

Europeanisation of Health Systems

A Small State Perspective

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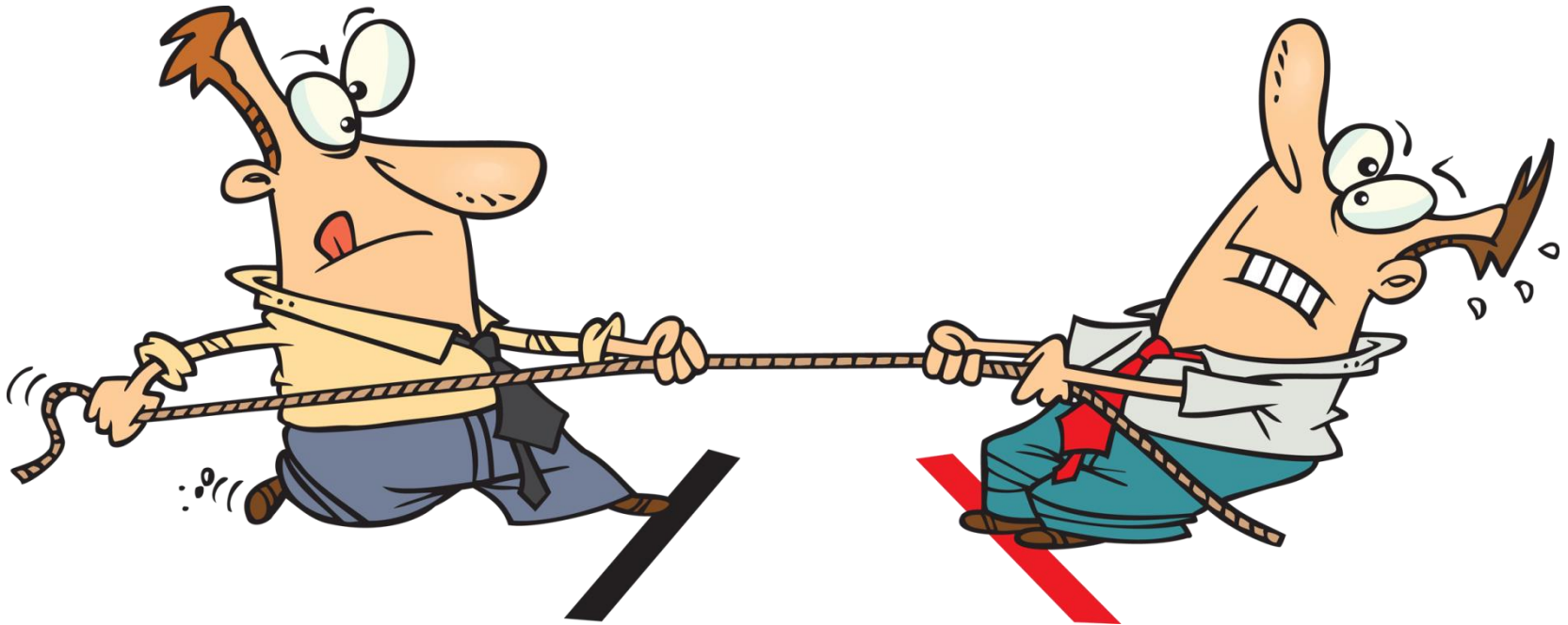
Outline of this presentation

- What is the EU's role in health systems?
- How were the research objectives implemented?
- Principal findings
- Implications and added value of this research

The role of the EU in health systems

- Article 168 of the Treaty
 - Member State competence for health systems
- Legislation on free movement affects health systems
 - Medicines, medical devices, professionals
- ‘Soft’ initiatives e.g. Recommendations, Joint Actions, Open Method of Coordination, Health Programme,
- *Cross-border health care directive (2011/24)*
- *Country Specific Recommendations on health systems*

Health Systems Competence



Preliminary Statements

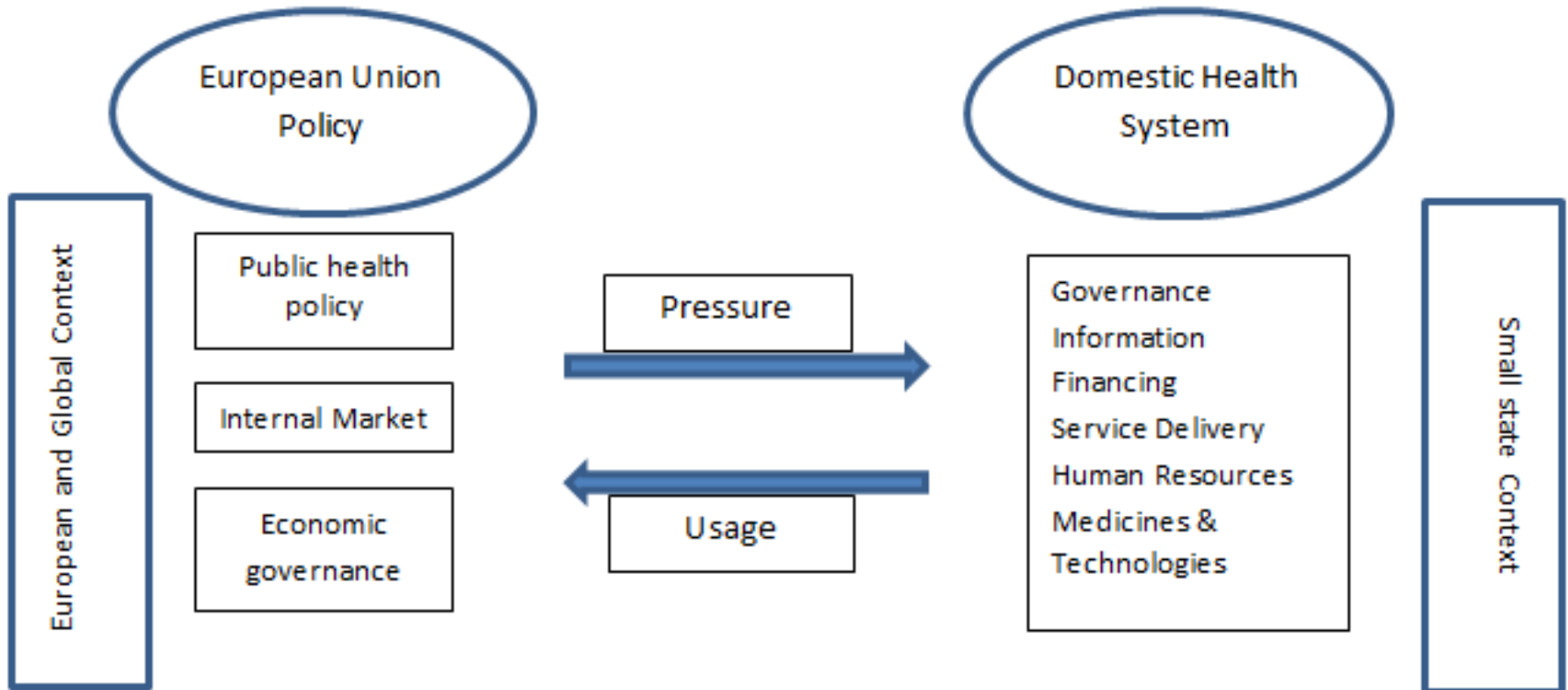
- Member States resist EU intrusion into their health systems
- Small states literature typically shows them to be more supportive of European integration
- There is a gap in the literature about the way in which the EU is perceived by domestic health system stakeholders in small states

Europeanisation

processes of construction, diffusion and institutionalisation of formal and informal rules, procedures, policy paradigms, styles, ways of doing things, and shared beliefs and norms

- *defined and consolidated in the EU policy process*
- *incorporated in the logic of domestic discourse, political structures and public policies*

Conceptual Framework



Europeanisation of a small state health system

Azzopardi-Muscat 2016

Study Design

Literature Review

- Content analysis of 76 articles

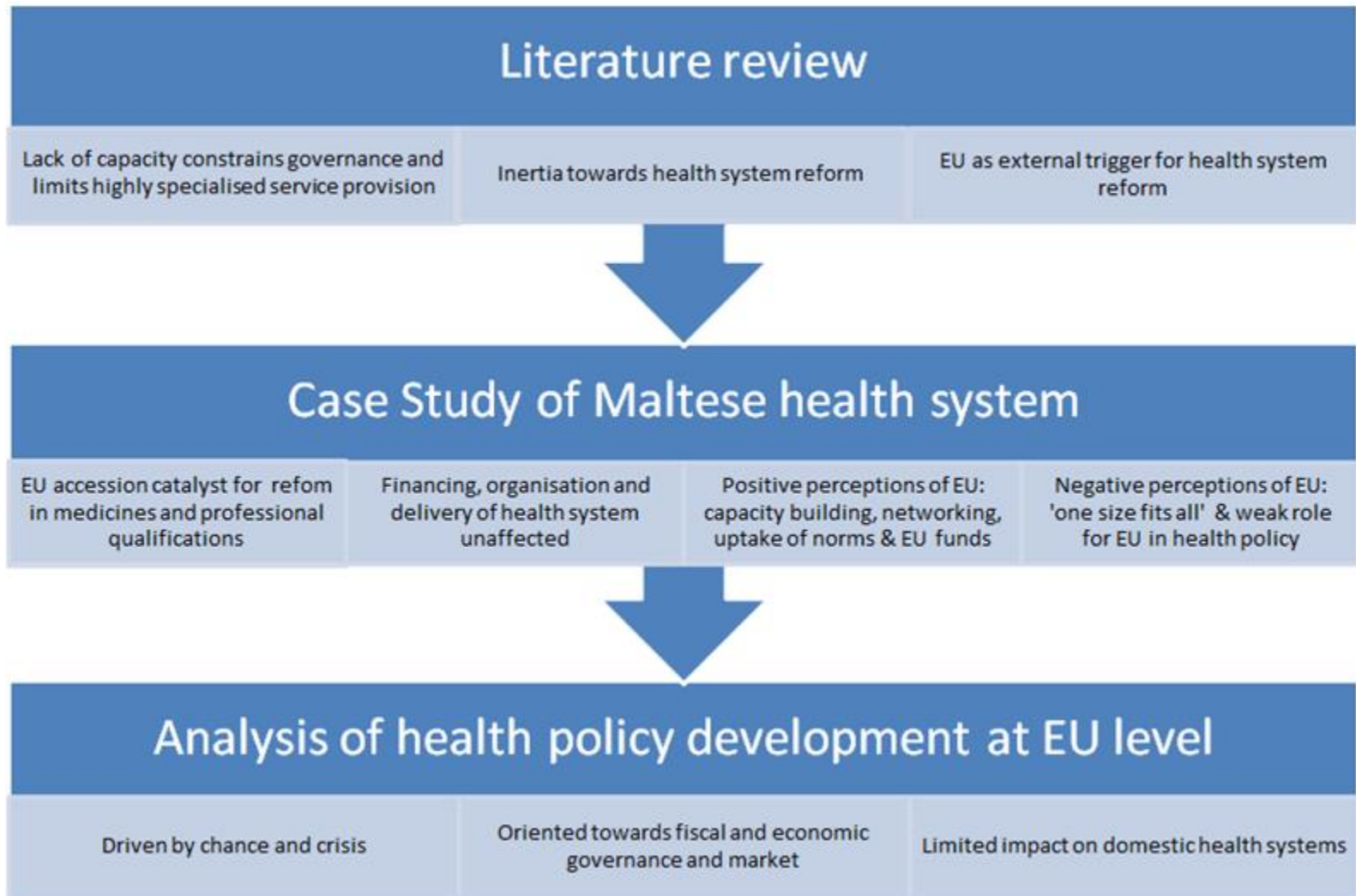
Case Study

- Malta Health System Review
- 33 in-depth domestic stakeholder interviews

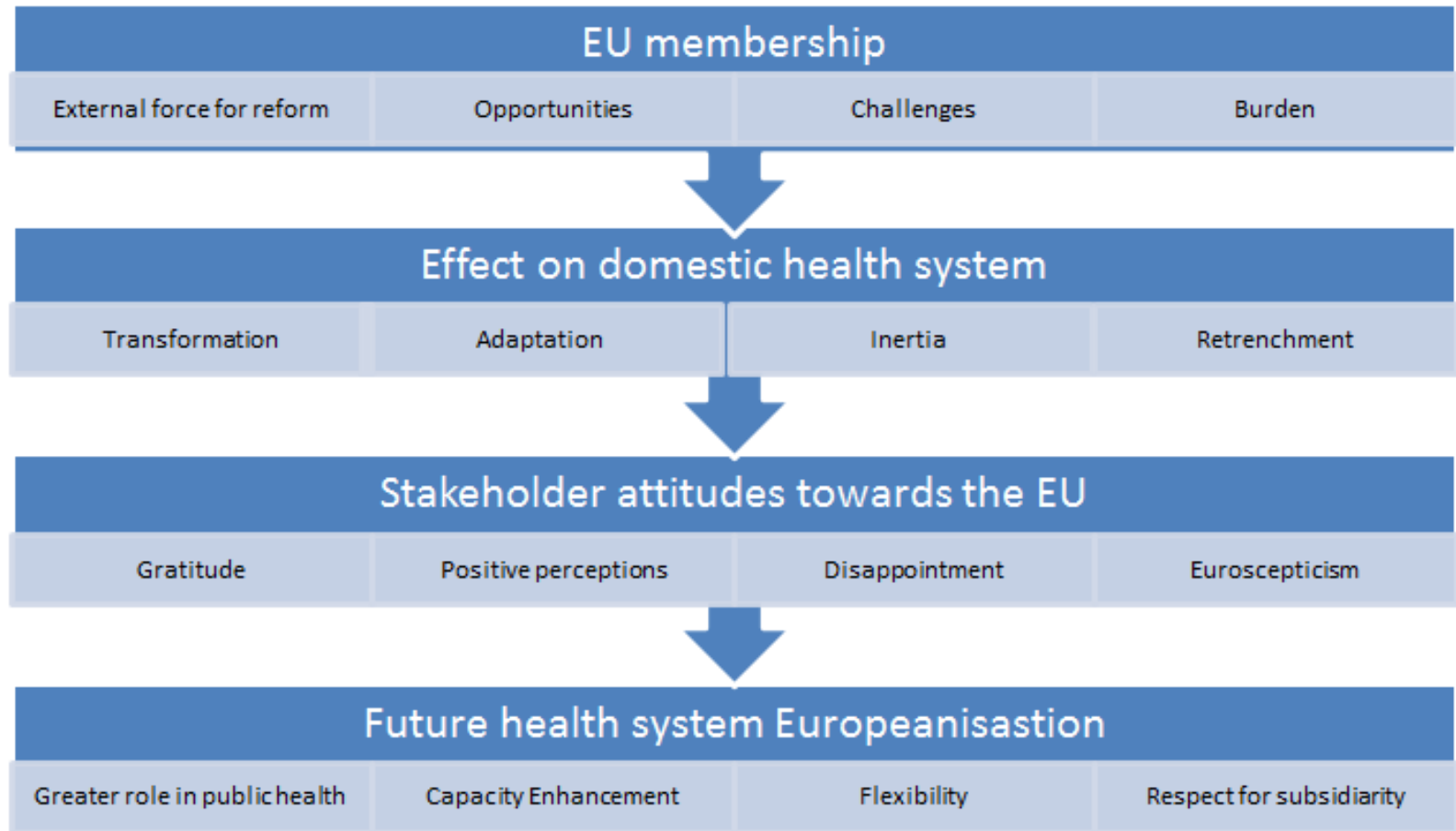
Policy Analysis

- EU Joint Procurement Agreement
- European Semester Country-Specific Recommendations

Principal Findings



A tale of health system Europeanisation



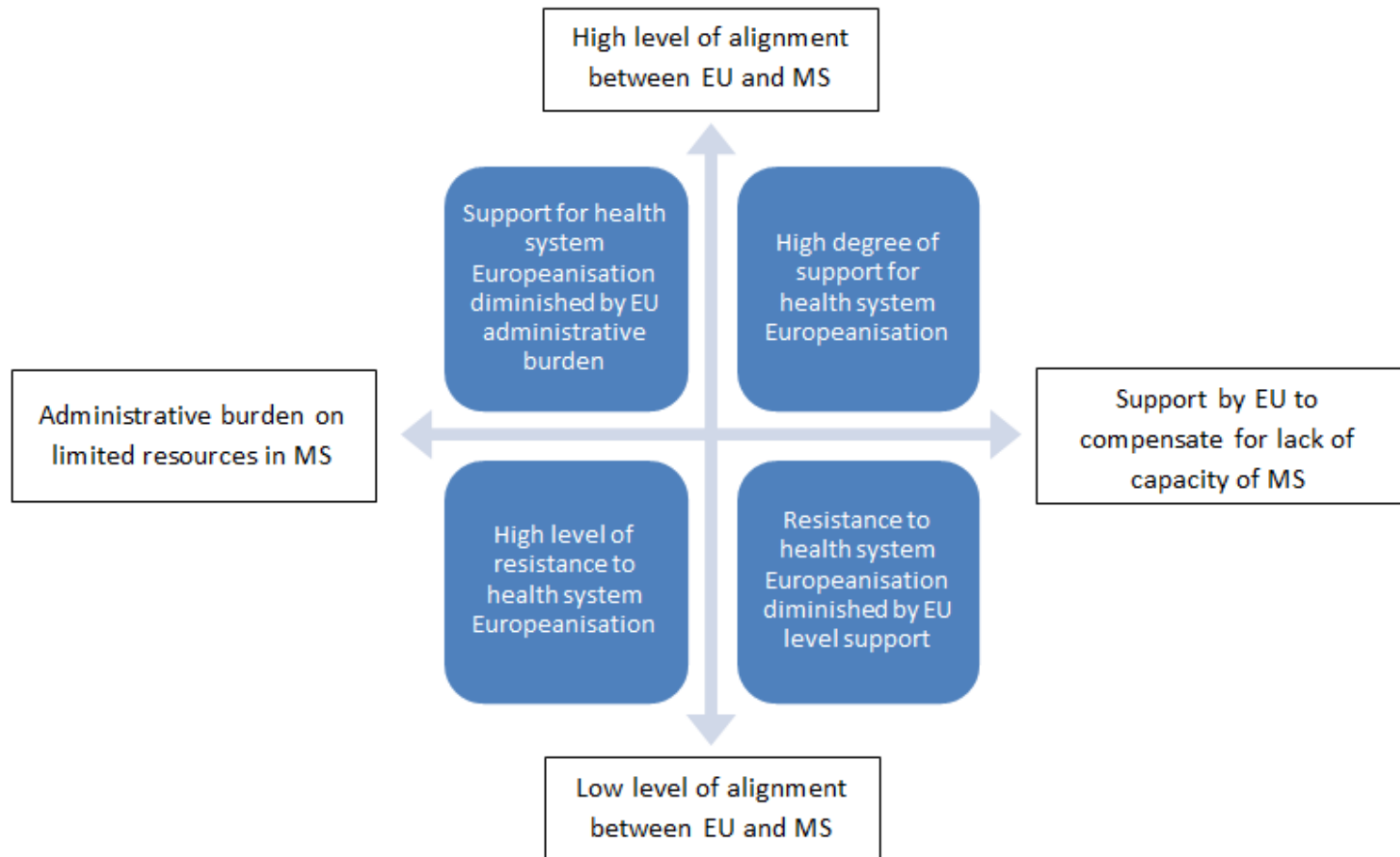
“ECDC has given us very important support. For example, it brings a group of experts together and they develop guidelines. So, for us, that is very good because we don’t have such a wide pool of expertise. We have 24 hour communication with ECDC and it is not the first time that they carried out assessments, even specifically for us. We have reassurance that we have someone to turn to.”

(#6 MoH public officer)

“My feeling was that the Commission was trying to exert a bit too much influence and the worst thing about it was that the people making those suggestions or making those statements were coming from economical background. So, if I may daresay, their recommendation does not only belie certain ignorance of the local context, but also of basic public healthcare principles”

(#17 MoH public officer).

A normative model for health system Europeanisation in a small state



Research Limitations

- Single case study (Malta)
- Causality dilemma in “Europeanisation” studies
- Selection of different policy issues may have yielded different results
- Time frame too short to allow real effects of recent developments to emerge

Quality Assurance

- Use of reflexivity
- Complementarity between policy analyses and case study
- Insider researcher approach balanced by with external peer input
- Bottom-up process tracing approach
- Detailed information on the context of the case study and the methods employed

Research 'valorisation'

- First empirical study on the experiences and attitudes of domestic stakeholders regarding health system Europeanisation
- Sheds light on the role played by the EU in small state health systems
- Paves the way for further research for future orientation of European health policy

Thank you