A public debate on the future health priorities of the European Union

Outcomes, insights and ideas for action
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A public debate on the future health priorities of the European Union

Outcomes, insights and ideas for action

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Key messages

Context

As the European elections approach, the European Commission’s Directorate General for Health and Food Safety (DG SANTE) asked the European Observatory on Health Systems and Policies to conduct a public debate on the EU’s future health priorities. It was to

• raise awareness of the opportunities for EU action in the field of health
• explore key health topics, gauging public sentiment on needs and actions and
• gather ideas from the public on what the EU’s future health priorities and mandate could look like.

The debate was captured through three formats – a set of polls at leading public health and health policy events; interactive webinars; and a stakeholder survey.

All three approaches used a framework that highlighted nine topics of particular relevance addressing the themes: health security; determinants of health; health system transformation; health workforce; universal health coverage; digital solutions and AI; performance and resilience; long-term challenges such as climate change and ageing; and the EU’s global role in health. There were also ample opportunities for people to offer their own ideas and views on priority topics.

The key findings are summarised below and contextualised in the full report.

• Participants across the board recognise the role of the Commission and of DG SANTE in health and see the new European Parliament and Commission as a critical opportunity to encourage the right health priorities. They want the European Commission to play an ongoing and increasing role in public health and in fostering health leadership.

• Long-term issues – including the ageing of the population and climate change – are seen as ‘most’ important by all the various constituencies and are identified as key areas where the Commission should take action.

• The core issues of health security and global health were not prioritised in the same way in any of the strands of debate, yet the issues of security and the EU’s role in the world are repeatedly mentioned in open discussions. This suggests that the actions that the Commission is already taking have created a certain degree of confidence (or complacency) with people assuming work will (and should) continue.
• There is also a clear commitment to the Commission and DG SANTE’s role in stronger cross-sectoral action to promote health with an interest in Health in All Policies and Health for All Policies as tools for addressing determinants of health and calls for coordination across different policy branches of the Commission.

• Topics beyond the framework were raised with a set of common concerns emerging namely: non-communicable diseases (including cancer, cardiovascular diseases), mental health; equity; public health, prevention and health promotion; political determinants of health; and health services and provision to meet patients’ needs.

• There is a strong and shared sense of the kinds of actions the Commission and DG SANTE can take to support health. These are illustrated in Box 1 and show the appreciation for what is already done, and some interest in a stronger EU involvement beyond its current remit.

**Box 1 The types of action participants want the EU to take**

Participants consistently felt the EU would add value through action to:

• Develop and strengthen the implementation of existing legal frameworks and EU instruments that safeguard health

• Foster cooperation and coordination across policy areas to promote synergies, both within the Commission and in working with Member States and other actors

• Raise awareness and strengthen communication

• Provide funding and investment

• Encourage standardisation, as well as develop common methodologies and indicators

• Offer technical frameworks and guidance

• Generate and share (research) knowledge and best practices

• Build health leadership and stakeholder participation

• Play a leadership role in (global) governance

• Monitor, evaluate and provide feedback

• Stimulate innovation and support implementation.

• The specific actions that the public would like to see vary across groups as do the way the perceived needs and scope for action are expressed. It is clear that there is an appetite for a mix of actions consistent with current practice and potentially expanding beyond it. Table 1 on page 6 sets out the range and kinds of issues participants want the Commission to tackle across the nine different themes.

• There was some consensus that DG SANTE might usefully expand its role, with two thirds supporting a wider mandate in the stakeholder survey, but also a strong sense that this would take time and energy. Participants broadly share the view that, while it would be good to do more, it is important that time is not lost discussing future options when there is so much that could be addressed at once, under the current mandate.

• Participants advocated for new tools but also urged the better implementation and coordination of existing mechanisms.
Table 1 The issues participants want the EU to act on

<table>
<thead>
<tr>
<th>Category</th>
<th>Issues</th>
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<tbody>
<tr>
<td>Health security</td>
<td>• Promoting health systems strengthening and preparedness</td>
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<tr>
<td></td>
<td>• Building capacity, investing in infrastructure and scaling up innovation</td>
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<td></td>
<td>• Cross-border cooperation and coordination</td>
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<tr>
<td>Health determinants</td>
<td>• The commercial determinants of health</td>
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<td></td>
<td>• Cross-sectoral integration and involving other sectors in addressing health determinants</td>
</tr>
<tr>
<td>Transformation</td>
<td>• EU tools to drive innovation and support transformation</td>
</tr>
<tr>
<td></td>
<td>• Involving stakeholders, patients and providers in planning and reform processes</td>
</tr>
<tr>
<td>Labour market</td>
<td>• Alignment of educational standards and recognition of qualifications</td>
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<td></td>
<td>• Health workforce needs and working conditions</td>
</tr>
<tr>
<td></td>
<td>• An EU wide approach to health workforce</td>
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<td>Universal health coverage</td>
<td>• Mapping and monitoring of coverage gaps</td>
</tr>
<tr>
<td></td>
<td>• Vulnerable and marginalised groups’ access to care</td>
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<tr>
<td></td>
<td>• Integrated care and investment in primary health care, community care and prevention</td>
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<tr>
<td>Digital solutions and AI</td>
<td>• Digital inclusion (equity)</td>
</tr>
<tr>
<td></td>
<td>• Digital solutions to improve health service delivery including prevention</td>
</tr>
<tr>
<td></td>
<td>• Challenges to implementation, safety, privacy and trust</td>
</tr>
<tr>
<td>Performance and resilience</td>
<td>• Standardisation of indicators and methodologies</td>
</tr>
<tr>
<td></td>
<td>• Health systems strengthening and preparedness as prerequisites of resilience (the capacity to withstand health threats)</td>
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<tr>
<td></td>
<td>• People- and patient-centred indicators</td>
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<td></td>
<td>• Public engagement in health planning and management</td>
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<tr>
<td>Long-term challenges</td>
<td>• Climate change preparedness, mitigation and adaptation including use of technology and innovation (climate friendly solutions to managing and delivering health care)</td>
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<tr>
<td></td>
<td>• Patients’ needs – integration of care (primary, long term and social care) and leveraging innovation to meet them (age-friendly technologies, best practices)</td>
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<td></td>
<td>• Health determinants, including commercial determinants</td>
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<tr>
<td>Global voice and leadership</td>
<td>• Alignment and implementation of global health strategies for an EU common voice</td>
</tr>
<tr>
<td></td>
<td>• Mutually beneficial relationships with third countries</td>
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<td></td>
<td>• Comprehensive and cross-sectoral health policies</td>
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</tbody>
</table>
Executive summary

Background

The ongoing political cycle saw an unprecedented mobilisation in health policy and investment in health at European Union level prompted by the COVID-19 pandemic. To take stock of the legacy of the past five years and reflect on the future of health policy as the EU institutions take up a new mandate, the Observatory organised a public debate in agreement with the European Commission’s DG SANTE. This debate took place between September 2023 and April 2024. The aim of the public debate was to:

1) raise awareness about the main accomplishments and potential opportunities for EU action in the field of health;
2) explore a selection of key health topics to gauge public sentiment on areas of need and potential action moving forward;
3) gather ideas, perspectives, arguments, expectations, and experiences from the public on what the EU’s future health priorities and mandate could look like following this year’s European elections;
4) disseminate the outcomes of the debate through a series of easily accessible publications.

Methodology and approach

The Observatory organised a series of events and initiatives within the scope of the public debate. This included two events at the EHFG conference – a workshop with members of the Young Forum Gastein (YFG) network and a conference session – and two events at the EPH conference – a workshop and a plenary session – as well as a three-part Observatory webinar series, and an online stakeholder survey.

These events and initiatives were used to achieve the aforementioned aims of raising awareness, gauging public sentiment, gathering concrete ideas and proposals, and disseminating the outcomes of the debate. Different types of inputs and data were collected from different participating audiences and constituencies and collated to draw comprehensive and meaningful takeaways from the debate.

Multiple instruments and outlets were employed to raise awareness of the debate, including:

- A social media strategy, based on a dedicated page on the Observatory’s website, dissemination of news items via the Observatory newsletter, and consistent social media presence on Twitter and LinkedIn.
- An article in the Observatory’s journal Eurohealth accompanying the launch of the public debate at conference events and presenting the aim, the discussion framework and process guiding the public debate.
Multiple fora and events to disseminate the aims of the debate and the framework for discussion, including several conference events.

In addition, the public debate process was supported by various European public health leaders (e.g., European Public Health Alliance, EuroHealthNet) with their leadership and dissemination capacity.

A discussion framework was developed to explore a selection of key health topics and structure the public debate, which featured nine topics:

1) enhancing health security
2) addressing the determinants of health through Health in All Policies and Health for All Policies
3) supporting health system transformation
4) enhancing the labour market for health and care workers
5) achieving universal health coverage
6) implementing digital solutions and AI
7) improving the performance and resilience of health systems
8) addressing long-term challenges, such as population ageing and climate change
9) and strengthening the EU’s global voice and leadership.

Although the framework was the primary tool used to streamline the public debate and enable focused discussions to take place with different audiences, participants were encouraged throughout the debate to voice possible limitations of the framework and raise other topics they deemed important for the European Commission to consider as future health priorities. Briefing papers were prepared on each of the nine topics and disseminated ahead of discussions to provide participants with relevant and digestible background information on the topics.

A multi-method approach was employed to gauge public sentiment, which included:

- Opinion polls directed at different constituencies, in which participants could rank the themes included in the discussion framework by level of importance. Inputs were collected from policy-oriented audiences at the EHFG conference (including the YFG network workshop and the conference session) and more research-oriented audiences at the EPH conference workshop and plenary.

- These in-person polls were complemented by a written poll conducted as part of the online stakeholder survey.

A mixed methodological approach was employed to gather ideas, perspectives, arguments, expectations, and experiences from the public, which included:

- Three participatory webinars with dedicated break-out sessions providing ample opportunities for participants to engage in group discussions on the topics included in the discussion framework. The breakout sessions were recorded, transcribed, anonymised, cleaned and used for qualitative analysis.
An open online survey featuring a mix of multiple-choice and open questions allowing respondents to contribute their views, ideas and perspectives in a written format. Quantitative and qualitative methods were used to describe basic respondent demographics and conduct thematic analysis of the written and anonymised survey replies.

Results

Triangulating results from the conference events and survey

Across all conference events, over 500 people participated in the opinion polls asking participants to rank the topics included in the discussion framework by order of importance. In addition, 309 survey replies from respondents in 48 countries were included in the analysis, of which 81.2% reported being based in an EU Member State. Around one-third were under the age of 40 and 60.2% between 40 and 69 years old. Most respondents reported working in the public sector (64.7%). In addition, 18.8% of respondents worked in civil society and 8.7% in the private sector.

Despite some differences in voter preferences, likely linked to the diverse composition of conference audiences and survey respondent populations, ‘Addressing long-term challenges such as ageing and climate change’ and ‘Addressing the determinants of health through Health in All Policies and Health for All Policies’ were most frequently ranked among the top three topics in the discussion framework (in four out of five constituencies). ‘Strengthening the EU’s global voice and leadership’ and ‘Implementing digital solutions and AI’ were consistently found in the bottom three.

Triangulating results from the survey and webinar findings

The three-part webinar series attracted around 500 participants (between 160 and 225 joining across different webinars; between 114 and 159 participating for 30 minutes or longer). As stated above, just over 300 survey replies were collected overall. Throughout the webinars and in the survey, participants/respondents had the option of elaborating which actions the EU should prioritise for the topics in the discussion framework. Between 103 and 169 replies were submitted for each topic in the survey. Overall, participants and respondents were aware of past achievements, as well as able and willing to formulate suggestions for future EU action.

Which key issues and themes did participants highlight for each of the topics included in the discussion framework and which areas for EU actions did they propose?

Digital solutions and AI: Cross-cutting issues explored across both the webinars and survey included the development and use of digital health solutions to support health systems, including with care delivery (and repetitive tasks), prevention and overcoming health workforce problems. Discussions also touched upon existing challenges like ensuring digital inclusion as health systems undergo digitalisation processes (and adequately managing the risk of exacerbating health inequalities), ensuring safety of digital solutions, (data) privacy and instilling trust.
Health system transformation: The role of EU financial incentives and support, and of existing EU to stimulate and implement innovations across health systems was a central discussion point. Relatedly, stakeholder engagement and promoting the involvement of patients and providers in development, implementation and health care planning and reform processes were discussed.

Performance and resilience of health systems: Inputs concentrated on the standardisation of indicators and measurement approaches, for instance to support health system performance assessments. At the same time, concerns were raised about the suitability of common indicators across different health systems and the need for tailored approaches to reflect different realities. The strengthening of health systems and preparedness capacity building were viewed as central determinants of resilience and health systems’ abilities to withstand health crises.

Labour market for health and care workers: Reviewing and aligning educational standards and the mutual recognition of qualifications were raised as a key topic in the context of addressing shortages, regional disparities and managing the demands for new skills. Better addressing health workforce needs and improving their working conditions to mitigate existing gaps were discussed. The development of EU approaches to health workforce issues was mentioned, including better coordination of initiatives and pursuit of EU wide policies to support health workers.

Addressing health determinants: Driving cross-sectoral integration and involving other sectors in addressing health determinants were among key concerns. Different types of determinants were mentioned, with commercial determinants of health at the fore.

Universal Health Coverage: Better mapping and monitoring coverage gaps, particularly with regards to vulnerable and marginalised groups, and improving access to health and care services for these population groups was emphasised, together with urban-rural divides and regional inequalities. Investing in PHC, community care and preventive services and promoting care integration were also among key discussion points.

Long-term challenges like ageing and climate change: Climate change preparedness, mitigation and adaptation including the use of technology and innovation to address existing challenges were central themes in these discussions. Leveraging innovation to address patients’ needs and implementing care integration (PHC, long term and social care) were among ideas shared to tackle population ageing and shifting population health needs.

Health security: Promoting health systems strengthening and preparedness was deemed key to ensure health security. This related to calls for building capacity investing in infrastructure and scaling innovation. Cross-border cooperation and coordination, within and outside the European Union, was also viewed as important to adequately prepare health systems and manage cross-border threats.

EU global voice and leadership: Aligning Member States’ global health strategies with the EU’s global health strategy and speaking with a common EU voice in international fora emerged as a key issue. At the same time, participants advocated for building mutually beneficial partnerships with third countries, correcting power imbalances and ensuring strategic coherence.
Similar types of **proposed EU actions** were put forward across different breakout rooms and in the survey, which included:

- The development, revision and implementation of legal frameworks (legislation, regulations) and EU instruments
- Strengthening cooperation, coordination and synergies in different settings, including within the Commission, across Member States and with other organisations
- Awareness raising, education and communication with the public
- Supporting Member States with funding and investment
- Advancing standardisation, and the development of common methodologies and indicators
- The development of frameworks and guidance on a range of public health issues
- Generating and sharing knowledge and best practices
- Providing leadership, both in a global context and within the Union, as well as promoting stakeholder participation
- Monitoring and evaluating progress and performance, and providing feedback
- Promoting innovation and implementation, and the adoption of new technologies

**Should the EU mandate be expanded? How could this look?**

Participant contributions on the EU’s past achievements in health policy were generally positive, with many expressing a preference to build on these accomplishments or at least to preserve them. This sentiment was accompanied by complex yet fruitful discussions: significant progress has been made under the current public health mandate, providing a solid foundation for future EU health priorities and actions. Although two-thirds of survey respondents voted in favour of the EU’s health mandate being strengthened, participants throughout the debate acknowledged the related political sensitivities and resources which would be required to implement a mandate expansion. Many of them called for better coordination and cooperation, as well as implementation of existing instruments and more extensive EU actions within current treaty provisions, advocating for this alongside a pragmatic approach to future health policy development. Key concerns related to policy fragmentation and integration of health policy with other EU competence areas.

**Which other topics did participants deem important?**

Outside of the topics included in the discussion framework, equity emerged as a key cross-cutting issue across different dimensions including gender, digital inclusion, access to health care and global health. In addition, conflict and democracy, rule of law and elections, were highlighted as key political determinants by different participants. Public Health, prevention and health promotion featured consistently in discussions reflecting on possible solutions to tackle issues, including the rise in NCDs, multimorbidity and the management of public health issues in resilient and performant health systems. With regards to NCDs, contributions also highlighted the importance of ensuring equitable access to services, including preventive care, for cancer, cardiovascular diseases, mental health and rare diseases across Member States.
Relatedly, attention was drawn to selected health and care services, including palliative and social care and to tackling the needs of patients such as those affected by rare diseases or mental health conditions.

**Discussion and conclusions**

The public debate on the future priorities of the European Union has proven a highly interactive exercise which mobilised stakeholders from a broad range of professional, demographic and geographic groups. Their sustained engagement and participation across different fora and initiatives in the runup to the European elections underlines the relevance and public support for participatory approaches that can inform decision makers and contribute to shaping the policies of tomorrow’s European Union.

Although the discussion framework appeared to resonate with most participants, perceptions and preferences of the topics contained within diverged across different settings and audiences. Nevertheless, there was agreement over the importance of long-term challenges like population ageing and climate change and health determinants, including social, political, commercial and structural factors. Hence, the topics which garnered the highest consensus in the discussion framework were those least controlled by the health sector alone. Calls for stronger cross-sectoral action, coordination across different policy branches of the Commission and consideration of health issues across other sectors resonated across both webinars and the survey, highlighting a crucial area of focus for future health policy in the European Union.

Digital solutions, health security and the EU’s global voice were ranked lowest in the discussion framework. This may be explained by the transversal nature of digital solutions, which voters may have perceived as a means to achieving other priorities instead of a priority in itself. At the same time, the recent policy focus on health security prompted by COVID-19 and the 2022 launch of a Global Health Strategy may have equally influenced participants’ ranking choices, demonstrating the public’s acknowledgement of these issues already being addressed at EU level.

The low ranking of health security is particularly striking given the recent existential experience of the COVID-19 pandemic. While participants in the polls and survey were not asked to justify their rankings, one plausible explanation may be that participants assumed health security had already received significant policy attention in recent years. This includes the expansion of the mandates of the European Medicines Agency (EMA) and the European Center for Disease Control (ECDC), as well as the establishment of the Health Emergency Preparedness and Response Authority (HERA), which absorbs more than 50% of the public health budget. Furthermore, the passing of legal frameworks such as Regulation (EU) 2022/2371 on serious cross-border threats and Directive (EU) 2022/2557 on the resilience of critical entities may have contributed to the impression that health security is already well-managed. Nevertheless, participants appear to consider health security a very important issue, as it was repeatedly mentioned during the open discussions and numerous proposals for add-on actions at EU level were suggested throughout both the webinars and the survey.
Overall, webinar participants and survey respondents formulated proposals for EU action, which were consistent across different formats and audiences. Some proposals were concentrated in areas in which the EU is already very active, such as the development of frameworks and guidance, research and knowledge sharing, awareness raising and communication. This highlights the success and endorsement of existing EU initiatives by relevant stakeholders. Conversely, other areas, such as harmonisation and standardisation, which typically lie in the remit of Member States, indicate that stronger EU involvement in some areas may be deemed necessary by relevant stakeholders to adequately address pressing health system issues.

Discussions on an expansion of the EU’s health mandate were mixed and more supportive of a paradigm shift in the survey than in the webinars. Contributions across all constituencies generally highlighted support for stronger EU action across several areas, but also acknowledged political sensitivities and challenges, proposing actions on how this could be achieved within current treaty provisions.

As the new European Parliament and Commission commence their mandates, the outcomes from this public debate can serve as a source of inspiration, offering innovative ideas, highlighting areas of unmet need and sketching out concrete proposals for action to design health policies that meet EU citizens’ needs, wishes and expectations.
Background

At the dawn of a new mandate, the European institutions and the public health community have a unique opportunity to reflect on the concluding political cycle and to take stock of the challenges, hurdles, achievements and lessons of the past five years. The ongoing political cycle was marked by an unparalleled global pandemic, an energy crisis, pervasive economic decline and violent conflicts brewing at Europe’s doorsteps. The advent of the COVID-19 pandemic started a new and unprecedented chapter for health policy at European Union level. A substantial budgetary expansion of the health programme (EU4Health) accompanied the revision and expansion of several legal frameworks governing the health portfolio and the extension of existing agencies’ remits (European Centre for Disease Prevention and Control, European Medicines Agency) as well as the establishment of new institutional structures (Health and Emergency Response Authority).

As COVID-19 moves out of the limelight and other coinciding and pressing challenges overshadow health in the final stages of the ongoing mandate, the risks of budgetary cuts and retrenchment in the upcoming political cycle are real. This underscores the importance of fighting to retain a prominent policy role for health and to stand the ground gained over the past few years.

Against this backdrop, the European Observatory on Health Systems and Policies (hereafter Observatory) launched a public debate on the future of EU health policy in September 2023. In agreement with the European Commission’s Directorate General for Health Food Safety (DG SANTE), the Observatory designed and held a series of successive events to engage relevant stakeholders in the leadup to the 2024 European elections and gauge public sentiment. The underlying aim was to gather different voices, opinions, ideas and lived experiences to inform the European Commission’s upcoming mandate and distill out actionable proposals to reflect the perspectives of European citizens, to address pressing health needs and to keep health at the forefront of European politics.
Approach and methodology

i) Timeline of events and audiences

The public debate was launched in September 2023 in occasion of the European Health Forum Gastein (EHFG). The first two events were held within the scope of this conference and included a closed workshop with members from the Young Forum Gastein (YFG) network, a group of young public health professionals from across Europe and beyond, and a conference session.

This was complemented by two further conference events, a workshop and a plenary session, held at the European Public Health (EPH) Conference in November 2023.

The EHFG and EPH conferences were selected as platforms to expose diverse audiences to the public debate and cover a broad base of stakeholders, including key proponents from the health policy and research communities, participants from different walks of life and public health professionals at different stages of their careers. Diverse formats, including workshops, panel and plenary discussions, were chosen to allow for
intimate exchanges, while also maximising reach and raising awareness of the debate and upcoming events among conference participants attending the larger plenary events. A summary of the conference events is provided in Table 1 below.

**Table 1 Summary of conference events**

<table>
<thead>
<tr>
<th>Event</th>
<th>Theme</th>
<th>Speakers</th>
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<tbody>
<tr>
<td><strong>European Health Forum Gastein</strong></td>
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<td>YFG Workshop</td>
<td><em>Health asks for the next Commission</em></td>
<td>• Domenico Fiorenza, European Commission</td>
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<td></td>
<td>• Ilona Kickbusch, Global Health Centre, Geneva Graduate Institute</td>
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<td></td>
<td></td>
<td>• Matthias Wismar, European Observatory on Health Systems and Policies</td>
</tr>
<tr>
<td>Conference session</td>
<td><em>Health priorities of the European Union: Launching a public debate on health in 2024 and beyond</em></td>
<td>• Caroline Costongs, EuroHealthNet</td>
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<td>• Sandra Gallina, European Commission</td>
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<td></td>
<td></td>
<td>• Martin McKee, London School of Hygiene and Tropical Medicine</td>
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<td></td>
<td></td>
<td>• Juan Rachadell, YFG network</td>
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<td></td>
<td></td>
<td>• Louise Schluter, YFG network</td>
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<td><strong>European Public Health Conference</strong></td>
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<tr>
<td>Workshop</td>
<td><em>Keeping health at the forefront: A debate on the European Union’s future health priorities</em></td>
<td>• Cristina Modoran, European Commission</td>
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<td></td>
<td></td>
<td>• Monica Brinzac, EUPHAnxt network</td>
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<td></td>
<td></td>
<td>• Alessandro Berionni, Young WFPHA</td>
</tr>
<tr>
<td>Plenary</td>
<td><em>Safeguarding health together: preparing the European Union’s future health priorities</em></td>
<td>• Isabel de la Mata, European Commission</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Martin McKee, London School of Hygiene and Tropical Medicine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Matthias Wismar, European Observatory on Health Systems and Policies</td>
</tr>
</tbody>
</table>

Following the debate launch and conference events held in late 2023, the Observatory kicked off the election year with a three-part webinar series in late January and early February 2024. The webinars were held in three consecutive weeks and advertised via the Observatory website, mailing list and social media channels and open for anyone to register and join. Each webinar had a thematic focus anchored in the debate’s underlying discussion framework (presented in further detail below).
Webinar 1: Future-proof health systems: Fostering transformation, performance and resilience
Themes up for discussion:
• Supporting health system transformation
• Implementing digital solutions and AI
• Improving the performance and resilience of health systems
Guest keynote speaker: Maya Matthews, European Commission

Webinar 2: Placing people at the centre: Patients, citizens and health workers
Themes up for discussion:
• Achieving Universal Health Coverage
• Addressing determinants of health through Health in All Policies and Health for All Policies
• Enhancing the labour market for health and care workers
Guest keynote speaker: Milka Sokolovic, European Public Health Alliance

Webinar 3: Europe in the world: Viewing health challenges through a global lens
Themes up for discussion:
• Enhancing health security
• Addressing long-term challenges, such as population ageing or climate change
• Strengthening the EU’s global voice and leadership
Guest keynote speaker: Caroline Costongs, EuroHealthNet

Lastly, the Observatory designed an online survey tool, which was launched in March 2024 and open to the public for submissions. It was again advertised via the Observatory’s website, mailing list and social media channels to maximise outreach.

ii) Developing a discussion framework
A discussion framework was designed to centre and guide the public debate around nine key themes which were identified and defined in close agreement with the European Commission. The themes are listed in Table 2 on page 18. This circumscribed list of priorities was used as a tool to structure and streamline the public debate, enabling focused discussions around each of the themes in the framework to take place with different audiences. At the same time, participants were encouraged throughout the debate to voice possible limitations of the framework and raise other topics they deemed important for the European Commission to consider as future health priorities.
Table 2 Discussion framework: Nine themes to guide the public debate

<table>
<thead>
<tr>
<th>Theme</th>
<th>Description</th>
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<tbody>
<tr>
<td>Enhancing health security</td>
<td>Ensuring protection of people’s health through prevention of, detection of, and response against threats or events that could harm it, including (re-) emerging infectious diseases, bioterrorism and the intentional release of biological agents, natural disasters and the release of chemical, radiological, or nuclear materials.</td>
</tr>
<tr>
<td>Addressing the determinants of health through Health in All Policies and Health for All Policies</td>
<td>Adopting systematic approaches that direct policies towards health by identifying the health impacts across different policies and maximise efforts to promote (or at least) avoid damaging health (Health in All Policies), as well as highlighting ways, in with health can contribute to other agendas (Health for All Policies).</td>
</tr>
<tr>
<td>Supporting health system transformation</td>
<td>Health system transformation is a critical process to meet new challenges and rising demands, which may require implementing different types of innovations. This process can be facilitated by creating supportive framework conditions, including targeted resources, a long-term vision, political commitment, and sustained investment.</td>
</tr>
<tr>
<td>Enhancing the labour market for health and care workers</td>
<td>Enhancing the working and framework conditions for health and care workers to counteract health worker shortages, medical deserts, attrition, and skill gaps, which are issues most countries are currently dealing with, and which will likely be exacerbated by demographic change and an ageing health workforce.</td>
</tr>
<tr>
<td>Achieving universal health coverage</td>
<td>Ensuring people have access to quality healthcare without facing financial hardship. Much progress has been made in European countries, but gaps in coverage and access still exist in many settings.</td>
</tr>
<tr>
<td>Implementing digital solutions and artificial intelligence</td>
<td>Maximising positive health outcomes and gains for healthcare delivery from using digital health solutions and artificial intelligence, while successfully mitigating risks and ensuring the safe use of these technologies.</td>
</tr>
<tr>
<td>Improving the performance and resilience of health systems</td>
<td>Strengthening the resilience and performance of health systems to maximise health outcomes and ensure health systems can rapidly adapt and meet their goals, including quality, access, equity, responsiveness, health improvement, people-centredness and financial protection.</td>
</tr>
<tr>
<td>Addressing long-term challenges such as population ageing and climate change</td>
<td>Understanding the stakes of long-term challenges such as population ageing and climate change for European health systems and building resilience to adequately detect, prepare for and act on challenges, ideally before they manifest as crises.</td>
</tr>
<tr>
<td>Strengthening the EU’s global voice and leadership</td>
<td>Developing a common EU global voice and leadership to ensure coordinated action in international fora, in development assistance, in humanitarian aid and in civil protection efforts, as well as coherence with Member State policies to avoid fragmentation and duplication.</td>
</tr>
</tbody>
</table>

iii) Briefing papers

Nine briefing papers were prepared by Observatory and Observatory-affiliated experts to accompany the public debate and provide participants with concise and digestible information on each of the topics included in the discussion framework. The aim of the briefing papers was for participants to familiarise themselves ahead of planned events including the workshops, plenary, webinars and survey and to equip them with relevant background knowledge to lead informed discussions and contribute their inputs and ideas on each of the nine topics.

All briefing papers follow the same structure and set out to answer the following key questions:

- What is the topic about?
- Why is it important to EU Member States?
- What has the EU done on this topic to date?

The nine thematic briefing papers are provided in the Annex.

iv) Data collection and analysis

YFG workshop

This 90-minute interactive workshop featured two short introductory interventions from expert speakers followed by a crowd harvesting exercise prompting the active participation of the YFG network who were asked to formulate their priorities for the upcoming European Commission mandate, write them on flash cards and walk around the room to exchange their cards with other participants. For every new card received, every participant was asked to rate the formulated priority with a score from 1 to 5 according to the perceived level of importance and to briefly discuss the topic with the person they received it from. The process was repeated for a total of five rounds. Scores were summed up for each of the cards and allocated to the closest topic in the public debate discussion framework by participants.

Conference events

The conference events described earlier served as a platform to launch and present the public debate process to a diverse spectrum of stakeholders. Panel discussions involving experts from different institutions were combined with Questions and Answers (Q&A) sessions to stimulate open discussions with participants. Audience polls were used to gauge participants’ perceptions and prioritisation of different topics included in the discussion framework. Poll results were collected from all conference events. Descriptive comparative graphs were compiled using Microsoft Excel and used to elaborate and contrast the weighting of topics among different audiences.

Webinar series

The webinar series consisted of three one-hour webinars run as Zoom meetings which each focused on three themes from the discussion framework (listed above). All webinars set off with a 15-minute introductory session in which a welcome video from Sandra Gallina (Director General of DG SANTE) and a guest keynote speaker set the scene for discussion and introduced the topics of the day. Subsequently, 30-minute breakout sessions allowed for active participant engagement and discussions, followed
by 15-minute concluding sessions in which the main takeaways from the breakout rooms were presented and collected. Each breakout room focused on one of the three themes from the discussion framework and participants could select which breakout room they wished to join upon registering for the webinar. The discussions in the breakout sessions were facilitated by Observatory staff and guest speakers. A question guide and run script was prepared and provided to all facilitators as a means to streamline the discussions held in the breakout rooms and to ensure comparable data could be collected across different rooms and webinars; this background document is provided in the Annex. Preparatory calls were held ahead of each webinar to brief facilitators and speakers.

The question guide included four questions:

1. Which actions should the EU prioritise in connection with the discussion theme?
2. How can the EU support and be of added value to EU Member States in connection with the discussion theme?
3. Should the EU’s health mandate be expanded in connection with the discussion theme? What would be the added value of more competence in this area?
4. Which other topics and actions outside of the discussion framework should the EU prioritise in its next mandate?

The full instructions and guidance for facilitators are provided in the Annex.

All breakout-sessions were recorded for the purpose of analysis (including chat histories) and transcribed. Thematic content analysis and coding of the anonymised transcripts was performed in two stages: 1) Using the qualitative analysis software Quirkos to pre-identify recurring themes and 2) By reviewing and organising pre-identified themes into four analytical categories reflective of the four questions guiding the breakout room discussions. The analysis and outputs were independently checked by two Observatory researchers.

**Stakeholder survey**

The stakeholder survey was designed using Google Forms and provided an opportunity for stakeholders to make a written contribution to the public debate. The survey design combined multiple-choice and open-ended questions providing ample space for feedback on a) each of the themes included in the discussion framework, b) the EU’s health mandate and c) topics outside the discussion framework. The survey template which respondents were able to fill out is provided in the Annex.

Survey responses were used to perform both quantitative and qualitative analyses. An aggregate demographic profile of the survey respondent population was put together using basic descriptive graphs. The replies to all other multiple-choice questions were also summarised using descriptive data and graphical analysis. All quantitative analyses were conducted on Microsoft Excel. Open text answers underwent anonymisation and thematic analysis through Artificial Intelligence tool ChatGPT.

ChatGPT followed a systematic content analysis methodology, based on the following approach: Chat CPT was asked to review the replies for each question, copied into the chat by one Observatory researcher. The prompts asked to identify the main topics and
subtopics discussed in each document. To ensure the accuracy and relevance of the analysis, ChatGPT was explicitly instructed to strictly adhere to the provided evidence and not to supplement the analysis with information from the internet or any other external sources. First, ChatGPT proceeded to identify the primary themes. Then, for each main theme, it looked for recurring sub-themes or specific issues mentioned that fell under the broader category. This helped in detailing the specific areas of focus within each main theme. The next prompt asked to identify cross-cutting themes.

Related themes and sub-themes were grouped under each category to outline the primary challenges and areas of focus. Finally, ChatGPT was asked to identify within findings, what the EU is mandated to do and what actions it could take.

Pre-identified themes were checked and refined wherever needed by two Observatory researchers and collated for a) each of the themes included in the discussion framework, b) the EU’s health mandate and c) topics outside the discussion framework.
Results

i) Conference events

YFG workshop

Approximately 50 members of the network who were part of the 2024 EHFG conference cohort participated in the workshop and contributed to the crowd harvesting exercise.

Figure 1 below displays the final ranking and rating assigned by YFG members per topic. While many of the priorities raised by participants on the flash cards reflected topics in the discussion framework, with a focus on 1) Supporting health system transformation, 2) Addressing the determinants of health through Health in All Policies and Health for All Policies and 3) Enhancing the labour market for health and care workers, a large number of additional topics were raised, which were considered outside the scope of the framework. Illustrative examples of participants’ suggested priorities for each of the nine topics in the discussion framework and an example of the contributions outside the discussion framework are presented in Table 3 on page 23.

Outcomes from the exercise and discussions were presented during the EHFG conference session which took place the next day by two members of the Young Gastein network who participated in the panel as speakers.

Figure 1 YFG ranking of the discussion framework
Results

During the EHFG conference session which took place the day after the YFG workshop, a Slido poll was used to gather participants’ views over which three topics the EU should prioritise in the discussion framework based on importance and added value provided by the EU.

Overall, 131 attendees participated in the poll. The topics which gathered the highest percentage of votes (and number of votes) were:

1) Addressing long-term challenges such as population ageing and climate change (51%, n=67)
2) Improving the performance and resilience of health systems (44%, n=58)
3) Supporting health system transformation (35%, n=46)

At the same time, ‘Enhancing health security’ (14%, n=18) and ‘Strengthening the EU’s global voice and leadership’ (16%, n=21) attracted the lowest shares of votes. See Figure 2 on page 24.

Table 3 Illustrative examples of flash card contributions collected during the YFG workshop

<table>
<thead>
<tr>
<th>Topic</th>
<th>Illustrative examples of proposals from members of the YFG network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health security</td>
<td>“Access to medicines, including drug availability and robust supply chains. Not only during the COVID-19 pandemic we experienced shortages to medicines, but also pre- and post-COVID. There is a need for improved planning and more robust supply chains”</td>
</tr>
<tr>
<td>Health determinants</td>
<td>“Embedding cross-sectional work. Investing in co-budgeting to ensure that we don’t work in silos and have enough resources to implement it”</td>
</tr>
<tr>
<td>Health system transformation</td>
<td>“Ensuring that Member States, patients association, etc... have the capacity to respond and apply to EU4Health and Horizon. The number of calls and projects increased in the last few years but not enough capacity to respond and ensuring the sustainability of these projects in Member States on the longer term”</td>
</tr>
<tr>
<td>Health care worker labour market</td>
<td>“Workforce retention: salary value, protected study time, improving working conditions, hybrid schedule, work-life balance, healthy work environment, innovative and thriving environment”</td>
</tr>
<tr>
<td>Universal Health Coverage</td>
<td>“Integration of long-term care into health systems! Long-term care is health! Integrate long-term care workers into healthcare workforce...universal coverage must include long-term care”</td>
</tr>
<tr>
<td>Digital solutions &amp; AI</td>
<td>“Health and digital literacy in order to empower citizens, improve health outcomes and make care more participatory”</td>
</tr>
<tr>
<td>Health system performance &amp; resilience</td>
<td>“Reinforce the social contract for public health: – avoid shifting public health to merely industrial policies, – identify &amp; pursue individual &amp; societal needs, – maintain sustainability of healthcare systems on top of the agenda”</td>
</tr>
<tr>
<td>Addressing long term challenges</td>
<td>“A health system that is adaptable and responsive to the increasing threats of climate change. This should be well negotiated between European Commission and Member States (who each face some similar, some varying threats)”</td>
</tr>
<tr>
<td>Strengthening the EU’s global voice</td>
<td>“Global Health. EU’s and Member States’ role as major partners and funders in international development and cooperation. EU as a major player in the world stage, for agenda setting”</td>
</tr>
<tr>
<td>Outside the scope of the discussion framework</td>
<td>“A stronger connection with the regional and local dimension, responsible for implementation of health policies and practices in many European countries! Connect the EHU with the local level!”</td>
</tr>
</tbody>
</table>
Figure 2  Poll results from the EHFG conference session

Which topics of high relevance to health systems should the European Union prioritise based on their importance and the added value that the EU can provide? Please select your top three priorities.

- Strengthening the EU’s global voice and leadership
- Addressing long-term challenges such as population ageing and climate change
- Improving the performance and resilience of health systems
- Implementing digital solutions and AI
- Enhancing the labour market for health and care workers
- Supporting health system transformation
- Addressing the determinants of health through Health in All Policies and Health for All Policies
- Achieving Universal Health Coverage
- Enhancing health security

Note: Green bars show highest votes

Figure 3 on page 25 displays the graph designed by one of the EHFG resident caricaturists Alexandra Brenner, who captured the poll results, as well as key inputs and topics discussed during the conference session.

**EPH workshop and plenary**

Two conference events were held at the EPH conference: a workshop and a plenary. During both sessions participants were again asked to vote which topics (up to three topics) the EU should prioritise from the discussion framework based on importance and added value that the EU can provide.

The workshop featured representatives from two networks of young professionals, the EUPHA next generation (EUPHAnxt) and young WFPHA (World Federation of Public Health associations) networks among the panelists and saw 35 attendees partake in the poll. The topics with the highest shares of votes were:

1) Addressing the determinants of health through Health in All Policies and Health for All Policies (63%, n=22)

2) Addressing long-term challenges such as ageing or climate change (57%, n=20)

3) Achieving Universal Health Coverage (31%, n=11)

‘Implementing digital solutions and AI’ (11%, n=4), ‘Enhancing health security’ (17%, n=6) and ‘Strengthening the EU’s global voice and leadership’ (17%, n=6) ranked lowest. See Figure 4 on page 25.
Figure 3 Health priorities of the European Union: Launching a public debate on health in 2024 and beyond

Figure 4 Poll results from the EPH workshop

<table>
<thead>
<tr>
<th>Priority</th>
<th>Votes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthening the EU’s global voice and leadership</td>
<td></td>
</tr>
<tr>
<td>Addressing long-term challenges such as population ageing and climate change</td>
<td></td>
</tr>
<tr>
<td>Improving the performance and resilience of health systems</td>
<td></td>
</tr>
<tr>
<td>Implementing digital solutions and AI</td>
<td></td>
</tr>
<tr>
<td>Enhancing the labour market for health and care workers</td>
<td></td>
</tr>
<tr>
<td>Supporting health system transformation</td>
<td></td>
</tr>
<tr>
<td>Addressing the determinants of health through Health in All Policies and Health for All Policies</td>
<td></td>
</tr>
<tr>
<td>Achieving Universal Health Coverage</td>
<td></td>
</tr>
<tr>
<td>Enhancing health security</td>
<td></td>
</tr>
</tbody>
</table>

Note: Green bars show highest votes
The EPH conference plenary session yielded very similar poll results with 367 participants voting for the top themes. Again, ‘Addressing the determinants of health’ (64%, n=236) and ‘Addressing long-term challenges’ (59%, n=216) ranked highest (percentage and number of votes received), followed by ‘Achieving Universal Health Coverage’ (38%, n=140). Conversely, the lowest ranking topics differed slightly, with ‘Strengthening the EU’s global voice and leadership’ (11%, n=41) ranking lowest, closely followed by ‘Enhancing health security’ (15%, n=55) and ‘Implementing digital solutions and AI’ (16%, n=57) (see Figure 5 below).

**Comparative overview**

In all three conference events, participants ranked ‘Addressing long-term challenges such as population ageing and climate change’ among the top three topics in the discussion framework that the EU should prioritise based on importance and added value that it can provide. While the EHFG audience prioritised health systems performance, resilience and transformation, audiences at the EPH conference put addressing determinants of health in first and the achievement of Universal Health Coverage in third place. ‘Improving digital solutions and AI’, ‘Enhancing health security’, and ‘Strengthening the EU’s global voice and leadership’ were consistently ranked lowest across all three conference audiences (see Figure 6 on page 27).
ii) Webinar series

The three-part webinar series attracted around 500 participants (between 160 and 225 people joined across different webinars). Table 4 below illustrates the number of participants joining and how many engaged in the discussions for 30 minutes or longer. Across all three webinars, 70% of attendees joined and participated for 30 minutes or longer.

Table 4 Webinar series attendance

<table>
<thead>
<tr>
<th>Webinar</th>
<th>Total attendance</th>
<th>30+ minutes attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Webinar 1</td>
<td>225</td>
<td>159</td>
</tr>
<tr>
<td>Webinar 2</td>
<td>199</td>
<td>141</td>
</tr>
<tr>
<td>Webinar 3</td>
<td>160</td>
<td>114</td>
</tr>
<tr>
<td>Total</td>
<td>584</td>
<td>414</td>
</tr>
</tbody>
</table>

The mindmaps below summarise the key themes identified in the analysis of the webinar transcripts (see Figures 7–9 on pages 28–30). They are organised into four categories for each webinar: 1) Potential areas for EU action (featuring concrete cross-cutting actions proposed by webinar participants; 2) Inputs on the EU’s health mandate and whether or not it should be expanded; 3) Key issues relevant to each of the topics included in the discussion framework. Each webinar featured breakout sessions dedicated to discussing three topics from the framework; and 4) Other topics raised during the group discussions, including those not contained in the discussion framework.
Figure 7 Webinar 1: Future-proof health systems: Fostering transformation, performance and resilience
Figure 8 Webinar 2: Placing people at the centre: Patients, citizens and health workers
Figure 9 Webinar 3: Europe in the world: Viewing health challenges through a global lens
Key issues discussed in the breakout rooms

Webinar 1 – Future-proof health systems: Fostering transformation, performance and resilience

The breakout sessions in Webinar 1 focused on three topics from the discussion framework: 1) Digital solutions and AI; 2) Resilience and performance of health systems and 3) The transformation of health systems. Cross-cutting issues discussed in several of the breakout sessions focused on equity and existing differences and disparities across Member States, as well as governance and political will to adopt innovative solutions. The need for more intersectoral action and to embed health in other policy areas were raised. The evolving roles of health workers, including pharmacists or dieticians, in delivering services and challenges with regards to retention, working conditions, (digital) skills and the recognition of qualifications were discussed. Calls to shift policy attention towards prevention and health promotion initiatives, including immunisation campaigns, also emerged from ongoing discussions across breakout sessions.

Specific issues included the potential of digital health solutions to support health systems, including care delivery, prevention and overcoming health workforce problems. However, discussions also touched upon existing implementation barriers and challenges like ensuring digital inclusion as health systems undergo digitalisation processes. Beyond digital transformation, (making the case for) investment in health and the EU’s leadership role in leveraging existing tools to stimulate and implement innovations across health systems were central discussion points. With regards to resilience and performance, inputs centred around the need to balance standardised indicators to support performance assessments with tailored approaches to reflect Member States’ needs and idiosyncrasies. Discussions also explored the role of patients and people in care delivery and their perspectives when measuring health outcomes, and the relationship between resilience and health systems’ security and preparedness to manage diverse challenges including conflict, climate change, food security, and migration.

Participant inputs on some of these issues are illustrated by selected quotes below.

“[…] people might have different attitude[s] but also efficacy or ability to use digital health solutions […] Looking into the demand side or users perspective is also important”

“We need […] kind of a school of leaders or those ones that can manage, can be driving the change”

“It’s not just about the absorption capacity of the funds and that support. It’s very much about impact on results on the ground. And so, you know, although best practice exchange and learning is important, very often, member states have said that they struggle to access funds […] which could really match the needs they have when […] it comes to health systems transformations”

“Things like amenable mortality or treatable mortality […] only tell[s] you if someone dies or is still alive. […] healthcare should do much more than that. And if we’re talking about people-centered healthcare, we need to measure the outcomes that actually matter for patients, that matter for people”

“The resilience of the health system is dependent on the resilience of other systems”
Webinar 2 – Placing people at the centre: Patients, citizens and health workers

Webinar 2 featured breakout sessions on the topics of: 1) Universal Health Coverage; 2) Determinants of Health and Health in/for All Policies and 3) The health workforce labour market. Cross-cutting issues discussed in several of the breakout sessions focused on the role of stakeholder engagement and co-creation in designing policies and interventions, involving civil society actors, health professionals and citizens (including marginalised and vulnerable communities), as well as the potential of digital solutions, and importance of digital and health literacy to ensure patient participation and ownership of their own health and health data. In line with webinar 1, discussions also explored differences across and within Member States, including urban and rural divides, and the need for intersectoral action in addressing health determinants and ingrain health considerations across different EU policy areas.

Specific issues included structural, social and commercial determinants of health and how to address these issues through more holistic and public health centred approaches, involving different sectors. Specific examples focused on housing, working conditions, racism, disabilities, and health deserts. There was mention of Europe’s Beating Cancer plan with a call to overcome institutional barriers to implement the legislation and measures proposed within its scope. Equity, access and coverage gaps were explored, and primary care and care integration discussed with regards to better addressing the needs of patients, including specific patient groups (e.g., patients requiring palliative care) and some more vulnerable and marginalised populations. Lastly, discussions on health workforce and labour markets centred around proposals for a general workforce strategy and more systematic approaches to coordinate ongoing European initiatives (e.g. BeWell, Harnessing Talent Platform). Important issues raised included workers’ needs, knowledge gaps on effective retention and recruitment incentives, shortages, as well as regulatory barriers and the need for standardised definition and recognition of qualifications.

Participant inputs on some of these issues are illustrated by selected quotes below.

“it would be interesting to have a real pillar for health workforce at European Health Union level […]”

“how the EU can do better in advancing these processes faster, sooner, once there is agreement and commitment. And on the other hand, how to protect themselves from the commercial determinants of health. And finally, how can the civil society support […] this process, which is not always very clear and transparent”

“foresight as a method to engage different kinds of stakeholders and create shared visions for future healthcare systems and a priority should be […] how to engage citizens, how to inform them, how to consult them, co-design together”

“when you analyse where the EU structural funds mainly go, […] they don’t go to the primary care. They go to […] finance various structural infrastructural deficits of different countries and finance [the] development of large hospitals […]. So support to the primary care, integrated care, cooperation between primary care and large hospital centres […] these are mainly local, national tasks, but the EU could help via knowledge, data, finance, maybe some regulation to better support universal health coverage”
Webinar 3 – Europe in the world: Viewing health challenges through a global lens

In Webinar 3 breakout sessions hosted discussions on: 1) Long-term challenges like climate change and population ageing; 2) The EU’s global voice and leadership and 3) Health security. Cross-cutting issues discussed in several of the breakout sessions focused on recurring themes from the first two webinars, including commercial determinants of health, health workforce, Health in All Policies, public health, prevention and health promotion, and people-centred care and engagement processes. Discussions also explored other issues including (sustainable) financing of health systems and the relationship between conflict, peace and health.

Specific issues included climate change preparedness of health systems and pleas for adequate mitigation and adaptation approaches supported by reliable indicators and adopted by different actors, including the pharmaceutical sector. Preparedness to meet challenges, including those posed by climate and related issues like antimicrobial resistance (AMR) but also ageing populations and shifting health needs (e.g., long term and social care), was viewed as an important prerequisite to ensuring health security together with health system strengthening efforts. At the same time, scaling of innovations and effective solutions and a qualified health workforce were also emphasised as key health system pillars. With regards to the EU’s role in the world, participants highlighted the need to better align Member States’ and the EU’s global health strategies to speak with a common voice and effectively implement its priorities, as well as engage in mutually beneficial relationships with third countries, including when delivering development assistance and in pursuit of health systems strengthening and health security initiatives, and coordinating global health actions across relevant sectors.

Participant inputs on some of these issues are illustrated by selected quotes below.

“[The EU] can do more to connect, for instance, between the member states, initiatives and those at global level, help, you know, member states, all the countries in Europe or in the EU to be well informed, to be well placed, to be part of the very, very key negotiations at global level, to prepare, to share, even to share information, which is the first step, you know, in all these, the foresight exercises […] and strengthening the systems”

“We strongly push for the interlinkages between climate change and health, the one health approach, the health in all policies, the trade policies. So this is really something that we want to […] be reinforcing the bilateral relations in order then to have a stronger voice and a common voice also at international fora with partner countries”

“I think not enough emphasis is put on health systems themselves. […] the most efficacious intervention can be, not be effective enough if health systems are not adequately prepared. […] So both the prevention part, the public health, the surveillance part, and of course, the more acute care part, both primary care and specialized hospital care and others. We need to put this more at the core of action and research”
Proposed areas for EU action
Concrete proposals for EU action were concentrated around specific activities, many of which permeated the discussions in different breakout sessions and webinars. The ones detected consistently across all webinars were the following.

Legal frameworks and EU instruments
This included discussions around the implementation of existing regulations, legal frameworks and EU instruments, as well as calls and proposals for new legislative and/or financial and support instruments to address Member States’ needs.

“[...] there’s a lot also that the EU can do, especially if we think about the commercial determinants of health and [...] the cancer plan was mentioned by the commission. I think there are a lot of initiatives in the cancer plan that have been dropped or there are being postponed. You mentioned food, there’s a sustainable food system framework that had a lot of potential to also create healthier food environments. [...] There’s the NutriScore, a lot of initiatives from the cancer plan on that prevention pillar, which was an essential pillar to create health promoting environments that are not happening. And I think that’s really a missed opportunity from the EU because that’s where really the EU could play a role.”

Funding and investment
Discussions on funding and investment focused on how existing EU funds could be leveraged and identified new areas where investment would be needed.

“But the EU has contributed especially via the funds, the development funds, the ESF, the social funds in ways that are nationally managed and are not necessarily always visible, I think, at least especially to the health community we’re talking. So, So maybe more connection between the diverse sources of funding, more connection between the EU obviously and the national side, beyond the EU4health program obviously, which is very limited when it’s compared to the development funds or the social funds.”

Cooperation, coordination and synergies
Discussions centred around strengthening cooperation, coordination and synergies in different settings, including within the Commission, across Member States and in working with other organisations such as the World Health Organization (WHO).

“There are a lot of initiatives that are happening at different levels. There are Erasmus + project, there are initiatives from the presidency. There’s also a new initiative launched by DG Regio that works at, of course, regional and local matters on harnessing talent. [...] One suggestion would be it’s great that all of this is happening, but to make it consistent at European level, I
believe it would be interesting to have a real pillar for health workforce at European health union level who might make it look like in different ways. [...] And by doing so, this would allow and should come with organizing all these elements, because now we have a set of stakeholders that are working on the side of the health workforce dimension, set of stakeholders that are working on another dimension. It’s great, it’s a lot of resources, but it might create some confusion.”

**Standardisation, common methodologies and indicators**

The focus of these proposals was on advancing standardisation, and the development of common methodologies and indicators, for instance in the context of health systems performance assessment.

“Also in terms of CO₂ emissions from the health sector – the biggest source of emissions is indirect emissions from procurements of goods such as drugs. It would be useful to stimulate conversations across countries with the aim to develop joint standards as regards climate and environmental requirements when doing procurements. This is important for those who provide these goods as they will struggle to deliver on different requirements from different countries.”

**Monitoring, evaluation and feedback**

Proposals under this heading focused on a stronger EU role in monitoring and developing effective ways of evaluating progress and performance, and providing feedback to Member States, potentially with the help of comparable measurement approaches and digital solutions.

“I think the key to improve the performance of health systems is to measure performance in the right way. If we don’t have the right measurements, we don’t know what to do to make them more highly performing.

And I think in this area, there is still a lot to do and which could be done at the European level and should be done at the European level [...] And if we’re talking about people-centered healthcare, we need to measure the outcomes that actually matter for patients, that matter for people. That’s more, much more than if they live or dies, but quality of life can get, they get back to work, participate in social life, et cetera. And we need to get out to that level. And I think the OECD has started well with the Paris project to measure patient outcomes. But I think those type[s] of projects need to be scaled up and also made digital to be, to be more of a, of an actually live report, where you [can] start comparing those types of outcomes between and within healthcare systems and even can compare hospitals. We need to get down to that level.”
Frameworks and guidance
The development of frameworks and guidance on a range of public health issues and topics of relevance to Member States’ needs.

“[…] all member states have undertaken obligations under international human rights law and finally I think the EU should assist and provide guidance to member states how to better comply with their human rights obligations.”

The ones encountered in specific webinars included:

Awareness raising and communication

“I think awareness raising activities for digital solutions would be the main thing I would expect from EU. So really talk to medical doctors, decision makers, scientists, academia, whoever, like NGOs, perhaps health NGOs. There are probably many more important stakeholders than I just indicated. To talk about how important digital solutions are for the future of healthcare systems”

Promoting innovation and implementation

“I think that the healthcare transformation is going to require a large amount of innovation and I do believe that also within the Union there is a great variability regarding how far our healthcare systems, our nations have come in terms of creating sustainable platforms for innovation. There I see one role for the Union, the Commission, to stimulate and to encourage and facilitate transformation of innovation ideas and discoveries between nations so that we don’t have to, you know, everything ourselves locally or regionally or nationally for that matter. This is of course not just a matter of financial aids, but also creating structures.”

Sharing best practice and knowledge

“So that leaders need to have good tools, good instruments that allow to overcome the barriers for the implementation. And then we can learn from each other how others are implementing in order not to repeat the same thing. If somebody is already having a case of success, we can learn from that experience. And that is, we don’t have to all of us in the union to reinvent the wheel. Probably somebody already did that in experience in some specific area and we can learn from them.”
Generating and sharing knowledge

“[…] I think that a very good concept is also the investment to health and to share this awareness about that health determinants and health as an entity. It’s very important for progress and prosperity […] And I think that we need maybe more to have some, some argumentations and some evidence-based information in this regard to really advocate for some activities and maybe to more support financially, organizationally and I don’t know how more. some issues which are connected really with health and with health protection promotion. I think that it could be also the role of [the EU] how to make all these arguments visible and share with countries to use them for advocacy at this measure.”

Providing leadership and advancing an EU voice in (global) governance

“When it comes to leadership, governance and global governance, I think that from an EU perspective, we still have to do some efforts to bring all the member states together. And we can see, yes, we have the EU global health strategy, but then lately, but it’s not the only one we had France adopting [its] own global health strategy. So how we can harmonize, how we can follow the implementation monitoring the implementation of the different EU member state global health strategies and see if they are aligned or not with the EU one.”

Providing leadership and promoting stakeholder participation

“I think where the EU can help enormously is by leadership. […] So it needs a strong leadership to be able to take on the higher levels to say the systems aren’t working if we’re going to commit to primary health care, which needs to be done with the health care challenges, then somebody needs to take that leadership because the people on the ground are exhausted and they can’t do it anymore. And if somebody, if the EU doesn’t have a voice to champion the healthcare workers and put them at the centre, then it will all fall apart […]”

EU health mandate

Some participants showed support for strengthening the mandate, mentioning specific areas in which this could prove beneficial; for instance, in view of facilitating the information exchange across health systems’ information systems to better manage high levels of patient mobility across the EU. Others highlight existing challenges, including political, financial and legal barriers and acknowledge Member States’ competences and legitimacy in the current distribution of mandates. Several participants pleaded for and proposed areas in which intensified EU action and improvements would be possible without changes to current treaty provisions, including stronger integration with other areas of EU competence, standardisation of health outcome measures and performance benchmarking or better coordination and implementation of existing EU instruments, legislation and tools. Examples mentioned include joint procurement and stimulating innovation (Research and Development for new medicines and products) in Europe, legislation linked to rare diseases, addressing commercial determinants
of health or mental health in the workplace, Europe’s Beating Cancer Plan, which could be adapted to other disease areas (including cardiovascular diseases and mental health) and Joint actions, which could adopt more targeted approaches.

“I suppose if you are going to expand the EU’s mandate, it has to be done so in a very structured way that still will give member states full control to address their local needs.”

“[...] changing the treaties in the current political environment is probably challenging... but many of these issues – including the issue on [standardising] how we measure health outcomes and benchmark performance – could be done within the current treaties, it’s more about political will and dealing with sensitivities”

“I think [the] EU really should expand it it’s mandate especially regarding the coordination of information between European Union Member States [...] We treat people from all countries of the European Union. And sometimes what I see is that the interconnectivity of information between healthcare systems, between the different Member States, are not developed enough [...]”

“We have, for example, the joint actions, and I think those are quite valuable instruments with a lot of potential, especially the joint actions under SANTE. But I don’t think, to be very honest, that they are realizing their ambition because they’re often not targeted enough.”

Other topics
A range of other topics were raised in the group discussions across different breakout sessions, which were not included in the discussion framework, but participants deemed important, including promoting gender equity and a gender-responsive workforce; despite a female dominated health workforce, substantial underrepresentation in management level positions was mentioned as a key issue. Several other issues raised related to care integration and access to health services, including palliative and social care, and health care provision for specific patient groups, including patients affected by NCDs and multimorbidity, and those suffering from rare diseases. Lastly, One Health and AMR were raised as key areas needing further policy consideration.

“I feel the EU could champion sort of a much more [...] gendered view of the healthcare workforce, because we have been talking about this for a long time. And I think there’s some transformational power in bringing gender in”

“In the rare diseases field, we also need a better integration between the European Reference Networks and the national healthcare systems, including primary care.”

“One health approaches to ensure integrated planning management and prevention of disease or health challenges”
“[...] for example, multi-morbidity, how do people manage as they age with multiple chronic conditions, how the healthcare systems can help, considering that most of the healthcare systems are actually single-disease oriented, and it’s very difficult for patients to navigate through that type of healthcare as well. And it’s very costly. [...]”

iii) Stakeholder survey

Respondent demographics

The stakeholder survey yielded 313 replies, of which four, which were duplicate entries, had to be excluded from analysis. Overall, 309 respondents from 48 countries submitted survey replies, of which 81.2% (251 respondents) reported being based in an EU Member State. Around one in five respondents (n=60) were based in Belgium, which is likely a reflection of the large stakeholder community concentrated in and around the European institutions in Brussels (the so-called “Brussels bubble”). Of the respondents based outside the EU, 4.2% (13 respondents) were from an EU candidate country, and 4.9% (15 respondents) based in another continent (Asia, Africa and America) (see Figure 10 below).

Figure 10 Geographical distribution of survey respondents

Which country are you based in?

Note: UAE = United Arab Emirates; one survey respondent indicated ‘WHO’ as country of provenance
Among the respondents who declared their age group (n=295), around one-third (29.5%, n=91) were under the age of 40 and 60.2% between 40 and 69 years old (n=186) (see Figure 11 below).

**Figure 11  Age distribution of survey respondents**

Which category below includes your age?

- Prefer not to say 4.5%
- < 20 years 1.0%
- 21–29 years 9.7%
- 30–39 years 18.8%
- 40–49 years 23.0%
- 50–59 years 23.6%
- 60–69 years 13.6%
- > 70 years 5.8%

The vast majority of respondents reported working in the public sector (64.7%, n=200), with academia/research organisations (33%, n=102) and government/multilateral organisations (23.9%, n=74) most represented. In addition, 18.8% (n=58) of respondents work in civil society and 8.7% (n=27) in the private sector (see Figure 12 below).

**Figure 12  Employment sector distribution of survey respondents**

Which sector do you work in?

- Academia or research organisation 33.0%
- Government or multilateral organisation 23.9%
- Civil society 18.8%
- Private sector 8.7%
- Other public sector 7.8%
- Other 7.8%
Priorities in the discussion framework

Question 1 of the survey asked respondents to select which three themes from the discussion framework the EU should prioritise based on significance and the added value that the EU can provide. Overall, 293 votes were included in the analysis (after excluding 16 replies which were incomplete). Figure 13 below shows that the topics most frequently featured in respondents’ top three were:

- Addressing the determinants of health through Health in and for All Policies (n=148)
- Addressing long-term challenges such as population ageing and climate change (n=138)
- Improving the performance and resilience of health systems (n=127)

In Question 2, respondents had the option of elaborating in open text boxes which actions the EU should prioritise for one or more of the nine topics. Between 103 and 169 replies were submitted for each topic. Out of a total of 1,311 replies, 49 had to be excluded from analysis either because they were not applicable (n=26) or formulated in a language other than English (n=23). Our analysis highlights the key themes raised for each of the nine topics, summarised in Tables 5 to 13 and short explanatory texts on pages 42–50.

Figure 13 Survey respondents’ ranking of topics in the discussion framework

Which topics should the EU prioritise based on significance and the added value that the EU can provide?
Table 5 Enhancing health security: Key themes identified from respondents’ feedback

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</thead>
<tbody>
<tr>
<td>Strengthen surveillance systems and early warning mechanisms to quickly detect and respond to health threats.</td>
<td>Develop comprehensive scenario planning and readiness for a variety of health threats, including bioterrorism and natural disasters.</td>
<td>Enhance the public health infrastructure and local health system capabilities through funding and technical support.</td>
<td>Focus on preventive measures, including health literacy campaigns, vaccination programs, and lifestyle changes to mitigate health risks.</td>
<td>Enforce stronger regulations on issues impacting health security, such as the use of antibiotics in the food industry and the consumption of alcohol and drugs.</td>
<td>Strengthen cross-border collaboration to manage health emergencies effectively, particularly for infectious diseases.</td>
<td>Promote research into new health technologies and medical treatments.</td>
<td></td>
</tr>
<tr>
<td>Promote the exchange of information between countries to enhance transparency and collaborative decision-making.</td>
<td>Establish or strengthen a European Public Health Agency to coordinate efforts across Member States.</td>
<td>Implement joint procurement and stockpiling strategies to ensure resource availability during crises.</td>
<td>Address the determinants of health that impact public health.</td>
<td>Develop policies that ensure equitable healthcare access and tackle disparities in healthcare provision.</td>
<td>Create centralized systems for sharing real-time data and resources among EU Member States.</td>
<td>Support innovation in health security through partnerships with academic and private sectors.</td>
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</tbody>
</table>

Respondents highlighted the need for a comprehensive and unified approach to enhancing health security in the EU. The focus spans from strengthening surveillance, regulations, and collaboration to address immediate and long-term challenges and different scenarios, to improving public health infrastructure and investing in research and development of new technologies.
Table 6: Addressing the determinants of health through Health in All Policies and Health for All Policies: Key themes identified from respondents’ feedback

<table>
<thead>
<tr>
<th>Cross-Sectoral Integration</th>
<th>Commercial Determinants of Health</th>
<th>Environmental Health</th>
<th>Equity and Accessibility</th>
<th>Prevention</th>
<th>Education and Literacy</th>
<th>Regulatory and Policy Framework</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrating health considerations across all policy areas, emphasizing that health outcomes are influenced by a range of factors including environmental conditions, commercial practices, education, and urban planning.</td>
<td>Addressing the influence of commercial interests that negatively impact public health, such as tobacco, alcohol, and unhealthy food products. Implementing stricter regulations and ensuring these industries do not unduly influence policy making.</td>
<td>Enhancing the focus on environmental determinants of health such as air pollution, climate change, and exposure to harmful chemicals. Policies aimed at reducing environmental risks are seen as crucial for improving public health.</td>
<td>Ensuring equitable access to healthcare services and promoting health equity across different socio-economic groups. This involves addressing barriers to health access and disparities in health outcomes.</td>
<td>Strengthening preventive measures and health promotion, including the adoption of healthier lifestyles and the reduction of risk factors associated with non-communicable diseases.</td>
<td>Enhancing health literacy among the population through education and public awareness campaigns, ensuring that all individuals understand how to maintain and improve their health.</td>
<td>Developing robust policies and regulations that not only protect health but also promote a health-oriented approach in all sectors. This includes the implementation of health impact assessments for all new policies.</td>
</tr>
</tbody>
</table>

The responses underline the need to go beyond traditional health care areas and integrate health in all sectors. This included: facilitating the exchange of best practices among Member States and establishing platforms for collaboration; regulating harmful industries; promoting environmental health by taking significant measures to mitigate the health impacts of environmental risks; supporting health equity; and enhancing intersectoral communication.
Table 7 Supporting Health system transformation: Key themes identified from respondents’ feedback

<table>
<thead>
<tr>
<th>Question 2: Supporting Health System transformation</th>
<th>Policy and Legislative Support</th>
<th>Technological and Digital Innovation</th>
<th>Data-Driven Decisions</th>
<th>Financial Incentives and Support</th>
<th>Stakeholder Engagement and Patient-Centric Approaches</th>
<th>Sustainability and Environmental Considerations and Literacy</th>
<th>Education and Workforce Development</th>
<th>Primary Care Strengthening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Many responses emphasize the need for EU-wide policies that encourage or mandate health system reforms, such as the adoption of European health insurance, comprehensive healthcare reforms, and standards for universal health coverage.</td>
<td>There is a strong focus on enhancing health systems through digital transformation, including telemedicine, digital health technologies, and personalized medicine. The integration of digital tools is seen as a way to increase efficiency and effectiveness in healthcare delivery.</td>
<td>The importance of robust, comprehensive data collection is highlighted as a prerequisite for informed decision-making in health system transformation. This includes data on health outcomes, workforce, and health system performance.</td>
<td>Responses suggest that the EU should provide financial incentives and support for member states to adopt innovative practices and reforms. This could be facilitated through existing frameworks like Horizon Europe and the Cohesion Policy Funds.</td>
<td>Engaging key stakeholders, including healthcare providers, patients, and patient organizations, is viewed as crucial. The systematic inclusion of patient voices in health system planning and reform is specifically underscored.</td>
<td>There’s an advocacy for transforming health systems towards zero carbon emissions and sustainability, reflecting a broader awareness of the health sector’s impact on environmental health.</td>
<td>Investing in the education and continuous training of the healthcare workforce, including interprofessional education, is mentioned as essential for adapting to new technologies and practices.</td>
<td>Several responses highlight the need to strengthen primary care systems to ensure they are more community-oriented and less hospital-centric, which can lead to more efficient and accessible healthcare.</td>
<td></td>
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</tbody>
</table>

To support health system transformation in the EU, a multi-faceted approach emerged. This includes prioritising innovation, digital health, while also ensuring political commitment and support for Member States. The EU can offer technical support and funding to foster sustainable and efficient healthcare systems. Respondents also highlighted the importance of engaging stakeholders, including patients and healthcare workers, in decision-making processes and providing comprehensive training for healthcare professionals to enhance responsiveness and equity.
Table 8 Enhancing the labour market for health and care workers: Key themes identified from respondents’ feedback

<table>
<thead>
<tr>
<th>Question 2: Enhancing the labour market for health and care workers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education and Training Enhancement</strong></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>Investment in education and training is crucial, including upskilling and re-skilling health professionals to adapt to evolving healthcare needs.</td>
</tr>
<tr>
<td>Promoting the alignment of educational standards across the EU to ensure the quality and mutual recognition of healthcare qualifications.</td>
</tr>
</tbody>
</table>

The EU can enhance the labour market for health and care workers by improving working conditions, offering competitive wages, and providing career development opportunities. This can be achieved through increased investment in training and education, creating a European Public Health workforce, and promoting uniform health education standards. A potential strategy for addressing regional shortages is through mapping areas with specific worker deficits. Facilitating cross-border mobility and mutual recognition of qualifications is also viewed as crucial. The EU should also support social dialogue, enhance labour unions, and implement financial incentives for training in primary care and other high-demand roles.
To **achieve universal health coverage (UHC)** across the EU, several key points were highlighted. For example, aiming for equal access to comprehensive healthcare services for all EU citizens, ensuring financial protection and addressing regional disparities by mapping areas with poor UHC and targeting interventions accordingly. Establishing a common minimum coverage package and a European health insurance scheme can facilitate equitable access. Other actions included tackling the existing healthcare workforce crisis, focusing on underserved groups, improving health literacy, and including mental health in UHC policies to ensure comprehensive care.

<table>
<thead>
<tr>
<th>Equal Access and Coverage</th>
<th>Strengthen Healthcare Systems</th>
<th>Policy and Regulation Enhancements</th>
<th>Support Vulnerable Populations</th>
<th>Collaboration and Best Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspire for equality in access to UHC for all EU countries, establishing a common minimum coverage package that includes basic health services free of charge for all.</td>
<td>Invest in primary healthcare and community care as foundational elements of UHC, focusing on preventing conditions that lead to higher healthcare costs.</td>
<td>Implement stronger regulations on public health concerns like alcohol and drug use to reduce healthcare burdens.</td>
<td>Provide financial protection and targeted health services for vulnerable groups, ensuring no one is left behind due to socioeconomic or health conditions.</td>
<td>Facilitate exchange of best practices among EU member states through platforms that allow for sharing strategies and policies that have led to successful healthcare coverage expansion.</td>
</tr>
<tr>
<td>Map regions where health coverage is lacking, particularly identifying vulnerable groups that suffer the most, to target interventions effectively.</td>
<td>Strengthen health technology assessments (HTAs) and indirect financing models to make health systems more efficient and financially sustainable.</td>
<td>Develop guidelines for “good enough” UHC to clarify targets and progress, making UHC seem more achievable.</td>
<td>Expand coverage for treatments and preventive measures for chronic diseases and disabilities, ensuring long-term support and care.</td>
<td>Encourage cross-border health care initiatives and harmonize healthcare standards across member states to improve care quality and accessibility.</td>
</tr>
</tbody>
</table>

To achieve universal health coverage (UHC) across the EU, several key points were highlighted. For example, aiming for equal access to comprehensive healthcare services for all EU citizens, ensuring financial protection and addressing regional disparities by mapping areas with poor UHC and targeting interventions accordingly. Establishing a common minimum coverage package and a European health insurance scheme can facilitate equitable access. Other actions included tackling the existing healthcare workforce crisis, focusing on underserved groups, improving health literacy, and including mental health in UHC policies to ensure comprehensive care.
Table 10 Implementing AI and digital solutions: Key themes identified from respondents’ feedback

<table>
<thead>
<tr>
<th>Question 2: Implementing AI and digital solutions</th>
<th>Systems Integration and Data Exchange</th>
<th>Digital Health Solutions Development</th>
<th>Regulation and Safety</th>
<th>Education and Workforce Upskilling</th>
<th>Ethical Considerations and Inclusivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhance systems integration across Member States to facilitate data exchange for public health monitoring and supply management.</td>
<td>Enhance systems integration across Member States to facilitate data exchange for public health monitoring and supply management.</td>
<td>Invest in the development and implementation of digital health solutions that focus on easing the burden of repetitive tasks and improving service delivery.</td>
<td>Establish strong regulatory frameworks to ensure the safety and privacy of digital health solutions.</td>
<td>Focus on upskilling the healthcare workforce to adapt to new technologies through continuous professional development.</td>
<td>Ensure that new technologies are developed inclusively, consulting healthcare professionals, patients, and the public to make solutions user-friendly and widely acceptable.</td>
</tr>
<tr>
<td>Establish interoperability standards and promote data linkage beyond health services to include social services, creating a more holistic approach to health and social care.</td>
<td>Establish interoperability standards and promote data linkage beyond health services to include social services, creating a more holistic approach to health and social care.</td>
<td>Explore and experiment with innovative digital solutions, recommending roll-outs at the EU level for effective and verified technologies.</td>
<td>Develop laws to protect against negative outcomes of AI use, particularly in clinical decision-making, to build trust among users.</td>
<td>Increase digital literacy among patients and healthcare providers to improve the adoption and effective use of digital solutions.</td>
<td>Address ethical concerns such as the potential for AI to exacerbate health inequalities and implement measures to prevent such outcomes.</td>
</tr>
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</table>

The EU can help foster digital innovation and ethical standards, promoting collaboration among governments, private sectors, and academia. Regulation was also highlighted as an important point, together with privacy and security. The creation of a centralised registry can facilitate the efficient sharing and management of health data across the EU. The EU should also focus on promoting collaboration, ensuring ethical standards, and investing in training and infrastructure to enhance healthcare delivery and patient outcomes across Member States.
Table 11 Improving the performance and resilience of health systems: Key themes identified from respondents’ feedback

<table>
<thead>
<tr>
<th>Standardization of Quality and Practices</th>
<th>Resilience Building</th>
<th>Performance Monitoring and Improvement</th>
<th>Research and Innovation</th>
<th>Workforce Development and Support</th>
<th>Public Engagement and Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop and enforce EU-wide quality standards for various types of healthcare providers, ensuring uniformity and quality across the board.</td>
<td>Enhance health systems’ infrastructure to withstand climate change and other emergencies such as pandemics and natural disasters.</td>
<td>Utilize technology and AI to monitor health systems performance efficiently, reducing administrative burdens on healthcare workers.</td>
<td>Fund research into new health technologies, systems thinking, and resilient practices.</td>
<td>Support workforce innovations and interprofessional working to enhance service delivery and adaptability.</td>
<td>Improve communication with the population regarding health system changes and gather feedback directly from healthcare users.</td>
</tr>
<tr>
<td>Implement mandatory quality standards for specific healthcare services and frameworks for national adoption.</td>
<td>Invest in strengthening health system capacities for emergency response, and establish financial and administrative mechanisms for rapid support during crises.</td>
<td>Develop and share performance indicators across EU states to benchmark and drive improvements.</td>
<td>Support innovation in health system design to quickly adapt to changing population needs and public health events.</td>
<td>Invest in education and training for health care professionals, emphasizing leadership, critical thinking, and flexibility.</td>
<td>Engage citizens in health planning and management to ensure that services meet their needs and expectations.</td>
</tr>
<tr>
<td>Set up EU-wide quality control and resilience testing systems.</td>
<td>Monitor health systems performance continuously and provide recommendations for improvements.</td>
<td>Promote the ethical and responsible development of AI in healthcare.</td>
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<td></td>
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</table>

The analysis of themes focusing on health systems’ performance and resilience identified several key areas: EU-wide quality standards for healthcare providers; preparedness; implementing performance scoring systems and sharing performance indicators among Member States; facilitating cross-country learning; and supporting the health workforce.
Table 12 Addressing long-term challenges such as population ageing or climate change: Key themes identified from respondents’ feedback

<table>
<thead>
<tr>
<th>Question 2: Address long-term challenges, such as population ageing or climate change</th>
<th>Research and Monitoring</th>
<th>Policy Development and Advocacy</th>
<th>Regulation and Legislation</th>
<th>Education and Public Engagement</th>
<th>Innovation and Technology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish dedicated groups or committees to monitor the impacts of climate change and aging on healthcare, producing regular studies to inform policy and strategic decisions.</td>
<td></td>
<td>Advocate for robust policies that address both climate change and the challenges of an aging population, emphasizing sustainable development and health system resilience.</td>
<td>Implement stronger regulations on health determinants like alcohol and drug use as part of a broader strategy to promote public health and sustainability.</td>
<td>Increase public awareness and education on the impacts of climate change and aging, promoting healthy lifestyles and preventive measures.</td>
<td>Leverage technology and innovation to improve healthcare delivery and management, focusing on age-friendly technologies and climate-smart healthcare solutions.</td>
</tr>
<tr>
<td>Increase funding for research into sustainable healthcare practices, the impacts of demographic changes, and climate resilience in health systems.</td>
<td></td>
<td>Share and promote international best practices related to climate health policies and aging population management.</td>
<td>Develop guidelines and frameworks to support countries in adapting to these challenges through health in all policies and cross-sector collaboration.</td>
<td>Encourage intergenerational support systems and community-based initiatives to enhance social cohesion and mutual support among different age groups.</td>
<td>Support the development of digital health infrastructure to enhance healthcare access and efficiency, particularly for aging populations.</td>
</tr>
</tbody>
</table>

Responses on the topic of addressing long-term challenges such as population ageing or climate change highlight the importance of prioritising research, innovation, and policy development. Investing in preventive healthcare to reduce the long-term demand on healthcare systems was of particular importance. Other key themes mentioned were: to facilitate international collaboration to tackle global challenges such as climate change and its health impacts; provide financial and expert support to countries to help them build resilient and adaptive healthcare systems; and develop new care models that integrate health and social care, focusing on home-based and community-centered care.
Table 13 Strengthening the EU’s global voice and leadership: Key themes identified from respondents’ feedback

<table>
<thead>
<tr>
<th>Question 2: Strengthening the EU’s global voice and leadership</th>
<th>Enhance Diplomatic and Multilateral Engagement</th>
<th>Promote Global Health Equity and Sustainability</th>
<th>Invest in Technology and Innovation</th>
<th>Adopt a Decolonial and Emancipatory Framework</th>
<th>Develop Strategic Partnerships and Initiatives</th>
<th>Advocate for Comprehensive Health Policies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prioritize diplomatic engagement and multilateral cooperation, leveraging the EU’s collective economic and political influence to shape international health agendas and norms.</td>
<td>Advocate for global health equity by leveraging the EU’s diplomatic influence and resources to promote coordinated action and provide support for development assistance, humanitarian aid, and civil protection efforts.</td>
<td>Address the technological lag by fostering innovation in healthcare technology and enhancing the EU’s capacity to lead global health technology advancements.</td>
<td>Incorporate decolonial perspectives and address power imbalances in decision-making processes to ensure that EU policies and actions promote global equity and justice.</td>
<td>Invest in strategic partnerships and global initiatives that can amplify the EU’s role in addressing global challenges such as pandemics, antimicrobial resistance, and climate change.</td>
<td>Strengthen the EU’s voice to advocate for comprehensive and integrative approaches to health that consider social determinants and aim for equitable access to healthcare worldwide.</td>
<td></td>
</tr>
<tr>
<td>Enhance coordination in international organizations, like the World Health Organization (WHO), and support global health initiatives to foster a more stable and cooperative international order.</td>
<td>Ensure that EU actions are coherent with Member State policies to maximize the impact of its global leadership initiatives.</td>
<td>Invest resources to strengthen the EU’s position as a leader in global health technology and innovation.</td>
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</table>

To strengthen the **EU’s global voice and leadership in health**, the EU should promote global health equity and sustainability by enhancing its role in international health forums, supporting global health initiatives, and advocating for equitable healthcare access. Further, respondents pointed to the potential to strengthen partnerships and coordination with Member States, the WHO, and other international bodies to address global health challenges, emphasising research, transparency, and the integration of health policies across sectors.
The EU’s health mandate

Question 3 asked respondents whether they believed the EU’s mandate in the area of health should be expanded. Two-thirds of respondents (64.4%, n=199) selected ‘Yes, the EU’s mandate should be strengthened’, while 18.1% (n=56) ticked ‘No, the EU’s mandate is sufficient’ and 17.5% (n=54) ‘I don’t know’ (see Figure 14 below).

Figure 14  Survey respondents’ votes on the EU health mandate

Do you think the EU's health mandate should be expanded?

- Yes, the EU’s mandate should be strengthened 64.4%
- No, the EU’s mandate is sufficient 18.1%
- I don’t know 17.5%

Question 4 in the survey asked all respondents who selected ‘Yes, the EU’s mandate should be strengthened’ to reflect on this topic further and provide their inputs on how a mandate expansion should look like and what the added value of more EU competence in health would be. Overall, 145 replies were submitted and 142 included in the analysis. Two replies were excluded because they were not provided in English and one because it was not applicable.

Our analysis of respondents’ replies revealed numerous recurring themes, which are summarised and briefly outlined below. For each theme, at least one survey reply is cited to illustrate the content and variety of responses obtained.

Benchmarking, harmonisation, and standardisation

Replies under this theme focused on the promotion of similar healthcare standards and performance across the EU, streamlining policies to ensure consistency and reducing disparities across different Member States. Calls for common standards related to healthcare quality, safety, accessibility and minimum requirements for care provision including with regards to workforce, hospitals, and access to prevention and health promotion services, including cancer care and screening services. In some cases, this extended as far as proposals to set up a common European sickness fund, a common public health workforce or a central European health system to promote equal access to health services among EU citizens. Other calls for harmonisation related to rules in areas such as health data (with reference to the implementation of the General Data Protection Regulation and the European Health Data Space), as well as medical products, their pricing and reimbursement.

“Expanding the EU’s health mandate is crucial for several reasons. Firstly, it would promote harmonization of healthcare standards across member states, ensuring consistent quality of care and patient safety. Secondly, it would
facilitate better coordination in responding to cross-border health threats like pandemics. Additionally, a broader mandate could enhance research collaboration, enabling faster development of treatments and vaccines. […] Ultimately, a more integrated approach to health within the EU would benefit citizens, healthcare systems, and economies alike.”

Although mentioned in numerous replies in connection with calls for more standardisation and harmonisation, health equity and access to health care was also a recurring theme in itself.

**Health equity and access to health care**

The reduction in inequalities and inequities in access to health services, medicines and infrastructure emerged as a key theme in several survey replies. Calls for universal health coverage, including for vulnerable populations such as migrants, and fair and equal access to good quality care and innovative medicines and therapeutic options came to the fore here.

“One should not live or die based on the geography of where he/she was born”

**Coordination and cooperation**

Another recurring theme focused on health policy coordination to better respond to common challenges and to improve the effectiveness and efficiency of health spending. This was accompanied by pleas for more cooperation within existing programmes and strategies. Better coordination and collaboration was frequently mentioned in concomitance with crisis preparedness and response, which is also presented below as a separate theme in itself.

“By enhancing coordination and cooperation among member states, the EU can better tackle cross-border health threats like pandemics and antimicrobial resistance, reduce health inequalities, foster health innovation and research, promote digital health solutions, and strengthen health diplomacy on the global stage.”

**Crisis preparedness and response**

Key areas for enhanced coordination and cooperation included disease surveillance, early warning systems to detect and respond to emerging health threats, including pandemics and AMR, and implementation of cross-border health measures. Joint procurement of medical supplies, as well as joint negotiation to ensure fair pricing and equal access across the EU were also raised as important areas.

“As rightly mentioned with the example of COVID19, Strengthen the response to cross-border threats to act more rapidly and effectively to prevent and control pandemics, antimicrobial resistance and other cross-border threats.”

“The lessons of the Covid-19 pandemic need to be learned. Policy levers such as Joint Procurement should not be only used in extreme emergency. Shortage of product, medicine or workforce in one country will soon impact another […]”
Legal frameworks and regulations

Appeals for joint procurement and stockpiling to reduce vulnerabilities to future pandemics mention the need to strengthen the legal basis for these mechanisms. This is accompanied by discussion of regulatory frameworks to promote innovation in the EU more broadly. Better implementation, harmonisation, monitoring, evaluation and review of legislations were also raised as key areas. Examples include the Directive on cross-border health care, the EU certification process for medical devices and the use of health impact assessments across different EU policy areas which is to date limited.

“[…] Take the best of the current CE marking system for medical technologies and improve it by making it more efficient, predictable, and able to provide accelerated access to innovations. […] Embrace better regulation principles by reducing discrepancies between different legislations and encourage Member States to pursue more harmonised applications to make Europe an attractive environment for investment, research and development, and deployment of new technologies.”

“Develop a joint common health policy and a single regulatory framework for access to innovation to support the EU’s overall R&D landscape in the life sciences industry and reduce the time to market for innovation”

Research, innovation and knowledge sharing

Some respondents view the EU as an environment that can and should be conducive to innovation through funding and coordination of research, collaboration and the translation of research into practice. By pooling knowledge and resources, including expertise and best practices, it can support their implementation and promote the flow of information and knowledge to foster innovation including the development and application of pharmaceuticals and new therapeutic solutions, increasing its competitiveness vis-à-vis other regions. Some respondents called for a single Health Technology Assessment (HTA) mechanism at EU level, where the EU would have authority to approve the reimbursement of new technologies, reducing existing fragmentation and differential pricing. The topic of innovation also emerges in relation to rare and neglected diseases, where Research and Development (R&D) coordination in fields of low commercial value and insufficient investment to date can be propelled by joined EU action.

“Europe can be a leader in innovation, research and development of new medical solutions (be it pharmaceuticals, medtech, biotech etc.) if there is a common approach to these areas. To achieve this, we don’t need for Europe to take over every healthcare system of every member state. But it needs to have a much bigger coordinating role, be able to lead the progress and innovation in times of peace and be the commander of operations in times of crisis.”

“The EU should act as knowledge hub, decision supporting agency and as policy checker. All this in order to better the health of its population”
EU leadership and global influence

For some respondents an expansion in mandate would enhance the EU’s role as a global health leader by putting it in a position to better address global challenges, exert its influence and shape health policies at the regional and global levels.

“EU should have stronger leadership at EU regional and global level. The inter-connectedness of various sectors, fostering equitable and sustainable environments conducive to optimal health outcomes for all individuals and communities at all levels. The characteristic of communication of EU is a key factor to reach stronger leadership at regional and global level.”

Other key cross-cutting issues

Several other themes crop up transversally in the survey responses, including health workforce issues, education and shortages, the role of digital health including infrastructure and information systems to promote better health outcomes and data for cross-country sharing and comparison, and public health in relation to prevention and the potential to tackle the high burden of NCDs, including mental health conditions.

“By broadening its health mandate, the EU can implement a comprehensive strategy that encompasses prevention, early detection, and management of NCDs. This expansion should mirror the EU Health Union model, fostering collaboration, data sharing, and standardized healthcare practices across member states. With NCDs posing multifaceted challenges, the EU’s enhanced competence in health would add significant value by promoting health equity, improving healthcare quality, and mitigating the economic burden of chronic diseases. Given current challenges, such as an ageing population and rising NCDs, the EU must adopt a proactive approach beyond traditional primary prevention to effectively address these pressing health issues.”

Reasons for and possible implications of a mandate expansion

Some survey responses pointed to the experiences of the COVID-19 pandemic, highlighting that it had demonstrated the importance of EU actions in health and that a range of other challenges could benefit from common action. Examples mentioned included other health emergencies and crisis preparedness, climate change, shortages of medical products, backlogs and workforce issues, commercial determinants of health, and rare diseases.

“The EU should be able to clearly legislate and act in areas where there is clear added-value, for instance for health emergencies preparedness and response. This should also apply to other areas such as addressing the challenges of the healthcare workforce, where there are direct implications for healthcare systems (within the competence of member states), but also many potential gains from coordinated action and where uncoordinated actions by different member states would limit progress. Coordination of health research is another area where [there] EU action would be of great added value without substituting national efforts. R&D investments are insufficient in many areas of low commercial value (unmet medical/health needs including rare diseases, neglected diseases) and coordinated efforts through a joint EU network and infrastructure are the only possible options.”
Several survey responses reflected on the reasons for and possible implications of a mandate expansion (or lack thereof), both at EU and national levels. At national level, increasing the EU’s mandate might help position health policy higher up national policy makers’ priority lists and reduce its susceptibility to political volatility and implementation through short term policies.

“Through the added weight of the EU Commission further emphasis can be placed on health issues”

At EU level, increasing the mandate could contribute to strengthening European values among citizens as well as the EU itself. There was also a perceived risk that, without stronger competences, health would always be prone to deprioritisation and funding decreases as recently demonstrated by substantial budgetary cuts made to the EU4Health programme. More policy coherence and streamlining of Health in All Policies were also mentioned in support of a mandate expansion. The EU’s role as a leader in global health was also raised by some respondents, who felt a mandate expansion would cement the EU’s position and status.

“A more assertive EU health mandate would enable the union to play a leading role in global health governance and diplomacy. Expanding the EU’s health mandate could take various forms, including: legislative framework, financial support, enhancing the capacity and mandate of existing EU agencies, strengthening partnerships and collaboration with international organisations, such as the World Health Organization.”

A few respondents highlighted the challenges linked to expanding the mandate, recognising that some issues could be better addressed but that the current political climate might not be conducive to heightened integration and that striking a balance with Member State competences would be complex. However, some respondents put forward proposals within current provisions, including establishing an independent committee on Public Health within the European Parliament, appointing a Commission Vice President who could, for instance, be in charge of health and wellbeing or promoting health in all policies across different Directorate Generals, or exploring options for broadening health actions through other existing Treaty provisions.

“Ideally, the Treaties should be reformed to include a wider mandate for health, but given the difficulties in doing so, a good proposal would be to explore options for broadening the scope of health that offers the Article 352, point 1, of the TFEU.”
Topics outside the discussion framework

Question 5 asked respondents whether other topics outside of the scope of the discussion framework should be prioritised by the EU. Close to one in two respondents (44%, n=136) ticked ‘Yes’, one-third ‘No’ (30.4%, n=94) and 25.6% ‘I don’t know’ (n=79) (see Figure 15).

Figure 15  Survey respondents’ votes on topics outside of the discussion framework

In your opinion, are there any other topics outside the scope of the discussion framework that the EU should prioritise?

Yes 44.0%
No 25.6%
I don’t know 30.4%

Those who selected ‘Yes’, were asked to list which topics outside the scope of the discussion framework the EU should prioritise in Question 6. of the survey. Overall, 124 replies were submitted, of which one had to be excluded because it was not applicable.

The additional topics raised by respondents were summarised under thematic headings as follows. Illustrative examples of survey responses are provided for each.

Equity, inclusion and participation

This category encapsulates several related concepts, such as diversity and inclusion, health inequalities and health equity with a focus on vulnerable and marginalised population groups such as migrant communities and people with disabilities, as well as wider ranging considerations on social and patient participation in (health care) decision-making processes, including creating a space for civil society and the involvement of local and regional authorities in shaping and implementing policies.

“Within the context of social protection, the EU should prioritize financial protection to ensure that people are able to afford the health services they need. Moreover, the EU should embed social participation in decision-making processes by institutionalizing mechanisms for inclusive health governance to ensure that implemented initiatives are coherent, inclusive, and more effective.”

“We look at healthcare with only one eye instead of two, and as a result, many of the real issues that patients are confronted with, remain under the radar. It is high time for patient participation in healthcare decision-making, including a formal and publicly funded role for patient organisations.”
Results

Mental health
Survey respondents emphasised the growing mental health burden and urgent need to roll out comprehensive and community-based approaches to raise awareness, destigmatise mental health and improve care and access across the EU.

“Mental health issues affect millions across Europe, yet receive inadequate attention and resources. The EU can add value by promoting mental health awareness, destigmatizing mental illness, and fostering collaboration among Member States to improve access to mental healthcare services. This includes investing in early intervention programs, supporting research into effective treatments, and integrating mental health into broader health policies and initiatives. By prioritizing mental health, the EU can significantly enhance the well-being and productivity of its citizens while reducing the burden on healthcare systems.”

Innovation, medicines and health technologies
Access to and fair and transparent pricing of medicines, managing shortages, and avoiding EU dependence on other regions are among the key topics raised in this category. Promoting EU wide research and implementation research, facilitating access to innovations and transferring best practices and lessons learnt across national and regional initiatives were also among the key points raised.

“There is unequal access to medicines across the EU especially for small markets that have long been underserved. Ever increasing pharmaceutical expenses put national health budgets under pressure. Innovative medicines won’t be available for most people. The supply and shortages of medicines are further worsened by the COVID-19 crisis.

• Guarantee a fair and balanced representation of interests in the discussion and adoption of the newly proposed pharmaceutical framework;
• Ensure fair pricing of medicines and transparency on underlying costs, while allowing for a sufficient profit to keep a steady flow of innovation in Europe and the production of medicines needed by the patients […];
• Address shortages of medicines and medical devices through the proposed pharmaceutical strategy”

Public health, prevention, and health promotion
Respondents highlighted prevention, health promotion and public health as additional focus areas for EU action. Accelerating action on cancer by delivering on the initiatives and legislative proposals made within the scope of the Europe Beating Cancer Plan, fighting discrimination against cancer survivors, strengthening screening programmes and access to treatment and care were among the key priorities discussed by respondents. Primary care integration with secondary and community care was also suggested including creation of EU-wide primary health care information and electronic medical record systems to better monitor chronic conditions, preventive care and infectious diseases.
“Strengthening Public Health systems addressing health prevention, protection, and promotion. This could involve dedicating sufficient and stable funding for public health, bolstering training programs to increase the workforce, elevating public health experts to decision-making levels in the health system, and passing legislation mandating baseline public health services.”

“A common primary healthcare information system. To include family medicine [sentinel] network on ECDC strategy to face health crisis and to standardize what primary healthcare services should cover in all EU, particularly to face chronic conditions.”

**Non communicable diseases, risks and prevention**

NCDs featured in several survey responses, with cardiovascular diseases (proposal for an EU cardiovascular health plan), cancer, mental health, respiratory and rare diseases (proposal for an EU action plan on rare diseases) among the most prominent conditions mentioned. NCD prevention and risks, including structural and commercial determinants, were also frequently raised, including calls to implement bans for smoking, tobacco and sun beds, to promote behavioural change initiatives and limit the influence of industry lobby on policy making.

“Prioritise health over commercial interests to tackle and prevent NCDs, by creating healthy environments”

“[…] much is left to be done, particularly due to the influence of corporate vested interests and their success in blocking, amending and delaying legislative actions. […] Population-level prevention measures such as regulating the product (e.g. less sugar), the price (e.g. health taxes), the availability (e.g. less outlets) and the promotion (e.g. marketing bans) are the most efficient tools at the hands of policy makers.”

**Financing and investment in health**

Respondents raised the importance of securing the financial sustainability of European health systems and promoting investment in health, with a focus on prevention, health promotion, health enabling environments and strengthening health systems. Taxation earmarked for investments in health and innovation in health was proposed as a way to raise funding.

“[…] Investments are needed in supporting disease prevention, health promotion, health enabling environments and health systems, focusing on ensuring the health and wellbeing of all and address the current health systems crises”

“5% tax of [everybody’s] incomes dedicated to health care and innovation in health care across member states.”
Health services and provision

This category encompasses a broad range of topics, from emphasis on high quality and affordable health care provision to inputs on specific medical services that respondents felt should be given more policy attention at EU level, including oral health, maternal and child health, women's health, occupational health and safety (including psychosocial risk factors at work), traditional and holistic medicine, rehabilitation and long-term care.

"Oral health is an under-appreciated healthcare challenge with more years lost to disability from oral diseases than any other human disease/condition [...] There is a lack of investment in prevention of oral diseases, and return on investment would be substantial."

Political determinants, conflict and health

Respondents pointed out the role of democracy, political polarisation, the advent of populist, nationalist and far-right governments, as well as the impact of armed conflict for population health. Relatedly, the importance of fostering trust and strengthening societal cohesion was touched upon, and of addressing health determinants (some of which are also outlined below).

"[...] The lack of healthcare support among poor living conditions and poverty, are promoting the rise of nationalist thoughts and political polarisation... it is of massive urgency to tackle [these] problems as EU might be at risk if people keeps feeling [these] differences. Many of my generation and younger feel neglected, unhappy with their work and life conditions, sometimes disbelief in their politicians... we all know [where] this lead in the past... we and EU shall make this fight a priority!"

Topics already in or closely related to the discussion framework

A few topics which are closely related to the existing discussion framework or already encompassed by the nine priority topics included:

- **Health workforce**: workforce mobility, workforce shortages, sustainable workforce development, training and education, a common public health workforce to be deployed upon demand
- **Digital health**: strong health information systems, data sharing and data-driven innovation, digital transformation of health services (digitally enabled prevention and chronic disease management), cybersecurity
- **Climate change**: mitigation and adaptation strategies including health considerations, sustainable development and climate action, One Health, AMR
- **(Social and economic) determinants of health and Health in/for All Policies**: Education and lifelong learning, economic resilience and inequality reduction, working conditions, housing, migration and integration policies; intersectoral policy design (advancing gender equity issues, addressing ethnic inequalities, ethics and human rights), wealth equity and distribution
• **Global role and leadership**: support to non-EU countries, EU-Africa relations, partnerships with African and Asian countries, promoting international linkages to key EU initiatives like the European Health Data Space (EHDS) and the EU Network of Comprehensive Cancer Care

• **Achieving Universal Health Coverage**: A universal and free European health system; financial protection and affordability of healthcare

• **Enhancing Health Security**: Biosecurity, institutions and infrastructure to ensure sufficient response in diagnostics, treatment and prevention in occurrence of a new pathogen with pandemic potential or terrorist attack
Triangulation of results

This section ties together the results from the conference events, webinars and stakeholder survey presented in the previous section. By comparing which topics in the discussion framework were considered to be most (and least) relevant and drawing from the diverse discussions around key issues, proposals for EU activities and the EU’s health mandate held across different constituencies, this section sketches out the common ground between different events and constituencies. Figure 16 illustrates this process.

Figure 16  Triangulation of results from different events and constituencies

Participant engagement across different events and constituencies

- Over 500 people engaged in the opinion polls in-person (across the YFG workshop, EHFG conference session, EPH workshop and EPH plenary)
- Around 500 people participated across the three-part webinar series (between 160 and 225 participants joined per webinar; between 114 and 159 participated for 30 minutes or longer)
- 309 survey replies were submitted and included in the analysis
Comparing conference and survey rankings of the discussion framework

i) Which topics matter most to participants?

Despite some differences in voter preferences, likely linked to the diverse composition of different constituencies involved in the public debate, ‘Addressing long-term challenges such as ageing and climate change’ and ‘Addressing the determinants of health through Health in All Policies and Health for All Policies’ are most frequently featured among the top three topics in the discussion framework (in four out of 5 constituencies, see Table 14). ‘Strengthening the EU’s global voice and leadership’ and ‘Implementing digital solutions and AI’ are consistently found in the bottom three. This signals agreement on the significance of topics, such as population ageing and climate change and health determinants, including social, political, commercial and structural factors, for different health sector stakeholders in Europe.

Table 14 Voter preferences across constituencies

<table>
<thead>
<tr>
<th>Constituency</th>
<th>Top 3 priorities</th>
<th>Bottom 3 priorities</th>
</tr>
</thead>
</table>
| EPH workshop   | • Addressing the determinants of health through Health in All Policies and Health for All Policies  
                   • Addressing long-term challenges such as ageing or climate change  
                   • Achieving Universal Health Coverage  | • Strengthening the EU’s global voice and leadership  
                   • Enhancing health security  
                   • Implementing digital solutions and AI  |
| EPH plenary    | • Addressing the determinants of health through Health in All Policies and Health for All Policies  
                   • Addressing long-term challenges such as ageing or climate change  
                   • Achieving Universal Health Coverage  | • Implementing digital solutions and AI  
                   • Enhancing health security  
                   • Strengthening the EU’s global voice and leadership  |
| YFG workshop   | • Health system transformation  
                   • Addressing the determinants of health through Health in All Policies and Health for All Policies  
                   • Enhancing the labour market for health and care workers  | • Achieving Universal Health Coverage  
                   • Strengthening the EU’s global voice and leadership  
                   • Implementing digital solutions and AI  |
| EHFG workshop  | • Addressing long-term challenges such as ageing or climate change  
                   • Improving performance and resilience of the health system  
                   • Supporting health system transformation  | • Implementing digital solutions and AI  
                   • Strengthening the EU’s global voice and leadership  
                   • Enhancing health security  |
| Survey         | • Addressing the determinants of health through Health in All Policies and Health for All Policies  
                   • Addressing long-term challenges such as ageing or climate change  
                   • Improving performance and resilience of the health system  | • Implementing digital solutions and AI  
                   • Enhancing health security  
                   • Strengthening the EU’s global voice and leadership  |
Comparing survey and webinar findings

ii) Which key issues and themes did participants highlight for each of the topics included in the discussion framework and which areas for EU actions did they propose?

(See Table 15 on page 64)

**Digital solutions and AI**: Cross-cutting issues explored across both the webinar and survey included the development and use of digital health solutions to support health systems, including with care delivery (and repetitive tasks), prevention and overcoming health workforce problems. However, discussions also touched upon existing challenges like ensuring digital inclusion as health systems undergo digitalisation processes (and adequately managing the risk of exacerbating health inequalities), ensuring safety of digital solutions, (data) privacy and instilling trust.

**Health system transformation**: The role of EU financial incentives and support, and of existing EU tools (such as Horizon Europe, the Cohesion Funds or initiatives like the Transforming Health and Care Systems Partnership) to stimulate and implement innovations across health systems was a central discussion point across both the dedicated webinar breakout session and the survey. A related discussion point focused on providing leadership in engaging relevant stakeholders and promoting the involvement of actors like healthcare providers, patients and patient organisations in development, implementation and health care planning and reform processes.

**Performance and resilience of health systems**: With regards to resilience and performance, inputs concentrated on the standardisation of indicators and measurement approaches, for instance to support health system performance assessments. At the same time, concerns were raised about the suitability of common indicators across different health systems and the need for tailored approaches to reflect different realities, as well as the use of patient-oriented indicators. Their engagement was deemed important also in health planning and management. The strengthening of health systems and preparedness capacity building were viewed as central determinants of resilience and health systems’ abilities to withstand health crises.

**Labour market for health and care workers**: Reviewing and aligning educational standards and the mutual recognition of qualifications were raised as a key topic in the context of addressing shortages, regional disparities and managing the demands for new skills (e.g. digital). Related to this were calls to better address health workforce needs and improve their working conditions to mitigate existing gaps and develop EU approaches to health workforce issues, including by better coordinating different ongoing initiatives under one strategy or by pursuing EU wide policies to support health workers (e.g., fair wages, working conditions, wellbeing).

**Addressing health determinants**: Driving cross-sectoral integration and involving other sectors in addressing health determinants were key concerns of participants in this breakout room and respondents of the survey. Among different types of determinants mentioned, addressing the commercial determinants of health (e.g., protecting policy processes from the influence of industry), emerged as common priorities across both constituencies.
### Table 15 Common issues, themes and EU actions proposed by different constituencies

<table>
<thead>
<tr>
<th>Cross-cutting</th>
<th>Key issues &amp; themes</th>
</tr>
</thead>
</table>
| Future proof health systems   | - Digital inclusion  
- Role of digital solutions to improve health service delivery including prevention  
- Challenges to implementation including safety, privacy, trust |
| Transformation                | - Role of (existing) EU tools to drive innovation and support transformation  
- Engaging stakeholders and involving patients and providers in planning and reform processes |
| Performance & Resilience      | - Standardisation of indicators and methodologies  
- Health systems strengthening and preparedness as prerequisites of resilience and capacity to withstand health threats  
- People- and patient-centred indicators and public engagement in health planning and management |
| Placing people at the centre  | - Aligning educational standards and recognition of qualifications  
- Addressing health workforce needs and improving working conditions  
- Developing an EU wide approach to health workforce |
| Labour market                 | - Addressing the commercial determinants of health  
- Driving cross-sectoral integration and involving other sectors in addressing health determinants |
| Health determinants           | - Map and monitor coverage gaps  
- Support vulnerable and marginalised groups in accessing care  
- Promote care integration and invest in PHC, community care and prevention |
| UHC                           | - Climate change preparedness, mitigation and adaptation including use of technology and innovation (climate friendly solutions for health care management and delivery)  
- Addressing needs of patients through care integration (PHC, long term and social care) and leveraging innovation (age-friendly technologies, promoting best practices)  
- Addressing health determinants, including commercial determinants |
| Long-term challenges          | - Promoting health systems strengthening and preparedness to ensure health security  
- Building capacity, investing in infrastructure and scaling innovation  
- Cross-border cooperation and coordination |
| Health security               | - Implementing & aligning global health strategies for an EU common voice  
- Pursuing mutually beneficial relationships with third countries  
- Drive and advocate for comprehensive and cross-sectoral health policies |
| EU action                     | - Legal frameworks & EU instruments  
- Cooperation, coordination & synergies  
- Awareness raising & communication  
- Funding & investment  
- Standardisation, common methodologies & indicators  
- Frameworks & guidance  
- Generating & sharing knowledge/Sharing best practice & knowledge  
- Leadership & stakeholder participation/Leadership & (global) governance  
- Monitoring, evaluation & feedback  
- Promoting innovation & implementation |
Universal Health Coverage: Participants discussed the need for better mapping and monitoring coverage gaps, particularly with regards to vulnerable and marginalised groups. Improving the accessibility, affordability and availability of health and care services for these population groups was also emphasised, together with urban-rural divides and regional inequalities. Investing in PHC, community care and preventive services and promoting care integration were also among key discussion points.

Long-term challenges like ageing and climate change: Climate change preparedness, mitigation and adaptation including the use of technology and innovation to address some of the existing challenges (e.g., climate friendly solutions for health care management and delivery) were central themes in these discussions. Addressing health determinants, leveraging innovation to address patients’ needs (age-friendly technologies, promoting best practices) and implementing care integration (PHC, long term and social care) were some of the ideas shared to tackle population ageing and shifting population health needs.

Health security: Promoting health systems strengthening and preparedness was deemed key to ensure health security. This related to calls for building capacity (e.g., with regards to surveillance, information exchange, joint procurement, stockpiling and adequately trained health workers), investing in infrastructure and scaling innovation. Cross-border cooperation and coordination, within and outside the European Union, was also viewed as important to adequately prepare health systems and manage cross-border threats.

EU global voice and leadership: Across both the webinar and the survey, aligning Member States’ global health strategies with implementation of the EU’s global health strategy and speaking with a common EU voice in international fora emerged as a key issue. At the same time, participants advocated for building mutually beneficial partnerships with third countries, correcting power imbalances and ensuring strategic coherence. Comprehensive and cross-sectoral health policies were also discussed.

Topics that were mentioned in more than one breakout session and across multiple sections of the survey included health workforce, Health in All Policies, equity, public health, prevention and health promotion, commercial determinants of health, and health literacy and people-centredness.

In terms of proposed EU actions, similar types of activities were put forward across different breakout rooms and in the survey, which included:

- The development, revision and implementation of legal frameworks (legislation, regulations) and EU instruments
- Strengthening cooperation, coordination and synergies in different settings, including within the Commission, across Member States and with other organisations such as the WHO
- Awareness raising, education and communication with the public
- Supporting Member States with funding and investment
- Advancing standardisation, and the development of common methodologies and indicators
- The development of frameworks and guidance on a range of public health issues
- Generating and sharing knowledge and best practices, for instance to encourage benchmarking exercises
• Providing leadership, both in a global context and within the Union, as well as promoting stakeholder participation
• Monitoring and evaluating progress and performance, and providing feedback
• Promoting innovation and implementation, and the adoption of new technologies

iii) Should the EU mandate be expanded? How could this look?
Discussions on the EU’s mandate were highly differentiated and tended to be more in favour of an expansion in the survey than in the webinars. However, across both formats, participants and respondents acknowledged the related political sensitivities and resources which would be required to implement a similar change. Many of them called for better coordination and cooperation, as well as implementation of existing instruments and more extensive EU actions within current treaty provisions. Key concerns related to policy fragmentation and integration of health policy with other EU competence areas.

Cross-cutting
• A mandate expansion is complex in the current political context & would require substantial legal, political and financial backing
• More can be achieved within current provisions (e.g., better integration with other EU competences)
• Better cooperation & coordination is needed, and fragmentation could be reduced with a mandate expansion

iv) Which other topics did participants deem important?
Outside of the topics included in the discussion framework, equity emerged as a key cross-cutting issue across different dimensions including gender, digital inclusion, access to health care and global health. In addition, conflict and democracy, rule of law and elections, were highlighted as key political determinants by different participants. Public Health, prevention and health promotion featured consistently in discussions reflecting on possible solutions to tackle issues, including the rise in NCDs, multimorbidity and the management of public health issues in resilient and performant health systems. With regards to NCDs, contributions also highlighted the importance of ensuring equitable access to services, including preventive care, for cancer, cardiovascular diseases, mental health and rare diseases across Member States. Relatedly, attention was drawn to selected health and care services, including palliative and social care and to tackling the needs of patients such as those affected by rare diseases or mental health conditions.

Cross-cutting
• NCDs, including cancer, cardiovascular disease, mental health and rare diseases
• Equity
• Public health, prevention & health promotion
• Political determinants of health
• Health services & provision to address the needs of patients
Discussion

The public debate on the future health priorities of the EU engaged a broad range of stakeholders. The process has been successful in gauging audiences’ sentiments at different timepoints in the leadup to the European elections and in gathering diverse voices by leveraging inputs from four conference events, three webinars, and a stakeholder survey. Triangulating data across these sources has confirmed public endorsement of the debate and of the topics included in the discussion framework.

Gauging public sentiment

Which topics in the framework mattered most to participants?

Although the discussion framework appeared to resonate with most participants, perceptions and preferences of the topics contained within diverged across different settings and audiences. ‘Addressing long-term challenges such as population ageing and climate change’ and ‘Addressing determinants of health through Health in All Policies and Health for All Policies’ most commonly featured among the top three topics in the discussion framework. At the same time, the EHFG audience prioritised health systems performance, resilience and transformation, while audiences at the EPH conference deemed the achievement of Universal Health Coverage more relevant. Survey respondents positioned themselves in the middle, ranking health determinants in first place, followed by long-term challenges and performance and resilience of health systems. Hence, the topics which garnered most public support were those least controlled by the health sector alone, requiring considerable cross-sectoral engagement and coordination to be adequately addressed.

Interestingly, ‘Improving digital solutions and AI’, ‘Enhancing health security’, and ‘Strengthening the EU’s global voice and leadership’ were ranked lowest across all conference audiences and among the stakeholders who responded to the survey. Possible explanations include the transversal nature of digital solutions, which voters may have perceived as a means to achieving other priorities. Conversely, the protracted COVID-19 crisis and resulting focus on bolstering emergency preparedness and response capacities, including substantial action at EU level, may have elicited some voters to opt for other topics having received less policy attention in recent years. The EU’s recent launch of a Global Health Strategy may have influenced participants’ ranking choices in a similar manner.

The expansion of agency mandates (EMA and ECDC), the establishment of HERA and the passing of legal frameworks such as Regulation (EU) 2022/2371 on serious cross-border threats and Directive (EU) 2022/2557 on the resilience of critical entities may have created some confidence among participants that health security is already well-managed at EU level (and ongoing work is bound to continue). Nevertheless, participants appear to consider health security a very important issue, as it was repeatedly mentioned during the open discussions and numerous proposals for add-on actions at EU level were suggested throughout both the webinars and the survey.
Gathering ideas, perspectives, arguments, expectations, and experiences from the public

Which other topics did participants deem important?

Across all events and formats, participants raised other topics outside the scope of the discussion framework. Equity, the role of prevention, public health and health promotion, the importance of NCD management, as well as related risk factors and determinants were some of the key topics repeated across different formats. In addition, mentions of climate change (including AMR and One Health), political shifts and ongoing conflicts and their implications for population health in Europe provide an insight into stakeholders’ perception of current geopolitical events, how these might attract public interest and influence agenda setting in the near future.

With regards to NCDs, contributions highlighted the importance of ensuring equitable access to services, including preventive care, for cancer, cardiovascular diseases, mental health and rare diseases across Member States. Europe’s Beating Cancer Plan was regarded as an important achievement which might serve as a model for other diseases, including cardiovascular conditions and mental health, although concerns about the barriers hampering its implementation were raised by different audiences and may necessitate further consideration and policy action.

Which key issues for action did participants highlight and which areas for EU actions did they propose?

Webinar participants and survey respondents were able to formulate concrete proposals for EU action, which were surprisingly consistent across different formats and audiences. Participants highlighted the importance of EU legal frameworks and instruments in promoting and safeguarding health, including funding and technical support, in some cases advocating for new tools and in others pleading for better implementation and coordination of existing mechanisms. More coordination, cooperation and pursuit of synergies across different policy areas were central proposals, accompanied by calls for stronger EU leadership. Some proposed actions were in areas in which the EU is already very active, including the development of frameworks and guidance, research and knowledge sharing, awareness raising and communication. This highlights the success and endorsement of these initiatives by relevant stakeholders. Conversely, other areas, such as harmonisation and standardisation, as well as monitoring and evaluation efforts, which typically lie in the remit of Member States, indicate that stronger EU involvement may be welcomed and deemed necessary by relevant stakeholders to address pressing health system issues.

Should the EU mandate be expanded?

Participants generally voiced positive opinions about the past achievements of EU health policy, with many expressing a preference to build on these accomplishments or at least to preserve them. Two-thirds of the survey respondents believed the EU mandate should be strengthened – a finding which somewhat contrasts with views expressed during the webinars, where an EU mandate expansion was generally welcomed, but discussions about political, financial and operational barriers, as well as proposals for more and improved actions within current treaty provisions dominated the narrative. Overall, there was consensus around the need for stronger coordination and cooperation, better implementation of existing instruments and more extensive EU actions within current treaty provisions, alongside a pragmatic approach to future health policy development.
Limitations

The public debate and underlying methodology have several limitations. First, the process and outcomes presented in this report are only representative of the people who engaged in the public debate. By triangulating data from different events and formats and promoting the public debate through the Observatory newsletter and social media channels, the debate has attempted to capture inputs from different consistencies. However, it is likely that a majority of the persons engaging in the debate stem from the existing Observatory network, public health research and health policy communities. Relatedly, the inputs collected from the webinars and stakeholder surveys may in a few isolated cases have been influenced by specific stakeholders’ efforts to push their agendas and unduly influence results. In the stakeholder survey, some survey replies were submitted by multiple respondents or respondents submitted replies which were unrelated to the questions. Both types of incidents were accounted for in the analysis process whenever detected.

The data analysis is based on qualitative methods and was conducted with the help of online content analysis software Quirkos and AI platform ChatGPT. Results were checked independently by two Observatory researchers. However, like all qualitative research, the findings may be prone to human interpretation, error and subjectiveness. All documentation pertaining to the performed analysis is available for consultation to ensure transparency.
Conclusions

Despite the mentioned limitations, the public debate on the future priorities of the European Union has proven a highly interactive exercise which mobilised stakeholders from a broad range of professional, demographic and geographic groups. Their sustained engagement and participation across different fora and initiatives in the runup to the European elections underlines the relevance and public support for participatory approaches that can inform decision makers and contribute to shaping the policies of tomorrow’s European Union. The public debate has shown it is worthwhile to engage with the public on EU health policy and there is willingness to build on what has been achieved so far. As the new European Parliament and Commission commence their mandates, the outcomes from this public debate can serve as a source of inspiration, offering innovative ideas, crystallising areas of unmet needs and sketching out concrete proposals for action to design health policies that meet EU citizens’ needs, wishes and expectations.
# Annex

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Enhancing health security

What is the topic about?

Health security refers to the activities and measures taken at the global, national, regional and local levels to ensure the protection of people’s health against threats or events that could harm it. These measures focus on preventing, detecting, and responding to a broad range of health threats. Health security addresses four main threats. The first set of threats arises from emerging and re-emerging infectious diseases with potential to cause epidemics and pandemics, such as influenza, Ebola or COVID-19, with responses including efforts to prevent the spread of disease, vaccination campaigns and the establishment of treatment protocols. The second is bioterrorism, and responses include safeguarding against the intentional release of biological agents, whether these are bacteria, viruses, or toxins, that can harm health. The third category includes natural disasters, such as earthquakes or extreme weather events, with responses ensuring that healthcare facilities can continue operating during crises and that there are adequate supplies of necessary medicines and medical equipment. The fourth includes the release of chemical, radiological, or nuclear materials that can have adverse health impacts.

Health security responses can be considered under three broad categories. The first is surveillance, which entails monitoring health threats to detect emerging risks early and coordinate an effective international response. The second is ensuring that health systems are resilient and can continue to function effectively and provide essential services in the face of different threats. The third is Research and Development, supporting research into new diagnostics, treatments and vaccines that can address emerging health threats.

Why is it important to EU Member States?

Health security is important for several interconnected reasons. The first is protection of public health, safeguarding the population from the threats listed above. When health security measures are robust, they can prevent or mitigate the effects of these threats and ensure that appropriate responses are rapidly deployed.

The second is safeguarding the economy. Disease outbreaks and other threats to health can have severe economic repercussions. For instance, pandemics can halt global trade, disrupt supply chains, impede tourism and stall various sectors of the economy. This leads to job losses, reductions in GDP, and potential financial crises. Strong health security helps protect economic stability by reducing the risk and impact of health threats.
Enhancing health security

The third is societal cohesion. Large-scale health crises can strain societal structures, lead to fear and panic and, potentially, civil unrest. They can also create or exacerbate inequalities if certain populations are disproportionately affected and increase the appeal of populist voices promoting societal discord. A strong health security framework helps maintain societal cohesion by ensuring that populations are protected and adequately supported during health emergencies.

The fourth is protecting health systems. An outbreak can overwhelm local and national health systems, leading to reduced capacity to address other health concerns. Health security helps ensure that health systems remain functional and resilient in the face of increased demand.

The fifth relates to trust. Effective and transparent health security measures can foster trust in government, public health institutions, and international organizations, including the EU. Trust is also vital if the public are to follow health guidelines, especially during crises.

Finally, there is an ethical imperative that goes beyond the pragmatic case for strengthening health security to ensure the well-being and safety of populations from health threats. This involves not only reactive measures but proactive ones, like ensuring equitable access to healthcare, vaccines and treatments.

In summary, health security is a foundational aspect of maintaining the wellbeing, stability, and progress of societies in the face of health threats. Given the multifaceted impacts of health crises on individuals, communities and nations, health security is indispensable.

What has the EU done to date?

The foundation of health security in the EU is the European Health Union (EHU), designed as a means to enable Member States, working with the WHO and others, to prepare and respond together to health crises, ensuring that medical supplies are available, affordable and innovative, and that governments work together to improve prevention, treatment and aftercare for disease. The EHU has been operationalised by a range of measures, including new mandates for existing agencies (the European Centre for Disease Prevention and Control (ECDC) and the European Medicines Agency (EMA)), the creation of a new body within the Commission (the European Health Emergency Preparedness and Response Authority (HERA)) and several new Regulations.

Regulation (EU) 2022/2371 on serious cross-border threats to health establishes the ‘Union prevention, preparedness and response plan’ to complement national prevention, preparedness and response plans, consistent with the WHO emergency preparedness and response framework set out in the International Health Regulations. It includes measures related to surveillance, testing, contact tracing, laboratories, training of healthcare staff and specialised treatment or intensive care. Its implementation is monitored through triannual reports from each Member State on prevention, preparedness and response planning and implementation, assessed by ECDC, and feeding into a Commission Report on Prevention, Preparedness and Response Planning.
The Regulation is supported by a Health Security Committee composed of Member State representatives, acting at two working levels: a senior working group for regular discussions on serious cross-border threats to health and technical working groups to discuss specific topics, if necessary.

The Regulation also provides for joint procurement of medical countermeasures, an initiative also open to European Free Trade Association and candidate countries, as well as microstates in Europe.

Surveillance falls within the remit of ECDC, which monitors and evaluates a number of dedicated networks, monitors disease burden, and develops and models scenarios and responses. It also manages a new Early Warning and Response System and, with other agencies, risk assessments, while supporting EU reference laboratories.

The Regulation also makes provision for the Union-level recognition of a public health emergency, advised by a committee on when to declare and terminate one and how to respond, as well as for the enactment of temporary public health measures.

Directive (EU) 2022/2557 on the resilience of critical entities establishes rules for the identification of critical entities of particular European significance. Member States must develop national strategies to enhance resilience and carry out risk assessments at least every 4 years, identifying the risks that may significantly disrupt the provision of essential services and taking appropriate measures to mitigate them.

Key takeaways

The experience of the pandemic has brought health security higher on the European agenda. A series of measures have been adopted but their success depends, to a considerable extent, on what is in place in Member States. Thus, it will only be possible to develop an effective European response to a health threat if it is identified early by national surveillance systems. Similarly, the adoption of responses, such as restrictions on movement in a pandemic, are extremely time-critical, with a delay of even a few days risking a massive increase in cases, decisions that lie within the competence of Member States. A further problem is that, to employ a well-worn cliché, microorganisms do not respect boundaries. This means that it is dependent on global action and, specifically, agreement on strengthening of existing institutions and agreements and creation of new ones, most notably a pandemic treaty. Considerable ambition and commitment at both the EU and Member State levels will be necessary to carry forward negotiations on such a treaty. Finally, within the EU, it remains to be seen how some new entities, especially HERA, will operate and work together.
Enhancing health security

Further reading


Authors

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Addressing the determinants of health through Health in and for All Policies

What is the topic about?
Many of the determinants of health lie outside the health care system, from sanitation and food systems to built environments and education. Many of history’s greatest improvements in health status have indeed come from policies in these areas. The obvious conclusion, therefore, is that there could be even more health gains if we were to direct policies across governments towards health. Health in All Policies (HiAP) is the phrase commonly used for this agenda. It means a systematic approach that identifies the health consequences of any policy and efforts to ensure that policies promote health or at least do not damage health.

Health for All Policies (H4AP) builds on this agenda by highlighting the ways in which better health, and better health policies, contribute to other agendas. For example, reduced risk of catastrophic health care costs (through substantial co-payments), can reduce the risk of poverty. Or, better health can improve educational attainment and reduced greenhouse gas emissions from health care can contribute to zero-carbon goals.

Why is it important to EU Member States?
Health in and for all policies is both an effective and an efficient way to improve health. HiAP is effective because it can use multiple policy levers to directly address causes of ill health. It is efficient because addressing those causes can be cheaper, in every sense, than reliance on the health care system. The logic of H4AP also points out opportunities for synergies and win–win solutions, for example by greening health care infrastructure to reduce carbon emissions or school nutrition to improve health and, in turn, educational attainment.

Many policies associated with HiAP and H4AP lie with Member States and their local governments, but the EU has direct (e.g. funding) and indirect (e.g. regulatory) effects that shape the feasibility of these policies.
What has the EU done to date?

In one sense, the EU has already been doing health in all policies without calling it HiAP. In addition to its health competences anchored in Article 168 of the Treaty on the Functioning of the European Union (TFEU), the EU has longstanding and important areas of activity, the treaty bases of which explicitly name health as an objective, including social policy, consumer protection and environmental protection. Each of these areas has a wide variety of effective policies, ranging from the regulation of chemicals to occupational safety. The biggest EU impact on health over its history might be through these policies but also through, for example, food safety, medicines authorization, health security, research and innovation.

That said, explicit health in all policies have had a complex history within the EU. Article 9 of TFEU supplies something of a treaty base by committing to a “high level of protection...of human health.” In the early 21st century, there were efforts within the Commission to ensure a process that would build Health in All Policies into policy more broadly through enhanced inter-service coordination and collaboration and through Health Impact Assessments. In practice, the impact was varied, and health was never the main goal of the overall regulatory impact assessment processes.

The impact of the HiAP agenda on EU infrastructure financing, such as the Cohesion policy funds or the loans of the European Investment Bank, was limited prior to the COVID-19 pandemic. The introduction of the temporary Recovery and Resilience Facility (RRF) however, with a focus on health resilience may bring about change. Given the influence of EU infrastructure lending, integrating health goals and models of H4AP into lending and funding decisions could be important moving forward.

Fiscal governance processes initially disregarded health effects, although they have evolved so far that the European Semester’s goals now encompass the entire set of Sustainable Development Goals.

Finally, the COVID-19 response did not just lead to a substantial increase in the profile and resourcing of EU public health policy. It also showed the variety of policy tools in the EU that affect health, from the advance purchasing of vaccines to facilitation of travel – and the importance of health to a functioning European economy.

Some policies are exclusive competences of the EU while others are shared between the EU and Member States. To advance positive impacts on population health and health systems and to mitigate negative ones across these policy areas, it is key to work together and keep health high on the political agenda of both the EU and its Member States. This will also support Member States in pursuing their health and health system priorities.
Key takeaways

- The EU has long been pursuing health in other policies, notably in the areas of environment, social policy, and consumer protection, where health is an explicit treaty goal.

- Article 9 of TFEU provides a treaty base for HiAP and H4AP. More can be done to improve and harmonize the methods used to assess health impacts. This would facilitate a consistent and cross-cutting application of the “health in all policies” principle in policy design (and implementation). In addition, continued support to strengthened scientific consensus around the importance of health determinants will make robust evidence available when assessing health impacts and developing solid monitoring frameworks.

- Having adopted the Sustainable Development Goals as objectives across the board, including in its fiscal governance and budgets, the EU institutions have an opportunity to develop and generalize models of policy that identify and promote positive interactions between sectors.

Further reading


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Author

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Supporting health system transformation

What is the topic about?
Transformation is a complex yet critical process to meet new challenges and rising demands in health systems. Across the European Union, countries are grappling with the rising costs of health care and workforce shortages, while dealing with health service backlogs in the aftermath of the COVID-19 pandemic and the increasingly evident consequences of climate change. Many health systems are struggling to adapt and embrace the adjustment or change required to tackle these issues. This highlights the importance of strengthening health systems resilience and effectiveness through transformation. From technological progress to implementing systemic and organizational changes, transformation can encompass the implementation of different types of innovations. It is a process which requires dedicated resources, long-term investment, intersectoral and political commitment, as well as an overall supportive environment. Although the organization and delivery of health care and health systems more broadly is primarily the responsibility of the EU Member States, there are different ways in which the EU can support and facilitate transformation.

Why is it important to EU Member States?
Innovative solutions are needed to meet the rising and competing demands faced by European health systems. This entails being able to detect and anticipate challenges, as well as identifying suitable solutions that work, are affordable and improve access in practice. Potential solutions must ideally be tested before implementation and their progress monitored to enable continued adaptation towards the improvement of outcomes. In this regard, policy-makers in EU Member States must not only know what they need to do, and when, but also how to do it, in order to enable the delivery of (more) effective, efficient, safe, high-quality and people-centered health services for all. However, successfully implementing change is complex and requires awareness of the social, political and economic context in which the health system operates along with the dynamics of key stakeholders. The EU can support Member States in various ways during the process of implementation and change.
What has the EU done to date?

The delivery of health services is a Member State competence; however, the EU has provided crucial support in different ways to enable health system transformation.

The EU has supported and can continue to support Member States through the collection of comparable data to identify areas for action and monitor progress, including through the European Semester, as well as other ongoing benchmarking initiatives. The European Semester is a mechanism dedicated to coordinating Member States’ economic and fiscal policies, and also monitors progress in health systems. The collection of standardized indicators through Eurostat and the production of comparative publications within the State of Health in the EU cycle can supply pertinent data to monitor the functioning, gaps and progress made across European health systems.

Furthermore, the EU has a dedicated research programme (Horizon Europe) which provides financial support for collaborative research and initiatives aiming to identify joint transformation needs across Member States and develop potential solutions to address them. Horizon Europe is not health-specific, but has an important focus on health, and substantial funding has traditionally been dedicated to drive relevant objectives. For instance, Horizon Europe promotes dedicated research projects and collaborative partnerships including multi-country projects like TO-REACH and the new European partnership for transforming health and care systems. With a view to help Member States transfer best practices, the EU health programme has funded joint actions like JADECARE and CIRCE-JA. Building on these initiatives, the institution of an EU-wide, formalized and health-specific needs assessment mechanism, as well as a stronger focus on research and projects in the area of implementation science, are warranted.

The EU also supplies targeted technical assistance through its Directorate-General for Structural Reform Support (DG REFORM) to help Member States plan, pilot and implement reforms and innovative solutions by mobilizing hands-on support through experts in the field.

Transformation requires sustained financial support, and this is not always sufficiently available at national level. The EU can continue to offer complementary funding instruments, although more can be done to render available funds more user-friendly, sustainable and to tailor them to the specific needs of Member States. Among several relevant financial instruments, the Cohesion Policy Funds and broader initiatives within the EU’s regional policy (e.g. the Harnessing Talent Platform), aim to support Member States in addressing regional disparities, including in health services, and strengthening territorial cohesion. The newly established Recovery and Resilience Facility provides targeted funding for investments and reforms to strengthen health system resilience (greening and the digital transformation of health systems being central components). However, this is only a temporary instrument which may solicit future financial commitments of a similar magnitude to drive health system reforms. A recent multi-country project supported by DG REFORM aims to establish a new EU Health Resources hub for health-specific advisory assistance, which, if properly resourced, has the potential to become a one-stop shop for Member States to obtain tailored assistance to access suitable EU funding to meet their health system transformation needs.
Supporting health system transformation

Key takeaways

• The ability to evolve and innovate lies at the heart of European health systems’ response to changing health needs and burden of disease, rising health care demands and costs, as well as emerging challenges, such as new pathogens, workforce constraints, COVID-19 related backlogs and climate change.

• Transformation requires sustained investment, political initiative, stakeholder engagement and a supportive environment which should be instilled at national and regional level, but which can be facilitated though targeted support at EU level.

• EU support can hence financially complement available national resources, as well as promote collaborative research, cross-country learning activities and transfer of best practices.

• Current funding opportunities are somewhat fragmented and not always easily accessible; they could be better tailored to meet Member States’ needs.

Further reading


Authors

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Enhancing the labour market for health and care workers

What is the topic about?

Europe is facing a health workforce crisis. Health worker shortages, medical deserts, attrition and skill-gaps are reported by many Member States. The pandemic has laid bare these deficiencies and aggravated the situation, with many health workers leaving the health system due to overwork, burnout and feeling undervalued and underpaid. The demographic change in Europe is putting additional pressure on health systems. We have ageing societies and an ageing health workforce. As patients’ demands for healthcare are increasing, the pool of young workers to replenish or grow the health workforce is about to decline.

This crisis is happening in the context of the European labour market for health workers. The Directive on the recognition of professional qualifications has made the cross-border movements of doctors, nurses, dentists, pharmacists and midwives easier. This opportunity is widely used. But this labour market does not sufficiently deliver for patients, health workers and health systems. To address the health workforce crisis, we need to improve the European labour market.

Why is it important to EU Member States?

The health workforce crisis is affecting the performance of health systems. Increased demand, workforce shortages and medical deserts are contributing to longer waiting times and backlogs for care, which affect timely and equitable access to services. Skill-gaps meanwhile affect the quality and safety of services, in particular for delivering integrated care for patients with chronic conditions and multimorbidity. Growing uncertainties about access and quality of care reduce user experience and patient satisfaction.

The health workforce crisis is also affecting the ability of countries to implement health system reforms, notably strengthening primary health care. Recruiting and retaining health workers to reduce shortages, while at the same time developing a health workforce with the skills that match new or enhanced models of care, is a substantial challenge for many countries.

The health workforce crisis is also discouraging candidates from becoming health workers. Hearing about the stress and poor working conditions that health workers are exposed to in many countries, in part because of the health workforce crisis,
undermines the attractiveness of otherwise very interesting professions. The health sector is finding it ever more difficult to compete with other sectors that offer better work-life balance, career opportunities and fair remuneration, factors that are increasingly important for the new generation of workers in the EU.

The health workforce crisis is ultimately undermining efforts of countries to strengthen the resilience of health systems. The health workforce plays a fundamental role in ensuring health systems are prepared for another external shock, be it another pandemic, large-scale migration, antimicrobial resistance or the looming climate crisis. Strengthening the health workforce to build health system, societal and economic resilience is one clear and important lesson coming from COVID-19 pandemic responses.

What has the EU done to date?

There is very little political mandate for the EU in the area of health workforce development under the Public Health article of the Treaty on the Functioning of the European Union (TFEU). Nevertheless, the European Union has supported the strengthening of the health workforce in Member States through various programmes including the public health programme (EU4Health), Horizon Europe, the Cohesion policy funds and more recently the Recovery and Resilience facility, although there has been limited implementation of health workforce strategies to date. A lot of support has been made available for health workforce planning and forecasting and for understanding and managing medical deserts, working conditions and skill enhancement. In addition, the Recovery and Resilience Facility offers substantial funding to support digitalisation, while the EU’s Pact for Skills initiative will play a key role in ensuring health workers can develop digital skills for the future. More generally, the EU could support Member States in developing systems for continuous professional development through research and/or the establishment of Open Education Resources.

There is however a substantial political mandate with regards to the internal market, facilitating the cross-border mobility of health workers. It is based on the Directive on the recognition of professional qualifications (2005/36/EC). This has resulted in substantial cross-border movement for training and job-seeking. The way the European labour market for health workers is organised, however, is indifferent to health system needs and does not contribute to the distribution of health workers according to need.

The EU could help Member States with strengthening their human resources for health information systems and with introducing electronic health workforce registers to improve availability and standardisation of data. Setting up an EU-monitoring and forecasting system linked with national forecasting and planning systems could support Member States in strengthening capacities for forecasting and planning.

A lot can be achieved by continuing health workforce research and development through the various EU programmes. This would support Member States’ efforts to improve salaries and working conditions. It would be beneficial if funds for health workforce development could be used, wherever possible.
Key takeaways

- Health system performance and resilience are being depleted by the health workforce crisis, a crisis which is not going away soon due to many pressures including the ageing of European societies and the ageing of the health workforce.

- EU support tools for health workforce development in Member States are important both to understand the roots of the current health workforce crisis and for Member States to learn from one another.

- Voluntary collaboration between countries, regarding training in particular, is important.

- The European labour market for health workers is a great achievement but requires further alignment with health system demands.

- The European labour market for health workers would benefit greatly from alignment with health needs including transparency about the pool of available health workers, monitoring of cross-border movement of health workers, joint training strategies, in particular for specialties and for smaller and less affluent countries.
Further reading


Authors

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Gemma Williams, European Observatory on Health Systems and Policies
Achieving universal health coverage

What is the topic about?
Universal Health Coverage (UHC) is a paramount concern for policy-makers across the European Union (EU). UHC encompasses three dimensions: population coverage, service coverage and cost coverage. It aims to ensure that everyone has access to quality health care without facing financial hardship. However, a formal entitlement to coverage does not always guarantee real access to health care services for all population groups, as services may not be available due to a variety of reasons such as waiting times, long distance or care denial. Although European countries have made progress toward achieving UHC, there is still a need to better understand and address the existing gaps in coverage and access.

Why is it important to EU Member States?
UHC holds immense significance for EU Member States due to its potential to enhance the health and well-being of their populations while also promoting social and economic stability and equity. Moreover, UHC contributes to health system resilience and performance by addressing key objectives such as health improvement, people-centeredness, financial protection, effectiveness, safety, user experience and access to health care services. The relevance of UHC became even more apparent in the context of the COVID-19 pandemic, where access to health care services could make a life-saving difference. The pandemic has had a significant impact on other sectors of the health care system, such as cancer care, and has affected vulnerable population groups disproportionately. By achieving UHC and improving health care access, Member States can enhance their preparedness to respond to public health emergencies and promote equitable health outcomes for all.

Member States who achieve UHC can also ensure financial risk protection, reducing the burden of health care costs on individuals and families. It is crucial for Member States to pursue UHC because disparities in coverage and access persist and are widening within the EU. Some countries still have significant portions of their populations without statutory health coverage, and certain vulnerable groups, such as irregular migrants and citizens who are subject to financial hardship, face barriers to accessing health care.
What has the EU done on this topic to date?

While UHC is primarily a responsibility of individual Member States, as defined in the Treaties, the EU has supported initiatives and policies that contribute to its realisation. The EU’s European Pillar of Social Rights emphasises the right to timely access to affordable, preventive, and curative health care of good quality.

The EU has been involved in collecting data and indicators related to UHC and access to health care services, such as the European Union Statistics on Income and Living Conditions Survey (EU-SILC) and the European Health Interview Survey (EHIS). These data sources help monitor access to health care and unmet medical needs across EU countries. In addition, the European Observatory on Health Systems and Policies and the OECD, in cooperation with the European Commission, publish Country Health Profiles every two years. Moving forward, these resources can be further improved, making them even more effective in exposing gaps and opportunities to advance UHC.

Furthermore, the EU provides funding for health care research and infrastructure projects, and sets broad health and safety standards and facilitates cross-border health care services through the Regulation (883/2004) on the coordination of social security systems and the Patients’ Rights Directive (2011/24/EU). These in turn may have implications for achieving UHC nationally as well. Lastly, during the COVID-19 pandemic, the EU, through its Civil Protection Mechanism played a significant role in realising access by facilitating the temporary deployment of health care professionals to areas with high infection rates.

Europe’s Beating Cancer Plan is one of the initiatives that has been developed to build a strong and resilient European Health Union and is putting emphasis on ensuring access to cancer prevention, screening, treatment and care. Another focus is on equality, for example through the European Inequalities Registry, which allows inequalities in access to be monitored across and within countries.

In view of the challenges, further progress could be made by strengthening the European Pillar of Social Rights, by promoting an EU-wide common health benefits basket, by investing in the development and enhancement of UHC indicators, by building on the experiences of the European Reference Networks (ERNs) in providing support for the diagnosis and treatment of rare diseases, and by addressing geographical, social, educational, economic, disease-related, and vulnerable population inequities through shared dedicated funding.

These actions would require cooperation and consensus among EU Member States, as well as careful consideration of legal, financial and practical implications. Additionally, the EU would need to balance its role with the responsibilities and autonomy of individual Member States in health care provision.
Achieving universal health coverage

Key takeaways

- Achieving UHC is essential for EU Member States because it can improve population health, reduce the financial burden placed on individuals, enhance health system resilience, and promote equitable health care access. This is particularly relevant in the context of public health emergencies like the COVID-19 pandemic.

- While health care is primarily the responsibility of individual Member States, the EU could support UHC efforts through various actions, investing in UHC indicators, creating a shared fund for resource-poor areas and expanding the mandate of European Reference Networks (ERNs) to ensure access for patients from small and less affluent Member States.

- The EU has been involved in collecting data and indicators related to UHC and access to health care services, which helps monitor health care access across EU countries, but these can be improved further to have more impact on policy. Additionally, the EU can set health and safety standards, facilitate cross-border health care services, provide funding for health care research and infrastructure, and support health care access during crises like the COVID-19 pandemic.

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Implementing digital solutions and AI

What’s the topic about?

Digital health describes a diverse range of technologies employed to promote and improve health, including eHealth, mHealth, big data and cutting-edge technologies such as artificial intelligence (AI). According to the European Commission’s Coordinated Action Plan on AI, “AI refers to systems that display intelligent behaviour by analysing their environment and taking action – with some degree of autonomy – to achieve specific goals”. Digital Health has revolutionized many areas of health care delivery and AI is increasingly gaining traction in many industries, with the promise of maximizing the efficiency of processes, improving resource allocation and generating substantial positive social and economic outcomes for people. From assisting the interpretation of medical images to infectious disease monitoring in public health, AI has already found numerous applications in health care delivery and health systems. However, the use of digital technologies and AI also poses significant challenges and risks related to issues such as data protection and privacy, equity, safety, unpredictability and transparency. As the uptake of digital solutions spreads across European health systems, it is of the utmost importance to ensure risks are adequately mitigated and health outcomes maximized for all.

Why is it important to EU Member States?

European health systems are under substantial pressure to provide good quality and universal health care in the face of many coinciding demands and challenges. Digital health solutions have the potential to support health systems in achieving their goals, from improving the efficiency of a system, to making better use of human resources, to making care more integrated and easier to use, as well as reducing barriers to access, particularly for people located in remote areas. Additionally, they have great potential to reduce the workload of health care workers if appropriately employed. However, the adoption of digital health technologies does not always lead to improved

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Implementing digital solutions and AI

health outcomes in practice; it is therefore crucial to ensure that digital health solutions are leveraged to support health system goals. The equitable use of such services requires stable access to fixed or mobile broadband internet, facilitated by accessible prices, end-user digital skills and cemented by people’s trust in these technologies.

Although two thirds of EU citizens think artificial intelligence will have a positive impact on their way of life over the next 20 years, almost nine in 10 also believe it requires careful management. Trust is particularly important for the increased use of AI in health care, for which Member States need adequate frameworks to ensure that all related risks, including data quality for the training of algorithms, are taken into account. There is a growing number of potential applications of AI in health care, and the need for oversight increases accordingly.

Finally, fundamental prerequisites for the digitalization of healthcare delivery are the interoperability of different components, the safe and meaningful collection and use of data, and the digital literacy of both health professionals and the population.

What has the EU done to date?

The EU dedicates substantial amounts of funding to driving the digital transformation in Europe through various mechanisms, including for the development of standards for digital health applications and electronic health data. During the COVID-19 pandemic, the European Commission facilitated the development of interoperable digital COVID-19 vaccination certificates, which helped Member States to gradually reinstate travel and public activities. The latest addition to a long list of financial instruments eligible for digital projects in Member States, the Recovery and Resilience Facility requires at least 20% of the funds allocated to each country to be invested in the digital area. In addition, financial support can be provided for the development of dedicated infrastructure, including to support the widespread implementation of internet connectivity at affordable prices. The EU can also fund research that builds on existing initiatives to ensure the interoperability of different systems and to harness AI while minimizing risks.

The European Commission has also already developed an overarching strategic vision, the Digital Decade, to ramp up digitalization processes across Europe by 2030 and make digital technologies work for EU citizens – rules and democracy being fundamental prerequisites at the heart of the strategy. As part of the EU’s digital strategy, the European Commission has put forward new legislative proposals for the creation of a European Health Data Space and to regulate the use of AI across the Union. The AI act and the EHDS are both currently being negotiated with the co-legislators. At the same time, the Commission is preparing for the implementation of the EHDS through actions under EU4Health and complemented by actions under the Digital Europe Programme and Horizon Europe. These include the rollout of cross-border infrastructures for the exchange of electronic health data (MyHealth@EU) or for supporting the reuse of health data (HealthData@EU), as well as supporting semantic interoperability, cooperation and capacity building. Overall, around EUR 800 million are planned to be invested in topics related to the EHDS in the current multi-annual financial framework.

Implementing digital solutions and AI

National oversight of digital technologies can only ensure a certain degree of protection and the development of common frameworks and standards at EU level can facilitate the safe management of such technologies moving forward, as already foreseen by the upcoming legislation in this area (described above). It will, however, be crucial for these frameworks to take full account of the peculiarities of using digital tools in the area of health and to ensure market approval mechanisms for digital health applications are adjusted to reflect sensitivities accordingly.

With a view to helping those Member States that are currently lagging behind, the EU could further offer tailored support through facilitating cross-country and best practice exchanges (e.g. through policy dialogues), funding joint research initiatives (e.g. joint actions) and digital skills trainings to reach their digitalization goals.

Key takeaways

• Digital Health technologies hold great potential for improving access, quality and efficiency in health systems. AI is employed in an increasing number of applications in health care delivery: from assisting the interpretation of medical images to infectious disease monitoring in public health.

• The use of digital technologies and AI also poses significant challenges and risks related to issues such as data protection and privacy, equity, safety, unpredictability and transparency. The development of common frameworks and standards at EU level can facilitate the safe management of such technologies moving forward, as foreseen by upcoming EU legislation on AI and the European Health Data Space.

• The EU can promote digitalization processes across Member States in different ways, including by funding research and infrastructure projects, which support the widespread implementation of internet connectivity at affordable prices, ensure the interoperability of different systems and harness AI.
Further reading


Authors

Nicole Mauer, European Observatory on Health Systems and Policies

Dimitra Panteli, European Observatory on Health Systems and Policies
Improving the performance and resilience of health systems

What is the topic about?

High-performing and resilient health systems are essential to the health and wellbeing of countries in Europe, as well as for health security, as was illustrated so vividly during the COVID-19 pandemic (Rajan et al., 2022). Health system performance aims to achieve optimal health outcomes and relates to how well health systems achieve their goals, including quality, access, equity, efficiency, responsiveness, overall health improvement, people-centredness and financial protection (Papanicolas et al., 2022). Health systems’ resilience is their ability to prepare for, manage and learn from a sudden, unanticipated, and extreme disturbance (Sagan et al., 2021) and the aim to withstand and recover from shocks by maintaining core health system functions.

Over the years, health systems performance assessment (HSPA) has been an iterative approach used to inform policymakers with health reform efforts, priority-setting and resource allocation. Assessment data and information are, however, rarely used to their full potential and the assessment process is complicated by a lack of consensus on the boundaries of health systems, how goals are determined, and which factors are influential. A lack of a common framework, common benchmarks and regularity in assessments has led to difficulties in intra- and cross-country comparability. Yet it is precisely that comparability which fosters and motivates cross-country learning in order to address the evolving needs of a population’s health, and more broadly, societal wellbeing.

Why is it important to EU Member States?

High-performing and resilient health systems are of paramount importance to EU Member States, with many parties working to harmonize and align existing assessment approaches directly ensuring compliance with EU healthcare standards but more broadly, for a coordinated global approach on health systems strengthening.

Beyond protecting and improving the health of populations, they provide a solid foundation for broader societal goals outside of the health system remit such as sustainable economic development, social cohesion, environmental sustainability, public trust and preparedness for future challenges. These outcomes have traditionally been overlooked, with many health systems assessments looking
to health status or health improvement as the final objective, but are becoming increasingly relevant as we continue to understand and develop cross-sectoral interrelationships (Greer et al., 2023).

All EU Member States have recognised the connection of performance and resilience of their health systems to the health of citizens, with improvement efforts beginning with better measurement, and more nuanced interpretation of what has been measured. The EU’s Expert Group on Health Systems Performance Assessment (discussed below) is testimony to the importance of this workstream to EU Member States.

**Expert Group on HSPA**

The Expert Group on Health Systems Performance Assessment focuses its analysis on different priorities each year with particular attention to areas of strategic relevance and impact. Its primary purpose is to provide evidence-based information and recommendations to support policymaking and improvements in healthcare systems, aiming to enhance the quality, efficiency and effectiveness of healthcare delivery in the EU. Previous years have been dedicated to quality-of-care assessment (2015), integrated care systems (2016), primary care (2017), health care efficiency assessment; tools and methods (2018), resilience (2019), improving access through measurement (20/21) and, most recently, prevention indicators (2022).

**What has the EU done to date?**

Recognising that health care is defined in EU treaties as primarily a responsibility and competence of individual EU Member States, the response to the COVID-19 pandemic demonstrated that the EU can nevertheless make a vital contribution in supporting Member States in their efforts to improve the performance and resilience of their health systems. Some of these efforts may look to strengthen EU cooperation and action to identify best HSPA practices, facilitate cross-country learning, and develop common HSPA benchmarks. This can be observed in the most recent performance indicator report which attempts to streamline EU Member State-reported health promotion and disease prevention indicators to a lowest common denominator to provide a benchmark for comparison across EU Member States, while highlighting best practice guidelines and survey tools options for consideration (see the Expert Group’s report on Mapping metrics of health promotion and disease prevention for HSPA). This exercise demonstrated the continued importance of using and advancing a standardized EU-wide indicator set and framework to ensure consistency and comparability across national assessments.

Following the COVID-19 pandemic, the EU has expanded its role in health system performance and resilience, responding to requests from Member States for a more joined-up effort so that health systems are better prepared to respond to future shocks. Moving towards a European Health Union, the EU has increased the mandate and budget of the European Centre for Disease Prevention and Control (ECDC) and the European Medicines Agency (EMA) and has set up the Health Emergency and Response Authority (HERA). The EU has also adopted a substantial COVID-19 recovery plan within the scope of NextGenerationEU and expanded the health programme budget (EU4Health).
Support to EU Member States in strengthening HSPA is currently provided through the HSPA Expert Group and the EU Country Health Profiles. The EU has also provided direct support to national HSPAs of several Member States and is issuing policy recommendations on health as part of the annual European Semester cycle.

More generally, efforts which support the equitable maintenance of practices, such as (i) the establishment of a dedicated fund to enhance healthcare system assessments and resilience or (ii) the integration of health system assessments into EU4Health to prioritize these efforts and allocate resources accordingly could further bolster the support offered to Member States.

**Key takeaways**

- The COVID-19 pandemic was a dramatic reminder of the crucial role of health system performance and resilience in the individual and coordinated effort of safeguarding the health and wellbeing of populations, society more broadly, and for economic and sustainable development. Recognizing this, EU Member States have sought EU cooperation through the COVID-19 response mechanisms, the European Semester or the Expert Group on HSPA.

- Improving health system resilience and performance begins with comprehensive efforts to ensure accurate data, good measurement and benchmarking. A coordinated effort allows for cross-country comparison and learning, followed by identifying and implementing appropriate policy measures to uphold EU regulation.

- The EU could step up its support to EU Member States by strengthening EU-wide cooperation on HSPA and health system resilience. It could invest in developing a common EU-wide indicator set, technical and financial support to EU Member States in undertaking national HSPAs and assessments of health system resilience, and the identification of best practices and possibilities for cross-country learning.
Improving the performance and resilience of health systems

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Addressing long-term challenges such as population ageing and climate change

What is the topic about?

The European Union (EU) does not only manage sudden crises, such as COVID-19 or the Russian invasion of Ukraine; it also responds to long-term changes such as climate change and demographic change. These policy areas are subject to much scaremongering but also have real, and high, stakes: even if birthrates soared and carbon emissions were to drop to zero tomorrow, the financing of welfare states and the temperature of the planet would remain on their current trajectories for decades.

The first challenge is therefore to understand the real problems and actions that can be taken now. The second is not just what to do about challenges such as demographic change and climate change, but also how to build resilience so that the EU can identify new challenges and start to act on them, ideally before they manifest as crises.

Why is it important to EU Member States?

The importance of climate change should be clear as we survey a landscape of increasingly destructive weather (storms, floods) and fire events, heat waves and weather instability. Health policy faces two kinds of challenges. The first challenge is mitigation, including the reduction of the carbon footprint of health systems and the most rapid move possible to zero or negative carbon emissions. Health care is an important contributor to Europe’s carbon footprint and net zero is unattainable without health policy and investment. The other is adaptation, from installing climate control in hospitals that had never previously needed it, to preparing for an increase in infectious diseases, including zoonoses, water and food-borne and vector-borne diseases in places where they had been absent or long eradicated. Adaptation also requires meeting the challenge of rising non-communicable conditions, such as respiratory conditions associated with air pollution, and preparing for the casualties and disruptions of increasingly frequent climate change disasters as different as heat waves and floods.

The importance of ageing is less obvious and often misunderstood. Member States’ choices for economic and welfare policies depend on the accurate understanding
of the issue. Ageing societies do not necessarily have significantly higher health care costs for a variety of reasons. They might have higher pension costs, but they might also benefit from the unpaid labour of older people and contributions from pensioners in ways not captured by economic statistics.

The problem is not a simple one of fewer workers and more pensioners, but a complex one involving productivity across the life course, paid and unpaid labour, caring, migration and healthy ageing.

Lastly, there are important interlinkages between the two challenges. Marginalized and vulnerable populations, including older persons, are particularly at risk of suffering the effects of extreme weather events and may have more limited capacities to adapt to meet such challenges. At the same time, demographic changes have important implications for global consumption and emission patterns impacting on the environment and accelerating climate change.

**What has the EU done to date?**

The European Union has an enormous political and practical investment in climate change policy, ranging from its ambitious Green Deal to its funding instruments, which offer financing through the Recovery and Resilience Facility (37% of Member States’ allocated budgets are required to contribute towards green measures, including in health systems), the LIFE programme, and the Just Transition Fund, to name just a few. In addition, the Technical Support Instrument managed by the Directorate General for Structural Reform Support (DG REFORM) can offer advisory and technical support in this area. Relatedly, the launch of a recent Horizon Europe call for research and innovation activities contributing towards “ensuring access to innovative, sustainable and high-quality health care” further highlights the progressive emergence of targeted investment in greening health systems for the future. Opportunities targeting both climate mitigation and adaptation measures in the context of health and health systems should continue to be potentiated to support Member States in building climate resilience.

For ageing, the EU pursues relevant initiatives along various policy arms, including social and employment policy, education and health care. Anchored within the European Pillar of Social Rights, this foresees actions to support Member States with promoting life-long learning, providing adequate long-term care, and ensuring financial protection in old age. Through the European Semester process, the European Commission monitors Member States’ economic and fiscal policies over time and makes targeted policy recommendations to support the financial sustainability of European economies, including social welfare. Beyond supporting relevant initiatives such as the European Innovation Partnership on Active and Healthy Ageing and the Healthier Together Initiative, it also produces relevant publications like the Green Paper on Ageing, and periodic ageing reports to project the possible effects of demographic changes across the Union. In the sphere of health and social care, relevant funding opportunities exist through instruments such as EU4Health (the EU’s health programme), Erasmus+ (focusing on education and social inclusion), the European Social Fund + and Horizon Europe.

Other policy areas that are important and outside core European competencies also play a role, notably border and migration policy. The workforce shortage in health care (see briefing paper on “Enhancing the labour market for health and care workers”) is just one example of how labour markets, demographics and migration interact with outcomes that range from positive to very negative.
Key takeaways

- The EU has distinctive tools that can complement Member States as they address the challenges of climate change and demographic change.

- Health care systems face the twin challenge of stopping further climate change through a transition to net-zero or net-negative carbon emissions while also mitigating the impact of climate change on health and health systems.

- Ageing is not a problem for health care systems unless policy makes it a problem. The actual challenge is to adopt life-course centred policies that enable people at every age to productively engage in society and the economy, and health care plays a role at every stage.

- Building resilient health care systems that can survive and come back better from predictable and unpredictable shocks will be increasingly important as climate change produces more novel crises that affect health.

Further reading


Authors

Scott L. Greer, European Observatory on Health Systems and Policies and University of Michigan

Nicole Mauer, European Observatory on Health Systems and Policies
Strengthening the EU’s global voice and leadership

What is the topic about?

One of the key objectives of the European Union has long been to have a strong voice in global affairs. Health, a priority in European politics, is an area where the EU and its Member States shape global agendas and outcomes. The issue has been whether they try to speak with one voice and strategic approach: “Team Europe”. Increasingly they do, developing a common EU global voice and leadership which are important in a dynamic international system undergoing substantial change.

Global voice and leadership can mean a variety of things. One is coordination in international fora and organizations such as the United Nations (UN), World Health Organization (WHO), G20 and international financial institutions. Another is support for certain approaches to international politics, e.g. support for the WHO and its strengthening. Yet another is funding and practical coordination in areas such as development assistance and civil protection, where the EU institutions can work with Member States to avoid overlap and contradictions in their efforts. Finally, it can be coordination at all levels in response to crises such as the Russian invasion of Ukraine or the COVID-19 pandemic.

Why is it important to EU Member States?

The EU is, according to Eurostat, the third largest economy in the world (just behind the United States) and its approximately 448 million citizens live in an enormous single market. EU trade, regulatory, development, civil protection and other policies shape the health policies and outcomes of countries around the world. COVID-19 showed the extent to which the EU’s decisions helped to shape global responses, for example, in supporting the WHO and contributing to initiatives such as COVAX (dedicated to promoting a more equitable access to COVID-19 vaccines). Individual EU Member States are less able to shift international politics, but the EU can give one voice to 27 votes. While Member States may pursue their own global health policies reflecting diverse interests such as, humanitarian causes or the pursuit of development and stability in third countries, there are challenges of a cross-border nature which are more easily managed together. A common approach can contribute towards strengthening Member States’ global policies while pooling efforts and avoiding fragmentation.
What has the EU done to date?

In 2010, the EU institutions and Member States committed to a global health approach that included efforts to coordinate development priorities and their views in multilateral meetings and international organizations. Coordinating development priorities remains a challenge because Member States understandably have different focuses. One effect since then has been that Member States will rely on the EU institutions for certain objectives. The European Union is a top contributor to the WHO budget. The EU as an entity is also a major donor of official development and humanitarian aid.

As regards a focused international voice, Member States and the EU institutions have become habituated to preparing shared views before meetings and maintaining a united front whenever possible. Member States are obliged to coordinate their views in a forum such as the UN or the WHO’s World Health Assembly, so their choice to do so as a matter of course is a success for collective action.

In 2022, the Commission presented the first European global health strategy, which ties together the work of different EU policy areas, with a focus on the Directorate General for Health and Food Safety (DG SANTE) and the Directorate General for International Partnerships (DG INTPA). It highlighted a number of shared principles which include the goals of better health, stronger health systems, and better preparation for response to health threats. It also emphasises the need to regain lost ground in the Sustainable Development Goals, and to strengthen multilateral institutions in general and WHO in particular. The focus on a stronger and better WHO is important given its place in the fragmented and contested global health space.

There is scope for a more tools-based approach that tries to understand the many EU activities that affect global health and assess their fit with Member State activities and the stated priorities of the EU itself. It will also be crucial in the future that the EU’s global voice and leadership is formulated across all relevant policy areas. At the same time, mapping ongoing activities can strengthen coherence and avoid the duplication of efforts by Member States and at EU level.
Key takeaways

• The number of policy areas in which the EU affects global health policy and outcomes extends far beyond the work of DG SANTE and DG INTPA, including its impact on global health through trade policy and intellectual property.

• The EU wields a great deal of power, through its market size, participation in international trade and intellectual property regimes, exports, development assistance, impact on technical standard and other policies. A voice in global health would be strongest if it were able to develop a shared understanding of what these different sectors do to health, and transversal global health priorities that use this power for shared goals.

• The EU has complex relationships, in particular, with neighbouring regions of Europe, the Middle East, and North Africa, with additional policy problems and policy tools especially important and not always well integrated with other global health goals.

• There is scope for a more tools-based approach that tries to understand the many EU activities that affect global health and assess their fit with Member State activities and the stated priorities of the EU itself.

Further reading


Author

Scott L. Greer, European Observatory on Health Systems and Policies and University of Michigan
LAUNCHING A PUBLIC DEBATE ON THE EUROPEAN UNION’S FUTURE HEALTH PRIORITIES: HOW DO WE KEEP HEALTH ON THE POLITICAL AGENDA BEYOND 2024?

By: Nicole Mauer and Matthias Wismar

Summary: In 2024, European citizens will vote for a new European Parliament. The ongoing political cycle has coincided with a health crisis that has reshaped the European Union’s policies and opened a window of opportunity for health and health systems. There is now a unique opportunity to assess past achievements and consider future goals in the field of health. The European Observatory on Health Systems and Policies, in agreement with the EC Directorate General for Health and Food Safety (DG SANTE), has launched a public debate. This initiative invites input from different stakeholders and the public to inform future EU health priorities. The article highlights key events and milestones planned within this public discourse.

Keywords: European Health Priorities, Public Debate, European Union

Introduction

The European Union (EU) response to the pandemic went beyond immediate firefighting. It strengthened the basis for coordination among European countries to protect people’s health, both in normal times and in times of crisis. Key actions included crisis preparedness, a revision of the EU’s pharmaceutical legislation, Europe’s Beating Cancer plan, and a comprehensive approach to mental health. The proposal for a European Health Data Space and the recently launched EU Global Health strategy have also been part of this response. It has led to the creation of new institutional structures, the expansion of mandates of existing agencies, a substantial increase in the public health budget and the support of health and health systems’ development through new (temporary) financial instruments such as the Recovery and Resilience Facility.

Much has been achieved in a short period of time, but more can be done moving forward. The question is, what comes next? Was this a one-off response to an unprecedented crisis and should we focus on retaining and defending the achievements? Or is there scope and motivation for building on them? These next steps must also be considered against the backdrop of the EU’s delimited mandate in the field of health and the implications of this for related EU priorities and actions moving forward.
What should the EU prioritise in its upcoming mandate?

With these questions in mind, the European Observatory on Health Systems and Policies (OBS) has launched a public debate in agreement with the European Commission’s Directorate General for Health and Food Safety (DG SANTE). The aim of the public debate is to brainstorm ideas, options, and possible priorities ahead of the upcoming European elections in 2024. In a series of successive events leading up to the 2024 elections, the Observatory will engage with diverse stakeholders – from researchers, policy makers and representatives of civil society to the general public and the European citizens who are impacted first-hand by health policy decisions – to carve out key priority areas for EU action in health.

Beyond reflecting on the legacy of this legislature, the public debate serves to gauge public sentiments, gather experiences and expectations from different stakeholder perspectives on what should be prioritised as the EU enters a new political cycle. To set the scene for this debate, the Observatory has developed a discussion framework based on nine (non-exhaustive) priority areas (presented briefly in Table 1). This serves as the starting point to lead open and meaningful discussions on what needs to happen now to safeguard and further improve health in the EU moving forward.

### Table 1: Building a framework for discussion: Nine priority areas to guide the public debate

<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhancing health security</td>
<td>Ensuring protection of people’s health through prevention of, detection of, and response against threats or events that could harm it, including (re-) emerging infectious diseases, bioterrorism and the intentional release of biological agents, natural disasters and the release of chemical, radiological, or nuclear materials.</td>
</tr>
<tr>
<td>Addressing the determinants of health through Health in All Policies and Health for All Policies</td>
<td>Adopting systematic approaches that direct policies towards health by identifying the health impacts across different policies and maximise efforts to promote (or at least) avoid damaging health (Health in All Policies), as well as highlighting ways, in with health can contribute to other agendas (Health for All Policies).</td>
</tr>
<tr>
<td>Supporting health system transformation</td>
<td>Health system transformation is a critical process to meet new challenges and rising demands, which may require implementing different types of innovations. This process can be facilitated by creating supportive framework conditions, including targeted resources, a long-term vision, political commitment, and sustained investment.</td>
</tr>
<tr>
<td>Enhancing the labour market for health and care workers</td>
<td>Enhancing the working and framework conditions for health and care workers to counteract health worker shortages, medical deserts, attrition, and skill gaps, which are issues most countries are currently dealing with, and which will likely be exacerbated by demographic change and an ageing health workforce.</td>
</tr>
<tr>
<td>Achieving universal health coverage</td>
<td>Ensuring people have access to quality healthcare without facing financial hardship. Much progress has been made in European countries, but gaps in coverage and access still exist in many settings.</td>
</tr>
<tr>
<td>Implementing digital solutions and artificial intelligence</td>
<td>Maximising positive health outcomes and gains for healthcare delivery from using digital health solutions and artificial intelligence, while successfully mitigating risks and ensuring the safe use of these technologies.</td>
</tr>
<tr>
<td>Improving the performance and resilience of health systems</td>
<td>Strengthening the resilience and performance of health systems to maximise health outcomes and ensure health systems can rapidly adapt and meet their goals, including quality, access, equity, responsiveness, health improvement, people-centredness and financial protection.</td>
</tr>
<tr>
<td>Addressing long-term challenges such as population ageing and climate change</td>
<td>Understanding the stakes of long-term challenges such as population ageing and climate change for European health systems and building resilience to adequately detect, prepare for and act on challenges, ideally before they manifest as crises.</td>
</tr>
<tr>
<td>Strengthening the EU’s global voice and leadership</td>
<td>Developing a common EU global voice and leadership to ensure coordinated action in international fora, in development assistance, in humanitarian aid and in civil protection efforts, as well as coherence with Member State policies to avoid fragmentation and duplication.</td>
</tr>
</tbody>
</table>

Source: authors’ own, drawing from Observatory Briefing Papers

### Box 1: Launching the Observatory briefing papers: bitesize information on key topical areas

Ahead of the events planned in this series, the Observatory has prepared nine briefing papers on the topical areas presented in Table 1. The briefing papers aim to frame the discussion and provide relevant background information to empower stakeholders and citizens engaging in the public debate.

The nine briefing papers are now available for download on the Observatory website.
Looking ahead to the European Public Health Conference and upcoming events in the series

The public debate was officially launched in September 2023 at the European Health Forum Gastein (EHFG) with three key events: 1) A workshop with young professionals forming part of the Young Forum Gastein network; 2) A conference session with Director General for Health and Food Safety, Sandra Gallina; and 3) The launch of an Observatory briefing paper series exploring the nine topical priority areas included in the discussion framework (see Table 1 and Box 1). The debate will be carried forward in November at the 2023 European Public Health Conference in Dublin. Taking stock of the wealth of ideas and impressions already collected during the first events, two conference sessions with different constellations of stakeholders and participants will serve to further spur the public debate. The first session is a workshop (T.I. Keeping health at the forefront: A debate on health priorities of the European Union, Thursday 9th November at 9:00 – 10:00 am), which will gather speakers from the European Commission, European Observatory, and the EUPHAnxt network of young professionals. The findings from this workshop will subsequently be showcased and discussed in unison with insights garnered during Saturday’s plenary session (Plenary 5: Safeguarding health together: Preparing the European Union’s future health priorities, Saturday 11th November at 10:30 – 11:30 am).

Kickstarting the public debate and garnering first insights

During the first conference event of the series, Sandra Gallina was joined by representatives of different stakeholder groups, including civil society, the research community, and young Public Health professionals. Throughout the session, there was active participation from the audience who voiced their hopes and ideas for the future of the EU. First insights from this session are summarised in Figure 2.

Conclusions

As the European elections draw closer, there is growing public interest to discuss the future health priorities of the EU and to explore how it may support Member States in their efforts to strengthen health and health systems moving forward. The public debate on the future health priorities of the EU is an iterative process which seeks to engage as many voices and collect as many inputs as possible. First impressions from these events also

Figure 1: Countdown to the European Elections: Timeline of key events foreseen within the scope of the public debate on future EU health priorities

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2023: European Health Forum Gastein YFG workshop</td>
<td></td>
</tr>
<tr>
<td>Conference session</td>
<td></td>
</tr>
<tr>
<td>Launch of briefing papers</td>
<td>November/December 2023: OBS webinar 1</td>
</tr>
<tr>
<td>January 2024: Stakeholder survey</td>
<td>February 2024: Summit workshop</td>
</tr>
<tr>
<td>March 2024: Final report on outcomes of the public debate</td>
<td>June 2024: European elections</td>
</tr>
</tbody>
</table>
underline the usefulness of the discussion framework and the briefing papers in guiding a very complex and broad debate which brings together diverse interest groups and ideas. At the same time, ideas and proposals outside the scope of the framework have already been raised, which validate the open and participatory approach chosen to conduct this exercise. Over the coming months, the debate will continue to engage new stakeholder groups, gauge public sentiments, and distil key outcomes to inform the future mandate and the future health priorities of the new Commissioner for health.

References


Instructions and question guide for facilitators running the breakout sessions

January 2024
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BACKGROUND

The European Observatory on Health Systems and Policies has launched a public debate in agreement with the European Commission’s Directorate General for Health and Food Safety (DG SANTE). In a series of successive events leading up to the 2024 elections, the Observatory will engage with diverse stakeholders to brainstorm ideas, perspectives, and inputs to help carve out key priority areas for EU action in health moving forward. Following conference events held at the European Health Forum Gastein and the European Public Health Conference to introduce the public debate and gather first insights in late 2023, the Observatory will kick off the election year with a series of thematic webinars to dive deeper into nine priority topics, which have been identified and delineated in close cooperation with the European Commission:

- enhancing health security;
- addressing the determinants of health through Health in All Policies and Health for All Policies;
- supporting health system transformation;
- enhancing the labour market for health and care workers;
- achieving universal health coverage;
- implementing digital solutions and AI;
- improving the performance and resilience of health systems;
- addressing long-term challenges, such as population ageing or climate change; and
- strengthening the EU’s global voice and leadership

Briefing papers illustrating each of these topics have been produced and are available for consultation on the Observatory website.

A Eurohealth article summarising the timeline of events planned within the scope of the public debate is also available for consultation on the Observatory website.
SESSION FORMAT

We have chosen to run these webinars in an interactive format to provide ample opportunity for discussion and exchanges – each webinar has a thematic focus rooted in the discussion framework and the briefing papers launched at the EPH and EHFG conferences in late 2023 (as outlined above). Three successive webinars are scheduled as follows:

1. Future-proof health systems: Fostering transformation, performance, and resilience, 24th January 2024, 11:00 am – 12:00 pm CET

Themes up for discussion:

- Supporting health system transformation
- Implementing digital solutions
- Improving the performance and resilience of health systems

2. Placing people at the centre: Patients, citizens and health workers, 31st January 2024, 11:00 am – 12:00 pm CET

Themes up for discussion:

- Achieving universal health coverage
- Addressing determinants of health through Health in All Policies and Health for All Policies
- Enhancing the labour market for health and care workers

3. Europe in the world: Viewing health challenges through a global lens, 7th February 2024, 11:00 am – 12:00 pm CET

Themes up for discussion:

- Enhancing health security
- Addressing challenges, such as population ageing or climate change
- Strengthening the EU's global voice and leadership

Each webinar runs for 1 hour (see draft runscript annex 1). Following a short introduction to the public debate and a welcome message from SANTE’s Director General Sandra Gallina (approx. 15 minutes total), participants will be allocated into multiple thematic breakout rooms (between 3 and 9, depending on demand). Upon registering for the webinar, all participants will have had the opportunity to choose one of three discussion topics and breakout rooms to join. Facilitators will be moderating the group discussion in breakout rooms of approx. 30-40 people. We have foreseen 30 minutes for the facilitated discussion before all participants reconvene in the plenary for a final debriefing and concluding remarks. Discussion facilitators will be asked to briefly summarise the key points discussed in their breakout rooms.

All breakout sessions are to be recorded for subsequent data analysis and main takeaways will flow into a final summary report for the European Commission.
DURING THE SESSION – PRACTICAL AND TECHNICAL DETAILS

At the start of the group discussion, facilitators should briefly introduce the topic of the respective breakout room (briefing papers may be used as guidance for this) and remind participants of the housekeeping rules.

1. All participants should be muted while others speak and use the “raise hand” function if they want to speak. They will then be invited by the facilitator to unmute themselves and speak.

2. Everyone should be given the chance to speak and partake in the discussion. If participants try to dominate the discussion or make inappropriate/offensive remarks, the facilitator will be able to mute and, if needed, remove them from the meeting. All facilitators will be enabled co-hosts and able to mute participants by clicking on the Participants list, hovering the participant in question and selecting ‘mute’ (or by hovering over their face and clicking on the three dots in the top right-hand corner of their window).

3. The webinar and breakout sessions will be recorded for data collection and analytic purposes. The facilitators will be in charge of recording their respective breakout rooms. Please remember to activate the recording option when entering the breakout rooms. You should do so by pressing the Record icon on the bottom of the Zoom meeting window. After the meeting is concluded, recordings from each breakout room will download on the facilitator’s computer. Make sure to save the file securely and share it with the organising team. While data may be analysed and used for research at aggregate level, individual participants will not be identified in any written communications or publications.

Below is a short topic/question guide to help facilitators structure the group discussion and collect relevant feedback from participants. At the end of the group discussion, there will be a 5-minute warning then a 60-second countdown before everyone is returned to the plenary and facilitators will be asked to briefly report back the main discussion points from their sessions.

Tips:

- Don’t do too much muting and unmuting: leave people to control it themselves unless there is a bad behaviour problem
- When moved into a breakout room or back to the plenary, everyone gets automatically muted, including the facilitators, so don’t forget to unmute yourself before starting.
- Lucie will do a broadcast to remind facilitators to begin recording at the beginning of their breakout session.

TOPICS AND QUESTIONS FOR DISCUSSION

The final summary report for the European Commission aims to provide feedback from diverse audiences through inputs collected from conference events, the webinar series, and a stakeholder survey. Facilitators should aim to collect inputs across four broad categories:
i) Priority actions of the EU (this is about addressing the needs of EU health systems focusing on EU-level actions related e.g., to comparative research, best practice learning, EU legal frameworks etc.)

- Which actions should the EU prioritise in connection with the discussion theme?
- [Example: Health system transformation] How can the EU best support health systems as they transform to meet new challenges and changing population health needs?

ii) Priority actions of EU support for Member States (this is about addressing the needs of individual countries, for instance focusing on EU support tools for improving health and care systems related e.g., to economic governance, budgets, funds etc.)

- How can the EU support and be of added value to EU Member States in connection with the discussion theme?
- [Example: Achieving universal health coverage] Health care is primarily the responsibility of individual Member States. Which actions provided at EU level can be of added value to advance universal health coverage across EU countries?

iii) EU actions with added value but outside the scope of the current mandate (this is about actions that are neither covered by Article 168 nor other legal provisions in the Treaty relevant to the topics)

- Should the EU’s health mandate be expanded in connection with the discussion theme? What would be the added value of more competence in this area?
- [Example: Strengthening the EU’s global voice and leadership] Should the EU have more authority to implement a Global Health Strategy or collectively represent Member States in global fora?

iv) New or emerging topics and actions (this is about actions that are missing from the discussion or have been subsumed to other topics as ‘cross-cutting’ activities though they may be deemed more important)

- Which other topics and actions outside of the discussion framework should the EU prioritise in its next mandate?

These questions should only provide some general guidance to help facilitators collect comparable results and gather the types of information needed for subsequent data analysis. Facilitators are not required to follow the order or content of proposed questions word by word. Facilitators may wish to focus on specific topics if interesting content emerges and should encourage discussions to flow, i.e., it is ok if not all questions are fully addressed in the allocated time.
### Annex I: draft run script

<table>
<thead>
<tr>
<th>Time</th>
<th>action</th>
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<tbody>
<tr>
<td>30 min before webinar</td>
<td>Preparatory session; technical check, last run through the script</td>
<td>Landing page;</td>
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<tr>
<td>05 min before webinar</td>
<td>People enter the waiting room</td>
<td>Opening tile</td>
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<td>00:00-00-15</td>
<td>Introductory session</td>
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<td>• Short presentation of the topic; housekeeping</td>
<td>Facilitator</td>
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<td>• Inviting the audience to the breakout rooms</td>
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<td>00:15-00:45</td>
<td>Discussion on topics and possible actions that add value</td>
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<td>00:45-01:00</td>
<td>Concluding session</td>
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<td>• Facilitator invites the breakout session facilitators to report</td>
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Public debate on the EU's future health priorities: Stakeholder Survey

As we approach the 2024 European elections and the formation of a new European Commission, what should the European Union's health priorities be? Should we build on the achievements of the past few years, maintain the status quo, or even reconsider certain measures?

We want to hear from you!

The European Observatory on Health Systems and Policies has launched a public debate in agreement with the European Commission (DG SANTE). The Observatory is engaging with diverse stakeholders to brainstorm ideas, perspectives, and inputs to help carve out key priority areas for EU action in health moving forward. Following conference events that introduced the public debate and gathered first insights in late 2023, the Observatory kicked off the election year with a three-part series of thematic webinars diving deeper into the nine priority topics identified and delineated in close cooperation with the European Commission. The topics guiding the public debate are:

• enhancing health security;
• addressing the determinants of health through Health in All Policies and Health for All Policies;
• supporting health system transformation;
• enhancing the labour market for health and care workers;
• achieving universal health coverage;
• implementing digital solutions and AI;
• improving the performance and resilience of health systems;
• addressing long-term challenges, such as population ageing or climate change; and
• strengthening the EU's global voice and leadership

The Observatory is now launching this survey with the aim of reaching even more stakeholders. The goal is to collect in-depth written reflections complementing the information collected throughout the public debate events.

Briefing papers illustrating the nine priority topics have been produced and are available on the Observatory website. A Eurohealth article summarising the timeline of key events planned within the scope of the public debate is also available on the Observatory website.

Please navigate to the next page to start the survey.
* Indicates required question

1. Email *

---

**Personal information**

2. i. Which sector do you work in? *

*Mark only one oval.*

- [ ] Academia or research organisation
- [ ] Government or multilateral organisation
- [ ] Other public sector
- [ ] Civil society
- [ ] Private sector
- [ ] Other

3. ii. Which country are you based in? *
4. iii. Which category below includes your age? *

Mark only one oval.

☐ ≤20
☐ 21-29
☐ 30-39
☐ 40-49
☐ 50-59
☐ 60-69
☐ ≥70
☐ Prefer not to say

I. Start of the survey

Please respond to all questions if possible. Thank you for your cooperation and contribution to the public debate!
5. **Question 1.** Which topics should the EU prioritise based on significance and the added value that the EU can provide? Please select the three most important topics in the public debate discussion framework.

*Please refer to the Observatory [briefing papers](#) for more information on the individual topics. Only 3 topics may be selected in total. The 3 selected topics are weighed equally regardless of the order in which they are selected.*

*Mark only one oval per row.*

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<td><strong>Improving the performance</strong></td>
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II. Topics in the discussion framework

Question 2. Which actions should the EU pursue with regards to these priority topics? How can the EU support and be of added value to Member States?

Please refer to the Observatory briefing papers for more information on the individual topics, which are briefly outlined below. You can provide inputs for one or more of the priority topics in the text boxes provided (maximum 1000 characters per topic).

6. Enhancing health security

What is it about? Ensuring protection of people’s health through prevention of, detection of, and response against threats or events that could harm it, including (re-) emerging infectious diseases, bioterrorism and natural disasters.
7. **Addressing the determinants of health through Health in All Policies and Health for All Policies**

   *What is it about?* Adopting systematic approaches that direct policies towards health and maximise efforts to promote (or at least) avoid damaging health *(Health in All Policies)*, as well as highlighting ways, in which health can contribute to other agendas *(Health for All Policies)*.

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8. **Supporting health system transformation**

   *What is it about?* Transforming health systems to meet new challenges and rising demands, which may require implementing different types of innovations. This process can be facilitated by supportive framework conditions, including targeted resources, political commitment, and sustained investment.

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9. **Enhancing the labour market for health and care workers**

   *What is it about?* Enhancing the working and framework conditions for health and care workers to counteract health worker shortages, medical deserts, attrition, and skill gaps, which are issues most countries are currently dealing with, and which will likely be exacerbated by an ageing health workforce.
10. **Achieving universal health coverage**

*What is it about?* Ensuring people have access to quality healthcare without facing financial hardship. Much progress has been made in European countries, but gaps in coverage and access still exist in many settings.

11. **Implementing digital solutions and AI**

*What is it about?* Maximising positive health outcomes and gains for healthcare delivery from using digital health solutions and artificial intelligence, while successfully mitigating risks and ensuring their safe use.

12. **Improving the performance and resilience of health systems**

*What is it about?* Strengthening the resilience and performance of health systems to maximise health outcomes and ensure health systems can rapidly adapt and meet their goals, including quality, access, equity, responsiveness, health improvement, people-centredness and financial protection.
13. **Addressing long-term challenges, such as population ageing or climate change**

*What is it about?* Understanding the stakes of long-term challenges such as population ageing and climate change for European health systems and building resilience to adequately detect, prepare for and act on challenges, ideally before they manifest as crises.

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14. **Strengthening the EU’s global voice and leadership**

*What is it about?* Developing an EU global voice and leadership to ensure coordinated action in international fora, in development assistance, in humanitarian aid and in civil protection efforts, as well as coherence with Member State policies.

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**III. EU health mandate**

*For more information on the EU's current health mandate, please refer to the briefing papers and the Observatory's book* Everything you always wanted to know about European Union health policies but were afraid to ask.

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15. **Question 3. Do you think the EU’s health mandate should be expanded?** *

*Mark only one oval.*

- [ ] Yes, the EU’s mandate should be strengthened  
  *Skip to question 16*
- [ ] No, the EU's mandate is sufficient  
  *Skip to question 17*
- [ ] I don't know  
  *Skip to question 17*
IV. EU health mandate (continued)

16. **Question 4.** Why do you think the EU’s health mandate should be expanded? How should this look like and what would be the added value of more EU competence in health? (maximum 1000 characters)

V. Topics beyond the scope of the discussion framework

17. **Question 5.** In your opinion, are there any other topics outside the scope of the discussion framework that the EU should prioritise?

*Mark only one oval.*

- [ ] Yes
- [x] No *Skip to section 9 (Thank you for your time and participation!)*
- [ ] I don't know *Skip to section 9 (Thank you for your time and participation!)*

VI. Topics beyond the scope of the discussion framework (continued)

18. **Question 6.** Which topic outside of the discussion framework should the EU prioritise and why? Which related actions should the EU pursue to add value at EU level and to support EU Member States? (maximum 1000 characters)
Thank you for your time and participation!

Please click on the Submit button below to submit your response.

This content is neither created nor endorsed by Google.
Observatory social media activity

Conference events

EHFG Conference

Twitter/X
https://twitter.com/OBShealth/status/1706940357315829921
https://twitter.com/OBShealth/status/1705943260718416077
https://twitter.com/OBShealth/status/1706960949473575230
https://twitter.com/OBShealth/status/1707016931818037496
https://twitter.com/OBShealth/status/1706596931420471692

LinkedIn

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What should be the future health priorities of the European Union? The public debate was opened by the Observatory and the European Commission at EHFG2023.

Key take-aways:

- As we start looking at the upcoming European elections, we must leverage on the lessons learned from COVID-19.
- Equity should be at the core of the European Union.
- Protecting the health and care workforce is an undeniable top priority.
- Young people represented by Young Gasteiners #YFG are more concerned about climate change than about artificial intelligence.
- The climate benefits from decarbonization of hospitals, the same way better climate reduces pressure on hospitals.
- Digitalisation is crucial; but when it comes to AI, the EU is not the US and it is not China. European citizens want to be protected.
- The convergence of digital, climate & other topics into health reflects the importance of Health for All Policies.
People that are left behind are fertile for extreme populist movements: the most persuasive argument from the Monti Commision report to politicians.

Let’s make the invisible visible, i.e. tackle the companies that often undermine our health.

Taking the pharmaceutical legislation seriously is about access and not about strengthening the industry.

Without funds we will not get out of the woods easily. It is everyone’s duty to watch how funds are used.

We, EU citizens have the power to decide our future.

Resources from the Observatory:
- EU health priorities briefing papers https://lnkd.in/dXwVzMKC
- Monti Commission report & the foundation of health in and for all policies: https://lnkd.in/eH6jHyBr
- Harnessing the co-benefits of health: tinyurl.com/OBScobenefits
- EU Health priorities: https://lnkd.in/eDhgcBTX
- Resilience: https://lnkd.in/evsqg4kPU
- Ageing: https://lnkd.in/eiUbYcW
- Health workforce: https://lnkd.in/enn_96py

Thank you to our amazing panelists Sandra Gallina (European Commission), Josep Figueras (European Observatory on Health Systems and Policies), Martin McKee (London School of Hygiene and Tropical Medicine, U. of London), Caroline Costongs (EuroHealthNet), Juan Rachadell (Institute for Evidence-Based Health (ISBE)), Louise Schlüter (European Commission) and Nicole Mauer (Observatory).

Watch the recording: https://lnkd.in/dx7JJU8c

#ORSatGastein #LeaveNoOneBehind
Join @OBSHealth & @EU_Health to explore the potential of EU action in promoting solidarity & efficiency through policy.

#27th Sept, 10:15 CET, Kursaal #EHFG23

Still time to register!

w/ @SandraGallina @martinmckee @LouiseSchluter @josepfigueras @matthiaswismar @CaroCostong

At #EHFG2023 @OBShealth & @EU_Health will discuss how to build upon the recent positive experiences & move towards an ambitious EU in health 🗣️ w/ @SandraGallina @martinmckee @LouiseSchluter @josepfigueras @matthiaswismar

Show more

Health priorities of the European Union
with Martin McKee, Professor of European Public Health, LSHTM

Continuing this rich #EHFG23 session, @josepfigueras gives a key reminder:

Priorities such as ageing & climate change require the Health for All Policies approach 🍀

Understand how we can harness the co-benefits of health:
https://tinyurl.com/OBScobenefits

#OBSatGastein @martinmckee
European Observatory on Health Systems & Policies

Join us on Wednesday at 10:15 CET to discuss the future health priorities of the EU at #EHFG2023
#OBSatGastein

GasteinForum @GasteinForum · Sep 24, 2023
The crises we are facing have brought health to the forefront of the EU’s political agenda, showing the potential of EU action on health policy in promoting solidarity & human rights.

👉 Join the debate by @EU_Health & @OBSHealth at #EHFG2023 🤝

Show more

"We’ve come far in placing health high on the political agenda, and we must keep this momentum. An important public debate is about to launch on what the EU’s health priorities should be – from health security and digital solutions to climate change, health workforce and much more."

Matthias Wissmar
Programme Manager, European Observatory on Health Systems and Policies

European Observatory on Health Systems & Policies

Our session with @EU_Health on the health priorities of the EU was a great round-up of ideas mentioned in our @YoungGasteiners workshop!

Can you point to all of them?
✓ #healthworkforce
✓ #resilience
✓ #digitalhealth
✓ #healthinallpolicies
✓ & more!
...

Show more

Health priorities of the European Union
Launching a public debate on health in 2024 and beyond

Young Forum Gastein and others
EPH Conference

Twitter/X
https://twitter.com/OBShealth/status/1723284579623071812
https://twitter.com/OBShealth/status/1723291991281139956
https://twitter.com/OBShealth/status/1722325428709237102

LinkedIn
What should be the future health priorities of the EU?

Background reading from our #EuroHealth as you wait for the final #EPH2023 plenary with @JosepFigueras @MatthiasWismar @martinnckee @IsabelDelamata @EUHealth @EU_Commission

eurohealthobservatory.who.int/publications/…

#EPH2023 #OSatEPH

LAUNCHING A PUBLIC DEBATE ON THE EUROPEAN UNION’S FUTURE HEALTH PRIORITIES: HOW DO WE KEEP HEALTH ON THE POLITICAL AGENDA BEYOND 2024?

Summary: In 2024, European citizens will vote for a new European Parliament. The ongoing political cycle has coincided with a health crisis that has reshaped the European Union's policies and opened a window of opportunity for health and health systems. There is now a unique opportunity to assess past achievements and consider future goals in the field of health. The European Observatory on Health Systems and Policies, in agreement with the EC Director General for Health and Food Safety (DG SANTE), has launched a public debate. This initiative invites input from different stakeholders and the public to inform future EU health priorities. The article highlights key events and milestones planned within this public discourse.

What should be the future health priorities of the EU?

Join the debate by @Obshealth @EU_Commission @EUHealth 🌟 2 #EPH2023 sessions on Thu 9:00 & Sat 10:30

W/ @martinnckee @JosepFigueras @BrinzacMonica @euphanxt @AleBerionni @MatthiasWismar

#EPH2023
Webinar Series & Stakeholder Survey

Twitter/X
https://twitter.com/OBShealth/status/1738218610441461964
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LinkedIn
As we approach the 2024 European Parliament elections and the subsequent formation of a new European Commission, what should be the European Union’s health priorities?

Recognizing the need for an informed discussion, the EU Health and Food Safety (DG SANTE, European Commission) has tasked the European Observatory on Health Systems and Policies with organizing a public debate on the future health priorities of the EU.

The first of three webinars will deal with the following themes:

- Achieving universal health coverage
- Addressing the determinants of health through #HealthInAllPolicies and #HealthforAllPolicies
- Enhancing the labour market for health and care workers

Wednesday 24 January 2024, 11:00-12:00 CET

Register for the inaugural webinar & indicate which of the discussion groups you would like to join: https://lnkd.in/dGCgCkK

Find briefing papers on all themes: https://lnkd.in/dXwWzMK

With Caroline Costongs (EuroHealthNet), Sandra Gallina, Isabel De la Mata, EU Health and Food Safety (DG SANTE, European Commission), Matthias Wisman and Nicole Mauer (European Observatory on Health Systems and Policies)

#OBSWebinars
We want to hear your views. With the EU elections approaching, which health priorities are on your mind? Register now to join the public debate in a series of interactive webinars:

- Future-proof health systems: Fostering transformation, perform resilience. 24 January, 11:00-12:00 CET. https://lnkd.in/dj6P5_4eF
- Placing people at the centre: Patients, citizens and health workforce. 11:00-12:00 CET. https://lnkd.in/dE3r.HGB
- Europe in the world: Viewing health challenges through a global lens. February, 11:00-12:00 CET. https://lnkd.in/dbd1UOas8F

#EUhealthpriorities

We have just launched a survey as part of our EU #healthpriorities public debate series, focusing on 9 priority topics:

- Enhancing #healthsecurity
- Addressing the #determinantsofhealth through Health in All Policies and Health for All Policies
- Supporting #healthsystem transformation
- Enhancing the labour market for #healthworkers
- Achieving universal health coverage #UHC
- Implementing #digitalsolutions and #AI
- Improving the performance and #resilience of health systems
- Addressing long-term challenges, such as population #ageing
- Strengthening the EU’s global voice and leadership

Complete the survey by 25 March 2024 on the key priorities for health moving forward: https://lnkd.in/dmBmZ4c

European Commission EU Health and Food Safety.

We are launching a survey on our #healthpriorities debate series held with @EU_Commission @EU_Health.

Do you have thoughts on what the EU’s health priorities should be?

Complete the quick form below by 29 March.

docs.google.com/forms/d/e/1FAI...
### Engagement numbers (selected examples)

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The discussion is on & loud! @YoungGasteliers exchange what the European health priority in the upcoming...

Crucial takeaways keep coming from #EHFG23: @martinmcke: People that are left behind are fertile for extreme populist...

Hot off the press 🚨 Our special issue of #Eurohealth provides background for this week’s European Public Health Conference...

As always, day 1 of the European Public Health Conference was intense and rich! Highlights from our 8 sessions in sunny...
What should be the future health priorities of the EU? Join the debate by @Obshealth @EU_Commission @EU Health 👉 2 #EPH2023 sessions on Thu 9:00 & Sat 10:30 W/ @martinmckee

As we approach the 2024 European Parliament elections and the subsequent formation of a new European Commission, the upcoming European elections remain high on the agenda, and so does our public debate on the future health priorities of our...