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## Feedback from: European Federation of Nurses Associations (EFN)

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**Organisation**

European Federation of Nurses Associations (EFN)

**Organisation size**

Micro (1 to 9 employees)

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Within whatever system, all Member States struggle to improve efficiency and managing budgetary challenges to keep on delivering equal, safe, efficient and high-quality health and social services to EU citizens. The common denominators of these challenges are the ageing populations, including long-term care, and medical technologies. Furthermore, all financial focus has been going to treatment diseases, cure, while prevention becomes ignored.

Within this context, it is important to collect variables on health care expenditure and financing to ensure the availability of EU-wide data for decisions relating to health and social policy. But we need to keep in mind that the health and social ecosystems in the EU are under pressure due to lower economic growth and growing costs as a result of ageing, rising chronic diseases, and increasing demand for health and social care, including long-term care and technology/digitalisation. And to this already difficult situation, we can add the COVID-19 pandemic, that hit the world so hard. For the nursing profession, this led to losing 30% of its workforce at EU level. A workforce that was already suffering from a huge shortage before the pandemic.

Thus, policymakers at all levels have no other choice than to address the sustainability of the health and social ecosystems, which means "equal access for all", as reflected in the European Pillar of Social Rights. As such, policymakers and politicians need to adopt the right financial tools that promote a holistic approach, instead of financing silo's in the ecosystem. The development and production of European statistics in the area of health care expenditure and financing, is one tool, but finding the right balance between quality and expenditure control in healthcare is an urgent priority among EU Member States, as the need to meet cost-effectiveness requirements and ensure the sustainability of the health system.

To improve health outcomes, the financial models underpinning EU health and social care systems require a shift from the current quantitative financing towards a financing methodology incorporating indicators that capture integrated and continuity of care and patient empowerment alongside quality, safety and cost-effective patient outcomes. The continued cost cutting in the health budget is leading to loss of quality, economic and social capacity, and rising health and social care costs in the medium to long term. These unintended

consequences highlight the need for structural reforms of the financing systems. To achieve this objective, it is therefore crucial to strengthen disease prevention measures in public health. It is time to revert the very negative European trend that sees that less than 3% of national health budgets are spent on prevention, while 80% is spent on treating chronic diseases. More efforts are needed to promote and finance prevention and primary care, in which nurses can greatly contribute thanks to their coaching roles to empower individuals and families, as well as in promoting health literacy and changes in health behaviour throughout the life-course of people.

Collecting data on health care expenditure and financing are a good starting point. But we also need to know about the outcomes that matter from a patient's point of view if we are to strengthen the capacity of clinicians and policymakers to provide health services shaped around patients' needs. As the value-driven health systems developments (mainly led by Industry) have a very economic approach, it is of key importance to have the measurement of "outcomes" through PROMS (Patient related outcome measures) and PREMS (Patient-reported experience measures) co-designed from a nursing perspective to make healthcare systems sustainable and more people centred, and to include prevention and long-term care into the equation.

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