

*Health system challenges in small European states  
What should the EU prioritize post 2020?*

Key findings from the SMShealth.eu network

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# Project aims

- To develop and establish a Jean Monnet network of universities and public health institutes
- To map and understand better the small states' challenges and opportunities of European integration in health
- To translate findings into policy relevant messages and educational activities



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# SMSHealth.eu Project

- 3 year project co-funded by the Erasmus + Programme (September 2015 / August 2018)
- **Project network:** Malta, Estonia, Slovenia, Iceland and The Netherlands (Lead).
- **Technical coordinator:** The University of Malta (Institute for European Studies, with the support of the Department of Health Services Management and the Islands & Small States Institute)



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# What was known at the start of the project?

- Azzopardi-Muscat N., Funk T., Buttigieg S., Grech K., Brand H. Policy challenges and reforms in small EU Member States health systems: A narrative literature review. *European Journal of Public Health*; 2016 Dec; 26 (6): 916-922. <https://doi.org/10.1093/eurpub/ckw091>.
- Azzopardi-Muscat N., Aluttis C., Sorensen K., Pace R., Brand H. The impact of the EU Directive on patients' rights and cross border health care in Malta. *Health Policy* 2015 Oct; 119 (10) 1285-1292.
- Azzopardi-Muscat N., Sorensen K., Aluttis C., Pace R., Brand H. Europeanisation of Health Systems: A qualitative study of domestic actors in a small state: *BMC Public Health* December 2016; 16(334). <https://doi.org/10.1186/s12889-016-2909-0>



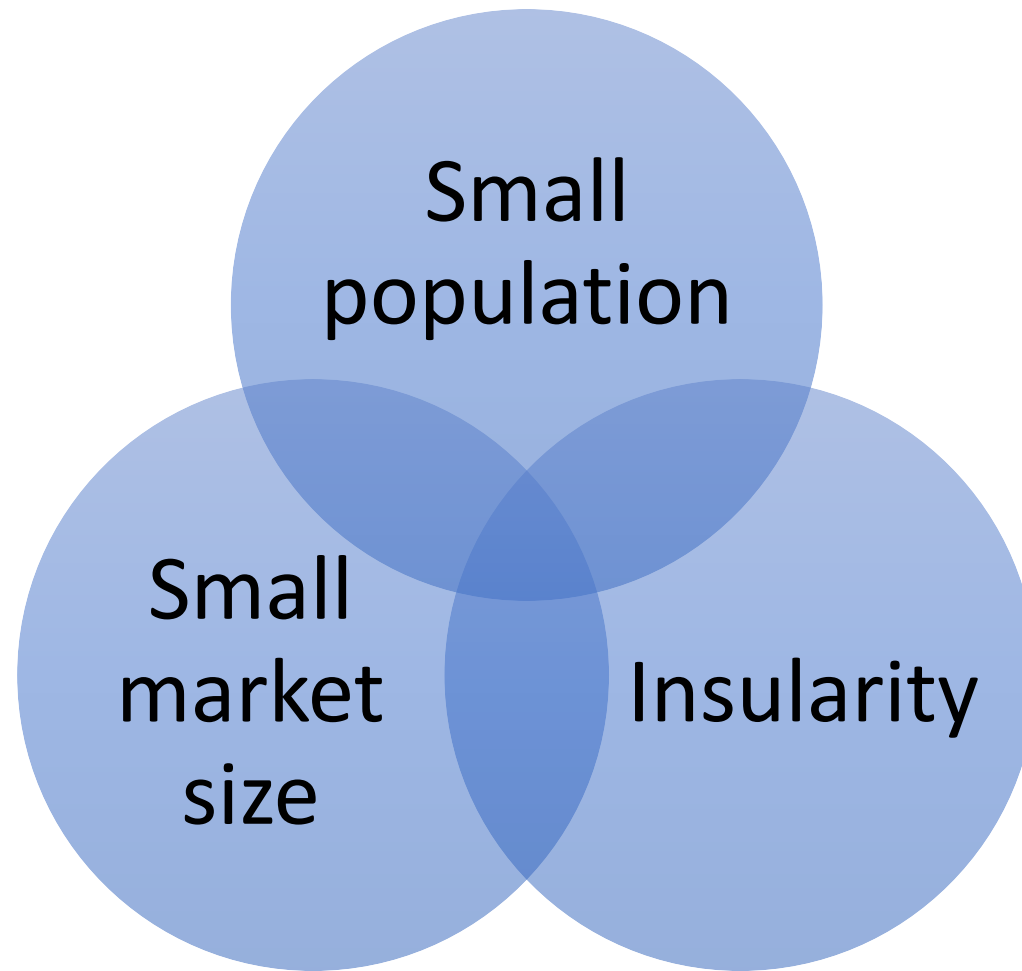
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# Small Population

- Inability to provide a full array of services (self-sufficiency)
- Lack of capacity (also for research)
- Difficulties treating rare diseases
- Low volume (quality) issues
- Limited contributor / gene pool



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# Small Market

- Lack of competition and choice
- High prices (medicines, technology) due to small volumes linked with difficulties in access to innovation
- High cost of unit production (overhead costs)
- Administrative burden of regulation



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# Insularity

- Lack of peer review, accreditation processes at national level
- Professional stagnation due to limited opportunities for internal mobility coupled with loss of workforce due to external migration
- Governance issues due to difficulties with role segregation



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# Difficulties with reform implementation

- Medical profession is a strong veto player in small health systems where decision-making often lacks the active participation of patients and public
- Strong industry pressure
- Insufficient separation between policy development and policy execution
- Lack of leadership and institutional capacity
- Lack of financial and technical resources



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# Opportunities for reform implementation

- Strong political leadership
- EU accession as a lever for change
- Possible to bring about significant and comprehensive changes in a short period of time in a small health system
- Helicopter view that stakeholder in small states tend to have allowing them to act as knowledge brokers



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# The research questions

- What are the challenges and opportunities faced by small Member States when it comes to EU integration in the area of health?
  - General issues
  - Medicines
  - Health workforce
  - Cancer
  - Rare Diseases
- Does EU policy recognise small state health system specificities?



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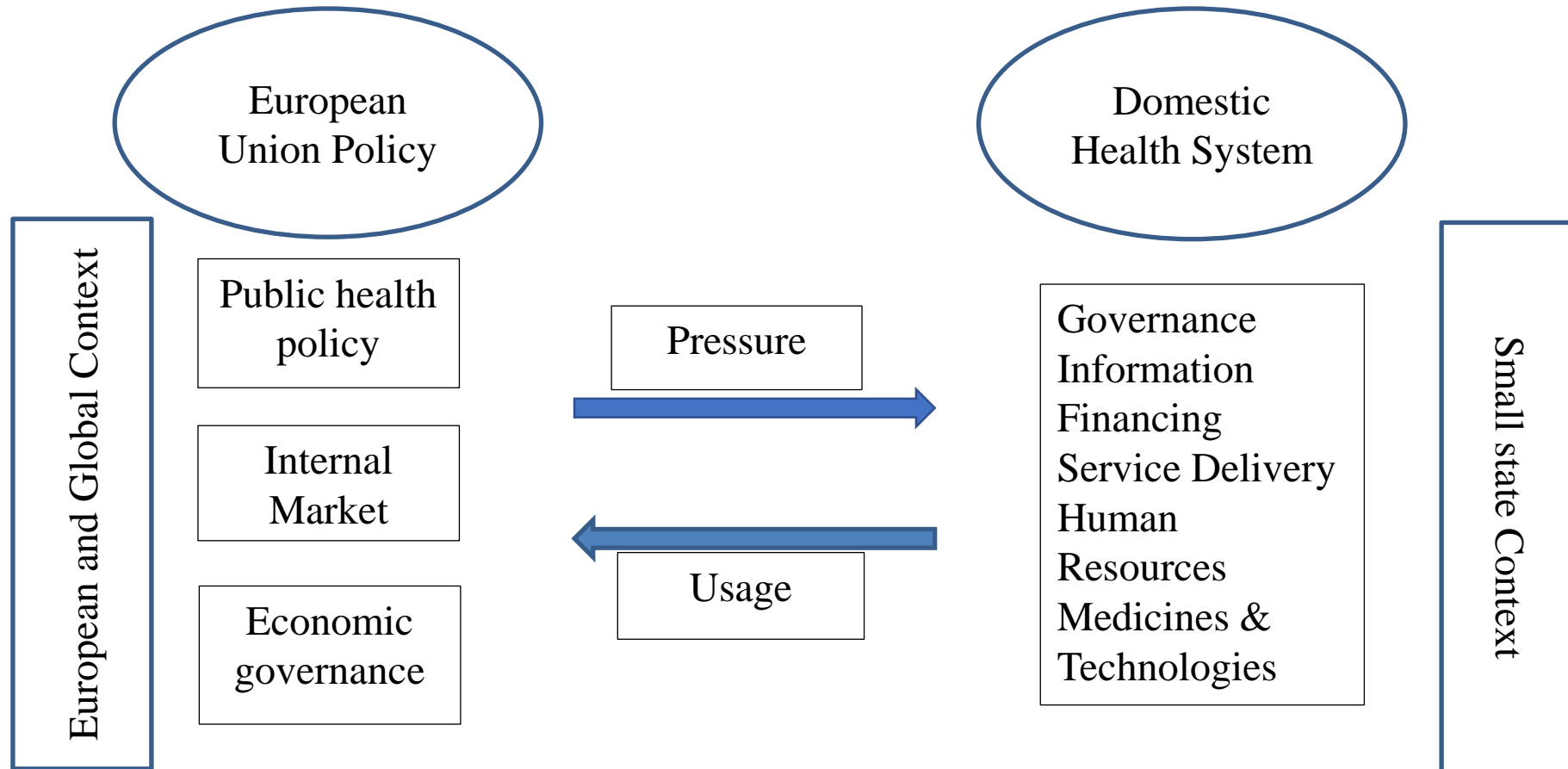


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# Framework for interviews



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# Research Design

- 42 semi-structured interviews were conducted on the basis of an agreed common protocol to ensure that the data collected was comparable for the countries involved (Ethics approval of relevant committees was obtained)
- Experts on Medicines n=8
- Experts on Cancer n=8
- Experts on Rare Disease n=9
- Experts on Health Workforce n=8
- General expertise on EU and health n=9



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# Analysis

- Data were coded and analysed with the support of NVivo11 software
- Thematic analysis was used to inductively identify themes from the data
- Comparative analysis was used to compare interviews from different countries and stakeholders
- Expanded the initial conceptual framework and used it to organize study results



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# Common Challenges

- Lack of capacity (human and financial)
- Lack of negotiating power at a European/ global level
- Access to affordable medicines
- Developing and maintaining a specialist workforce
- Providing quality treatment for cancer and rare diseases
- *Vulnerability to 'single providers', 'single suppliers' – effects of monopolies*



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# Differences between small states

- Geographic location is an important factor with independent island states facing an additional layer of challenges associated with remoteness
  - Supply chain management (security, costs)
  - Easy and rapid access to specialised services
- Economic development is less of a differentiating factor than geography



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# Self-sufficiency & lack of economies of scale

*It is a challenge to ensure that we have enough specialists that can cover all the specialties in medicine that we need, it is also expensive because then there are not that many people that need some of these specialties. (ICE)*



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# Small country CION - power asymmetry Fiscal governance

*We can't just simply say:*

*"We won't do that."*

*The pressures on a small country are much greater than on big countries (SI)*



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# Positive impact of the EU

- Facilitating national policy implementation (i.e. cancer screening, tobacco, alcohol)
- Providing networking, training and educational opportunities
- Facilitating access to other countries health services
- Building research capacities
- Funding opportunities (Structural funds)



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# EU has a large impact on health policy in small states

*“I think that the European Union is very important for a small country, because it shows some direction to politicians and it can be very stimulating for political decisions in the country.....or on the other hand, they are in some way handicapped by the positions of the European Commission.*

*If we look at what is going on in the field of alcohol, we see precisely this, because in this field, there is no more some smart discussion or strategic consideration at the EU level.” (SI)*



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# Medicines Market

- Common market for medicines does not really function well from a small state perspective
- Central authorisation procedure is a step in the right direction but is insufficient
- *“Even after a medicine has received a marketing authorization, in Iceland it is not a clear cut road towards the company actually marketing the medicine in Iceland. That just depends upon if they sell a lot of the medicine or if they are going to gain something out of it” (ICE)*
- Fearful of the adaptive licensing process
- Small states are unable to negotiate favourable prices on their own



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# Main conclusions

- EU influence in the areas of health care workforce mobility, cancer and rare diseases is perceived as beneficial
- Networking, cooperation at European level and EU funds/funded projects are identified as essential mechanisms in enhancing these above-mentioned areas in small state health systems
- On the other hand, the EU legal framework appears to have negatively impacted upon access to medicines



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# Strengths for small state health systems

- Intimacy
- Ability to better govern and manage the whole system
- Relative lack of bureaucracy
- Flexibility and quicker responses
- National level research, communicating and acting



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# Weaknesses impacting small state health systems

- Lack of competition and choice
- Lack of capacity and competences
- Lack of power
- Dependence on cooperation with larger countries
- Limited funding at national level



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# Opportunities provided by the EU

- Cross-country collaboration
- EU funded projects
- Cooperation and networking
- Training opportunities from the EU
- Support for public health measures to be implemented



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# Threats emanating from the EU

- High outward professional mobility
- High pressures from fiscal governance regime (overheads, high prices ? Upward pressure on health system costs in small states not taken sufficiently into account)
- Market driven approach to medicines, technology regulation
- 'Stasis' on public health issues



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# Future role of the EU in Health

- General consensus that health is a matter for subsidiarity
- Reluctance for the EU to take on a larger role in health

*On one hand it is good for people to interact and liaise with other people ... but I don't know whether the demands are proportional to what we are receiving at the end of the day. (MLT)*



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# Rationale for EU role in health

- Several EU health policies and activities (e.g. ECDC, ERNs, Joint Procurement) are comparatively more important to small states
- Health is becoming more globalised and health policy can no longer be tackled by individual Member States alone
- European integration happens through people; health is a key concern for people and provides a tangible example of added value at European level



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# The intimacy conundrum

*It is always difficult to make decisions in a small country. To make bold decisions the critical mass must be greater. Everybody here is acquainted or interrelated with each other and the playground is small. There is fear of making different decisions. Courageous political decisions should be made from far away and high enough (EST)*



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# Preferred / Suitable modalities for action

- Voluntary cooperation
- Joint Actions
- Recommendations where there is a need for a push to do something



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# Added value of the small state perspective

The value of the small state perspective in the study of European integration processes is that it provides an opportunity to “*rethink the theoretical and practical implications of the integration processes*” and thereby allows the debate of the future role of the EU in certain policy areas to move beyond the traditional categories

(Thorhallsson and Wivel 2006)



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# Policy questions for discussion

- How may small states be affected if health is “pushed aside” on the EU agenda?
- What are the key messages that small states wish to deliver for EU action in the field of health post 2020?



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# Thank you

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