

EU HEALTH SUMMIT

TOWARDS AN EU HEALTH UNION

EVENT REPORT

INTRODUCTION

On 15 November, at its 3rd EU Health Summit, the EU Health Coalition called on Europe to **think big** and **make health and life sciences a third strategic pillar** for delivering a **true EU Health Union (EHU)**.

9 concrete recommendations and policy proposals launched on the day are designed to **make this vision happen**.

Over **300 participants** – both at the Flemish Parliament and online across Europe – **joined the EU Health Coalition's call**.

Powerful video testimonials from Commissioner Stella Kyriakides, and from patients from Denmark, Ireland, and the UK/Greece set the scene for **a day of policy deep dives, networking, and connections** around all things health in the future EU Health Union.

The programme featured **6 panels and 27 speakers**, including from the WHO Regional Office for Europe, the European Commission, the European Parliament, the European Committee of the Regions, and several NGOs and civil society organisations.

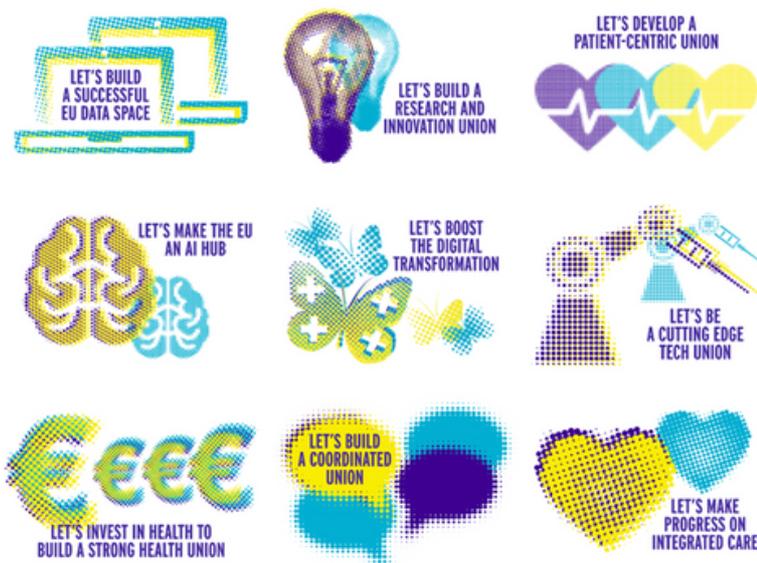
RECOMMENDATIONS

The EU Health Coalition's vision is of a Europe where health and care systems are centered on people, patients, research, and innovation.

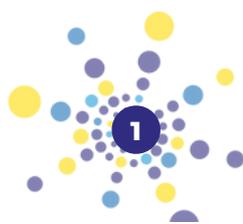
To deliver this vision, the 43 partners of the EU Health Coalition propose [9 recommendations](#) to EU policymakers across 4 clusters:

- Accelerating the Digital Transformation of European Health Systems
- Boosting Health Research & Innovation
- Improving Access to Health Innovation and Reducing Inequalities
- Advancing Health Systems Integration

The Recommendations are practical and balanced, bold, and achievable, and need to be implemented now.



[Read the Recommendations and Policy Proposals in full here](#)



'In health at the EU level, we can and must do more together'

In her opening video, **Commissioner Stella Kyriakides** highlighted why building a strong EU Health Union matters: "We need a European Health Union to collectively protect what our citizens cherish the most: health. And to do so we need even closer cooperation, coordination, and unity between Member States". The pandemic showed the extent to which having healthy citizens equals having healthy economies. Now, Europe needs more sustainable health systems, more research and innovation for health, and better preparedness for future health crises.

'Health is not everything, but without health there is nothing'

Dr. Natasha Azzopardi-Muscat (WHO Regional Office for Europe) delivered a powerful keynote speech, stressing that health must remain high on the agenda in these times of multiple crisis, and praising the coordination between the WHO Regional Office for Europe (WHO EURO) and the European Union. Dr. Azzopardi-Muscat made clear that now is the time to prioritise mental health: "We have a mental health crisis in Europe, exacerbated by COVID and the war in Ukraine". She also shared the main initiatives and focus areas of WHO EURO that align with the Coalition recommendations, namely: strengthening the health workforce; ensuring access to innovation and medicine; and fostering the digitalisation of health care. Quoting the words of Dr. Hans Kluge, Regional Director of WHO Europe, Dr. Azzopardi-Muscat concluded that "Health is not everything, but without health there is nothing".

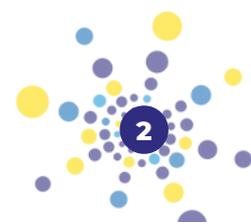
'It's time to think big on health in Europe'

TOWARDS A EUROPEAN HEALTH UNION: HOW TO MAKE IT A REALITY?

During the panel discussion, speakers recognised **health as a strategic sector for the EU** and discussed the key components to building the European Health Union: sustainable health systems, universal access to health, and a competitive pharmaceutical industry. The **EHU cannot be realised without innovation**. Natalie Moll (EFPIA) highlighted "a growing gap between the EU and US when it comes to investing in health R&D - we need to reverse this trend."

MEP Dolores Monserrat reiterated how high the stakes are: "Health is now also about security. We need to build a strategic autonomy for health in

Europe." In doing so, perspectives from the public and private sectors, and from patients and citizens, should be considered. Mary Lynne Van Poelgeest-Pomfret (WFIPP) remarked on how young generations can support the digital transformation of health systems. And they are not the only ones. Michele Calabrò (EUREGHA) defined regions as real-life laboratories for health innovation and best practices with valuable insights and knowledge to share. Local and regional authorities can and are building future-proof, resilient and connected health systems and bridging multilevel governance and patients.



‘Digital health is a game-changer, but we need the infrastructure & mindset’

ACCELERATING THE DIGITAL TRANSFORMATION OF EUROPEAN HEALTH SYSTEMS

Jenny Camaradou (UK/Greece EUPATI Patient Fellow) opened the session by bringing the patient perspective to the floor: *“Artificial Intelligence (AI) needs to be more explainable to people from different backgrounds. Integration of the patients’ insights must happen at a much earlier stage of the development process.”*

Moderated by Annabel Seebohm (COCIR), the panel recognised digital health as a game-changer for the creation of an EHU and welcomed the Coalition’s vision for health and digital as two strategic sectors for the EU. Prof. Ilona Kickbusch remarked that digital health is geopolitical and the interface between digital transformation, health, and democracy is critical. So are the right infrastructure, mindset, and skills to drive the digitalisation of European health systems. George Valiotis (EHMA) called for a European strategy for upskilling and reskilling the health workforce: *“We need to make the life of health workers easier while they upscale*

their skills in digital.” Patient engagement in the process is key to identifying the right skills and building trust when it comes to health data.

The spotlight fell on the European Health Data Space (EHDS) regulation, with speakers arguing that the EHDS should be an incentive, rather than a barrier for the sharing of health data. Martin Dorazil (European Commission) stated that the EHDS aims to enhance citizens’ and patients’ involvement, the establishment of common specifications and requirements, and the creation of a robust framework for the secondary use of data. MEP Tomislav Sokol (co-rapporteur of the EU regulation on the EHDS) underlined that secondary use of data and the relationship with GDPR will be contentious issues during the negotiations in the European Parliament. Nevertheless, the EHDS is not the only instrument aiming to accelerate the digitalisation of health. On this point, MEP Cristian-Silviu Buşoi highlighted digitalisation as a priority in the EU4Health programme.



'Europe has talent. Encourage them to take smart risks'

BOOSTING HEALTH RESEARCH & INNOVATION

In a powerful video testimonial, Danielle Drachmann (EURORDIS Young Patient Advocate) shared her and her children's experience of living with a rare disease and her call to European policymakers: *“Change requires political action. Invest in the infrastructure to ensure co-created health research with patients and their families.”*

The discussion, moderated by Dr. Chantal Mathieu (EUDF), developed around how to create a productive European research ecosystem; how to finance it; and how to translate its outcomes into innovation. Getting it right matters for the health and wellbeing of European citizens. Dr. Michael Linden (UCB) made that clear: *“A lot of the late-stage gene therapy pipeline is coming from research hubs in the US. We need a more holistic approach to research and innovation in Europe, looking at all parts of the development chain”.*

A holistic approach starts with a less risk-averse attitude in research. As MEP Dan Nica highlighted,

“Europe has talents. To make Europe an innovation hub, we need to encourage them to take smart risks. Incentives, funding, mentality, and trust are all important.”

‘Trust’ is a key word. To build it and boost European Research & Innovation, academia and industry need to collaborate, and citizens need to be engaged. Anton Ussi (EATRIS) agreed: *“All partners involved in research need to work together to translate knowledge into patient impact.”* For example, translational research centres strengthen the dissemination of research outputs, thus measuring and enlarging their outreach. For Dr. Annagrazia Altavilla (TEDDY network), increasing public trust requires patients’ involvement in medicines developments through advisory committees and citizens involvement in decision making processes.

Beyond trust, R&I requires funding. Panellists pointed to innovative financing models and the strong engagement of the private sector as crucial elements to strengthen R&I.

'Reframe health expenditure as an investment'

IMPROVING ACCESS TO HEALTH INNOVATION AND REDUCING INEQUALITIES

In the panel moderated by Ilaria Giannico (UEHP), speakers argued that the EHU should build an environment where innovation can flourish, and inequalities decrease. To this end, speakers called for patient-centred health data collection, trustworthy digital health, and innovative payment models. Bringing all these together will mean working in partnership. As Andrzej Rys (DG Sante) reminded the panel, *“cooperation between different sectors will improve Europe’s ability to innovate.”* European patients certainly need it. As Orla Gavin (EFNA) pointed out: *“patients need early, equitable and affordable access to the newest and best treatments available.”*

Innovation entails reframing health expenditure as an investment. And for Rain Laane (Estonian Health Insurance Fund), moving towards this shift in mindset requires

innovative payment models where financing is linked to the health outcomes achieved.

Increasing awareness of, and trust in, the use of data can make a difference for access to health innovation. Meni Styliadou (Takeda), as one of the leaders of the H2O public-private consortia to set up health outcomes observatories, stressed that *“standardised data can give us an evidence-based assessment on the progress of access and creates a common language between doctor and patient.”* For these reasons, collecting standardised outcomes data should also happen at the European and global levels. MEP Petar Vitanov agreed: *“We should set minimum healthcare standards in Europe – patients need predictability and more equality across Europe.”*



'Without integration there is no European Health Union'

ADVANCING HEALTH SYSTEMS INTEGRATION

In a video contribution, Jacqui Browne (DESSA) shared the challenges she faced as a patient: *"maintaining up-to-date records, medications errors and sharing of information. Breaking down silos and moving towards integrated care will improve patients' quality of life and equality across Europe."*

These challenges underscored for Michele Calabrò (EUREGHA) what a priority health system integration is for the European health agenda. Getting integration right means understanding the different levels at which it should occur. At the local level, regions can support the integration process, particularly with regards to cross-border collaboration. Dorota Tomalak (CoR) urged decision-makers to keep borders open for patients and the health workforce to guarantee patients access to care, should a new pandemic occur; *"cross-border healthcare is important for EU citizens – for many, the closest facility is across the border."*

Equally important is knowing what works. As Loukianos Gatzoulis (DG SANTE) mentioned, *"new contracting models such as accountable care organisations and outcomes-based payments can facilitate integrated care, but we need to know more about what works where"*.

Panellists appreciated the link between health systems integration and integrated care, as included in the Coalition's recommendations. According to Bart de Myttenaere (Solidaris), we should change how we deliver care to keep healthcare systems sustainable and break down barriers to achieve integrated care. He presented Belgium's progress toward a national plan for integrated care, for which synergies with caregivers will be crucial. And not only with caregivers. As Niamh Lennox-Chhugani (IFIC) stated, *"we need to invest in the workforce to make integrated care work."*

'We were lucky to have an innovation ecosystem in Europe during COVID'

MAPPING THE WAY FORWARD FOR THE EU HEALTH UNION

Moderated by Sue Saville, the closing plenary featured Ingrid Keller (European Commission), Anca Toma (EPF), and Nathalie Moll (EFPIA).

Building on the learnings from COVID-19, health and life sciences should become the third strategic pillar of Europe, for a true EHU to be realised. As Nathalie Moll (EFPIA) highlighted, *"there is no EU Health Union without innovation. We were lucky to have an innovation ecosystem in Europe during COVID. Investment in R&D is moving to other regions of the world, and it is hard to bring it back."*

Creating an EHU will require the involvement of all health stakeholders in the policymaking process, including patients and citizens, the health workforce, and young people. When building the EHU, we should enhance systems' preparedness while not losing momentum on prevention. To encourage the digital transition, it is important to invest in capacity building and training, while preventing the social determinants of digital illiteracy. The EHU should rely on innovation, which is included in every recommendation of the EU Health Coalition.





THE EU HEALTH COALITION

Created after the first ever EU Health Summit in 2018, the EU Health Coalition is looking at mapping the future of healthcare in Europe in order to make the most of the innovation at our fingertips; looking at the role of the European Union in addressing the challenges we face; and looking critically at how different sectors can converge to deliver the best outcomes for patients in Europe.

The Coalition gathers patient organisations, EU research-oriented medical societies, industry organisations, healthcare providers, regional and local health authorities and other relevant stakeholders.

For further information on the EU Health Coalition, please have a look at the [website](#).

