



EUROPEAN COMMISSION
HEALTH AND FOOD SAFETY DIRECTORATE-GENERAL

Health systems, medical products and innovation
Performance of national health systems

Expert Panel on effective ways of investing in health (2019-2022)

3rd plenary meeting

24 June 2020

14:00-17:00h CET

WebEx

Minutes

The third plenary meeting of the Expert Panel on effective ways of investing in health (term of office 2019-2022) took place on 24 June 2020 via WebEx. The meeting, which was a non-public meeting, was chaired by the Panel's Chair, Professor Jan De Maeseneer.

1. Welcome and introduction

The agenda was approved without changes, the minutes of the previous plenary meeting have been approved and would be published on the Expert Panel dedicated website.

Dr Azzopardi Muscat announced that she had taken up the post of Director Country Health Policies and Systems at WHO EURO and is stepping down as a member of the Panel. The Chair congratulated her to her new post and thanked her for her contribution to the Panel's work.

No conflicts of interest were raised on matters on the agenda.

Andrzej Ryś, Director of Directorate B - Health systems, medical products and innovation informed the Panel on the latest developments concerning DG SANTE work, mainly on a new, ambitious stand-alone health programme for the 2021-2027 period – the EU4Health Programme which COM had proposed. He stressed that the programme would make a significant contribution to the post-COVID-19 recovery by strengthening the resilience of health systems, and promoting innovation in the health sector. This new programme would also fill the gaps revealed by the COVID-19 crisis following the lessons learned and ensure that EU's health systems are resilient enough to face new and future health threats. He informed the Panel that the negotiations had started with the Council and the Parliament and that the Panel might be asked for some input related to specific issues. He acknowledged the complexity of on-going work on the two topical opinions. He referred to a number of reports

recently published on Covid-19 including the ones where some Panel members were involved.

He encouraged the Panel to invite additional experts if there was a need. He referred to a specific suggestion by the European Federation of Nurses Associations (EFN) to include a nurse in the ongoing work.

2. New mandate – a new framework for the organisation of health and social care following the Covid-19 pandemic

Members of the drafting group agreed that no external expert would be needed in the process of writing the opinion but stressed the importance to invite a wide range of stakeholders to the public hearing to give their input and express their views. They also agreed that stakeholders such as EFN could share existing reports, studies or other documents with the Panel through the Secretariat.

Rapporteurs that led the work in the sub-groups (that followed the A, B, C and D questions in the mandate) reported back on on-going work. Sub-group B that focuses on the elements and conditions for capacity building proposed a structure listing several conditions for capacity building of health and social care, among others preventing unintended consequences of stress for health systems, capacity and ability to combine and integrate different forms of knowledge and information, capacity and ability to anticipate and cope with uncertainties and unplanned events, capacity and ability to separate patients at risk and infected from other patient while assuring care continuity, capacity and ability to protect mental health (of population and health workers). This part could also include different scenarios to map what capacities are needed to react to certain shocks. It was stressed that the capacity of the health system should integrate the societal and economic impact of the crisis.

Sub-group C focuses on how healthcare provision can be sustained for vulnerable patient groups with urgent needs for care/cure. The proposed structure would contain among others a definition of vulnerability, the role of diverse contexts, a focus on social determinants and contexts (socially isolated people including refugees, migrants and people in institutions), prognostic tools to have better understanding, integration of social and health care. Importance of community work and role of primary care was stressed.

Sub-group D elaborates the question related to the criteria to resilience-test health systems for unpredictable high-pressure scenarios. The structure of this part would include among others the definition of “resilience”, dimensions of shock/threats, criteria for resilience including quantitative and qualitative indicators, and resiliency test methodology as well as practical value of resilience test results and approach. Members stressed the importance of communication at multiple levels. The legal framework, its flexibility versus efficiency versus redundancy was mentioned as well as the need of solidarity and strategy on sharing the hospital capacities during crisis.

Members agreed on the proposed structure, on the next steps concerning the work in sub-groups and on commencing the work on recommendations. They also agreed that the scope of the work on question A will be defined in light of the upcoming report by the Expert Group on Health Systems Performance Assessment on resilience measurement.

The public hearing where stakeholders can give their views and comments on the draft opinion will be organised as a WebEx webinar on 20 October 2020.

3. Opinion on public procurement in healthcare systems

The chair of the drafting group and rapporteurs reported on ongoing work and the progress made on the opinion. Members debated the core messages of the opinion, commented on several issues raised by COM in the drafting group meeting, namely preliminary market consultation, competitive innovative purchases, and institutional strength of public procurers. Members stressed the importance of emphasising the positive aspects of public procurement. The exploitation of public procurement as stimulation of innovation and technological transfer was highlighted.

Members agreed the work would now focus on the possible recommendations. They would not request an external expert to be involved in the drafting of this opinion.

It was agreed that the public hearing would take place on 3 September in a form of a WebEx webinar where stakeholders can give their views and comments on the draft opinion.

4. Communication and dissemination

The dissemination discussion paper drafted by COM was discussed in the previous plenary. It sets out ideas on potential audiences, channels and communication tools for the promotion of the work and messages deriving from the Panel's opinions. It stresses that the opinion itself has to convey clear and relevant key messages, also using a plain language understandable for non-specialist audiences. As a follow up the members received the form on mapping potential national and regional stakeholders to promote the opinions and to disseminate the Panel's work. The Secretariat has started a similar mapping at EU level which will be shared with the Panel.

5. Any other business and next steps

Members were invited to register on the collaborative Health Policy Platform, on EXPH dedicated work space where all relevant documents and versions of opinions are available.

Chair reminded members the schedule of remaining plenary meetings in 2020: 23 September (will be organised via WebEx), and 25 November.

The Chair thanked all participants and closed the meeting.

6. List of participants

MEMBERS

AZZOPARDI MUSCAT Natasha
BARROS PITA Pedro
DE MAESENEER Jan
GACIA-ALTES Anna
GRUSON Damien
KRINGOS Dionne
LEHTONEN Lasse
LIONIS Christos
MCKEE Martin
MURAUŠKIENE Liubove
NUTI Sabina
ROGERS Heather
SICILIANI Luigi
STAHL Dorothea
WIECZOROWSKA-TOBIS Katarzyna
ZACHAROV Sergej
ZALETEL Jelka

DG SANTE

RYŚ Andrzej (B)
DAJKA Bela (B1)
VOLOSINOVA Viera (B1)