Interview: Tomas Drucker – Minister of Health, Slovakia

"I have always believed that it is important to involve the relevant stakeholders in each sector I have worked in, listen to what they have to say in order to engage a constructive and forward-looking dialogue."

03.11.2016

In an exclusive interview,

Tomas Drucker introduces us to the issues that Slovakia will be raising in the health arena during its current stewardship of the revolving EU presidency. In addition, he discusses the current state of the Slovak healthcare system, the main challenges related to parallel trade, non – communicable and chronic diseases as well as the importance of accountability when it comes to personal health.

With your background running IT businesses, a strong track record in crisis management and a reputation for successfully turning around public services organizations (as general director of Slovenska Posta), you are not the typical politician in a conventional sense. How will your approach to the Ministry of Health portfolio differ from those of your predecessors?

Both my roles as general director of Slovenska Posta and minister of health are non-commercial. Thus, there are a lot of similarities when it comes to observing processes, defining and categorizing patterns as well as setting strategic goals and objectives. After all, governance is the key, decomposing problems into more specific tasks is essential. Additionally, appointing qualified people and giving them the right responsibilities is essential. I have always believed that it is important to involve the relevant stakeholders in each sector I have worked in, listen to what they have to say in order to engage a constructive and forward-looking dialogue. Monitoring performance is important but if proper procedures are in place, there is coherence. In comparison, we can think of the conductor of an orchestra, who enables all the musicians to play well together.

Recent statistics from the Euro Health Consumer Index (EHCI) suggest that current shortcomings in Slovakia's national health system are reducing citizens' lifespans by as much as 12 years compared to EU averages. What immediate steps are you taking to turn around this situation?

I do not doubt the statistics, but reporting is often the issue when it comes to the Slovak healthcare system. For instance, statistics are produced inaccurately when doctors simplify mortality reasons and do not disclose detailed information. We have to simplify some procedures in order to improve the situation. Also, it is important to inform GPs and other health professionals how statistical data is used so that they can clearly see the purpose of reporting procedures that are required from them. By any means, this does not show that our system is performing badly. I am confident in comparing the quality of our healthcare system to Poland or the Czech Republic.

[Featured_in]

One of your very first acts as minister was to ensure that all future procurements at public hospitals must now receive prior clearance from the health ministry itself. What else can you practically do to ensure "*value for money*" and guarantee the long-term financial sustainability of the national health system?

The state, in this case, is not only the regulator of hospitals but the owner as well. We have to separate those two aspects when dealing with hospitals. Therefore, it is often just about

ensuring efficient usage of assets. For example, when buying information systems, we look at maintenance costs and consider the agreements that could reduce spending. In addition, we set a benchmark for hospitals to control expenditure and keep it at the same level. This is more of a subject for the state as the owner but not as the regulator.

Slovakia currently spends a mere 7.6% of its GDP on health, compared with an OECD average of 8.9%. Is this acceptable?

The OECD includes a lot of countries in Western and Eastern Europe. If compared to the Czech Republic – from a GDP point of view, we actually spend more. Also, if you look at some of the OECD statistics, our spending on pharmacies is very high. We have a big consumption of drugs so we need to monitor how public money is spent.

When comparing national healthcare systems, it is very important to consider the full allocation of the healthcare budget of each state, between hospitals, ambulance care, nurses and so forth. In Scandinavia for instance, they discharge patients quicker from hospitals and focus more on nurses

to take care of patients at home. We, on the other hand, invest more into care from physicians during the hospital stay, with the then necessary nurse support.

Like many other nations, we are faced with an aging population and a less economically active portion of the population. As a consequence, the health care and social spheres both need to be combined to find the best solutions to address such matters. We need to collaborate further between the different ministries. Society is changing and Slovakia being a young country needs to re-adapt and shift healthcare services all together.

[related_story]

Which specific issues will Slovakia be raising in the health arena during its current stewardship of the revolving EU presidency?

We have three main priorities in our agenda pursuant to the last Dutch presidency. To start with, we are focusing on medicine shortages and consequently discussing parallel export issues. Prices of drugs being cheaper in Slovakia, medicines are then re-exported to other nations where they are costlier, thus creating shortages for Slovak patients – which is unacceptable. On the other hand, free movement of goods is advocated by EU legislation. The Ministry of Health is therefore raising the question of whether drugs should all together even be considered amongst goods category. We furthermore want to allow access to more innovative medicines while considering pharma-economic factors. The debate between the pharmaceutical industry and the public sector has to be initiated so that agreement is reached regarding appropriate pricing. We might even collaborate with different countries that are facing the same drug shortage problems to improve and solve this major issue for patients.

Moreover, together with United Nations, we acknowledge the challenge of antimicrobial resistance. In the future, standard antibiotic treatments will become ineffective, infections will persist and may spread to others. Resistance to treatments has already increased and therefore, we need to address some action plans to ensure that future generation will be offered alternatives. Vaccination might be a way to beat viruses but an entire society has to be vaccinated for the system to be efficient. With the growing anti-vaccination movements, we have to put in place certain procedures.

Further on our agenda, are non-communicable and chronic diseases. Diabetes, cancer and cardiovascular diseases affect 83% of the world’s population. These diseases are chronic and therefore have strong economic implications. We recognize the aging population and the budget that is required to support this social group. Pension age is pushed till later but another issue

arises: with non-communicable diseases, the risk of being affected increases with age. Governments have to include younger non-economically active groups into the scope of those who require financial support from the state. Social and economic spheres will be affected immensely by non-communicable diseases in the near future. Thus, we are trying to solve such major public health matters and think about potential ways to handle the situation now. Lifestyle factors should not be overlooked when trying to improve prevention.

On the subject of preventing chronic diseases through better lifestyle choices – aside from investing more in health education, how can the state significantly influence what are essentially private and personal decisions regarding health and exercise?

It concerns a number of factors including food, pollution, and physical activity. I believe we can act in the food sphere for example, in the same way that we have done globally in the automotive sector where regulation targets car producers. The Ministry of Health could define specific restrictive limits on sugar and salt for instance, that would then be applied to the food industry with relevant product labeling. Similarly, to labels on packs of cigarettes, information should alert consumers on potential development of cardiovascular diseases and other risks. Moreover, we are not excluding the option of taxes and fines for producers who exceed the limits of sugar/salt, or for those who do not comply with food formulation policy. The budget coming from these taxes would then be transferred to the healthcare fund to treat non-communicable diseases. This is not something that we can agree on now, it will take time but our agenda includes these concerns. We are currently actively participating in the debate on chronic diseases and the role that states can play while controlling this public health issue with the World Health Organization.

How do you see the Slovakian healthcare landscape improving in the next four years?

> “In my opinion, health is a personal and emotional matter. People too often count on scientific innovation to treat them rather than taking responsibility for their own health.”

In my opinion, health is a personal and emotional matter. People too often count on scientific innovation to treat them rather than taking responsibility for their own health. Naturally, I want to improve overall healthcare for the Slovak population, but I am also very much focused on raising awareness of personal accountability when it comes to lifestyle choices.

Besides, let’s not forget that we are a young country. While a lot of private services such as banking and telecommunications to name two, have improved in their level of service, healthcare is still public. From a patient’s point of view, service is somehow expected and not received when

going to see the doctor. However, that does not indicate that treatment is insufficient. It is only the relationship between doctors and patients that needs to be humanised. My role as minister of health involves communicating these issues and encouraging better doctor – patient relationships.

See more interviews