



European health systems foresight group

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Background document

Aim

The aim of this Foresight Group is to develop perspectives on the long-term future of health systems in Europe which can form the basis of a vision for the future of health systems in Europe for the 10th Anniversary Conference of the Tallinn Charter: Health Systems for Health and Wealth¹. This future vision should help to inform policy-making within Member States and at European level, in order to support the adaptation of health systems to future challenges while respecting the fundamental values of health systems set out in the Tallinn Charter.

Objectives

The first meeting of this Foresight Group is planned for 7th July in Brussels. The objectives of this first one-day meeting are to:

- have a first brainstorming on the issues; exploring the challenges facing health systems in Europe, and developing visions and scenarios for the future;
- consider what outcome the group should produce; what would an ideal vision for the future of health systems in Europe look like, and how the 10th Tallinn Charter Anniversary Conference should take this forward; and to
- plan the work of the Foresight Group in order to deliver this desired outcome in time for the 10th Anniversary Conference, including what sources of input are needed and how the group can most effectively work together.

Methods

This Foresight Group draws on expertise from a wide range of key figures from across the WHO European Region and beyond, to ensure that the outputs of the group are solidly grounded in the practical situation of European health systems and reflect their diversity.

In order to structure this process of reflection, the Group will draw on the principles of the 'Foresight' approach, adapting them for this specific purpose. This means that the methods used for this process will be focused around four central principles²:

- **Action-focused:** the aim of this process is guide action by Member States and the WHO;
- **Exploring alternative futures:** the process will explore different issues, trends and challenges, and consider different scenarios;
- **Participatory:** the process will be driven by key stakeholders from across European health systems and beyond, reflecting the range of health systems in different parts of Europe and their different contexts;
- **Multidisciplinary:** the process will involve a wide range of key stakeholders and different perspectives.

In terms of process, the Group will work through the stages of diagnosis (understanding where we are); prognosis (exploring the future and different scenarios); and potential prescription (recommending ways forward to adapt health systems to future challenges while respecting the values of the Tallinn Charter). This will be an iterative, reflective process, not a simple

sequence; as discussion on the future and potential actions develops, we may go back to refine our diagnosis, for example. We may also raise questions that require input from outside the group, or wish to test emerging results with other stakeholders, and thus seek input from outside this group.

For the future, if the work of this Foresight Group is to be meaningful and useful, it should engage a wide range of relevant stakeholders who can influence the future of health systems across Europe. The 10th Anniversary Conference provides an opportunity to do that.

Context of the exercise

Perspectives on the future of health systems are frequently discussed, covering topics such as the increasing cost of healthcare, the impact of demographic ageing, the shift toward multi-morbidity and chronic conditions, lack of health professionals overall and in specific countries and regions, and inequalities in the factors affecting health and access to the care people need. On closer inspection, though, the received wisdom is not necessarily in line with the evidence. For example, though there is a shift toward demographic ageing, more older people also means a greater scope for informal care, as many older people remain active outside the formal economy well into their retirement. Moreover, the actual size of the economic impact of demographic ageing on healthcare is surprisingly small; the European Commission estimates the increase in public expenditure on health care due to demographic change over the period 2013-2060 at only 1.1% of GDP for EU countries³. Though the prevalence of multi-morbidity rises with age, because of the actual numbers of people in each age group, the total number of people with multi-morbidity is higher for age groups below retirement age⁴. And behind the rising total expenditure of healthcare lies a much more complex picture, with much of the increase being driven by improvements in medical technology and techniques that allow medicine to do more⁵.

Other groups have also been looking at the longer term future for health systems in Europe. The Calouste Gulbenkian Foundation supported a review looking at the long-term future of the health system in Portugal⁶. They identified both positive and negative trends for the future (Table 1), and proposed a shift from a current system focused on hospitals and illness to a future system which is patient-centred and focused on health.

Table 1: Positive and negative trends for the future⁶.

Positive trends	Negative trends
<ul style="list-style-type: none">• Biomedical science and technology• Information and computer technologies• Better evidence for disease prevention• Improved education• Greater awareness of health risks• Government action on health	<ul style="list-style-type: none">• Ageing population with low birth rate• Widening inequalities in society• Growth in long-term conditions• Outdated models of care• Increasing health care costs• Marketing of unhealthy products

The World Economic Forum has also undertaken a forward-looking exercise to explore what health systems might look like in 2040. This exercise explored visions of an ideal health system in 2040, strategies to achieve those ideals, critical uncertainties, and scenarios, and explored the long-term future in specific countries and regions (China, Germany, the Netherlands, Spain, and England)⁷. The European Health Forum Gastein (www.ehfg.org) is also currently undertaking a Health Futures Project, looking at how the various factors that influence health might evolve over the next twenty years, and how policy might respond.

Are there other exercises looking at the long-term future of health systems?

Issues and trends – a first outline

This section provides a starting point for discussion by highlighting some of the challenges and issues facing European health systems. The first part provides a brief narrative description of where we are now with European health systems; the second part then moves on to suggest some of the potential issues for the future. The intent is only to raise some of the issues and to stimulate thinking around both them and cognate issues. This is, therefore, a short overview, with members of the Group encouraged to develop their own thinking and raise additional issues during the context of the meeting.

Where are we now? A snapshot

Europe is a region of shared values in health systems, as set out in the Tallinn Charter. This has been reinforced under Health 2020, the European health policy and framework for the WHO European Region⁸. In comparison to other regions, this is a distinctively European approach; no other region in the world (or the WHO) has the same collectively commitment to the highest attainable standard of health as a universal right financed on the basis of solidarity.

Whilst the values may be the same, the health systems themselves vary widely. The three core models of Beveridge, Bismarck and Semashko have all been adapted for different contexts and evolved over time. And even if these categorisations no longer apply in practice, each has left a historical legacy of buildings, resources and expectations about how the health system works, and thus a different starting point for the future in each country. For example, most systems remain dominated by hospital infrastructure, with consequences also for patterns of expenditure and types of services. The resources available for health systems also vary dramatically across Europe. Public expenditure per head in dollars at purchasing power parity sees Tajikistan with only \$53.38 per person, compared with Monaco at \$6465.98⁹, meaning that while the values and trends across health systems in the region are similar, the practical challenges facing health systems are very different.

A general trend, though, is that financial pressure on health systems has been building over decades as levels of expenditure on health systems have been rising. This has been rendered more acute in the last decade by the global financial crisis. Because predominantly health systems in Europe are mostly publicly financed, this financial pressure is typically expressed as a challenge for governments and public budgets, and responses to it are a matter for society as a whole, not only private choices of insurance or saving. The OECD distinguishes between expenditure that is 'economically sustainable' (where that value produced by spending money on healthcare is greater than the value of putting that money into other areas) and 'financially sustainable' (how governments are able and willing to put into health)⁵. To this we might add expenditure that is 'politically sustainable'; how much the population as a whole is willing to accept being put into the health system.

As described above, the principal driver behind increasing health expenditure is improvements in medical technology and techniques; it costs more because we can do more. But underlying this are a range of factors about how effectively the prices of these improvements in technology reflect the added-value to health and health systems that they bring. Health research (both public and private) is one of the largest areas of research activity, but the innovations that it produces do not necessarily align well with the needs of the health system. Some areas remain poorly addressed; mental health stands out, but there are others. Investment in public health remains low across the region. And of course there are other drivers behind rising expenditure; the demographic ageing of the population, and the shifting nature of health needs (from acute care to chronic care, and from single to multiple conditions).

Nevertheless, the infrastructure of health systems across Europe still reflects past needs. This is not just the physical infrastructure, such as hospitals. It is also the soft infrastructure such as mechanisms of administration, financing, monitoring, recording and providing healthcare; and human resources, such as the nature and distribution of healthcare professionals. Health

systems have still not seen the revolutionary impact of data or information technologies to the same extent as many other sectors. It has proven remarkably difficult to get large-scale adoption of information technology within health systems; and the information that we do have is still weak in providing timely information about outcomes, rather than inputs and processes. Shared decision-making with patients and the public is also still mostly weak, though improving. Patients are also aware of changes in responsiveness and flexibility in other sectors and services, and expect their health services to become more flexible and response, too.

The capacity for long-term policy making and implementation is a challenge in itself for many systems. The combination of sustained financial pressures and the relatively short time in office of most health ministers has left the policy-making structures of many health systems focused on the short term. At the same time, as health systems and the challenges they face have become more complex, the process of change within health systems has become more difficult, and takes longer. This risks creating a structural incapacity for strategic, long-term reform of health systems. And there are additional external pressures stemming from global agreements and frameworks, most notably to 'achieve' targets such as those set by the 2030 Agenda for Sustainable Development¹⁰.

Are there other key elements of the current situation of European health systems?

Issues to consider

Changing health needs

Some of the issues for the future are the continuation of challenges that we are already familiar with in our current situation. For example, demographic ageing of the population – although, as discussed above, it is not yet clear exactly what the implications of demographic ageing are for health systems, with different impacts according to different models of how people age, how active they remain and in what health. The impact of demographic ageing on different health systems also depends on the borders of the health system and their wider social context; how social care and long-term care relate to the health system, and what social structures and expectations there are of the responsibilities of the individual, the family, civil society and public services for care of older people. Similarly, changing patterns of disease towards multiple chronic conditions is likely to continue.

Inequalities in need, interventions and provision

However, within this overall pattern are uneven patterns of need, with only a small proportion of patients accounting for the bulk of expenditure. More analysis of changing need and patient stratification is likely to reveal more detail of these different needs. Moreover, as discussed above, the need for new treatments is unequally spread; as well as mental health an obvious area of additional need for the future is treatments for Alzheimer's disease and other dementias. But it is not clear what the first emerging treatments will mean in terms of health systems; it is possible that they will alleviate symptoms and prolong life, but for health systems that may mean substantial additional expenditure without fundamentally altering the trajectory of the condition. Many rare diseases are still without treatments, but the cost implications of existing treatments for rare diseases are already becoming substantial. Moreover, if the long-standing promise of personalised medicine is finally realised across many different disease areas in coming years, and the interests of equity can be addressed, this may effectively break down what are currently common conditions into multiple rare diseases, with fundamental implications for existing research, development and implementation systems. And of course, there are stark inequalities between health systems across Europe in their resources; many systems do not have the resources to implement current good practice and available therapies, much less to implement shifts such as personalised medicine.

Innovation and implementation

This connects to wider issues about the link between the research, development, evaluation and implementation processes. Current systems for linking research to need; development to real-world practice; evaluation to the value for the system as a whole; and implementation to evidence and good practice are far from perfect. These are likely to be challenged further by more fundamental technological shifts, such as the potential for artificial intelligence and machine learning to improve diagnosis and monitoring; and for robotics to improve (and perhaps even replace) surgical interventions. More generally, information technology and digital health is slowly expanding within the health system, both in terms of supply (e.g. telemedicine, e-health) and for patients and the public (app-delivered care, self-monitoring tools).

Information and efficiency

Information technology may also help to address one of the long-standing challenges with health systems; how to measure what matters? Our current information systems are heavily focused on information about inputs and processes, but information about outcomes is scarce. Nevertheless, this is crucial in improving performance, both at the level of individual practitioners and for the system as a whole. Improved techniques may be combined with information technology to shed much greater light on the efficiency and effectiveness of the health system, and of the specific pathways within it.

Health workforce

Changing technology may also change the nature of the health workforce. For example, if computer-aided decision-making becomes more effective and widespread, the relative roles of specialist doctors, general practitioners and nurses may change. Entirely new professions or roles may need to be developed, as well as changing balances in skills and personnel. Within the European region, the enormous inequalities in resources and standards of living between countries create a constant risk of skilled professionals migrating from poorer systems to richer ones.

Social determinants and political sustainability

Wider socio-economic inequalities in society and across the region also impact on health systems, as highlighted through work on the social determinants of health¹¹. This also affects the wider economic and political sustainability of health systems, and the ability of health systems to maintain the underpinning values of the Tallinn Charter.

Resilience

In any event, it is clear both that health systems will face multiple challenges in coming decades, and that it is impossible to foresee all of them now. Part of ensuring that health systems can rise to their challenges must therefore be to improve the resilience of health systems overall; their capacity to identify challenges and adapt to them. This Foresight Process is intended to help strengthen this overall capacity across Europe, not only to be a one-off exercise.

What other trends and issues should we consider?

Possible outputs

Some possible outputs from this Foresight group could include:

- a short paper which feeds into a conference statement at the 10th Anniversary Conference of the Tallinn Charter;
- a longer report from the group, perhaps published by the WHO as a standalone document;
- proposals for how to take this process forward past the 10th Anniversary Conference, such as developing a Europe-wide mechanism for identifying and sharing knowledge about future trends, supported by:

- pan-European multi-stakeholder foresight platform for health systems;
- horizon-scanning capacity in WHO.

What outputs from this Foresight Group should we envisage?

Pathway to Tallinn

The Foresight Group will wish to consider how best to proceed in order to prepare outputs for the 10th Anniversary Conference in 2018 in particular. This might be along the following lines:

- Second meeting alongside European Health Forum Gastein, October 2017;
- Third meeting early 2018
- [Fourth meeting Spring 2018?]
- Input to Tallinn Conference.

Alongside this, the secretariat could conduct additional interviews or other mechanisms of gathering other input for the Foresight group.

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