Essential cooperation for resilient health systems. The role of Interreg

Online/ 03.06.2024

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Thank you

Agenda

01	02	03	04	05
Opening	Interreg RO-HU project examples from the Health sector	Feedback from the audience on their experience	Experts' perspective and Interreg's overview on Healthcare	Vision and EU perspectives on the future of health-related policies

06	07	08	09
B-Solutions	Regional authorities view	Online campaign	Closing remarks and evaluation

Opening

Camelia Coporan,

- Head of the Managing Authority of the Romania-Hungary Interreg programme.

Jean Pierre Halkin

- Head of Unit, European Cross-border cooperation, DG REGIO

Significant obstacles for cross-border healthcare cooperation in your region

Legal and administrative differences between countries.

Limited patient mobility due to different public health insurance systems and reimbursement policies. **Shortages of medical staff and specialists**. **Differences in IT systems and lack of interoperability**. Political tensions, economic disparities, and historical conflicts affecting trust. **Language and cultural differences**. **Budgetary constraints**. Need for robust institutional frameworks and coordination mechanisms.

Ongoing knowledge, best practices, and high-performance medical equipment.

Territorial imbalance, geographic barriers,

Uneven distribution of healthcare institutions impacting access for vulnerable groups

Interreg contribution to CBC and access to healthcare in your cross-border region

Joint Strategies and Action Plans

Development of joint solutions for health and care issues.

Pilot Actions and Innovative Solutions

Capacity Building and Awareness

Patient Mobility and Access

Collaboration and Best Practices

Infrastructure and Equipment

Funding and Resources

Policy and Administrative Support

Technological Integration

Community and Stakeholder Engagement

Experience and Knowledge Exchange

Supporting research in healthcare and medical innovation.

Testing and implementing new healthcare models and technologies.

Health issues among the population of your region

- Cardiac Health / Cardiovascular Diseases
- Diabetes
- Mental and Emotional Health
- Obesity

Interreg RO-HU projects from the health sector

Project BABYROHU.

- Mr. Adrian Luput, public manager - Timiș County Council. https://interreg-rohu.eu/wp-content/uploads/2024/02/ROHU-443-EN-final.pdf

Project HEARTS&LIVES

- Dr. Adina Bucur. Department of Cardiovascular Surgery - Institute of Cardiovascular Diseases Timișoara. https://interreg-rohu.eu/wp-content/uploads/2023/05/ROHU-401-EN-final.pdf

Project DEST

- Kallai Árpád. General Director - Hódmezővásárhely-Makó Health Care Center https://interreg-rohu.eu/wp-content/uploads/2023/08/ROHU-450-EN.pdf

Interreg
România-Ungaria
Fondul European de Dezvoltare Regională
UNIUNEA EUROPEANĂ

HUNGARIAN GOVERNMENT

Project: "Babies across borders - connecting medical services in the field of obstetrics-gynecology and neonatology between the Emergency County Clinical Hospital "Pius Brînzeu" Timisoara and the Pediatric Clinic in Szeged" (Babies across borders - connecting health services in the field of obstetrics-gynecology and neonatal care between Emergency Clinical County Hospital Pius Brînzeu Timișoara and the Pediatric Clinic of Szeged)

eMS Code ROHU – 443

Acronym BABYROHU

Județul Timiș a implementat proiectul

„Babies across borders – connecting health servicies in the field of obstetrics-gynecology and neonatal care between Emergency Clinical County Hospital Pius Brînzeu Timișoara and the Pediatric Clinic of Szeged”, Acronim BABYROHU, cod eMS ROHU – 443.

Project beneficiaries:

Lead Partner

Timis County

Partener 1

UNIVERSITY of SZEGED – with Szeged University Hospital as beneficiary

Partner 2

COUNTY EMERGENCY CLINICAL HOSPITAL "PIUS BRÎNZEU" TIMIŞOARA

Project implementing period

The project was implemented based on the financing contract no. 136840/ 10.10.2019 signed between the Ministry of Regional Development and Public Administration, as the Management Authority for the Interreg V-A Romania-Hungary Program and Timiș County, as the Project Leader and is financed under the INTERREG V-A ROMANIA-HUNGARY Program.

Inclusion in the program/ priority axis/ investment priority

INTERREG V-A Romania-Hungary, Priority axis 4, Investment priority 9/A

INTERREG V-A ROMANIA-HUNGARY PROGRAM 2014-2020 continued the financing of cross-border cooperation in the Romanian-Hungarian border area through the European Regional Development Fund, with the support of the European Union and the governments of the two states.

Priority Axis 4

Improving health care services (Cooperation in the field of health and disease prevention).

Investment priority 9/A

Investments in medical and social infrastructure, which contribute to national, regional and local development, reducing health inequalities, promoting social inclusion through improved access to social, cultural and recreational services and the transition from institutional to community services.

General and specific objectives of the project

The **general objective** of the project aims to improve medical and preventive services in obstetrics-gynecology in the cross-border area, through investments in medical infrastructure and equipment and the implementation of measures resulting from collaboration and exchange of experience in order to reduce inequalities among the population.

General and specific objectives of the project

Specific objective 1. Ensuring medical and preventive services in the eligible area by building and equipping a new obstetrics and gynecology clinic in Timisoara and equipping two departments of the University Hospital in Szeged;

Specific objective 2. Harmonizing and strengthening the cross-border cooperation capacity of medical institution specialists through exchanges of experience (know-how) to provide better preventive and curative health care services, with impact in the entire eligible area;

Specific objective 3. Increasing accessibility to specialized healthcare services by providing transparent information and involving a wider segment of the population.

Project budget

Total eligible expenditures: 12.095.294,01 euro out of which:

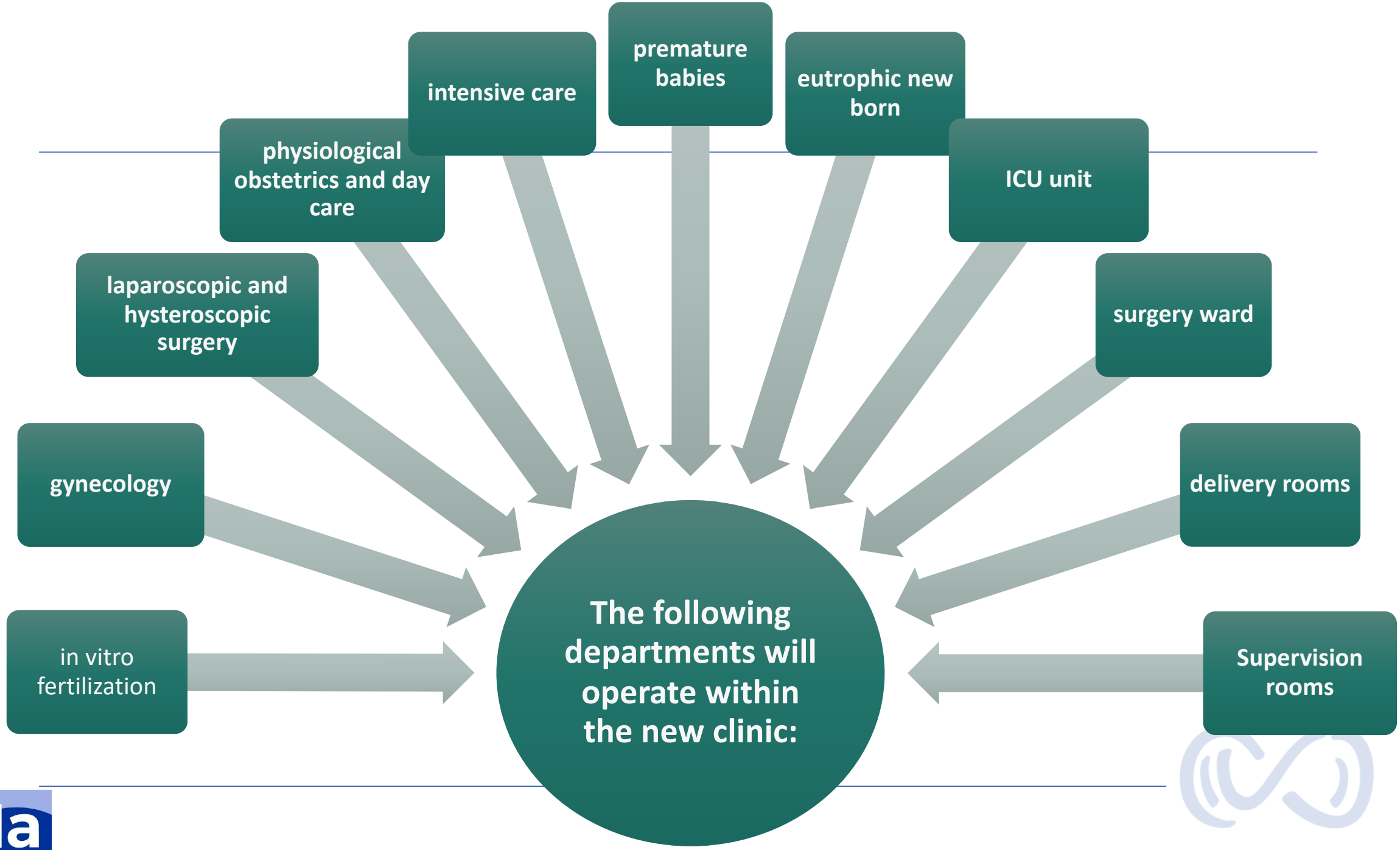
- FEDR non-reimbursable financing (85%): **10.280.999,90 euro**
- Stet budget co-financing(13%): **1.572.267,28 euro**
- CJT and CCEHPB own contibution **242.026,83 euro**

Non-eligible expenditures covered by Timis County

- **7.508.833,82 euro**

Location

The location where the new Obstetrics and Gynecology Clinic was built has an area of 5,000 square meters and is located on Bd. Liviu Rebreanu, no. 158A, Timișoara, in the immediate vicinity of the Timișoara County Emergency Clinical Hospital and the Austria House - Clinic of plastic surgery.


The following departments will operate within the new clinic:
premature babies
intensive care
eutrophic new born
physiological obstetrics and day care
ICU unit
laparoscopic and hysteroscopic surgery
surgery ward
gynecology
delivery rooms
in vitro fertilization
Supervision rooms

Semi-basement

in the northern wing, the compartment for emergency receptions was provided

in the eastern wing there are the following :

- *Imaging centre*
- *Dressing area;*
- *Central sterilization area.*

in the articulation area between the two wings, there are changing rooms for hospitalized patients and warehouses for waste, respectively for dirty bed linen

Ground floor

- in the northern wing, the in-vitro fertilization center is situated;
- in the eastern wing, the specialized ambulatory is built divided into sections: OG.1, respectively OG.2;
- in the joint area between the two wings are the receptions.

First floor

Houses the gynecology section O.G. 2 - 7 beds

Houses the obsthetrics section OG.2 – 25 beds out of which 19 are rooming-in

Every section includes:

- A consultation room
- Treatment room and kitchen area

The joining area includes a space for visitors

Area for waste and dirty laundry discardment

Area for temporary storage of waste

Second floor floor

Houses the gynecology section O.G. 1 – 50 beds out of which 15 are rooming –in

The section includes:

- a treatment room,
- doctor's office,
- nurse's office

The joining area includes a space for visitors

Area for waste and dirty laundry discardment

Area for temporary storage of waste

Third floor

Delivery bock

Neonatology area

Supervision room for neonatology area

Area for waste and dirty laundry discardment

Area for temporary storage of waste and buffer dressing room for the delivery block medical staff

Fourth floor

- ✓ ICU unit with a capacity of 6 beds
- ✓ *Surgery block with 4 surgery rooms*
- ✓ In the joining area an office for the ICU unit was established
- ✓ Area for temporary storage of waste and buffer dressing room for the ICU medical staff.

Terrace

A separate floor is built on the terrace to house the equipment and machinery specific to the installations: the heating plant, the water cooling/heating plant, compressors, vacuum, low current switchboard, etc.

Acces hallway

Roentgen equipment

Power unit

Boilers - terrace

Thermal plant

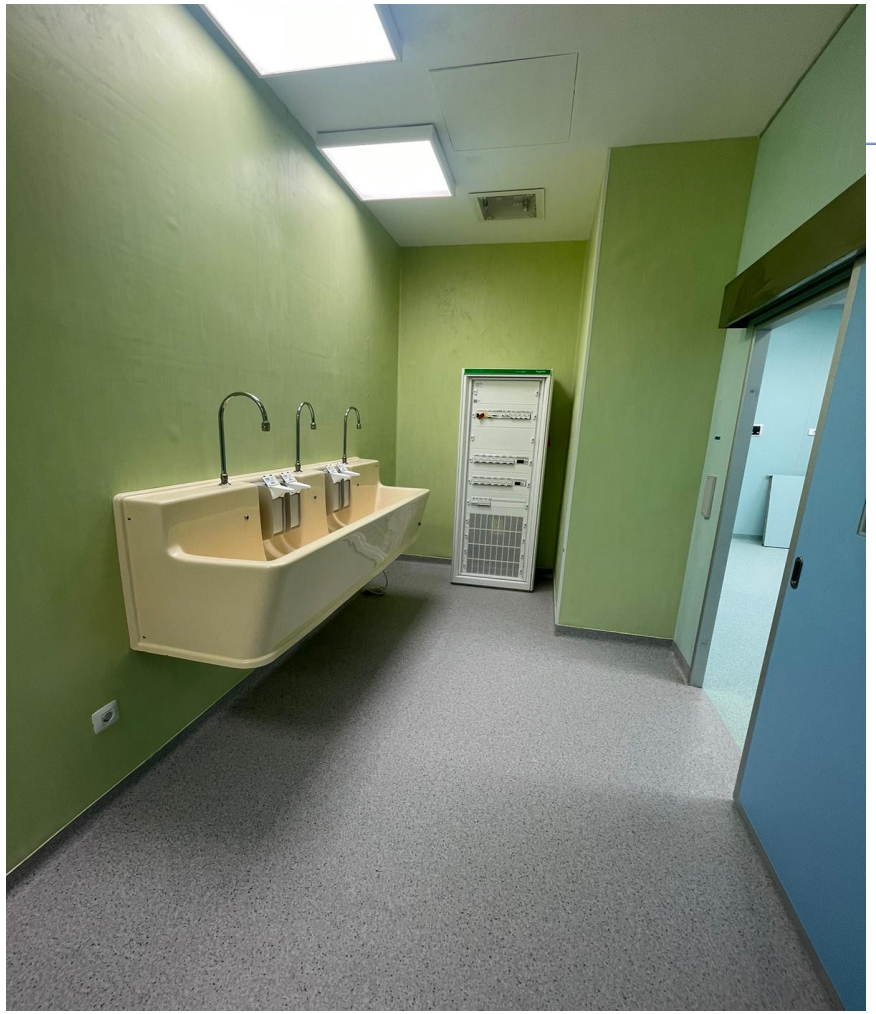
Warehouse

Changing locker

Electric and IT switchboard

Medical gases switchboard

Patient room



Lavatory

Surgery room

ICU area

The new Clinic was equipped to the highest standards with medical and non-medical furniture, purchased by UAT Timiș County, and state-of-the-art medical equipment, purchased by Pius Brînzeu Timișoara County Emergency Clinic Hospital.

The project aligns with European conditions by improving infrastructure and better medical expertise and, finally, improving health care services in the field of obstetrics-gynecology and neonatology in the cross-border area

Thank you!

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What do you think?

Please, join us at this Slido poll
and share your thoughts with us
☺

Expert's perspective

Caitriona Mullan
- DG Regio Senior External Expert

Mercedes Acitores
- Project Manager. Interact

Essential Co-operation for Resilient Health Systems- Place-based best practice for border regions

Presentation by Caitriona Mullan

European Commission DG REGIO External Senior Expert – (Structural Fund Programmes)

INTERACT Seminar, 3rd June 2024

Online

Overview of Presentation:

- Strategic context for considering cross-border co-operation for resilient health systems in 2024;
- Best practice policy recommendations- improving the conditions for cross-border patient mobility; including the role of data;
- Approaching cross-border co-operation in health- needs and challenges;
- Planning your approach to cross-border co-operation for resilient health systems in 2024;
- Best practice from Romania/Hungary – current and emerging co-operation for resilient health systems
- Summary points- how not to go wrong!

European Commission

CBC in Health and Healthcare- a medium for EU Cohesion and more integrated border regions

- 30% of EU Population lives in a border region; 40% of its territory is border regions;
- European Union 2021 Report: EU Border Regions: Living labs of European integration Inforegio - EU Border Regions: Living labs of European integration (europa.eu);
- What happens in border regions matters for the people of those regions and for the EU as a whole;
- How we work in border regions crucial to raising the standard of life and access to services for citizens;
- How we work in border regions produces models of excellence relevant for whole economies and member states;
- Border people- innovative, flexible, able to navigate multiple systems, understanding how to connect;
- Borders as places of exchange and creativity.
- Borders as places where active subsidiarity and multilevel governance are crucial- for Member States, for Macro-Regions, and for the EU. Health is an important area where active subsidiarity is crucial for citizen and patient outcomes.

Additional strategic context for building resilient health systems in 2024:

- Learning from the COVID-19 Pandemic- health status can be a matter of life and death;
- We have the benefit of learning- we have a responsibility to those past and future to embed the learning; we learned that health matters, our understanding of this fact crosses all borders; health is a core factor of societies and economies continuing to function
- Health systems in functional cross-border areas depend on mobility for staffing, timely access to services especially emergency and unscheduled care; and other health system logistics e.g. Luxembourg; e.g. Grand Est;
- Border closures in the case of COVID-19 were intended to reduce harm by preventing spread of the virus; this measure had a range of unforeseen consequences- human, economic;
- Ageing populations – especially in border regions – and prevalence of long Covid- additional circular rehabilitation needs/frailty prevention;
- International clinical evidence-based best practice- movement towards integrated care models- most effective – the right intervention for the right patient in the right place at the right time and based on the right clinical evidence based best practice.
- Additional responses from health systems in EU member states bordering Ukraine – movement of peoples and patients – need for transboundary clinical collaborative networks (e.g. perinatal maternal care, infant health including neonatal health; trauma-informed care and services); presence of senior clinical decision makers; nursing workforce capacity.
- Member State health systems serve to gain and enjoy added value through exploration of shared services models for health with neighbouring States; effective, best use of all available resources through alignment of other funds beyond Interreg towards the opportunities to create resilient health systems that cross borders; the mutuality of Europe;
- Continuing to deliver a connected Europe closer to citizens in ways that makes a meaningful difference to daily lives, and in particular those of border region citizens who frequently experience multiple forms of disadvantage;
- Deepening the impact of EU level tools for resilient health systems- Directive on the Rights of Patients in Cross Border Healthcare; Social Security Regulation; European Health Data Space.

AEBR DG SANTE PATIENT MOBILITY IN SELECTED EU REGIONS- STUDY (2021): Findings on improving qualitative conditions for cross border healthcare delivery:

- crossborder_patient-mobility_frep_en.pdf (europa.eu)

The Directive and Social Security Regulations are a legal framework for the operation of reimbursements of the costs of cross- border care across the EU.

They are tools which can be used to optimal effect when actors at Member State and subnational/regional (and regional cross -border) levels create the conditions on the ground for effective healthcare co-operation

Border populations are specifically referenced in the Directive as a potential beneficiary group for cross-border patient mobility.

Border regions are often the places where innovative and highly efficient sharing of resources is already happening and can be further developed.

These may present good practice for wider healthcare systems while also meeting the specific needs of border populations..

There are specific and common population health needs amongst cross -border patient catchments in border regions which can be met through clinical and institutional collaboration between healthcare providers and insurers in border regions.

Clinical care networks should be developed to meet the needs of cross border patient catchments and to facilitate clinical collaboration cross-border in a population health-led approach to healthcare services. Information on pricing structures essential for patients and providers and more needs to be done in this area.

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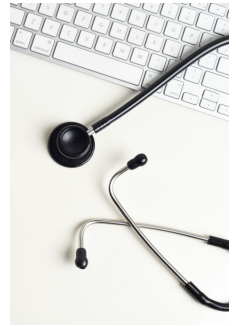
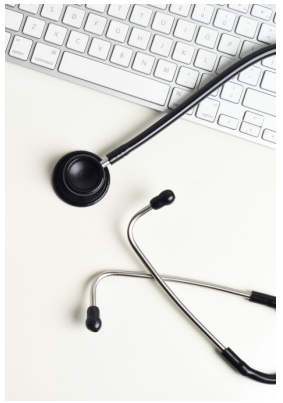
European Commission



AEBR DG SANTE PATIENT MOBILITY STUDY: RECOMMENDATIONS FOR IMPROVING THE QUALITATIVE CONDITIONS FOR CROSS BORDER HEALTHCARE DELIVERY:



Technical support and resources should be provided for border regions, to explore options and facilitate solutions for more structural regional cross -border healthcare co-operations which are based on complementarity, critical mass and cross-border patient catchment populations. These should include:

a) **joint-commissioning of high-cost clinical capital equipment (**commissioning for a whole cross-border region- functional areas)**

b) **specialty services development on cross border patient catchment/population health needs models**

c) **general hospital/primary care collaboration in border areas, and**

d) **development of advocacy actions focused on the role of functional cross-border health regions in contributing to national excellence and improvement in healthcare.**

ALSO: collaboration on systems and population health data at regional level, better patient information, cross border clinical care networks, integrated care systems, data collaboration

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The role of Data: (statistical)

A useful vehicle for new approaches to data collection on cross-border patient mobility is place-based pilots in border regions to develop workable best practice and generate learning for replication. Border regions are also key drivers of data-driven territorial co-operation and spatial planning. European Health Data Space?

1. **Member States should be encouraged to establish pilot collaborative data design and collection initiatives in border regions- pilots could be EU funded initially. Pilot initiatives should include:**

A) **Mapping and testing regional/sectoral capabilities for providing more detailed data on patient mobility for the reporting period covering 2021-23.**

B) **Co-designing schematic approaches to future data collection on patient mobility which include specific data on use of the Regulation, the Directive, and other reimbursement mechanisms; using an action-research approach.**

C) **Exploring how additional co-operation on patient mobility data can support collaborative approaches on cross-border healthcare that are aligned with population health needs. Using patient journey mapping as a tool in this process.**

D) **Exploring how integration of health and patient mobility data with regional spatial planning evidence (e.g. Smart Regions, Smart Cities, ESPON network projects), European Digital Innovation Hubs) can lever added benefits for future data collection on patient mobility AND contribute to smart and resilient regions.**

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European Commission

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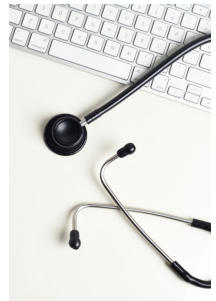


Cross Border Co-operation (CBC) in Health- needs and challenges

- Ways of working with difference between systems- what is the thing that binds? The needs of the population; inequalities in baseline services;
- Population health profile similar in RO/HU border region; health inequalities = earlier intervention, right intervention-right place-right time;
- Inputs may look different depending on how you configure the overall project;
- Work towards consistency of patient outcomes and common standards of service access/experience/provision levels.
- What is the intended legacy of the investment?How will it be sustained? Hardware/human capital/health outcomes? E.g. RO/HU- next phase proposals developing to build on value of existing capital investments- capital investment as enabler of improved care systems for cross-border populations.

European Commission

Compensating for differences in systems and health economies cross-border:

- Proximity principle for border citizens; nearest point of care- what's the pathway to this? Complementarity of assets – map the whole area; who does what better? Where do patients need to be seen and where do they need support?
- Cross-border catchments support feasibility of investment for neighbouring countries; benefits whole health economy;
- Shared services- e.g. Ireland/Northern Ireland - Ireland North West Cross Border Cancer Centre, Primary PCI, Paediatric Cardiology, elective care co-operation;
- Workforce common standards and models (innovating- clinical networks, unity of purpose, standards, expanded multidisciplinary primary care networks, shared training and clinical education, cross border approaches to clinical governance);
- Information on cross-border patient mobility mechanisms- for providers and for patients;
- Monitoring patient mobility in context of creating access to better services for a whole CB catchment: who is travelling for care? Who is not? What mechanisms are available/being used and why/why not?

European Commission

Planning your approach to cross-border health and healthcare co-operation in 2024 (1)

- Learning from our experiences;

- What do patient groups need? What are clinicians seeing? How can these needs be addressed in a CB context? *** INVOLVE CLINICIANS AT ALL STAGES

- How to optimise/build on and further develop the cross border population health impact of existing investments? E.g. diagnostics, screening programmes, shared services?

- Honesty about challenges and learning; who owns the risks and what action is needed?

- Levering additional supports that can help with impact and cross-border effect; the role of Local Government, NGOs, specialist knowledge (e.g. spatial data)

- What will be needed in order for new initiatives to be delivered on time and to best effect and outcomes?
- Planning for sustainability- attend to workforce planning as well as capital costs; patient mobility issues? Clinical networks? Digital solutions? Cross-border/transboundary/virtual clinical governance, quality and safety.
- Will it add value to co-operate with/invite participation of central health system stakeholders in developing border health ecosystems?

European Commission

Planning your approach to cross-border health and healthcare co-operation (2)

- Where is the cross-border region after COVID-19? What has changed or evolved around health and healthcare needs?

- What other pressures do we anticipate on our health systems?

- **What other enablers are needed to support cbc in health?** Legal/administrative barriers? Education/infrastructural/workforce?

- Where are the blockages to mobility and cross-border effect and what could we design together to address these under future Interreg initiatives? Can additional structural funds support/amplify this effort? How?

European Commission

Best practice approaches RO/HU – emerging initiatives in Cross Border Health co-operation - principles:

- Building on existing investments to develop innovative cross border service models for specific patient groups e.g. women and infants/maternity services; trauma and rehabilitation; e.g. investing in community-based specialist care and access to diagnostics; integrated care systems (and care closer to home) can be cross border;
- Mobilising regional assets for health- medical/nursing schools, natural resources; health innovation/entrepreneuship and research opportunities;
- Joint conceptualisation, design, governance and implementation of Interreg initiatives;
- Vision- a region of excellence for Central and Eastern Europe in innovative cross-border systems of care for specific conditions, based on a model of cross-border population health improvement;
- Outward looking- drawing in excellence to the region (bringing young clinicians back to opportunities), sharing the benefits to other regions.

Best practice approaches RO/HU – emerging initiatives in Cross Border Health co-operation – regional overarching approach:

Overarching regional strategic approach to complement individual specific clinical co-operation: the cross border region as a place of health and excellence in care:

1. **Strategic initiative on cross border patient mobility-** address obstacles to mobility (not for mobility's sake but where this is desirable for the patient or in patient clinical best interests), work with all stakeholders including insurers, provide a border regional laboratory for innovative solutions to mobility (including inviting participation of MS NCPs);

2. **Cross-border regional clinical leadership network** – clinicians from secondary and primary care both sides of border –hospital/family doctors/medical university schools – collaborative learning, development of clinical integrated/shared care protocols – reduce duplication of effort- pool expertise – address knowledge/practice deficits on a whole-region basis – link with medical training – nursing training – collaborative research opportunities - training and development, CPD – clinical cases for investment on economies of scale.

3. **Cross-border regional population health data initiative** – interagency, led by Local Government/Euregio partners with healthcare sector partners and civil society organisations- cross-border collation of available data- population health needs now – planning/focusing of emerging and future interventions –cb patient mobility needs- population health forecasting- shared responses to earlier intervention and health improvement; relationships of trust essential for collaboration – enabling emergency and longer-term responses.

In conclusion: how to not go wrong in cross-border co-operation for resilient health systems:

Involve clinicians – listen to patients, listen to the doc, listen to the nurses, and the allied health professionals; design services with them not for them;

Think about the health workforce you want to build for the future in the crossborder region;

Capital investment as an enabler of new service models and economies of scale- not as an end in itself;

Collect and use data – whatever you can get your hands on. Start to organise the data on a cross-border regional template; it will help your decisions;

Involve stakeholders from central policy making functions- they don't always get a chance to do this kind of work on borders;

Remember Interreg is a tool for access, innovation, shared services on economies of scale on a cross-border basis; and aligning other Structural Fund and Member State Resources releases massive potential;

Invest in relationships- creating resilient cross-border health systems requires trust at the core of everything; a symphonic journey, many parts.

Foster a sense of possibility - have courage and get excited. Make vision and energy the only acquired infections that spread without control!

European Commission

‘Ní Neart go Chuir le Chéile’ = No strength until all is put together (together/
stronger)

Release the full potential of our border territories

Delivering for citizens, improving lives

Main links:

Patient mobility study (executive summary) in 5 languages:
https://health.ec.europa.eu/system/files/2022-02/crossborder_patient-mobility_exe_en.pdf

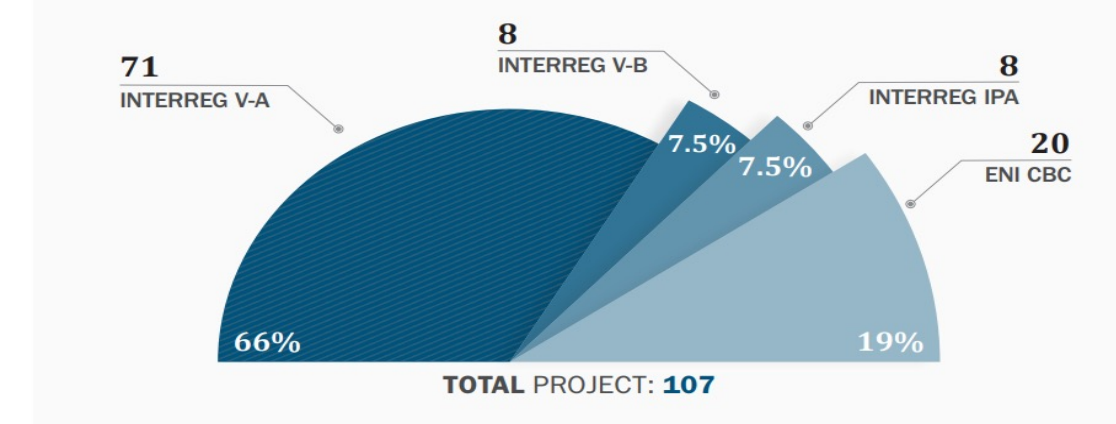
Full study:
https://health.ec.europa.eu/system/files/2022-02/crossborder_patient-mobility_frep_en.pdf

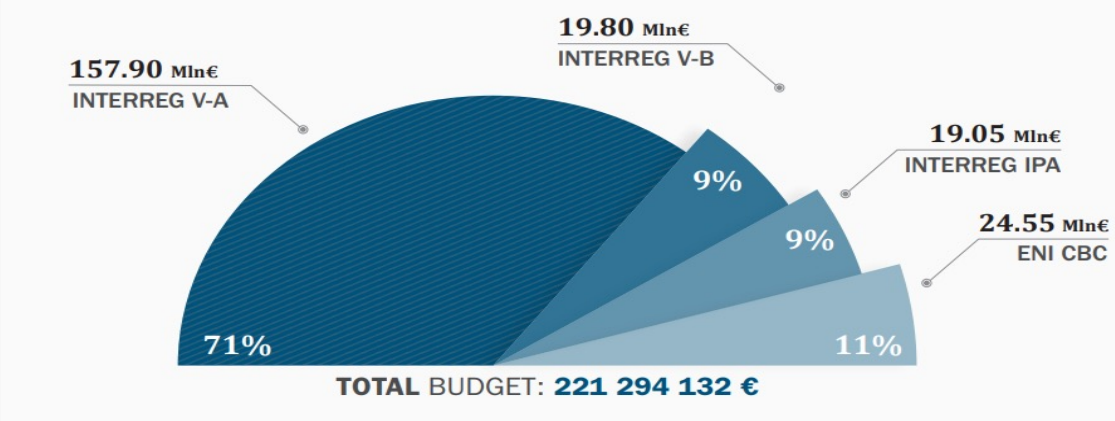
Thank you
for your
attention

Access to Healthcare in Interreg

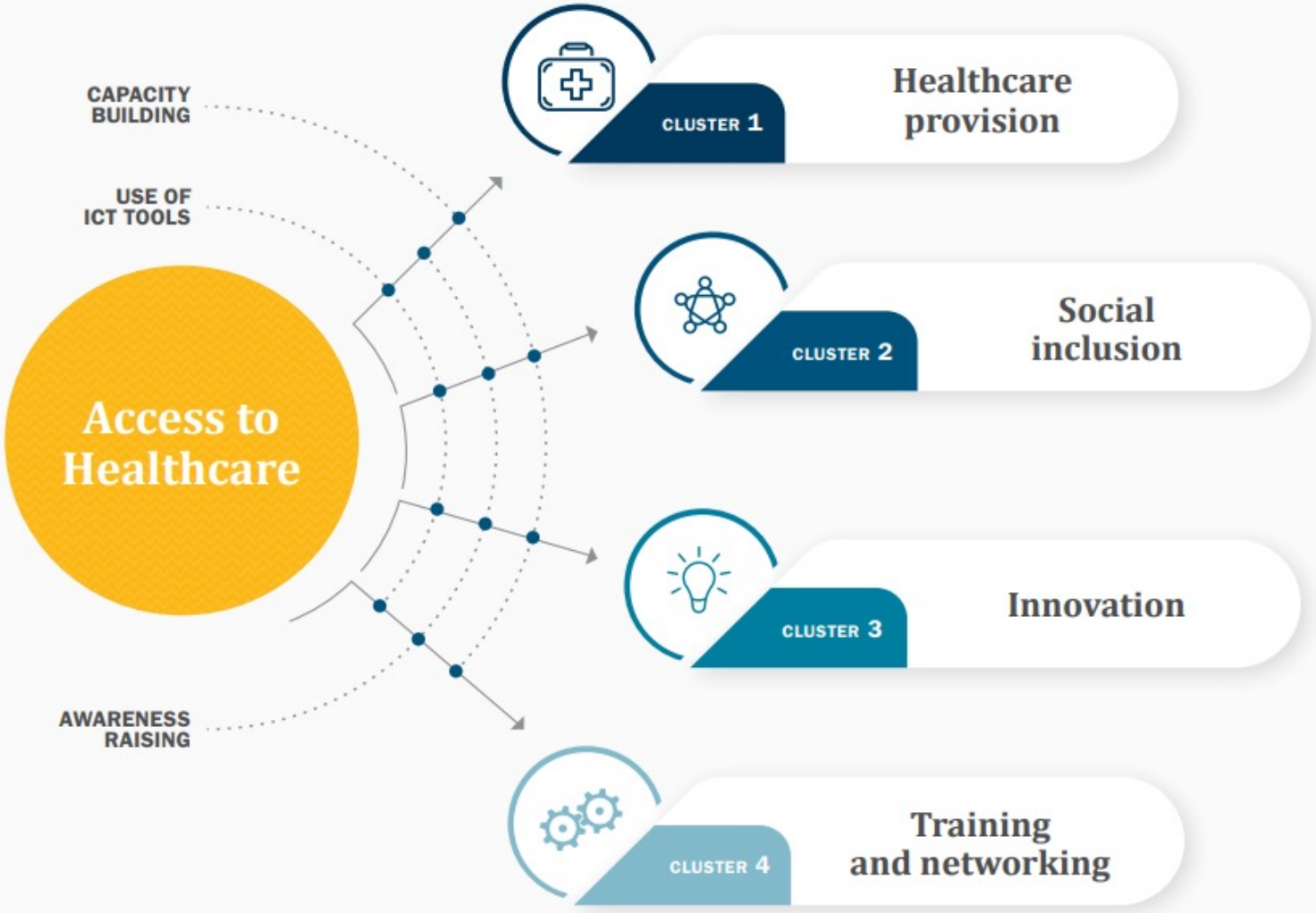
Mercedes Acitores. Interact

Macrodata 2014-20





Thematic clusters 2014-2020



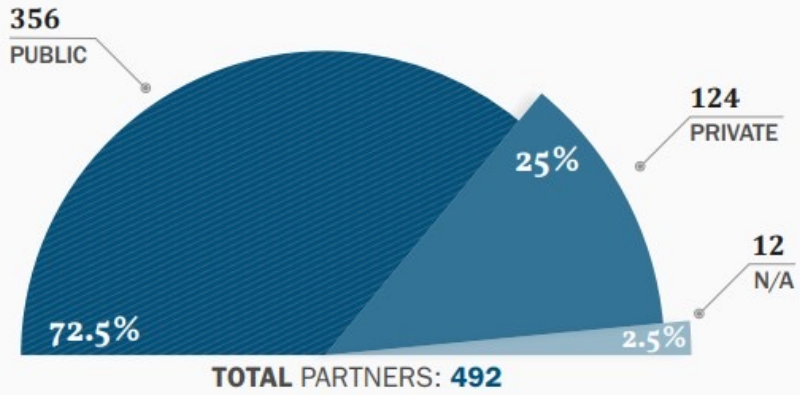
Social inclusion

Healthcare provision

Training and networking

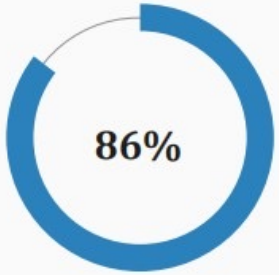
Innovation

Partnerships

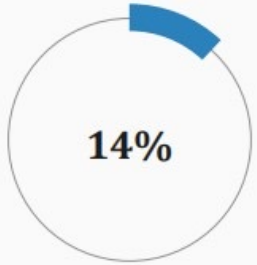


TOTAL PARTNERS: **492**

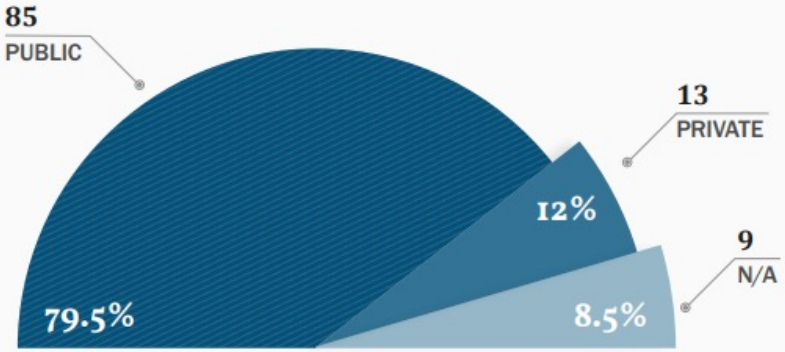
PUBLIC
178 082 997 €



PRIVATE
28 962 862 €



TOTAL BUDGET: **207 490 595 €**



TOTAL PROJECTS: **107**

	PUBLIC	PRIVATE	N/A
Healthcare provision	79%	18%	3%
Social inclusion	94%	3%	3%
Innovation	61%	19.5%	19.5%
Training and networking	87.5%	0%	12.5%

Other EU funds for healthcare

	ESF +	EU4HEALTH	HORIZON EUROPE
Management	Shared Management: EC and Regional and/or National	Direct Management EC	Direct Management
Territorial scope	Regional/National	EU Level	EU Level
Main themes	European Pillar for Social Rights on social inclusion (relevant for health), employment, education & skills. Supporting implementation and national structural reforms in these fields. Contributing to MS's efforts to improve social inclusion and integration (relevant for health) and reduce unemployment, advance quality and equal opportunities in education and training	Boost EU's preparedness for major cross-border health threats; Strengthen health systems so they can face epidemics as well as long-term challenges; More equitable access to medicines and medical devices, more prudent and efficient use of antimicrobials, medical and pharmaceutical innovation and greener manufacturing.	Improving and protecting the health and well-being of citizens of all ages by generating new knowledge and innovative solutions. Developing health technologies, mitigating health risks, protecting populations and promoting good health and well-being in general and at work; Making public health systems more cost-effective, equitable and sustainable, prevent and tackle poverty-related diseases and support and enable patient participation and self management

Lessons learnt for 2021-2027

- Take advantage of complementarities with regional/ national/ EU programmes (ERDF, ESF) and EU level programmes (EU4Health, Horizon Europe) to continue developing 'Healthcare provision', 'Social inclusion', 'Innovation' 'Training and networking'.
- Develop synergies between projects using the combined potential of their outputs to multiply their effects.
- Organise inter-programme thematic meetings and exchanges to develop synergies between projects not only within their respective programme, but also between projects funded by different programmes.
- Encourage project actors to answer new needs such as mental issues in young people, going beyond the explored topics when necessary.
- Adopt a more structured territorial approach by creating functional cross-border public health services when possible.

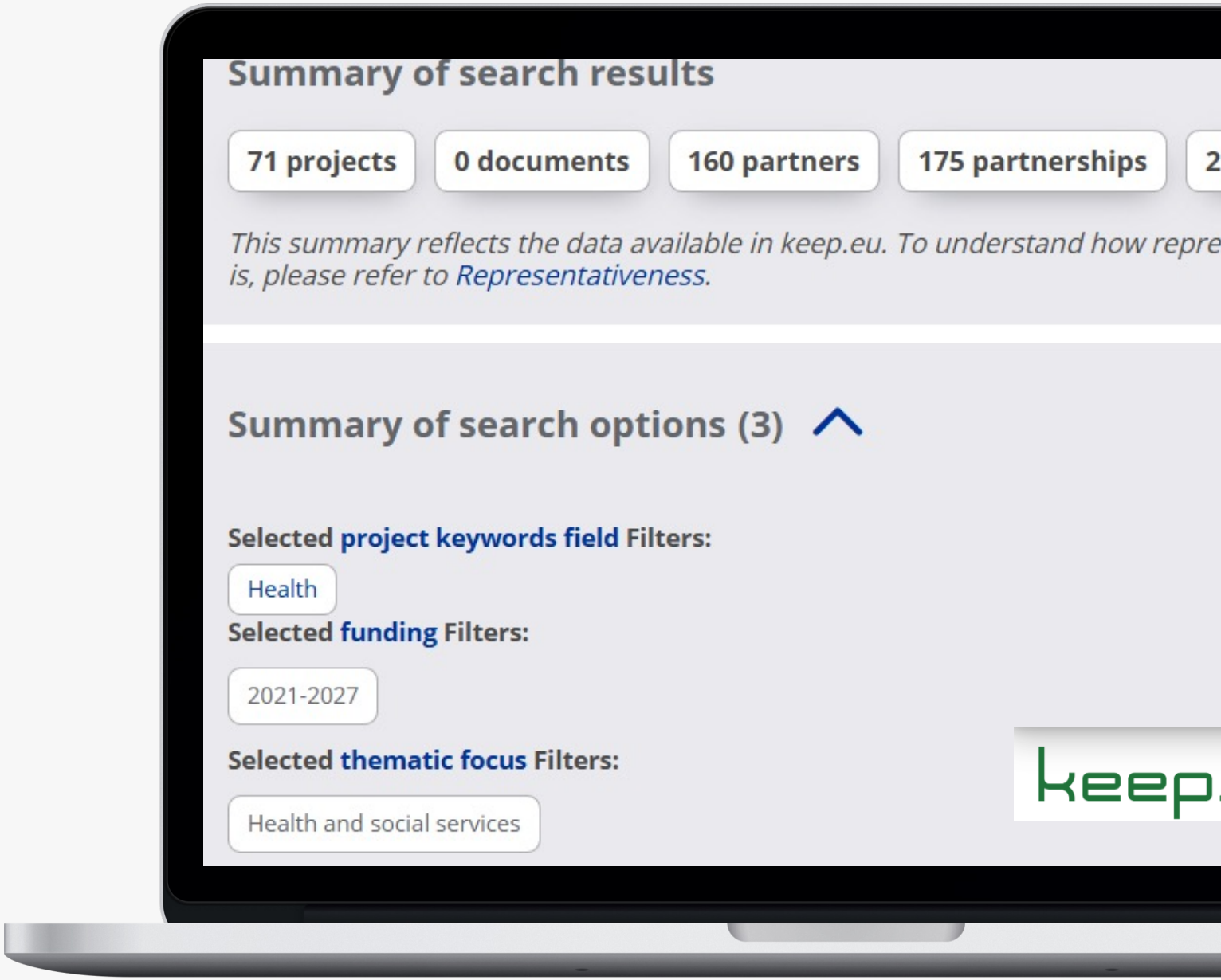
Health in Interreg
What is currently going on in 2021-27?

Facts & Figures

71 projects

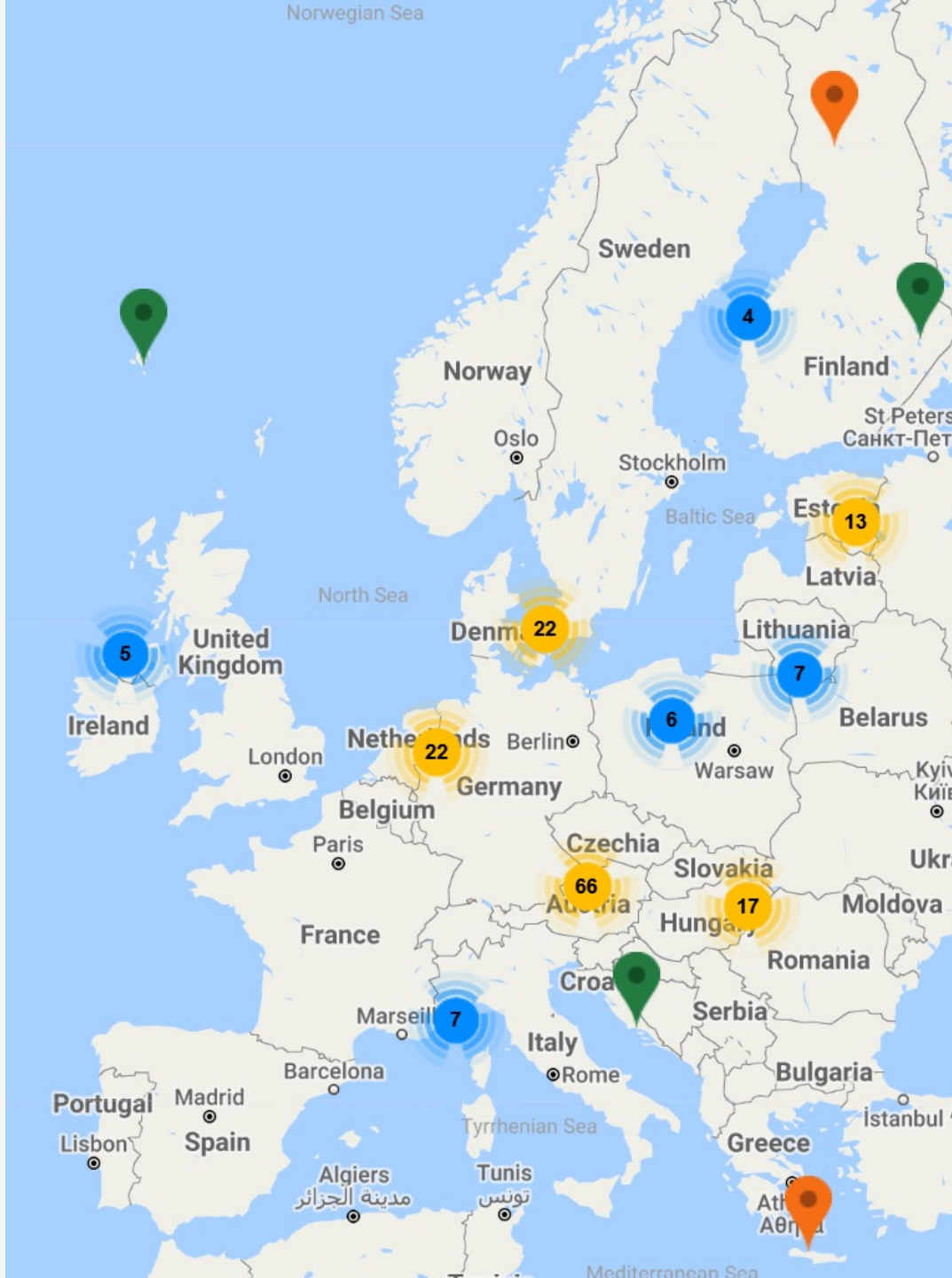
Budget total 148 525 556

EU funding 95 181 484



Main themes in 21-27

1. Health and Social Services
2. ICT and Digital Society
3. Institutional and Scientific Cooperation
4. Education and Training
5. Economic and Employment
6. Social and Demographic Change
7. Tourism and Construction



Main links

Access to the healthcare | Interreg focus on health: https://www.interact.eu/library/114

Report |Access to Healthcare in European Territorial Cooperation programmes: https://www.interact.eu/library/261

Full Report | Healthy and Active Ageing in Interreg (2014-2020): https://www.interact.eu/library/256

Publication | Interreg supports healthcare: How we responded to COVID-19: https://www.interact.eu/library/263

Vision

Katarzyna Kielar
- Senior Expert. DG Sante

Guillo Gallo
- Senior Expert. DG Sante

EU perspective on future responses to health-related challenges in the general and cross-border context

Katarzyna Kielar and Giulio Gallo

’Directorate-General for Health and Food Safety, European Commission

3 June 2024

EU policies in health

- Primary responsibility for health systems within the EU lies with its **Member States.** However, the EU has many tools that can **support** strengthening of health systems.

- The EU **complements national health policies** by supporting authorities in Member States to **achieve common objectives**: improving public health, preventing and managing diseases, mitigating sources of health threats

- The EU can adopt health **legislation** under **Article 168** (protection of public health) and **Article 114** (single market) **of the TFEU**. Areas where the EU has adopted legislation include:

- Patients' rights in cross-border healthcare
- Pharmaceuticals and medical devices (e.g. clinical trials, health technology assessment)
- Health security and infectious diseases
- Digital health and care
- Tobacco
- Organs, blood, tissues and cells
- The Council of the EU also addresses recommendations on health to EU countries (European Semester)

Health Systems – EU policy and tools

Commission Communication of 2014 on
"effective, accessible and resilient health systems"

Commission Communication of 2018 on
"enabling the digital transformation of health and care in the Digital Single Market"

Commission Communication of 2020 on
"building a European Health Union"

European Commission tools

- European Semester
- Technical Support Instrument
- Recovery and Resilience Facility
- EU4Health
- Cohesion Policy funds
- *…other funding programmes*

DG SANTE knowledge brokering

- State of Health in the EU
- Expert Group on Health Systems Performance Assessment
- Expert Panel on Effective Ways of Investing in Health
- Best practice transfer

European Commission

Challenges for health systems

BUDGET

Insufficient financing for health investments

Additional strain on health system's revenues

WORKFORCE

Shortages of health workers

Skills mismatch

CARE ORGANISATION

Limited coordination and integration of care

Potential for more e-health and telemedicine

Weak primary and ambulatory care

CRISIS PREPAREDNESS & RESPONSE

Supply chains for critical equipment and medicines

Lack of infrastructure

ACCESS

Inequities in access to healthcare due to emergency

Obstacles for vulnerable groups

Maintaining Universal Health Coverage

Growing common challenges over the last decade

Rising healthcare costs, increasing burden of disease, ageing (associated with a rise of chronic diseases and multi-morbidity), a growing demand for healthcare, tackling health workforce shortages, harnessing new models of care (digital, telemedicine, AI).

Building a European Health Union

*"**Europe must continue to protect lives and livelihoods.** This is all the more important in the middle of a pandemic that shows no signs of running out of steam or intensity. […] For me, it is crystal clear – we need to build a stronger European Health Union."*

Ursula von der Leyen, President of the European Commission
State of the Union Address at the European Parliament Plenary September 2020

https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52020DC0724&from=EN

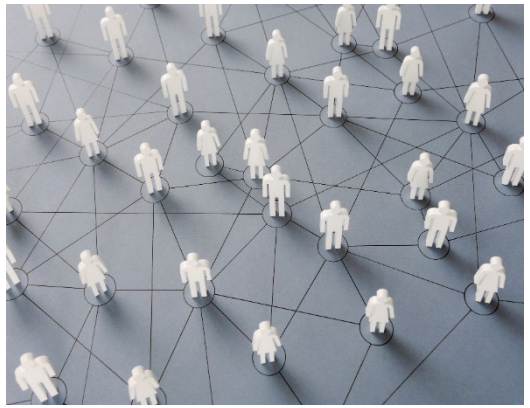
European Health Union - Better preparedness for health emergencies: **a reinforced health security framework**

- Objectives: **strengthen the EU's health security framework,** resolve weaknesses in coordination identified during the early phase of the COVID-19 pandemic, improve data reporting
- New rules providing the EU with a comprehensive legal framework to govern **joint action on preparedness, surveillance, risk assessment, early warning and response**
- Regulation on **serious cross-border threats to health:** a more robust mandate for coordination at EU-level
- Stronger surveillance, scientific analysis and guidance mandate for the **European Centre for Disease Prevention and Control (ECDC) and for the European Medicines Agency (EMA)**
- Coordinated development, production and procurement of critical medical countermeasures via the **European Health Emergency Preparedness and Response Authority (HERA)**

European Health Union - Proposal for a Regulation on the **European Health Data Space**

It sets out rules, common standards, infrastructures and a governance framework for the use of electronic health data for healthcare, research, innovation and policy making

Empower individuals to access and control their personal health data



Ensure a consistent framework for the use of individuals' health data for research, innovation, policy-making and regulatory activities

European Health Union

EHDS will boost the work of HERA, EU Cancer plan, Pharmaceutical Strategy for Europe

Unleash the data economy by fostering a genuine single market for digital health services and products (EHR systems)

European Commission

Benefits from a **European Health Data Space**

Individuals

- Accessing and sharing health data
- More efficient healthcare
- Avoid unnecessary tests
- Support medical decisions
- Improve health outcomes

Healthcare providers

- Savings in hospital expenditure, improved decision making, better patient care
- Remote care and advice via telemedicine

Researchers, policy makers, regulators

- Access to more data
- Better decision making
- Research and development

Industry

- Access to data
- Research, development
- Larger markets for EHR systems

The new Regulation on **serious cross-border threats to health** – *in a nutshell*

Aim: a stronger EU Health Security Framework

- **Strengthen preparedness**:
  - **Adoption of national plans**
  - **Establishment of a Union preparedness and response plan**
  - **Targeted training and knowledge exchange activities** for healthcare and public health staff
  - Comprehensive and **transparent frameworks for reporting and assessment** of preparedness plans
- **Reinforce epidemiological surveillance and networks:**
  - **Epidemiological surveillance system at EU level using artificial intelligence** & other advanced technological means
  - Strengthened **access of ECDC to health data for research and epidemiological aspects**, in the context of the e.g. European Health Data Space
  - Creation of an **EU Reference Laboratories Network** and **Network supporting the use of substances of human origin**
- **Improve data reporting:**
  - Reporting of health systems indicators
- **A declaration of an EU emergency situation:**
  - Trigger an increased coordination and allow for the development, stockpiling and procurement of crisis relevant products

European Health Union - A pharmaceutical strategy for Europe

- A modern regulatory framework for pharmaceuticals supporting **innovation, reliability of supply chains and accessibility**
- Ensuring **access to affordable medicines for patients**, and addressing **unmet medical needs** (in the areas of antimicrobial resistance, cancer, rare diseases)
- **Supporting competitiveness, innovation and sustainability of the EU's pharmaceutical industry** and the development of high-quality, safe, effective and greener medicines
- Enhancing crisis preparedness and response mechanisms and **addressing security of supply, stockpiles**
- Ensuring a strong EU voice in the world by promoting a **high level of quality**, efficacy **and safety standards**

European Commission

European Health Union - Europe's *Beating Cancer plan*

- A set of **actions to support, coordinate and supplement Member States' efforts at every stage**: Prevention, Early detection, Diagnosis and treatment, and Improved quality of life of cancer patients and survivors

- Cross-cutting themes include **research and innovation**; **digital and personalised medicine**; and **reducing cancer inequalities across the EU** (inclusive screening and detection, improving access to cancer care for all)

- Particular focus on **childhood cancers**

Communication on Mental Health

- **Communication** on ‘a comprehensive approach to mental health’, adopted in June 2023

- It sets out actions in key areas such as
  - mental health promotion,
  - prevention of mental ill-health,
  - better screening of individuals at risk of developing mental health problems,
  - access to innovative and treatments,
  - psychosocial aspects of work,
  - and quality of life of patients and their families/(in)formal carers

- The EU can support Member States, health professionals and other stakeholders in implementing a mental health across policies approach, mental health systems reforms and transferring of best practices

European Commission

EU steps up against antimicrobial resistance (AMR)

- **Council Recommendation** on 'stepping up EU actions to combat antimicrobial resistance in a One Health approach'
- Helps combat AMR in the fields of human, animal and environmental health, following the so-called One Health approach
- Focusses on:
  - infection prevention and control,
  - surveillance and monitoring,
  - innovation and availability of efficient antimicrobials,
  - prudent use and cooperation among Member States and globally
- Sets several EU targets for 2030 (w.r.t. 2019):
  - 20% reduction in total consumption of antibiotics in humans
  - reduction in total incidence of bloodstream infections with MRSA (by 15%), cephalosporins-resistant Escherichia coli (by 10%), carbapenem-resistant Klebsiella pneumoniae (by 5%)

Healthier together – EU non-communicable diseases initiative

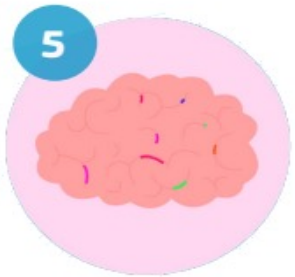
- Initiative (2022-2027) to support EU countries in **identifying and implementing effective policies** and actions to **reduce the burden of major NCDs** and **improve citizens' health and well-being**
- **Five strands**, all encapsulating a **health equity** dimension (reduction of health inequalities)

Behavioural health determinants

Diabetes

Cardiovascular diseases

Chronic respiratory diseases



Mental health and neurological disorders

- Guidance document created with relevant stakeholders: a toolkit to identify windows of **opportunity for high-impact actions:**
  - **Uptake of** nationwide or EU-level **policies**
  - Transfer of **good practices**
  - Development and implementation of **guidelines and recommendations**,
  - Piloting and rolling out of **innovative approaches**
- Implementation supported by the ***EU4Health*** programme and **other EU programmes**

Assessing EU health systems' performance: The '*State of Health in the EU*' project

Health at a Glance: Europe

- Published every even year
- Developed in collaboration with the OECD

Cross-country assessment of national health systems' performance in the EU, coupled with an in-depth analysis of **two themes** of high relevance

Release date of the next 'Health at a Glance: Europe' → December 2024

Country Health Profiles

- Published every odd year
- Developed in collaboration with the OECD and the European Observatory on Health systems and Policies

Synthesis Report

- Highlights a selection of cross-cutting issues drawn from the Country Health Profiles

'Health at a Glance Europe 2022'

- *Disruption of non-COVID care services during the pandemic*
- *The impact of the COVID-19 pandemic on child and youth health*

The '*State of Health in the EU*' – Health at a Glance: Europe 2022

- key challenges to build more resilient and effective health systems following COVID-19
- special focus is put on the impact of the pandemic on young people's mental and physical health
- impact of the pandemic in disrupting care for non-COVID patients and the policy responses to minimise adverse consequences

European Commission

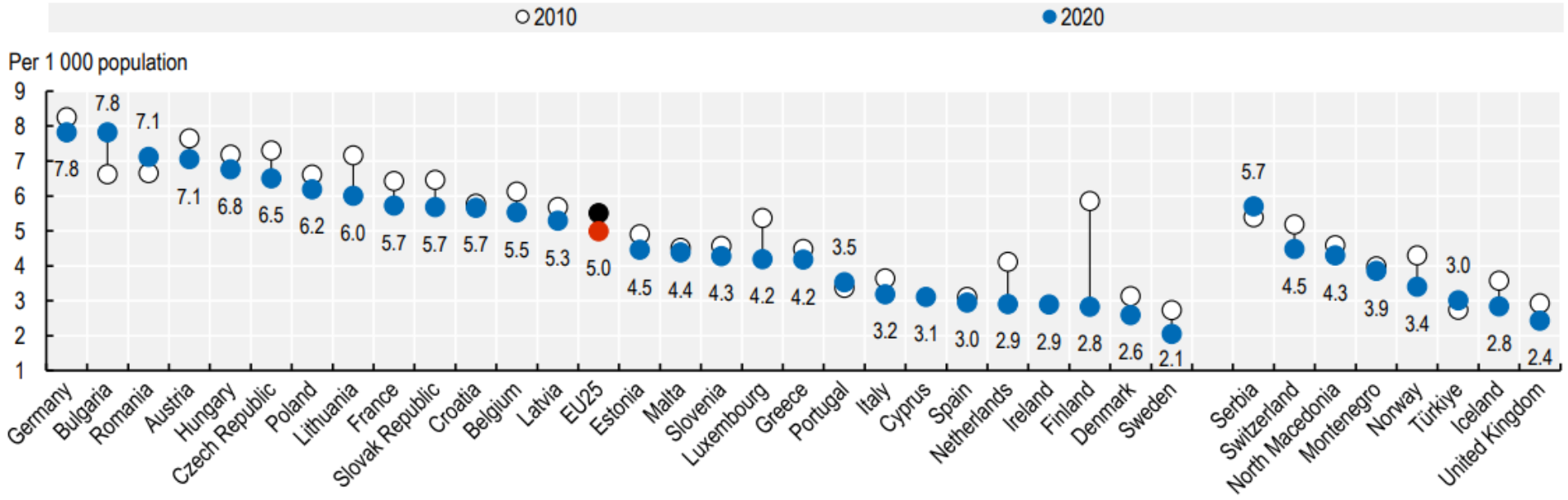
Hospital beds (1)

- Since 2010, the number of hospital beds per capita has decreased in nearly all EU countries due partly to the growing use of day care and the reduction in average length of stays
- On average, number of hospital beds per capita fell by 9% between 2010 and 2020
- Across EU countries, on average 5 hospital beds per 1 000 population in 2020
- Bed occupancy rates - the “optimal” occupancy rate is about 85%
    - to reduce the risk of bed shortages when there is sudden increase in need for admissions (e.g. in the pandemic)

European Commission

Hospital beds (2)

Figure 7.23. Hospital beds per 1 000 population, 2010 and 2020 (or nearest year)



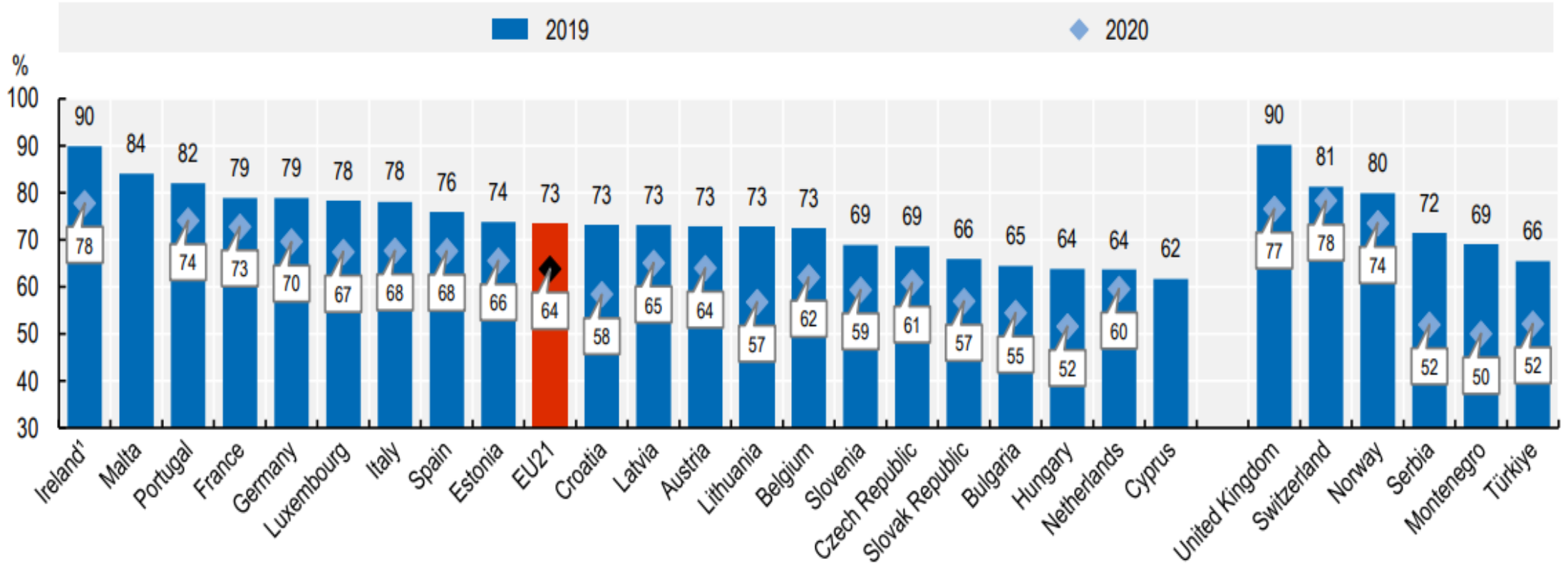
Note: The EU average is unweighted.
Source: OECD Health Statistics 2022; Eurostat Database.

StatLink https://stat.link/lkerm3

European Commission

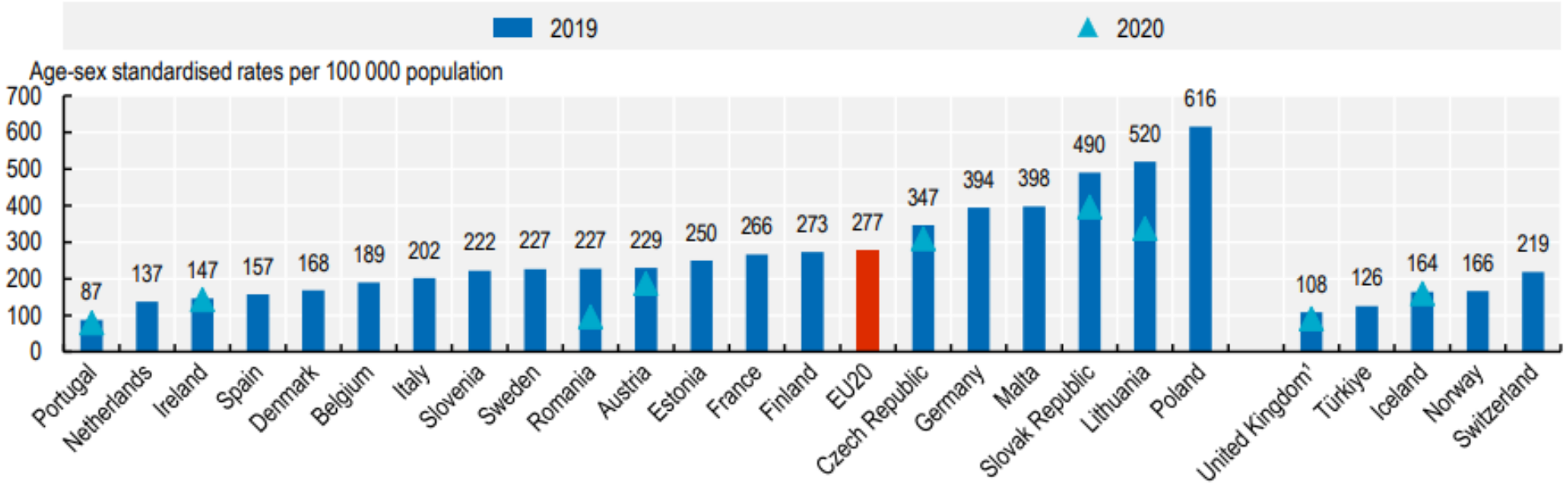
Hospital beds (3)

Figure 7.25. Occupancy rate of curative (acute) care beds, 2019 and 2020



Avoidable hospital admissions (1)

Figure 6.9. Congestive heart failure hospital admission in adults, 2019 (or nearest year) and 2020



Note: The EU average is unweighted. 1. 2020 data are provisional and include England only.
Source: OECD Health Statistics 2022.

European Commission

The structure of a Country Health Profile

The usual table of contents from past editions (2021, 2019, 2017 editions)

- Executive Summary with graphs/ text for each section under « Highlights » (one pager)
- Ending on Key Findings (one pager)

Novelty factor for the 2023 edition:

- Spotlight on mental health in all the Country Health Profiles (special dedicated chapter)

1. Highlights
2. Health status
3. Risk Factors
4. Health System
5. Performance of the health System
   - 5.1 Effectiveness
   - 5.2 Accessibility
   - 5.3 Resilience
6. Spotlight on mental health
7. Key findings

European Commission

The '*State of Health in the EU*' - Companion Report 2021

- Draws three takeaway messages based on the findings of the **Country Health Profiles 2021:**

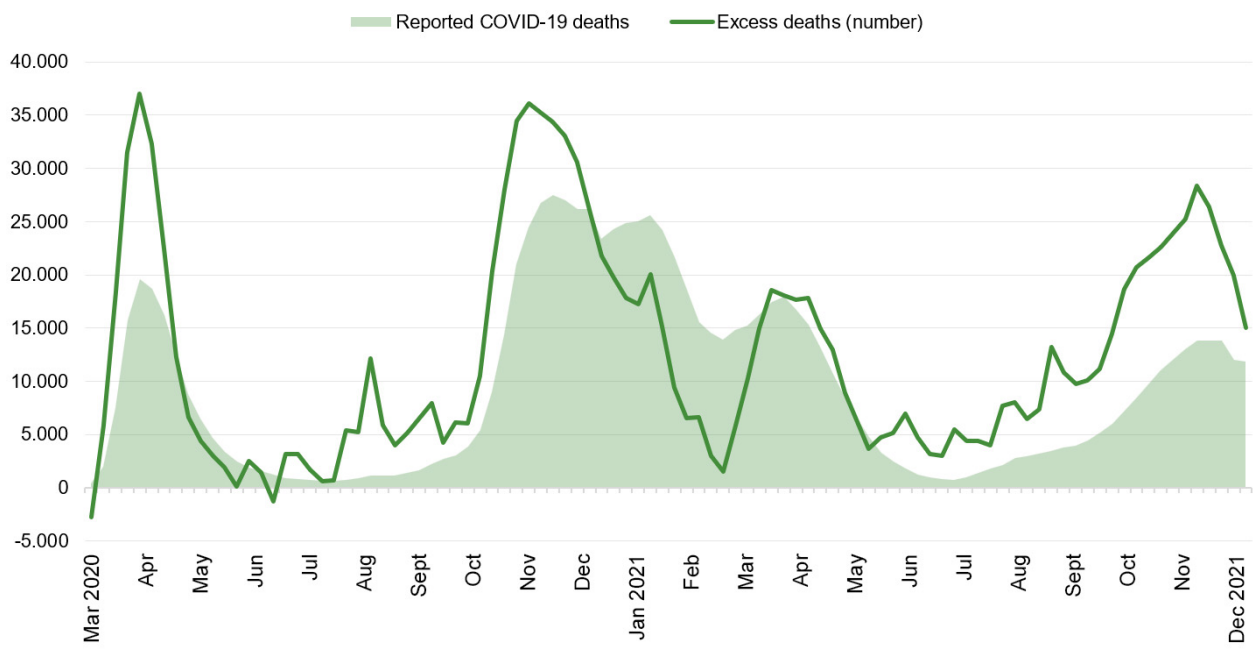
1. ***Understanding the far-reaching health impacts of the COVID-19 pandemic***
2. ***Locking in the advantages of digital innovation in healthcare delivery and public health***
3. ***Rethinking health workforce strategies and planning after the COVID-19 pandemic***

- European Commission's perspective, linking national health policy and investment priorities to the main **EU-level health policy initiatives and support instruments**

European Commission

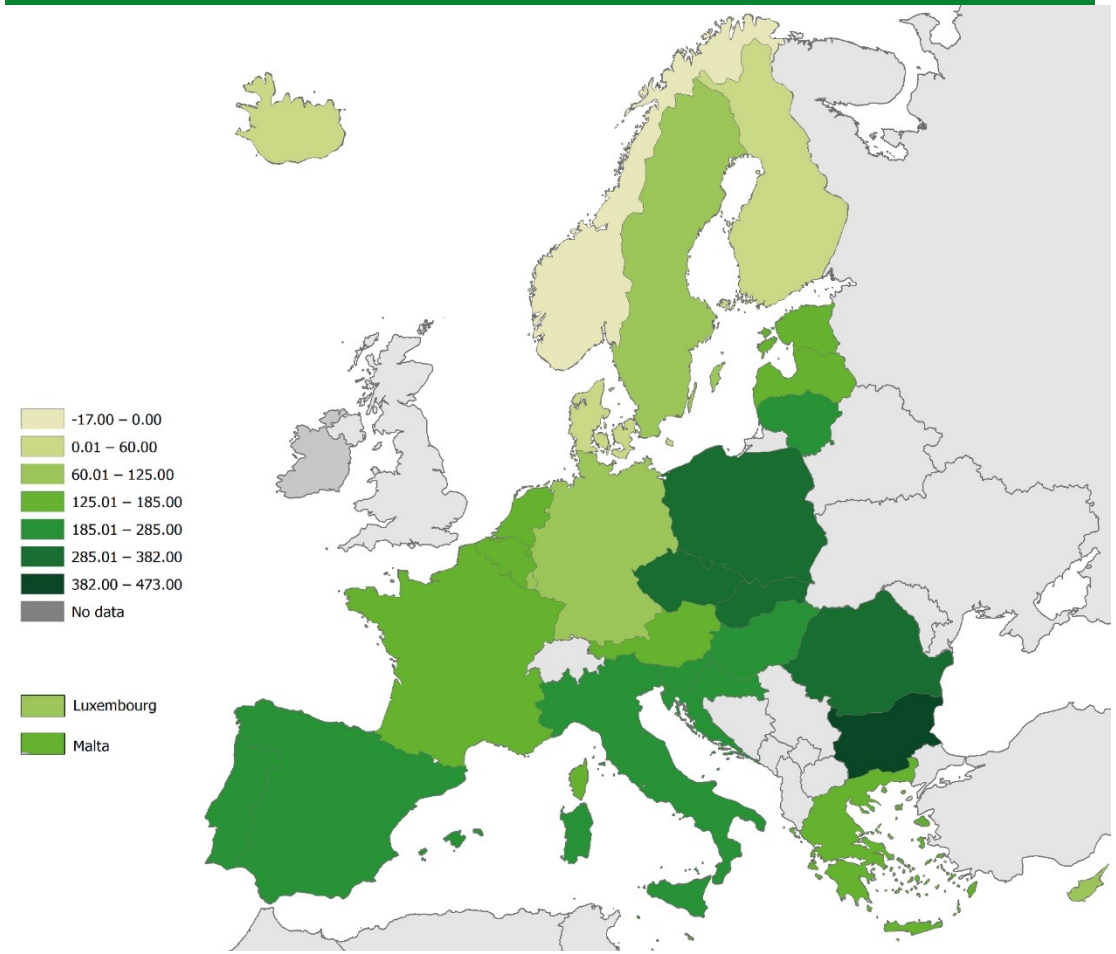
1 Understanding the far-reaching health impacts of the COVID-19 pandemic

Reported COVID-19 deaths and excess deaths in the EU/EEA



Note: Data excludes IE (data not available), includes IS, NO. Baseline to calculate excess mortality: (2016-2019).
Source: ECDC, Eurostat Database

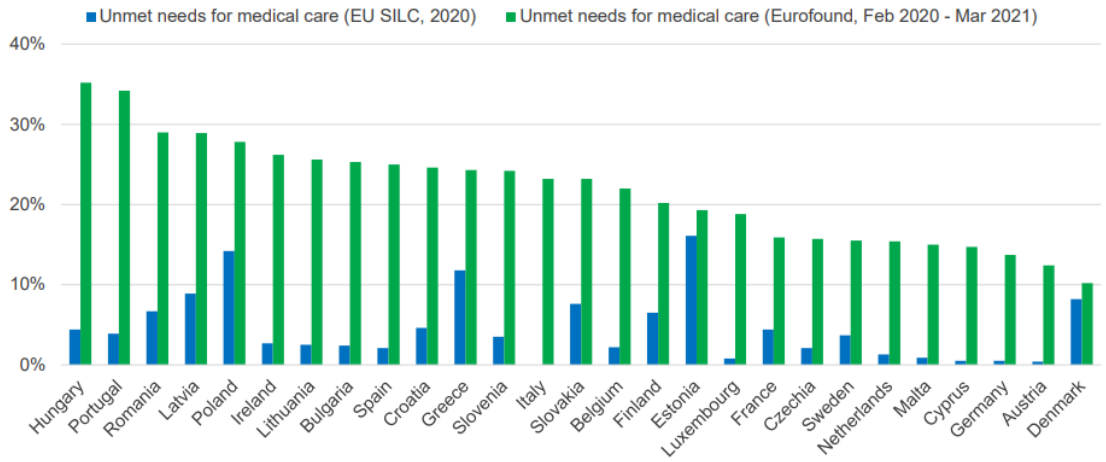
Cumulative excess deaths (rate per 100 000) (Mar 2020; Dec 2021)



Source: ECDC, Eurostat Database

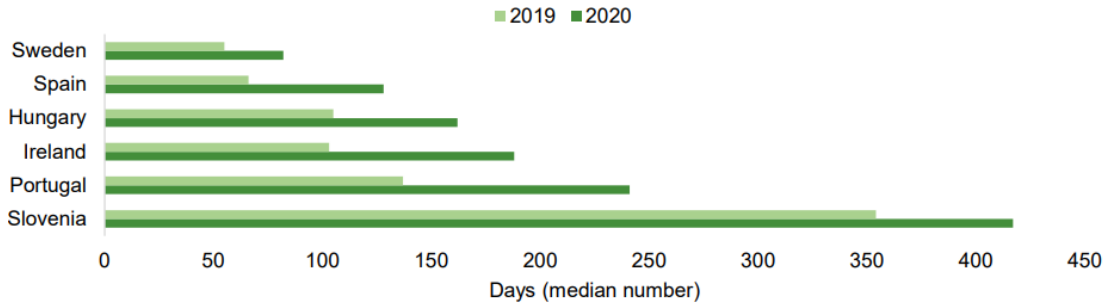
1 Understanding the far-reaching health impacts of the COVID-19 pandemic

Unmet needs for medical care, breakdown by country (2020, 2021)



Sources: Eurofound (2020) Eurostat database (EU-SILC – part of the European Pillar of Social Right's Social Scoreboard). Please note that the two indicators are not comparable due to methodological differences[10].

Waiting times for hip replacement surgery, 2019-2020



Source: OECD Health statistics database

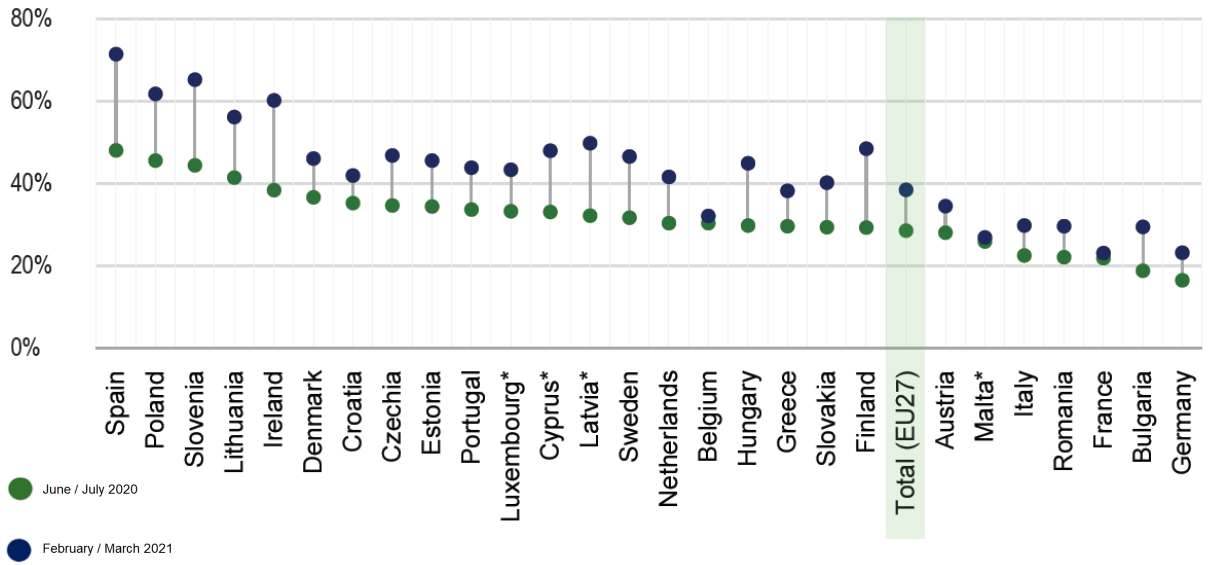
- Significant **morbidity** impacts of the COVID-19 pandemic that are not sufficiently covered by available data
- **Forgone non-COVID care and missed diagnosis** (e.g. cancer)
- COVID-19 **exacerbated socio-economic health inequalities**
- Impact on people's **mental health**
- Burden of **post-COVID-19 condition** (a.k.a. 'Long COVID')

→ Public health surveillance systems need to transform to reflect this, to enable development of better health policy

2 Locking in the advantages of digital innovation in healthcare delivery and public health

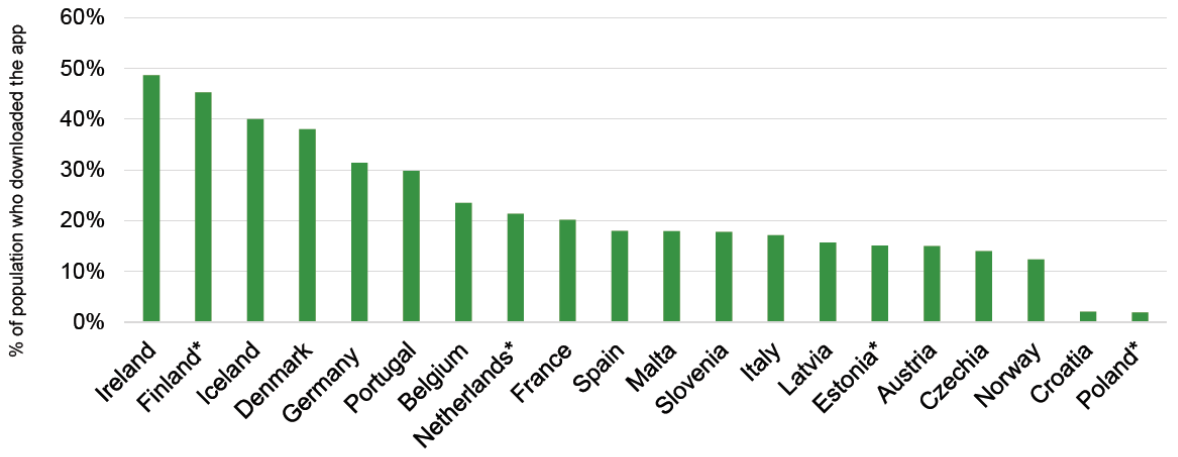
- COVID-19 led to a massive acceleration in the take-up of digital health tools (e.g., telemedicine)
- Digital health technologies have been used to boost public health measures (e.g., tracing, certification of vaccination/negative test/recovery via the EU Digital COVID Certificate)
- Some challenges associated with the extremely rapid implementation of new technologies in an emergency context – e.g., the lack of an evidence base on their effectiveness

Share of population that had a remote GP consultation (Jun 2020, Feb 2021)



*Source: Eurofound (2021) Living, working and COVID-19 dataset. *Low reliability.*

Estimated use of contact-tracing apps – April 2021



*Source: Country Health Profiles 2021. Note: Data as of April 2021. * Data to autumn 2020.*

2 *Locking in the advantages of digital innovation in healthcare delivery and public health*

- COVID-19 pandemic sped up ‘by necessity’ the implementation of major changes (regulatory, technological) required to increase the use of digital health tools…

- **Securing a positive digital health technology legacy after the pandemic**:
  - How should the use of digital health technologies be recalibrated to serve a **broader set of objectives** (quality, efficiency, accessibility)?
  - How to **incentivise their use in a non-emergency context**?
  - How to minimize risks of **widening health inequalities through digital exclusion**?
  - Need to ensure sustained investment in implementation and maintenance of **IT infrastructure** and equipment (including **cybersecurity** and **training** of personnel)

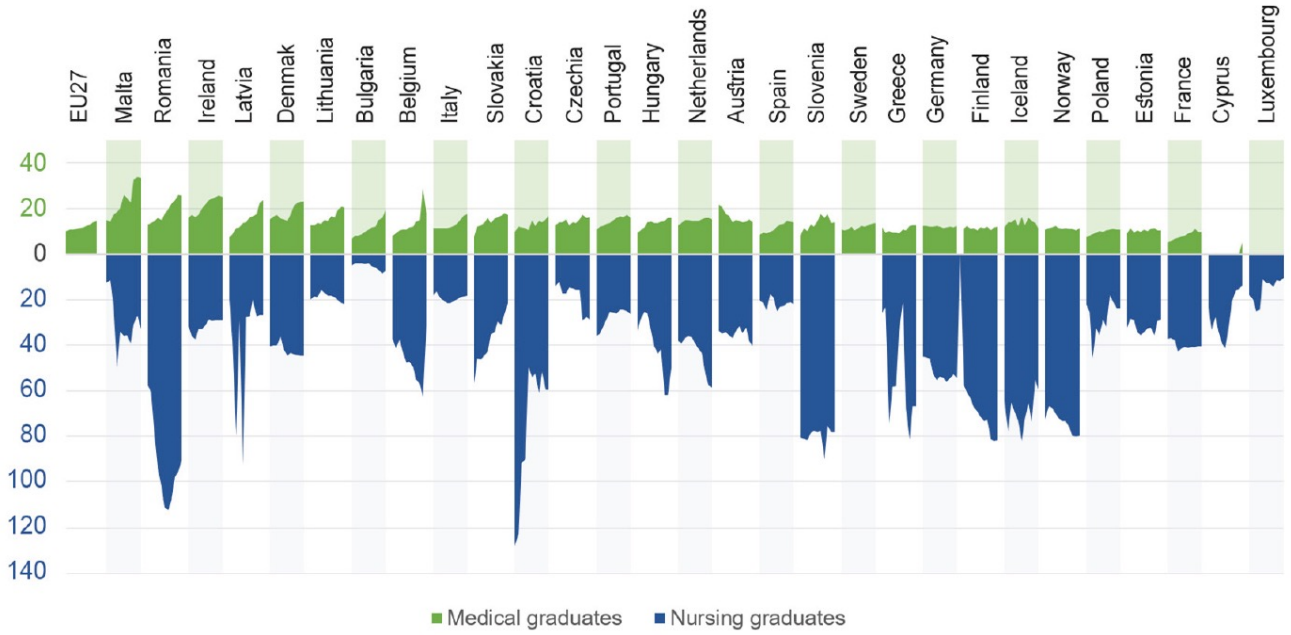
- Commission flagship initiative: European Health Data Space (EHDS)

3 *Rethinking health workforce strategies and planning after the COVID-19 pandemic*

- Strategies to expand health workforce capacity were essential to avert health system failure in the countries hardest-hit by COVID-19
- COVID-19 has tested an already strained health workforce to the limit:
  - Italy - 49 % of health workers reported symptoms of PTSD in a survey carried out in March 2020.
  - Spain - 57 % of health workers reported symptoms of PTSD in April 2020;
  - Austria - 46 % of healthcare workers assessed their job as ‘overwhelming’ in May 2020
- A well-trained, motivated health workforce of appropriate size and composition is a **crucial precondition for building resilient health systems**

3 *Rethinking health workforce strategies and planning after the COVID-19 pandemic*

Medical and nursing graduates per 100 000 population, 2009-2019



Source: Eurostat database. 2018 data for Denmark, Greece, France, Poland (both variables) Croatia and Slovenia (nursing graduates); no data on nursing graduates for Sweden.

- Avenues out of the health workforce crisis post-COVID-19 pandemic:

1) Implement **better workforce planning** → countries with the greatest personnel shortages will need to improve working conditions (salary, non-salary components) for their health workers

2) Re-evaluate **forecasts of future staff needs** and increase investment in **training and education**

3) Incentivise adoption of **skill-mix innovations** (e.g. task-shifting, not as a substitute for expansion of the size of the workforce)

What is the Synthesis Report 2023?

Part 1

- Selection of cross-cutting issues drawn from the Country Health Profiles
- Centred on health system reforms and investments in the wake of the COVID-19 pandemic

Part 2

- Collection of summaries of the key findings from all the Country Health Profiles

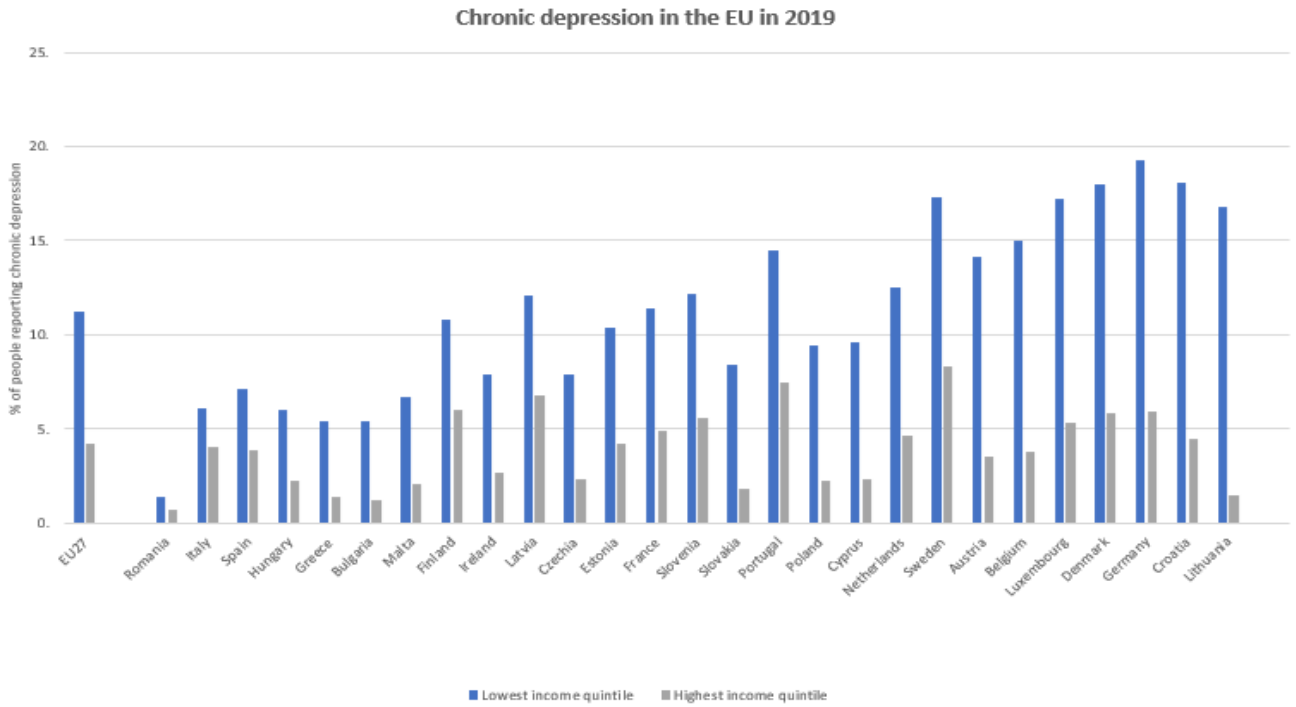
Trends and challenges

Main takeaways from the Synthesis Report 2023:

- Focus on Mental health addressing de-stigmatisation, prevention, treatment and reintegration
- Closing health gaps by tackling health inequalities both across and within countries requires a multi-sectoral approach, addressing unmet needs for medical care
- Investments towards resilient and accessible health systems need continuity, underpinned by robust data collection mechanisms

1. Mental health reforms addressing de-stigmatisation, prevention, treatment and reintegration are needed

- One in six people in the EU suffered from mental health issues before the COVID-19 pandemic
- Chronic depression in the EU by lowest and highest income quintile, 2019:



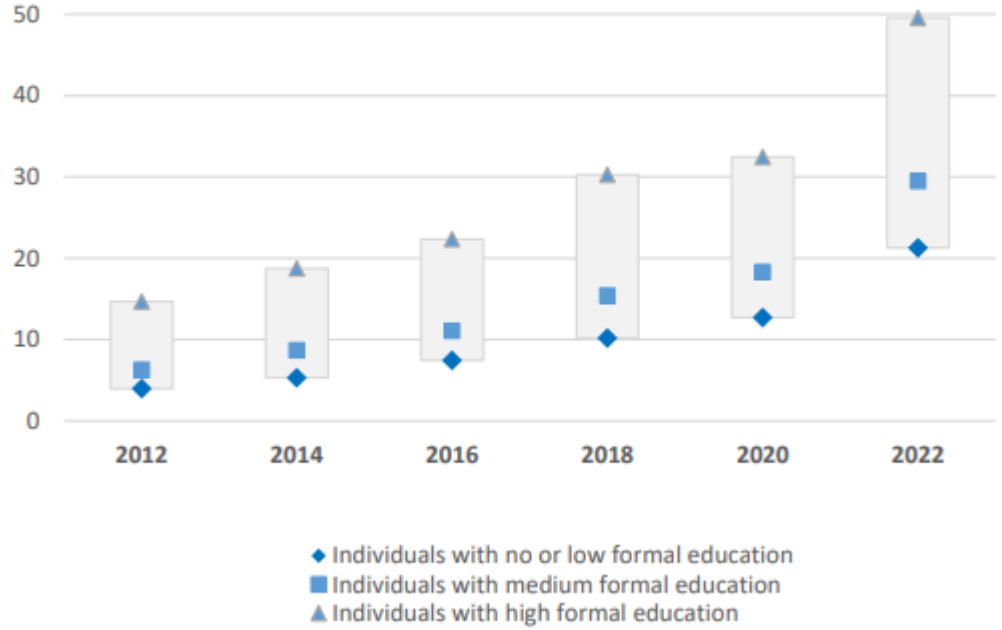
Chronic depression prevalence is higher in population groups with lower income

Data source: Eurostat database. Note: Countries ranked according to smallest to largest difference between lowest and highest income quintiles.

European Commission

2. Closing health gaps by tackling health inequalities both across and within countries requires a multi-sectoral approach

- **Digital skills differ widely** within and across EU Member States
- **Digital Compass**: Aim for 80% of EU citizens aged 16 to 74 to have basic digital skills by 2030
- Proportion of individuals aged 16 - 74 making an appointment with a medical practitioner via a website by level of education and year (% of individuals):



In 2022, 1 in 2 individuals with high formal education would make an appointment with a medical practitioner via a website.

Those with high formal education would be more than twice as likely to do so compared to those with no or low formal education.

This divide has been growing since 2012.

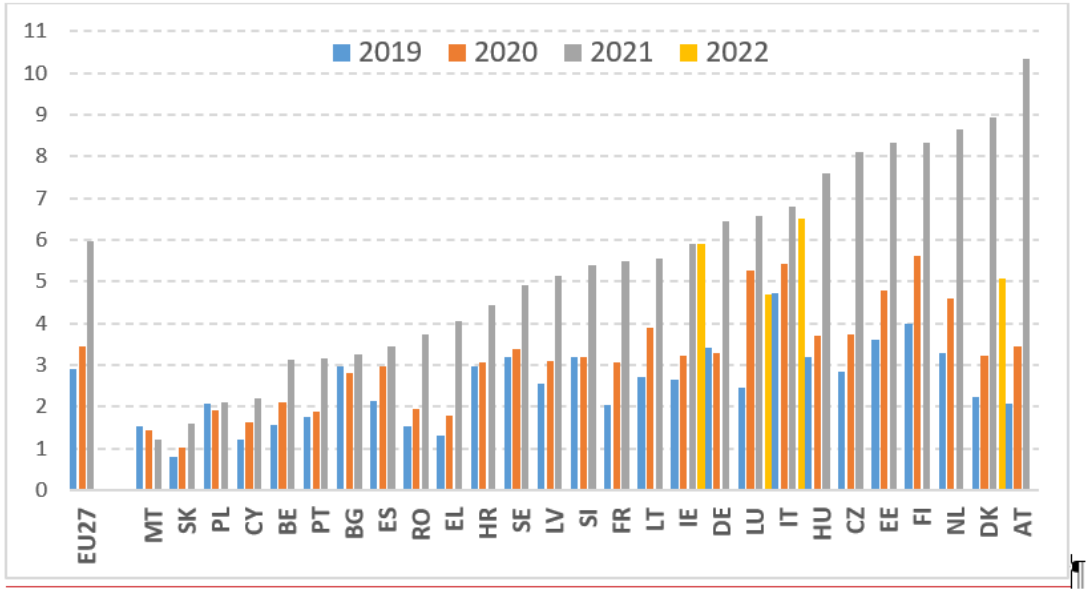
Data source: Eurostat database

- The use of Artificial Intelligence: great opportunities for innovation/ healthcare delivery

European Commission

3. Investments towards resilient and accessible health systems need continuity, underpinned by robust data collection mechanisms

- **Recovery and Resilience Facility:** central instrument of Next Generation EU, the EU's recovery plan out of the COVID-19 crisis (EUR 43 billion estimated total health-related expenditure)
- **Cohesion Policy Funds**, including the **European Regional Development Fund** and the **European Social Fund Plus**: provision of grants to EU Member States and their regions to improve their health systems' resilience, accessibility and effectiveness (EUR 16 billion)
- Investment in prevention – spending on preventive care as % of total expenditure on health:

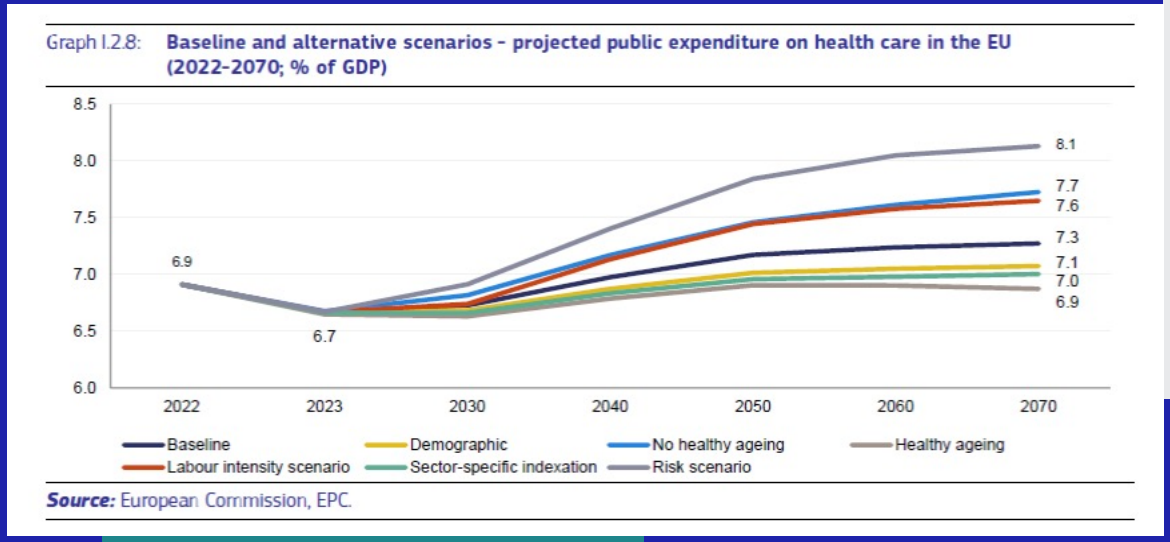


Spending on preventive care rose to 6% of total health spending across the EU in 2021, although for some MSs a drop in this share is noted between 2021 and 2022

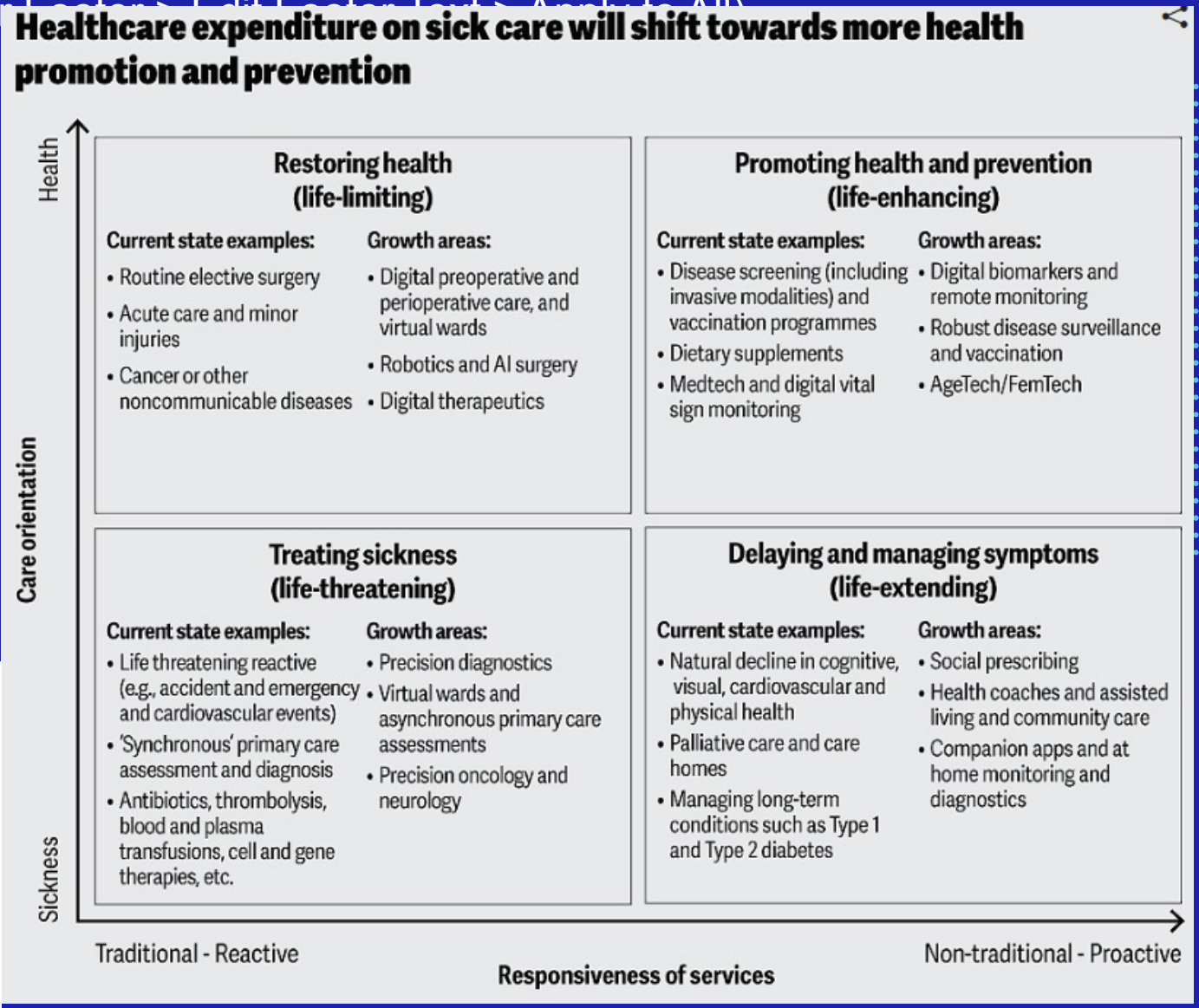
Data source: Eurostat and OECD.

European Commission

Citizen-centric, data-driven future health systems – Healthy Ageing & Prevention



Source: 2024 Ageing Report



Source: Deloitte analysis, 2023

EU legal framework for cross-border healthcare

- Coordination of social security systems (Regulation No 883/2004)

- Directive on the application of patients' rights in cross-border healthcare (Directive 2011/24/EU)

European Reference Networks

European Commission

The Cross-border Healthcare Directive

CJEU jurisprudence from 1998
- Healthcare is a **service**
- Patients can **choose** healthcare provider abroad
- Level of **reimbursement** up to cost of treatment at home

Harmonized minimum Patients' Rights

Information to patients
- **National contact Points**

Cooperation between Member States
- **Encourage cooperation in border region (with DG REGIO)**
- **European Reference Networks**
- **Recognition of prescriptions**
- E-Health
- Health Technology Assessment

3rd Report on the Operation of the CBHC Directive, COM(2022) 210 final (12 May 2022)

> "The Directive's potential for improving access to cross-border healthcare continues to be hampered by some issues. These include, in particular: **the low level of awareness over patients' rights to cross-border healthcare; inadequate patient information**; **disproportionate administrative burdens; and uncertainty over healthcare costs abroad and reimbursement**."

The EU4Health 2023 work program has reserved 500.000 EUR for an action on Enhancing the implementation of the Directive

(action ongoing)

GOALS

- **Improve information** to patients, and raising awareness of patients' rights and obligations in cross border healthcare
- **Better inform** all stakeholders involved e.g. healthcare professionals, healthcare providers, national/local administrations, patients' organisations, etc.
- **Raise awareness** about the ERNs

18 months contract, implementing 4 tasks ending in April 2025:

1

Customisation of the existing written communication material on patient's right in cross border healthcare

2

Organisation of up to **10 national workshops** in the EU MS and EEA

3

Organisation of one **EU-level event** in Luxembourg

4

Further adaptation of the communication material

Raising Awareness of Patients' rights

Assessing Medical Treatment Abroad – **Know your rights**

Assessing Medical Treatment Abroad – **Your checklist**

Planned and Unplanned Treatment Abroad – **Two legal frameworks and their application**

Options for Treatment Abroad – **Tariffs and reimbursement**

European Reference Networks – **Patients / Doctors / Institutions**

European Commission

Organisation of 10 national workshops and an EU level event

National workshops in a **hybrid format**. Up to 10 workshops in **EU Member States and Norway**

Workshops are being organized in countries where EU Member States express interest

The workshops are carried out in the language of the hosting country. **Priority to workshops in cross-border regions e.g.** involving more Member States

The programme of the workshop will **focus on the implementation of the cross-border healthcare Directive** in that Member State(s), with the aim to increase awareness of citizens on patient rights and underlining the possibility for rare diseases patients to benefit from the ERNs

European Commission

National workshops

European Commission

Thank you for your attention!

More information can be found on the DG SANTE website:
https://health.ec.europa.eu/cross-border-healthcare_en

You can contact the SANTE Cross Border Healthcare team for eventual questions at: SANTE-Cross-Border-Healthcare@ec.europa.eu

National; workshop in Ireland 17 June 2024 link to register:
https://eu.eventscloud.com/ereg/newreg.php?eventid=200276670&

pean
mission

B-Solutions

Ricardo Ferreira
Border Focal Point. CBC Unit. DG Regio

EU perspective on future responses to health-related challenges in the general and cross-border context

Katarzyna Kielar and Giulio Gallo

’Directorate-General for Health and Food Safety, European Commission

3 June 2024

EU policies in health

- Primary responsibility for health systems within the EU lies with its **Member States.** However, the EU has many tools that can **support** strengthening of health systems.

- The EU **complements national health policies** by supporting authorities in Member States to **achieve common objectives**: improving public health, preventing and managing diseases, mitigating sources of health threats

- The EU can adopt health **legislation** under **Article 168** (protection of public health) and **Article 114** (single market) **of the TFEU**. Areas where the EU has adopted legislation include:

- Patients' rights in cross-border healthcare
- Pharmaceuticals and medical devices (e.g. clinical trials, health technology assessment)
- Health security and infectious diseases
- Digital health and care
- Tobacco
- Organs, blood, tissues and cells
- The Council of the EU also addresses recommendations on health to EU countries (European Semester)

Health Systems – EU policy and tools

Commission Communication of 2014 on
"effective, accessible and resilient health systems"

Commission Communication of 2018 on
"enabling the digital transformation of health and care in the Digital Single Market"

Commission Communication of 2020 on
"building a European Health Union"

European Commission tools

- European Semester
- Technical Support Instrument
- Recovery and Resilience Facility
- EU4Health
- Cohesion Policy funds
- *…other funding programmes*

DG SANTE knowledge brokering

- State of Health in the EU
- Expert Group on Health Systems Performance Assessment
- Expert Panel on Effective Ways of Investing in Health
- Best practice transfer

European Commission

Challenges for health systems

BUDGET

Insufficient financing for health investments

Additional strain on health system's revenues

WORKFORCE

Shortages of health workers

Skills mismatch

CARE ORGANISATION

Limited coordination and integration of care

Potential for more e-health and telemedicine

Weak primary and ambulatory care

CRISIS PREPAREDNESS & RESPONSE

Supply chains for critical equipment and medicines

Lack of infrastructure

ACCESS

Inequities in access to healthcare due to emergency

Obstacles for vulnerable groups

Maintaining Universal Health Coverage

Growing common challenges over the last decade

Rising healthcare costs, increasing burden of disease, ageing (associated with a rise of chronic diseases and multi-morbidity), a growing demand for healthcare, tackling health workforce shortages, harnessing new models of care (digital, telemedicine, AI).

Building a European Health Union

*"**Europe must continue to protect lives and livelihoods.** This is all the more important in the middle of a pandemic that shows no signs of running out of steam or intensity. […] For me, it is crystal clear – we need to build a stronger European Health Union."*

Ursula von der Leyen, President of the European Commission
State of the Union Address at the European Parliament Plenary September 2020

https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52020DC0724&from=EN

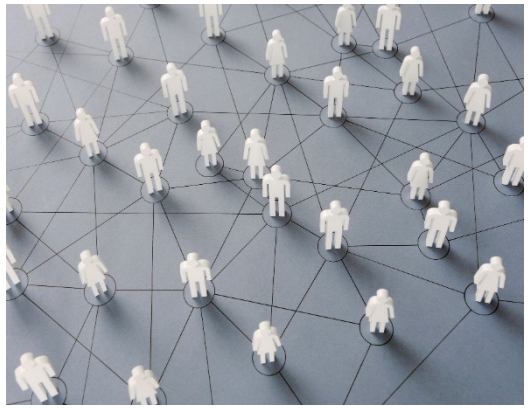
European Health Union - Better preparedness for health emergencies: **a reinforced health security framework**

- Objectives: **strengthen the EU's health security framework,** resolve weaknesses in coordination identified during the early phase of the COVID-19 pandemic, improve data reporting
- New rules providing the EU with a comprehensive legal framework to govern **joint action on preparedness, surveillance, risk assessment, early warning and response**
- Regulation on **serious cross-border threats to health:** a more robust mandate for coordination at EU-level
- Stronger surveillance, scientific analysis and guidance mandate for the **European Centre for Disease Prevention and Control (ECDC) and for the European Medicines Agency (EMA)**
- Coordinated development, production and procurement of critical medical countermeasures via the **European Health Emergency Preparedness and Response Authority (HERA)**

European Health Union - Proposal for a Regulation on the **European Health Data Space**

It sets out rules, common standards, infrastructures and a governance framework for the use of electronic health data for healthcare, research, innovation and policy making

Empower individuals to access and control their personal health data



Ensure a consistent framework for the use of individuals' health data for research, innovation, policy-making and regulatory activities

European Health Union

EHDS will boost the work of HERA, EU Cancer plan, Pharmaceutical Strategy for Europe

Unleash the data economy by fostering a genuine single market for digital health services and products (EHR systems)

European Commission

Benefits from a **European Health Data Space**

Individuals

- Accessing and sharing health data
- More efficient healthcare
- Avoid unnecessary tests
- Support medical decisions
- Improve health outcomes

Healthcare providers

- Savings in hospital expenditure, improved decision making, better patient care
- Remote care and advice via telemedicine

Researchers, policy makers, regulators

- Access to more data
- Better decision making
- Research and development

Industry

- Access to data
- Research, development
- Larger markets for EHR systems

The new Regulation on **serious cross-border threats to health** – *in a nutshell*

Aim: a stronger EU Health Security Framework

- **Strengthen preparedness**:
  - **Adoption of national plans**
  - **Establishment of a Union preparedness and response plan**
  - **Targeted training and knowledge exchange activities** for healthcare and public health staff
  - Comprehensive and **transparent frameworks for reporting and assessment** of preparedness plans
- **Reinforce epidemiological surveillance and networks:**
  - **Epidemiological surveillance system at EU level using artificial intelligence** & other advanced technological means
  - Strengthened **access of ECDC to health data for research and epidemiological aspects**, in the context of the e.g. European Health Data Space
  - Creation of an **EU Reference Laboratories Network** and **Network supporting the use of substances of human origin**
- **Improve data reporting:**
  - Reporting of health systems indicators
- **A declaration of an EU emergency situation:**
  - Trigger an increased coordination and allow for the development, stockpiling and procurement of crisis relevant products

European Health Union - A pharmaceutical strategy for Europe

- A modern regulatory framework for pharmaceuticals supporting **innovation, reliability of supply chains and accessibility**
- Ensuring **access to affordable medicines for patients**, and addressing **unmet medical needs** (in the areas of antimicrobial resistance, cancer, rare diseases)
- **Supporting competitiveness, innovation and sustainability of the EU's pharmaceutical industry** and the development of high-quality, safe, effective and greener medicines
- Enhancing crisis preparedness and response mechanisms and **addressing security of supply, stockpiles**
- Ensuring a strong EU voice in the world by promoting a **high level of quality**, efficacy **and safety standards**

European Commission

European Health Union - Europe's *Beating Cancer plan*

- A set of **actions to support, coordinate and supplement Member States' efforts at every stage**: Prevention, Early detection, Diagnosis and treatment, and Improved quality of life of cancer patients and survivors

- Cross-cutting themes include **research and innovation**; **digital and personalised medicine**; and **reducing cancer inequalities across the EU** (inclusive screening and detection, improving access to cancer care for all)

- Particular focus on **childhood cancers**

Communication on Mental Health

- **Communication** on ‘a comprehensive approach to mental health’, adopted in June 2023

- It sets out actions in key areas such as
  - mental health promotion,
  - prevention of mental ill-health,
  - better screening of individuals at risk of developing mental health problems,
  - access to innovative and treatments,
  - psychosocial aspects of work,
  - and quality of life of patients and their families/(in)formal carers

- The EU can support Member States, health professionals and other stakeholders in implementing a mental health across policies approach, mental health systems reforms and transferring of best practices

European Commission

EU steps up against antimicrobial resistance (AMR)

- **Council Recommendation** on 'stepping up EU actions to combat antimicrobial resistance in a One Health approach'
- Helps combat AMR in the fields of human, animal and environmental health, following the so-called One Health approach
- Focusses on:
  - infection prevention and control,
  - surveillance and monitoring,
  - innovation and availability of efficient antimicrobials,
  - prudent use and cooperation among Member States and globally
- Sets several EU targets for 2030 (w.r.t. 2019):
  - 20% reduction in total consumption of antibiotics in humans
  - reduction in total incidence of bloodstream infections with MRSA (by 15%), cephalosporins-resistant Escherichia coli (by 10%), carbapenem-resistant Klebsiella pneumoniae (by 5%)

Healthier together – EU non-communicable diseases initiative

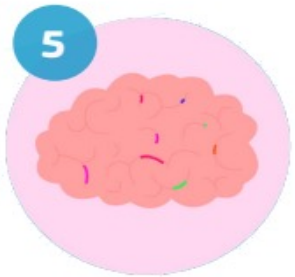
- Initiative (2022-2027) to support EU countries in **identifying and implementing effective policies** and actions to **reduce the burden of major NCDs** and **improve citizens' health and well-being**
- **Five strands**, all encapsulating a **health equity** dimension (reduction of health inequalities)

Behavioural health determinants

Diabetes

Cardiovascular diseases

Chronic respiratory diseases



Mental health and neurological disorders

- Guidance document created with relevant stakeholders: a toolkit to identify windows of **opportunity for high-impact actions:**
  - **Uptake of** nationwide or EU-level **policies**
  - Transfer of **good practices**
  - Development and implementation of **guidelines and recommendations**,
  - Piloting and rolling out of **innovative approaches**
- Implementation supported by the ***EU4Health*** programme and **other EU programmes**

Assessing EU health systems' performance: The '*State of Health in the EU*' project

Health at a Glance: Europe

- Published every even year
- Developed in collaboration with the OECD

Cross-country assessment of national health systems' performance in the EU, coupled with an in-depth analysis of **two themes** of high relevance

Release date of the next 'Health at a Glance: Europe' → December 2024

Country Health Profiles

- Published every odd year
- Developed in collaboration with the OECD and the European Observatory on Health systems and Policies

Synthesis Report

- Highlights a selection of cross-cutting issues drawn from the Country Health Profiles

'Health at a Glance Europe 2022'

- *Disruption of non-COVID care services during the pandemic*
- *The impact of the COVID-19 pandemic on child and youth health*

The '*State of Health in the EU*' – Health at a Glance: Europe 2022

- key challenges to build more resilient and effective health systems following COVID-19
- special focus is put on the impact of the pandemic on young people's mental and physical health
- impact of the pandemic in disrupting care for non-COVID patients and the policy responses to minimise adverse consequences

European Commission

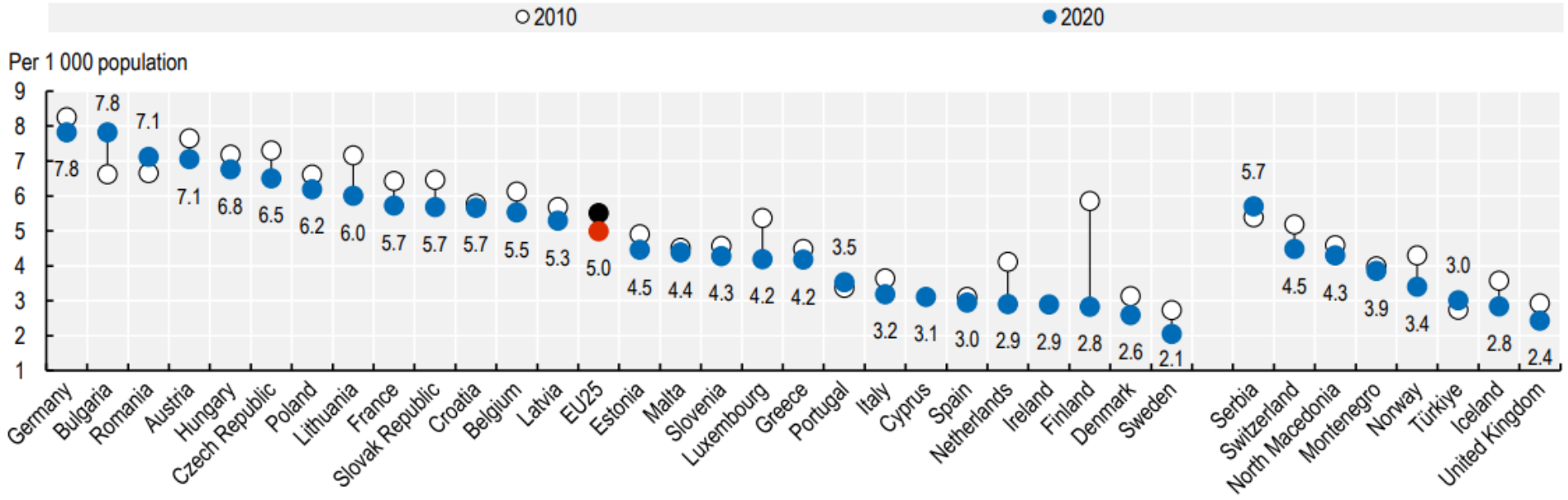
Hospital beds (1)

- Since 2010, the number of hospital beds per capita has decreased in nearly all EU countries due partly to the growing use of day care and the reduction in average length of stays
- On average, number of hospital beds per capita fell by 9% between 2010 and 2020
- Across EU countries, on average 5 hospital beds per 1 000 population in 2020
- Bed occupancy rates - the “optimal” occupancy rate is about 85%
    - to reduce the risk of bed shortages when there is sudden increase in need for admissions (e.g. in the pandemic)

European Commission

Hospital beds (2)

Figure 7.23. Hospital beds per 1 000 population, 2010 and 2020 (or nearest year)



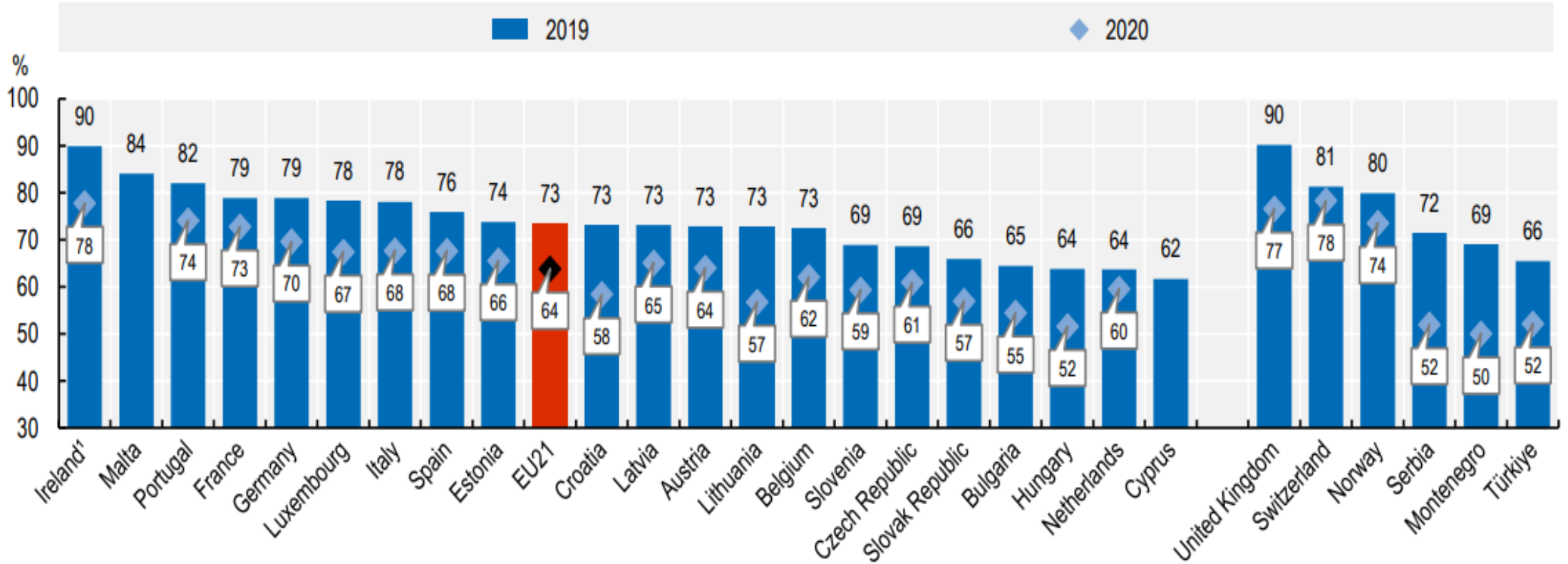
Note: The EU average is unweighted.
Source: OECD Health Statistics 2022; Eurostat Database.

StatLink https://stat.link/lkerm3

European Commission

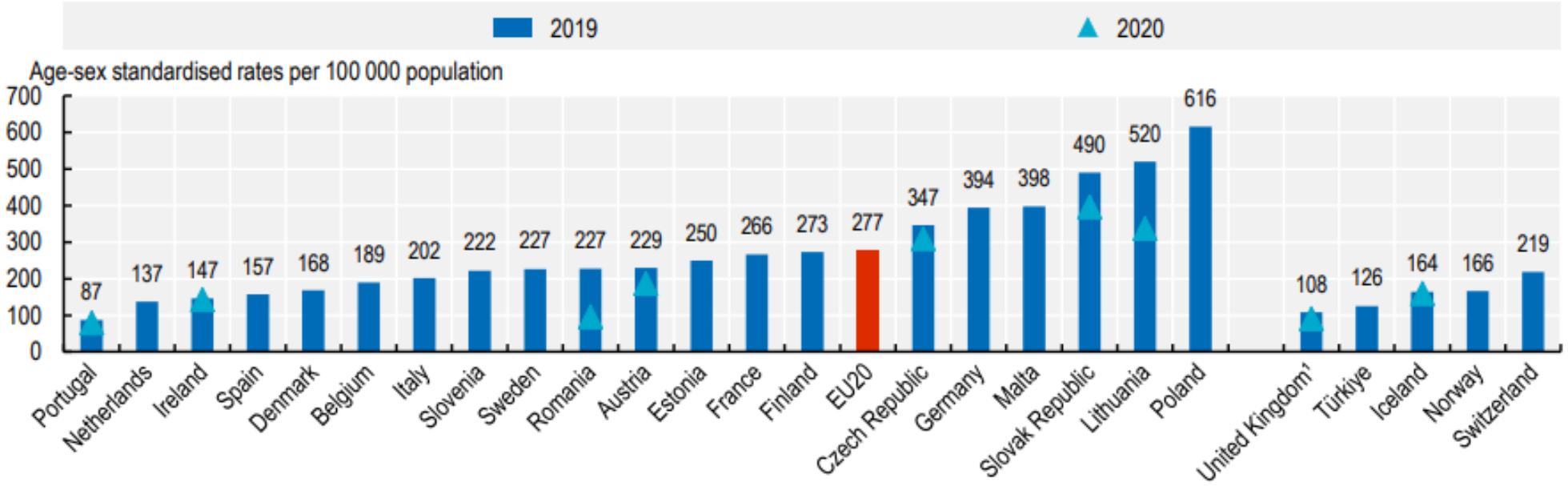
Hospital beds (3)

Figure 7.25. Occupancy rate of curative (acute) care beds, 2019 and 2020



Avoidable hospital admissions (1)

Figure 6.9. Congestive heart failure hospital admission in adults, 2019 (or nearest year) and 2020



Note: The EU average is unweighted. 1. 2020 data are provisional and include England only.
Source: OECD Health Statistics 2022.

European Commission

The structure of a Country Health Profile

The usual table of contents from past editions (2021, 2019, 2017 editions)

- Executive Summary with graphs/ text for each section under « Highlights » (one pager)
- Ending on Key Findings (one pager)

Novelty factor for the 2023 edition:

- Spotlight on mental health in all the Country Health Profiles (special dedicated chapter)

1. Highlights
2. Health status
3. Risk Factors
4. Health System
5. Performance of the health System
   - 5.1 Effectiveness
   - 5.2 Accessibility
   - 5.3 Resilience
6. Spotlight on mental health
7. Key findings

European Commission

The '*State of Health in the EU*' - Companion Report 2021

- Draws three takeaway messages based on the findings of the **Country Health Profiles 2021:**

1. ***Understanding the far-reaching health impacts of the COVID-19 pandemic***
2. ***Locking in the advantages of digital innovation in healthcare delivery and public health***
3. ***Rethinking health workforce strategies and planning after the COVID-19 pandemic***

- European Commission's perspective, linking national health policy and investment priorities to the main **EU-level health policy initiatives and support instruments**

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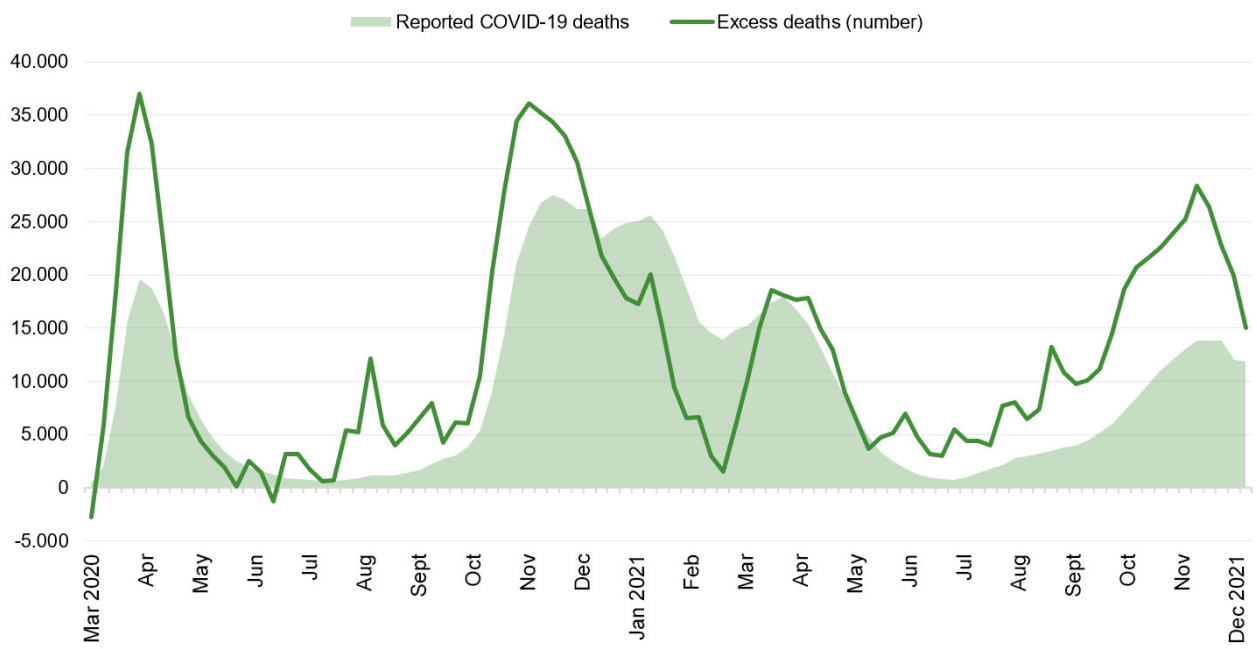
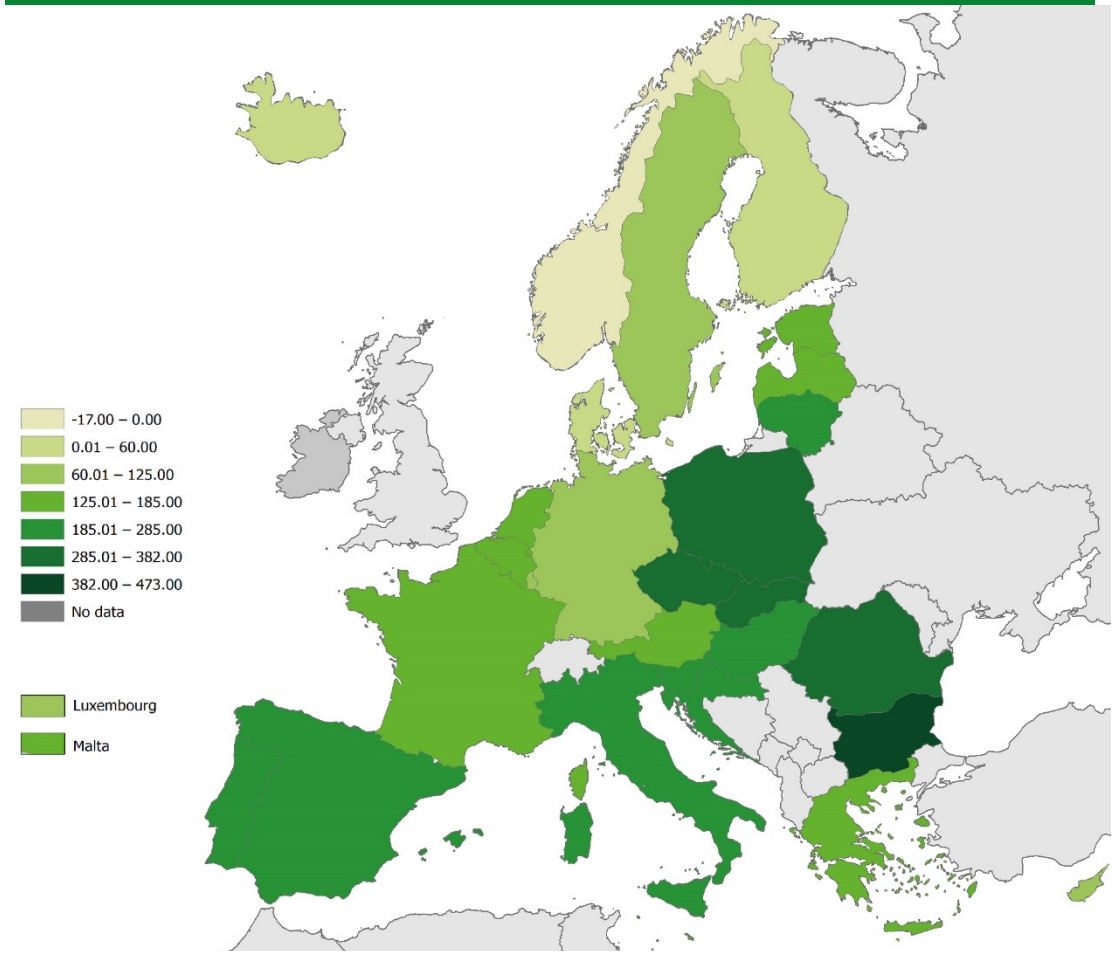
1 Understanding the far-reaching health impacts of the COVID-19 pandemic

Reported COVID-19 deaths and excess deaths in the EU/EEA



Note: Data excludes IE (data not available), includes IS, NO. Baseline to calculate excess mortality: (2016-2019).
Source: ECDC, Eurostat Database

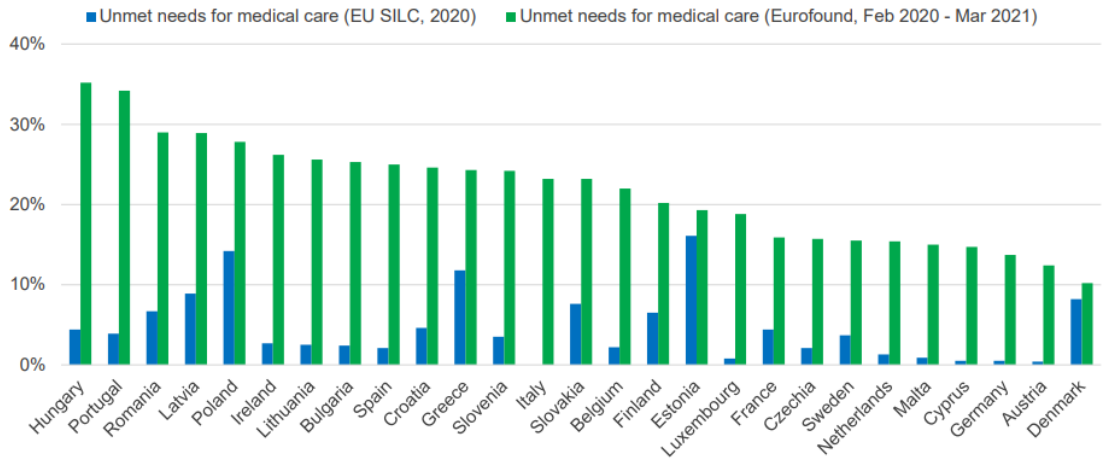
Cumulative excess deaths (rate per 100 000) (Mar 2020; Dec 2021)



Source: ECDC, Eurostat Database

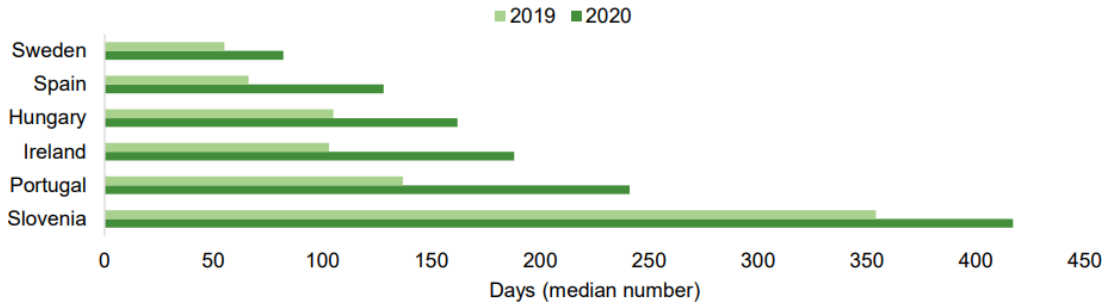
1 Understanding the far-reaching health impacts of the COVID-19 pandemic

Unmet needs for medical care, breakdown by country (2020, 2021)



Sources: Eurofound (2020) Eurostat database (EU-SILC – part of the European Pillar of Social Right's Social Scoreboard). Please note that the two indicators are not comparable due to methodological differences[10].

Waiting times for hip replacement surgery, 2019-2020



Source: OECD Health statistics database

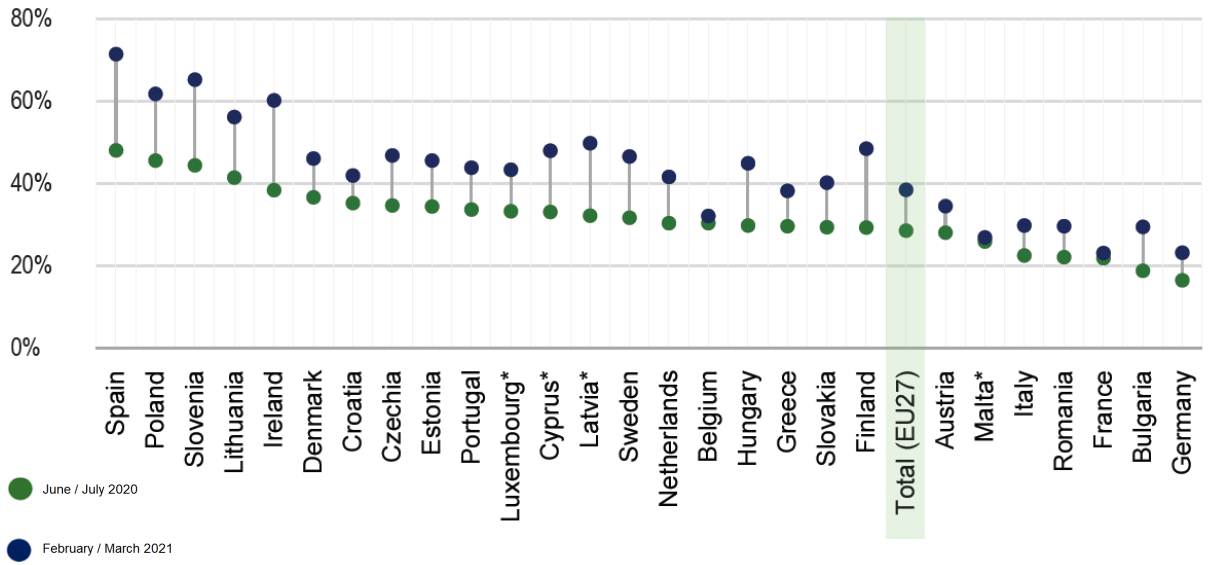
- Significant **morbidity** impacts of the COVID-19 pandemic that are not sufficiently covered by available data
- **Forgone non-COVID care and missed diagnosis** (e.g. cancer)
- COVID-19 **exacerbated socio-economic health inequalities**
- Impact on people's **mental health**
- Burden of **post-COVID-19 condition** (a.k.a. 'Long COVID')

→ Public health surveillance systems need to transform to reflect this, to enable development of better health policy

2 Locking in the advantages of digital innovation in healthcare delivery and public health

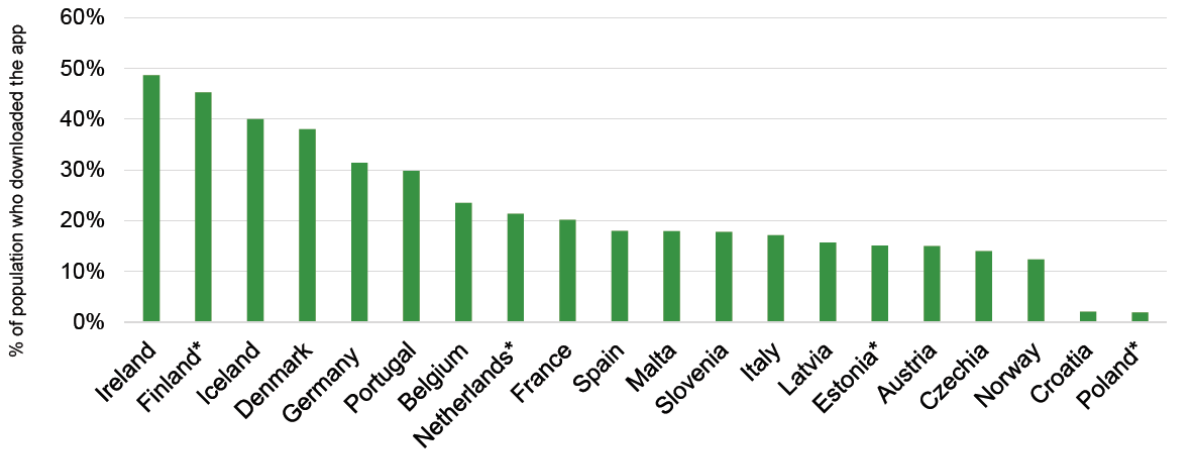
- COVID-19 led to a massive acceleration in the take-up of digital health tools (e.g., telemedicine)
- Digital health technologies have been used to boost public health measures (e.g., tracing, certification of vaccination/negative test/recovery via the EU Digital COVID Certificate)
- Some challenges associated with the extremely rapid implementation of new technologies in an emergency context – e.g., the lack of an evidence base on their effectiveness

Share of population that had a remote GP consultation (Jun 2020, Feb 2021)



*Source: Eurofound (2021) Living, working and COVID-19 dataset. *Low reliability.*

Estimated use of contact-tracing apps – April 2021



*Source: Country Health Profiles 2021. Note: Data as of April 2021. * Data to autumn 2020.*

2 *Locking in the advantages of digital innovation in healthcare delivery and public health*

- COVID-19 pandemic sped up ‘by necessity’ the implementation of major changes (regulatory, technological) required to increase the use of digital health tools…

- **Securing a positive digital health technology legacy after the pandemic**:
  - How should the use of digital health technologies be recalibrated to serve a **broader set of objectives** (quality, efficiency, accessibility)?
  - How to **incentivise their use in a non-emergency context**?
  - How to minimize risks of **widening health inequalities through digital exclusion**?
  - Need to ensure sustained investment in implementation and maintenance of **IT infrastructure** and equipment (including **cybersecurity** and **training** of personnel)

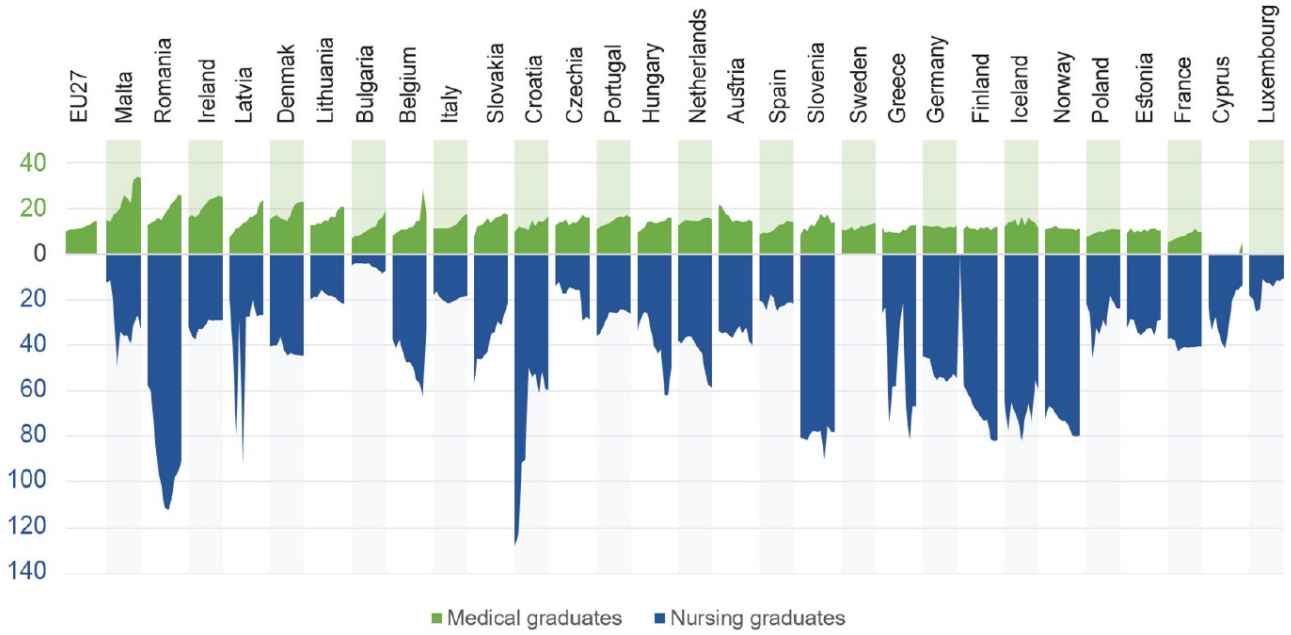
- Commission flagship initiative: European Health Data Space (EHDS)

3 *Rethinking health workforce strategies and planning after the COVID-19 pandemic*

- Strategies to expand health workforce capacity were essential to avert health system failure in the countries hardest-hit by COVID-19
- COVID-19 has tested an already strained health workforce to the limit:
  - Italy - 49 % of health workers reported symptoms of PTSD in a survey carried out in March 2020.
  - Spain - 57 % of health workers reported symptoms of PTSD in April 2020;
  - Austria - 46 % of healthcare workers assessed their job as ‘overwhelming’ in May 2020
- A well-trained, motivated health workforce of appropriate size and composition is a **crucial precondition for building resilient health systems**

3 *Rethinking health workforce strategies and planning after the COVID-19 pandemic*

Medical and nursing graduates per 100 000 population, 2009-2019



Source: Eurostat database. 2018 data for Denmark, Greece, France, Poland (both variables) Croatia and Slovenia (nursing graduates); no data on nursing graduates for Sweden.

- Avenues out of the health workforce crisis post-COVID-19 pandemic:

1) Implement **better workforce planning** → countries with the greatest personnel shortages will need to improve working conditions (salary, non-salary components) for their health workers

2) Re-evaluate **forecasts of future staff needs** and increase investment in **training and education**

3) Incentivise adoption of **skill-mix innovations** (e.g. task-shifting, not as a substitute for expansion of the size of the workforce)

What is the Synthesis Report 2023?

Part 1

- Selection of cross-cutting issues drawn from the Country Health Profiles
- Centred on health system reforms and investments in the wake of the COVID-19 pandemic

Part 2

- Collection of summaries of the key findings from all the Country Health Profiles

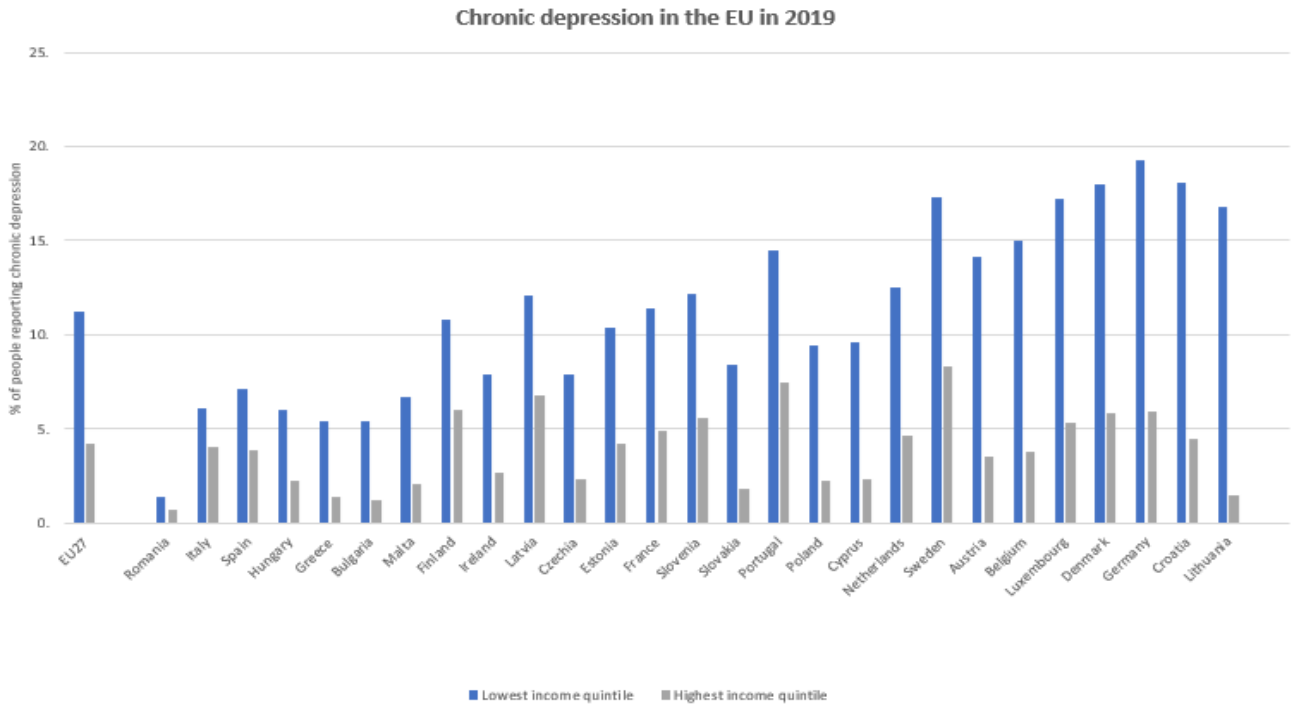
Trends and challenges

Main takeaways from the Synthesis Report 2023:

- Focus on Mental health addressing de-stigmatisation, prevention, treatment and reintegration
- Closing health gaps by tackling health inequalities both across and within countries requires a multi-sectoral approach, addressing unmet needs for medical care
- Investments towards resilient and accessible health systems need continuity, underpinned by robust data collection mechanisms

1. Mental health reforms addressing de-stigmatisation, prevention, treatment and reintegration are needed

- One in six people in the EU suffered from mental health issues before the COVID-19 pandemic
- Chronic depression in the EU by lowest and highest income quintile, 2019:



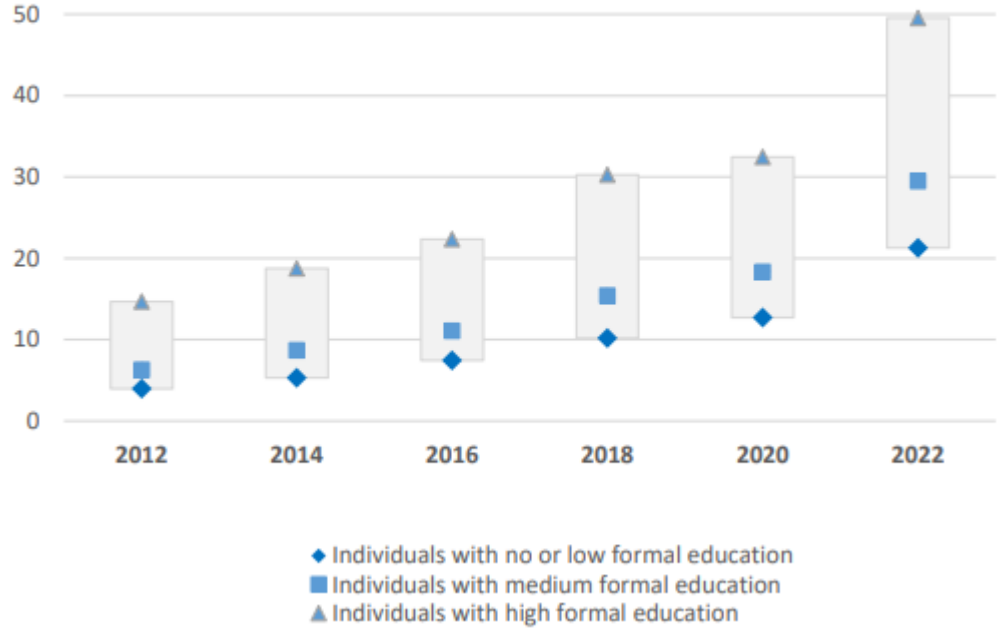
Chronic depression prevalence is higher in population groups with lower income

Data source: Eurostat database. Note: Countries ranked according to smallest to largest difference between lowest and highest income quintiles.

European Commission

2. Closing health gaps by tackling health inequalities both across and within countries requires a multi-sectoral approach

- **Digital skills differ widely** within and across EU Member States
- **Digital Compass**: Aim for 80% of EU citizens aged 16 to 74 to have basic digital skills by 2030
- Proportion of individuals aged 16 - 74 making an appointment with a medical practitioner via a website by level of education and year (% of individuals):



In 2022, 1 in 2 individuals with high formal education would make an appointment with a medical practitioner via a website.

Those with high formal education would be more than twice as likely to do so compared to those with no or low formal education.

This divide has been growing since 2012.

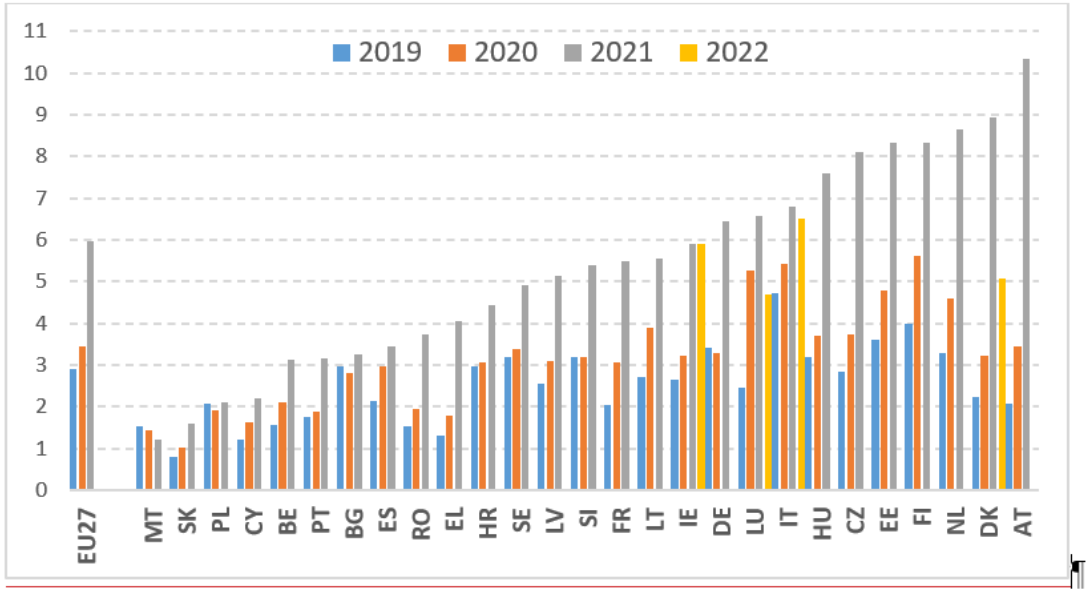
Data source: Eurostat database

- The use of Artificial Intelligence: great opportunities for innovation/ healthcare delivery

European Commission

3. Investments towards resilient and accessible health systems need continuity, underpinned by robust data collection mechanisms

- **Recovery and Resilience Facility:** central instrument of Next Generation EU, the EU's recovery plan out of the COVID-19 crisis (EUR 43 billion estimated total health-related expenditure)
- **Cohesion Policy Funds**, including the **European Regional Development Fund** and the **European Social Fund Plus**: provision of grants to EU Member States and their regions to improve their health systems' resilience, accessibility and effectiveness (EUR 16 billion)
- Investment in prevention – spending on preventive care as % of total expenditure on health:

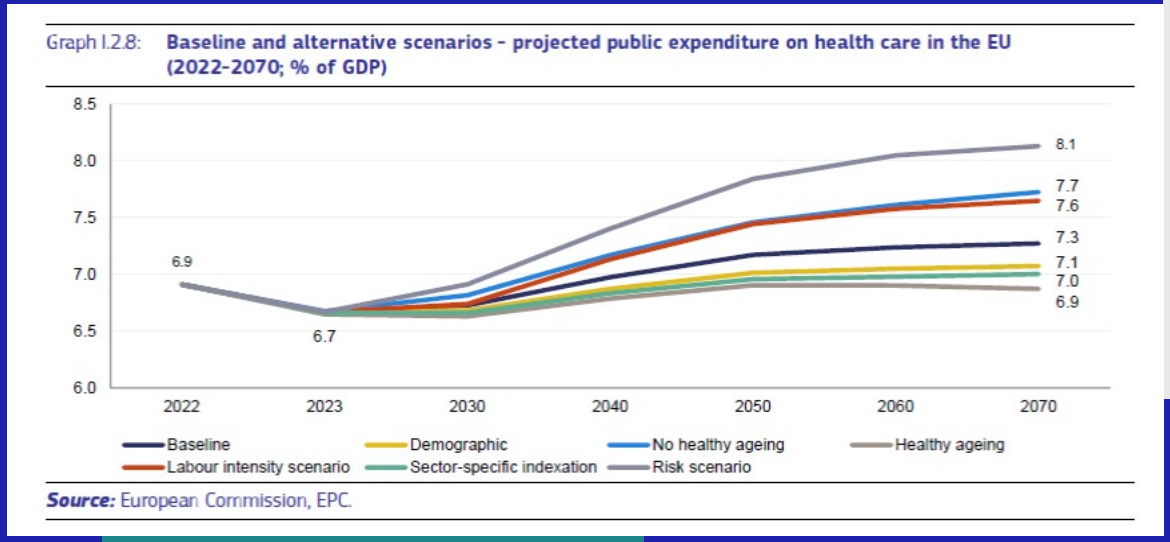


Spending on preventive care rose to 6% of total health spending across the EU in 2021, although for some MSs a drop in this share is noted between 2021 and 2022

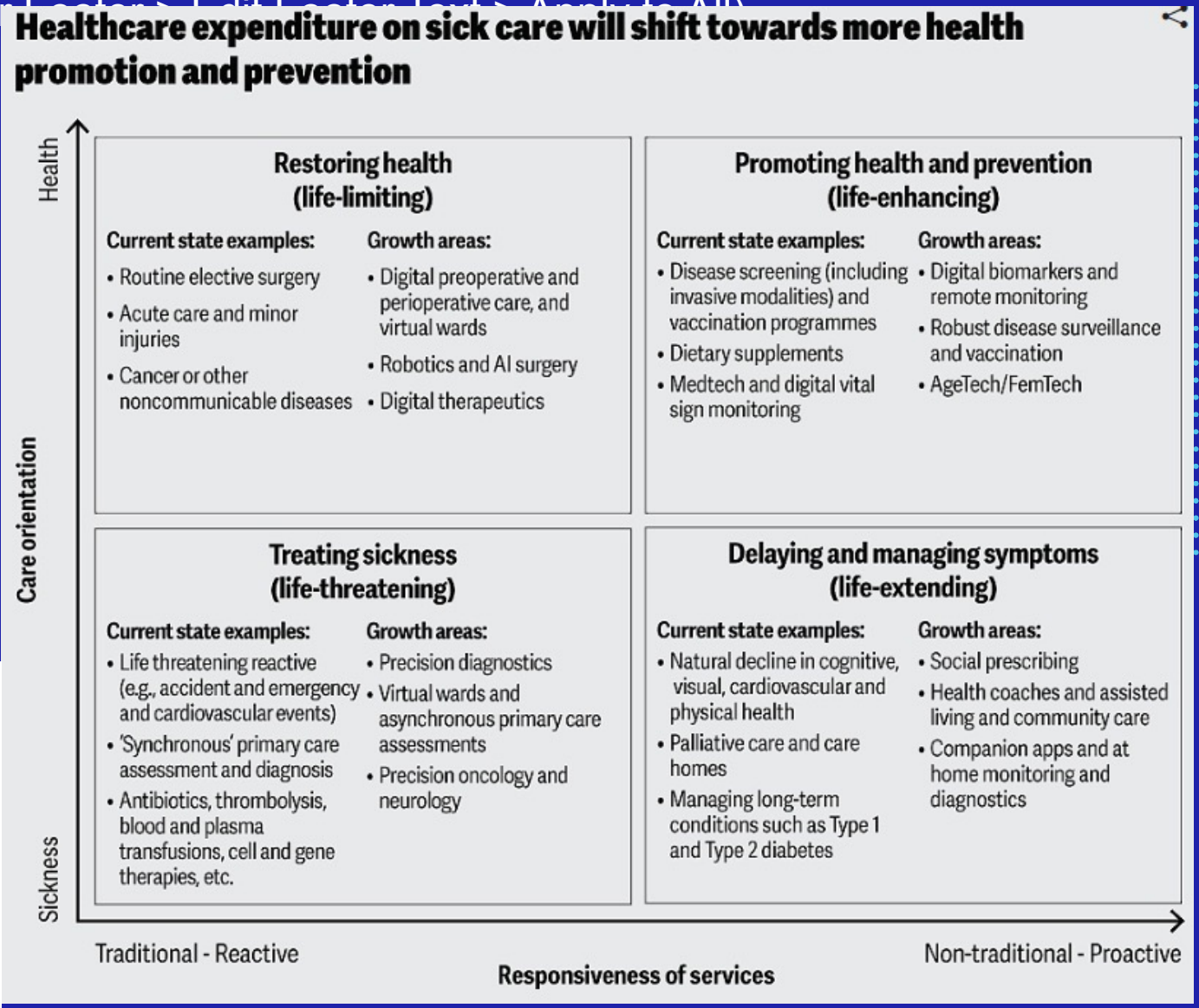
Data source: Eurostat and OECD.

European Commission

Citizen-centric, data-driven future health systems – Healthy Ageing & Prevention



Source: 2024 Ageing Report



Source: Deloitte analysis, 2023

EU legal framework for cross-border healthcare

- Coordination of social security systems (Regulation No 883/2004)

- Directive on the application of patients' rights in cross-border healthcare (Directive 2011/24/EU)

European Reference Networks

European Commission

The Cross-border Healthcare Directive

CJEU jurisprudence from 1998
- Healthcare is a **service**
- Patients can **choose** healthcare provider abroad
- Level of **reimbursement** up to cost of treatment at home

Harmonized minimum Patients' Rights

Information to patients
- **National contact Points**

Cooperation between Member States
- **Encourage cooperation in border region (with DG REGIO)**
- **European Reference Networks**
- **Recognition of prescriptions**
- E-Health
- Health Technology Assessment

3rd Report on the Operation of the CBHC Directive, COM(2022) 210 final (12 May 2022)

> "The Directive's potential for improving access to cross-border healthcare continues to be hampered by some issues. These include, in particular: **the low level of awareness over patients' rights to cross-border healthcare; inadequate patient information**; **disproportionate administrative burdens; and uncertainty over healthcare costs abroad and reimbursement**."

The EU4Health 2023 work program has reserved 500.000 EUR for an action on Enhancing the implementation of the Directive

(action ongoing)

GOALS

- **Improve information** to patients, and raising awareness of patients' rights and obligations in cross border healthcare
- **Better inform** all stakeholders involved e.g. healthcare professionals, healthcare providers, national/local administrations, patients' organisations, etc.
- **Raise awareness** about the ERNs

18 months contract, implementing 4 tasks ending in April 2025:

1

Customisation of the existing written communication material on patient's right in cross border healthcare

2

Organisation of up to **10 national workshops** in the EU MS and EEA

3

Organisation of one **EU-level event** in Luxembourg

4

Further adaptation of the communication material

Raising Awareness of Patients' rights

Assessing Medical Treatment Abroad – **Know your rights**

Assessing Medical Treatment Abroad – **Your checklist**

Planned and Unplanned Treatment Abroad – **Two legal frameworks and their application**

Options for Treatment Abroad – **Tariffs and reimbursement**

European Reference Networks – **Patients / Doctors / Institutions**

European Commission

Organisation of 10 national workshops and an EU level event

National workshops in a **hybrid format**. Up to 10 workshops in **EU Member States and Norway**

Workshops are being organized in countries where EU Member States express interest

The workshops are carried out in the language of the hosting country. **Priority to workshops in cross-border regions e.g.** involving more Member States

The programme of the workshop will **focus on the implementation of the cross-border healthcare Directive** in that Member State(s), with the aim to increase awareness of citizens on patient rights and underlining the possibility for rare diseases patients to benefit from the ERNs

European Commission

National workshops

European Commission

Main links

Find our publications here:
https://ec.europa.eu/regional_policy/policy/cooperation/european-territorial/border-focal-point_en

To apply to B-solutions, visit the initiative page: https://www.b-solutionsproject.com

Thank you for your attention!

More information can be found on the DG SANTE website:
https://health.ec.europa.eu/cross-border-healthcare_en

You can contact the SANTE Cross Border Healthcare team for eventual questions at: SANTE-Cross-Border-Healthcare@ec.europa.eu

National; workshop in Ireland 17 June 2024 link to register:
https://eu.eventscloud.com/ereg/newreg.php?eventid=200276670&

pean
mission

Interventions by regional authorities

Sorin Maxim

- General Director - Regional Development Agency West Romania

Promotion of the online campaign ‘Shaping cross-border cooperation between Romania and Hungary beyond 2027’

Monica Terean

- Head Of Joint Secretariat Interreg V-A Romania Hungary Programme

Closure and a BIG THANK YOU!

Remember to give us your feedback ☺

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Check the evaluation link on the chat!

Cooperation works

All materials will be available on:

Interact connections / MC community