the norm across Member States. Importantly, this area of funding should also demonstrate significant measurable return of all investments at EU level over this period.

Shared responsibility for prevention brings new resources into the system

Instead of being solely the responsibility of the Member State government, the costs of funding prevention programmes should be shared across all the beneficiaries, including insurance, employers and citizens. New business and financing models driven by new players in the deliver ecosystem will be key to leveraging additional resources into the system. Governments should incentivise innovation in this area, evaluate emerging models and support effective models to scale. Introduction of new business models should prioritise the principles of long term sustainability and revolve around a clear understanding of the needs of citizens and involved healthcare professionals.

Recommendations

3.1 Bolster financial support for health programmes under the European institution funding regimes, and ring fence a percentage of these funds for research into the organisation of prevention and innovative prevention pilot programmes.

- Under the 7th Framework Programme, €32.4 billion is allocated to Cooperation[xv], and €6.1billion of this specifically ring-fenced for Health[xvi]. This should set a precedent for future Framework Programmes with a view to allocating an increasing financial target for funding available specifically for prevention as we move towards 2030. Specific mention of prevention as a priority funding area should be incorporated into funding guidelines.
- Under the 7th and incoming 8th Framework programmes, Integrated Projects(IPs) and Specific Targeted Research Projects (STREPs), should be actively pursued as opportunities for development in the field of prevention. Prevention programmes will clearly fulfil the necessary criteria of collaborative work across different Member States, a required focus on "addressing major needs in society", and a strong participation of small or medium-sized enterprises (SMEs) to ascertain the translation of pilot projects into commercially viable products or services.
- We ask convenors of specific funding programmes which have potential alignment to prevention objectives to consider how these programmes could further the cause of prevention, and reference this accordingly in funding criteria. Specific examples include:
  - European Research Council
  - Executive Agency for Health and Consumers, particularly the EU Health Programme, EU Consumer Programmes
  - European Centre for Disease Control
  - European Monitoring Centre for Drugs and Drug Addiction
  - Horizon 2020
  - Cooperation Work Programme 2012.
- The European Commission should commission a thorough cost/benefit analysis of the impact of prevention programmes, measured against a baseline of the health impacts and treatment costs if prevention is ignored. This analysis should be carried out by a trusted and objective partner.

3.2 Analyse the potential for new financial and business models in preventive health as potential mechanisms for future funding and delivery, or as sources of bridge funding as EU health systems transition from acute to preventive focus. Identify any barriers that may prevent the evolution of new models, and build an action plan or guidance for Member States on addressing these.

- With increasing demand for consumer-driven health solutions, the potential applications of new technology and the commercial and economic interests of key stakeholders such as insurance companies, it is inevitable that new business and financial models for delivering preventive interventions will emerge.

The European Commission should consider commissioning an analysis into the key incentives of encouraging participation in prevention from new participants, and quantify the potential cost/benefit of implementing a programme to provide these incentives (such as seed funding for entrepreneurs or market guarantees). Analysis of emerging new models should be undertaken to understand critical success factors and lessons learnt. The Social Impact Bond[xvii] is a good example of an innovative financing model designed to leverage private funding into delivering public service outcomes. The key challenge which prevents the emergence of more Social Impact Bonds is the difficulty of attributing costs and benefits on shared outcomes across government agencies. Such barriers should be mapped and comprehensive plans developed to address them, should this be deemed in the best interest of the public.

- The European Institute of Innovation and Technology's Knowledge Innovation Communities[xviii] which bring together education, technology, research, business and entrepreneurship in order to produce new innovations and new innovation models should be harnessed to help shape and provide input to discussions around new business models.

Research and scaling innovation

There is no shortage of successful, innovative programmes designed to deliver preventive health scattered across the EU. Much effort has been invested into developing pilots at the local level to trial and measure impact of different preventative health interventions. However within Member States, and even within regions, there appears to be significant barriers to replication of effective programmes. This means the results and impacts of pilots are not fully optimised and shared. Similar challenges impact clinical research into prevention across the EU. There are several areas where action can be taken to address this inefficiency:

Develop overall understanding of the landscape of prevention success across Europe
There is no overall understanding of the pilot landscape across the EU, nor of how pilots are successfully scaled. Resources on pilots are fragmented, and there is no "one-stop-shop" for sharing best practice. Identification and replication of successful pilots will be critical to the development of a preventative system – but this cannot be achieved efficiently without an understanding of success and collaboration.

Optimise coordination and collaboration across Europe
Clinical research across the EU is fragmented and competitive, leading to inefficiency and duplication of effort. Due to the nature of research funding, research institutions even within a small locality might be competing to deliver results on the same topic. Due to the lack of understanding and urgent need to make progress on understanding the links between risk factors and disease, diagnosis and treatment, a system which encourages inefficiency seems outdated. There is a need for a more coordinated and efficient approach to prioritising research and sharing results.

Recommendations

4.1 Establish a cross-sector stakeholder group with a mandate for driving the incorporation of prevention strategies into European health and social cares systems.

- At present there is no official advisory body at European level which brings together stakeholders from across all aspects of prevention. Clinical research groups exist, but there is a need for a group which unites researchers with practitioners, with patients, employers, industry representatives, commercial service providers, and public health planners to provide a joined up view of prevention needs and ensure a joined up, collective response to prevention. Currently there does not appear to be an existing initiative at the EU level that fulfils this role. However, EIH has begun to play this role, and could continue to scale up its efforts to fill this fundamental gap.
- EIH's mandate would include:
  - Provide a forum for identifying challenges and barriers to implementing prevention strategies, and well as highlighting and facilitating the sharing of innovation and best practice.
  - Communicate findings to, and work closely with, EU bo-

dies and Member States to catalyse action on prevention.
- Break down the silos between different work programmes and to draw together cross-sector findings and make connections between the different areas of work.
- Evaluate pilot projects and contribute analysis, knowledge and resources to the European Resource Centre (see 4.2).

4.2 Develop a European Resource Centre for sharing research, evidence of impact and best practice. Investigate how pilot projects and small-scale initiatives around preventive healthcare have been successfully brought to scale. Collate and share this information so that it might be enacted as a methodology for future successful pilot projects.

- There is no "one-stop shop" where information and insights on prevention programmes is consolidated. This results in a lack of visibility of what has been trialed across Member States, and means that practitioners lose the benefit of learning from the approach, successes and failures of others.
- The European Resource Centre could bring together the existing work that has been done to progress the objectives of preventive health, enabling easier collaboration of practitioners across the EU and a knowledge base which will make the practice and scaling of preventative programmes more efficient.
- Analysis should be undertaken by EIH of the key components and market conditions that enable a project to scale. This should be translated into a paper aimed at Member States to enable them to understand the constraints faced by pilot projects in scaling, how successful projects are able to scale, and to consider these barriers and success factors in the planning of their prevention strategies.

4.3 Foster collaboration between research organisations and sharing of research findings to facilitate faster progress on the most challenging health problems.

- Recognising the inherent competition existing within medical research structures, the stakeholder group would seek to find incentives and programmes which can facilitate cooperation between research units to forward the goals of prevention, rather than stimulate duplication of effort.
- The Coalition Against Major Diseases (CAMD) group in the USA fostered collaboration and pooling of research on Alzheimer's, amongst other diseases, in order to speed progress on understanding of the disease[xix]. This not only provides a collective benefit to public health and the scientific community, but it enables researchers to continue to develop their research, with the benefit of additional knowledge available equally to all participants. The European Commission should consider building the case and acting as a convenor for a similar collaborative effort across European research organisation, pharmaceutical companies and national governments on priority issues related to prevention. Given the immense challenge posed by Non-Communicable Diseases and the relative lack of scientific understanding of these, specifically targeting key aspects of these diseases could be used as a pilot of the approach.

Recommendations summary

Governance

1.1 Develop a shared definition of prevention and ask Member States to define targets to meet ambitious but achievable prevention goals. Targets should address implementation of prevention strategies within health and social systems, cost, quality and access issues

1.2 Member States' performance in embedding prevention and specific prevention of disease should be assessed according to a standard methodology, and key indicators should be published in EU-wide performance benchmark to hold Member States to account.

1.3 Map the barriers to the use of data in targeting preventive health interventions. Determine which issues require legal clarification to establish how and under what conditions data can legally be used for the purpose of prevention, and shared amongst prevention partners.

Expanding and optimising the delivery ecosystem

2.1 Member States should develop overarching public health strategies that involve a wide range of influencers in society. The role of employers, industry, educational establishments and other organisations with regular citizen engagement as potential channels for preventative interventions should be explored.

2.2 Target citizens reaching retirement age specifically, to prolong the opportunity to live healthy, independent lives.

2.3 Embed preventive health interventions as a required competence within the training guidance provided to healthcare workforces within Member States. Ensure new jobs associated with prevention are subject to the same standards of quality and professionalism as other healthcare sector professions.

Funding

3.1 Bolster financial support for health programmes under the European institution funding regimes, and ring fence a percentage of these funds for research into the organisation of prevention and innovative prevention pilot programmes.

3.2 Analyse the potential for new financial and business models in preventative health as mechanisms for future funding and delivery, or as sources of bridge funding as EU health systems transition from acute to preventive focus. Identify any barriers that may prevent the evolution of new models, and build an action plan or guidance for Member States on addressing these.

Research and scaling innovation

4.1 Establish a cross-sector stakeholder group with a mandate for driving the incorporation of prevention strategies into European health and social care systems.

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4.3 Foster collaboration between research organisations and sharing of research findings to facilitate faster progress on the most challenging health problems.

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xix http://c-path.org/CAMD.cfm

How to contribute to EIH working sessions ?

1- Why the European Institute for Health (EIH)?

Europe is facing many Health challenges: by 2025 about one-third of Europe's population will be aged 60 years and over and there will be a particularly rapid increase in the number of people aged 80 years and older. EU Member states must develop strategies to meet this challenge. EU Member states have to promote good health and active societal participation among the older citizens, to fight the burden of chronic diseases and keep their health budgets under control. The opportunity to use technology to improve health challenges will be crucial.

To achieve this goal, Europe needs to build solid partnerships across borders and to address strong and efficient messages on health challenges.

There are some obvious diagnosis, before proceeding with any forward-looking approach, that we found at the same time that we see the growing awareness of European citizens ,of the strong principle of the European Union: ''The equality of all Europeans in access to quality health and safety of a high level.''

The European Institute for Health was created to raise EU health challenges and is willing to provide recommendations to decision makers, NGOs and practitioners, on how to get into action to promote appropriated answers. The EIH goal is exchange of knowledge and experience among the European Union Member States. The main aims have been to review and analyse existing data on health, to produce some reports with recommendations and to develop a comprehensive strategy for implementation of these recommendations.

Today, Europe needs medium/ long term decisions on Health for the greater benefit of European citizens.

2-What is the EIH?

<u>EIH is an european body</u>

➤ Type : AISBL (Association Internationale Sans But Lucratif)

• An Independent and permanent structure, a think tank not a pressure group.

• Foundation date : End 2008 (Kick-off : European Health Ministers Council)

Location : Brussels

<u>GOALS</u>

• To contribute to the improvement of health in Europe:

• By anticipating the changes on health at large

➤ Science & technology

➤ European consumers expectations, lifestyle and ageing

➤ Medical practices and actors

➤ Health governance

- By developing guidelines for health in Europe
  - ➤ Through studies, seminars and various publications
  - ➤ Through work groups (task forces)
- By sharing effective and innovative solutions

APPROACH

A prospective project

1- First study dealing with health in 2030

A multi-states, multidisciplinary approach

2- Gathering of all actors of « Global Health »

3- Establishing working links with all the EU bodies

An European initiative

4- Helping the European Community in its addressing of European consumers interests

5- Providing to European actors a new opportunity to contribute to policy development at an early formative stage

- Our First study In partnership with Accenture « Emerging Health Challenges for Europe over the next 20 years » was presented during a symposium at the European Parliament, June 7, 2010
- Allowed the attendance of a wide panel of experts and professionals of the « Global Health »
- Allowed the emerging of leads for our future works

A Facilitator:

In the sharing of diagnosis and in the implementation of actions to improve health decisions in social and economic terms

3-What has made by EIH?

After its founding Symposium June 2010 on the theme: ''Emerging health challenges for Europe over the next 20 years'' at the European Parliament, and from a study by Accenture, EIH is entering a new phase of works (2011/2012). Following the recommendations made by various actors from the symposium and by many experts, always from our initial assumption and in a prospective way two working groups worked on a regular basis on the following themes:

''Prevention as a new paradigm'' *(Should Prevention be integrated in European healthcare strategies?)*
''Ubiquitous and cost effective technologies''*(Could technologies provide European citizen a better access to healthcare?)*

''Long Term Care: What Challenges for Europe'': A symposium: devoted to dependence given that it represents a major issue in European countries, taking into account the European cultural differences and the various senses of dependence across Europe'' we will consider successively: definitions and various problematic, key facts figures, learning from international perspectives and experiences, and we conclude by recommendations to reinvent long term care in Europe.

You can find documents relating to the founding symposium and to these works by visiting our website: www.eih-eu.eu

4- What are the future activities of EIH?

In the coming years, EIH will continue to develop subjects from health challenges identified, in the broadest consensus of global health actors

AGENDA 2014:
We are also considering a symposium on an economic subject as Healthcare as an engine of growth for the European economy. I

In most European countries, the health sector is considered as a constraint to the extent that it contributes greatly to budget deficits. The share of health expenditure in the budget deficits of European countries is significant and no improvement is expected: the European population ages, chronic diseases dominate the quality of care is improving with technologies more and more sophisticated but more expensive. In this context, the health sector is rarely seen as a contributor to economic growth and as a source of competitive advantage for Europe. The objective of the symposium is to better characterize this opportunity. This will be based on a study by Accenture which is a partner of EIH

If you are interested in our approach
and our works, you can join us:

Contact us on our website www.eih-eu.eu or by email: ceo@eih-eu.eu

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