

Report of the European health systems foresight group meeting, that took place by 7th July 2017, at NIHDI in Brussels.

The work was organized as an interactive brainstorming; the attendees were distributed in several breakout-working groups to discuss and debate topics:

- First topic: trends, issues and challenges for the future of healthcare systems (debate) and report back from groups
- Second topic: Values of the Tallinn Charter: what will health systems look like in 2070? Visions and scenarios: risks and challenges

Finally, we discussed the potential outcomes from this process: What other input will be useful for this process? Whom else should we talk to?

The organizers committed to gather all the information and ideas from the debate to make a first document to go on working. It was considered to make another meeting in September, maybe. To be confirmed.

Afterwards, some people from the group send more ideas and comment on individual basis, that I will send you.

Some notes I took during the session:

Presentation: previous forums

1978- Alma-Ata

2008 Tallinn Charter

2009-2013 Oslo, Crisis, structural reforms, adaptation, Health 2020

Public Health action plan 2012 prevention, promotion

Healthcare system priorities: Healthcare system transformation, prevention

How to promote transformation (European ministries of Health) Madrid meeting. Health system transformation, making it happen.

Integrated health care system. Copenhagen Meeting.

Investment in healthcare systems contributes to the welfare of people, but also to the economic development of society. What is more, to promote financing of health systems (to convince the economy minister to put money on health) implies contributing to social development. It is also necessary to innovate to transform healthcare systems.

The aim is a collective analysis from the perspective of diagnostic, prognosis and recommendations: what are the challenges, keeping in mind the values of Tallinn Charter. We do not need to know the answers, as well as the questions.

Previous reflections: Different areas of analysis

Changing Health needs.

- Nowadays health needs and future needs change. Which will be the concept of health in the future

- Trends, disease changes, epidemiology, science and technological improvement will change the way health demand express, one clear field, for example, is mental health.
- People preferences and expectations will impact in healthcare services providing,
- Ethical issues
- Healthcare system response to future health problems must change
- Health determinants may change (real or induced, e.g.commercial pressure for certain nutrients, life styles, ...)
- Society in the future and its impact in healthcare system (resources we will have, how it will be organized, new needs, new values, ... maybe we will not be able to give a response through the healthcare system to those new wills)
- Needs/demand/expectations, depending on politician, people
- New values, future values of young people

Inequalities and social determinants

- Change in the economic environment and types of work ... different health conditions (new professions, new health determinants, fewer farmers, less back pain ...).
- New inequity reasons: Changing conditions implies changing the grounds for inequity.
- The healthcare system must be flexible, there cannot be standardized responses ..., population is diverse, expectations, needs will be diverse
- Social mobility, migrations, intercultural changes will impact in new epidemiologic conditions
- Climate change
- "Technologically excluded people"
- Impact of mobile technology, apps, ...and its uses and abuse
- Future in mental health
- Personalized medicine as a new source of inequity.
- Training and new competenciesneeded for professionals

Health systems are vulnerable to inequality, because they are sometimes part of the problem. In the future, what can we do to reduce this vulnerability, improve adaptability of systems...
homogenization of the systems does not help improve adaptation

Solidarity

Innovation

- How to incorporate innovations (services, non-medical and technological ...) to healthcare systems that are influenced by many trends: politics, technology, legal, ... ideological,)
- How to promote only useful innovation, which adds value, how we manage this innovation and integrate it into the system. Innovation in policies to ensure sustainability.
- Secondly, how to evaluate the impact of innovation ex HER
- Medical professionals, clinicians, other professionals.
- Schumpeterian innovation or must be a managed process ...?
- Each person wears three hats: as a patient with illness, as a consumer who wants everything already, quickly and well and as a citizen, that means divers values and expectations. d

Information-resilience

- Universal values, different local contexts
- The healthcare systems are not isolated, are interdependent with other economic sector (e.g. Agrarian systems can influence by producing , better nutrients

- Contradiction in what is requested to the healthcare systems: access, integrated services, smart medicine, genomics, high tech, etc. ... What we measure as a result or outcome, what can we measure with the new data. Sometimes we measure what we have and not what it should be.
- No clear definition of outcomes.
- Complexity versus complication
- Healthcare system capacity to anticipate major changes: it must be prepared, especially because these changes are very fast.
- Changing understandings, changing expectations, changing the way we respond
- Political sustainability, inequalities and how they impact and how the system responds

Difficulty in forecasting of the impact of the internet, the access to information and how it will change the relationship with professionals, the role of the private sector,...)

Need to identify projects and share them with the group
Identify Bibliography and review it.