



EUROPEAN
HEALTH FORUM
GASTEIN

Conference Outcomes EHFG 2023

Health systems in crisis Countering shockwaves and fatigue



Introduction

The 26th European Health Forum Gastein (EHFG), titled “Health systems in crisis - countering shockwaves and fatigue”, brought together on-site and online participants to explore how ensuing perma-crises can catalyse the development of new approaches to health system problems. In the context of imminent European elections, the growing challenges of underfunded primary and social care, workforce shortages and fatigue, inequities in access to care, the climate emergency, plus, ageing populations and the rise in non-communicable diseases were on the agenda.

The 2023 EHFG programme was built on three topic tracks, “Health policy at a crossroads”, “Building shock-proof health systems”, and “Innovation for a resilient future”. Notably, the Forum launched the Austrian Chapter of Women in Global Health, offering audiences a gendered perspective on the topics of One Health and discrimination in the health sector. Other session discussions probed solutions, exchanging ideas and working examples of novel approaches to delivering sustainable healthcare across Europe and beyond.



“A remarkable synergy was generated at this year’s Forum, cementing our community’s commitment to tackling the crises facing healthcare and our ever more interdependent society. AI, sustainable funding, and demographic change were recurrent themes expressed by all stakeholders and generations. We look forward to continuing the exploratory and collaborative dialogue at the EHFG next year.”

Clemens Martin Auer, European Health Forum Gastein

Health Systems In Crisis

NEVER BE UNPREPARED
BUT all THE Shockwaves)))
LEAD TO CHRONIC FATIGUE
I can't anymore!

at the moment:
DECREASE IN
QUALITY
OF HEALTH



HOW DO WE GET EVERYONE ON BOARD?

WE NEED TO BEHAVE LIKE A SOCIAL EUROPE

TURN AROUND FAST!

"THAT'S NOT FAIR."

TRUST & LEARN FROM EACH OTHER.

A SMALL STEP FOR A REGIONAL DIRECTOR
A GIANT LEAP FOR OUR SOCIETY.

IS money enough
OR DO we need
TO CHANGE
THE SYSTEM?

OUR WHOLE SYSTEM is in crisis.



WE ARE FED UP WITH OUR WORKING CONDITIONS!

LET'S PROTEST TOGETHER

STOP

We wish for MORE...
...SUPPORT, FLEXIBILITY, FUNDING, PRIORITY, APPRECIATION!

PRIVATE HEALTH CARE WAITING TO STEP IN...

Come TO US

WE HAVE Innovation

DON'T LEAVE TOO MUCH ROOM!

& INVEST TO KEEP AFFORDABILITY & FAIR DISTRIBUTION

THANK YOU!

Renew AND REPAIR!

WILL AI SAVE THE DAY?

PREDICTIVE MODEL

you need ATTENTION TO BRING THEM IN BASED ON THEIR DATA.

FOR BEST TREATMENT



FINGER-POINTING IS easy!
WHAT ABOUT EMPATHY?

“It is important to have a fair price, based on transparency on how we get to such a price. Transparency, once again, is currently lacking.”

Chris Fearne, Deputy Prime Minister and Minister of Health, Malta



“What we want is a European social union, not a European welfare state – a union that supports these welfare states not just by spending money on them, but also by supporting their key systemic functions.”

Frank Vandebroucke, Deputy Prime Minister and Minister for Social Affairs and Health, Belgium

“We are Europe, and we can take the future in our hands, we need to work together and we need to give citizens the voice.”

Sandra Gallina, European Commission Directorate-General for Health and Food Safety



“Mental health is something we must put our attention on everywhere. Trust, empathy, and community health workers are essential.”

Hans Henri P. Kluge, World Health Organization Regional Office for Europe

“We have to be clear that health systems are in crisis because our societies are in crisis.”
Ilona Kickbusch, Graduate Institute of International and Development Studies, Geneva





"It's important not to be paralysed by the challenges of AI in healthcare and to leave room for safe experimentation."

Ran Balicer, Clalit Health Services

"Patients are caught in the middle between payers making budget allocation choices and commercial decisions of companies."

Anca Toma, European Patients' Forum



"I think the environment is the hottest issue that we are discussing this year in Gastein and probably the next few years."

Josep Figueras, European Observatory on Health Systems and Policies

"The world is shifting. In addition to the global crisis, there is poverty, colonial past, new colonialism. We need to look into new partnerships, especially with civil society."

Milka Sokolovic, European Public Health Alliance



"Healthcare systems have to take accountability for their carbon footprint and for waste."

George Valiotis, European Health Management Association

Crisis and foresight

Our world is becoming ever more “VUCA” (volatile, uncertain, complex, ambiguous), and a session held by the European Centre for Disease Prevention and Control acknowledged this and explored the role of strategic foresight in public health, anticipating different challenges and considering different scenarios and responses to inform preparedness. Strengths of this foresight methodology are that it allows us to better prepare for the future and imagine the unthinkable, while providing a way to connect with stakeholders outside traditional circles and to build strong partnerships ahead of crises. Phenomena that are key drivers of change in the world include the climate crisis, conflict, inequalities in access to healthcare, antimicrobial resistance (AMR), changing demographics, and the impact of new technologies.

Discussing lessons learned, Henk Hilderink, Dutch National Institute for Public Health and the Environment, described the importance of stakeholder participation, in particular promoting a discussion on the future we want and making normative aspects explicit. In an environment where policymakers are always thinking in terms of short election cycles and looking for certainty, there are no silver bullets. However, uncertainty must be accounted for based on the best evidence available.



“Strategic foresight is not about predicting the future; it explores different possible futures, alongside the opportunities and challenges they might present. Ultimately, it will help us act in the present to shape the future we want.”

Aaron Rosa, Fraunhofer Institute for Systems and Innovation Research ISI

Collaboration and partnership working

The complex, shifting geopolitical situation has underlined the importance of the one-year-old EU Global Health Strategy, developed to bring about realistic agreements in the interest of public health and a game changer for priorities in global health and partnership working. Speakers in a session co-organised by the WHO Office to the European Union and the European Public Health Alliance called for increased responsibility and ambition from all actors. Isabel de la Mata, European Commission Directorate-General for Health and Food Safety, updated on the progress made in implementing the Strategy and discussed the European Commission’s growing responsibility for coordinating the EU’s position on global health, as the middleman between international organisations and Member States. Caroline Bollars, World Health Organization (WHO) Regional Office for Europe, outlined initiatives to upskill policymakers on health diplomacy, and the ever-present need to look beyond silos both within and outside organisations and sectors. Jan-Willem Scheijgrond, COCIR, suggested that health can be a neutral area of cooperation between countries that may have different values and market traditions, while Milka Sokolovic, European Public Health Alliance, stressed the importance of

engaging civil society in health diplomacy amidst shrinking spaces for civil society organisations (CSOs) in global health. “Health civil society is “under attack” in Europe from right wing politics and populism and denied stable funding by the European Commission”, asserted Sokolovic, emphasising that only genuine participation, predictable and secure funding, and early engagement would allow civil society to make a meaningful contribution to global health.

“We should build on partnerships and re-establish the trust that was broken after COVID-19. The EU Global Health Strategy is an opportunity to raise important topics and should be taken seriously.”

Ilona Kickbusch, Graduate Institute for International and Development Studies, Geneva

The topic of partnership working to overcome present and future health crises was discussed in a session co-organised by the Austrian National Public Health Institute and the International Association of National Public Health Institutes (IANPHI). Sabine Kampmüller, AFYA, an association focusing on the mental health of refugees and migrants, affirmed that CSOs can be drivers of innovation and bring solutions to problems directly from the communities affected. Discussing the role of national public health institutes (NPHI) and their partners across Europe, Trygve Ottersen, Norwegian Public Health Institute, emphasised the need for more actors to work together, to work more efficiently, and to combine competencies. Speakers noted again that public health interventions often have a long-time horizon and span beyond the mandate of political terms, which can create resourcing challenges. But the EU could have a role in ensuring that all NPHI have the capacity and resources needed for monitoring and delivering on

challenges such as pandemic preparedness. The scientific independence of NPHIs must be safeguarded, stressed Quentin Sandifer, IANPHI, and they should be free to choose scientific approaches and when to present the results.

EU funding – challenges and opportunities

Speakers lauded the combined efforts of different EU programmes and national funds leading to “joint EU value creation” in a session organised by the Hungarian Ministry of Interior and the Austrian National Public Health Institute. But they also identified several challenges to harnessing these synergies for a resilient future for health. One challenge was ensuring equity of access to EU funding programmes between and within Member States, as well as challenges in absorption capacities at EU level and in the Member States, at a time when the budget for EU health programmes has significantly increased. It remains complex for applicants to have an overview of all the different funding opportunities for health and the synergies between funding streams, with many opportunities lacking visibility. To address this and seek help, speakers urged interested parties to contact their national EU4Health focal point.

The challenge of ensuring the sustainability of good projects and initiatives when EU funding ends was also mentioned, particularly how to best retain, institutionalise, and disseminate the knowledge gained and best practice lessons learned from EU projects.



Health priorities of the EU

A public debate on the health priorities of the EU in 2024 and beyond was launched in a session held by the European Commission Directorate-General for Health and Food Safety. Louise Schlüter and Juan Rachadell, representing Young Forum Gastein, reported from an earlier workshop on the priorities identified as most important to young people. Health system transformation, specifically prevention and unmet care needs, as well as the health workforce labour market – in particular retention, working conditions, training, and forecasting of workforce needs – were key priorities identified by the young group. They also underlined the importance of listening to young voices, and “thinking local”: by engaging with communities about what health policies mean for them and how they can actively engage in influencing and implementing them.

“When we talk about health equity, it’s not only about marginalised groups, but also about the social gradient that goes through the entire society.”

Caroline Costongs, EuroHealthNet

Sandra Gallina, European Commission Directorate-General for Health and Food Safety, stressed that a paradigm shift is still needed to highlight that health is not only a cost, but an investment. Gallina picked up digitalisation and equity as important priorities. In agreement, Caroline Costongs, EuroHealthNet, underlined the need to broaden health inequality monitoring and suggested using existing instruments like the European Social Fund, the European

Pillar of Social Rights, and the European Child Guarantee to foster health equity.

In terms of making best use of existing tools at EU level, Costongs also raised the topic of the well-being economy, proposing the European Semester could be used to monitor the progress of Member States towards well-being economies. An audience poll during the session rated most highly the need to address megatrends such as ageing and the climate crisis, as well as to improve the performance and resilience of health systems. Asked for concrete measures that could be taken by the European Commission to address such health policy priorities, the audience put forward recommendations such as the obligation to include health in all climate policies, benchmarking Member States’ health policies, and introducing minimum expected standards for national health policies.

Commercial determinants of health

Given the various competing interests and the need to counter harmful industries such as tobacco, alcohol, and gambling, Martin McKee, London School of Hygiene and Tropical Medicine, urged for more EU action on the commercial determinants of health. He suggested increasing the transparency of lobbying and conspiratorial efforts by companies and thinktanks. “We need to make the invisible visible,” he stressed. Introducing a session organised as part of the WHO/EU Evidence into Action Alcohol Project, Ilona Kickbusch, Graduate Institute for International and Development Studies, Geneva, echoed McKee’s comments, noting that “Alcohol is not seen in the public health debate.”

However, this might be about to change with a key pillar of the European Health Union's Beating Cancer Plan setting the target of achieving a relative reduction of at least 10% in alcohol use by 2025. A key activity under the Plan is the development of proposals providing nutritional and health information on alcoholic beverages. Carina Ferreira-Borges, WHO Regional Office for Europe, explained the paradoxical situation where alcoholic beverages with more than 1.2% alcohol by volume (ABV) are exempt under EU regulations from providing nutritional information on their labels. Ancel-la Santos Quintano, The European Consumer Organisation, stressed that consumers have the right to have easily accessible product information. Sheila Gilheany, Alcohol Addiction Ireland, highlighted that from 2025 Ireland will be the first EU Member State to introduce nutritional labelling on alcohol. To achieve this policy milestone, Gilheany emphasised that advocacy from multiple angles was required. "Our opposition is not the public, it is the industry," she affirmed. In closing, Ferreira-Borges called on the alcohol industry to start aligning their business goals with health goals.

Medicines policy "Triple A" – availability, access, affordability

Particularly in light of the 2023 revision of the EU pharmaceutical legislation, a number of sessions reflected on the topic of medicines policy, described by Anthony Humphries, European Medicines Agency, as a "multi-generational challenge". A session organised by the European Medicines Agency clearly laid out the problems faced: medicines authorised in the EU are still not reaching patients quickly enough and are not equally accessible in all Member States. There are also significant gaps in addressing unmet medical needs, rare diseases, and AMR. In addition, high prices for innovative treatments

and shortages of medicines remain an important concern for patients and healthcare systems.

"Access has become a political issue, but we need to increase the attractiveness of Europe in terms of investment in health and health technologies."

Cesar Hernández García, Ministry of Health, Spain

The pandemic significantly affected medicines shortages. From what used to be a matter of multi-sourced products and national problems, shortages are now a pan-European issue, especially where antibiotics and pain management medication are concerned. Speakers in a session organised by IQVIA and GIRP therefore called for a coordinated approach across countries to mitigate shortages. Suggestions put forward were harmonised packaging to facilitate pan-European movement of medicines and Europe-wide mapping of antibiotics to facilitate the industry to produce the most needed compositions. A discussion on information sharing in the context of medicine shortages underscored the role of the media and resulting impact on patient behaviour, for example hoarding, dosing changes, rationing, and/or inappropriate substitution. Anca Toma, European Patients' Forum, cautioned away from "patient-blaming": "We call it hoarding when patients do it, but we call it stockpiling when sellers do the same thing".

During a session held by the European Federation of Pharmaceutical Industries and Associations on affordability, Casper Pardekooper, Vintura, opined that a broader perspective on the affordability of medicines is needed, looking across budgets and in the long-term. Anca Toma affirmed how patients need to be involved in the pricing

and reimbursement discussions, and called for transparency on how and why decisions are made. Echoing calls across the sessions on this topic, Cesar Hernández García, Ministry of Health, Spain, emphasised the need for a “new deal” between stakeholders to overcome the current complexity of the pharmaceutical system for all stakeholders involved.

A social Europe

The VUCA world we are living in is also challenging our solidarity systems, and the third plenary questioned how we can sustain this solidarity in the face of megatrends and major challenges. Frank Vandembroucke, Deputy Prime Minister and Minister for Social Affairs and Public Health, Belgium, argued for a European Social Union, describing that the EU should have an ambition to be a true union of welfare states with common standards and values without aiming for harmonisation, being cognisant of the “legitimate diversity and history” of the development of individual welfare states. He referenced joint procurement of medicines and the short-time working arrangements launched by the EU at the height of the COVID-19 pandemic as examples of the kind of systemic support that could be leveraged to enhance Member States’ social security systems. Sara Cerdas, European Parliament, stressed that solidarity was going to be a conversation topic in the upcoming EU elections. “We need to discuss how we can reinforce EU social welfare, how we can reduce inequities, strengthen healthcare and social welfare systems. We must work at the EU level to reduce inequities,” she implored. Andrea Brandolini, Bank of Italy, urged caution and pragmatism. “We should not rush into adopting sweeping social measures – we should look to adopt a suite of measures to strengthen the fiscal position of Member States,” he suggested.

Brandolini highlighted the need to consider the full range of policies, including taxes. Yannis Natsis, European Social Insurance Platform, reinforced that investing in health should be seen as a cost rather than an investment, and that there is no trade-off between equity and efficiency. He outlined the investment in early childhood care and education as examples – over the years this investment will deliver better education, higher productivity, and increased employability for citizens. Active ageing is another area that leads to a broader contribution base which can strengthen the fiscal sustainability of social welfare systems, he argued. Brandolini cited investment in mental health as another area where social and economic returns can be delivered. The plenary discussions made it clear that the upcoming Belgian Presidency of the Council of the EU comes at a crucial time, with recognition that social and public health priorities are an asset for a thriving society and must remain on top of the next European strategic agenda.



“The welfare state is a driver for growth and we need to think long-term and have a life-long perspective in our consideration of this issue.”

Yannis Natsis, European Social Insurance Platform

WE'RE GONNA NEED
A BIGGER **BUCKET!**



IT'S NOT JUST
WRITTEN DOWN..

IT'S A
FREEDOM!

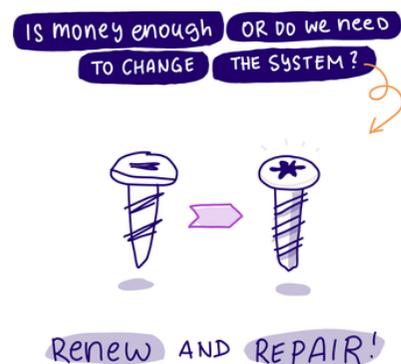


SOLIDARITY IS THE **SOUL**
OF EUROPE!

Building transformative and resilient systems

The EHFG 2023 opening plenary, “Health systems in crisis”, highlighted challenges experienced across the health workforce, system and funding structures, and demographics. Stella Kyriakides, Commissioner, European Commission Directorate-General for Health and Food Safety stressed that a resilient health system is what is needed at the centre of an effective crisis response. It was widely recognised by the panel that in current conditions, health systems need to withstand extreme pressure and deliver in challenging circumstances whilst ensuring tangible solidarity.

Building resilience through community collaboration alongside the re-configuration of primary care systems were the key messages from Hans Henri P. Kluge, Director of the WHO Regional Office for Europe. This theme continued during the session organised by the European Observatory on Health Systems and Policies, the WHO European Centre for Primary Health Care, and the Austrian Federal Ministry of Social Affairs, Health, Care and Consumer Protection.



During the session, Dionne Kringos, University of Amsterdam, reported that primary healthcare services have improved in flexibility, preparedness, and responsiveness in reaction to the COVID-19 crisis. Panellists reinforced that strengthening health system resilience also requires investment and restructure.

Ilana Ventura, Austrian Federal Ministry of Social Affairs, Health, Care and Consumer Protection, described the boost of domestic funding through the EU Commissions Recovery and Resilience Facility, allocated for reforms and investments. Designating resilience funds to strengthen primary care workforce and modernising delivery of care within multidisciplinary teams, echoes Hans Henri P. Kluge’s message, “It is about trust and transforming health systems.”

Futureproofing through digital solutions

The development and potential of digital health in overcoming challenges, especially in primary healthcare and in remote areas, featured in many discussions across the EHFG 2023 sessions. During the first plenary, Ran Balicer, Clalit Health Services, stressed that digital systems, implemented at scale, can assist in proactive monitoring of individuals, prioritisation of investigation results, and predictive models, thereby reducing the workforce burden. Improving the continuity of care through patient data sharing also featured strongly in the panel discussion reporting successes in digital solutions that enhance the resilience of health systems.

The adaptation of health systems during the COVID-19 pandemic accelerated digital transformation and its application. This was echoed in the session organised by the Joint Action on Implementation of Digitally Enabled Integrated Person-centred Care (JADECARE). The incorporation of digital tools in integrated care was discussed as a key goal in building health system resilience. Paloma Calleja, Spanish Ministry of Health, explained that developments in telemedicine across several health disciplines has

improved reach and bolstered integrated care. Trust, funding, political commitment, and skills were recurrent themes as enablers. Christina Plomariti, Aristotle University of Thessaloniki, shared learnings from Greece, where development of trust in digital solutions was enhanced by the involvement of best practices and leadership from previous interventions of JADECARE. A particular learning from Estonia, outlined by Mart Kull, Viljandi Hospital, was that initiatives providing live data links between primary and secondary care did not transform medical practices until the engagement with medics at individual level promoted deeper levels of trust. A strong message echoed by all panellists was the power of shared learning and its ability to build resilience through joint action collaborations.

The strength of the workforce

The challenges of the health workforce, the backbone to health system resilience, was a common thread across most EHFG 2023 sessions, particularly in the plenary “Great Attrition or Great Attraction?” Challenges such as changing labour markets, worker migration, and working conditions were discussed as contributors to medical deserts and uneven distributions of healthcare professionals. Solutions discussed by the panellists focused on promoting and investing in staff well-being, a particular focus of the Magnet4Europe Hospitals project described by Sharon Slattery, St. James’s Hospital. Further opportunities involving compassionate leadership approaches, newly adapted workforce education systems, and improved funding were discussed. Roopa Dhatt, Women in Global Health, stressed the importance of gender-transformative leadership, highlighting the gender paradox of women delivering services and men leading those services.



The impact of health workforce maldistribution both within and across borders formed the key discussions in the session organised by the European Institute of Health and Sustainable Development. Non coordinated recruiting practices alongside worker mobility were reported to have drastic effects on Southern and Eastern European countries. Corinne Hinlopen, Wemos, explained that medical deserts are often different across borders, giving the example of a shortage of primary care workforce in Romania while additionally highlighting issues across Europe in quality, accessibility, and suitability. Ethical recruitment, guided by the WHO Global Code of Practice on the International Recruitment of Health Personnel, plus appropriate training collaborations and cross-border health policies featured in the discussion as approaches to discourage nations from acting in silos. A resounding message across the sessions focusing on the workforce was the importance of improved working conditions, not only in the countries where individuals are moving from, but also within the countries that they are moving towards in order to retain current staff in the high recruiting nations.

“We need to keep the existing health workers in the system. And for that we need to improve their working conditions. If we do that, the future generation will want to be part of the future healthcare workforce.”

Tomas Zapata, WHO Regional Office for Europe

The mental health after-shocks

The effects of the COVID-19 pandemic have brought mental health onto the top of the agenda, initiating the launch of the Pan-European Mental Health Coalition by the WHO Regional Office for Europe in 2021. The session organised by the South-eastern Europe Health Network opened by stating that only one in three people living with depression get the care they need. Mira Jovanovski Dašić, South-Eastern Europe Health Network, stressed that resilient systems require greater equity of care and support to the health workforce. Nathalie Berger, Directorate-General for Structural Reform Support, gave the shocking statistic that one in two young Europeans report unmet needs for mental healthcare. Leading actions in Denmark and Lithuania were outlined to improve social support in the communities where people live, to reduce isolation and provide frameworks of care. Further concerns were raised regarding mental health workforce shortages, particularly in remote areas, with the need for interventions to retain and recruit staff, mirroring the ongoing workforce challenges discussed throughout the EHFG 2023. Successful prevention initiatives in Bosnia and Herzegovina such as de-hospitalising and decentralising mental health services through a community-centric approach focused heavily on the engagement of multi-professional teams. The sharing of care across disciplines also reportedly improved health

workers' experience and resilience.

The young cancer cohort have also suffered during the pandemic and report mental health as a top issue. The solution orientated session organised by European Commission Directorate-General for Research and Innovation, highlighted the participation of patients in projects through the implementation of Europe's Beating Cancer Plan as a concrete step to improving interventions. Other practical solutions involved connecting with patient organisations and utilising digital solutions such as tailored digital tools like the #Untire app. In a lively discussion, participants delved into accurate measures of quality of life with fatigue, trauma, and fertility being key issues. The overarching message from Cinzia Brunelli, Fondazione IRCCS Istituto Nazionale Tumori, was that patient inclusion is key to develop evidence-informed policymaking.

Financing health system resilience and battling inequalities

Investing in health systems across Europe varies widely, with periphery countries in Southern Europe experiencing the largest investment gap. The session organised by Viatrix and the National and Kapodistrian University of Athens outlined chronic under-investment in healthcare, further fuelled by COVID-19, the cost-of-living-crisis, inflation, and geopolitical challenges as significant drivers of inequalities. The session further emphasised the urgent need for action to readdress the imbalance in health between citizens of European periphery countries and the rest of Europe. Radu Ganescus's contribution from the National Coalition of Organisations for Patients with Chronic Conditions of Romania described a misbalance between investments in prevention and investments in treatment solutions.

This point was reinforced by Natasha Azzopardi-Muscat, WHO Regional Office for Europe, who referred to significant health gains if you have access to affordable medicines, but that major differences exist between countries. Understanding that fair distribution of medicines is a political choice, and the direct link to co-payments and out-of-pocket payments was a clear message from the panel.

The discussion surrounding out-of-pocket payments continued in a session organised by the WHO Barcelona Office for Health Systems Financing. Drawing from data evidence on financial protection across countries in Europe, the panellists delved into the impact of health coverage policies highlighting existing disparities. Out-of-pocket payments generate greater inequalities and have resulted in worsened poverty among many communities. Concrete learnings from both Estonia and Finland outlined initiatives such as patient payment thresholds, monitored through e-prescriptions and the measured introduction of new medications. Understanding the implications of different ways of financing has provided a good basis for promoting debates, however, it was stressed that the evidence and analysis of these inequalities requires a willingness to overcome them.

“Is it acceptable that people become poor as a result of ill health? Acceptable or not, this is what we see across the region.”

**Tamás Evetovits, WHO Barcelona Office for
Health Systems Financing**

The session organised by EuroHealthNet and the RIVER-EU project focussed on more specific inequalities, particularly amongst vulnerable and disadvantaged communities. Major hurdles identified and discussed were language and communication barriers, distrust in healthcare professionals, and lack of information. Danielle Jansen, University Medical Center Groningen, stated that the RIVER-EU project, which aims to address vaccine hesitancy challenges in marginalised communities, had shown that the most promising effects were obtained using healthcare mediators and community ambassadors advocating for vaccination. Angelo Fasce, University of Coimbra, also highlighted the use of a mobile application to address fears: the Q&A based application provides role-model conversations between health professionals and patients. He further stated that the JITSUVAX project discovered that one of the most significant challenges was addressing people’s fears, which are exploited by populist politicians. The session concluded with panellists recommending vaccination knowledge be integrated into school curricula.



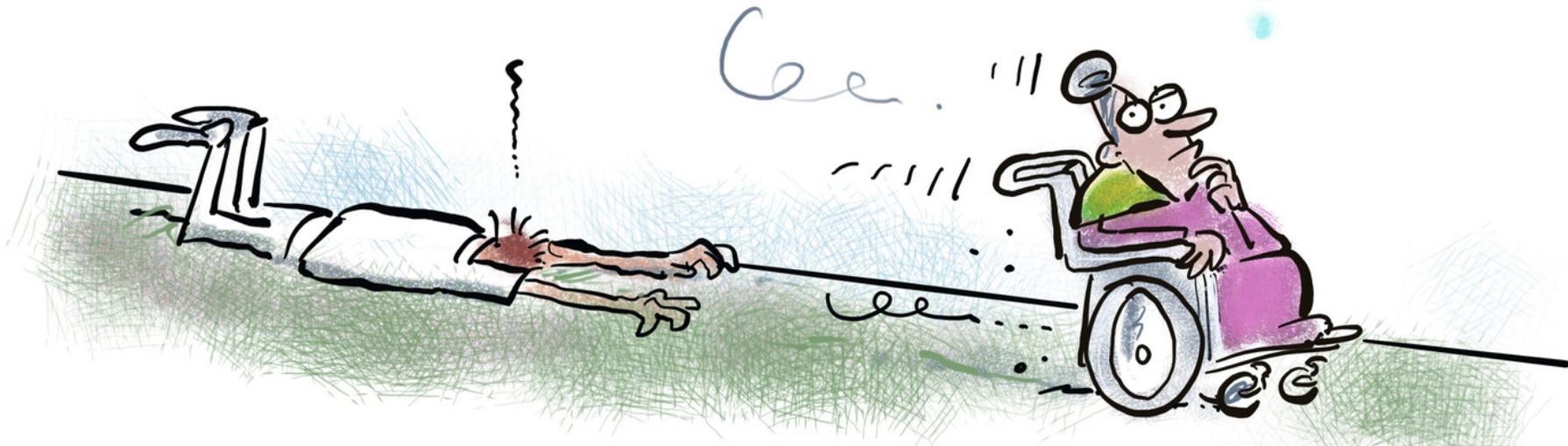
HMM...

OVERWORKED...

UNDERPAID...

UNDERSTAFFED...

DARE I SAY...
FATIGUED!



• FLORIS OUDSHOORN
© ComicHouse.nl

NOTICING THE DOWNWARD TREND...

YES, IT WAS A TOUGH 24 HOURS,
BUT THANKS TO MY ADVICE
WE GOT THIS GREAT RESULT
AND THANKS TO ME...



MEN LEAD, WOMEN deliver

Artificial Intelligence

In recent months, artificial intelligence (AI) has been catapulted to the centre stage of healthcare discussions. The session organised by the European Health Union initiative, supported by the Bosch Health Campus, conveyed the potential transformative impact of AI in creating more efficient healthcare systems that focus on preventative health. In Israel and elsewhere, AI is already used extensively for medical imaging and treatment prioritisation. In a cancer-themed session, Thomas Hofmarcher of the Swedish Institute for Health Economics, highlighted evidence from a Swedish study suggesting AI will begin to replace one in four radiologists in the breast cancer screening process. However, speakers also expressed caution, stating that AI poses the greatest risk in widening the digital divide between European countries. Ethical and clinical risks need to be managed, which will in turn influence pricing and reimbursement. Concerns were further echoed by speakers in the session organised by the the Austrian National Health Insurance Fund, reiterating that security, accessibility, and interoperability should be a priority, with a focus on transparent ownership and patient needs. The discussion emphasised the need for cohesive governance structures and transparent monitoring procedures to create a suitable regulatory environment. Moreover, good data stewardship is essential to ensure quality AI development is built on a reliable foundation.

“We can’t have spaghetti legislation. We have several separated AI related legislations, but they aren’t aligned. It’s a bowl of legislation.”

Annabel Seebohm, COCIR



Some systems are better equipped to utilise AI than others, and policymakers and health workers need to better understand the technology, algorithms, and datasets. Anita Puppe, IBMx, highlighted the cultural differences in attitudes of the health workforce towards AI solutions, some more mistrusting or less tech literate than others.

Terje Peetso, North Estonia Medical Centre, described the Estonian healthcare system in which patient records link with the prescription system, utilised by both doctors and pharmacists. It was emphasised that AI and digital skills need to be urgently included in both undergraduate and postgraduate curricula. Regina Roller-Wirnsberger, University of Graz, explained that medical students not only need to learn how to effectively use AI but also how to critically appraise the outputs.

Cancer

There has been substantial progress in fighting childhood cancer in recent years. In a session organised by the European Society for Paediatric Oncology, Gilles Vassal, European Society for Paediatric Oncology, highlighted that of the 35,000 children and young people diagnosed with cancer in Europe each year, the cure rate is now 80%. However, with 60% of all survivors experiencing significant long-term side effects, better innovative and accessible treatments

are needed with investment in high quality care at Member State level. Alexandra Tamas, European Federation of Pharmaceutical Industries and Associations, stressed that the revision of the EU pharmaceutical regulations must tackle the unmet medical needs in childhood cancer, whilst emphasising that the imposition of more regulations is unlikely to incentivise the industry to invest in research.

Inequalities in paediatric oncology remain persistent across Europe for treatment access, clinical trials, and treatment costs. Speakers called for the public and private sectors to work together through a dedicated clinical network to collaborate on trials and care guidelines, scientific knowledge, innovation, and resource exchange. The European Reference Network PaedCan was highlighted as a positive example of tackling inequalities, providing access to clinical trials and facilitating cross-border treatments. Lejla Kamic, Childhood Cancer International, noted that in Eastern Europe the survival rate is lower due to a shortage in treatments with costs often spiralling families into economic difficulties. Kamic further emphasised the EU's responsibility to provide support beyond its borders, where inequalities are more pronounced.

In the session organised by MSD, the Swedish Institute for Health Economics, and the International Health Literacy Association, Thomas Hofmarcher, Swedish Institute for Health Economics, outlined the significant economic burden on society as well as the impact of treatment on quality of life. An experience described by a breast cancer patient highlighted the crucial importance of being well informed during the treatment journey in order to make informed choices. Domenico Fiorenza, European Commission Directorate-General for Health and Food Safety, explained that civil

society associations are involved in Europe's Beating Cancer Plan. The Commission has conducted awareness campaigns on cervical, breast, and colorectal cancer screenings in five Member States, with more countries possibly joining next year. Kristine Sørensen, International Health Literacy Association, highlighted the variable levels of adoption of health literacy in national cancer strategies and the need for its role to be strengthened. Nicoletta Antone, Cancer Institute Ion Chiricuta, told of two pilot projects in Romania for breast and cervical cancer screening with the objective of improving the patient journey, emphasising the need to pay attention to supporting the female workforce, personalised medicine, biomarkers for treatments, and genetic testing in cancer treatment.

"We have to determine the barriers women encounter for making informed decisions."

Jenelle Krishnamoorthy, MSD

AMR & One Health

Today, 20% of bacterial infections are resistant to antibiotics. The annual global death toll caused by AMR is 1.2 million (2019), estimated to spike to 10 million deaths by 2040. During a session organised by Shionogi and CARB-X, speakers emphasised that drug-resistant infections will become the leading cause of death worldwide if target-based action is not taken now. This was further reiterated in the European Medicines Agency's session focusing on availability and access of medicines, emphasising the significant gaps in tackling AMR. Speakers highlighted the need for national AMR action plans supported by public awareness efforts and data-driven advocacy campaigns.

In a session discussion organised by the European Public Health Alliance, speakers expressed the need for newly funded research on transmission routes and linkages between humans, animals, and the environment. Wendla-Antonia Beyer, Four Paws, emphasised the importance of rethinking our farming models, incorporating greater biodiversity and reduced livestock numbers to prevent infections and combat AMR. The European Medicines Agency highlighted an EU incentive of proposing transferable vouchers to companies investing in novel antimicrobials that can treat resistant pathogens, in addition to measures and targets for prudent use of antimicrobials.

Climate crisis

Hospitals have a carbon footprint which is on average 2.5 times higher than commercial buildings. In the session organised by Philips and the Partnership for Health System Sustainability and Resilience, Aki Haukilahti, Tampere Heart Hospital, showcased that his hospital has chosen sustainability to be at the core of their strategy, using data to identify emission hotspots and understand where improvements can be made. He emphasised the critical need to include staff, who are happy to be custodians of the environment if supported, with the necessary policies and tools.

Jan-Willem Scheijgrond, COCIR, expressed the need for updates to the EU criteria on green public procurement to support more innovative approaches whilst acknowledging the role of AI and circular economy models. Meanwhile, Josep Figueras, European Observatory on Health Systems and Policies, indicated the importance of benchmark standards, plus financial and regulatory

incentives to reduce the carbon footprint of care pathways. Further supporting preventative health policies in health system design are beneficial for the environment. For example, primary healthcare moves care outside of the hospital and closer to the community, which results in a lower carbon footprint. Social prescribing was also highlighted as beneficial for the environment, considering as much as 50% of pharmaceuticals prescribed for patients are never used.

Ruperta Lichtenecker, Austrian National Public Health Institute, referenced national initiatives including a climate manager training to upskill healthcare professionals, and emphasised the need for the EU to promote best practice strategies and technologies in order to facilitate knowledge-sharing across multi-stakeholder networks.



"We cannot solve this by ourselves, we need legislation, we need policies, and then we need cooperation with industry and players within the whole system."

Aki Haukilahti, Tampere Heart Hospital

It is critical to ensure we build resilient health systems that are better prepared to respond to the impact of environmental changes, such as coping with the impacts of heatwaves, food instability, and the

changing distribution of infectious diseases. Marina Romanello, Lancet Countdown, explained in Nobody Left Outside's session that we are not appropriately monitoring vulnerability, and the most marginalised are not able to access the adaptation efforts that are unfolding. Both Catherine Guinard, Wellcome Trust, and Elina Bardram, European Commission Directorate-General for Climate Action, brought attention to the fact that the climate crisis will amplify existing challenges, and increasingly strained health systems risk leaving the most vulnerable behind.

Natasha Azzopardi-Muscat, WHO Regional Office for Europe, expressed caution by highlighting that the equity lens is currently lacking in EU policies, particularly where greening and adaptation measures are concerned. Crucially, data must be used sensibly to avoid discrimination and stigma.



Rare diseases

A key message in the rare disease sessions was that treatment and research methods are becoming more innovative with the rise of approaches such as Advanced Therapy Medicinal Products. However, 95% of rare diseases currently have no treatments available and for many there is currently not even ongoing research activity. Most rare diseases are inherited, and diagnosing children early is key to starting treatment before symptoms develop. Susanne Gerber-Platzner, Medical University of Vienna, highlighted

in AOP Health's session that Austria has implemented a newborn screening programme which includes approximately 30 rare diseases, an approach that could be adopted by other countries. Centralised stakeholder networks, such as European Reference Networks, can help progress all aspects of rare disease diagnosis and research. Collaboration across different stakeholders and Member States is particularly important due to the lack of biomarkers, geographic limitations, disease heterogeneity, and small patient populations. However, speakers stated communication of research results to patients is lacking – a gap that must be bridged.

"Patients are committed to help with all the knowledge, as well as data they have to help progress research."

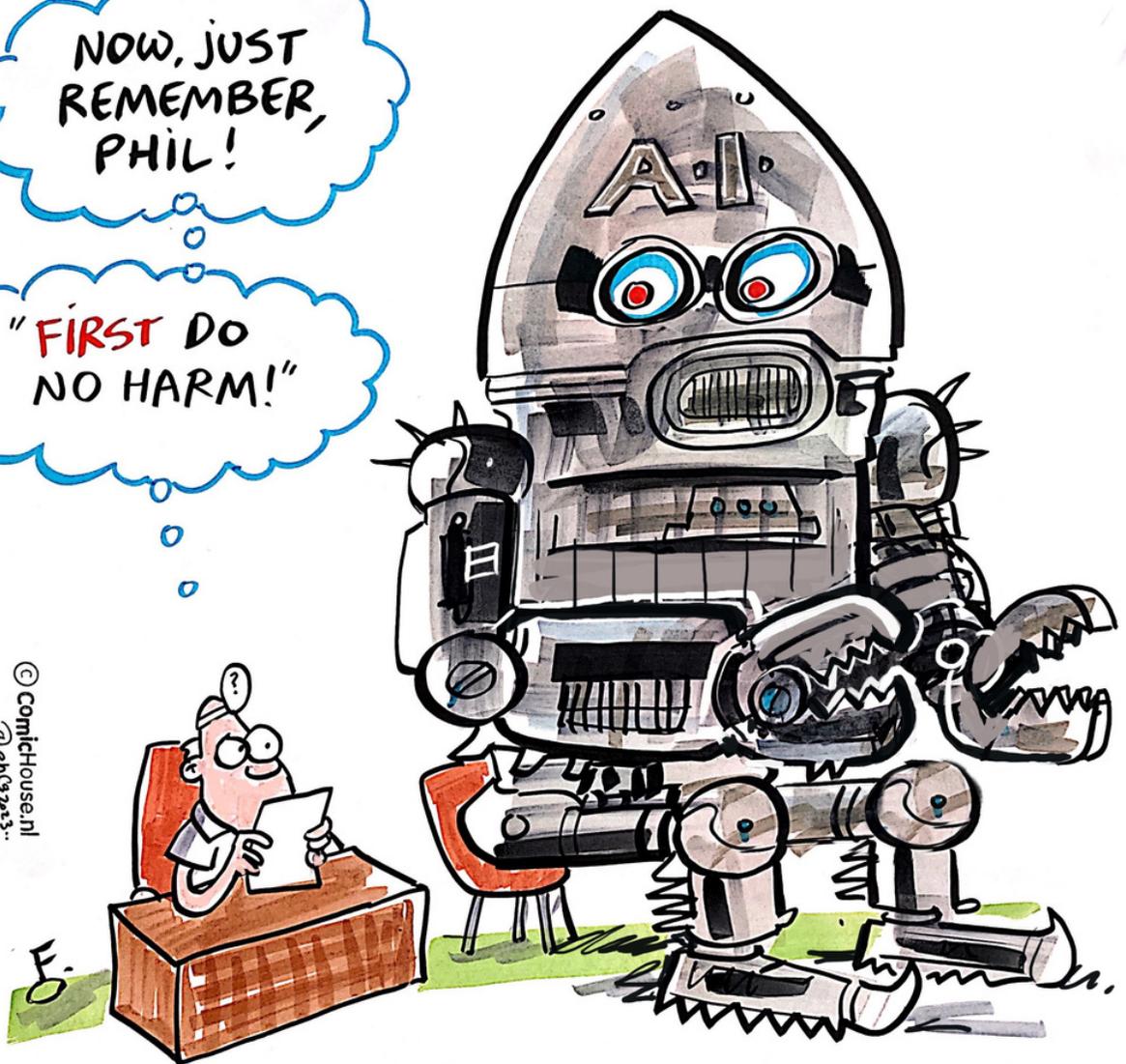
Peter Löffelhardt, Global MPN Scientific Foundation

Alexander Natz, EUCOPE, highlighted the need for rare disease research and development to be underpinned by a business case, and industry investment to be supported by incentives and predictability. For medicines to be developed, they must be both clinically effective and economically viable, which was further reiterated by Adam Hutchings, Dolon, in the Ipsen session; "Most important with rare diseases is getting the science, economics, and policy right." An audience simulation exercise demonstrated a willingness to pay for treatments in small populations where there is higher unmet need, and the successive discussion highlighted the need for transparency in pricing and access to ensure fairness. A common European fund for rare diseases has been proposed to address these challenges and improve diagnosis and pricing for rare diseases.

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In preparation for the European elections in June 2024, the EHFG 2023 featured a crowd harvest activity, where participants were asked to share their wishes for the next mandate.

WHAT Wishes DO YOU HAVE FOR Health IN THE UPCOMING EUROPEAN ELECTIONS?



Additional Links



Session Videos



Press and Media

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