



DG REFORM interventions, with an example on cancer

Europe Against Cancer: Recognising the Importance of Innovation in Healthcare

21 September 2020

European Commission, Directorate-General for Structural Reform Support (DG REFORM)

Agenda

Prologue: Europe's Beating Cancer Plan

1. Support for reforms through the TSI
2. Example 1: Cancer screening project in Italy, Romania and Slovakia
3. Example 2: Projects to develop health system performance assessment in several countries
4. Organisation of the 2021 technical support call

EU action against cancer: overall framework

Europe's Beating Cancer Plan

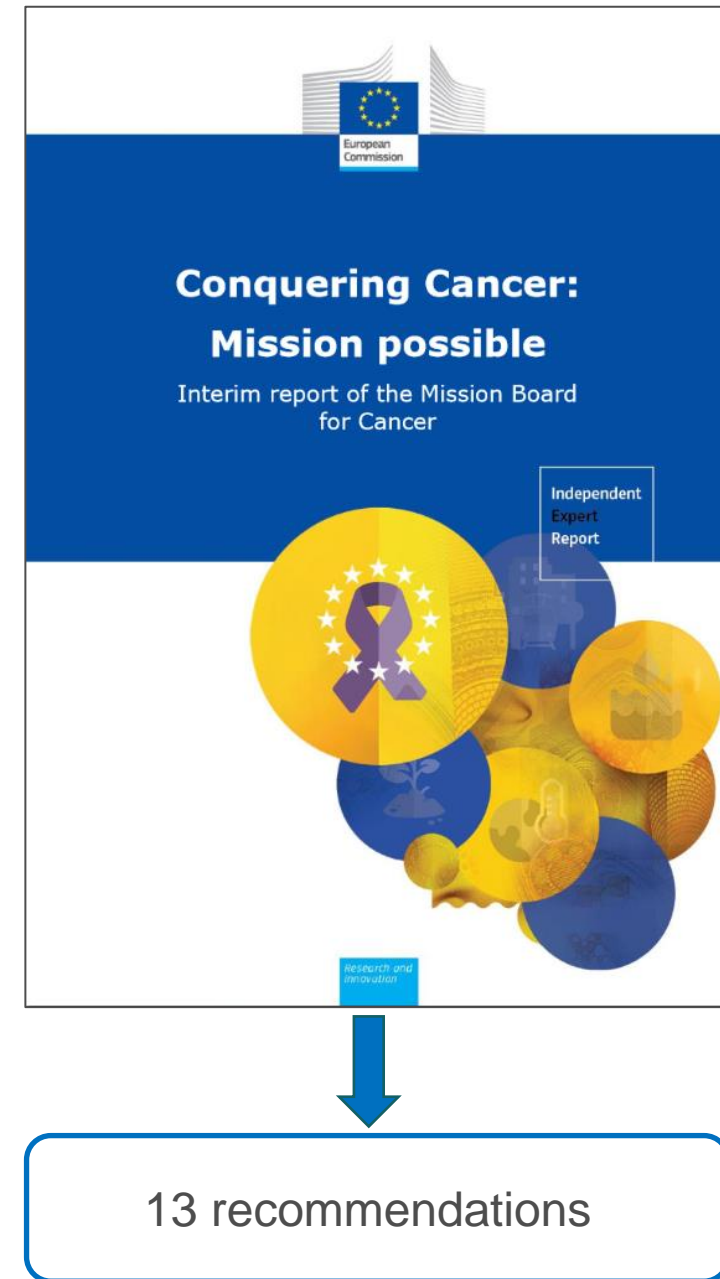
On 4 February 2020, the European Commission started the public consultation of the plan at an event entitled 'Europe's Beating Cancer Plan: Let's Strive for More' in the European Parliament in Brussels.

Four pillars:
prevention
early diagnosis
treatment, and
follow-up care

The Europe Beating Cancer Plan will be linked to other priorities of the Commission and has the support of Members of the European Parliament, Member States and stakeholders who work together with the Commission to improve cancer prevention and care in Europe.



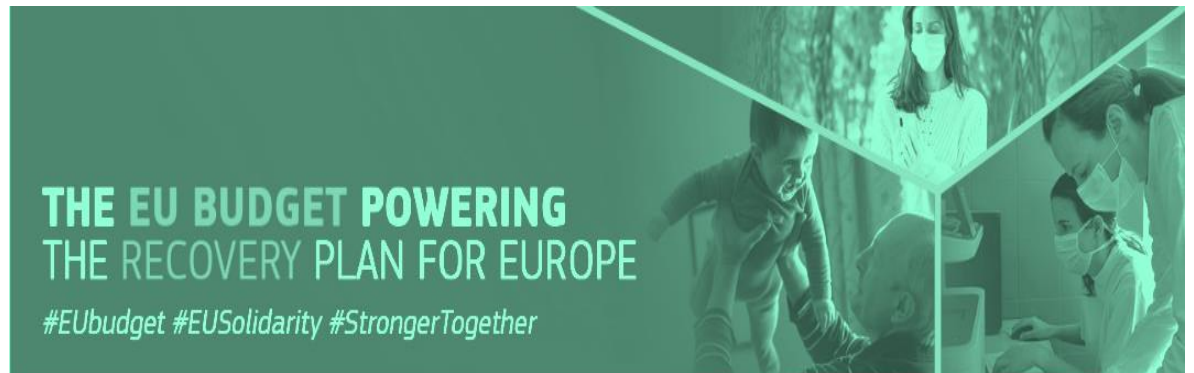
Horizon Europe's Mission on Cancer



Support for reforms through the TSI

Context: The Technical Support Instrument

- Successor of Structural Reform Support Programme (SRSP) 2017-2020
- Part of the MFF 2021-2027 and the Recovery Plan for Europe
- Mandate – TSI will improve Member States' administrative capacity to **design, develop and implement reforms**
- **Proposal under negotiation** (European Parliament, Council); expected budget: **EUR 767 million** for 7 years, cca. **EUR 110 million/year**



What we do

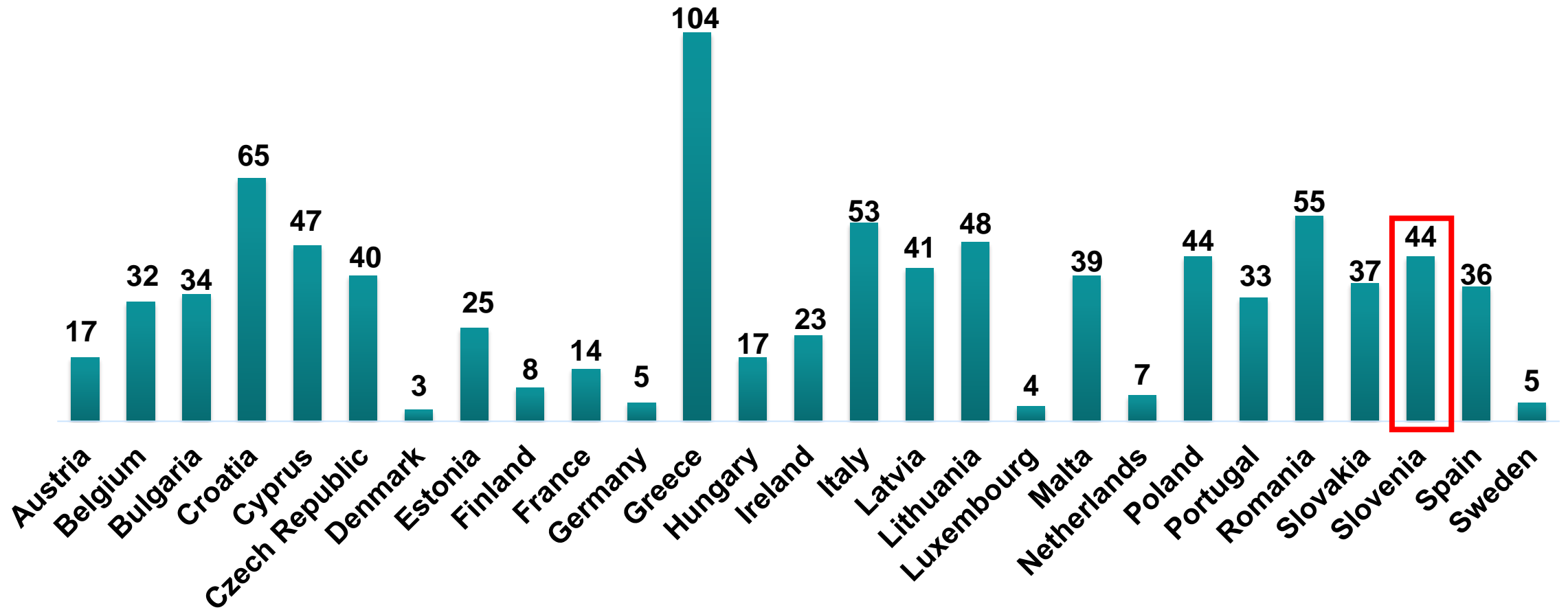
The Technical Support Instrument (TSI) offers technical support/expertise for design and implementation of structural reforms

- **For all EU Member States** based on requests
- Around **1000 projects** in **27 Member States**
- Addressing a **wide range of reform areas**
- Covering **entire life cycle of the reforms**
- **Tailor-made support**
- **No co-financing** requirement



DIRECTORATE-GENERAL FOR
STRUCTURAL REFORM SUPPORT
Helping EU Member States
carry out
growth-enhancing reforms

Projects per Member State (2017-2020)



Governance and public administration

- Anti-corruption & anti-fraud strategies
- Better regulation
- Central & local administration
- Digital public administration
- Governance & IT function
- Management of human resources
- Judicial reform

Revenue administration, public financial management

- Administration of revenues
- Aggressive tax planning
- Budget preparation & implementation
- Customs Union
- Debt & cash management
- Expenditure policy
- Macro-fiscal framework
- Public sector accounting
- Public finances oversight
- Tax compliance
- Tax policy

Growth and business environment

- Better regulation, licensing and inspections
- Climate
- Competition and consumer policy
- Digital economy, research and innovation
- Energy
- Environment and natural resources
- Foreign investment and trade
- Investment management, PPPs and state-owned enterprises
- Just transition
- SMEs, tourism and other sectors
- Transport and mobility

Labour market, education, health and social services

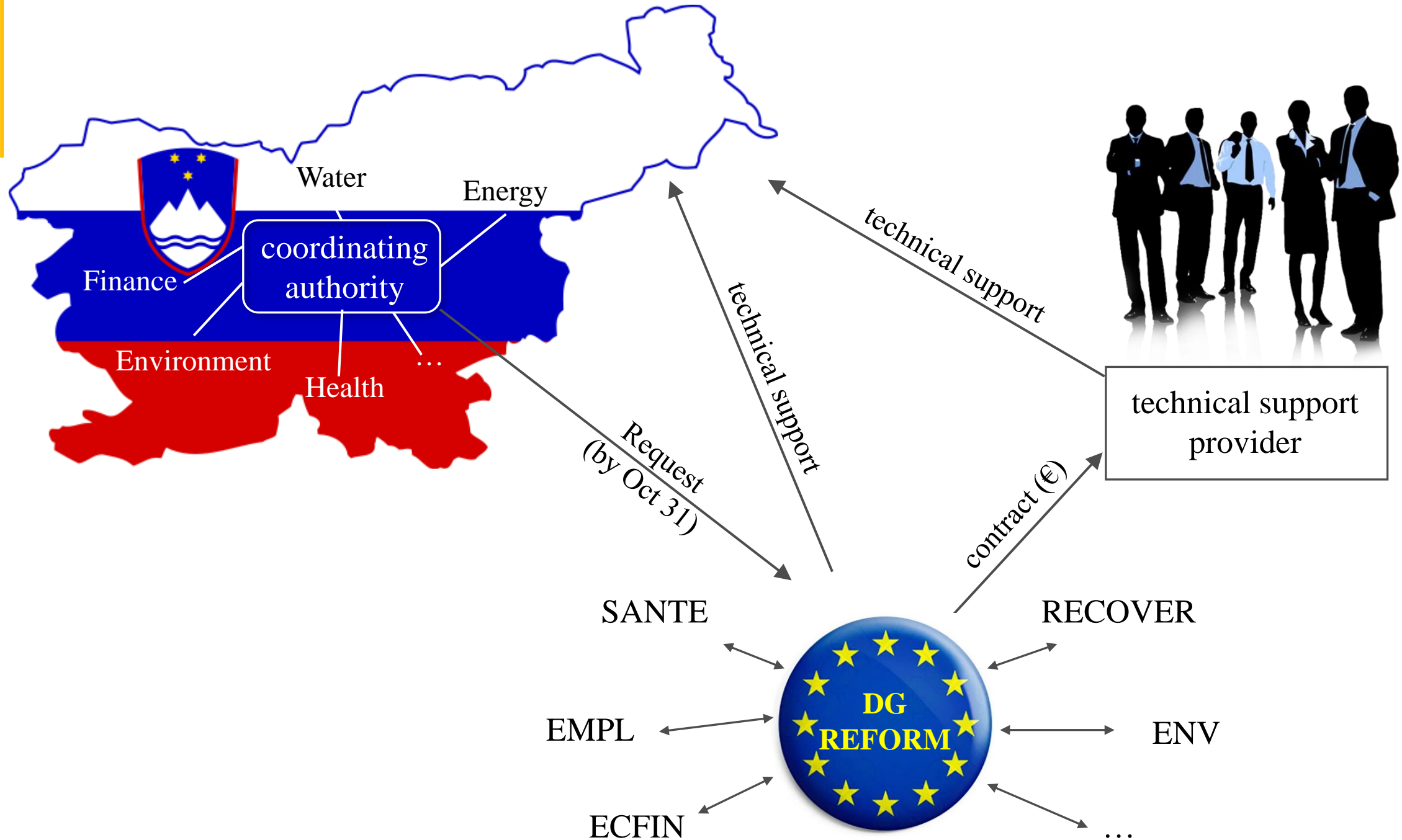
- Access to long-term care
- Digital health
- Equity and inclusive education
- Higher education and research
- Labour market policies & governance
- Social Innovation
- Migration and border management
- Public health
- Resilience of health care systems
- School policy
- Social protection
- Social services
- Upskilling of adults
- Vocational education and training

Financial sector and access to finance

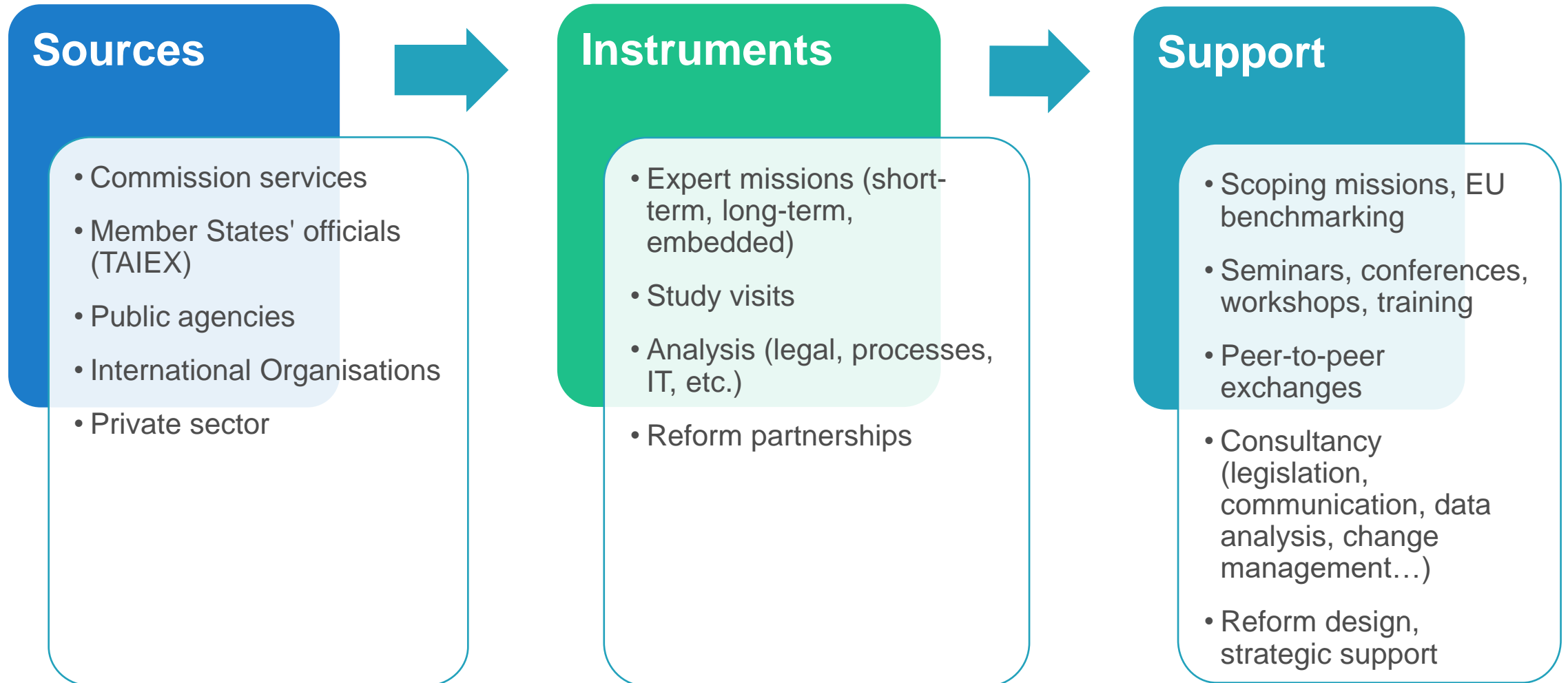
- Anti-money-laundering
- Banks
- Capital markets
- Crisis management
- Financial literacy
- Green Finance
- Insolvency
- Insurance undertakings & pensions

DG REFORM brochures





How we work



Example 1: Cancer screening project for Italy, Romania and Slovakia

Implementation of the EU colorectal cancer screening guidelines within the screening programmes in Italy, Romania and Slovakia



December 2018 - March 2021 (originally August 2020)

Objective: to enable Italy, Romania and Slovakia to extend the coverage and effectiveness of colorectal cancer screening programmes and contribute to a reduction in the burden of cancer in the population

Implementing partner: Italian National Cancer Screening Observatory

Main expected results



In Italy, managers, senior officials and clinicians in four selected regions are fully enabled to develop and test sound methodologies for colorectal cancer screening

In Romania, screening experts are empowered with the capacity to design an effective screening programme, implement a screening registry and clearly communicate their actions to the population



In Slovakia, a screening registry is implemented with fully operational procedures and readily available for deployment at national level

Core activities



- 1.1. Training of managers and senior officials in Sicily
- 1.2. Retraining of health professionals in Lazio and Sicily
- 1.3. Selection of effective strategies in Piedmont and Tuscany



- 2.1. Training of managers and senior officials in Romania
- 2.2. Retraining of health professionals in Romania
- 2.3. Support to the development of the communication campaign
- 2.4. Exchange study visits



- 3.1. Training of managers and senior officials in Slovakia
- 3.2. Retraining of health professionals in Slovakia
- 3.3. Support to a legislative proposal on data protection
- 3.4. Exchange study visits

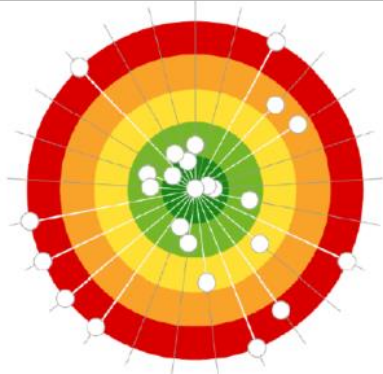
Example 2:

Projects to develop health systems performance assessment in several countries

(some) examples of projects in Slovenia



Distribution of healthcare providers and health workforce in Slovenia – geographical distribution, effectiveness of care, coordination and policy recommendations.



Development and implementation of a framework to assess the performance of the Slovenian health systems – in collaboration with Latvia.



Improvement of patient safety via the introduction of a new system for monitoring and managing sentinel and other adverse events.

Few details on performance assessment (on demand)

HEALTH STATUS

EFFICIENCY

QUALITY AND
SAFETY

EQUITY AND
ACCESS

RESPONSIVENESS
AND
PERSON-
CENTEREDNESS

HEALTH PROMOTION AND DISEASE
PREVENTION

GENERATION AND MANAGEMENT OF RESOURCES

FINANCIAL SUSTAINABILITY

HEALTH DETERMINANTS

HEALTH STATUS	1 LIFE EXPECTANCY	14 CIRCULATORY SYSTEM DISEASES MORTALITY RATES	17A INCIDENCE OF ALL CANCERS	17B INCIDENCE OF COLORECTAL CANCER	17C INCIDENCE OF BREAST CANCER	17D INCIDENCE OF LUNG CANCER	17E INCIDENCE OF PROSTATE CANCER
	17F INCIDENCE OF CERVICAL CANCER	24 DIABETES PREVALENCE RATE	40 SUICIDE MORTALITY RATE	211 HEALTHY LIFE YEARS AT AGE 65	911 AIDS-RELATED MORTALITY RATE	2028 CHILD MORTALITY RATE	
QUALITY AND SAFETY	2 INFANT MORTALITY RATE	21A CANCER PATIENTS SURVIVAL RATE	21B COLORECTAL CANCER PATIENTS SURVIVAL RATE	21C BREAST CANCER PATIENTS SURVIVAL RATE	21D LUNG CANCER PATIENTS SURVIVAL RATE	21E PROSTATE CANCER SURVIVAL RATE	21F CERVICAL CANCER PATIENTS SURVIVAL RATE
	30 ADMISSION-BASED DIABETES LOWER EXTREMITY AMPUTATION RATE	1772A THIRTY-DAY MORTALITY AFTER ADMISSION TO HOSPITAL FOR AMI	1772B THIRTY-DAY MORTALITY AFTER ADMISSION TO HOSPITAL FOR STROKE	2007 SECOND-LINE ANTIBIOTICS (QUINOLONES AND CEPHALOSPORINS) AS A PROPORTION OF ALL ANTIBIOTICS PRESCRIBED IN PRIMARY CARE			
GENERATION AND MANAGEMENT OF RESOURCES	7 NUMBER OF PRACTISING PHYSICIANS PER 100 000	8 NUMBER OF PRACTISING NURSES PER 100 000	199 NUMBER OF PRIMARY CARE PHYSICIANS (GENERAL MEDICAL PRACTITIONERS)	1802 AVAILABILITY OF EXPENSES FOR DEVELOPMENT-NEW HEALTH TECHNOLOGIES	1823 OVERALL VOLUME OF PRESCRIBED ANTIBIOTICS	2090 NUMBER OF HOSPITAL BEDS BY HEALTHCARE FUNCTION	
	2112 NUMBER OF DENTIST PER 100 000	2116 ORGANIZATION CLIMATE SURVEY-BASED INDICATOR					
FINANCIAL SUSTAINABILITY	1851A HEALTHCARE EXPENDITURE AS A SHARE OF GDP	1851B PUBLIC AND PRIVATE EXPENDITURE ON HEALTHCARE	1851C PHARMACEUTICAL EXPENDITURE	1851D SHARE OF PUBLIC EXPENDITURE ON PHARMACEUTICALS COMPARED WITH SERVICES OF HEALTHCARE	1864 GROWTH OF HEALTHCARE EXPENDITURE FOR SELECTED FUNCTIONS PER CAPITA	1890 GROWTH OF TOTAL HEALTHCARE EXPENDITURE BY FINANCING PER CAPITA - ANNUAL GROWTH RATE IN REAL TERMS	
EFFICIENCY	12 AVERAGE LENGTH OF STAY	1769 USE OF EQUIPMENT RESOURCES	1773 SHARE OF SURGERIES, CARRIED OUT AS DAY CASES	2004 RATE OF PREVENTABLE EMERGENCY DEPARTMENT VISITS	2087 NUMBER OF MRI EXAMINATIONS PER 100 000	2088 NUMBER OF CT EXAMINATIONS PER 100 000	2092 HOSPITAL DISCHARGES PER 1 000
RESPONSIVENESS AND PERSON CENTEREDNESS	1863 USE OF LONG-ACTING BENZODIAZEPINES IN ELDERLY PATIENTS	2006 AVOIDABLE ADMISSIONS FOR CHRONIC AMBULATORY CARE SENSITIVE CONDITIONS (CONGESTIVE HEART FAILURE, ASTHMA, COPD, HYPERTENSION, DIABETES)	2100 INDICATOR ON PATIENT EXPERIENCE BASED ON PREMS	2101 INDICATOR ON READMISSION			
EQUITY AND ACCESS	5 ACCESS TO COMPULSORY HEALTH INSURANCE	60 WAITING TIMES FOR ELECTIVE SURGERY PROCEDURE	62 OUT-OF-POCKET EXPENDITURES	1699 PUBLIC EXPENDITURE ON LONG-TERM CARE SERVICES	2002 UNMET NEEDS FOR HEALTHCARE DUE TO FINANCIAL REASONS		
HEALTH DETERMINANTS	18A SHARE OF ADULT SMOKERS	18B SHARE OF SMOKERS AMONG CHILDREN AND ADOLESCENTS	22 SHARE OF OVERWEIGHT AND OBESE ADULTS	23 SHARE OF OVERWEIGHT AND OBESE CHILDREN AND ADOLESCENTS	236 SHARE OF HEAVY EPISODIC DRINKERS	239 SHARE OF ALCOHOLIC CONSUMPTION IN CHILDREN AND ADOLESCENTS	376 PREVALENCE OF TYPE 2 DIABETES IN CHILDREN
	1957 CANNABIS CONSUMPTION IN YOUNG ADULTS						
HEALTH PROMOTION AND DISEASE PREVENTION	184 VACCINATION RATES FOR DIPHTHERIA, TETANUS AND PERTUSSIS (DTP) AND MEASLES, MUMPS AND RUBELLA (MMR)	185A HIV NOTIFICATION RATES	185B NOTIFIED AIDS INCIDENCE	188 SHARE OF PERSONS RESPONDING TO SCREENING PROGRAMS FOR BREAST, CERVICAL, COLORECTAL CANCER	1476A INCIDENCE OF MALIGNANT SKIN MELANOMA	1476B MALIGNANT SKIN MELANOMA SURVIVAL RATE	1783 INFLUENZA VACCINATION COVERAGE, POPULATION AGED 65 AND OVER
	1915 NOTIFICATION RATE FOR MEASLES	1920 SEXUALLY TRANSMITTED INFECTIONS NOTIFICATION RATES	2102 NUMBER OF PARTICIPANTS TO PREVENTION PROGRAMMES OF HEALTH PROMOTION CENTRES	2103 EXPOSURE TO TOBACCO SMOKE INDOORS	2104 SMOKING IN CHILDREN AND ADOLESCENTS	2107 THE NUMBER OF PARTICIPANTS IN COUNSELLING (BRIEF INTERVENTIONS CARRIED OUT)	2108 PREVENTION PROGRAMS AMONG CHILDREN AND YOUTH
	2109 SICK LEAVE DUE TO ALCOHOL	2110A PREVALENCE OF ALCOHOLIC LIVER CIRRHOSIS	2110B DEATH RATE OF ALCOHOLIC LIVER CIRRHOSIS	2111 INDICATOR ON FRAILTY	2113 VISITS TO A DENTIST	2114 BRUSHING TEETH	

- VERY GOOD

- GOOD

- FAIR

- POOR

- VERY POOR

- WITHOUT WEIGHING

Few details on performance assessment (on demand)

Table 9: Health status main results.

INDICATOR NUMBER	INDICATOR	WEIGHT	SCORE TREND OVER TIME	SCORE INTERNATIONAL COMPARISON	ASSESSMENT SCORE
1	LIFE EXPECTANCY	3	IMPROVING	SAME	GOOD
14	CIRCULATORY SYSTEM DISEASES MORTALITY RATES	3	IMPROVING	WORSE	SATISFACTORY
17A	INCIDENCE OF ALL CANCERS	2	STABLE	BETTER	GOOD
17B	INCIDENCE OF COLORECTAL CANCER	2	IMPROVING	SAME	GOOD
17C	INCIDENCE OF BREAST CANCER	2	STABLE	BETTER	GOOD
17D	INCIDENCE OF LUNG CANCER	2	STABLE	SAME	SATISFACTORY
17E	INCIDENCE OF PROSTATE CANCER	2	STABLE	SAME	SATISFACTORY
17F	INCIDENCE OF CERVICAL CANCER	2	STABLE	SAME	SATISFACTORY
24	DIABETES PREVALENCE RATE	2	DETERIORATING	SAME	POOR
40	SUICIDE MORTALITY RATE	2	IMPROVING	WORSE	SATISFACTORY
211	HEALTHY LIFE YEARS AT AGE 65	2	DETERIORATING	WORSE	VERY POOR
911	AIDS-RELATED MORTALITY RATE	1	STABLE	BETTER	GOOD
2028	CHILD MORTALITY RATE	2	IMPROVING	BETTER	VERY GOOD

Overall Assessment and Main Conclusions

HEALTH STATUS	Satisfactory	2.30
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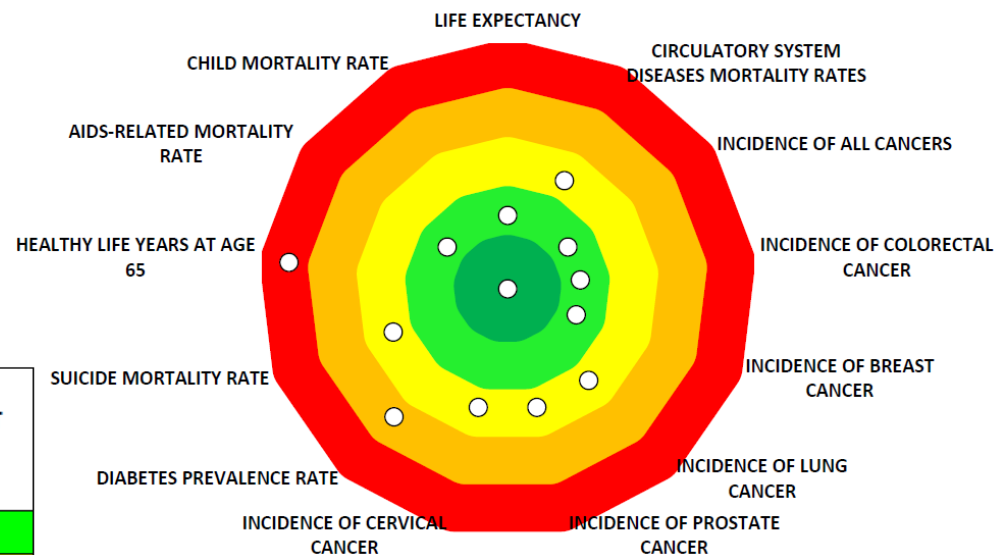


Figure 26: Age-standardized incidence rate per 100 000 of colorectal cancer of males, females and all inhabitants in Slovenia, 2006–2015.

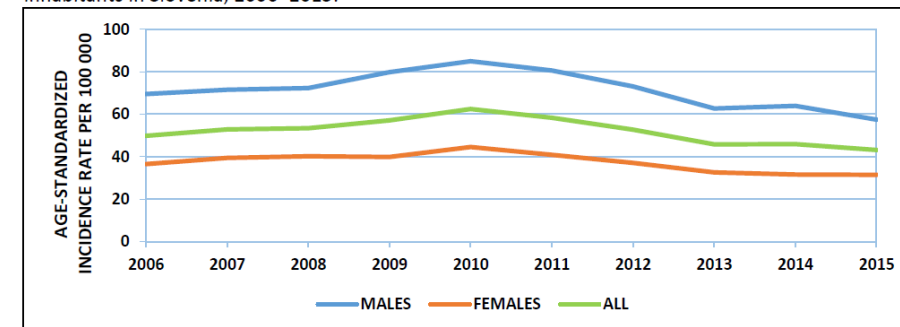
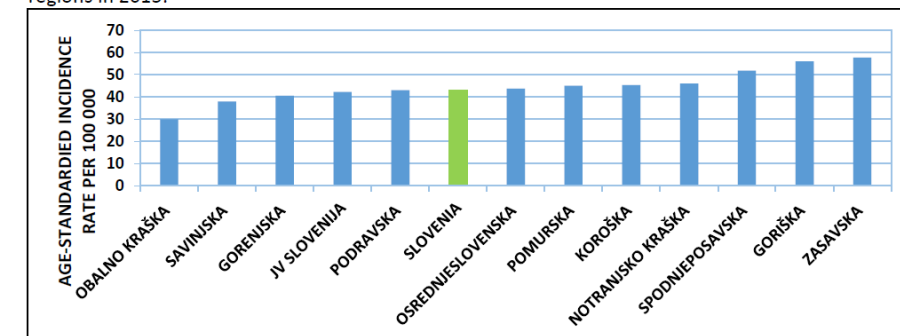


Figure 25: Age-standardized incidence rate per 100 000 inhabitants of colorectal cancer, Slovenian regions in 2015.



Source: SLORA

Organisation of the 2021 technical support call

2021 priorities

- European Semester and CSRs
- Recovery measures linked to the COVID-19 pandemic
(Catalogue of possible measures provided by DG REFORM)
- Design of projects and programmes under the recovery and resilience plans, and implementation of the plans under RRF
- Implementation of the European Green Deal
- Digital transition
 - *The possibility to submit requests related to Member States' own reforms remains in place*

Support for Recovery and Resilience Plans

- Support for the **preparation of recovery and resilience plans** (through the Commission RECOVER task force)
e.g. identifying reform & investment packages, setting milestones & targets, defining costs, etc.
- Support for the **implementation of the plans** – including reaching agreed milestones & targets

Submission of a request for support

A Member State wishing to receive support shall submit a request to the Commission. The Commission (DG REFORM) may provide guidance on the main elements to be included in the request for support.



All requests from one Member State are submitted in a centralised way through the national Coordinating Authority

N.B. Support is not financial assistance.

Timeline



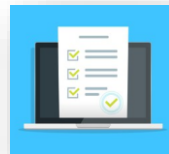
**Spring – early
autumn 2020**

Preparatory work on
priority requests

- Strategic discussions on **reform priorities**
- **Drafting of request** by beneficiary Ministry(ies)
- **Informal discussion with DG REFORM**
- Beneficiary Ministry(ies) submit the **request(s)** to **Coordinating Authority**
- Coordinating Authority **prioritises** the requests

31 Oct 2020

Deadline for
submission
of requests
(DG REFORM portal)



Nov – Dec 2020

Analysis and
selection of requests

**As of spring
2021**

Projects launched
on the ground

Feb 2021

Annual Work
Programme and
Cooperation and
Support Plans



Contact details

Main contact points:

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- Growth and business environment - REFORM-03@ec.europa.eu
- Labour market, education, health and social services - REFORM-04@ec.europa.eu
- Financial sector and access to finance - REFORM-Finance@ec.europa.eu

