

Transforming EU health systems – what to expect?

Finnish-Estonian health services seminar, Tallinn

Ewout van Ginneken

Thursday, 19 September 2024

healthobservatory.eu

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Outline

1. The European health reform context
2. What is the impact of the EU on health systems transformation?
3. What do we want from the EU in health?
4. What are the EU plans for the future?

The European reform context



Countries face multiple challenges

- rising demand due to **demographic changes**
- an increased **chronic disease** burden
- **workforce shortages** and fiscal pressure due to the impact of the current economic environment on public spending
- as well as steep **cost increases** for certain cost drivers (in particular technological innovation in pharmaceuticals and medical devices).

Monitoring health reforms in the EU and beyond

- HSPM experts from 32 countries provide information for “top 3” reforms in country → 92 reforms in 2023
- We have developed a matrix model to cluster reforms → adding overarching categories “functions” and “care areas” and the option to tick two boxes

Policy Analyses (up to 450-500 words each) - provide the following information for each Analysis

Date:

Authors:

Link to HII chapter and sub-section:

Title:

Text (please use the following structure):

- Context – brief reference to the current situation/status quo (to allow the piece to stand alone)
- Impetus for the reform (what prompted it)
- Main purpose of the reform
- Content/characteristics
- Implementation steps taken (or scheduled)
- Outcomes to date and any evaluation

References:

[For Internal Use only – not for uploading](#)

Is this a reform? Yes No

If yes, please answer the following:

Author of reform: Ministry of Health Executive government Parliament/Legislature Regulator
(please specify: Professional association (please specify:) Other (please specify:)

Type of reform: Legislation Regulation Directive Coalition Agreement Strategy Plan
Political Campaign Funding Other (please specify:)

Implementation status (to fill out in August 2023): Abandoned Ongoing Implemented



Country monitoring requires a network: the HSPM network



Health Systems and Policy Monitor (HSPM)



An innovative platform that provides a detailed description of health systems and provides up-to-date information on reforms and changes that are particularly policy relevant.
For detailed information on country policy responses to the COVID-19 pandemic during 2020-2021, see our separate COVID-19 Health Systems Response Monitor (HSRM).

Overview Countries Updates Analyses Compare Network



Latest Country Updates

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COUNTRY UPDATE | 7 September 2024

Government Council for Public Health
Czechia

COUNTRY UPDATE | 6 September 2024

Definition of Telemedicine in Czech legislation
Czechia

COUNTRY UPDATE | 6 September 2024

Reform of psychiatric and mental health services in Greece
Greece

COUNTRY UPDATE | 5 September 2024

Results of first round of Medicare prescription drug negotiations
Netherlands

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POLICY ANALYSIS | 6 September 2024

New legislation for the reform of psychiatric services in Greece proves to be controversial
Greece

POLICY ANALYSIS | 2 September 2024

Creation of new roles and profiles to improve the attractiveness of primary care professions
Belgium

POLICY ANALYSIS | 22 July 2024

Increase in rates paid by the Croatian Health Insurance Fund to healthcare institutions
Croatia

POLICY ANALYSIS | 22 July 2024

Introduction of specializations for emergency medicine nurses and technicians
Croatia

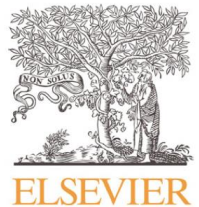


Annual meeting 2023, Riga



What happened during the Covid years?

- Top three clusters across 2020-2022:
 - 2020-2022: Governance (117), Purchasing & Payment (84), and Digital Health & Transparency (63)
- 2022: expansion of public insurance, e.g., population coverage, service scope
- Clear link with Covid-19 pandemic



Contents lists available at [ScienceDirect](#)

Health policy

journal homepage: www.elsevier.com/locate/healthpol



“Top-Three” health reforms in 31 high-income countries in 2018 and 2019: an expert informed overview[☆]

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Care areas

Hospital care

Mental healthcare

Pharmaceuticals

Primary & ambulatory care

Public health

Specialized care

Health system functions

Allocation & pooling

Care coordination

Coverage & resource generation

Digital health & transparency

Governance

Healthcare purchasing & payment

Health workforce

Quiz!

(1) What reform cluster are among top 3 in 2023?

Digital health & transparency

Human resources

Primary & ambulatory care

Healthcare purchasing and payment



Quiz!

(2) What are important cross-cutting issues in 2023?

Palliative care



HWF working conditions



Pandemic preparedness

Patient-centredness

3. Reforms across clusters – overview

	Care areas						Health system functions						
	Hospital care	Mental healthcare	Pharmaceuticals	Primary & ambulatory care	Public health	Specialized care	Allocation & pooling	Care coordination	Coverage & resource generation	Digital health & transparency	Governance	Healthcare purchasing & payment	Health workforce
Single area reform	LV			CA, UK	CZ	CA		FI	BG, FI		FI, IT, MT, NO, PT, SL, SE		MT, PL, SE, CH
Care areas	Hospital care												
	Mental healthcare												
	Pharmaceuticals												
	Primary & ambulatory care	CY, HU											
	Public health												
	Specialized care				LT								
Health system functions	Allocation & pooling												
	Care coordination	BE, EE, GR, HU			HR, NO		HR, IE						
	Coverage & resource generation				RO	FR, RO		SL					
	Digital health & transparency					AT, AT		CY					
	Governance	HR, LT	EE	CZ, EE, SK		NL	DK, LT	SK	PT, NL, UK	SL, US	LV, PL, ES, SE, CH, DE		
	Healthcare purchasing & payment	CY, FR, IL, DE	DK, IT	US, DE	BE, CZ, RO	BG			NL	IE	BE		
	Health workforce	HU, IL			AT, FR, NO, ES, CH		GR, MT		UK			CA, DK, GR, PL, PT	BG, IE, SK
TOTAL AREA REFORMS	15	3	5	16	7	8	1	16	10	10	33	17	22

3. Reforms across clusters – overview

		Care areas						Health system functions						
		Hospital care	Mental healthcare	Pharmac-euticals	Primary & ambulatory care	Public health	Specialized care	Allocation & pooling	Care coordination	Coverage & resource generation	Digital health & transparency	Governance	Healthcare purchasing & payment	Health workforce
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	Coverage & resource generation							SL						
	Digital health & transparency							CY						
	Governance		EE	CZ, EE, SK		NL	DK, LT	SK	PT, NL, UK	SL, US	LV, PL, ES, SE, CH, DE			
	Healthcare purchasing & payment	CY, FR, IL, DE	DK, IT	US, DE	BE, CZ, RO	BG			NL	IE	BE			
	Health workforce	HU, IL			AT, FR, NO, ES, CH		GR, MT		UK			CA, DK, GR, PL, PT	BG, IE, SK	
TOTAL AREA REFORMS		15	3	5	16	7	8	1	16	10	10	33	17	22

Coordination in primary care

New integrated governance

Regulating / planning for digital health

Workforce strategies and plans

Hospital payment reforms

PHC payment reforms

Workforce availability in rural areas

3. Reforms across clusters – cross-cutting themes

- **Workforce** challenges (rationale behind payment reforms and organizational reforms)
- **Hospital at home** (payment, governance, coordination, human resources)
- **Multidisciplinarity** (PHC, human resources, care coordination)
- Strengthening **palliative care, long-term care, mental care**
- Expansion of **prevention and public health** services
- **Data sharing** initiatives and digital infrastructure
- Improving access + reducing **waiting times**
- **Centralization/decentralization** (governance for different care areas)

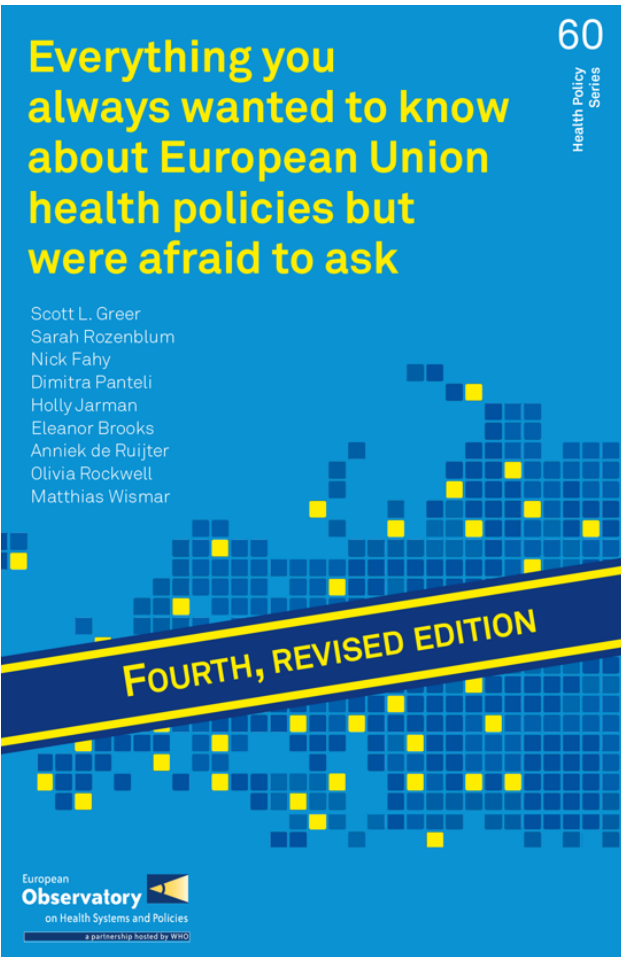
Reforms in the EU (and beyond): some first conclusions

- Top three clusters across 2020-2022:
 - 2020-2022: Governance (117), Purchasing & Payment (84), and Digital Health & Transparency (63)
 - 2023: Governance (33), Workforce (22), Purchasing & Payment (17)
- 2022: expansion of public insurance, e.g., population coverage, service scope, ...
- 2023: purchasing and payment models with focus on efficiency and quality
- Workforce challenges as cross-cutting theme → problems of accessibility and equity
- Continuing Trends:
 - From hospital to outpatient, primary, community, and home-based care
 - Strengthening care coordination, especially treatment of chronic diseases
- Mental health, LTC and palliative care are gaining importance

What is the impact of the EU on health system transformation?



The basics: The EU has impact on health systems and policies regardless of choice of Commissioners, mission letters and organizational set-up.



“There is no European Union health system but there is EU health policy. The European Union affects the health of its citizens, the health of people around the world, and the operation and finance of its Member States’ healthcare systems in many ways, most of them poorly understood. (Greer SL et al 2024)



“The EU has huge impact – and huge potential impact – on global health. It is one of the world’s largest markets, aid donors, health care innovators and trading powers. It influences global health and health policy directly and indirectly, through its explicit global health policies and through the effect of its other policies on global health.” (Greer SL et al 2024)

How is the EU impacting national health systems and reforms?

The delivery of health services is a Member State competence, or is it?

1. **Pharmacovigilance (Drug Safety)** – European Medicines Agency (EMA) **Thalidomide**
2. **Cross-border Healthcare** – Directive 2011/24/EU on Patients' Rights
3. **Joint Procurement of Medical Countermeasures** – COVID-19 vaccine procurement **Swine flu**
4. **Public Health Surveillance** – European Centre for Disease Prevention and Control (ECDC) **Sars**
5. **Health Technology Assessment (HTA)** – EU Regulation on HTA
6. **Tobacco Regulation** – Tobacco Products Directive (2014/40/EU)
7. **Food Safety** – European Food Safety Authority (EFSA) **Mad cow disease**
8. **Medicinal Products for Rare Diseases** – Orphan Medicinal Products Regulation
9. **Antimicrobial Resistance (AMR)** – EU One Health Action Plan
10. **European Health Data Space (EHDS)** – Health data sharing and research **COVID-19**

Example 1: ECJ rulings led to the patient rights directive

The patients directive expands options for European citizens to use care abroad and two co-existing frameworks

- Establishes the **right** to seek health care in another MS
- Codifies a series of landmark ECJ rulings, confirming that **free movement of services** also applies to health services (exception for hospital care)
- Requires to adequately inform patients on the availability, quality, safety and cost of healthcare within the country through **National Contact Points**
- Sets minimum requirements for **cross-border prescription**
- Encourages further development of **European Reference Networks**, collaboration on HTA, eHealth etc.
- However, the **impact** on cross border care and cost is limited



	Regulation on the coordination of social security	Directive on patients' rights in cross-border health care
Countries included	EEA and Switzerland	EU Member States, Iceland, Norway and Liechtenstein
Patients covered	EU nationals, stateless people and refugees who reside in the territory of a Member State	Insured persons
Sectors covered	Public health care	Private and public health care
Services covered	Unplanned necessary care and planned care organised through the competent authority	Planned and unplanned/necessary care initiated through the patient
Expenditure covered	Competent authority covers the expenditure incurred; travel expenses are not covered	Reimbursement of health care costs according to national tariffs in country of affiliation; travel expenses are not covered

But the patients' rights directive has domestic impact too

- Increased pressure to **reimburse** care from domestic private providers (Estonia and Finland)
- Increased pressure to treat patients within a medically justifiable **time limit** (main reason for not granting authorization)
- Increased emphasis on patient rights with positive impact on legal **certainty** and **clarity**
- Patients are in a stronger position to claim **compensation** because of mandatory professional liability insurance (e.g. Malta, Poland)
- Improved access to **information** on treatments and treatment conditions
- Some countries have moved to more **explicit benefits packages** and **tariffs** and use of **HTA** (e.g. Finland, Romania)



The role of the 2011 patients' rights in cross-border health care directive in shaping seven national health systems: Looking beyond patient mobility[☆]

Natasha Azzopardi-Muscat^{a,*}, Rita Baeten^b, Timo Clemens^c, Triin Habicht^d, Ilmo Keskimäki^{e,f}, Iwona Kowalska-Bobko^g, Anna Sagan^h, Ewout van Ginnekenⁱ

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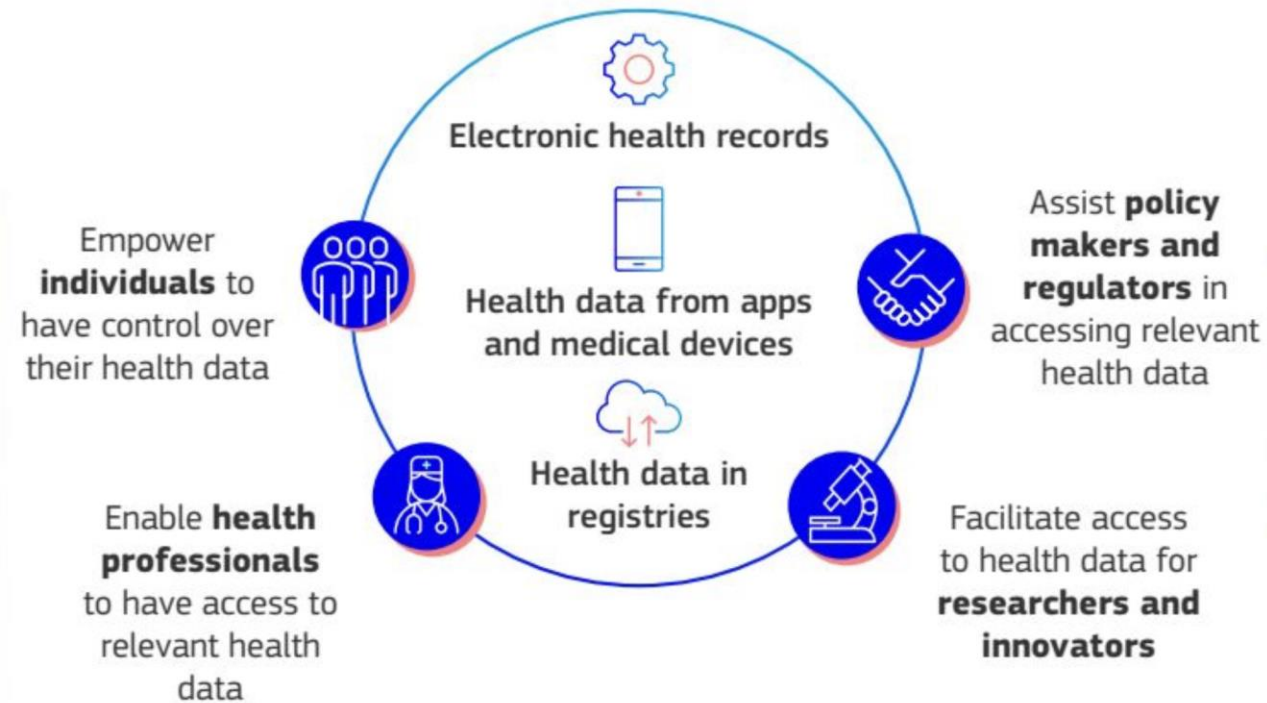
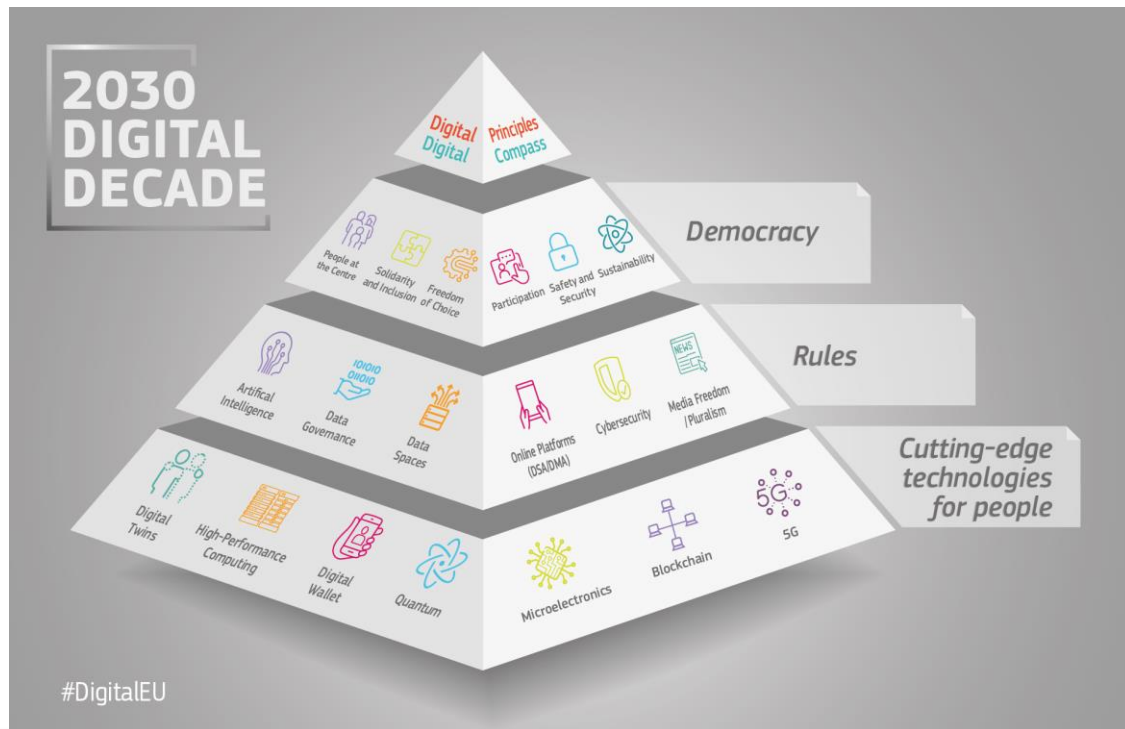
Health policy

ABSTRACT

Reports on the implementation of the Directive on the application of Patients' Rights in Cross-border Healthcare indicate that it had little impact on the numbers of patients seeking care abroad. We set out to explore the effects of this directive on health systems in seven EU Member States. Key informants in Belgium, Estonia, Finland, Germany, Malta, Poland and The Netherlands filled out a structured questionnaire. Findings indicate that the impact of the directive varied between countries and was smaller in countries where a large degree of adaptation had already taken place in response to the European Court of Justice Rulings. The main reforms reported include a heightened emphasis on patient rights and the adoption of explicit benefits packages and tariffs. Countries may be facing increased pressure to treat patients within a medically justifiable time limit. The implementation of professional liability insurance, in countries where this did not previously exist, may also bring benefits for patients. Lowering of reimbursement tariffs to dissuade patients from seeking treatment abroad has been reported in Poland. The issue of discrimination against non-contracted domestic private providers in Estonia, Finland, Malta and The Netherlands remains largely unresolved. We conclude that evidence showing that patients using domestic health systems have actually benefitted from the directive remains scarce and further monitoring over a longer period of time is recommended.

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Example 2: Digital transformation has been high on the agenda

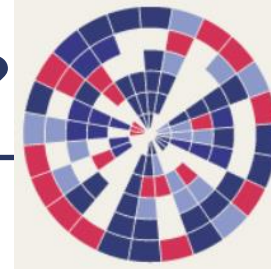


What else is the EU doing to facilitate health system transformation?

- Some **longstanding initiatives**
 - Collection and provision of data (Eurostat)
 - Research programmes like Horizon, EU Health Programme (Joint Actions)
 - Expert Groups and SoHEU country profiles (→ semester recomm.)
 - Financial assistance: Cohesion Policy Funds, Recovery and Resilience Facility (focus on greening, digital)
- EU also supplies **targeted technical assistance** through DG REFORM
 - The Technical Support Instrument (TSI) provides tailor-made technical expertise to EU Member States to design and implement reforms.
 - DG REFORM aims to establish a new EU Health Resources hub for **health-specific advisory assistance (“one-stop shop”)**



The European Health Union: bringing it all together?



EUROPEAN
HEALTH
UNION

- Once again, a crisis had a catalysing effect!
- Aims at strengthening the EU's collective capacity to **respond to health crises, improve public health, and ensure the resilience** of health systems across the EU
- the EU has **increased the mandate** and budget of the European Centre for Disease Prevention and Control (**ECDC**) and the European Medicines Agency (**EMA**) and has set up the Health Emergency and Response Authority (**HERA**).
- Other key pillars: reform of pharmaceutical legislation, Europe Beating Cancer Plan, mental health

What do we want from the EU?



European Ministers of Health have huge expectations regarding EU impact on health system transformation Belgian Council Presidency 2024

Belgian Presidency of the Council of the EU 2024 @EU2024B · Apr 23 · ...

"The EU has also a very important role to play. Think about the professional qualifications directive, which is about titles for people in the workforce, and how these titles allow them to be mobile across Europe."

The health Minister in Brussels today.



European Health Union



Belgian presidency
Council of the European Union



Media

Informal ministerial meeting
23 - 24 April 2024
Informal meeting
of health
ministers



Council conclusions under the Belgian presidency

The Council conclusions, drafted by the Belgian presidency, reflect on the importance of putting health as a top priority of the EU political agenda and **recall the need to act on nine key health-related challenges** as follows:

- tackling the health workforce crisis;
- addressing priority needs in healthcare and innovation policies;
- **taking action in the field of prevention of NCDs;**
- effectively combatting antimicrobial resistance (AMR);
- strengthening the EU ecosystem for clinical trials;
- taking action in the fields of preparedness and communicable diseases;
- improving the security of supply for, and access to, medicinal products and the security of supply for medical devices and in-vitro diagnostic medical devices;
- addressing the impact of climate change on health; and
- improving EU implementation tools.

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Belgium EU Presidency 2024

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EUROHEALTH

• Fostering needs-driven innovation
• Managing future health crises
• Securing resources for health systems
• EU Joint Actions 2.0

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Special Issue

European Experts and stakeholders have great expectations: Future Health Priorities of the EU



A public debate on the future health priorities of the European Union

Outcomes, insights and ideas for action

Forms

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Health security	<ul style="list-style-type: none"> Promoting health systems strengthening and preparedness Building capacity, investing in infrastructure and scaling up innovation Cross-border cooperation and coordination
Health determinants	<ul style="list-style-type: none"> The commercial determinants of health Cross-sectoral integration and involving other sectors in addressing health determinants
Transformation	<ul style="list-style-type: none"> EU tools to drive innovation and support transformation Involving stakeholders, patients and providers in planning and reform processes
Labour market	<ul style="list-style-type: none"> Alignment of educational standards and recognition of qualifications Health workforce needs and working conditions An EU wide approach to health workforce
Universal health coverage	<ul style="list-style-type: none"> Mapping and monitoring of coverage gaps Vulnerable and marginalised groups' access to care Integrated care and investment in primary health care, community care and prevention
Digital solutions and AI	<ul style="list-style-type: none"> Digital inclusion (equity) Digital solutions to improve health service delivery including prevention Challenges to implementation, safety, privacy and trust
Performance and resilience	<ul style="list-style-type: none"> Standardisation of indicators and methodologies Health systems strengthening and preparedness as prerequisites of resilience (the capacity to withstand health threats) People- and patient-centred indicators Public engagement in health planning and management
Long-term challenges	<ul style="list-style-type: none"> Climate change preparedness, mitigation and adaptation including use of technology and innovation (climate friendly solutions to managing and delivering health care) Patients' needs – integration of care (primary, long term and social care) and leveraging innovation to meet them (age-friendly technologies, best practices) Health determinants, including commercial determinants
Global voice and leadership	<ul style="list-style-type: none"> Alignment and implementation of global health strategies for an EU common voice Mutually beneficial relationships with third countries Comprehensive and cross-sectoral health policies



What are the EU plans for the future?



Does the EU's response match the big expectations?

POLITICO

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NEWS > HEALTH CARE

The job no one wants: EU health commissioner

Health policy is looking like the poor cousin and is likely to be downgraded this mandate.



Olivér Várhelyi

Mission letter: plans for the future?

- Picks up most from the Belgian presidency council conclusions
 - Medicines, one health, mental health, cancer, AMR, EHDS/EHU, greening.
 - **Missing:** workforce, HSPA, PHC, new models of care
 - However, encourages to draw from upcoming reports, notable the Draghi report (which flags up the skills gap).



Olivér Várhelyi

Commissioner-designate for Health and Animal Welfare

Dear Olivér,

The Commission we will serve in together will be called upon to make choices that will shape our Continent and our Union for years and decades to come. In a time of great global instability and great expectations of Europeans, we must live up to that responsibility. **We must deliver and lead from the front**, working closely with the people and regions of Europe and the parliaments, governments and institutions that serve them.

This was the spirit of the Political Guidelines which I presented to the European Parliament in July 2024 – our common plan for European strength and unity. It focuses on ensuring our **security** in every sense in a more dangerous and turbulent world, on supporting people and citizens by strengthening our **prosperity**, our social market economy, green and digital transitions and sustaining our unique quality of life. We will strengthen our **democracy**, rally around our values and ensure that we are stronger at home. We will work with our partners and better assert our interests around the world.

Together, we will respond to the real and legitimate concerns and expectations that Europeans expressed at the last elections. We will be closer to people and businesses where it really matters with practical support and sustained investment. We will strive to **make Europe faster and simpler** in the way that we act – and in the way we interact

So what can we expect?

Safe bet

- **Budgets** are in place: Multiannual Financial Framework 2021-2027 – still valid for almost 2.5 years!
Impact continues
- Working towards **European Health Union** will clearly continue to contribute to health system transformation
- **Digitalization of health systems** through the Artificial Intelligence Act and European Health Data space though regulating the (partially) unknown will continue to contribute to health system transformation
- **Access to better medicines:** Pharmaceutical Strategy seeks to align industrial policy with health system goals and objectives

Likely

- **Health workforce:** strong signal from the Member States; Draghi report emphasizes the skill-gaps
- **Climate change:** a version aligned with industry and growth policies
- **Determinants of health:** action on tobacco and alcohol are still pending

Concluding thought

- Countries **need to transform** to deal with the main challenges (rising numbers of multimorbidity, cost pressures workforce shortages)
- There is alignment between what countries are doing to transform, what the EU is doing to assist and what the people expect from the EU
- But the public, experts and stakeholders would welcome and even **greater mandate**.
- Some areas so far notably **missing**, such as workforce and new care models and HSPA – but in our monitor we see countries investing in these areas
- Countries will have to find their own solutions and therefore great potential for a **health resources hub**

Thank you

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