

A EUROPEAN PRESCRIPTION FOR SMART, RESILIENT HEALTH SYSTEMS

DRAFT WORKING PAPER

Outcomes of the 2nd working group meeting - 22 March 2021

This working paper is the outcome of the second Resilient Healthcare Working Group meeting and is part of a series of activities launched by Friends of Europe, Baxter and UNITE to foster the successful and resilient transformation of health systems in Europe.

It looked at how to learn the lessons of the COVID-19 emergency to ensure long-term healthcare improvements that build on the new levels of collaboration, political will and funding that have been generated by the pandemic.

The final report including key recommendations on the way forward will be released early June, ahead of the June Employment, Social Policy, Health and Consumer Affairs Council (EPSCO) meeting.

COVID-19 has been a wakeup call on the need to fix healthcare systems but many of the problems were well-known before the virus struck. Controlling the pandemic's latest waves is the immediate priority. However, it is time to look ahead, learning from the experience of the past year to build added resilience and smart solutions into our health systems.

The pandemic has pushed health to the top of every agenda. There is political will and public support for reforms that strengthen systems at local, national and European level. Unprecedented levels of cooperation and coordination between governments and international bodies, and among policymakers, industry, academia and healthcare professionals must be sustained.

The European Union health budget has expanded to €5.1 billion. Mandates for EU health agencies have been reinforced and new legislation offers paths to progress on areas like health data. The new EU Health Union has to assist member states to support smarter, more resilient healthcare systems.

This working group focused on how the collaboration forged in crisis can become a new normal to deliver integrated care models; how to prioritise reforms that will ensure the right care is delivered in the right place at the right time; and how the surge in data use and digital solutions during the coronavirus emergency should be leveraged post-pandemic to underpin community care outcomes with a renewed focus on patient wellbeing.

Summary of the Working Group meeting

Tamsin Rose, Senior Fellow for Health at *Friends of Europe*, opened the debate by stating that the stakes have never been higher for healthcare reform as Europe struggles to contain the current coronavirus wave, while simultaneously looking for pathways for transformation in the post-pandemic era.

Lack of funding and political will held up solutions to fix fracture points in health systems before the pandemic. Now, those excuses have to fall by the wayside and new pathways must be found to transform legacy systems. The EU is in a good place to lead the transformation, she said. There is significant political support at the highest level, the largest-ever health budget and European collaboration on an unprecedented scale.

Rose urged stakeholders within the working group to focus on practical, concrete recommendations for what needs to happen at European, national and local level to achieve the required changes.

Opening speaker **Pierre Delsaux**, Deputy Director-General, European Commission Directorate-General for Health and Food Safety (DG SANTE), agreed on the need to focus on practical questions leading to concrete proposals that can generate greater healthcare resilience and smart solutions.

He acknowledged that COVID-19 has revealed insufficient resilience in Europe. Improvements are needed that go beyond the current pandemic to prepare for future crises. Building up European resilience does not equate with closing doors to the outside world in a 'fortress Europe', he insisted. The growing digital dimension to health is a clear reality. Europe needs to move fast to invest in smart health and digital solutions to avoid falling behind. The Commission is open to taking expert advice and to working with member states, industry and patients. Moving forward with the EU Health Union is crucial, not to replace member states, but to support them through the introduction of greater efficiency and effectiveness at European level. Increased use of data in the EU health space is fundamental. That requires clear rules on data protection. Europe needs to make better use of its additional health funding to demonstrate it can bring added value. To do that, it should focus on a few targeted issues, not a 'Christmas tree' of wide-ranging initiatives. EU for Health is a starting point. If it succeeds, it will generate more funding and make an even bigger difference. It is only by working together that Europe can make a difference, Delsaux concluded, and the challenge of the next four or five years will be to maintain the spirit of unity that emerged from the crisis.

Speaking next, Romania's State Secretary for Health, **Ioana Mihăilă** explained how, from her country's perspective, a greater role for Europe brings clear advantages. Common medical standards upgrade patient care; and collaboration strengthens the Romanian medical corps. Beyond healthcare, she pointed to the EU's role in upholding the rule of law and protecting the justice system. In concrete terms, the Commissions' recommendations have helped the poorest and those who have less access to healthcare, she said, for example, by suggesting targeted investments in rural areas and guidelines on health innovation and digitalisation.

Maria-Manuel Leitão-Marques, Vice Chair of the European Parliament's Committee on the Internal Market and Consumer Protection (IMCO), said improved use of data was crucial. The COVID-19 crisis revealed shortfalls in the level of data use at national level and a lack of data interoperability at European level. With better data use, authorities could have managed the COVID-19 crisis differently. She gave examples of how data and new technology could be used to better predict and deliver improved healthcare. They included using mobile data tools to reduce the burden which non-communicable diseases, such as diabetes, pose for health services, enabling distance monitoring and early detection. There should be more use of phone consultations, as has been the case during the pandemic. Systems should be upgraded to improve use of mobile phone-generated data. We need to assist those who are less digitally literate.

Joining the debate, **Ricardo Baptista Leite**, Member of Portugal's National Assembly and UNITE Network Founder and President, agreed that digital and data are of critical importance on the path to transition. He argued for a shift away from the 'industrialised vision' of diseased-focused health systems and toward outcome-based community health delivery. That would lower the disease burden for health systems. Sustainable health systems need a greater focus on wellbeing and quality of life rather than purely on disease management. Europe can play an important role setting standards and allowing countries to avoid others' mistakes. Europe's social model gives it an advantage compared to other health models around the world. It should be used to drive reforms.

We are at a critical moment said **Cristiano Franzi**, Senior Vice President and President, EMEA, Baxter International. The pandemic had opened a door to rethink the way we deliver health, he stated. Governments, industry, academia and patients' associations need to work together to advance the transition to a different type of environment. He too agreed that digital is key, and that there should be a shift in focus towards outcomes for patients within integrated care models. This is particularly important given the aging population. To achieve that, more care measures should be moved out of hospitals, which will make it easier for systems to continue to provide care. Franzi called for a rethink of how health systems are financed to match the vision of reform, including an urgent look at incentives to enable the transition.

Jessica Shull, European Lead, Digital Therapeutics Alliance, USA, agreed that COVID-19 presented an opportunity for Europe to move faster towards integrated care. However, she warned current market access and funding conditions do not match that vision. As an example, she pointed to the lack of funding for digital health tools such as digital therapeutics and telemedicine. In her hospital in Spain, she said, digital tools used in the early months of the pandemic are no longer funded. Although those problems are national, the EU could provide incentives and a framework for greater use of digital tools, particularly where health systems are strapped for cash. Instead of providing rewards for Intensive Care Units, she urged the use of rewards for a healthy population and value-based care.

The question is no longer resilience, it is building back better, argued **Josep Figueras**, Director of the European Observatory on Health Systems and Policies. The key issue is harnessing and sustaining the kind of change – such as the increased use of digital and data, and greater incentives for telemedicine – that have emerged during the COVID-19 crisis. The EU should support member states with financing, but also in making a cultural transformation and introducing innovation. Figueras said the joint procurement that has been seen at the European level for vaccines should be harnessed for other areas. At the same time, member

states should look at how to deregulate and procure more rapidly, while respecting rules of transparency and accountability.

Other participants cautioned that joint procurement has while offering great advantages needs to be redesigned carefully. They said it needs a clear legal framework that commits countries who order through the EU mechanism to use the supplies. Most Economic Advantageous Tender (MEAT) criteria and value-based principles should be enshrined in such joint approaches, because going for the lowest price is unsustainable and contradicts the push towards greater strategic European autonomy and investment in local manufacturing. Suppliers should be more involved in the early design of the joint procurement concepts to be able to guide on feasibility and potential supply constraints. As an example of the drawbacks, one participant pointed to member state orders of large numbers of devices that were never paid for or collected, leaving manufacturers holding stock without the ability to offer them to other countries.

The European Commission is working very closely at member-state and regional level to set up a new partnership under Horizon Europe, the EU's research and innovation framework programme running from 2021-2027, said **Irene Norstedt**, Director, People Directorate, European Commission Directorate-General for Research and Innovation. This co-funded partnership to transform healthcare systems is due to start in 2022. It aims to build an evidence base that can inform health policies and facilitate uptake of innovation. The partnership also aims to work on upscaling and transfer of innovative solutions among countries and regions, she explained.

After the work in breakout rooms, **Fabrizio Carinci**, Principal Epidemiologist, National Observatory of Patient Safety, National Agency for Regional Health Services (AGENAS), Italy, gave his views from the European country hit hard first by the pandemic. He mentioned that Italy is still learning the lessons from the early days of the crisis. Being first made a huge difference, as the country had little guidance or experience with how to deal with the sudden impact and rapid spread of the outbreak. That underscores the need for greater coordination in Europe to ensure preparedness from the very start of a crisis. Some services are still difficult to organise, he noted, particularly in community and primary sectors. Fundamental areas of Italian society have had to be rethought, from schooling to care for the elderly and family life. Carinci pointed to three areas where Italy's lessons could provide guidance for Europe: the need for strong leadership and coordination to ensure an effective response across different regions; integration among the primary, secondary and tertiary levels of healthcare; and, most importantly, the need to facilitate effective, prompt and integrated flows of health information. He also had three recommendations at a European level: a European health strategy to avoid mistakes like the closure of borders which isolated Italy at the start of the pandemic; a stronger DG SANTE with more powers to coordinate the work of EU agencies and other departments; and finally, a specific EU agency on health information to ensure that up-to-date data is available to authorities that need it.

Participants

- **Ricardo Baptista Leite**
Member of Portugal National Assembly, Committee on Health, UNITE founder and 2015-2016 European Young Leader (EYL40)
- **Pedro Pita Barros**
Vice-Rector, Professor of Economics and Member of the Mission Board for Cancer at the Universidade Nova de Lisboa
- **Cristina Bescos**
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Head of Center at the Masaryk University Brno, Department of Biophysics and health Informatics
- **Jan Brönneke**
Director of Law & Economics Health Technologies at the Ministry of Health, Germany
- **Lisa Cameron**
Member of the House of Commons, United Kingdom
- **Fabrizio Carinci**
Principal Epidemiologist at the National Observatory of Patient Safety, Italian National Agency for Regional Health Services
- **Francesca Colombo**
Head of Health Division at the Organisation for Economic Co-operation and Development (OECD)
- **Morgana Daniele**
Member of the Committee on Health Affairs at the Lithuania National Parliament
- **Isabel De La Mata Barranco**
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- **Pierre Delsaux**
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- **Sibylle Reichert**
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- **Felicidad Rodríguez-Sánchez**
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- **Stefan Schreck**
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- **Riina Sikkut**
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