

**Tonio Borg**

Member of the European Commission, responsible for Health

**Commissioner Borg delivers speech on  
"Sustainable Health Systems for  
Inclusive Growth in Europe"**

*Check Against Delivery  
Seul le texte prononcé fait foi  
Es gilt das gesprochene Wort*

Tonio Borg, European Commissioner for Health, attends a Conference organised by the Lithuanian Presidency of the European Union

**Vilnius, Lithuania, 20 November 2013**

Presidency Conference: "Sustainable Health Systems for Inclusive Growth in Europe"

*hosted by*

Mr Vytenis Povilas ANDRIUKAITIS –Minister of Health of Lithuania, and

Dr Liudvika STARKIENE - Secretary of the Health Forum

**CLOSING PLENARY  
WEDNESDAY 20 NOVEMBER 2013, 16:00HRS  
VILNIUS - LITHUANIA**

## **SPEECH**

Ministers,

Ladies and Gentlemen,

It is a pleasure to be here with you today for the closing plenary of the Health Forum on “Sustainable Health Systems for Inclusive Growth in Europe”.

This plenary will see the adoption of the Vilnius Declaration – a crowning document on some of the important work undertaken by the Lithuanian Presidency towards more sustainable health systems.

Let me start by echoing the words of Mr Barroso, President of the European Commission, who said at the World Health Summit in Berlin last month that: Health is a value in itself and at the same time a condition for prosperity and social cohesion.

This standpoint inspired the Commission's policy on Investing in Health. This has three pillars – engaging further in health systems' sustainability; promoting health as a human capital; and reducing inequalities in health.

The Commission's investing in health approach establishes health as part of the Europe 2020 Agenda – which aims to deliver smart, sustainable and inclusive growth.

Indeed, health and health systems have a major role to play in delivering this agenda.

To achieve the Europe 2020 targets, the European Commission has set up a yearly cycle of economic policy coordination called the European Semester.

Each year the Commission analyses Member States' programmes of economic and structural reforms, and provides each Member State with specific recommendations.

In 2013, the Council adopted specific recommendations on health for 11 Member States.

These recommendations seek to improve health systems. In particular, they encourage better use of public resources, and making healthcare more focused on improving people's access to healthcare, more focused on community care near people, and less focused on hospitals.

We have other tools at our disposal towards achieving socially inclusive health systems' reform.

We have recently created an expert panel to advise Member States on how to improve the sustainability of their health systems.

In addition, the Commission supports a reflection process with the Member States on issues including health system performance assessment and integration of care.

Furthermore, the Commission has brought together a wide range of stakeholders in the European Innovation Partnership on Active and Healthy Ageing, to develop innovative solutions to improve both the life of older citizens and the performance of health systems.

I should also mention Health Technology Assessment, which contributes to sustainable healthcare systems by fostering appropriate and cost-effective use of new technologies.

European cooperation in this area provides important added value to Member States. For example, reusing clinical assessments already undertaken by another Member State can avoid duplication of efforts, generate savings and increase the quality of results.

This is why the Commission supports cooperation between Health Technology Assessment agencies: through a dedicated Joint Action and a new Network of national authorities responsible for Health Technology Assessment.

Collectively, all of these tools encourage knowledge building and greater co-operation between EU Member States.

Of course, to reform health systems, Member States need money to invest in health.

The Commission is keen to channel EU funds to support innovative, sustainable and equitable health systems; in particular the Health Programme, the Research Programme Horizon 2020, and the European Structural and Investment Funds.

Ladies and Gentlemen,

Let me now turn to some of the "lessons learned" in relation to what makes health systems sustainable.

First, health system funding should be as stable as possible. Public healthcare provision considerably reduces the risk of poverty and is an important element for social stability in times of economic difficulties.

In some countries the health budget was protected by measures introduced in anticipation of an economic shock, such as the build-up of health insurance fund reserves in the Czech Republic.

Second, we need solidarity – to ensure that Health is for all – and not just for those who can afford it.

In practical terms, this means sharing the risk of health costs amongst young and old, healthy and sick, rich and poor, working and unemployed; and also between present and future generations.

For example, the Netherlands and Germany work to avoid patient selection by insurance funds by explicitly adjusting for differences in clinical needs between patient groups.

Third, we need transparent pricing for health services.

In Belgium, public payers use health technology assessments not only to look at comparative cost-effectiveness, but also to assess expected budget impacts. This type of assessment covers prices, expected care volumes and value-for-money for healthcare in a single analysis.

Fourth, we must ensure that information flows follow patients from one healthcare provider to another. This guards against duplication of care and helps detect areas where care is under-utilised or even badly performed.

A good example here is the ATLAS project in Spain. This looks at regional variations in healthcare delivered in Spanish hospital settings.

Finally, the skills mix in the health workforce must be sufficiently balanced to cover the whole spectrum of people's needs, from primary through to tertiary hospital care.

This requires planning, both for future care needs and workforce supply. It must also focus on job retention strategies – health professionals are amongst the most mobile workers both within the EU and worldwide.

Here we can point to the use in Finland of individual Social Security numbers by the country's workforce planning unit. The data collected covers information on retirement, age, and gender as well as detailed data on specialisation made available by the Finnish medical association.

Ladies and Gentlemen,

We all recognise the challenges that lie ahead and the clear need for health systems to adapt so as to meet the needs of its citizens: now and for generations to come.

The good news is that we already have a policy framework in place and operational tools to help us succeed in this regard.



The crisis has taught us valuable lessons on which we must act. Side-stepping reform is not an option – this would only compromise the universality and quality of care.

Of course, the organisation and funding of healthcare systems is a national responsibility.

The European Union, however, can improve the context in which Member States operate their health systems and support them in their actions. For example, by promoting research and innovation in health; encouraging cooperation between health systems and the exchange of good practice; and in developing synergies with other sectors.

Let me assure you that the Commission is committed to doing all it can to foster good quality healthcare, accessible to all, on a long-term sustainable basis.

Thank you.