

What

EUREGHA High-level Annual Conference “Towards a healthy and cohesive Europe”.

When and Where

5 December, 2019 3:00-6:00pm
EUREGHA Offices, Rond-Point Schuman 11, Brussel, Belgium

Main relevant speakers

Nick Batey, Chair of EUREGHA - *moderator*
Normund Popens, Deputy Director-General, Director General for Regional and Urban Policy, European Commission
Sylvain Giraud, Head of Unit, Directorate-General for Health and Food Safety, European
Irina Kalderon Libal, Policy Officer, Directorate-General for Communications Networks, Content and Technology, European Commission
Stijn Longin, Project Manager Digital Care and Support Plan, ICT-team Flanders Agency for Care and Health
Teresa Vieri, Policy Officer, Directorate for Citizenship Rights and Social Cohesion, Tuscany Region, Executive Board Member EUREGHA
Mats Ulfendahl, Director of Research, Region Östergötland, Executive Board Member EUREGHA
Marcel Olivé Elias, EU-Funded Projects Coordinator, Agency for Healthcare Quality and Assessment of Catalonia (AquAS)
Thomas Allvin, Executive Director, Healthcare System, EFPIA, EU Health Coalition
Sabrina Montante, Senior Advisor EU Affairs National Institute of Health of Italy (ISS) - Brussels Office, Coordinating Team TO REACH
Alison Maassen, Senior Coordinator at EuroHealthNet

Objective

The aim of the high-level annual conference was to engage in a multi-stakeholder debate regarding the ESI Funds for health, discussing the importance of the European Social Fund and the European Regional Development Fund in covering health investments and improving access to healthcare. There were over 7,000 health-related projects financed in the programming period of 2014-2020 and Cohesion Policy proved its crucial contribution to supporting social and economic convergence around Europe. This conference aimed to showcase examples of best regional practices and then engage in a discussion with stakeholders from industry, patients' organizations, NGOs, and regions on the policies for the future beyond 2020.

Main outputs

The event opened with an introduction with the EUREGHA chair, Mr Nick Batey. He provided a brief overview of the region and welcomed Northern Ireland, the newest member. Mr Batey went over some of EUREGHA's priorities, starting with value-based healthcare. EUREGHA is currently working on how to embed value into the healthcare system through engaging with projects such as EURIPHI. Another important topic that EUREGHA is engaging with is health prevention and promotion, especially through tools such as eHealth. He reminded the audience that today EUREGHA published their collection of best practices on eHealth. EUREGHA is also working on **personalized medicine, which is the backbone of today's health innovation**. Mr Batey also introduced the agenda and reminded readers that the goal of this event was to bring together different representatives to understand how to **tie the local, regional, and national funds together effectively in order to deliver real world benefits for patients and citizens**.

The following speaker was Normund Popens, who emphasized that timing is very important, and the timing is now. We are now in the process of implementing ESI programs and starting new programs and we need to start thinking about the long-term future. It is estimated that 9 billion euros were available for the health sector in ESI Funds 2014-2020 and there needs to be serious consideration of how these funds are and will be used in the future. **The health sector is a crucial field, and citizens require good health first**. Investments made into innovation cannot be just for the sake of innovation and it needs to have an impact on the wellbeing of the people. While we keep investing in innovation and smart health for the future, there also needs to do investments in reforms of the systems, making sure to improve access to healthcare. Member States need to work with the EU in order to communicate and identify the real gaps in the healthcare system. Not only this, but the EU needs to work with the healthcare professionals in order to improve their capacity so that they can help to tackle these issues. **Overall, the emphasis needs to be on collaboration, and everyone needs to come together and find solidarity in their common values**. When posed with questions from the audience, Popens highlighted that there needs to be an integrated care approach and that hospitals need to be working with primary care services. He also focused on the need to not only deal with treatment, or not only on prevention, but also to make sure that people have access to primary care doctors and that people have access to post-operation services. Health systems need to be looked at holistically. Popens ended with the idea that the Thematic Platforms on Interregional Cooperation and Personalized Medicine **are important for sharing data across borders and there needs**

to be more communication and involvement of regions in promoting these services.

The first intervention of “Panel 1: Working together to ensure investment towards effective, accessible, and resilient health systems in Europe” was of Sylvain Giraud. He outlined the fact that DG-Santé has been trying to ensure a better use of structural funds supporting the transformation of health systems and health policy. The EU-Health programme funded the ESI Funds project that come out with four main messages:

1. Cross-sectoral cooperation is important and key to develop integrated solutions. However, the challenge is to develop an ecosystem at a regional level.
2. Any investment using the funds needs to be part of a broader reform agenda and investment plan. This plan must be well coordinated.
3. It is not easy for certain authorities to develop the capacity to manage ESI programmes and projects and manage the access to EU funds.
4. It is certainly not about equipment and technology, but about human beings. There is the need for equipment investment but also the need for soft investments, management of collection and sharing the information.

It is fundamental to articulate better how funds are distributed. One of the policy recommendations is to ameliorate the distribution of funds to reduce the gap and to identify where to invest in health. Funds need to be part of a broader agenda. A good allocation of funds can contribute to the access to equipment, support development of infrastructure including the primary care, as well as to improve the effectiveness and resilience of health systems. Additionally, it is important to highlight the importance of transnational instruments and cross-border instruments. Working together, support eHealth projects and Horizon Europe may bring benefits for the development of good practices and ensure that all are being part of the health transformation.

The second intervention was of Irina Kalderon Libal, who talked about the current and future EU policies on Health. One of the main challenges the EU is facing is: demographic change and the growing expenditure on health in most Member states (MSs). There are some actions to be taken to tackle these challenges:

1. That is why the Commission has set up the **eHealth Digital Service Infrastructure** that aim at enabling exchange of patient data across borders. This programme aims to provide access to health professionals to verified key health data of patients. It also aims to enable interconnectivity from different EU Member States.
2. Poling health data for research and personalized medicine. Some countries have agreed to link genomic data across borders. The goal is to build infrastructure and secure data and access to data to achieve 1 million genomes by 2020.
3. Digital tools to foster citizen empowerment and person-centre care. There have been several programs developed to empower the citizens like the AAL programme and the European Innovation Partnership on Active and Healthy Ageing. Moreover, the Commission proposed the Digital Europe programme in order to invest in digital transformation, advanced digital skills, cybersecurity, and high-performance computing.

Then, the “Panel 2: Regional case studies” took place. The first intervention was of Stijn Longin, who talked about **reorganization of primary care in Flanders**. On 2017 they established a plan with the objective to develop a digital communication and planning instrument that collects all relevant data concerning the care administered to a patient and make it available to both the person itself and to all caregivers involved. To achieve this, several facts need to be taken into consideration: personal goals, goals of care, patient and the care team, context, agenda, care plan, social map, communication, quality, financing, and population health management. Additionally, other tools were taken into consideration like: Goals Wizard, BelRAI, Vitalink, and Magda-Citizen Profile. However, there are some challenges for the implementation of the plan. One is the population health management. BigData is still being pioneered within the flemish administration. Additionally, there is still uncertainty and mistrust from the patients about sharing their data.

The second intervention was of Teresa Vieri. She talked about the **use of ESF funds in the Tuscany area** and the methodology of the project: the design of the strategy, consultation and integration of social care and health care in Tuscany. Additionally, she outlined the ESF projects for social inclusion and its regional guidelines, which are the following:

- All projects and interventions must guarantee coherence with the system of regional health and social interventions.

- Regional district zones as territorial areas of intervention: allocation of resources on a zonal basis with the purpose of ensuring in all territories the possibility of developing actions able to guarantee equal access.
- Health society or, where not existing, the public subject designated by the assembly of mayors, acts as programming and managing authority for projects.

Additionally, the design architecture of interventions regional calls was the following:

1. Working accompanying services for disabled and vulnerable persons
2. Introduction of ICF methodology for the assessment
3. Personalized planning can include for each person in charge

In general, the outcomes of the project were very positive. It already has a second edition.

The final panel focused on building a common vision for health and involved both representatives from the private and public sectors. It began with Mr Ulfendahl who stated that we need to redefine how we think about health. The common way to describe healthcare is as a huge black hole with lots of problems that is a cost for society. **The healthcare sector should be thought of as a societal benefit and people need to realize that the healthcare sector employs many workers** and there is a lot of taxpayer turnover, as health is a driving force in society which deserves the investment of funds.

Mr Allvin continued by stating that the European health sector is very important for employing highly skilled workers and contributes greatly to the European economy. **Policy makers need to start to think how they can unlock investment and collaboration from the industry and drive access to healthcare for patients.** He also emphasized that health data will be a main driver for this innovation because it will help the healthcare industry better understand what programs are working and how to improve them. He emphasized that there needs to be the creation of an EU-wide health data space that can harmonize different data from different regions.

The TO-REACH representative, Sabrina Montante, stated that their project is trying to **work at the organizational level to understand these challenges, especially regarding what is needed for service innovation.** She also emphasized the need for implementation of public health research and the importance of

regional and local authorities in providing information about what is needed on the ground.

Mr Marcel Olivé Elias continued by stating that the EU is facing more and more health challenges, such as chronic disease, more health expectations from patients, and other issues. **Healthcare systems are currently set up as reactionary, and there needs to be a switch to a promotion and prevention** approach that includes all stakeholders and does not only work on developing innovations, but also on making sure that those innovations are implemented. One way to work towards this is by using procurement as an opportunity to address challenges. Health challenges should be identified by the health providers and they should work with industry to focus on how to address these problems. **Procurement should not just be an isolated administrative issue**, and the ERDF funds projects that help to assist this and make a difference on health outcomes and productivity.

The last speaker, Ms Maassen stated that she wanted to engage with the audience and have them guess what her recommendations were as a result of the conference. One audience member brought up the fact that national and regional authorities struggle with how to fund and manage projects, which led to Ms Maassen's first recommendation which was to **improve capacity building of the authorities and make sure that they understand funding instruments**. The other suggestion was to not work on a project by project approach and to make sure **that you can look within a larger strategic framework to blend resources**, for example ESIF and private funding. This includes trying to think about the long-term ideas like prevention, even though the cycles of financing and political offices may run on different time scales. To this, an audience member responded that there has to be coordination between the **Member State and EU level and the regional level to understand each other's projects and priorities**. This is why working with EUREGHA and DG REGIO can be so beneficial, because even communication within a country is very difficult. Regional authorities must be **involved to make sure that health innovations can help on the ground**. These projects can then be analyzed to see if the private-public partnership works and if it is possible to scale it up. Ms Maassen also recommended that there needs to be intersectoral cooperation and more work between sectors on long term goals, especially within the social sectors.