



P R O C U R E

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FOCUS ON THE OBSERVATIONAL STUDY ON EUROPEAN HEALTHCARE & PROCUREMENT ENVIRONMENT

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Objectives

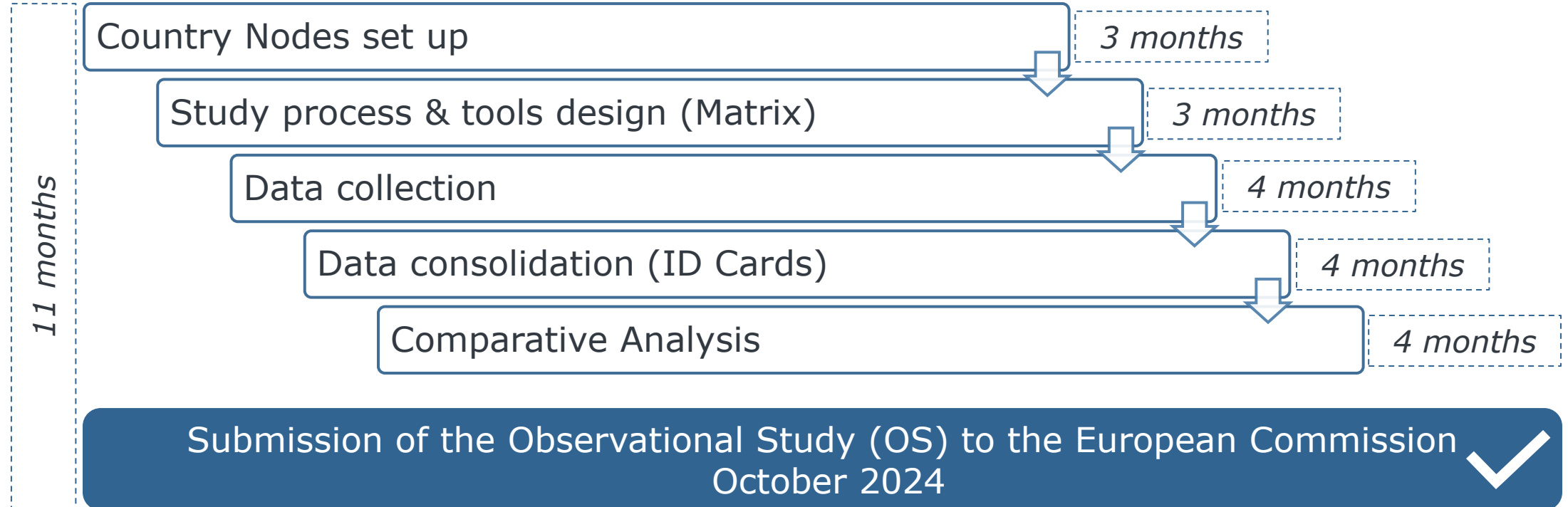
To gain a better understanding

Functioning of healthcare systems and their supply & procurement chain through inputs from national and/or regional stakeholders

Public procurement practices and main barriers in
10 different Member States (MS)



Methodology: The process



Methodology: Country Nodes creation

Country Node

Who? A group of organisations from a Member State (MS)

Led by a Country Leader

How? By providing data through 4 questionnaires, tailored to:

- Healthcare Institutions
- Contracting Authorities, subject to EU Public Procurement directive
- Private procurers, not subject to EU Public Procurement directive
- Suppliers



Results

10 Country Nodes set up

Engagement of 148 organisations

57 Contracting Authorities

17 Private Procurers

9 Healthcare Institutions

65 Suppliers

Methodology: Matrix design

Matrix

- Common tool (Matrix) designed in English for qualitative data collection
- Matrix covered all topics needed for the Observational Study
- Matrix split into questionnaires, and duplicated in local languages
- Matrix format: Online survey (Microsoft Forms Tool)



Results

4 questionnaires tailored, by category of respondents: Contracting Authorities(187)
Private Procurers(169) Healthcare
Institutions(92) Suppliers(67)

Total of 515 questions

**Questionnaires dissemination
in 10 MS**

Methodology: Data analysis

Data analysis

- Qualitative & quantitative data collected in local language through questionnaires
- Data translated in English
- Data structured into a same ID Card template (1 per Country)
- Data consolidated into a Comparative Analysis



Results

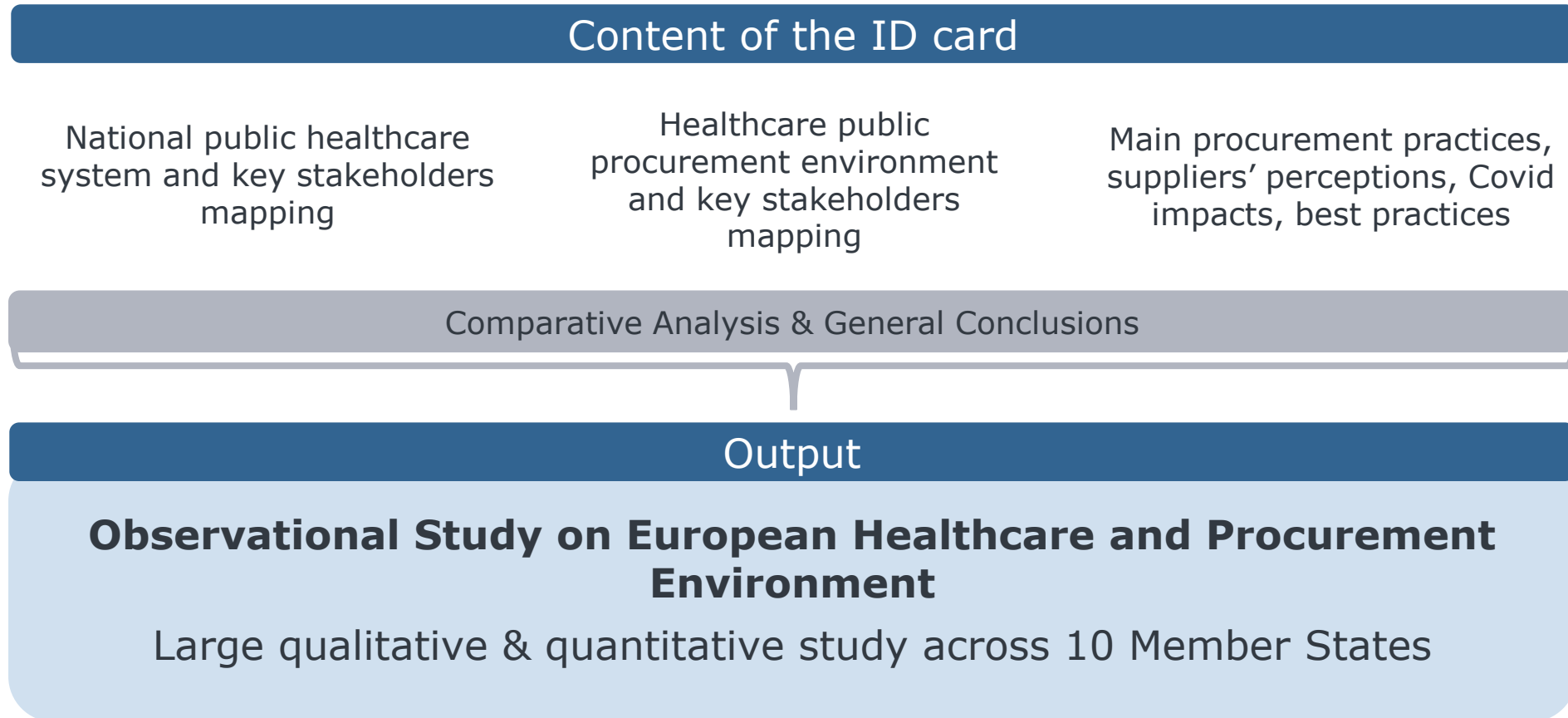
Collection of 148 questionnaires completed

(raw material for the OS)

10 ID Cards in English

Drafting of a comparative analysis

Methodology: Structure of the Study



Main challenges

... faced during the development of the Observational Study

Country Nodes engagement was not easy to obtain

Reluctance of some players to share data publicly

Time & resource investment required for Country Nodes

Heterogeneity of organisations within Country Nodes

Lack of harmonisation of healthcare system

Fragmented healthcare procurement

Not same level of information into ID cards, due to specificities

Languages barriers

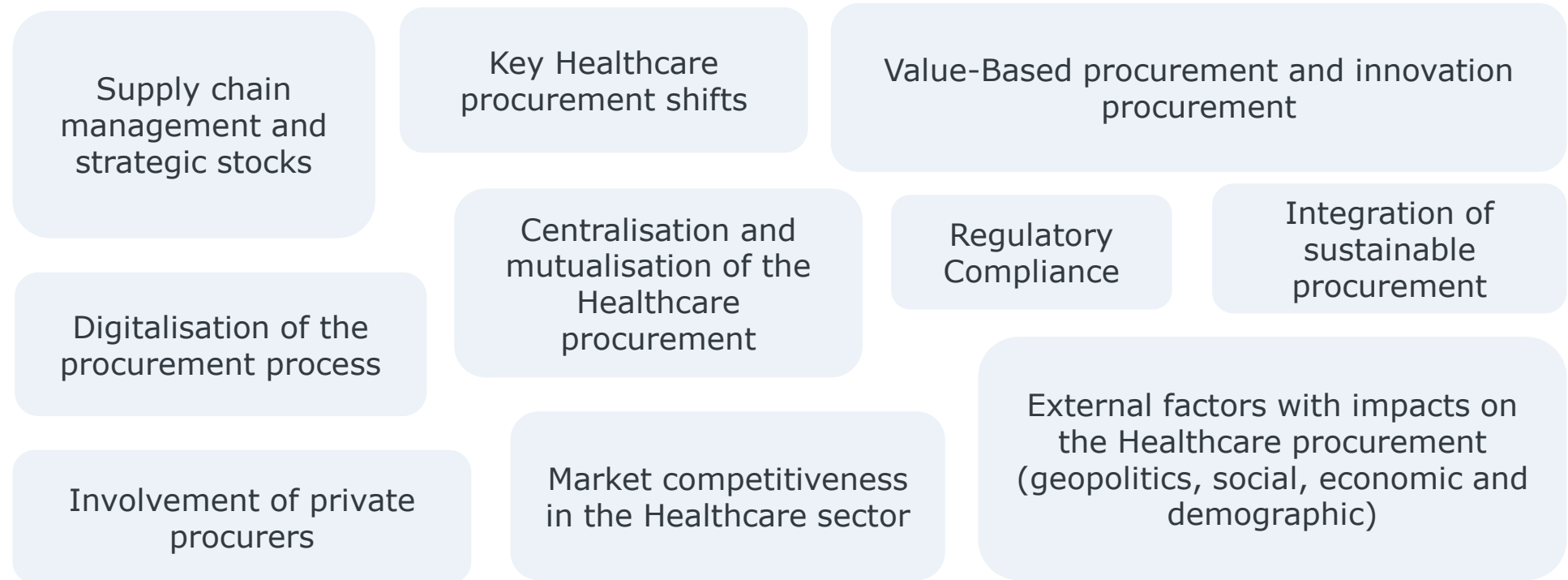
Outcomes

Covid-19 impacts & best practices implemented

-  **Optimisation of procurement practices**
(diversification of supply sources, joint and centralised proc.)
-  **Emergency procurement practices**
(emergency stock, stock management, lots division, national stock strategy, strategic stockpiling)
-  **Risk management**
(supply chain, new technologies, decision processes, protocols, strategy)
-  **More flexibility in the procurement process**
(diversification of supply sources, joint and centralised proc.)
-  **Price review clauses**
-  **Digitalisation & automation of the procurement process**
-  **Promotion of sustainable procurement practices**
(optimisation of supply chain, waste reduction, more value-based products, ethics)
-  **Adaptability and change management**
(more collaboration, more agility, work reorganisation)
-  **Communication & coordination**
(improvement of supplier relations, stock discussions, remote tools)

Outcomes

Evolution and trends in the Healthcare Procurement environment



Outcomes: Publication of the Study

Where can I find the Observational Study?

- To be published online **June 2025**
- **Website PROCURE** <https://www.projectprocure.eu/>



◆	INTRODUCTION
◆	DEVIATION
◆	METHODOLOGY
◆	DISCLAIMERS
◆	ID CARDS
◆	COMPARATIVE ANALYSIS
◆	CONCLUSIONS





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