European solidarity to fight Cancer in Europe, the Iron Curtain remains closed.

Introduction

Europe shares the same vision when it comes to Health: create conditions for equal terms of good health among the whole European population. But can we really talk of a united Europe when it comes to cancer? We need solidarity to fight Cancer in Europe but is it possible to integrate solidarity in the fight against cancer? Many efforts have been made and clear objectives have been put forward to develop cooperative projects to limit cancer incidence and to improve European citizen wellbeing. The presentation at the European Parliament by Commissioners Von der Leyen and Kyriakides, expresses the real ambition for as renewed European health. . But facts are t facts… To improve global health for all citizens, a collaborative process is required. We need coordination between all stakeholders , policy makers, administrations, professionals, and providers. All forces must converge towards efficiency. But new practical solutions must be included in dated schemes, with new partners and an open mind. Therefore, we want to include the private sector as a regular and trusted partner to develop positive solutions and share its relevant experience in the health care sector.

EU inequalities in health, such as in Life expectancy, and more precisely Healthy Life Years (HLY) are still today a painful reality among EU27 Citizens, and are not improving fast enough. Cancer deaths in Europe express this deep, sad, and unfair situation.

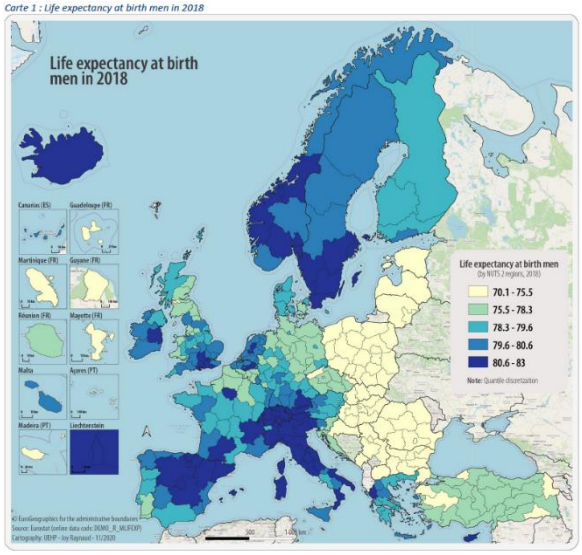
We seek to find solutions but first we must look at the current situation regarding three major points: Life expectancy, health expenditure, and death-by-cancer statistics in the EU.

Life expectancy, health expenditure and cancer in EU

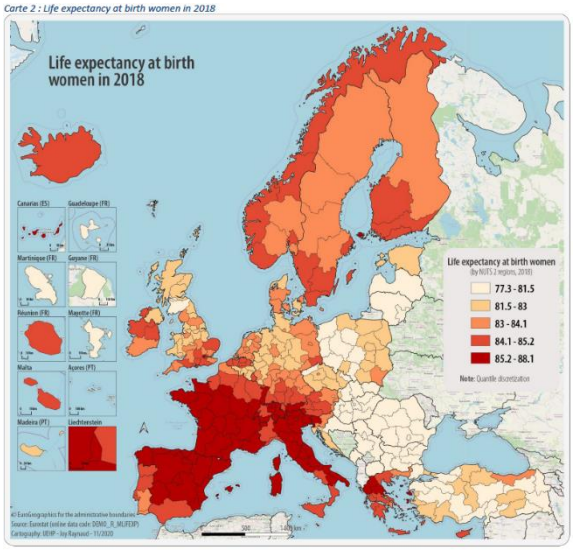
Life expectancy

First,evidence shows major discrepancies when we observe the life expectancy at birth among EU Member States. Italy, Spain, and Scandinavia present the longer life expectancy for men and women, but Eastern Europe lags behind. Solidarity between Member States must correct this difference, extending the same opportunities to all Europeans.. But until now, major differences remain within our common space.

Carte 1 : Life expectancy at birth men in 2018



Carte 2 : Life expectancy at birth women in 2018



It is really clear that the iron curtain is still closed, and the population of eastern Europe does not have the same chance than the western or the southern people in the EU. The fact is the same for women and men 2018 data presented, Eurostat 2020).

The gap according to date of entry in EU remains really significant, more for men than for women. No real improvement on this indicator is already observed. Most of Eastern countries differ from the West, remaining below the OECD mean value.

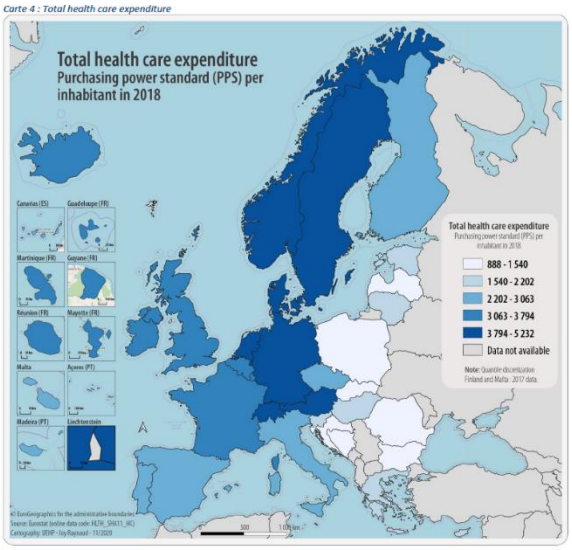
Life expectancy at birth, by gender, in years, 1970 and 2016 (or nearest years)					
	1970	**2016**	**Evolution**	Men (2016)	Women (2016)
Spain	72,0	83,4	11,4	80,5	86,3
Italy	72,0	83,3	11,3	81,0	85,6
Luxembourg	69,7	82,8	13,1	80,1	85,4
France	72,2	82,4	10,2	79,2	85,5
Sweden	74,8	82,4	7,6	80,6	84,1

Ireland	71,2	81,8	10,6	79,9	83,6
Austria	70,0	81,7	11,7	79,3	84,1
Netherlands	73,7	81,6	7,9	80,0	83,2
Belgium	71,1	81,5	10,4	79,0	84,0
Finland	70,8	81,5	10,7	78,6	84,4
Greece	73,8	81,5	7,7	78,9	84,0
Slovenia	68,7	81,3	12,6	78,2	84,3
Portugal	66,7	81,2	14,5	78,1	84,3
Germany	70,6	81,1	10,5	78,6	83,5
Denmark	73,3	80,9	7,6	79,0	82,8
OECD	**70,1**	**80,6**	10,5	**77,9**	**83,3**
Czech Republic	69,6	79,1	9,5	76,1	82,1
Poland	70,0	78,0	8,0	73,9	82,0
Estonia	70,0	77,8	7,8	73,3	82,2
Slovak Republic	70,0	77,3	7,3	73,8	80,7
Hungary	69,2	76,2	7,0	72,6	79,7
Lithuania	70,9	74,8	3,9	69,5	80,1
Latvia		74,7	8,0	69,8	79,6

Society at a Glance 2019 - © OECD 2019. Figure 7.1. Life expectancy has increased over the past decades, but the gender gap remains considerable.

Inequalities in life expectancy by education level are generally larger among men than among women and are particularly large in Central and Eastern Europe…/… (e.g.) Half of the gap in mortality rate among men in this age group is due to higher death rates from circulatory diseases and cancer (Health At A Glance, OECD 2020).

Health Expenditure



In the EU Health expenditure represents 1 331 € bn in 2018, and among them hospital 36% for 484 €bn. 72,25% of all hospital expenditure concern acute care and rehabilitation for a total of 349 €bn. The increase of health expenditure is 14% in the last five years.

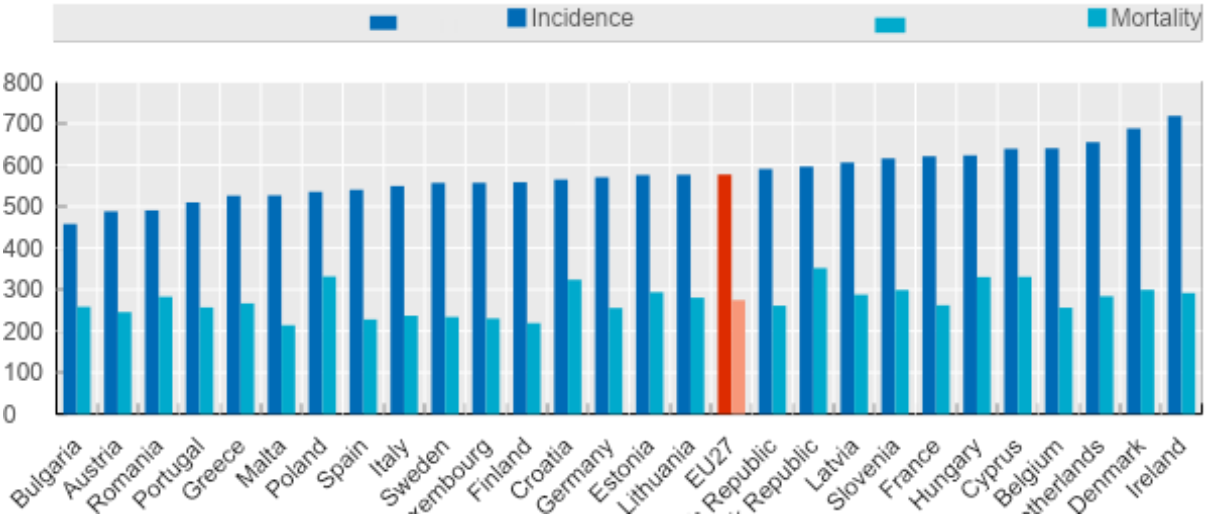
GEO	% in 2018	GEO	% in 2018
Luxembourg	5,29	Slovenia	8,30
Romania	5,56	Italy	8,67
Latvia	6,21	Malta	8,95
Poland	6,33	Spain	8,99
Lithuania	6,57	Finland	9,04
Estonia	6,66	Portugal	9,45
Slovakia	6,69	EU 27	9,87
Hungary	6,70	Netherlands	9,97
Cyprus	6,77	Denmark	10,10
Croatia	6,83	Belgium	10,32
Ireland	6,93	Austria	10,32
Bulgaria	7,35	Sweden	10,90
Czechia	7,65	France	11,26
Greece	7,72	Germany	11,47

Eurostat data Year 2018, Health Expenditure in EU 27 as % GDP

The simple observation comparing health expenditures in European Members explains a major gap concerning regulatory states. Germany and France are at the top, but most of Eastern Countries remain low concerning the economic participation in health. Then the “out-of-pocket” is high for citizens, and moreover innovative medicine could be delayed when expensive. If we add the two problems, less public money and delayed modern treatment access, the chance for better access to efficient solutions are then limited. The EU is engaged to reduce inequalities but national policy must accept to adapt dated systems to recent innovative solutions concerning social protection and investment in health. The recent publication of EXPH is a major incitation to support a new deal in Health.

We know that Health Expenditure is increasing all around the world. In the USA the last data demonstrates that “*health care spending increased 4.6 percent to reach $3.8 trillion in 2019, similar to the rate of growth of 4.7 percent in 2018. The share of the economy devoted to health care spending was 17.7 percent in 2019 compared with 17.6 percent in 2018. In 2019 faster growth in spending for hospital care*”. All the facts are internationally convergent, and we have to adapt the needs and the resources towards efficient services.

Cancer

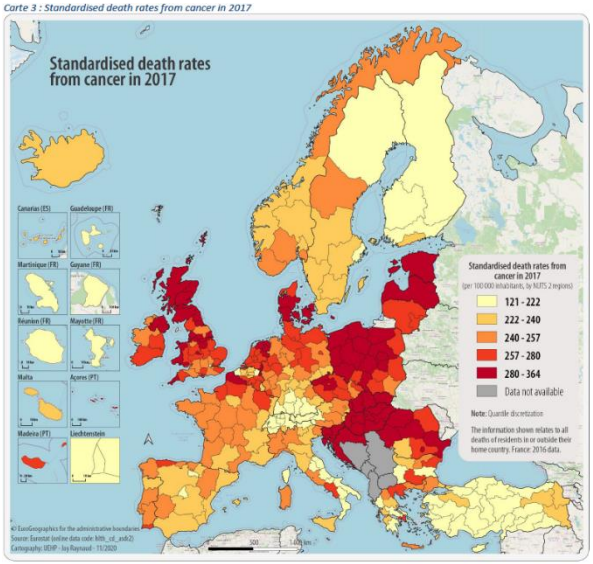


3.12. Expected cancer incidence and mortality in EU countries, 2020.
Health at a Glance: Europe 2020 - © OECD 2020.

According to OECD (2020) *"More men than women are expected to be diagnosed with cancer in 2020 across EU countries (54% men and 46% women). Cancer is the second leading cause of mortality in the EU after cardiovascular diseases. Reflecting mainly higher incidence, mortality from cancer is greater among men than women. Overall, across EU countries, about 706 000 men and 555 000 women are expected to die from cancer in 2020 (JRC, 2020). Mortality rates from cancer are lowest in Finland, Malta, Spain, Luxembourg, and Sweden, with rates at least 15% lower than the EU average. They are highest in the Slovak Republic, Poland, Cyprus, and Hungary, with rates more than 20% higher than the EU average".*

When we analyse the Cancer disease map, here again the standardized death rates from cancer index illustrate the same inequality. European citizens are not equal when facing cancer. Even if the North of the EU is not spared, the old «Iron Curtain» seems to clearly separate the former «East Block» countries which have the highest mortality rates. These facts are not new, but they are still astounding especially when we know that the European partnerships are not recent. Most of the countries concerned by the high cancer rate,have been in the EU for more than 15 years (2004 or 2005). It is very important to analyse carefully these results not only by Member States but also using NUTS 2 region mapping. What we must correct altogether is the lack of equal opportunity per territory .

Carte 3 : Standardised death rates from cancer in 2017



Using the last data (Eurostat at 2010) comparing the "Causes of death - standardised death rate" we observe that most often the Eastern Member States present a high level of cancer-related deaths.

Cyprus	197,1	**EU 27**	269,2
Bulgaria	226,9	**Belgium**	270,1
Finland	230,1	**Ireland**	286,0
Sweden	240,0	**Lituania**	286,5
Malta	242,9	**Estonia**	292,6
Spain	244,6	**NL**	302,6
Portugal	246,8	**Poland**	304,2
Greece	247,1	**Latvia**	305,7
Austria	255,5	**Slovak Rep**	307,5
France	257,7	**Czech Rep**	314,1
Germany	258,3	**Danemark**	314,4
Italia	260,9	**Slovenia**	324,5
Romania	261,6	**Croatia**	338,8
Luxembourg	264,6	**Hungary**	358,7

Causes of death - standardised death rate Eurostat data 2020.

Concerning the description of the disease, we use again the OCDE data (2020): "*among men, the main cancer sites are prostate cancer, which is expected to account for 23% of all new cancers diagnosed in 2020, followed by lung cancer (14%) and colorectal cancer (13%). Among women, breast cancer is the main cancer site, expected to account for 29% of all new cancer cases, followed by colorectal cancer (12%) and lung cancer (9%).*"

More recent data present the current situation for men and women together, and the cartography reveals a remaining "iron curtain, isolating former Eastern Member States struggling to fight cancer. This situation must be addressed and fought using all our forces. Public health recommendations, national and regional screenings, new

treatments but for UEHP the main goal is to develop new services adapted to the population. Without a clear engagement on investment, workforce education and equipment, there will be no solution! The lesson comes from “Ost Länder” in Germany: after the reunification, a major economic effort was done to improve life conditions and to raise them to western level. And it took time even in the richest European Member State. We must follow collectively at EU level the same path, developing strategic investment adapted to a coordinated objective limiting the disease incidence and the severe human consequences. The current situation is no longer acceptable and the challenge is to transform good intentions into action.

Discussion

According to recent publication by EXPH in COVID_19 times, we strongly support the recommendation on “*debating methods for Member States to collect and share aggregate health data on socioeconomic status*” in EU. The solutions are not only political. To follow EXPH panel recommendations, strategic investments are necessary to shorten the gap. We clearly understand the difficulty for policy makers to increase health budgets during this period of crisis. But investment and cooperation are key and UEHP is fully engaged in new proposals to develop partnerships including private investments and coordination of providers able to optimize the services owed to European patients and limit inequalities.

We all know that cancer incidence and disease expression is dependent of multifactorial contexts: Environment conditions, Prevention, Screening, Access to diagnostic and treatment, Medical Follow-up, Social Protection, all of which (and surely some more) are necessary to fight the disease.
But the economic factor and its impact is not to be ignored.
….

Lesson from history

As reported by Hrzic concerning the West and East German reunification “*the two sides first established a monetary, economic and social union by the early summer of 1990*”. The health benefits are clear for the former Eastern population, but the results were not perfectly harmonized and important regional discrepancies can still be observed today. So we ask policy makers to share strategies based on this common goal keeping in mind that “*lessons of German reunification are highly relevant to many questions the EU is facing after its eastern expansion, including how to engineer a convergence of health between the new and the old Member States*”. If it took so long to reach this solution in the richest European Member States, we have to go carefully, one step at a time, to propose a new deal with health regulators in the attempt to obtain the same result in less advanced economies. And it was a long process, 30 years were required… Using this relevant comparison in the EU, we have to put together all our

economic and political forces to reach this target of a homogenous health status for all European citizens. We are aware of the difficulties but cooperation between regulators and providers is the only solution, including private investment.

Private Hospitals in EU

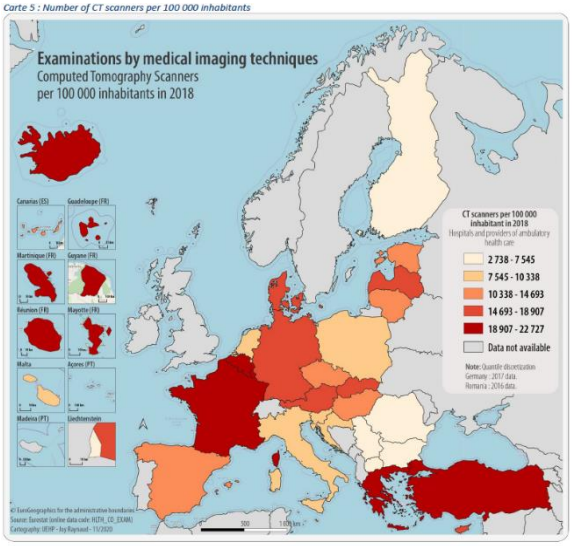
The repartition between public and private sectors are really different among Member States but public hospitals represent “only” 60,8% of beds meaning that the private hospital market is about 40% in Europe, respectively 21,6% for profit and 17,6% not for profit hospitals (data Eurostat 2018*) (* excluding Ireland, Luxembourg and Sweden, data not available in those MS). From 2010 to 2018, the reduction of the number of all hospital beds was 5% when the decrease was only 1% for the private sector. The share of private beds increased of about 4,15 % in these years. The future prospects in healthcare must include private hospitals, this sector is the only one growing in Europe. Regulatory states have often a restrictive analysis concerning initiatives but efficiency is the main goal to achieve. Based on facts, the private sector is the future of hospitals in a contracting market related to early diagnostic, day care unit and ambulatory treatment as the last decade showed.

So, about 22% of all European hospital beds are privately owned. An estimation of private hospital market represents then 70 € bn a year only for curative beds, and we still have to add all income related to consultation, diagnostic and imaging. Coordination with the workforce more specially, medical doctors, is the key to succeed.

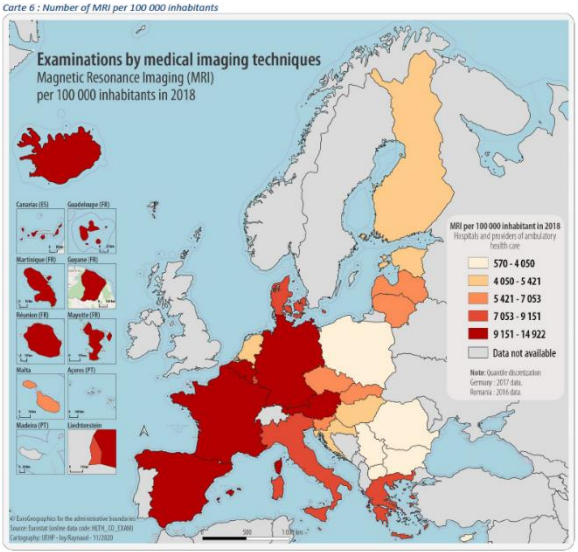
Medical equipment

As far as technical solutions, we present the map of image diagnostic consumption by EU Member State, , according to CT-Scan, MRI and PET-scan access. Cancer inequality is a reality which is no longer acceptable in Europe. We can reduce the gap, with the involvement of all our forces. What recent events have shown us is that when there is cooperation between providers , positive results are observed. The future of Europe depends on human wellbeing, and on giving the same opportunity to all Europeans to have access to accurate diagnostic and treatment services. To fight cancer solidarity and efficiency must go hand in hand.

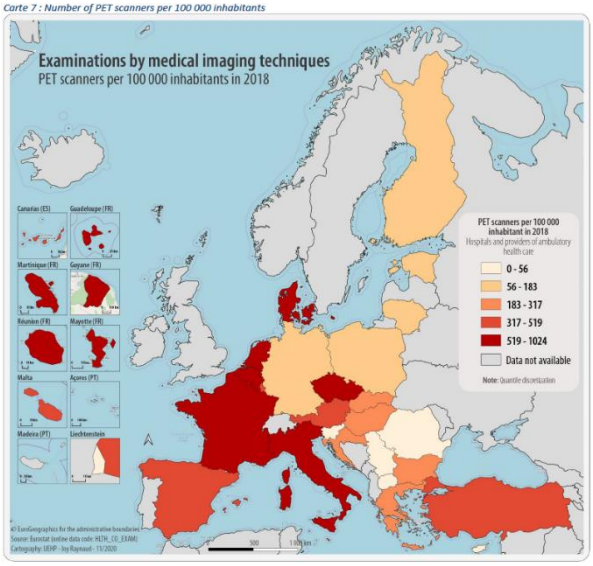
Carte 5 : Number of CT scanners per 100 000 inhabitants



Carte 6 : Number of MRI per 100 000 inhabitants



Carte 7 : Number of PET scanners per 100 000 inhabitants



Action coordination

EU COMMISSION 2020: If no further action is taken, the number of people newly diagnosed with cancer every year in Europe will increase from the current 3.5 million to more than 4.3 million by 2035. Targets by 2030: more than 3 million lives saved, living longer and better, achieve a thorough understanding of cancer, prevent what is preventable, optimise diagnosis and treatment, support the quality of life of all people exposed to cancer, and ensure equitable access to the above across Europe (ECIS).

All stakeholders must be involved and work together to find a common solution. Public health ambition requires investment, and the private sector is a strong force to share solutions. But economic forecast has to be included in the strategy. A fair competition, efficient solutions must be assessed on results. As expressed in this paper, access to medical examination is the “first door” to push to give patients the best chances to fight cancer in the future. The private sector is leading in image technologies.

For the future, coordination of care is the major trend we have to manage. When dealing with cancer , experts must interact with all the care givers to define the best treatment for each patient using a pluri-disciplinary process. Only High specialized consultations can offer the right service, first adapted to the medical case, second respecting cost-effectiveness strategies. In the attempt to reduce unnecessary solutions and ineffective healthcare spending on pharmaceuticals, the participation of cancer disease referents is necessary.

Conclusion

We know the complexity of the situation. With the increase of life expectancy, and the improvement of diagnosis tools, the cancer incidence is growing in all of the EU. But the consequences differ depending on the Member States and the resources

dedicated to healthcare. Early diagnosis and rapid access to new treatments, are certainly the two major solutions to develop. To reach this goal, the private sector is clearly a relevant partner to compete for strategic investment and quality of care.

The lesson of history: In former German “Ost Länder” after reunification, private investment supported hospital development and modernization to improve services and recent needs. That was exactly the purpose of Robert Schuman as father or Europe. Therefore, to reduce the gap in EU, global perspectives are necessary, including civil society implication. Facing major recent health challenges, the big pharmaceutical industry in partnership with national governments but the European Commission too, showed the best example between private industries and public health strategy cooperation. Pragmatic solutions in a changing world, are required to limit inequalities of access to healthcare services among European citizens.

Cancer must be fought using all resources available, including policy reforms. EU27 is based on patient mobility and financial free circulation of capitals. Health must not be excluded of European progress and best standards ambition. There are new perspectives, after COVID_19, to enhance the involvement of the European Commission. We have to base our analysis on facts and figures, to give a common perspective for all in the EU. And then reduce this unacceptable gap between us.

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Schuman Robert. Premier Président du Parlement Européen (1958-1960), 1963.
« Nous devons faire l’Europe non seulement dans l’intérêt des peuples libres, mais pour pouvoir y accueillir les peuples de l’Est qui, libérés des sujétions qu’ils ont subies jusqu’à présent, nous demanderaient leur adhésion et notre appui moral ».