



EUROPEAN COMMISSION

HEALTH & FOOD SAFETY DIRECTORATE-GENERAL

Health systems, medical products and innovation

Performance of national health systems

## **EXPERT GROUP ON HEALTH SYSTEMS PERFORMANCE ASSESSMENT**

### **25<sup>TH</sup> MEETING**

**28 SEPTEMBER 2021, 09:00 – 11:40**

*VIRTUAL MEETING*

### **MEETING MINUTES**

Participants: Austria, Belgium, Croatia, Cyprus, Estonia, Germany, Hungary, Ireland, Italy, Luxembourg, Malta, Norway, Portugal, Romania, Slovenia, Spain, the European Observatory on Health Systems and Policies, OECD, WHO and the European Commission

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#### **1. OPENING OF THE MEETING**

**The Chair (Maya Matthews, European Commission)** opened the meeting. The participants adopted the agenda.

#### **2. 2021 PRIORITY TOPIC – PREVENTION**

**Filip Domański (European Commission)** briefly presented the discussion paper HSPA\_2501 on the 2021 priority topic – prevention – that the HSPA Secretariat had sent around before the meeting. The HSPA Expert Group decided to work on preventive care in 2021, when it met at its 18<sup>th</sup> meeting in June 2019. The discussion paper proposed not to use the term ‘preventive care’ since it would limit too much the scope of the forthcoming HSPA report and instead to talk about ‘health promotion and disease prevention’ or ‘preventive services’. The paper put prevention in the EU policy context and presented widely accepted definitions of health promotion and disease prevention by the World Health Organisation. The paper suggested a scope and working method.

During the discussion that followed, the members of the HSPA Expert Group answered the questions on the forthcoming report’s scope and content, as well as the drafting process.

#### **Content and scope of the HSPA report**

- Do you prefer to define the scope of the report (health promotion and disease prevention only by the health systems vs. reaching out to other sectors like education or urban policy) in advance or would you leave it for later in the drafting process?
- Can you already briefly say what aspects of health promotion and disease prevention you measure to assess performance of your health system?

- Should the report be general or focus on prevention of specific diseases (e.g. on COVID-19, cancer or diabetes)? If the latter, which diseases should it focus on?

### **Drafting process**

- Would you be interested to join the sub-group on prevention that will draft the report?
- Do you think that organising a policy focus group discussion on specific aspect(s) of preventive services should be the part of the drafting process?
- Do you know an expert who would be interested in drafting the report?

Majority of the Expert Group members preferred starting the work on the report from broader scope and then streamline it during the drafting process if needed. However, some of them recognised that the ambition to look beyond health systems to other sectors could complicate very much the work. However, if it were to go beyond the health sector, it should pay attention to aspects like living and working conditions, air pollution or health literacy.

The indicators that different countries use to measure preventive services include vaccination rates, incidence of tuberculosis or sexually transmitted diseases, cancer screenings or smoking rates. In some countries, the work is ongoing to include other indicators that would fill current information gaps in health promotion and disease prevention assessment.

There was a general agreement on forming the sub-group that would engage more in drafting the report and on organising a policy focus group discussion on issues that would be especially relevant for the report. The Commission reiterated that the HSPA Secretariat would not be in a position to draft the report and would need a Member State to take the lead or to hire a consultant.

It was agreed that the HSPA Secretariat would circulate the questions in writing, setting the deadline of 8 October 2021 for the countries' representatives to come back with written replies. This will allow expressing the views also of these countries, which representatives were not able to join the Expert Group meeting. Depending on the feedback, from the written exercise, a meeting of the sub-group could be established in November/December.

### **3. ACTIVITIES RELATED TO THE HSPA EXPERT GROUP WORK**

**Kenneth Grech (the Member States co-Chair of the Expert Group, Malta)** debriefed the Expert Group on the High-level Conference on Implementing Innovative Solutions for Resilient Health Systems organised by the Slovenian Presidency of the Council of the European Union that took place on 15-16 July 2021. There were high-level officials, including the Director of the WHO Europe, ministers of health and EU commissioners who attended that event. Mr Grech presented there the work of the Expert Group during the session on collaboration to improve health systems' resilience. He presented the history of the Group since its establishment in 2014 and the priority topics that the Group worked on so far. In current circumstances and in the light of still ongoing COVID-19 pandemic, the 2020 [HSPA report on resilience](#) turned out especially interesting for the attendees of the conference. Reactions and comments from the event's participants proved the importance of collaboration of experts from different countries, which

is the core of the Expert Group's work. It makes this body unique at the European scale. The Slovenian Presidency has drafted Council Conclusions stemming from the conference. The document mentions the HSPA Expert Group as an example of valuable co-operation of health systems experts from different Member States.

**Federico Paoli (European Commission)** informed the Expert Group about activities of the HSPA Community of Practices. It brings together a number of Member States (Croatia, Ireland, Latvia, Lithuania and Slovenia) that profit or have profited from technical DG REFORM assistance in establishing their national HSPA frameworks, as well as public institutions (the University of Amsterdam, the Sant'Anna University and the University of Malta) that provided them with expertise. During work on creating HSPA tools in these countries, it became obvious that despite their health systems being very different, they share many similarities like goals of assessing their performance, constraints in creating appropriate assessment frameworks or experiences in gathering data or creating indicators, etc.

With the majority of the Member States having their Recovery and Resilience Plans (RRPs) approved, the need for good tools assessing progress in implementing reforms and executing investments will be even greater than it is currently. DG REFORM is keen to support more national authorities in developing HSPA frameworks that could be very useful in the context of the RRP.

#### **4. THE STATE OF HEALTH IN THE EU COUNTRY HEALTH PROFILES**

**Kenneth Grech (Malta)** chaired the meeting starting from this point of the agenda.

**Federico Pratellesi (European Commission)** informed the Expert Group about the ongoing work on the Country Health Profiles, which in 2021 are one of the deliverables of the '[State of Health in the EU](#)' cycle. The Expert Group was the countries' contact point in the process of the review of the Profiles. Mr Pratellesi used this occasion to thank all the countries that commented on the Profiles and provided the drafters – the OECD and the European Observatory on Health Systems and Policies – with comments.

The publication of the Profiles, together with the Companion Report that will build on the Profiles' findings, is planned for the end of November/early December. All 29 Profiles (on 27 EU Member States and on Iceland and Norway) will be released in English and in official languages at once. The HSPA Expert Group members were interested in being involved in any national launches. The epidemiological situation is one of the factors that will influence the type and number of release events in Brussels and in particular countries.

#### **5. AOB AND CONCLUSIONS OF THE MEETING**

**Martin Woods (Department of Health, Ireland)** made a short presentation of the Irish HSPA Framework launched officially on 10 September 2021. Its establishment serves among others assessing Sláintecare – the ten-year programme to transform the health and social care services initiated in Ireland in 2018. The Framework is a result of co-operation with the University of

Amsterdam who was a technical assistance provider. The project received financing from DG REFORM. The presentation followed the one on 26 October 2020 during the [23<sup>rd</sup> HSPA Expert Group meeting](#) where the project team explained the whole concept of establishing the HSPA Framework in Ireland. With the launch in September this year, Phase 1 of the Framework's creation finished. The Phase 2 is to socialise the Framework in the Irish health system. There are around 260 indicators planned for use in assessing performance of the health system. For the time being, not all of them are fed with data. Obtaining the data for the 'empty' indicators will be one of the tasks during the Framework's further development. Successively, the Department of Health will publish materials on the process of establishing the HSPA Framework in Ireland.

**Filip Domański (European Commission)** informed the Expert Group about recent work of the Expert Panel on effective ways of investing in health. On 22 September 2021, the 9<sup>th</sup> Plenary meeting of the Panel finalised work on the [opinion on supporting the mental health of the health workforce and other essential workers](#). Another opinion – on EU solidarity in public health emergencies – should be finished by the end of the 2021.

There is no date of the 26<sup>th</sup> HSPA Expert Group meeting so far. The HSPA Secretariat will make arrangements with the Expert Group's co-Chairs and come back to the Group's members.