2023 EU4Health Stakeholders' Consultation – Summary report

Background Information

Article 16 of the EU4Health Programme Regulation (EU) 2021/522 stipulates that the European Commission shall consult with relevant stakeholders, including representatives of civil society and patient organizations, to gather their perspectives on: (a) the priorities and strategic orientations of the annual work programme; and (b) the needs to be addressed through the annual work programme and the results achieved. The Commission must conduct the consultation and provide stakeholders with information at least once a year, within the six months preceding the presentation of the draft work programme to the EU4Health Programme Committee. Prior to the final meeting of the EU4Health Steering Group each year, the Commission must present the outcomes of the EU4Health Steering Group proceedings and the consultation of stakeholders to the European Parliament. Additionally, recital (43) emphasizes the importance of extensive outreach activities to ensure that the views and needs of civil society are adequately represented and considered during the Programme’s implementation.

Objectives of the targeted consultation

The targeted stakeholder’s consultation was conducted between 30 March and 22 May 2023. The questionnaire was distributed to the public through the EU Survey tool. To specifically engage the public health community, it was disseminated via the Health and Digital Executive Agency (HaDEA) website and the SANTE’s Health Policy Platform (HPP). The consultation was also announced to the members of the EU4Health Steering Group, the EU4Health National Focal Points, and the National Contact Points for Cluster 1 Health of the Horizon Europe. This targeted consultation aimed to gather feedback from stakeholders on the priorities and strategic orientations, as well as the needs to be addressed through EU4Health annual work programmes. It focused particularly on input that could inform the 2024 EU4Health work programme and beyond. Responses were collected for all proposed questions, and contributions were sought to describe needs, challenges, and potential solutions. The preliminary outcomes of the targeted consultation were presented and discussed during the Stakeholders’ Conference held on 9 June 2023 and will contribute to the further development of the EU4Health 2024 work programme.

Inputs

The survey was composed of seven questions. The first four asked about organisations that the respondents represented. The next three questions were about the content and implementation of the EU4Health Programme. These questions were divided in sub-questions related to Programme’s strands, specific objectives, and possible eligible actions. The questionnaire followed the format of the public consultations in previous years.
All the survey questions were answered, along with additional detailed contributions from the respondents. Respondents provided their views on needs and objectives and shared their experiences regarding possible actions to be prioritised in the forthcoming work programmes.

During over seven weeks of consultation, 316 replies were received. The number of replies is considered satisfactory and is comparable to 322 replies received during the consultation in 2022. The geographical coverage was extensive, with at least one participant recorded from each EU country. Nine non-EU countries were also represented by at least one respondent to the survey. The highest number of respondents were from Belgium, which reflects the concentration of stakeholder organizations in Brussels. Spain, Germany, and Portugal followed Belgium in terms of respondents.

Figure 1: Participation to the consultation by country (number of participants)

![Bar chart showing participation by country](chart.png)

The consultation engaged a broad range of relevant stakeholders, with responses received from all targeted categories, including academia or education establishments, research organizations, civil society organizations, established networks in the health field, expert networks in health, healthcare professionals, hospitals, primary care delivery organizations, individuals, Member States’ authorities, private entities (profit or non-profit), and research institutes. Civil society organizations, health professionals, and individuals were the most active respondents.

Civil society organizations actively participated in the survey, representing 22% of total replies. Like the previous year, respondents identifying themselves as healthcare professionals and individuals were also among the most active contributors, accounting for 15.5% and 15% of the responses, respectively.
Figure 2: Participation in the consultation by category of respondent (number of respondents per category)

![Bar chart showing participation by category.]

**Key Findings**

**Prioritisation**

The EU4health Work Programmes' strategic orientations are structured into four strands of actions (Crisis preparedness, Disease prevention & health promotion, Health systems & healthcare workforce, and Digital health) and one cross-cutting priority (Cancer). Participants were asked to indicate the importance level of these strands ('very important', 'important', 'not very important', or 'not important'). Disease prevention & health promotion received the highest number of "very important" opinions (60.7%), and more than 80% of responses indicated that this strand is very important or important. Health systems & healthcare workforce was also considered as a very important strand by slightly over half of the respondents (51.3%). The combined number of "very important" and "important" markings for this strand exceeded 75%. Even the least important strands – Cancer and Crisis preparedness – received more than 60% of "very important" and "important" markings. This demonstrates that overall stakeholders perceive all strands of the EU4Health Programme as significant.
Figure 3: EU4Health strands indicated as considered as very important and important (as a % of total answers by strand)

**Needs**

With the first three EU4Health Work Programmes (WP 2021, WP 2022, and WP 2023), more than EUR 1.8 billion have been made available for investment across the five strands.

Stakeholders were invited to express their opinion on areas that they consider not to be adequately covered in WP 2021, WP 2022, and WP 2023. There was a distinct indication of lower coverage in Health systems & healthcare workforce, followed by Digital transformation.
Figure 4. Perceived coverage of EU4Health strands (number of markings of a strand as not suitably covered or no opinion on this)

Response by number of replies

<table>
<thead>
<tr>
<th>Health systems &amp; healthcare workforce</th>
<th>Digital Health</th>
<th>Disease prevention &amp; health promotion</th>
<th>Crisis preparedness</th>
<th>Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>No opinion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not suitably covered</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 5. Word cloud (free text inputs on areas and actions that EU4Health should support more)
Stakeholders also provided further inputs by pointing out areas of intervention that in their opinion need reinforcement. Some of the most frequent proposals were:

- Supporting and reinforcing the healthcare workforce, including upskilling and reskilling of health professionals in innovative digital skills.
- Improvement in developing data tools and enhancing digital literacy, as well as supporting Member States in adapting/transferring health systems to incorporate the European Health Data Space.
- For cancer, stakeholders identified a need for more actions on disease prevention, focusing on health determinants of non-communicable diseases.
- Stakeholders expressed concerns about the consequences of long COVID and requested a focus on this health challenge.

**Priorities & Strategic Orientations**

In the 2023 survey, like the previous year, stakeholders clearly indicated the importance of supporting actions for Health promotion & disease prevention (specific objective a). The survey also confirmed the importance of enhancing Access to healthcare (specific objective g) and Strengthening health data, digital tools & services, digital transformation of healthcare (specific objective f).

Figure 6. Perceived importance of specific objectives (ranked by accumulated "very important" and "important" markings)

![Perceived importance by specific objective](image)

Figure 7. EU4Health specific objectives

(a) Disease prevention & health promotion  
(b) Prevention, preparedness & response to cross-border health threats  
(c) Availability, accessibility & affordability of medicinal and crisis-relevant products & medical devices  
(d) Complementing national stockpiling of essential crisis-relevant products  
(e) Establish a reserve of medical, healthcare & support staff  
(f) Health data, digital tools & services, digital transformation  
(g) Access to healthcare  
(h) Development & implementation of EU health legislation & supporting evidence-based decision making  
(i) Support integrated work among Member States’ health systems  
(j) International health initiatives & cooperation
In the figures below, the eligible actions that are considered as “very important” and “important” for the achievement of the related specific objectives of the EU4Health Programme have been ranked. Please note that for specific objectives with more than three eligible actions, the three top ranked actions are shown.

Figure 8. The most popular possible eligible actions supporting EU4Health specific objective (a)

Figure 9. The most popular possible eligible actions supporting EU4Health specific objective (b)
Figure 10. The most popular possible eligible actions supporting EU4Health specific objective (c)

Figure 11. The most popular possible eligible actions supporting EU4Health specific objective (d)
Figure 12. The most popular possible eligible actions supporting EU4Health specific objective (e)

Specific Objective e - The most popular possible eligible actions are:

- **Exchange of best practices between existing national reserves of medical healthcare and support staff**: 33.9%
- **Preparatory work for mobilising and training at Union level a reserve of medical, healthcare**: 30.4%
- **Support staff to be mobilised in the event of a health crisis, in close collaboration with the ECDC, in synergy with other Union instruments, and in full respect of Member State competences**: 25.6%

Very important ■ Important

Figure 13. The most popular possible eligible actions supporting EU4Health specific objective (f)

Specific objective f - The most popular eligible actions are:

- **Support the optimal use of telemedicine and telehealth, including through satellite communication for remote areas, fostering digitally-driven organisational innovation in healthcare facilities and promoting digital tools to support citizen empowerment and**: 45.3%
- **Support the digital transformation of healthcare and health systems, including through benchmarking and capacity building, for the uptake of innovative tools and technologies such as artificial intelligence, and supporting the digital upskilling of healthcare workers**: 47.5%
- **Establishment of interoperable electronic health records, in line with the European Electronic Health Record Exchange format in order to increase the use of e-health and improve the sustainability and resilience of healthcare systems**: 40.8%

Very Important ■ Important
Figure 14. The most popular possible eligible actions supporting EU4Health specific objective (g)

Figure 15. The most popular possible eligible actions supporting EU4Health specific objective (h)
Figure 16. The most popular possible eligible actions supporting EU4Health specific objective (i)

Figure 17. The most popular possible eligible actions supporting EU4Health specific objective (j)