

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

Expert Panel's reflection on priorities for the future of healthcare in the EU

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The present paper was prepared by the members of the Expert Panel on their own initiative based on an internal brainstorming on its work and future EU actions in healthcare and public health.

The present paper presents the views of the independent scientists who are members of the Expert Panel. They do not necessarily reflect the views of the European Commission nor its services.

1. 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.

The European Union and its Member States (MS) have committed to improving population health, including the adoption of a series of specific targets set out in the Sustainable Development Goals (SDG). These include not only those contained within SDG3, good health and well-being, but also a number of others relating to other goals whose achievement will impact on health, in areas such as SDG1 (no poverty), SDG2 (zero hunger), SDG5 (gender equality) and SDG10 (reduced inequalities). Achievement of these targets will depend on concerted action in many sectors, but especially the 20 key principles underpinning the European Pillar of Social Rights. Here we focus on principle 16, healthcare, stating that everyone has the right to timely access to affordable, preventive and curative healthcare of good quality. This echoes existing commitments set out in Article 12 of the International Covenant on Economic, Social and Cultural Rights, which recognises the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

Whilst there is undoubtable commitment to these goals by the EU and MS; there is presently no mechanism to ensure accountability for progress towards these goals and aspirations. For example, the mechanism for reviewing progress towards the SDGs, the High-Level Political Forum under the auspices of the UN Economic and Social Council is voluntary. In addition to this, there is no system for accountability within the European Pillar of Social Rights.

This is in marked contrast to the process incorporated within the European semester, whereby the Commission provides country reports and makes recommendations to correct and coordinate macroeconomic imbalances. The closest that the Commission gets to this, in relation to health, are the State of Health in the EU reports, which provide factual comparative data on health and health systems in MS but they are intended, explicitly, not to make recommendations. They do, however, include key indicators of health and health system performance, including life expectancy, mortality amenable to medical care, and unmet need, and they could be the basis for a system of accountability for at least the health element of the Pillar of Social Rights. Although, this would require additional processes, building on lessons from accountability mechanisms elsewhere, including those that harness the power of

inspiration, identifying and learning from MS that perform especially well, and disseminating evidence-based lessons from them, as well as widening the input to the process. For example, by engaging with civil society organisations; some of which may wish to publish shadow reports, such as those that accompany the regular reporting on the UN Convention of the Rights of the Child.

Besides the accountability of progress, this topic is also about increasing awareness and emphasising the importance of health, health care and health systems. Creating a positive attitude towards health systems and pride regarding the achievements of European health systems remains necessary. The benefits these systems bring at different levels (from individual to societal) are large. Sometimes, emphasis in public opinion is more on health care expenditures than on health care benefits. Strengthening the understanding of the positive contribution of health systems for individuals, communities and societies, both directly (e.g. improved health and wellbeing) and indirectly (social cohesion, productivity) can help to create an atmosphere in which the EU dream for health and health systems receive more support and will be shared. This is especially relevant given that achieving important SDGs for health and wellbeing crucially depend on risk and income solidarity to ensure affordability and accessibility also of those worse off, in terms of health and wealth.

2. Creation of learning communities to bring together the best expertise, experiences and practices in EU.

The aim is to share a common language and create a facilitating environment among all the EU countries to measure, benchmark and exchange experiences, to learn from each other and to put in place actions on what could/should be done to improve value and guarantee sustainability. EU policies could support the development of an evaluation culture and enhance the use of Framework Program instruments by the EU-13 MSⁱ that suggest ways towards the removal of barriers. Other forms of transferring knowledge and sharing experience could be deemed in similar perspective.

3. Strengthening EU protection for health care

a. Strengthen financial protection from health care spending. Provide protection through a (collective at EU-level) mechanism of re-insurance of resources for health care in MS, in order to avoid that national economic or/and financial crises decrease access to health care for the citizens living in a certain MS.

A recent survey in Europe in relation to a similar mechanism, protecting unemployment allowances, shows a strong adherence for a mechanism, based on broad solidarity, by a varied group of citizens and stakeholders in MSⁱⁱ. Reduce or even eliminate catastrophic healthcare payments that bring people into poverty. Equitable financing of health care is crucial and could be structurally monitored.

b. Reduce health inequities. Reduction of unjustified health inequalities is a ubiquitous policy objective but progress remains slow. Equity considerations need to be included more systematically in the design of policy interventions and in the financing of health systems.

Instruments to further reduce health inequalities include designing specific (e.g. health promotion, prevention, curative and social care) programs aimed at those risk factors, populations, and diseases importantly associated with health inequities. It requires the

acknowledgement of the importance of cross-sectoral policies, e.g. given effects of education on health, or given the accumulation of problems (e.g. regarding health, housing, social participation, finances) in particular groups, which require concerted solutions. Explicit consideration of health in all policies, also in terms of the distribution of health, can help. Equity considerations could also be integrated in allocation decisions (e.g. funding and reimbursement decisions). Barriers to care utilisation, including financial, cultural, or physical barriers, need to be understood and addressed.

4. Investing in real health promotion and prevention

Health Promotion and disease prevention have a critical role to play in addressing the social determinants of health, improving the health and wellbeing of current and future generations of EU citizens, and contributing to cost savings on health care services. A commitment is required at EU level, working in partnership with MS, to invest in transformative health promotion actions that will deliver on sustainable health development, reduce health inequities, promote social justice and enhance population health and wellbeing.

To achieve a ‘Health in All Policies’ approach, further concerted action is required at EU level to create: (i) enabling policy structures that provide a mandate for universal health promotion actions on a cross-sectoral basis; (ii) effective implementation systems, structures and delivery mechanisms and workforce capacity for multi-sectoral action; (iii) new types of research evidence and data to inform innovative health promotion and prevention approaches.

This includes strategic investment in establishing a leading Centre for Innovation in transformative health promotion and prevention policy, research and practice at a pan-European level and establishing a European Knowledge Translation function to support Member States in the effective use of scientific research and knowledge-sharing practices that will enable the population health and wellbeing of European generations to thrive into the future.

5. Addressing the health effects of migration through capacity building for health care in Africa.

Migration (and refugee-crisis), climate change and capacity building (for healthcare, education, food production ...) in the global South, are strongly inter-related. EU policy could address these issues in an integrated more comprehensive way, looking at push- and pull-factors, socio-economic and ecological drivers. This requires EU to take a leading role in a new dialogue with African countries. This should be operationalised both at research level and at the level of development aid and capacity building.

6. Development of new models of care in an affordable way.

Innovation, in its various forms, benefits all MS, and affordability, to both health care payers and patients, is a common concern.

New models of care have been a feature in several of our opinions ([access](#), [new payment methods for innovation](#), [digital transformation](#), [value-based](#), [task shifting](#), [shifting of care from hospital to primary care in the community](#)). The challenges of these new models of care are common to all the EU countries. There is a role for an EU role in helping MS to deal with the new models of care (what works, what promises can be fulfilled, what needs to be changed).

Bearing in mind affordability. The financial challenge is not the only change, and potentially not even the most important. Good financial architecture is not sufficient to solve the challenges in health systems, though bad financial arrangements can preclude that we reach the goals of countries and governments for the health of their citizens. Thus, helping MS in adopting and adjusting to new models of care should go hand in hand with good decisions on the financial side (which services and products are worthwhile in a sometimes fast changing environment, how are funds allocated, how are prices determined). Special attention should be paid to support for transition-costs e.g. helping MS to shift care from hospitals to community.

ⁱ [http://www.europarl.europa.eu/RegData/etudes/STUD/2018/614537/EPRS_STU\(2018\)614537_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/STUD/2018/614537/EPRS_STU(2018)614537_EN.pdf)

ⁱⁱ <https://aissr.uva.nl/content/news/2018/12/eurs.html?origin=%2ByldW4bRwCjN8rZP%2BdJdA>