

# WHO EUROPEAN HEALTH SYSTEM FORESIGHT GROUP – SECOND MEETING

## 7 FEBRUARY 2018, COPENHAGEN - DENMARK

### Background and key message from first meeting

While it is important to identify key current health trends, it is also crucial to anticipate future health trends, including societal and behavioral health trends, in order to understand the strengths and weaknesses of a society.

To appropriately face future challenges, it is important to consider factors such as the meaning of health with by focusing on the social and behavioral determinants of health, health expectations of the population, general expectations of the policymakers, growing inequalities among the advantaged and disadvantaged, and factors outside healthcare systems that have influence within the system. Using this information, it is possible to develop appropriate and effective tools to best manage the overall system, take on board the right professionals for the needed and specified tasks, and shift to community-oriented health systems, etc.

In the context of a fast evolving and unpredictable environment, value-based leadership is critical in developing an adaptive health system. The key to effective leadership is about asking the right questions, in order to figure out the right answers. When values are under threat, it falls upon the leaders to help the community reach the best outcome.

Current advancements in healthcare have been more effective in tackling biological determinants of disease over behavioral and societal determinants of disease.

The objective of today's meeting is to help Member States create processes to help them better implement the goals of this new, transforming agenda. That is also the objective in face of the 10<sup>th</sup> anniversary of the "Tallinn Charter: Health Systems for Health and Wealth".

### Future Macroeconomic outlook for Europe.

*OECD perspective – Mark Pearson, Deputy Director, Directorate for Employment, Labour and Social Affairs, Organisation for Economic Co-operation and Development (OECD)*

Global economy is moving outside of Europe and North America and into Asia. It is predicted that the growth rates in advanced economies will remain constant at around 1.5% for the next 20 years; compared to that of developing economies such as China, India, and other Asian countries, that will see increasing growth rates in the next 20 years. Productivity in advanced economies depends on workers' productivity, which will more or less stay the same. In the last 15 years, labor productivity has slowed down. It is difficult to understand the reasons of this decline in productivity, for measurement related to the service sector is difficult to quantify.

The income gain cohort impact is strong: traditionally new generations are richer than previous generations. However, since 1960 this trend has changed and it is expected that younger generations will now be less rich than previous ones. This trend can strongly impact generational solidarity. Technological advances are also strongly impacting these new trends.

The inequality gap between the rich and the poor has been steadily increasing for the last four decades (Gini Coefficient): one of the reasons for this is the decrease in the number of "middle skill" jobs and increase in the number of both "high skill" and "low skill" jobs attributed to new technologies that have replaced human labor. There are several industries still at risk of being replaced by these new technologies and the trend of automatization. Nevertheless, despite the potential for major technological replacements in the field of health care, the healthcare sector is not necessarily at risk for drastic change.

While the old-age dependency ratio will continue to increase, this indicator alone cannot explain the increase in health expenditure. Currently at least half of health spending is generated by factors that are not well identified such as; social protection, prices, technology, processes, etc.

In the last ten years the trend throughout Europe has been to increase public spending on health and social activities. In order to justify this increase in spending, it is critical to improve overall efficiency of the health sector.

*Perspective from Austria - Dr Clemens Martin Auer, Director-General, Austrian Federal Ministry of Health*

In the country of Austria, share of health expenditures is mostly public and the country is growing more than the GDP rate of increase.

The national objective is to keep public expenditure on health at 7% of the GDP, which will require strategic investments in specific areas, especially in HER, equipment, etc. Despite efficiency efforts, it is difficult to mobilize resources for such strategic investments and there will still be a need to increase health expenditure in Austria. Furthermore, this discussion on the increase in health spending should be separate from those of political controversy, controversial health policies, and opposing economic policies. In order to have effective conversation on this topic, monitoring and strict adherence to goals will be required.

*Perspective from Kazakhstan – Ainur Aiyapkhanova, Director General, Republican Centre for Healthcare Development, Ministry of Health*

Kazakhstan is a developing country still in transition and health outcomes need to be improved. While there was a decrease in the transmission of communicable diseases, there was an increase in NCDs. Health spending is increasing particularly in the private sector which is seeing 40% of spending out of pocket due to low public expenditure. Most of this private expenditure goes towards outside hospitals (85%). Currently the expenditure for inpatient care surpasses expenditure for outpatient care in terms of total health expenditure. It is critical to see increase in public health expenditure.

Currently, the reformation of social health insurance is of national priority, however this reform has been postponed due to a majority resistance. In order to promote the reform and gain national acceptance, the government is working to further revise the package of care.

*Patient perspective – Nicola Bedlington, Secretary General, European Patients' Forum*

Is important to take into consideration the perspective of the patient as they should be considered co-producers of health. Using patients' perspectives can allow providers to have a clearer understanding of how to organize services. Good primary care has high value for the population. Services should be patient oriented and new technologies should be invented to address to the patient needs. While Patient-Reported Outcome Measures (PROMs) are important in understanding the patients' experience, their experiences cannot simply be captured by indicators; instead, patients should be directly involved. This will lead to greater transparency and overall more holistic public reports. In Europe, with the adoption of papers such as the Charter on Patient Empowerment, there has been great progress in terms of patient empowerment.

Patients should be encouraged to make full use of the potentials of digital health which can greatly contributes to increased patient role (health literacy, self-management, waste, duplication, decision sharing, etc.).

Integration between physical care and social care is crucial. Furthermore, it is important to continue to focus on prevention as a pillar of healthcare including secondary and tertiary prevention.

## Discussion:

### Contribution from IHF:

- For the economic analysis it is important to consider the perspective of health service production. Consider hospitals as major outpatient players and not to include them with inpatient services. In many countries hospitals are also moving towards vertical integration and health system providers are starting to offer care from the first line to rehabilitation.
- Instead of being considered as a part of the overall health budget which should be dedicated to funding operation costs, investments in the transformation of health care should be considered as infrastructure investments by the country. This shift should go along with better targeting of public expenditures on structural investments.

In the current paradigm based on GDP (though GNI would be preferable) all efforts are focused on reducing costs through business process reengineering and task shifting at the system level. There is also a need to advocate for a paradigm change on the measure of the welfare of a country. In this scenario, health leaders should be directly involved in the discussion.

### Other contributions:

- Is important to consider the financial dimension of the Healthcare sector (investments and costs). There is also a need to talk about care benefits in a positive way rather than focusing on trying to avoid waste. Care should be in alignment with the expectations and needs of the population. Strengthening primary care is very important for cohesion of society.
- The successful healthcare reform in Finland, in both health and social care, can be attributed to an approach that involved not only the Ministry of Health but also the overall government. High level civil servants working in the health sector need to be educated on macro-economic with a focus on community activity, public health and health promotion.
- There is need for a holistic view of the health care system in order to make sure that all the components (particularly the perception and opinions of the population) are taken into account. In addition, efforts should be made to make sure that solidarity is not at risk.

*Future of health and healthcare – Reinhard Busse, Head, Health Care Management, Berlin University of Technology*

Are people always ready to pay more for their health? What if there is a pooling system? During the last 15 years there have been major changes when using the Disability-Adjusted Life Year (DALY) approach. Morbidity patterns are significantly different in various European countries and the progression has not been equal. Therefore, looking at past trends on health status and expenditures may not be the best approach to predict future patterns

It seems that the threshold of spending on health is related to current levels of overall spending within the country. For example, in countries where there is a high global expenditure there is less willingness to have additional expenses and *vice versa*. (?)

*Assessing the diffusion of innovation – Rifat Atun, Director, Global Health System Cluster, Professor of Global Health and Population, Harvard T.H. Chan School of Public Health*

While new technologies are growing at a fast pace, there is limited innovation in the delivery system. We want to assist in closing this growing gap between existing available innovations and the ability to adopt. There has been a shift from a linear approach to an unpredictable innovation, from breakthrough invention to incremental-technology and from push-demand pull to an innovation ecosystem.

There is limited evidence on innovation adoption in the health sector where often there are institutional limitations that block new innovations from being introduced due to incompatibility with old models/systems. Through effective policy, the government needs to help create an environment that allows for new innovations.

*Individual rights and societal obligation – Trudo Lemmens, Professor, Scholl Chair in Health Law and Policy, Faculty of Law, University of Toronto*

The key concept of individual rights and societal obligation is the right to health and the ethics behind it. Despite the various national and international commitments on the right to health, there are too many variations and frequently very vague terms that make it difficult to translate these words into actions. There is a growing recognition that industry has an obligation to the right to health.

State obligation is the backbone on the right to health: privatization should not threaten equal access of care. However, with state obligation, governments can mandate certain health policies, such as immunizations, which can lead to controversy on individual rights. (vulnerability of Human Rights). While it is usually the highly educated side of the population that puts pressure on the government to make the right to health services accessible, it is important to make sure that the vulnerable side of the population are also involved and have access to supporting mechanisms.

*Siri Commission on AI in Denmark – Tanja Danner, Director, Public and Healthcare, NNIT, Member, Danish Sirikommissionen, Denmark*

While it is not expected that public spending on health will increase, think tanks, small companies, unions, and professional associations should play an active role in assisting the healthcare sector on improving quality and embracing new technology. Because implementation of new technologies can change the way people are trained and how they work, this can be a very easy approach on the optimal use of new technologies.

### **Groups work reporting:**

#### **Health and health scenarios**

Is there an upper limit on health spending, and if so, how is the limit decided? If this limit is too low there is a threat on solidarity, however, if it is too high there can be economic impacts. Drivers for change are both inside and outside of the health system. Private spending can be supportive of solidarity if it supports public system. It is necessary to find a way on how to educate people on the entire breadth of how health system works.

#### **Innovation uptake**

It is necessary to consider innovation in a holistic way by looking at organizational, financial (including payment), technological, service delivery, and social innovations, etc.

Measuring the value of innovation is challenging, yet a very important task because it can measure value for the entire society. Which innovations should be encouraged and implemented? The problem a new innovation can solve is not always clear, and pilot experiences have limited success in supporting the assessment. We are facing a life cycle issue: the life cycle of innovation is now quite short because solid assessment (impact evaluation) takes too much time.

The 3<sup>rd</sup> generation University Hospitals have a platform that create a new relationship between the public and private sector. These University Hospitals allow for relationships that can facilitate the development of new innovations, for example, the relationship between patients and professionals, health and social services actors, and patients and healthcare professionals. Services that improve quality of healthcare

delivery and patients experience (patient-centered oriented) are hardly identified as innovations. There is need to foster, recognize and incentivize them.

### **Individual versus collective rights**

There is need for a broader approach on solidarity. Solidarity is essential for social cohesion and therefore a multi-layer and broad approach is necessary. Solidarity should be accompanied by compassion and tolerance.

### **Artificial Intelligence (A.I.) and technology**

Although the technology of AI is increasing, there are many risks associated with it. Social and ethical impacts of the adoption of AI should be taken into account. Furthermore, the adoption of AI relies on the level of trust providers place in this technology, and how useful it can actually be in helping patients. The private sector is investing quite heavily in AI, which may not look good in the publics perspective. The WHO should focus on this topic and give guidelines as well as act as a mediator by putting all stakeholders on the table. With AI there is no systematic alignment between individual and collective benefits. WHO should provide guidelines for Governments and create processes to assist them in facing potential challenges. Currently there is a great use of potentially vague secondary data without patient knowledge. It is therefore urgent that health organizations recognize the value of the data they possess and avoid sharing it with companies.

### **Perspectives for this initiative after this meeting**

The “Tallinn Charter: Health Systems for Health and Wealth” anniversary meeting will be an opportunity to further pursue this discussion, and the European Observatory is supporting the preparatory work. This meeting will focus on the slogan |Include, Invest and Innovate| and, for each of these three topics, two or three issues will be selected to be discussed more in depth. The discussion of these topics should lead to the elaboration of a document that will address the major health challenges in the future.

For each of the three themes there will be a keynote speaker who will provide their outstanding experiences. There is an interest to further involve Ministers of Finance so they can better understand what is at stake when investing in health.

The debate of the group will be pursued with the objective to prepare a strategic analysis in support of Members States.

The strategic analysis should propose inspirational solutions with emphasis on:

- Prevention;
- Role of Hospitals on health promotion and integration of care;
- Collaboration between public health and primary care;
- Training organized with appropriate professionals;
- Family medicine as critical area to deal with multi morbidity.
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2018 is an opportunity to emphasize the importance of Primary Health Care (PHC) as it plays a major role for social cohesion.

There is also a need to focus on the right of basic health coverage and solidarity in terms of migration. Health should be viewed in the broader context of sustainable development and it is necessary to share knowledge and data on this topic.

The Tallinn Charter should be adapted to the context of today which is much different than that of 10 years ago: it is important to avoid anchoring in the past century despite success stories. The renewed declaration should focus on today’s challenges.

The question of staffing is also very critical and this should be considered in the discussion.

The concept of innovation is not about putting technology first, but instead requires a massive change in management. Looking at the whole system with a bird's eye view is critical because it allows for a more holistic approach. Innovation should be implemented in the delivery of care, so as to respond to the needs of the population in order to make the health system more resilient.

Stewardship remains an important element in the current context where the private sector is constantly growing. It is a concern that the EU is not keeping health as an item on the agenda and this could lead to the risk that general interest will go behind business interest instead of health interest

These initiatives should be implemented and accomplished within the next 10 to 15 years, for projecting beyond that is too unpredictable.

This initiative will need to invest on research capacity to gather evidences which will require both a secretariat and a budget. Also, it would be important to increase the participation of civil societies, especially the younger generation.

Finally, deliverables should be better clarified.

The activity of the group should also be linked to the Alma Atta 20<sup>th</sup> anniversary. The following are additional issues to be considered:

- Political forecast stewardship of public health;
- Shortage medical staff;
- Economic, political and social sustainability of healthcare systems;
- Strategic thinking;
- Politic framework to promote solidarity and humans' rights;
- Healthcare as an economic development promoter;
- Improve possibility of success through forecast future trends;
- Etc.

## **Final take away**

It is critical to have a strategic perspective for the working group, which should focus on major relevant matters to be discussed concerning the challenges of the future. The idea is not to deal with the consequences of changes but to be active in shaping the future.

The group is dealing with very challenging questions but with the right agenda and research it would be possible to provide appropriate guidance.

Furthermore, it is necessary to have a group working on strategic thinking and policy making. The 2020 agenda was an opportunity to put forward key values for all European countries. These values have been adopted by the Sustainable Development Goals (SDG) and health is part of economic development. For the high burden of disease represents a major limitation to the global growth.

It is very important to be more active in advocacy of health in the global economic and development agenda.