

# Agenda for health and prosperity

## 10 high-priority proposals with action plans

In "Agenda for health and prosperity", 35 organizations representing academia, healthcare, business, patients, professions and authorities come together to cooperate in the long-term to improve the conditions for medical research, entrepreneurship and healthcare.

With our collective knowledge, we have a solid foundation for conducting a system-level current state analysis, which we present in a new report. We examine the system based on four target areas that are closely interconnected and crucial to achieving improved health and prosperity.

### Excellent research and education

a prerequisite for welfare and competitiveness.

### Quality-driven care with the patient in focus

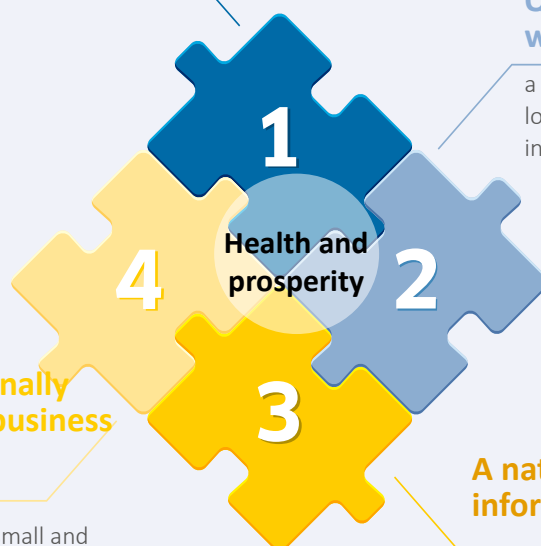
a well-functioning system that allows the patient to benefit from innovations.

### An internationally competitive business climate

that attracts both small and large companies to conduct research, development and production in Sweden.

### A national information structure

which facilitates the collection, use and sharing of data to improve health.



Focusing on the current term of office, the member organizations have agreed upon 10 high-priority proposals for Sweden to have

- excellent research and education,
- clinical studies as an integrated part of healthcare,
- effective implementation of precision medicine and
- a healthcare that acts as an "early adopter".

We have also developed action plans for the proposed measures with the ambition of increasing the citizens' health and strengthening the country's prosperity.<sup>1</sup>

## 1. Strengthen the conditions for excellent research

Strong research and education form the foundation of a competitive life science nation. Breakthroughs in knowledge continuously contribute to more effective prevention, diagnosis and treatment of diseases, resulting in significant health benefits. Unfortunately, funding for research and development in medicine and health sciences has decreased.

### We suggest that the government

- increases the general funding for medical research to the universities (basanslag).<sup>2</sup>
- increases the funding for medical research to projects via the research councils and Vinnova (externa medel).

<sup>1</sup> Individuals from authorities and several regions contribute with knowledge and perspective to the work within Forska!Sverige's association "Agenda for health and prosperity". However, the authorities and regions do not take a position on the concrete action proposals formulated by the Agenda group.

<sup>2</sup> Medical research includes research in medicine and health sciences.

## 2. Increase longtermism, coordination and national availability of research infrastructure

The national infrastructure for healthcare-related research and development is crucial to address future major health challenges and enable individualized prevention, diagnostics and treatment. However, today there is a lack of long-term funding and permanent organizational structure for several research infrastructures that are beneficial to the whole of Sweden.

### We suggest that the government

- introduces a long-term, non-project-based, government funding for healthcare-related research infrastructures.
- appoints steering groups for coordination of national infrastructures.
- decides to develop the National Quality Registries.

## 3. Develop and strengthen the supply of competence

The availability of competence is crucial for development in both academia, business and healthcare. Today, there is a shortage of competence in key areas, and in healthcare it is difficult to find space for research, teaching and continuing education. This is serious because competence is a prerequisite for competitiveness, and knowledge development forms a basis for safety and quality in care.

### We suggest that the government

- gives universities better conditions to create and renew education programmes that meet the increased needs for competence, including the increased use of large data sets, the introduction of precision medicine and the transition to close healthcare.
- ensures that the National Healthcare Skills Council (nationella vårdkompetensrådet) includes the need for new professions in its national plan for health care skills supply.
- listens to the investigator of clinical trials and assigns the Swedish Medical Products Agency (Läkemedelsverket) to develop and administer a nationally harmonized training plan for various roles in clinical trials.
- continues the work to introduce models for improved mobility and joint employment between academia and other sectors.
- gives the National Board of Health and Welfare the task of reviewing the management regulations regarding continuing education and gives The Health and Social Care Inspectorate (IVO) power to exercise supervision over this.
- ensures that the National Board of Health and Welfare emphasizes research in its mission on special healthcare.

## 4. Improve opportunities to conduct clinical research

Thanks to clinical research, research progress is transferred to healthcare, contributing to higher quality and efficiency as well as increased equality. Currently, research and development are being deprioritized to meet healthcare production demands. As a result, implementation of new knowledge suffers.

### We suggest that the government

- adjusts the Health and Medical Care Act to clarify the role of local and regional municipalities in research work.
- uses the state control instruments that are available to increase regional municipalities participation in clinical research.
- acts promptly on the clinical trials investigation, establishing SweTrial and allocating state funds to trial units.
- simplifies the management of distribution of investigational medicinal products.

## 5. Use the knowledge and experiences of patients and relatives

An important prerequisite for benefiting from new knowledge is the ability to collaborate with patients and relatives in all aspects of development, from research to healthcare. Thanks to patient involvement in clinical research, individualized treatment and precision medicine can be further improved as it is tailored to individual needs, knowledge and wishes, in combination with new research advancements.

### We suggest that the government

- commissions the research councils and Vinnova, to, in cooperation with patient representatives, develop a national policy for patient involvement in calls for proposals and research support linked to clinical research.
- commissions the appropriate authority to develop a national standard for reviewing patient involvement in the design of clinical research and participation in research studies.

## 6. Decide on a national program for precision medicine

Precision medicine centres have been established at university hospitals in Sweden. Through these centres, strong synergy effects that promote patient benefit, science, education and business can be created and it is important to ensure the best possible development for these centres. However, they are currently facing major challenges that must be addressed promptly to avoid delays and inequality in the implementation of precision medicine in Sweden.

### We suggest that the government

- decides on a national 10-year program for research and implementation of precision medicine.
- appoints an expert group, in consultation with the seven university healthcare regions, to develop a concrete action plan and budget for the 10-year program.
- decides on long-term financing for the infrastructures necessary for the implementation, see proposal for action 2.

## 7. Develop and implement a national action plan for health data

Aggregated health data can, along with interoperable IT solutions, reduce the administrative burden in healthcare while simultaneously increasing both patient safety and healthcare quality. However, the great potential is not fully realized in Sweden. Patients, healthcare providers, researchers and companies must have better opportunities to contribute to data collection, use and sharing of data, and this must be done in an ethical, secure and structured way.

### We suggest that the government

- decides on a national action plan for the storage, collection, sharing and use of health data, as well as long-term resources for the execution of the plan.
- gives the Swedish eHealth Agency (E-hälsomyndigheten), a long-term mission and resources to develop a framework for managing the storage, collection, sharing and use of health data. It should take place in collaboration with the sector's actors and integrated with the work within the European Health Data Space, EHDS.
- acts on the recommendations in the investigations into primary and secondary use of health data.

## 8. Introduce new models for evaluation and implementation of advanced diagnostics and therapies

Sweden has potential to be at the forefront of the development of new areas such as precision medicine and advanced therapy medicinal products (ATMP), but this requires new evaluation models for diagnostics and treatments, as well as guidelines for orderly introduction. A shortage of notified bodies in Sweden approved for CE marking under the new EU Medical Devices Regulation delays important products from reaching patients.

### We suggest that the government

- assigns TLV to continue developing and implementing new methods for health economic evaluations of advanced diagnostics and therapies that form the basis of new payment and reimbursement models.
- assigns an appropriate authority to develop criteria for the orderly introduction of precision medicine and ATMP.
- speeds up the establishment of approved notified bodies and secures national competence for, among other things, CE marking of medical devices.

## 9. Develop and harmonize the healthcare reimbursement system

The design of reimbursement models plays a crucial role in ensuring equal and high-quality healthcare. It is all too common for reimbursement models to not sufficiently account for patient benefit. It is also not justified, neither medically nor economically, that the reimbursement models differ significantly between regions as they do today.

### We suggest that the government works so that the regions will

- adjusts the reimbursement models to ensure development and thereby strengthen research, education and innovation. Implementation and follow-up of new treatments, methods and medical products should be rewarded. Prevention aspects should be included, and the aim should be to assure patient benefit.

## 10. Strengthen the possibilities of healthcare to procure innovations

Procurement of innovations promotes the development and introduction of new solutions, especially in health care. Currently, however, regions assess that they often must refrain, even if a product is cost-efficient in the long term, citing that the cost is too high for their one-year budget. This system error, in the form of a lack of coordinated procurement support and purchasing power, affects both patients and the ability for companies to grow in Sweden.

### We suggest that the government

- starts a rapid investigation with a focus on how healthcare can be an early and competent procurer that can invest in cost-effective products despite possible high initial costs.
- strengthens the opportunities for organizations in Sweden to take part in EU procurement of innovations

Agenda för hälsa och välbefinnande – ett samarbete mellan



och:



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