

## CoR INTERREGIONAL GROUP ON HEALTH & WELL-BEING

Topic – “The State of Health in the EU Cycle”

Thursday 05 December 8h00 – 9h00

Room JDE 70, European Committee of the Regions

### Minutes

#### **8.00 Welcome and introduction by the Chair, Jean-Luc Vanraes**

The chair, Jean-Luc Vanraes, welcomed all the participants and introduced the topic of the meeting: “The State of Health in the EU Cycle”. The State of the Health in the EU is a two-year initiative carried out by the European Commission providing policy makers, health practitioners, and interest groups with factual, comparative data and insights into health and health systems in the EU Member States.

#### **1. State of Health in the EU: Five big trends in the transformation of our health systems**

*Mr Sylvain GIRAUD, Head of Unit, Directorate-General for Health and Food Safety, European Commission*

Mr Giraud began by giving a brief overview of the State of Health in the EU. This is a regular policy cycle in which they make expertise and best practices easily accessible for health policy makers, the public health community, and the academic world at both the EU and national level. This project runs on a two-year cycle and is supported by the European Commission. It is put together by the health experts and health economic experts and the report includes both quantitative and qualitative data. The report includes all 28 Member States, as well as Iceland and Norway. The report looks at three major ideas within the health system resilience, accessibility, and effectiveness.

This cycle also includes creating specific Country Health Profiles. The goal of the project is to foster collaboration and allow health authorities to discuss with the authors of the report and to foster a discussion on how to improve health systems. Mr Giraud stated that there were five major trends of the report:

- Tackling the Decline in Vaccination Confidence Across the EU

This is one of many issues that are difficult for health authorities to tackle.

- Digital Transformation for Health Promotion and Disease Prevention

There are a lot of technologies, such as apps and wearable technology that can contribute to health policy objectives, but there needs to be more awareness on how these tools are used and there are potential problems like the digital divide and misinformation.

- Strengthening the Evidence Base on Access to Healthcare:

Within the EU member states there are a lot of people who cannot access medical care, such as low socio-economic groups. The current indicators that are used to describe the access to healthcare are not as pertinent as they need to be. If the healthcare system continues to rely on these markers than they will miss the significance of the access problem.

- Looking at the Health Workforce:

There is a lot of shifting in tasks between the health professions. Some professions are increasing in value, for example nurses can do doctors' tasks and the tasks that are done in the hospital setting can be moved to other professions in the community setting or within the primary care context. This is especially important in rural areas where there are not that many health professionals. The EU is already seeing examples of this through pharmacists delivering vaccines.

- Understanding Access to Medicines:

This subject attracts a lot of interest because there are two different problems regarding access to medicines that are prominent in the EU. The first one is that there are high prices of new innovations that come to market and there is pressure on public authorities to reimburse these new innovations. There are also shortages of traditional medicines as well. Policy makers understand this problem and the new commissioner for health will be focusing on the affordability of medicines.

## **2. State of Health in the EU: Key findings from the Country Health Profiles**

*Mr Willy PALM, Senior Advisor, European Observatory on Health Systems and Policies*

The next speaker, Mr Willy Palm emphasized that this project was not about the naming and shaming of countries with poor health statistics, but to understand the problems that healthcare systems face and to foster innovation and the transformation of the health system. The country profiles do this in a structured way by looking at specific areas in the health system including: behavioural risk factors, the characteristics of specific health systems, and an assessment of those health systems using the three performance dimensions of effectiveness, accessibility and resilience. Here are some of the main points about health in the EU:

- **Health Status of EU Citizens:**  
The life expectancy of the EU has risen by almost four years since 2000, but there is still a gap between the highest and lowest life expectancies in the EU that exceeds 8 years. There is also a significant gender gap. Education is also an important factor for life expectancy and men with a higher education live on average 8 years longer than men with a lower education. Income is also an important indicator and only 60% of people in the lower income brackets self-reported that they were in good health, compared to 80% of people with higher income.
- **Behavioral Risk Factors:**  
In Europe, 40% of mortality is related to behavioural risk factors. This includes 18% of deaths being related to dietary risk, 17% of deaths related to tobacco, 6% of deaths being related to alcohol, and 3% of deaths being related to low physical activity. The good news is that smoking and binge drinking for adolescents has decreased across the EU, however it has gone down more in some countries compared to others. However, the drinking is still very high in adults and adults (from the age of 15 and older) are consuming 10 liters of pure alcohol per a person (which is the equivalent of 110 bottles of wine a year, or two bottles a week). Around 20% of adults in the EU are also reported to be binge drinkers, meaning that they consume 5 units of alcohol per a day. Overweight and obesity are also growing problems in the EU Member States, and 17% of adolescents are overweight or obese. All of these risk factors can be helped through better healthcare and prevention methods, and there is a total of 1.1 million premature deaths in the EU a year that can be prevented. There are many important factors that can be improved, such as strengthening primary care, making hospital admissions affordable, and increasing vaccination.
- **What Can Health Systems Do?**  
Health systems need to focus on improving accessibility and providing healthcare at the right time. Out-of-pocket payments for health are why people do not seek care and 10% of the people in the EU have had to face catastrophic health costs, meaning that they spend more than 40% of their household budget on health. There needs to be more financial protection for low socio-economic groups and there needs to be more thresholds on patient costs. Health systems need to focus on spending money efficiently and sustainably. This includes considering the health workforce, as there will be major shortages in the upcoming years when many professionals retire.

## **Q & A Session**

After Mr Palms' presentation there were a few questions from the audience. In response to these questions and comments the speakers highlighted that this project aims to work with authorities from different levels. This includes working between regions and associations of regions. They will also be working on harmonizing procurement between Member State, as the EU legislation that encourages Member States to buy together is limited to times of epidemics and can be broadened.

### **Close of meeting**

The participants were thanked for taking part in the meeting and were informed that the deadline of submitting proposals for the renewal of the Interregional Group is on 15 January. No new date for a new meeting can be established.

### **9.00 Close of Meeting**