

A small country perspective on the future prospects of EU Health Policy



**European Public Health 20 years after the Maastricht Treaty:
Turning past experiences into visions
Maastricht, 22 - 23 May 2013**

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Outline

A

- The **small vs. big Member States debate**
- Challenges faced by small MS – the health system vulnerability model

B

- The EU's role in health
- **Taking stock** of pre- and post- EU accession influence on Malta's healthcare system

C

- The **EU Patients' Rights Directive**: challenges for a small country?

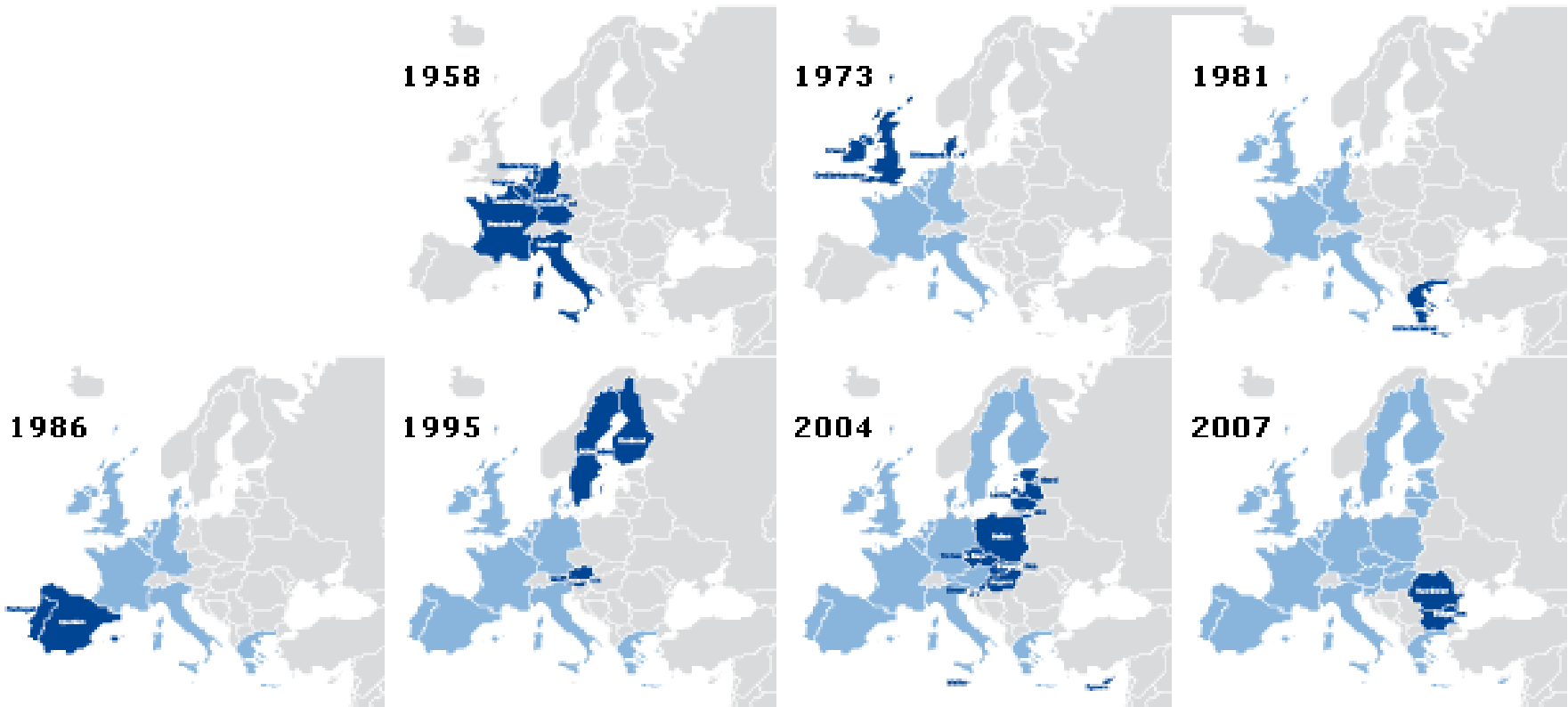
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- What's next? **A vision for the future**

A. The small vs. big Member States debate

- An enlarging and expanding EU
- After the historic 2004 (CEE/SE) enlargement: new and smaller MS
- From the big 6 founding fathers → nearly 28 members
- 12 MS' population: >50 million - 10 million
- 7 MS' population: 10 million – 6 million
- 8 MS' population: 5 million - < 1 million

A. The small vs. big Member States debate



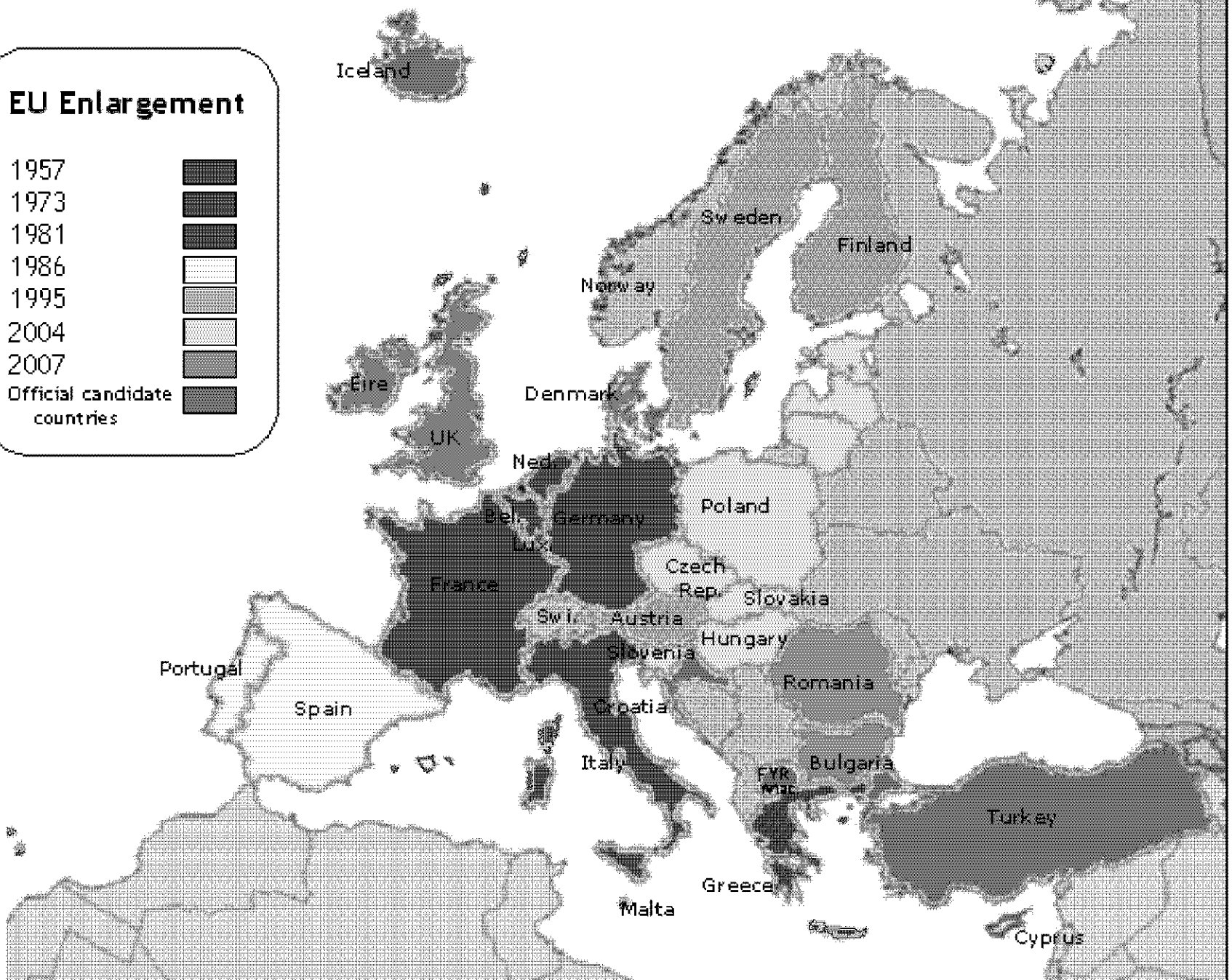
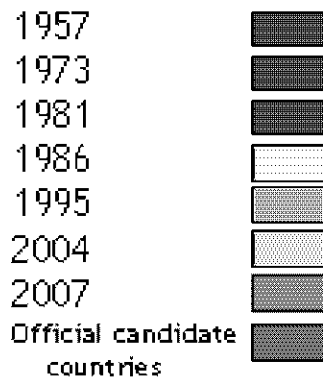
Small vs Big

Taking stock

Challenges -- PRD

Way forward

EU Enlargement



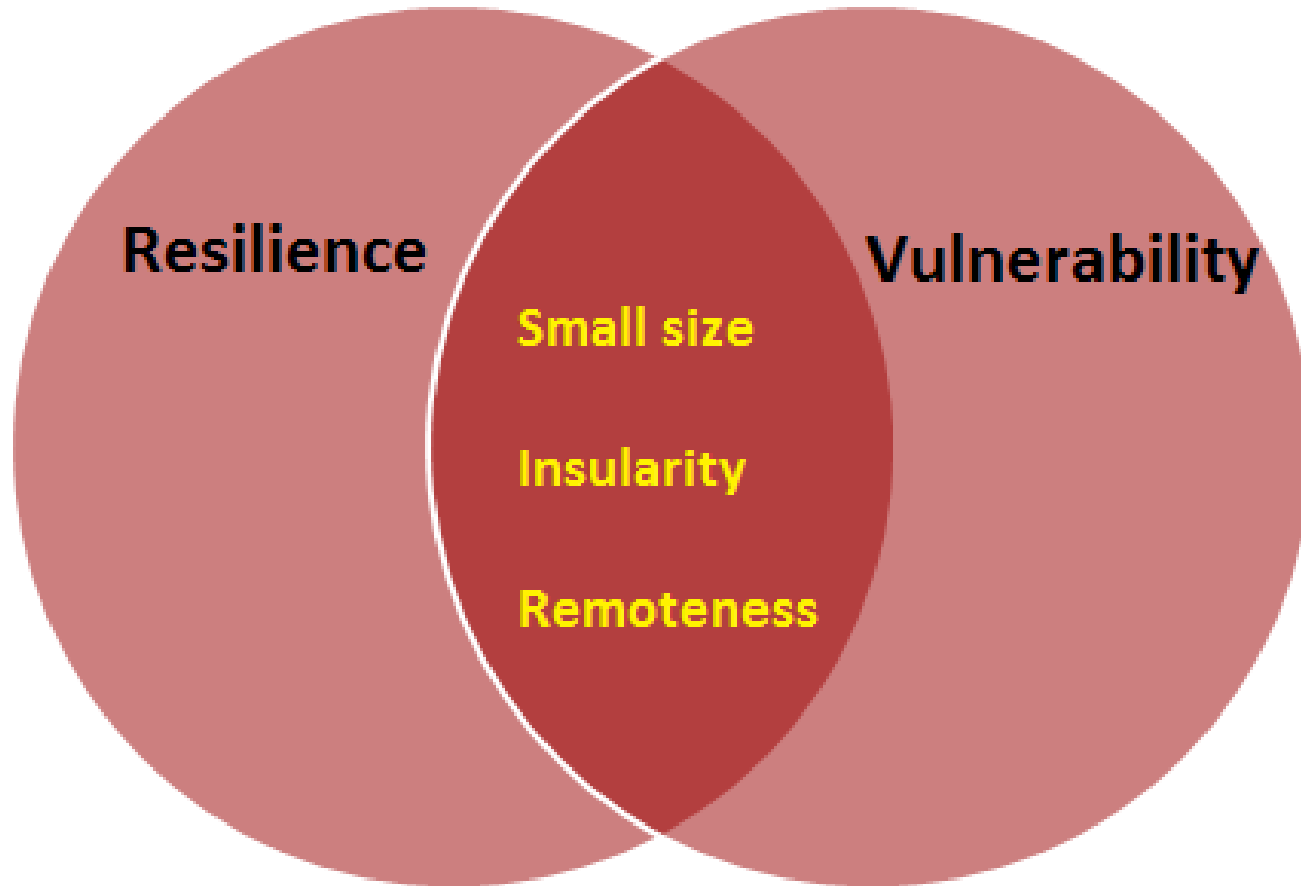
What is a small country?

- Germany 81.8 million
- Netherlands 16.7 million

- Finland 5.4 million
- Ireland 4.6 million

- Luxembourg 0.5 million
- Malta 0.4 million

Challenges faced by small MS – the health system vulnerability model



Small vs Big

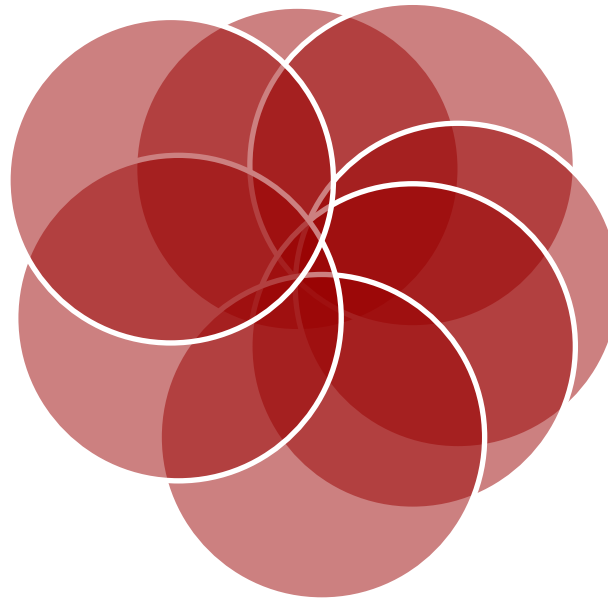
Taking stock

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Way forward

Small size: small population

Inability to achieve sustainable volumes of activity



Limited contributor pool in sharing pop. resources (gene types, organs)

Quality issues associated with low throughput

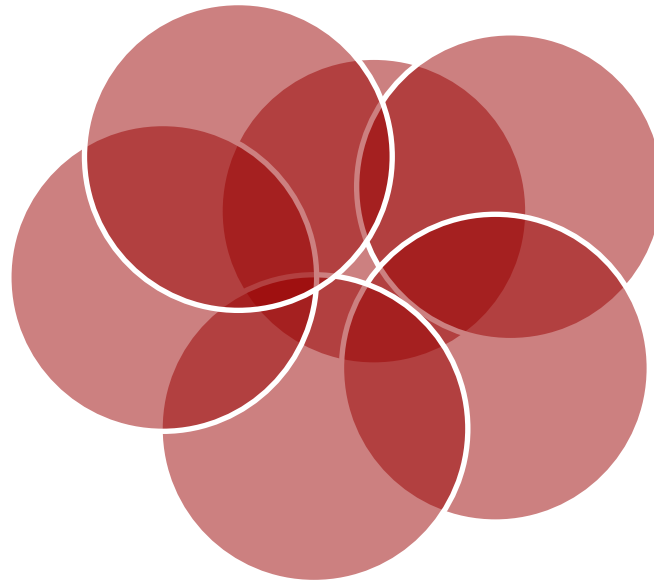
Deskilling

Difficulties with rare diseases: not enough patients to justify availability of treatment

Inability to offer all services esp. highly specialised care

Lack of infrastructure investment

Small size: small economy



Administrative burden of regulation

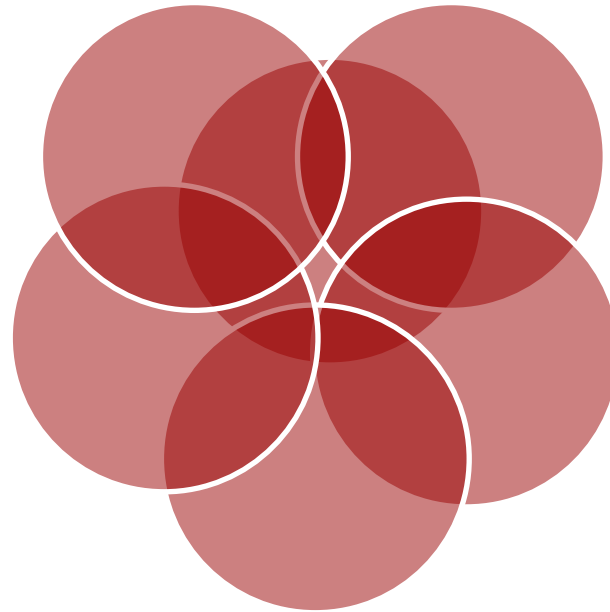
High or inefficient unit costs of production

Lack of competition between providers

Lack of interest by industry to place medical goods on the market

High prices for medicines and medical supplies due to small volumes of consumption

Insularity



Difficulty segregating roles in the health system

Access to innovation may be delayed

Lack of peer review available at national level

Lack of mobility - stagnation

Quality issues may remain unnoticed

Small vs Big

Taking stock

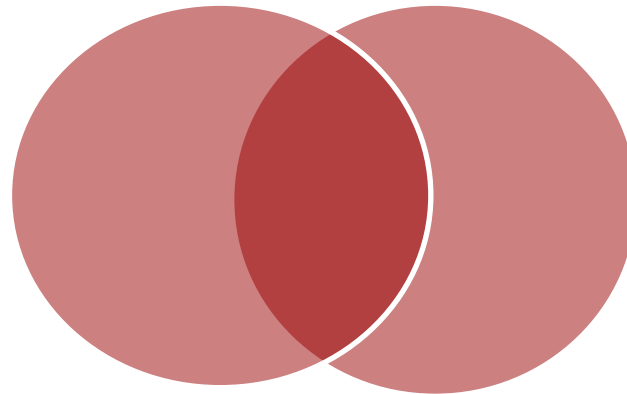
Challenges -- PRD

Way forward

Remoteness



Difficult access to specialist centres in life threatening situations



Critical timing issues hinder rapid intervention in organ retrieval and implantation

Have the EU's health policies recognised the vulnerabilities of small MS'?

B. The EU's role in health

- Article 152 EC (168 TFEU)

"A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities"

- Yet, health and healthcare systems remain a Member State competence

B. The EU's role in health

The EU has a complementary and supporting role but shapes the conditions for:

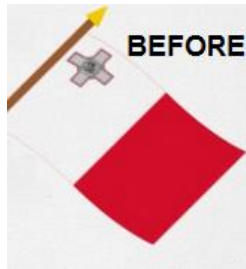
- Contracting of employees
- Health workforce mobility
- Purchase of goods and supplies
- Financing of health systems
- Delivery of services

B. The EU's role in health

- **Taking stock of pre- and post- EU accession influence on Malta's healthcare system:**
- Pre-accession crystal ball gazing (May 2003) identified 4 major areas of potential influence:
 - Medicines
 - Healthcare workforce
 - Movement of patients
 - Service delivery



Medicines



- Possible growth of the medicines generic industry
- Possible impact on the reduction of product list on Maltese market



- The industry grew & became an important sector
- Product list initially diminished & gradually grew again
- New medicines introduced more rapidly

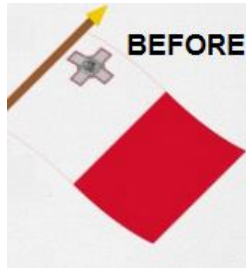
Small vs Big

Taking stock

Challenges --PRD

Way forward

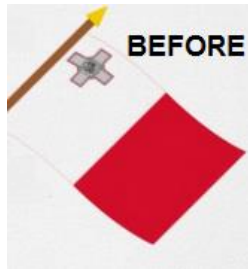
Healthcare workforce



- Development of structured formal specialist training
- Development of specific vocational training for General Practitioners
- Possible brain drain

- Sustained development of post graduate training: partnerships with EU countries
- Initial medical graduate brain drain counteracted by timely local policy response

Movement of patients



- Uncertain of the impact on patient mobility as high-level reflection process on cross-border health services was underway



- Minimal impact due to the National Highly Specialised Referrals Programme
- Positive impact with some access to transplant waiting lists
- Awaiting outcome of Patients' Rights Directive

Small vs Big

Taking stock

Challenges --PRD Way forward

Service delivery



- Feared harmonisation pressures would have negative effects on the health system

- Unaware that EU cohesion funds could be used for health infrastructure

- Introduction of cancer screening programmes

- Successfully obtained Structural Funds to build and equip an oncology centre

Small vs Big

Taking stock

Challenges --PRD

Way forward

What is the stance of the European Commission towards small MS?



- Its positions are marginally closer to those of small MS
- Viewed as a natural ally of small MS
- Better transposition compliance by small MS (especially before and around 2004)
- Smaller MS tend to have a more positive approach to networks, exchange of best practices and EU processes

A special mention of small MS

- Cyprus clause (Article 126a)
 - Abridged form of registration for medicines
 - Reduced administrative burden on industry and regulator
- Ex-ante impact assessment of the Patients' Rights Directive (2008): small MS may have higher rates of cross-border healthcare with a higher financial impact.
- In fact, according to Eurobarometer: Luxembourg spends the highest % of its healthcare budget on X-border healthcare

Do proposed EU policies exacerbate the weak areas of smaller MS or support them in building economic and health system resilience?

Small vs Big

Taking stock

Challenges --PRD

Way forward

C. The EU Patients' Rights Directive: challenges for a small country?

- Information provision – National Contact Point
- Health Technology Assessment (HTA)
- E-prescriptions
- Patient/health professional mobility (high outflow?)
- European Reference Networks (complementing gaps at national level?)
- Burden of reimbursement of treatment costs
- Widening inequalities between and within MS?

C. The EU Patients' Rights Directive: challenges for a small country?

Do-ability and fairness of EU health policy for small MS?

- organisational, financial & administration pressures
- reporting requirements
- human resources required



D. What's next? A vision for the future



In order to achieve a high-level of health, EU health policies need to recognise & tackle the inherent health system vulnerabilities faced by small MS...

Future EU health policy needs to...

Develop a new socio-economic paradigm

- Acknowledges the growing drift between expectations and realities
- Find an equilibrium between raising citizen expectations and the current crisis/supply constraint scenarios
- Ensure that it is not exacerbate growing inequalities further

Reduce administrative burdens

- Minimize and simplify reporting obligations (SF projects) in line with the EU's better regulation agenda
- Avoid new bureaucracies and competent authorities

Future EU health policy also needs to...

- stimulate engagement with all powerful stakeholders
- work towards achieving more policy coherence and inter-sectoral alignment of health policy
- be part of a health policy-friendly European semester process

- ensure access to medicines at affordable prices
- Establish better capacity building programmes amongst public health leaders and practitioners
- encourage pooling of resources and expertise across MS for quality standards oversight

D. What's next? A vision for the future

Whether big or small, let's endorse "Unity in Diversity"
& strive for a futuristic EU health policy which:

Recognises disparity
Understands diversity

AND

Works to reduce disparity
whilst respecting diversity!



A brave new Europe

We must overcome our fears and insecurities and be ready to give up a little of our pride and latitude and duly recognise that, with the changing environment we are more likely to be successful if we pool our expertise, clout and resources together to develop fresh perspective on health policy that is meaningful to the needs and aspirations of Europe's citizens!

