THE FUTURE OF HEALTH
Advancing the UN 2030 Sustainable Development Agenda in Europe

11-12 July 2019

CONFERECE REPORT
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EXECUTIVE SUMMARY

At this unique stakeholder conference, held in Brussels on 11 and 12 July and organised in collaboration with Finland’s EU Presidency, the Patient Access Partnership (PACT) addressed the collective priorities and actions required to advance the UN Sustainable Development Agenda 2030 in Europe and to ensure equitable access to quality healthcare for all. The event was closely aligned with the overarching theme of the Finnish EU Presidency, i.e. the ‘Economy of well-being’; this theme was widely welcomed as the start of a new way of thinking and working in relation to health policy.

This event provided a timely occasion for stakeholders to come forward with their ideas, concerns and suggestions with respect to the upcoming new EU mandate, making the case for a stronger EU-level health policy engagement as needed by Member States and expected by citizens.

During interactive workshops, panel and audience debates, some 115 delegates representing patient organisations, healthcare professionals, policy institutions and governments, public health NGOs, public health experts and industry from 22 Member States addressed a broad range of issues, challenges and opportunities related to progressing EU-level health policy. These included:

- The need to appoint a Vice-President for Health and well-being in the next Commission, who would be responsible for addressing the need for better cross-sectorial cooperation, assessing the impact of EU-level policy development on the health of citizens and propose pro-active health policy measures.
- The current EU legislative framework leaves room for the advancement of the health agenda at EU level – this should be further explored as without addressing health in the design and implementation of all other policies, we will not achieve any of the Sustainable Developments Goals by the year 2030.
- The urgent need for multi-sectoral cooperation as health has an impact on a wide range of other policies, such as economy, employment, sustainable development, housing, transport, environment and social exclusion. Simultaneously, the premise of ‘Health in all policies’ must remain at the center of European Policy since all societal sectors undoubtedly affect health.
- The need to identify the priorities of other policy areas as the health aspects of these priorities can provide useful entry points for cooperation making health a priority for other than health sectors and policy makers to advance their own goals.
- The importance of the current EU-level health competency; while limited in regards to the organization of healthcare systems, it is a significant guiding and supporting supplement to Member State action.
- EU Health level policies can make a useful contribution to facilitating the sharing of experiences, mutual learning and capitalising on health. Existing tools and instruments, such as the European Semester Process, can be put to better and more efficient use.
- The need for a stronger role for civil society in shaping health policy development and more ‘health enabling environments and economies’; ‘people-powered healthcare’ should be put in place; this may be possible if connections with regions and civil society multi-stakeholder platforms are made.
- Active Patient participation along the entire spectrum of health policy design and development can contribute greatly to quality and efficiency.
- The importance of big data as well as connectivity, interoperability, e-health, and privacy and security of health data.
- The desirability of the EU-level setting minimum standards in health care, as a guide for Member States given that health is a basic human right which should be at the core of EU policymaking.
- Prevention and comprehensive preventive policies should be the key aspect of all policies across the EU.

Finally, the conference also provided the occasion to introduce ‘The Health PACT’, a shared vision outlining shared responsibilities and the actions needed to improve access to health and to advance the Sustainable Development Agenda in Europe. It is hoped, that, once finalised, stakeholders will actively use this document in their advocacy efforts to influence the upcoming mandate of the EU institutions, and enforce their own commitments for access to health.
Session 1:
Policy challenges and opportunities for better and effective health cooperation in the EU

Key Messages

• The current EU legislative framework has presented challenges but also given way to opportunities — EU Health policy is a ‘text book case’ of soft integration and subsidiarity

• The four core EU freedoms – goods, services, people and capital, bring forward important policy possibilities, and needs for health collaboration

• Existing and future tools such as the European Semester, the European Pillar of Social Rights, Horizon Europe, can be used better and more efficiently — the EU has an important guiding role to play in health

• Beyond Article 168 of the EU Treaty, there is EU-level legal scope for multi and inter-sectoral cooperation that supports a ‘Health in all Policies’ approach — health seen as a stand-alone policy priority (the tendency insofar) will not, on its own, advance the SDGs, Goal 3 included

• Well-being and economic policies are closely intertwined and can be mutually reinforcing — the economic case of health and well-being can be easily done and should be widely acknowledged

• Proper coordination between national and centralized policies with a strong leadership and courage from the EU is essential

Susanna Palkonen (Chairperson, Patient Access Partnership (PACT)) welcomed participants and briefly introduced PACT as an organisation enabling health stakeholders to join forces to develop, drive and propose sustainable solutions to ensure equitable patients’ access to quality healthcare in the EU. She thanked the MEP Interest Group on Patient Access to Healthcare1 for their support since 2015 as PACT’s political arm in the European Parliament. PACT’s members and supporters believe that health - and access to health - should be a policy priority at European level and that cooperation, and dialogue are key to improving access to health in the EU and to advancing the UN Sustainable Development Agenda. There is a commitment to deliver on these goals and EU level collaboration is crucial to do so in the face of institutional change.

This is why PACT is organising a series of high-level events during this year, all of which relate to the future of health in the EU. Today’s conference is the second of these events; it will be the occasion for the launch of ‘The Health PACT’2, presenting the collective ideas of stakeholders for the future of health in the EU3, with a particular emphasis on better and more efficient access to healthcare. The document is building on PACT’s ‘Statement on the Future of Health in the European Union’4, presenting the collective ideas of stakeholders for the future of health in the EU, with a particular emphasis on better and more efficient access to healthcare. The document is building on PACT’s ‘Statement on the Future of Health in the EU’ and the conference participants will have the opportunity to shape it. There are many challenges, but these should be viewed as opportunities for change and improvement and ‘The Health PACT’ will indicate the way forward - for PACT as well as for other stakeholders. Susanna Palkonen also underlined the timeliness of the event, as now is the time when EU priorities for the coming years are being agreed. She therefore thanked the Finnish Presidency for their support to the event, welcomed their presidency theme and gave the floor to Päivi Sillanaukee (Permanent Secretary, Ministry of Social Affairs and Health, Finland) for a welcoming statement.

1 MEP Interest Group on Access to Health
2 The current version of the document can be found here
3 ‘Statement on the Future of Health in the European Union’
Finland took over the Presidency on 1 July at an exceptional time, carrying over issues such as the Multiannual Financial Framework (MFF), Brexit, and the development of the Economic and Monetary Union (EMU). Apart from these priorities, Finland proposes an overarching theme for its Presidency, i.e. the ‘Economy of well-being’. This is based on the notion that well-being and economic policies are closely intertwined and mutually reinforcing. Economic growth improves people’s well-being, while well-being and health of the population enhance economic growth and stability. Activities under this theme will include assessment of how social, health, employment, gender and education issues impact on different policy measures; how investments in these areas impact the economic growth will also be addressed. This approach is based on the need for more people-centered policies and actions, focusing on the concerns of citizens and their involvement. Addressing (global) health challenges – including the SDGs – is part of this approach.

“Economic growth improves people’s well-being, while well-being and health of the population enhance economic growth and stability”, Päivi Sillanaukee

There has been and there continues to be much concern on the future of health at EU policy level; Finland hopes to put that concern to rest, as apart from being a human right and a Treaty-enshrined aim of the Union, health should be seen as a precondition for a well-functioning Single Market. This is a common concern across all Member States (MS). Current developments - health technology, genome research, Artificial Intelligence and population data – create opportunities to improve health and develop more personalised healthcare. It is important to invest in health-related science, research and education, building a coherent ecosystem for the development of personalised medicine.

As part of the 'Economy of well-being' activities, the Presidency focuses on demographic ageing and the associated challenges in relation to required services and the asset that older experienced citizens are for society. A high-level event on the 'Silver Economy' has already taken place; a healthier older population, with people remaining active in society, will require less services. There is huge potential in new technological areas such as robotics and AI to address these challenges. Stronger cooperation between MS will help increase the well-being of European citizens.

Susanna Palkonen then gave the floor to Stefan Staicu (Health Attaché, Permanent Representation of Romania), who provided a quick overview of the activities and outcomes of the Romanian Presidency. This Presidency did not have an easy start given the political situation (e.g. the MFF, Brexit ...). In addition, the EU elections only left a 3-month framework to close files. Despite these circumstances, 19 policy 90 legislative dossiers were finalized in 100 days. In relation to health, the proposal for a Regulation on Health Technology Assessment (HTA) was the only legislative file on the agenda; the Romanian Presidency put forward a comprehensive progress report on the HTA Regulation, mainly focusing on technical matters. This was presented and agreed by the EPSCO council. The Romanian Presidency also adopted Council Conclusions on the next steps towards making the EU a best practice region in combatting antimicrobial resistance (AMR), an important topic in relation to infection control and prevention, under the One Health approach. Also, it has addressed health in other ways: a strategic debate of the Working Party on Public Health at senior level on Patient Safety was held and a new Trio Presidency Work programme elaborated.

According to Mr. Greer, the first face of health EU policy is formed by health policy itself, with the Health Programme as the funding model. Treaty Article 168 presents the EU’s health competency and the limits of its policy powers. The concept of subsidiarity stands out as the allegoric ‘gate’ will remain closed, unless there is the explicit need to complement MS activity. However, there are other bases for health-related EU action, such as research (largely biomedical), the European Structural Funds (contributing mainly to infrastructure). Health policy is a ‘text book case’ of soft integration and subsidiarity – going around the gate.

As the second face of EU health policy, Scott Greer referred to the Internal Market, where much more powerful policy tools come into play. Policy goals in this area relate to the four core EU freedoms (goods, services, people and capital). In this area, some important health related policies have come to the fore, such as the medical devices and medicines regulations, professional qualifications and mobility, patient mobility and regulation of private health insurances, state aid, and competition law.

Several other events and meetings took place, e.g. addressing access to digital services and e-health, early cancer detection and screening, a workshop on the best practices for implementation of the Council Conclusions Recommendation on vaccination, patient-safety related issues (in primary care, from the perspective of healthcare professionals (HCPs)). Meetings, related to the European Medicines Agency (EMA) and pharmaceuticals, were also held.

Stefan Staicu underlined that although health policy is primarily a MS competence; MS and Commission could and should do more to ensure better and faster access to healthcare for all EU citizens.

KEY NOTE PRESENTATION

Susanna Palkonen introduced Scott Greer (Associate Professor, School of Public Health, University of Michigan; Senior Expert Advisor on Health Governance, European Observatory on Health Systems and Policies). He showed the audience a picture of a closed, stand-alone gate as a metaphor for EU health policy. This gate will stop people from passing through, but can be opened if so required. It is also possible to go around it.

4 Employment, Social Policy, Health and Consumer Affairs Council configuration (EPSCO)

5 https://www.who.int/features/el-one-health/en/

6 Dr. Prof. Greer is one of the authors of the publication: Greer, S. L., Fahy, N., Rozenblum, S., Jarman, H., Palm, W., Elliott, H., & Wismar, M. (2014). Everything you always wanted to know about European Union Health Policy but were afraid to ask (1st ed.). European Observatory on Health Systems and Policies, WHO.

7 Article 168 of the Treaty on the Functioning of the European Union
In defining and implementing its policies and activities, the Union shall take into account requirements linked to the promotion of a high level of employment, the guarantee of adequate social protection, the fight against social exclusion, and a high level of education, training and protection of human health.

The third face of EU health policy relates to fiscal governance. Action in this area was taken because of problems of maintaining the Eurozone without a common fiscal policy. It is designed to keep MS governments from exploiting the Eurozone’s implicit guarantee of a bailout and was considerably strengthened since its inception in 2010. The key modality in this area is the European Semester. Punitive measures can be triggered for the violation of the Stability and Growth Pact. This area contains health policies as healthcare policy is expensive.

Turning to new ways of thinking in EU health policy development, Mr Greer first listed the multiple articles with a scope for health beyond Article 168 i.e. Article 9, 169 (on consumer protection) and 151, 153, 156 (on labour law and standards) and 191 (on environmental protection). In other words, there is EU-level scope for multi and inter-sectoral cooperation, taking a ‘Health in all Policies’ approach, persuading policymakers to do what is necessary for health.

Second, the European Semester is undergoing changes. While it started with a focus on fiscal rigor, austerity and rather crude health goals and indicators - mainly involving finance ministries – the process now addresses broader priorities and entails more subtle, social, policy thinking reflecting better processes and participation. There is more interest in quality. In terms of improvement in the future, Mr Greer suggests more punctual semester suggestions in regards to the demographic changes of MS.

“The presentation of comparative information and standardisation can stimulate change”, Scott Greer

Thirdly, there is increasing normative and technical influence, for instance by means of the ‘State of Health of the EU’ initiative. The EU is trying to build consensus via the Semester and similar processes and can thereby influence MS policies; the presentation of comparative information and standardisation can stimulate change.

With regards to the health agenda for the future, Scott Greer emphasised that the question is not whether there is a health policy, but rather, what it should be; the principle of subsidiarity is not helpful to pursue health policies that people can see and appreciate. Austerity, populism and party system change put the EU under strain. Can we make health an EU priority and use the existing health policies for health?

PANEL DISCUSSION

Andrey Kovatchev MEP (EPP, Bulgaria) stated that citizens expect more involvement from the EU in healthcare and that political representatives of Europe should listen carefully to the perspectives from the different stakeholders in order to properly shape their future policies. Mr Kovatchev recalled his active participation as a co-chair and one of the founders of the MEP Interest Group on Access; the group provided a platform in the previous Parliament to identify the topics where the EU should push the agenda and provide added-value to MS efforts for addressing inequalities in access to healthcare. This cooperation – with stakeholders but also with the Health Commissioner and DG SANTE – has been effective and will continue during the next Parliamentary term.

Mr Kovatchev also informed the audience of a very recent EPP meeting with candidate Commission President Ursula von der Leyen, in which the need for EU action on health was underlined; she seemed sensitive to arguments to ensure a place for health on the EU policy agenda.

Mary Lynne van Poelgeest-Pomfret (Vice-Chairman, European Forum for Good Clinical Practice; President, World Federation for Incontinent Patients) expressed her appreciation of Mr Greer’s “gate-metaphor”, and added that sometimes, going underneath the gate is the only way to get to the desired place. She referred to a recent report on the German healthcare system, which underlines demographic ageing and the need to adapt systems and services to this development. Changes in lifestyle and our way of relating the healthcare needs to be adapted; we cannot think about healthcare in isolation, as there are so many elements impacting health (e.g. environment, climate change, changing lifestyles). Healthcare systems need to be integrated...
and the various stakeholders need to be part of discussions on how to improve them. We need to think in terms of patient-centred and personalised healthcare solutions as matters of urgency. To do so it is imperative to involve everyone concerned in the healthcare chain.

Sylvain Giraud (Head of Unit Performance of National Health Systems, DG SANTE, European Commission) praised PACT and the MEP Interest Group for their work and stressed that the MEP’s interest in maintaining PACT in the new political cycle is a good sign of political interest in health policies. He emphasised that subsidiarity sets certain boundaries for Commission’s intervention in healthcare systems, but the fact that they are mainly within national competency, does not prevent the discussion on challenges and exchange of good solutions among MS. Exchanging views, experiences and mutual learning can lead to positive change and the Commission aims to provide the framework for these interactions.

Mr Giraud agreed with Scott Greer on the trends outlined, emphasising the importance of ‘soft’ and the positive evolution of the Semester; these can help integrate health in other policies, including social, both at national as well as at EU level. He noted the important role of the ‘State of Health in the EU’, which is now entering its second cycle in setting the “intellectual framework” for the Semester. The process of thinking together is important, as countries are facing the same challenges and share a common goal – solidarity in health is in everyone’s interests.

“Exchanging views, experiences and mutual learning can lead to positive change”, Sylvain Giraud

Usman Khan (Executive Director, European Patients’ Forum (EPF)) also welcomed Scott Greer’s presentation and underlined that clearly, without an obvious strong legal instrument, we have to create our own legal environment. The EU-level competency may be more limited than would be ideal; however, health is clearly increasingly seen as an EU priority. The EU’s efforts to facilitate talking to neighbouring countries are useful as they lead to sharing research, practices, and partnership. Due to its expertise and practice, civil society has an enormous role to play in this regard.

He stated that recent developments seem to indicate that the situation for EU health policy is improving, however, no matter what the future brings; we need to be able to ensure the inclusion of the patient voice in every aspect of health policy and practice. SDGs are and should remain an important anchor point for the European health ambition as we need to strive for socially based health care models.

“We need to be able to ensure the inclusion of the patient voice in every aspect of health policy and practice”, Usman Khan

Päivi Sillanaukee (Permanent Secretary, Ministry of Social Affairs and Health, Finland) addressed the question of how national barriers to multi-sectoral collaboration can be overcome. The Finnish Presidency, during its previous two terms, addressed other multi-sectoral topics as well, such as mental health and health in all policies. The current focus, the ‘Economy of well-being’, is also a multi-sectoral topic. When the Presidency presented its agenda to the Council, the response was very positive. A common council meeting between the ministers of finance and education is already planned; discussions on taking the topic forward during next Presidencies are also taking place. The recent Silver Economy Forum was also multi-sectoral. The social dimension of the ‘Economy of well-being’ relates to having people – not only patients - at the centre. This requires a paradigm shift.

DISCUSSION WITH AUDIENCE AND PANELLISTS

- Access to health care has improved - but it does not yet suffice. While there is awareness of health as a prerequisite for positive outcomes in other policy sectors, action to improve health systems is lagging behind.
- Article 168 limits action – so maybe this Article needs to be changed? And could the EU level establish a set of minimum standards, while leaving the competency of the MS to develop and implement health policies intact?
- We need a common understanding of what is required. Minimum standards are being set in other areas such as clinical trials and employment. On the other hand, not all countries can afford to live up to such minimum standards and, this top-down approach may not unfold well – imposing standards may well play into the hands of those that are working to undermine the EU. Local, regional and national levels would need to be well coordinated with a strong leadership and courage on the part of the EU. Political will is needed and governments need to be convinced that, in order to move ahead, the EU level could be more prescriptive.
- How can we make better use of the existing opportunities for actions to improve the situation across the board? The Commission’s paper, setting out the legacy to the next Commission includes references relating to access to health care and changing pharmaceutical rules. It addresses shortages of affordability, availability and access to therapy, and provides a solid basis for EU action. Furthermore, the European Council Strategy Agenda – a roadmap decided by the European Heads of States – refers to ‘good access to health care’. The Council has already agreed on the European Pillar on Social Rights (including Article 16 on health care), and Article 35 of the Charter of Fundamental Rights of the European Union.
- All of the above are positive; we need to ensure that these and other relevant entry points (e.g. the European Semester, Horizon Europe (HE)) – are better aligned and coherent. DG SANTE has a great role to play in terms of setting minimum healthcare standards across the EU as the current differences between MS – for instance on health spending – are staggering.
- The Semester should be seen as a social framework mechanism rather than a policy making tool; it provides pointers to what should be changed to avoid imbalances.
- Research should be included into health policy portfolios. Biomedical research, as well as Regulations on Clinical Trials, privacy and other issues influence health research; and health research provides the evidence for health policies. There should be a multi-sectoral platform for stakeholders to provide their input in the design of research projects and programmes, at EU as well as MS level. National research findings with an impact on health should be shared and disseminated better (e.g. data sharing). Pan-EU level research can raise the bar of quality standards.
- Patient engagement in research is very important and the Innovative Medicines Initiative (IMI) is a good example of a Public Private Partnerships (PPPs) in health research.
- Patient participation was introduced by DG RTD as a prerequisite for EU funding. Patient organisations are also involved with reviewing applications and setting priorities for the future. While there is room for improvement, this should also be the same at a national level, to create a mechanism to ensure participation in scientific societies.
- A European legislative framework is needed for health technology as an important contributor to well-being.
- Technology-enabled, rather than technology driven innovation should be considered; it should be needs based (patients, HCPs and sustainability of payers) and developed.
- Artificial Intelligence is an important area of innovation and the EU could be a strong player.

10 Everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities.
How to improve EU health cooperation? The transformation needed on the road to the Sustainable Development Agenda

Session moderator Stanimir Hasardzhiev (Secretary General, PACT) invited the key note speaker to take the floor.

**Key Messages**

- The creation of the role of a Vice-President for Health and Well-being in the European Commission can address the need of strong leadership and better cross-sectoral coordination
- Health should be seen as a driver of social mobility just as education and income have been in the past
- An entry point could be to reach out to other policy sectors to identify their priorities and then analyse how these can relate to health
- In terms of pharmaceuticals, the EU should define a coherent strategy centred on improving equity of access for all Europeans
- A multi-stakeholder (manufacturers, patients, regulators, payers etc.) dialogue on the cost of medicines and sustainable solutions for access supported by the institutions is essential – with a focus on better coordination between regulatory and markets systems
- Civil society and patients have a great role to play, in terms of responsibilities and enormous potential for improvement to the design, development and implementation of policies
- Beyond MS competences and subsidiarity, the mind-set should point towards the creation of health-enabling environments and addressing the risk factors and barriers – health is not disease and the cost of inaction is greater than the cost of effectiveness

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**KEY NOTE PRESENTATION**

Mark Pearson (Deputy Director of Employment, Labour and Social Affairs, OECD), started by underlining that progress has been made; health has definitively moved up in the EU policy agenda. However, it is not yet at the core of economic policy development. Clearly, the value of good health to all policy goals - rather than just health policy goals - has to be better and more explicitly demonstrated.

The Finnish Presidency, with its focus on the ‘Economy of well-being’ – well received by the Council – represents a first useful opportunity to do so (The OECD prepared a paper on the economy of well-being for the Finnish Presidency in relation to their Presidency theme). While promoting well-being is positive by itself, it is obvious that there are numerous instances where the promotion of well-being has a positive effect on other aspects as well, such as health education (encouraging healthy choices and behaviour) access to employment and the general health of the economy.

When unpacking the determinant mechanisms by which socioeconomic factors affect health, it can be noted that the nature of income trajectories matters. Low-income households are more likely to experience inadequate living environments. In addition, unemployment worsens mental and physical health; working conditions are also important. Ill-health worsens an individual’s economic prospects throughout the lifecycle. Mr Pearson proceeded to present slides on the evolution of the main health determinants: health spending has doubled between 1990 and 2010; out of pocket expenses have gone down by 10% across OECD countries. Income and education levels have also gone up.

“The value of good health to all policy goals - rather than just health policy goals - has to be better and more explicitly demonstrated”, Mark Pearson

In order to ensure action on health, a useful strategy may be to look at other policy sectors to identify their priorities and analyse how these relate to health. For instance, a big opportunity for cross-sectoral cooperation lies in the current policy focus on social mobility. This has ground to a halt; it will take a person 5 generations to come from the bottom 10% income level to make it back to the level of middle income. Until now, education and income are already included as areas which are important to improve social mobility, but health should also be taken into account: ‘health as a driver of social mobility’ should be the message.

A lot of policy attention is currently devoted to NEETs (young people not in employment, education or training). Health plays a significant role in this group as a person is 4 times more likely to be a NEET when in poor health. This also creates an important opening as these issues matter to other ministries besides health. Mental health is another area where useful openings into other sectors can be found, e.g., employment.

The impact of health on the economy represents a useful way forward as the economic case is easily made. For instance, unemployed adults in the UK are twice as likely to have a long-standing illness/ disability and being unemployed further worsens mental health. Presenteeism is estimated to have cost the US economy $150bn per year in the early 2000s and this is worse for those in mental ill-health.

It may be useful to change the way we talk about ‘cross-sectoral’ cooperation: what can other sectors do to support better health rather than vice versa? Should we go for ‘Health in all policies’ or for ‘all policies for health’? Mr Pearson concluded by underlining that health spending has a major impact on life expectancy, but interventions beyond health systems are also critical. Developing strong partnerships with other ministries and stakeholders (including industry) is essential. To improve health a life course approach to health will be needed and early childhood interventions should hold a key focus.

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PANEL DISCUSSION

Ceri Thompson (Deputy Head of Unit eHealth, Well-being and Ageing, DG CONNECT, European Commission) agreed that connections between all implicated sectors need to be made; just as the SDGs cover many areas too. DG CONNECT is already working closely with DG SANTE from the perspective of digital technology and data, while taking a vertical look at the health sector. Ceri Thompson mentioned three broad areas where DG CONNECT is active:

- The April 2018 Communication, which aims to help citizens have better access to their health records when seeking treatment in another country. A Communication, issued in February, relates to making health data and registries more interoperable.
- DG CONNECT is making efforts to grow the data so that more data driven healthcare can be delivered. Encouraging to bring data out into the public domain also relates to secure and trustworthy data environments and data protection. This is particularly important in the field of genomic data.
- DG CONNECT is partners in the sphere of digital services and tools, looking at how data can support existing clinical practice. Entering health data through mobile apps is another field of attention.

Daniel Lopez Acuna (Adjunct Professor Andalusian School of Public Health and Work Package Leader ‘Improving Access to Health and Social Services for those Left Behind’, Joint Action on Health Inequalities (JAHEE)) wondered how aligned current health policies in MS and in the EU are with the SDGs. It is clear that the SDGs are important; but they are still highly aspirational. There needs to be a transition. It is necessary to define what needs to change in order to attain them but we are still far from making the goals actionable. Policymakers still do not see the necessity to advance policies and programs to address and attain them. The next Commission’s health agenda should be centred on matters pertaining to the implementation of the Sustainable Development Agenda. It would be a pity to have multiple parallel policy tracks that do not converge.

Daniel Lopez Acuna provided some information on the JAHEE, which is aiming to look at the impact of social determinants on the health status and the nature of inequities in access to health and related social services. The Joint Action addresses both upstream as well as downstream factors; it looks at what is hindering universal coverage and which factors are blocking access. It does not only address vulnerable groups – it is about ‘proportional universalism’ and the actions that will contribute to that. In order to spur policy makers into action, economic arguments will need to be made. The attitude of policymakers to advance EU health policy seems lukewarm; there is too much subsidiarity and too little solidarity. Political will is of the essence.

Jan Paehler (Head of Health Sector – Culture, Education, Health, DG DEVCO, European Commission) stated that it is important for the SDG’s to be aspirational; it is highly relevant to strive for universal access to good quality care, not only in poor countries, but across the board. While inequalities between countries have diminished somewhat, inequalities within countries are still prominent. A holistic approach is required, especially in demographically challenged countries. Access to family planning, rights of women, education, the gender agenda – all these are part of the solution. A multi-sectoral approach is crucial and health is central in all of these.

Adrian van den Hoven (Director General, Medicines for Europe), speaking on behalf of PACT’s industry partners noted that the EU has improved patients’ lives; the European Reference’s Networks (ERN) have helped to increase the provision of specialised care in the area of rare disorders. This model could be extended to chronic diseases as well. PPs at EU level such as the IMI are other useful examples of positive action.

Looking ahead to the new Commission, Mr van den Hoven is expecting a strong leadership in the field of health, not least because health featured much more prominently in the recent European elections than ever before. Specifically on pharmaceuticals, the EU should define a coherent strategy centred on improving equity of access for all Europeans. This is achievable financially because the majority of first line essential medicines are generic or biosimilar medicines. If fully used, all countries could supply patient need and even use the savings to invest in needed first line essential patented medicines (which are more expensive). After 50 years of EU pharmaceutical policy, we should now prioritise equity of access.

Regarding to the contribution from the industry to equitable access to health care, Mr van den Hoven notes that although existing, cost is not the only factor hindering access; markets inefficiencies and waste also need to be taken into account. There are solutions to sustainably improve access to medicines in Europe. But the EU and member states need to talk to each other and align how EU pharmaceutical policy interacts with national policy (with no need to change EU treaties on competence). The treaty competence issue should not serve as an excuse for incompetent pharmaceutical policies.

Shortages of medicines are a direct result of a major disconnect between regulatory and markets systems. The EU has just introduced costly and complex anti-counterfeiting legislation which has directly impacted manufacturing supply of medicines. MS have reacted to this by increasing regulatory requirements further – driving more complexity for manufacturers and exacerbating supply risks. This should be better aligned in the future. In fact, the implementation of the Medical Devices Regulation is fraught with problems – which should be addressed now in order to avoid supply problems next year. A well-functioning regulatory network – such as European Medicines Agency (EMA) / Heads of Medicine Agencies (HMA) – is required as the ‘backbone’ of technology; without this backbone the regulatory and markets systems will continue to be disconnected. But regulators need to be connected to health ministries and especially payers (who regulate markets) to ensure greater access to medicines – whether they are on or off patent medicines. It will be important to have a multi-stakeholder (manufacturers, patients, regulators, payers etc.) debate on the cost of medicines and sustainability solutions for access in the near future and the Commission should support this.

Ann Isabelle von Lingen (Board Member, European Public Health Alliance (EPHA); Policy Officer, European AIDS Treatment Group) focused on shifting our mind-set towards the creation of health-enabling environments and addressing the risk factors and barriers to health services for both communicable and non-communicable diseases (NCDs) via all relevant policy areas – internal market, fiscal, environment, drug policies – is crucial.

“If appointed as Commission President, Ursula von der Leyen should be encouraged to appoint a Vice President for health and sustainable well-being”, Ann Isabelle von Lingen

In order to move the needle with respect to health policy, it may be as compelling to make the case for the cost of inaction rather than for the cost of effectiveness. Engaging with patients, and affected communities/at risk populations in policy and programmes design and implementation is essential to ensure that these respond to actual needs. It should also reduce waste in the system. Candidate Commission President Ursula von der Leyen, if appointed, should be encouraged to appoint a Vice President for health and sustainable well-being (or even become the Commission President for Health!) to screen all policies of relevance for their health impact and coordinate policies beyond health to truly prioritise health outcomes, with a focus on prevention, reducing risk factors and access to health services. To put such a coordinated and impacting approach, the Commission should develop and implement a comprehensive action plan and framework for communicable diseases and NCDs. The EPHA has developed a blueprint for such an action programme, which would generate data for evidence-based policies, carry out benchmarking exercises and look for an ‘all policies for health’ approach, with users at the centre.

Attempts at inserting health into other policies have been made time and time again. However, the other sectors usually stay within their own sectoral objectives. This is not an effective approach and reflects as a weak competency with low MS support. Another strategy might be to go to the other sectors and ask them what they can do for health. For instance, DG EMPL could be asked about how the Social Pillar will contribute to better health outcomes, as most of the Pillar’s articles relate to health in some way.

The social determinants of health might be a strategic and promising way in; we should analyse where the priorities of other sectors are and reframe our health messages accordingly.

SDG Number 3 does not only serve the health sector. Instead of specific policies for isolated issues, policy coherence is required. Better alignment of policies does not go against the EU health competency as outlined by Article 168.

Subsidiary is slightly double edged: partner countries, working with DG DEVCO do get told what to do; the Commission is rather prescriptive outside the EU, specifically on how to make health a higher priority to improve the economies of these partner countries. However, it was remarked that DG DEVCO takes a holistic approach, with health being part of a number of targets. Improving education, for instance, will have a bigger impact.

The SDG framework could be effective if the language used would be more straightforward and less technical and with better interagency cooperation – e.g. between the OECD, EC and WHO.

Participation in the implementation of the SDG’s is uneven. MS are in ‘saving mode’; cuts in health services are substantial. Greater involvement of civil society, pushing governments and influencing general opinion, is called for.

Vested interests and how to handle them, need to be more transparent and balanced. For instance, the vested interest in pharma industry relates to maximising return on investment (ROI). Affordability is high in the agenda of the EU and MS, as demonstrated by the 2016 Dutch Presidency conclusions. Price transparency on Research and Development (R&D) are important elements in the discussions on access.

Digital support for patients and HCPs is becoming more common and accessible and will only increase in the future. It would be useful to develop a European framework on how to incorporate these developments into health care systems, ensuring a Single Market.

The process leading up to the adoption of ‘Obamacare’ in the US has taught us that leadership, pushing for health care reforms, is indispensable. Is the leadership in place to ensure the creation and implementation of ‘Eurocare’ (maybe ‘Ursulacare’)? How can we help the Commission drive a health agenda along with reluctant governments?

WORKSHOPS SESSIONS

During two rounds of workshops, addressing 4 different areas of interest, participants engaged in lively discussions to find potential solutions to the current challenges:

1. Unleashing the Hidden Potential of Health Prevention - How to use better soft competences, the Health in all Policies mandate and the hard Internal Market competence to improve health? – organised in collaboration with EPHA:
   Moderator: Ms. Tamsin Rose (Strategic Advisor, EPHA)
   Key participants:
   Ms. Claudia Marinetti (Director, Mental Health Europe (MHE))
   Ms. Fiona Godfrey (Secretary General, EPHA)
   Ms. Susanne Logstrup (Director, European Heart Network (EHN))

2. Available, Adequate, Accessible, Affordable and Appropriate health and healthcare for all – organised in collaboration with DG SANTE:
   Moderator: Mr. Nikolaos Dedes (Chair, Positive Voice Greece)
   Key Participants:
   Ms. Katarzyna Ptak (DG SANTE, European Commission)
   Ms. Maaike Droogers (Scientific Officer, European Public Health Association (EUPHA))

3. Workforce challenges – organised in collaboration with the Standing Committee of European Doctors (CPME):
   Moderator: Ms Sarada Das (Deputy Secretary General, CPME)
   Key Participant:
   Dr Bojan Popovic (Secretary General, European Federation of Salaried Doctors)

4. Out of the box: The multiple dimensions of health and well-being – organised in collaboration with Finland’s Presidency of the EU:
   Moderator: Mr. Stanimir Hasardzhiev (Secretary General, PACT)
   Key Participant:
   Mr. Pasi Korhonen (Counsellor for Social Affairs, Permanent Representation of Finland to the EU)
BEST PRACTICES SESSION

1 Healthcare Sustainability Index, presented by Ms. Mary Harney (former Deputy Prime Minister and former Minister for Health, Ireland)

Ms. Harney introduced herself as a former politician and member of the Expert Panel of the ‘Future Proofing Healthcare Initiative’. The initiative brings together a variety of experts that gather current, third-party data to measure the sustainability of a healthcare system. It does so by means of the Sustainability Index which uses data referring to 5 pillars, or 5 ‘vital signs’ from the healthcare systems in Europe, i.e. Access, Health Status, Innovation, Quality and Resilience. It then rates the systems by providing an index score that reflects the overall performance in all pillars. Ms. Harney emphasised the importance of the Index as an attempt to drive Health and Finance ministries’ policies and action directed at the burden of NCD’s, co-morbidities and demographic changes. The index provides the opportunity to reflect on what has worked well and what has not.

2 Benchmarking access to care in specific disease areas using the PACT 5-As tool: the case of β-thalassaemia, presented by Prof. Kyriakos Souliotis (Health Policy Institute Greece) and Ms. Christina Golna, (LLM, MSc, Innowth Ltd).

The purpose of this study was to map the unmet needs and difficulties in access to care that β-Thalassaemia patients face in Greece, while providing a structured framework in order to assist policy change. The 5A’s conceptual framework was used in collaboration with PACT and customised to reflect the challenges of the condition. The results from the study present in a measurable manner the challenges patients face when accessing care, all which are primarily related to the absence of strong and interconnected primary healthcare networks. The geographical spread of services, exacerbated by the financial crisis were found to be major components as well.

The authors presented the tool as a potential roadmap to measure access in disease specific areas across various MS, allowing for comparisons and sharing of best practices. These can drive change via better design of ‘surgical’ health system interventions, improve effectiveness at disease level and measurably enhance system performance and patient experience with care.

https://futureproofinghealthcare.com/
Fiona Godfrey began her presentation by introducing prevention in its many forms; it can relate to vaccinations and its implications on AMR, smoke-free places, taxes and marketing restrictions on harmful tobacco, foods and beverages, polluting industries; warning labels on products, low emissions zones in cities, free or subsidised public transport, better housing, employment and a decent level of income and also good screening programs.

The social mobility argument, as outlined in yesterday’s session, speaks volumes. A decent job, housing and education can make all the difference. Ms Godfrey highlighted that the slow advancement in prevention measures is due to lacking political will rather than data; action must start with the data that we have so far.

The commercial determinants of health should not be overlooked; big industry can constitute barriers to progress. There have been some successes in this respect, e.g. in the area of tobacco control; however, some of the battles won are still under threat. The evidence is there, but it is not making an impact; as a health community we could be more activist. In order to ensure effective prevention, education is key and this needs to start at primary level and continue throughout life. Moreover; health is about trust – in governments, in doctors, in science – and the health community needs to build trust.

Austerity policies were embraced by many governments – and with austerity, public health is the first policy area due to lacking political will rather than data; action must start with the data that we have so far.

The economic determinants of health should not be overlooked; big industry can constitute barriers to progress. There have been some successes in this respect, e.g. in the area of tobacco control; however, some of the battles won are still under threat. The evidence is there, but it is not making an impact; as a health community we could be more activist. In order to ensure effective prevention, education is key and this needs to start at primary level and continue throughout life. Moreover; health is about trust – in governments, in doctors, in science – and the current vaccination crisis is an example of low level of trust. That trust needs to be rebuilt.

Austerity policies were embraced by many governments – and with austerity, public health is the first policy area that is affected. Going forward we therefore have to take on austerity as we have to get to grips with that discon- content. Now that the elections have passed; politicians need to be encouraged to keep their promises. The Social Pillar should help to progress some of our issues but we need to be bold and ambitious, using every possible instrument to achieve our goal. We must see prevention in the wider context of societal challenges – identifying and fixing those challenges will help us achieve our ultimate goal of health for all. Rebuild trust, form broader alliances, tackle austerity, accept our role on the frontline of human rights and a just society for all.

Workshop 1: Unleashing the hidden potential of health prevention
Co-organised by: EPHA
Rapporteur: Fiona Godfrey (Secretary General, EPHA)

"Rebuild trust, form broader alliances, tackle austerity, accept our role on the frontline of human rights and a just society for all", Fiona Godfrey

Chair Nicola Bedlington (Special Advisor, EPF) opened the session with a quick reminder of the outcome of the discussions during the workshops in the previous day. Some important messages were formulated, relating to the current policy challenges and the need to transform current EU health policy. The workshops provided the occasion to discuss the specific ways to move forward, the level of ambition and the most pressing priorities for the next Commission and Parliament mandates; the aim of this morning’s session is to report back on these discussions and get feedback from a panel of specialists and the audience.

Workshop 2: Available, Adequate Accessible, Affordable, Appropriate health and healthcare for all
Co-organised by: DG SANTE
Rapporteur: Usman Khan (Executive Director, EPF)

Usman Khan recalled that the presentation of the evidence base in the field of public health (by Katarzyna Ptak, DG SANTE and Maaike Droogers, EUPHA) - as background for the discussion, lead to participants feeling frustrat-ed: we have the evidence, so why are we not acting on it? There was also room for humility, when reflecting on where we are today. Resilience was also apparent, as the general view with respect to EU health policy development in the upcoming 5 years is more positive than before.

Mr Khan reflected then on where we are at the moment and stated that first, there are concerns over the evidence base (going from invisible to opaque). Second, the progress achieved in the past is slowing. Access is the elephant in the room – there is no common European Health System, given current access inequalities. Finally, ‘obvious’ does not mean ‘easy’; there are many system inefficiencies which will need to be addressed. Merely maintaining the status quo is not an option - demand drivers will overwhelm a system that does not adapt to change.

Mr Khan then reflected on where we want to be, by stating that resources should be used more efficiently and where they add value. Access must mean equity; health inequalities must be addressed. Another A could be added, i.e. ‘avoid’ health problems by means of equal access. People-powered healthcare should be put in place; this will require a fundamental reorientation.

To answer to the question of how do we get there, Mr Khan stated that connections with regions and civil society multi-stakeholder platforms must be essential. Healthcare needs to be more strongly connected to the environment and to social care. The SDGs must remain credible as an anchor point for policy; they will need a solid evidence base as well. We should strive to get the best value from technology as an enabler and problem solver; finance should be an enabler, and not just a solution. Last but not least, we must take confidence from the posi-tive actions already taken.

Workshop 3: Workforce challenges
Co-organised by: CPME
Rapporteur: Annabel Seebohm (Secretary General, CPME)

Annabel Seebohm first reported on Dr Popovic’s presentation, which focused on identifying the current challeng-es in relation to the health workforce - such as shortages and uneven distribution of HCPs and on the example of doctors (medical deserts, lack of certain specialties, e.g. family medicine) with similar results for nurses.

Current OECD data seems to show many paradoxes; lack of correlation between higher salaries and doctor den-sity, life expectancy and ratio of doctors and number of graduates vs. number of practicing professionals in OECD countries. Workshop participants raised some questions, such as whether having fewer doctors but working with better teams would deliver a better value for patients. Could new models of service delivery be launched, e.g. better primary care, more specialised hospital care, and better integrated care? And should the workforce include the digital “manpower”? In summary, workshop participants concluded that current workforce challenges need to be addressed; increasing the attractiveness of the profession – by means of better salaries, career opportunities and profile – could help. In addition, countries with shortages must advertise jobs as shortages do not equal jobs. Mobility of HCPs should be an enabler, and not just a solution. Last but not least, we must take confidence from the posi-tive actions already taken.
Roman Odlozilik began by stating that, as this workshop was about thinking out of the box, many different ideas were put forward and many topics touched upon. The Finnish Presidency (Pasi Korhonen, Counsellor for Social Affairs, Permanent Representation of Finland) presented its main theme, i.e. the ‘Economy of well-being’ and how this should become a part of all policies. It was agreed that investment in health should not be seen as a cost; this requires a change of mind-set rather than new EU competencies as the current EU framework does offer clear possibilities for change (e.g. the Semester). Health should be integrated into other sectors as a core principle as well as a driver; and should be considered as a value in its own right.

The concept of the ‘Economy of well-being’ was warmly welcomed by participants as the start of substantial political debate. However, questions were raised about the definition of ‘well-being’ as this has subjective as well as objective elements. It can also be linked to the notion of ‘security’.

One of the main challenges relates to the distance between the ‘Brussels bubble’ and EU citizens. Communication should be greatly improved, not only with the national but also with local and regional entities. The media could play an important role in this respect, but how to get the media on your side? If change is to happen, a bottom-up approach will be required, with politicians being encouraged by civil society (which is strong in Europe). Even if not all data are available, we have a solid knowledge base, which provides a good start for decisions. Also, the collection, dissemination and exchange of good practice will stimulate discussion and progress. It will also prevent the constant ‘reinvention of wheels’ – exploring existing and common synergies.

DISCUSSION WITH AUDIENCE AND PANELLISTS

• The outstanding role of prevention and its implications at an economic level were widely expressed (consequent decrease pressure on healthcare systems, healthier and more productive populations etc.); more comprehensive, more effective, more inter-sectorial engagements is needed in future policies. Prevention must be seen as a priority rather than the factor left behind.
• Preventive policies/campaigns so far tend to be framed with a punitive tone – we punish smokers, unhealthy eaters, people that do not get dental check-ups often etc. it is important to frame the policies in a pro-active, positive and education centered manner.
• Some of the economic actors (e.g. tobacco, alcohol, food, fuel…) actively discourage or prevent the right actions to be taken. International companies spend more on marketing than health care systems could ever spend to inform citizens. However, other participants felt that the power is in the hands of governments rather than companies.
• The continuous training of HCPs and consistency in training curricula is crucial.
• Industry can contribute to the workforce challenges by facilitating technologies that create more transparency in the system and identifying where resources are lacking.
• Demographic change will lead to even greater demands of HCPs. One solution could be to place doctors by need rather than choice.
• Digital developments in the area of healthcare can help, e.g. video based medical consultations.
• The education of physicians and nurses is highly hospital-oriented and based – a community-based perspective is essential.
• Insisting on more and more data can be seen as an excuse for inaction by policymakers.
• A stronger level of activism is required to change the mind-set of policymakers. Building stakeholder alliances, representing all relevant areas of health, could amplify the advocacy voice.
• The EC supports and advises MS - but MS can do what they see as desirable, feasible and effective. In some case legislation has been changed as a result of good practice exchange and Commission advice.
CLOSING PANEL DISCUSSION: PAVING THE WAY FOR THE FUTURE

Annika Eberstein (Regulation and Research Senior Manager, COCIR) briefly informed the audience about COCIR (the European Coordination Committee of the Radiological, Electromedical and Healthcare IT Industry). This is a non-profit trade association, which was founded in 1959, to represent the medical technology industry in Europe. The organisation is currently working on an ambitious proposal for a PPP for innovative health care research as part of HE. This will cover the entire continuum of care and will bring together the supply and demand sides of health care, e.g. industry, citizens, patients, carers, HCPs and payers. Health care systems face many challenges and not enough is done to support solutions; translating excellent research into actionable products and services needs to be boosted. The partnership will bring together the pharmaceutical, biotechnology, medical technologies and digital health industries in a unique initiative. The aim is integration at different levels which includes breaking down the current silos between industry sectors.

Marine Ejuryan (European Advocacy Manager, Global Health Advocates/SDG Watch) briefly introduced her organisation as a civil society group, active in the broader health arena, monitoring what is ongoing and acting where action is needed in order to ensure a ‘health in all policies’ approach. Different civil society groups are involved in this work. Health is a basic human right, which should be at the core of EU policymaking. Political will is the key prerequisite to make this happen. A high-level health and well-being Commissioner should be appointed, with a sufficient number of staff and resources to address what needs to be done in the health sector appropriately.

Ms. Ejuryan mentioned the recent publication ‘Civil Society Guide for a Healthy Europe’15 a guide and phonebook on how MEPs can improve people’s health in Europe and beyond by ensuring the implementation of a Health in All Policies approach, developed by organisations from across sectors, such as health, development, environment, food, agriculture, social affairs and trade. Civil society should have strong links with this Commissioner, who should be responsible for carrying out impact assessments of various EU policies on health. Health, social, environmental and commercial determinants should all be addressed, in order to protect the health of EU citizens. This request is also echoed in other advocacy initiatives such as the ‘All policies for a healthy Europe’ campaign. The SDGs are the guiding framework for all countries; however, timelines and concrete action are lagging behind and more should be done about actual implementation.

Martin Danner (Managing Director, B.A.G. Selbsthilfe) underlined the limited role of the EU in determining structures of health care systems, access levels and reimbursement. Nevertheless, the EU has an important role to play, for instance in relation to the assessment of drugs and medical products.

Transparency across healthcare systems is the key word for the future: there should be more information to patients on treatment outcomes, quality of health care etc. This will enable choice and empowerment. B.A.G. Selbsthilfe has undertaken to set up a database where patients can obtain the information they require to make informed choices about hospitals, physicians and their treatment. However, this type of activity should be financed by governments; every patient in Europe should have access to such a search engine in their country for all health services and health products.

Päivi Sillanaukee ( Permanent Secretary, Ministry of Social Affairs and Health, Finland) expressed her hope that the Finnish Presidency will stimulate a comprehensive discussion about the importance of the concept of ‘Economy of Well-being’ policy development, making sure that this topic stays on the agenda beyond the Presidency. Now is the time to try to influence dialogue; civil society can help the Finnish government to have a strong influence on the future. A better understanding of the impact of health on all its dimensions, in particular the impact on sustainability, will ensure future policy attention for health – not a sectoral policy but as a common policy.

The level of interest among MS to discuss the Social Pillar has been impressive until now; the first discussion on the Finnish Presidency priorities was also very positive. Understanding and positive thinking on these topics seems to be on the increase. The evolution of the Semester into a more inclusive process is a positive development too; this could have a stronger emphasis on health – we cannot afford the cost of inaction.

Siša Varga (Health and Social Committee, Croatian Parliament) would like to see a more unified and equalised healthcare system across the board in Europe. Similar to roaming benefits - a visible and warmly welcomed positive EU initiative – there should be visible healthcare and education initiatives, directly benefiting people. Differences and inequalities are still too prominent – an ‘EU system for equal survival’ needs to be put in place. However, this requires political will; currently, Europe is too fragmented.

Mr Varga named three priorities for the future Croatian Presidency, i.e. transplantation medicine, healthy ageing – including well-being, and cancer. Croatia is one of the model countries with respect to transplantation medicine, together with Spain, which proves that a small country can have big results in health care. The model for transplantation medicine management can be used for other areas of healthcare as well. The fact that Ursula von der Leyen is a medical doctor, gynaecologist and public health specialist is a huge opportunity for healthcare to be a priority in the new EU government. In terms of influencing policy development, patient advocacy should be seen as an integral part of the health care system.

Wojciech Kalamarz (Head of Unit Health Determinants and International Relations, DG SANTE, European Commission) stated that a new Commission will take office in November and will decide on the future of healthcare policy in Europe for the coming years. In all probability, the current focus on prevention and health promotion will continue. There will be possibilities for action, as contained in the MFF; for instance, the ESF+ will support health. Research and development, under HE, will be carried out on the basis of ‘missions’ – one of these focuses on innovations in the treatment of cancer. The EU Health Policy Platform16 (a stakeholder forum for discussion and information exchange as well as for specific thematic networks) will also remain active.

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16 http://webgate.ec.europa.eu/pdf/
Introducing “The Health PACT”

Introducing the document, Stanimir Hasardzhiev (PACT) underlined the importance of the event and welcomed the rich discussions, generating a wealth of ideas and suggestions. Silo-thinking is still the norm – but this will hinder progress. We have to build bridges rather than walls. Messages coming from the health sector have to be simple and understandable; most of all, they need to be aligned. We have to step out of our sectors and reach out to others, making sure that policies are assessed for their impact on and their potential contribution to health.

“We have to build bridges rather than walls”, Stanimir Hasardzhiev

The next 10 years will be crucial for health and health policy. Now is the moment to act, with a new Commission taking office and an opportunity to structure the EU mandate in the field of health. This is why ‘The Health PACT’ is being put forward: it consists of a series of priorities for the future of health in the EU, calling for key healthcare targets, as stipulated in the Sustainable Development Agenda. It builds upon several other important initiatives by PACT’s partners during elections year which all call for more and better EU health cooperation. The document will serve as a roadmap to drive the messages of this conference forward.

‘The Health PACT’ is about our messages, about sharing responsibilities, understandings and knowledge and the text of the document will be open for comments over the coming weeks; hopefully it will be widely used by all stakeholders in their efforts to design the EU health agenda, providing a basis for better and more efficient cooperation. PACT is committed to help advancing access to health.

Acknowledgements

The Patient Access Partnership would like to express sincere gratitude to the representatives from the Finnish Presidency for their active participation during the event, for presenting the ‘Economy of Well-being’, as well as for their active engagement and support over several months prior to the conference.

Thank you to the European Public Health Alliance (EPHA) for their active involvement in the organization of the conference not only via the Organizing Committee but also leading a brilliant prevention workshop.

Thank you to the European Patients Forum (EPF), one of the founding members of PACT, for their continuous support at multiple levels prior and during the event.

Thank you to the Standing Committee of European Doctors (CPME) for their active support to PACT over the years and their excellent leadership during the workforce challenges workshop.

Thank you to the European Commission and DG SANTE for supporting the organization of the workshop ‘Available, Adequate, Accessible, Affordable and Appropriate health and healthcare for all’ which referred to important matters of access to health and healthcare systems.

The PACT leadership thanks warmly our Health Policy Coordinator Lina Hernandez Hennessey for the organisation of the conference and having coordinated against all odds.

The Patient Access Partnership would like to especially thank all the participants of the conference who assured truly interactive and interesting conversations that will help pave the road for the future of health in the EU!

17 The current version of the document can be found here.
18 Namely All Policies for a Healthy Europe, the Health Coalition, the EU4Health campaign and the EPF Congress http://eupatientaccess.eu/page.php?pg_id=80
Speakers

Adrian van den Hoven joined Medicines for Europe as a Director General in September 2013. His priorities at Medicines for Europe are to stimulate competition in off-patent medicine markets, to foster market access for generic, biosimilar and value added medicines, to support policy measures for sustainable pricing, to promote high regulatory standards while ensuring that the associated costs can be integrated into market dynamics and to develop a coherent EU industrial strategy to support the long-term viability of the generic, biosimilar and value added medicines industries. Prior to joining Medicines for Europe, Adrian van den Hoven was Deputy-Director General of BUSINESSEUROPE where he was responsible for the International Relations department, covering trade negotiations and bilateral relations, and the Industry department, covering industrial, energy, environmental and research policy. He previously worked as an International Relations researcher and an adjunct professor in Italy (EUI), France (Nice) and Canada (Windsor). He obtained his doctorate in Political Science from the University of Nice, France in 2000.

Annabel Seebohm is the secretary general of the Standing Committee of European Doctors (CPME). Prior to joining CPME in May 2016, Annabel was head of the Brussels office of the German Medical Association (GMA) and legal advisor in the joint legal department of the GMA and the National Association of Statutory Health Insurance Physicians (NASHP). From 2007 to 2016 she was also general counsel of the World Medical Association (WMA). Annabel studied law at the University of Bonn, undertook her judicial service training in Hamburg and obtained a master’s degree from the University of Auckland, New Zealand. She is admitted to the Berlin Bar.

Ann Isabelle von Lingen coordinates policy and advocacy work at the European AIDS Treatment Group a patient-led NGO that advocates for the rights and interests of people living with or affected by HIV/AIDS and related co-infections within the WHO Europe region. The network involves 180 nationally-based members from 47 countries in Europe and Central Asia. She supports the coordination of the EU Civil Society Forum on HIV, TB and viral hepatitis and the advocacy work of the EuroTEST initiative. She is a Board Member of the European Public Health Alliance. Prior to joining EATG, led advocacy and analysis on justice and antidiscrimination issues and the Western Balkans at the Open Society Foundations office in Brussels. And before that she was engaged in the programming of and European Commission funded and led anti-fraud project. She holds a Masters from UCL School of Slavonic & East European Studies in politics, security and integration.

Ceri Thompson (PhD) is Deputy Head of DG CNECT’s eHealth, Wellbeing and Ageing unit, and she works on the digital transformation of health and care. Within the European Commission, Ceri has previously worked for DG SANTE and Eurostat. Prior to joining the Commission she worked on Global Health policy at the UK’s Department for International Development, and for KPMG’s international healthcare practice, conducting strategic and efficiency reviews of health systems. Ceri graduated with a degree in Mathematics from Durham University in 1992, and she holds an MSc and a Doctorate in Public Health both from the London School of Hygiene and Tropical Medicine.

Christina Golna is a policy change management consultant with 20 years of experience in health policy analysis, development and messaging, value based strategic marketing of health technologies, design and management of large-scale public health change projects and evaluation and reporting of outcomes of health interventions. Christina graduated cum laude from the Law School of the University of Thessaloniki, the Law School of the University of Cambridge and the Department of the London School of Economics. She has worked for Accenture in London, the World Health Organisation at the European Observatory on Health Systems and Policies and Roche Pharmaceuticals. She has acted as Scientific Director of the Hepatitis B and C Public Policy Association in Luxembourg and Advisor to the Minister of Health and the Governor of the Bank of Greece, responsible for redesigning processes and policies with emphasis on measuring outcomes. She has also worked with the Anti-Drugs Council of Cyprus and the Drug, Tobacco and Alcohol Control Department of the Government of Lithuania on drug demand reduction policies. She is currently Chief Development Officer at Innowth Ltd. Christina specializes in strategic launch planning, territory launch planning, business restructuring, outcomes monitoring and reporting and decision-making support in health care and has designed and coordinated the development of targeted disease management tools in addictive disorders, hepatitis C, chronic myeloid leukemia, multiple sclerosis and diabetes. She has co-authored 3 books, 4 chapters in books and 16 peer-reviewed articles.
Daniel Lopez Acuña (MD) is a Medical Doctor specialized in Public Health and Epidemiology. He is currently Adjunct Professor of the Andalusian School of Public Health in Granada Spain after retiring from WHO. He worked over a period of thirty years at the World Health Organization where he was Director of Health Systems and Director of Program Management for the Region of the Americas, and Global Director of Health Action in Crises, Advisor to the WHO Director General for the WHO Reform and Global Director of Country Cooperation and Collaboration with the United Nations. He retired in 2014 from WHO and lives in Gijon, Spain working as an independent consultant. More recently he was the Coordinator of the EU funded SH-CAPAC project for improving the health response to the recent migratory influx in Europe. The SH-CAPAC project focused on building capacity in areas of coordination practices, needs assessments, planning actions to strengthen the public health response of local health systems, improving access to health care, and developing health workers’ competencies for the delivery of migrant/refugee sensitive health services. Currently he is the Coordinator of Work Package 8 on Reduction of Inequities in Access to Health and Related Social Services of the EU Funded Joint Action for Equity in Europe (JAHHE). Fionn Godfrey lives in Luxembourg, is a British and Luxembourgish citizen and works in EU Public Health advocacy. She qualified in areas of coordination practices, needs assessments, planning actions to strengthen the public health response of local health systems, improving access to health care, and developing health workers’ competencies for the delivery of migrant/refugee sensitive health services. Currently she is the Coordinator of Work Package 8 on Reduction of Inequities in Access to Health and Related Social Services of the EU Funded Joint Action for Equity in Europe (JAHHE).

Fiona Godfrey lives in Luxembourg, is a British and Luxembourgish citizen and works in EU Public Health advocacy. She qualified in areas of coordination practices, needs assessments, planning actions to strengthen the public health response of local health systems, improving access to health care, and developing health workers’ competencies for the delivery of migrant/refugee sensitive health services. Currently she is the Coordinator of Work Package 8 on Reduction of Inequities in Access to Health and Related Social Services of the EU Funded Joint Action for Equity in Europe (JAHHE).

Marine Ejuryan is Advocacy Manager at Global Health Advocates (GHA), a civil society organisation that advocates for policy change at EU level to tackle major health threats and enhance health equality through EU’s health, development and research and innovation policies. Marine leads GHA’s health policy portfolio. In particular, Marine is coordinating a civil society coalition from across sectors advocating for the implementation of health in all policies. Marine is a member of the Coordination Committee of the EU Civil Society Forum (CSF) on HIV/AIDS, viral hepatitis and tuberculosis. She is also a Board member of Tuberculosis Europe Coalition (TBE), a civil society and activist’s network advocating for people-centered response to tuberculosis in the WHO Euro region. Prior to joining GHA, she had worked in an international NGO advocating for human rights and good governance in Central Europe, as well as an international development field during an internship in the European Commission. Additionally, she had previously done internships at the United Nations Development Program in Armenia and in the Armenian Mission to the United Nations in New York. Marine has a Master’s Degree in EU International Relations and Diplomacy Studies from the College of Europe in Bruges, Belgium, and a Master’s Degree in International Relations from Yerevan State University, Armenia.

Mark Pearson is Deputy-Director for Employment, Labour and Social Affairs (ELS) at the Organisation for Economic Co-operation and Development (OECD). Mr. Pearson works with the Director to provide leadership in the policy and advocacy areas that support the Organisation gives to countries on health, social policies, employment and migration. Mr. Pearson joined the OECD in 1992, initially working on tax issues. He became the head of the Social Policy Division from 2000-2008. In 2009 he was Head of the Health Division where the central focus of work was on how to deliver health care with greater efficiency. As Deputy Director since 2015, he has overseen the work of the Organisation on topics such as Antimicrobial resistance, Health Economics and Pharmaceutical Pricing. Mr. Pearson is British, and has a degree in Politics, Philosophy and Economics from Oxford, and an MSc in Economics and Econometrics from Birkbeck, University of London.

Martin Danner has been the head of Unit “health policy and promotion of self-help” in BAG SELBSThilfe since 2000. A year before that he obtained his doctoral degree with the final grade “summa cum laude” after completion of the dissertation, entitled “legal risk distribution by judges and experts in civil procedure”. In the period between 1995 and 1998, during his specialisation as a lawyer in health law he was involved in numerous health policy committees and scientific publications. Before that, he studied at the University of Bern: “Risk regulation and private legal system”. He graduated at the Ruprecht-Karls University Heidelberg with “Studies of law”.

Mary Harney is a former Deputy Prime Minister (1997 – 2006) and former Minister for Health of Ireland (2004 – 2011). After retiring from politics in 2011, she moved into the private sector and she is now the director of a number of private companies in pharmaceutical, healthcare, technology and financial services sectors. Mary Harney was the youngest member of the Senate and the longest-serving female member of Dail Eireann (Irish Parliament). She was the first woman leader of an Irish political party and is also currently Chancellor of University of Limerick.

Mary Lynne Van Poolgeest-Pomfret is a long-standing international patient advocate promoting the rights of patients at both national and international levels. A member of several patient advocacy movements and organizations like IAPPO (International Alliance of Patient Organizations) and EFPIA (European Patients Forum). She has organized several workshops and given numerous presentations at major international scientific and patient advocacy organizations. She is also a member of the EFPIA PatientThinktank. She became Chair of EUPATI as of March 2017 and is keen to actively contribute to the work of EUPATI, primarily from the patient perspective. She participated in the first EUPATI workshop of patient advocate experts in Frankfurt in September 2012 and actively participates in EUPATI. Lynne became the President of WFIP - World Federation for Incontinent Patients in January 2011: an international umbrella organization dedicated to enhancing the rights of patients suffering from incontinence and pelvic floor dysfunction in general. In this capacity the latest initiatives include a collaborative agreement with the European Association of Urology relating to patient advocacy issues. Also until April 2016, chairperson of the ICP – Netherlands Interstitial Cystitis Patients’ Organization. More recently she became a member of the “Core Board” for one of the EIP – AHA Focus groups led by the University of Valencia, Spain. Member of the PACT Steering Committee and also a member of PARADIGM as patient engagement representative of EFGCP. Also as EFGCP a member of the Consortium for the new IMI project “Concept” these latter initiatives are very much concerned with access to healthcare and patient engagement throughout healthcare in Europe. Lynne worked for Shell in the Netherlands for 23 years and has a BA degree from the UK and Dr Degree from Leiden University in the Netherlands.

Jan Paehler (M.Sc.) leads the health team in the European Commission’s Directorate General for International Cooperation and Development that manages a health budget of 1.3 billion EUR for 2014-2020. Jan is a medical doctor with a doctorate in cardiology and an MSc in Health Systems Management. He spent five years in Ghana; first in a public hospital of the Ghana Health Service in Accra, then overseeing US government grants as USAID’s Child Health and Infectious Diseases Advisor. Before moving to the European Commission, Jan worked for the Advisory Council on Developments in the German Health Care System, the major think tank on health systems advising the German Minister of Health.}

Kyrakos Souliotis is Associate Professor of Health Policy at the Faculty of Social and Political Sciences and he was Vice Rector of Social and Regional Development (2016-2017) at the University of Peloponese. He also teaches courses on health policy, health economics and health care management at the Medical School of the University of Athens and the Medical School of the University of Crete. From July 2017, he is Senior Associate Director at the Medical Technology Research Group of the LSE Enterprise. He has acted as Scientific Advisor to the Social Insurance Institute (IKA) and the Ministry of Health and Welfare (2002 -2004), Member of the Board of Directors of the A’ Health Care Trust of Attica (2002 -2004), Head of Human Resources Management at the Onassis Cardiac Surgery Center (2002-2006), Administrative Director at MITERA (Hygeia Group, 2006-2007) and Managing Director of Planning and Development and Chief Planning Officer at the Mutual Health Fund of the National Bank of Greece Personnel (2007-2010). He served as President of ORAP (Health Care Organization for Public Servants), and as Vice President of OEPYY (National Organisation for Health Care Services Provision). From June 2010 to August 2013, he was a member of the National Ethics Committee for Clinical Trials and the Steering Committee for Rare Diseases. He has acted as a country expert on cancer at the OECD and he is currently serving as a member of the Steering Committee of PACT (The Patient Access Partnership) and as a member of the Scientific Committee of the OIS (Osservatorio Internazionale della Salute - Rome). He has extensive research experience in Greece and abroad and he has acted as the Scientific Lead / Project Manager in more than 40 research projects. He has published 28 books and more than 250 chapters in books and papers in peer reviewed journals on health policy and economics, organization and administration of health services, economic inequalities, etc. He was Associate Editor of “Health Expectations” (Wiley) and now he is Associate Editor of “BMC Public Health” (BioMed Central).
Nicola Bedlington is Special Advisor at the European Patients’ Forum. Until recently she was Secretary General and joined as its first Executive Director in June 2006. She was the Founding Director of the European Disability Forum, an umbrella organisation uniting over 70 European disability non-governmental organisations (NGOs) to advocate for the human rights and inclusion of disabled citizens in Europe (1996 to 1999). Prior to this she worked as an external expert for the European Commission, heading the NGO unit within the HELIOS Programme (1991 to 1996). From 2004 to 2006, she worked for the Swiss Government, leading the Environment and Schools Initiatives Secretariat, an international government-based network set up by the Organisation for Economic Co-operation and Development focusing on innovation, action research and policy development in the field of Education for Sustainable Development. Whilst in Switzerland, she has also worked as an independent consultant/evaluator, specialising in European social and development policy and health advocacy. Nicola studied business and human resource management in the UK and France. The EPF is an umbrella organisation that works with patients’ groups in public health and health advocacy across Europe. Their 74 members represent specific chronic disease groups at EU level or are national coalitions of patients.

Nicole Denjoy is the CDCR Secretary General since 2005 and is based in Brussels. Nicole has gathered more than 35 years of experience in the medical technology industry, working for companies including L’air Liquide, Ohmeda, Boston Scientific and Baxter. Nicole has a Master in Organisation and Change Management. She represents CDCR in a variety of influential fora at European level as well as at international level. Nicole is also Chair of DITTA, the Global Trade Association representing Medical Imaging, Radiation Therapy and Healthcare IT Industry (www.globalditta.org) and leads the DITTA Industry voice in official relationships with WHO since DITTA was granted a NGO status in 2015 and leads the partnership between DITTA and the World Bank since 2016. In addition, Nicole is Vice-Chair of the Business at OECD Health Committee representing the private business sector in front of the OECD Health Committee.

Päivi Sillanaukee (MD, PhD, eMBA) is the Permanent Secretary of the Ministry of Social Affairs and Health of Finland since 2012. Between 2008 and 2012, Dr Sillanaukee was the Director General of the Department for Social and Health Services at the Ministry. Previously, she was the Deputy Mayor and Director of Social and Health Services in the City of Tampere, Finland. Between 1990 and 2004, she held clinical and managerial positions in the Pirkkannaa Hospital District and was a member of the Tampere City Council. Dr Sillanaukee is a specialist in public health and management from the University of Helsinki. She has worked on policies to promote public health, social protection and gender equality in the European Union and global levels. She has represented Finland in the WHO Executive Board since May 2018 and is currently serving as its first Vice Chair. She is the co-chair of the Alliance for Health Security Cooperation (AHSC) and a member of the Steering Group of the Global Health Security Agenda.

Scott L. Greer (PhD) is a political scientist, is Professor of Health Management and Policy, Global Public Health, and Political Science (by courtesy) at the University of Michigan and is also Senior Expert Advisor on Health Governance for the European Observatory on Health Systems and Policies. He researches the politics of health policies, with a special focus on the politics and policies of the European Union and the impact of federalism on health care. Before coming to Michigan, he taught at University College London. He has published over fifty book chapters and articles in journals including the British Medical Journal, American Journal of Public Health, Social Science and Medicine, Journal of European Public Policy, Journal of European Social Policy, and Journal of Health Politics, Policy and Law. His most recent books include: Everything you always wanted to know about European Union health policies but were afraid to ask (2014), Strengthening health system governance: better policies, stronger performance (2015), Federalism and Decentralization in European Health and Social Care (2013), European Union Public Health Policies (2013), Civil Society and Health (2017) and Federalism and Social Policy (2018).

Stanimir Hasardzhiev (MD), is the Chairperson of the Bulgarian National Patients’ Organization (NPO) – the biggest patients’ umbrella organization in Bulgaria. He has devoted himself to the work in the patients’ advocacy sector and in defense of patients’ rights. He was a board member of the European Patients’ Forum for 5 years and is a member of several regional and international organizations and networks, e.g. World Hepatitis Alliance, European Community Advisory Board, International Capacity Building Alliance and others. He is one of the founders and the Secretary General of the joint initiative of the European Patients’ Forum and the Bulgarian National Patients’ Organization – the Patient Access Partnership (PACT) – a multi stakeholder platform for finding innovative solutions to reduce inequities in access to healthcare in Europe. Dr. Hasardzhiev is also Secretary-General of a newly established multi-stakeholder platform named CEE4Health. It started as a think tank group on patient access focusing on the CEE region which brings together patient representatives, health professionals and pharma-economic experts to work together to identify regional challenges in healthcare and propose sustainable solutions to national governments.

Susanna Palkonen is the Director of European Federation of Allergy and Airways Diseases Patients’ Associations (EFA), which brings together 42 member associations from 25 countries to improve the care, environment, participation and equality of people with allergy, asthma and COPD at the European level. Among others, Susanna is the patient representative in the EC DG Research and Innovation’s Horizon 2020 Scientific Panel for Health, ERAcOsysMed Advisory Board, eTriks IMI Project Ethics and Safety Board and the Advisory Board of the Human Brain Project. She just stepped down from the Board of the European Patients’ Forum (EPF), the umbrella association for 64 European level disease specific patient groups and national platforms of patient associations, after 12 years of service and where she was vice president 8 years and represented EPF at the European Medicines Agency (EMA) Patient and Consumer Working Party. In her private life she recently became the Secretary of the Board of the Lehminhavvi lake protection association, lake in Finland where her family has summer cottage, with the aim to improve the quality of the water for anyone wishing to swim in or fish on the lake. Susanna has co-authored several papers with the scientific community and believes in equal participation in research by patients and their representatives. She studied social policy and as a patient with atopic eczema and allergic rhinitis she is interested in how policies and systems, but also patients themselves can support patient centered care and prevention.

Sylvain Giraud is the Head of Unit “Health systems” in the Directorate General Health and Food Safety in the European Commission since 1st February 2016. He was previously Head of Unit for health strategy and international issues from 2012 to end January 2016. Sylvain has worked for the Commission since 2002. Before joining the Commission, he worked for European trade associations and consultancies in Brussels. He is a graduate of the College of Europe, Bruges.

Usman Khan (MD) was appointed Executive Director of the European Patients Forum in April 2019. In addition to managing a Secretariat team in Brussels, he represents the organisation internationally and supports the EPF Board and Membership. Prior to taking up his post at EPF, Dr Khan was Executive Director at the European Health Management Association. A health policy and management professional with in excess of 25 years’ executive level experience within the public, private and not for profit sectors, Dr Khan spent over a decade working in academia, before moving into health and social care consulting in 2000. He has held a number of high profile non-executive positions in health and social care and currently holds academic positions at George Washington University and New York University (London).
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