

**Response to the draft opinion on *the Organisation of Resilient Health and Social Care following the COVID-19 Pandemic*
by the EU Expert Panel on Effective Ways of Investing in Health (EXPH)**

EuroHealthNet notes the draft EXPH opinion on *the Organisation of resilient health and social care following the COVID-19 pandemic* in the context of the Terms of Reference (ToR) which are:

- a) What are the **building blocks to improve care organisation** (structures, processes, resources, interrelationships), and what **criteria should be used for a continuous evaluation** of the appropriateness of service delivery capacity of primary care, outpatient specialist and hospital care and social care?
- b) What are the **elements and conditions for capacity building** in primary care, outpatient specialist and hospital care and in social care that would strengthen their overall robustness to unpredictable events and **capacity to ensure access** to care and treatment continuity?
- c) How **can healthcare provision be sustained for vulnerable patient groups with urgent needs for care/cure**, like patients with rare conditions, cancer patients or patients on the transplant waiting list, frail elderly, disabled people, refugees, prison populations etc.?
- d) What would be the **criteria to resilience-test health systems for unpredictable high-pressure scenarios**, what methodologies and models can be used to carry out such resilience tests, and how can the results of these tests be translated into well-documented analytical approaches and practical guidelines?

EuroHealthNet thanks the authors and Panel members for their approach and the substantial evidence presented. Given the public hearing on October 20 2020, we would like to support the timely conclusion of the Opinion by suggesting some potential enhancements based on our lengthy leading experience of these subjects in the EU context, which we hope will be constructively helpful for policymakers and practitioners at all levels.

We feel it essential to note that the EXPH's mandate for this opinion feels too restrictive and therefore confined to the outdated bio-medical model of health and care which we all know too well is the part of the problems in delivery of inclusive, efficient and sustainable health care in the first place. Furthermore, 'social care' is understood more in terms of long-term care and in-patient/nursing/institutional care than a concept of psychosocial model of health and care systems. If we thought this could be an opportunity to re-organise the systems to better address the latter, the opinion does not raise to the challenge. There's too little emphasis on contribution and interlinkages with and between other sectors (e.g. education, employment, housing, social protection) and how health promotion and prevention can be better positioned thereby. We would like to stress that the opinion seems very much focused on how to make health systems more prepared for future pandemics, rather than on how to improve them in a more general way. We believe that, in the "new normal", once we emerge from this pandemic, we should implement an ambitious reform agenda in the ecosystem we operate. We have a window of opportunity to redesign health systems towards a more value-based approach in order to make them more resilient to all types of challenges.

The opinion rightly states that "*there is a need to look beyond the current pandemic to think about how health systems can prepare better for future crises that threaten the ability to deliver health care*". It is unclear, however, how the opinion took into account work of this Expert Panel and actors in the field on health systems' preparedness and ability to deliver health and social care in other 'slow-burning' pandemics of chronic and non-communicable diseases during the last decade and beyond,

or even climate emergency. We wonder whether learning and conclusions were drawn on the similarities between the response and needs to the pandemic, and a number of systemic responses to ongoing health challenges, as indicated above. Lessons from the CHRODIS+ JA: Implementing Good Practices on Chronic Diseases may offer some suggestions. Also, a sense of long-term vision beyond the health crisis is not evident.

It could be interesting to find out **how this EXPH's previous work, opinions and expertise have helped progress health outcomes in the Member States to-date**. We have had the opinions on task shifting, health-promoting healthcare systems from this very Expert Panel, but how they have now been integrated into this particular opinion on the organisation of health and social care is unclear.

Considering the above limitations, overall, the Draft Opinion is a useful contribution to develop strategic approaches to (re-)organisation and strengthening of resilience of health and social care within the EU region. We expect it will support better positioning of the health promotion and disease prevention within those systems as well, following the COVID-19 *syndemic*. Indeed, we have no time to waste to wait for this health crisis to be over, only to pick up systems' reforms that were perhaps put on hold. We welcome this attempt from the Expert Panel to present a comprehensive framework that underpins the opinion, accompanied with potential indicators and building blocks. It should send a strong message that recognising that health promotion and preventative approaches are core to essential strategic approach for addressing health inequalities and wider systemic determinants of physical and mental health. This notion should underpin further action on transformation of health, care and wider public systems in Europe, including for health and wellbeing in all EU policies established in the EU Treaties. Furthermore, the opinion sends a clear confirmative signal supporting a standing call from public health community for better multisectoral collaboration between sectors relevant for health in order to strengthen a systemic co-creative approach to health, equity and wellbeing. While social care is explicitly mentioned in the opinion, we would like to broaden its strategic focus onto education, social protection, employment or housing. The sectors can also play supportive and integrative roles in delivery of health and social care in modern public policy systems.

With this in mind, **we are pleased to see the opinion leans to an emerging narrative shift in understanding the COVID-19 'pandemic' as a syndemic**, where biological and social interaction play a far greater role than admitted, especially when it comes to socioeconomic inequalities. The syndemic nature of the health crisis we face means that a more nuanced approach will be needed if we are to protect the health and ultimately the wellbeing, prosperity and social cohesion of our communities – and that this has to be reflected in the re-organisation of resilient health and social care systems and services. We welcome a focus on health, wellbeing and financial protection, underpinned by a health equity principle explicitly included as outcomes of a reorganised health and social care.

It could be wise to set out **potential options in terms of time feasibilities: short, medium and long term**. Some options can be initiated swiftly: the EC sets annual work programmes which can be influenced by priority setting; the NextGenerationEU recovery programmes offer immediate and medium-term support towards reforms (notably the RRF), while the EU MFF 2021-27 will offer new medium term investment opportunities. Of course, some of the more comprehensive strategic paradigm shifts from cure and care to investing in prevention and promotion will take longer to plan, implement and evaluate in wider contexts. For example via the 2025 EU strategic goals, 2030 SDGs, EU strategic Foresight activities. The increasingly important role of the European Semester and Country-Specific Recommendations is alluded to in the introductory part to the opinion. We recommend it presented in more detail and procedural terms understandable to health stakeholders.

We suggest that **the structure of the Recommendations and key evidence could be clarified in terms of responsibilities and accountabilities to identify measures where the EU/EC has competences which could be acted upon, or where Member States may benefit and act most directly.** This would also underline the importance of the partnerships that are needed intersectorally with relevant stakeholders, for example in the many cases where health promotion, health and care services including primary care are delivered, organised and funded at (sub-)national or community levels. Clearly grouping recommendations in this way could focus the attention of decision makers on their priorities.

Therefore, EuroHealthNet suggests that several important points should be addressed and further strengthened in the Opinion:

- 1. Need for clarification of what the role of health promoting health systems and services would play in the organisation of resilient health and social care post-pandemic:* Given the EXPH ToR we regard this as particularly important, also in view of the 2019 Opinions on task shifting and health-promoting health systems. At the moment, the opinion does not seem to extend to health promotion and disease prevention fields to a great extent. This might cover:
 - **Health promotion services** directly linked to health centres such as acute and primary care;
 - **Health services promoting health and wellbeing** including food, mobility, (green) environments;
 - **Primary and psychosocial care;**
 - **Wider health resources and workforces** linking with education, housing, work systems; to this up- and re-skilling and task-shifting would need to be addressed;
 - **Referral systems and mechanisms** linking with social protection, as outlined in our recent *Policy Precipis* on Social Protection Systems for Health Equity¹.
- 2. Within a focus on digital transformation include a stronger reference to digital health literacy both by health and social workforce, as well as population groups:* In the context of rapidly changing environments for health systems and delivery of care, this represents a game changing opportunity for reorientation of outdated and unfit systems towards health promoting models. But it is also a clear and present threat if transformations, including safe data spaces, e-health and m-health options are not well configured. They need direct involvement from health promoters in design through evaluation cycles and digital health literacy as a fundamental pre-requisite while upholding principles of equity and quality. **We welcome this opinion's precautionary approach to digital tools and the artificial Intelligence, but insufficient attention is given to how digital operators are already changing the way health systems are run and how health promotion and care are co-created and delivered across populations.** Ensuring for fair distribution of opportunities, health and social wellbeing outcomes across social gradients should be central to design and implementation of new digital modalities within health systems, in particular under time-bound frameworks and systems vulnerable to rushed decision-making. EuroHealthNet recommends urgent investments in digital health literacy as part of a strategic approach to improving health literacy and digital skills of Europeans, as outlined in our recent *Policy Precipis* on this subject².
- 3. Consider the underpinning macro-economic perspective in achieving reorientation of health and*

¹ https://eurohealthnet.eu/sites/eurohealthnet.eu/files/publications/PP_Social_Protection_FINAL.pdf

² <https://eurohealthnet.eu/publication/digital-health-literacy-how-new-skills-can-help-improve-health-equity-and-sustainability>

social care: The wider macro-economic policy arena in which health systems reforms in the EU Member States take place need to be more strongly elaborated as a fundamental for successful investments in health promotion, prevention and more equitable outcomes. **Beyond referring to the UN Agenda 2030, structural reforms and EU funds directly linked to the European Semester and the implementation of the European Pillar of Social Rights can offer solid investment opportunities to foster health promoting health systems in Europe, while recognising sub national needs and capacities.** The EC has a key role which could be enhanced in the short to medium term via dedicated reform support services (e.g. the new EU Resilience and Recovery Facility) and relevant EC DGs and funds (future ESF+, ERDF, EU4Health), offering capacity building and other resources, while the *InvestEU* Programme is a major new opportunity for public-private partnership and infrastructures including primary care centres which integrate community health, promotion and prevention, *inter alia*. Social infrastructure investment needs, as estimated by the European Commission in wake of the COVID-19 pandemic and recovery plans, puts a figure of 192 billion a year. Only in the field of health the figure reaches 70 billion a year³.

4. *Need for timely evidence and impact assessments as part of policymaking cycles across sectors*: The opinion recommends intersectoral and intersystem collaboration for health by linking databases across systems and sectors. One of the recommendations is about “*creating new systems for research and development*”, which is where EuroHealthNet calls for smarter evidence, beyond epidemiological data, including social and behavioural science, health (equity) impacts assessments and learning from other sectors to be harnessed via EU research, *European Structural Investment Funds (ESIF)* and other relevant EU programmes. This will further advance advocacy and detailed evidence-informed policy options for health and wellbeing. **The draft Opinion should elaborate new strategies able to monitor positive indicators of health and wellbeing across sectors and social gradients, cost-benefits, cost-effectiveness and return on investment in stronger resilience and reoriented health systems and ‘upstream’ measures related to the determinants of health in this regard.** Data and sources linking health and wellbeing to living and working conditions, poverty reduction and social inclusion efforts, social protection and social investments, work-life balance, quality and integrated early childhood education and care, environmental protection, sustainable and healthy foods production and consumption, etc. are crucial. Further capacity to use adequate indicators and to measure health equity impacts, and support to interdisciplinary collaboration will be needed both at policymaking and public health professional levels.
5. *Ensure capacity building in human resources, institutional structures and processes for health and social care collaboration/integration*: Mainstreaming of delivery of health promotion within and going beyond the borders of the current and future health systems calls for **re-development of organisational capacity, a dedicated health and wider workforce with a clear mandate for action.** One of the opinion’s recommendation calls for inter-professional and intersectoral collaboration with community health workers and informal care givers. EuroHealthNet would like to see a broader understanding of health co-creation by including educators, employers, social workers. To this end, investments in skills and capacity building should be enforced. One of such ideas to look up to could be the new EU Skills and Digital agendas.
6. *Reinforce leadership and coordination at EU levels*: Providing guidance to countries, regions and local authorities to develop the required organisational structures to timely and adequately act

³ https://ec.europa.eu/info/sites/info/files/economy-finance/assessment_of_economic_and_investment_needs.pdf

on recommendations laid out in these are key. Some **potentially enabling frameworks and processes at EU level have not been explored**, such as the new EU Data Strategy and the AI and Health Data provisions therein, the EU Skills Agenda and the EU Pact for Skills, or upcoming EU procurement strategy. Furthermore, some new ideas are emerging at political levels, calling for a stronger public health mandate at EU level, a European Health Union (both to be debated at the upcoming Conference on the Future of Europe), reformed mandate for European Center for Disease Control (ECDC) or European Medicines Agency (EMA).

7. *A stronger emphasis on the reorientation of a medical model of health:* Applying evidence and innovation around effective measures and investments for underlying key social, economic, environmental, commercial, cultural and political determinants is vital for modern health promotion and health promoting services; their more extensive inclusion could strengthen the draft Opinion.

Naturally, if EuroHealthNet can provide further information, be of assistance in completing the Expert Panel's final Opinion or for subsequently taking forward its Recommendations, our Partners and Brussels Office will be pleased to consider and contribute as appropriate. Thank you for the opportunity to participate in this helpful process.

30 October 2020

EuroHealthNet is a not-for-profit partnership of organisations, agencies and statutory bodies working on public health, disease prevention, promoting health, and reducing inequalities. Our Mission is to improve and sustain health between and within European States through action on the social determinants of health, and to tackle health inequalities.