

# EU4Health Stakeholders' Conference

9 June 2023

Hybrid event in the Conference Centre Albert Borschette in Brussels and online

## Conference's report

### **Welcome and introduction**

**Maya Matthews, Acting Director for Digital, EU4Health and Health Systems Modernisation, DG SANTE**, chaired the Conference. She welcomed in person and online participants and acknowledged that their number (around 130 present in the room and more than 300 connected remotely) showed great interest in the EU4Health Programme.

The event was organised to discuss strategic orientations and key health needs to be addressed through the 2024 annual work programme. The Conference was preceded by an online stakeholders' consultation that ran from 30 March to 22 May 2023. With more than 300 replies submitted.

She also underlined the importance of taking into account the actions programmed and implemented in the last three work programmes for years 2021, 2022 and 2023 to ensure consistency and avoid duplication of actions supported by the EU4Health Programme.

The Conference started with welcome video messages from the Directors-General of DG SANTE and of HERA.

**Sandra Gallina, Director-General, DG SANTE** stressed that the input of stakeholders has been crucial and much needed since the first annual work programme in 2021. She invited stakeholders to think about actions implemented already when reflecting on the ones for 2024.

The European Commission had adopted several legislative and non-legislative initiatives recently such as the [revision of the pharmaceutical legislation](#), [Proposal for a Council Recommendation on anti-microbial resistance](#), [Healthier together initiative](#), [Communication on comprehensive approach to mental health](#), [Europe's Beating Cancer Plan](#) or [Proposal for Regulation to set up the European Health Data Space](#). All of them are supported by the EU4Health Programme or will receive such a support in the future. They contribute to building a strong [European Health Union](#) and are all underpinned by the 'leaving no one behind' principle.

**Pierre Delsaux, Director-General, HERA** highlighted the importance of being prepared for future crises and the need to invest in preparedness. He mentioned projects implemented by HERA in close co-operation with DG SANTE and funded by the EU4Health Programme. A project on surveillance of wastewater from airports to detect early infectious diseases is an example of such activities. Another one is [EU FAB](#), which aims at ensuring that there are capacities in the European Union to launch production of vaccines on large scale when a need arises. HERA's work is driven by a principle that expenditure on health is an investment, and it should happen in advance, before there is a health crisis.

## **Overview of the results of the EU4Health stakeholders' consultation**

**Antonio Di Giulio, Head of Unit EU4Health and Health Research, DG SANTE** presented an overview of the results of an online stakeholders' consultation. The consultation ran for more than seven weeks from 30 March to 22 May 2023. As stipulated in the Regulation (EU) 2021/522 establishing the EU4Health Programme (the EU4Health Regulation), at least once a year, the European Commission consults relevant stakeholders on the priorities and strategic orientation of the annual work programme and on the needs to be addressed through the annual work programme and the results achieved through it. The Conference taking place on 9 June 2023, was a follow up of this online consultation.

The online survey targeted a broad range of stakeholders. Of 316 replies received in total, the highest number was submitted by representatives of civil society organisations and healthcare professionals, as well as individuals. The respondents to the consultation were from all 27 EU Member States – in 2022, two Member States were not represented. Moreover, replies were submitted from outside the European Union too. Less than one third of the respondents represented organisations or institutions that are EU4Health beneficiaries.

The respondents to the survey were asked to mark importance of EU4Health strands. The 'importance ranking' remained the same as in 2022. Health promotion & disease prevention scored the highest, followed by Health systems & healthcare workforce, Digital health, Cancer, and Crisis preparedness.

The Commission presented the coverage analysis which illustrated how the specific objectives (Article 4 of the EU4Health Regulation) and eligible actions (Annex I of the EU4Health Regulation) have been addressed in work programmes of 2021, 2022 and 2023.

A ranking similar to the one of strands, came out based on replies on the importance of EU4Health specific objectives. The results were as follows (from the specific objective that received the most 'Very important' and 'Important' marks to the one that received the least): • *Health promotion & disease prevention*, • *Access to healthcare*, • *Health data, digital tools & services, digital transformation*, • *Availability, accessibility & affordability of medicinal and crisis-relevant products & medical devices*, • *Prevention, preparedness & response to cross-border threats to health*, • *Development & implementation of EU health legislation & supporting evidence-based decision making*, • *International health initiatives & cooperation*, • *Support integrated work among Member States' health systems*, • *Complementing national stockpiling of essential crisis-relevant products*, and • *Establish a reserve of medical, healthcare & support staff*. These results differ only slightly from the online survey of 2022.

Annex I to the EU4Health Regulation includes a list of more than 80 possible eligible actions allocated to specific objectives that can be supported by the Programme. Like in case of strands and specific objectives, stakeholders replying to the survey were asked to mark importance of these actions. The list of eligible possible actions that were marked as the most important (the first three for each specific objective) was compared with actions programmed for 2021, 2022 and 2023. Around a half of the actions ranking the highest according to the stakeholders were already planned in annual work programmes 2021, 2022 and 2023.

Those replying to the survey could share their views also by filling in a free text box to tell which areas or types of actions should be prioritised in the future. Their replies were allocated to each EU4Health strand. This input to the consultation sheds more light on replies about importance of strands, specific objectives and possible eligible actions. For instance, addressing shortages and uneven distribution of

healthcare workforce was prominent in free text replies. Another example is on how to tackle consequences of long COVID.

There are four key messages from the initial analysis of the online stakeholders' consultations.

1. Stakeholders remain interested in sharing their views on the priorities and strategic orientation of EU4Health annual work programme. The number of replies to the 2023 survey (316) is almost the same as in 2022, when 322 replies were submitted.
2. The priorities identified by the respondents this year do not differ much from what they deemed the most important in previous years.
3. Interest in EU4Health and its programming goes far beyond EU4Health beneficiaries, with more than two thirds of replies sent by those who do not represent the beneficiaries.
4. Coverage of 2021-2023 annual work programmes to a large extent matches key stakeholders' inputs. At least half of the possible eligible actions that the stakeholders replying to the survey matched the most important have been addressed in previous annual work programmes.

### **Session I: Improve & foster health**

**Stefan Schreck, Adviser, DG SANTE**, moderated the Session. He referred to the overview of the results of the online consultation, highlighting that the topic of the Session – Improve & foster health – corresponds well with the top priority chosen by the stakeholders.

**Michele Cecchini, Head of the Public health unit, OECD**, provided an overview of the health promotion and disease prevention work that OECD has carried out in very close collaboration with DG SANTE. These projects have been funded or co-funded by the Third Health Programme and EU4Health. In this context, the [Joint Action BestReMap](#) (on a holistic approach to nutrition and healthy lifestyles) was mentioned.

OECD supports the Member States, implementing a project on designing, evaluation, and transfer of best practices to prevent and control non-communicable diseases. So far, the project has produced: i) a [Guidebook on Best Practices in Public Health](#); ii) a booklet of [best practices on Healthy Eating and Active Lifestyles](#); and iii) a booklet of [best practices on Integrating Care to Prevent and Manage Chronic Diseases](#).

Mental health is a topic that could gain more prominence in the future among actions supported by the EU4Health Programme. The cooperation between the OECD, the European Commission, and Member States is crucial, and some work should also target mental health in young population.

**Mike Morrissey, Chief Executive of the European Cancer Organisation (ECO)**, talked about Europe's Beating Cancer Plan (EBCP). He acknowledged that the EBCP is a once in a lifetime opportunity for the cancer community in Europe offering political support and financial funding to the fight against cancer.

He mentioned that the co-funding model set up in the EU4Health Regulation requiring a sharing of 40% or in some cases 20% of eligible costs is a burden for many stakeholders. To try to help overcome this, the ECO is setting up the European Cancer Community Foundation, which aims at raising funding from outside the normal healthcare funding routes. These means would cover the required co-financing from stakeholders.

In his opinion, the EU Member States would benefit from additional support to implement the ECBP. If informed about the best way to meet ECBP's targets, implement their national plans to fight cancer, and share best practices and case studies, the Member States could make greater progress towards ECBP's goals.

**Leticia Copano Casanova, Head of International Affairs at the Cabinet of the Secretary of State for Health, Ministry of Health (Spain)**, presented examples of Spain's activities related to the Third Health Programme and EU4Health. Engagement of Spain takes place at different administrative levels – regional and national.

Joint Action on Implementation of Best Practices in the area of Mental Health ([JA ImpleMENTAL](#)) is an example of regional activities. Murcia Region Health Service is a member of consortium of this Joint Action co-funded by the Third Health Programme.

Spain participates in all joint actions included in 2021 and 2022 annual work programmes and will also participate in the joint action on mental health included in 2023 annual work programme. These and other activities in which Spain is involved enrich knowledge sharing between Member States, create synergies and promote networking among the different administrations. From Spain's point of view, this is an added value of engagement in implementation of the EU4Health Programme.

**Sarah Harrison, Head of the Mental Health and Psychosocial Support Technical Unit, the International Federation of Red Cross (IFRC) Reference Centre for Psychosocial Support**, focused her intervention on the project that IFRC implements in collaboration with partners from 23 EU Member States plus Norway and Ukraine. It provides psychological first aid to people affected by the Ukraine crisis in impacted countries.

The programme (2022-2025) identifies mental healthcare as unmet need of Ukrainian refugees residing in the European Union. Ukrainians living with a mental health condition struggled to access appropriate mental healthcare, and this was especially the case for adolescents. Limited access to employment, which is a consequence of language barriers and of administrative burdens of education accreditation procedures for health and social care professionals is another challenge. Another issue is the risk in human trafficking that threatens adolescents from Ukraine. Integration challenges between host and refugees' communities are now rising.

There is an increasing number of adolescents and youth across the European Union requiring mental health and social care.

During the **Q&A session**, the audience referred to the following topics:

- More screening programmes addressing non-communicable diseases (NCDs) are needed in the EU. NCDs often 'share' risk factors like overweight and obesity, smoking, alcohol consumption, lack of physical activity or unhealthy diet.
- The COVID-19 pandemic demonstrated that people in vulnerable situations suffered more than the overall population on average. This must be taken into consideration when health promotion and disease prevention policies are designed.
- The 'leaving no one behind' principle mentioned in her opening speech by Sandra Gallina, Director-General, DG SANTE, will give tangible results only when primary prevention is high on the agenda. The Healthier Together – EU non-communicable diseases initiative should focus more on prevention.

- The commercial determinants of health need to be tackled. To effectively react to marketing and lobbying by industry, civil society organisations engaged in health promotion and disease prevention require support from the EU. The EU4health is an important instrument in supporting Civil society via operating grants and action grants. A request to consider multiannual operating grants was also raised.

## **Session II: Protect people**

**Olivier Girard, Head of Unit, HERA.3**, moderated this Session.

**Outi Karvonen, Development Manager at the International Affairs Team, Finnish Institute for Health and Welfare (THL)**, presented the [SHARP](#) (Strengthened International Health Regulations & Preparedness in the EU) Joint Action funded under the Third Health Programme. Its main objectives are to strengthen preparedness in the EU against serious cross-border threats to health and to support the implementation of the International Health Regulation.

During its implementation, the SHARP Joint Action consortium encountered several challenges. The fact that the Joint Action has been very ambitious and covered vast scope and numerous topics made coordination very complex. SHARP attracted a high number of organisations involved (61 in total) from 26 countries. The COVID-19 pandemic occurred eight months after SHARP JA was launched. It interrupted and delayed some activities of the Joint Action and resulted in significant administrative burden.

As a follow up of this action, the EU4Health Programme has a potential of taking further the deliverables of SHARP JA. In particular, the EMERGE network of diagnostic laboratories instrumental in responding to potential outbreaks of infectious diseases. The 2023 annual work programme will finance (via direct grants) reference laboratories. EMERGE network could be integrated with these laboratories.

**Lisa Schipper, Advisor for international affairs, Centre of Infectious Disease Control, Dutch National Institute for Public Health and Environment (RIVM)**, talked about the [Joint Action UNITED4Surveillance](#) (Union and National Capacity Building 4 Integrated Surveillance). This Joint Action that covers public health, clinical microbiology, epidemiology, and data science in the domains of human, animal and environmental health started on 1 January 2023. It will contribute to the new Health Security Framework and to the new Regulation on serious cross-border threats to health (SCBTH), to implementation of the ECDC Long-term Strategic Framework 2022-2025, and to integrated surveillance capacity building within Europe and beyond for a better global health security.

Since this Joint Action is at an early implementation stage, Lisa Schipper commented mainly on challenges faced during the preparation phase. The topic of UNITED4Surveillance attracts interest of many Member States, but their administrations' engagement in managing consequences of the COVID-19 pandemic and the fatigue caused by the pandemic made them less active in the preparation of the Joint Action. The assistance offered by DG SANTE at this stage was very useful and appreciated.

Another type of obstacle identified by the consortium is of legal nature in terms of sharing and interoperability of data. Consequently, it is difficult to make appropriate analysis and to evaluate capacity of surveillance systems in Member States. Moreover, there are countries where legislation does not mention objectives of surveillance systems or limits them to the COVID-19 pandemic. In such cases, the legal mandate to undertake activities envisaged by the UNITED4Surveillance is limited.

The EU4Health Programme will fund (via direct grants to Member States programmed in the 2023 annual work programme) complementary and follow up activities at country level to improve and strengthen integrated national surveillance systems.

Including affiliated entities in the Joint Action's implementation is crucial. Various institutions work closely at national level, but usually it is difficult – from administrative point of view – to prove legal link between them, as required by current legislation.

To follow the principles of One Health approach, public health, environmental and veterinary institutions must work together. The fact that the latter are not covered by EU4Health funding makes such a collaboration very complicated.

**Heleen Masset, Sciensano (Belgium)**, presented the [HERA-BE-Incubator-2021](#) direct grant (funded by HERA and ECDC) that is being followed up by the [HERA-BE-WGS](#) direct grants to Member States (programmed in the 2023 annual work programme of EU4Health). HERA-BE-Incubator-2021 supports national infrastructure for genomic-epidemiologic surveillance of infectious diseases. HERA-BE-WGS has been launched to consolidate national infrastructure for combined microbiological genomic-epidemiological surveillance of infectious diseases.

A functional proof of concept for data infrastructure prepared by Sciensano will be the final deliverable of the project. The infrastructure will comprise of pathogens that are part of the priority list identified by the ECDC Strategic Framework. Belgian network of 41 national reference centres for human microbiology will provide data for this project.

Projects like this, though their importance is not questioned, risk losing sustainability. It is crucial that their sustainability and continuity are ensured. Potential role of the EU4Health Programme in this context should be considered.

**Vania Rosas, Head of Pasteur Institute promotion and incentive strategy towards public funders (France)**, has been engaged in the [DURABLE Project](#) – Delivering a Unified Research Alliance of Biomedical and public health Laboratories against Epidemics. It is a one stop shop for diagnostics, research, preparedness, and response to health threats at EU and global level. The project was designed to provide high quality scientific information in record time to support HERA decision making and assessing the impact of countermeasures by bridging laboratory research, epidemiology, and mathematical modelling. The DURABLE Project plans to develop a validated roadmap for rapid deployment of key-counter measures.

The challenges already identified are similar to the ones mentioned in the light of the Joint Action UNITED4Surveillance and relate to mainly legal problems with sharing data or bio samples.

During the **Q&A session**, following issues were discussed:

- One Health approach. More cooperation is needed between human health and other sectors (e.g., veterinary medicine). For example, surveillance systems that include public health, environmental and animal health are missing. Also, reaction to future health crises would be more effective if there was greater flexibility in sharing tasks by health and other professionals.
- Crisis preparedness. It requires better assessment of risks posed by already known pathogens and using in full lessons learned from previous pandemics. To improve systems' preparedness for threats, regular simulation exercises must be conducted. Though it is not always easy, crisis

preparedness should be constant and take place also during calm times, not only when threats become imminent.

- Primary care strengthening. It should serve as a first line of defence and be capable of spotting emerging crises. Shortages and uneven distribution of health professionals, including the primary care ones, need to be properly addressed. Collection and analysis of health workforce data must be improved.
- Clinical trials. There was a question about their potential to assess the efficacy of vaccines and treatments during emergencies and their role in infectious disease preparedness.
- Visibility of HERA. Health professionals, Member States' authorities and other stakeholders should be more active in informing the general public about HERA and its mandate for crisis preparedness. HERA cooperates with DG SANTE, ECDC and EMA in the crisis preparedness field. This should be widely known to the EU citizens.

### **Session III: Prepare health systems for digital era**

**Andrzej Ryś, Principal Scientific Adviser, DG SANTE**, who moderated this Session, introduced the European Health Data Space (EHDS) as a forward-looking project and gamechanger for how the health sector deals with data. Making health systems ready for digitisation requires vast investments, including financial resources. Financial support for EHDS comes from three EU instruments: the [EU4Health Programme](#), the [Digital Europe Programme](#) and the [Horizon Europe](#).

The proposal for the EHDS Regulation focuses on primary and secondary use of data. Dedicated infrastructures are being established for these purposes. MyHealth@EU for primary use of data and HealthData@EU for secondary use of data. The [TEHDAS Joint Action](#) financed by the Third Health Programme has been launched to support creation of these infrastructures.

The digital COVID-19 certificate was a success of the European Commission and the Member States who worked together and created it in a record time. Building a secure data processing environment remains a challenge, but the experience from creating the certificate demonstrates that cooperation and sharing expertise are possible.

Andrzej Ryś emphasized the need to build human capacity and to speed up skills development. This is valid not only for the health professionals but also patients and the general population. Without human factor, digitisation will not be successful.

**Mario Jendrossek, European projects lead, French Health Data Hub**, talked about the [HealthData@EU Pilot](#) project, which builds on the TEHDAS Joint Action and aims to build a first version of HealthData@EU infrastructure. It will create networks of nodes that can provide services to users (e.g., researchers, policymakers, or innovators) in a standardised manner. The HealthData@EU Pilot will allow secondary use of data. The project creates a network on Member States level. It connects them directly, but the central node is developed by the European Commission (DG SANTE).

Implementation of the project faces several challenges. Negotiation process of the EHDS Regulation, with the Member States and the European Parliament is taking place in parallel with activities under the HealthData@EU Pilot. The countries that are in the project's consortium are at the same time involved in negotiations and formulating their national positions. The project is planned for two years.

**David Novillo Ortiz, Unit Head data and digital health, Regional Office for Europe, World Health Organization**, focused in his intervention on challenges to measure achievement of Sustainable Development Goals. There is data missing in many health systems, often some information is outdated, and the data governance and coordination are not good enough to properly inform policies.

He highlighted the importance of the European Commission's engagement in promoting data accessibility. Thanks to initiatives like the Joint Action InfAct, TEHDAS Joint Action or the HealthData@EU Pilot project, awareness of improving data accessibility and quality increases, allowing for better policymaking in the future.

The **Q&A session** main points were as follows:

- Synergies between various EU instruments. The [Recovery and Resilience Facility](#) was used as an example of an EU financial tool driven bottom-up by the Member States with a focus on digital and green transition, including in the health sector. For instance, the Netherlands is using this instrument to build an infrastructure for secondary use of health data.
- Ongoing dialogue about EHDS. [EIT Health](#), in cooperation with DG SANTE, organises a series of roundtables where various stakeholders discuss challenges for secondary use of data. Work of TEHDAS Joint Action and the HealthData@EU Pilot project is part of these discussions. This is an example of involving various actors in debates that will prepare the ground for the rollout of EHDS.
- Adapting to the digitisation of health system. Representatives of the audience talked about the need for resources (e.g., human and financial), tools, strengthening the trust of users in digital solutions (possible thanks to data protection initiatives), as well as digital health literacy. The EU4Health Programme already funds actions developing digital skills of health professionals.

#### **Session IV: Access to medicinal products and medical devices**

**Véronique Wasbauer, Principal Adviser, DG SANTE**, moderated the Session.

**Bernardo Rodrigues, Advocacy Manager, European Blood Alliance**, presented the [SUPPLY Project](#) funded by the EU4Health Programme. The European Blood Alliance is its coordinator. The main objective of the project is to develop a set of best practice recommendations to boost voluntary unpaid plasma collection and supply in the EU.

**Suzanne Halliday, VP Regulatory, BSI**, shared her experience in being engaged in various EU4Health funded projects related to medical devices. These include a study on regulatory governance and innovation, a study on availability of medical devices on the EU market etc. Another type of the project she has worked on concern communication on the implementation of the Medical Devices Regulation and *In Vitro* Diagnostic Medical Devices Regulation.

When it comes to actions expected in the future, support for creation of a European database on medical devices (EUDAMED) was mentioned. It is planned in the 2023 annual work programme.

**Zaide Frias, Head of Digital Business Transformation Task Force, European Medicines Agency**, talked about Joint Action on increasing capacity building of the EU medicines regulatory network. Its topic is of a high importance because it has a direct impact on well-being and health of the European citizens. The proposal for this Joint Action was submitted in February 2023.



Despite the European Commission's and Member States' efforts, still many people across Europe face difficulties in accessing life-saving medicines or treatments. These obstacles include regulatory barriers, high cost and limited availability. Thanks to investing in capacity and capability building, the EU medicines regulatory network will become stronger. These actions will promote transparency and trust, respond more effectively to public health emergencies, and ensure affordable, safe, and effective medicines for European citizens.

**Yannis Natsis, Director, European Social Insurance Platform**, in his intervention focused on the new pharmaceutical revision adopted in April 2023. In his words, this is an initiative that comes once every 20 years. Social security institutions are in the process of analysing it, understanding the implications for social security systems.

Ambition of this initiative is to re-balance the systems, to have not only better quality but also more affordable medicines that cover the needs of all patients, and at the same time fostering competition in Europe. When it comes to the mix of health and industrial policies, he explained how important it is to maintain the focus on public health. He wondered how this would be addressed by the next College (formed after 2024 EU elections). Currently the affordability of medicines is in the mission letter of Stella Kyriakides, the Commissioner for Health and Food Safety, as formulated in her mission letter.

The **Q&A session** that followed, focused on:

- Affordability of medicines. There are worrying trends in Europe related to medicines' affordability, therefore this issue must remain high on the political agenda.
- Critical medicines act. A question from the audience about possible plans of the European Commission to propose such an act, initiated discussion. The pharmaceutical package includes elements that refer to ensuring access to critical medicinal products. These concern addressing shortages or incentivising research.
- Access to medicinal products. Shortages of medicines or limited access to them can be tackled only when root causes are well explained and then addressed. EU4Health financed projects can be very helpful in gathering required knowledge.
- Role of patients, including in regulatory decisions. Not only national authorities need support to be better prepared for making regulatory decisions. Also, patients as users of various products and devices, and their organisations should be assisted. Implementation of the Pharmaceutical Strategy for Europe must be patient centred.
- Implementation of EU legislation. The EU4Health Programme could support actions to look at the borderline cases and interlink between the different legislations such as substances of human origin and medicines.

### **Session V: Synergies and complementarities**

The moderator of this Session – **Angelo Marino, Head of Department, HaDEA** – underlined the need to develop a synergistic and complementary approach to address health challenges in the EU and beyond. This requires the establishment of a cross-service collaboration culture.

**Giovanni Nicoletti, Senior Medical Officer-Head of Unit, Ministry of Health (Italy)**, is the coordinator of the [Joint Action NFP4Health](#). He pointed to the fact that the EU4Health Programme has expanded greatly from the previous EU health programmes. With ideas for action that cannot be easily

allocated to a specific funding programme, the need for synergies becomes clear. JA NFP4Health aims to addressing this. In the future, a one stop shop for all programmes could be created to support collaboration and boost synergies. As an intermediary stage, NFP4Health has the ambition to establish national networks of actors engaged in implementation of various programmes to disseminate and provide information.

**Caterina Buonocore, Head of Strategic partnerships, Italian Agency for the Promotion of European Research (APRE)**, coordinates [Health-NCP-Net 3.0](#) (HNN 3.0), which is a network of National Contact Points for Cluster 1 Health of the Horizon Europe. She commented that sometimes it is difficult to establish what are the organisations that take part in several of the health-related programmes, beyond EU4health and Horizon Europe. She presented the general overview of the HNN 3.0 activities with the main aim to inform about Horizon Europe opportunities in Cluster 1 Health.

**Simon Drees, Policy Officer, DG REFORM B4**, presented the [Technical Support Instrument](#) (TSI). TSI is designed for the Member States. They can request assistance in reforming various sectors, including health systems. The specific services provided under TSI are the result of the Member States' requests. The costs of technical assistance provided are covered in full by the European Commission. Competitive calls for technical support providers are co-designed with the relevant Member States.

Simon Drees presented four examples of synergies with the EU health programmes:

- Health technology assessment. France receives technical support for the implementation of the [Health Technology Assessment Regulation](#).
- Workforce planning. A tool for assessment of workforce needs was funded by the Third Health Programme and then used under TSI for a dedicated review of the needs in Ireland.
- Establishing accredited comprehensive cancer centres in Latvia. This project uses the output from the [EU Mission: Cancer](#), and links with the [Joint Action CraNE](#) funded by the EU4Health Programme.
- Integrated care. The TSI flagship 2023 identified integrated care as a priority.

**Annika Nowak, Head of Sector, DG RTD D1**, talked about joint governance of cancer activities. It is evident that there are many synergies between the Europe's Beating Cancer Plan and the EU Mission: Cancer. She presented an example of cancer screening. The proposal of [Council recommendation on cancer screening](#) was adopted by the Council in December 2022.

Funding of screening actions, including a joint action, is available from the EU4Health Programme (annual work programmes for 2021, 2022 and 2023). In May 2023, a communication campaign was launched to support the uptake of these actions. EU Mission: Cancer comes in with a call under its first annual work programme. Overall, six projects were launched to implement the Screening recommendation.

The Cancer Mission also supports citizens engagement activities, such as young cancer survivors. Cancer research, innovation, technology, and cancer control supported by EU Mission: Cancer can be funded among others by the Horizon Europe and the EU4Health Programme. Projects' leaders are encouraged to cooperate, so there are more synergies between the projects.

During the **Q&A session**, health promotion and disease prevention was discussed.

- How disease prevention can benefit from synergies and complementarities between EU4Health and other instruments. TSI is demand-driven, so the national authorities may or may not propose linking their reform efforts with actions funded by EU4Health (or other programmes). Whatever programmes or instruments are to be used together; double funding must be avoided.
- Unhealthy diet, tobacco use, and alcohol consumption are among risk factors of many diseases. There is a need for synergies between the work done by DG SANTE and DG AGRI. DG AGRI is among the services consulted during interservice consultations preceding the adoption of EU4Health annual work programmes.
- The risk of burnout among health professionals was also raised and actions should be addressed to support the health workforce.
- The EU Expert Group on Health Systems Performance Assessment published a report titled [“Mapping metrics of health promotion and disease prevention for health system performance assessment”](#). It presents the different indicators used by Member States to measure health promotion and disease prevention.

### **Wrap-up and closure**

**Maya Matthews, Acting Director for Digital, EU4Health and Health Systems Modernisation, DG SANTE C** thanked all and the participants for the fruitful discussion and very valuable input provided. She summarised the Conference, referring to discussions during specific Sessions.

Session I: Foster & improve health. The Europe’s Beating Cancer Plan is a leap forward in prevention and treatment of neoplasms in Europe. When it comes to health promotion and disease prevention, there are links with other non-communicable diseases. More emphasis on prevention is crucial for the sustainability of health systems.

Session II: Protect people. The pandemic demonstrated the significance of health policies and their impact going far beyond the health sector, influencing areas like education and research or economy. To avoid future crises, supporting preparedness must be a constant effort.

Session III: Prepare health systems for digital area. The European Health Data Space will be the first sector specific data space in the EU. Its success depends not only on adoption of legislation but also on good quality of health data and building trust. Training in digital health skills for general public, patients, and health professionals can accelerate the uptake of digital health.

Session IV: Access to medicinal products & medical devices. The Pharmaceutical Strategy for Europe and the proposal for the pharmaceutical legislation revision put patients at the centre. The aim is to increase access, address unmet needs and mitigate shortages while improving the innovation landscape.

Session V: Synergies & complementarities. This Session demonstrated that the EU4Health Programme is not implemented in isolation. Other EU programmes and instruments also invest in health for example Horizon Europe, Technical Support Instrument and the Recovery and Resilience facility. Stakeholders should leverage all relevant instruments.

Finally, she thanked all participants for their active engagement and contributions throughout the day and informed that the Work Programme 2024 would be adopted towards the end of the year.