

Adam Vojtěch - Minister of Health, Czech Republic



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Adam Vojtěch, Minister of Health of the Czech Republic, gives an update on the Ministry's achievements and directives exactly halfway through his term of office. Highlighting the full implementation of electronic prescription as a key milestone, Vojtěch shares the efforts being put into refreshing the healthcare system, a reform that starts with strengthening the role of primary care. Moreover, he evaluates potential solutions to drug shortages and discusses the important role of health literacy in the prevention of diseases.

You were appointed Minister of Health in December 2017. Two years down the line, what have been the main decisions taken?

The last two years have been a busy time. We are not halfway through the full term of office and are currently pushing many reforms, so we are at the peak of our work. A major achievement that can already be pointed out is the close to 100 percent penetration of the electronic prescription system eRecept, which was completed in one year. Right now, around 60 million eReceipts per year are making the whole procedure much smoother. The next step is to share the data from the e-prescription system with healthcare providers and pharmacists so that physicians can see what drugs a patient has been prescribed before and what drugs he or she is taking at present. This allows physicians to better analyze the patient and prescribe the most efficient medicine as well as avoid duplicities. Considering that some patients take over ten pills a day, it is crucial to avert any harmful interactions.

In your program, you emphasized your commitment to improving the healthcare system's efficiency, quality, and transparency. What would you highlight as other key milestones achieved toward these goals so far?

The improvement of the organization of the healthcare system is indeed one of the priorities of my program. The key issue to be tackled is that the system is based on hospitals and that patients, even when they only have minor problems, visit a specialist. Taking inspiration from countries like the Netherlands and Denmark, our healthcare system needs to be refreshed, and this starts with strengthening the role of general practitioners (GPs) and, thus, of primary care.

The average age of Czech general practitioners is currently 56 – it is the oldest specialty in the system, which is related to the fact that the profession, due to the lack of competences when it comes to treating patients and prescribing medicines, is not attractive for young graduates. It is over-regulated and limited. For the younger generation to choose to work as GPs, we need to make it a more appealing profession. In addition to the already mentioned competencies, we want general practitioners to be able to take care of patients with chronic diseases as long as they do not present any complications. Many patients sufferings from cardiovascular diseases or allergies, for instance, do not require seeing a specialist but will do so because the system is based on them.

Another stepping stone toward a higher quality healthcare system is the establishment of specialized care centres for oncology, cardiology, and other therapeutic areas. This is the only way to ensure that patients have access to the best experts, best facilities, best devices and best treatment, including biological treatments and gene therapies. The concentration of specialties has already shown impressive results in cardiology: in the last ten years, the mortality rate has decreased significantly in the area of heart attacks and strokes, which encourages us to keep strengthening specialized care centres.

At a meeting of Ministers of Health of the V4 countries, you shared intentions to collaborate on drug prices to improve the affordability of medicines. What could this mechanism look like?

As a 10-million-population country, it is difficult to negotiate with pharmaceutical companies. However, if we follow the example of other European regions such as Benelux or the Nordics, and collaborate with other countries, we can be stronger. If we established cooperation between all V4

countries, we would be 65 million citizens, and much more attractive for pharmaceutical companies. Richer countries encounter problems when navigating the intricacies of bringing orphan drugs to market too.

At present, the procedure to assess innovative and orphan drugs is complicated. Thus, we are preparing a new law — the Amendment on the Act of Public Health Insurance — that will facilitate this by involving the insurance companies, industry associations, patient groups, and experts. As this is not just about cost-effectiveness, they will all participate in evaluating how impactful a given orphan drug is; how it will improve the quality of life of patients.

Generic drugs are of course crucial for the sustainability of the system, but it is key that we also focus on innovative drugs. These need to be available and affordable to patients suffering from serious diseases in a timely manner.

How acute are drug shortages in the Czech Republic and what actions are being developed to better prevent and manage them?

Drug shortages are becoming a more and more serious topic not only nationally but on a European level too. In conversations with my Danish and V4 countries counterparts, we looked into some of its causes as well as potential solutions.

Production is in many cases the root of the problem as many pharmaceutical companies concentrate their production in factories in India, China or other far-flung countries. There, regulatory standards are notoriously lower than here and cannot be supervised as they are outside the EU.

The European Commission needs to collaborate in addressing this issue by implementing measures to attract production back to Europe.

Moreover, prices in the Czech Republic being 30 percent lower than in countries of the likes of Germany leads to a high and constantly increasing number of exports. To ensure the availability of medicines for Czech patients, stricter regulations are needed in this regard. Taking inspiration from Slovakia, we worked on a new regulation that is now in Parliament and that I hope will be approved soon.

What are your views on the importance of supporting science and research, which is presented as a key pillar of the Health 2030 Strategic Framework?

At the Ministry of Health, we have an agency that focuses on innovation and sciences and that provides grants to support initiatives coming from PhD students, young scientists, and doctors. They are the new generation, and I am convinced that, if given the right support, their ideas can be applicable and highly useful for the system.

Then, under the Ministry of Trade and Industry, there is the “Innovation Strategy of the Czech Republic 2019–2030,” which we highly support and are part of.

Innovation is the very near future, for which we need to be prepared for. Fields such as big data and Artificial Intelligence (AI) will change how health is provided.

Promoting health protection and disease prevention is one of the main themes of the framework. What are your priorities to improve prevention?

Non-communicable diseases (NCDs) are the biggest challenge, especially when it comes to patients with diabetes, high blood pressure, etc. The reform of primary healthcare tackles this too, as the role of general practitioners is very important here.

Health literacy in the Czech Republic is one of the lowest in Europe. Therefore, as part of the Health 2030 Strategic Framework, we are putting efforts into creating a national portal that will provide citizens with information for their health, both on how to take care of themselves and on the system: how it works, where they should go, and so on. Better education will lead to better results in the area of prevention.

Furthermore, we are working on building centers for prevention in each of the country’s 14 regions, including Prague, where patients will learn about what they should cook and eat, what type of physical activity they should do, etc.

According to the WHO, the Czech Republic is the third hardest-drinking country in the world, and tobacco addiction generates around EUR 3.9 billion in social costs. What are you doing to address the issue?

The Czech Republic does indeed have a problem with tobacco and alcohol consumption, although there have already been slight improvements.

Alcohol is part of the country's culture, and society is extremely tolerant of it. Despite it not being very popular, a rise in taxes will hopefully soon be enacted. Moreover, to protect children and teenagers and delay the starting age of alcohol consumption — it is currently 12 — advertisement and marketing regulations need to be put in place too.

Considering the diversity of your professional background, what made you decide to tackle healthcare issues?

Even though my life-long hobby was music, I graduated in law and worked as a lawyer for some time before joining the Ministry of Finance, which was at the time administrated by Andrej Babiš, where I was responsible for healthcare financing. As a result, I had the chance to gain expertise in the area of healthcare. After four years, Mr Babiš suggested me to stand as a candidate in the elections as a member of Parliament, and I was elected in South Bohemia, my home region, after which I was offered the position of Minister of Health.

I was interested in the healthcare system, its financing and regulations, but had never planned this. I am now glad that it happened, as this position gives me the power to move my vision and ideas forward. However, I have learned, that changing the system does not happen from one day to the next; it takes time.

I might not be here anymore when the results of my work are visible, but they will come, and citizens will benefit from a more efficient system. Although it is not always easy to balance the viewpoints of the different stakeholders that form the system, we are advancing step by step. It is not about revolution, but evolution.

What message would you like to send to the members of the life sciences community?

The Czech Republic is one of the best countries when it comes to providing quality healthcare. I strongly believe that we are comparable to all EU members and that we can serve as an example to countries in the East, although, of course, there is room for improvement. One of our greatest assets to make the system even stronger is our network of healthcare professionals, who, through their smart and innovative approach, contribute to improving the Czech population's health every day. Lastly, our universal healthcare system ensures that there are no barriers for patients in need

of treatment. Despite the obstacles that the system presents in certain areas, we should be proud of what we have.

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