EU RESOURCES HUB
FOR SUSTAINABLE
INVESTING IN HEALTH

Key Enablers for using Tools in Evidence-informed Healthcare Reforms

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List of abbreviations

CBA	Cost-Benefit Analysis (CBA)
DG REFORM	Directorate-General for Structural Reform Support
FPS	Federal Public Service Health, Food Chain Safety, and Environment (Belgium)
GÖG	Gesundheit Österreich GmbH (Austrian National Public Health Institute)
HIA	Health Impact Assessment
MoF	Ministry of Finance
MoH	Ministry of Health
TSI	Technical Support Instrument (TSI)

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Summary

Citizens expect accessible, affordable, and adequate healthcare for themselves and their families, making healthcare a critical policy issue. Governments across the European Union face the challenge of balancing budget constraints with growing healthcare demands.

To address this, the Directorate-General for Structural Reform Support (DG REFORM) launched a Technical Support Instrument (TSI) project in September 2022 aimed at building healthcare capacity in Austria, Belgium, and Slovenia. The project focused on enhancing the ability of these countries to make the case for healthcare investments and reforms.

This policy brief, prepared as a part of this TSI project, is designed for decision-makers in EU Member States, and it offers guidance on developing evidence-based healthcare policies within an institutional environment that values technical tools and approaches. These tools, such as Cost-Benefit Analysis (CBA), Health Impact Assessments (HIA), and expenditure projections, are essential when advocating for health investments and reforms.

The Enablers of Evidence-Informed Policies

Technical tools prove most effective when the institutional environment supports evidence-informed policymaking. Such policies are grounded in theory and supported by credible data, increasing the likelihood of success.

Pilot projects in three EU member states identified key enablers for successful healthcare reform: governance and culture, long-term strategy, data, administrative capacity, and linking technical tools to the budget cycle.

1. **Governance and Culture**:
Effective governance frameworks, characterized by clear policies and accountability mechanisms, enhance transparency and build trust among stakeholders. This trust is vital for fostering the adoption of evidence-informed policies. A culture that values evidence-informed decision-making is crucial as, without it, even the best technical tools may be misinterpreted or underused. Collaborative environments further encourage stakeholder engagement and the effective use of data-driven approaches.

2. **Long-Term Strategy:**
A well-defined, long-term strategy is critical for consistently integrating technical tools into the policy development process. Investment in training, knowledge-sharing, and infrastructure bolsters administrative capacity and ensures that research priorities align with policy needs.

3. **High-Quality Data:**
Reliable, timely data forms the foundation for advocating for health system reforms. It provides credible insights and robust justifications for investments, identifying inefficiencies and measuring the impact of interventions.

4. **Administrative Capacity:**
Ministries of health and finance must have the capacity to generate and effectively apply knowledge when developing policy. Skilled professionals are essential for analysing data and translating it into actionable policy recommendations.

5. **Linking Tools to the Budget Cycle:**
Integrating technical tools, such as Cost-Benefit Analysis and policy costing, into the budget cycle strengthens the financial sustainability of health reforms. Conducting both ex-ante and ex-post assessments promotes accountability and highlights areas for improvement.

Final Considerations

There is no single tool that can guarantee successful health reforms; rather, a combination of tools supported by governance, culture, strategy, data, capacity, and budgeting is necessary. Each member state requires a tailored approach to applying technical tools, with flexibility and adaptability to suit local governance structures and cultural norms. Enhancing governance, data quality and administrative capacity takes time and persistence, with incremental changes often being more practical and sustainable.

Health reforms must also respond to political realities and constraints. Starting small and experimenting with different tools encourages learning and builds momentum, allowing for adjustments that make reforms more effective in the long run. The identified enablers should serve as guidelines rather than rigid rules, fostering creativity and flexibility in the policymaking process.

The TSI project underscores the importance of a comprehensive, integrated approach to healthcare investments and reforms. Key lessons include:

- "*One Tool is No Tool*": Multiple tools, such as Cost-Benefit Analysis and Health Impact Assessments, are needed at different points during the policy cycle to ensure evidence-informed decision-making.
- *Tools Should Work Together*: Insights from ex-post evaluations can inform ex-ante policy costing, ensuring a holistic approach.
- *Implementation Relies on Capacity*: Success depends not only on the tools but also on the expertise of staff. Strong governance mechanisms ensure collaboration, clarity, and analytical independence.
- *Valuing Evidence in Decision-Making*: A culture that values evidence is essential, supported by timely access to decision-relevant information and strategic planning.
- *Aligning Healthcare Funding with Public Finance*: Effective advocacy for healthcare funding requires alignment with broader public finance goals. Collaboration across government stakeholders and the use of tools like spending reviews support this alignment.

Recognizing that "*one tool is no tool*" emphasizes the need for a comprehensive strategy to support healthcare investments and reforms, leveraging capacity-building efforts to enhance public financial management across the board.

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Introduction

CAPACITY FOR HEALTHCARE REFORMS

Healthcare is a key policy issue for many governments. Citizens place great importance on the care that they and those near to them receive. They expect their governments to ensure that healthcare is accessible, affordable and adequate. At the same time, demands for public expenditure regularly exceed government budgets for public expenditure. The resulting balancing act in the prioritization of policy areas and the allocation of resources is a key challenge in public policy making. This balancing act is particularly challenging in healthcare: limiting (the growth of) healthcare spending for fiscal reasons is particularly unpopular, but also necessary for fiscal sustainability in ageing societies.

Healthcare systems in the European Union face multiple challenges and must operate against a backdrop of budgetary pressures. These challenges include labour-market tightness and rising wage costs, increasing demand for healthcare due to an ageing population, slow adoption of information and communication technology and inefficiencies in the design of the healthcare system itself. These challenges contribute to an increase in public and private healthcare spending as a share of gross domestic product (GDP). At the same time, most EU Member States have increased their public debt after the COVID-19 pandemic and have increased spending to protect households from inflationary pressures resulting from the war in Ukraine.

Ministries of health aim to improve the healthcare system and to operate within budget. Tension between these two imperatives poses political and methodological challenges. The political challenge relates to timing. Healthcare reform requires investment, and investments take time to pay off. Reforms typically increase costs in the short-term. Politicians renew their mandate each electoral cycle and may thus be wary of short-term cost increases that have long-term benefits. The methodological challenge is about attribution. It is difficult to attribute benefits to any give reform when improvements come though long-term changes in population health.

Policymakers have different options to contain spending on healthcare. These include direct cuts to healthcare budgets; reforms to improve efficiency; and measures to improve population health and thus reduce demand for and expenditure on, healthcare. How can policymakers choose between these options? This is not an easy question to answer, especially when the benefits from reforms are in the long-term and may be hard to define while costs are in the short-term and easy to identify. This paper helps to makes a case for healthcare reform. Cutting costs in the short-term risks increasing costs in the long-term with adverse consequences for population health and thus for the healthcare system, for public finances and for society as a whole.

Policies for effective and sustainable healthcare need to cover the whole population. Healthcare systems are based on the principle of solidarity. Healthcare expenditure using public funds aims to provide the best possible care for all, regardless of contributions from any single individual. It is important to ensure this principle of solidarity is maintained and that individual financial contributions do not come to be seen as the basis for accessing healthcare.

Policies for effective and sustainable healthcare need to be technically sound and to be presented clearly. Healthcare systems are complex and the tools to establish the effectiveness and efficiency of healthcare investments are highly technical. This means that the Ministries of Health need knowledge, expertise and administrative capacity to use these tools properly. It also means the application of these tools must be within clear processes and subject to effective governance so that stakeholders and wider society remain confident in their findings.

KEY ENABLERS?

Applying the right tools at the right time in the policy cycle is challenging.

It requires appropriate institutional and governance arrangements, as well as access to data and sufficient technical know-how and administrative capacity.

The availability of technical knowledge and administrative capacity can be a bottleneck in the policy formulation and implementation process in many European Member States. In response, DG REFORM in September 2022 launched a TSI project to support the strengthening of capacity to make the case for healthcare investments and reforms in three EU Member States: Austria, Belgium and Slovenia. The philosophy of this project has been that whilst it is sometimes difficult to make the case for healthcare investments and reforms, the use of technical tools and approaches is useful to calculate costs and benefits and prepare a robust evidence base for decision makers. Strengthening capacity in using technical tools and approaches, then, supports the preparation, implementation and evaluation of healthcare reforms and investments. This supports effective decision making or reprioritization during agenda setting. Pilot projects were conducted to strengthen the capacity in the participating Member States in the application of new tools and approaches.

The effective use of tools and approaches is more likely when the institutional environment is receptive to their use.

Such an environment supports the common espoused vision that policies ideally are *evidence-informed*, meaning that they are supported by sound theory and credible empirical evidence so that they are likely to be effective and efficient. This policy brief is intended to provide guidance for decision-makers in the EU Member States on how to organize a permissive institutional environment that can leverage technical tools and approaches in the development of evidence-informed healthcare policies and reforms.

The remainder of this policy brief is organized as follows.

The next section outlines a framework for thinking about tools and approaches in arguing for health investments and reforms. This opens with an overview of arguments to support health investments and reforms and a mapping of tools that can be employed to make the case. This is placed in the context of the process in which policies are made, especially in relation to key decision-making opportunities surrounding budgetary negotiations. The link towards public budgets also directly points to the need to employ a variety of tools.

This framework serves as a backdrop for the section that follows, which discusses five key enablers, namely

- culture and governance,
- long-term strategy,
- data,
- capacity and
- integration with the budgetary cycle.

The final section offers concluding remarks.

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Framework

The use of tools and approaches is not a goal in and of itself, but instead serves the aim of supporting arguments for health investments and reforms.

As a point of departure, this section first charts an overview of arguments and tools that can be leveraged to inform those arguments.

Next, this section highlights that the use of technical tools and approaches must be tied to the cycle in which policies are made. We draw attention to the interplay between the development of investments and reforms for healthcare and the opportunities to influence decision-making. The annual budget negotiations present one such opportunity. We look also at the interplay of tools and approaches.

ARGUMENTS AND TOOLS

The European Observatory on Health Systems and Policies has mapped the arguments and tools available to advocate for healthcare investments and reforms. The Observatory's report[1] identifies five key arguments that are essential when making the case for public investment in healthcare:

1. Healthcare system investments address health needs and improve health and without adequate funding, there will be adverse consequences.

2. Healthcare system investments further societal goals and have co-benefits beyond the healthcare sector.

3. Healthcare system financing can (or will) be sustainable following additional investments.

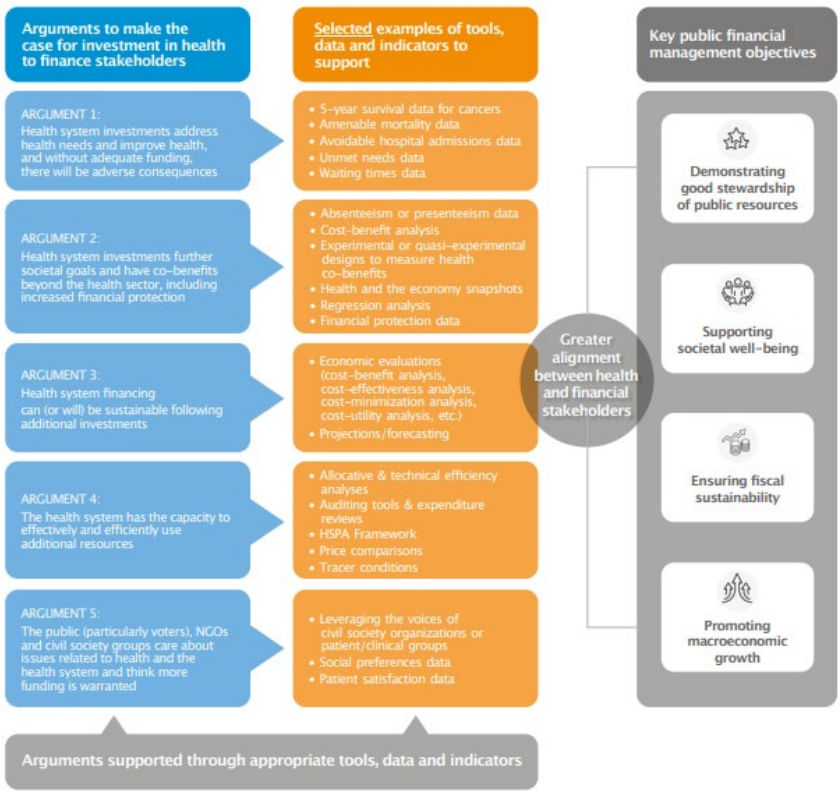
4. The healthcare system has the capacity to effectively and efficiently use additional resources.

5. The public, non-governmental organizations and civil society groups care about issues related to health and the healthcare system and think more funding is warranted.

The Observatory's report highlights potential tools and analytical approaches as well as data and indicators that can be used to support each of these arguments (See Figure 1). These tools are essential for demonstrating the value of healthcare investments to finance stakeholders. For instance, using data on mortality or waiting times to make the case that healthcare system investments directly impact population health outcomes. Similarly, economic evaluations such as Cost-Benefit Assessment illustrate the broader societal benefits of investing in healthcare, beyond immediate health outcomes.

[1] https://eurohealthobservatory.who.int/publications/m/a-mapping-exercise-making-the-case-for-public-investment-in-health

FIGURE 1 MAPPING OF ARGUMENTS AND TOOLS



Source: European Observatory on Health Systems and Policies (2024). A mapping exercise: making the case for public investment in health.

The Observatory report highlights that applying tools in isolation may not be enough to effectively argue for healthcare investments and reforms. One of the key takeaways is that while data and evidence are critical, they are not sufficient on their own. Successful advocacy for healthcare funding also requires strategic communication and the ability to align health objectives with the broader goals of public finance stakeholders. This involves framing healthcare investments not just as a means to improve health outcomes, but as essential components of societal well-being, economic prosperity and fiscal sustainability.

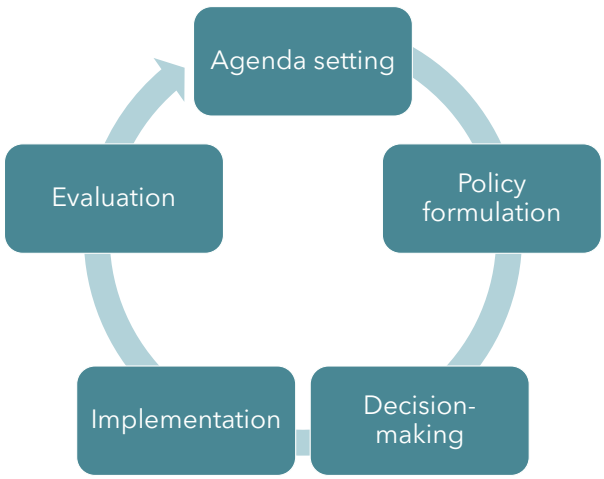
The Observatory report highlights windows of opportunity in which arguments for reforms and investments can effectively be made. It emphasizes the importance of recognizing and capitalizing on such windows to successfully negotiate for funding, as stakeholders need to act quickly when such opportunities arise. Regular engagement with stakeholders and understanding the political environment are essential to identifying these windows. Once a window is identified, healthcare stakeholders need to clearly communicate what they want, and they need to frame healthcare investments, so they align with the priorities of budget holders. Certain institutional arrangements can aid in recognizing and capitalizing on these opportunities. Regular engagement with government and non-government stakeholders helps in understanding the political landscape, which in turn enables health stakeholders to spot opportunities when external events or leadership changes make finance stakeholders more receptive to healthcare investment arguments.

THE POLICY CYCLE

The policy cycle (Figure 2) is a stylized representation of the process through which governments and organizations develop, implement and evaluate policies to address societal issues or achieve specific goals. It typically involves several stages:

1. Agenda setting, where issues are identified and prioritized based on factors like public opinion or political pressure.
2. Policy formulation, where potential instruments and solutions are developed through research and stakeholder consultation.
3. Decision making, where policymakers assess the feasibility and impact of proposed measures.
4. Implementation, where the policy is put into practice by allocating resources and coordinating stakeholders.
5. Evaluation, where the policy's outcomes is assessed, the result of which feeds back into agenda setting.

FIGURE 2 THE POLICY MAKING CYCLE



Source: Adapted from Gauvin, F-P in European Observatory on Health Systems and Policies[2]

Windows of opportunity for reform occur at different points in the policy cycle and, in each of these windows, policymakers are preoccupied with different arguments from Figure 1.

One window of opportunity is the recurring budgetary negotiations between Ministries of Health and Ministries of Finance. The most relevant argument in this case are Arguments 3 and 4 from Figure 1, i.e. the health system financing will become more sustainable after additional investments and the system has the capacity to efficiently absorb new investments.

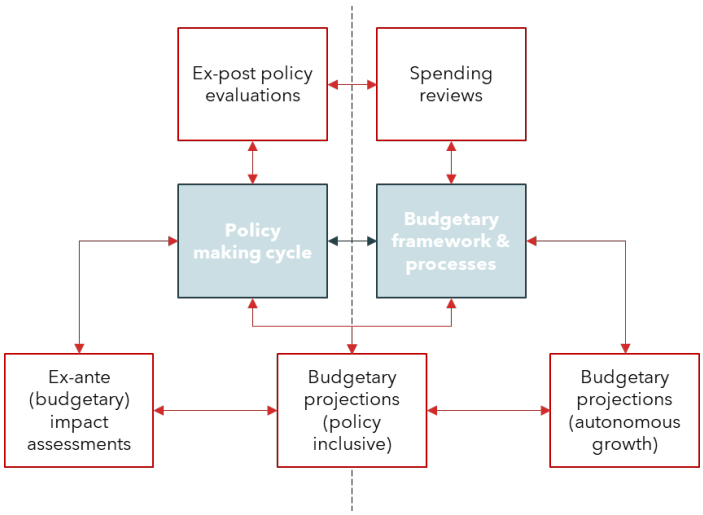
During such negotiations it is the Ministry of Finance's (MoF) job to ensure a financially sound budget, whilst the Ministry of Health (MoH) typically is looking to obtain additional funds or protect existing programmes. Such discussions often occur against the backdrop of rising healthcare expenditures, often attributed to ageing populations or advancements in medical technology. In response, discussions on investments and reforms often focus on the expected baseline expenditure growth and potential policies to slow down this growth. Additionally, the

[2] https://iris.who.int/handle/10665/326430.

MoF will expect that the MoH is able to demonstrate the efficiency of current spending and/or that additional funds will be effectively and efficiently spent.

Another window of opportunity occurs in the agenda setting phase, for instance in the run up to elections or after elections when a coalition or political agreement has to be struck. Here, we are mainly in the area of Arguments 1, 2 and 5 from Figure 1 – i.e. health investments addressing health needs that citizens care about and that further societal goals. Whilst issues such as a responsible budget and expenditure trajectory continue to be of importance, there may be scope for larger scale reprioritization of public funds. Such reprioritization may be supported by a need or desire to boost health outcomes for citizens, which can also have positive spillovers or co-benefits in other policy areas. This latter point may be especially true for policies that are aimed at prevention and health promotion.

FIGURE 3 INTERPLAY OF TOOLS AND APPROACHES



Source: SEO Amsterdam Economics

The cyclical nature of the policy cycle implies that the results of ex-post evaluations feed back into agenda setting and policy preparation (including assessments of health impacts and expenditures). This also implies a balanced interplay between various tools, a stylized outline of which is presented in Figure 3.

Different tools play different roles at different points in the policy making cycle. Ex-ante assessments, be it budgetary or in terms of health impact, are especially relevant during policy formulation and decision-making phases. Ex-post evaluations are applicable during the evaluation phase of the cycle.

The policy cycle exists against a backdrop of a budgetary framework and process. Tools that project healthcare expenditure in the absence of policy changes are directly relevant to the budgetary side. Ex-ante assessments of policy measures combined with expenditure projections straddle the intersection between policy preparation and decisions on the budget. Ex-post analyses feed back into the health policy making cycle but can also inform spending reviews on the budgetary side of things.

There is no single tool to rule them all; it is the interplay that determines the outcome.

Key Enablers

This report has presented the policy cycle and its interplay with financing, and it set out the different arguments that occupy policymakers and some of the tools at their disposal. The report now considers **preconditions that support the effective use of tools to make the case for health investments and reforms.** Pilot projects from three EU Member States identified the following key enablers: *culture and governance*, *long-term strategy*, *data*, *capacity* and establishing explicit *links to the budgetary cycle*.

Table 1 summarizes these and in the following discussion, the lessons learned in each of the Member States will serve to illustrate the role of each of the key enablers.[3]

TABLE 1. INTERPLAY OF TOOLS AND APPROACHES

Key Enabler	Summary
Governance and culture	Trust in the findings of these technical tools is fostered when they are used consistently and interpreted transparently by both health and finance stakeholders. This requires strong governance. A culture that values evidence-informed decision-making ensures tools are effectively utilized in health reforms.
Long-term strategy	A long-term strategy to integrate technical tools into the policy development process, to build capacity and to manage a knowledge agenda will sustain evidence-informed practices and align them with future health system needs.
High-quality data	Data is central to reliable analyses and evidence-informed decisions. Data that is accurate and timely enables policymakers to identify inefficiencies in the healthcare system and to both measure the impacts of, and build trust in, health reforms.
Administrative capacity	Administrative capacity provides clear roles and governance defining who generates knowledge and when it is generated in the policy cycle. This means that technical knowledge can be effectively applied to policy.
Linking to budgetary cycle	Budgetary negotiations offer a strategic opportunity to introduce and fund health reforms, as decision-makers are focused on resource allocation, and they are receptive to evidence-informed proposals that demonstrate fiscal and health benefits. Linking tools to the budgetary cycle allows for ex-ante and ex-post assessments, policy costing and comprehensive spending reviews, ensuring that health reforms are financially sustainable and aligned with broader fiscal goals.

Source: SEO Amsterdam Economics

Before turning to a discussion of each of these key enablers, it is worthwhile to note that **there is no one-size-fits-all approach to using technical tools and evidence-informed methods in advocating for health reforms, as the institutional ecosystem is unique in each member state.** The successful application of tools must adapt to fit the local governance structures, cultural norms and available data systems. Strengthening the use of these tools requires time, consistency and persistence, as improvements in governance, data quality and administrative capacity cannot happen overnight. Furthermore, health reforms rarely follow a linear or predictable path; they often emerge in response to political realities and constraints, making flexibility essential. Starting small, experimenting with different tools and approaches and learning from these early efforts can help build momentum and gradually embed evidence-informed policymaking into routine practice. This iterative process allows policymakers to adapt tools to their specific context, making reforms more realistic, pragmatic and responsive to the challenges they face. As such, the enablers referenced in Table 1 should not be taken as gospel, but rather as guidance and inspiration.

[3] For reference, Appendix 1 summarizes the pilots performed in the participating Member States.

Culture and governance

Governance and culture are critical enablers for the successful use of technical tools in health investments and reforms. Strong governance provides the necessary structures, policies and accountability mechanisms that ensure the consistent and transparent application of such tools. This fosters trust among stakeholders and decision-makers, creating an environment where evidence-informed arguments are taken seriously. At the same time, a supportive organizational and political culture that values evidence-informed decision-making is essential. Without this, even the best technical tools may be underutilized, misinterpreted, or ignored, reducing their impact on health reforms.

In **Austria**, the experience shows that while indicative evidence can be a powerful tool in making the case for healthcare reforms and investments, it also presents challenges, particularly when outcomes are uncertain, or reforms have long lead times. Governance structures must ensure that evidence is used constructively during budgetary and political negotiations, even if the available evidence is not fully conclusive. A culture of measured evidence use is crucial, one that values data-driven policymaking but also acknowledges the inherent uncertainties in health reforms. This means that reforms should not be dismissed prematurely just because their benefits may not yet be demonstrable. It is essential to build a governance framework that not only safeguards the constructive use of evidence but also encourages ongoing monitoring of reform strategies. Such a system would enable policymakers to learn from the experiences and results of current policies and implement these in the development of future measures based on collected evidence. This approach reinforces a culture of adaptive policymaking, where evidence is continuously valued, but with an understanding that reforms may require time and iterative adjustments.

In **Belgium**, the importance of a collaborative culture and governance structures that facilitate the broad participation of stakeholders is particularly evident. The successful use of Health Impact Assessments (HIAs) in Belgium was largely attributed to the involvement of various federal stakeholders, including the Ministries of Health, Finance and Education, as well as the technical and research expertise of Sciensano, the national public health institute. This broad-based participation, coupled with a governance framework that encourages inter-ministerial collaboration and data-sharing, was a critical factor in ensuring the quality and relevance of the pilot impact assessment. The willingness of stakeholders to contribute not only expertise but also data demonstrates the value of a governance system that promotes a culture of shared ownership and responsibility for evidence-informed policymaking. Furthermore, Belgium's experience suggests that network building and the creation of a community of practice among policymakers, technical staff and researchers can enhance the effectiveness and expedience of such assessments. This collaborative culture ensures that the process is not only rigorous but also timely and responsive to policy needs. Looking ahead, Belgium can strengthen this approach by including even more diverse stakeholders, such as academics, health advocacy groups and other knowledge institutions, in future assessments. This would enrich the evidence base and further institutionalize a culture of cross-sectoral collaboration in health policymaking. In respect of article 5.3 FCTC this health policymaking should be protected from commercial and other vested interests of the tobacco industry. A clear result from the pilot project is that the seeds for such future cross-institutional collaboration were planted as part of this TSI, with stakeholders in Belgium actively planning for a follow-up.

Lessons from **Slovenia** emphasize the importance of clear organizational expectations and effective governance in environments with limited technical capacity. When the number of available experts is constrained, prioritization becomes crucial. Governance frameworks need to clearly define what is expected from experts and ensure that their efforts are strategically targeted toward producing analyses that are directly relevant to decision-making. Without such clarity and prioritization, even the best technical expertise may be underutilized. This is particularly important in financial and economic analyses that inform health reforms, as decision-makers need to be clear on what type of evidence is most useful at different stages of the policy process. A well-organized governance structure ensures that these analyses are tailored to the needs of the various stakeholders, making the evidence both actionable and relevant. Additionally, Slovenia offers a valuable lesson in cultivating a culture where "done is better

than perfect." Given its small size and limited number of technical staff, Slovenia faces challenges similar to larger Member States but must address them with fewer resources. In such contexts, it is vital to foster a governance and culture that values timely, good-enough analysis rather than delaying decisions in pursuit of a perfect analysis. This pragmatic approach allows policymakers to make informed decisions even when ideal resources are not available, contributing to more efficient and responsive governance. It also highlights the need for governance systems that encourage flexibility and adaptability, recognizing that reforms may not always follow a clean trajectory but can still proceed based on the best available evidence.

Together, these lessons illustrate the necessity of tailored governance frameworks that respect the institutional realities of each member state. A supportive culture that values evidence while acknowledging uncertainties, encourages collaboration across sectors and prioritizes timely decision-making over perfection can significantly enhance the use of technical tools in health reforms. These experiences demonstrate that while there is no one-size-fits-all solution, flexible governance structures and a persistent focus on building a culture of evidence-informed policymaking are key to long-term success in health policy reforms across different national contexts.

Long-term strategy

Having a long-term strategy is vital for embedding the use of technical tools, fostering a supportive culture and building administrative capacity for evidence-informed health reforms. A well-defined strategy ensures that tools like Cost-Benefit Analysis are not just applied sporadically but become integral to the policy development process. It enables continuous improvement, allowing institutions to invest in training, knowledge-sharing and infrastructure that strengthen capacity over time. Additionally, a long-term approach helps in managing a strategic knowledge agenda, ensuring that research priorities align with policy needs and that evidence is regularly generated, updated and used to inform decisions. This forward-looking perspective builds resilience and adaptability in health systems, ensuring they are well-prepared to meet future challenges.

Austria's experience highlights the importance of long-term strategic planning for capacity building and tool development in the healthcare sector. The fragmented and complex financing structure of the Austrian healthcare system creates challenges in tracking expenditures and assessing the impact of cost changes across different sectors. Despite these complexities, the MoH has recognized the need to build internal capacity to use technical tools effectively during budget negotiations and policy reforms. To this end, a series of tools were piloted alongside MoH staff to enhance their knowledge and ability to engage in future negotiations. This approach has focused on developing a toolkit for expenditure projections and policy costing, equipping staff with the necessary skills to respond assertively to financial questions. This demonstrates the value of a strategic, long-term commitment to capacity building, where continuous development of skills and knowledge helps overcome the limitations of a fragmented system and strengthens evidence-informed decision-making over time. The enhanced capacity that was developed through the TSI at the Ministry of Health in policy evaluation and costing will contribute to future policy discussions.

In **Belgium**, the project underscored the need for long-term strategic planning to integrate Health Impact Assessments (HIAs) into the policy cycle. Stakeholders increasingly recognized that establishing a strategic research agenda could ensure that relevant evidence is available when decision-making windows arise. This proactive approach enables policymakers to make more informed choices by having a ready menu of options that include quantified health impacts of proposed policies. The creation of a permanent steering committee tasked with managing and executing a long-term research agenda would institutionalize this approach, fostering a more sustainable, evidence-driven policy environment. Strategic planning ensures that technical tools like HIAs are not used ad-hoc, but are instead embedded within the policy framework, providing decision-makers with consistent, high-quality evidence for shaping health outcomes.

In **Slovenia**, the challenges of limited staff capacity in economic analysis highlight the need for strategic planning in developing expertise and distributing workloads more effectively. With only a few staff members specialising in health economics, there is a pressing need to build a broader base of financial and economic experts within the MoH and related institutions. The project aimed to address this by developing basic financial-economic competencies among non-experts, ensuring that they can support or substitute for specialized staff when needed. This long-term approach to capacity building will require consistent attention, ensuring that knowledge is retained within organizations and ensuring that incremental capabilities are developed on top of a base level.

Data

The availability of high-quality data is fundamental to effectively using tools to advocate for health reforms and collaboration between various health system stakeholders is conducive for ensuring that data is available.

Accurate, timely and comprehensive data allows policymakers to generate reliable insights, make informed projections and quantify the impact of proposed reforms. When data is of high quality, the results of technical analyses become more credible, facilitating stronger arguments for investment in health. Moreover, good data supports the identification of health system inefficiencies, helps measure the long-term benefits of interventions and ensures transparency in decision-making. Without robust data, even the most sophisticated tools risk producing flawed conclusions, undermining the rationale for health reforms and diminishing trust among stakeholders.

In **Austria**, the policy evaluation exercise underscored the critical importance of having access to high-quality data for evidence-informed policymaking. A major challenge faced during the assessment was the inability to develop a comprehensive data set of costs related to the in- and outpatient sectors. This limitation was due not only to the project's scope but also to the fragmented nature of data collection and ownership across different sectors. This fragmentation posed significant barriers to directly measuring potential cost savings in the empirical analysis, highlighting the need for policymakers to ensure that relevant data is both available and accessible when preparing and evaluating health policy initiatives.

In **Belgium**, similar data limitations were initially encountered, as different ministries controlled various data sources, leading to uncertainty about whether the available data could be legally or effectively used for the pilot health impact assessment. Questions regarding the completeness and accessibility of the data further complicated the issue. However, these challenges were ultimately overcome through the coordination efforts of a broad and collaborative steering group. By fostering cross-ministerial cooperation and allocating additional resources to source the necessary data, the project was able to proceed with a more comprehensive and reliable evidence base. This example illustrates the value of effective data sharing and coordination among stakeholders in ensuring the availability of high-quality data for policy analysis.

In **Slovenia**, various elements of an economic impact assessments were attempted as exercises through the workshops completed to strengthen capacity in this area. Immediately it became apparent that a large amount of data, necessarily specifically to quantify and monitor the impact of an intervention are not collected or not available to a level of granularity, that would allow precise ex-ante impact estimates or ex-post impact evaluations.

Capacity

Administrative capacity within ministries of health and finance is essential for effectively using technical tools in health reforms, encompassing the ability to organize knowledge creation, generate knowledge and apply it in policy preparation.

Organizing knowledge creation requires staff to manage data flows, research agendas and collaboration across departments and with external experts, ensuring that relevant, high-quality information is available when needed. The capacity to generate knowledge involves having skilled professionals who can conduct analyses, interpret data and produce evidence that informs policy choices. Equally important is the ability to use this knowledge effectively in policy preparation, translating technical findings into actionable recommendations and aligning them with political priorities.

This capacity is closely tied to institutional arrangements and governance structures, which define who is responsible for producing what knowledge and at what point in the policy cycle. Clear roles and responsibilities, coupled with coordination between different units, ensure that evidence is integrated seamlessly into decision-making processes. For instance, health ministries might focus on generating health data, while finance ministries provide economic analysis, with both needing the capacity to collaborate and synthesize findings into a coherent policy narrative. Without strong administrative capacity and well-defined governance, even the best technical tools may not lead to meaningful health reforms.

In **Austria**, this capacity has been enhanced through targeted efforts by the MoH to address challenges in policy costing and financial projections. Several tools were piloted and MoH staff were trained to improve their ability to project costs and assess policy impacts within budget negotiations. This capacity-building effort, which included the development of a toolkit and workshops, allows staff to more confidently engage in negotiations by translating evaluation knowledge into ex-ante budgetary assessments, especially if the direct measurement of cost effects is not possible.

In **Belgium**, the project illustrated the value of building administrative capacity through strategic organization and collaborative governance structures. Health Impact Assessments (HIAs) became a key focus, and stakeholders increasingly recognized their importance throughout the policy cycle. A key lesson learned is the need for a strategic research agenda to ensure that sufficient evidence is available when decision-making windows arise. This capacity is essentially organizational, as Sciensano had the technical expertise to execute the technical work. Further strategic planning of capacity-building efforts in relation to a knowledge agenda, for instance through a standing steering committee would further institutionalize this approach.

Slovenia's experience highlights the challenges that arise when administrative capacity is limited, particularly in specialized areas such as health economics. With only a small number of experts in economic analysis, the MoH often faces difficulties meeting the demand for analyses during budget negotiations. This over-reliance on a few experts increases the risk of turnover, which threatens the long-term sustainability of capacity within the Ministry. To address this, the pilot focused on expanding the base of financial and economic experts by developing basic competencies among non-experts in the MoH and other health institutions. This approach increases the pipeline of potential experts while promoting organizational flexibility, allowing non-experts to support or substitute for specialized staff when necessary. As a result of trainings that were delivered as part of the TSI, additional analytical capacity has been realized at various institutions within the Slovenian health system.

Links to budgetary cycle

Linking the use of technical tools and approaches to the budgetary cycle is crucial for ensuring that health reforms are not only well-planned but also financially sustainable. By integrating tools like Cost-Benefit Assessment and policy costing into the budget preparation process, ministries can make informed decisions about the allocation of resources, ensuring that health investments are aligned with both short-term needs and long-term fiscal sustainability. Ex-ante assessments, such as budgetary projections and impact analyses, provide a forward-looking evaluation of proposed reforms, enabling policymakers to estimate costs, benefits and potential trade-offs before committing funds. This proactive approach helps ensure that health policies are cost-effective and aligned

with broader budgetary goals. Equally important are ex-post assessments, such as spending reviews and evaluations, which assess the outcomes of health investments after implementation. These reviews provide valuable feedback on whether resources were used efficiently and if the expected results were achieved, allowing for course corrections in future budget cycles. Comprehensive spending reviews help to identify inefficiencies and areas where reallocation of resources could improve health outcomes. By embedding these tools within the budgetary cycle, policymakers create a feedback loop that not only justifies initial investments but also improves the overall accountability and effectiveness of health spending over time. This systematic approach ensures that health reforms are not only evidence-informed but also fiscally responsible.

Beyond such technical points, budgetary negotiations present a critical window of opportunity for introducing health reforms and securing the necessary funding to implement them. During these negotiations, Ministries of Health and Finance can leverage technical tools like Cost-Benefit Assessment, policy costing and budgetary projections to build a compelling case for reforms. By presenting evidence of the long-term health and economic benefits of proposed interventions, policymakers can influence budget decisions and prioritize investments that align with broader national goals. Additionally, budgetary discussions are a chance to align health reforms with fiscal policies, ensuring that they are both impactful and financially sustainable. When framed within the context of budgetary cycles, health reforms gain momentum, as stakeholders are focused on allocating resources and decision-makers are more receptive to evidence that justifies immediate action. This makes budget negotiations not only a funding opportunity but also a strategic moment to advance comprehensive health reforms.

The pilots conducted in **Austria, Belgium and Slovenia** did not directly feed into the budgetary process at the time of their execution, but the challenges these Member States faced in participating effectively in budget negotiations played a crucial role in inspiring the capacity-building efforts and pilot projects. Across all three Member States, the pilots were designed with existing challenges in effectively engaging with the budgetary process in mind, thus laying the groundwork for future improvements in how evidence and technical tools are used to inform health reform funding decisions. By building capacity now, these Member States are better positioned to navigate future budget negotiations with more confidence and stronger evidence, ensuring that health reforms are backed by solid financial arguments. A complementary benefit here arises from the involvement of the Ministries of Finance in the pilots, so that a ‘common language’ can be developed between health and finance stakeholders. Such a common language should be supportive in realizing future evidence-informed health investments and reforms.

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Concluding remarks

Healthcare investments and reforms are high on the political agenda in many Member States, yet they are often difficult to achieve. The use of technical tools and approaches can ensure there is a sufficient evidence base on which policy makers can rely. The absence of sufficient administrative capacity, experience and expertise in the application of technical tools and approaches can be a bottleneck. In response, the TSI project enabled three capacity building exercises in three Member States to be performed to support the further application of tools and approaches in the policy making process.

Taking stock of the learnings that have followed from the three pilots, what have we learned about using technical tools and approaches in supporting health investments and reforms? In short: one tool is no tool and tools used in isolation are not enough.

One tool is no tool. In the three participating Member States, we discussed and piloted multiple tools, ranging from Cost-Benefit Assessments to Health Impact Assessments, budgetary and expenditure projections and (ex-ante) policy costing. This is well-aligned with the framework laid out in the beginning of this policy brief. The Observatory has highlighted multiple arguments for health investments and healthcare reforms that can be supported with a variety of tools, approaches, data and indicators. To this, we add two points. The first is that windows of opportunity for applying such tools arise at different points during the policy making cycle, and that these require different tools and approaches. The second point is that these tools can inform each other, for example, ex-post evaluations may inform new policies and deliver insights that can be used in ex-ante policy costing and such policy costing is of particular relevance in the context of budgetary and expenditure projections. As such, one tool is no tool – and the tools piloted in each of the Member States may be of use to other Member States as well.

Tools used in isolation are not enough. Many of the learnings derived in the Member States during the pilots have less to do with the tools as such, but more with the effective application and implementation of these tools. The capacity, expertise and experience of the staff that participated in the capacity building exercises has increased, but institutionally the effective application of tools requires more than just competent staff. Governance mechanisms contribute to clarity of roles and expectations, foster collaboration and network building, whilst safeguarding analytical independence. A culture of evidence-informed policy making should ensure that the results of technical tools and approaches are weighed adequately in the policy making and decision process (especially when technical tools and approaches suggest that there is a lack of evidence). Processes and organizations should be focused on the timely application of tools and approaches so that decision-relevant information is available to decisionmakers during the window of opportunity, for instance by managing a strategic research agenda or by ensuring that prerequisites for the application of tools and approaches such as data availability are met.

Successful advocacy for healthcare funding requires the alignment of healthcare objectives with the broader goals of public finance. This echoes an earlier finding by the Observatory, but in this context, it is important to not just apply tools and approaches when considering health investments and healthcare reforms, but also in a broader macro-fiscal context. Collaboration between different stakeholders within central government is of paramount importance and spending reviews are a useful tool. This leaves scope for achieving synergies between the capacity building that has been delivered under this TSI project and capacity building efforts aimed at public financial management more broadly.

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Appendix

This appendix contains long-form summaries for the pilots performed in the Member States participating in the TSI project.

AUSTRIA

Background

The governance of Austria's health system is complex, with responsibilities divided among several stakeholders. The federal government is responsible for the legislative framework, including regulation of social health insurance (SHI). The nine states regulate and plan hospital care in their jurisdictions and are responsible for implementation, organization and financing of inpatient and outpatient care in hospitals, as well as hospital investments. The organisation of ambulatory care in the outpatient setting is largely delegated to the self-governing bodies of social insurance funds and providers which engage in collective negotiations on contracts and reimbursement.

Austria's healthcare system faces several challenges due to its fragmented and complex financing structure, which is primarily funded by mandatory SHI contributions, government expenditure and out-of-pocket payments. The system's complexity makes it difficult to track specific expenditures and assess how cost changes in one sector affect others. Despite the system's high quality and accessibility, significant concerns about spending efficiency arise e.g. from the high costs associated with the inpatient sector. Key challenges include the fragmentation of responsibilities, which hampers data collection and decision-making or the lack of a formal gatekeeping function, which on the one hand leads to high patient satisfaction, however on the other hand can result in overuse of healthcare services. Moreover, insufficient emphasis on preventive care and the unequal distribution of care, particularly in rural areas where there is a declining number of SHI-contracted physicians are challenges that have to be dealt with.

The MoH aims to address such issues, also during cyclical reform negotiations with the regions and the SHI. As a baseline for the recent negotiations, the Austrian National Public Health Institute (Gesundheit Österreich GmbH-GÖG) produced a projection model for healthcare expenditures. However, challenges exist regarding the need to demonstrate financial effects of policy interventions, and the approach used to do so - especially for policies that may only materialize over the medium to long term.

Tools piloted

In response to the issues that became apparent during the last rounds of negotiations, several tools were piloted together with MoH staff to enhance their capacity and knowledge that could help them in future rounds of negotiations. In close collaboration with MoH staff, activities have included a quick review of the GÖG expenditure projection model and training on policy costing against the backdrop of autonomous expenditure projections. This has resulted in a toolkit for such activities. Workshops have also been held so to strengthen the community of practitioners in policy making circles (MoF, MoH, GÖG, etc.).

A capstone for the capacity development has been the execution of a policy evaluation exercise together with MoH staff of a recent policy initiative: the establishment of multi-professional Primary Health Care

Units (PHCU) in Austria. This project serves the dual purpose of increasing capacity of the participating MoH staff, as well as the generation of policy-relevant knowledge that may feed into future decision making on health reforms. This exercise has provided an opportunity to develop capacity in performing policy evaluations on a topic with a high current policy relevance.

The Primary Health Care Unit reform represents a significant shift in Austria's healthcare system, aimed at enhancing efficiency and coordination of care. By introducing multi-professional units for primary care, the aim is to decrease the reliance of the healthcare system on hospital care and generate benefits in terms of prevention and health promotion, as well as to improve collaboration between medical professionals. In the long-term, the PHCUs should contribute to cost savings due to greater economies of scale and scope and support the shift from inpatient to outpatient care, also by focusing on prevention and health promotion. Overall, the PHCU reform is an important pillar of Austria's strategy to streamline its healthcare system, address inefficiencies and improve care coordination, ultimately aiming to build a more sustainable and effective healthcare system for the future.

By October 2024, 75 PHCUs have been established, each with a core team that includes at least two general practitioners, a nursing professional and an assistant, with additional healthcare and social professionals as needed. For PHCUs that have been established by 2022, MoH staff compiled data on patient usage of the PHCU, GPs and hospitals within PHCU catchment areas between 2016 and 2022. Using state-of-the-art econometrics, the analysis compared individuals who visit PHCUs (treatment group) to those who visit GPs but never visit PHCUs (control group). Tentative evidence suggests that the PHCUs are successful at increasing primary healthcare uptake and there are indications that the PHCUs reduce hospital use and visits to some specialists, such as orthopaedic doctors, for frequent users of healthcare. A jointly drafted research report summarizes the finding. Caveats to note regarding the findings include the fact that the current time horizon for the effects is still moderate and the observation of benefits might take longer.

Key learnings

The capacity development activities have resulted in several learnings.

1. **The importance of data.** During the execution of the policy evaluation exercise, it has been impossible to develop a comprehensive cost dataset of expenses related to the in- and outpatient sectors due to the limited scope of this project but also due to the fragmentation of data collection and its ownership. This proved a limitation for the direct measurement of (potential) cost savings in the empirical design. This highlights the importance of ensuring that relevant data is available and accessible to policy makers in the preparation and evaluation of policy initiatives.

2. **Indicative evidence is useful, but also presents challenges.** The impact assessment that has been performed together with MoH staff generates indicative evidence that can be used in arguing for healthcare reforms and health investments. A challenge is that the use of tools need not always be conclusive, especially for reforms with long lead times or uncertainty regarding the outcomes. During budgetary and political negotiations this can be difficult. Appropriate governance should provide safeguards so that evidence is used as constructively as possible (including accounting for the fact that the reform may be ‘right’, but that it is just not ‘demonstrable’ yet). This can be summarized as a measured culture of evidence-informed policy making that values evidence, but also recognizes uncertainty and tries to weigh that appropriately.

3. **Translation of knowledge to policy costing.** These learnings need to be considered in the context of the Austrian institutional context. The expenditure projection model at GÖG sets the current expected baseline trajectory against which policy costs (and cost savings) have to be assessed. Performing health evaluations is beneficial in its own right but in the context of the budget preparation it is important that policy makers can

translate evaluation knowledge into ex ante budgetary assessments, especially if the direct measurement of cost effects is not possible (as it was here). A toolkit has been developed and further work and capacity development on that is beneficial.

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BELGIUM

Background

Belgium's health system governance is characterized by a complex structure due to the country's federal nature, where responsibilities are shared across multiple levels of government. This decentralized governance structure allows for tailored healthcare policies that reflect the diverse needs of Belgium's regions and communities, but it also requires significant coordination to ensure consistency and efficiency across the country. The federal level is responsible is competent for matters in the general interest of all Belgians, such as the compulsory healthcare insurance, the setting of the hospital budget and of general organisation rules, the regulation of health products and activities, the regulation of health care professionals, and patients' rights.

The Federal Public Service (FPS) Health, Food Chain Safety, and Environment intends to be the Belgian promoter of the "One World, One Health" principle, by placing health and all its components at the heart of its concerns and missions, including human health, the health of the planet, animal and plant health and food. This mission is executed in different policy domains like the organisation of health care in Belgium and ensuring product safety at all levels of the food chain, enforcing the food safety standards set in the European legislation and implementing legislation on tobacco and alcohol products and cosmetics.

The organisation of other elements of the healthcare system are deferred to the regional and community governments, including the management of hospitals and healthcare infrastructure and the regulation and oversight of health professionals. Knowledge institutes such as Sciensano contribute to the healthcare system through research.

Recently, the Belgium government has spearheaded new policies aimed at health promotion and prevention. The Belgian Inter-federal Strategy for a Smoke-Free Generation is a comprehensive plan aimed at creating a smoke-free society in Belgium by 2040. This ambitious initiative is a collaborative effort involving multiple levels of government, public health organizations, and civil society. The strategy focuses on reducing smoking prevalence, preventing smoking initiation among young people, and protecting non-smokers from exposure to tobacco smoke. The success of the strategy relies on a strong collaboration between various stakeholders, including federal, regional, and local governments, as well as non-governmental organizations, educational institutions, and the healthcare sector. Public engagement is also vital, and the strategy includes initiatives to involve the community in creating a smoke-free environment. This collaborative approach aims to build broad societal support for the goal of a smoke-free generation. The plan includes a set of proposed interventions and targets for reducing the use of alcohol and tobacco which combines population-wide measures with measures aimed at supporting people who use these substances. The scale and impact of these interventions has not yet been evaluated using quantitative measures relevant to the Belgian context.

Pilot

Despite the increasing focus on health prevention and promotion policies in Belgium, due to gaps in the evidence on the foreseen health impact of such policies, it was decided to select a specific policy measure from the Interfederal Strategy for a Smoke Free Generation for this pilot project. The selected policy measure is the reduction of tobacco points of sale ('policy 8.1' in the inter-federal strategy). The objective of the pilot is to strengthen capacity to perform Health Impact Assessments. Also, as formulated in the Interfederal Strategy, the pilot assessed health effects of different policy scenarios that require an additional limitation of points of sale. As such, the results of the pilot inform policy makers in the next phases of the measure's implementation and future decision-making on the possible introduction of similar measures.

Mainly, two Belgian institutions have been involved in the pilot project: the FPS and Sciensano, the Belgian Public Health Institute. Sciensano, had the ambition to perform ex-ante and ex-post HIA in a more structural manner for Belgium. The aim was to be able to provide the necessary evidence to support policy decisions on the estimated health effects of measures to inform future policies. The FPS also acknowledged the value of HIA. In their view, HIA especially helps to assess the positive health impact of health policy measures, in particular those aiming to reduce alcohol consumption and smoking.

A core challenge for the pilot has been that HIAs often touch upon different policy areas. In the case of reducing tobacco points of sale, this would affect excise revenue (MoF), business opportunities for retailers that currently sell tobacco products (MoE), as well as health outcomes (MoH). As such, the objective of the pilot had not only been to serve as a pilot for technical capacity, but also for organizing new institutional arrangements, collaboration and governance. The hope of the pilot, then, also has been to sow the seeds for further coordination between various federal departments for future assessments ahead of new policies aimed at health prevention and promotion.

Ultimately, the technical work has been carried out together with Sciensano as to facilitate technical capacity building. The work has included the development of a theory of change, a conceptual model and an economic model to estimate the health effects of different scenarios for tobacco points of sale reductions. The final research report quantitatively assesses the health benefits of reducing tobacco sales, and qualitatively documents other effects including social effects like health equity and economic effects for retailers. The technical work has been guided by a steering committee including relevant stakeholders within the federal government, collaboratively discussing the HIA and facilitating data and knowledge sharing.

Key learnings

The capacity development activities have resulted in several learnings.

1. **Value of participation of relevant federal stakeholders for policies that touch on different policy areas.** The broad participation of federal stakeholders (MoH, MoE, MoF) and their willingness to contribute to the project (including with data) has been a crucial success factor in the execution of the project, as is the existing technical and research capacity at Sciensano. Network building and organizing a community of practitioners supports the quality of impact assessments, but also the results and expedience in the execution. In future HIAs, other stakeholders could potentially also be included (e.g., other knowledge institutions, academics, health advocacy groups, etc.) to deliver evidence and help set up assessments.

2. **Structural organization of HIAs in the policy cycle / strategic research agenda.** Over the course of the project, stakeholders increasingly recognized the structural value that HIAs could have over the policy cycle. A learning that results in that there should be a strategic research agenda over the policy cycle so that sufficient evidence is available at times when there is a window of opportunity for decision making. The ultimate goal is a menu of options for decision makers that includes quantified health impacts of specific policies or policy instruments. One model could be the organization of a standing steering committee that is tasked with managing and executing a strategic research agenda with the aim of improving the robustness and health impact of policies being introduced and implemented for the benefit of improving health outcomes in Belgium.

Funded by the European Union

SLOVENIA

Background

Slovenia is a relatively small country and as a result the number of staff available at key government departments that manage the health system is limited. At the same time, it faces many of the challenges that other countries face too, including rising healthcare expenditures due to an ageing population as well as the need to promote resilience in light of the recent pandemic. In response, healthcare spending is high on the political and policy agenda – which also highlights the need for evidence-informed policies. Such evidence often is also required by the existing institutional framework in Slovenia. For instance, as part of the legislative and budgetary process, policy proposals need to be accompanied by a high-level impact assessment. For investments, the *Regulation on a uniform methodology for the preparation and handling of investment documentation in the field of public finances* specifies that certain investments need to be supported by specific analyses and satisfying specific criteria that address the financial and economic benefit of the investment.

Due to the limited staff available at key departments, economic analyses are not done as often as they could (or should) be. Contributing to this is the fact that amongst the limited staff at for instance the MoH, few have expertise in (health) economic issues. As a result, the experts in these issues who are there often are 'overasked', with demand for analyses exceeding the possibilities to supply it. Additionally, this increases the risk of excessive employee turnover, reducing the sustainability of capacity. Whilst a partial remedy to this could be a broader distribution of the workload for economic and financial analysis, there is a culture in which non-experts feel uncertain about their remit and capacity to contribute to financial-economic discussion. As a result, tension is present during the policy making and budgetary negotiation process in which for instance the MoF asks for evidence that the MoH cannot always deliver as a result of the limited capacity available.

Pilot

In consultation with Slovenian stakeholders, the pilot has focused on broadening the potential base of financial and economic experts and to develop basic financial-economic competence in non-experts working at the MoH and other health institutions. As such, the objective of the capacity building has been to increase the pipeline of potential experts and to promote organizational flexibility so that non-experts can better backstop experts and/or substitute for them in some cases.

The capacity building has been implemented through a sequence of trainings and the drafting of a guidebook about Cost-Benefit Assessments. This guidebook offers non-experts a step-by-step approach to better understand and contribute to health economic and financial assessments. The materials covered in the guidebook have been presented during several days of workshops to a broad range of participants from a variety of institutions. As such, the training has extended not just to MoH staff who need to interface with the MoF on government budgets, but for instance also to medical professionals who potentially need to demonstrate the (cost-)effectiveness of new medical procedures or other investments in the health system. A secondary potential benefit of this broad participation in the trainings is that a community of practitioners could be fostered. Especially in a small country where the number of experts is (inherently) limited, organizational flexibility and knowledge networks help alleviate pressures on the availability of analytical capacity.

Key learnings

The capacity development activities have resulted in several learnings.

1. **Done is better than perfect.** Small EU Member States face considerable challenge as they are confronted with similar issues to larger Member States but must address them with fewer technical staff. In those cases, a culture where 'the best analysis that is currently possible' is valued is important so that a timely and reasonable analysis can still contribute to rationalized decision making (even if the idealized analysis by a large number of experts is not available).

2. **Clarity on organizational expectations and prioritization.** When there is only a limited number of experts available, the prioritization of their work becomes increasingly important. Appropriate organization and governance should contribute to their work being targeted and used effectively. A precursor to this should be clarity on what different stakeholders in the decision-making ecosystem need from a financial(-economic) analysis for it to be relevant and usable in the decision-making process.

Subject: AW: Request for Final Validation of Pending Deliverables
From: "Fornaroli, Paolo" <paolo.fornaroli@gesundheitsministerium.gv.at>
Date: 25/11/2024, 14:34
To: 'Penny Strapatsaki' <pstrapatsaki@gmail.com>
CC: Simon VEITL <simon.veitl@expertisefrance.fr>, Alain Lefebvre <alain.lefebvre@expertisefrance.fr>, "Ventura, Ilana" <ilana.ventura@bmg.gv.at>, "Amrhein, Christina" <Christina.Amrhein@bmg.gv.at>

Dear Penny,

Thank you for consolidating all our feedback.
I can confirm that we validate the following three documents:

- Deliverable no. 3: Report on WS1 final workshop on making the case for public investment in health (10-11 September 2024, Amsterdam)
- Deliverable no. 12: WS1 Policy Brief: ''Key Enablers for using Tools in Evidence-informed Healthcare Reforms''
- Deliverable no. 19: Report on workshop on activities and lessons learnt under Workstream 2

Regarding the Integrated Report on WS1 Capacity Building Activities, I have noticed one very minor point which we did not notice in the last feedback round and would request to be changed. We have changed it in the TC mode in the document attached.
It relates to the activities of SEO in Austria in December 2023 – just one half sentence which we notice does not describe the activities which we would suggest to remove.

Thank you.

Best regards,
Paolo

Von: Penny Strapatsaki <pstrapatsaki@gmail.com>
Gesendet: Montag, 25. November 2024 09:31
An: Ventura, Ilana <ilana.ventura@gesundheitsministerium.gv.at>; Amrhein, Christina <Christina.Amrhein@gesundheitsministerium.gv.at>; Fornaroli, Paolo <paolo.fornaroli@gesundheitsministerium.gv.at>; Anne Swalue (SPF Santé Publique - FOD Volksgezondheid) <anne.swalue@health.fgov.be>; Laurence Ballieux (SPF Santé Publique - FOD Volksgezondheid) <laurence.ballieux@health.fgov.be>; Lieven De Raedt (SPF Santé Publique - FOD Volksgezondheid) <lieven.deraedt@health.fgov.be>; Annemarie Jacobi (SPF Santé Publique - FOD Volksgezondheid) <annemarie.jacobi@health.fgov.be>; Dušan Jošar <Dusan.Josar@gov.si>
Cc: Alain Lefebvre <alain.lefebvre@expertisefrance.fr>; alain.lefebvre@gmx.com; Simon VEITL <simon.veitl@expertisefrance.fr>
Betreff: Request for Final Validation of Pending Deliverables

Dear all,

As the project approaches its completion date this week, we kindly request your review of the current status of deliverables pending validation. Please find below the details, along with the attached table summarising the status.

We would appreciate receiving your validation by **COB tomorrow, 26 November 2024**.

Deliverable no. 3: Report on WS1 final workshop on making the case for public investment in health (10-11 September 2024, Amsterdam)
-One correction to the version of 18.11.2024 sent by Austria, which is now incorporated into the attached document.
-**Actions pending**: Validation of version of 25.11.2024 **by Austria and Slovenia** (**attached to the present**).

Deliverable no. 6: Integrated Report on WS1 Capacity Building Activities
-Comments to the version of 18.11.2024 sent by Austria, which are now incorporated into the attached document.
-**Actions pending**: Validation of version of 25.11.2024 **by Austria and Slovenia** (**attached to the present**).

Deliverable no. 12: WS1 Policy Brief: ''Key Enablers for using Tools in Evidence-informed Healthcare Reforms''
-Comments to the version of 18.11.2024 sent by Austria, which are now incorporated into the attached document.
-**Actions pending**: Validation of version of 25.11.2024 **by Austria and Slovenia** (**attached to the present**).

Deliverable no. 17: WS2 Toolkit with criteria for mobilisation of EU resources in support of national projects: ''Guide summarising the process for successful mobilisation of EU resources in support of national projects''
-**Actions pending**: Validation of version of 19.11.2024 **by Slovenia**.

Deliverable no. 18: WS2 Report on evaluation of national pilot cases
-**Actions pending**: Validation of version of 25.11.2024 **by Belgium** (**attached to the present**).

Deliverable no. 19: Report on workshop on activities and lessons learnt under Workstream 2
-Comments received to the version of 18.11.2024 from Austria and Belgium, which are now incorporated into the attached document.
-**Actions pending**: Validation of version of 25.11.2024 **by Austria, Belgium and Slovenia** (**attached to the present**).

Deliverable no. 20: WS2 PROSPecD Report
-**Actions pending**: Validation of version of 12.11.2024 **by Belgium**.

Deliverable no. 21: WS2 Policy dialogue report: Developing a Population Health Management (PHM) Strategy for Belgium
-**Actions pending**: Validation of version of 21.10.2024 **by Belgium**.

Additionally, a link to a repository containing the final versions of all project deliverables will be shared with you **by 3 December 2024**.

We thank you for your cooperation and look forward to receiving your feedback by the stated deadline.
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Penny STRAPATSAKI
Project Coordinator
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Attachments:

WS1_Integrated Report_Capacity Building_25 11 2024 Feedback AT.docx 722 KB

Subject: RE: Pending validations of WS1 & WS2 Deliverables (18.11.2024)
From: "Anne Swalue (FOD VVVL - SPF SPSCAE)" <anne.swalue@health.fgov.be>
Date: 22/11/2024, 15:42
To: Pinelopi STRAPATSAKI <pinelopi.strapatsaki@expertisefrance.fr>, "Alain Lefebvre" <alain.lefebvre@expertisefrance.fr>, Simon VEITL <simon.veitl@expertisefrance.fr>, Ben Duncan <info@alert-not-alarmed.com>
CC: "Ibri (FOD VVVL - SPF SPSCAE)" <ibri@health.fgov.be>, "Laurence Ballieux (FOD VVVL - SPF SPSCAE)" <laurence.ballieux@health.fgov.be>, "Ann Marie Borg (FOD VVVL - SPF SPSCAE)" <annmarie.borg@health.fgov.be>

Dear Penny, colleagues,

I have reviewed all the documents and I am pleased to validate all the documents in green below.

Regarding the documents in yellow:

- For No 19: I made a comment that was not included. Could please explain me why? I won't block the validation for one comment but I would like to know the reason behind. In the attachment, you can find my remaining remarks.
- For No 20: I already made some minors changes, but I am still waiting for the review by Annemarie Jacobi too. I will be back to you as soon as I get her approval.

Best regards,
Anne

De : Pinelopi STRAPATSAKI <pinelopi.strapatsaki@expertisefrance.fr>
Envoyé : lundi, 18 novembre 2024 19:47
À : Ventura, Ilana <ilana.ventura@gesundheitsministerium.gv.at>; Amrhein, Christina <Christina.Amrhein@bmg.gv.at>; Fornaroli, Paolo <paolo.fornaroli@gesundheitsministerium.gv.at>; Anne Swalue (FOD VVVL - SPF SPSCAE) <anne.swalue@health.fgov.be>; Lieven De Raedt (FOD VVVL - SPF SPSCAE) <lieven.deraedt@health.fgov.be>; Laurence Ballieux (FOD VVVL - SPF SPSCAE) <laurence.ballieux@health.fgov.be>; Dušan Jošar <Dusan.Josar@gov.si>; Renata Rajapakse <renata.rajapakse@gov.si>; GELMETTI Simone <Simone.GELMETTI@ec.europa.eu>; DREES Simon <Simon.DREES@ec.europa.eu>
Cc : Alain Lefebvre <alain.lefebvre@expertisefrance.fr>; Simon VEITL <simon.veitl@expertisefrance.fr>
Objet : Pending validations of WS1 & WS2 Deliverables (18.11.2024)

Dear all,

Please find attached the updated table outlining the progress of the validation of project deliverables. Below, we have summarized the pending validation details, including references to their respective entries in the attached table for your convenience.

Workstream 1
-**No. 3**: Report on WS1 Final Workshop (Amsterdam, 10-11 September 2024). This updated version incorporates the latest comments from Austria received on 14.11.2024. Annexes to this report remain the same as those sent on 11.11.2024, but are **submitted again** for ease of reference.
-**No. 6**: WS1 Integrated Report on WS1 Capacity Building Activities (with annexes).
-**No. 13**: WS1 Policy Brief titled ''Key Enablers for using Tools in Evidence-informed Healthcare Reforms''. This updated version incorporates the latest comments from Austria received on 14.11.2024.

Workstream 2
-**No. 18**: Guide summarising the process for successful mobilisation of EU resources in support of national projects. Updated version to be sent on 19/11/2024 incorporating comments from Belgium received on 7/11/2024, and from Austria received on 14/11/2024.
-**No. 19**: Report on evaluation of national pilot cases. Validation of the version sent on 11.11.2024 pending from Belgium and Slovenia.
-**No. 20**: Report on workshop on activities and lessons learnt under Workstream 2 (with annexes).

T**he documents listed above, are available through this link**. Please note that this is a WeTransfer link, which will remain active for a limited time.

As project activities have been completed, please ensure that all feedback and validations are sent by **Friday, 22 November 2024**.

Please let us know if further clarification is needed or additional details are required.

Your cooperation is greatly appreciated.
--
Kind regards,
Penny Strapatsaki

EXPERTISE FRANCE
GROUPE AFD

Penny STRAPATSAKI
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Subject: RE: Kind Reminder: Request for Final Validation of Pending Deliverables
From: Dušan Jošar <Dusan.Josar@gov.si>
Date: 28/11/2024, 10:59
To: Penny Strapatsaki <pstrapatsaki@gmail.com>
CC: Vesna Kerstin Petrič <Vesna-Kerstin.Petric@gov.si>, Renata Rajapakse <Renata.Rajapakse@gov.Si>, Vlasta Mežek <Vlasta.Mezek@gov.si>, Mircha Poldrugovac <Mircha.Poldrugovac@nijz.si>

Dear Penny,

Hereby we endorse all documents that were pending for our validation, i.e. deliverables no. 3, 6, 12, 17 and 19. For deliverable no. 3 we are sending minor changes in the chapter dealing with Slovenian case. We kindly ask if you take them on board.

Apart from that, I would like to thank you very much for your work, efforts and obviously fruitful collaboration as well as for the patience which you posses in huge amounts 😊

Hope to work with you in the future projects and assignments.

Take care and all the best,
Dušan

Lep pozdrav!

Dušan Jošar
Vodja sektorja/Head of Unit

REPUBLIKA SLOVENIJA / REPUBLIC OF SLOVENIA
MINISTRSTVO ZA ZDRAVJE / MINSTRY OF HEALTH

Direktorat za dostopnost in ekonomiko
Directorate for accessibility and economics

Sektor za organizacijo procesov

Štefanova ulica 5, SI-1000 Ljubljana, Slovenia
T: + 386 1 478 6959
mailto:dusan.josar@gov.si

From: Penny Strapatsaki <pstrapatsaki@gmail.com>
Sent: Tuesday, November 26, 2024 6:51 PM
To: Anne Swalue (SPF Santé Publique - FOD Volksgezondheid) <anne.swalue@health.fgov.be>; Laurence Ballieux (SPF Santé Publique - FOD Volksgezondheid) <laurence.ballieux@health.fgov.be>; Lieven De Raedt (SPF Santé Publique - FOD Volksgezondheid) <lieven.deraedt@health.fgov.be>; Annemarie Jacobi (SPF Santé Publique - FOD Volksgezondheid) <annemarie.jacobi@health.fgov.be>; Dušan Jošar <Dusan.Josar@gov.si>
Subject: Fwd: Kind Reminder: Request for Final Validation of Pending Deliverables

Dear all,

As there is currently a failure of EF's mail server, kindly use this email address for the validations requested below.

Thank you.
--

EXPERTISE FRANCE
GROUPE AFD

Penny STRAPATSAKI
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Dear all,

As the project approaches its completion date this week, we kindly request your review of the current status of deliverables pending validation. Please find below the details, along with the attached table summarising the status.

We would appreciate receiving your validation by **COB tomorrow, 26 November 2024**.

Deliverable no. 3: Report on WS1 final workshop on making the case for public investment in health (10-11 September 2024, Amsterdam)
-One correction to the version of 18.11.2024 sent by Austria, which is now incorporated into the attached document.
-**Actions pending**: Validation of version of 25.11.2024 **by Slovenia** (**attached to the present**).

Deliverable no. 6: Integrated Report on WS1 Capacity Building Activities
-Comments to the version of 18.11.2024 sent by Austria, which are now incorporated into the attached document.
-**Actions pending**: Validation of version of 25.11.2024 **by Slovenia** (**attached to the present**).

Deliverable no. 12: WS1 Policy Brief: ''Key Enablers for using Tools in Evidence-informed Healthcare Reforms''
-Comments to the version of 18.11.2024 sent by Austria, which are now incorporated into the attached document.
-**Actions pending**: Validation of version of 25.11.2024 **by Slovenia** (**attached to the present**).

Deliverable no. 17: WS2 Toolkit with criteria for mobilisation of EU resources in support of national projects: ''Guide summarising the process for successful mobilisation of EU resources in support of national projects''
-**Actions pending**: Validation of version of 19.11.2024 **by Slovenia**.

Deliverable no. 18: WS2 Report on evaluation of national pilot cases
-**Actions pending**: Validation of version of 25.11.2024 **by Belgium** (**attached to the present**).

Deliverable no. 19: Report on workshop on activities and lessons learnt under Workstream 2
-Comments received to the version of 18.11.2024 from Austria and Belgium, which are now incorporated into the attached document.
-**Actions pending**: Validation of version of 25.11.2024 **Belgium and Slovenia** (**attached to the present**).

Deliverable no. 20: WS2 PROSPecD Report
-**Actions pending**: Validation of version of 12.11.2024 **by Belgium**.

Deliverable no. 21: WS2 Policy dialogue report: Developing a Population Health Management (PHM) Strategy for Belgium
-**Actions pending**: Validation of version of 21.10.2024 **by Belgium**.

Additionally, a link to a repository containing the final versions of all project deliverables will be shared with you **by 3 December 2024**.

We thank you for your cooperation and look forward to receiving your feedback by the stated deadline.
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Attachments:

WS1_Final Workshop_Report_25 11 2024_MP.docx 705 KB