EUROPE’S HEALTH AFTER COVID-19

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Many EU countries are now experiencing the second wave of the COVID-19 pandemic and it seems that the lack of Europe-wide coordination that marked the first wave is still there.

Different COVID-19 tests and the re-introduction of travel restrictions are among the main problems EU citizens have to face in their daily lives.

For many stakeholders, this public health crisis has helped Europe learn some lessons and the challenge now is to decide what is next, how EU health policies can be better managed and coordinated.

The EU pharma industry has recently said that once Europe emerges from this crisis, we should not only rebuild our economies and get our societies back on their feet but also “take the opportunity to implement an ambitious reform agenda for European health systems”.

Funding healthcare, saving costs, digitising the sector and putting patients at the centre of the discussion will be among the main priorities EU policymakers
Seventy-one MEPs ask EU member states to finally break silos in COVID-19 crisis

Poor investment in digitising health hit Europe back with COVID-19

OECD official: 20% of all health spending in Europe is pure waste

Teach health literacy at schools to combat fake news, expert says

A new start for healthcare systems
Seventy-one MEPs ask EU member states to finally break silos in COVID-19 crisis

By Sarantis Michalopoulos | EURACTIV.com

Seventy-one lawmakers from the major political groups in the European Parliament have called on EU member states and the Commission to end fragmentation and improve coordination in order to better tackle the consequences of the COVID-19 pandemic.

In an open letter, the MEPs stressed that EU citizens have already paid a big price due to the lack of coordination among member states and this should not be repeated now with the resurgence of the pandemic.

“This summer, we have witnessed, powerless, the chaos at the internal borders of the EU: unilateral decisions to control or restrict borders, based on disparate maps and contested test results from one country to another,” the open letter reads.

“Yesterday tourists, tomorrow workers (cross-border and seasonal workers), students, artists... This disorganisation will not only have health repercussions but also consequences on economic, scientific and cultural life in Europe,” the MEPs said.

They added that the freedom of movement within Schengen, the EU’s borderless area, should not be constantly threatened without any coordination and, above all, without any proper justification.

“The COVID-19 crisis should not become an excuse for any kind of national egoism,” the MEPs said.

EU lawmakers called for a common methodology for health data collection.

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and the qualification of risk mapping with common colour codes.

“The EU has to converge on common screening strategies and harmonise the epidemiological monitoring,” the MEPs said. Right now, EU countries use different screening methods and different quarantine rules, while COVID tracking and tracing approaches also vary across the bloc.

Véronique Trillet-Lenoir, an MEP from centrist Renew Europe, told EURACTIV that it is a matter of political will.

“EU member states have to discuss and come to an agreement on common sanitary measures in Schengen [...] they also have to make sure that the freedom of movement, both for people and goods, inside Schengen,” she added.

The French MEP also warned about a more severe economic impact in case of inaction.

“It’s not a question of money but of being able to discuss [...] I clearly see that at least between France and Germany, it’s already started,” she emphasised.

**RISKY NOT TO COORDINATE**

Peter Liese, a German MEP from the centre-right European People’s Party (EPP), said the mistakes from the beginning of the pandemic should not be repeated and coordination on health issues should be prioritised.

“Member states were not ready to accept it in the past [...] but I am very optimistic that the member states will change their attitude now,” he told EURACTIV.

He warned that if the measures are not coordinated, people are less likely to follow them, which in itself presents a health threat.

“I really oppose the approach of Hungary, which closed the border for all European countries except the Czech Republic, Poland and Slovakia, even though the Czech Republic is one of the hotspots for COVID-19 at the moment.”

“Many other European countries, where the border is closed, have lower figures. Not only concerning the pandemic but also in general, Europe must cooperate more on health. We have a legal basis,” Liese said.

He also said that the German EU presidency, as well as the European Parliament, supports a proposal on strengthening the EU’s institution to fight infectious diseases, the European Centre for Disease Prevention and Control (ECDC).

“For the moment, the ECDC is not allowed to give recommendations, and they are completely understaffed. This must change! I share this view not only with the Commission and the huge majority in the Parliament but also with the German Presidency”.

“We should use this opportunity to cooperate much more whenever the member states alone are not able to address a problem. This also applies to the fight against cancer,” Liese concluded.
The COVID-19 pandemic has reminded Europe that its piecemeal approach to investing in the digitisation of health systems comes at a cost, but not all countries and policymakers have yet learned the lesson, the chairman of the European Connected Health Alliance told EURACTIV.

Brian O’Connor said Europe has so far failed to see that its risk-averse approach to proper investment in creating the necessary infrastructure for full digitisation has “now come back to bite us”.

Stakeholders across Europe say the pandemic has offered policymakers a number of lessons to be learned, especially regarding the modernisation of health systems.

The pandemic, which hit Europe after the continent went through years of austerity-driven policies, exposed the severe shortcomings in the healthcare sector, particularly at its outset.

LIVES, MONEY COULD HAVE BEEN SAVED

For O’Connor, a fully digitised health sector would have saved lives and enabled whole populations to get accurate information based on real data rather than have to rely on often conflicting opinions.

“It would have enabled different decisions to be taken not only on health and care matters but economic decisions based on facts and not best guesses,” he emphasised.

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“It would have given confidence to citizens, knowing that the data and evidence existed and encouraged them to work in partnership with the authorities instead of second-guessing lockdown and other restrictions,” O’Connor added.

O’Connor, who has personally invested in the healthcare services area in the UK, Ireland and Hong Kong, noticed that in some countries which already had a high degree of digital connectivity, data laws regulation, and, most importantly, the trust of their citizens, the number of deaths and cases was significantly lower than in many others.

“Finland and Estonia spring to mind, but there are others who have coped better because they invested over many years in digitisation,” he said.

In some countries, he said, hospitals are perhaps the most digitised institutions, but there was still room for improvement.

“Even then, we still see too many systems which can’t share data within the same hospital.”

In an open letter published on Monday (14 September), 71 EU lawmakers called on the EU to take a coordination role and rapidly adopt a common methodology for health data collection.

This is in line with the EU pharma industry’s long-standing push for national but interoperable Electronic Health Records.

In an interview with Greece’s MEGA TV channel, Nathalie Moll, the director-general of the European Federation of Pharmaceutical Industries and Associations (EFPIA), voiced regret for the lack of common standards to measure healthcare outcomes, especially during the COVID-19 pandemic.

“We could not even compare mortality rates between member states because they were using different data collection standards. Mortality rate is a very basic healthcare outcome,” she said.

A WAKE-UP CALL FOR MEMBER STATES?

Public pressure to re-design health systems is now mounting and many see the recently adopted EU Recovery Fund as a great opportunity to do so. However, it is still uncertain if policymakers and stakeholders will now see the long-term advantages of a fully digitised health sector.

Asked if COVID-19 could change member states’ mindset, O’Connor replied: “I think there is Before Covid and After Covid. Before, the majority didn’t grasp it. After, more do but still not all.”

“Some see COVID-19 as a wake-up call to build the necessary infrastructure to deal with today’s pandemic but also to vastly improve existing health services,” he added.

O’Connor explained that there are some countries that have made more progress in six months than in 20 years by “taking action based on the best info available, by setting aside procurement laws, by invoking emergency legislation and above all involving all the silos”.

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Europe’s current health systems have been facing long-standing malfunctions which have led to almost 20% of health spending in Europe being “pure waste”, a senior official of the Organisation for Economic Cooperation and Development told EURACTIV in an interview.

“The problem is not individuals, it is the system which fails both patients and those who have to pay for health systems,” OECD’s Mark Pearson said.

Mark Pearson is the deputy director of employment, labour and social affairs at the Organisation for Economic Cooperation and Development (OECD). He provided written replies.

INTERVIEW HIGHLIGHTS

- 10% of all hospital spending is correcting errors made in treating people
- Health spending overwhelmingly goes on curative care, not prevention
- The flow of data to decision-makers should be improved
- Health decision-makers should avoid confusing messages to the public
- Integrated budgets can help promote better care for people

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Full interview

What is the situation with waste in Europe’s healthcare systems? Do you have figures showing that there is waste that can be avoided?

By waste, we do not just mean things that can be done better, we mean things that do no good at all, or are actually bad for patients. Unbelievably, a huge amount of health spending is wasteful in this sense: 10% of all hospital spending is correcting errors made in treating people in hospitals.

Too often, people receive unnecessary/inappropriate care (about half of all health treatments that people actually receive in OECD countries do not follow medical guidelines. In lower-middle-income countries, the figure could be even higher). Not all of this is waste, but much is (e.g. hip replacements and tonsillectomies for people who do not need them).

Costs of antimicrobial resistance. When drugs no longer work, people get much sicker. We use antibiotics far too much in some European countries. The Netherlands has an excellent health system but uses far fewer antibiotics than in other countries. We should all copy them.

Add these things up, and you get (easily) to 20% of all health spending being pure waste – not lost efficiencies (which would be a much higher number), but the equivalent of burning money. It is hard to tackle waste. Patients are sometimes ill-informed and want a treatment (antibiotic, surgery) even when it is inappropriate.

Sometimes health care professionals do not have the training, or the information, necessary to make appropriate decisions. No surgeon deliberately makes a mistake when doing surgery. The problem is not individuals, it is the system which fails both patients and those who have to pay for health systems. Taking a systems-based approach to tackling poor quality patient care and eliminating waste is the first step to finding what measures we need to take.

When it comes to healthcare budgets, what is your opinion regarding integrated budgets? What do we mean by that and how could Europe economically benefit from these budgets?

Integrated budgets do not pay providers for each health care activity, but rather for caring for whole episodes of care, or even on a per capita basis. This gives providers an incentive to promote care in the most appropriate setting, and even invest in prevention, rather than cure.

Evidence suggests that, when done well, integrated budgets can help promote better care for people, and sometimes even also lower costs. There is also a need for rethinking the integration between health systems, labour markets, social protection systems, value chains, etc. Integrated budgets can help to achieve this, but they cannot deliver integrated policy-making in isolation from other measures, such as better alignment of result/outcome frameworks, skills, shared information systems, etc.

The crisis has highlighted in particular problems in the interaction between health and social care. Failure to see elderly care as part of the wider health care system led to disastrous results in some countries and contributed to an inability to manage effectively a pandemic that disproportionately affects elderly people.

Many countries recognise that their response in care homes and home care settings was not as good as it should have been – PPE in social care settings was not prioritised, elderly care facilities lacked the infection control protocols, workforce capacities and skills, people were discharged from hospitals into social care without tests or transfer of health records, etc.

Integrating health and social care budgets can help to make sure health and social care are better integrated, but addressing things such as skill frameworks, quality measurement, shared information systems, and common infections protocols are also important.
A number of health stakeholders say Europe has learned a lot of lessons through the COVID-19 pandemic. Which ones would you prioritise?

The pandemic offers opportunities to learn lessons for health system preparedness and resilience, for example:

1. The need for greater focus on building population resilience, by addressing wider socio-economic determinants of ill-health and addressing the underlying source of poverty and inequality. Yet as today health spending overwhelmingly goes on curative care, not prevention – leaving too great a part of the population with underlying health conditions that have left them particularly vulnerable to COVID-19. Only 3% of Total Health Expenditure is spent on illness prevention and health promotion. Even when people do have chronic conditions in Europe, the conditions are often not managed well. Greater patient involvement in their own health and health care – in the jargon, ‘people-centred health’ – is a must.

2. The need for greater anticipation and reactivity: many countries struggled to implement Testing, Tracking and Tracing, and even now that tests are available, many struggle with getting results back quickly enough, with implementing effective and timely tracking and tracing, with getting people to use digital tracking apps, etc. This points to the need for

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capacity to expand services quickly – for example, though having reserve health workers, and improving the flow of data to decision-makers (which has been a real barrier to good decision making in too many countries).

3. The need for building greater trust in health decision-makers. This has to do with communication – need to be clearer and more open, less confusing in messaging e.g. the issue with face masks. But it has to do also with building better channels of trust, so that populations can trust governments to act in their health and wellbeing interests and not in their self-interest (the issue with vaccine nationalism, trust in vaccine).

Last but not least, many say the pandemic has proved the need for a more centralised approach to health. Is there fertile ground to launch a discussion over Europe’s future role in the health sector?

Nationally, some aspects of pandemic response work best when done centrally, and some better when done by localities. Some centralised systems have struggled with quick decision-making and implementation, but equally some decentralised systems have not managed to provide comparable information on things like PPE, infection rates, even deaths, quickly enough. Different local rules have sometimes caused confusion about social distancing rules, and (perhaps) reduced compliance.

One area where decentralised management does seem to be necessary is in contact tracing: the stronger the local community health sector, the better have countries been able to trace new chains of infections.

On a European level, looking back, and it is clear that some things that were discussed but not implemented would probably have helped. Supply chain management, PPE, pooling of funds to support R&D, coordination of measures beyond health (eg border closures, travel, etc) are examples. This was a missed opportunity.
Social and traditional media, patient organisations and policymakers have all a role to play in providing clear messages when it comes to public health. But without proper investments in health literacy at school, fake news cannot be combated, according to the European Patients Forum (EPF).

“If we don’t restart teaching basic science in our schools, if governments continue underinvesting in schools, then we will keep on creating people that will be facing more and more difficulties in understanding messages that are made on a scientific ground,” EPF president Marco Greco told EURACTIV in an interview.

For Greco, the social media sector is important but is not enough to target a wider population which still has no access to them.

One of the main problems, he said, is that fake science is much easier to be understood than real science.

“It’s much more difficult to deliver a scientifically checked message but it takes 10% of the time for someone to produce fake news,” he warned.

Europe is currently experiencing a second wave of the COVID-19 pandemic and citizen movements across the bloc have already started questioning the several restrictive measures put in place to slow down the coronavirus.

Anti-vaccination movements have also re-appeared, spreading doubts over the safety of a much-awaited
COVID-19 vaccine.

Greco said the pandemic found Europe unprepared on a communication level, but overall the EU reaction has been positive, especially once the situation became clearer.

He pointed out that in the beginning, even the scientific community found it difficult to send a common message. He cited as an example the use of masks, and the differing opinions of various experts, which confused people, as well as the guidelines for schools, which in many cases were provided to people only a few days before the start of the academic year.

In an effort to provide as much clarity as possible during the pandemic, EPF has established a cooperation with the European Medicines Agency (EMA) and created scientific committees sending weekly newsletters to its members with information about the state-of-play and ongoing studies on COVID-19.

“The objective was to deliver the same information to patients, to reassure them that this message was controlled by scientists and also by regulators,” Greco said.

VACCINE: A CRITICAL MOMENT

For Greco, despite the initial shortcomings, the communication strategy followed by the EU executive and EMA was positive in sending clear messages.

“I believe that the COVID-19 pandemic has obliged us somehow to accelerate in this type of communication because it is necessary to provide information everybody can understand,” he said.

The turning point of this communication challenge will be the vaccine, once it becomes available.

“It will be essential to maintain the same level of communication that we applied for prevention, once the vaccine will be ready. The vaccine will be a very critical moment, not only because it’s essential for the public safety [...] but also because you know how difficult the perception on vaccination has been in the last few years,” he said.

That is why, he said, a clear message from the EU authorities would be essential to guarantee that everything has been done to ensure patients’ safety.

Anti-vaccination groups are focusing on the urgency of a COVID-19 vaccine, claiming that a fast-track process entails risks.

But for Greco, transparent, clear and science-based messages about the COVID-19 vaccine could pave the way for a general change of attitude on vaccination.

“This is why EPF is working on maintaining the bar of scrutiny high on the safety of a vaccine [...] this can make a change in the perception of vaccine”.

“Many of us will be facing the choice of taking this vaccine when it’s ready. It will be an enormous opportunity for communicating better about vaccination and the importance of vaccination and the scientific solid base on which vaccination is grounded,” Greco concluded.

Earlier this month, nine pharmaceutical companies signed a joint statement saying any coronavirus vaccine will be developed with “high ethical standards and sound scientific principles.”
The COVID-19 crisis has put the resilience and agility of European health systems to the test in an unprecedented way, and has reminded us about the crucial importance of health and wellbeing for our societies.

Nathalie Moll is the Director General of the European Federation of Pharmaceutical Industries and Associations (EFPIA).

As we continue to rally together in the fight against COVID-19, we also need to collectively reflect on what this crisis has taught us so far, about the state of European health systems and European health collaboration, and what could be done better or differently in the future. EFPIA believes that once we emerge from this crisis, we should not only rebuild our economies and get our societies back on their feet, but also take the opportunity to implement an ambitious reform agenda for European health systems. Going back to the status quo would not be an appropriate or realistic option.

Our health systems are complex and consist of many interrelated parts, and are also closely linked with other sectors such as social care, housing and the labour market. We need to have a holistic and system-wide discussion, and I would like to highlight a few elements that we believe are important to take into account.

THE SOCIETAL AND ECONOMIC VALUE OF HEALTH

COVID-19 has clearly demonstrated the fundamental link between health and the wellbeing of our societies and economies. It shows that a lack of investment in health systems, while saving money in the short term, can have devastating effects on society.
and the economy in the long term. We should once and for all stop regarding health expenditure only as a cost, and absolutely avoid that health budgets are cut in the wake of the economic crisis caused by the pandemic. The road to resilient and sustainable health systems is not through short-term budget cuts but through improved care delivery and smart spending that will both improve outcomes and avoid unnecessary costs in the long run.

**EUROPEAN SOLIDARITY AND CAPACITIES**

Diseases know no borders, and in a closely integrated Europe we must deal with health threats and other important health issues based on close collaboration and a common purpose. More solidarity is needed to support all Member States in strengthening their health systems and public health capacities in order to achieve common preparedness as well as equal access to healthcare and comparable outcomes for patients. The EU also needs reinforced capabilities to monitor and assess national and regional healthcare demands and capacities in order to better inform the supply of essential medicines and medical equipment, and other healthcare resources. Health inequalities need to be addressed also within Member States, including the specific needs of marginalised communities such as the homeless and migrants.

**AN INTEGRATED APPROACH TO FUNDING HEALTHCARE**

National health systems are still, to a large extent, fragmented in silos. They operate on annual budgets where the value and long-term benefits of health investments are not assessed or considered when evaluating health interventions. This crisis is an opportunity to design a new way of financing health systems based on an integrated budget, including both health and social care, which would also provide appropriate incentives to direct investments into prevention, services and technologies that bring benefits in the longer term and free up resources in other parts of the system.

**INVEST IN A EUROPEAN HEALTH DATA INFRASTRUCTURE AND DIGITAL HEALTH**

The COVID-19 crisis has shown us the vital importance of having access to real-time and comparable data on how patients and populations are affected by disease, and on the effectiveness of different public health measures and treatments. Here we are facing a huge gap, when in some cases not even mortality data can be fully compared between countries. The EU should take the lead in driving the standardisation of health data quality, collection and interoperability, investing in national but interoperable Electronic Health Records and digital health infrastructures, and accelerate the creation of a European Health Data Space with a clear governance framework for the use of data in research. The EHDEN project, set up through the Innovative Medicines Initiative, is already proving how a federated approach can enable rapid analysis of large data sets in a GDPR-compliant way, and has recently started a collaboration with EMA to study the effect of treatments against COVID-19. Europe also needs the capacity to analyse health data for risk assessment, monitoring, projections and performance assessment building on health outcomes relevant for people and patients.

**HEALTH LITERACY**

Health concerns everyone, and the COVID-19 crisis has shown an unprecedented engagement from the general public in seeking reliable information on the pandemic, and demonstrated the need for clear and reliable information on health issues from trustworthy sources. Long before COVID-19, patients have increasingly sought information, often online, to better inform themselves about their health and to manage diseases. In the future, more concerted efforts could be done to improve health literacy and combat misinformation, including through the latest digital tools.

**NEEDS OF PEOPLE AND PATIENTS IN THE CENTRE**

Last but not least we should put the commitments about people- or patient-centred healthcare fully into practice. All European health systems should have a plan for how to integrate a patient perspective in decision-making at all levels, developed in close collaboration with patients. This should include a strategy for the collection of data on outcomes important for people and patients for use in care, quality improvement and research as well as health system performance assessment and planning. The EU could play an important role in driving the alignment of how to measure patient-relevant outcomes across countries, as well as leveraging the data for benchmarking and cross-border comparisons.

EFPIA and its members are looking forward to coming together with partners, stakeholders and policymakers at both European and national level, including within the EU Health Coalition and other partnerships, to discuss how to improve the resilience, responsiveness and readiness of health systems. Let’s get started, there’s no time to waste.