

EU4Health programme for a healthier and safer Union

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2023 EU4Health Stakeholders' Event

8 July 2022, 10:00 – 17:00 CET

Summary & Key Outcomes

The EU4Health Programme has been adopted in March 2021 with EUR 5.3 billion during 2021-27, with an unprecedented level of financial commitment for a Union investment in health. This Programme is the Union's response to the current public health emergency; it is expected to make a significant contribution to the post-COVID-19 recovery and aims to address the long-term health challenges by building stronger, more resilient and more accessible health systems.

Each year a targeted consultation is launched to seek the opinion of stakeholders about current and future EU health priorities and strategic orientations and on key health needs to be addressed through EU4Health annual work programmes, providing inputs for reflection on the work programme under preparation and beyond. The stakeholders' consultation process is usually concluded by a public event.

This webinar has been the opportunity for participants to provide further detailed input on the most burning health issues in the EU and how to address them. The outcomes of the consultation and of this webinar serve as inputs for the preparation of the 2023 work programme, but they also serve to foster the reflection on priorities, strategic orientations and needs for next work programmes.

The webinar was open to all relevant stakeholders, in particular NGOs, associations, MS authorities, businesses and patients' organisations.

On 8th July, the EU4Health Task Force (DG SANTE) held the third on-line stakeholders' event with two sessions:

1) Morning session – related to a state of implementation of work programmes 2021 and 2022 and an update on the state of affairs of the programming process for 2023;

2) Afternoon session – related to key insights from the targeted stakeholders' consultation 2023 (16 May - 27 June), which provides the opportunity to discuss some of the proposals put forward by stakeholders.

The Stakeholders consultation summary report and the “posters” received from some stakeholders have been shared with all the participants to the event and will be uploaded in [EU4Health website](#).

The stakeholders actively participated to the discussion during the whole event, organised through the participation of a panel of experts. The discussion was moderated by Mr Stefan Schreck, Adviser for Stakeholder relations (DG SANTE).

More than 400 attendees from stakeholders' organisations attended the meeting as well as representatives from DG SANTE, HERA and HaDEA.

Mr John-F Ryan, Deputy Director General for Health (DG SANTE), welcomed all the attendees and provided a general overview of state of play of EU4Health funding programme. Mr Ryan recalled that in two years, with the work programmes 2021 and 2022, investment in health has been of more than 1 billion euro. This shows that the EU considers health as an investment and that the EU4Health Programme is the most ambitious EU investment in health.

Mr Ryan informed that the preparation of the work programme 2023 is ongoing and that the event has been organised to collect timely stakeholders' views on priorities and strategic orientations and on the needs that have to be addressed in the next years. Those inputs are essential information for further reflection and for supporting the process of decision-making.

Mr Ryan explained that this event had been organised to bring together the actors of the EU health community and to hear the stakeholders' voice. This included collecting proposals from stakeholders via the consultation, harmonising them in the format of a “poster” and sharing them with all registered participants.

[Update on the state of affairs \(presentations\)](#)

Ms Florina Telea, Head of Unit HADEA.A.1, and Ms Agnes Mathieu-Mendes, Head of Unit HADEA.A.2, presented the state of implementation of actions funded under the work programmes 2021 and 2022.

Several key insights have been brought to the attention of the participants:

For grants:

- Total budget managed by HaDEA 2021 – 194,8 MLN EUR, launch of 50 actions (JA, open calls, direct grants with international organisations, Presidency conferences, direct grants with Members States, direct grants with identified beneficiaries)
- Total budget managed by HaDEA 2022 – 507 MLN EUR, 38 actions (indicative) (JA, open calls, direct grants with international organisations, Presidency conferences, direct grants with Members States, direct grants with identified beneficiaries)
- Upcoming direct grants were introduced.

For procurement:

- General overview and focus on some upcoming open calls for 2022 (October) - tobacco, cancer, crisis preparedness
- 22 ongoing legacy contracts from the Third Health Programme
- HaDEA – HP Tender – exchanged of professionals from hospitals – attendees were asked to join this tender

Mr Adrian Peres, EU4Health Task Force (DG SANTE) presented the key features of the EU4Health programme and programming process for EU4Health work programme 2023.

Challenges, needs, priorities and strategic orientations to be addressed through the 2023 work programme and beyond (*round table discussion*)

Stakeholders expressed their views on the objectives, areas of interventions and strategic orientations for future funding. Key elements put forward included:

- the importance of operating grants for health NGOs, and suggestion for a multi-annual framework approach;
- promoting laboratories networks throughout Europe as done for the network for the exchange of best practices in the field of innovative laboratories for processing COVID-19 tests;
- focusing on actions on neurological conditions, especially neurodegenerative conditions such as dementia under the Non-Communicable Diseases (NCD) initiative;
- crisis preparedness: different regulatory frameworks (applied by Member States / international actors) are challenging for economic operators – more harmonisation / flexibility is needed; predictability of funding is an important factor;
- EU4Health should strengthen synergies and complementarities with Horizon Europe (particularly with cluster 1: human health and cluster 6: animal health);
- supporting the European Health Data Space, in particular for MyHealth@EU and HealthData@EU;
- need for a primordial prevention (whole of population approach) against some health determinants such as tobacco, alcohol and nutrition;
- the essential role of prevention in the improvement of wellbeing and the reduction of sickness for a wide range of diseases;
- importance of proper nutrition, which is considered a horizontal topic across the NCDs initiative, not a stand-alone;
- strengthen and fund family medicine for preventive care services in Europe and as the first point of care in each country;
- address determinants of healthy and behavioural changes such as healthy lifestyles and physical activity;

- creation of antimicrobial stewardship team in all EU countries to promote the prudent use of antibiotics;
- actions targeting NCDs, other chronic, hereditary conditions and birth defects, including thalassaemia, sickle cell disease and other haemoglobinopathies;
- address health inequalities with a particular focus on improving the health of vulnerable groups;
- community-based actions to improve the accompanying of people, including the most vulnerable, towards a greater autonomy in their care pathway according to the singularity of their life trajectories, needs, requests and skills;
- focus on prevention on cardiovascular disease;
- focus on prevention through vaccination and immunisation programmes;
- focus on the regional and local dimension, crucial in the implementation of all EU policies and frameworks;
- interactivity between local and state governments in the prevention of disease, keeping the population busy and developing sports and cultural initiatives that involve the population;
- focus on youth and in particular on childhood cancer;
- priority on innovation and digitalisation in the health;
- a repository for mental health services organised through WHO mental services ;
- support for the registries on rare diseases;
- ensure accessibility, affordability and safety of medicines in hospitals and ambulatory care through digital infrastructure on medication management in hospitals;
- collection of primary care data to monitor the pandemic in such a crisis;
- interoperability of the European Health Data Space also to include national disease-specific registries;
- inclusion of the climate changes when defining cross-border threats to health, actions that support Member States and relevant stakeholders to scale up and work.

Key insight from the 2023 EU4health stakeholders' consultation (*presentations*)

Mr Antonio Di Giulio, Head of Unit in charge of EU4Health (SANTE) explained that every year, the Commission is seeking Stakeholder's feedback on the Programme's priorities and strategic orientations and tackling inputs from the ground on the needs to be addressed through the actions that are going to be funded. This consultation gathered 322 full replies through the on-line survey and 124 additional detailed contributions in the format of poster.

Mr Di Giulio resumed the key elements provided in the consultation summary shared with the participants and available in the [EU4Health website](#):

- the consultation has reached a broad range of stakeholders including academia & education establishments, civil society organisations, established networks in the field of health, expert

networks in the field of health, healthcare professionals, hospitals, individuals, MS authorities, private entities (profit or non-profit) and research institutes.

- replies to the consultation have been received from almost all EU countries (exception: Croatia and Slovakia); around one fourth of participants declared to be located in Belgium, reflecting well the involvement of the Brussels based organisations in the EU health policy.
- as in the previous year, the civil society organisations have been the most active in replying to the consultation, representing 25% of total replies; followed by Health care professionals and Individuals.
- for the third consecutive time, stakeholders responding to the consultation have indicated Health promotion & Disease prevention as the area (strand of action in “EU4health terminology”) as the most important for addressing the current needs in health. Health systems & Healthcare workforce follows in order of importance.
- the consultation has pointed out Health promotion & Disease prevention as the most important objective of the programme; followed by enhancing access to healthcare.

In the consultation, the last question (question 10) required to put forward suggestions or success stories that could bring EU value added and contribute to the achievement of the EU4Health objectives. Stakeholders have provided additional information on the suggestions that could be described only briefly in the survey. This additional information provided on a voluntary basis has been gathered in a common poster format. The stakeholders participating in the event have received the posters via the Health Policy Platform (HPP) platform which were made available also on the [EU4Health website](#).

All stakeholders had the opportunity to present their ideas / inputs / individual key insights as follows:

- The European Cancer Organisation (ECO) in their perspective considered that the benefit and power of vaccine uptake tracking by ECDC (European Centre for Disease Prevention and Control) demonstrated a significant and strong public policy value that should be usefully applied to other disease areas into the future. For example, HPV (human papilloma virus) vaccine tracking by the ECDC (European Centre for Disease Prevention and Control) would greatly support the achievement of the EU’s formal goal of HPV (human papilloma virus) cancer elimination, as expressed by Europe’s Beating Cancer Plan.
- IDF Europe (the International Diabetes Federation Region Europe) proposed to develop a EUROPEAN DIABETES CODE, building on the success of the European Cancer Code, with a focus on empowerment of people living with chronic non-communicable disease, supporting better access to care, self-management and a patient-centred approach. This key prevention tool will be critical to improving resilience of health systems and reduce inequalities in health outcomes.
- EACH (The European Alliance for Cardiovascular Health) suggested considering a joint action on secondary prevention in cardiovascular health through targeted screening for high-risk groups. Early diagnosis and appropriate treatment can halt cardiovascular disease, which is the leading cause of death in the EU, accounting for 36% of all deaths.
- EACH (European Alliance for Cardiovascular Health) highlighted the Joint Action on Secondary Prevention in Cardiovascular Health as this would help raising awareness of cardiovascular disease, improve data collection, and promote the exchange of best practices among Member States to identify priority actions to promote cardiovascular health at the national level.

- The European Alcohol Policy Alliance (Eurocare) considered the need to expand the Awareness week on Alcohol related harm at national and community level in partnership with a wide range of stakeholders. Discussions around the overwhelming burden of alcohol harm in Europe and possible solutions are needed as a catalyst for debate at European and national levels.
- ECAMET (European Collaborative Action on Medication Errors and Traceability) pointed out the problem of errors and traceability and the need for solutions to reduce this problem in order to bring a significant contribution to patient safety.
- Alcohol Action Ireland called for discussion on the overwhelming burden of alcohol harm and the need for greater prevention and health literacy initiatives.
 - Action on cardiovascular diseases (CVD) & diabetes highlight opportunities to improve screening for diabetes and CVD, while considering implementing integrated/combined screening strategies of the cardiovascular-risk in people living with diabetes. The strong association between diabetes and cardiovascular health risk factors and their convergence provides a compelling reason for early assessment and health check interventions at the primary care level, where most of Europe's CVD and /or Diabetes patients are managed. In this regard, EU4Health could support projects implementing an integrated health check approach, with the aim to reduce the number of people with undiagnosed CVD and/or diabetes and enable earlier, safer, more effective treatment and management of the conditions.
- Funding is needed to increase systematic checks and detection of cardiovascular diseases across the EU. Systematic screening of structural heart diseases with a simple stethoscope check for all people above 65 years old (followed if needed by echocardiography) is key and can be easily developed in all Member States, aside from improving data collection and access to information. This provides a high opportunity for synergies, since systematic cardiovascular health checks can be developed that not only include SHD, but also other cardiovascular diseases related to ageing. The EU4Health's support to local initiatives is fundamental to allow cross-learning with the aim of developing clear guides for these checks.
- The European Health Management Association supported the implementation of digital medication management tools to support the reduction of medication errors, but also have a significant impact on the visibility and availability of medicines in hospitals. The implementation of these tools will fit very well with the new mandate for the European Medicines Agency and also have a significant impact for the EHDS.
- The European Heart Network (EHN) welcomes the initiatives promoting cardiovascular health and proposed a Joint Action on emergency response networks for cardiopulmonary resuscitation (CPR) with supportive digital technologies. Overall, EHN and EACH (European Alliance for Cardiovascular Health) promoted a dedicated European Plan for Cardiovascular Health to be developed through the future Annual EU4Health Programmes.
- The European Society of Cardiology, considered a great potential in harmonised, comparable real world data on high burden diseases, which would be a huge asset for the realisation of the European Health Data Space. European Unified Registries in high burden diseases contributing to the functioning of the European Health Data Space and to the improvement of patient outcomes – Standardisation and harmonisation of CVD datasets stored in high quality registries. This project

could offer a common IT- and dataset infrastructure, allowing participating EU countries to undertake continuous quality improvement, with the added value of providing a platform for observational and randomized research and post-marketing surveillance of devices and pharmacotherapies.

- EVITA-Hereditary Cancer as a patient organisation wished to partner up with any project that aims to improve life of people and patients with genetic predisposition.
- Alzheimer Europe highlighted the WHO Global Action Plan on the Public Health Response to Dementia 2017-2025 and the WHO Intersectoral Global Action Plan on Epilepsy and Other Neurological Disorders. Both WHO Global Action Plans provide a clear blueprint, targets and examples of how dementia and other neurological conditions can be addressed in different domains. The EU4Health programme should build on the investments the Commission has already made such as on the EU Joint Actions on Dementia (ALCOVE and Act on Dementia), and proposing to spread effective and proven interventions across Member States.
- Belgian Health mutual funds regarding rare diseases (RD) asked for a holistic approach taking into account the needs of people living with RD and their families; developing reimbursement of telemedicine and structuring European solidarity.
- The Smoke Free Partnership put forward that the best investment in health is prevention. Tobacco smoke is the major preventable cause of many NCDs, not just cancer or lung cancer, and it has a negative impact on the efficacy of several NCDs treatments. Taxation is one of the most effective policies to reduce tobacco consumption by preventing uptake and reducing consumption, reducing health inequalities, and increasing government revenues. The revision of the EU Tobacco Tax Directive 2011/64/EU (EU TTD) should explicitly recognise that.
- The European Society of Human Reproduction and Embryology (ESHRE), proposed an action that will improve the quality of care for infertile patients. Commercial companies and clinics frequently offer treatments whose safety and/or efficacy have not been proven to patients who are desperate to improve their chances of having a child. This practice puts patients' health at risk and creates an unnecessary financial burden for them. Due to the high level of cross-border activity in assisted reproduction, EU level action is needed to address the issue through an action to reduce overtreatment in assisted reproduction by providing adequate patient information and developing guidelines for clinics on how to bring new treatments on the market in a safe and ethical way.
- EuroHealthNet's considered the need to better incorporate psychosocial and environmental factors in health promotion and disease prevention actions, reducing health inequalities as a core objective; The sustainable upscaling of health promotion and disease prevention could be facilitated by supporting the transition to health-promoting health systems, continuing the exchange of good practices, and strengthening health system capacity for better collaboration with key non-health sectors to transition to an economy of wellbeing. It is also needed to support the participation of citizens and patients to improve their capacity to support programme objectives, and by introducing a broader range of action-oriented calls for more meaningful stakeholder involvement.
- A model on violence prevention for national health systems: an integrated approach covering primary and hospital care at all levels (national, regional and local) with specialized teams in a community, adopting a prevention and holistic approach, specially helping families in parenting and promoting literacy on a culture of non-violence. This is very important to help breaking the cycles of

generational transmission of violence and inequalities, by fostering reinforcing protective factors and minimizing risk factors, together with partners at national, regional and local levels.

Actions that are considered to be important for the achievement of the specific objectives of the EU4Health Programme (*round table discussion*)

Stakeholders expressed their views on the actions and priorities to be considered as the most important for future funding; key elements put forward included:

Crisis preparedness

- Address the broad spectrum of infectious diseases based on lessons learnt from the COVID-19 pandemic. Improve provision, access and uptake of vaccinations by addressing e.g. weak data availability and monitoring, disruption of routine immunisation programmes during pandemic, vaccine hesitancy, obstacles to access, lack of infrastructures for adult immunisation. Need for substantial increase of EU funding;
- Harmonisation of life post-vaccination in Europe, enlarge the information to citizens on Covid 19;
- Innovation on 'One health' approach, immunisation, antibiotics, links to climate change;
- Establish a framework to secure blood transfusions in crisis situations by strengthening cross-border collaboration and building competence networks, to develop transfusion blood capacity;
- Stockpiling of medical countermeasures: there is a need to carefully coordinate stockpiling at EU level and at MS level, in order to avoid overlaps, duplication and waste.

Non-communicable diseases

- Action on new-born screening – to reduce costs on non-communicable diseases significantly, reduction of pre-mature mortality. Citizens have limited or no access on new-born screening programmes, and it is needed to work together on EU level for this action.

Cardiovascular diseases

- After Covid pandemic – cases of cardiovascular diseases doubled. There is a need to increase the healthcare workers experience and to address the healthcare workforce shortage;
- Improve data collection and access in order to get early detection on cardiovascular disease;
- Access to innovations and Member States collaborations;
- Improve early detections of cardiovascular diseases.

Health inequalities

- It is important to avoid stigmatisation, referring of best practices to contribute to crisis preparedness;
- build on NGO's capacities to support crisis preparedness.

Pulmonary embolism

- actions to reduce mortality, each patient across Europe needs to get care in prevention.

Diseases related to ageing

- Enhancing prevention, and solving the problem of lack of concrete guidelines at the moment in regards to these diseases;
- Supporting screening and detection of cardiovascular diseases.

Viral Hepatitis

- Need for funding to address gaps in monitoring related to viral hepatitis as a systematic monitoring is missing at the moment.

Cardiovascular health

- Primary and secondary prevention, to support cardiovascular health-checks;
- Cardio-pulmonary resuscitation, sudden cardiovascular deaths;
- Support for resuscitation programmes through emergency networks and services;
- Digital technologies on life-saving actions, connected to emergency services.

Medication

- Digital measures – early prescription makes huge difference, strengthen control mechanisms to avoid medication errors.

One health approach

- strengthening the legal basis and financial mechanism regarding one health solutions;
- providing action within One health as a core solution, and creating synergies between the EU4Health and Horizon Europe.

Kidney health, chronic diseases

- Early screening of chronic kidney diseases;
- Create and connect registries related to specialities in chronic diseases to have data across Europe also to improve also cost effectiveness.

Mental health

- Organize efficient mental health service interventions;
- Attention to primary care and self-care, digital interventions.

Evidence based health care

- Identify shortages, medicine shortage prevention, to provide guidance, support upskilling of health work force, pharmacists;
- Supporting hospital pharmacists;
- Gathering data, addressing shortages.

Violence prevention towards health care professionals

- To have common registries, guidelines, records across Europe;

- To include social workers, psychologists, not only nurses and doctors.

Patient safety

- need for complementary actions – patient centre healthcare and patient safety;
- Actions to support antimicrobial resistant.

Diabetes, Cardiovascular diseases

- enhance early detection on diabetes and support treatments on diabetes;
- reduce health inequalities and promote a better life of people who live with diabetes and cardiovascular diseases.

Improvement of vaccines

- Education on health care professionals on new needs to support initiatives;
- support minorities as for vaccination;
- Feedback on important initiatives.

Medicinal products

- ensure availability, affordability of medicinal products and prescription medicines;
- All citizens have to be able to order medicines online, in some countries it is already possible.

Disclaimer: this is a summary of the interventions and points discussed and not a comprehensive outline of all interventions made.