

Economic forecast for health care in Europe

Preparatory papers for the WHO Regional Committee for Europe meeting in Copenhagen, Denmark, 14–17 September 2009 [1] show that the standards of living of millions of individuals and families in the WHO European Region are already affected or seriously threatened, as is the revenue base for health and social protection schemes. A significant proportion of the population of the WHO European Region is already at risk of poverty. In the EU the proportion ranges from 10% in Nordic countries to almost 25% in Italy and the Baltic States.

The health impact of the rapid deterioration in public finances is likely to be fully felt only at the end of this year, when budgets for 2010 will be discussed. Estonia, Hungary, Latvia, Lithuania, and Romania have announced health sector budget cuts or intend to make spending cuts to balance the budget deficit. Lithuania has already removed the VAT rate of 5% on pharmaceuticals. Drugs are now taxed at a standard rate of 19% to increase revenue and depress demand.

The document puts forward models of good (Finland) and bad (UK) management of healthcare resources during times of economic hardship. Concern is expressed that the burden of disease caused by alcohol and drug use and mental illness may be further triggered by the crisis: in Sweden, about 30% of the population is estimated to suffer from some form of mental health problem (Ministry of Health and Social Affairs, 2009).

In the UK “the biggest financial squeeze in its history” on the NHS budget has been signalled by the Chief Executive. Pharmacists have recently been submitting suggestions for improvements to NHS management prior to a review scheduled for late autumn 2009.

1. EUR/RC59/7 +EUR/RC59/Conf.Doc./2

European Academy of Cancer Sciences

A new initiative designed to inform and educate policymakers at national, European and global level about the needs of the oncology community was launched at ECCO 15–ESMO 34 [1], in Berlin on 21 September 2009. Professor Alexander Eggermont, President of the European CanCer Organisation (ECCO), told the conference that the European Academy of Cancer Sciences will help shape future oncology policy.

The Academy will be a virtual body, grouping together representatives of all cancer disciplines under the auspices of ECCO. “We hope it will become an important reference point in the field of oncology research and oncology care, where policy makers can go to ask questions and receive suggestions and advice.”

It is hoped that the new body will be able to avoid some further decisions that may harm cancer patients and the oncology community. Referring to the Clinical Trials Directive and the Physical Agents (Electromagnetic Fields) Directive, Professor Eggermont said “These are the kind of situations that we hope could be avoided by early input from the Academy.”

www.europecanceracademy.eu

Softened stance on drug information

Little progress has so far been made on the ‘pharmaceutical package’ presented by the European Commission in December 2008. One of the points of disagreement has been the provision of information to the public by pharmaceutical firms. Critics say allowing companies to provide factual information on their own products will open the door to advertising of prescription drugs.

EFPIA, the pharma industry umbrella group, now says it would agree to submitting all information it intends to publish online and in newspapers to a prior approval process. The authorities could then decide whether data on how the medicine works, its side effects and potential interaction with other therapies is purely factual. Information deemed to be akin to advertising or marketing literature would not be approved for publication.

MEPs appear more willing to embrace the proposal than ministers in EU Member States. BEUC, the European Consumers’ Organisation, has branded it ‘advertising in disguise’.

www.euractiv.com

Dutch healthcare system top again

The Netherlands has retained its position as the leading healthcare system in Europe, according to the Euro Consumer Index. In second place was Denmark, which performed strongest in providing patients with access to information and enforcing patient rights, but lost marks for having longer waiting times. While Sweden fared best in the analysis of health outcomes, its e-health investment was weaker.

Despite moves towards greater patient mobility within the EU, there are still only three countries — Denmark, Germany, and the UK — where the public can go online and compare outcomes at hospitals. In several countries, such as Ireland, Greece, and Spain, public perceptions of the health services are poor, despite the systems scoring better year after year.

www.euractiv.com