EHP7 Policy Recommendations

**Recover, Reinvest, Reinvent:
Creating a resilient European Health Union**

**7th Edition
2021 – 2022**

#ReInventHealth

EHP7 Cross-cutting Themes

Think Sustainable

Think Patient

Think Youth

Founding partners

Johnson & Johnson

College of Europe
Collège d'Europe
Brugge / Natolin

eu40

Partners

EPF

euronews.

European Health
Futures Forum
The future of health and healthcare now

MAVENCE
Delivering talent to win

PNKetchum+
public affairs

YEL

INTRO

The European Health Parliament (EHP) is a Brussels-based movement connecting and empowering the next generation of European health leaders striving to rethink EU health policies. With the support of its partners – Johnson & Johnson, the European Patients' Forum, EU40, the College of Europe, Young European Leadership, PNKetchum+, Euronews, Mavence and, since this edition, the European Health Futures Forum – the EHP provides young professionals with the network, skills, knowledge and the platform they need in order to shape a sustainable, innovative, and more resilient Europe.

The EHP7 Policy Recommendations were co-created by 60 talented health professionals from across Europe who are united in their passion for healthcare and commitment to bringing about change in the European policy landscape. Coming from diverse educational, occupational and personal backgrounds, EHPers represent the voices and perspectives from all healthcare sectors and are selected for their potential as future health leaders.

Unconventional solutions and fresh ideas are exactly what the EU needs in these challenging times, in which health systems are still struggling with the tremendous impact of the pandemic as well as the increasing burden of disease and mental health issues.

At the same time, budget constraints and an ageing population increase the pressure on decision makers. No single country can solve public health issues on its own. Thus, now more than ever, collaboration is needed to improve the resilience of healthcare systems and better protect citizens' health and wellbeing. That is why the aim of this year's cohort, the most diverse the EHP has ever seen, was to produce landmark, high-quality recommendations based on an inclusive, collaborative and representative vision.

This is the first hybrid EHP edition, with the final plenary session in person and available online. It promises to be one of the most comprehensive, engaging and inclusive sessions in EHP history by connecting Europe's brightest minds to strengthen the idea of a European Health Union. Get ready to see what these young health leaders have prepared!
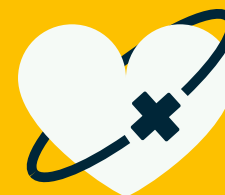
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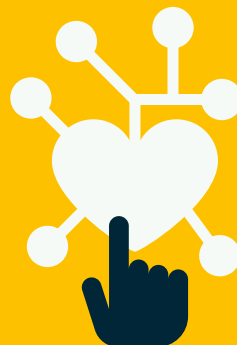
Forewords

Zeger Vercouteren

Vice President Government Affairs & Policy EMEA

Johnson & Johnson

The last few years have put established economic, social and health systems to the ultimate test, placing an immense burden on the most precious thing there is – health and well-being. Jean Monnet, one of the founding fathers of the European Union, once wrote: "Europe will be forged in crises and will be the sum of the solutions adopted for those crises." This adage gives hope for cautious optimism amid the ongoing pandemic recovery and the war in Ukraine. It is uncertain times like these that call for citizens and decision-makers to come together to make bold decisions and seize real opportunities that are critical for a healthy and sustainable future in Europe.

The potential for unprecedented European unity is reflected in the EU's health policy agenda, with initiatives being brought forward today that were unimaginable yesterday. As the European Health Union starts to take shape, it is clear that Europe has recognized the importance of collaboration, coordination and cooperation in health and care. From European Health Data Space to the AI act, from Europe's Beating Cancer Plan to the Pharmaceutical Strategy and HERA – the opportunities to better protect and prioritize the health and well-being in Europe are closer than ever before.

In this context, it is not about returning to business as usual but instead about harnessing the ambitious momentum in EU health policy, learning lessons from experience, moving ahead of the conventional ways of working and bringing new innovative approaches and ideas to policymaking. To make this possible, solutions required must also come from the young European health leaders who influence the policies that will ultimately concern their generation as they age.

EHP has once again succeeded at capturing this notion. In this 7th edition, a talented and diverse group of 60 young professionals from different healthcare sectors, backgrounds and nationalities joined forces in developing disruptive and actionable policy recommendations. Additionally, with initiatives such as "EHP goes live" on Instagram, the development of an EHP community, as well as the creation of meaningful collaborations and thought-provoking digital communication, EHPers have brought this edition to life and left their footprints for future editions. I am proud to see the results of this 7-month journey – the EHP7 Policy Recommendations – driven by these extraordinary young people's shared goal, determination, and passion.

The theme of EHP7, "**Recover, Reinvest, Reinvent: Creating a resilient European Health Union",** has been underpinned by a cross-cutting narrative – **Think Sustainable, Think Patient, Think Youth**. Today, the EHP7 cohort is presenting innovative key policy ideas that address the most pressing issues:

» Digital Health Transition and Governance
» Future-Proofing Health Systems
» Preventive and Self-Care
» Sustainable Health Systems
» Well-being of Healthcare Workers.

As one of the founding partners of the European Health Parliament, we couldn't be prouder of the achievements of the EHP7 cohort who have lived up to this task. My advice to all the outstanding young professionals that have made this edition's policy recommendations a reality: stay connected with each other, apply the knowledge and skills you have acquired and never stop dreaming big. We trust you feel more equipped to understand Europe, how to stay engaged citizens and progress the role of Europe in changing the trajectory of health for a better future for all in Europe.

Forewords

Prof. Michele Chang

Director, Professor

College of Europe

The College of Europe is one of the founding partners of the European Health Parliament, and it has allowed our students to gain practical experience working in this vital policy sector. Numerous College of Europe students have launched careers in EU health care policy thanks to the EHP. Looking forward, the EHP continues to allow its participants chances to develop additional skills, including advocacy and networking.

Since the pandemic, healthcare policy proposals have multiplied rapidly. The EHP proposals are distinctive, given that they have been crafted by young people from a variety of backgrounds and who come from a wide range of countries. This kind of diversity and the ideas that they generate have an added value. The EHP has assembled some of the brightest young minds in Europe, and EU institutions would be wise to take into account this voice of the younger generation as they move forward.

Forewords

Alessandro Da Rold

Managing Director

EU40

The European Health Parliament (EHP) is a great exercise of participatory democracy, of which we are incredibly proud. For EU40, the work of the EHP is particularly pertinent this year, given that 2022 was formally declared the European Year of Youth, a European Commission-led initiative that seeks to empower young people across our continent. In light of this initiative, the Conference on the Future of Europe (CoFoE), has also sought to augment engagement with younger generations, bringing them front and centre during important policy discussions which most directly impact them. Youth-centred initiatives often tend to take on a more innovative out of the box approach, something which EU40 and the EHP can strongly relate to. In this context, what makes the EHP so special is how it matches young health professionals with policymakers, public affairs experts, and academia from the get-go. Participants formulate their ideas and visions under the constant guidance of those who understand the complexities of the EU decision-making process. Overall, the EHP has created a win-win situation for both the health sector and politicians alike, thus forming a mutually positive outcome EU40 is more than happy to endorse.

As we move into 2022 and beyond, it is important to reflect upon how the Covid-19 crisis disproportionately affected young people, and how some of the difficulties they experienced during the pandemic continue to linger, even today. For example, our youth often have had to bear the brunt of job losses, being declared non-essential by society, with their mental and emotional health slowly deteriorating over time. This is why we decided to prioritize youth issues to improve young people's prospects for the future. As a network and platform for young members of the European Parliament, we are proud to be able to bridge the EHP and our young MEPs to tackle these issues, and to help support so many great policy initiatives that have genuine potential to make Europe the world's healthiest continent. EHP continues to give us the chance to connect young MEPs with health sector specialists, further contributing to our shared future. EU40 looks forward to the presentation of the EHP7 recommendations, which may very well shape the future of EU health policy. We are proud to be a part of an initiative that for years has boasted young participants from a variety of sectors and member states. We are the #EUHealthGen, and as such, we must not hold back from stepping up to the plate, and making our voices heard loudly and clearly.

Forewords

Aleksandra Lugovic

Vice President Healthcare Policy & Advocacy

PNKetchum+

Now in its seventh edition, PNK+ is once again proud to support the European Health Parliament and this talented group of young professionals and future health leaders from all over the continent who have come together to help shape a healthier and more innovative future for Europe.

As Europe cautiously emerges from the emergency phase of the Covid-19 pandemic, urgent action to address lengthy waiting lists, disrupted essential health services and climate-related health challenges remain imperative. The incredible advances in EU health policy witnessed during the last two years reflect the importance of greater coordination amongst EU Member States to protect people's health and efforts to build a stronger European Health Union. The Pharmaceutical Strategy for Europe aims to make Europe's healthcare sector greener, digital, and resilient. At the same time, the Beating Cancer Plan seeks to accelerate action to combat one of Europe's biggest killers. The new EU Health Technology Assessment regulation and the recent launch of the European Health Data Space are monumental strides for EU health

policy, not least as we mark 30 years since the Maastricht Treaty first granted the EU competence for public health. The forthcoming EU non-communicable diseases initiative and proposals to further develop European regulations concerning medicines for children and rare diseases suggest that efforts to build a robust European Health Union will continue at full speed.

The pandemic has left its mark on Europe's health systems, such as health inequalities, building resilient and sustainable health systems, rapidly developing digital health, and healthcare professionals' well-being. Over the last number of months, EHP members have worked tirelessly in committees and plenaries and gained real-world experience interacting with senior policymakers, policy professionals, and influential civil society organisations to devise EU policy recommendations that seek to address these pertinent issues to protect the health of Europe's citizens.

We wish each EHP member continued success as they continue their advocacy work to shape a healthier, more innovative Europe.

Forewords

David Somekh

Network Director

European Health Futures Forum

The European Health Parliament is now a well-established forum for young professionals to provide a different slant on future European health policy.

The freshness of thought and uninhibited views of the younger health professionals is what brings real value to their recommendations, and this year is no exception. The cross-cutting theme for this year 'Recover, Reinvest, Reinvent: Creating a resilient European Health Union' inevitably reflects the current context, with the ongoing consequences of the pandemic, together with other ongoing turbulence in the world presenting huge challenges to the European Union and its members.

The question of sustainability, not to be confused with resilience, an overlapping topic, brings forward the issue of the health of the planet incorporated into questions related to the health of society. The working group that I had the pleasure of offering some mentoring advice to, defined this as resting on three pillars: environment, economy, and an engaged society. Sustainability in this context looks at the environmental impact of delivering health services, including the incidental but significant impact of the use of pharmaceuticals (specifically pollution), the importance of equitable financing, and the role of society, via community action and greater health literacy.

What stands out from this analysis and the recommendations the young professionals put forward in the document that follows, is that we have to abandon silo thinking when it comes to health. While for some time the EU has supported the concept of 'health in all policies', the other side of that is to acknowledge that if forward thinking policies for health are to succeed, there must be greater cooperation between those with the expertise and remit for policy in education, in finance, the environment, and others, to succeed. This has not been the accepted pattern, by and large, so far. Just as crises such as the pandemic demanded greater cohesion within the Union (and indeed highlighted the potential value of a European Health Union), logically the notion of greater cohesion and cooperation needs to be adopted more widely as an established practice.

The European Health Future Forum is a strong advocate for a holistic approach to health. Just as we have supported this, via our membership of the collaboration All Policies for a Healthy Europe (AP4HE), by chairing their wellbeing economy working group, we see developments, such as the growing interest at both policy and implementation levels for the principles of a wellbeing economy as parallel processes to our favoured approach to health. Where recognising the overall interconnection between a specific area, such as health or the economy, with the other aspects of society, including the health of the planet that we inhabit, can be an important shift of our collective mindset with very great value in terms of potential outcomes.

Forewords

Juan José Fernández Romero

Policy Officer

European Patients' Forum

During the last few months, Europe's healthcare systems have started recovering after the strong hit received due to the Covid-19 pandemic. However, this recovery is so far only gradual and incomplete. Not only it will take a much longer time and resources than initially anticipated, but also this recovery may never achieve pre-pandemic levels in many EU countries – which, in addition, were not always sufficient to address the needs of patients.

However, despite this not-so-bright scenario, there are reasons for optimism that a change is going to come. The European institutions, with the support of the patient community and the civil society organisations that represent it, are working on a series of initiatives and legislative reforms that will pave the way for more equitable, fair, and resilient health systems. Just to name a few, of special relevance are the ongoing EU4Health Programme, the European Health Data Space, the Artificial Intelligence Regulation, the ongoing revision of the EU's pharmaceutical legislation, and the new European Health Emergency Preparedness and Response Authority.

However, these initiatives will not be sufficient on their own, unless their design and implementation are co-shared with patients and citizens. In this regard, it is with pride that I see the set of recommendations that the European Health Parliament (EHP) is putting forward this year – these are, in my opinion, both timely and necessary. They provide the necessary guidance to channel the EU institutions' efforts into a patient and person-centred healthcare systems and policies.

In the European Patients' Forum (EPF), we welcome these recommendations and the attention they give to fostering cooperation between EU institutions and the Member States in areas of shared competence. This approach leads toward policy solutions that are innovative, actionable, and implementable. In addition, for any health policy to succeed, it is worth remembering that it should be co-created with and for patients, and they will be the end-users of these. In digital health concretely (which is the topic on which the Committee I had the honour to mentor work), the key is to ensure that the digital transformation of healthcare leads to more participation and person-centred care.

Also, I would like to congratulate all Members of this year's edition of the European Health Parliament for their hard work and dedication, always running the extra mile to draft the best recommendations possible. I believe the outcome of their work should not only be disseminated within the so-called 'Brussels-bubble', but beyond.

To conclude, EPF is again glad that it could contribute to the mission and objectives of the EHP and the brilliant young professionals that make it possible. Their vision and ideas are more relevant today than ever before, for the benefit of all European citizens and patients.

Forewords

Pauline Kuehlwein

Vice President Strategy

Young European Leadership

We are honored to be partnering with the European Health Parliament for the second time. During the last edition and through our other engagements, we have learned about the value of virtual collaboration. That's why we are delighted to be part of this year's hybrid format of the event and enjoy the possibility of meeting some of the participants in person.

This is the seventh edition of the European Health Parliament, and the format continues to be a magnificent platform to debate on how we can build a world which is suitable for future generations. Along with young people across Europe, the participants will identify systemic challenges which have to be tackled with science-based policies in order to ensure health preparedness and the resilience of our health system. The objective is also to establish a setting in which peers will be able to exchange ideas on lasting resolutions for the health sector and provide each other with the necessary support. It is tremendously important that the young generation begins to engage in policymaking as the decisions made today will influence their future. The effects of the COVID-19 pandemic are going continue impacting future generations. Therefore, youth engagement is even more important, as we require sustainable solutions that include all the benefits that today's youth are growing up with. We, as Young European Leadership, congratulate all participants for their willingness to engage to evaluate the long-term effects of decisions on future generations. I am confident you will identify and highlight several of the overarching topics in each committee. Imagine a world where all people have access to robust health care systems, where service delivery and education harness the potential of digital technologies, and where people's mental health needs are addressed.

I would like to reiterate my words from last year, as they are equally applicable to this year. I trust you will all consider that everyone on this year's EHP is young, and yet mature to make a meaningful difference – being passionate on issues and committed to crafting solutions as well as working towards achieving healthcare objectives for this and future generations, so that Europe can lead by example.

Forewords

Gardenia Trezzini

Chief

Euronews' Brussels bureau

As the number one international news media in Europe, Euronews cultivates and promotes a pan-European perspective where all views and voices are welcome. Our mission is to empower people across the continent – and beyond – to form their own opinion. In a similar vein, the European Health Parliament brings together a variety of participants who, through a bottom-up effort of debate and reflection, propose solutions to today's health challenges.

For the third year in a row, Euronews is happy to be the official media partner of the EHP, finding synergies between its policy recommendations and the main stories driving the news cycle. As the threat of coronavirus decreases and other political developments draw greater attention, audiences are wondering whether health will be neglected and put on the back burner.

Both Euronews and EHP are strongly committed to follow the evolution of the EU's health policy in the post-pandemic era and to provide concerned citizens with the necessary answers. For example: in early May, Euronews launched "Smart Health", a mini-series that explores the digital transformation of healthcare in Europe, a topic that has featured prominently in several EHP editions.

With its 17 language editions, Euronews is available in almost 440 million homes across 160 countries, including 68% of homes in the EU and the UK, and reaches 145 million people every month.

Forewords

Anna Koj

Managing Director

Mavence Brussels

Over the course of recent months, and even years, many have reflected on the role of challenge, crisis, and uncertainty in shaping our individual day-to-day lives and our communities as a whole. While these forces are not to be understated, they do not constitute the full picture – indeed, as issues evolve to be ever more complex or seem increasingly destabilizing, opportunities for greater agency and proactive engagement arise for broad and diverse groups of individuals.

Now in its 7th year, the European Health Parliament is a powerful illustration of how young professionals, partners, and emerging leaders in their field can come together time and again to advance a conversation and a concept of better health policy, crafting and refining recommendations through innovation and inclusion, both shaped by and in spite of, challenges that can feel unprecedented or overwhelming. In the face of adversity and uncertainty, the story of the European Health Parliament remains an example of what we can achieve when we create and promote opportunities for new voices to come together and take initiative.

Since 2017, Mavence has been a proud partner of the EHP, and we remain inspired not only by the participants we help to select but by each successive cohort as a whole, which together continue to raise the bar of collaboration and contribution to a better future set by previous generations of EHP alumni.

As we look ahead to the next edition of the EHP, the challenges facing the incoming cohort have by no means lessened. Nevertheless, by building on the incredible work done thus far – by standing on the proverbial shoulders of the young giants which have brought their energy, ideas, and insights to pressing present and future challenges – I have a deep and implicit faith that the bar will once again be left higher than where it was found.

On behalf of myself, our partners, and our team of Mavence, I would like to congratulate everyone who has contributed to the next iteration of the European Health Parliament on their achievements and their potential for more, and I look forward to following their future successes wherever they may lead from the EHP.

Forewords

Eleonora Varntoumian

President

European Health Parliament

The European Health Parliament seventh cohort aims to recover, reinvent and reinvest in health by creating a resilient European Health Union with a Think Digital, Think Patient, and Think Sustainable mindset.

The current situation with the disruption of social and health services due to the Covid19 pandemic, the extreme weather conditions (from devastating wildfires to heavy flooding), and the ongoing war in the European region are a humanitarian wake up call to invest more in universal health coverage and improve cross border collaboration to tackle these pressing issues with concrete actions and collective responsibility.

The **Digital Health Transition & Governance** is a way to provide faster, cheaper, and better services to patients. Investing in digital health literacy is crucial to empower healthcare workers and equip them with the right skills to unlock the potential of data sharing in Europe and support value through Digital Health innovation incentivization. The European Union is in a unique position to become a global leader in the digital transformation of health systems by developing digital standards and promoting them internationally.

In the meantime, **Preventive and Self-Care** interventions can reduce the burden of non-communicable diseases (NCDs) by keeping our populations healthy and safe, while reducing national health expenditures with the adoption of preventative measures. Although there has been significant progress in recognizing and addressing social determinants of health, many challenges remain such as health literacy and education, promoting sustainable healthy environments, early disease prevention and screening programmes to protect EU citizens and vulnerable groups.

Frontline health and social workers have suffered the most from the consequences of the global pandemic. Investing in the **Wellbeing of Healthcare Workers** is equivalent to investing in patient outcomes. Mental health services and education can create a successful cultural transformation to support health workers and make the profession attractive again. Improving working conditions and creating career development opportunities are key to boosting recruitment and retention of the future workforce and avoiding the 'Great Resignation'.

Moving towards a new paradigm of **Sustainable Health Systems**, the European Green Deal and the Pharmaceutical Strategy are great examples that highlight the importance of creating sustainable environments to improve health outcomes by minimising the negative impacts on the environment. Social, economic, and environmental policies play an important role in the green transition and longevity of human and planetary health.

Creating a resilient European Health Union requires **Future-Proofing Health Systems** to better prepare and respond to future crises, address the unmet needs of healthcare workers and patients, and implement national policies and governance toward community-based services. We can now cautiously move from crisis response towards recovery and reform whilst underlining the importance of innovation and cross-border collaboration to enhance care delivery and efficiency of health systems.

We, as the next generation of health leaders, call for EU policymakers, stakeholders, and industry partners to keep an open mind while reading our policy recommendations and examine whether our suggestions can be implemented at the national level based on the specific requirements and needs of each healthcare system. The European Union can no longer be considered solely as a single market and an economic-monetary union. The creation of a European Health Union is a historical opportunity for all EU Member States to reduce health inequalities and protect fundamental human rights and the most important values for European citizens: saving lives and promoting health and wellbeing.

With special thanks to the EHP7 Leadership team, EHP partners, and Secretariat and stakeholders involved.

Digital Transition & Governance Committee: **Amélie de Martini** and **Dr. Henrik Sliwka**
Future-Proofing Health Systems Committee: **Norbert Couespel** and **José Peres**
Preventive & Self-Care Committee: **Alena Koshcheeva** and **Ekaterina Iarkova-Vizuroiu**
Sustainable Health Systems Committee: **Marcel Venema** and **Laura Kirwan**
Wellbeing of Healthcare Workers Committee: **Mónica Gómez Castañeda** and **Marko Ocokoljić**
Communications Officer: **Leroy Lepelaars**
Community Officer: **Raphaël Compte**
Outreach Officer: **Nupur Kohli**

Forewords

Apostolos Tzitzikostas

President of the European Committee of the Regions and Governor of the region of Central Macedonia in Greece

Disruption and ingenuity. These words best illustrate the last two years. Our health systems were stretched to the limit yet our medical professionals not only lived up to their Hippocratic oath but, with the support of EU, national and local governments, found ways to respond to the lack of drugs and gear, developed new protocols and worked to save as many lives as possible. The European Committee of the Regions' – the EU's assembly of elected local and regional leaders – shared stories told by mayors, councilors and regional presidents, on how they stood shoulder-to-shoulder with our medical services, introducing new solutions, changing rules and making decisions that dramatically changed healthcare provision. The pandemic illustrated the strengthening of EU solidarity, highlighted the severity of health disparities between regions. and made it abundantly clear that the EU needs a stronger health policy.

The current European health framework is simply not sufficient and not enough. We were caught off guard in March 2020 when the pandemic spread, though the EU's response was bold and the €2.018 trillion investment package exceptional. We did not have appropriate structures nor procedures to act swiftly across EU countries, regions and cities. Now, we need to mainstream and harmonise EU rules to achieve a more secure, better prepared and more resilient EU that can truly protect the health of our citizens in every region, city and village.

The European Health Union we want is not just a set of bureaucratic rules on how to declare an emergency. We need a real pragmatic health pact for European citizens. In case there is a rebalance of competencies between Brussels and Member States, we want both national and subnational responsibilities established based on subsidiarity, recognising local and regional competencies in health seen during the pandemic. We want a solid – yet flexible – European framework, that is able to support our cities, regions and states in health promotion, prevention, service provision and research and innovation.

To succeed, we need to accelerate the transformations initiated during the pandemic and build resilience. First, we need to consolidate the progress in digitalisation and take it to the next level: the European Health Data Space. The final report of the Conference on the Future of Europe is clear – citizens want their health data both portable and secure, readily available in an EU health passport.

Second, we need to reduce our vulnerabilities. The COVID-19 exposed our soft underbelly: lack of regional industrial capacity, fragile local supply chains, lack of strategic stockpiles and missing cross-border links. The Health Emergency Preparedness and Response (HERA) must address some of these issues, yet the potential of regions and cities to boost Europe's strategic autonomy is yet to be fully tapped into. We need regular and more updated information about the state of our health at a regional level, so we can identify and support those regions most in need.

Third, we need to profoundly transform our health systems to make them future-proof. From scaling up vaccination programmes to expanding cross-border healthcare cooperation to prioritising multidisciplinary community-based care, it is vital to redefine our priorities and refocus funding. Better mental health care, smarter prevention and healthy lifestyle promotion, health literacy – this is what European citizens asked as part of the Conference on the Future of Europe's final report recommendations (proposal 10. 2.) and what we, 1.2 million European locally and regionally elected politicians, will deliver on the ground by working with our medical services.

To achieve these goals, we need all hands on deck and we need support to demand and deliver change. Together, we can build a European Health Union that makes a real difference, that offers prevention and protection to the health of every community. This needs a fundamental shift in thinking that places medical practitioners, health services, local and regional governments and our communities at the centre of the European Union. Our common goal is one: to best serve our people.

Forewords

Sara Cerdas

MEP

Group of the Progressive Alliance of Socialists and Democrats in the European Parliament, Vice-Chair of MEPs Against Cancer (MAC) Interest Group, Member of MEP Heart Group

The COVID-19 pandemic disrupted health paradigms, and urged us to improve our critical understanding of health systems. It is our duty to place health as part of a system bigger than itself, indissociable from nature and the social determinants that so intrinsically influence it.

Despite all the tragedy that this pandemic brought, it's also the time to take this opportunity to assess our actions, the facilitators and barriers that were found, and ask ourselves, as health agents, "How can we do better?". This crisis showed us the importance of coordinated action, cross-border threats management, and the key value of forward thinking and coherence in policy design among the EU Member States.

Looking beyond the current and future pandemics, there are other systemic threats that must not be forgotten or placed in a second line: antimicrobial resistance, demographic changes, non-communicable diseases, just to name a few. I greatly welcome these policy recommendations that address important structural changes and a number of specific and adequate measures to tackle the multiple health problems identified.

Digital Health Transition and Governance

Digital technologies will play an essential role in meeting the post-pandemic world's challenges and there is an urgent need to implement policies that address critical challenges around data, accessibility, literacy and skills to ensure no one is left behind. Acknowledging the importance of cross border digital health and data infrastructure, a successful digital health transition also requires empowering citizens, patients and rethinking education and life-long training, as well as a strong governance model.
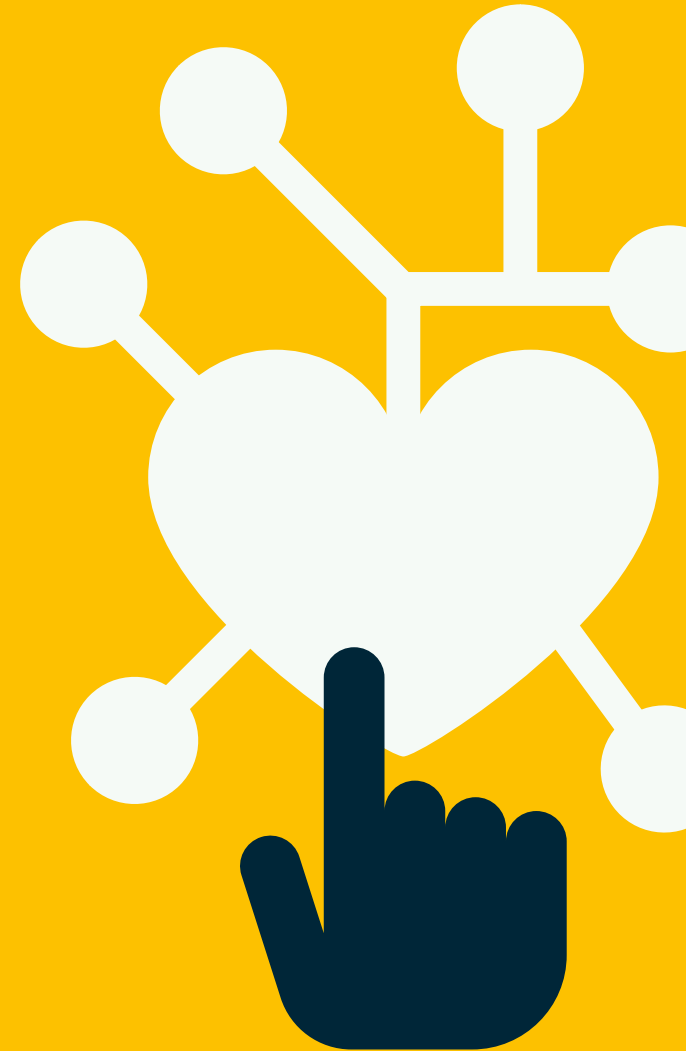
Digital Health Transition and Governance

Chair
Amélie de Martini

Vice Chair
Henrik Sliwka

Members

Sophie Groeneveld
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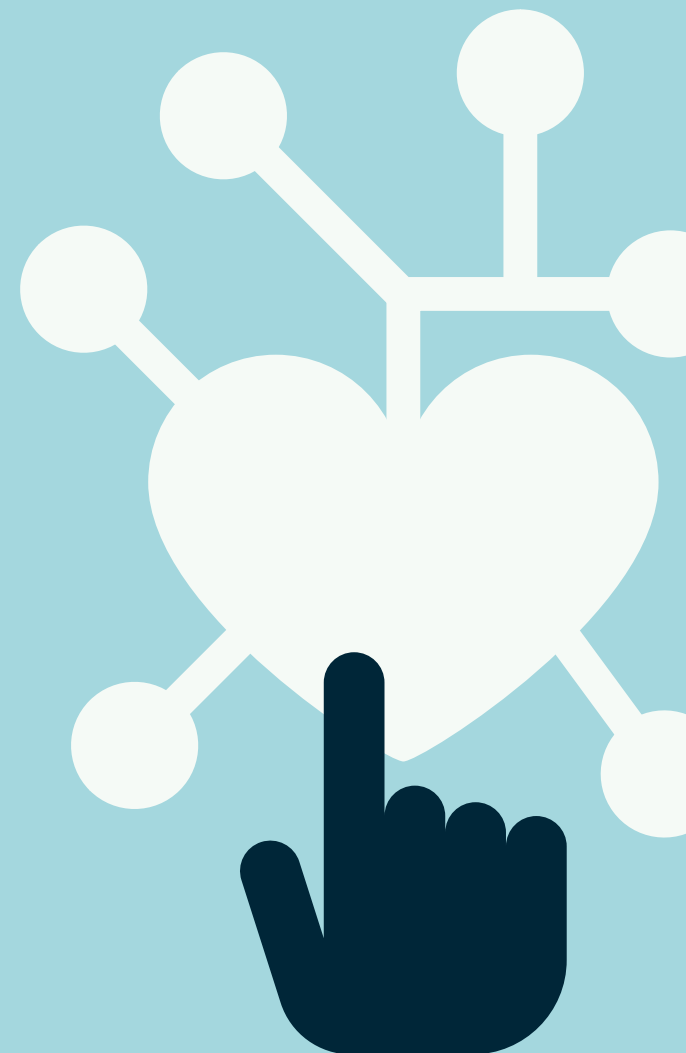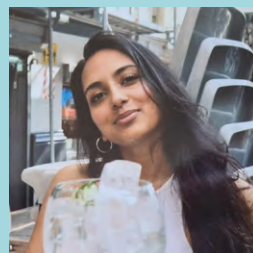**Julie Houillon-Leonis**
Christoph Polkowski
Patrik Puljić

Ana Carolina Reis Tadeu
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Paul-Etienne Schaeffer
Steven Stavrou
Nikos Takatzoglou

Executive summary

The Digital Health Transition & Governance Committee offers policy recommendations, with the aim to design an accessible, flexible, and secure framework for data sharing and digital innovation, and addressing the identified vulnerabilities of the Digital Health ecosystem with healthcare professionals and patients' interest at its core.

- **Pillar I: Digital Health Literacy – Empowering Citizens**
  - » Healthcare Professionals: Ensure participation, co-creation and lifelong learning
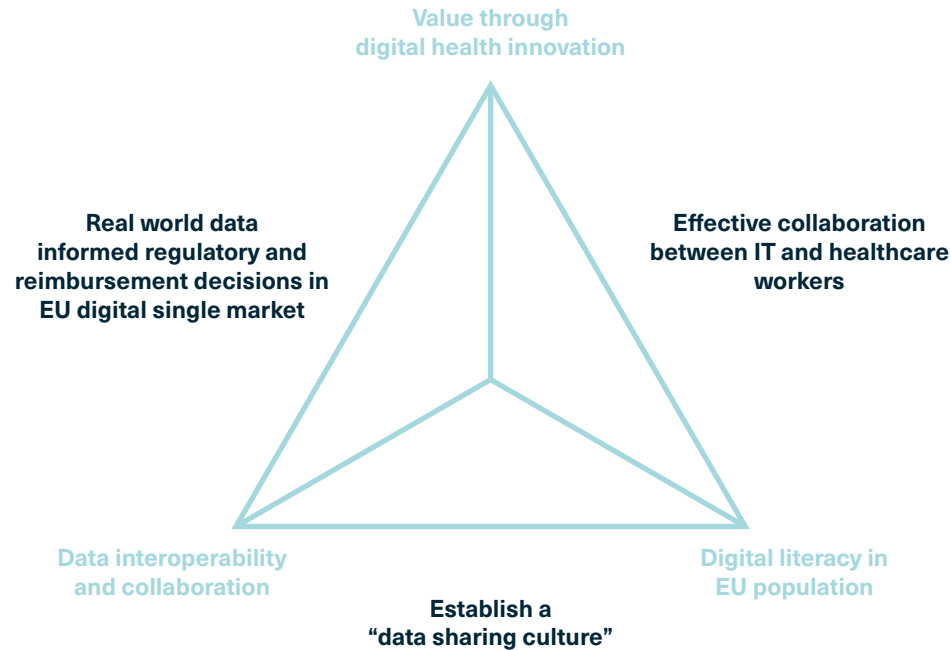 - » Healthy population and patients: Create trust and awareness

- **Pillar II: Unlocking the potential of data sharing in Europe**
  - » Advance interoperability of health data through federated data networks
  - » Secure a health data sharing infrastructure based on private-public partnerships
  - » Establish a clear governance framework for data sharing

- **Pillar III: Innovate in EU Digital Single Market**
  - » Recognize the unique nature of Digital Health innovation in regulatory pathways
  - » Adapt and facilitate reimbursement mechanisms for innovative Digital Health solutions
  - » Increase funding opportunities for Digital Health entrepreneurs

Figure 1 *Committee's vision of a digitalized healthcare system*

Value through digital health innovation

Real world data informed regulatory and reimbursement decisions in EU digital single market

Effective collaboration between IT and healthcare workers

Data interoperability and collaboration

Establish a "data sharing culture"

Digital literacy in EU population

Digital Health Transition and Governance

Introduction

Digital Health transition and innovation is key to addressing many of the major challenges the European healthcare systems are facing today. The COVID-19 pandemic proved its crucial role[1] and has been a global catalyst for a cross-industrial and societal digital transformation, shedding new light on the power of data in improving outcomes in patient care, from real-time observation of the impacts of the pandemic to optimization of care. The insights we can gain from comprehensive and quality real-world data have the potential to bring enormous benefits both to patients, health systems and society, guiding decisions for care, research, and regulatory issues.

However, the pandemic has also revealed long-standing barriers in our health systems that limit the optimal collection, use and sharing of data: data systems that are not interoperable, regulations hindering technical advances and levels of e-health literacy struggling to keep up with developments.

Digital transformation will play a key role in meeting these challenges. However, conquering them will require that relevant policies are implemented to address critical challenges around accessibility, data interoperability and digital literacy to ensure that no one is left behind. The recently published European Health Data Space proposal[2] (EHDS proposal) presents a great opportunity to address many of these concerns. Next to it, a successful Digital Health transition requires empowering patients and rethinking education and life-long training, as well as bringing about strong governance models that inspire and sustain public trust. Against this background, the Committee envisions a European Digital Health ecosystem that is co-created by those who work in it and benefit from it, stressing evidence-based decision making based on safety-oriented data-sharing culture, in a strong European Single Market[3].

Digital Health Transition and Governance

Recommendations

1. DIGITAL HEALTH LITERACY – EMPOWERING CITIZENS

For a successful and effective implementation of digital solutions in healthcare, digital literacy is paramount[4]. It is an important element of people-centered care as it optimizes the quality of interaction between individuals and health systems and enables individuals to become partners in the management of their own health and health data[5]. Still, in 18 OECD countries, at least one third of the population shows low digital health literacy levels[6]. **Hence, the Committee strongly calls European policymakers to adopt an EU Digital Health Literacy Strategy, targeting European citizens on the one side, and Healthcare Professionals on the other side.**

1A. HEALTHCARE PROFESSIONALS: ENSURE PARTICIPATION, CO-CREATION AND LIFELONG LEARNING

Healthcare Professionals (HCPs) have a crucial role in the uptake of Digital Health technologies. Hence, they need to receive the appropriate training. The committee therefore recommends:

» **Sufficient funding opportunities under HORIZON EUROPE, EU4HEALTH, ERASMUS+ and DIGITAL EUROPE PROGRAMME should be dedicated to Digital Health training**, facilitating the implementation of national digital skills programs for HCPs.
  – In collaboration with Member States and European universities, the **EU should support, including financially, changes to national HCPs' curricula to accommodate digital skills modules.**
  – Though there are already many opportunities allowing HCPs to enhance their Digital Health skills on a voluntary basis, such courses and learning opportunities must become mandatorily embedded into university and residency curricula.

• Beyond basic Digital Health skills, such courses should increase understanding of safeguards of data privacy, enable HCPs to trust and use evidence derived from Artificial Intelligence (AI) and improve communication skills in a telemedicine setting. Training should also include Digital Health entrepreneurship for HCPs.
– In addition to explicit learning, the use of digital applications in clinical practice should be incentivized through e.g. a required minimum number of telemedicine consultations during a residency program.

While digitalization is expected to support and relieve HCPs, instead it often creates additional pressure, without adding significant value. Digital Health solutions, such as online or video consultations are likely to increase HCPs' workload by 25%, and 31% respectively[7]. To unlock the full benefits of digital tools in clinical practice, co-creation between developers and HCPs is crucial.

» Within the European Digital and Health Data Board, mentioned by the proposal for European Health Data Space Regulation (EHDS), **a specific healthcare professionals Working Group should be established, with the mandate of ensuring a co-creation process within EU funded projects.** Standards, interfaces and users 'experiences should not be left to the industry alone but co-defined with HCPs.

1B. HEALTHY POPULATION AND PATIENTS: CREATE TRUST AND AWARENESS

Digital Health literacy must be strengthened to ensure accessibility to Digital Health solutions to all European citizens: access to basic digital skills training for all citizens across the European Union, no matter their physical location, set of conditions or age group, should be a priority of the EU.

» The Committee calls for the European Commission to **increase available funding for Digital Health skills programs within ERASMUS +, EU4HEALTH and DIGITAL EUROPE PROGRAMME**, working in cooperation with Member States to support them in accommodating Health and Digital Health literacy in their national primary and secondary school curricula.
» In parallel, the Committee calls the **European Commission to adopt a Digital Health Literacy Strategy, supporting European citizens' Digital Health skills**, including:
  – Guidance on how to ensure a more effective communication between patients and HCPs.
  – Guidance on how to better communicate in public campaigns at the European and national levels the benefits of digitalization to patients. Leveraging learnings from the experience in the field of organ transplant donation and communicating emotive case studies from patients could be a very effective approach.
  – Guidance on how this Strategy can be supported at the community level. A local e-health strategy Board and e-health exchange Forum, as established by the city of Vienna[8] to develop Digital Health forward locally and specifying how inhabitants can access credible Digital Health information in their community, should act as a role model for other European cities[9].

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2. UNLOCKING THE POTENTIAL OF DATA SHARING IN EUROPE

While there is much value in sharing the increasing amount of health data collected for the benefit of patients, much of this information remains unused and fragmented[10]. Our findings demonstrate the urgent need for the EHDS proposal to tackle legal and technical issues surrounding the implementation of initiatives for data sharing, ultimately building infrastructures supporting the needs of all stakeholders, while guaranteeing data protection.

2A. ADVANCE INTEROPERABILITY OF HEALTH DATA THROUGH FEDERATED DATA NETWORKS

In a Federated Data Network (FDN), the different sources of data act as nodes and the data remain on site, unaltered and uncompromised, as it is only the final output of the data analysis that is shared under secure conditions[11]. Federated Data Networks have the potential to unlock barriers to data sharing while respecting GDPR requirements. EU-wide pilot projects such as IMI EHDEN[12] (European Health Data & Evidence Network as part of the Innovative Medicines Initiative), utilizing the OMOP common data model[13], should act as role models.

Establish a clear governance framework for Federated Data Networks

To clarify governance uncertainties surrounding FDN, we recommend that the EHDS establishes:

» A broad European consortium in charge of building a **European Code of Conduct on Federated Data Networks, laying down provisions on operating principles, transparency, consent and security**.
» A **European Roadmap on Federated Data Networks**, identifying existing initiatives, best practices and concrete solutions and including:
  – clear guidelines on how evidence coming from FDN

can be used for regulatory and Health Technology Assessment (HTA) purposes, advising on technical requirements, study design and obligatory registration of study projects in a publicly available registry.
  – incentives to use FDN for data sharing purposes, unlocking intellectual property challenges.
» Possible **regulatory sandboxes for experimentation,** e.g. tailored and temporary regulatory environment for conducting a limited scale pilot, to facilitate the establishment of FDNs.
» **A certification** which marks FDNs and their data partners as trustworthy.

Adopt common open technical and semantic standards for Federated Data Networks

To accelerate the adoption of FDNs, an open source and widely available technology platform on which to build FDNs needs to be adopted.

» **Pre-existing projects should be leveraged and scaled up to build a common architecture for a European federated data model for the EHDS.**
» Future funding schemes (HORIZON EUROPE, DIGITAL EUROPE PROGRAMME, CONNECTING EUROPE FACILITY) should support federated technologies and make them transferable and interoperable across Europe and healthcare settings.

Establish a set of common EU data standards

Despite the large number of available standards for interoperability, the experience of most stakeholders is a lack of connectivity[14]. Setting defined common standards means that each vendor will need to build systems using established standards so their products and services can be integrated with all systems conforming with this same standard.

» The European Digital and Health Data Board, mentioned by the EHDS proposal, should be given

the **mandate of defining a set of common European standards for health data**, upon consultation with relevant third parties (HCPs, industry representatives, patient advocates...).
» We also strongly recommend that this new Board establish **regular interoperability checks between systems.**

2B. SECURE A HEALTH DATA SHARING INFRASTRUCTURE BASED ON PRIVATE-PUBLIC PARTNERSHIPS

Identify and leverage pre-existing cloud-storage and data hubs solutions

Considering the large number of quality cloud-based storage services, the Committee advises policymakers to **leverage, besides innovative approaches, pre-existing infrastructures and facilitate public-private partnerships to build the EHDS.** The Committee recommends that the European Commission builds on the EHDS proposal to resort to the European Open Science Cloud (EOSC) and **clarifies the synergies it wishes to create with private initiatives whose goal align with the EHDS**, such as GAIA-X[15] – a federated data initiative developed by more than 300 companies and recognized by the European Commission as a model for the EHDS[16].

Establish a common basis for trust-building between the participants of health data solutions

To build upon the provisions tackling international transfers of health data in the future EHDS proposal, we recommend that the EHDS establishes trust principles applicable to all entities and companies eventually involved in the elaboration of the envisioned data-sharing platform.

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» **Keeping the protection of health data in highest regards when negotiating the new alternative to the Privacy Shield with the US:** The EU and US leaders have jointly announced an "agreement in principle" on a new EU-US data sharing system as an alternative to the invalidated Privacy Shield. As the US is not envisaging to change its privacy and surveillance laws, we recommend a **clarification of efficient and effective executive reassurances**, such as guarantees of compatibility with EU privacy standards.

» **Implementing a commitment Charter to all private parties involved in operating the EHDS:** Privately elaborated technical solutions offered to store EU's data, although very attractive, offer a dangerous exposure of said data to the economic stakes of the private companies. They are also more likely to be subject to undue access requests issued by national security services of third countries. This Committee recommends that **all parties involved be required to adhere to a "safety principles charter"** detailing safeguards and principles applicable to situations arising from the intertwinement of private and public parties.

2C. ESTABLISH A CLEAR GOVERNANCE FRAMEWORK FOR DATA SHARING

Harmonize interpretations of GDPR: define common EU anonymization and pseudonymization standards

The absence of widely approved definition of what constitutes anonymization and pseudonymization of health data creates significant barriers to data sharing[17].

» Under the EHDS proposal, and to harmonize interpretations and requirements under GDPR, **a Code of Conduct including guidance, methodologies and best practices should be established by European anonymization and pseudonymization expert groups** (as part of the European Digital and Health Data Boards' mandate).

» Specific provisions should be implemented under EHDS to ensure that **data portability**, as established by GDPR, is legally enforced across Europe.

Empower patients and facilitate consent to data sharing

For data to be shared in compliance with patients' preferences, patients should be involved throughout the data cycle.

» **Further research should be supported by the EU on data sharing models and platforms that will allow the data owner to make informed choices on how their data are being used.**

» To facilitate data owners giving their *a priori* consent to the use of their data by certain organizations and for specific purposes, the Committee recommends establishing data wallets and data profiles, facilitating automatic consent based on general preferences, while maintaining highest privacy standards and the right for data owners to withdraw consent at any time. Such profiles should be uniform and accessible across all EU Member States for patients, HCPs and third parties, if authorized.

3. INNOVATE IN AN EU DIGITAL HEALTH SINGLE MARKET

Digital transformation of healthcare goes along with increasing demands for better patient care, lower costs and more innovation[18]. E-Health small medium enterprises (SMEs) meet this demand through their patient-centric and often disruptive healthcare solutions[19]. SMEs address the gaps of conventional healthcare, but they often face various hurdles in a competitive and highly regulated environment[20].

To specify these challenges in the field of Digital Health innovation, the Committee conducted a quasi-qualitative survey among 21 start-ups and Venture Capitalists. We

aimed to identify key challenges from the innovators' perspective that hinders the EU to keep up with the United States and the Asia-Pacific Region in Digital Health innovation. Our findings demonstrate the urgent need to complete the EU Digital Single Market, bearing in mind the particular nature of digital innovation and its regulatory needs and recognizing the role of reimbursement pathways for intake of digital innovation.

3A. RECOGNIZE THE UNIQUE NATURE OF DIGITAL HEALTH INNOVATION IN REGULATORY PATHWAYS

Conventional regulatory frameworks are not well suited for the fast-evolving, iterative nature of innovative Digital Health technologies. While Digital Health solutions are frequently upgraded, existing regulatory pathways in Europe do not account for this[21]. In addition, the marketing authorization process is especially cumbersome for SMEs, who often lack resources to develop extensive regulatory expertise. Adaptation of the regulatory pathway for the approval of innovative Digital Health solutions is needed for Europe to maintain its competitiveness and attractiveness for investment.

» The Committee recommends the establishment, as part of the European Medicines Agency's (EMA) processes, of **holistic lifecycle pilot programs to account for the distinct nature of innovative Digital Health technologies.**

  – Such pilot programs should include: preliminary approvals for AI products, fast approvals for software products as well as detailed guidance on role and acceptance of real world performance studies.

  – The Committee recommends for the EMA to leverage the experience of the **US Food and Drug Administration's Software Precertification Pilot Program** (a pilot to streamline regulatory oversight of software-based medical devices developed by recognized manufacturers), while ensuring this pilot

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program is made available in the first instance to SMEs[22]. The FDA Precertification Program should be treated as inspiration insofar as it incentivizes quicker development of digital innovation in medical software development and the use of real-world data for its continuous improvement. At the same time, we recognize the EMA should continue to uphold the highest standards of protection of patients and their rights.

– Because of the nature of software-based digital solutions, we recommend EMA to develop procedures to allow continued dialogue with the developer, while assessing the product for regulatory compliance. Throughout this dialogue, the developer will be allowed quickly to address potential concerns, rather than stop the whole process when they occur. Such a procedure will reduce the burden on companies and allow quicker delivery of the product to the market.

3B. ADAPT AND FACILITATE REIMBURSEMENT MECHANISMS FOR INNOVATIVE DIGITAL HEALTH SOLUTIONS

The uptake of innovative Digital Health solutions across Europe is constrained by the lack of harmonized reimbursement pathways. This is particularly challenging for SMEs as they often don't have the resources for repetitive HTA submissions in each Member State. The Committee therefore calls for **reimbursement pathways that foster innovation and pave the way to a European Digital Health Single Market.**

» The Committee recommends that the European Commission produces **an assessment of market access conditions for digital health solutions in Europe**, including:
– a consensual **definition of specific criteria for reimbursement of these solutions.**

– **harmonized evidence requirements for reimbursement**, e.g., guidelines for targeted evidence generation for Digital Health solutions, recognizing their specificity when it comes to proof of positive effects.

» In doing so, the European Commission should **build on existing initiatives and pilots,** such as **the fast-track process in Germany for Digital Health applications/ DiGAs**, in which approved Digital Health solutions can be reimbursed if prescribed by a Healthcare Professional[23]. Key learning from the German pilot for a European roll out should include comparable and independent price building based on real world evidence studies of the added benefit, assessed by an independent Committee. Assessments by one country should, where feasible, be adoptable by another Member State.

» In addition, the Committee believes that the newly established **European Health Technology Assessment governing body,** as part of the 2021 HTA Regulation[24], should be mandated with establishing clear **guidelines to facilitate harmonization of minimum requirements on reimbursement of Digital Health technologies across Europe.**

## 3C. INCREASE FUNDING OPPORTUNITIES FOR DIGITAL HEALTH ENTREPRENEURS

European funding opportunities for European Digital Health initiatives have increased in recent years. However, the European Union will not achieve its ambition of a "Europe fit for the Digital Age" if the funding opportunities do not reach SMEs. In fact, navigating EU funding for various programs relevant to digital SMEs can be time-consuming and difficult. To ensure that the European Union becomes a more attractive ecosystem for innovative Digital Health technologies, it is crucial to ensure SMEs can benefit from attractive funding opportunities. Therefore, the Committee recommends:

» **The establishment, within the Digital Europe funding scheme, of a dedicated and targeted funding chapter for EU-based Digital Health SMEs**. Such targeted EU funding will concretely support SMEs in transforming research results into marketable and competitive products. In doing so, the **European Commission should leverage the learnings from the Horizon Europe program**, in which SMEs already have a special status, with 50 percent of the program budget being earmarked for activities close to the market and for the participation of industry and SMEs and within which, in some cases, they can apply as individual applicant[25].

» **An upgrade of the EU Funding and Tenders portal, establishing a dedicated funding page for EU based SMEs**, taking inspiration from the **Funding Opportunities Portal established by the DIGITAL SME´s network**, with the objective of facilitating the identification of relevant calls for SMEs.

» **The establishment within the European Health and Digital Executive Agency of a dedicated contact point for SMEs** to help them navigate the application processes.

» **An increase in funding of initiatives such as the Venture Centre of Excellence by EIT Health & European Investment Fund**, including investment in thematic (therapeutic area-specific) matchmaking events between venture capital investors & innovators.

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Conclusion

The European Health Data Space proposal will build the foundations of the European health data ecosystem for the upcoming years, and it is of the utmost importance that these foundations are secure, accessible and flexible. In our recommendations, we call on the EU policymakers to increase trust and understanding among citizens, unlock data sharing opportunities by developing technical standards and an agile framework for governance and support value through Digital Health innovation incentivization. These recommendations represent a step towards a successful Digital Health transition.

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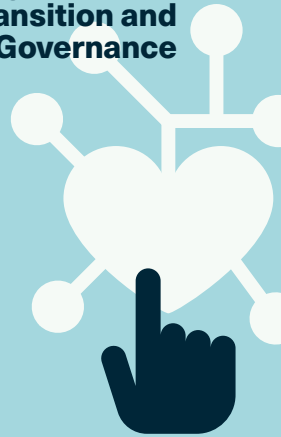
Endorsements

Birgit Bauer

Social Media & Digital Health Expert – Journalist – Patient Advocate

Himss Future 50 Patient Leader 2021/22

Manufaktur für Antworten UG

When it comes to digitalization in healthcare and health data sharing, we need a good structure and innovative ideas on how to make a valuable digital health infrastructure happen. We also have to think about how to integrate it into the legal frameworks in the countries. Therefore, the recommendations of the EHP7 are important and absolutely worth reading and respecting. We need a combination coming from existing solutions and deliberated next steps in digitalization in healthcare. This must be done with all involved parties, meaning not experts or politicians only, there is a strong involvement of patients and citizens necessary. To inform people and help them to understand what digitalization in healthcare means, to know the most important needs and unmet needs in digital health, and to make sure that the digital healthcare system of the future is 'user-friendly' and accessible for everyone and is used by all citizens.

Vincent Keunen

CEO and founder

Andaman7

I support the recommendations on Digital Health Transition & Governance for the European Health Parliament 7th edition. Patients must have access to all of their health data, which is not at all the case today. Besides one being a fundamental right for patients/citizens, it is also two a proven way to increase the quality of care, three to reduce costs of healthcare systems, and lastly to improve research. The EU should look at what the USA did regarding Fast Healthcare Interoperability Resourses (FHIR), meaningful use, the regulations imposed on care practitioners, and the financial penalties for interfering with strongly needed interoperability.

Assoc. Prof Dr. med. Dominik Pförringer

Specialist in orthopedics and trauma surgery, MBA INSEAD

Academic Director TUM Venture Lab Healthcare

Co-Chair working group on digitalization of the German Society for Orthopaedics and Trauma

Technische Universität München (TUM)

Creating a common set of rules and a digital frame for digital health is essential. The time is now. European standards are needed to foster and catalyze European developments. Our health data belongs to us, the citizens of Europe. It is our task to protect and at the time make ideal use of this data. The European Health Parliament is working on the exact right topic at the exact right time.

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Endorsements

Fiona Fiedler

Member of the Austrian Parliament (NEOS – The New Austria and Liberal Forum)

We fully support the recommendations of the EHP.

Individual health competence is the basis for many healthy years of life but there has to be a legal anchoring in the Austrian educational system to obtain it. Many shortcomings in the Austrian policy could be eliminated by sufficient education. This is our main focus. We have to enable the Austrian population to be able to rely on their judgment when deciding between taking a patch as better seeing the doctor or hospital. Digital competence is important as well. Among other things, it helps to notice the difference between relevant information and irrelevant ones. The Covid-19 pandemic has focused on all those areas that have already been waiting to be tackled. Here it is important to set measures and generate guidelines in order to prevent a political firestorm in the area of care, linking and using health data and price policy in research and innovation. Austria again has to become an attractive location for science and research to be able to guarantee safe patient care in the future. We have to learn from BPS within the EU and have to transfer their concepts to Austria. The strategy is right in front of us, we only have to start acting.
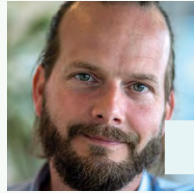
Professor Andre Dekker

Professor of Clinical Data Science

Maastricht University | Maastricht UMC+ | Maastro Clinic

The recommendations of the Digital Health Transition & Governance Committee cover a wide range of crucial topics that urgently need to be addressed. If adopted, they will unlock vast amounts of real-world health data and make European healthcare better, more cost-effective, and sustainable. They will create a secure data environment that is trusted and controlled by citizens and adheres to European values regarding privacy and sovereignty. And they will make European companies more competitive and create opportunities for groundbreaking innovations such as Artificial Intelligence for health. I wholeheartedly endorse the recommendations.

Dr. Michael von Wagner

Chief Medical Information Officer

University Hospital Frankfurt

At the center of further development of digitization in healthcare will be the establishment of digital platforms as a base for new networks of healthcare providers and patients. To build up such platforms which are open to different existing as well as upcoming solutions standardization and interoperability are needed. For this, industry and healthcare providers need the EU as a trustworthy neutral partner, framework conditions, and support for pilot projects.

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Endorsements

Dr. Gerd Wirtz

Digital health expert, scientific journalist and keynote speaker

Implementation of Innovation is a highly democratic process. Digital solutions in healthcare will help to create an effective human medicine that is more focused on prevention and disease interception than on healing. That's why we need an intensive discourse about the new technical opportunities. This is only possible through intensive medical education of the entire population. To achieve this, we need political initiatives which promote enhanced health literacy.

Paul de Raeve

Secretariat General

European Federation of Nurses (EFN) & European Nursing Research Foundation (ENRF)

For frontline EU nurses, it is key that the digitalization of the healthcare sector is a support to them. That support needs to bring nurses closer to patients/citizens, in order to get better health outcomes.

'Recover, Reinvest, Reinvent' are key strategies for strengthening healthcare ecosystems, especially when it comes to the digitalization of the healthcare sector. Nurses are the end-users and need to be part of the co-creation of fit-for-purpose solutions. Developers and end-users need to work closely together to empower the exploitation.

For EFN and ENRF it is key to boosting the digitalization of the healthcare sector, with nursing research providing the evidence for digital co-creation. A highly skilled digital nursing workforce can drive and support innovation in the EU healthcare ecosystem. Access to healthcare is central to safe, secure, economically successful, and equitable societies, but it cannot be achieved unless there are enough highly skilled nurses to provide the care needed. Policymakers in the EU and Europe now need to create the right governance frameworks that support the frontline and build trust in how health data are handled.

The European Federation of Nurses Associations', representing 3 million nurses in the EU, and the ENRF, representing the nurse researchers in the EU, are endorsing the recommendations of the EHP7 Digital Health Transition & Governance committee. The recommendations of the young leaders of the European Health Parliament fill us with confidence that the current and next generation of health policy shapers in the EU and Europe will support innovation and exploitation leading to better health outcomes.

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Endorsements

Professor Mark Lawler

Associate Pro-Vice-Chancellor and Professor of Digital Health at Queen's University Belfast

Scientific Director at DATA-CAN, The Health Data Research Hub for Cancer

I would like to lend my strongest support to the recommendations of the Digital Health Transition & Governance Committee. The Covid-19 pandemic has had significant impacts on us all as a society, both directly and indirectly, particularly in diseases such as cancer. However, the use of data, digital health, and telemedicine approaches has provided the vital intelligence that has both highlighted the impact of the pandemic and more importantly pointed to potential solutions. Learning from this, we must enhance our ability to use data in an effective and trustworthy way to address some of society's greatest challenges in health. The roadmap and recommendations from the European Health Parliament help illuminate the path to take that will ensure a successful 'health in all policies' approach for the whole of society.

Robert Madelin

Former Director General at the European Commission and Chairman at FIPRA

I am a long-standing fan of EHP and am particularly impressed by this year's group working on digital health. As an angel investor in SME MedTech and telemedicine, I can only endorse everything that is said about the need for a more innovation-friendly mindset – that will improve patient outcomes and reduce costs, without creating risk. I believe that what needs to be done for health innovation can then spill over to help innovators get to market in other parts of our society, too!

Kristine Sørensen, PhD

Founding Director

Global Health Literacy Academy, Denmark

Digitalization of health services has the potential to make it easier for people to manage their health and engage with health systems, however, only if they are designed to be people-centered and user-friendly. Too often, the systems are rigid, complex, and not fit for purpose. A European health literacy strategy, including a focus on digital opportunities and challenges, targeting professionals as well as the people they serve; will be crucial to bridging the digital divide in Europe.

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Endorsements

Dipak Kalra
President

The European Institute for Innovation through Health Data (i~HD)

Digital health transformation has never been more urgent, triggered by our collective experiences through the Covid-19 pandemic, but also never been more opportune with the proliferation of high-quality electronic health record systems and the massive investments across Europe in federated (big) health data infrastructures. Health data is the key resource that maximizes the value of digital health innovations and drives our capability to learn. The recommendations in this report single out the most important policy drivers for accelerating the benefits realisation from large-scale health data, including the forthcoming European Health Data Space (EHDS). These include investing in people concerning digital and data literacy, bringing European cohesion to the governance of federated data networks, accelerating the adoption of standards, and uniting public and private stakeholders to co-create the ground rules for respectful and protected data sharing. I really hope that these recommendations are taken seriously by decision-makers at a European level and within Member states, as they are all vital success factors for our future.

Monika Derecque-Pois
Director General

European Healthcare Distribution Association (GIRP)

GIRP actively supports the integration of digitalisation in the healthcare sector. As we navigate the post pandemic healthcare ecosystem, digital disruptors are revolutionising the patient experience, creating new challenges and opportunities.

As we shift to a deeper focus on treating patients as individuals with specific needs, it has become increasingly important to leave no one behind through the empowerment of patients, the advancement of interoperability and infrastructure in order to develop clear frameworks.

The European Health Parliament's Digital Health Transition & Governance Committee has identified these vital points mentioned above and I both applaud and support them personally and professionally on behalf of GIRP – the European Healthcare Distribution Association.

Full-service healthcare distributors recognise the importance of the Digital Health Innovation and the enormous potential of this new space. GIRP members are actively committed to maximising the full potential of digitalisation in the value chain.

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Future-Proofing Health Systems

The COVID-19 pandemic is a pivotal moment for the future of healthcare. It has reinforced, more than ever, the importance of research, development, and innovation to enhance care delivery and efficiency of health systems. As vaccination programmes scale up around the world, we can now cautiously move from crisis response towards recovery and reform whilst underlining the importance of innovation and cross-border collaboration to ensure resilience against future crises.
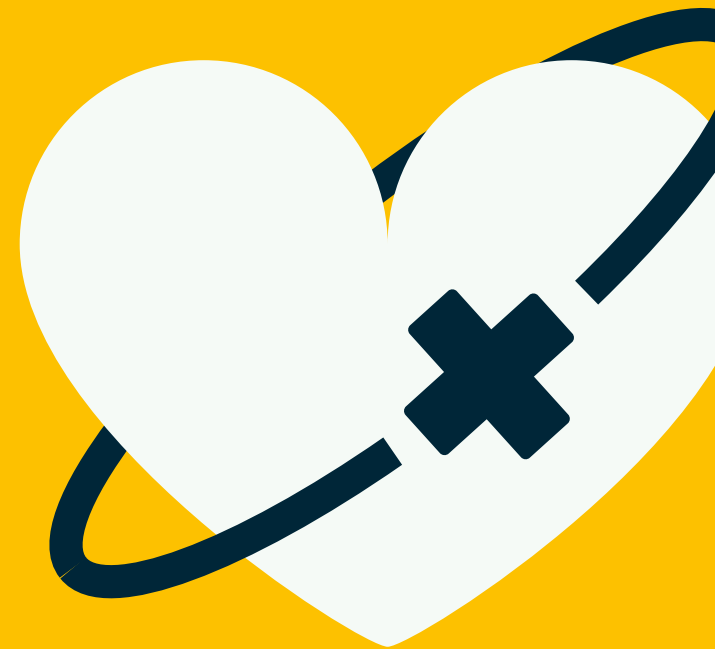
Future-Proofing Health Systems

A Roadmap Towards a Safe and Desirable European Health Destiny'

Chair
Norbert Couespel

Vice Chair
José Peres

Members
Bruno Aviani
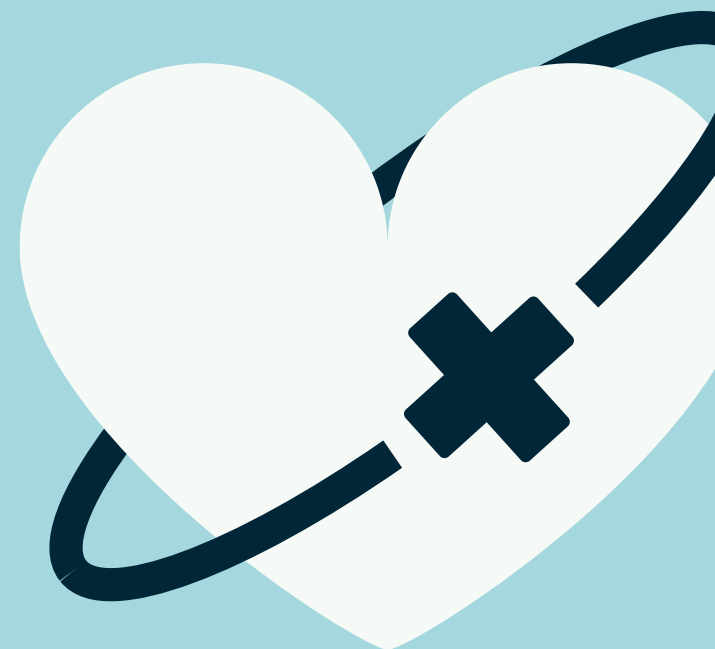**Raphaël Comte**
Morgane Cuisenier
Sandra Dang
Cidália Eusébio

Athanasios Filippou
Dominik Halejcio
Nupur Kohli
Leroy Lepelaars
Sara Velho Meirinhos

Executive summary

The Future-Proofing Health Systems Committee defines future-proofed health systems as:

» Strengthened yet flexible to accommodate ongoing health threats, responsive to the evolving needs of citizens, patients and health professionals, and equipped to absorb unanticipated health crises

» Geared towards upholding health as a collective social good and a right for all people and communities, whilst making the best of research and innovation for advancement of health science and practice

» Best served by collaborative and accountable governance, allowing all to be informed and active builders of the future of health

To achieve this vision, we outline a series of practical and high-impact policy recommendations aimed at enabling better responses to some of today's most pressing challenges and opportunities for health systems across Europe:

Learning the lessons towards European health systems' resilience

1. Making EU HERA a global leader in health crisis preparedness and management
2. Launching a European Action Plan for health workforce systems' resilience
3. Activating society as a partner to tackle mental health as 'a crisis on top of the crises'

Building the future of health: change, adapt and boost innovation

4. Establishing an EU task force for better patient experience
5. Developing, implementing and evaluating national strategies for social innovation in health
6. Adapting European approval pathways to the medicine of the future
7. Incentivizing timely access to needed therapies at the payer level

Inventing health governance of the future

8. Setting out 5 key pillars of a true European Health Union
9. Creating a novel European health agora

Future-Proofing Health Systems

Introduction

The COVID-19 pandemic has shone an unprecedented light on critical issues in our health systems, challenging our capacity to face increasing pressure today and for the decades ahead. We have witnessed core gaps and disparities in national crisis responses, fundamental insufficiencies in health system resources and persisting barriers to develop and deploy life-changing innovations, all hampering the provision of necessary patient care and the achievement of equal and optimal health outcomes across the continent. Meanwhile, European societies have increasingly voiced their mistrust towards science, as well as public authorities and governments. Yet, this crisis has also been an illustration of what can be achieved through a coordinated, cross-border response and a powerful reminder of the value of a more ambitious, coherent, and forward-looking approach[1].

Future health crises are inevitable, and their risks are continuously heightened by climate change[2] and human development. Beyond sudden health crises, **health systems across Europe are faced with systemically rising risks** as a result from long-term trends such as general population ageing, increasing incidence of chronic diseases[3], multiplying conflicts and anti-microbial resistance[4], **but also with the challenge of ensuring long-term economic sustainability[5] while adequately handling an ever-growing pace of health innovation.**

In this context, **the breadth of ongoing policy and political activity in health represents a chance not to be missed.** This includes, at the European Union (EU) level, the building of a European Health Union[6], the EU4Health Programme[7], the Pharmaceutical Strategy for Europe[8], Next Generation EU and its Recovery and Resilience Facility[9], as well as the Conference for the Future of Europe[10]. As powerful calls accumulate towards strengthened health action, the key challenge for the upcoming decade will be to turn plans into concrete positive differences on the ground, for all patients and citizens. This will require sustained efforts towards effective health policy implementation, bold ambition to address persisting gaps and long-term frameworks to transform a crisis response into a new health reality.

Europe has been at the center of the crisis and of its response; moving forward, European leadership is an absolute need. Health is an integral part of every person's daily life; beyond risks, perspectives are crucial to drive society forward. **It is essential that today's historic opportunity is seized to draw the right lessons from COVID-19, rethink our health systems and policies, and build back stronger[11]. And thereby, create the path towards a safe and desirable European health destiny.**

**Future-Proofing
Health Systems**

Recommendations

1. EUROPEAN HEALTH SYSTEMS' RESILIENCE: TIME TO LEARN THE LESSONS!

The EU and its Member States' response to the challenges posed by the pandemic has notably been the creation of the EU Health Emergency Preparedness and Response Authority (EU HERA) to address gaps in the pandemic response and to be better prepared for future health crises. This can however just be a beginning and the promise of the EU HERA needs to be delivered. Furthermore, the EU HERA remains only a part of the response to the fragilities in European health systems' resilience, and broader lessons need to be drawn, particularly on the human component of health systems: its workforce and the citizens as a whole.

MAKING EU HERA A GLOBAL LEADER IN HEALTH CRISIS PREPAREDNESS AND MANAGEMENT: EU HERA, LET'S MAKE IT WORTH IT!

While the EU HERA has been created to improve health crisis preparedness and response, its roles in creating the needed greater European coordination and international collaboration remain unclear and its activities remain largely invisible to stakeholders and the general public[12,13]. For the EU HERA to deliver on its promises and responsibilities in practice, **we call to make it the EU's health action department, spearheading EU's action on health crisis preparedness and management, and acting as a leader in the field on the global stage.** This requires the EU HERA to effectively interact:

» With global partners: becoming the **EU unique representation in global health threat surveillance and research efforts**

Such a strong and united EU voice would be critical in allowing Europe to effectively dialogue with key global partners, such as the US BARDA[14], Africa CDC[15], CEPI[16], the WHO[17], but also philanthropic partners or global forums such as the G7 and G20, on health crisis preparedness and management. As justified by its comparatively broader mandate, EU HERA would be ideally positioned to exert that role and cover all areas in global discussions. This would conversely help avoid duplication of function with existing EU health agencies, such as the EMA[18] and the ECDC[19].

» With European citizens and health systems: hosting a **central pan-European health resources platform** to match health capacity with health needs

The platform will be the **public face of the EU HERA**, publicizing and operationalizing its activities in identifying and responding to health systems' fragilities. Its open digital portal will **map out availabilities and shortages** in health care and innovation professionals, equipment, infrastructures, and supplies across Europe, based on existing EU health data collection mechanisms and proactive engagement with relevant stakeholders.

It will also support a **new coordinated EU mechanism for health resources mobility and redistribution:**

» in health crisis situations: spearheading the deployment of EU crisis mechanisms in field, i.e. via the RescEU civil protection reserve[20] and the currently discussed EU FAB facility[21] and EU single market emergency instrument[22]
» outside of crisis situations, via a matchmaking function connecting local authorities, communities and stakeholders to available health care and innovation resources

Finally, it will provide countries and regions with resources to test their health emergency preparedness through trainings and simulations, and include a citizen empowerment section for them to get educated about health, apply as volunteers and share their initiatives in improving health.

LAUNCHING A EUROPEAN ACTION PLAN FOR HEALTH WORKFORCE SYSTEMS' RESILIENCE

The reallocation of health services to patients suffering from COVID-19 has taken a toll on the **access to non-crisis care**, with a surge in avoidable mortality expected as a consequence. This is largely due to the **pre-existing shortage of skilled health and care professionals** to respond to the demand for health[23,24]. Meanwhile, the **multiplication of medical deserts**, i.e., of areas (frequently rural) with insufficient supply of primary health professionals, is recognized as a growing problem across Europe, hampering access to care of millions of Europeans and exacerbating in-country social inequalities[25].

These challenges have been extensively characterized by a wide range of initiatives at the EU[26,27,28,29,30] or WHO[31,32,33] level in the last decade. They are the symptom of a conflict between two fundamental EU values, as the free movement of labor is generating a massive equity issue in organizing health and care, thereby acting against the principle of solidarity. While this demonstrates the need for EU action in the field, an ambitious and comprehensive European policy initiative to tackle them is crucially missing; once again, they are largely ignored by the newly created EU HERA and chronic under-investment by health systems in their workforce persists[34].

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Sustaining the European health workforce and tackling associated health inequalities is crucial to face future health crises, respond to the evolving health needs of society and achieve the vision of Universal Health Coverage. **We call for strong pan-European political commitment to resolving the health workforce shortages and medical deserts crisis**, via a **European Action Plan for health workforce systems resilience** implementing the objectives of the WHO Working for Health 2022-2030 Action Plan[35], including:

» **A clear EU role on health workforce mapping, planning and forecasting, via a European health workforce registry** connected to the national health workforce accounts set up by the WHO[36], collecting data and best practices on the supply and economic value of health professionals across countries and regions and enabling consequent and timely policy action;

» **A dedicated European health workforce fund** under the next EU4Health Work Programme, supporting local initiatives by Member States and stakeholders on recruitment and retention issues via a targeted tendering programme, building upon good practices identified via a new EU Thematic Network on the Wellbeing of Healthcare Workers[37];

» **Strengthened monitoring of, and recommendations on, national health workforce systems as part of the European semester** as well as a **yearly European award** for the most health professional-friendly country or region;

» A new **strategic European corps of health professionals** under RescEU to respond to health crises; and,

» **A robust implementation framework**, through clear binding goals, a multi-stakeholder board, a best practice sharing platform of Member States representatives and a yearly public reporting to monitor progress and impact of the initiative, helping drive continued citizen engagement and evidence-based multisectoral policy dialogue on the resilience of European health workforce systems.

MENTAL HEALTH: ACTIVATING SOCIETY AS A PARTNER TO TACKLE 'A CRISIS ON TOP OF THE CRISES'

Surging mental health issues are among the strongest health consequences of any crisis and the difficulties to tackle them are a prominent testimony of current gaps in our health systems' resilience. During the COVID-19 outbreak, the prevalence of anxiety and depression increased shockingly and, in some countries, even doubled[38], with particular impacts on children and adolescents[39,40]; recently, Ukrainian refugees' mental health was named 'a crisis on top of the crisis' by the WHO[41]. Meanwhile, general population ageing creates increasing incidence and care needs for neurodegeneration-caused dementias, such as Alzheimer's disease[42].

There is a lack of qualified services addressing mental health support needs, that should be addressed as an integral part of a European Action Plan on health workforce systems' resilience[43]. Beyond professional care by health professionals, **community care by family, friends, colleagues and other citizens is long recognized to be of especially heightened importance in mental health**, in order to support people with mental health issues and disorders daily and in the long term, help them navigate to specialized care, and beat stigma in society.[44]

Building mental resilience in Europe can therefore be achieved by educating and engaging the society to take an active part. In the context of the focus of mental health of the 'Healthier Together' new EU Non-Communicable Diseases initiative[45], we call for:

» **Expanding the scope of the European Skills Agenda to recognize mental resilience** as a key skill for employment and leverage it to establish European courses developed by mental health experts[46];

» Leveraging mental health courses as training material targeted to voluntary citizens to **further develop mental health phone support lines at the national**

and local level, complementing primary health in supporting mental health services and patients' navigation to them; and,

» Evaluating the **socio-economic impact of poor mental health** as a basis for strong investment in research and care at European and national level.

2. THE FUTURE OF HEALTH: CHANGING, ADAPTING AND BOOSTING INNOVATION

Health systems have demonstrated their capacity to adjust to the urgency of the most pressing health threats by adoption of necessary diagnosis tools, therapies, and digital health services. The EU provided us with one of the most important demonstrations of cross-border solidarity through a central approach to the procurement of vaccines. Yet, the pandemic made apparent the urgent need to transform health services and hospital care. With disruptive technologies on the horizon, progressing at a speed far greater than the adoption of our health systems, and with patients and families in need of increased personalized care, the EU cannot afford to wait in demonstrating a cohesive approach to health and play a leading and global role.

ESTABLISHING AN EU TASK FORCE FOR BETTER PATIENT EXPERIENCE

The pandemic has shed a crude light on the challenges of health systems' operating processes across the EU[47]. We can no longer ignore the issues in resource allocation, lack of patient-centricity in operating procedures[48] and disparities in standards of care[49], if we are to ensure that equality in patient outcomes gets achieved across Europe.

In order to guarantee the provision of adequate and efficient patient care at the optimal standards, it becomes essential to consider the closer association

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of patients themselves and their families to health decisions that first and foremost concern them.

Patients' first interaction with health systems can be optimized through adapted triage systems, reducing waiting times and facilitating patient referral to the right specialty. Improved interaction between patients and health professionals is also essential; guidelines for layman communication on medical results, upholding of patient preferences and rights and implementation of shared decision-making should be available, and would facilitate compliance with prescribed medical interventions. It becomes in particular crucial to ensure a closer integration between hospital care and primary care delivered by general practitioners, as well as a strong connection of all with the patients' medical records, through community-level strategic health plans.

Health delivery models are often complex, and real inefficiencies hard to find; **the EU should therefore establish an expert task force on lean process excellence to identify examples of superior management and practices in the patient- and person-centered care landscape**. It would be vital to understand the key components that have been implemented in communities that are outperforming, and draw broader lessons across Europe; this should crucially be strongly based upon evidence and data collected and reported by people and patients themselves, building upon leading ongoing initiatives in the field[50].

These processes and examples of excellence should be incorporated into the European Semester country reports so that the European Commission may propose to the European Council to adopt country-specific recommendations to improve overall patient experience.

DEVELOPING, IMPLEMENTING AND EVALUATING NATIONAL STRATEGIES FOR SOCIAL INNOVATION IN HEALTH

Universal Health Coverage emphasizes the value of the community-based delivery of health services to ensure provision of care to underserved populations. **Social innovations can address health inequities by improving health delivery and research while mobilizing institutions and systems to change**[51,52].

The importance of social innovations in health is acknowledged in the European Commission's Social Economy Action plan[53,54]. To build on this effort, **the European Commission should include specific health provisions in their upcoming Council Recommendation on developing the social economy framework conditions in 2023.**

The EU Member States should develop, implement and evaluate national strategies for social innovation in health. These frameworks should facilitate demand-side policies for social innovation while taking up Social Impact Bonds (SIB) to obtain better societal results with efficient public spending[55,56].

MAKING EUROPE A FIRST ADOPTER: ADAPTING EUROPEAN APPROVAL PATHWAYS TO THE MEDICINE OF THE FUTURE

While disruptive technologies with the potential of transforming treatment and care are on the horizon, a lack of systematic processes for early dialogue between developers and health authorities limits the ability of the EU to be first adopter. Early scientific dialogue and adapted clinical and safety review pathways from EU agencies are essential to ensure that the EU is equipped to keep up with innovation, while ensuring that patients get faster access to effective health technologies addressing population health needs. **We recommend expanding EMA's mission as part of the revision of the General Pharmaceutical Legislation to:**

» **Fully embed a proactive and continuous horizon scanning of developing health technologies at EU level**, going beyond preparing national assessment processes, as currently scoped by the newly adopted HTA regulation, to provide the EU with a leading, central and flexible role to quickly identify and support the development of transformative technologies, in dialogue with developers and patients;

» **Define a centralized process for broader and facilitated early dialogue** between EU- and national-level regulatory agencies, academia and developers to ensure that the necessary scientific support and alignment on regulatory requirements are provided to boost the development of promising technologies, such as by revising, expanding and consolidating the existing EMA's PRIority MEdicines (PRIME) scheme[57]; and,

» **Implement accelerated review procedures and limit duplications** between European and national processes to disseminate best practices for the accelerated approval of innovative technologies.

This approach could be first implemented in areas of high unmet need, where early multi-stakeholder dialogue is crucial for the successful development of a therapy, such as rare diseases and antimicrobial resistance. We recommend including these changes in the revision of the EU Orphan Medicinal Product Regulation with a new provision establishing a more systematic early dialogue with developers and accelerating the review of effective and safe technologies.

INCENTIVIZING TIMELY ACCESS TO NEEDED THERAPIES AT THE PAYER LEVEL

One of the key factors delaying patient access to therapies is health systems' readiness to integrate in clinical practice effective innovation addressing population health needs[58], including insufficient resources to take and implement timely reimbursement

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decisions[59]. Providing the necessary funds to adapt health systems to relevant innovative therapies could stimulate earlier positive reimbursement decisions and therefore earlier access.

To improve Member States' ability to promptly implement innovative therapies needed by patients and society, we propose **creating a European Funding Programme starting from their approval by the EMA**. The fund should be managed by the European Commission and defined through open and inclusive stakeholder dialogue. It should be distributed to the Member States according to their speed on positive reimbursement decisions. This reward system would be limited to countries that achieve it within 2 years after marketing authorization approval, as per current industry commitments[60], with predefined percentages of the fund being rewarded according to time tiers. A country achieving reimbursement approval within 6 months would for instance receive 30%, while one that does it in 2 years may only receive 5%. The fund will always be the same for every therapy to assure predictability and consistency. Its sole criterion for attribution should be time to positive reimbursement decision as of the EMA approval date.

3. HEALTH FOR AND WITH ALL: INVENTING HEALTH GOVERNANCE OF TOMORROW

The COVID-19 pandemic has triggered greater investment and the development of wide-ranging policy initiatives in health at all levels of governance from global to European to local. In the post-pandemic period however, crucial issues appear:

» The risk for this enhanced political interest to vanish as other policy areas make the headlines;
» The gaps in dialogue and mutual understanding between global, European, national and local health institutions and stakeholders, resulting in duplication of competences and poor collaboration;
» Citizen haziness around health policies, adding to the multiplication of fake news and reinforcing pre-existing overall low citizen health literacy; and,
» The often limited scientific and health education of public decision-makers, potentially hampering the quality, relevance and timeliness of health policy-making.

FUTURE-PROOFING EUROPEAN POLICY ACTION ON HEALTH: 5 KEY PILLARS OF A TRUE EUROPEAN HEALTH UNION

At the EU level, policy action and ambition on health has steeply developed to respond to the urgency of the pandemic, as exemplified by a 12-fold increase in the EU health budget via the newly created EU4Health Programme[61], the announcement of the European Health Union legislative package[62], and the inclusion of health as a pillar of the EU Resilience and Recovery Facility[63]. This has however happened organically, in a comparatively weak competence area for the Union, and rather out of a combination of ad hoc initiatives than with a comprehensive long-term plan.

As all health stakeholders were already calling for **a true European Health Union** before the pandemic, this will remain a critical need for Europe to meet its ideals of equality and solidarity, **inseparable from future-proofing European policy action on health[64]. We call for sustainability and rationalization, through the establishment of 5 key pillars of a true European health union:**

» A democratic and political anchor for EU health policy: **standalone Health Committees at the European Parliament**, the European Economic and Social Committee and the European Committee of the Regions, and a **European Commission Vice-President in charge of health**
» Sustaining our ambitions: EU financial commitment under the current and upcoming Multiannual Financial Frameworks to **cover the extended mandates assigned to EU health bodies** (EMA, ECDC, HERA)
» Promoting the role of the community: Maintaining and amplifying opportunities provided to health stakeholders, civil society organizations and citizens to contribute to the advancement of European health via **a permanent and ambitious EU4Health Programme** in future EU Multiannual Financial Frameworks
» Monitoring progress: **Strengthening European monitoring of national health systems through the European semester**, fostering better linkage between relevant EU services (such as the European Commission DG ECFIN and DG SANTE) to include stronger evidence-based provisions on the European review of national health investments through the Resilience and Recovery Facility in particular
» Sharing the commitment to work together: **A strong political declaration signed** by the three main EU institutions and all EU Member States under the current EU Council Presidency Trio emphasizing the dedication of all to foster better health for Europeans via a growing role of the EU in fostering long-term European health collaboration

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HEALTH POLICY ACROSS EUROPE: CREATING A NOVEL EUROPEAN HEALTH AGORA

European health policy however should and cannot happen solely through EU action. Indeed, health policy is unique as it affects all citizens every day, therefore requiring the participation of all individuals and institutions. Meanwhile, commitment to advance health, accountability to the public and transparency on actual progress delivered crucially need to go hand in hand, much beyond the meeting rooms of Brussels. On this basis and taking inspiration from the recent Paris Peace Forum[65], we call to **revolutionize European health governance via the creation of a novel European health agora.**

This public pan-European health forum should be established as a permanent and autonomous initiative, supported by a shared political and financial commitment of the EU, the WHO, European countries and regions. The agora will be organized around an annually appointed citizen council, driving all of its priorities and ensuring keeping its ambition at the highest. It will include:

» An **annual, public-facing, high-impact event** bringing together political and stakeholder leaders from all levels of governance, keeping them accountable for their action and allowing Europe to strive for a leading role in global health, hosted in the current holder of the EU Council Presidency; and,

» Ongoing support across the year to projects aiming at:
   – Fostering **greater citizen awareness** of, and participation in, health systems and policies at all levels
   – **Educating future political and economic leaders** to health and scientific matters
   – **Piloting local solutions to common health issues**

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Conclusion

As strikingly reminded by the COVID-19 pandemic, health knows no borders and concerns all of us. It is a natural right, that we can however never afford to take for granted. In this context, **health systems are at historic crossroads**, catching up and recovering from the crisis shock; **alarming issues were pre-existing, and today's policy choices will drive them towards either a resilient future, or a long-term societal crisis**. In a sense, health systems are like airplanes, of which all of us are the passengers: reaching destination, rather than crashing altogether, crucially requires adequately caring for our shared crew – our health workforce – while making the most of innovation and getting governance systems right.

European health systems urgently need to be made more resilient, flexible and accountable. Our recommendations set out a practical and ambitious plan on how leveraging ongoing opportunities and political momentum needs to be prioritized to achieve this. This will require action to be taken on all fronts and all energies to be mobilized, from EU bodies such as the newly created EU HERA to national regulatory authorities and the pharmaceutical industry, from health professionals to patients themselves and all stakeholders carrying their voice, from the highest-level political leaders to the general population.

Is it time for ambition to truly learn the crisis' lessons, address long-standing known issues and get ready for tomorrow's world. Not only to face future risks, but to let health systems act as enablers towards healthier and happier societies. **We urge health decision-makers at all levels of governance, from international to national, from European to regional and local, to work together to make this vision a reality.**

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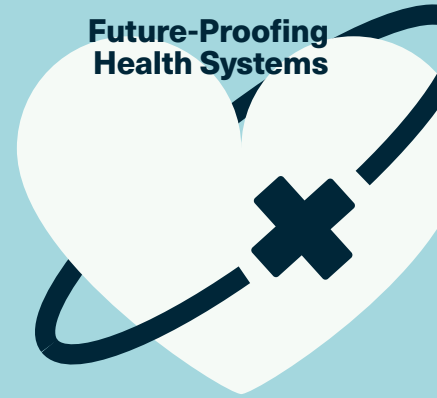
Endorsements

Stelios Kympouropoulos

Member of the European Parliament (EPP, Greece)

COVID-19 worsened an already alarming situation in Europe and emerged the disparities within the different health systems among the Member States. Learning from the difficulties experienced in the last two years, these very timely recommendations should be followed immediately to achieve Future-Proofing Health Systems. Addressing the persisting gaps, continuously working towards effective health policy implementation, and long-term frameworks are the prerequisites to transform this health crisis´ impact into a new health reality.

I am happy to endorse these recommendations and strengthen the voice of the new European health advocates reforming EU health policies.

Deidre Clune

Member of the European Parliament (EPP, Ireland)

Deirdre is delighted to endorse these recommendations as they formulate comprehensive solutions to the prospect of future health crises, addressing past mistakes and using this information to enhance the future of European health.

For example, the European Action Plan for health workforce systems' resilience is a necessary step in this process, recognizing the shortages of medical staff across our union and offering solutions to mitigate this issue.

Moreover, the focus on the mental health implications of health crises is exceedingly salient, as Covid-19 had a significant impact on the wellbeing of our European community.

By merging the needs of our citizens with research and innovation, the recommendations promote the future of health as one for all, creating a true European Health Union.

Philippe Berta

Member of the French Parliament (MODEM – Democratic Movement)

The European Union has the opportunity to show global leadership to support and invest in transformative health innovations and practices, and facilitating their adoption across Europe. We have a responsibility to build on each Member State's expertise to spread best practices, shape a more effective and equitable journey to access innovative medicines, and ultimately ensure that each European can access the best healthcare services and treatment, no matter where they live in the EU.

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Endorsements

Fiona Fiedler

Member of the Austrian Parliament (NEOS – The New Austria and Liberal Forum)

We fully support the recommendations of the EHP.

Individual health competence is the basis for many healthy years of life but there has to be a legal anchoring in the Austrian educational system to obtain it. Many short comings in the Austrian policy could be eliminated by sufficient education. This is our main focus. We have to enable the Austrian population to be able to rely on their own judgment when to decide between taking a patch as better seeing the doctor or hospital. Digital competence is important as well. Among other things it helps to notice the difference between relevant information and irrelevant ones. The COVID-19 pandemic has focused all those areas that have already be waiting to be tackled. Here it is important to set measure and generate guidelines in order to prevent a political firestorm in the area of care, of linking and using health data and of price policy in research and innovation. Austria again has to become an attractive location for science and research to be able to guarantee a safe patient care in the future. We have to learn from BPS within the EU and have to transfer their concepts to Austria. The strategy is right in front of us, we only have to start acting.
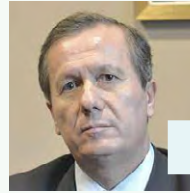
Rui Santos Ivo

President

Infarmed (National Portuguese Agency for Medicines and Medical Devices)

The recommendations of the European Health Parliament – 7th edition, in particular from the Future-Proofing Health Systems Committee, are timely and very insightful.

The pandemic crisis has shown the importance of strengthening the European Union in particular in the field of Health. Soon after the pandemic has started the EU has taken a number of actions that expressed clearly the importance of having the capacity for response and action at the EU level in order to address Member States' needs. Building resilience by means of recovering, reinvesting and reinventing our means is indeed essential for our health systems as well as our economies, therefore providing better quality in addressing the needs of our citizens.

The reinforcement of our health systems, from more robust supply chains of medicines and medical devices, to better responses on health care delivery and access to health technologies, addressing the use of data and innovation, addressing health professionals and patient needs, are key steps in the right direction. So, it is essential to have more support at the EU level and stronger collaborative and accountable governance, in order to achieve better sustainability and quality of care.

The pandemic has taught us about the importance of healthcare workers and their crucial role for patients, families and communities. Rightly, the recommendations focus on the importance of mental health and social protection of healthcare workers. Only by properly investing in healthcare systems and a healthy workforce we can make the European Health Union a reality.

I would like to congratulate the members of the Future-Proofing Health Systems committee with their work and hope that their recommendations will be picked up by policymakers!

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Endorsements

Paul De Raeve
Secretary General

European Federation of Nurses (EFN) & European Nursing Research Foundation (ENRF)

The Covid-19 pandemic and the war in Ukraine made the need for European health cooperation abundantly clear: healthcare cannot be taken for granted. It requires constant analysis to be able to adapt, innovate and support societal needs to sustain a future-proofing health system. Drawing from the lessons learned, the policy recommendations, highlight the need to strengthen four important building blocks of health systems.

The EFN and ENRF support the need to invest in healthcare professionals, especially frontline nurses, to enable the sustainability and delivery of care, so no care is left undone. Improving recruitment and retention is essential to plan for today's and future needs. On top of this, nurses need to be an integral part of creating and delivering healthcare innovation in the digital era. Still, we know that investment in health is a political choice. Investing and innovating in the future of health governance is crucial to enable the accountability and momentum that healthcare professionals, citizens, and patients in Europe deserve. Therefore, for EFN and ENRF it is key to develop a European Action Plan on health workforce systems' resilience to resolve the health workforce shortages, in particular the nurses' shortages in all EU Member States. A dedicated health workforce fund and a strategic corps of EU health professionals for health crisis response are part of the solutions, to prevent the worsening of the situation in the EU. Access to healthcare is central to safe, secure, economically successful, and equitable societies, but it cannot be achieved unless there are enough nurses to provide the care needed. Many reports show that investment in nursing is needed now if we are to meet the healthcare challenges of the future. We can no longer continue to undervalue and underinvest in nursing. Now is the time to turn recommendations into concrete actions.

For frontline EU nurses, it is key to create a resilient European Health Union, especially now the critical gaps exposed by the COVID-19 pandemic need to be addressed at EU level. 'Recover, Reinvest, Reinvent' are key strategies for strengthening healthcare ecosystems, with a specific focus on the health workforce systems' resilience.

The European Federation of Nurses Associations', representing 3 million nurses in the EU, and the ENRF, representing the nurse researchers in the EU, are endorsing the recommendations of the EHP WG on Future-Proofing Health Systems. We see very ambitious, thoughtful, and appropriate recommendations which now need political action in co-design with the frontline.

Eduardo Pisani
Chief Executive Officer

Health policy and strategy advisor

All.Can International

Better health outcomes for everyone represent the ultimate goal of a resilient, equitable and efficient future-proofing healthcare system. To achieve those, a holistic, collaborative and integrated approach amongst stakeholders is fundamental to creating an evidence-based, systematic learning model that is people-centred. The proposals put forward by the European Health Parliament go precisely in this direction.

A future-proofing health system starts by empowering and partnering with people, investing urgently to meet health workforce needs, implementing a data-driven learning system and ensuring access to efficient technologies. The European Health Parliament set out comprehensive recommendations to this effect.

Future-Proofing Health Systems

Endorsements

Dimitrios Athanasiou

Paediatric Committee (PDCO) Member – European Medicines Agency, Board Member – European Patients' Forum, Board Member – World Duchenne Organization, Board Member – Greek Patients Association, Patient Advocacy Manager – "95" Rare Alliance Greece

I would like to kindly endorse the recommendations of the Future-Proofing Health Systems Committee.

The Committee came up with pragmatic and high-impact recommendations aimed at enabling better responses to some of the highest priority challenges and opportunities for health systems across Europe.

The COVID-19 pandemic has shown the importance of pandemic preparedness and resilience of healthcare systems. The committee shows how to develop and implement national strategies for improving rare disease policies to build a healthier and more sustainable Europe, as well as the need for a strong EU regulatory framework to allow for timely access to medicines and therapies. Rare disease policy requires us to think collectively, with patients and their families at the core.

The EHP participated actively in various patient-centered policy events at the national and European level, contributing to the awareness and knowledge development within the public but also even more importantly in the European patient community. Their contribution was well received and appreciated, and its added value is very clear for the people living with rare diseases in Europe.

Several important European policies are currently being revised, providing an opportunity to rethink our healthcare systems to better tailor them to the realities of living with a rare disease. The pandemic has shone a light on critical gaps in our health systems, challenging our capacity to face increasing pressure today and for the decades ahead. Rightly, the recommendations focus on strengthening yet flexible to accommodate ongoing health threats, respond to the evolving needs of citizens, patients and healthcare professionals, and absorb unanticipated health crises.

I would like to congratulate the members of the Future-Proofing Health Systems Committee on their work, hope that their recommendations will influence policymakers and all involved bodies, while they remain patient-focused and continue their role in bringing the patient voice into the EU policy.

**Future-Proofing
Health Systems**

Endorsements

Mike Morrissey

Chief Executive

European Cancer Organisation

The COVID-19 pandemic has had a dramatic impact on health systems across Europe across all medical conditions, including cancer. Beyond responding to the urgencies that were created, it is crucial to tackle the pre-existing gaps that were made evident and to build back better, stronger, future-proofed health systems.

As recommended by the Time To Act campaign led by the European Cancer Organisation as well as by its Workforce Network, the European health workforce should be prioritised as part of these efforts. This is in particular the case as long-standing and increasing shortages have strongly hampered health systems' capacities to respond to the pandemic whilst maintaining access to non-crisis care, and are at risk of letting healthcare teams fall short across Europe in the long term.

The opportunity should also be seized to secure and sustain deeper long-term European health cooperation, in the context of ongoing discussions and progress on the building of a European Health Union.

The European Cancer Organisation therefore fully supports the analysis and recommendations formulated by the European Health Parliament's Future-Proofing Health Systems Committee. I am convinced that their proposals for a European Action Plan on health workforce systems' resilience and for a true European Health Union in particular are particularly relevant and should be given utmost consideration by European health policy-makers towards practical implementation.

Elizabeth Kuiper

Associate Director and Head of the Social Europe and Wellbeing Programme

European Policy Centre (EPC)

I would like to warmly endorse the recommendations of the Future-Proofing Health Systems Committee.

The Committee, chaired by Norbert Couespel, came up with a very thorough roadmap and outlined a series of practical and high-impact recommendations aimed at enabling better responses to some of today's most pressing challenges and opportunities for health systems across Europe.

The COVID-19 pandemic has shown the importance of pandemic preparedness and the resilience of healthcare systems. The committee shows very convincingly how to develop and implement national strategies for social innovation in health, as well as the need for a strong EU regulatory framework to allow for timely access to medicines and therapies.

Clearly, the political priority of the institutions should be to make the European Health Union a reality in the years to come. The work of the Future-Proofing Health Systems Committee greatly contributes to this discussion!

Future-Proofing Health Systems

Endorsements

Wija Oortwijn

President

Health Technology Assessment International (HTAi)

We welcome the important message and practical recommendations provided in terms of our future needs when it comes to the key priority of activating society as a partner to tackle challenges, such as that of mental health, and with communities and citizen participation clearly highlighted as a key pillar for a true European Health Union. Accountability, a key element of sound governance, and very much needed to build citizen trust in institutions and leaders across sectors, is also highlighted.

We note the effort to explore reimbursement, nevertheless, we need to move beyond focusing solely on drugs and only on speed. Timely access ought to be combined with sound value assessment, and to be safe, efficient, and equitable, with comprehensive real-world data collection for robust evidence generation on benefits, patient-centred outcomes, and risks. The same considerations apply to defining innovation and to establishing a sustainable reward system with Europe and beyond its borders. Critically, we need a well-trained workforce and mapping of how our processes apply in daily practice to ensure the minimum burden on our systems.

We would also welcome further exploration of the links of environmental impact, as health needs and forecasted demand goes hand in hand with emerging environmental challenges; a sound framework to be able to assess benefits, trade-offs and risks is urgently needed for assessing health technologies in Europe and beyond its borders.

Elena Petelos

Co-Chair Real-World Evidence and Artificial Intelligence

Health Technology Assessment International (HTAi)

Juuso Järviniemi

Vice-President

Young European Federalists (JEF-Europe)

The COVID-19 crisis caught European healthcare systems off guard: now it's time to build up for the future. Everyone deserves high-quality care. Coordination of the capacities of healthcare systems and availability of professionals, including across national borders, is key for this. This is why I welcome the European Health Parliament's proposal for a European Action Plan for health workforce systems' resilience.

Future-Proofing Health Systems

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Future-Proofing Health Systems

Preventive and Self-care

Prevention and self-care result in healthier populations and lower costs. For health systems to shift from disease care to health care, health systems should be reconsidered from a life course perspective. A life course perspective requires robust policies and investments that better integrate the initial stages of the health continuum, including health literacy and promotion, prevention, early detection, patient-centred chronic disease management, as well as community-based and self-care approaches. Preventive and self-care systems must be flexible in responding to changing needs and leverage digital technologies.

Preventive and Self-care

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Executive summary

Non-communicable diseases (NCDs) are responsible for the most disease burden and premature mortality in Europe. While much progress has been made in addressing these conditions in Europe, much remains to be done to reduce premature mortality from NCDs by a third by 2030 relative to the 2015 level according to the UN Sustainable Development Goal (SDG) target 3.4.

Addressing NCDs requires a holistic approach with multiple interventions at different levels. While we welcome all potential solutions, in our recommendations, we decided to focus on a dedicated set of important structural changes and a number of specific, pertinent, and cost-effective policy interventions aimed at improving NCD prevention implementation on the European, country, and local levels.

Our recommendations are based on the best-practice approaches and complement the extensive work already carried out by various public health stakeholders at different levels. As part of our recommendations, we recognise the importance of the life-course approach whilst paying particular attention to interventions aimed at children and adolescents as well as the European population representing lower socio-economic groups.

Our policy recommendations are grouped across four key areas of action:

1. **Driving NCDs awareness and prevention implementation at the European and country level by:**

» assessing existing NCD prevention implementation frameworks;
» expanding the European Centre for Disease Prevention and Control (ECDC) mandate;
» introducing government organisations responsible for NCD prevention, control and monitoring.

2. **Creating sustainable health enabling environments by:**

» promoting healthier diets from an early age through improved meal quality in schools and public institutions and limited advertising of nutritionally poor food aimed at children;
» addressing leading NCDs behavioural risk factors through excise duties on alcohol and tobacco;
» encouraging active living through the implementation of infrastructure and environmental projects.

3. **Advancing self-care practices and education by:**

» introducing health literacy and health-promoting practices into school curricula;
» advancing the role of pharmacists in self-care promotion.

4. **Enhancing early diagnosis and screening of NCDs by:**

» enabling implementation and uptake of digital tools for early diagnosis and screening of NCDs;
» providing paid leaves to workers to perform general health check-ups and undergo early NCDs diagnostic examination.

**Preventive
and Self-care**

Introduction

NCDs encompass various physical and mental medical conditions, with cardiovascular diseases (CVD), diabetes, obesity, cancers, chronic respiratory diseases and mental/neurological disorders being the five 'major' NCDs.[1,2]

In Europe, over 86% of all deaths and 77% of all diseases are attributable to NCDs[3], undermining people's well-being and imposing substantial burdens on healthcare systems, economies and societies.[4] Premature mortality from NCDs results in a loss of €115 billion per year to the economy (0.8% of GDP), with further losses incurred due to lower productivity and employment rates, and disability.

Moreover, with the rapid spread of COVID-19 across the world, the ability of countries to address and respond to NCDs has been impacted. The virus has caused not only broad disruptions to health services, creating a backlog in addressing NCDs, but also drew further attention to the needs of people living with NCDs being at increased risk of becoming severely ill with the virus.[5]

The World Health Organisation European Region (WHO / Europe) estimates that at least 80% of all heart disease, stroke and diabetes and 40% of cancers could be prevented.[6] Yet, NCDs remain under-recognised, under-prioritised, under-reported and under-funded, with less than 3% of healthcare expenditure invested in prevention.[7]

Improving public health prevention policies and actions could decrease the cost of NCD-related healthcare expenditure, freeing up health system resources. A recent meta-study shows that the median rate of return on investment for public health interventions is 1 to 14, meaning that every €1 invested in public health gives an average return of €14 to the economy.[8] NCDs are exacerbated by socio-economic inequalities. People in lower socio-economic groups consistently show a higher incidence of NCDs and are more strongly impacted by them.[9,10]

The EU has a strong mandate to protect and promote people's health and well-being. This is enshrined in the Union's founding Treaties, and through programmes such as EU4Health and the 'Healthier Together' – EU NCD Initiative. Achieving these goals and building back better after the pandemic requires national and pan-European policymakers to recognise NCDs as a key priority and provide bold leadership to implement the necessary societal, structural and organisational changes.

Preventive and Self-care

Recommendations

The importance of NCD prevention has been discussed by many European and global institutions. However, the need to enhance its implementation at European and country levels remains high. Research shows that the key factors for the most efficient interventions are clear responsibilities among the institutions, sufficient funding and a strong performance management system.[11]

Therefore, we advocate for essential structural improvements addressing the escalating need for NCD prevention implementation across Europe. We appreciate that these changes may require time, resources and funding. However, they are crucial to achieving UN SDG 3.4 whilst improving the health and well-being of the population in Europe.[12]

1. DRIVING NCDS AWARENESS AND PREVENTION IMPLEMENTATION AT THE EUROPEAN AND COUNTRY LEVEL

RECOMMENDATION: We encourage the European Commission to initiate an assessment of existing NCD prevention implementation frameworks under the umbrella of the 'Healthier Together' Initiative, followed by the Council's conclusions and recommendations to the countries. We also encourage creating competencies and clear responsibilities for NCD prevention, control and monitoring on the European and national levels by:
- » **Expanding European Centre for Disease Prevention and Control (ECDC) mandate for NCDs;**
- » **Introducing a national organisation/agency accountable for the implementation of preventive and health literacy programmes to improve public health.**

Reducing the burden of NCDs requires taking a holistic approach and addressing health inequalities across the board. Most importantly, health promotion and disease prevention can reduce it by as much as 70%.[13]

Expanding the scope of ECDC to NCDs will also allow stronger assessment and monitoring of NCD prevention progress across Europe.

The revision of the ECDC founding regulation to include NCDs into its mandate and reinforce its capacity for the prevention and control of chronic diseases has been highly supported by MEPs.[14]

On the national level, creating a dedicated national body as the main driver of health promotion and disease prevention programmes that serves as a credible and authoritative source of evidence-based health information ensures empowerment of the public with knowledge and skills and promotes healthy behaviour. Its scope could include the implementation of healthy and active living programmes and progress reporting. Successful examples of such organisations can be seen in Denmark, Sweden, and Singapore.[15]

2. CREATING SUSTAINABLE HEALTH ENABLING ENVIRONMENTS

The health of individuals is largely shaped by the environments within which they live and the behaviours they maintain. The European Commission's analysis[16] shows that dietary risk, smoking, alcohol use and low physical activity can be attributed to significant mortality levels and disability-adjusted life years (DALYs) for NCDs.

Our recommendations are inspired by the WHO package of cost-effective, affordable, feasible and scalable in all settings "best-buy" interventions[17] for NCDs targeting unhealthy environments and behaviours specifically through measures related to taxation, advertising, and supportive environments.

Our suggested policy interventions address socio-economic determinants of health and encourage healthier behaviours through:

- » Enabling and promoting healthier diets
- » Addressing leading NCD behavioural risk factors
- » Encouraging an active lifestyle

Enabling and promoting healthier diets from an early age

RECOMMENDATION: We suggest that the European Commission introduce specific minimum criteria for public procurement of food in schools and public institutions across the EU within the 'Sustainable EU Food System Initiative'. These specific minimum criteria should ensure that people receive nutritionally rich food components as part of their meals through:
- » **introducing an algorithm for classifying and ranking foods according to their nutritional benefits based on the WHO Europe nutrient profile model[18];**
- » **defining mandatory criteria for the set of food nutrients to be included in each meal to ensure that people receive a sufficient minimum number of vitamins and minerals and lower amounts of sugar, sodium, and saturated and trans fats.**

Public food procurement can be used to leverage positive change towards healthier and more easily accessible and affordable food for Europeans whilst reducing preventable NCDs caused by high consumption of sodium, salt, sugars and fats, and inadequate consumption of whole grains and legumes, vegetables and fruit.

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The suggested policy intervention builds on the WHO "Action Framework for Developing and Implementing Public Food Procurement and Service Policies for a Healthy Diet" (2021)[19] and the UN Food and Agriculture Organisation "Report on Public Food Procurement for Sustainable Food Systems and Healthy Diets" (2021)[20].

RECOMMENDATION: We suggest that the European Commission introduce a recommendation to the Council and Parliament to restrict advertising of nutritionally poor food[21] aimed at children[22], using the civil-society blueprint published in 2021[23]. As a part of this, the EU should adopt the "Joint Nordic Monitoring Protocol for Marketing of foods and beverages high in fat, salt and sugar towards children and young people"[24] to gather data and develop appropriate policy responses.

The issue of poor diet cuts across a number of NCDs and is one of the leading causes of mortality and disability caused by NCDs. Research has found a strong association between obesity and unhealthy food advertising aimed at children aged under 18[25], with a greater impact observed in those in lower socio-economic groups[26].

WHO Europe published a report in 2018[27] on the implementation of recommendations on the marketing of foods and non-alcoholic beverages to children, passed unanimously by the World Health Assembly (WHA) in 2010.

In October 2021, the European Parliament's Own Initiative Report on the EU Farm to Fork Strategy[28] called for *"an effective and EU-wide regulatory approach to tackle the exposure of children and adolescents to advertising and marketing of processed foods high in fat, sugar and salt on broadcast and digital media"*. In November 2021, 20 health civil society organisations published a blueprint Directive[29] that seeks to significantly restrict the advertising of unhealthy food marketing, particularly advertising that is aimed at children.

It is within the scope of the EU to act in this area – it has done so with restrictions on tobacco advertising previously and through introducing light-touch regulation on advertising of unhealthy foods as part of Directive (EU) 2018/1808[30]. The Commission's evidence shows EU Member States are taking considerably different approaches to the matter[31] – a unified EU-wide approach is demonstrably needed to address this problem.

Addressing leading NCDs behavioural risk factors through excise duties on alcohol and tobacco

RECOMMENDATION: We suggest that the European Commission exercise its powers in relation to excise on alcohol and tobacco, introducing revised Directives on the excise of tobacco and alcohol. Specifically:
- » **develop a recommendation/proposal for a Council Directive, revising Council Directive 92/84/EEC[32], setting higher minimum levels of excise per hectolitre of pure alcohol (hlpa), in line with WHO recommendations for higher alcohol pricing.**
- » **introduce a recommendation/proposal for a Council Directive significantly raising the minimum levels of excise on tobacco, revising those set out in Directive 2011/64/EU[33].**
- » **both directives should contain automatic annual increases in the rate of excise to ensure that the rates keep pace with inflation and do not lose their effectiveness.**

In the EU, alcohol consumption is estimated to have caused 250,000 deaths and almost 7.5 million DALYs related to NCDs, according to the latest GBD study.[34] Of the deaths attributable to smoking, approximately 784,000 are a result of NCDs, with over 19.1 million DALYs attributable to smoking related NCDs.[35]

Europe's Beating Cancer Plan[36] includes a target to achieve a relative reduction of at least 10% in the harmful use of alcohol by 2025, whilst aiming for a 'Tobacco-free Generation' by 2040. These policy objectives will only be realised if additional measures are introduced to discourage the consumption of these products.

In February 2022, WHO Europe suggested[37] that the introduction of a minimum level of 15% tax on the retail price per unit of alcohol in the European region would save 133,000 lives each year. An additional WHO Europe report from 2020[38] highlighted that:
- » Increasing the cost of alcohol is effective and cost-effective at reducing alcohol consumption and associated harms;
- » Alcohol duty applied unequally to different products is less likely to be effective at reducing consumption;
- » Failure to link pricing policies to inflation is likely to lead to an erosion in their effectiveness over time.

Minimum levels of excise on alcohol were set in 1992 by Council Directive 92/84/EEC[39] – whilst the Directive has been updated, the baseline levels have never been changed, with EUR 1000/hlpa for spirits, EUR 187/hlpa for beer and EUR 0/hlpa for wine. The failure to increase rates in line with inflation and the complete exemption for wine directly contradicts the WHO's recommendations on alcohol pricing and must be addressed.

The WHO estimates that if all countries increased excise, charges on cigarettes by 50%, there would be 49 million fewer smokers globally and at least 11 million tobacco-related deaths averted.[40] European Commission's analysis[41] concurs, noting that current excise levels on tobacco are no longer effective in deterring consumption.

Whilst the EU is unable to set retail prices or national levels of taxation, it can set minimum levels of excise on tobacco, as it did through Directive 2011/64/EU.[42]

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Encouraging active living through the implementation of infrastructure and environmental projects

RECOMMENDATION: We suggest that the European Commission create a cross-cutting fund for the implementation of environmental and infrastructure projects that facilitate health-enabling environments and encourage an active lifestyle, supported in particular by the European Social Fund and the European Regional Development Fund.

Over 70% of Europe's population lives in urban areas.[43] Urbanisation has been a major contributor to the rise of the number of people living with NCDs, especially people from lower socio-economic groups and those residing in deprived neighbourhoods.[44] Physical inactivity is estimated to account for nearly 600,000 deaths per year in the WHO European Region.[45]

Tackling this risk factor is fundamental to reducing the risk of NCDs and improving physical and mental health. Evidence suggests that even moderate physical activity may reduce the risk of premature mortality[46]. Yet, a third of adults are insufficiently physically active, especially those amongst lower socio-economic groups and in deprived neighbourhoods.[47]

Physical inactivity must be tackled by addressing the micro- and macro-environment.[48] Taking a life-course perspective is essential, as physical habits are established early in life.[49] Schools must also lead the way as healthy living spaces – by fostering physical activity and encouraging all opportunities for an active lifestyle, including walking and cycling to school.

Research shows that influencing individual behaviours as well as environmental interventions is more cost-effective than clinical or nonclinical, person-directed interventions.[50] Environmental projects have significant cumulative population effects, lasting physical presence and can be implemented at a low cost by regulation or central execution. The development of health-enabling environmental infrastructure should be complemented by community-based interventions such as campaigns, education and social marketing.[51]

3. ADVANCING SELF-CARE PRACTICES AND EDUCATION

Strengthening self-care, self-management and health literacy are core strategies in NCD prevention.[52] Nine global targets set by UN-WHA for 2030 as part of the Global Action Plan, including an overall reduction by 33.3% in NCDs mortality, can only be met by improving self-care.[53]

Self-care is a source of substantial economic and social benefits in Europe: 1.2 billion cases per year of minor ailments, 23.3 billion euros in savings per year in medical services and products, and 10.41 billion euros per year in man-hours.[54] Investing in self-care fosters sustainability and resilience of healthcare systems and allows allocation of HCPs' time on more complex medical cases.[55]

Our recommendations address several aspects of self-care:
» Educating individuals on NCD prevention and self-care practices and tools
» Advancing the role of pharmacists in self-care promotion.

Introducing health literacy and health-promoting practices into school curricula

RECOMMENDATION: We suggest that the European Commission expand the guidelines of the "Pathways to School Success"[56] initiative by including health literacy on NCD prevention and self-care in school curricula.

National Contact Points (NCPs) should be identified and engaged in supporting the implementation of the recommendation. Funding to support this policy recommendation can be made available through the European Social Fund Plus (EFS+), Erasmus Plus and the InvestEU funds. An important partner in implementing this plan could be the School Health of Europe (SHE) network, which has developed an evidence-based framework for school health literacy.

Including health literacy on NCD prevention and self-care within the school curricula can be done in a holistic approach together with education on the importance of physical activity, healthy eating, and mental health. This could include health literacy trainings by physical educators, dieticians (including nutritionists), and psychologists.

Another core component of health literacy on NCD prevention and self-care in schools should be digital literacy on the evolving self-care technologies and tools (e.g., use of AI, tracking individual health indicators and healthy habits via apps, etc.). This measure is in line with the Digital Education Action Plan[57] promoting digital skills and competencies from an early age.

A whole-school approach should be implemented to create a health-promoting environment, including building the health literacy of school staff and linking health literacy to existing health-promotion initiatives.

There is still a significant gap in health literacy in Europe – only 12% of adults have adequate, and less than 20% of school-aged children[58] have high levels of health literacy. Limited health literacy has economic repercussions, with evidence from Switzerland indicating that it posed a financial burden of CHF 1.5 to 2.3 billion per year[59] on the health system. Meanwhile, health literacy brings clear economic and societal benefits and can help prevent chronic conditions throughout the course of life.[60]

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Advancing the role of pharmacists in self-care promotion

RECOMMENDATION: We suggest that the European Commission initiate an update of the Directive on the Recognition of Professional Qualifications (2013/55/EU)[61] by adding the promotion of self-care practices to the list of pharmacists' educational curricula activities. This should enable community pharmacists to promote self-care practices and raise awareness of various self-care tools and the importance of regular health check-ups and health screening.

Pharmacists are one of the most easily accessible healthcare professionals, and hence they are uniquely placed to raise health awareness among the general public. The Pharmaceutical Group of the European Union (PGEU) highlights an increased number of advanced pharmaceutical care services offered by pharmacists in recent years.[62]

We suggest further expanding pharmacists' university curriculum to educate pharmacists on promoting self-care in the community setting across Europe. Pharmacists should be authorised and enabled to facilitate a culture of self-care and empower individuals to look after their health. We believe that this measure will help reduce the potential risk of NCDs in the future.

This requires an update of the Directive on the Recognition of Professional Qualifications (2013/55/EU) followed by its implementation by the Member States. In addition to the educational curriculum in universities, upskilling pharmacists on the best practices in self-care promotion can be implemented within continuing professional development (CPD).

4. ENHANCING EARLY DIAGNOSIS AND SCREENING OF NCDS

A significant volume of NCDs can be prevented through early diagnosis, screening and self-care digital tools. Already back in 2017, there were 325,000 health apps available worldwide, with 78,000 new apps added in 2017 alone.[63] These newly evolving digital tools and technologies require upscaling HCPs' digital skills. It is also important to encourage the population to perform regular general health check-ups and receive a timely early diagnosis. Therefore, in our recommendations, we suggest:

» enhancing the uptake of digital tools for early diagnosis of NCDs, screening and self-care through HCPs' education;
» providing paid leave to workers to perform general health check-ups and undergo early NCDs diagnostic examination.

Enhancing the uptake of digital tools for early diagnosis of NCDs, screening and self-care through HCPs' education

RECOMMENDATION: We suggest that the European Union of Medical Specialists (UEMS) and the European Accreditation Council for Continuing Medical Education (EACCME) encourage providers of CME activities to educate HCPs on the usage of digital early diagnosis tools, digital biomarkers, self-care and self-management tools, and prescribed digital therapeutics. We also suggest that MOHs should introduce national digital readiness programmes for HCPs.

In recent years, there have been many promising examples of digital health innovations in the early diagnosis, prevention, and self-management of NCDs. Digital technologies can help to detect the presence of NCD symptoms, reducing the need for further investigations. Scaling up digital technologies requires a full integration into all aspects of the health system, including clinical buy-in and professional training.[64]

HCPs need to gain a sufficient level of understanding of approved new digital technologies and tools,[65] such as early diagnosis and screening tools (including AI tools), self-care tools, and prescribed digital therapeutics to integrate them into their practices. They should also be educated on how to utilise digital tools for tracking key NCDs biomarkers (e.g., blood pressure monitoring, lipidemic profile, cardiovascular risk assessment, stroke risk assessment, pulmonary function tests, anaemia, cancer, depression and dementia screening, osteoporosis screening), examinations and mental health assessment tools for comprehensive early diagnosis of prevalent NCDs.

Clinicians also need to be provided with appropriate information about the risks, benefits and potential impact of these digital technologies to be able to apply them to relevant target risk patient populations in a timely manner.

We believe that one of the most efficient ways to upskill healthcare providers on these technologies could be through CME. In addition to CME partners, upskilling and facilitation of digital culture among HCPs can be enhanced by Ministries of Health and Education via national training. Some of the best practices can be seen in the UK, e.g., the Digital Readiness Education programme by NHS.[66]

Providing paid leaves to workers to perform general health check-ups and undergo early NCDs diagnostic examination

RECOMMENDATION: In the delivery of the 'European Pillar of Social Rights Action Plan', EU Member States should consider introducing a provision allowing for paid leave for workers to perform general health check-ups and undergo early NCDs diagnostic examination as part of sick leave and sick pay benefit schemes.

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The European Pillar of Social Rights Action Plan encompasses actions scheduled between 2020 and 2030.[67] The social protection and inclusion component of the Plan includes provisions for healthcare to ensure that **"everyone has the right to timely access to affordable, preventive and curative health care of good quality".[68]** In this context, we suggest that healthcare protection of workers must include mechanisms, such as paid leaves, to incentivise and allow workers timely access to screening and early diagnosis services whilst contributing to the early detection of NCDs and their risk factors.

The labour sector is essential as an extension of government responses to NCDs. It can reach many people with information to promote healthier living habits whilst providing an environment that helps adopt these habits.

Involving primary healthcare practitioners (PHPs) in this effort would be essential for its implementation, given that the majority of EU Member States have or are moving towards a PHPs scheme in primary care. In this regard, it is reasonable that financial and non-financial incentives for PHPs go beyond the existing payment model and include remuneration and rewards for punctual and regular involvement of individuals in early diagnosis examinations and general health check-ups.

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Conclusion

Over the past decades, EU and EU Member States have adopted numerous commitments and measures intended to prevent and control NCDs. However, one of the main challenges lies in implementation and progress reporting. Moreover, following the health system disruptions and impact on people's health inflicted by the COVID-19 pandemic, there is a need to attain a higher level of effectiveness and ambition in preventing NCDs across the EU.

With the 'Healthier Together' initiative and EU4Health programme funding for prevention, the EU has a stronger than ever mandate to reinforce its health systems to better respond to NCDs with an EU-wide action.

We believe that measures to reduce NCD behavioural risk factors at population level could be bolder and better enforced across the EU. Health promotion, early disease prevention, and self-care practices should be better integrated as part of health systems responses and people's everyday life starting from an early age.

Preventive and Self-care

Endorsements

MEP Biljana Borzan

Vice-Chair of the Group of the Progressive Alliance of Socialists and Democrats in the European Parliament, Member of MEP Interest Group on Obesity and Health System Resilience

Today, increased prevalence and premature mortality from non-communicable diseases remain one of the major health-related challenges in Europe. Prioritising and enabling the provision of healthy foods and environments for all, and especially for people living with or at risk of NCDs, is essential and could bring a wide range of benefits for people and the economy.

In this context, I heartily welcome and endorse the recommendations on creating sustainable health enabling environments by the European Health Parliament's Preventive and Self-care Committee. Their insightful recommendations recognise that it is imperative to direct the consumer to healthier choices from an early age by promoting healthier diets, ensuring that people receive nutritionally rich food components with their meals, and that advertising of nutritionally poor food aimed at children is reasonably restricted.

Addressing non-communicable diseases and improving health outcomes requires a holistic, life course approach, with healthy nutrition being an integral part of it. It is time to rise to the challenge and make a bigger step towards a better and healthier future for all European citizens.

MEP Brando Benifei

Member of the Progressive Alliance of Socialists and Democrats in the European Parliament, Co-chair of the MEP Heart Group, Member of MEPs against Cancer (MAC) Interest Group and European Parliament Intergroup on Cancer

Non-communicable diseases constitute a major challenge in every EU country and their prevalence is growing every year. They can be caused by multiple factors such as genetic predisposition, lifestyle and environmental influences.

Scientific evidence shows that prevention is the easiest and most effective way to reduce the risk of developing NCDs. Therefore, our fight against them should start with adequate prevention.

In this context, I am very pleased to endorse the recommendations by the European Health Parliament's Preventive and Self-care Committee suggesting a set of crucial structural changes as well as a number of very pertinent and cost-effective policy interventions aimed at improving NCD prevention implementation at different levels. It is vitally important to create sustainable health enabling environments for all, advance self-care practices and education from an early age, as well as enhance early diagnosis and screening of NCDs in all EU countries.

It is our duty to ensure a more ambitious and coordinated response to NCDs from the EU institutions and EU Member States.

Professor Raymond Vanholder

Chair of the European Chronic Diseases Alliance and President of the European Kidney Health Alliance

I fully endorse the whole set of recommendations on prevention provided by the European Health Parliament. It is heartwarming to see how a large group of young and promising people take the issue of preventive health in all its aspects at heart, and they may serve as a source of inspiration for established policymakers who do not always dare fully investing in prevention.

Preventive and Self-care

Endorsements

Kristine Sørensen, PhD

Founder of the Global Health Literacy Academy, President of the International Health Literacy Association, and Executive Chair of Health Literacy Europe

Health is an asset that needs to be nurtured from a young age. Advancing self-care practices through the introduction of health literacy and health-promoting practices into school curricula will be a game-changer to enhance health for all without leaving anyone behind.

Andreas Charalambous

President

European Cancer Organisation

A major challenge created by the COVID-19 pandemic is that many patients with potentially life-threatening chronic diseases have lost opportunities to be timely diagnosed and treated. If we look at cancer for example, the 'Time to Act' campaign led by the European Cancer Organisation shows that an estimated 100 million screening tests were not performed overall in Europe and as many as one million cancers may have gone undiagnosed, creating a significant cancer backlog.

While early diagnosis of cancer is key for patients to have the best chance for successful treatment, between 30-50% of all cancer cases can be prevented. And when it comes to other chronic or so-called non-communicable diseases (NCDs), like heart disease, stroke or diabetes - according to the World Health Organisation, at least 80% of those are preventable.

Prevention and early diagnosis of NCDs are key to reducing premature mortality and disability in Europe. Therefore, I am very happy to see recommendations presented by the European Health Parliament's Preventive and Self-Care Committee suggesting strengthening the NCD prevention implementation frameworks, reducing population's exposure to NCDs risk factors, and supporting people to adopt healthier lifestyles.

It is high time to act for all NCDs, to be healthier together.

Marko Korenjak

President

European Liver Patient Association

Only structural improvements addressing the escalating need for NCDs prevention implementation across Europe will bring the desired result – more health for everyone. The proposed initiative Healthier together represents a brilliant, simple, and concrete improvements to our healthcare systems and society as a whole.

Preventive and Self-care

Endorsements

Joost Wesseling

Executive Director

European Nutrition for Health Alliance

In the past years, we have seen so many treatments being delayed or cancelled, causing adverse outcomes and a decrease in quality of life for patients. But this crisis might also present a real opportunity to change things for the best.

If we are to build back better, let us take this opportunity to drive a paradigm shift towards a system designed to treat the patient and not just the disease.

Let us finally integrate nutrition into our healthcare systems, beginning with educating medical students and healthcare professionals on nutrition care and prevention, which in 2022 is still not a given.

The young, next-generation leaders in the European Health Parliament are extremely well positioned to defy the status quo, innovate, and make our healthcare systems resilient and fit for the future.

Wineke Remijnse

Executive Director

European Federation of the Associations of Dietitians

Non-Communicable Diseases are nutrition-related and it has been widely reported that optimal nutrition care can prevent disease, lower comorbidity risk, reduce hospital stay and improve health outcomes, resulting in the reduction of health care costs.

I'm therefore pleased to see that enabling and promoting healthier diets from an early age is an important recommendation in the report.

Achieving sustainable health through the life span also requires adequate health literacy from all citizens. Introducing health literacy and health-promoting practices into school curricula can provide an important boost to this. Better self-care for adults, especially vulnerable groups, also deserves more attention.

As the report says addressing NCDs requires a holistic approach involving multiple interventions at different levels. Important recommendations are made. Let's work together to tackle this. Dietitians are ready as educators and experts in the community and clinical settings to advise the general population, other health professions, authorities (for example ministries, health insurance companies), mass media, and industry.

Jurate Svarcaite

Director General

The Association of the European Self-Care Industry (AESGP)

Self-care products and services have helped many people shaping their behaviour towards better healthcare outcomes. Within the self-care continuum, there is room for prevention, self-assessment, and self-management practices. It is very important that people are confident and health literate enough to encompass these self-care actions with their non-communicable diseases or even with infectious diseases, as was the case during the COVID-19 pandemic.

It is our desire to expand the health and digital literacy of the general population so that we can reap the benefits of more responsible self-care. Health professionals who are closer to the public, like pharmacists, are at a pivotal position to be able to assist, if given the right educational tools.

AESGP is very glad that these aspects have been taken into account in the recommendations of the Preventive and Self-Care Committee. We hope that these can leverage future healthcare policies.

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Committee Mentor – **Marko Korenjak,** *President, European Liver Patient Association*

Committee Mentor – **Thomas Lyon,** *Director Government Affairs & Policy, Johnson & Johnson*

Artur Furtado, *Deputy Head of Unit C1: Health promotion, disease prevention, financial instruments, European Commission, DG SANTE*

Grace Dubois, *Policy Officer, NCD Alliance*

Kristine Sørensen, *Founder of the Global Health Literacy Academy, President of the International Health Literacy Association, and Executive Chair of Health Literacy Europe*

Sabine Dupont, *Senior Consultant Policy and Projects, International Diabetes Federation – Europe*

European Heart Network – **Birgit Beger,** *Chief Executive Officer,* **Marleen Kestens,** *Manager Prevention,* **Marilena Vrana,** *Manager Patients and Research*

Jacqueline Bowman-Busato, P*olicy Lead at European Association for the Study of Obesity (EASO), Head of Expert Secretariat of the MEP Interest Group on Obesity and Health System Resilience, Board Member at Obesity Platform Belgium*

Professor Doctor Lieven Annemans, *Senior Professor of Health Economics at the Faculty of Medicine at Ghent University, Belgium*

Nikolai Pushkarev, *Senior Policy Manager, European Public Health Alliance (EPHA)*

Lyudmil Ninov, *Senior Programme Officer, European Patients' Forum (EPF)*

Wineke Remijnse, *Executive Director, European Federation of the Associations of Dietitians*

Joost Wesseling, *Executive Director, European Nutrition for Health Alliance*

Luís Rhodes Baião, *Governmental and Public Affairs at European Self-Care Industry (AESGP)*

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Preventive and Self-care

Sustainable Health Systems

Human health and our planet's health are inextricably linked. Disruptive and science-based innovations to accelerate the transition to environmentally, economically, and socially sustainable health systems have become an urgent imperative. A value-driven, sustainable, and patient-centred approach to healthcare will help to strengthen health system resilience and make them more durable to future shocks, including environmental risks emanating from climate change. Innovation will be a key driver in helping make such a system a reality, while also achieving cost and resource efficiencies.

Sustainable Health Systems

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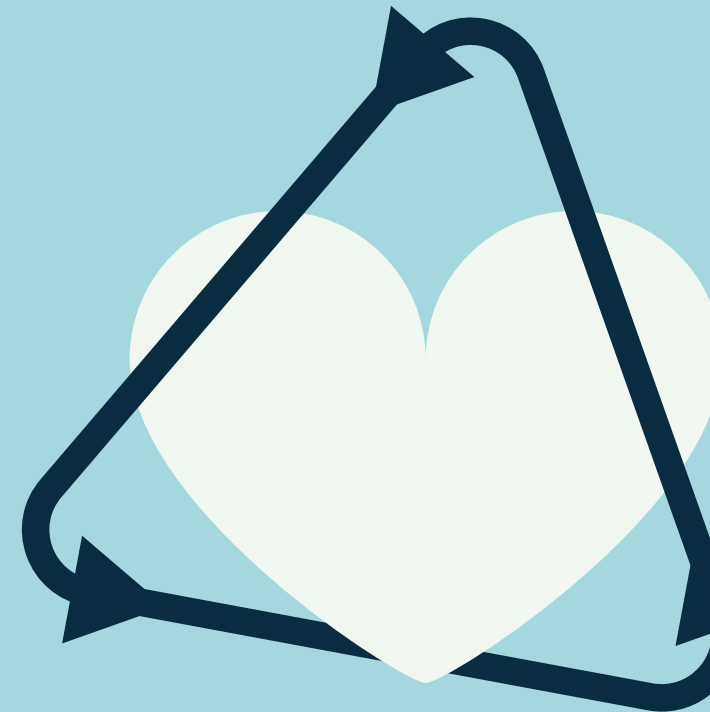
Executive summary

The development of recommendations to support a transition to Sustainable Health Systems was a difficult task, as the relationship between healthcare and the environment is multifaceted, wide-ranging and complex. The recommendations developed by the Sustainable Health Systems committee aim to provide concrete and realistic steps towards an environmentally neutral, economically fair, and socially inclusive health system in the EU. The committee urges policymakers in Europe to prioritise synergistic policies and strategies that target human and planetary health in tandem and encourage the consideration of the following recommendations as a starting point in the transition to sustainable health systems for all.

STRENGTHEN THE ROLE OF COMMUNITIES IN THE FUNCTIONING OF HEALTH SYSTEMS:

» Involve communities in health decision making through Participatory Spaces and Budgets
» Include primary care providers (e.g. pharmacists, opticians, dentists) in the treatment of minor illnesses
» Establish a European Health Literacy Awareness Plan (EHLAP)

GREENER MATERIALITY OF HEALTH SYSTEMS:

» Transition to greener medicines and reduce their environmental footprint
» Foster a multi-stakeholder collaboration platform
» Protect our water environment by implementing water treatment systems
» Educate stakeholders to avoid medicine waste

LOWER THE HEALTHCARE IMPACT ON CLIMATE CHANGE BY REDUCING EMISSIONS:

» Foster hospitals as a starting point to a transition to 'net zero'
» Develop data-driven improvements enabled by climate-related health outcomes
» Reduce emissions by interventions in anaesthesia
» Encourage steps to decrease supply chain emissions

We consider our recommendations to be **critical enablers to sustainable health systems,** and realistic and logical in relation to **strategic climate action.** We can **SEE** our future; and it's **S**ocially inclusive, **E**conomically fair, and **E**nvironmentally neutral..

Sustainable Health Systems

Introduction

Health systems in the European Union (EU) aim to provide services which are patient-centred, and responsive to individual need[1]. Health systems in Europe need to be strengthened and modernised to be more effective and efficient. However, in Europe, public expenditure on health and long-term care is set to increase from around 6% of GDP today to almost 9% of GDP in 2030 and as much as 14% by 2060[2]. These Increases may be attributable to an ageing population, the use of new technologies, and rising incomes. To continue to provide good and affordable healthcare for all costs need to be contained as much as possible.

In addition, a significant amount of health expenditure does not greatly improve patients' outcomes and in some cases health resources are even wasted[3]. Indiscriminate cuts do not address underlying inefficiencies in the use of resources, which may be partly responsible for the pressure facing the public budget in the first place, and may reduce care that has a high benefit to cost ratio. As a result, they may heighten rather than alleviate pressure[4]. They may even create new inefficiencies and are likely to undermine the attainment of goals such as improved health, financial protection and equity. Health systems need to provide higher value as well as greater access[5]. There are also huge differences in the public resources spent by member states on healthcare, ranging from 3% of GDP in Cyprus to 9.4% of GDP in Germany, which leads to large variations in the availability and quality of services, as well as differences in the proportion of cost of services that needs to be paid by patients[6,7]. Health systems in Europe need to be strengthened and modernised to be more effective and efficient.

Prevention has proven to be one of the most cost effective investments when it comes to achieving health outcomes[8]. A healthy lifestyle lowers the risks of illnesses and boosts the immune system[9]. We recognise therefore the major benefits of prevention to making health systems sustainable and support the recommendations proposed by the Committee on prevention and self-care. However, despite the public benefits of investing in prevention and health promotion, we recognise the vested interest in maintaining the current curative care[10]. Health systems have been built to be profitable for different stakeholders in order to provide effective and efficient healthcare to the public, and change comes with uncertainty and risks. A stronger role for local communities might help transform the current health system modus operandi and contribute to sustainability.

Sustainability focuses on the nexus of environment, economy, and society[11]. While several definitions of sustainability exist in health systems (e.g. World Health Organization, Partnership for Health System Sustainability and Resilience), we define sustainable health systems as being environmentally neutral, economically fair, and socially inclusive. Following the idea of a 'one health approach', the key to effectively achieving sustainable health systems is identifying and targeting synergies that exist between economic, environmental, and social factors to improve health for all communities[12].

Socially inclusive   **Economically fair**

We can SEE our future

Environmentally sustainable

Including the environmental aspect is important as health systems are a major contributor to climate change[13,14]. The impact of climate change is now clear in Europe with news inundated with environmental disasters in 2021. Heavy rains and floods in Northern Europe, fires in Greece and Italy have brought forward the endemic and permanent risk of natural disasters and have ensured that reducing the environmental impact needs to be a global priority. Furthermore, climate change through multiple direct and indirect pathways exerts considerable adverse effects on human health, physical and mental[15].

There are more challenges facing health systems in Europe today. Resources had to be adapted and reconfigured in order to meet the unprecedented surge in demand due to the coronavirus disease pandemic (COVID) in the past couple of years. This reconfiguration of resources away from non-COVID-19 care led to a significant interruption of routine patient flows across health systems, which is reflected in high rates of unmet needs, treatment backlogs, and waiting times[16]. Consequently, the COVID pandemic has halted progress towards climate neutral patient care, as roughly only one in three countries included climate change and related health considerations in their COVID-19 recovery plans[17].

The aim of our recommendations is to contribute to achieving an economically fair, environmentally neutral, and socially inclusive health care system for all communities in the EU. We thus request that European policy makers place more emphasis on the following three areas for the benefit of human and planetary health:

» Strengthen the role of communities in health systems functioning
» Greener materiality of health systems
» Lower the healthcare impact on climate change by reducing emissions

The transition to an environmentally neutral, economically fair, and socially inclusive health system in the EU will be a complex and long-term challenge, requiring intense innovation, multi-sector stakeholder collaboration, commitment and urgency, and a forward way of thinking which has not been seen before. The recommendations from the Sustainable Health Systems committee are practical, ambitious, with tangible benefits, but these should be considered as a preliminary step towards sustainable health systems, and do not cover all areas. This said, we believe these recommendations would present significant benefits to human and planetary health in the EU.

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Recommendations

1. STRENGTHEN THE ROLE OF COMMUNITIES IN HEALTH SYSTEMS FUNCTIONING

In the context of health systems challenges, the inequalities associated with COVID-19, climate change, environmental degradations and increased pressure on the democratic character of European policies, we believe that sustainability can only be reached through greater engagement with citizens and communities[18,19]. The role that communities can play in strengthening health systems has been widely studied and investigated[20–22]. It not only improves health outcomes for patients but is also critical in reducing inequalities of access in the system[23]. Involving the intended beneficiary population is important as well when it comes to promoting transparency of decision-making, and increasing trust, democracy and satisfaction among citizens[24,25]. It is policy makers role to ensure that structural inequalities are not reinforced by acting as a facilitator for the participation of relevant stakeholder groups[22].

RECOMMENDATION 1: Involve communities in health decision making through Participatory Spaces and Budgets.

Participating Budgeting (PB) is an effective tool to involve communities, promote transparency of decision-making and increase trust, democracy and satisfaction among citizens. Participatory budgeting is a form of citizen participation in which citizens are involved in the process of deciding how public money is spent. Inspired by the successful example of Porto Alegre, Brazil in 1989, many European countries have introduced Participatory Budgeting mechanisms in local municipalities. "Participatory budgeting (PB) has significant potential to transform the relationships between local communities and the public institutions that serve them."[24] PB is recommended as good practice by the World Bank and the United Nations to improve health and wellbeing, and the use of PB and other participation tools for pilot projects were approved by the European Parliament in July 2021[26]. In Europe there are examples of good PB practices such as in Portugal, Italy, Scotland[27–29]. However, this is often not the case, and an adapted version, called "Porto Allegro for Europe'' model of PB dominates which is project oriented[27]. This causes barriers to its success, such as only a relatively small sum of resources allocated for deliberate decisions by citizens, which results in limited participation by citizens. Additionally, local politicians are reticent in sharing their budgets with residents. This may be due to their own limited influence on budgets when these are predetermined by the national government and the decisions about them are not transparent[27,30]. Consequently, as well as due to other barriers, PB has not been widely and correctly implemented in Europe, despite the many pilot projects. Yet, within health we see great potential for citizens to help shape health services through participatory spaces like PB, especially in the prospect of care moving back to the community[31]. Health is becoming more community managed instead of centrally governed, and for these reasons we need to **revise the formulas used to allocate health budgets so that they better reflect the needs of local communities together with European guidelines on correctly implementing participatory spaces like PB** (e.g., the way projects are submitted, eligibility and organisation of voting, efficient systems of communication between local authorities and inhabitants)[32,33].

RECOMMENDATION 2: Include primary care providers (e.g. pharmacists, opticians, dentists) in the treatment of minor illnesses

Currently, the access to self-care across European countries varies significantly. Empowering individuals to take care of their personal health and minor ailments at home or with the support of a pharmacist would be greatly beneficial in managing the finite resources of health systems. According to the AESGP, the share of general practitioner consultations that can be substituted by self-care can vary between 10-25% across Europe saving the system an estimated 23 billion euros/year in medical services and products and 10 billion euros/year in man-hours[34].

Some countries have policies that incentivise consumers to manage and treat minor ailments individually or with the support of a pharmacist. Such policies present an excellent opportunity to reduce the burden on the health system and dedicate healthcare providers and system resources to more serious conditions. Pharmacists can, due to their frequent connection with patients, offer the opportunity to reduce the burden on the overall health system and thus liberate resources for the treatment of more severe conditions. The **EU Commission should convene a dialogue on how to better include self-care policies (tailored by age, gender, ethnicity etc.) as part of MS health systems and find adequate incentives for pharmacists and community workers for their support in promoting safe and effective self-care.**

RECOMMENDATION 3: Establish a European Health Literacy Awareness Plan

To increase the role of communities and strengthen engagement, it is important that consumers and patients are well-educated, whether on to participate in the health system, on how to treat minor illnesses or to avoid the misuse and abuse of over-the-counter medications. This is commonly known as health literacy, which entails the knowledge, motivation, and competencies to access, understand, appraise and apply information

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to form judgement and make decisions in everyday life concerning health care, disease prevention and health promotion[35]. European research reveals an association between health literacy and social status. A Dutch survey in 2018 shows that 54.7% of people with lower education have limited health literacy compared to 27.2% of those with higher education. This is important, because limited health literacy is linked to having worse health outcomes, and lower levels of activity in both health prevention and clinical care. Limited health literacy is also associated with poorer ability to interpret labels and health messages and lower medication adherence[36]. The communication of doctors can impact the patient's understanding of drug prescriptions or diagnostic procedures. However, a survey of healthcare providers suggests that 50% of doctors do not adapt their written, oral or digital information to assist persons with different levels of health literacy. The same is true for government capacities in engaging with citizens and communities. This cannot be overlooked in achieving sustainability. Enhancement of long-term health literacy strategies will decrease health inequalities through empowering citizens and communities in the decision-making process. Therefore, we need a **European Health Literacy Awareness Plan (EHLAP) to encourage MS to share their experiences, achievements and lessons on implementing health literacy programs to help identify the principal roles of health literacy on an EU and MS level.**

2. GREENER MATERIALITY OF HEALTH SYSTEMS

Every year, over 100,000 tonnes of pharmaceutical products are consumed globally, a quarter of which are used in Europe. Active Pharmaceutical Ingredients (APIs) are released into the environment during their manufacture, use and disposal and pharmaceuticals are found in surface and groundwater across Europe with adverse effects on the environment, contributing to the development and spread of antimicrobial resistance (AMR). Depending on the medicine, 30%-

90% of orally administered drugs can be excreted as active substances in the urine and faeces of animals and humans[37]. Pharmaceuticals also enter the environment through improper disposal of medicines and from manufacturing wastewater discharges, often representing significantly higher concentrations of active substances[38].

The 6th European Health Parliament raised the issue of the environmental footprint of medicines and the role healthcare professionals and patients can play in reducing pharmaceutical waste. While educating on prudent use of medicines and safe disposal can reduce pharmaceutical consumption and limit negative effects on patients and the environment, mitigating the impact of medicines after they reach pharmacies and households provides only partial solutions. Pharmaceuticals are emitted into the environment at the manufacturing stage and remain in surface and groundwater long after natural excretion or disposal. Promoting and funding cleaner ways of manufacturing and discharging pharmaceuticals can facilitate the transition to a toxic-free environment, realising the objectives of the 'European Green Deal'. Innovation in the field of green manufacturing could help achieve cheaper and more efficient ways of producing medicines, while reducing waste and use of toxic materials. End-of-pipe measures should complement the preventive strategies, by improving waste and water treatment, while controlling for increased carbon emissions[39].

RECOMMENDATION 4: Transition to greener medicines and reduce the environmental footprint

Since 2006, human medicine manufacturers have been required to report on the impact a pharmaceutical product has on the environment, by submitting an Environmental Risk Assessment (ERA). However, the environmental risks are not taken into account when the European Medicines Agency decides on its marketing recommendations for new medicines. While patient

access to safe and efficacious medicines should remain the key concern of regulators, their role is also to ensure that more sustainable alternatives do not already exist and to adopt appropriate mitigation measures.

In the revision of the general pharmaceutical legislation, policymakers should include environmental risks in the benefit-risk assessment for human medicines. The ERA should be strengthened by extending the reporting obligation to so-called legacy products, which were authorised before the risk assessment was required by the EU law. The new regulatory framework should require a robust assessment that encompasses metabolites and byproducts, the concentrations of which can significantly exceed these of original substances[39]. Transparency of pharmaceutical chains also cannot be achieved without open access to environmental data. Coupled with efficient incentive systems, the regulation should put the environmental impact on top of the manufacturers' agenda and provide the necessary push to transition to greener medicines.

RECOMMENDATION 5: Foster a multi-stakeholder collaboration platform

In 2019, the OECD called for improved international collaboration, accountability distribution, and policies to prevent and mitigate emerging concerns relating to pharmaceuticals in the environment, in addition to outlining a collective, life-cycle approach to risk management[39]. Multi-stakeholder platforms have previously been fostered by the European Commission to promote the exchange of best practices between Member States, and to develop trans-European policies through engaging with civil society, private sector, and other stakeholders. In order to target pharmaceutical emissions in the European health care system, a structured dialogue needs to be facilitated between relevant stakeholders on prioritising actions to reduce

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adverse effects of the pharmaceutical industry on animal, human, and planetary health. Sharing best practices from Member States may help to accelerate the transition to a European policy towards reducing the environmental impact of pharmaceuticals, and to ensure effective initiatives are adopted through learning from established policies at a national level. Policies recommended by OECD and those already established in Member States such as the Dutch chain approach to reduce pharmaceutical residues in water[40], could provide a basis for a life chain approach which analyses the pharmaceutical chain and stakeholders holistically, and simultaneously target pharmaceuticals at source and at end-of-pipe at a European level[39]. **Through a multi-stakeholder platform facilitated by the European Commission, progress could be initiated towards reducing pharmaceutical residues and developing an EU-wide policy on mitigating and managing the environmental impact of medicines.**

RECOMMENDATION 6: Protect water environment, through amending the Urban Waste Water Treatment Directive and the Water Framework Directive

In the EU, the main objective of the Urban Waste Water Treatment Directive (91/271/EEC)[41] is to protect the environment from the adverse effects of waste water discharges. This is achieved through the collection and treatment of waste water in settlements and areas of economic activity. The Water Framework Directive (2000/60/EC)[42] established a framework for the protection of rivers, lakes, transitional waters (estuaries), coastal waters and groundwater. It aims to ensure that all surface water bodies are at good chemical and ecological status, displaying minimal signs of impact from human development. Meeting the requirements of the Directive is the baseline for water pollution coming from urban areas. Significant progress has been achieved, but despite the high level of compliance, a number of challenges remain, and the wastewater sector continues to require significant investments and good planning to ensure sufficient collection and

treatment. In most cases, the Directives set out that waste water must be subject to secondary treatment but in catchments with particularly sensitive waters, more stringent waste water treatment is required. **A new issue should be added to ameliorate current water treatment systems and to include chemical substances from pharmaceuticals, such as nitrogen, phosphorus that cause eutrophication, and other Environmentally Persistent Pharmaceutical Pollutants (EPPPs).** The interventions should be resource and energy efficient and prioritised in areas with seasonally high population or water scarce regions.

RECOMMENDATION 7: Educate stakeholders to avoid medicine waste

Medication waste has a high impact on the healthcare budget and detrimental effects on the environment. Therefore, preventing medication from remaining unused through the pharmaceutical chain forms an interesting approach to achieve sustainable supply and use of medication. Due to the multiple causes of medication waste throughout all levels of the pharmaceutical supply and use chain, no single intervention is sufficient to overcome the problem of medication waste, thus a joint responsibility of all stakeholders is needed[43].

Governments and health authorities can contribute to reducing pharmaceuticals in the environment by raising awareness and enforcing waste-minimising measures in coordination with manufacturers, by for example extending medications' shelf-life, choosing the most sustainable storage conditions and adjusting package sizes. In turn, prescribers can commit to rational prescribing practices, including consideration of prescription quantities and prescriptions for shorter durations. In parallel, pharmacists can contribute via appropriate stock management, and redispensing unused medication.

3. LOWER THE HEALTHCARE IMPACT ON CLIMATE CHANGE BY REDUCING EMISSIONS

There is a strong argument that health systems as a whole should be frontrunners in limiting the impact of climate change as it strikes at the heart of population health: a changing climate will drive poorer outcomes, increase mortality and health inequity[13]. The EU has been at the forefront of international efforts to reduce greenhouse gas (GHG) emissions. In 2020, during an EU Summit, the bloc set the 2030 target to reach a 55% reduction in net GHG emissions (vs 1990s levels) in pursuit of the pledge to be climate-neutral by 2050, in line with Paris Agreement objectives[44]. On World Health Day 2022, WHO and the NHS England signed a Memorandum of Understanding to co-operate on activities to promote and facilitate the decarbonisation of health systems, aiming to provide technical support by sharing knowledge between countries that have committed to the COP26 health initiative on sustainable low-carbon health systems[45]. The health sector itself is rarely included in decarbonization public policy discussions, despite its 4.4% of the world's carbon footprint in 2014 and is likely to have increased since the pandemic, enhancing the need to include it in broader efforts to combat climate change[46,47].

RECOMMENDATION 8: Foster hospitals as a starting point to a transition to 'net zero'

The hospitals of the future have major opportunities to mitigate climate change – both directly, by reducing their own carbon footprint, and indirectly, by influencing others in the societies they serve to do so[48]. A recent report from the WHO identified seven elements of a climate-friendly hospital, including energy efficiency, green building design, alternative energy generation, transportation, food, waste and water (WHO, 2010). Environmental sustainability considerations can be

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incorporated during the design, construction and/or rehabilitation of buildings housing health care facilities. Improving elements of building planning and design such as site location, artificial lighting, natural ventilation, and open and green spaces can also minimise environmental impacts, improve patient experience, and increase resilience to the projected impacts of climate change[48].

Foster EU funding programmes to incentivise environmental sustainability, that can include low-interest loans, tax incentives and seed funding to support innovation at all levels of health system, **from buildings and energy use to equipment** (e.g. LED lighting; air conditioning and cooling, building fabric, space heating, ventilation, real-time energy monitoring and control, on-site renewable energy and heat generation, etc.), is critical to implement impactful changes.

RECOMMENDATION 9: Development of data-driven improvements enabled through climate-related health outcomes

It is important to create a more outcomes-oriented system with greater incentives for upstream approaches to care – particularly if these include metrics on environmental sustainability. Developing measures and metrics that can be used by healthcare organisations, regulators, policy-makers and members of the public to evaluate the environmental impact of different interventions, pathways, technologies and approaches will be critically important[11].

This can be triggered by the **development of data-driven improvements in the health outcomes of individuals and populations enabled through climate-related health outcome data standardisation and collection at national levels,** including life cycle assessments of the carbon footprint of health services **across the full pathways of care that may, in the future, enable the implementation of value-based healthcare through effective partnership governance and funding-sharing models.**

RECOMMENDATION 10: Reduce emissions by interventions in anaesthesia

Surgical, obstetric, and anaesthesia care is one of the major contributors to climate change within the health sector[50]. The global need to scale up surgical, obstetric, and anaesthesia care could lead to further acceleration of climate change if measures of adaptation and mitigation are not taken. Resilient health systems will be needed to respond to climate change. Strengthening surgery, obstetrics, and anaesthesiology systems will strengthen entire health systems, making them resilient to a growing and changing burden of disease. However, surgery is resource intensive and contributes substantially to greenhouse-gas emissions. For instance, anaesthetic agents and energy consumption are the two largest sources of greenhouse gases in the operating room[51].

As countries scale up surgical care, understanding the implications of surgery on climate change and the implications of climate change on surgical care will be crucial in the development of health policies. The quantity and severity of conditions that require surgery, obstetrics, and anaesthesiology care will increase substantially as a result of climate change, making scale-up and integration of surgical care into universal health coverage essential. To mitigate the health sector's contribution to climate change, we need to decarbonise health care. Given the substantial contribution that the delivery of inhaled anaesthetics can have on the overall climate effect of surgical care, **EU governments should incentivise the use of interventions that aim at reducing or avoiding nitrous oxide and desflurane, low flow or closed-circuit anaesthesia, and the use of total intravenous anaesthetic techniques.** Governments should also ensure that there is enough **investment on the development of technologies, such as agent recovery systems to capture, reuse, or recycle agents,** paramount when countries scale up anaesthesia capacity (in particular in settings with scarce resources).

RECOMMENDATION 11: Encourage progress to decrease Supply Chain emissions

According to the NHS England, 62% of the health service's carbon footprint of 2019 came from the supply chain[52]. Delivering a net zero health service commits to also having a net zero supply chain[53]. However, even if supply chain emissions are one of the largest source categories of greenhouse gas emissions, it is also the most difficult to influence directly[52]. Looking into existing regulations and ongoing initiatives from the European Green Deal, good progress has already been made in using resources more efficiently, recycling and purchasing renewable energy for reducing waste and emissions[13,52].

Inspired by the NHS initiative, there are other ways to reduce emission from the supply chain: we must requer low-carbon substitutions and product innovation in the supply chain and ensure that suppliers are decarbonising their own processes[53]. New technologies and innovations are developing at an incredibly fast pace. One example of low-carbon alternatives would be replacing the currently mandated paper leaflets in drug packages with digital alternatives associated with voice retranscription[54]. **Fostering the 'digital transition' by encouraging innovative approaches through incentives to substitute for low-carbon alternatives in the supply chain** is key. Additionally, a compulsory reporting from suppliers and inclusion of carbon accounting metrics in procurement exercise would be a real win for the industry as it attempts to align environmental sustainability with commercial success[13]. So, **launching a supplier engagement programme to encourage carbon transparency reporting to drive significant reductions in carbon emissions and ensure that suppliers are decarbonising their own processes** would enable a transparent and tangible approach.

Sustainable Health Systems

Conclusion

The rapid implementation of policies and strategies across Europe against the coronavirus pandemic indicates the effectiveness of the EU against a common threat when it is deemed urgent, and we believe that climate change is worthy of a similar response. Although the topic of sustainability has been on the agenda for a number of years, the time for effective and long-term interventions in the health system is now. With a number of ongoing policy proposals under discussion, such as the European Green Deal, the Pharmaceutical Strategy, amongst others, long-term, evidence based, sustainable changes should be prioritised and climate change should be classified as an urgent threat to human and planetary health. Via our recommendations, we propose that sustainability in health systems is defined more holistically and should increasingly be seen as an essential dimension of quality akin to equity or accessibility, with mechanisms to monitor and hold the system to account for its environmental performance. Only then will we be able to achieve significant changes and thus generate a sustainable health system for all.

Sustainable Health Systems

Endorsements

MEP Brando Benifei

Member of the Progressive Alliance of Socialists and Democrats in the European Parliament

European Parliament

Persisting health inequities, exacerbated by the effects of climate change and environmental degradation, require urgent policy action that contributes to building more sustainable health systems for generations to come.

I welcome the European Health Parliament's Sustainable Health Systems Committee's advocacy work and endorse their ideas that call for our health systems to be environmentally neutral, economically fair, and socially inclusive. Their actionable recommendation to collect and share standardised climate-related health outcome data would deepen our understanding of environmental risks affecting citizen health. Better data-sharing and cooperation at EU level can improve monitoring, prevention and early diagnosis, leading to improved health outcomes.

Making health systems the frontrunners in the fight against climate change requires innovative solutions. Utilising the power of data has the potential to improve the health of European citizens while mitigating environmental risks.

MEP Tilly Metz

Member of the Greens/EFA Group

European Parliament

For our health systems to be sustainable and responsive to emerging health threats, we need ambitious policies that consider human, animal and environmental health as closely connected. The Sustainable Health System Committee's recommendations take a holistic approach of identifying synergies between the social, environmental and economic factors for best health outcomes. I particularly welcome their call for greater transparency of pharmaceutical supply chains and strengthening the obligation to report on environmental risks of medicines. It is imperative that the revised pharmaceutical legislation makes manufacturers accountable for pharmaceutical emissions to protect public health. Furthermore, we should aim for more transparency from pharmaceutical companies meaning that the latter should disclose the costs of publicly funded medicine and public funding should come with conditionalities in pricing. Facilitating stakeholder collaboration and educating about greener medicines along the pharmaceutical lifecycle has the potential to empower citizens' to make more informed choices about their health and restore trust in health systems.

Jean-Yves Stenuick

Safer Pharma Programme Manager

Health Care Without Harm (HCWH) Europe

Pharmaceuticals in the environment threaten ecosystems and contribute to the development and spread of antimicrobial resistance, one of the biggest health challenges we face today. Health Care Without Harm (HCWH) Europe strongly supports the European Health Parliament's recommendations to strengthen Environmental Risk Assessments for human medicine and to increase transparency of pharmaceutical supply chains in the revision of the EU general pharmaceutical legislation. There is a crucial need to address the environmental impact of medicine to fulfill the EU zero-pollution ambition and safeguard human health and well-being.

Sustainable Health Systems

Endorsements

Thomas B Fischer

Prof Dr

University of Liverpool; Environmental Assessment and Management Research Centre, UK

Considering and assessing environmental impacts of activities and products has become routine practice globally. Potentially negative impacts of medication on the environment, in particular through production and disposal, and to a lesser extent, through excretion is well documented. In this context, environmental assessment can inform decision makers on potential risks. Of key importance is that whatever is released into the environment and e.g. starts damaging flora and fauna can ultimately also damage humans. The widespread interconnections between economic, social, environmental, health and other issues are widely acknowledged, for example, through the United Nations Sustainable Development Goals (SDGs). Furthermore, the issue of drug resistance is a particular concern. Hence, it's sensible to spend some time on considering unintended and possibly indirect effects before they happen and before they cause any problems. Long term effects may be an issue of human (and patient) safety and should therefore be taken into account.

Josep Figueras

Director

European Observatory on Health Systems and Policies

The recommendations of the European Health Parliament on sustainable health systems are particularly policy relevant and timely in the face of the enormous environmental crisis our societies are undergoing. The Observatory's research on health systems resilience echoes the findings here as to the urgent need to strengthen systems preparedness to future environmental shocks. The report puts forward a series of practical recommendations as to how to lower the impact on climate change of the health systems. I am also particularly delighted to endorse the recommendations on strengthening the role of the communities including both the citizenship and community health workers as well as the emphasis on implementing health literacy programs. The evidence we have collected during the COVID-19 crisis shows how those societies with higher community involvement, stronger role of civil society and health workforce participation have resulted in a more effective response to the pandemic.

Ben Cave

Director, Ben Cave Associates Ltd and BCA Insight Ltd

Past President, International Association for Impact Assessment

Member of the WHO Collaborating Centre for Health in Impact Assessment

Health systems have a full and vital role to play as governments, civil society, communities and industry reduce carbon emissions and find policy solutions that improve equity and reduce health inequities. COVID-19 provides a vivid demonstration that health systems are much broader than the front-line clinicians and that health systems have a huge contribution to wellbeing and prosperity. The Sustainable Health Systems Committee is taking a big step towards engaging a wide range of organizations and offering practical steps to strengthen the environmental, social and economic performance of the whole health system.

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Acknowledgements

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Sustainable Health Systems

Wellbeing of Healthcare Workers

Frontline health workers worldwide have shouldered the tremendous burden of responding to a global pandemic while providing essential health services. Adapting rapidly to increasing demands, new technologies, and ways of working has increased the risk of mental illness and burnout amongst healthcare workers. It poses a critical risk to the recovery of healthcare systems. Coupled with the shortage of healthcare workers at large, ensuring the health of this vital workforce is essential to a resilient healthcare system.

Wellbeing of Healthcare Workers

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Executive summary Recommendations Conclusion Endorsements Acknowledgements References

Executive summary

Healthcare workers[1] (HCWs) have shouldered the tremendous burden of a global pandemic while providing essential health services. Adapting rapidly to the crisis has increased the risk of mental illness and burnout, posing a critical risk to the recovery and resilience of healthcare systems. HCWs (especially young generations) should be involved in eradicating the stigma associated with mental health issues among healthcare staff, engage in a cultural transformation process and ensure a work culture that promotes respect, trust and equity. HCWs should also engage in hospital internal governance including clinical and work policies.

Despite the increasing workload due to structural failures touched upon by our EHP7 fellow committees, all HCWs continue to put patients at the core of their work. However, self-care is not always practised and learned, as they may fear judgement or feel self-centred at the thought of attending to their own needs. Educating students and young HCWs in mental health and wellbeing[2] should be imperative. Authorities and policy-makers have to ensure safe and adequate working conditions and provide opportunities for personal growth and development for HCWs. Policies and initiatives have to guarantee the possibility for HCWs to perform their daily commitments while protecting and promoting their wellbeing needs and improving their welfare.

During the COVID-19 pandemic, the society has given a standing ovation to HCWs, but it is time now for EU and national health policymakers to improve the working conditions and wellbeing by addressing systemic issues (i.e. workforce shortage, lack of resources, obstacles to access training) and prioritising and adopting suggested policy recommendations under the three pillars below.

Recover · **Reinvent** · **Reinvest**
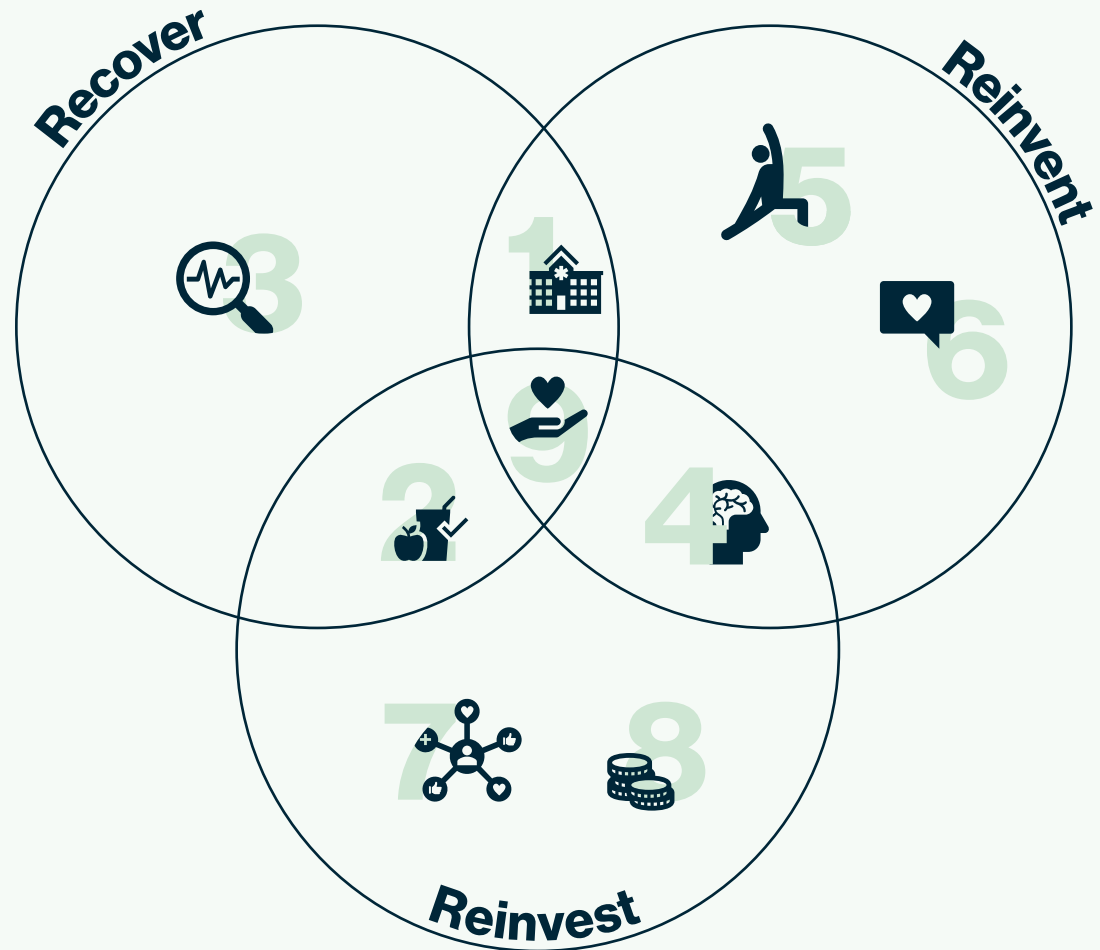
1 Wellbeing Support Offices	4 Resilience Intervenitions	7 Thematic Networks
2 Healthy Lifestyle Practices	5 Preventive Measures	8 Funding Research and Implementation
3 Mental Health Assessment	6 Recognition of Neglected Professions	9 Upskilling the Workforce

1. A healthcare worker is anyone who works in a healthcare or social care setting, including healthcare students on clinical placement, frontline healthcare workers and other healthcare workers not in direct patient contact (e.g. physicians, pharmacists, dentists, nurses, paramedics).
2. (CDC) Wellbeing can be defined as an individual's positive outlook and description of various life's aspects such as physical, economic, social, development and activity, emotional, psychological, life satisfaction, domain specific satisfaction, engaging activities, and work.

Wellbeing of healthcare workers

Recommendations

1st Pillar: RECOVER

The healthcare workforce is currently excessively fatigued and burned-out as a consequence of moral injury and increasing psychological distress[1]. Additionally, there is a massive backlog of unmet care needs among patients with a load of undetected and undiagnosed pathologies emerging. The wellbeing and mental health of frontline healthcare workers has been severely impacted by the COVID-19 crisis as highlighted by the United Nations[2,3], and further disrupted by staff shortage and omnipresent workload pressures[4]. Thus, there is an urgency for a single-united EU recovery movement and framework which encompasses regular mental health assessments in all facilities, access to support offices, quality nutrition, and promoting physical health for all. Implementing the governance approach below will be likely to improve the quality of care, patient outcomes and the health, wellbeing and resilience of our HCWss.

1. SUPPORT OFFICES: MENTAL HEALTH, WELLBEING AND PERSONAL DEVELOPMENT HELPLINES FOR ALL

Creation of independent support offices in every healthcare institution to prevent and manage mental health problems.

A lot has been done in investing in public awareness to de-stigmatise mental health issues[5]. In the report, "The Next Great Disruption Is Hybrid Work – Are We Ready?", Microsoft found that 54% of Generation Z workers and 41% of the entire global workforce could be considering resignation[6]. Despite HCWs being perceived as selfless and resilient, there are considerable downsides of such a culture as HCWs may be more reluctant to seek adequate mental health support for fear of discrimination, lack of confidentiality and career consequences[7]. Therefore, mandatory training programmes on mental health are essential for health managers to perform their duties and assess and follow up on the wellbeing of their employees.

Creating support offices in every healthcare institution, and ensuring their independence and ability to fulfil HCWs needs under a multidisciplinary psychosocial support environment consisting of peers, psychologists, social services, and occupational health physicians. Similar to Euro Youth Mental Health and Mental Health Europe members' mapping of helplines and support organisations for young people in all European countries, national governments should create and deliver mental health helplines to support HCWs, especially for those working on the frontlines[8]. These should either be free of charge or reimbursable from social security, and should be available for everyone, including subgroups of HCWs.

2. HEALTHY LIFESTYLES: ACCESS TO QUALITY NUTRITION AND PHYSICAL ACTIVITY

Create and implement interventions that facilitate and promote a healthy lifestyle among HCWs, with a focus on quality nutrition and physical activity.

A lifestyle, without quality nutrition and physical activity (PA) may lead to the development of mental health problems[9,10]. Some studies have shown that most HCWs follow unhealthy diets, with consumption of 0 – 2 rations of fruits/vegetables per day and high consumption of high-calorie food and stimulating drinks; and water restriction[11–13]. The prevalence of physical inactivity is between 40% and 65%; almost doubled when compared with that of the general population globally (28% by WHO). Barriers to a healthy lifestyle include excessive workloads and work schedules; lack of access to healthy food; inadequate food storage, nutrition education, and facilities for PA in the workplaces[14–16].

We call for workplaces to create and implement nutrition and PA interventions, based on the HCWs' needs by investing in infrastructure and flexible working conditions (monitored at a national level and reported at the EU level). These actions should be based on effective behaviour change theory and practices and include a systems-level change by providing access to healthy food, fruit/vegetables and water (i.e. EU-Food Guidelines on Healthy and Sustainable Diets), and encouraging facilities to provide access to individualised PA for all HCWs[17–20]. In addition, the impact evaluation, physical-physiological and cost-effectiveness tools could assist in the design of lifestyle interventions and extrapolate to other settings in Europe.

3. HEALTHCARE WORKERS' WELLBEING: CREATING SAFER WORKPLACE ENVIRONMENTS

Integrate mental health and wellbeing evaluation of HCWs as a systematic tool in all health facilities' performance and quality improvement programmes to achieve successful cultural transformation.

The wellbeing of HCWs has direct consequences on care delivery and patient outcomes[21–23]. Hence, it is essential for health facilities to preserve HCWs' mental health and wellbeing[24] through regular mental health and wellbeing evaluation and reporting systems that ensure their implementation[25,26] and evaluate their effectiveness[27]. These actions could help in creating a more transparent, diverse and safer environment, without gender-based prejudices, bullying, work-related physical injuries, nor (sexual) harassment, and third-party violence[28,29].

Wellbeing of healthcare workers

Create commonly-agreed indicators that would reflect HCWs wellbeing[30], and integrate these indicators with the already existing patient safety indicators. We propose that precise wellbeing indicators be discussed and decided in a multi-stakeholder setting. Thereby, we suggest including the Mental Health Person Reported Outcome Measure (e.g. questionnaires/checklists)[31] defined at the EU-level. We encourage healthcare organisations to yearly collect and publicly disclose results that indicate how mentally friendly the healthcare organisation is to its HCWs. This would ensure cross-country standardisation of data and make results comparable. Further, this process could be assessed and monitored at the EU-level to close the care gap and reduce inequalities. We also call on national policymakers to ensure HCW safety as per the 1989 Council Directive[32] irrespective of where they work. Fear of violence and movement should also be addressed[33,34].

2nd Pillar: REINVENT

We strongly believe that youth is ideally positioned to bring novel solutions in order to help seniors and European leaders in reinventing healthcare and wellbeing. We know from studies that young nurses, for example, are more likely to leave their organisation because they did not receive sufficient support from their colleagues and managers during the early phase of their careers. We urgently seek for inclusion of soft skills subjects in their curricula to boost resilience in a long-term and sustainable manner. In addition, there is a need to regulate the work environment to ensure work-life balance and to ensure that the worker is respected and recognised for the care they deliver especially our informal carers[35].

4. CAPACITY BUILDING: FROM SOFT SKILLS EDUCATION TO PERSONALISED CARE INTERVENTIONS

Create, improve and sustain programmes on soft skills, mental health support and teaching mentalisation techniques, aimed at promoting resilience and protecting wellbeing of HCWs.

Resilience, the ability to cope with difficulties, stress and pressures can be a protective factor for one's wellbeing. Low levels of resilience in HCWs[36] and students are associated with the presence of mental health problems and a lack of soft skills that can result in patients being harmed[37,38]. There are barriers such as stigma around mental health issues and access to mental health services, lack of soft skills education, inadequate support from a social network, and low team-building and peer support efforts at the workplace[39–41]. Promoting resilience and mentalisation skills can be recommended as a practice to reduce stress levels at workplaces and universities and the incidence of mental health problems[42,43].

At an organisational level, workplaces and universities should initiate, improve and sustain actions to overcome adversity to prepare students for the future and maintain a healthy perspective to develop a positive outlook for the current workforce. We propose to create and implement programmes using cognitive-behavioural techniques, self-management and self-care techniques and social support from their supervisors, family and friends. In addition, we call for the mandatory inclusion of soft skills training in the curricula of both undergraduate and postgraduate programmes for all HCWs and students[44–47]. This should be prioritised across all Europe, in order to create a sustainable health system and resilient workforce in the future.

5. TACKLING UNLAWFUL WORKING HOURS: ESTABLISHING A FAIR WORK-LIFE BALANCE FOR ALL

Create mechanisms for monitoring the implementation of the European Working Time Directive (EWTD).

Implemented in 2003 the EWTD[48] is the main EU instrument regulating employees' number of working hours, mandatory periods of rest as well as leave periods. We acknowledge that it includes individual opt-out elements and is complemented by extensive jurisprudence. In 2017, the European Commission presented an updated report on the Working Time Directive[49] with significant outcomes. Correct enforcement and implementation of the EWTD is a key element for patient safety, as it reduces the probability of malpractice and enables personalised patient care and support[50].

The COVID-19 pandemic has exacerbated the low compliance rate of the EWTD, as reported by the European Parliament[51]. The lack of an appropriate working time/attendance system has been identified as the main obstacle to adherence[52,53]. Thus, we recommend the mandatory implementation of a well-established Digital Monitoring Check-in/Check-out System (e.g. using blockchain technology) for all health facilities to ensure that the EWTD is fulfilled. This monitoring system will create a more flexible working environment (fulfilling the "Right To Rest" similar to the "Right to Disconnect") taking into consideration the special needs and circumstances of the migrant workforce and will help achieve an adequate work-life balance, create professional development opportunities and boost the workforce engagement and retention.

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6. RECOGNITION OF NEGLECTED ROLES: PROTECTING THE RIGHTS OF INFORMAL CARERS

Ensure the effective EU-wide recognition, value and social protection of unpaid carers.

Currently, 80% of care in the EU is provided by informal carers, two-thirds of which are women[54]. The exact number of carers is difficult to determine since there exists no shared definition of who counts as a carer and there are big differences between the Member States, cultural attitudes towards care and family obligations, as well as social protections in place. Informal carers fill both a financial and personnel gap. At the same time, informal carers are frequently not considered in policy decisions that affect them. They are also at risk of negative mental health and wellbeing impacts as a result of their caring obligations, and they might suffer social exclusion as a result of a lack of flexible working arrangements[55].

Ahead of the European Commission's planned adoption of the European Care Strategy in Q3 2022[56], we call for a progressive rapprochement of the working conditions of the informal care sector[57] through a quality framework, to allow people to provide care for their loved ones without negative financial or social consequences. For this purpose, the first necessary step is to create a common, EU-wide definition of who constitutes an unpaid carer[58]. This would then allow for the recognition of informal carers and the introduction of a set-of minimum social protection mechanisms by including (but not limited to) allowance (paid directly to the carer), access to pension benefits and respite care. It would also support recognition as a meaningful part of the care team, with a pivotal role in the treatment, wellbeing and recovery of the patient, carers' access to information, psychological support and training[59,60].

Investment should revolve around the HCWs to improve their wellbeing and protect them, as they are the backbone of our healthcare systems. Reinvesting sheds some light on the fundamental lack of evidence around the wellbeing of HCWs that would support more concrete actions on improving their wellbeing. Knowledge exchange between the Member States is a prerequisite to ensuring equal human rights for all HCWs. European health systems must do more to tackle burnout, retain current staff, effectively rebalance current roles in society and attract new forces. While the challenges are complex, proven strategies need to be generated in a framework that is publicly funded via cross-border partnerships in Europe.

7. THEMATIC NETWORK: INSTRUMENT TO IMPROVE RETENTION AND ATTRACTION OF YOUNG HEALTHCARE PROFESSIONALS

Mobilise and foster consensus-building partnerships with stakeholders and experts to share best practices across Europe with the main goal to reduce burnout and promote wellbeing of HCWs.

As the EU4Health programme[61] aims to strengthen health systems, it is imperative that we include our health workforce who keep our health systems functioning[62]. Recruitment and retention will be the two biggest challenges to health reforms[63]. Goals of increasing hospital bed capacity or providing more care in the community can only be achieved by having sufficient levels of staff in service. By taking a more holistic approach and resolving inequalities of working conditions, we can level up the quality of patient care whilst also improving the wellbeing and resiliency of our health workforce.

We call for the creation of a multistakeholder network (called "Wellbeing for HCWs", W4HCWs) to support the EU in profiling the overall wellbeing of HCWs, and through evaluation and consensus-building create a set of guidelines that health systems can follow. A similar network like the ones successfully carried out in Europe regarding e-health practices with the EUHPP network[64], the ENS4CARE network[65,66], and the ERN networks[67]. This will bring all existing networks under one umbrella and be an instrument to reduce attrition levels and improve the attraction, retention and wellbeing of HCWs across Europe. It will also ensure that the topic is given the necessary resources and attention and will create a repository of best practices.

8. FUNDING RESEARCH AND IMPLEMENTATION: CREATION OF A EUROPEAN EVIDENCE-BASED WELLBEING KNOWLEDGE HUB

Increase structural and research funds for the creation and implementation of evidence-based measures focused on the fundamental significance of wellbeing for HCWs to strengthen healthcare systems.

Past EHP cohorts called for a sustainable funding model with the capacity to transform mental health prevention and care practices. In the recent Horizon 2020, €543 million was dedicated to mental health research[68,69]. One of the funded programmes is the 4-year Magnet4Europe project. It transfers, modifies and evaluates the evidence-based Magnet model of organisational redesign originated in the United States. This is based on evidence that demonstrates the association of the Magnet model with improved wellbeing of HCWs lower burnout, higher job satisfaction, lower intent of HCWs to leave their job[70,71], as well as higher patient satisfaction[72,73] and improved clinical outcomes[74,75]. This

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currently covers six European countries and is hospital focused[76].

The onus is high to create evidence-based plans, measures and structures to support the wellbeing of HCWs without fear of professional repercussions. This would involve a redesign of clinical healthcare work environments. Thus, expanding the European research base around the wellbeing of HCWs can feed knowledge into the W4HCWs thematic network to be shared and developed into best practice guidelines. We propose that the next Horizon Europe calls feature a distinct dimension inclusive of all HCWs regardless of where they work along with a structured funding mechanism available at a national and an EU level.

9. UPSKILLING THE WORKFORCE: TOWARDS A NEW PARADIGM OF HEALTHCARE

Realign the education and skills mix of the healthcare workforce to future needs rather than past demands, to ensure that HCWs are at the centre of EU health policies.

The world of healthcare is likely to undergo serious reform in the future and a holistic and integrative approach is needed when health systems look at educating the current and future generations of healthcare professionals. Many systems are being encouraged to invest in digital health infrastructure and transition more towards preventative health by shifting the point of care closer to the patients and their communities[77]. However, digital health innovations are only as advanced as the individuals operating them and care in the community still involves skilled healthcare professionals. It is important to remember that within the health and social care ecosystems, digitalisation needs to be viewed as a supporting tool and not the solution itself[78].

To coincide with the EHP7 Future-Proofing Health Systems committee's European Action Plan for healthcare workforce systems' resilience, our committee calls on national policymakers to map out the future skills of the next generations (incl. in specific fields, e.g. rare diseases and paediatrics) and to have a systems thinking approach, invest and plan to match the skills and education of their health workforce to the future healthcare needs of European citizens. It is important that healthcare professionals and students are engaged in the reform processes. The benefit is that it creates a common language of the vision that supports a positive staff experience, and it evaluates whether the strategy resonates with the healthcare workforce[79] especially when it comes to task shifting and changing care delivery processes.

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Conclusion

COVID-19 has changed healthcare in many ways and we need to use this opportunity to ensure healthcare professionals are recognised for their resilience not just throughout the pandemic but throughout the next couple of decades. They sacrificed themselves to protect us. Small incremental fixes can have a major impact when it comes to improving their working conditions and health and wellbeing. Our proposals aim to improve their working conditions and overall wellbeing though we know these alone are not enough[80.] Organisational measures, policies and systemic changes proposed by other EHP7 committees can have substantial impacts on HCWs wellbeing. Some countries are ahead of others when it comes to addressing the issues and challenges we have outlined, but we appeal for a political and financial commitment from every EU Member State to tackle these challenges unilaterally and collectively as part of the vision for a healthier European Union through the EU4Health programme[81]. WHO designated 2021 as the International Year of Health and Care Workers[82]. It rightly shone a light on their importance but action is now required to make a real difference.

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Endorsements

MEP Brando Benifei

Member of the Progressive Alliance of Socialists and Democrats in the European Parliament

European Parliament

During COVID-19 pandemic the world recognised and praised the healthcare worker's heroism and commitment to the provision of healthcare services, thus it is time now for all policymakers, in the EU and nationally to act collectively and create short, medium, and long-term strategies that would improve the working conditions and wellbeing for all healthcare workers.

I would like to warmly endorse the recommendations of the Wellbeing of Healthcare Workers committee of the European Health Parliament which rightly focus on the physical and mental wellbeing of healthcare workers throughout Europe. Recruitment and retention will be two of the biggest challenges facing our healthcare systems and more must be done to ensure our current workforce remain in their posts and that future generations choose a healthcare career.

Ultimately, patients can only be safe if health workers are safe. We must invest and protect those who care for us.

MEP Cyrus Engerer

MEP – Group of the Progressive Alliance of Socialists and Democrats

European Parliament

In my position as an MEP and Co-Chair for the Coalition of Mental Health in the European Parliament, I would like to warmly endorse the recommendations of the Wellbeing of Healthcare Workers committee of the European Health Parliament.

The Coalition for Mental Health and Wellbeing in the European Parliament is a platform of like-minded MEPs amplifying the voices of people with mental health problems and advocating for a coordinated response to address the most pressing determinants of mental health. The policies proposed by this committee are in line with the goals of the coalition by aiming to fight stigma of mental health, create mental health friendly work environments, and rightly calls for more political commitment to ensure the overall wellbeing and mental health of our healthcare workers is not overlooked. The COVID-19 pandemic has shown us that the general population just can't keep working within the structures we had before and the same is true for healthcare workers. We should plan to address the systemic issues affecting their wellbeing and mental health which has a knock-on effect to the quality of care delivered in our healthcare systems.

MEP Tilly Metz

Member of the Greens/EFA Group

European Parliament

Our healthcare workers were heavily impacted by the pandemic. While there is a lot of empathy for healthcare workers during the pandemic, there needs to be a paradigm shift in terms of how we think of healthcare. It is vital to invest in guaranteeing worker's rights and wellbeing and address burnout in European hospitals and beyond.

I would like to endorse the recommendations of the Wellbeing of Healthcare Workers committee of the 7th edition of the European Health Parliament which aim to improve the working conditions and overall wellbeing of the HCW by looking at the individual, workplace and systemic factors driving the rising attrition rate among healthcare workers across Europe.

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Endorsements

Claire Champeix

Project and Policy Officer

Eurocarers

It was with great pleasure that Eurocarers contributed to the work of the European Health Parliament on the Wellbeing of Healthcare Workers. We are very appreciative of the commitment, seriousness, and openness of the Committee on Wellbeing of Healthcare Workers (WBHCW), resulting in a series of recommendations of particular relevance, including for informal carers.

The initiative is clearly of much-added value as it brings forward a series of concrete proposals based on a thorough knowledge of the issues by young professionals in the field. It represents a successful process to involve stakeholders, capable of grasping relevant experience and expertise. Such an approach will be particularly needed to implement the European Care Strategy to be adopted later this year, which will require cooperation across a wide range of policy areas and innovative solutions.

In particular, Eurocarers supports the 6th Recommendation concerning the recognition of and support to informal carers, and the acknowledgment of their pivotal role in the health care systems, most often neglected. We are confident that this edition will contribute to ensuring that future European policies and programs take into account informal carers' roles and needs in a comprehensive manner.

Lene Søvold

Clinical Psychologist, Mental Health Advisor, Independent Researcher

It was a pleasure to review and share some inputs on the pillars and recommendations proposed by the Wellbeing of Healthcare Workers Committee, within the scope of the 7th edition of the European Health Parliament.

I applaud the efforts and ambitions they have put into this work. In their recommendations, it is evident that they recognize the urgent need for improved guidelines and increased efforts when it comes to protecting and improving the mental health, well-being, and working conditions of healthcare workers across the European region. Among their suggested recommendations and measures, wellbeing support offices, mental health assessment, resilience interventions, preventive measures, upskilling of the workforce, thematic networks, and increased funding for research and implementation will all contribute to supporting the healthcare workforce in a systematic and integrative way. Together with similar work, these recommendations can help inform important decision-making processes on the governmental and health system level, as well as the co-production and implementation of relevant measures to improve the working conditions and well-being of healthcare workers across European countries and care units. Ultimately this will contribute to strengthening health systems and improving the quality of care for patients.

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Endorsements

Veronika Kocmanová

EFPSA President and Chair of the European Healthcare Students' Association Summit (EHSAS) 2022

European Healthcare Students' Association Summit
- **European Pharmaceutical Students' Association (EPSA)**
- **European Medical Students' Association (EMSA)**
- **European Dental Students' Association (EDSA)**
- **European Nursing Students' Association (ENSA)**
- **European Federation of Psychology Students' Association (EFPSA)**

The European Healthcare Students' Association Summit (EHSAS) endorses the European Health Parliament's recommendations, as they are completely in line with our organisations vision for the future of the healthcare workforce.

All of our organisations have been committed to better well-being of healthcare students, and we believe these recommendations can only help students and youth to become better healthcare professionals.

Pedro Pita Barros

BPI | Fundação "la Caixa" Professor of Health Economics

Nova School of Business and Economics

The wellbeing of workers at the workplace is emerging as a prime concern for all organizations, including those in the healthcare sector. Adopting an approach that goes beyond the individual responsibility for own's mental health, and framing the problem and the solutions in a wider setting is promising. The proposals presented by this committee make an important contribution to this discussion and merit serious attention.

Lars Münter

Head of International Projects Unit

Danish Committee for Health Education

Building future policies involves more than tweaking what exists, but also reimagining what doesn't. I strongly recommend everyone passionate about European health policies to dive into the new set of recommendations from EHP7 – and see them as a window of inspiration or opportunity.

Wellbeing of healthcare workers

Endorsements

Lode Godderis

Full Professor Occupational Medicine, KU Leuven

CEO, Idewe

KU Leuven Centre for Environment and Health, Idewe vzw

The healthcare sector currently faces two major challenges. Firstly, the sector must deal with a shortage of personnel, a trend that is likely to continue in the coming years.

Also, the COVID-19 crisis and the constant adjustments it entailed, created additional work pressure. Currently one of the main challenges is how deferred care can be recovered. It is clear that this will only succeed if sufficient attention is paid to the well-being of health care workers.

This report offers many tangible and concrete approaches which can contribute to taking up this challenge, both at the level of the individual health care worker and at the hospital level.

Johan De Munter

Cancer Nurse Manager – UZGhent, President – EONS

University Hospital Ghent, European Oncology Nursing Society

As a Cancer nurse manager at the University Hospital Ghent, I believe that the European Health Parliament is vital to the quality of European health policy and for sustaining balanced, and equity development of recommendations that will tackle current and future important European health issues.

I share the vision of creating a resilient European Health Union, and I support the well-selected EHP7 committee themes to preserve and strengthen the current and future healthcare workforce.

Frontline healthcare workers face tremendous challenges to provide continually safe and quality care to improve the overall outcome of all people affected by illness, dysfunction, and loss.

I'm happy to support the political commitment of the EHP7 committees on their advocacy for unilateral and collective efforts to improve the well-being of Healthcare Workers across Europe.

The pillars and recommendations of the EHP7 Wellbeing of Healthcare Workers committee will not only protect our current healthcare workforce but has the potential to create a system of policy and practice that will protect our healthcare workforce for future generations.

I'm applauding all EHP7 young health leaders who understand that these principles of preserving the well-being of healthcare workers mean protecting our national and international increasing social economic potential.

With great interest, I have reviewed the recommendations and I congratulate their fantastic work in building a healthier and more innovative Europe.

Olga Kozhaeva

Director, Policy Affairs

The European Society for Paediatric Oncology (SIOP Europe)

Mental well-being is essential to a thriving professional life and underpins quality healthcare delivery. The EHP7 puts forward a series of actionable recommendations that can support healthcare workers across specialty areas. The European Society for Paediatric Oncology (SIOP Europe) is delighted to endorse the EHP7 proposals and highlights the need for quality specialised workforce in high-need areas such as childhood cancers: a collection of rare life-threatening diseases that collectively represent a major burden in Europe.

Wellbeing of healthcare workers

Endorsements

Martin Rogan

Chief Executive Officer

Mental Health Ireland

For efficient healthcare services, we need to protect mental health and preserve the health, wellbeing and integrity of the healthcare workforce. The undergraduate and postgraduate training of Healthcare Workers must incorporate evidence-based self-care, mental health and wellbeing skills and strategies. Also, employers must meet their obligations to HCWs in how the staff is rostered and deployed, ensuring adequate rest and recovery periods and providing proactive EAP type services to HCWs. Protection from unsustainable stresses, compassion fatigue, aggression and violence supported by enlightened management practices are key to sustaining healthy health care workers.

Mental Health Ireland also recognises the particular challenges for professional carers to seek, find and accept health support for their own mental health needs. Sensitive, confidential, trauma-informed, assessable and early intervention service models can proactively reach out to colleagues experiencing stress, burnout and addiction.

We would endorse the work of the European Health Parliament committee on Wellbeing of Health Care Workers in its aims and believe some of these measures would improve conditions for health care staff working in community-based health services including Primary Care and Community Based Acute Secondary Care, Rehabilitative, Residential, Recovery and restorative service models.

Chloé Lebbos

Vice President of European Affairs

European Pharmaceutical Students' Association (EPSA)

The European Pharmaceutical Students' Association can only endorse the recommendations raised by the European Health Parliament. Indeed, pharmaceutical students, as part of the frontline healthcare workforce involved during the COVID-19 pandemic, are today suffering the consequences of the situation, adding to the already existing strain of their studies and work environment.

As described in this policy document, space for personal development and a healthy lifestyle is the most efficient way to prevent mental and physical health distress, and is often overlooked.

Moreover, as future healthcare professionals, pharmaceutical students need to acquire the necessary soft skills to manage such distress, for both themselves and others. That also includes showing examples and learning from their own experience with a more balanced work-life time.

It is today now more than ever a time to reinvest in healthcare youth, to build the resilient workforce of tomorrow.

For that matter, EPSA fully supports the European Health Parliament's recommendations, and commits to advocating for their implementation.

Josep Basora Gallisà

Chief Director

Fundació Institut Universitari per a la recerca a l'Atenció Primària de Salut Jordi Gol i Gurina (IDIAPJGol)

The IDIAPJGol is a center to promote and manage innovation, training, teaching and clinical research, epidemiology, and health services in the field of primary healthcare. These recommendations are in line with the mission of our center. Primary Healthcare workers are still vulnerable to adverse mental health impacts of the COVID-19 pandemic, so these recommendations could be practical steps that primary healthcare area can follow in order to engage in mental health prevention and promotion among Primary healthcare workers.

We want to express from our organization and my position our support of the recommendations.

Wellbeing of healthcare workers

Endorsements

Virpi Sulosaari

PhD, RN, Principal lecturer

Turku University of Applied Sciences

As an educator of healthcare professionals (HCPs) and a researcher on HCPs wellbeing at work, I would like to endorse the important work of the wellbeing of healthcare workers committee. I believe that it is vital to invest in the improvement of working conditions and healthy work environments of HCPs to ensure the quality and resilience of the healthcare systems in the future across Europe. The recent COVID-19 pandemic has put healthcare workforce under tremendous pressure, and I can only admire the commitment and dedication of the HCPs on delivering best possible care under any conditions. The pandemic may result in poor mental health and substantial physiological impact on HCPs. As a result, poor quality of care, more errors in healthcare, lower patient satisfaction, and inefficient communication may even occur. Therefore, it is time to act.

To tackle the current and future challenges in healthcare systems, it is important to understand the position of HCPs have as the heart of the healthcare system, and role in the overall care continuum.

It is my opinion, that enhancing of HCPs work environment can only be accomplished if the workforce receives recognition, respect and investment by the public bodies and politicians. The strong healthcare system can only take place where the facilities and working conditions are met, investments in creating healthy working environment are made and we have increased collaboration among the HCPs in different care settings. Quality healthcare is dependent on effective organizational factors, including interprofessional teamwork, a supportive culture, and good leadership – no matter what the care setting is. The impact of leadership in healthcare has an impact on patient outcomes, and moreover wellbeing at work, job satisfaction and staff retention. Therefore, leadership should be recognized as a major indicator for developing qualitative organizational culture and it is indispensable in work environments that retain an empowered and motivated workforce. In today's complex healthcare environments, I also would like to highlight that functioning and effective interprofessional teamwork that enhances the quality and safety of care provision and health outcomes is a necessity for patients but is also significant factor for every one of the interprofessional care team.

To find solutions and identify factors which have negative impact on wellbeing, we need to integrate individual experiences on policy initiatives, leadership, and research across all EU Member States. Therefore, I very much welcome the commitment and excellent work of the EHP7 committees on advocating the collective efforts to improve the well-being of healthcare professionals. This is a great beginning for future resilient healthcare workforce and systems across Europe, excellence on healthcare delivery and healthier citizens across Europe.

Wellbeing of healthcare workers

Endorsements

Anca Toma
Executive Director

European Patients' Forum

The European Patients' Forum (EPF) is pleased to welcome and endorse the recommendations put forth by the European Health Parliament's (EHP) Wellbeing of Healthcare Workers Committee (WHWC).

Over the last two years, healthcare workers have experienced a significant burden on the frontlines of the global pandemic response. The pandemic highlighted the worrying conditions faced by this crucial workforce, however, these challenges are not new. Working conditions, current and projected staff shortfalls, and health system sustainability are all top concerns that require innovative solutions.

With ongoing discussions around the European Health Union, the time is right to consider these pressing issues, and with it, the right for health workers to have good working conditions that take into account both their mental and physical health. The multi-systemic approach proposed by the committee to address these pressing issues – to recover, reinvent, and reinvest – is key to ensure the future sustainability of health systems.

Not to mention, the wellbeing of healthcare workers has a direct impact on the experience and quality of care received by patients. Ensuring that healthcare workers' working conditions, mental and physical wellbeing, support services, and ongoing workforce education, is a double win for current and future healthcare professionals, as well as the patients that will ultimately be in their care.

Lastly, we applaud the efforts of this group, which features both young policy professionals as well as young healthcare professionals in developing well-thought out, actionable and comprehensive recommendations. This is why EPF endorses these proposals and recommends that policy makers and other key decision-makers pick-up many of these innovative proposals to inform future initiatives.

Paul De Raeve
Secretary General

EFN & ENRF

For frontline EU nurses, it is key to create a resilient European Health Union, especially now the critical gaps exposed by the COVID-19 pandemic need to be addressed at EU level. 'Recover, Reinvest, Reinvent' are key strategies for strengthening healthcare ecosystems, with a specific focus on the wellbeing of HCP, in particular, nurses.

Nurses have given their all in the fight against COVID-19, Ebola, in disaster areas and in war zones. Yet, they continue to face under-staffing, lack of protection, heavy workloads, and low wages. It is time now to take real action to address workplace safety, protect nurses and safeguard their physical and mental health. These recommendations are an important step in that direction.

For EFN and ENRF it is key to build resilience of the frontline, with nursing research providing the evidence for health policy co-creation. A highly educated and motivated nursing workforce can drive and support change in a healthcare ecosystem that is still quite vulnerable post COVID-19 pandemic. Access to healthcare is central to safe, secure, economically successful, and equitable societies, but it cannot be achieved unless there are enough nurses to provide the care needed.

The European Federation of Nurses Associations', representing 3 million nurses in the EU, and the ENRF, representing the nurse researchers in the EU, are endorsing the recommendations of the EHP WG on Wellbeing of Healthcare Professionals.

Wellbeing of healthcare workers

Endorsements

Freddie Sloth-Lisbjerg

President

Council of European Dentists

The Council of European Dentists (CED) is a European not-for-profit association representing over 340,000 dental practitioners across Europe through 33 national dental associations and chambers in 31 European countries. Established in 1961 to advise the European Commission on matters relating to the dental profession, the CED aims to promote high standards on oral healthcare and dentistry with effective patient-safety centred professional practice, and to contribute to safeguarding the protection of public health.

The CED would like to endorse the following recommendations proposed by the EHP7 Wellbeing of Healthcare Workers Committee:

4. Capacity Building: From Soft Skills Education to Personalised Care Interventions

7. Thematic Network: Instrument to Improve Retention and Attraction of Young Healthcare Professionals

8. Funding Research and Implementation: Creation of a European Evidence-Based Wellbeing Knowledge Hub

9. Upskilling the Workforce: Towards a New Paradigm of Healthcare

Elizabeth Kuiper

Associate Director and Head of the Social Europe and Wellbeing Programme

European Policy Centre (EPC)

I would like to warmly endorse the recommendations of the Wellbeing of Healthcare Workers committee of the European Health Parliament. The committee really came up with actionable solutions, which come in very timely in light of the ongoing discussions about the European Health Union.

The pandemic has learned us about the importance of healthcare workers and their crucial role for patients, families and communities. Rightly, the recommendations focus on the importance of mental health and social protection of healthcare workers. Only by properly investing in healthcare systems and a healthy workforce we can make the European Health Union a reality.

I would like to congratulate the members of the Wellbeing of Healthcare Workers committee on their work and hope that their recommendations will be picked up by policymakers!

Jan De Maeseneer, MD, PhD.

Professor Emeritus

WHOCC on Family Medicine and PHC – Ghent University. Department of Public Health and Primary Care.

I endorse strongly the pillar Reinvest: 9. Upskilling the Workforce: Towards a New Paradigm of Healthcare. Realign the education and skills mix of the healthcare workforce to future needs rather than past demands, to ensure that HCW are at the centre of EU Health Policies.

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Acknowledgements

The Wellbeing of Healthcare Workers Committee would like to thank the following individuals/organisations for their contribution to the work of the Committee during the past months. The final policy recommendations are a result of essential feedback and discussion between the committee members, employee representative groups, trade unions and experts in wellbeing and mental health. Their contribution does not necessarily imply endorsement of the specific policy recommendations:

Anna Prokůpková – *Greens/EFA Group, European Parliament*

Adam Rogalewski – *Policy Officer-Health and Social Services, EPSU*

Andrej Vršanský – *League for Mental Health of the Slovak Republic*

Brian Terracciano – *Manager – Observatory on Health System & Policy, J&J*

Catherine Brogan – *Deputy Chief Executive Officer, Mental Health Ireland*

Claudia Marinetti – *Director, Mental Health Europe*

Jacqueline Bowman – *Policy Lead – European Association for the Study of Obesity (EASO)*

Jawaad Qayum – *Events Lead – REACH / Community Pharmacist*

Jennifer McIntosh – *Project Director, European Children's Hospitals Organisation (ECHO)*

Jonas Carsten – *Co-founder & CEO, Zyberia*

Josep Basora Gallisà – *Chief Director, Fundació Institut Universitari per a la recerca a l'Atenció Primària de Salut Jordi Gol i Gurina (IDIAPJGol)*

Katarina Fehir Šola – *Employed Community Pharmacists in Europe (EPhEU)*

Laura Cande – *Health Policy & Projects Consultant (EHMA)*

Laura Marchetti – *Policy Manager, Mental Health Europe*

Lorraine Baldwin – *Strategic Communications and Public Affairs Consultant*

Ray Walley – *Vice President, Standing Committee of European Doctors (CPME)*

Romée Gerritsen – *Co-founder & Head of Market Access and HEOR – Zyberia*

Samatha Howe – *EPSU Secretariat*

Sara Roda – *EU Senior Policy Adviser, CPME*

Serhat Yildirim – *Fullbright Belgium Medical Student, Uni Ghent*

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