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# STOA Workshop

# Health systems for the future

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## Participants' booklet

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**WORKSHOP**  
STOA | SCIENCE AND TECHNOLOGY OPTIONS ASSESSMENT  
Thursday 08.06.2017 – **10:00-12:30**  
EUROPEAN PARLIAMENT - BRUSSELS  
PAUL-HENRI SPAAK BUILDING – ROOM **P7C050**

  
European Parliament  
**#HealthSTOA**



# HEALTH SYSTEMS FOR THE FUTURE

**CHAIR** **Paul RUBIG**, MEP & 1<sup>st</sup> Vice-Chair STOA

**MODERATOR** **Helmut BRAND**, University of Maastricht, The Netherlands

**SPEAKERS**  
**Andrzej RYS**, DG Santé, European Commission  
**Domenico MANTOAN**, Veneto Region, Italy  
**Ihor PEREHINETS**, WHO Regional Office for Europe  
**Josep FIGUERAS**, European Observatory on Health Systems and Policies  
**Niek KLAZINGA**, University of Amsterdam, The Netherlands  
**Enrique BERNAL-DELGADO**, Institute for Health Science, Aragón, Spain  
**Pedro OLIVEIRA**, Católica-Lisbon School of Business and Economics, Lisbon, Portugal  
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STOA Workshop

## **HEALTH SYSTEMS FOR THE FUTURE**

Making EU health systems  
resilient and innovative

*8 June 2017, 10:00 – 12:30, room P7C050  
European Parliament, Brussels*

Prepared by Gianluca Quaglio and Amr Dawood, STOA Secretariat

Available at: <http://www.europarl.europa.eu/stoa/cms/health>

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# 1. PROGRAMME

Chair: **Paul RÜBIG**, MEP & STOA 1<sup>st</sup> Vice-Chair

Moderator: **Helmut BRAND**, University of Maastricht, The Netherlands

## 10:00 - 10:25 INTRODUCTION

Welcome

**Paul RÜBIG**, MEP & STOA 1<sup>st</sup> Vice-Chair

Keynote speech

Assessing health systems' performance in the EU: what have we done and what can we do together?

**Andrzej RYS**, DG Santé, European Commission

## 10:25 - 11:25 PART I - HEALTH SYSTEM PRIORITIES & GOVERNANCE

Health system strengthening priorities in the WHO European Region 2015-2020

**Ihor PEREHINETS**, WHO Regional Office for Europe

Strategies for reform implementation success in Europe

**Josep FIGUERAS**, European Observatory on Health Systems and Policies

Improving the governance of the health system: the example of Veneto Region

**Antonio MARITATI**, Veneto Region, Italy

Q&A

## 11:25 - 12:25 PART II - PRIMARY CARE, INFORMATION CHANNELS & CITIZENS PARTICIPATION

Improving the performance of primary and integrated care

**Niek KLAZINGA**, Academic Medical Centre, University of Amsterdam & Organisation for Economic Co-operation and Development (OECD)

Improving data collection and information channels to support performance improvement

**Enrique BERNAL-DELGADO**, Institute for Health Sciences (IACS), Aragon, Spain

Patient's participation in health innovation, promotion and prevention

**Pedro OLIVEIRA**, Católica-Lisbon School of Business and Economics, Portugal

Q&A

## 12:25 - 12:30 CLOSING REMARKS

**Paul RUBIG**, MEP & STOA 1<sup>st</sup> Vice-Chair

## 12:30 - 13:30 STAND UP LUNCH

## 2. INTRODUCTION AND AIM OF THE WORKSHOP

Health systems contribute to preserving and restoring good health of the EU population. They also enable people to live independently through the provision of social care services. The health care sector also play an important role in the overall economy: it account for 8% of the total European workforce and for 8.5% of GDP in the European Union. The sector contributes to economic prosperity through improving labour market participation and productivity [EC, 2016].

All EU Member States face strong and growing fiscal pressures on their health and long-term care systems, driven by already high levels of public expenditure and debt in most countries, demographic pressures and technological advances [EC, 2015a; EC, 2015b].

EU Member States' future ability to provide universal and equitable access to high quality care will depend on making health systems more resilient, more capable of coping with the challenges ahead and while remaining cost-effective and fiscally sustainable [Communication from the European Commission, 2014; Council, 2015].

The Joint Report on Health Care of the EC [EC, 2016], and the 2016 and 2017 Annual Growth Survey [EC, 2016a; EC, 2017] identified a number of areas where improvements could increase the cost-effectiveness of health systems in the medium and long term. These included:

1. Sustainable financing basis to the sector, a good pooling of funds and a resource allocation.
2. Improving the general governance (coherence of decision-making and management) of the system;
3. Improving the primary health care services;
4. Improving data collection and information channels to support performance improvement; using health technology assessment more systematically to help decision-making;
5. Improvement in life-styles, and participation of citizens in health promotion and disease prevention.

These points, which represent the principal themes of discussion of the STOA workshop, are briefly expanded and discuss below.

The objective of the event is to offer an opportunity of learning from one another on what works best, and thus to boost innovation for building sustainable and resilient health system models. The workshop is chaired by Paul Rübig, MEP and First STOA Vice-chair, and moderated by Professor Helmut Brand, head of the Department of International Health at Maastricht University, The Netherlands. The event is introduced by a key note speech of Andrzej Rys, Director for health systems, medical products and innovation in the Director General for Health and Food Safety, European Commission.

The workshop would like to create a dialogue between scientists, citizens and politicians on what issues emerge in Europe in terms of vulnerability of health systems, and what could be the policy context of supporting health system resilience in the EU.

The event is organised in collaboration with the European Regions Research and Innovation Network (ERRIN), which aimed at establishing cooperation between regional and local administrations, universities, public and private bodies with a regional mandate, on themes of R&I (see below for more details).

## **2.1. Sustainable financing basis to the sector**

- Public financing plays a major role with an EU median of 76% publicly funded health expenditure. With projected increases in spending needs, the challenge is to ensure sustainability focusing on efficiency.
- Different aspects, such as size and features of the national economy and political priorities, aside from those strictly related to financing, determine how well each health care system achieves its policy objectives and it is not possible to define a one-size-fits-all model.
- Adequate and stable financing stands out as a key feature to build a truly resilient system that can ensure universal coverage. This includes provision of accessible high quality services and protection of the population against the financial consequences of ill health. Some characteristics such as a broad revenue base, efficient revenue collection and broad pooling of resources paired with redistribution, have the potential to deliver stable financing to ensure affordable, sustainable and equitable healthcare.
- The sustainability of hospital care should be enhanced by improving financing arrangements, through combination of activity based payments, global budgets and pay-for performance schemes, and by reducing operational costs, also through extending the use of centralised public procurement, price transparency and strengthening the fight against corruption and misuse.
- Service provision in EU Member States' healthcare systems is in general comprehensive. To ensure its provision is sustainable in the medium and long term, the benefits package should be designed and periodically reviewed based on evidence of cost-effectiveness.

## **2.2. Improving the general governance**

- Governance concerns the broad set of actions and actors involved in steering systems towards national or regional goals. As such, it involves a wide range of stakeholders that need to converge on supporting or implementing policies. Due to the multitude of interests involved, in the challenging context of the need to contain expenditure, governance is faced with several challenges. Strengthening governance means strengthening the system's potential effectiveness and efficiency.
- Coordination problems in governance arise because various aspects of governance are executed by various stakeholders at various levels of government. This can negatively impact on administrative efficiency.
- Governance should be improved, including strengthening the cooperation between fiscal and health policy government authorities and employing a wide range of budgetary planning tools, performance-based planning and regular spending review, early-warning mechanisms and automatic stabilisers aiming at boosting efficiency and cost-control.
- Decision makers planning health sector reforms should make systematic use of available evidence in formulation and evaluation of their policies. Ex-ante impact assessments are



helpful tools to establish the problem to be solved, the objectives of public intervention and how to monitor implementation. Ex-post evaluations should be used to determine the degree of effectiveness and cost-effectiveness of implemented policies, as well as to potentially provide the rationale for further reforms.

### **2.3. Improving the primary and integrated health care services**

- Health care systems should move away from the traditional hospital-centric model, by giving a stronger role to primary care in the care mix between primary and secondary.
- The performance of primary care systems should be improved, their role of gatekeeping and referral strengthened and care should be integrated across the whole spectrum of health service provision. Strong primary care systems reduce unnecessary hospitalisations, increase population health, and contain health care expenditure.
- Secondary care includes both inpatient and specialised outpatient services, with inpatient care, i.e. hospital care, representing the biggest part of national health systems in terms of service delivery and costs. Political focus on successful reform policies in hospital care is continuous. Goals in this respect are: 1) shifting excessive activity of acute inpatient to outpatient care services; 2) reallocating resources from inpatient to outpatient care, and; 3) improving the cost efficiency of hospitals.

### **2.4. Improving data collection and information channels**

- The generation and usage of health systems data should be fostered, to allow for comparing performance across services providers and as an essential tool to support governance, as well as health outcomes within and across countries.
- Available data determines the ability to perform system diagnostics, design appropriate policies and implement effective governance. Growing attention has been devoted to the issues of quality and availability of data, and evidence based policy making, such as that based on HTAs is increasingly adopted across Member States to achieve greater efficiency and cost containment.
- Many countries monitor performance at hospital-sector level and both national and international benchmarking tools are available. However, performance at system level, i.e. system efficiency, is difficult to capture and challenged by data availability, as there is no well-defined set of outcome measures at the system level. This becomes even more challenging when implementing international comparisons.
- There are differences across Member States on the degree of development of these tools, which could improve comparisons and support member states in increasing the efficiency of their health systems.

### **2.5. Improvement in life-styles and citizens participation**

- Health promotion and disease prevention are key aspects of integrated care and should have a more central part in the health systems of the future. They have received increasing attention, but they remain poorly funded. Countries should invest in evaluating the most promising initiatives targeting health promotion and prevention.
- Life expectancy has risen in all EU Member States, and the path of future health expenditure will depend on whether increases in life expectancy will be spent in good

health or not. The differences in health status and spending point at public health policies as a cost-effective tool to achieve efficiency gains.

- All Member States have to some extent implemented public health policies. However, debate on capacity building has highlighted how public policy often suffers from low funding and weak governance. This suggests there is further scope to increase the efforts in the field of public health.
- There is a need to provide people with the possibility of making ‘healthy’ choices so as to have an active role in the protection of their health. People need to be aware of means to attain the necessary skills to manage their health. Strengthening the competence of people to manage their health, as well as improving health-literacy friendliness of professionals and systems in general, will help generate the needed change.

## 2.6. References

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### 3. EUROPEAN REGIONS RESEARCH & INNOVATION NETWORK (ERRIN)

The European Regions Research and Innovation Network (ERRIN), is an independent not for profit organisation aimed at establishing cooperation between the Brussels based representative offices of regional and local administrations, universities, public and private bodies with a regional mandate, that are involved in Research and Innovation (R&I). It has more than 125 members.

The Network's objectives are to:

- Knowledge sharing at the EU level. ERRIN aims to be a focal point supporting regions to co-ordinate and jointly develop their approach to R&I work in Brussels and to facilitate rapid and regular dialogue with the EU institutions.
- Interregional exchange and project development. ERRIN supports members to exchange of best practice and experience, as well as facilitating contacts and project opportunities.
- Policy and thematic development. ERRIN acts as a hub for regions to develop joint policy influencing initiatives, common projects and programmes.
- Working with other networks. ERRIN supports the establishment of effective links and working relationships with other networks and organisations active on R&I issues at the European level.

ERRIN organises its activities around 4 Ps: i) Policy, ii) Projects, iii) Profile and iv) Partnership.



ERRIN members have developed working groups which support the development of consortia for European projects. Most working groups hold annual 'brokerage' sessions helping regions find partners for future projects where regional representatives from regions are encouraged to attend. ERRIN itself is also involved in European projects in which it tries to engage its members. It is currently partner in several H2020 projects, amongst others in the Sparks project, which has contributed to this event.

Sparks has technology shifts in healthcare as a central topic. Sparks is an awareness-raising project to show Europeans that they can get involved in science and that various stakeholders share the responsibility for scientific research and innovation. One of its central components is a touring exhibition "Beyond the lab: the DIY Science Revolution" featuring citizen scientists, health hackers and DIY biologists.

Through its Policy Working Group, ERRIN aims to influence European R&I policy and considers itself the voice of the regions in Brussels for R&I. ERRIN has contacts with the European Commission's Directorate Generals for Research, DG for Regional Policy, Internal Market, Industry, Entrepreneurship and SMEs, etc. ERRIN also has a continuous relationships with the Committee of the Regions. ERRIN also seeks to influence future European research and innovation policy post-2020.

## 4. CHAIR

### PAUL RÜBIG, MEP and STOA 1<sup>st</sup> Vice-Chair



Paul Rübig was elected as the STOA Chair for the first half of the European Parliament's 8th legislature having previously served as Chair from 2009 to 2012 and as First Vice-Chair from 2012 to 2014.

Born in Northern Austria, Paul Rübig has been a member of the European Parliament since 1996 and belongs to the European People's Party (EPP).

He is the owner of an Austrian blacksmith company and has a degree in Business Administration, Marketing and Production Engineering from the University of Linz, Upper Austria. He is married and has two children.

Paul Rübig is a full member of the Committee on Industry, Research and Energy and of the Committee on Budgets. He is Vice-Chair of the Delegation for relations with the Korean Peninsula and substitute member of the Delegation for relations with Switzerland, Norway and of the EU-Iceland Joint Parliamentary Committee.

He is also a substitute member of the European Economic Area (EEA) Joint Parliamentary Committee. Furthermore, Paul Rübig is a substitute member in the Committee on Development. Paul Rübig is very active in the field of the small-scale business promotion.

He is president of SME Global, a working group of the International Democrat Union (IDU), whose objective it is to support small and medium-sized enterprises (SME) and to improve their business environment.

## 5. MODERATOR

### HELMUT BRAND

*Jean Monnet Professor of European Public Health and head of the Department of International Health at Maastricht University, The Netherlands*

Helmut Brand is Jean Monnet Professor of European Public Health and head of the Department of International Health at Maastricht University, The Netherlands.

He studied Medicine in Düsseldorf and Zürich and earned a Master in Community Medicine from London School of Hygiene and Tropical Medicine and London School of Economics. Professor Brand is a specialist in Public Health Medicine.

After working in several Health Authorities and Ministries of Health in Germany he was director of the Public Health Institute of North Rhine Westphalia. Since then European Integration in Health is the main topic of his work.



He is past-president of the Association of Schools of Public Health in the European region (ASPHER), president of the European Health Forum Gastein (EHFG) and co-chair of the European Alliance for Personalised Medicine (EAPM).

As policy advisor he serves e.g. on the European Advisory Committee on Health Research (EACHR) of WHO Europe and on the Expert Panel on 'Investing in Health' for the European Commission.

Maastricht University, the most international university in the Netherlands, stands out for its innovative approach to learning and international outlook. With almost 16,000 students and 4,000 staff, Maastricht University offers a wide choice of academic programmes, all of which are designed to bring out the best in its students.

Researchers at Maastricht University work in multidisciplinary teams and in close cooperation with international institutes, business and industry. The high-quality researchers have attracted international attention by taking the lead in several large European research projects. Maastricht University's research portfolio continues to attract national and international top researchers.

## 6. SPEAKERS

### 6.1. ANDRZEJ RYS

*Director for health systems, medical products and innovation in the Director General for Health and Food Safety, European Commission*



Andrzej Rys, is currently the director responsible for health systems, medical products and innovation in Director General for Health and Food Safety, European Commission. He also holds other positions including working as a member of the Innovative Medicine Initiative (IMI) governing board, and being an alternate member to the European Medicines Agency (EMA) board. He is a medical doctor, graduate of Jagiellonian University, Krakow (Poland), by trade he specialized in radiology and public health. He has held numerous positions in many organizations throughout his career, including being the founder and director to the school of public health at the Jagiellonian University, director of Krakow's city health department, deputy minister of health in Poland and member of the Polish accession negotiators team. Andrzej Rys was also the founder and director of the Center for Innovation and Technology Transfer at Jagiellonian University.

#### *Key message*

Health systems play a central role in modern societies in helping people maintain and improve their health. Health systems in EU Member States are varied, reflecting different societal choices. However, they are built on common values of universality, access to good quality care, equity and solidarity. Over the last decade, European health systems have faced growing common challenges: increasing cost of healthcare, population ageing associated with a rise of chronic diseases and multi-morbidity leading to growing demand for healthcare, shortages and uneven distribution of health professionals, health inequalities and inequities in access to healthcare.

Assessing the performance of health systems is a key step to improve it. The Commission is increasingly committed to a better understanding on how health systems work and how to support their improvement. For this reason, DG SANTE facilitates and promotes the exchange of experiences between Member States within the Expert Group on Health Systems Performance Assessment: a Member States driven process that aims to help develop and improve national performance assessment systems by identifying best practices and replicable methodologies and tools. The Expert Group, which is chaired by Belgium and the Commission and is actively involving the WHO, the OECD and the European Observatory on Health Systems and Policies, has been exploring core healthcare areas, such as quality of care, integrated care, and primary care.

Furthermore, with the new State of Health in the EU process, the Commission brings together internationally recognised expertise and makes every effort to provide Member States with the evidence relevant to their specific context, without judging on their comparative performance. The State of Health in the EU cycle includes the biennial 'Health at a Glance: Europe' report and a package of individual country health profiles for each Member State.



## 6.2. IHOR PEREHINETS

*Technical Advisor at the division of Health Systems and Public Health World Health Organisation, Regional Office for Europe*

Ihor Perehinets, MD, MPH, technical advisor at the division of Health Systems and Public Health, WHO Regional Office for Europe, is responsible for coordination of the TB – REP Project – regional initiative to strengthen health systems for better TB care. He also advises the Division Directors' Office on broad spectrum of health systems related issues. Before joining WHO EURO Ihor Perehinets served as Deputy Minister of Health of Ukraine and was responsible for the health systems and public health services reform coordination in the country and EU-Ukraine Association Agreement implementation.



During his time in the Ministry of Health key reform strategies, including on new model of health financing, public health services strengthening and medicines procurement were developed and endorsed by the Government. He also implemented one of the biggest project of the Minister of Health of Ukraine – procurement of the medicines through the international organizations with the overall budget over USD 95 million. Ihor Perehinets has extensive experience in the public health field in Eastern Europe. His main interests lay in the field of health systems strengthening and public health to insure quality of HIV and TB services, as well as non-communicable disease prevention. Prior to joining Ministry of Health he worked for the WHO country office in Ukraine as a Deputy Head. He holds MD degree from Lviv State Medical University, Ukraine, and MPH from San Jose State University, USA.

## HANS KLUGE

*WHO Regional Office for Europe*

Hans Kluge is a medical doctor with a Master's degree in Public Health. He has a wealth of management experience spanning several WHO Regions. Previously based in the WHO country office in Myanmar and the WHO Director-General's Special Representative office in Russia, Hans has a background in health systems, public health and infectious diseases. Between 1999-2004, Hans served as the Special UN Representative for TB and TB/HIV control in the Russian Federal Penitentiary System for which he received the award from the Russian government.



Hans Kluge moved to the WHO Regional Office, Copenhagen in 2009 when he was recruited to the position of Unit Head, Country Policies and Systems. Since then he has also worked as the Regional Director's Special Representative to Combat M/XDR-TB in the WHO European Region. In 2010, he was appointed as the Director, Division of Health Systems and Public Health. His portfolio includes human resources for health, public health services, health system governance, health service delivery, health financing, pharmaceuticals and health technologies, and (multidrug resistant - MDR) tuberculosis.

## *Key message*

Health systems in our Region face great pressures due to a double burden of CDS and NCDs, health security threats, fluctuations in the economy and environment, and changing socio-cultural factors. One of the fundamental questions asked by all our health systems is the impact on the needs and expenditure of an ageing population with potentially poorer health and with multiple morbidities resulting in seriously adverse consequences for health systems expenditure.

It is for this reason that many experts focus on behavioural change as being the key to future good health and reduced health care expenditure. In particular the rise of obesity and the associated chronic diseases have dramatic consequences for future quality of life and service expenditure. Questions about the sustainability of the existing health system relate ultimately to whether the benefit package can be financed from the existing revenue base as well.

If not, then the system, in an actuarial sense, is unsustainable and either new sources of revenue must be found, or some limits to the package imposed, or the HS productivity needs to be transformed. It is in this last point that our Division wants to play an increasing role to the Member States.

WHO Regional Office attaches to ensuring that health systems in the European Region meet people's needs and live up to their expectations. The urgency to transform our health systems to become much more people centred was a main message coming out of the 5th Anniversary High Level Conference of the Tallinn Charter, recently hosted by the Estonian Ministry of Social Affairs.

It means not only listening to the "voice of the people", but going further by truly empowering and engaging them as co-producers of health services and better and more equitable health, particularly the vulnerable. In 2018 WHO will celebrate the 10th anniversary of Tallinn Charter and will be happy to renew our commitment to support health systems in the EU Member States.



### 6.3. JOSEP FIGUERAS

#### *Director of the European Observatory on Health Systems and Policies*

Josep Figueras, MD, MPH, PhD is the Director of the European Observatory on Health Systems and Policies. In addition to WHO, he has served in other major multilateral organizations such as the European Commission and the World Bank. He is a member of several governing, advisory and editorial boards and has served as policy advisor in more than forty countries within the European region and beyond.



He is honorary fellow of the UK faculty of public health medicine; has twice been awarded the EHMA prize, received the Andrija Stampar Medal and a Doctorate Honoris Causa from Semmelweis University. He is currently visiting professor at Imperial College, and external examiner at London, Maastricht and Cork University. He was director of the MSc in Health Services Management and lecturer at the London School of Hygiene & Tropical Medicine.

His research focuses on comparative health system and policy analysis and is editor of the European Observatory series published by Open University Press. He has published a wide range of volumes in this field, the last five on: Health Systems Governance (2015) Economic crisis: impact and implications for health systems policy in Europe (2014) Health systems, health and wealth: assessing the case for investing in health systems (2012) Health professional mobility and health systems in the EU (2011) and Cross border health care in the EU (2011).

#### *Key message*

Reform success is determined not only by the relative merits of its content strategies but, as importantly, by the policy makers' ability (or lack of) to manage the implementation process effectively. Yet, most evidence and technical support efforts seem to focus on the former rather than on the latter. As a result, too often, well designed reform programs fail due to factors such as, for instance, poor political 'communication to' and lack of 'participation from' the citizenry and the professionals.

The presentation will look at key strategies to implement reform successfully. It will draw on the TAPIC framework from recent Observatory work on strengthening health systems governance according to which 'good governance' has five main attributes: Transparency of decision making coupled with clear mechanisms, lines of Accountability, Participation of key stakeholders, Integrity and Policy Capacity.

In addition the presentation will outline strategies to manage the process of change itself including prioritization of reforms in light of financial and political resources; appropriate timing by identifying windows of opportunity and setting the pace of change; aligning reforms and incentives across the health system and all in light of context specificity and path dependency considerations. Particular emphasis will be paid to the role of evidence to enable change and the need for effective knowledge brokering.

## 6.4. ANTONIO MARITATI

*Director of Health and Social Affairs Department, Director General of Health, Veneto Region*



Antonio Maritati is the Director of Health and Social Affairs Department of the Director General of Health and Social Welfare of the Veneto Region, in Northern Italy.

At present, Antonio Maritati mainly works with the Health Commission at national level, formed by Regional Health Assessors, keeping relationship with the Ministry of Health and the Ministry of Economy and Finance. He is also currently a coordinator of several European health and research projects, and is responsible for the Veneto Region of several European networks on public health.

Antonio Maritati is a political science graduate. He has taken part in a number of European projects, such as the European Adapt Course (organized in collaboration with the United Nations International Organization for Work), and the Leonardo Project (organized by the European Union on the territorial welfare policies).

From 2010 to 2015 he worked, on behalf of the Veneto Region, in the Conference of Regions at the Ministry of Health (called State-Regions Conference - *Conferenza Stato-Regioni*). Previously, he also held several positions in public healthcare authorities in the Veneto Region.

### *Key message*

Italy's health-care system is a regionally based national health service that provides universal coverage largely free of charge at the point of delivery. The main source of financing is national and regional taxes, supplemented by co-payments for pharmaceuticals and outpatient care.

While the central government provides a stewardship role, setting the central goals of the health system and determining the core benefit package of health services, the regions are responsible for organizing and delivering primary, secondary and tertiary health-care services as well as preventive and health promotion services. In the last years, more than never, the regions have faced the challenge of ensuring the quality of social-health services provided, while maintaining the financial sustainability of the system.

Although it has suffered from the effects of the global financial crisis, the Veneto Region, in the north-eastern of Italy, is still one of Italian richest regions. The Veneto Region's commitment is to implement an increasingly accessible, modern, competitive healthcare system, in line with the most advanced European examples, through long-term strategies and monitoring tools. Innovative models of governance have been defined for enhancing the primary and integrated care, the organization of hospital care, the health promotion and disease prevention. The new governance system empower a great number of actors, ensuring the Essential Levels of Assistance, and at the same time monitoring the economic and financial management of the local healthcare authorities.

## 6.5. NIEK KLAZINGA

*Professor in Social Medicine at the Academic Medical Centre, University of Amsterdam and Organisation for Economic Co-operation and Development (OECD)*

Niek Klazinga is since 2006 the coordinator of the Health Care Quality Indicator program at the OECD in Paris. He combines this work with a professorship in Social Medicine at the Academic Medical Centre at the University of Amsterdam. Over the past 30 years, he has been involved in numerous health services research projects and policy debates on quality of care and published widely on the subject.



Present commitments include a visiting professorship at the Corvinus University in Budapest and the University of Toronto, advisor to WHO/Euro, advisor to the Canadian Institute for Health Informatics and member of the board of trustees of the Isala Clinics (Zwolle, a large teaching hospital in The Netherlands) and Arkin (Amsterdam, one of the largest mental health care institutes in The Netherlands).

Niek Klazinga has (co)authored around 200 articles in peer-reviewed journals and to date completed the supervision of 36 PhD trajectories.

### *Key message*

Health care systems in Europe are facing two major system re-design challenges: strengthening primary care and realizing integration with the silo's of hospital care, long term care, mental health care, social care and public health (integrated care).

These two challenges are not only essential for assuring person centeredness of care for an ageing population with multiple chronic health conditions, but is also key to create optimal value with available resources and hence assure financial sustainability.

EU countries are applying a variety of strategies to strengthen primary care and realizing integrated care. Technological innovations are key to initiating changes in the care delivery process. In this presentation a concise overview will be given how system-redesign reforms and technological innovation can be aligned.

Emphasis will be put on national/regional governance with focus on the performance of integrated care delivery services in creating value to patient, optimise the use of big-data for the public good and promote system resilience through continuous knowledge creation and learning.

## 6.6. ENRIQUE BERNAL-DELGADO

*Senior Scientist on Health Services and Policies at the Institute for Health Sciences in Aragon (IACS), Spain*



Enrique Bernal-Delgado is a medical doctor specialist in Public Health and Preventive Medicine, PhD in Medicine, and Master in Health Economics. Currently acting as a Senior Scientist on Health Services and Policies at the Institute for Health Sciences in Aragon (IACS), Spain.

Since 2003, his main research focus was on unwarranted variations in medical practice and health systems performance. Which has produced some meaningful results at national level with the publication of the Atlas of Variations in Medical Practice in the Spanish National Health System.

At international level, he has coordinated or participated in numerous research and innovation policy-oriented initiatives on the same topic; so he does in ECHO or BRIDGE Health. Common links to all these projects are the collection and use of massive real world data, the application of state-of-the-art analytics and the linkage of research results and policy-making. Currently, he is working on developing cross-country large-scale comparative effectiveness research projects using distributed data infrastructures.

### *Key message*

In 2020 healthcare professionals will be exposed to 200 times the amount of information the brain is able to manage. The amount of medical and health data grows exponentially. The vast majority of health system decision-makers do not even expend five hours per month to make sense out of them. Too much data! Nowadays, the big challenge for the health systems is to turn all this data into actionable knowledge.

There are many initiatives in Europe trying to achieve this goal. Many research and innovation projects, at different scales, are aiming to get value out of the health data. One of these initiatives is ECHO a demonstration project built on routine data whose aim has been to inform decision-makers on unwarranted variations in health care performance.

Big challenges in ECHO have been how to access data while accomplishing with national regulations on personal data protection, how to make data comparable across countries, how to develop performance indicators acceptable for different health systems, and how to implement analyses whose results are meaningful for decision makers.

Unfortunately, having successful projects available does not suffice to transform a healthcare organization into a learning system. Some conditions are required to reach this goal; so, the pre-existence of an evaluative culture within the organization, the engagement of the key actors in the design, implementation and evaluation of the learning system, building capacity using learn-why learn-how activities, providing timely actionable feedback to end users, investing on data infrastructures capable of evaluating performance, and enough funding to keep the data infrastructure sustainable.

## 6.7. PEDRO OLIVEIRA

### *Professor and Senior Associate Dean at the Católica-Lisbon School of Business and Economics*

Pedro Oliveira is Professor and Senior Associate Dean at the Católica-Lisbon School of Business and Economics. He is the founder and co-Project Leader of Patient Innovation: an open, global and non-profit online platform and community dedicated to the sharing of solutions developed by individuals afflicted with a health disorder, as well as by their caregivers (over 700 innovations were submitted and “medically screened” from a community of over 50.000 users from the 5 continents).



His research focus on open and user innovation and more specifically on the role of patients and caregivers in the development of solutions to help them cope with their diseases. Previously he was Academic Director of the Lisbon MBA program; director of the doctoral program in Technological Change and Entrepreneurship offered in partnership with Carnegie Mellon University; International Faculty Fellow at MIT Sloan; advisor to the Ministry of Science, Technology and Higher Education and Project Leader for Creative Commons PT.

Pedro received his Ph.D. in Operations, Technology and Innovation Management from The University of North Carolina at Chapel Hill, and both his M.Sc. and “licenciatura” from IST (Lisbon). He also studied innovation at the North-western University’s Kellogg School of Management.

#### *Key message*

Our research shows that patients of chronic diseases, and their informal caregivers, often develop new-to-the-world solutions to help them cope with their diseases. These patients and caregivers are able to create many different types of innovations. Some actually improve the patient's health or alleviate symptoms; others make daily life easier. In some cases, these innovations have even saved lives.

However these innovators rarely attempt to diffuse their solutions and many innovations do not move beyond its originator to benefit others. One way to intervene is to reduce the diffusion costs and develop a centralized inventory of patient developed solutions. With this in mind, we developed Patient Innovation, a non-profit, open, multilingual platform, designed to allow patients and caregivers of any disease and any geography to show and share the innovative solutions they developed to fight their diseases, as well as to foster collaboration among patients, caregivers and others.

This experimental platform is aimed at increasing both the rate of patient innovations and its diffusion. Prestigious institutions and reputable individuals, including several Nobel Laureates, distinguished scholars and patient associations from around the world have endorsed it. In the first 36 months of operation the Patient Innovation platform collected and curated over 700 innovative solutions developed by patients and caregivers from the five continents. The project has been named “Non-profit Start-up of the Year 2016” and was recognized by Secretary General Ban Ki-moon.



## **7. ABOUT STOA**

### **7.1. Mission**

The Science and Technology Options Assessment (STOA) Panel forms an integral part of the structure of the European Parliament. Launched in 1987, STOA is tasked with identifying and independently assessing the impact of new and emerging science and technologies.

The goal of its work is to assist, with independent information, the Members of the European Parliament (MEPs) in developing options for long-term, strategic policy-making.

#### **The STOA Panel**

The STOA Panel consists of 24 MEPs nominated from the eight permanent parliamentary committees: AGRI (Agriculture & Rural Development), CULT (Culture & Education), EMPL (Employment & Social Affairs), ENVI (Environment, Public Health & Food Safety), IMCO (Internal Market & Consumer Protection), ITRE (Industry, Research & Energy), JURI (Legal Affairs) and TRAN (Transport & Tourism).

Mr Ramon Luis Valcarcel Siso MEP is the European Parliament Vice-President responsible for STOA and member of the Panel. The STOA Chair for the first half of the 8th legislature is Eva Kaili, with Paul Rübig and Evžen Tošenovský elected as 1<sup>st</sup> and 2<sup>nd</sup> Vice-Chairs.

#### **The STOA Approach**

STOA fulfils its mission primarily by carrying out science-based projects. Whilst undertaking these projects, STOA assesses the widest possible range of options to support evidence-based policy decisions. A typical project investigates the impacts of both existing and emerging technology options and presents these in the form of studies and options briefs. These are publicly available for download via the STOA website: [www.europarl.europa.eu/stoa/](http://www.europarl.europa.eu/stoa/).

Some of STOA's projects explore the long-term impacts of future techno-scientific trends, with the aim to support MEPs in anticipating the consequences of developments in science. Alongside its production of 'hard information', STOA communicates its findings to the European Parliament by organising public events throughout the year.

#### **Focus areas**

STOA activities and products are varied and are designed to cover as wide a range of scientific and technological topics as possible, such as nano-safety, e-Democracy, bio-engineering, assistive technologies for people with disabilities, waste management, cybersecurity, smart energy grids, responsible research & innovation and health.

They are grouped in five broad focus areas: eco-efficient transport and modern energy solutions; sustainable management of natural resources; potential and challenges of the Internet; health and life sciences; science policy, communication and global networking.

## **7.2. Administration**

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