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Health systems and policy research in Europe: Horizon 2020

KIERAN WALSH^A, MARTIN MCKEE^B, MARK MCCARTHY^C, PETER GROENEWEGEN^D,
JOHAN HANSEN^E, JOSEP FIGUERAS^F, WALTER RICCIARDI^B

^a European Health Management Association, 1040 Brussels, Belgium

^b European Public Health Association, Utrecht, Netherlands

^c University College London, London, UK

^d NIVEL—Netherlands Institute for Health Services Research, Utrecht, Netherlands

^e HSR Europe, Utrecht, Netherlands

^f European Observatory on Health Systems and Policies, Brussels, Belgium

Europe is a natural laboratory for learning about health policies and health systems. With diverse systems to finance, provide, and govern health care across the 27 member states of the European Union and the wider European region there are many opportunities for international comparative analyses and natural experiments. Health-care costs, quality, and outcomes vary widely, which strongly suggests that there is enormous potential for European research into health systems to enable countries to make their systems more efficient and to improve outcomes. Although health and health care are predominantly national or regional responsibilities, governments and health system leaders at every level have much to learn from how other countries deal with what are often shared problems and challenges, and the European Union has a crucial part to play in enabling such learning through research.¹ Research into these issues can make important contributions to national policy development and bring improvements even in highly cost-constrained health systems.²

The need for such research has never been greater. Health-care systems in Europe are facing an unprecedented challenge. Although social and demographic pressures increase demand for health care, and technological and scientific advances continue to increase costs, the financial crisis in Europe is placing huge pressures on governments to control costs, limit demand, and reduce spending.³ Governments are cutting public health-care budgets, and costs are being transferred to individuals and families through out-of-pocket payments, with the greatest health effects on the least wealthy.^{3 and 4} Equally seriously, the wider health effects of the worst European recession in living memory are likely to be profound and protracted, especially in European countries subject to financial intervention and health system reform from the European Commission, International Monetary Fund, and European Central Bank,⁵ but also throughout Europe.

Yet the European Commission's health research budget is dominated by biomedical topics—only 4% of the €642 million cooperation programme for health research in 2011 was allocated to health systems, public health, or health policy research.⁶ It has funded some landmark health systems research projects with important impacts on policy—eg, on the design of funding systems and their effect on financial performance,⁷ on health-care quality and cross-border care,⁸ on health-care human resources,⁹ and on primary care.^{10 and 11} But these matters have always been mostly peripheral to the Commission's concept of health research. This situation could be because groups concerned with biomedicine, pharmaceuticals, and medical technologies have driven the process for setting of health research priorities, and government ministries of science have coordinated them nationally with little input from ministries of health. Advisory groups are often mainly medical in membership, and the health services research community is not well organised or represented.^{1 and 6} The voices of key stakeholders, such as the health policy community, health-care managers and leaders, national governments, and politicians at both a national and a European level have not been as influential as they should be. The European Commission has recently set out its research priorities for Horizon 2020—its new €80 billion research programme that will run from 2014 to 2020¹²—and the European Parliament and member states are discussing these proposals before adoption. But, once again, there seems to be little interest in the research questions that health policymakers and leaders at a national and European level would see as very important, such as the quality and safety of health care, the financial sustainability and productivity of health systems, innovations in health-care organisation and delivery, the effectiveness and efficiency with which health-care interventions are used, and the health-care workforce. Indeed, the Commission has responded to the recession by focusing in Horizon 2020 on a particularly narrow interpretation of the health and wealth agenda, regarding health research as a lever for economic growth through patentable technological advances, exploitable intellectual property, and the industrialisation of invention and innovation. Health systems and policy research, which will rarely result in patentable intellectual property, tend to be excluded even though such research has been shown to contribute to economic growth in many other ways.¹³ Moreover, the Commission's presumption that technological advances in health care will lead to economic growth ignores the macroeconomic realities; new technologies have to be paid for by already cost-constrained health-care systems, and could simply accentuate financial problems.

The agenda for health systems and health policy research in Europe is of interest across the European Commission, not only to the directorate responsible for research and innovation that is driving Horizon 2020, and that responsible for health and consumer affairs. Health policy is intrinsically connected to economic and financial policies, employment, social policy, and regional policy. European Parliamentarians, national governments, and major health-care institutions and stakeholders now have an opportunity to reshape the Horizon 2020 priorities. It is essential that Horizon 2020 clearly articulates and supports the research needs of health-care policy makers and health system leaders; one report recommended that 25% of health research budgets should be spent on public health, health systems, and health policy research,⁶ whereas another helped to frame the European research agenda in this

area.¹ Rigorous, robust, and timely research can make a vital contribution to health and health-care improvement in Europe, and to understanding and amelioration of the effects of the financial crisis.

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