



EUROPEAN COMMISSION
HEALTH & FOOD SAFETY DIRECTORATE-GENERAL

Digital, EU4Health and Health systems modernisation
State of Health, European Semester, Health Technology Assessment

EXPERT GROUP ON HEALTH SYSTEMS PERFORMANCE ASSESSMENT (HSPA)

33RD PLENARY MEETING (HYBRID)

17 JUNE 2024, 9:00 – 16:00

**MEETING VENUE: MINISTRY OF HEALTH, PALACKÉHO NÁMĚSTÍ 375/4, 128 01,
PRAGUE, CZECH REPUBLIC // MEETING ROOM 281 (1ST FLOOR)**

MEETING MINUTES

Participants:

21 Member States (Belgium, Czechia, Denmark, Germany, Estonia, Ireland, Spain, Croatia, Italy, Cyprus, Latvia, Luxembourg, Hungary, Malta, Austria, Poland, Portugal, Romania, Slovenia, Slovakia, Finland), Norway, WHO Barcelona Office for Health Systems Financing, OECD, the European Observatory on Health Systems and Policies, the Technical University of Berlin and the Commission (DG SANTE, DG REFORM and DG RTD).

Co-Chairs: DG SANTE (European Commission) and Malta (Member States).

* * *

1. OPENING OF THE MEETING

The co-Chairs opened the meeting, welcomed the participants to the 33rd plenary meeting of the HSPA Expert Group, and thanked Czechia for hosting.

The Deputy Minister of Health of Czechia welcomed the participants to Prague.

After a round of introductions, the co-Chairs informed that there have been two working group meetings since the last HSPA plenary meeting of 21 March 2024; (i) value-based healthcare on 23 May and (ii) healthcare workforce on 27 May.

2. PRIORITY TOPIC – VALUE-BASED HEALTHCARE

Member State co-Chair reported back from the working group meeting on value-based healthcare of 23 May.

The Technical University of Berlin (TUB) presented the revised draft of the report "*Identifying, measuring and reducing low-value care in the context of health system performance assessment*". The report is based on findings from a literature review and a Member State survey (which was carried out between 11 December 2023 – 31 January 2024) where 17 Member States and Norway provided their input. The draft report presents a framework typology of low-value care, proposes a new broader definition of low-value care and provides indicators with

which Member States can identify low-value care, as well as examples on how to reduce low-value care.

The draft report was sent to the participants 10 days before the meeting.

Following the presentation, the participants congratulated TUB for a good report and agreed on (a) replacing “de-implementing” with “reducing” low-value care throughout the report, and (b) the new definition of low-value care proposed in the report. The participants thanked the European Observatory on Health Systems and Policies and TUB for their work.

Participants further commented the need to:

- A. strengthen the link between low-value care and HSPA,
- B. add a text/disclaimer in annex 1 to clarify and explain the use and limitations of the table,
- C. adjust annex 2 to ensure there is alignment with the Council Recommendation on strengthening prevention through early detection¹,
- D. add a new annex with the survey,
- E. add a text/note in chapter 1 to prevent inappropriate comparative assessments of countries and their health systems,
- F. consider adding “incentives for patients” in table 9 (“Measures to reduce the extent of low-value care identified in the literature”),
- G. add a concluding remark on the need to learn from each other/facilitate learning, and
- H. consider adding some examples on underuse.

A number of participants recommended to keep the report concise and welcomed the current draft.

TUB took note of the comments and will adjust the report accordingly.

Participants were given the opportunity to provide written comments to the draft report by 1 July. The aim is to finalise the report for publication in September/October and organise a webinar in October/November.

3. PRIORITY TOPIC – HSPA GOVERNANCE

Member State rapporteur Germany invited the Technical University of Berlin to provide the current state-of-play on the Member State survey and analysis of the HSPA developments and governance in the EU. The plan is to turn this into an article for publication.

It was agreed to organise an HSPA working group meeting after this plenary meeting to discuss the draft article based on the survey results, once the draft is available in early July or September.

4. PRIORITY TOPIC – HEALTHCARE WORKFORCE

Czechia and the Netherlands are rapporteurs for the priority topic healthcare workforce. Member State rapporteur Czechia presented the conclusions of the working group meeting of 27 May 2024. The discussion focused on two topics: Healthcare planning and forecasting and minimum staffing levels. It was agreed to carry out a Member State survey on what methods and mapping of minimum staffing levels countries use in this regard. The results of the survey would be presented in a workshop. The workshop would also focus on sharing best practices

¹ 2022/0290(NLE): Council Recommendation on strengthening prevention through early detection: A new EU approach on cancer screening replacing Council Recommendation 2003/878/EC. [Link](#)

on Planning and forecasting of health workforce. The latter would involve Joint Action HEROES and other related activities on the subject.

Belgium highlighted the mental health concerns of healthcare workers, and the Commission mentioned a survey currently being planned as part of the EU Comprehensive Approach to Mental Health Communication.

Poland informed about their development of a demand and supply model for health personnel. The Commission co-Chair asked if Poland could present their experience with the model in a future plenary meeting.

5. HEALTH SYSTEMS: AFFORDABLE ACCESS TO HEALTH CARE (FINANCIAL PROTECTION)

The WHO Barcelona Office for Health Systems Financing presented the EU4Health-funded work on financial protection ('Can people afford to pay for health care?'). In their recent report, they have gathered evidence on financial protection in 40 countries in Europe². WHO explained how gaps in health coverage lead to out-of-pocket payments that cause financial hardship and unmet need for health and dental care. WHO further presented UHC watch – a website which tracks progress on affordable access to health care in over 40 countries in Europe. UHC watch is an open access platform aiming to fill an information gap and contribute to knowledge exchange³.

It was agreed to link financial protection to the future HSPA priority topic on inequalities in access to healthcare. Member States provided constructive comments to the presentation and shared their experiences with co-payments and other out-of-pocket payments. WHO thanked participants for the rich discussion and cautioned on the use of co-payments to ration access to healthcare or reduce low-value care, recalling that co-payments do not address the root causes of low-value care and often undermine health system performance.

6. CURRENT DEVELOPMENTS IN MEMBER STATES

Czechia presented their HSPA framework. They received support from the Technical Support Instrument, and OECD was the technical contractor. Main goals of Czech HSPA are a) Public reporting on the performance of the health care system with benchmarking on the national health info portal, and b) Identification of strategic priorities and monitoring of reforms. The first report with 122 indicators will be published in 2025 and every 4 years thereafter. Czechia went to Belgium for a study visit which was very informative and helpful in creating their HSPA framework.

Germany agreed to present their newly agreed HSPA framework at the next plenary.

² News release (2023): Out-of-pocket payments for primary health care unaffordable for millions in Europe, new WHO report shows. [Link](#)

³ UHC watch. [Link](#)

7. TECHNICAL SUPPORT INSTRUMENT

DG REFORM provided a general overview on the Technical Support Instrument (TSI) projects which have supported the establishment of HSPA frameworks in several Member States.

To date there have been 7 Member States that have benefited from TSI funding to develop HSPA frameworks. Under the TSI 2024 funding round, Luxembourg and Slovakia will get funding and the technical contractor will be OECD. REFORM further informed about the TSI health flagship for 2025; the EU Health investment Hub, making strategic use of available EU-funds and invest in resilient health systems. A lively discussion followed with appreciation for the technical support.

8. STRENGTHENING HEALTH SYSTEMS: A PRACTICAL HANDBOOK FOR RESILIENCE TESTING

The European Observatory on Health Systems and Policies and the OECD presented the EU4Health-funded project working on a 'Handbook for health system resilience testing'. The starting point of this project was the report by the Commission's Expert Panel on Effective Ways of Investing in Health, which highlighted the need for Member States' health systems to be better prepared for shocks such as pandemics but also other shocks such as climate change, AMR. The project used the definition of health system resilience which was coined in the HSPA report on Assessing the resilience of health systems in Europe⁴. The methodology developed uses a participatory approach and is multi-disciplinary.

Finland shared their experience with being the first pilot of resilience testing in the project (pandemic). The second pilot took place in Greece (workforce shock), and the third in Asturias region in Spain (heatwave).

The Commission co-Chair encouraged the HSPA members to use the handbook and provide feedback on it.

9. AOB & CONCLUSIONS OF THE MEETING

Conclusions and next steps:

- Next plenary meeting (virtual): October/November 2024.
- Next hybrid plenary meeting: June 2025.
- Low-value care:
 - Participants are to provide their comments to the draft report "Identifying, measuring and reducing low-value care in the context of health system performance assessment" in writing by 1 July to the HSPA Secretariat.
 - Technical University of Berlin will adjust the report to the comments provided in this meeting and the written comments.
 - The aim is to finalise the report in September/October and organise a webinar in October/November.

⁴EU Expert Group on Health Systems Performance Assessment (HSPA) (2020), Assessing the resilience of health systems in Europe: an overview of the theory, current practice and strategies for improvement, Publications Office of the EU, Luxembourg. [Link](#)

- HSPA governance:
 - A subgroup meeting is to be organised in July or September to discuss the draft article.
- Healthcare workforce:
 - A Member State survey on minimum staffing levels will be conducted (including writing a report).
 - A workshop on healthcare planning and forecasting and minimum staffing levels will be organised.
- Inequalities in access to healthcare:
 - Financial protection will be linked to the future work on inequalities in access to healthcare (one of the future priority topics of the HSPA Expert Group).
- The Secretariat will liaise with the MS rapporteurs to schedule the meetings for the working groups in the second half of the year.

The co-Chairs closed the meeting, thanked Czechia for hosting and thanked everyone for the active participation and the interesting discussions.