



HEALTH INEQUALITIES THROUGH THE LENS OF PATIENTS' COMMUNITY



Dr. Stanimir Hasardzhiev

THE METHODOLOGY

- **11 countries:** Bulgaria, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Republic of Macedonia, Romania, Serbia, Slovenia
- Interviews with **13 leaders** of patients' organizations
- **4 questions**
- Via  / 
- **Non-scientific research** designed to gather patients' experience and impressions



THE OBJECTIVES



- To establish the main challenges patients are facing with respect to the healthcare system in their countries
- To identify the priorities for tackling health inequalities and to present the patients' perspective on the issue
- To determine to what extent the EU problems in the healthcare system match the problems of the new Member States
- To acquire sensible data as to how patients experience health inequalities

THE PURPOSE

- Conducting an in-depth survey on health inequalities in the new EU Member States and acceding countries based on:
 - The preliminary interviews
 - Discussions during the Plenary sessions of the Conference
 - Results from the Working Sessions during the Conference
- To be presented during the follow-up activities - discussions in the EU Parliament, call-to-actions activities, etc.

THE QUESTIONS

- 1) What is the greatest issue patients with chronic diseases in your country are facing?
- 2) What do you think should be done at EU level or through EU cooperation to alleviate health inequalities?
- 3) How do you see the role of patients/patient organizations in improving the healthcare system?
- 4) How the current EU priorities meet the real needs of patients?
 - Cross-border Healthcare
 - Pharmacovigilance
 - Clinical trials
 - Transparency
 - Initiatives
 - Strategies

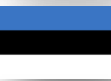


1. MAIN ISSUE: Common Concerns

- 🌍 Lack of equal and timely access to treatment
- 🌍 Limited and unequal access to modern treatment
- 🌍 Increased financial burden for patients
- 🌍 Restricted access to relevant information
- 🌍 Lack of life-long range of services and support for patients with chronic diseases
- 🌍 Lack of thorough information on the possibilities for treatment abroad

1. MAIN ISSUE: Specific Concerns

- ❁ Incompatibility between the new health legislation and the Constitution which infringes upon basic human rights. (Czech Republic)
- ❁ Unaffordable cost of health insurance for the disadvantaged patients. (Republic of Macedonia)
- ❁ Small number of diagnosed patients and severe stigmatization. (Serbia)
- ❁ Lack of psychological and social assistance for patients during their treatment and recovery. (Lithuania)
- ❁ Restriction of the healthcare budget and closure of smaller local clinics (Lithuania)
- ❁ Lack of financial resources for subsidizing regional hospitals. (Slovenia)
- ❁ Shortage of prescribed medication. (Estonia)
- ❁ Reluctance on behalf of patients to seek protection of their patients' rights. (Malta)



2. ROLE OF THE EU: Common Concerns

- 🌐 Enhance access to Cross-border Healthcare
- 🌐 Recognize and ensure that all EU patients have a basic right to timely treatment, therapies and medicines
- 🌐 Maintain the political commitment to address patient safety at the EU level
- 🌐 Guarantee that adequate funds are provided to patients' groups
- 🌐 Increase cooperation between local organizations and EU institutions
- 🌐 Support the EU strategy to ensure accessible relevant information

2. ROLE OF THE EU: Specific Concerns

- Diverging governance structures which generate incomparable data and promoting strict indicators for measuring health inequalities. (Macedonia)
- Guaranteeing basic access to primary, secondary and tertiary healthcare for EU citizens. (Latvia)
- Encourage training of specialists on rare diseases. (Estonia, Malta)



3. ROLE OF PATIENTS' ORGANIZATIONS: Common Concerns

- 🌈 Improve the communication channels between stakeholders
- 🌈 Strengthen the advocacy skills to better promote the rights of patients and effectively address their needs
- 🌈 Foster the engagement with medical malpractice cases
- 🌈 Emphasize the necessity for improving the accessibility to healthcare services
- 🌈 Advocate for the alleviation of the financial burden for patients
- 🌈 Highlight the need for including new medicines in current treatment

3. ROLE OF PATIENTS' ORGANIZATIONS: Specific Concerns

- Assist in the preparation of healthcare reforms in candidate countries for their EU membership (Macedonia)
- Facilitating the creation of a European network to disseminate information on health-related EU policies (Slovenia)
- Encourage good practices exchange among EU countries (Latvia)



4. EU PRIORITIES: Common Concerns

- **Cross-border Health Care Directive**
 - Lack of thorough information on the possibilities for treatment abroad
- **Pharmacovigilance**
 - Ignorance with respect to the right to report adverse reactions
- **Clinical Trials**
 - Limited number of conducted clinical trials
- **Transparency**
 - Insufficient transparency with respect to medication policies at the EU level

4. EU PRIORITIES: Specific Concerns

- Strong government control over the medicines policy diminishes the impact of EU strategies (Czech Republic)
- Poor implementation of the Cross-border Healthcare (Macedonia)
- Lack of motivation to report adverse effects from medication. (Lithuania)
- Limited access to EU funding instruments due to lack of resources to cover the initial costs (Lithuania)
- Decreasing number of submitted clinical trial protocols (Estonia)
- Lack of medical professionals (Estonia)
- Unproductive dialogue between patients and medical workers (Estonia)

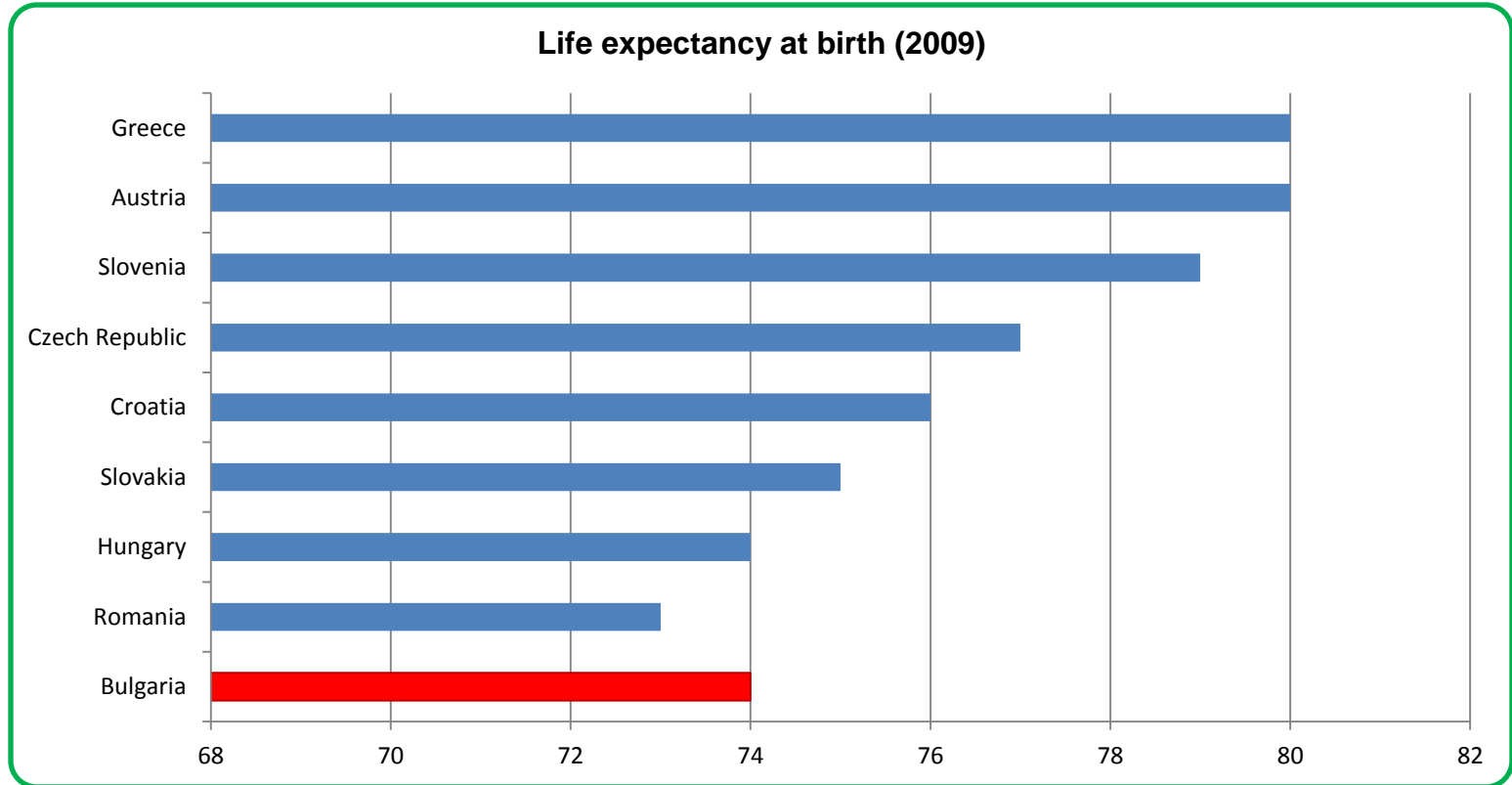




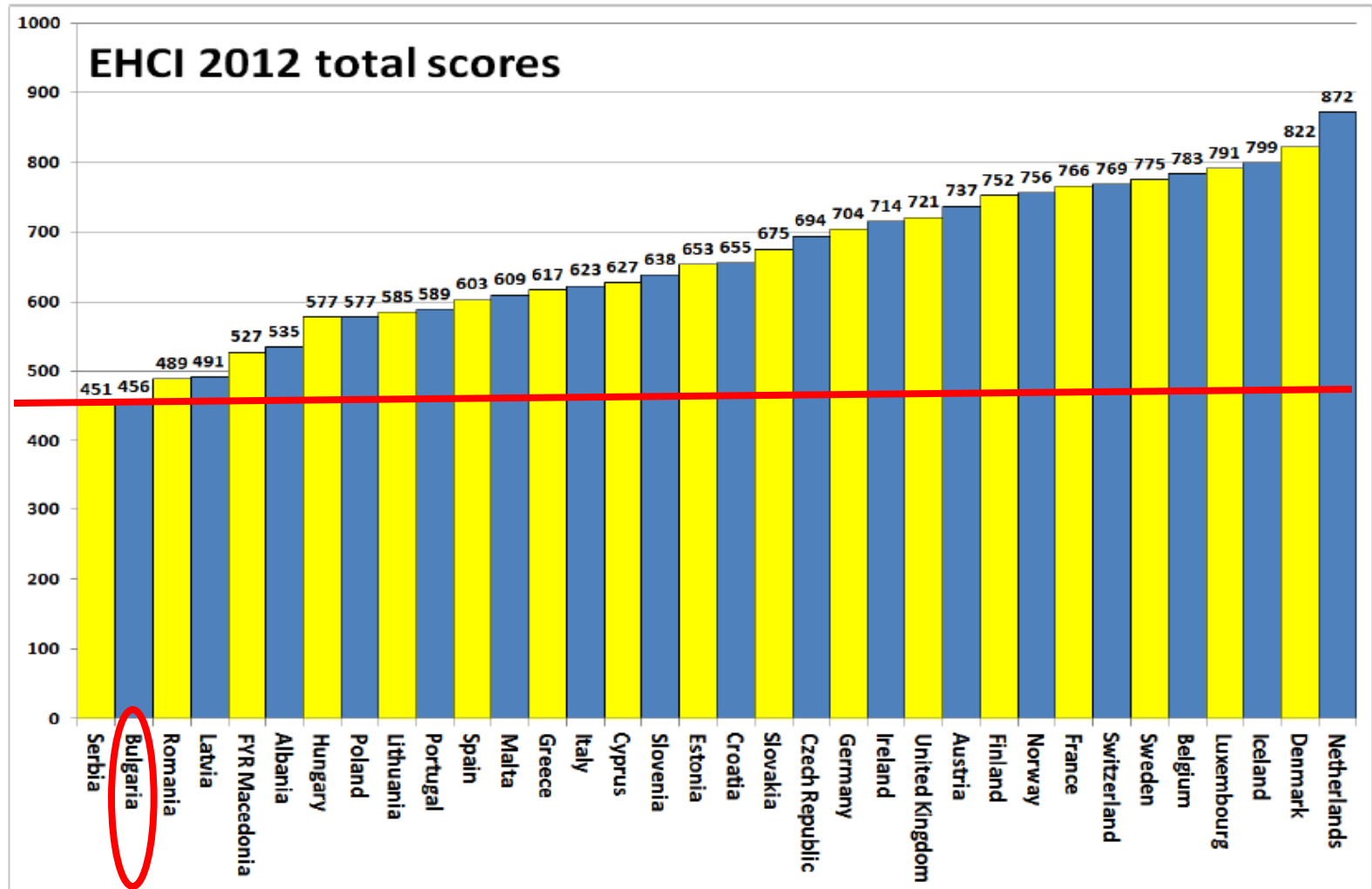
LATEST DATA FROM BULGARIA

THE MAIN DEMOGRAPHIC INDICATOR

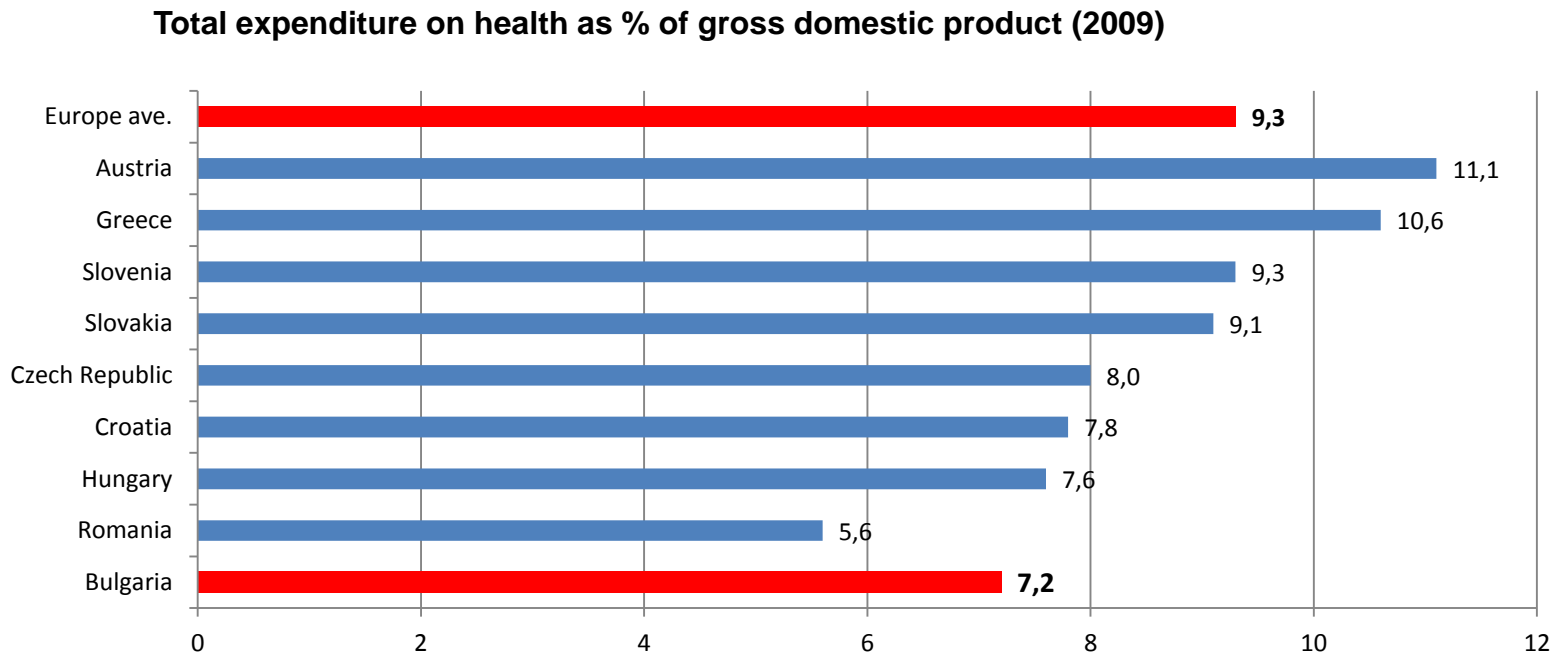
The final result of adequate health care is longer life expectancy.
The data need no comment...



WHERE STANDS BULGARIA IN THE EUROPEAN HEALTHCARE ENVIRONMENT?

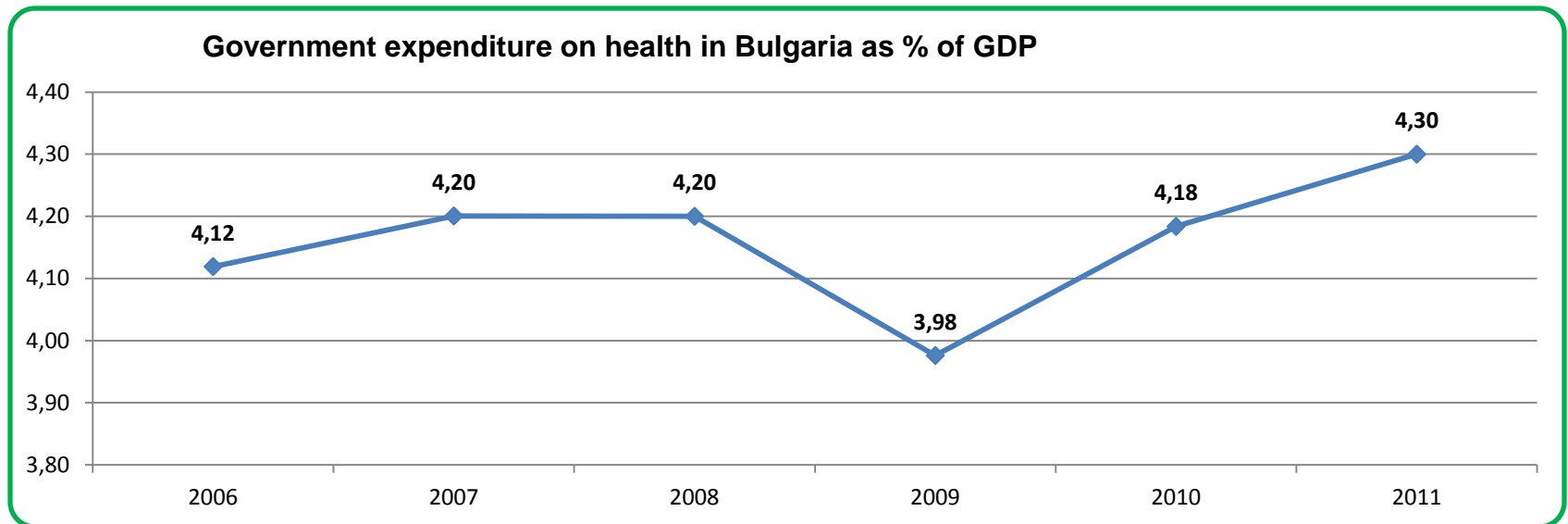


HEALTH EXPENDITURE



- **Bulgaria has the lowest GDP of all referent countries ... but is also spends the lowest % of it for healthcare**

PUBLIC HEALTH FINANCING TRENDS



- **The data shows that there is no significant change throughout the years**
- **Nominal growth comes from GDP increase, not from change of authorities attitude**

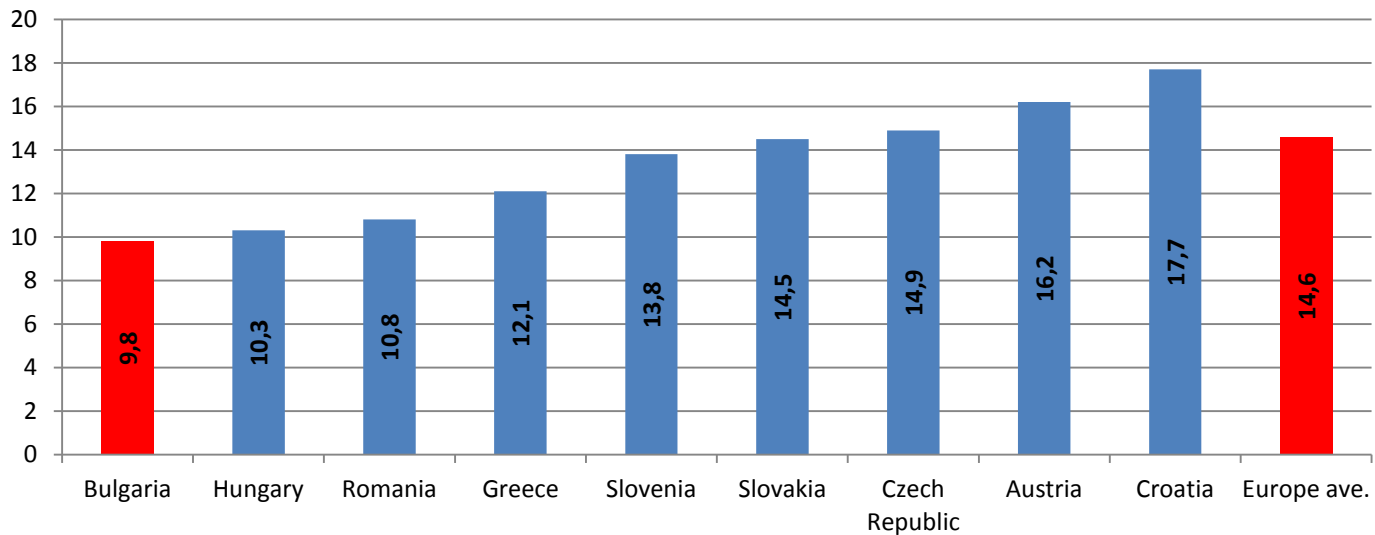
HEALTHCARE AS A GOVERNMENT (NON)PRIORITY



Bulgarian equations:

- Bad roads = High public expenditure on infrastructure
- Insufficient healthcare = ?

Public expenditure on health as % of total government expenditure
(2009 г.)

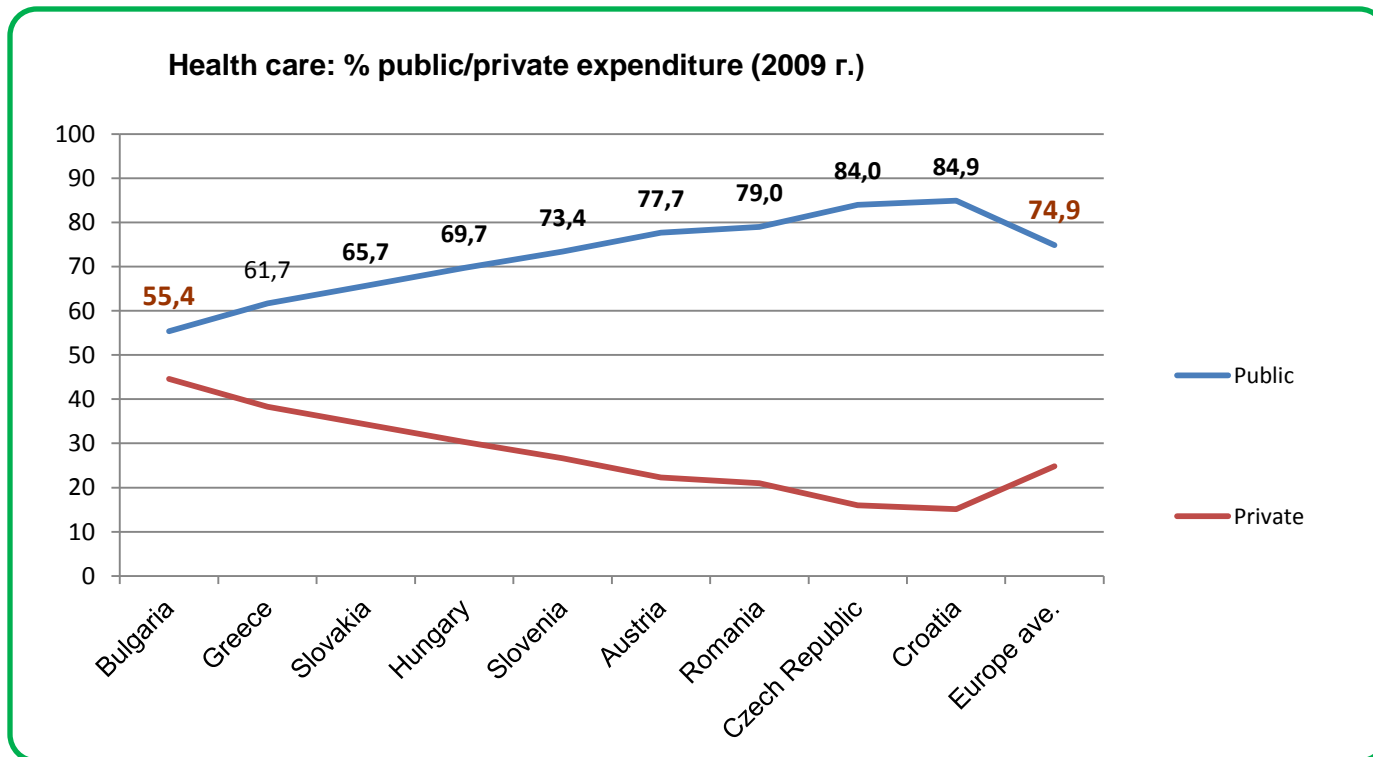


*Source: WHO

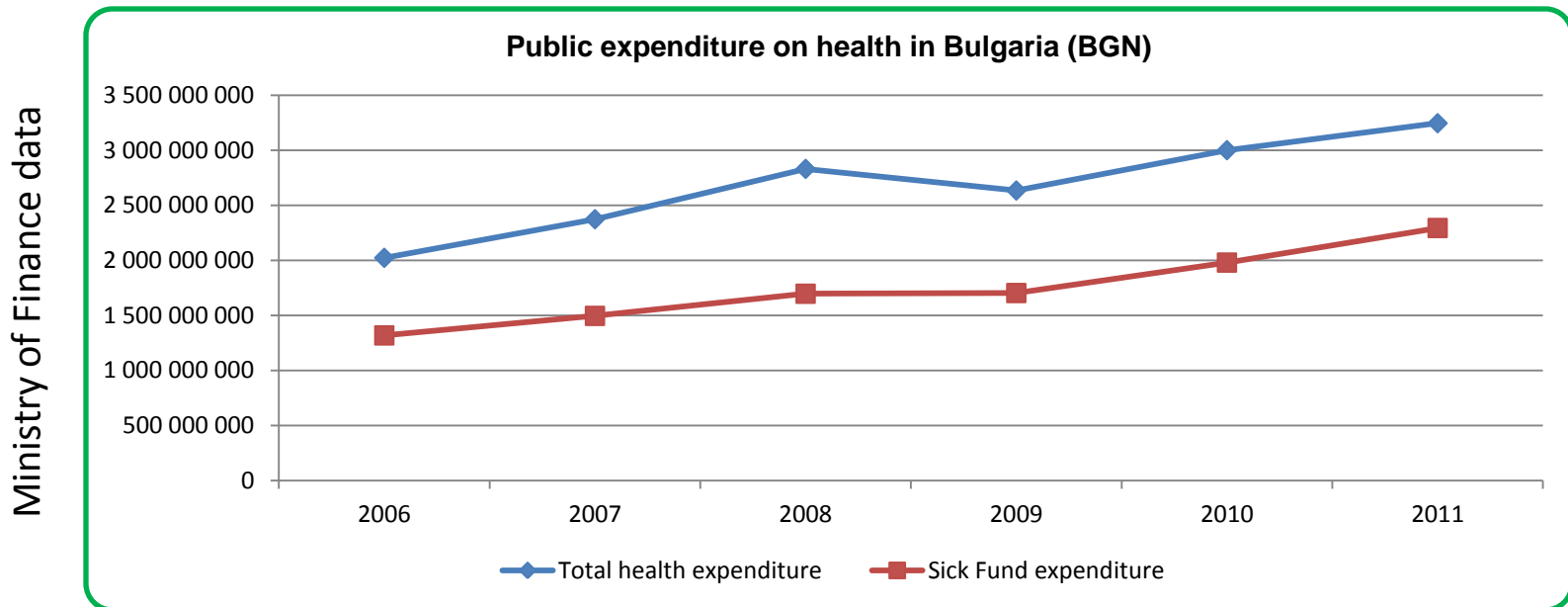
Within state budget healthcare is not considered a priority

ROLE OF PUBLIC FUNDING

- The purchasing power in Bulgaria is low
- Yet the out-of-pocket healthcare expenditure is the highest



REASONS FOR HEALTH CARE UNDERFINANCING

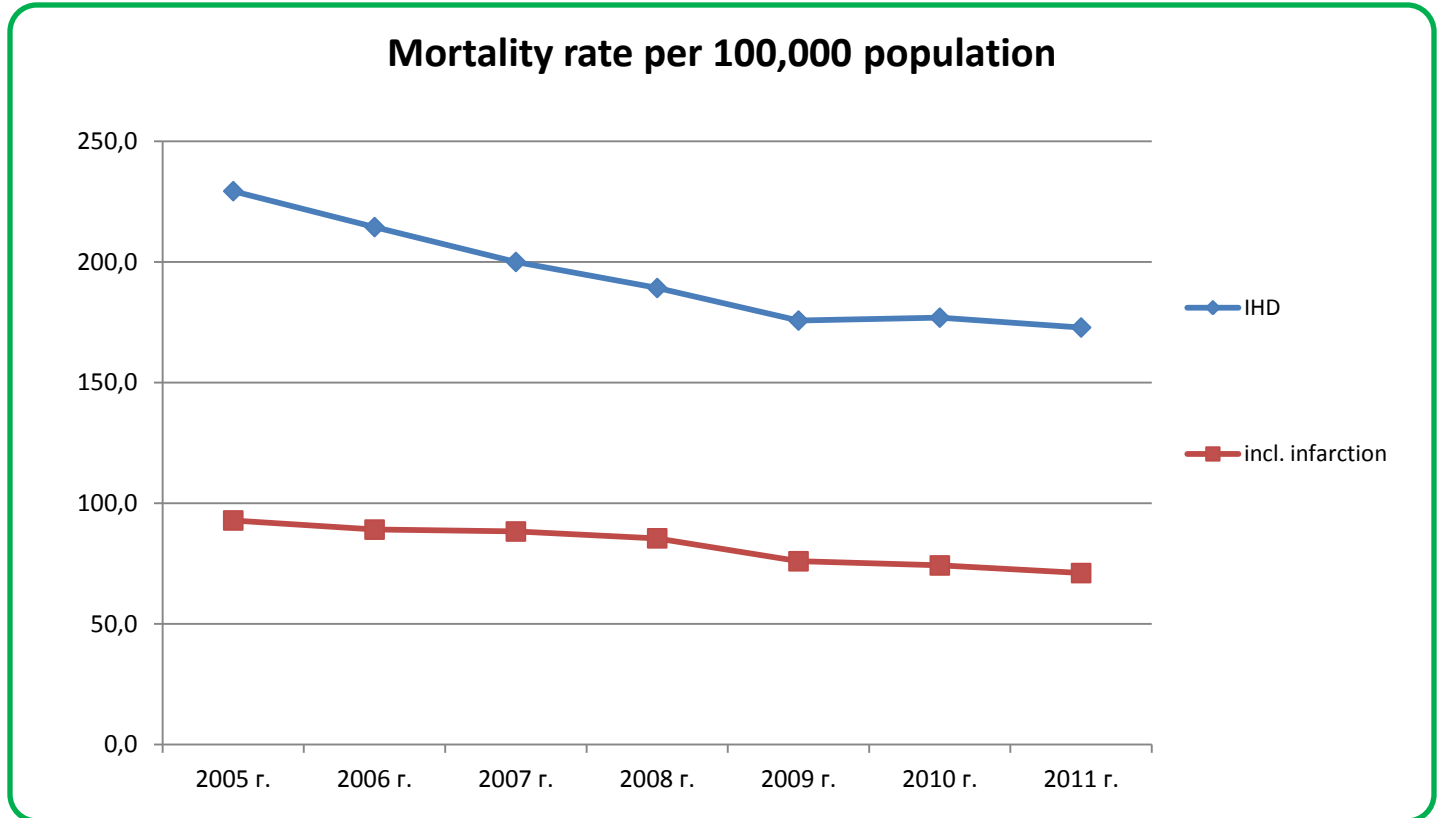


- Public healthcare expenditure in nominal figures increase but is unable to meet demand due to very low starting point
- Modern healthcare requires sufficient financing to deliver results
- Unsolved problems laying in healthcare remain

INCREASED FINANCING IMPROVES TREATMENT RESULTS (1)

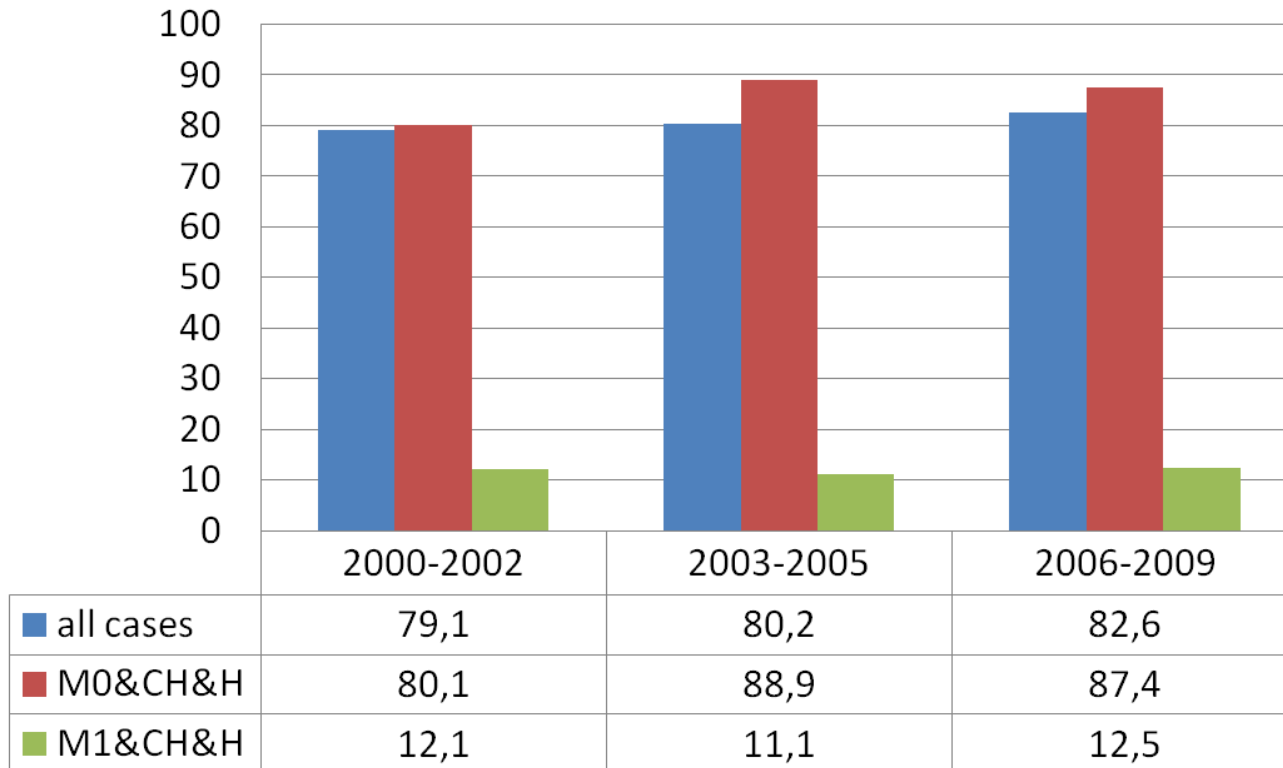
- 🌐 The investment of significant public resources in invasive cardio surgery methods after 2005 led to decrease of CVD related mortality in Bulgaria

*Source: Bulgarian Physicians' Union



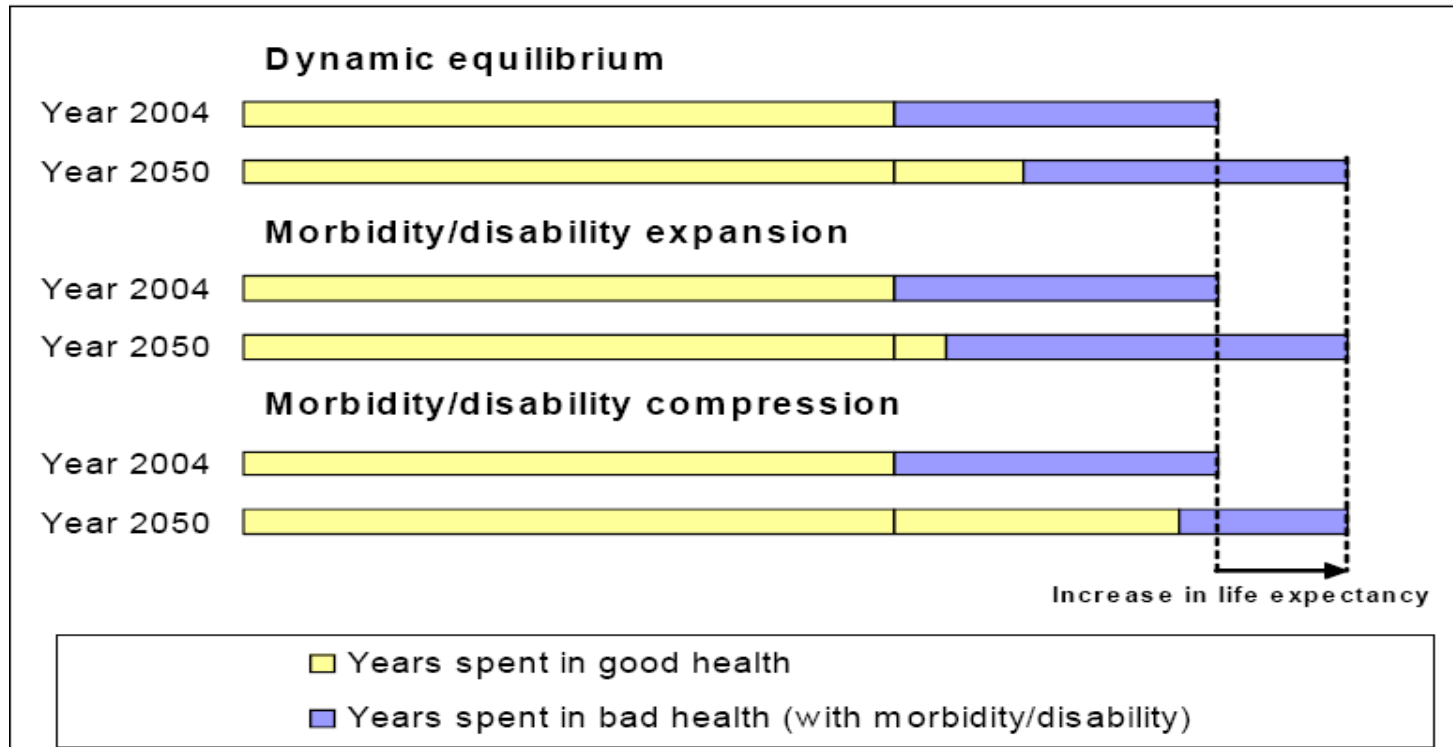
INCREASED FINANCING IMPROVES TREATMENT RESULTS (2)

5-year relative survival rates breast cancer Sofia



- Increased public expenditure in oncology
- Better access to treatment
- **But still bellow EU numbers**

THE POSSIBLE SCENARIOS



- Without adequate healthcare financing the scenario of morbidity/disability expansion anticipates an absolute and relative increase in the proportion of life spent in bad health
- With proper investment in healthcare the scenario of disability/morbidity compression suggest that life is extended while years of disability are reduced



THANK YOU