A SHARED VISION FOR THE FUTURE OF HEALTH IN EUROPE

LESSONS LEARNT FROM THE COVID-19 PANDEMIC
COVID-19 has exacerbated many of the existing, underlying problems of healthcare systems. At the same time, it has highlighted the devastating impact that serious public health threats can have on both the health and wellbeing of our citizens as well as on our economies. The current crisis has clearly demonstrated how healthy populations and economic growth are interdependent and mutually reinforcing. Health now tops the European political agenda. We must not lose this momentum; investing in public health and healthcare systems will ensure that a similar health crisis will never impact European countries so profoundly again, while playing a vital role in stimulating the economic recovery of Europe.

The COVID-19 pandemic has exposed the impact that public health crises can have not only on people’s health, but also on the sustainability of healthcare systems and our economies. Therefore, it is time for all governments and stakeholders to recognise the value of health and the importance of the economy of wellbeing, taking a cross-sectoral approach to the social, employment, health, education, gender and environmental aspects.

COVID-19 has also highlighted underlying health inequalities, as minority ethnic communities as well as the most vulnerable groups already affected by pre-existing diseases have been disproportionately represented in cases and mortality. The stress placed on healthcare systems and the consequent financial constraints can lead to a widening of these inequalities. The healthcare of tomorrow needs to take these perspectives into consideration and act upon it, to ensure that no one is left behind when building a more sustainable, resilient and equitable health system.

In the coming years, we will embark on a journey that will see pivotal changes to healthcare. This is inevitable, as health systems need to change according to demographic, societal and technological developments. With the negative economic impact of COVID-19, it becomes increasingly important to spend smartly to achieve the best possible health outcomes. Low-value healthcare remains a huge issue, with 20% of total health expenditure making little or no contribution to improving citizens’ health. Better use is needed of the resources at hand; for example, poor management of chronic diseases leads to costly and debilitating complications that could be avoided.

The COVID-19 pandemic has also shown us the importance of cooperation between sectors and actors in ensuring our healthcare systems work to their optimum ability in preventing premature deaths. 33 organisations across the health community have put together concrete recommendations on how the EU could lead in areas such as healthcare systems, policies for health, research and innovation, and health data and digital health.
To build a stronger EU Health Union, the EU needs to play a larger role in addressing healthcare challenges, in ensuring that we fully leverage the latest scientific advances and in coordinating health promotion and prevention efforts. Coordinated and collaborative cross-border action across the European Union is essential. The role of existing EU agencies, such as the European Medicines Agency (EMA) and the European Centre for Disease Prevention and Control (ECDC), should be reinforced with greater competencies and sufficient allocation of resources in terms of staff and funding.

Collecting health data and sharing best practices is increasingly important, which is why we support setting up a European Outcomes Observatory and accelerating the creation of a fully scaled European Health Data Space. This way, we can achieve a “triple win” for Europe: improving quality of care, building sustainable health systems and ensuring economic growth and job creation. With the digital transformation of health and social care, health literacy and digital literacy become prerequisites to build trust in and ensure equitable access to innovative technologies that may lead to better health outcomes.

We also call on the European Commission to facilitate a permanent, multi-stakeholder Forum for Better Access to Health Innovation. This should provide a space where all stakeholders – Member States, national and regional authorities, patients, civil society, healthcare professionals and industry – can come together to discuss – together with policymakers – the drivers and barriers to access health innovation, be they therapies, technologies, improvements in care pathways or innovative healthcare services.

The COVID-19 pandemic has demonstrated the need for effective coordinated support for health research. The European Union should be a hub for research and innovation in health. We need to build a long-term ecosystem to support and incentivise research and development, including through interdisciplinary networks, cross-border initiatives, health data infrastructures, public-private and public-public partnerships, the vital role of innovative Small and Medium Enterprises (SMEs), medical education and enabling regulatory flexibility. Putting in place European coordinated health research initiatives is paramount to protect human lives, to strengthen the European health research landscape and to fulfil EU health policies objectives.

Once this crisis has passed, we should implement an ambitious reform agenda for our systems, taking into consideration the lessons learnt on prevention, preparedness, cross-border cooperation, health system responsiveness and resilience, as well as political leadership. In the “new normal”, we cannot forget the importance of an innovative environment in Europe, the value of a healthy population to a healthy economy, and the need for collaboration and solidarity between the EU institutions and the national and regional governments. We must take these learnings on board when planning our future activities. It is time for the EU to play an important role in ensuring a healthy and equitable future for everyone in Europe. The EU Health Coalition will continue to work together towards this aim, and looks forward to being part of the discussions.

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Together, we are shaping the future of healthcare.
1. SUPPORT THE MEASUREMENT AND COLLECTION OF STANDARDISED HEALTH DATA, INCLUDING OUTCOMES RELEVANT FOR PEOPLE AND PATIENTS, THROUGHOUT EUROPEAN HEALTH SYSTEMS

The measurement and collection of standardised health data, including outcomes relevant for people and patients, would strengthen European health systems by allowing for: transparent comparisons and benchmarking across the EU; real-time disease monitoring and risk assessments, including for serious cross-border health threats such as COVID-19; identification and spread of best practices in health and social care; and strengthening the assessment of health and social care systems performance.

Existing EU initiatives, such as the European Structural and Investment Funds (ESIF) and the Recovery and Resilience Facility embedded in the European Semester, should be used for investments in national capacities for outcomes measurement and performance assessment. A European Outcomes Observatory for the collection and analysis of health outcomes data for use in health system performance assessment, real-time disease monitoring, risk assessments and projections across disease areas should be set up.

The European Commission should work on common minimum standards to measure health outcomes across diseases and conditions, building on the Organisation for Economic Co-operation and Development (OECD) PaRIS initiative (Patient Reported Indicator Surveys), together with patient organisations and other healthcare stakeholders and in collaboration with European Standards Organisations. Measuring health outcomes has also the potential to reduce persisting health inequalities in Europe, thus we urge the European Commission to start using these measures as a complementary tool to the Sustainable Development Goal indicators.

We urge Member States to start replicating and adjusting success stories and best practices from other countries. The new EU4Health programme should be used to support Member States with this knowledge transfer and to scale up networks in all disease areas through the European Reference Networks of specialists and centres of excellence, whose structure has provided the basis of the recent COVID-19 Clinical Management Support System. The programme should also be used to strengthen disease prevention, healthcare systems assessment, preparedness and resilience, including to health hazards, to boost smart spending and facilitate the transition to high-value healthcare.

2. ESTABLISH A FORUM FOR BETTER ACCESS TO HEALTH INNOVATION

A multi-stakeholder Forum for Better Access to Health Innovation, covering all aspects of innovation, from disease prevention, therapies, technologies, and supply chains, to improvements in care pathways and healthcare services, should be established to enhance progress towards equal access across the EU. The Forum should discuss all drivers and barriers to access innovation, including economic, budgetary, organisational, and regulatory.

The European Commission should facilitate a multi-stakeholder Forum for Better Access to Health Innovation, involving all stakeholders – from Member States and regional authorities to patients and civil society, from healthcare professionals to industry.
Fostering an environment of cooperation with local and regional stakeholders would help to further tackle the health inequalities that persist in Europe and improve health systems resilience. Regions and cities are close to the citizens and therefore best placed to understand their health needs, challenges, and the potential workable solutions. The COVID-19 crisis has showed the pivotal role of regions and cities in delivering health and care to citizens, stressing at the same time the need for better coordination across all level of governments, in particular between the EU and regional authorities.

When defining health policies at EU level, more cooperation at national and regional levels regarding treatment, prevention and tackling of health emergencies is needed. To achieve this, organisational and financial coherence is paramount. Examples such as the European Innovation Partnership on Active and Healthy Ageing (EIP AHA) showed the added value of mobilising a variety of stakeholders across the value chain, under the European Commission guidance, focusing on a set of shared priorities. The principles and the process of this experience should be replicated and used as a tool to reinforce the dialogue at local, regional and EU levels.

With more than 6,000 health-related projects financed through the European Structural and Investment Funds (ESIF), cohesion policy showed its crucial contribution in supporting social and economic convergence around Europe and fostering health system reform, access to healthcare and reducing health inequalities across Europe. Cohesion policy should be better coordinated with other EU policies, in particular it should sustain broader institutional reforms suggested by the European Semester cycle.

Member States and regions should use the next European Structural and Investment Funds for strategic long-term investments in the health and social care sector. Adequate resources should be allocated towards health promotion and disease prevention, preparedness, responsiveness and resilience of patient-centred health systems, and cross-border cooperation across Europe. Moreover, through the synergies with Horizon Europe, the EU4Health programme and Digital Europe, significant efforts should be made to ensure a health system transformation towards value-based healthcare and outcomes measurement.

This shift should also be promoted by regions through tools such as the smart specialisation strategies. We urge the European Commission and regions to establish a Smart Specialisation Platform on health systems transformation at European level to ensure that the coordination of different policies and funds at regional and local level can be further leveraged.
Health and health equity should be considered in all European, national, and regional policies and actions. The European Commission should have the tools and governance in place, including at high level, to ensure a health perspective in all policies and stronger coordinated actions to face future health emergencies.

Health inequalities are usually influenced by the interaction of multiple factors also outside the healthcare systems, such as socio-economic differences, education levels, living conditions, lifestyle choices and environmental factors like exposure to poor air quality and hazardous substances. Member States and regions should utilise different strategies and tools to embed and promote Health in All Policies (HiAP) and the economy of wellbeing as methods to facilitate an integrated and networked approach to decision-making and governance arrangements.

A wide range of HiAP experiences across the globe can be disseminated to support implementation, such as the importance of leadership, dedicated human and financial resources, partnership and stakeholder management, accountability and evidence in fostering HiAP. The European Commission should moreover work on the economy of wellbeing to ensure a framework for a cross-sectoral approach to health.

The EU must have all the tools and governance in place, including at high level, to build a stronger European Health Union, and ensure resilience and coordinated actions to face future health emergencies. The role of existing EU agencies, such as the European Medicines Agency (EMA) and the European Centre for Disease Prevention and Control (ECDC), should be reinforced with greater competences and sufficient allocation of resources in terms of staff and funding.
The European Union should be a hub for research and innovation in health. We need to build a long-term research ecosystem to sustain interdisciplinary networks, cross-border initiatives, health data infrastructures, robust collaboration, partnerships, the vital role of innovative Small and Medium Enterprises (SMEs), medical education and enabling regulatory flexibility.

European cooperation in health research boost European leadership in the medical and health space. There is a long track record of EU health research initiatives that together with private investments in research and development have improved Europe’s ability to face health emergencies and enable Member States to respond to global ongoing health challenges. For instance, the research that made Ebola a preventable disease. We can do the same for COVID-19 and for other conditions, but only if we invest in research and innovation.

EU health research also contributes directly to both economic recovery and health and wellbeing of European citizens. An adequate budget for health research at EU and national level is required not only today to combat the COVID-19 pandemic but also to be prepared to tackle current and future major health challenges. Top quality research requires adequate laboratory and industry infrastructures and skilled workforce. It is therefore crucial to invest into long-term strategies. Academia, industry, and research centres are more than ever intertwined. The EU’s 2021-2027 Multiannual Financial Framework (MFF) and, by extension, Horizon Europe should play a key role in the strategy to address current and emerging health challenges.

The EU institutions and Member States should secure strong financial support for biomedical, medical and health related research as investments for future wellbeing and healthy generations. This includes funding in later stages of growth for small and medium health enterprises, in line with the Commission SME Strategy, and develop financial instruments that would create new ways of risk-sharing and boost the size of venture capital funding. There is a need to create large specialised European life science programmes composed of public and private investors such as the European Investment Bank, pension funds, insurance companies and banks.

The EU institutions should also coordinate research efforts to maximise efficiency and achieve successful results with a true spirit of European cooperation.
The COVID-19 pandemic has demonstrated the need for effective coordinated support for health research. This can enhance EU solidarity and is essential as health threats are not confined within national borders. Putting in place European coordinated health research initiatives is paramount to protect human lives, to strengthen the European health research landscape and to fulfil EU health policies objectives.

The EU should put in place instruments and mechanisms that encourage collaboration and multidisciplinary approaches and initiatives. The coordination of research efforts should encompass mechanisms such as: a blueprint of scientific activities taking place across Europe, tools to find and connect synergies among promising initiatives, a roadmap to link research to the wider health policies objectives, and a European infrastructure for health data collection and analysis. Continued coordination of open data sources and open science should be ensured by the European institutions.

COVID-19 has shown that the EU institutions, Member States, and all actors across the health sector should adapt and take fast decisions to rise to the challenge of health crises. To have a proper response to ongoing and future health threats, flexibility of financial mechanisms and of regulatory frameworks is critically needed. Sound measures are a must to ensure that there are sufficient incentives and tools in place to translate outstanding basic research into innovations that can improve patients’ lives. Strong support accompanied by an appropriate budget for future public-private partnerships will contribute to speeding up the development of innovative solutions for patients.

A forum coordinated by the European Commission should be put in place to facilitate exchanges between existing partnerships on the respective work programmes and ensure complementarity. The European Commission should activate the new European Partnership for Health Innovation before 2021 and the partnership should provide a collaborative environment for all relevant industry sectors and stakeholder representatives. To make the entire research ecosystem robust, the European Commission should build on the TO-REACH project and develop a future partnership on health systems and services within Horizon Europe. EU institutions should allow greater flexibility in order to redirect and repurpose EU funding and to break down administrative and regulatory hurdles when needed.

Major investments in training the next generation of researchers with a greater degree of coordination and harmonisation of training programmes across Europe are needed to strengthen research careers in Europe. This will contribute to building a strong research ecosystem by improving Europe’s capacity to attract and to keep some of the best talents and creative minds worldwide. Cross-border training programmes and bottom-up initiatives will help basic researchers and clinical scientists understand the innovation cycle and business principles.
In shaping Europe’s digital future and realising the digital transformation of health and social care, the European Commission should accelerate work on building the appropriate technical structure and governance framework for a European Health Data Space. There is already a vast experience creating common data resources in Europe for research, innovation, and collaboration via past and current initiatives. The European Health Data Space should be built on existing use cases to be able to quickly scale up into a more encompassing EU framework.

The European Commission should bring different initiatives and experiences, such as the European Reference Networks, and relevant projects funded by Horizon 2020 and the Innovative Medicines Initiative, under a unique federated data structure in order to better aggregate and streamline existing resources. In addition, long-term financial viability for the digital transformation of Europe should be ensured, via the new EU4Health programme, the Recovery and Resilience Facility embedded in the European Semester, and other instruments.

Common data specifications will need to be agreed upon by Member States, based on existing standards and procedures. Deployment could be further supported by the Digital Europe programme.

In the framework of the European Health Data Space, the European Commission should validate already existing and user-developed governance solutions. This should set out clear rules on how health data should be accessed or used by policymakers, researchers, industry and healthcare providers. Such a framework would enhance compliance with data protection regulation and could garner trust from citizens seeking to share their health data for research purposes. It will allow people and patients to manage consent, to exercise choice over the use of their data and to remain informed about how it is being used. Ultimately, this would create a fast and efficient system for managing accountability. At the same time, research and innovation will benefit from a central space for accessing data that will be essential and valuable to scientific research, which in turn will deliver new insights and help develop new health technologies.
Digital health services will play a critical role in the delivery of integrated care. These include Electronic Health Records (EHR), information sharing and care team collaboration tools, personal connected services and devices for citizens, risk stratification as well as decision support systems. However, if services are to genuinely support integrated care models, they must be truly interoperable. EU policymakers, Ministries of Health, regional health authorities and sickness funds need to develop and implement eHealth strategies, guidelines and action plans and provide guidance on interoperability.

The uptake of connected health and internet-based technologies within the health, social and wellbeing sectors is increasing rapidly. This may intensify the risk of fragmentation at a time when we need more interoperability. The slow deployment of interoperable digital health solutions across Europe remains a barrier for scaling up integrated care.

In this context, Member States need to reinforce their strategies and where appropriate to adapt their legislations to ensure that citizens have secured access to their health data electronically and can use those data, including across borders in accordance with data protection rules. Member States need to adopt at national and regional level the use of state-of-art standards and technical specifications in their public procurements, to promote cross-border technical and semantic interoperability of EHR systems operating in the EU.

The European institutions need to support Member States and regions in the development and implementation of measures to monitor the cross-border interoperability of EHR systems.

Artificial Intelligence (AI) in healthcare is already a reality and brings benefits by improving health outcomes and increasing the efficiency of care. Therefore, an EU coordinated approach on an ethical framework for AI should pay specific attention to its unique characteristics in healthcare to ensure that public trust is not compromised.

Artificial Intelligence in healthcare has the potential to further expand the opportunities for prevention-driven, personalised care and accommodating a more holistic approach to wellbeing. Rather than replacing the human component, AI should be viewed as a valuable complementary tool that assists healthcare professionals and allows them to spend more and better-quality time with their patients.

Trust is crucial to the further introduction of AI. There is already strong adherence within the healthcare sector to the principles and key requirements for trustworthy AI. However, more work needs to be done to identify and address potential or unforeseen gaps in the current existing regulations, frameworks, and best practices. Developers, deployers, users of AI technology and patients should be confident that the applications in use are lawful, ethical and robust.

There remains a need for a structural dialogue to overcome any barriers that withhold broad adoption of appropriate use of AI in healthcare. This should involve healthcare providers and professionals, patients, payers, industry, policymakers and other stakeholders. The terminology and the framework that rule the use and storage of health data should be simplified to the benefit of all stakeholders involved.
The EU Health Coalition was created after the first ever EU Health Summit which took place in November 2018. During the Summit, the Coalition presented 20 jointly developed recommendations on healthcare systems, digital health and health data, research and innovation and policies for health, promoting a shared vision of health in Europe. These recommendations called upon the next European Commission and European Parliament to bring about necessary changes to recognise and accept the importance of health and the economy of wellbeing.

The Coalition is currently composed of 33 organisations working on European health policy, representing patient organisations, EU research-oriented medical societies, healthcare providers, industry organisations as well as regional and local health authorities. The purpose of their joint work is to ensure that health remains high on Europe’s political agenda, to address the unprecedented challenges driven by an ageing population and increased prevalence of chronic diseases that healthcare systems and citizens across Europe are facing.

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