



Expert Panel on Effective Ways of Investing in Health (EXPH)

**BEYOND THE COVID-19 PANDEMIC. SUSTAINABLE
HEALTH SYSTEMS IN THE EUROPEAN UNION**

Webinar 1 December 2022



Expert Panel on Investing in Health



The views in this presentation are those of the independent scientists who are members of the Expert Panel and do not necessarily reflect the official opinion of the European Commission nor its services.

Provides independent non-binding advice on effective ways of investing in health. Established by Commission Decision 2012/C 198/06 following the Council conclusions of June 2011 'Towards modern, responsive and sustainable health systems'; renewed in 2019



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How can health systems support the mental health and wellbeing of health workers and other workers at a time of crisis in the EU?



SUPPORTING MENTAL HEALTH OF HEALTH WORKFORCE AND OTHER ESSENTIAL WORKERS

**Opinion of the
Expert Panel on effective ways
of investing in Health (EXPH)**



Workforce crisis in healthcare

- In European Union, we would need a lot more healthcare professionals to fill the increased demand
- Covid-19 pandemic has also induced an epidemic of exhaustion in healthcare
- A lot of posttraumatic stress after seeing a lot of death and suffering
- Many professionals are frustrated and missing now visions of future

Symptoms of overload

- Sleep disorders
- Depression
- Anxiety
- Lack of motivation

What to do 1

- Focus on the positive aspects of mental health by reconceptualizing the discussion from mental ill health into **mental wellbeing**
- Focus on promoting, maintaining, or restoring mental health/wellbeing

What to do 2

- Have a mental wellbeing plan to address mental wellbeing of workers.
- Report on mental wellbeing, using common quantitative and qualitative indicators
- Identify workplace hazards to mental wellbeing, develop and improve protocols and standards for this purpose
- Ensure that organisations of all sizes participate by providing tools to the organisations that are too small to develop their own tools



What to do 3

- Protect mental wellbeing in labour market legislation by including mental wellbeing and mental health protection as part of legislative changes addressing employment conditions and social protection
- Set an EU-level mechanism to measure wellbeing of workers
- Develop reliable screening tools that people and organisations may use to assess their mental wellbeing status
- Ensure accountability by appointing a responsible entity at regional/national level to monitor the promotion of mental health
- Continue to promote and strengthen further European Commission and Member States collaboration.



We need innovative solutions, combining societal, organisational, team and individual responses, with engagement by all those who can provide the necessary psychosocial support

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**Taking into account the One Health dimension of
AMR, what are necessary innovations and
technologies of effective management of AMR
across -and beyond- the health systems that
could translate into effective policy
interventions?**



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MANAGING ANTIMICROBIAL RESISTANCE ACROSS THE HEALTH SYSTEM

Opinion of the

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Emerging Technologies

- Strategies to reduce infections: Next generation vaccines; Alternative strategies: therapeutic monoclonal antibodies, microbiota-based interventions, or use of bacteriophages
- Strategies for stewardship and reduction of the use of antimicrobials: Education of prescribers; public awareness campaigns; Innovative reimbursement strategies
- Strategies for rapid diagnosis based on emerging technologies and digital interventions: Telemedicine; Biomarker-based antibiotic stewardship; Electronic clinical decision support systems (eCDDS); Point-of-care testing (POCT); Omics technologies to detect antibiotic resistance genes in the environment; Multi-omics approaches for screening; Metagenomics and network medicine



Policy Overview 1

A One Health Approach to tackling AMR:

- World Health Organization Global Action Plan (WHO GAP)
- Tripartite Annual Country Self-Assessment Survey (TrACSS)
- The Quadripartite Strategic Framework (April 2022)

EU One Health AMR Action Plan, based on 3 main pillars:

1. Making the EU a best practice region via better evidence, better coordination and surveillance, and better control measures.
2. Boosting research, development and innovation.
3. Intensifying EU efforts worldwide to shape the global agenda on AMR and the related risks in an increasingly interconnected world.



Policy Overview 2

EU One Health AMR Action Plan, with 9 main actions:

1. Develop harmonised rules for surveillance
2. Support for networking collaboration and reference laboratory activities
3. Coordinate and support the AMR One Health Network
4. Support Infection Prevention and Control (IPC) activities and sharing of best practices, and vaccines
5. Develop new EU guidelines to promote the prudent use of antimicrobials



Policy Overview 3

EU One Health AMR Action Plan, with 9 main actions (cont.):

6. Support public awareness through Eurobarometer surveys and European Antibiotic Awareness Day
7. Coordinate and support the AMR One Health Network, joint actions, joint Commission and the ECDC visits to MSs upon request, and collaboration with EU and international agencies
8. Support IPC activities and sharing of best practices, and vaccines
9. Develop new EU guidelines to promote the prudent use of antimicrobials, where appropriate

Policy Effectiveness 1

Evidence regarding the Effectiveness of Existing AMR policies to Tackle AMR

- Awareness: Public health campaigns; Training
- Surveillance: Used to inform NAPs and as feedback on implementation effectiveness.
- Infection prevention and control: Horizontal or vertical measures are available, but not clear which is more effective; OECD modelling suggests cost-effectiveness of improved hand hygiene

Policy Effectiveness 2

Evidence regarding the Effectiveness of Existing AMR policies to Tackle AMR

- Optimisation of antimicrobial agent use: in primary care, effective interventions to change the prescribing behaviour of clinicians:
- Guidelines, outreach visits, clinical audit, and/or computerized reminders. Financial incentives under specific circumstances.
- Shared decision-making is highly effective.
- Rapid, affordable and easy-to-use diagnostic tools, including point-of-care tests, can be effective but are not widely available.
- Economic case development: effective implementation of AMS programmes could result in a 51% reduction of deaths from AMR and €2.3 billion saved.

Recommendations

Evidence regarding the Effectiveness of Existing AMR policies to Tackle AMR

- Each Member State should strengthen their systems for convening all AMR stakeholders and improve national assessment quality
- Complete the process of developing indicators for the surveillance, monitoring, and evaluation of AMR
- Each Member State should ensure that there are stewardship systems in place throughout their health Systems
- Steering of research and development based on foresight exercises, rapidly integrated and adopted within regulatory and legal frameworks
- Leverage the knowledge that value and belief systems of population determine the level of potential misuse of antibiotics

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**What is the impact of Post-COVID-19 Condition
or “Long COVID” on EU health systems?**

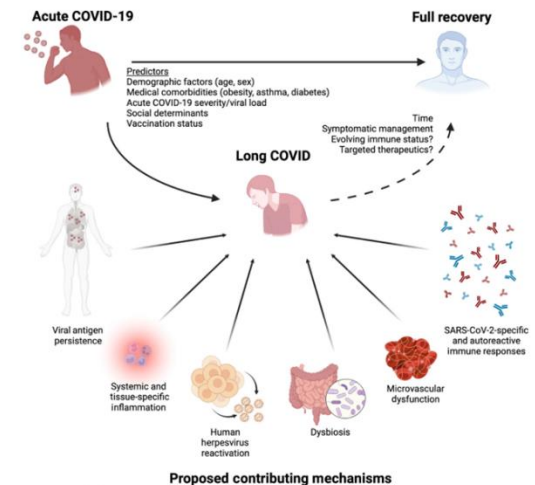


Post-COVID-19 Condition

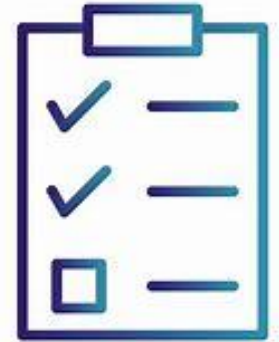
- Evolving terminology
 - Long COVID, post-COVID-19 syndrome, Post acute sequelae of SARSCoV2 Infection or COVID-19
- Variety of definitions

Box 1 WHO clinical case definition of Post COVID-19 condition (PCC)

Post COVID-19 condition occurs in individuals with a history of probable or confirmed SARS-CoV-2 infection, usually three months from the onset of COVID-19 with symptoms that last for at least two months and cannot be explained by an alternative diagnosis. Common symptoms include fatigue, shortness of breath, cognitive dysfunction but also others which generally have an impact on everyday functioning. Symptoms may be new onset, following initial recovery from an acute COVID19 episode, or persist from the initial illness. Symptoms may also fluctuate or relapse over time. A separate definition may be applicable for children.



- Uncertain underlying mechanisms and pathogenesis
- Uncertain progression and management of the condition



What can be done?

- Employ WHO Guidelines for Management:
 - Multi-disciplinary rehabilitation teams
 - Continuity and coordination of care
 - People-centred care and shared decision-making
- Conduct public health surveillance that:
 - Builds on existing monitoring mandates
 - Encompasses a wide range of measures, incl. impact on the person
 - Includes a longitudinal component
 - Uses active and passive monitoring
 - Leverages machine learning if data quality is good

Recommendations

Knowledge

1. Co-produce research with people living with long COVID
2. Conduct research at sufficient scale to take into account any heterogeneity within population and contexts
3. Embed research at all levels of care

Health Systems

4. Maintain prioritization on measures to combat SARSCoV2 infection
5. Implement models of care co-ordinated in primary care that ensure rapid referral to specialist teams

Surveillance

6. Establish a coordinated programme of surveillance systems with data from each member state and encompassing various sectors

Recurrent Themes in EXPH Recommendations

Aims – THE WHAT?



1. Further develop and promote inter-sectoral health ecosystems
2. Strengthen primary care and community and social care
3. Collect the “right” data and share
4. Enhance transparency and trust within and across key stakeholders
5. Nurture bottom-up evidence-based, effective good practices



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Recurrent Themes in EXPH Recommendations Strategies – THE HOW?



1. Encourage collaboration at all levels (regional, national, EU)
2. Increase alignment, coordination, responsiveness, and support at EU-level
3. Engage in shared decision-making → Member State or Regional authorities alongside key stakeholders
4. Develop appropriate methodologies to generate evidence
5. Train and create learning communities to share knowledge



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Reactions by stakeholders



Hans Martens, Senior Policy Advisor on health policy



MEP Radka Maxová, Co-chair of MEP Mental Health Alliance



Neda Milevska-Kostova, Chair of the International Alliance of Patients Organisations (IAPO), UK, a President of IAPO Patients for Patient Safety Observatory, Chair of the AMR Patient Alliance, Switzerland



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Challenges ahead for policy makers

Challenges from an economics view - 1

- “A high level of trust of citizens in the EU provides an opportunity to broaden its competencies in the field of health and well-being” (solidarity opinion)
- How to avoid that higher EU role reduces trust?
- Should EU act mainly when there are clear international externalities or when there is little national presence?
- Can the role of EU in Long COVID and in workplace wellbeing of health workers meet this challenge?
- New challenges, new ways of addressing them at the firm level and workplace for small and medium enterprises?

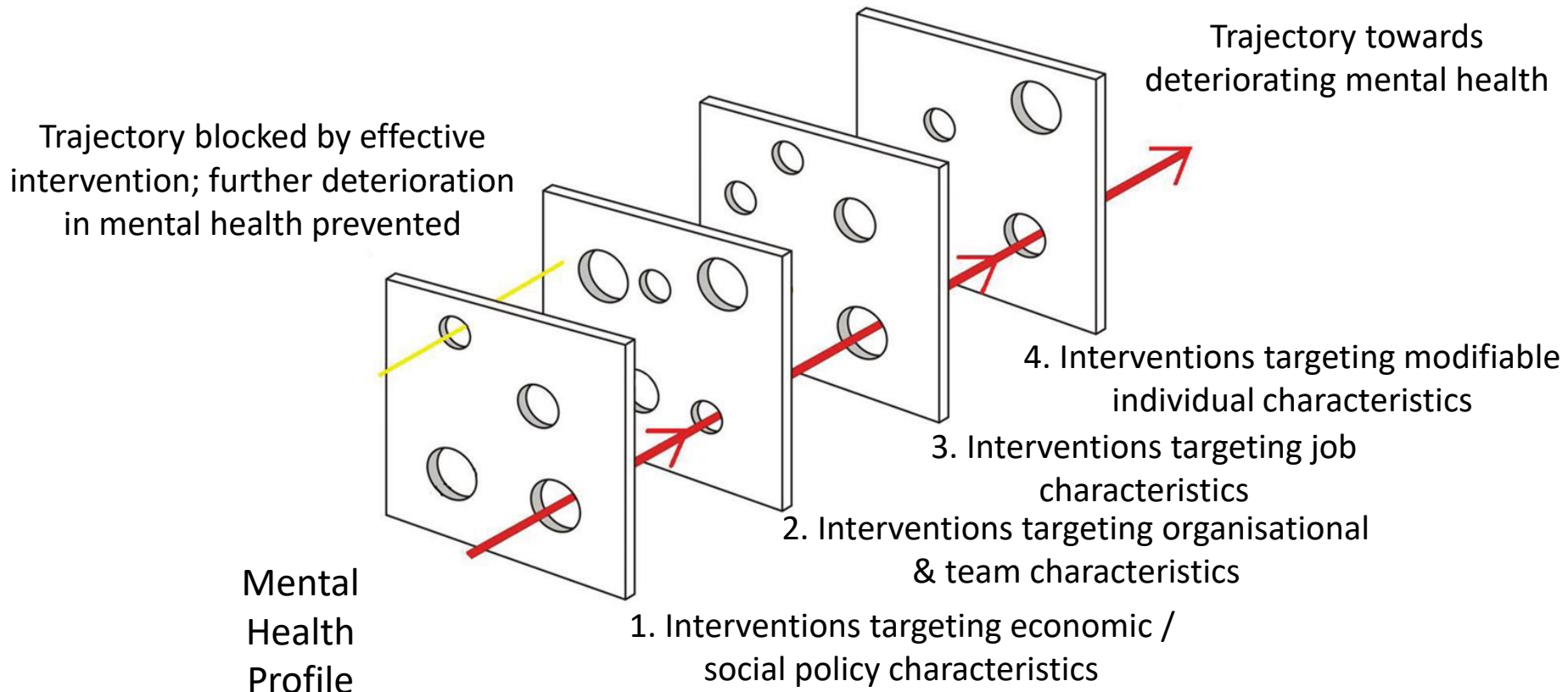
Challenges from an economics view - 2

- The sum of resilient national health systems is a resilient EU in the health sector? (resilience opinion)
- Resilience has a dimension of ability to mobilize resources
- Challenge lies in joining efforts when doing it increases available resources more than proportionately (while individual efforts means “steal from each other” in a small pool)
- Requires policies and politics aligned

Challenges from an economics view - 3

- European Health Data Space and knowledge (general concern expressed in several opinions)
- Hercules task #1: get the data together in a meaningful way
- Hercules task #2: what to do with the data to improve health systems?
- Challenge: complete #1 and moving to #2
- Combining national problems with international common learning from data

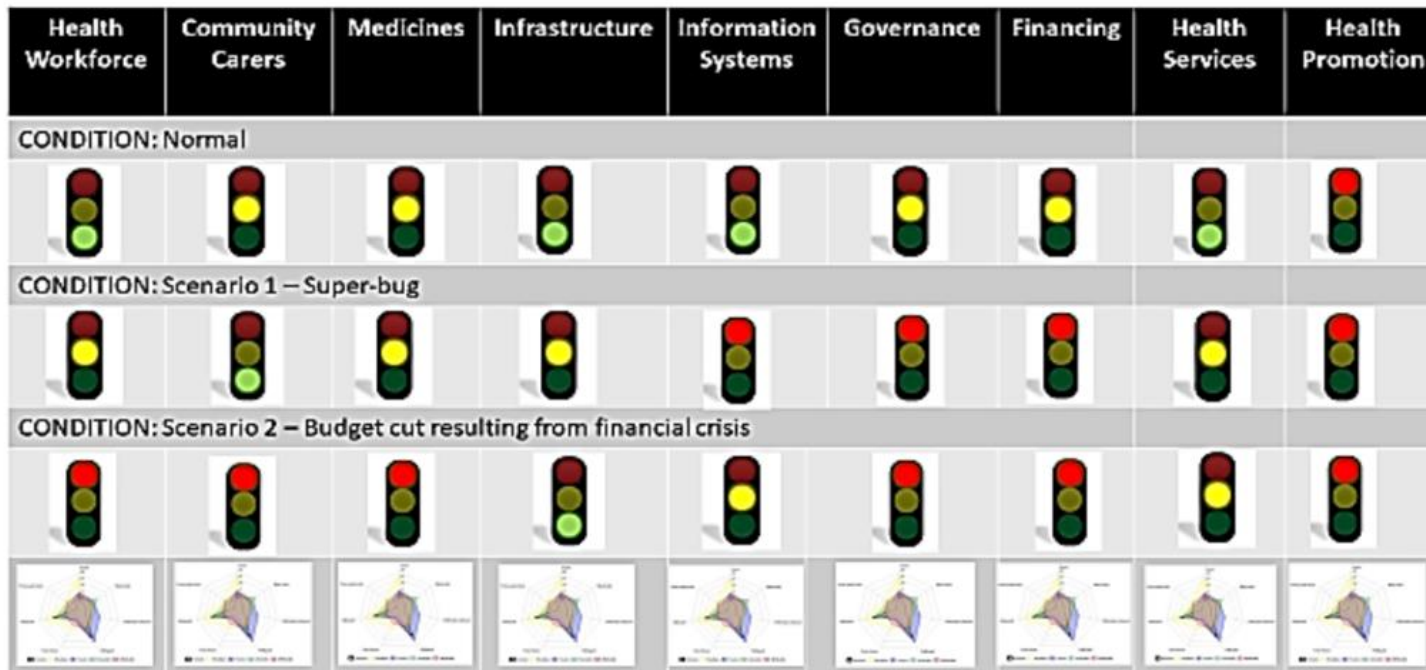
Example for future 1: Swiss Cheese model for supporting mental health of essential workers



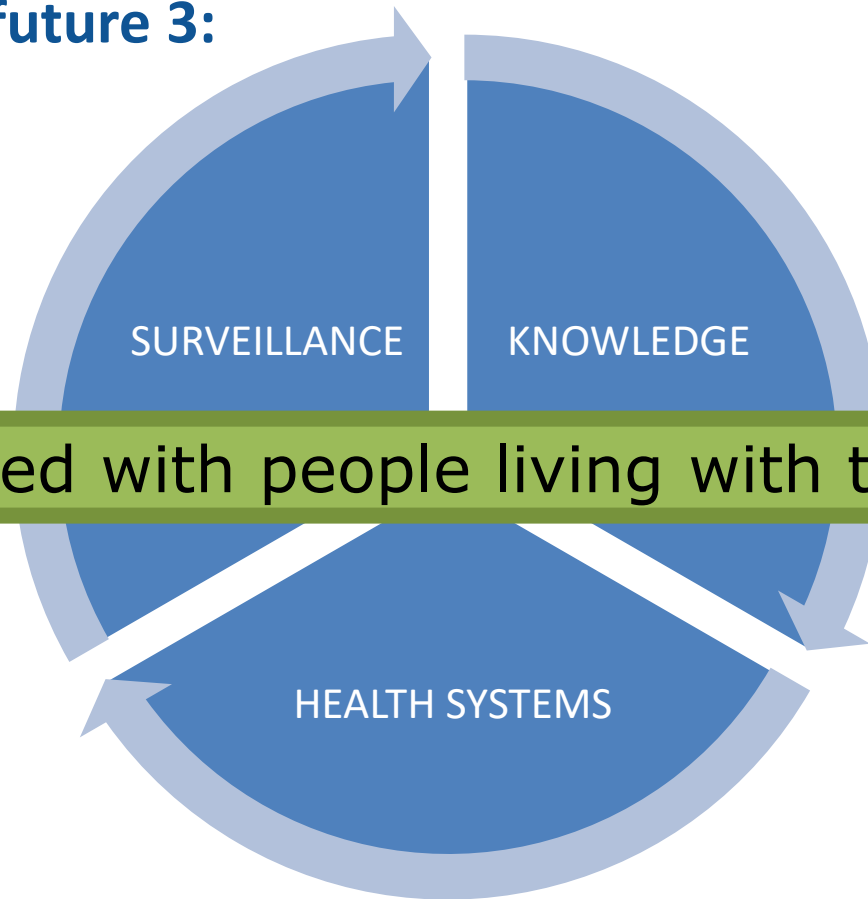
Example for future 2:

An Example Outcome of the Resilience Test

Sample Scorecard for a Resilience Test of a Health System



Example for future 3:



co-produced with people living with the condition



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Wrap-up of discussion



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Concluding remarks: “Looking back at the future”



Reflection on priorities for the future of healthcare in the EU: April 2019

- Accountability for realising ***the EU dream for improvement of citizens' health***. Let citizens dream about the health system in EU, let us create world-class centres for health care focusing on benefits for citizens
- Creation of ***learning communities*** to bring together the best expertise, experiences and practices in EU.
- Strengthening EU ***protection for health care***.
- Investing in real ***health promotion and prevention***.
- Addressing the health effects of migration ***through capacity building for health care in Africa***
- Development of ***new models of care in an affordable way***



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Rechtmatig knippen

EU HEALTH SUMMIT

TOWARDS AN EU HEALTH UNION

DATE
15 NOVEMBER 2022

VENUE
FLEMISH PARLIAMENT, BRUSSELS





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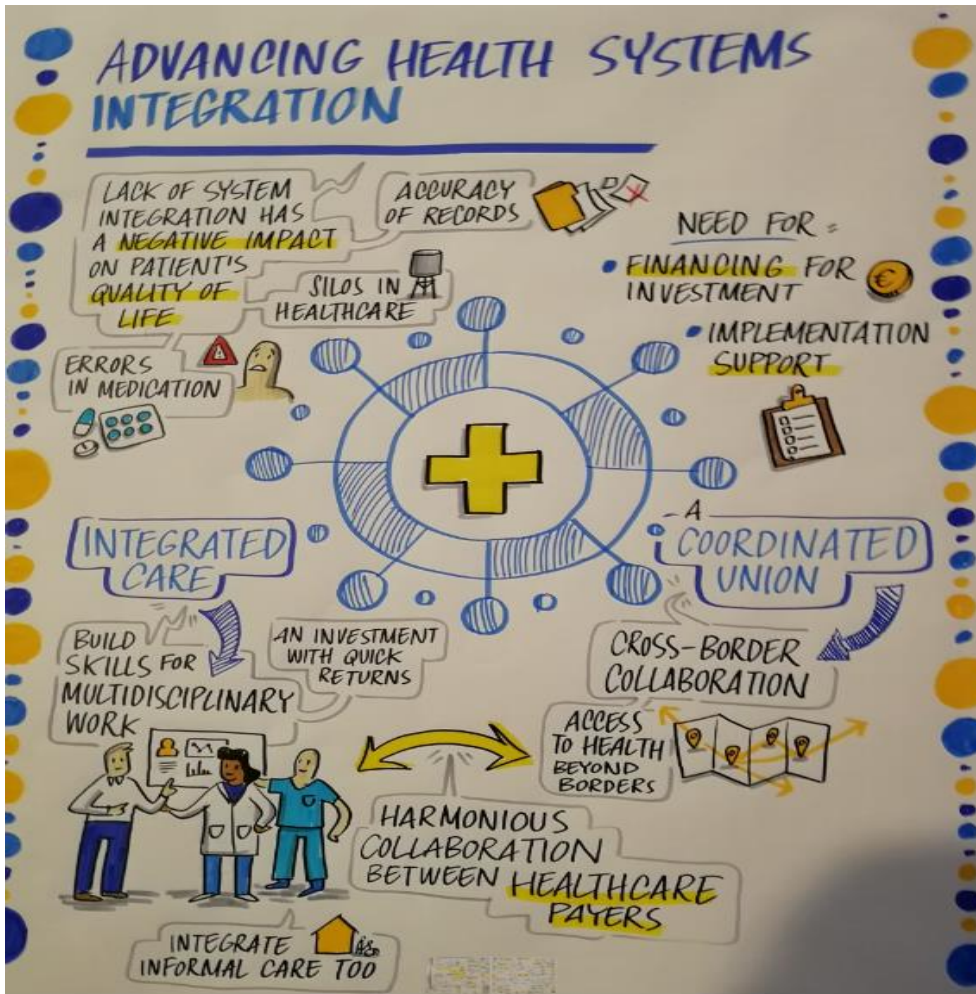


ASSESSING THE IMPACT OF DIGITAL TRANSFORMATION OF HEALTH SERVICES

Report of the Expert Panel on effective ways of investing in Health (EXPH)



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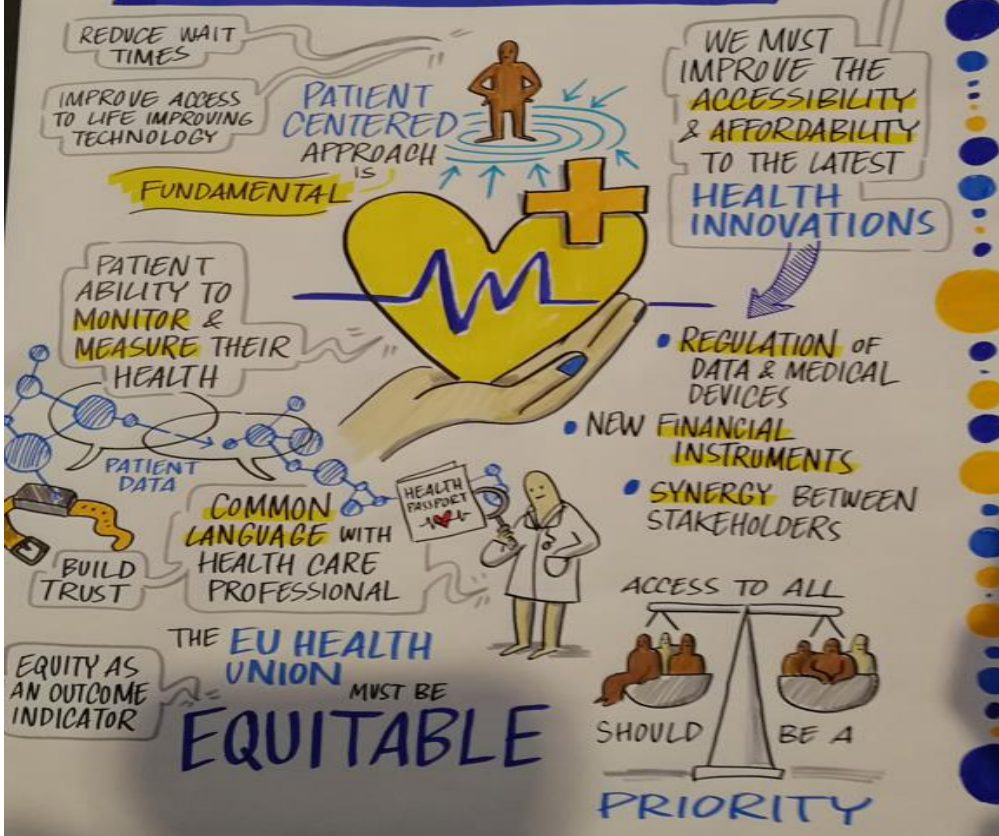


THE ORGANISATION OF RESILIENT HEALTH AND SOCIAL CARE FOLLOWING THE COVID-19 PANDEMIC

Opinion of the
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IMPROVING ACCESS TO HEALTH INNOVATION & REDUCING INEQUALITIES



Report of the EXPERT PANEL ON EFFECTIVE WAYS OF INVESTING IN HEALTH (EXPH)

on Access to health services in the European Union



EUROPEAN SOLIDARITY IN PUBLIC HEALTH EMERGENCIES

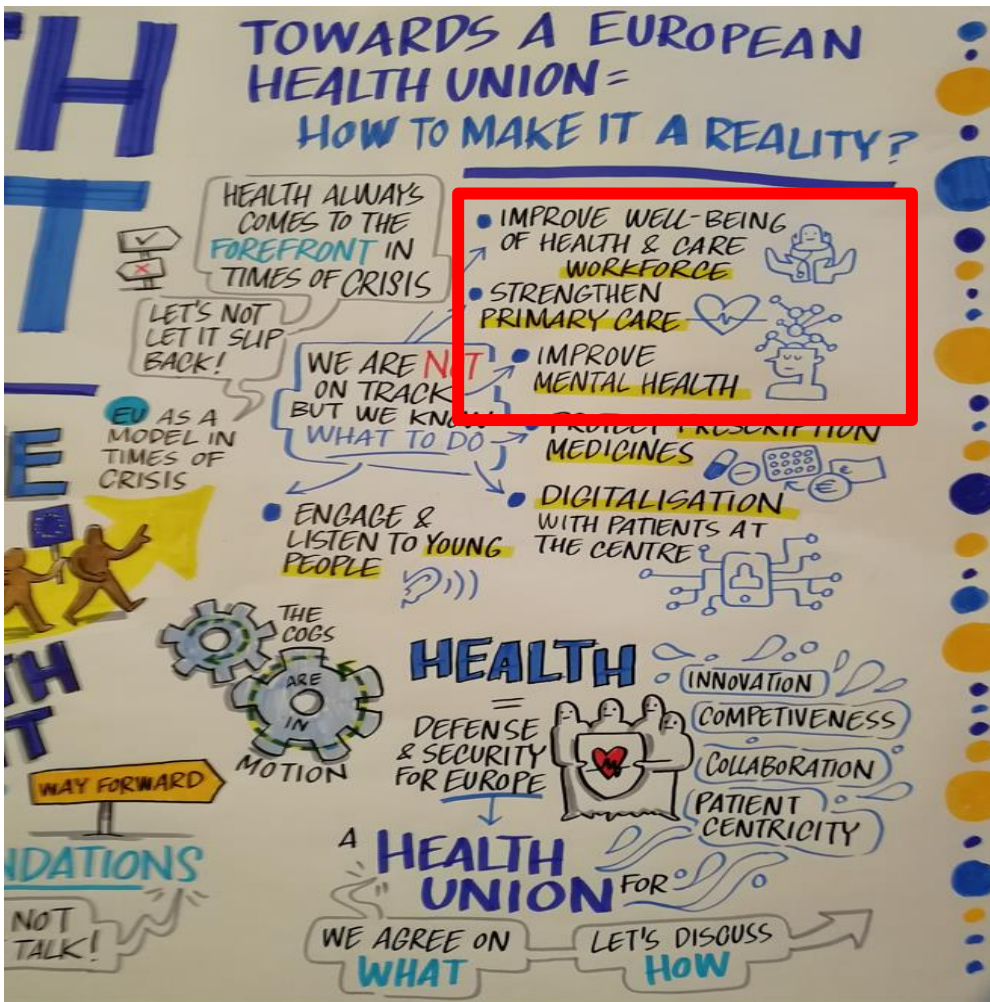
Opinion of the Expert Panel on effective ways of investing in health (EXPH)



Report of the
**EXPERT PANEL ON EFFECTIVE WAYS
OF INVESTING IN HEALTH (EXPH)**

on
Definition of a Frame of Reference in relation to Primary
Care with a special emphasis on Financing Systems
and Referral Systems

Health



SUPPORTING MENTAL HEALTH OF HEALTH WORKFORCE AND OTHER ESSENTIAL WORKERS

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Health



The EU Health Union:

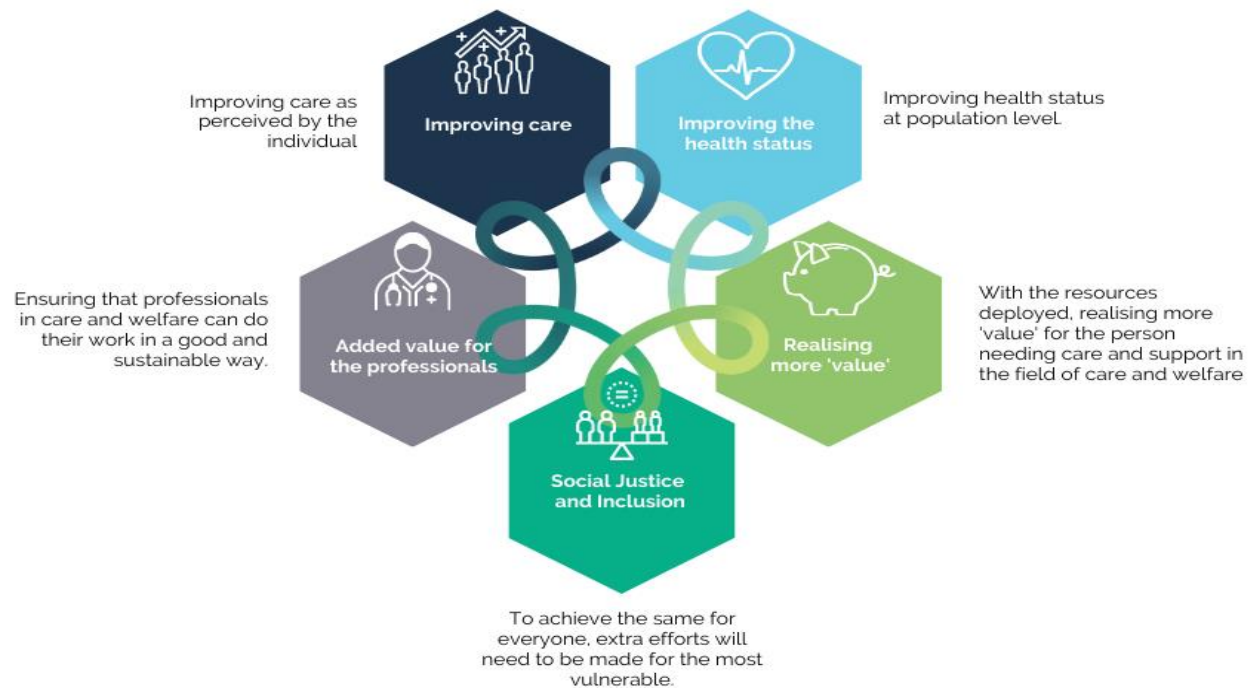
- Should go beyond protecting the health of citizens, beyond preventing and addressing further pandemics, beyond improving the resilience of Europe's health systems.
- Should expand its scope to achieve a broader holistic approach and incorporate concepts such as “Health For All Policies” and “One Health”.
- Should address upstream causes and the health effects of climate change and migration, and invest in capacity building for health care in Africa.
- Could be an important strategy in strengthening European Solidarity and to win the hearts and minds of European citizens through social cohesion and connectedness.



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The EU Health Union to achieve Quintuple Aim ?

Quintuple Aim



Michael Matherly, Soroo Thadaneey Israni, Mahnoor Ahmed, and Danielle Whicher, Editors. 2019. Artificial Intelligence in Health Care: The Hope, the Hype, the Promise, the Peril. NAM Special Publication. Washington, DC. National Academy of Medicine. Translated, adapted, and reproduced with permission from the National Academy of Sciences, Courtesy of the National Academies Press, Washington, D.C.





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Thanks for 3 years of intensive cooperation in difficult conditions with only 3 'live'-meetings in Brussels.

Special thanks to Maya Matthews, Bela Dajka and Viera Volosinova.

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