European Committee of the Regions

CoR INTERREGIONAL GROUP ON HEALTH & WELL-BEING

"The State of Health in the EU: what to bring home?"

Friday, 22 April 2022, 14:30 – 15:30

Online meeting

Minutes

14.30 Welcome and introduction by the Chair, Birgitta Sacrédeus

The Chair of the Interregional Group, **Birgitta Sacrédeus**, welcomed all the participants and explained that the meeting was organised to discuss the State of Health in the EU and how the Covid-19 impacted the EU. The event was organised around two keynote speeches from Francesca Colombo, Director of the Health Division at the Organisation for Economic Co-operation and Development (OECD), and Maya Matthews, Head of Unit of the DG SANTE, European Commission, followed by an open Q&A session.

14.35 "Overview of the State of Health in the EU" by Francesca Colombo

Francesca Colombo opened the event by giving an overview of the State of Health in the EU (SoHEU). The work results from a tripartite collaboration between OECD, the European Observatory of the Health System and the European Commission and follows a two-year cycle of activities which design to have a base for the improvement of health policies across the EU countries. The goal is to support the policymakers and stakeholders within the health system and inform the general public and researchers.

The cycle started with the "Health at a glance: Europe", which presents statistics and indicators across all the EU countries. In partnership with the European Observatory of the Health System, the OECD produced then the Country Health Profiles, which gave a snapshot of information for individual countries for the 27 EU Member States, plus Iceland and Norway. In parallel to that, the Commission produced a Companion Report. As a part of this process, there was also the possibility of working with specific countries that wanted to have a voluntary exchange to involve more stakeholders in the discussion about what to take-home and takeaway from the policymaking processes. This cycle is a package that was put together to improve evidence-based policymaking within the Member States and leverage the strength of different organizations in terms of the policy analysis.

For the 2021 edition of the Country Health Profiles, it was emphasised the impact of the COVID-19 and the response of the different European health systems. For each of the 29-country profiles were considered the highlights; the Health Status and the Risk Factors (linked to individual behaviour), which are both environmental factors; the Health System and the performance of the Health System, via three main lines, which are respectively the effectiveness, the accessibility, and the resilience.

Then, Ms Colombo presented some graphs showing the life expectancy fall of 0.7 years in Europe because of COVID-19, the biggest drop since World War II in many countries. Mainly Western and Central-Eastern European countries have been affected (in Spain it was reduced by 1.6 years, in Bulgaria by 1.5 years), while Northern countries such as Norway and Finland managed to avoid this fall, partly due to the way they managed the pandemic. Besides the reduction of life expectancy, the pandemic also exacerbated social inequalities. The analysis showed that life expectancy varies according to the educational gap: people with a higher level of education tend to live longer than those with lower education. The gap tends to be nearly seven years for men, while it is lower for women (3.2 years), but equally significant. In addition, higher mortality rates have been registered in low-income groups. The combination of COVID-19 deaths (7.4%), and pandemic impact on the management of non-communicable diseases (cardiovascular diseases, cancers, etc.), aggregated with social-economic inequalities, let OECD talk of a syndemic where all these three different diseases have been the deadliest.

COVID-19 made it clear the need to invest in public health and prevention. Across the whole EU, countries allocate funds mostly (near 60%) to outpatient care and inpatient care; almost 34% is designed for pharmaceutical and medical devices combined with long-term care; the rest (less than 3%) is invested in prevention and public health. In Ms Colombo's opinion, spending more on prevention is the best solution to address the root causes of mortality, whether communicable diseases, like viruses, or non-communicable diseases.

Access to care and health workforce shortages are crucial in the context of a pandemic. In fact, healthcare workers proved to be the backbone of healthcare systems more than facilities and any type of equipment: therefore, investing in the health workforce means investing in healthcare system resilience. Even before COVID-19, European countries had different health workforce capacities in terms of number of doctors and nurses. Capacity was higher in Western and Northern countries than in Central and Eastern countries, where the lack of health workforce led to more pressure on the healthcare system even before the COVID-19 pandemic. In addition, the density of health workers varies across countries and within countries. The Country Health Profile of France compared French regions in 2012 and 2021 and brought out the phenomenon of "medical deserts", areas characterised

by a lack of doctors, especially General Practitioners (GPs). The "medical deserts" problem affects rural areas as well as urban areas.

To reduce the reliance and the vulnerability of countries in the case of unexpected shocks but also to face ongoing trends such as the ageing population, the SoHEU highlighted some strategies. Among these, particular attention was paid to training more doctors, nurses, and health workers, increasing retention rates of current health workers and innovating in health service, moving towards the digitalisation of this sector.

In her final remarks, Ms Colombo emphasised the importance of investing in public health and the workforce to build more resilient health systems and reduce the inequalities across and within countries, tackling the health and environmental risk factors that affect individuals and society.

14.50 "Takeaways from the Companion Report: towards health systems' resilience" by Maya Matthews

Maya Matthews presented more in-depth the Companion Report and its main takeaways based on the findings of the Country Health Profiles 2021. The first key takeaway is understanding the far-reaching health impacts of the COVID-19 pandemic. One of the major impacts of COVID-19 regards excess deaths, which peaked in the autumn of 2020. According to the data collected in the period March 2020 – December 2021, 1 out of 10 deaths was attributed to the pandemic. Uneven mortality affected Eastern Europe, but another caveat is that many deaths have been undercounted. COVID-19 impacted people's health and health system, especially related to the sphere of "forgone non-COVID cares" (cancers, chronic diseases, etc.) and patients' unmet needs. This is particularly true for people affected by cancer, who are now coming forward with advanced cancer, the so-called "missing patients". The second issue is mental health, with anxiety and depression increasing by 24% and 23% and augmented significantly in vulnerable people, young groups, and healthcare workers. The third issue is the post-COVID-19 condition or "long COVID": it seems that up to 10% of people still present symptoms three months after they had COVID, an area that requires further exploration. In this view, the EU Commission made up a panel of different academics and health professionals and asked them to look at post-COVID conditions and how to measure them.

The second takeaway is how to lock in the huge surge of digital innovation in healthcare delivery and public health. Ms Matthews explained that the effectiveness of these solutions has to be assessed to see better what works in digital consultations and what works in face-to-face consultations. Another issue regards the investments in public health, which has been ignored for a very long time by many countries. The pandemic has brought to light the need for a public health tool, especially in the

tracking and tracing system and in vaccine certificates, which had many positive effects. The future of healthcare is tied to the use of technology. In this context, the uptake of digital tools and devices requires training for health workers, and regions, often at the forefront of this transition, have an important role in finding innovative ways to use new technologies and share best practices. The point of using technology opens to the issues of trust and cybersecurity: people fear who is going to consult personal data and what kind of use can be done. In this respect, Ms Matthews reminded the audience the European Commission's proposal to establish a European Health Data Space (EHDS), which is an attempt to create a common infrastructure where health data can be shared in a very secure and safe space for patients, medical personnel, policymakers, and researchers.

The third takeaway concerns the health workforce. Despite varieties across the EU countries, there has been an increasing interest in younger people to train as doctors and nurses. At the same time, there is an attrition rate of about 2, 3, and 4 years into the profession. Therefore, Member States should consider why people invest a lot of time and resources to become health professionals and then leave the job. Together with the Member States, the EU Commission has launched a joint action that focuses on health-climbing and forecasting to have a health workforce that fits for the future and on new skills, especially digital and related to data analysis, which are currently lacking in the health ecosystem.

These takeaways are strongly linked to other flagship initiatives to build a stronger European Health Union: a stronger mandate for the European Centre for Disease Prevention and Control (ECDC) and for the European Medicines Agency (EMA), so that they will be able to act quicker and more agile whether a pandemic and to track shortages; the creation of the European Health Emergency Preparedness and Responsive Authority (HERA) to strengthen further any robust future response to a pandemic; and cornerstone initiatives such as the Pharmaceutical Strategy for Europe to revise the pharmaceutical legislation, and the Europe's Beating Cancer Plan that collects all the intelligence across the EU to leap forward and tackle cancer and the EHDS.

The EU equipped itself with new funding instruments supporting health, with new multi-financial frameworks that came in time of pandemics. As a result, the Recovery and Resilience Facility (RRF) provides Member states funding to recover from the pandemic, also in a green and digital way, to which will be added 37 billion euro to health, as approved by the Council in the 2022 Plan. The RRF is just one of the several EU funding solutions, in addition to EU Cohesion Policy funds, Technical Support Instrument, and InvestEU. EU launched collaborative trans-national projects, including EU4Health, a very robust program that has many opportunities to fund health systems and health workforce, as well as other health issues.

15.10 Open Debate

Regarding Colombo's presentation and specifically the evaluation of the healthcare system, **Adriana Pérez Fortis** from the Cross-Border Institute of Healthcare Systems and Prevention (CBI) pointed out a lack of local and regional data in the healthcare system performance assessment, which is done at the national level most of the time. The pandemic showed that conducting this kind of evaluation has also become fundamental at the regional and local levels. Then, she stressed the importance of the cross-border perspective to improve cooperation and build up or have harmonized data in different contexts, especially for people living in border areas.

According to **Francesca Colombo**, having more regional and local data is fundamental for policymakers, and granularity is key (region and local, social and economic group, education level, and ethnic group). However, she stated that it could be difficult for organisations like the OECD to see whether these data are available, and the definition of "region" may be different from country to country. The OECD looks at regional data through the publications "Regions at a glance", which include some health indicators and take into account the regional dimension when producing national analysis. It is paramount to strengthen data infrastructure, including the timeliness with which these data are available to support policymaking, clinical decisions, and management decisions at the local level. Concerning the cross-border dimension, there is an issue of looking at how to get different resources together to address common threats. There is also the issue of how countries can accelerate cross-border collaboration, exploring the health needs of border regions and the existing opportunities for cooperation with the nearby country.

Maya Matthews reiterated the importance of having better and quicker data. Referring to the EHDS, the EU started a very ambitious job in this field and is aware of the key role of regions. The pandemic demonstrated that it was not just a problem of obtaining data quickly enough, and that is not because of the whole mechanism in place (Member States had to send the data, and then the ECDC could put them all together), but also that all areas around health information are key to improve policymaking and healthcare delivery. Regarding disaggregated data, the EU has no information because data are regulated by national legislations, so the EU cannot go against them. As regards cross-border healthcare, there is a lot of information on cross-border collaboration in different bordering countries made through the cohesion fund. There are interesting projects and reports regarding cross-border healthcare collaboration. She informed the audience that the European Commission will launch a call for proposal for health care collaboration for health professionals training, both for clinical and non-clinical professionals, to help with the retention and communication through the screen with patients.

Reading a question from the public: “How to get new knowledge through the health system?”, **Birgitta Sacrédeus** answered by mentioning some examples of programs, such as the one on cancer elaborated in Sweden to implement and divide competencies.

Francesca Colombo pointed out that health systems are often flooded with data, being data rich but information poor. All kinds of health and health-related data often are not collected in a standard way or not leveraged in a way that supports policymaking, research, clinical optimization, surveillance, and people-centredness. There is a need to use data properly and make them available in a way that supports the public needs and respects privacy. The question of new knowledge generation is a test to identify knowledge on data, even in the context of a pandemic, in order to have better data to support decisions and implementation of services. In emergency contexts, the timely use of data is fundamental. Although the use of data has been accelerated, it remains a lot of work to do.

Maya Matthews emphisised the importance of networking as an excellent way to identify areas in which regions want to work together on specific topics and share best practices. In this respect, networks like EUREGHA play a crucial role and can be inspiring.

In her final message, **Birgitta Sacrédeus** stressed again the importance for politicians and policymakers to work for public health prevention. Digitalisation is the future, but the Member States have to see where it is effective and where it is not. Then, she thanked all the participants and closed the meeting.

15:30 End of the meeting