AIM General Assembly
Celebrate 20 years anniversary

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The Future of Health in the European Union.

What should a socio - political Europe look like?

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1. Traditional institutions and powerful decision makers remain unprepared.
2. Globalisation confronted by re-trenchment.
3. Connectivity and power shifts now.
4. Historic transformations
5. Why?
6. Multiple forces converging.
7. Existing tools health care.
8. Shifting roles EU.
1. INSTITUTIONS & DECISION MAKERS UNPREPARED.

Our institutions, whether national, regional or international are stuck in short-term, reactive, rather than proactive, mode.

Therefore the financial crisis, the election of extremist leaders, the Ebola epidemic, the waves of large scale migrations, the rising of Isis and the decrease in social investment were all not prepared for nor predicted.
Globalisation and its perceived unfairness to people and planet is mobilising calls for change. Fear, uncertainty and discontent is growing in a turbulent world. Politicians and businesses are struggling for the answers. Europe was leading the way in shared sovereignty/prosperity and needs to continue in that direction. but needs to keep mobilizing and motivating people and build consensus.
3. CONNECTIVITY & POWERSHIFT

Connectivity is the most revolutionary force of the twenty-first century.

The future is and will be shaped less by borders than by global supply chains and connectivity, a world in which the most connected powers—and people—will win.

Connectivity, not geography, is our destiny.

Beneath the chaos of a world that appears to be falling apart is a new foundation of connectivity pulling it together.
Europe has been the world’s leader in providing wellbeing, health and social protection for its citizens, since decades.

Europe needs to engage further with ideas leading to innovative outcomes, products and services focusing on its main strength its human capital.

Working together we are stronger
EVERY FIFTY YEARS, HEALTH-CARE EXPERIENCES DISRUPTIVE CHANGES

1. 1870 Germ theory of disease, anesthesia and antiseptic: life saving operations and advances in public health.
2. Early 20th century: creation of modern hospital for acute care and licensing of health professionals.
3. 1928, Discovery of penicillin and major change in treatment of infectious diseases.
4. 1940s Evidence based medicine and randomised controlled trials and creation of social and health insurance.
5. Ageing and chronic multi-morbidities create the need for care in communities and homes and health enters the digital age.
5.WHY?
EUROPE’S ROLE IN HEALTH, WELLBEING AND SOCIAL INVESTMENTS

1. highest priority for people.
2. Condition for growth and core value.
3. Healthy nutrition, environments, housing, social protection and health insurance, inclusive communities are key for healthy people.
4. Personal responsibility; healthy living with sports, food, non-smoking and fighting of obesity ...

5. The future is already here! and the pace of change requires a higher speed for strategic preparations together.
6. A PERFECT STORM, A RESULT OF A CONVERGENCE OF MULTIPLE FORCES

- unprecedented growth in demand, ageing and chronic multi-morbidities,
  - growing awareness of serious quality, safety and privacy concerns,
  - unsustainable healthcare cost inflation,
  - widespread waste,
- an inadequate supply of physicians and nurses.
  - aging population
- unhealthy lifestyles and environments.
Pillar of social rights
Social and health investment packages
European Semester & recommendations on MS public budgets.
Investment in social infrastructure. Prodi report and InvestEU Development, Universal Health Care and SDGs
Standard setting.
Public grants and advise on best practices
16. Health care
Everyone has the right to timely access to affordable, preventive and curative health care of good quality.

18. Long-term care
Everyone has the right to affordable long-term care services of good quality, in particular home-care and community-based services.
GERMANY, SWEDEN AND FRANCE HAD THE HIGHEST HEALTHCARE EXPENDITURE IN % OF GDP IN 2015 (AROUND 11 % EACH).
The European Semester, the cycle of economic and fiscal policy coordination in the EU, focused on reforming national healthcare systems since 2011.

In 2011 country specific recommendations for health in 3 countries & in 4 economic adjustment programme countries.

In 2013, sixteen MS, later on 24 MS

Over reliance on cost-cutting and short termisms with little understanding how health and health care needs to be innovated.
Poor available data on public and private investments

• € 65 billion annually for education & lifelong learning.
  = 0.43% of GDP and 90% are public resources.

• € 75 billion annually for health and long-term care.
  = 0.5% of GDP.

• € 28 billion annually for affordable housing.
  = 0.2% of GDP.

• Grand total = €170 Billion
Generally small projects: only 1/100 more than 30 million Euro. BUNDLING

Source: CEB 2017 p12 – Eurostat and CEB staff calculations
INFRASTRUCTURE INVESTMENT & CROWDING—IN PRIVATE RESOURCES

- EFSI investment in social infrastructure only 4 per cent and not in the countries with highest need.
- Prodi report: public investment in health infrastructure in 2016,
- Invest EU: 4 billion guarantee and possible 50 billion for the whole period for all social infrastructure investment
Commission can

- Mobilise, convene and exchange best practices
- Participate in global alliances and funds
- Regulate
- Recommend budgetary priorities in national budgets of MS (semester)
- Provide public resources /grants. MFF
- Harness investments and build alliances. InvestEU
5. DEVELOPMENT AND SDGS

Universal health care, social protection floor and investments
Europe could become the leader in social, health and environmental impact investing.

The impact investing hub

- Set **standards** for the rest of the world
- **Innovate** and transform health care for 21st century by dis-investing in old ways and investing in innovative community based health care and personal health.