

# Reshaping the agenda of the European Commission for the health systems and policy research in Europe within Horizon 2020

KIERAN WALSHE<sup>(1)</sup>, MARTIN MCKEE<sup>(2, 3)</sup>, PETER GROENEWEGEN<sup>(4)</sup>, JOHAN HANSEN<sup>(4)</sup>, JOSEP FIGUERAS<sup>(5)</sup>, STEFANIA BOCCIA<sup>(6)</sup>, WALTER RICCIARDI<sup>(2, 6)</sup>

(1) *European Health Management Association, 1040 Brussels, Belgium*

(2) *European Public Health Association, Utrecht, Netherlands*

(3) *London School of Hygiene and Tropical Medicine, London, UK*

(4) *NIVEL, Netherlands institute for health services research, the Netherlands*

(5) *European Observatory on Health Systems and Policies, Brussels, Belgium*

(6) *Institute of Public Health-Section of Hygiene; Department of Public Health, Faculty of Medicine and Surgery, Università Cattolica del Sacro Cuore, Rome, Italy*

**CORRESPONDING AUTHOR:** *Walter Ricciardi, L.go F. Vito, 1-00168, Rome, Italy. Tel: +39 06 30154396,*

*Fax: +39 06 35001522. e-mail: wricciardi@rm.unicatt.it*

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In 2012 the European Regional Office of WHO published a new health policy strategy, Health 2020, and an accompanying European Action Plan [1, 2], with both documents being endorsed by the 53 member states. Following consultation with member states, a series of overarching targets have been established in the three areas of Health 2020: i) reducing the burden of disease and risk factors; ii) enhancing health and well-being; and iii) improving governance and systems for health. The WHO is now working with member state governments to develop 'Regional' Health 2020 targets [3, 4].

If Health 2020 is to achieve these goals, the actions that flow from it must be based on the best available evidence of what works and does not work in the diverse settings found in Europe. Furthermore, their implementation must be evaluated to ensure that they are achieving the objectives set. Yet, for many policies, and especially those that involve the complex interventions necessary to tackle the major threats to health, the evidence is weak. Often, what exists has been undertaken in North America and cannot necessarily be translated into the often quite different European context. Moreover, the capacity to evaluate public health interventions is weak, or virtually non-existent, in many European countries.

This is where the European Commission can help, and particularly its funding for health research. Its new research programme, Horizon 2020, is expected to provide €70 billion over 6 years to 27 EU Countries and its predecessors, the Framework programmes, typically spent up to 20% of their budgets on health [5]. However, judging by previous experience, the vast majority of this funding stream will go to basic research, and in particular that linked to innovation in pharmaceuticals and technology. Previously, only 4% of the European Commission's health research budget was allocated to health systems, public health, and health policy research [6]. This reflects the dominance of science ministries in the system of priority setting, with little input from ministries of health.

Yet the need for research in health-care systems and policy has never been greater. Health-care systems are facing almost unprecedented challenges, while technological advances and, to a lesser extent, social and demographic pressures, continue to place upward pressure on expenditure, austerity policies, in some cases imposed by the European Commission, are forcing governments to cut expenditure on health and its determinants [7]. Individuals and families are increasingly asked to pay out-of-pocket and, in some

countries, are finding that care is unavailable or unaffordable [8, 9], thus widening even further the existing inequalities. Health systems must adapt to these pressures with changes that increase the appropriateness and efficiency of the care that they provide, rather than, as is often the case at present, by crude budgetary cuts that store up problems for the future. Yet this can only happen if policies are informed by health services research that provides contextually appropriate evidence on service delivery and performance, from the perspectives of patients, practitioners, organisations and whole health-care systems, to compare, learn and improve.

We believe that it is more essential than ever that the voices of key stakeholders in the health policy community, including health professionals and managers, and policy makers and politicians at national and European level, must engage in the process of budget allocation to ensure adequate support for health systems and policy research in Europe [10].

Health 2020 offers an unprecedented opportunity improve health and well-being and advance health equity [11, 12] yet it will not do so if it continues, or worse, increases the tradition of concentrating on technological advances in health care, based on the implicit assumption that this will drive improvements health outcomes. Any technological advances will have to be paid by increasingly cost-constrained health-care systems, something that is likely to accentuate the financial problems they face [10]. Now more than ever there is a need for research on quality and safety in health care, the financial sustainability of health systems, innovations in health-care organizations and delivery, the effectiveness and efficiency with which health-care interventions are used, and the health-care workforce [10, 13].

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