

Gesundheit !

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Commentary

Why the retirement age should be none of the government's business – Kristian Niemietz¹

Life expectancy is rising in Europe, and this is a marvellous development. However, privately, many policy makers throughout Europe may be cursing it as a great peril. France has already witnessed what the *Economist* called 'Sarkozy's Thatcher moment'. For weeks, strikes by railroad and metro unions paralysed the country. The catalyst was Sarkozy's plan to end so-called 'special regimes' enjoyed by public transportation workers. Their beneficiaries can retire 2.5 years earlier than their private sector colleagues, and still enjoy a full pension. Sarkozy has not followed the course of ex-premier Alain Juppé, who had dared to question the special regimes in 1995 and finally had to surrender to massive protests. The plans now discussed will formally require public transportation workers to contribute for as many years as private sector workers. But this will be bought with an extra pay rise in their last working years, and it is the payment in these years which determines the pension level. Hence, the special nature of the regime is simply being switched from the contribution period to the pension calculation base. Business as usual in France, then.

Italy witnessed similar protests a few years ago, when the Berlusconi government decided to move the country's extraordinarily low retirement age up to 65 years. The bill that has now been passed is a much watered-down version. Italians will retire at the age of 61, or after 36 working years. To silence criticism, the reform has been ransomed by raising unemployment benefits and the minimum pension. Business as usual in Italy.

¹ Kristian Niemietz is the Stockholm Network's Research Officer for Health and Welfare.

Following the grand coalition's perhaps most unpopular decision, the retirement age in Germany will be raised to 67 between 2012 and 2029. According to a survey by the *Zeit* newspaper, 82% of the population are against the rise. To divert criticism, subsidies to employers hiring older workers, as well as longer unemployment benefit payments, have already been enacted. Within both coalition parties, voices are becoming louder to tweak the decision further. Business as usual in Germany.

The really newsworthy story does not come from the continent's established economies then, but from a 'Johnny-come-lately'. From 2008 onwards, Romanian workers will be able to transfer a part of their social security contribution to a personal retirement savings account. Implementation of the reform is very cautious. In the first year, the private component will only be 2% of wages, and it will only fully apply to workers under 35. Very gradually the new savings system will be extended in terms of weight and scope. Whether the new model will fully live up to its promises will depend on many crucial details. Will all citizens have the opportunity to contribute regularly? Will the pension funds market be open to competition, so that customers find the product diversity and value for money they require? Will fund managers be able to invest freely and spread risk broadly, so that people's old age assets are robust in the face of market turbulences? You may take this reform with a pinch of salt, but a train has been set in motion. While the political struggles that plague much of Western Europe are here to stay and will break open again and again, Romania is slowly veering off towards the escape route.

While few people in France, Italy or Germany would consider individual pension savings accounts as an attractive alternative, the traditional defences of Bismarck's welfare model become ever less convincing. State-run systems,

so we are told, are based on social solidarity. Oh, really? Why is it, then, that each group clings to its entitlements at all costs? Private pension accounts, it is further asserted, only benefit the rich. How should poor people raise enough money to save? But in a state-run system, low-income earners still have to pay for their pension entitlements, in the form of social security taxes. Proponents of this position somehow seem to assume that they earn a better return from the state than they would on the capital market. But why should this be the case?

Individual pension savings accounts cannot alter the fact that with a rising life expectancy, people will either have to retire later, pay higher rates, or accept a lower pension. But the way in which this adjustment takes place would be drastically different. The balance of a worker's retirement account would simply depend on how much money he puts into it (and on how well he chooses the fund manager) – not on the number of train delays or metro line suspensions his union causes. That is why blocking trains would lose any meaning. Neither would it make a difference to the balance whether the money was earned in the private sector, the public sector, or anywhere else. Concepts such as the 'retirement age' or the 'full pension' would become obsolete. Nobody would be told to work until a certain age, but of course, the earlier somebody retired, the less money would be in his account.

In short, pension savings accounts would separate old-age provision from politics. This is simply because capital assets are tangible, while 'entitlements' are not. Strikes, blockades, media campaigns and patronage can change politically determined variables, but they cannot change the rules of arithmetic. That is why savings accounts would make the retirement age what it should be: a personal decision.

Topic of the Month

The Empowerment Through Savings Programme – Philip Booth²

The Institute of Economic Affairs is in the middle of a research project examining problems with income provision in old age around the world. We have found that, wherever you live, the government will subvert your efforts to provide yourself with a decent living in retirement. In developed countries, the government is likely to take a huge percentage of income from you in the form of social security taxes and use it to finance unsustainable pay-as-you-go (PAYGO)³ pension schemes. In developing countries, the government does not properly support the legal infrastructure that is necessary for long-term saving to thrive. In this article we look at pensions problems at the extreme ends of the income spectrum.

Developing countries: saving against the odds⁴

There is little point debating which pensions models should be adopted in under-developed countries where there are no capital markets, property rights are not well defined and enforced, and corruption is endemic. Promises

² Prof. Dr. Philip Booth is the Editorial and Programme Director of the Institute of Economic Affairs, and a professor of insurance and risk management at the Cass Business School. He leads the *Empowerment Through Savings* programme. For more information on the topic, please visit <http://www.iea.org.uk/savings.jsp>.

³ Pay-as-you-go or PAYGO pension schemes are all those schemes where the current generation of workers supports those retired. Workers pay a part of their income which is transferred to the elderly and in turn receive pension 'entitlements' to be paid by the subsequent generation.

⁴ The author would like to thank Oskari Juurikkala for his contributions to and research in this area.

from the state are not believed and private sector financial institutions cannot develop in such circumstances.

For example, in Nigeria, public pension schemes have been subject to political manipulation with pensions not being paid or being eroded by inflation. Schemes for private sector workers have not fared better: a compulsory savings scheme for private sector workers soon collapsed due to government mismanagement and widespread evasion. The scheme was transformed in 1994 into a PAYGO scheme and the funds built up from the previous scheme were used to finance the transition. Coverage is limited to employees of larger companies, and many people are reluctant to participate because of the poor credibility of the government in financial affairs. Over 90% of Nigerians are still outside any formal pension scheme. In Nigeria, several methods of securing some provision for old age are evident. The most obvious is to ensure that a family has sufficient children to provide for parents in their old age – a sort of private, and sustainable, PAYGO system. Future policy must involve developing effective legal frameworks to support the forms of inter-generational transfer that already take place, thus allowing such voluntary activity to deepen. Steps have to be taken to provide the basic legal infrastructure for a market economy to thrive before more formal methods of pension provision will emerge.

Developed Countries: Demographic Doom

In most developed countries there is no shortage of formal pension provision. A little-discussed problem with state PAYGO schemes is that we are reaching the point where the demographic composition of the electorate is such that it may become impossible to promote meaningful pension reform. The more urgent reform becomes, the more difficult it will be to achieve. This problem was largely ignored in the

recent debate surrounding the Turner Report in the UK and it is, of course, studied in the discipline of public choice economics.

Put simply, with an ageing population the majority of voters will lose significantly from reductions in the size and scope of state pensions and the so-called “median voter” will have a strong incentive to vote for higher pensions. This phenomenon was very well illustrated in the 2005 UK election campaign. All three major political parties came up with the most bizarre schemes to exempt the old from particular taxes, to provide the old with one-off payments and free services and to extend the scope and level of state pensions. The Labour Party also climbed down on public sector pension reform just before the campaign.

The challenge is to make policy more impervious to political manipulation. This clearly means that we should resist the extension of state pension schemes and promote private alternatives. But it also means that, where we do have state schemes, they should be based on an “accruals” system where a set benefit is earned through contributions in a particular year and then is fixed (or linked to an index). Individuals should also be allowed to “contract out” of state pensions on fair terms – receiving a refund of social security taxes – if they make their own private provision. This system successfully contained the growth of state pensions in the UK for many years. Sadly, the UK government is now destroying it whilst simultaneously undermining private provision with extra taxes and regulation. Nevertheless, contracting out is a model that should be copied.

The message from both the developed and developing world is that we should be careful not to allow the government to get intimately involved with the provision of incomes in retirement. Both badly-governed countries and stable democracies have ways of expropriating the savings of the younger generation.

Think Tanker's Corner

Avoiding band aids for broken bones. Healthcare reform in Lithuania – Monika Kacinskiene⁵

Established in 1990 by six independent economists, the Lithuanian Free Market Institute (LFMI) was one of the first think tanks not only in Lithuania but in the entire post-Soviet space. Initially created to promote what was then revolutionary free market solutions to the problems of newly independent Lithuania. Over its 17-year history, the institute has become known throughout the region as a strong proponent and often main driver of liberal economic reform. By working closely with (although often against) government ministries and agencies, civil society organisations and international institutions, the LFMI has established itself over the years as an authoritative voice in societal debates on political and economic matters and has been central in achieving progressive policy change on issues such as taxation, privatisation, deregulation, budget policy and public spending – all crucial for a healthy market economy.

Healthcare policy and reform have been important areas of work for the LFMI for more than ten years. Strikingly, Lithuania's healthcare system today remains virtually untouched by the large-scale reform programmes that were launched in the 1990s to liberalize the economy and create conditions for post-Soviet growth. The health sector is still subject to central planning and management, and market prices and competition are found only in very small segments of the system. Many of these structural problems are certainly similar to those affecting the healthcare systems in other European countries, however, the Lithuanian system continues to suffer from an unusually

large and complex catalogue of ailments: it is poor in terms of quality and resources, overshadowed by informal (direct patient-doctor) payments, and plagued by low salaries and bad working conditions for service providers, inadequate attention to the needs and preference of patients, and long waiting lists for medical examination and treatment. Furthermore, people are still used to depending on the government for their health matters, and the existing legal, organisational and financial structures support this tradition.

The lack of reform of the costly and ineffective social security system inherited from Soviet times depletes enormous resources from Lithuania's economy, and the underlying problems of the healthcare system are inherently programmed in the system and cannot be solved without structural changes. The main obstacle to fixing the system remains policy makers' reluctance to embark on structural reform of the ailing sector. Instead, short-term, superficial and inefficient quick-fix solutions to complicated deep-seated problems are offered - like putting band aids on broken bones – to continue with the hospital analogies.

The LFMI team has presented independent analysis of the problems plaguing the healthcare system, and drafted specific reform proposals for a viable healthcare system in Lithuania. In order to press for change in the system, the LFMI has focused on three interrelated set of issues:

Firstly, and most fundamentally, we have tried to show policy makers and ordinary people why the existing healthcare system fails both the patients and medical staff. This is an essential task since the badly needed structural reform only will be feasible if there is a high public awareness of the roots of the problems and an agreement on the need for change. One step in the right direction was the 2007 Framework for Healthcare System Development 2007-2015, initiated by the President of Lithuania and

⁵ Monika Kacinskiene is a Policy Analyst at the Lithuanian Free Market Institute (www.freema.org).

supported by the LFMI. This policy document sets out the current problems in healthcare policy, organisation and delivery of services and the public perceptions, and gives suggestions for ways to achieve a dynamic and competitive healthcare system.

Secondly, we have also tried to help by avoiding projects that look, seem and sound as if they are going to improve the system, but instead are only short-term solutions or, even worse, real obstacles to structural change. Private health insurance, for instance, is undoubtedly a necessary element of a well functioning healthcare system, however, in Lithuania it is currently being pushed in various (even state-run) forms in an environment where that alone will definitely not heal the system. Instead of making different good or bad insurance concepts work within a badly functioning system, the aim should be to establish a competitive healthcare system, based on legal payments within which individual insurance models could then succeed.

Our **third main objective** has thus been to present concrete ways to encourage a competitive healthcare system. The premise of LFMI's reform proposals is that the expansion of the number of private alternatives is essential, that all healthcare services have market prices (which are known to the patient

in advance), that compensations from the mandatory health insurance fund follow the patient (now only true in theory), and that healthcare providers, regardless of their form of ownership, compete for patients, and patients are therefore able to freely choose their service provider. Today informal payments dominate the officially free healthcare system, while the rare semi legal payments are often not clearly stated and not known to the patient in advance. For the system to function transparently, all healthcare institutions would have to calculate and announce the real prices of their services.

Looking to the next few years, we believe that two things need to happen for reform to succeed (or, rather, to be started): first, there is a need for a political leadership at the Ministry for Health who would want to strategically move forward instead of tactically staying in the same place. And, second, there is a need for a crucial mass of people to understand the need for, and push for, reform. While the system is running, however badly, many are happier with letting things be rather than undertaking a messy, hard and potentially unpopular task of fixing the substance of things. But reform is necessary, and in order to make it happen, the LFMI will continue to treat healthcare reform as an urgent priority in the coming years.

Special Report

Echoes from the past – does history really matter? Health Care Reform in Former Communist Countries – Lawrence Freeborn⁶

Following the end of the Cold War, the health systems in Europe's former communist countries faced similar situations: dire economic straits coupled with the contemporaneous liberation of each country from communist orthodoxy. Each, on the surface, looked for similar solutions. But what role – if any – did each country's communist past play in its approach towards health care reforms? More specifically, can it be argued that the pace or scope of reform is closely related to the degree of authoritarian rule a country experienced under communism?

This argument has its intellectual basis in the theories of transitology, which includes the idea that non-democratic countries take different paths towards democracy based on the type and degree of totalitarianism or authoritarianism they experienced. The most widely cited example of transitology with regard to former communist Europe is Linz and Stepan's 1996 *Problems of Democratic Transition and Consolidation*.

Applying such theories to health care reform, the argument would run something like this: those countries which experienced a more entrenched and totalitarian form of communism such as Romania, Bulgaria, Russia and the Baltic states, would have a harder time reforming their health care systems and embracing liberalisation than those countries which experienced a relatively less entrenched form of communism, such as Hungary and Poland. Is

⁶ Lawrence Freeborn was an intern at the Stockholm Network. He holds a B.A. from the School of Slavonic and Eastern European Studies.

there enough correlation within these two sub-groups to make such an assumption?

To start with, it is worth giving a brief outline of the direction in which reform of health services in Eastern Europe travelled after the Cold War. All Central and Eastern European countries moved to decentralise. Control of hospitals moved down the chain of command from central government to regions and municipalities. Often hospitals would assume the status of joint stock companies or not for profit organisations, and have autonomy over budgets. With some exceptions, physicians are generally no longer employees of the state. Rather, they are contracted by health insurance funds. The funds themselves have taken a liberal turn, as part of the greater move away from a tax based to an insurance based system in every country bar Latvia. The health insurance funds are either split into monopsonist regional branches, or into multiple funds in notional competition. Across the board also, there have been other changes in philosophy which are notable for their liberalism, such as the emphasis on patients' rights.

On the other hand, the wholesale liberalisations that occurred to almost all other parts of the economies of former communist countries were not applied to health services in the same way.

Still, while it is easy to spot the general similarities in processes of reform, it is difficult to nail down supra-national trends within them, and it is because of this that the divide between "more" and "less" communist states breaks down. Poland, for example, is notable in that its health system was never fully 'sovietised'. Some independent medical centres remained throughout the communist era, and the process of reform started earlier in Poland than elsewhere. And yet in some ways it has travelled the least distance in reforming its health service. Health institutions remain state property, while physicians are still employed by the state. The Czech Republic is similarly

unreformed in some crucial aspects. It has relatively good health system indicators, but improvements are the result of greater availability of resources, which also act as a deterrent to reform. A similar phenomenon can be detected in Slovakia, whose health reforms had excited liberal onlookers for a period. A reform agenda from 2002 onwards heralded many promising developments, but there has since 2006 been a rollback of these reforms following a change of administration.

Meanwhile, the most eyebrow raising attempts at reform have come either from the north or the east. For example, Latvia has, for historical reasons, retained a tax based system. However, this has only been sustainable thanks to the government's willingness to charge its citizens for services, such that only 66% of total expenditure on health comes from the state budget. The need to do so became apparent in the banking crisis of the early 1990s, during which many regional governments either refused or were unable to pay their dues. A flat 20% co-payment has been levied since 1999, as have charges for certain things within the state benefits package. Together with changes in the reimbursement of hospitals, this has succeeded in limiting demand, as well as average lengths of hospital stay. With all the increases in efficiency that forcing users to confront the cost of their own treatment entails, the Latvian example shows that change generally has to be inevitable on financial grounds before it happens.

In the east, Bulgaria has in some ways a remarkably liberal system. 16% of hospitals, a high figure, are private, and this reflects the lack of barriers to privatisation. Both public and private hospitals are run in a similar way, and treated identically by the National Health Insurance Fund, with which both can contract. Both can offer services outside of this framework. Meanwhile, there are compulsory co-payments for bed use and all outpatient medicines. It should not escape attention that Bulgaria is among the poorest countries of Europe, which, perversely, has contributed to a

culture where people are willing to pay for healthcare – because the level of resources provided by the state is inadequate, a huge 45% of total spending on healthcare is private. Both the Latvian and Bulgarian examples underpin the argument that it is financial necessity which drives reform – not ideology.

What this should demonstrate is that there seems to be no link between how fully a country embraced communism with how it went about reforming its health system. Decentralisation of ownership, increased autonomy at every level and increased focus on the individual, added to theoretical competition, have been the universal response of countries that were faced with the total collapse of central planning. Again, so much is obvious. But what has perhaps not been so clear is that reforms have gone furthest where money has been tightest. Instances of this listed here are in Latvia and Bulgaria, and the converse also seems to be true, such as the halting of encouraging reforms in Slovakia and the Czech Republic as greater prosperity makes itself felt. This should, in reality, be abundantly obvious, and is supported by countless parallels from history. From the point of view of seeing prosperity as a barrier to reform of healthcare, it will be interesting to watch in the long term whether the newer members of the EU 'Europeanise' their health services, and increase the scope of the welfare state as resources allow.

For countries such as Britain, which are rich but have unreformed health services, the message is not very encouraging. If a former communist country – which has tested central control of not just health but the economy as a whole to the point where the state is politically and financially bankrupt – cannot withdraw government from healthcare provision, then it is hard to see how the older, richer, liberal democracies can either.

Book Review

*Plan B. Den dolda jakten på välfärd*⁷ [*Plan B. The Secret Quest for Welfare*] by Henrik Lindberg et al – David Torstensson⁸

The Swedish welfare state: to some it symbolises a social democratic utopia, a society where essential services are free, fair and available to everyone. To others, Sweden is a nightmare of statism and government control. A total tax pressure of close to 60%; stifling labour and tax laws which results in more work meaning less money; a benefits and social security system that, despite the unparalleled tax money that goes into it, cannot provide its citizens with the best health care, education or retirement package in the world.

Contradictory? Yes, but Swedish society is full of paradoxes. While having the biggest public sector in the industrialised world – any classical liberal's worst fear – Sweden also has one of the world's most free-market solutions in public education: a system of universal school vouchers. In many respects, it is just such paradoxes that the essay collection *Plan B* seeks to highlight and explore. A project put together by a group of leading Swedish economists, social scientists and thinkers, the purpose of these papers is to highlight the extent to which Swedes are finding more and more ways of avoiding the rules, regulations and taxes of the Swedish welfare state. Based on an online survey of over 1200 Swedes, *Plan B* has made some startling finds. For instance, Swedes are by and large – 92% according to the survey – using a form of “plan B” to avoid using the public and welfare services available. This is said to be true for obtaining medical care, domestic housing improvements, general housing and even employment. According to the authors

these trends could spell the end of the Swedish welfare state as we know it:

Fundamentally this is a question of the long-term legitimacy of the welfare system...The Swedish model and welfare state has undoubtedly enjoyed a high rate of legitimacy amongst Swedish citizens. The question is, what happens when more and more...apply a Plan B and create their own welfare in the shades and adjust, cheat, or abandon the official welfare systems?⁹

An intriguing question, but the question is whether or not *Plan B* is based on the kind of evidence that warrants the conclusion that Swedish society is fundamentally turning on the welfare state. While the survey is not the sole source for the author's arguments, a careful reading of it would seem to suggest that in many important areas relatively few Swedes actually seem to be de-legitimising the system through their welfare choices. For instance, over 80% of those asked have not used a personal contact to by-pass the formal welfare system and gain readier access to medical care; a slightly incongruent statistic as the cover of the book explicitly alludes to corner-cutting when it comes to medical treatment and waiting lists. Similarly, it is curious why the authors have not included international or private sector comparisons when it is surely the case that quite a few citizens – American or Swedish, private or public – will do their utmost to avoid taxation, regulation and perceived interference. Nevertheless, this is an important work as it does illustrate the deeply worrying trend that Swedes – young and old – are channeling their entrepreneurship and individualism into ways of compromising or getting around the state-run system. Rather than using that energy and creativity towards better ends. It is a real pity that instead of letting people decide themselves how to use their talents to better themselves economically and socially, Sweden's welfare state seems bent on stifling that energy and drive through excessive regulation and taxation.

⁷ Ekerlids Förlag, Stockholm 2007

⁸ David Torstensson is a Research Fellow at the Stockholm Network

⁹ P. 108, This is the reviewer's own translation

News Flashes

Please find below a selection of some of the recent developments in health and welfare public policy from across the continent. As part of the Health and Welfare newsletter's re-launch these newsflashes will aim to put a focus on areas and regions that are usually not in the policy spotlight.

Hungary 29/11/07

Strikes have befallen Hungary as a protest against the plans of the Socialist government to introduce a multi-player health insurance system, as well as new regulations for pensions and a review of the list of professions with preferential retirement privileges.

The Socialists have claimed that the introduction of private health insurance companies should bring costs down enough to abolish doctor and hospital visiting fees. The opposition Fidesz party has lent moral support to the strikers, who are still bristling from the austerity measures of the government, in an attempt to balance the budget.

-Hungary Around the Clock

Slovakia 29/11/07

The basis on which health insurance companies enter the market is currently the subject of debate in Slovakia. Insurance companies are preparing for international arbitration, and have not ruled out seeking a preliminary injunction, against a draft bill which stipulates that insurers invest profits from public health insurance back into the system.

The provision which currently regulates this appears to be unclear, according to the Association of Health Insurance Companies, though a constitutional expert has announced that 'It was clearly announced in advance that competition and business have no place in health insurance'.

-Slovakia Today

Greece 28/11/07

Striking journalists created a news blackout on Wednesday the 28th November, joining teachers and members of other trade unions. At issue were the proposed reforms to the social security system of Prime Minister Costas Karamanlis' conservative government. Karamanlis claims that pensions currently cost 13% of GDP, and could reach a quarter of Greece's output by 2050 without reform.

The earnings related system, which is seen as providing an incentive to retire early thanks to high statutory replacement rates, is highly fragmented – the government wants to cut the number of funds drastically.

-Kathimerini

[Stockholm Network CEO Helen Disney recently appeared on Al Jazeera to comment on the developments in Greece.]

UK 11/12/07

From April 2008 onwards, elderly people dependent on social care will be given a personal account, from which they can purchase the care services of their choice. To date social workers and local government agencies have assigned care. The *Telegraph* newspaper comments that "the new policy can also be seen as a political model for the future of welfare, healthcare provision and even education."

www.telegraph.co.uk

Romania 16/10/07

In 2008, Romania will replace part of its state-run social security system with personal retirement accounts. The mandatory savings rate will begin at 2% and gradually rise to 6%. Finance minister Vosganian explains that "the launch of the private pension system marks the end of the process of transition from a socialist economy to a capitalist one."

www.setimes.com

Stockholm Network Publications

Health Technology Assessment in the UK and Germany – Kristian Niemietz and Meir P. Pugatch (launched November 2007)

This paper examines the role and functioning of Health Technology Assessment in the UK and in Germany. The UK set up the National Institute for Clinical Excellence (NICE) in 1999; Germany followed in 2004 with the Institute for Quality and Efficiency in Health Care (IQWiG).
http://www.stockholm-network.org/downloads/publications/HTA3_2.pdf

Promoting Technology Transfer in Developing Countries: Lessons from Public-Private Partnerships in the Field of Pharmaceuticals - Rachel Diamant, Helen Davison and Meir P. Pugatch (launched November 2007)

This paper suggests that there is growing evidence that Intellectual Property Rights are, and have been, important for the promotion of innovative, inventive and technology transfer activities in developing countries, including in industrial sectors such as pharmaceuticals and biotechnology.
http://www.stockholm-network.org/downloads/publications/Promoting_Technology_Transfer.pdf

Stockholm Network Events

Launch of the HTA taskforce (March 2008)

Health Technology Assessment (HTA) is rapidly becoming one of the most important and contentious subjects in the current discussion on pharmaceutical-related policies. Five leading market oriented think tanks have grouped together to create the first taskforce focussing on the economic and political implications of this complex and fascinating topic. The founding members of the HTA taskforce include:

- the Stockholm Network (UK),
- the Centre for the New Europe (Belgium),
- the Istituto Bruno Leoni (Italy),
- the Institute for Free Enterprise (Germany) and the
- Center for Medicine in the Public Interest (US).

The official launch of the HTA taskforce will take place from March 10th-12th 2008 in Brussels, Turin and Berlin, with Prof. Frank Lichtenberg of Columbia University as a keynote speaker.

Amigo Society Debate: When health scares become our daily meal (Brussels, 15 January 2008)

When did you last have a GMO breakfast? Unless you carefully checked the ingredients, chances are you have ingested genetically modified cereals recently. How much of a problem is this?

Risk management in modern societies is increasingly not based on a reasonable evaluation of probabilities. Instead it is dictated by the potentially disastrous consequences of unlikely events and infinitesimal risks. This calculus is made essentially on political, rather than scientific criteria. Our discussion will deal with the reasonable balance of these arguments.
<http://www.stockholm-network.org/conferences/events/upcoming.php>