



## Partnership for Health System Sustainability and Resilience

EUROPEAN UNION

# Investing in Health for a Competitive, Secure, and Resilient Europe: A Strategic Call to Action



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## Authors

The Partnership for Health System Sustainability and Resilience (PHSSR) has leveraged expert perspectives on sustainable healthcare financing and has broadened the **PHSSR EU Expert Advisory Group** to include new members who are leading experts in health and health financing policy in Europe. The Expert Advisory Group includes policymakers, experts with direct experience from both EU and national health authorities, academics, researchers, and patient representatives.

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# Executive summary



# Investing in health for a competitive, secure, and resilient Europe: A strategic call to action

## A critical juncture: Health systems at the heart of Europe's future

Europe stands at a crossroads. Faced with war on its borders, global power shifts, inflationary pressure, and widening social disparities, Europe's ability to remain competitive and cohesive depends on its internal resilience. Nowhere is this more evident than in the health systems that underpin Europe's prosperity.

The COVID-19 pandemic laid bare the costs of chronic underinvestment in health—lost lives, economic paralysis, and fractured supply chains. Despite hard-learned lessons, we now face the risk that health is being politically sidelined again, overtaken by other priorities such as defence, migration, and EU enlargement.

The Partnership for Health System Sustainability and Resilience (PHSSR), alongside a high-level EU Expert Advisory Group, warns: the sustainability of Europe's health systems is not a sectoral issue—it is a strategic imperative. Failing to act now will undermine not only Europe's health, but Europe's productivity, sustainability, social cohesion, and geopolitical relevance.

## Health: A high-return strategic investment—not a budgetary burden

Viewing health expenditure merely as a budgetary pressure is a misjudgement and a mistake. Projections developed by the Organisation for Economic Cooperation and Development (OECD) suggest health spending could rise significantly unless action is taken to boost efficiency and long-term sustainability.<sup>i</sup> Yet health investments, when well targeted, deliver immense returns: up to €14 for every €1 spent.<sup>ii</sup>

Public health measures—particularly in prevention and early diagnosis of non-communicable diseases (NCDs)—can reduce costs and enhance system efficiency. For instance, every euro invested in early detection of NCDs can yield up to €4.90 in economic returns.<sup>iii</sup> Preparedness and prevention are not expenses to be delayed—they are cost-effective tools to future-proof public budgets.

The economic rationale for investing in health extends well beyond traditional commitments to equity and solidarity. Finance ministries should see health not as a fiscal liability, but as a strategic asset for workforce productivity, economic growth, and budget sustainability.

## Why all stakeholders must act now

This report sends a direct message to ministers of finance, health, and innovation: we cannot meet our objectives without investing in health. Health systems are the social and economic infrastructure on which all EU priorities rest.

Investments in health sustain:

- **Economic competitiveness.** Investing in human capital by fostering a healthy, capable workforce drives productivity and reduces absenteeism and presenteeism (the act of attending work while ill). Additionally, better working-age health reduces early retirement and social welfare costs.
- **Strategic autonomy and defence.** Health systems are as vital to security as energy or military capabilities. Moreover, Europe cannot rely on non-EU suppliers for essential medicines, technologies, equipment, or personnel in times of crisis.
- **Demographic resilience.** With a projected shortfall of 4.1 million healthcare workers by 2030 (according to the World Health Organisation),<sup>iv</sup> under-resourced systems risk collapsing under ageing populations.

- **Innovation and digital transformation.** Health is a driver of advancements in artificial intelligence (AI), data science, and digital services. Initiatives like the European Health Data Space and InvestAI must be underpinned by modern, resilient healthcare infrastructure.
- **Climate and crisis preparedness.** Resilient health systems are essential for managing the increasing frequency of climate-driven health shocks and future pandemics. Geopolitical tensions may also translate into crisis situations in healthcare.

Investing in resilience is more effective and economically sound than reacting to disasters. To deliver on the EU's political commitment to ensure equitable, timely access to high-quality and affordable preventive and therapeutic healthcare across Member States, fiscally sustainable strategies are needed to support the development of more resilient health systems.

### Closing the competitiveness gap: Health as a cornerstone of industrial policy

Europe is losing momentum in global health innovation. For instance, the European Economic Area's share of clinical trials on innovative medicines has halved over the past decade, despite overall trial volume increasing by 38% in the same time period.<sup>v</sup> While China and the US scale up pharmaceutical R&D, EU investment remains fragmented and risk averse.

Health is not just a public service—it is a powerhouse of economic value. Robust investments in digital health, AI applications, and personalised medicine will fuel industrial competitiveness and scientific leadership.

Health is Europe's insurance policy for sustainable innovation, job creation, and economic sovereignty.

### Geopolitics has made health a strategic domain

Health is now a frontline geopolitical issue. Europe's health systems must be resilient to:

- **Pandemics and biothreats**, requiring coordinated infrastructure like the Health Emergency Preparedness and Response Authority (HERA) and the European Centre for Disease Prevention and Control;
- **Climate-related shocks**, from heatwaves to disease outbreaks;
- **Supply chain disruptions** that jeopardise access to medicines and technologies; and
- **Population displacement** driven by conflict, poverty, and climate migration.

Investing in health is investing in Europe's autonomy, cohesion, and strength on the global stage.

### Strategic spending for health: Investing wisely for maximum impact

Given multiple budgetary pressures, more strategic and efficient EU investments in health are essential to optimise resource allocation and support systemic transformation. The EU currently earmarks billions of euros for health, but fragmented governance, limited outcome tracking, and poor fund alignment reduce impact. Smarter, more strategic, and more efficient spending is urgently needed.

The PHSSR EU Expert Advisory Group proposes that the EU should prioritise health funding under the new Multiannual Financial Framework (MFF) and calls for the development of effective European health system infrastructure. To guide these efforts, the PHSSR proposes a **two-pillar approach** (see Table 1):

- **Pillar A.** Align EU health investments with broader strategic goals. Integrate health into frameworks for competitiveness, digital transformation, and security. Establish EU-level stress tests and benchmarks to track progress and enhance accountability.
- **Pillar B.** Improve fund governance and transparency. Establish an EU Health Investment Hub to support access to funding, particularly at local and rural levels, and to promote knowledge sharing across Member States.

This is not about choosing between health and other priorities. It is about recognising that strategic health investments deliver multiplier effects—in employment, digital readiness, crisis response, and long-term productivity.

### A final word to Europe's policy and finance leaders

The next MFF must reflect the reality that health is central to Europe's future. Sidelining health would not only waste an opportunity—it would actively undermine strategic EU objectives.

The PHSSR EU Expert Advisory Group urges all EU institutions and Member States to:

- **Prioritise health and place it at the heart of Europe's strategic investment agenda.**
- **Integrate health policy into frameworks for competitiveness, innovation, defence, and climate readiness.**
- **Secure retained levels and ring-fenced EU health funding with long-term predictability in the next MFF.**
- **Advance smarter, more accountable spending to maximise cross-sector benefits and patient mobility.**

Health is no longer Europe's overlooked asset. It is its strategic engine. Now is the time to treat it as such.

The PHSSR is a non-profit, global collaboration between academic, non-governmental, life sciences, healthcare, patient, and business organisations. This report has been developed in the context of the PHSSR's goal to improve global health by building more sustainable and resilient health systems for the future.

More information about the PHSSR can be found in the Annexe and at [www.phssr.org](http://www.phssr.org).

Table 1: Key recommendations from the PHSSR Expert Advisory Group

PILLAR A: OBJECTIVE SETTING AND PRIORITISATION OF FUNDING FOR HEALTH	
A.1 Adopt an aligned EU investment strategy for health to facilitate a cohesive and strategic funding approach that supports the objectives of the European Health Union	<ul style="list-style-type: none"> <li>• Establish joint priorities in areas of health with added value at the EU level and greatest unmet need in prevention, treatment, and aftercare.</li> <li>• Develop a comprehensive EU strategy for investments in public health and health systems that is explicitly guided by EU health policy objectives.</li> <li>• Create an inter-service group on health funding across Directorate-Generals (including DG SANTE, DG HERA, DG REGIO, DG ECHO, and the Reform and Investment Task Force).</li> </ul>
A.2 Ensure that EU-level benchmarks and targets are clearly defined and utilised to support goal setting, monitor progress, and enhance accountability in health policy implementation	<ul style="list-style-type: none"> <li>• Leverage programme-level key performance indicators (KPIs) and benchmarks to monitor implementation, adapt to evolving policy priorities, and minimise inefficiencies.</li> <li>• Utilise EU-level targets to track Member State progress towards shared strategic objectives.</li> <li>• Strengthen engagement with key stakeholders to enhance accountability, support knowledge exchange, and develop structured pathways for achieving targets.</li> <li>• Develop a comprehensive set of crisis preparedness benchmarks for EU public health systems.</li> <li>• Ensure the implementation of resilience stress tests for public health systems.</li> </ul>
A.3 Prioritise health within the new MFF and leverage synergies with other EU priorities	<ul style="list-style-type: none"> <li>• Ensure health continues to be a major priority in the next MFF, with a dedicated, ring-fenced fund and a verifiable target for financing for health, which are aligned to a coherent EU health investment strategy and retain funding levels for health at least at the current allocations provided across different funding programmes.</li> <li>• Maintain sufficient funding for the operational capacity of EU health agencies, including the European Medicines Agency, the European Centre for Disease Prevention and Control, and the Health Emergency Preparedness and Response Authority, to ensure continued health protection for all EU citizens.</li> <li>• Integrate health systematically with other EU priorities to improve EU multisector collaboration in supporting health systems, promoting synergies with policy areas such as defence, competitiveness, digital transformation, and the green transition.</li> <li>• Safeguard EU health investments through multiannual budget indexation, protecting health investments from erosion due to emerging fiscal pressures.</li> </ul>



PILLAR B: OBJECTIVE SETTING AND PRIORITISATION OF FUNDING FOR HEALTH	
B.1 Implement governance mechanisms to ensure that EU investments effectively contribute to the development of resilient, sustainable, and high-performing health systems	<ul style="list-style-type: none"> <li>Elevate the role of targeted EU agencies and mechanisms, such as the Technical Support Instrument, to provide strategic guidance to health system actors on governance frameworks for planning investments in health system transformation.</li> </ul>
B.2 Strengthen EU support for health system stakeholders to improve access to, and optimal use of, available EU funding mechanisms, and to foster cross-border collaboration and knowledge exchange	<ul style="list-style-type: none"> <li>Provide technical support to stakeholders at all levels of the health system in accessing and utilising EU financing mechanisms, by expanding the scope and implementation of an EU Health Investment Hub; leveraging the work of the European Partnership on Transforming Health and Care Systems; and coordinating closely with DG REGIO.</li> </ul>
B.3 Standardise and improve project and programme evaluation processes across EU health-related funds to promote efficiency, transparency, and evidence-informed decision-making	<ul style="list-style-type: none"> <li>Conduct cross-fund evaluations at the country level.</li> <li>Streamline and rationalise KPIs for beneficiaries to ensure they are measurable, meaningful, and proportionate.</li> <li>Strengthen the work of the Reform and Investment Task Force by advancing the development of a structured feedback mechanism to EU institutions.</li> </ul>

# 1. The need for sustainable health financing in the EU



## 1. The need for sustainable health financing in the EU

### A. HEALTH IS A STRATEGIC INVESTMENT, NOT A COST

As European Commission President Ursula von der Leyen affirmed in her speech at the State of the Union conference of the European University Institute in 2021, “[the COVID-19] crisis exposed our fragility. The fragility of our health. The fragility of our livelihoods. ... We must now move from the ad-hoc solutions of this year towards a sustainable system.”<sup>6</sup> This imperative underscores a growing consensus that building resilient health systems requires sustained structural investment rather than short-term, reactive measures. A similar message was delivered by Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organisation (WHO), at the World Economic Forum in January 2020, where he emphasised that “health is an investment, not a cost.” Together, these perspectives reinforce the need for a paradigm shift in how health is prioritised in both European and global policy agendas. The reality of these messages became clear in the months that followed, as countries around the world were faced with one of the most significant health and economic crises of the past century.

The economic benefits of investing in health have been demonstrated to far outweigh the costs. A systematic review in high-income countries found that public health interventions were cost-saving to both health systems and the wider economy, with a median return on investment of 14.3 (which significantly outperforms the typical return on financial investments).<sup>7</sup> Furthermore, interventions followed a public health ‘effectiveness hierarchy’, with national-level interventions typically yielding greater returns than local-level interventions. For example, adult immunisation programmes can return up to 19 times their initial investment, considering the lasting benefits to population health, the health system, and wider society.<sup>8</sup> A recent study found that every euro spent on early detection and treatment of non-communicable diseases (NCDs) can yield returns of up to 4.9 euros.<sup>9</sup> Even modest positive returns reinforce the value of health investments in alleviating future financial pressures for a government managing competing fiscal demands.

Yet health systems today continue to bear the consequences of chronic underinvestment, marked by cyclical patterns of ‘panic and neglect’ in health spending—where funding surges in response to crises but wanes during periods of relative stability. In 2022, the EU had an average of only 4.2 doctors and 8.4 nurses per 1,000 in population.<sup>10</sup> This situation is compounded by significant regional disparities, where the density of physicians and nurses differs by twofold and fourfold between the regions with lowest and highest densities, respectively.<sup>11</sup> Only 2.7% of total health expenditure across OECD (Organisation for Economic Cooperation and Development) countries was dedicated to prevention in 2019, rising to 5.5% in 2021 with the mobilisation of funding for COVID-19 related measures, then falling again to 4.3% in 2022.<sup>12</sup> Multi-morbid populations with high utilisation of healthcare are particularly vulnerable to disruptions in health services; prior to the pandemic, 35% of the population in OECD countries had a long-standing illness or health problem, with greater prevalence among those having lower incomes.<sup>13</sup> Maintaining care for chronic conditions posed challenges for many health systems. In Europe, those with chronic conditions were over 40% more likely on average to report forgoing or postponing medical care due to COVID-19 among those aged over 50 years.<sup>14</sup> The growing burden of NCDs as the population ages continues to strain health systems and reduce economic productivity: between 2011 and 2030, the global output lost to NCDs is estimated at \$47 trillion.<sup>15</sup> The vulnerability of health systems exposed by the pandemic was an inevitable consequence of this insufficient preparedness.

Although life expectancy had grown steadily from 2000 to 2019, the pandemic reversed that upward trend; in 2023, a gap of over seven months in lost life expectancy remained.<sup>16</sup> The International Health Regulations core capacity scores, which evaluate countries’ preparedness for public health emergencies, have failed to improve since the pandemic, with an average score of 73% in the WHO European region in 2023.<sup>17</sup> Vaccination rates in most Member States remain below pre-pandemic

levels, and the accumulated immunity gap contributed to 58,000 reported measles cases in 2023.<sup>18</sup> The resilience of our health systems—to prepare for, absorb, recover from, and adapt to future shocks—is critical, spanning health emergencies as well as financial, environmental, and security threats.

Investing in resilient health systems is not just an opportunity; it is a necessity to promote long-term health, safeguard economic vitality, and ensure uninterrupted, equitable access to healthcare. By going beyond immediate healthcare needs and prioritising health system reforms that focus on prevention, early intervention, and effective disease management, Europe can ensure a healthier, more productive workforce, while simultaneously strengthening the region's competitiveness in the global landscape and enhancing economic growth and societal wellbeing.

## **B. GREATER INVESTMENT IN HEALTH IS NEEDED TO CLOSE THE EU'S EMERGING COMPETITIVENESS GAP**

The European Commission has placed competitiveness and strategic autonomy at the heart of its economic agenda, recognising that global challenges necessitate a more resilient, innovation-driven and future-proof Europe.<sup>19</sup> The report by former European Central Bank president, Mario Draghi, on the competitiveness of the EU identifies several key themes for addressing economic challenges, including closing the innovation gap, increasing security, and reducing dependencies.<sup>20</sup>

### **Strengthening the EU life sciences sector**

Pharmaceuticals and medical technology are geopolitically important sectors and significant contributors to the EU economy, collectively known as MedTech and representing nearly €170 billion of Europe's trade surplus in 2023.<sup>21,22</sup> However, with lower and more fragmented public R&D investment in the EU compared to the US, and given increased funding in China, there is a risk of the EU lagging in necessary innovations in health.<sup>23</sup> Europe has lost 25% of its share of global R&D investment to other regions over the past 20 years, while its share of global clinical trials has fallen from 25.6% to 19.3%.<sup>24</sup> The European Commission is preparing a new Strategy for European Life Sciences, recognising the need for action to ensure the EU remains a global leader in this field.<sup>25</sup> The upcoming strategy presents an opportunity to strengthen the European life sciences sector, enabling the development of new innovations for patients and generating economic growth.

### **Supporting the digital transition**

In her Political Guidelines 2024-2029, President von der Leyen emphasised the importance of supporting the green and digital transitions as a key element of the life sciences strategy.<sup>26</sup> A similar perspective is reflected in the report by former Italian Prime Minister, Enrico Letta, highlighting the transformative potential of health data to drive research and development as well as inform more effective healthcare planning. The European Health Data Space (EHDS) is expected to play a pivotal role in unlocking these benefits—enhancing both the EU's economic competitiveness and the wellbeing of its citizens.<sup>27</sup> The EHDS Regulation will be instrumental in maximising the benefits of health data for the EU economy and society.<sup>28</sup> However, careful implementation will be crucial to ensure robust data governance, protect individual privacy, promote trust among citizens and stakeholders, and guarantee equitable access to the benefits derived from health data use.

### **Promoting productivity and growth**

A healthy workforce is the backbone of a competitive economy, and investing in health can sustain productivity and generate tax revenues among the EU's ageing workforce.<sup>29,30</sup> Driven by demographic shifts, the number of people in the EU labour force is projected to decrease by 12% between 2022 and 2070; in some Member States, the labour force will shrink by more than 25% in that period.<sup>31</sup> In 2019, 9.7% of the EU-27 working age population and 15.7% of those aged 55-64 years not in employment had left their last job due to illness or disability.<sup>32</sup> Investing in population

health, particularly among the middle-aged and older populations, can mitigate projected declines in the workforce and support economic stability.

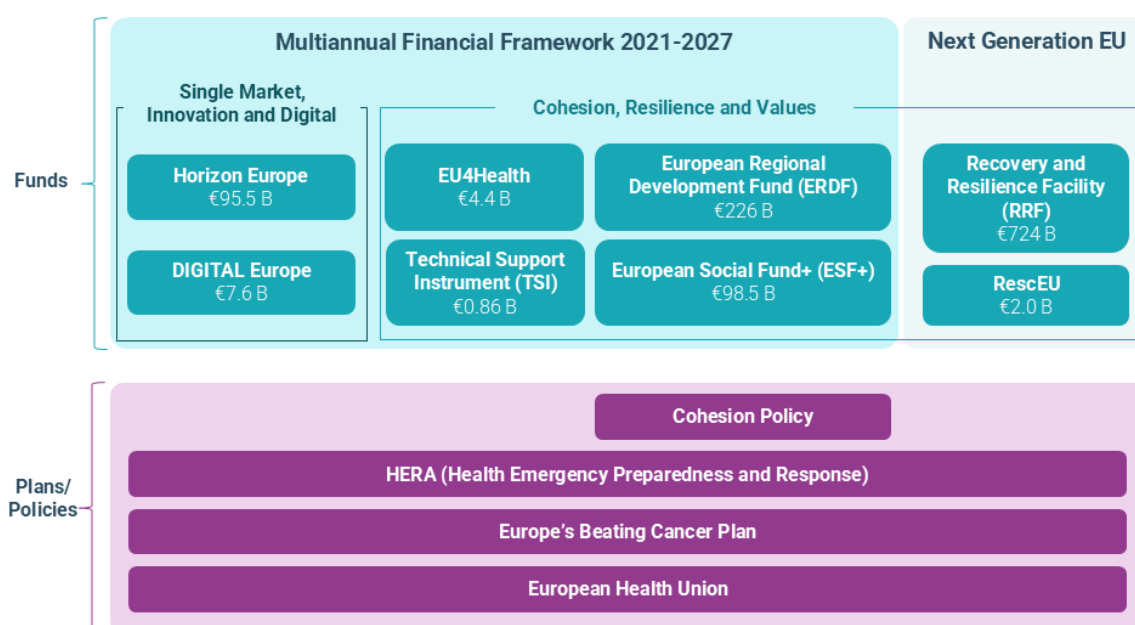
By embedding health at the heart of Europe's competitiveness strategy, the EU can build a more resilient, prosperous, and globally influential Union. Investments in health are needed to secure the EU as a global leader in life sciences, ensure equitable access to innovative medicines and technologies, and support a healthy and productive workforce and society. This approach is critical not just for securing Europe's economic future, but for ensuring that Europe remains competitive and resilient in a rapidly changing world.

## C. THE EU'S ROLE IN HEALTH FINANCING

While health systems are primarily the responsibility of individual Member States, European health systems share core values around universality, access to good-quality care, equity, and solidarity.<sup>33</sup> Article 168 of the Treaty on the Functioning of the EU states the obligation to ensure a high level of human health protection through EU policies, complementary to national policies.<sup>34</sup> The right to equitable access to healthcare is further underscored as a political commitment in the European Pillar of Social Rights. The EU therefore plays a role in complementing and supporting Member State activities within health and encouraging cooperation across the European Union.

A wide range of EU resources, encompassing policy guidance, technical assistance, information sharing, and financial support, are available to support health systems.<sup>35</sup> Notably, instruments such as the Cohesion Policy and Europe's Beating Cancer Plan (EBCP) provide structured EU-level policy recommendations in health. In parallel, multiple financing mechanisms—both health-specific and cross-sectoral—are available to strengthen national health systems and support their transformation (see Figure 1).

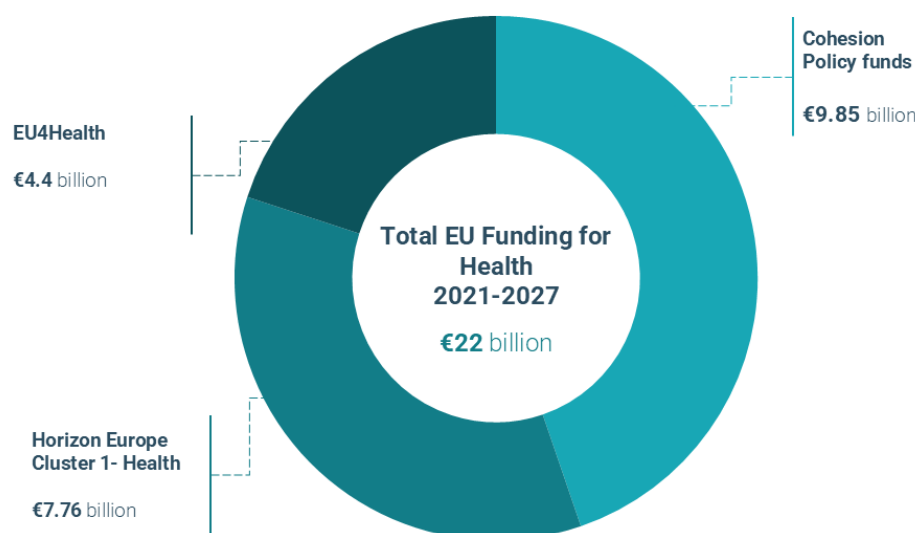
Figure 1: Overview of key EU funding mechanisms applicable to health systems and examples of key supporting policies that guide funding



Source: CRA analysis

With funding for health available through multiple financing mechanisms, there is no explicit total funding allocation for health. Although the flagship fund dedicated to health, EU4Health, accounts for €4.4 billion, the cumulative EU funding directed towards health is more substantial. Between three of the key EU funding mechanisms alone, over €22 billion in EU funds is planned to address health-related objectives in 2021-2027 (see Figure 2).

**Figure 2: Magnitude of EU funding for health in 2021-2027**



CRA analysis; a further €42 billion is allocated to investments in healthcare under the Recovery and Resilience Facility<sup>36,37,38,39</sup>

### A strong rationale for joint EU actions

Health systems in the EU are confronted with a range of systemic challenges, including existing and emerging health threats, climate change, socioeconomic disparities, geopolitical tensions, migration, and shortages of medicinal products and medical devices.<sup>40</sup> Profound demographic shifts and the growing burden of NCDs will further amplify these challenges in years to come under the strain of budgetary pressures that increasingly threaten the sustainability of our health systems.

These shared challenges are among the key areas where there is added value in EU-level action and a strong rationale for EU investment in health. The socioeconomic burden of NCDs is staggering, accounting for 80% of the disease burden in the EU, which is exacerbated by persistent inequalities across Member States.<sup>41</sup> The economic consequences of cancer alone are estimated at €100 billion per year in Europe, and it is estimated that Member States lose the equivalent of 1.1 million full-time workers per year through cancer's impact on productivity and workforce participation.<sup>42</sup> Communicable diseases represent a shared threat to EU health security—a reality starkly illustrated by the COVID-19 pandemic. This necessitates strengthened EU-level surveillance and preparedness, supported by the European Centre for Disease Prevention and Control (ECDC) and the Health Emergency Preparedness and Response Authority (HERA). Emerging geopolitical challenges and climate-related risks (including natural disasters) may bring new threats to health, further strengthening the case to build resilient health systems and secure the EU's access to medicines and medical technologies.<sup>43</sup>

Digital transformation of health systems and infrastructure, led by the implementation of the EHDS, has the potential to empower citizens, support preventive care, and enhance the exchange of best practices to improve workforce skills as well as system and data interoperability. The cross-border mobility of the healthcare workforce has the potential to support economic growth, mitigate labour shortages, and promote knowledge exchange, provided that care is taken to prevent workforce depletion in lower-income Member States. Collaboration across borders has high potential for mutual learning and common research and development. Reducing persistent social and health inequalities will promote coherence within the EU and strengthen Europe's competitiveness in an increasingly polarised global economy. Targeted EU investments that address these interlinked challenges can help ensure equitable access to high-quality healthcare and reinforce the resilience and sustainability of Europe's health systems. The European Preparedness Union strategy<sup>44</sup> highlights the need for investment in the health sector to support resilience of health systems and availability of medical countermeasures (medicines and medical devices) for emergency and disaster response, and to prepare for cross-border health and military threats.

Although there is no single overarching policy on health, the EU has collectively established an extensive health agenda through key initiatives such as the European Health Union (EHU) and the European Pillar of Social Rights. Implementation of these objectives is supported through initiatives such as the EBCP, which demonstrates how EU coordination can deliver clear, actionable recommendations that mobilise impactful action across Member States, serving as valuable examples for future programmes. This is in line with Article 168 of the 2007 Lisbon Treaty, which clearly states the obligation to guarantee a high level of protection and defines an extensive scope for public health policies at the EU level. The EU thereby complements national policies and encourages cooperation between Member States.

These policies emphasise the importance of protecting and improving the health of EU citizens, strengthening health systems, and preparing for future health crises. To safeguard the success of these initiatives and maintain momentum, continued EU financial support is imperative to enhance health, thereby underpinning a sustainable, resilient, and competitive EU.

## 2. PHSSR EU Expert Advisory Group recommendations to the EU institutions



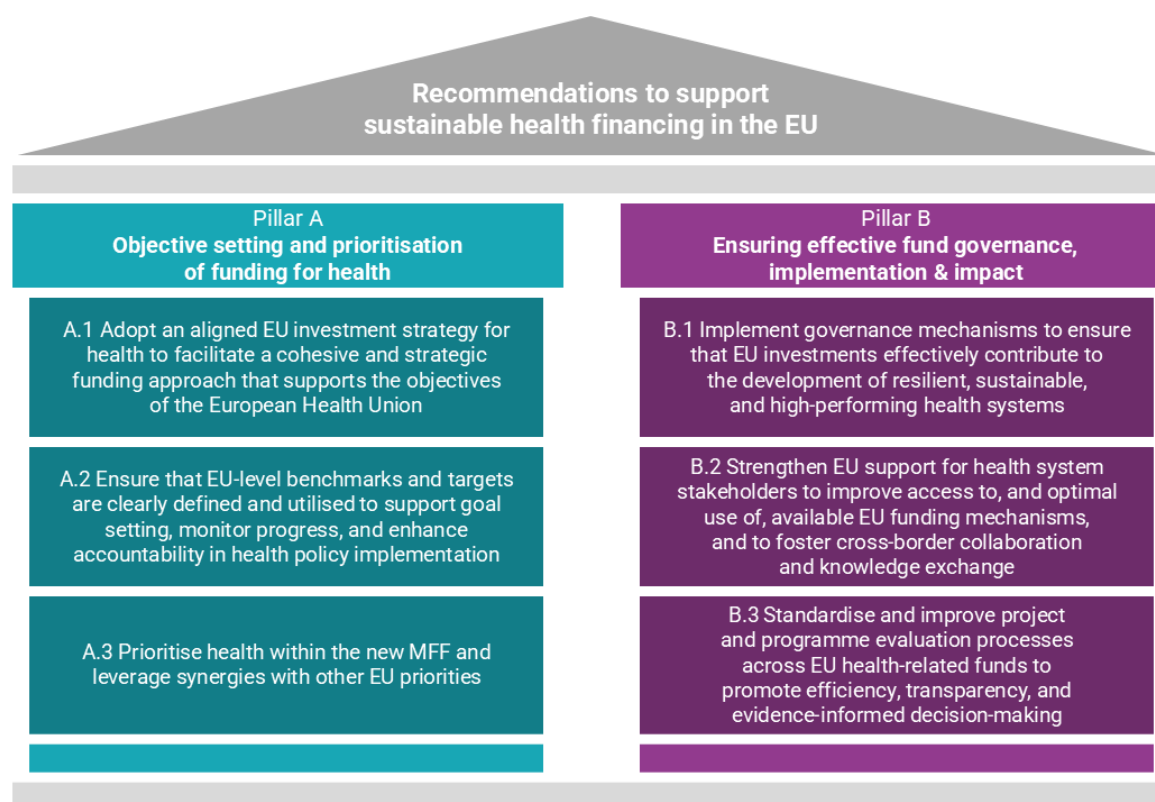


## 2. PHSSR EU Expert Advisory Group recommendations to the EU institutions

The members of the PHSSR EU Expert Advisory Group applied the PHSSR research framework<sup>45</sup> to discuss and agree on the following high-impact recommendations to the EU institutions to support sustainable healthcare financing in the EU. Specific attention was given to recommendations that can feasibly be implemented by the EU given its current competencies and available resources to be effectively leveraged at the Member State level.

The following recommendations are organised within a two-pillar framework (see Figure 3). Pillar A outlines actions to ensure that health remains central in the next Multiannual Financial Framework (MFF) and is fully aligned with the European Union's broader strategic objectives. Pillar B focuses on the complementary measures required to effectively govern, plan, and evaluate impactful and efficient health system investments.

Figure 3: Framework of recommendations



Source: CRA analysis based on PHSSR EU Expert Advisory Group

While the recommendations primarily address two of the PHSSR's research domains—financing and health system governance—investments in health can provide significant benefits across all seven domains of the health system, depending on Member States' needs.

## 2.A PILLAR A: OBJECTIVE SETTING AND PRIORITISATION OF FUNDING FOR HEALTH

### 2.A.1 Adopt an aligned EU investment strategy for health to facilitate a cohesive and strategic funding approach that supports the objectives of the European Health Union

Ensuring strategic and efficient allocation of the EU budget and the positive impact of its investments in health is critical in today's context of increasing socioeconomic pressures, rising geopolitical tensions, and global competitiveness challenges.<sup>46</sup> In parallel, substantial innovation driven by a wave of new technologies offers the potential to enhance patient care and improve health system resilience and outcomes. The COVID-19 pandemic was a pivotal global challenge from which the European Union drew important lessons—most notably, the critical value of coordinated action among Member States in the health sector. This experience also catalysed the development of the EHU in 2020, marking a significant step towards more integrated and resilient EU-level health governance.<sup>47</sup> The EHU emphasises that joint action in health at the European level is crucial to Europe's collective wellbeing, strategic autonomy, and geopolitical stability.<sup>48</sup> In the face of unprecedented global political and economic challenges, the case for collective action is increasingly compelling.

EU funding programmes available for investments into health systems are fragmented, with responsibilities distributed across multiple European Commission Directorate-Generals. This institutional dispersion contributes to limited cohesion, inconsistencies in implementation methodologies, and a lack of coordination towards common end goals.<sup>49</sup> Even within the health domain, thematic overlaps pose challenges in ensuring synergies and complementarities across financing mechanisms, preventing the maximisation of efficiency in available resources. For instance, support for strengthening the resilience of national health systems is channelled through various programmes including the European Regional Development Fund, the European Social Fund Plus, EU4Health, and the Digital Europe programme.<sup>50</sup> While this multiplicity of funding streams has the potential to expand the overall pool of resources available for health systems, it also generates inefficiencies and redundancies. In reflecting on the limitations of the current EU budgetary framework, the European Commission has underscored the need for the next MFF to be guided more explicitly by policy priorities than by institutional structures. Enhancing synergies between policy objectives and financing instruments will be essential to maximise impact and ensure strategic coherence across EU health investments.<sup>51</sup>

Currently, EU priorities in health are defined collectively across multiple mechanisms, including the European Pillar of Social Rights, the EHU, and the EBCP. The key priorities across these mechanisms include ensuring equitable access to healthcare, strengthening health security, preventing NCDs, implementing digital transformation of health systems, and tackling health workforce challenges (see 'Case study: Addressing the health workforce crisis'). While the EHU has set the foundations for what the EU can achieve in health, a more defined and detailed strategy on health investments is needed to ensure effective use of the EU budget to support the EU's strategic health priorities. The priority areas for coordinated action should be integrated within a broader EU strategy that can guide more cohesive and efficient investments to deliver the EU objectives in health.

### Case study: Addressing the health workforce crisis<sup>52,53</sup>

The European Council conclusions on the Future of the European Health Union set out the key areas of focus to strengthen the EHU. Adopted in June 2024, the conclusions reference several key challenges that EU health systems are facing, including health workforce shortages.

Health workforce shortages, particularly among nurses and primary care professionals, are a growing challenge across all Member States. The rising demand for health services is outpacing the supply of health workers, compounded by demographic shifts, skill mismatches and geographic disparities across the EU.<sup>54</sup> According to WHO, Europe faces a projected shortfall of 4.1 million healthcare workers by 2030.<sup>55</sup> Tackling these challenges requires strategic investments in medical education and workforce reskilling as well as coordinated efforts to manage issues related to the cross-border mobility of healthcare professionals.

The Council invited Member States and the European Commission to prioritise targeted investment in the health workforce by leveraging both national and EU funds. In January 2025, the Commission responded to this call to action by launching the first EU action to support Member States in retaining and attracting nurses, with a budget of €1.3 million under the EU4Health programme and support from WHO Europe. This funding will support activities to address key priorities highlighted by the Council, including the uptake of digital tools, the recruitment of staff, and the identification of structural challenges.

An EU Health Workforce Strategy and Plan should be developed to guide actions in tackling the EU health workforce issues related to shortages, with continued investment in healthcare education, training, and retainment across Europe.

Source: European Commission (2024, 2025)

The effective management and implementation of an EU-wide strategy for health investments will require sustained cooperation between a broad range of stakeholders across multiple European Commission Directorate-Generals. Crisis preparedness and response exemplifies a domain in which such coordination is particularly critical yet currently fragmented. In the absence of a clearly designated coordinating entity, substantial time and resources are often expended on interdepartmental alignment, increasing the risk of inefficiencies. To address this, a dedicated coordination mechanism is needed to facilitate regular communication, foster cross-sectoral cooperation, and support the coherent implementation of a unified EU strategy for health system investments. For the next MFF to meet the European Commission's objective of funding guided by policies, health investments must be strategically aligned with defined EU policy priorities, including but not limited to cardiovascular health, cancer, and mental health.

## Recommendations

- Establish joint priorities in areas of health with added value at the EU level and greatest unmet need in prevention, treatment, and aftercare, drawing on key policies including the European Pillar of Social Rights, European Preparedness Union, EHU, and Europe's Beating Cancer Plan. EU policies in health should be designed to complement the strengths of national health systems while addressing gaps that individual Member States may be unable to tackle alone.
- Develop a comprehensive EU strategy for investments in public health and health systems that is explicitly guided by EU health policy objectives. This strategy should aim to improve the coherence of funding mechanisms and enhance efficiency by establishing common objectives, harmonised methodologies, and standardised evaluation frameworks across relevant EU funds.

- Create an interservice group on health funding across Directorate-Generals (including DG SANTE, DG HERA, DG REGIO, DG ECHO, and the Reform and Investment Task Force) in order to:
  - Ensure regular and systematic exchange of information between different EU directorates involved in health-related funding, to support the implementation of a unified EU strategy for investments in public health and health systems.
  - Promote policy integration and cross-sectoral cooperation, aligned with a broader EU strategy on investments in public health and health systems.
  - Enhance coherence between policy objectives and financial mechanisms, and identify and address overlaps or gaps in funding allocation.
  - Contribute to accountability and transparency by producing annual reports on the implementation and performance of the EU health investment strategy, integrated into the Annual Management and Performance Report for the EU Budget.

### 2.A.2 Ensure that EU-level benchmarks and targets are clearly defined and utilised to support goal setting, monitor progress, and enhance accountability in health policy implementation

Establishing clear and measurable benchmarks and targets provides a powerful tool for driving progress by aligning efforts towards shared objectives, enhancing coordination across stakeholders, and creating both urgency and accountability.<sup>56</sup>

Past experiences have demonstrated how benchmarks and targets can be aligned to key objectives in health. For example, current benchmarks in health include the mutually recognised health workforce qualification based on harmonised minimum training requirements, which provides a standard for health professionals while supporting cross-border mobility.<sup>57</sup> An association of imaging and radiotherapy equipment manufacturers, supported by the European Society of Radiology, has set 'Golden Rules' for access to medical equipment across EU member states.<sup>58,59</sup>

Existing targets in health include the European Pillar of Social Rights 'Social Scoreboard', which monitors Member State progress across key indicators including healthy life years at age 65, out-of-pocket expenditure on healthcare, and self-reported unmet need for medical care.<sup>60</sup> Another target has been set under the Commission's Digital Decade policy programme, which includes a target of having 100% of EU citizens' medical records available online by 2030.<sup>61</sup>

Cross-country targets have also been implemented in certain priority areas, including prevention and communicable diseases. The EBCP defines several targets, such as fully vaccinating 90% of the EU target population of girls against human papillomaviruses and developing a new EU Cancer Screening Scheme to offer breast, cervical, and colorectal cancer screening to 90% of the target population by 2025.<sup>62</sup> Specific projects have been launched with EU funding to support the implementation of these targets.<sup>63</sup>

Looking at antimicrobial resistance, the European Commission and the ECDC established an EU target for Member States to reduce antibiotic use by 20% by 2030.<sup>64</sup> However, without a defined mechanism to support implementation, progress has been lacking: no decreasing trends in antibiotic use between 2019 and 2023 could be detected at the EU level overall or for any individual EU Member State.<sup>65</sup> The ECDC highlighted that greater intervention tailored to local challenges is needed to support progress towards these targets, particularly in Member States that are lagging.<sup>66</sup> There may be useful lessons to be learned from success in other sectors: in contrast to the challenges experienced in meeting the human antibiotic use target, Member States are on track to meet reduction targets for antimicrobial use in animals.<sup>67</sup> Monitoring of progress, including intermediate outcomes, could facilitate an evidence-based approach to the adaptation and refinement of policies, identifying barriers to progress and responding to evolving needs.

The annual European Semester provides an established framework for continuous objective setting that aligns EU-level and Member State priorities. This includes Commission guidance to all Member States, with country-specific recommendations on how to respond to challenges and deliver on key policy objectives.<sup>68</sup> For example, under the 2024 European Semester, the country-specific recommendations in Germany acknowledged the labour shortages the country has faced in the healthcare sector and recommended investment in upskilling of people with lower-level qualifications and people with a migrant background to overcome this situation.<sup>69</sup> Robust health indicators addressing EU strategic priorities in health, such as prevention and access to care, can drive progress towards shared objectives within the existing European Semester framework. A context-specific approach to objective setting for health system sustainability and resilience is particularly important given the heterogeneity both between and within European health systems.

In 2011, the EU Expert Group on Health System Performance Assessment (HSPA) was established to support the development of tools and methodologies for HSPA, including identifying priority areas for EU-wide assessment of health system performance.<sup>70</sup> The HSPA group has produced reports to support evidence-based policymaking on several topics, including prevention, reduction of low-value care, and health system resilience.<sup>71</sup> The latter report proposed several indicators to measure health system resilience, including health system capacity, the ability to quickly mobilise resources, and the adequacy of supply chains.<sup>72</sup>

Lessons on the assessment of system-level performance can also be drawn from other sectors. EU-wide stress tests are now a cornerstone of assessing the resilience of the banking sector, having been mandated by the Council in the aftermath of the 2008 financial crisis.<sup>73,74</sup> As set out in the EU Regulation on Serious Cross-Border Threats to Health (2022/2371), stress tests of the resilience of health systems could identify critical health system weaknesses and enhance crisis preparedness, at both the national and EU levels (ECDC and HERA).<sup>75,76</sup> The Council Recommendation on the Critical Entities Resilience Directive reinforced that national stress tests based on common principles could enhance the resilience of critical infrastructure, including the health sector.<sup>77</sup> A handbook with a pioneering methodology for resilience testing, developed by the OECD and the European Observatory on Health Systems and Policies, was published in 2024 and is now available to health authorities.<sup>75</sup>

The 2008 financial crisis also sparked a broader debate around the role of non-legislative EU instruments such as the Open Method of Communication (OMC), a mechanism for spreading best practices and achieving convergence towards EU goals in policy areas which fall under the partial or full competence of Member States.<sup>78</sup> In the years since the financial crisis, the OMC has been extensively reviewed and improved, and applied in different policy areas including health. A key achievement has been the development of EU indicators for social protection and social inclusion, which includes health and long-term care.<sup>79</sup> These provide a benchmark for assessing trends across EU countries and supporting Member States in developing policies.

## Recommendations

- Leverage programme-level key performance indicators (KPIs) and benchmarks to monitor implementation, adapt to evolving policy priorities, and minimise inefficiencies in the allocation and use of EU health funding.
- Utilise EU-level targets to track Member State progress towards shared strategic objectives, integrating these with broad governance mechanisms such as the European Semester and taking lessons from existing targets in health, such as in Europe's Beating Cancer Plan.

- Strengthen engagement with key stakeholders, particularly national authorities and implementing bodies, to enhance accountability, support knowledge exchange, and develop structured pathways for achieving targets. This effort should continue the work of the Commission Expert Group on Public Health and foster ongoing dialogue between EU institutions and Member States.
- Develop a comprehensive set of crisis preparedness benchmarks for EU public health systems, building on the work of the Health System Performance Assessment Expert Group, the OECD, and the European Observatory on Health Systems and Policies.
- Ensure the implementation of resilience stress tests for public health systems, in accordance with the EU Regulation on Serious Cross-Border Threats to Health and the Critical Entities Resilience Directive, to assess and strengthen preparedness for future emergencies.

### 2.A.3 Prioritise health within the new MFF and leverage synergies with other EU priorities

Representing nearly a third of the total EU budget, the Cohesion Policy is the EU's main investment policy, aimed at strengthening economic, social, and territorial cohesion in the EU and delivering on a variety of EU policy objectives. Although less than 5% of funds are directed towards health-related objectives, with approximately €10 billion planned, the Cohesion Policy instruments remain the largest source of EU funding for health investments.<sup>80</sup>

In terms of dedicated health funding, the current EU4Health programme is the largest EU health programme to date, with an initial allocation of €5.3 billion for 2021-2027.<sup>81</sup> However, €1 billion was redeployed from the EU4Health programme following the mid-term revision of the MFF in 2024, representing a 20% reduction in the overall budget. This decision raised concerns about potential disruptions to strategic programming for the remainder of the MFF period, with possible implications for ongoing efforts to strengthen health system resilience in the post-COVID recovery phase.<sup>82</sup>

Promoting recognition and awareness of the intrinsic links between health and other EU priorities is key to facilitating continued prioritisation of and funding for health, in alignment with a coherent EU strategy for investments in public health and health systems. For instance, there is a deeply reciprocal relationship between environmental sustainability and health systems, with the health sector identified as vulnerable to climate-related risks.<sup>83</sup> Considering the EU climate targets for 2050 and the health sector's considerable emissions, representing 4%-6% of total emissions, health systems will need enhanced support to decarbonise their operations and reduce their overall environmental impact.<sup>84</sup>

Health also plays a critical role in underpinning the EU's security and crisis preparedness.<sup>85,86</sup> The European Preparedness Union Strategy highlights the need for more investment in preparedness of health systems and the health sector, including stockpiling of medical equipment for emergency and disaster response; development of dual-use medical countermeasures; and maintenance and possible scaling-up of existing medical capabilities under the rescEU programme, including development of a European field hospital. For example, access to critical medicines such as antibiotics is essential for strategic autonomy and undoubtedly crucial for the health of EU citizens but also military and crisis scenarios.<sup>87</sup>

The health sector is also a key contributor to European competitiveness, with health and social care accounting for over 10% of jobs in the EU in 2022.<sup>88</sup> The MedTech industry alone directly employs over 880,000 people in highly productive jobs, with an estimated added value of €177,000 per employee.<sup>89</sup> Similarly, pharmaceutical R&D has grown on average 4.4% per year since 2010, driving a highly productive sector with important positive externalities that contributed €311 billion gross value to the EU-27 economy in 2022.<sup>90</sup>



The Horizon Europe programme allocated over €8 billion to the health cluster under the pillar 'Global Challenges and European Industrial Competitiveness'.<sup>91</sup> In particular, the EU Mission on Cancer, funded under Horizon Europe, has collaborated closely with the EBCP to harness synergies in advancing EU objectives for cancer research and treatment. The EBCP has been a successful example of a health-in-all-policies initiative, with joint governance of the Cancer Plan and the Cancer Mission enabling coherence in cancer research, innovation, and policy efforts.<sup>92</sup> Additionally, there have been high levels of stakeholder engagement across Member States and the Commission, with over 20 Commission departments and agencies contributing to the implementation of the EBCP.

Cardiovascular disease (CVD) is estimated to cost the EU €282 billion annually, with health and long-term care accounting for €155 billion (55%), equalling 11% of EU health expenditure. CVD significantly impacts health and social care systems as well as society through premature mortality and disability, and because many patients require care from relatives.<sup>93</sup> EU Member States have called for an EU Cardiovascular Health Plan,<sup>94</sup> and the next EU budget should include dedicated funding to support the successful implementation of that plan.<sup>95</sup>

Digitalisation and the integration of artificial intelligence (AI) can both bolster more resilient health systems and help anchor R&D activities in the pharmaceutical and MedTech sectors within the EU.<sup>96</sup> With public finances under pressure, the Innovative Health Initiative (IHI) is an example of a valuable EU public-private partnership focused on R&D. By promoting collaboration between health-related industrial sectors and research institutions, the IHI has the potential to advance research and support the development and uptake of innovations that respond to public health needs, while contributing to the competitiveness of the European health industry.<sup>97</sup> Consistent support for health research and innovation is needed (ranging from basic research to close-to-market development), either in a successor to the current EU Framework Programme or the newly established Competitiveness Fund. Innovations such as telehealth should be leveraged to ensure equitable access to healthcare, particularly benefiting rural areas, remote communities, and patients with limited mobility.

Furthermore, the EU recently launched the InvestAI initiative to mobilise €200 billion for investment in AI, highlighting the potential for AI to improve healthcare, spur research and innovation, and boost competitiveness.<sup>98</sup> To this end, health systems must be equipped with the infrastructure and skills to reap the rewards of innovation. The upcoming Apply AI strategy should also support large-scale deployment of AI in the health sector, especially AI-assisted surgeries and robotic medical technologies.

Cybersecurity is a key enabler of safe patient care, as acknowledged by the recent Action Plan for cybersecurity for hospitals and healthcare providers.<sup>99</sup> Hospitals and health systems are struggling to handle rising cybersecurity threats, which often disproportionately target the health sector; indeed, 8% of all ransomware attacks in the EU target the health sector.<sup>100</sup> Financial and human resources dedicated to tackling these threats are scarce, in the face of median costs of €300,000 per major cybersecurity incident in the healthcare sector.<sup>101</sup> Europe needs more investment in cybersecurity capacity, resources, skills, and expertise as well as state-of-the-art software in hospitals and health systems.

Ultimately, the right to equitable access to health and long-term care services is reinforced as a fundamental element underpinning an inclusive EU in the European Pillar of Social Rights.<sup>102</sup> Since EU financing instruments address a broad range of thematic objectives, leveraging synergies with other strategic priorities can support health system transformation projects that address cross-cutting themes. Emphasising the value of health for all policies can support the essential paradigm shift to recognise health as an investment and empower multisectoral action.<sup>103</sup>

Existing EU agencies including the European Medicines Agency (EMA), the ECDC, and HERA play a critical role in ensuring health security for EU citizens by responding to common public health threats in the EU. Following the response to COVID-19, the mandates of both the EMA and the ECDC were strengthened under the EHU to facilitate coordinated EU-level response to health crises,

complementing the Union Civil Protection Mechanism.<sup>104</sup> Established in 2021, HERA is leading industrial, research, and innovation efforts to address future cross-border health threats, including through HERA Invest with R&D support for medical countermeasures.<sup>105</sup> Sustaining sufficient financing for EU health agencies will ensure continued health protection for all EU citizens, enhancing the EU's timely capacity to rapidly respond to health crises and ensuring access to affordable medicines and technologies.

At the OECD Health Ministerial Meeting in early 2024, Health Ministers from over 40 OECD and partner countries adopted a Declaration on Building Better Policies for More Resilient Health Systems, emphasising the need to improve the resilience of our health systems to future health shocks by making necessary investments and ensuring their sustainable financing. As ageing populations and rising rates of NCDs drive demand for healthcare against a backdrop of continued geopolitical uncertainty, the case to invest in resilient health systems remains undeniable.

## Recommendations

- Ensure health continues to be a major priority in the next MFF, with a dedicated, ring-fenced fund and a verifiable target for financing for health, which are aligned to a coherent EU health investment strategy and retain funding levels for health at least at the current allocations provided across different funding programmes.
- Maintain sufficient funding for the operational capacity of EU health agencies, including the EMA, the ECDC, and HERA, to ensure continued health protection for all EU citizens and enhance the EU's capacity to respond to health crises.
- Integrate health systematically with other EU priorities to improve EU multisector collaboration in supporting health systems, promoting synergies with policy areas such as defence, competitiveness, digital transformation, and the green transition.
- Safeguard EU health investments through multiyear budget indexation, protecting health investments from erosion due to emerging fiscal pressures.

## 2.B PILLAR B: ENSURING EFFECTIVE FUND GOVERNANCE, IMPLEMENTATION, AND IMPACT

### 2.B.1 Implement governance mechanisms to ensure that EU investments effectively contribute to the development of resilient, sustainable, and high-performing health systems

Coherent governance of EU health investments is essential for the effective and efficient implementation of health system transformation. Although the MFF is delivered under fixed-term funding periods, longer-term planning is necessary for these funds to deliver the desired benefits to population health and health system sustainability.

From the EU perspective, more streamlined health investments could maximise the impact of finite budgetary resources amidst shifting priorities and increasing demands for healthcare. Achieving efficiency gains by minimising inefficient and duplicative spending and by leveraging the benefits of digital transformation has been identified as an essential lever for ensuring the sustainability and resilience of EU health systems.<sup>106</sup> Under mounting fiscal pressures, the European Commission has emphasised its focus on maximising the impact of spending under the next MFF.<sup>107</sup>

Sustaining resilient health systems requires medium- to long-term financial commitments supported by long-term plans that link expenditure allocations to policy priorities.<sup>108</sup> Even at the level of individual projects, a lack of long-term planning and coordination can lead to challenges in implementing health system transformation (see 'Case study: Primary healthcare reforms in



Poland’). The COVID-19 pandemic demonstrated the well-documented ‘panic and neglect’ cycle of health expenditure, marked by a surge in reactive spending but a failure to invest in long-term preparedness and prevention.<sup>109</sup> In 2020, per capita health expenditure increased by over 5% on average across EU countries, and European Semester reports highlighted the need to strengthen health system resilience across each of the 27 Member States.<sup>110</sup> Despite the systemic vulnerabilities in health systems exposed by the COVID-19 pandemic, longer-term investment has not been sustained, with resources increasingly redirected towards competing priorities. In the 2024 European Semester cycle, only six Member States<sup>110,111,112</sup> received health-focused country-specific recommendations, suggesting a waning emphasis on health policy at both the EU and national levels.

#### **Case study: Primary healthcare reforms in Poland<sup>114</sup>**

From July 2018 to September 2021, the Primary Health Care (PHC) Plus pilot was rolled out in primary care centres across Poland. The pilot tested an integrated care model, introducing multidisciplinary teams and coordinated care pathways to create a patient-centred primary care system. The total cost of the programme was 60 million PLN, co-funded by the National Health Fund (NHF) and supplemented with 15.3 million PLN from the European Social Fund. The World Bank provided support for the development and implementation of the programme’s monitoring and evaluation.

The evaluation identified several positive outcomes of the pilot, including reduced fragmentation of care for chronically ill patients and faster access to diagnostic services and specialised consultations. Patients reported statistically and clinically significant improvements in disease severity as well as improved health literacy.

However, the evaluation also identified several challenges. Although fragmentation of care was reduced, chronically ill patients reported worse care-seeking experiences than before the pilot. PHC facility managers reported several implementation challenges, including organisational shortcomings and insufficient communication among the key health stakeholders responsible for implementing the integrated care model.

The World Bank highlighted the importance of securing adequate financing and strengthening the capacity of PHC providers, the Ministry of Health, and NHF teams to ensure the effective implementation of the new care model.

Source: World Bank Group (2021)

Demographic changes, lagging economic growth, and competing budgetary demands are putting immense strain on public finances, compounding challenges in funding stronger and more resilient health systems for the future.<sup>115</sup> Inefficiencies are pervasive in health systems, and the evaluation of pandemic expenditure in several Member States has shown that short-term, emergency funding increases the risk of inefficiencies in spending.<sup>116</sup> This underscores the need for a forward-looking and long-term approach to plan and implement fiscally sustainable health system reforms, particularly when combining multiple EU financing instruments with Member State funding.

Within the context of an EU strategy on health, the autonomy of health system actors to address country-specific priorities is crucial to ensure impactful EU investments that are complementary to Member State activities. Priority setting should consider stakeholders across the health ecosystem, including national, regional, and local authorities; healthcare providers; patient groups; professional associations; and industry representatives. Flexibility to address country-specific challenges, inclusive multistakeholder consultation, and collaborative governance have been recognised as key factors contributing to the success of the EBCP, for example.<sup>117</sup> By contrast, civil society

organisations and local and regional authorities report insufficient involvement by Member States in both the preparation and implementation of Recovery and Resilience Plans (RRPs), resulting in a disconnect with local priorities and less efficient use of funds.<sup>118</sup>

Scaling up regional programmes or pilots delivered under EU investment requires a major financial commitment by the Member State and poses high operational demands; these challenges intensified in the post-COVID-19 period, when investments were postponed or redirected in the crisis response.<sup>119,120</sup> The sustainable integration of project outputs is similarly important for collaborative initiatives such as Joint Actions. In the absence of long-term plans, the outcomes and recommendations of Joint Actions have been inconsistent in ensuring long-term improvements at the Member State level.<sup>121</sup>

Implementation of health system-level projects requires multilevel governance and consistent engagement of stakeholders across levels of the health system.<sup>122</sup> Under the Recovery and Resilience Facility (RRF), stakeholder engagement in the development of national RRs differed across levels.<sup>123</sup> National stakeholders, such as ministries of health, reported direct involvement in the design of at least one activity funded under their respective RRs. By contrast, subnational stakeholders described the process as centralised and lacking transparency, perceiving limited opportunity to provide constructive input and highlighting a lack of incentives for engagement. Encouraging collaboration and engagement among key stakeholders to create shared responsibility is crucial to ensuring that sustainable changes are implemented through shared decision-making and by identifying synergies with other initiatives.

## Recommendations

- Elevate the role of targeted EU agencies and mechanisms, such as the Technical Support Instrument (TSI), to provide strategic guidance to health system actors on governance frameworks for planning investments in health system transformation, including:
- Allocating funding towards long-term health goals and priorities based on the principle of subsidiarity, ensuring complementarity between national resources and EU-level financial support.
- Promoting public consultation and sustained civil society engagement to ensure that investment decisions reflect population needs and priority areas.
- Facilitating ongoing coordination across all levels of health governance—from local to national—to support coherent and integrated planning and implementation.
- Emphasising scalability and sustainability, with forward-looking planning to enable the continuation and expansion of successful initiatives beyond the duration of EU funding.

### 2.B.2 Strengthen EU support for health system stakeholders to improve access to, and optimise use of, available EU mechanisms, and to foster cross-border collaboration and knowledge exchange

A range of tools are available to promote good health in the EU, including funds, policies, regulations, and best practices. To obtain the right support to tackle health system challenges and ensure long-term impact, health system stakeholders have to identify and combine multiple, relevant EU financing instruments and blend these with national funding. Navigating the EU funding landscape is challenging, which hinders the efficient use of resources and can impede access to funds for those national, regional, and local health authorities that may need them most.

A pilot programme under the TSI (see 'Case study: Pilot EU Health Hub') has validated the need for a resource hub for strategic investments in health that can provide tailored support to beneficiaries in navigating EU resources in order to address national health systems' needs more efficiently. The

pilot identified several considerations, including determining the size of funding needs for projects that will strengthen health systems, targeting available opportunities in the dynamic EU funding landscape, and combining already available EU advisory services to ensure synergies and avoid duplication. In June 2024, Member States called on the Commission to establish an EU Health Investment Hub based on the experience from the TSI pilot.<sup>124</sup>

#### **Case study: Pilot EU Health Hub<sup>125</sup>**

In 2022, Austria, Belgium, and Slovenia partnered and applied for TSI support in making more efficient use of both national and EU resources within health. The two-year project was funded by the TSI and implemented by Expertise France in collaboration with the European Observatory on Health Systems and Policies.

The project served as a pilot for the creation of a Resource Hub for Strategic Investments in Health, known as the 'EU Health Hub', that would provide an EU-level 'one-stop shop' to support Member States in navigating EU resources to address health system needs more efficiently. Key outcomes of the project include:

- Building capacity in the three Member States to make a stronger case for public investments at the national and international levels to support health systems' sustainability and resilience.
- Exploring approaches to optimise the use of available EU resources for undertaking key health investments and health system reforms.

In addition to the broader project outcomes, the project provided tailored support to each Member State to secure funding for priority reforms, including the following:

- In Austria, the project supported several Austrian hospitals in their application to the EU's LIFE programme to secure funding for green investments. Furthermore, it supported the establishment of a new department within the Ministry of Social Affairs, Health, Care and Consumer Protection dedicated to health financing, aimed at strengthening engagement with tools and methodologies to support evidence-based investment in health.
- In Belgium, the project supported the implementation of the country's inter-federal Population Health Management strategy, including the development of a digital dashboard which will be further advanced through funding from the RRF.
- In Slovenia, the project has provided inputs to the development of a new primary healthcare strategy and support in navigating EU instruments that can assist in the implementation of the reform. Additionally, it provided training and practical tools to support civil servants and other stakeholders in making the case for investment in health, with the aim of strengthening capacity for evidence-based decision-making.

In 2025, a flagship TSI project plans to build on the existing work and make the pilot EU Health Hub available to all Member States.

Source: Eurohealth (2024)

Further progress has been made through the European Partnership on Transforming Health and Care Systems (THCS), which provides a platform for projects evaluating innovative solutions to transform health and care systems.<sup>126</sup> The THCS aims to promote synergies and broader cooperation beyond the health and care sectors to support the transition towards more sustainable, efficient, resilient, inclusive, innovative, and high-quality people-centred health and care systems that are equally accessible to all.<sup>127</sup>

Currently, national, regional, or local authorities may submit a request for support under the TSI, which is managed by a national Coordinating Authority, represented by a range of ministries and departments across Member States, including ministries of finance and foreign affairs and offices for EU affairs.<sup>128</sup> This reinforces the need for greater links between health and other sectors, as well as collaboration between national and subnational authorities, to ensure that actors across levels of the health system can access necessary support.

## Recommendations

- Provide technical support to stakeholders at all levels of the health system in accessing and utilising EU financing mechanisms, by:
- Expanding the scope and implementation of an EU Health Investment Hub to guide the strategic and efficient use of EU funds, in collaboration with the Reform and Investment Task Force and building on the TSI's pilot EU Health Hub.
- Leveraging the work of the THCS to support the co-design and implementation of health system transformation initiatives across Member States.
- Coordinating closely with DG REGIO to facilitate the involvement of local and regional stakeholders in the planning and execution of EU-funded health investments.

### 2.B.3 Standardise and improve project and programme evaluation processes across EU health-related funds to promote efficiency, transparency, and evidence-informed decision-making

It is challenging to evaluate how much and how effectively EU funds have been used in health under the existing and previous MFFs. In the case of the existing MFF, the challenge is compounded by the lack of clear performance metrics and fragmented reporting of progress to various Commission departments. As a result, neither the Commission nor Member States have a comprehensive picture of how EU funds are used, which hinders the measurement of the return on investment in health.<sup>129</sup>

Evaluation of the impact of EU investments in health is currently lacking, across both funds and countries, although available evidence supports that EU funding has strengthened healthcare services. Between 2010 and 2015, €237 million from the European Structural and Investment (ESI) funds was invested in Slovak hospitals, leading to statistically significant improvements in 30-day readmission rates but not in mortality rates.<sup>130</sup> In Lithuania, ESI funds accounted for a quarter of the annual public expenditure on health in 2007-2013, and a report commissioned by the Ministry of Finance identified that EU support for health infrastructure investments mitigated the impact of a severe economic crisis on population health.<sup>131</sup> However, the lack of coherent and reliable monitoring indicators remains a barrier to assessing the impact of investments in health.

Key performance indicators can facilitate the evaluation of investments in health but must be focused and results-orientated to be impactful and in line with EU strategic priorities. Striking a balance between the effective measurement of impact and the burden on the administrative capacity of national, regional, and local authorities is critical to ensure continued engagement with funding programmes.<sup>122</sup> The European Committee of the Regions emphasised that administrative capacity must be seen as more than just an enabling factor for the delivery of EU funds, recommending that capacity-building support for local and regional authorities be embedded in the programming and delivery of EU funds in the post-2027 MFF.<sup>132</sup> Both the Draghi report and Heitor report by the Commission Expert Group on the Interim Evaluation of Horizon Europe highlight that administrative burden and over-regulation of Horizon Europe, including difficulties in measuring outputs and excessively complex rules for submitting proposals and managing projects, undermine the efficiency and effectiveness of the programme.<sup>133,134</sup>

Initiatives such as the European Reference Networks (ERNs) demonstrate the value of cross-border collaboration and best practice exchange in health.<sup>135</sup> By the end of 2023, the ERNs had already exceeded 2027 targets on both the number of centres involved with ERNs and the number of patients diagnosed and treated by ERNs.<sup>136</sup> Building on the successful ERN model, the ongoing Joint Action on Networks of Expertise is establishing seven transversal oncology networks, serving as a pilot for care delivery in broader disease areas.<sup>137</sup> Beyond formal EU-level initiatives, knowledge transfer enables health systems to exchange key learnings and build on proven strategies. Evaluations can identify challenges in implementing health system transformation while highlighting effective implementation models that could be adopted across health systems.

Fostering more consistent collaboration between Member States with a mechanism for transferring learnings could enhance efficiency and adoption of best practices at the EU level. Greater accountability will support more efficient investments in health and enhance support for the complementarity of EU policies.

## Recommendations

- Conduct cross-fund evaluations at the country level to assess deployment, disbursement, synergies, objectives, outcomes, and next steps—while ensuring alignment with relevant EU documentation and strategic frameworks.
- Streamline and rationalise KPIs for beneficiaries to ensure they are measurable, meaningful, and proportionate—minimising administrative burden while enhancing accountability and impact assessment.
- Strengthen the work of the Reform and Investment Task Force by advancing the development of a structured feedback mechanism to EU institutions. This should facilitate the widespread dissemination and uptake of lessons learned from high-impact Member State projects, improve cross-border collaboration, and enhance the visibility of successful initiatives at the EU level.

## 3. Annexe



### 3. Annexe

#### PHSSR and its research

Launched in 2020, PHSSR is a non-profit, multisector, global collaboration between the London School of Economics, the WHO Foundation, the World Economic Forum, AstraZeneca, Philips, IQVIA, and the Center for Asia-Pacific Resilience and Innovation, motivated by a shared commitment to strengthen health systems and improve population health. PHSSR receives financial support from AstraZeneca and Philips.

PHSSR's primary objective is to study and support the development of health systems that are sustainable and resilient, capable of withstanding both short-term shocks and long-term challenges. It provides research tools and resources, facilitates collaboration and knowledge exchange among countries, and serves as a platform to disseminate breakthrough insights and foster their implementation.

PHSSR has engaged in research with academic institutions from 25 countries worldwide, including 10 EU Member States, to develop reports on country health systems. Country-level research conducted on behalf of PHSSR is based on an assessment framework developed by LSE in collaboration with experts in each country, encompassing seven domains: health system governance, financing, workforce, medicines and technology, health service delivery, population health, and environmental sustainability.

#### Formation of the PHSSR EU Expert Advisory Group and its work

Recognising the increasingly important role that the European Union plays in supporting Member State health systems, PHSSR established an EU Expert Advisory Group in 2023 to make recommendations to EU institutions on how they can improve the sustainability and resilience of health systems across the region. The members of the group are leading experts in health policy in Europe, including senior policymakers, academics, clinicians, economists, and patient representatives.

For its first report, published in November 2023, "A Stitch in Time: Early Intervention to Tackle Europe's NCD Crisis," the Expert Advisory Group chose to focus on prevention and early detection of non-communicable diseases. This decision was based on the group's assessment that NCDs represent both an urgent health challenge and an area where EU-level action could provide significant added value. The 2023 report highlighted the concerning trend of low percentages of healthcare investment allocated to preventive care despite the high prevalence of chronic diseases, and recommended increasing investments in primary care and health promotion activities, and improving access to diagnostics.

#### Rationale for focusing on sustainable financing at the EU level

Following the completion of this first report, PHSSR's steering committee identified sustainable financing for health as another critical area requiring EU-level attention and coordination, and selected this as the theme for the EU Expert Advisory Group's second report.

This decision was driven by several compelling factors. Sustainable financing is fundamental to ensuring the long-term viability of health systems across Europe, particularly in a post-pandemic economic landscape which has created new fiscal realities while highlighting the importance of resilient health systems. With the EU allocating over €22 billion for health across key financing mechanisms in 2021-2027, there is a significant opportunity to optimise investments to address shared European health challenges and advance the objectives of the European Health Union. Although health systems remain primarily a Member State responsibility, the EU's supporting role through policy guidance, technical assistance, and financial support has become increasingly

valuable. Coordinated EU action can provide substantial added value in areas such as health workforce development, crisis preparedness, and digital health solutions like the European Health Data Space, and by ensuring continued access to medicines and medical technologies.

## Methodology

In order to ensure the alignment of the group's expertise with the theme of this report, the Expert Advisory Group was expanded with additional members. Group members were selected based on their leading expertise in sustainable healthcare financing, bringing important perspectives as policymakers, experts with direct experience from both EU and national health authorities, academics, researchers, and patient representatives.

The group participated in three workshops to define the focus of the policy report and to discuss and align on the consensus recommendations. Prior to the first workshop, individual interviews were conducted with each member of the Expert Advisory Group to gather different perspectives and experiences with EU funding instruments' application and role in health investments. To identify where to focus the report's recommendations, in the first workshop the Expert Advisory Group reviewed and prioritised the strengths and weaknesses of the EU's current approach towards investment in health. Taking into account the identified achievements and barriers, the group aligned on a set of principles that would support more optimised application and impact of EU investments in health in the future. Over the course of the second and third workshops, the Expert Advisory Group developed and refined a set of consensus recommendations to guide EU institutions and other key stakeholders in improving the objective setting and implementation of EU investments in health. The secretariat of the group then produced the first draft of the report, based on desk research, the individual interviews conducted with members of the Expert Advisory Group, and the consensus reached during the three workshops. Advisers provided two rounds of written comments on the draft text to the secretariat. Where there were differences of opinion within the PHSSR EU Expert Advisory Group, the Chair guided the group towards a consensus view on the final content of the report, which all members of the PHSSR EU Expert Advisory Group reviewed and approved.

The policy recommendations in this report are grounded in the PHSSR research framework developed by the LSE and based on their potential impact and implementation feasibility in consideration of the EU's competences in health policy and operational capacity.

The content of this report represents the views of the authors—the members of the PHSSR EU Expert Advisory Group. The report has been developed with research and advisory support from Charles Rivers Associates and administrative support from Edelman.



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