

# EHFVG 2020



Online live event  
30 September – 2 October

As discussed in Gastein:  
Conference Report



## Dancing with elephants

*New partnerships for health, democracy, business*

**CONFERENCE REPORT**

# Lists of abbreviations

AI	Artificial Intelligence
AMR	Antimicrobial resistance
CEE	Central and Eastern Europe
COVID-19	Coronavirus disease 2019 (caused by Severe Acute Respiratory Syndrome Coronavirus 2 or SARS-CoV-2)
DG	Directorate-General
DG RTD	DG for Research and Innovation
DG SANTE	DG for Health and Food Safety
EC	European Commission
ECDC	European Centre for Disease Prevention and Control
EHDS	European health data space
EHU	European Health Union
EMA	European Medicines Agency
EP	European Parliament
ES	European Semester
EU	European Union
EUR	Euros
GARP	Global Antibiotic Resistance Partnership
GDPR	General Data Protection Regulation
HiAP	Health in All Policies
HWF	Health workforce
MS	Member State of the European Union
NCD	Noncommunicable disease
OBS	European Observatory on Health Systems and Policies
OECD	Organisation for Economic Co-operation and Development
PHC	Primary healthcare
PPE	Personal Protective Equipment
PPP	Public-private partnership
R&D	Research and development
RWE	Real World Evidence
SDGs	Sustainable Development Goals
Agenda 2030	United Nations 2030 Agenda for Sustainable Development
UHC	Universal health coverage
UN	United Nations
UNDP	United Nations Development Programme
WE	Western Europe
WHO	World Health Organization

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In October 2019, the EHFG explored 'A Healthy Dose of Disruption? Transformative change for health and societal well-being'. Little did we know that the year 2020 would turn out to be the most disruptive and transformative year that any of us have ever experienced.



"I would like the EHFG to be a dance floor - we have to lead the dance with the elephants. We have to overcome the political inertia when it comes to the Health Union and to health in general."

**Clemens Martin Auer,**  
President, EHFG

The EHFG team has considerable experience in organising events and connecting health stakeholders across many divides, but this year has nevertheless been an adventurous and challenging journey for us, as we moved our annual conference online and started to host webinars under the tagline "Gastein goes online – Policy debates during the pandemic". We pride ourselves in hosting timely, open, and at times difficult and controversial conversations, and in 2020 we set out to make sure that these Gastein-style discussions continued during this unique and turbulent time. As we are still contending with a global pandemic of unprecedented scope, there is now a greater need than ever for exchange, collaboration, and candid dialogue.

From September 30 – October 2, the sessions of the first ever digital edition of the European Health Forum Gastein focused on conceptualising new ways of working with the biggest players that impact the determinants of health and well-being, and building fresh models of constructive collaboration among all stakeholders in health – "dancing with elephants". In a year that has seen health become a political issue like never before, discussions centred around mobilising the will to regulate, form intersectoral partnerships, and adopt a whole of society approach that accommodates each other's strengths and limitations, ultimately building back better as we look to the recovery phase of the crisis.

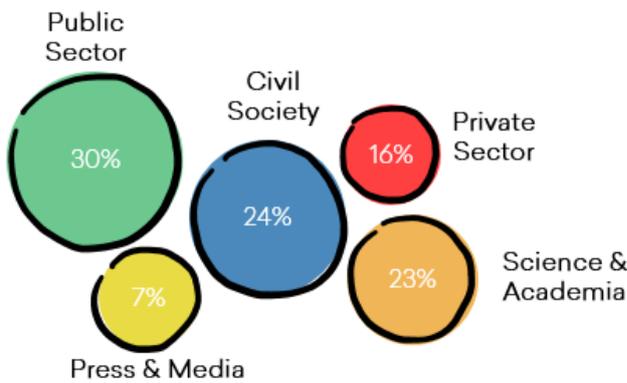
We would like to take this opportunity to thank our partners and session organisers, as well as the EHFG Board and Advisory Committee members for their support and contribution to this year's conference and other activities – and in particular for coming on this new journey with us and navigating the various challenges and bumps in the road! We hope that you will join us at the Forum's 2021 edition from September 29 - October 1, and encourage you to continue to "dance with the elephants" when it comes to championing better health and well-being in Europe through 2021 and beyond.

Stay safe and healthy!  
Your EHFG Team



## EHFG 2020 in numbers

*Gastein brings together the worlds of politics, science and academia, the private sector, and civil society in a setting where everyone is equal. Hundreds of leading experts participate in the annual conference - the unparalleled mix of participants is especially critical to the success of our event.*





## Opening Plenary

### Recovering from the pandemic A wake-up call for a well-being society?

Organised by European Health Forum Gastein



The COVID-19 pandemic has left no corner of the world untouched. Societies and individuals' lives have been upended. Governments grappled with the response to the pandemic by imposing lockdowns and movement restrictions to control the situation. With the relaxation of these measures, a resurgence of cases has occurred. As the northern hemisphere heads into winter, policymakers and scientists are still trying to figure out the best strategies to manage the pandemic. One train of thought is that the economy, already facing the worst recession since the great depression, cannot sustain another hard lockdown or stringent movement restrictions. Some even argue that current public health measures are too restrictive and that public support for them is eroding. These proponents believe that the economy should be prioritised over any health measures to control the disease. An alternative view is that controlling the pandemic should take precedence over boosting economic performance. In the short term, the resurgence in COVID-19 cases across Europe is forcing governments to impose new lockdowns – with one major difference being that this time many schools have remained open. In the long term, it is unclear for many what the future will hold. The EHFG 2020 Opening Plenary asked whether looking to the future the pandemic could be a catalyst for “building back better”?

#### A well-being society

Colin Crouch, External Scientific Member, Max Planck Institute for the Study of Societies, and Katherine Trebeck, Advocacy and Influencing Lead, Wellbeing Economy Alliance, argued that even prior to COVID-19 our economies were not delivering for enough people in enough ways. Now we have witnessed that the pandemic has exacerbated inherent inequalities. Many people in higher paying jobs worked from home and thus reduced their risk of being exposed to the virus while maintaining their income. On the other hand, those in low-paid or low-skilled jobs were forced to choose between going to work (placing themselves at increased risk of contracting COVID-19) or not having an income and thus not being able to pay for their basic needs. Could this predicament mark the tipping point for society to transition to a wellbeing economy? “Let’s raise our game and be more ambitious,” challenged Katherine Trebeck, urging decisionmakers to go beyond simply “patching-up” economies to fundamentally transforming and repurposing them to focus on human and ecological well-being over economic growth. Countries that are leading the way in this are New Zealand, Scotland and Wales. Both Crouch and Trebeck believe that public support for this idea is there. The question is, will politicians follow?

## Political perspectives

Maggie De Block, Belgium's Minister of Social Affairs, Public Health, and Asylum and Migration, agreed that the current crisis is an opportunity for politicians to build back better. Maja Fjaestad, State Secretary, Swedish Ministry of Health and Social Affairs, went even further, arguing that politicians need to use the pandemic to create a mandate for change. But she also asserted that a crisis doesn't automatically translate into an opportunity: for this political will is needed. Both lamented the initial lack of solidarity across the EU and the fact that transnational bodies have not always delivered during this crisis, as well as the challenge of policymaking at a time when science rarely provided clear and quick answers. The pandemic does not respect borders and has emphasised the need to work together, within countries between the scientific community, private sector, civil society, citizens and decisionmakers, as well as between countries, with a more pronounced role for the EU, they agreed.

## Supranational views

Hans Kluge, Regional Director for Europe, World Health Organisation (WHO), said a key lesson learned had been that "Strong health systems based on strong people-centred blanket healthcare, mean strong national health security." We must ensure we have a dual track response to the pandemic, he stated, controlling and treating COVID-19 while continuing to treat other diseases – and he provided examples demonstrating that delays to treatment of some cancers are costing lives. Kluge gave the uplifting message that nothing is impossible when four key factors are present: necessity, innovation, courage and collaboration. In this regard he highlighted the WHO's new Monti Commission, a pan-European Commission on health and sustainable development that will rethink policy priorities in light of the pandemic while taking into account the interdependency of health, social cohesion and economic and sustainable development. Does the EU have the means to simultaneously protect its citizens from COVID-19 and recover from an economic crisis? Sandra Gallina, Deputy Director-General, European Commission Directorate-General for Health and Food Safety, was convinced that the means are there, as demonstrated by the EU's COVID-19 recovery and resilience package and a reinforced EU budget from 2021-2027. She emphasised a number of key priorities for health in the EU in the months and years to come, including investing in the social infrastructure for health and long-term care (there is a €70 billion gap); ensuring enough emergency stocks of

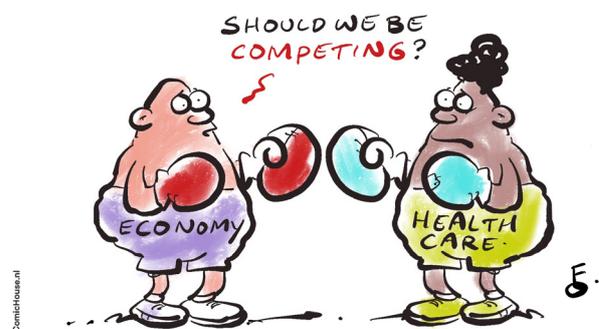
PPE, medicines and testing kits; and ensuring affordable and accessible healthcare through universal health coverage. She also highlighted the importance of having a well-trained and better geographically distributed health workforce with improved working conditions. "We have the means and now need the courage of politicians," she stated.

## Mental health

The panel then discussed a specific health challenge; the mental health problems exacerbated and caused by the pandemic. All agreed the disruption to lives and livelihoods caused by COVID-19 has adversely impacted mental health, from the loneliness caused by people having to isolate, to the insecurity and poverty for those losing their jobs, to the fear and anxiety of catching COVID-19 for frontline workers such as health professionals and teachers. Maja Fjaestad mentioned that in Sweden the risk of increased mental health problems for children and wider family members was one of the reasons behind their decision not to close schools. Hans Kluge described a new Mental Health Coalition recently launched by WHO Europe to address mental health as a critical priority for public health across Europe.

## The way forward

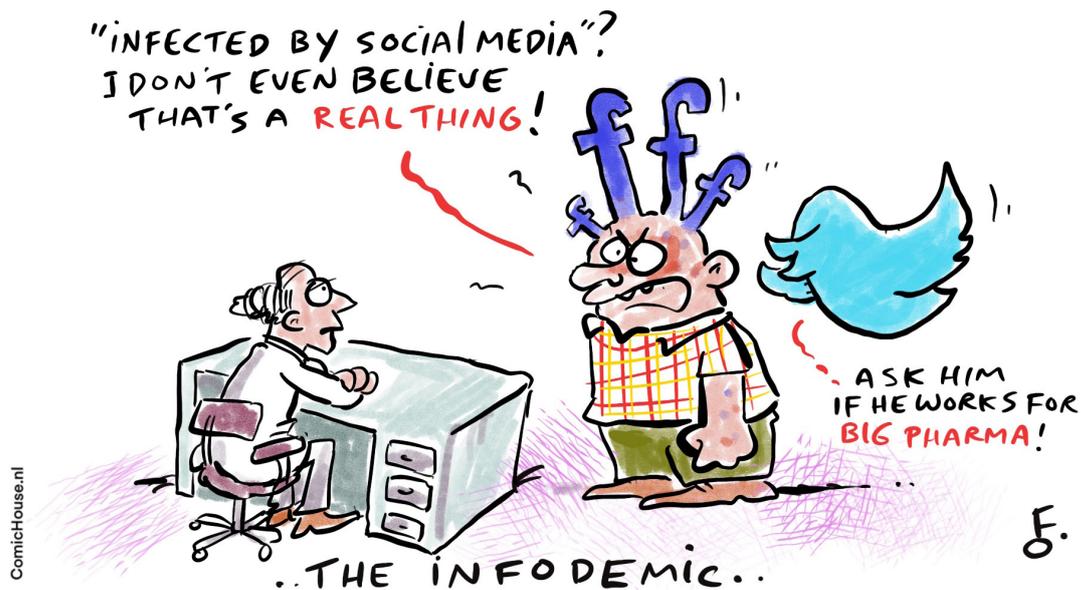
This session ended with a single question to all panellists: what should be prioritised moving forward? There was unanimous consent. We should invest in public health, especially in services for those most vulnerable. Cooperation across disciplines and countries was deemed essential. If there was one overarching message from the session it is that investment in public health will result in healthy communities and sustainable economic development. Ultimately, good health policy is a cornerstone for a fair and equitable society.



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## Thursday Plenary

### A year of disturbance and disruption *Digital influences on health, democracy and business*

Organised by European Health Forum Gastein



Thanks to the COVID-19 pandemic, humanity has faced its most turbulent year in decades. In a welcome address at the outset of the plenary, Rudolf Anschober, Federal Minister of Social Affairs, Health, Care and Consumer Protection, Austria, lauded the value of cross-sectoral partnerships that generate added societal value, but commented that while it is essential that technology keeps on progressing, we need to ensure that we have the necessary safeguards in place to protect citizens from potential harm – and looking to the future we have to think much more broadly than ever before.

#### Increased surveillance and techno-solutionism in the COVID-19 era

Carly Kind, Director, Ada Lovelace Institute, discussed the range of new technologies for health surveillance deployed during the COVID-19 pandemic, from digital contact tracing apps to the use of temperature detection systems and location monitoring to ensure curfew and quarantine compliance. She commented that while the use of data has clearly been incredibly beneficial during the crisis, we have seen an “epidemiological shift in surveillance” which could

lead to mission creep or a normalisation of the use of such technologies. She lamented the fact that the social value of data is much better realised by the private sector than by the public sector, commenting: “Data generated by the public is rarely used in the public interest but is used in the private interest for private gain.” The pandemic has also underlined how most of our digital infrastructure is under the control of a few private companies. In terms of COVID-19 digital contact tracing, Google and Apple (who control about 96% of the world’s smartphones) decided which kind of technology to deploy – ultimately making a privacy-preserving choice. However, it was a stark reminder that power does not lie in the hands of the public authorities – and next time the decisions could be different. Casper Klyngne, Vice President for European Government Affairs, Microsoft Corporation, pointed out the huge geopolitical impact of big tech companies. Technology in its widest sense has been a positive gamechanger in helping Europe cope with the pandemic, from telemedicine to homeworking, Klyngne posited. And looking to the future, it will also be essential to help recreate jobs lost and address COVID-19 in myriad ways. “There is an enormous responsibility for the tech sector to get it right

whether we talk about privacy or fundamental rights,” he said.

### Redressing the public and private sector technological imbalance

How then to address the mismatch that the global data ecosystem is skewed to support commercial use rather than the public interest? Kind commented that during the pandemic we have seen lots of regulatory barriers fall and yet data sharing and use was still not optimal. This reveals it is not just about getting regulatory frameworks right but also about getting “getting a culture of data use, good data governance and ethical data standards in place – it is about data standardisation and interoperability of digital infrastructures” she advocated. Kind put forward very practical solutions, focussed on investing in the capacity and upskilling of regulators and governments, and potentially involving an accountability mechanism such as an agile regulatory body for each sector. “This will mean hiring data scientists and ethicists with a speciality in technology issues and investing in the core infrastructure of regulatory mechanisms,” she stated. She also argued for a system similar to pharmaceutical regulations where new technologies are only released to the public after they have met a certain set of criteria. Casper Klynge agreed that the tech sector needed to step-up to the plate, help address the digital divide and partner with the public sector to ensure that regulatory frameworks are effective: “We need to promote a governance system that is transparent and creates accountability around these new technologies. In order to unleash the potential of new tech it is important to get that balance right,” he agreed. Klynge concluded that he has sensed an increased scrutiny from governments and civil society on the issues discussed in the plenary, and that big tech will be called to account in the not-too-distant future. “There will be a judgement day after COVID-19 about how big tech responded and how helpful it was,” he predicted.

### The COVID-19 infodemic

Whether through websites, social media channels or word of mouth, information in the modern age is spreading faster than ever before, and misinformation even faster. In a second panel addressing the COVID-19 infodemic, Andrei Baci, Secretary of State, Ministry of Health Romania, described a number of fake news stories underplaying the severity of the COVID-19 pandemic that circulated in Moldova, in turn undermining the public health response. The World Health Organization recognised this phenomenon and labelled the COVID-19 “infodemic” a serious threat that contributed to a

broader environment of fear and panic. Sylvie Briand, Director of Global Infectious Hazards Preparedness Department, World Health Organization, discussed the WHO response, including making new partnerships with “networks of amplifiers” to whom people turn for trusted information in times of crisis, such as faith-based organisations. Infodemiology was also founded as a new discipline, with the first global conference held online during summer 2020. Raffael Heiss, Postdoctoral Researcher, Management Center Innsbruck, discussed research in Austria that revealed people receiving COVID-19 information through public broadcasting are better informed, more knowledgeable about COVID-19, and less likely to believe conspiracy theories and fake news than those who mostly rely on social media. Social media abounds with fake news, with few gatekeepers to filter out inaccuracies. But misinformation is easier to correct than the phenomenon of strongly held misperceptions, Heiss emphasised. He called for more health, media and politics education in schools, to help people navigate the tsunami of information from all quarters that we have witnessed during the pandemic.

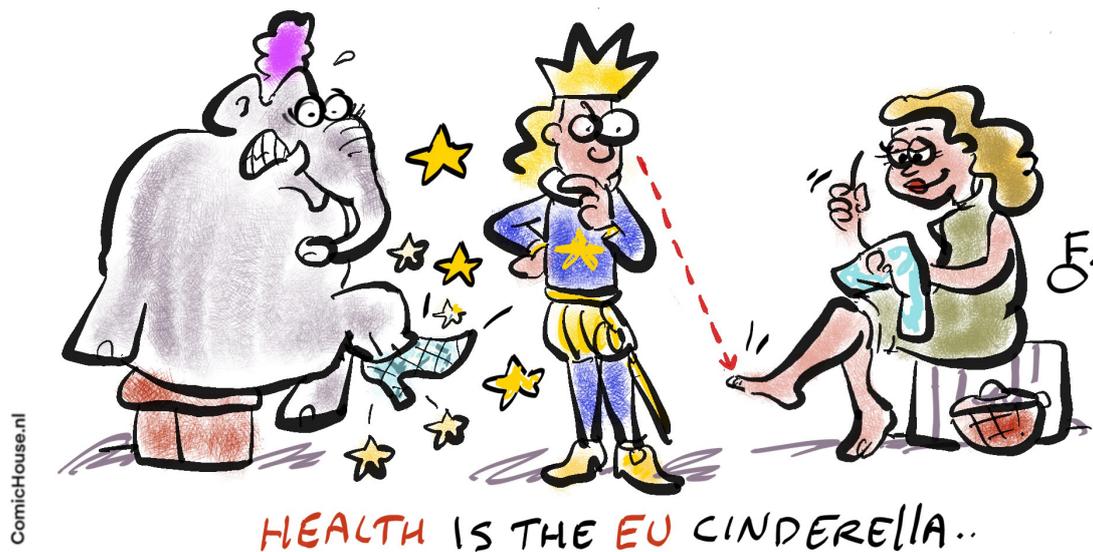
### European health data space

To conclude the session, Andrzej Rys, Director, Health Systems and Products Directorate, European Commission (EC) Directorate General for Health and Food Safety, discussed the European health data space (EHDS). “We are sitting on billions of data, but their benefit to society is still very low,” he acknowledged. Through the EHDS, the EC hope to mobilise the system and structure the regulatory framework in a clever way to capture technological development while allowing the movement of data. This requires a solid infrastructure to allow data collection, exchange and sharing across the continent. Further considerations include how we improve data quality and stimulate semantic interoperability. Last but not least realising all this depends on people skills and developing a culture of data use and sharing between citizens and healthcare providers, as discussed in the first part of the session. There is a lot of work ahead and the session showed how Europe’s role will be crucial as a pacemaker for setting a health data governance standard to protect people’s rights in this area in the future.

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## Closing Plenary

### Health politics beyond COVID-19 *Time for a European Health Union!*

Organised by European Health Forum Gastein



#### Let's make Gastein the birthplace of the European Health Union!

The Treaty of the European Union (EU) considers health to be an area of EU Member State (MS) competence, however COVID-19 has transformed the way the EU relates to health. Europe has suddenly been confronted by a number of “elephants in the room” at once, including the “elephants” of national fragmentation, lack of vision and a lack of solidarity between MS. In his EHFG 2020 closing address, Clemens Martin Auer, President, EHFG, highlighted that the conference had provided a dancefloor on which to dance with a number of “elephants” standing in the way of achieving progress on health, an economy of well-being, and promoting more social justice in our societies. He stated: “The clear answer to all this dancing is a European Health Union”. The concept of such a Union was raised most recently by European Commission (EC) President Ursula von der Leyen in her first State of the Union address on 16 September 2020. She underlined the fact that in the context of the crisis we should discuss the question of EU health competences and called for the establishment of a strong European Health Union (EHU). Leaving no one behind

in the quest to achieve access to safe and high-quality care and a sustainable strategy for health in Europe are also ideas that Vytenis Andriukaitis, former EU Commissioner for Health, advocates in a draft Manifesto discussed during the EHFG that includes principles and policies on which to base a EHU. He urged “Let's make Gastein the birthplace of the European Health Union!” So why do we need a EHU? What should it represent and how can we achieve it?

#### Health is a fundamental human right

Josep Figueras, Director, European Observatory on Health Systems and Policies, articulated a number of key arguments for a EHU: the unmet potential of the EU to impact health (obvious also from earlier crises); a human rights and solidarity rationale and a cost-effectiveness rationale. In terms of the economic arguments, he reminded us of the market power of 460 million buyers as exemplified by recent joint EU action on the procurement of medical supplies such as vaccines to tackle COVID-19. Additionally, health threats such as COVID-19 and AMR are externalities that do not respect country borders and should therefore be managed at EU level.

Health is a human right, and the EU has a duty to ensure it. Any future strategy should build on the EU Pillar of Social Rights, ensuring wellbeing for all people of all ages, and on the Agenda 2030 goals. Policies such as the economy of wellbeing, the resilience and recovery fund, the Digital Agenda and the Green Deal should be followed by a “Health & Wellbeing deal,” said Ilona Kickbusch, Founding Director, Global Health Programme, Graduate Institute Geneva. The pandemic has shown us more than ever that protecting health is a shared responsibility between MS, EU institutions and citizens. Lessons learnt from previous crises prove that “the EU cannot have an accountant’s vision of health policy”, she emphasised. The EU should become a democratic union by including the voices of civil society, patients, professional organisations and disadvantaged groups: a EHU must empower citizens.

### Strengthening the current EU health mandate

In an audience poll, 59% of respondents voted for the need to strengthen the EU health mandate with regulatory and financial powers to make progress towards a EHU, while 34% thought that in addition a Treaty change would be necessary. Seven percent thought we should simply apply current EU instruments more effectively.

Defining the word “Union” can be time consuming. According to Thomas Steffen, State Secretary, Federal Ministry of Health, Germany, this is the right time to look at how to sharpen the existing instruments available at both national and European levels. He was convinced that we should be pragmatic and pursue secondary legislation aimed at ensuring the best health outcomes for European citizens, rather than discussing questions of Treaty change which will be time-consuming and may require referenda in some MS. The other speakers agreed, with Caroline Costongs, Director, EuroHealthNet, adding: “If strengthening the EU health mandate with additional powers as a first step does not work, we can then push for Treaty change.” Mohammed Chahim, MEP, lamented the major decrease in funding for health at EU level from 9.4 billion to 1.7 billion Euros, but Steffen pointed out that sometimes more money does not always equate to better outcomes, arguing that we need to set the right priorities and then organise efficient funding, and that ensuring synergies with other programmes like Horizon Europe and Digital Europe will be essential to maximise benefits to the EU4Health programme.

### Promoting transparency, trust and European sovereignty

Marta Temido, Minister of Health, Republic of Portugal and a member of the current EU Presidency Trio, appealed for the need to strengthen the EU pharmaceutical strategy, have transparent pricing of medicines and ensure access to innovation. Mohammed Chahim concurred, emphasising: “Let’s be transparent about pricing and side effects and liabilities. If we are not transparent this will decrease citizen trust in these vaccines.” Speakers also called for a reinforced ECDC that should be given more power to formulate clear recommendations to MS and ensure they comply, and for MS to better utilise the European Semester process. All agreed it was also high time to reduce European dependency on nations such as India and China and strengthen the EU’s internal market for medicinal products, ingredients and protective equipment, securing local supply chains.

### Focus on prevention and preparedness

Building a Europe where all people are as healthy as they can be throughout their lives requires a broader approach focussed on the determinants of health. Caroline Costongs called for a strategy focused on the psychosocial aspects of the pandemic, not just the biomedical ones. Mohammed Chahim reminded us that if we want to be prepared for the next crisis it is important to be aware that the world is changing in such ways that infectious diseases will be more frequent in future. There is always a hesitancy to invest in prevention, he acknowledged, but as health is a fundamental human right we must look at how to promote it from a broader perspective. Ilona Kickbusch agreed and had the final input on the topic, summarising many elements discussed in the session. She described that the EHU needs to be built with a number of key mechanisms in mind: the various determinants of health (including social, environmental and commercial determinants); strengthening the existing European institutions, and giving them more money where necessary; and co-production of health with aforementioned strategies outside the health arena. “Unless the EU finds a good way of combining these it will not be able to put this (EHU) into practice,” warned Kickbusch.

**Learn more**

[Programme](#)

[Session recording](#)



## Health systems resilience

### *Absorbing shocks, assessing response impacts and preparing for crisis*

Organised by the Austrian Ministry of Social Affairs, Health, Care and Consumer Protection and the European Observatory on Health Systems and Policies

 Bundesministerium  
Soziales, Gesundheit, Pflege  
und Konsumentenschutz

European  
**Observatory**  
on Health Systems and Policies  
a partnership hosted by WHO

The COVID-19 pandemic has brought into sharp focus the critical issue of how to achieve more resilient health systems. In this session, a panel of experts discussed key concepts, strategies and early lessons learnt from the experience of three countries – Austria, Germany, and Switzerland – in strengthening the resilience of their health systems while responding to COVID-19.

#### **Now more than ever resilient health systems are required**

The session began with a welcome speech by Rudolf Anschober, Austrian Federal Minister of Social Affairs, Health, Care and Consumer Protection, who shared his perspective on how the country is responding to the pandemic. In order to enable timely and evidence-informed decision making, the Austrian government set up a Crisis Unit in the Federal Ministry of Internal Affairs, and an Advisory Taskforce composed of virologists and public health experts, among others. Anschober highlighted the importance of having the technical capacity to deal with the pandemic and noted that hospital capacity in Austria (including beds and intensive care units) that had previously been criticised and considered excessive had now become an asset. According to him, resilience is the most

important aspect in the successful management of such a crisis.

#### **But, what does health system resilience mean?**

Anna Sagan, Research Fellow, European Observatory on Health Systems and Policies (OBS), provided a definition of resilience from a health systems' performance perspective: "the ability of a health system to prepare, manage (absorb, adapt and transform), and learn from shocks (a sudden and extreme disturbance)". Sagan introduced the shock caused by the COVID-19 pandemic as a complex one, exacerbated by an overlapping global economic crisis. Such a shock necessitates resilience-enhancing strategies in relation to all functions of health systems, including governance, financing, resources and service delivery. Sagan also presented some early lessons learned from the COVID-19 response of European countries, published in a new policy brief by the OBS entitled "Strengthening Health Systems Resilience":

- Resilient COVID-19 responses are two-fold, entailing (1) enough technical capacity to respond and (2) appropriate and effective governance.
- Although the pandemic has had a severe impact on disadvantaged groups and widened the equity gap, it has also shown that no one is safe until everybody is safe – a

chain is only as strong as its weakest link.

- Countries need to collaborate to benefit from better surveillance and notification systems, joint procurement, medical research, sharing of best practices and to ensure an effective global governance response to COVID-19.
- An effective response to COVID-19 is multifaceted and multisectoral: along with health system components, it incorporates social, economic, green and other dimensions, and it considers global trends such as digitalisation.

### What do the pandemic responses of Germany, Sweden and Austria have in common?

Country representatives Hans-Ulrich Holtherm, Head of the Directorate-General Health Security, Health Protection, Sustainability, German Federal Ministry for Health; Olivia Wigzell, Deputy Director General of the Ministry of Health and Social Affairs, Sweden, and Stefan Eichwalder, Head of the Department for Diagnosis Related Group (DRG) and Health Economics, Austrian Federal Ministry of Social Affairs, Health, Care and Consumer Protection, discussed the policy interventions implemented in their respective countries for an effective and timely response to the COVID-19 crisis. A common approach adopted by all these governments was the uptake of knowledge in decision-making, either by establishing a new advisory task force (Austria); involving existing institutions in the decision-making process (Germany); or partnering with expert organisations (Sweden). The main principles followed by all three governments and described as central aspects to tackle the pandemic were fostering social cohesion, ensuring a holistic response, and promoting solidarity, trust and cooperation across different sectors.

Similar to Austria, Germany stressed having excellent hospital capacity as one of the strengths of its health system response, while Sweden responded by doubling their ICU capacity in the early months of the pandemic. Furthermore, Germany's strong primary care system acted as a means of gatekeeping patients with mild symptoms, so that only severe cases were referred to hospital. Lastly, its strong public health system enabled successful contact tracing to slow virus transmission. Sweden and Germany both utilised digital tools either to monitor ICU beds (Germany) or to enhance health professional capacity through e-learning opportunities (Sweden).

### Beyond commonalities, there are some key differences

There were two different perspectives offered on the impact

of decentralised health systems during the session. On the one hand, this feature was presented as an advantage for the German context, as it allowed federal decisionmakers to act based on local needs, for example when deciding on the adoption of stricter or milder lockdowns. On the other, a decentralised health system posed challenges for the Swedish government to coordinate national initiatives like testing and tracing and provide a joined-up response to the pandemic across the country, with 21 different regions responsible for financing, purchasing and running healthcare delivery and 290 local municipalities responsible for local services including schools, elderly care, emergency services etc.

### The international response

The lack of sufficient international collaboration within and outside of the health sector (e.g. travel advisories, procurement, and supply chain issues) in the early stages of the pandemic was discussed by Stefan Eichwalder. It was clear before the pandemic that supply chains were vulnerable but mitigating measures had not been enacted. Nonetheless, signs of improvement in terms of international collaboration can already be seen in the context of the EU joint procurement for vaccines, he remarked. Eichwalder also emphasised the concept of trust, both between EU MS and between governments and citizens – the latter which must be sought through open and transparent communication campaigns.

The pandemic has highlighted that health is a prerequisite for stable and successful societies, and that strong, solidarity-based health systems that make health promotion and prevention a key concern are an absolute necessity. Eichwalder urged policymakers not to forget treatment too however: continuing to provide hospital emergency and elective care services during the pandemic remains of paramount importance and will otherwise lead to higher levels of indirect mortality and morbidity. Connected to this, a necessary balance between the protection of health and the protection of the economy is a prerequisite for both economic recovery and health and wellbeing, and making decisions based on these factors will continue to be a tricky balancing act for decisionmakers as governments continue to tackle COVID-19.

**Learn more**

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[Session recording](#)



## Universal health coverage and the role of the health workforce *Building on the momentum from COVID-19*

Organised by Open Society Foundations and the European Institute of Health and Sustainable Development

### OPEN SOCIETY FOUNDATIONS

COVID-19 has created a generational opportunity to place health at the centre of European cooperation. Fuelled by fragmented responses, the pandemic has laid bare the shortcomings of a European contract that incentivises national responses over cross-national solidarity. Nowhere is this clearer than in the case of the European health workforce (HWF). Plagued by competition and nationalist impulse since long before COVID-19, the development of a regional HWF has never been more critical.

Setting the scene, session co-moderator Vytenis Andriukaitis, Special Envoy for the European Region, World Health Organization (WHO), articulated better health to be one of the deepest desires of European citizens. Nonetheless, it remains largely ignored by mainstream politicians. Calling for a European Health Union (EHU), he stressed “The EU is ripe to transform itself to become a Union committed to fostering well-being and health”.

### The impact of the EU and national borders on health workforce mobility

Corinne Hinlopen, Global Health Policy Researcher, Wemos, highlighted that the free movement of workers is cornerstone to an open and integrated Europe and plays a crucial role in

shaping HWF mobility. HWF imbalances and shortages are a major concern and while lack of financing is partially to blame, it is also a matter of inaction. As Hinlopen pointed out, “It’s long been known that the current HWF is not fit to face the healthcare needs of tomorrow”. Short-sighted actions to bridge the gaps, such as attracting HWF from one Member State to another results in a “waterbed effect”, leading to health labour market failures. In this scenario, panellists agreed HWF mobility to be the elephant. The challenge, but also the opportunity, is for Europe to learn how to dance with this elephant; managing it in such a way that ensures we continue to reap the benefits, all the while preventing the negative consequences.

Martin McKee, Professor of European Public Health, London School of Hygiene & Tropical Medicine, argued that in times of a pandemic such as COVID-19, our open and invisible borders, defining the EU as a whole, become visible again, and now potentially decide where one is safe or at risk. In a Europe that is based on the idea of solidarity, this is simply unacceptable and illustrates further the necessity of a “Europe for health”.

### Health workforce trends

Alex Soros, Deputy Chair, Open Society Foundations, acknowledged that despite best intentions, open borders have

resulted in demographic shifts and unexpected inequalities. Building on this point, Hinlopen painted a sobering picture of HWF trends across Europe:

- An ageing HWF approaching pension age, and an ageing population in general with corresponding healthcare needs;
- Decreased popularity in pursuing a career in healthcare, with its heavy workload, administrative burden, and relatively poor salary;
- Complex push and pull factors driving health worker mobility between and within the EU Member States, creating medical deserts;
- Reliance of many Member States on foreign-trained health workers, mostly leading to an exodus from South to North and East to West which was exacerbated during the accession of new Member States to the EU and the financial crisis in 2008;
- Active and targeted recruitment of foreign-trained health workers, also from countries with existing HWF shortages;
- An increasing number of bilateral agreements between governments that do not always benefit all parties involved, and are seen more as a “business deal” rather than having UHC in mind.

Referring to a recent report from the European Commission’s Expert Panel on Investing in Health ([European Commission, 2019](#)), McKee brought forward the issue of task shifting. Often seen as a way of delegating tasks to lower skilled workers, he noted the report painted a more complex picture. Tasks should be distributed among and between different types of health workers, patients and their carers, and increasingly, machines. However, in order to facilitate change, ingrained practices must be challenged.

### Mitigating the unintended harms of workforce mobility

Andriukaitis called on the EU to demonstrate commitment to pan-European solutions in the field of HWF mobility. Finding solutions is not only critical for convergence between current Member States, but progress is also important to win hearts and minds in countries that are considering joining the EU.

In an attempt to retain healthcare workers, Salija Ljatif-Petrushovska, Director of the Specialized Gerontology Center, Specialized Hospital for Geriatric and Palliative Medicine, explained how policymakers in North Macedonia, an EU candidate state, had implemented a 40% salary increase for the HWF. Ultimately, this has been seen as a positive step, but

she cautioned, in isolation would not be a sufficient incentive to remain. In agreement, McKee emphasised that the decision of health workers to migrate is often not solely due to demotivation caused by insufficient salaries, but also influenced by the poor working conditions the remaining workers face. In order to fully address the imbalance, working conditions, opportunities for developing skills and responsibilities, along with more difficult issues such as informal payments must be addressed.

With many EU Member States having already developed data-driven strategies to build a resilient HWF, the question remains if and how the EU will advance coherent policy responses that ensure national strategies are not hindered by macroeconomic agreements unrelated to the health labour market. Hinlopen reiterated the importance of developing responses that amplify the implementation and effectiveness of national strategies, balancing the national interests with the collective interests of the Union.

### COVID-19 and strengthening EU cooperation

The COVID-19 crisis, and the wider societal and systemic response, have brought health inequalities into sharper focus. Those most vulnerable have been hit the hardest due to societal, political, and health system failures that replicate inequalities and vulnerabilities. Hinlopen recognised this to be Europe’s opportunity to “build back better”, acknowledging the pandemic has resulted in increased political will to invest in health. Now is our moment to leverage that will because “what is our wealth, without health?”.

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## #healsy20 - Lessons learnt from COVID-19 *Resilient Health Systems 2020*

Organised by the German National Association of Statutory Health Insurance Physicians (KBV) as part of Germany's Presidency of the EU Council



While most of the larger European countries – France, Italy, the UK, Spain – famously struggled with managing the COVID-19 pandemic during its early phase, Germany stood out with early infection control and low mortality rates since the beginning. What determined Germany's success in containing the outbreak? What lessons can be learned from the German experience during the past months? These and other questions were discussed in the opening session of the Digital Congress of the German National Association of Statutory Health Insurance Physicians (KBV), which was streamed live to the EHFG.

### Comparing outbreak indicators across Europe

Reinhard Busse, Professor and Head of the Department of Health Care Management, Berlin University of Technology, started his keynote by giving a cross-country overview of epidemiological data and response indicators to contextualise the German outbreak response. Notably, Germany has exhibited high testing volumes with low positive rates since the beginning of the crisis. Even more importantly, however, Busse stressed that the share of COVID-19 patients treated in hospitals has been significantly smaller in Germany than in other countries. Both testing and treatment of milder cases have predominantly taken place in the primary healthcare (PHC) sector. On the one hand, this has helped prevent overcrowding of hospitals. On the other hand, it reduced the risk of virus transmission to health professionals and other patients.

Germany's fortunate situation is also reflected in mortality statistics: while all-cause excess mortality reached around 20% in some European countries, there has not been a significant increase in deaths in Germany. As Busse pointed out, this is most likely not only due to low COVID-19 related mortality, but also to the continued provision of necessary care to non-COVID-19 patients, which helped minimise collateral damage.

### So, Germany fared well – but why?

Following the keynote presentation, a high-level panel discussed what they considered to be the major success factors in Germany's management of the COVID-19 crisis. Jens Spahn, German Federal Minister of Health, stressed the importance of an early response: Germany was one of the first countries in Europe to provide diagnostic infrastructure and to grant reimbursement of tests by statutory health insurance. He also drew attention to Germany's good laboratory infrastructure and network of local public health authorities. He put particular emphasis also on the importance of the health workforce, consisting of more than five million people, and explicitly mentioned professions like medical technicians, who receive little attention in normal times.

Taking up the point from Busse's presentation, all panellists agreed on the importance of a strong PHC sector that helps relieve the burden on hospitals. Andreas Gassen, Chairman of the Board, KBV, pointed out that he regarded Germany's decentralised system of outpatient general practitioners and specialist care as crucial for its successful management of the crisis, especially for avoiding transmission within the healthcare sector. He also expressed confidence that, should case numbers rise further in the coming weeks and months, the German system would still be able to handle such an increase relatively well.

### Yet, there is room for improvement

The panel also identified some lessons to be learned from the German crisis management so far. In this regard, Spahn stressed the need to better use the potential offered by digitalisation, including to improve the exchange of data, e.g. on test results. Electronic patient records, which have been used in other countries for many years, will be introduced in Germany in 2021. Two other aspects he mentioned were the need for greater

independence from China regarding pharmaceutical production as well as for bringing antiquated occupational regulations for health professions up to date.

Doris Pfeiffer, Chairwoman, German National Association of Statutory Health Insurance Funds, drew attention to questions of financing. While spending of statutory health insurance funds in 2020 appears to remain lower than had been feared – due to lower service use in the inpatient sector and cost sharing with the federal government for reserved hospital capacities – the outlook for 2021 remains highly uncertain. The financing situation then will depend on factors that are hard to assess upfront, like the extent to which the virus will continue to spread, the economic development, and the costs related to a potential vaccine. This makes planning ahead a difficult task for payer organisations.

Hans Kluge, Regional Director for Europe, World Health Organization, also highlighted the need for increased international solidarity and reforms targeting health systems resilience and preparedness at a European level. He also called for a closer alignment of public health and policy-making.

### The elephant to dance with in the coming months: vaccination

Inevitably, towards the end of the session, the discussion turned to considerations around a potential vaccine. True to the motto “no one is safe until everyone is safe”, the panellists agreed on the importance of international solidarity in the distribution of vaccines once they are available. Mentioning the COVAX facility, Kluge drew attention to the danger of neglecting middle-income countries, as the discussion is mostly focussed on high- and low-income countries. Furthermore, there was consensus that the level of solidarity and cooperation that has arisen from the current crisis should be further capitalised upon, e.g. for health-policy related reforms at the EU level.

As pressing as the need for a vaccine to alleviate the effects of the pandemic currently feels, both Spahn and Gassen insisted that vaccine candidates must fulfil high safety standards. Thus, they welcomed the decision made by the EU to only introduce a vaccine once it has successfully undergone phase three of the evaluation process. Spahn also addressed rumours spread persistently by anti-vaccine groups and made clear that vaccination would not be mandatory in Germany.



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## Young European Voices

### *The future of health systems sustainability*

Organised by MSD and Johnson & Johnson



The COVID-19 pandemic has exposed the fault lines in health systems of even the most economically advantaged and politically stable countries across Europe. The session 'Young European Voices', organised by MSD and Johnson & Johnson, set an arena for discussion on the future of health system resilience and sustainability, and in fact did so with a particular and much-needed twist – a focus on Europe's next generation of experts, leaders and community voices. The session called for more opportunities for young Europeans to get involved in the process of building a more equitable and harmonised future for healthcare in the European Union. To identify actionable steps towards this goal, the session gave the floor not only to a panel of high-level policymakers and experts, but also representatives of key youth organisations: Digital Europe, European Health Parliament, European Patients' Forum Youth Group, EU40, One Young World, Think Young, Young European Leadership, Young Forum Gastein; and Young Coalition for Prevention and Vaccine.

Hope that the COVID-19 crisis might present a moment of opportunity to (re)think what kind of future we want to create for younger generations echoed through the session – as summarised by Michele Calabrò, Policy Advisor, European Patients' Forum: "We are certainly not starting from an ideal situation - but we should try to learn from this crisis and advance, not just repair, our health systems for better resilience." Susana Solís Pérez, Member of European Parliament, stressed the weight of the political choices we make as we strive to overcome the pandemic: "Now more than ever, policymakers need to collaborate with young people to build a brighter and more inspiring future for Europe." Signe Ratso, Deputy Director-General at the Directorate-General for Research and Innovation (DG RTD), European Commission, highlighted the importance of knowledge-sharing and collaboration across countries and sectors in the fight for recovery. "I firmly believe that research and innovation are critical to ensure sustainability and recovery and to boost resilience.", Ratso summarised.

#### Advancing digital transformation

One area of innovation in which young, 'digital native' actors can doubtlessly lead the way is the digital transformation of health systems. Unsurprisingly, during the pandemic young people were on average better able to make the sudden technological leaps required to successfully navigate the new reality. Given the high level of digital literacy in young professionals, it is particularly important to facilitate and encourage the involvement of young Europeans in conceptualising the EU's future approach to digital health. However, digitalisation cannot succeed without the trust of citizens, and as Evelina Kozubovska, Member of the European Health Parliament, pointed out "it is crucial to ensure that citizens know what happens to their data and how it is used." The fact that many national-level health records in the EU remain disjointed and health data sharing initiatives in the EU are still limited in scope presents a challenge to overcome, as does the creation of a safe and coherent pan-European data infrastructure that can allay fears and reliably meet data security requirements.

Alongside the empowerment of citizens, investing in trainings for healthcare professionals will be crucial to make digitally transformed health systems possible. As discussed by speakers in this session, it is vital to ensure that the transition to digital health does not come at the cost of further increasing health inequities within Europe, with those less health- and digitally literate being left behind. The panelists agreed that the development of a resilient health system, and the digital transformation accompanying it, need to capitalise on the invaluable resource represented by young healthcare and public health professionals all across Europe.

#### From good examples to best practices

Among a broad agreement that COVID-19 has opened a window of opportunity for bold, transformative action on health in Europe, the challenge now will be to identify concrete next

steps to harness this momentum. While all policymakers on the panel were united in their commitment to involve young health professionals in the COVID-19 recovery effort, it proved more challenging to pin down practical actions to achieve this goal. To realise the potential of young actors for policy change, not only do young Europeans need to be proactive in their involvement, but new mechanisms need to be put in place that facilitate their engagement. Signe Ratso named several positive examples of youth participation during the COVID-19 pandemic, such as designing face masks, providing care for the elderly, and creating solutions in the digital space like organising health-focused hackathons. Despite the inspiring examples, it also became clear that much work remains to be done to channel individual innovations into a systemic empowerment of young actors for positive structural change.

The session carried important take-away messages for the audience and in particular for policymakers. First, stronger intergenerational cooperation needs to be established and institutionalised to allow for a smooth transition of European public health into the digital age, and young European health professionals need to be at the helm of this transformation. Beyond that, an effort needs to be made for all European health professionals, regardless of their age, to improve their digital skills as a matter of priority. Finally, health budgets need to be improved both on the national and European level, with the recent cut in the EU4Health programme budget flagged as a particular topic of concern.

### United Young Voices leading the way forward

The second part of the session gave the floor to young voices by bringing together a number of European youth organisations to envision Europe's (healthy) future. The discussions were thematically divided into two groups: 'Prevention and sustainability of future health systems' and 'Digital health - building today the healthcare of tomorrow'. These discussions were meant to serve as a starting point for more comprehensive action: based on the collected proposals, a youth engagement campaign on the value of prevention will be established to motivate young people to become actively involved in fight for health system resilience in Europe, while the group focused on digital health will come up with a concrete set of policy recommendations.

Elisabeth Wisniewski, Editor, Debating Europe, steered the discussion in the prevention and sustainability group. The

group agreed that empowering youth to embrace their role in prevention with respect to their own health will be an important stepping-stone to encouraging young people to take their engagement for health from the personal to the institutional level. Reaching young people with messages about health and health promotion must happen on their terms: one stand-out conclusion from the discussion concerned the need for clear, concise and dynamic messages tailored to young people.

The discussion in the digital health group was facilitated by Joe Litobarski, Debating Europe, who led the discussion to form a common set of priorities and policy recommendations. A wide number of topics such as data security, equitable access and infrastructure were addressed, showing also that many issues in the digital space are highly interconnected. Communication and literacy stood out as priorities also in this group, stressing that citizens, healthcare professionals and policymakers need guidance and resources to navigate digital data and processes.

The two groups were designed to foster an active and constructive tone of discussion, and most importantly helped the session participants come closer to answering the question on how to use the potential of young people in the COVID-19 recovery period and how to involve youth in public health in Europe in general. The involved youth organisation and session organisers will continue their work in this space, and looking forward, we will see how the recommendations that emerged will be operationalised and taken forward on the policy level.

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## Mitigating COVID-19's impact on health inequalities

### *Investing in an equitable and resilient recovery*

Organised by EuroHealthNet, The Health Foundation and Trimbos Instituut, The Netherlands Institute of Mental Health and Addiction



At the beginning of the outbreak, COVID-19 was sometimes referred to as the “Great Equaliser”. Time and insight have shown that this could not be further from the truth. Not only has the pandemic highlighted existing inequities - it has in fact deepened them and created new ones. The session on mitigating COVID-19's impact on health inequalities brought together an expert panel to discuss this issue and offer fresh ideas for an equitable and sustainable recovery from the crisis. Setting the tone for the ensuing inputs and debates, Caroline Costongs, Director, EuroHealthNet, advocated for the need to consider this crisis as a syndemic rather than a pandemic: the impacts of COVID-19 are interdependent with long-lasting and unresolved health inequities, often brought about by known socioeconomic risk factors.

#### COVID-19 and social determinants of health

Nico Dragano, Professor of Medical Sociology, University of Düsseldorf, pointed out that both the direct and indirect effects of the pandemic, such as the mental health burden resulting from the fear of infection, social isolation, and increased financial insecurity, have disproportionately affected the less fortunate, thereby increasing already existing social and economic inequalities. Working from home, for example, has proven to be a privilege not available to everyone. Ghazala Mir, Associate Professor of Health Equity and Inclusion, University of Leeds, added to this by highlighting that these inequalities and health risks tend to disproportionately affect those from Black, Asian and Minority Ethnic (BAME) backgrounds. Studies from different contexts show that BAME communities are more severely impacted by the pandemic in terms of worse health and economic outcomes. Importantly, there is a political and social dimension to the issue, namely entrenched structural racism and discrimination as well as non-representation in policy processes, which then lead to policy environments that are particularly hostile to these communities. The effects of this trickle right down to the individual level. Members of BAME communities have in many instances been blamed for

the spread of the virus, tend to work in lower paid jobs with higher exposure to the virus, and are disadvantaged in terms of risk factors such as housing, education and healthcare access. Structural racism and discrimination can therefore be seen as underlying and transgenerational determinants of health in general, and especially so during the COVID-19 pandemic. More research is needed to properly define the high-risk groups and then better understand the mechanisms by which they experience higher numbers of infections. The answers can help us to design holistic strategies consisting of short- and long-term interventions, some of which may be broad and applicable to the whole population (for example income support measures) and others which are specifically targeted at these vulnerable groups.



## Mental health consequences of the pandemic

Besides the above-mentioned fear of infection and social isolation, the impact of the pandemic on educational attainment and unemployment is reinforcing the substantial negative impact on the mental health of large parts of the population. As Laura Shields-Zeeman, Head of the Department of Mental Health and Prevention, Trimbos Instituut, pointed out, this is consistent with the mental health impact of previous crises, such as the 2008 economic crisis. Experience from these provided strong evidence for an association between economic and social risk-factors and poor mental health status. Moreover, increasing mental health inequalities have been associated with negative developments in terms of other health indicators, such as life expectancy at birth. As studies on the mental health effects of COVID-19 have shown for several countries, the pandemic has led to increased levels of stress, depression, anxiety and sleep problems. While symptoms decrease following the easing of restrictive measures, they still require attention and support. Shields-Zeeman called for both short and long-term interventions on the social and economic determinants of health that focus on mental health and target not only the whole population, but also vulnerable groups in particular. These interventions need to include actors from sectors beyond health.

## Developing multisectoral solutions

The call for more intersectoral cooperation was echoed by Pilar Aparico Azcarraga, Director-General for Public Health, Spanish Ministry of Health, Consumer Affairs and Social Welfare. Also in Spain, COVID-19 has highlighted existing clinical, social and epidemiological vulnerabilities among certain population groups that can only be addressed by interventions involving employment, social protection and education. In line with this, Dana Burduja, Senior Health Economist, European Investment Bank (EIB), referred to the EIB's commitment to investing in sustainable, long-term recovery processes which include the whole of society and are based on partnerships, with equity being front and centre.

## International cooperation and the European Union (EU)'s role in recovery

Bart Vanhercke, Director, European Social Observatory, recalled that the initial reaction of Member States at the beginning of the pandemic was to safeguard their national interests, making limited use of the cooperation tools available to them. However, after this initial phase, remarkable levels of solidarity

and collaboration arose, amongst others also sparking a public debate about the potentially broader role for the EU in health, despite its currently weak legal basis. The need for extending the EU's competence on health, recognised by many researchers for some time now, has received wider recognition in recent months.

Questions from the audience drew attention to the pandemic's particular impact on students and young people as well as the lack of an eviction ban in Europe, similar to the one implemented in the United States of America, which could help prevent homelessness during the economic crisis. Towards the end of the session, there remained one elephant in the room that did not have a chance to dance: gender. Both audience and panelists agreed that the impact of the pandemic on women deserves more attention and future discussion.

Tim Elwell-Sutton, Assistant Director of Strategic Partnerships (Healthy Lives), The Health Foundation, concluded that despite its negative consequences, the pandemic has also created opportunities to address long-standing structural short-comings. However, to make a sustainable recovery possible, the multi-disciplinary approaches that are being discussed and promoted during the crisis need to be realised and carried forward into the future.

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## Digital Childhoods

### *Protecting children's well-being in the digital age*

Organised by Fondation Botnar and the The Lancet & Financial Times Commission 'Growing up in a digital world: Governing health futures 2030'

**fondation  
BOTNAR**



The European Health Forum Gastein 2020 session on Digital Childhoods, organised by Fondation Botnar and the The Lancet & Financial Times Commission 'Growing up in a digital world: Governing health futures 2030', was opened by Ilona Kickbusch, Founding Director Global Health Programme, Graduate Institute Geneva, with a question to the audience: Should national digital health strategies be adapted to reflect the needs and vulnerabilities of children and youth, or do we need to develop dedicated strategies specifically for this group? A majority voted for a combination of both integrated and individual solutions, underlining the urgency of devising a consistent and comprehensive framework for advancing digitalisation in a way that caters to the needs and concerns of all of its (future) users.

Interestingly, children and youths themselves may not even feel like they are currently experiencing a process of digital transformation, as digitalisation has long been part of their lives and influencing their realities in positive and negative ways. Apart from clear advantages such as the immense potential to close access gaps in areas like mental healthcare, digitalisation carries some downsides. Young people may for example be impacted by anxiety, isolation, bullying, stigmatisation and depression related to the use of new technologies, as well as disrupted sleep routines or reduced physical activity. The impact of digitalisation runs deep and can be fundamental in young people's lives. As Mark Khurana, Co-founder, JOHO, put it: "It's

a question of identity. We are redefining who we think we are, and who we think other people are." In moving back and forth between virtual reality and real world, unattainable expectations can be created that may negatively impact young people's self-image and affect both their physical and mental health.

This potentially substantial negative effect on children and youths requires us to be more mindful of the quality of new technologies and the frequency with which they are used. One vital aspect for moving forward in this regard is the sustainable establishment of channels for consultation with youths to allow for the co-creation of both digital technologies themselves as well as the regulations surrounding them. Youth is often ahead of the curve and an early adaptor of new technology - engaging in digital transformations that concern young people without consulting them results in solutions that are already outdated when implemented. It is also crucial to promote both digital literacy and health literacy - separately and taken together - in order to empower individual decision-making around how to appropriately use digital tools and when. Additionally, there is a need to reinforce "civic literacy" to help navigate the blurred lines between real and virtual world, always remembering that our behaviors in both do have the potential to help or harm others.

Barbara Bulc, Co-creator, OurCity Initiative, Fondation Botnar, strongly supported the idea of including youths in all aspects

of digitalisation, and outlined how their initiative supported the emergence of new solutions for young people by truly including them in the debate and ensuring that different actors join them around the table, from academia to civil society. With almost 50% of the European population being made up of people under 30 years of age, it seems obvious that young voices are needed for a successful approach to digitalisation, across all disciplines and sectors.

The session organisers were also curious to hear more about which aspects related to health technologies should be prioritised by digital policies, specifically when bearing in mind the needs and vulnerabilities of young people. Session participants weighed in with issues concerning privacy, safety, isolation, exploitation and marketing as well as the growing digital divide. The European Union (EU) has so far pioneered solutions in particular in the area of privacy policy, for instance through the General Data Protection Regulation (GDPR), and can hopefully achieve similar progress in other areas.

From a national perspective, Hrovje Belani, Head of e-Health and Cybersecurity, Ministry of Health, Croatia, commented on the challenges in addressing the digital divide. He stated that the main difficulty we are facing today is no longer the equitable provision of access to digital technologies in terms of their affordability and availability, but the inequalities in terms of digital literacy and skill. This can hinder the successful implementation of telemedicine and other technologies in healthcare settings. Belani however also pointed to the high proportion of young persons in the EU with considerable digital skills and stressed that the responsibility of policymakers now is to design digital healthcare delivery so as to serve also a new generation of users. Another highly contested issue that was touched upon were access rights: Should parents for example hold access rights to the health records of their children, or should these be accessible to the children only? Here, Belani pointed to how possible approaches could be inspired by for example the education sector, where some e-learning tools have been designed to allow for differential access allowance between parents and children. It is likely that we need similar solutions also for the health sector, where parents can grant access to their children for selected parts of a given platform or service – and vice versa.

Andrej Rys, Director, Health Systems and Products Directorate, European Commission (EC), went further into the topic of data

security and privacy. The EC is involved in digitalisation through tools such as Structural Funds, which amongst other things provide support in building suitable and safe infrastructures within Member States that aim to further decrease inequalities in digitalisation in terms of access e.g. for schools. At the same time, the EC continues to work towards safe structures for data sharing and on new challenges such as the advent of Artificial Intelligence as well as the regulations that need to accompany it. It is important to remember that the policy decisions we take today both on EU and Member State level shape the digital future in Europe and how children will grow up.

Lucy Fagan, Global Focal Point, UN Major Group for Children and Youth, reminded us that the digital world is, in the end, a mirror of what is happening in other areas of life and society. She outlined how this means that digitalisation can be a double-edged sword: While it can for example empower women to access information about health that may otherwise not have been accessible without the consent of a male relative, digitalisation can also make vulnerable groups more vulnerable by exposing them more, and reinforcing long-standing problems such as marginalisation, racism and sexism.

One of the recurrent themes throughout the debate was the issue of marketing: Algorithms on social platforms can push content in a targeted way, without the individual necessarily realising that they are being presented with only selected pieces of information. An understanding of these dynamics and the ability to critically engage with them is required to safely navigate these environments, something that especially youths may still lack. Moreover, the selection of content tailored to a user's preferences and characteristics can contribute to the development of addiction disorders in vulnerable individuals.

For all of the issues highlighted during the session, engagement and participation of young people were considered key to developing sustainable solutions. Bulc also stressed the importance of supporting and following through with those problem-solving processes that are already taking place in communities and societies. Empowering people by giving them access to decision-making processes is a fundamental step to building digital security and equity – not only but also for Europe's youngest.

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## COVID-19 Vaccines are coming *Magic bullet or a load of blanks?*

Organised by Vital Transformation



Right on its first day, the European Health Forum Gastein featured a session about one of the hottest topics of 2020: will a COVID-19 vaccine become available and if so, when and at what cost?

Given the considerable societal and economic impact of the new coronavirus and the measures put in place to contain it, everyone is hopeful that COVID-19 vaccines will soon be at hand to provide a route out of the pandemic. At the same time, and after billions of euros have been invested by governments both individually and through the European Union (EU), many are still skeptical about the safety of a vaccine which is being developed in such a hurry. The general trust around the EU's management of COVID-19 and towards vaccines in Europe has been steadily decreasing, and it is estimated that 25-50% of Europeans would currently be willing to take the jab if a COVID-19 vaccine was available.

Vaccines typically require years of research and testing before reaching the clinic, but in the face of the ongoing pandemic pharmaceutical companies moved at unprecedented speed

to produce a safe and effective coronavirus vaccine by next year. Work began in January, with the deciphering of the SARS-CoV-2 genome. The first vaccine safety trials in humans started in March, and nine have reached the final stages of testing to date. If the vaccines work, mass production will start right away at a scale and speed never seen before. However, some trials have failed, and others have been stopped on account of safety concerns, indicating that the path to a vaccine is not all that straightforward. Will some of the candidates succeed in stimulating the immune system to produce effective antibodies against the virus? And if so, will they offer only temporary immunity, with a booster dose needed at a later date? These were some of the questions the panel aimed to answer.

Also Pfizer is working on one of the nine vaccines currently under development, using specific parts of the new coronavirus' genetic code to trigger an immune response. According to Mikael Dolsten, Chief Scientific Officer and President, Worldwide Research, Development and Medical, Pfizer Inc, there are no short-cuts in clinical trials. Pfizer would stand by science and not give in to any political pressure to put forward

a vaccine that did not meet the safety standards. Dolsten emphasised that Pfizer began clinical work and large-scale manufacturing at their own risk to ensure the product would be available immediately if the clinical trials proved successful and the emergency use authorisation was granted. According to Dolsten, collaboration and around the clock dialogue with regulators and the US government were key in this endeavor. After emergency use authorisation is granted, Pfizer plans to monitor the vaccine safety and efficacy for 2 years in a clinical study.

Clemens Martin Auer, President, European Health Forum Gastein, highlighted how the EU had demonstrated strong leadership by joining forces in record time to secure equitable access to vaccines once they become available. The European Commission (EC) proposed an EU strategy to accelerate the development, manufacturing, and deployment of vaccines against COVID-19. As part of this strategy, the EC signed seven advance purchase agreements with promising COVID-19 vaccine producers, making substantial upfront payments to secure production capacity and using its negotiation power to bring down the price. Auer also reminded the audience that governments must agree to a sustainable global approach for successfully tackling the pandemic. Therefore, the EU committed to securing production capacities that reach beyond its borders, contributing for example to the work of the Coalition for Epidemic Preparedness Innovations (CEPI), an innovative partnership between public, private, civil and philanthropic organisations.

Beate Kampmann, Director, The Vaccine Centre, London School of Hygiene and Tropical Medicine, talked about the COVAX facility, a joint initiative between the World Health Organization, CEPI and GAVI, the Vaccine Alliance, designed to ensure the equitable distribution of a coronavirus vaccine throughout the world by avoiding “vaccine nationalism”, a scenario in which countries with more resources would dominate the vaccines’ landscape. By the end of 2021, CEPI, GAVI and WHO aim to have two billion doses available globally. Access to a vaccine should not be a privilege - unless everyone is safe, no one is safe the panel emphasised.

According to Samantha Vanderslott, Lecturer, Oxford Vaccine Group, there has never been so much interest in and scrutiny of vaccine development. This has forced pharmaceutical companies to become more transparent and timelier in their

communication around vaccine production. The politicisation of vaccine development and approval, like US President Donald Trump’s claim that a vaccine would be ready before election day, is most unfortunate.

When it comes to mandatory vaccination policies, Kampmann said she was not in favour until all safety data was available. All speakers concurred that the skepticism towards vaccines should be addressed with early and adequate communication as well as multi-directional engagement between governments, scientists, communication specialists, health professionals and the public.

The panelists highlighted different aspects in terms of how the situation might be progressing in one year and five years from now, respectively. While Kampmann was confident we would reach a better understanding of the virus over the course of the next year, Vanderslott added a word of caution, saying she thought the world would be preparing for the next pandemic in five years’ time. Dolsten anticipated the collective number of vaccine producers to be able to supply vaccines of adequate safety and efficacy to the majority of at-risk populations one year from now, while Auer also voiced hopes for a speedy social and economic recovery.

In conclusion, while the panel was confident overall, questions remained on when exactly a safe and efficacious vaccine would be on the market and how to ensure equity in distribution.

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Digital transformation of healthcare has been high on the agendas for some time now, but the emergence of COVID-19 further underlined its relevance. This session, organised by EIT Health, focused on engaging stakeholders to debate how each sector can get involved to drive digital transformation for the benefit of patients. Jan-Philipp Beck, CEO, EIT Health, highlighted that (potential) healthcare users are expecting continuous improvement in the services they are using, and that at the same time there is an urgent need for more resilient and sustainable healthcare models in general. Although these are significant challenges that put considerable pressure on innovators and decision-makers alike even in more quiet times, the urgency brought about by COVID-19 may prove to incentivise policy makers, payers, and innovators to find adequate responses together. In addition, there is an ever-increasing readiness to embrace digital transformation, which provides new and as yet untapped potential – it seems to be truly “now or never!”.

From a national government perspective, Julia Hagen,

Director of Regulatory and Politics, Health Innovation Hub – an interdisciplinary taskforce dedicated to realising the benefits of digital healthcare for patients – commented on the most recent developments in Germany and introduced the audience to the DiGA framework. Until 2020, there was no specific reimbursement pathway for digital solutions in healthcare, and while much innovation was in fact already out there, it did not fit into the German regulatory scheme but was dealt with in a very fragmented way by individual insurances. To fix this, a new category of care delivery was established through the digital healthcare act, introducing digital health applications (DiGa) as an instrument of care delivery. Through the new framework, physicians and psychotherapists can prescribe low-risk digital medical devices, intended to be used by patients for the detection and monitoring of diseases, burden of illness reduction, or compensation of diseases and disabilities. As a next step, an investment of 4,3 billion euro is planned to support German hospitals in implementing digital solutions to improve the healthcare infrastructure and hospital processes. As important as all these investments are, Hagen also mentioned

that one substantial additional challenge is to change the cultures surrounding current practices and processes: it will take time for digital solutions to become an integral and natural part of the existing healthcare system.

Lydia Montandón, Business Development Director, Atos, expanded on the challenges of digitalisation from the perspective of a globally active industry player. She highlighted how “data is at the heart of digital transformation”, and that therefore one of the particular stumbling stones are the strict ethical and legal regulations as outlined e.g. by the General Data Protection Regulation (GDPR). While these regulations are necessary and serve to protect the user, they are so powerful that they often stand in the way of a timely adoption of digital solutions or data exchange between hospitals, for example via cloud services. More flexible regulations could be a step towards better using the potential of digital health, e.g. by empowering patients to have a bigger say in decisions regarding the use of their own data. Furthermore, innovative solutions should not represent a perceived or actual additional burden on the health workforce, which means that healthcare organisations need to be re-designed in a way that allows digital solutions to become a natural part of existing processes and routines. Hagen emphasised that digitalisation should never happen just for the sake of digitalising, but must always result in healthcare improvement. And: the empowerment of health professional associations is a key factor. With adequate support, these organisations can function as trusted contact points for individual healthcare providers when guidance is required on adopting digital tools.

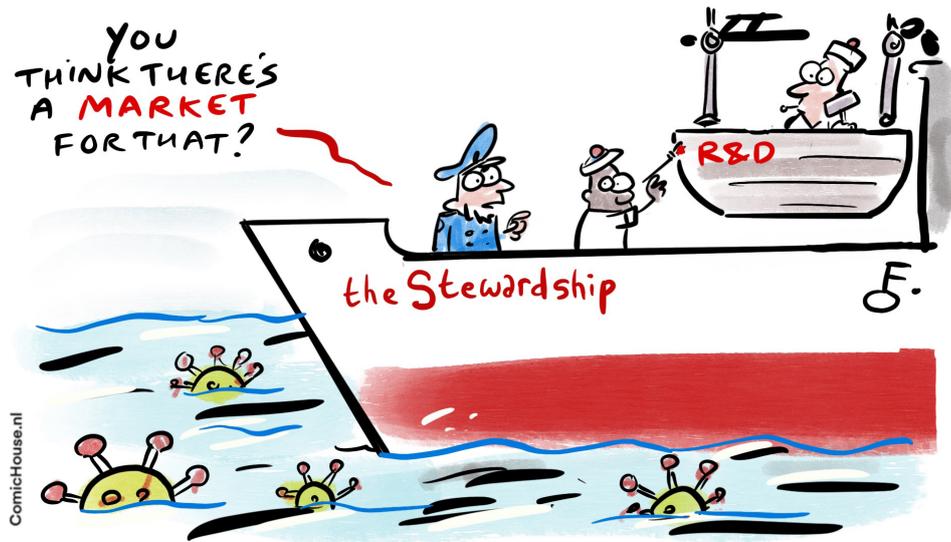
When asked about her priorities in the endeavor of advancing digitalisation, Montandón picked interoperability as the most important item from the virtual “wish list”. This would be a real asset for improving the collaboration between the different actors in and levels of healthcare, i.e. across professions, individual providers, departments or hospitals. In this vein, relevant decision-makers should also more broadly facilitate interdisciplinary collaboration between all relevant stakeholders inside and outside the healthcare sector. Hagen added to this by also highlighting the importance of learning from past experiences and avoiding the overengineering of digital transformation - 100% perfection is hard to achieve and “good enough” solutions can also bring significant benefits to the health system.

As important actors in digital transformation, two startup representatives also shared their insights: Hans Maria Heyn, CEO, Smart4Diagnostics, explained how their solution aims to revolutionise the pre-laboratory phase through digitisation, ensuring that laboratory samples are collected with maximum safety and quality from the very beginning. Luis Valente, CEO, iLof, presented a solution intended to enhance personalised medicine by creating a cloud-based library of disease biomarkers and biological profiles. The Artificial Intelligence (AI) and photonics-based tool supports both patient selection for clinical trials and identification of the right medication during treatment. Both entrepreneurs identified data sharing standards and data privacy as the biggest challenges, which should be harmonised in order to fully realise the potential of innovation. In addition, an adequate health workforce skill-mix as well as the digital literacy of all end-users, such as patients and health professionals, were mentioned as key enablers for enhancing digital transformation.

The session highlighted the importance of multidisciplinary collaboration, bottom-up innovation, interoperability, data security, and the adjustment of current healthcare processes to accommodate innovation. Speakers and participants agreed that key facilitators in the process of introducing new digital solutions have to be identified in order to promote adoption – as summarised by Hagen, we need to realise that “transformation is never easy, but it is worthy”.

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## AMR and COVID-19

### *How can Europe incentivise R&D to protect our future?*

Organised by MSD



This panel debate brought together representatives from the pharmaceutical industry, philanthropy and academia as well as policy makers to discuss challenges in antibiotic research and development (R&D) as well as possible steps at both European Union (EU) and national level to develop sustainable incentives which can support innovation in the field of antimicrobial resistance (AMR). Participating in a live poll, 67% of the audience believed that there is currently a lack of appropriate measures to encourage the development of new antimicrobials, and many were supportive of a mix of both pull and push incentives to improve the situation.

But what exactly are the gaps that need to be filled in antibiotic R&D? Christine Årdal, Senior Adviser, Antimicrobial Resistance Centre, Norwegian Institute of Public Health, spoke about the worrying trend of lacking access to and availability of new antibiotics in Europe, and illustrated this through two concrete examples: The first case presented was that of an innovative antibiotic against a critical priority pathogen, i.e. a pathogen resistant to several antibiotic classes, which has been developed by a medium-sized US company and received US and EU regulatory approval in 2017 and 2018, respectively. However, the company faced insolvency in 2019. The novel antibiotic is now, after two years on the market, only available in a handful of European countries, which means that access across the EU

remains heterogenous – and that the drug, though theoretically available, does not reach all those who would benefit from it. The second example discussed by Årdal was an antibiotic candidate that is considered as innovative, i.e. new, by the World Health Organization (WHO), and that is also intended for treating a critical priority pathogen. It is being developed by a small US company and currently in the last stage of human clinical trials but does not have a European commercialisation partner yet. However, the company has secured a licensing agreement with a Chinese company and the Global Antibiotic Resistance Partnership (GARP), which - if the antibiotic is approved - would grant access to it in China and most low- and middle-income countries. The European market is less attractive due to low sales and low prices.

In this context, Årdal emphasised that the intention must be to keep sales numbers low - new antibiotics to treat critical priority pathogens should be reserved exclusively for patients experiencing drug resistance. Regarding the pricing, she outlined how almost all new antibiotics appear to enter the European market at the same price as older generic antibiotics, which disincentivises innovators. Studies on antibiotic innovation have increasingly shown that even the largest pharmaceutical companies' antibiotic R&D divisions have left the market or downsized their activities. However, countries

such as the United Kingdom and Sweden have undertaken pilot initiatives to guarantee both access to innovative antibiotics for patients and adequate annual revenues for manufacturers. Incentivising antibiotic innovation also means that public funds will essentially pay for new antibiotics which may never be used, but which have to be available in case of need. However, as Årdal stressed, not all governments have the financial capacities to absorb these costs, which exacerbates access disparities.

Jeremy Knox, Policy and Advocacy Lead AMR, Wellcome Trust, reminded the audience of initiatives such as the AMR Action Fund as a positive first step in filling urgent funding gaps particularly in late stage R&D development, which can significantly support a given portfolio in getting onto the market over the next decade. In addition, there are initiatives such as CARB-X, which support early stage development and have helped the neglected antibiotic R&D field get back on its feet. Nonetheless, throughout the session there was consensus that a broader suite of interventions is needed at different stages across the R&D process to in the end create a sustainable R&D system. Furthermore, a dry pipeline for novel antibiotics is only one side of the problem. The other is sustaining access to already existing effective antibiotics.

Cristian-Silviu Busoi, MEP, European Parliament, said that while political support and securing appropriate EU funding for AMR and AMR-related research under the EU4Health Programme and Horizon Europe are important, they are not enough. He noted that the European Commission (EC) is currently implementing several AMR initiatives, including best practice exchange and healthcare professionals training. However, it is now also time for national governments as well as regional and local authorities to take bold action, making the most of the current political momentum to gain some ground in the fight against AMR. And what more can the EU do, e.g. through its forthcoming Pharmaceutical Strategy to ensure sustainable investment in the antimicrobial pipeline? Busoi was hopeful that the ambitious strategy will successfully address market failures and provide concrete opportunities for sustainable investments and industry incentives. In addition, he emphasised that the EU must consider the strategic importance of building further capabilities for European production of new antimicrobials.

Jenelle Krishnamoorthy, Associate Vice President of Policy, Communications, and Population Health, MSD, also highlighted that while push incentives for R&D are important, there is a

need for additional suitable pull incentives. This may involve establishing mechanisms such as market entry rewards and transferable exclusivities to reward innovation earlier in a product's lifecycle and help get new antibiotics across the pathway and into the market.

John Ryan, Director of the Commission Public Health, Country Knowledge, Crisis Management Directorate, European Commission, outlined how AMR needs to be tackled holistically, from R&D investment for new antimicrobials to investment in infection prevention in healthcare settings and stewardship of already existing tools for this purpose. In this vein, also the EU might need to rethink its focus as to date, it has invested substantially in AMR-related research while e.g. interventions focusing on reducing hospital acquired infections may warrant more attention and support than they currently receive.

Can we draw lessons from COVID-19 to AMR and emulate good examples such as joint EU procurement for vaccines? Ryan's clear answer was 'Yes'. This is why the EC is working on a COVID-19 lessons learnt package, which will not only reinforce the mandate of the European Center for Disease Prevention and Control (ECDC) and the European Medicines Agency (EMA), but also strengthen the EU framework legislation on cross-border health threats.

Furthermore, novel institutions such as a European Biomedical Advanced Research and Development Authority (BARDA) can be important contributors to tackling AMR. However, the panellists reiterated that there is no silver bullet: The issue requires different actors on both EU and national levels to take a multitude of measures that, amongst other things, strengthen R&D, strengthen the concept of One Health, and foster investment in rapid diagnostics. Finally, it was also recognised that a top-down driven political agenda on AMR may lead to patients being side-lined in the debate. Therefore, more action is needed to help patient groups mobilise on the topic of AMR and engage in an open and frank dialogue with other stakeholders.

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# Unlocking the potential of data in light of early lessons from COVID-19

## *Innovative digital solutions for comparable data, strong health systems and good decision-making*

Organised by the European Centre for Disease Prevention and Control (ECDC)



On the surface, we have never been better prepared to tackle a global health crisis demanding the swift exchange of comparable information: capacities to generate, store, and share health-related data have continuously grown over the last few decades. At the same time, ensuring that the data we gather brings actual benefit to people and translates into coordinated action on our biggest challenges is still proving to be a daunting task. In the framework of the first fully digital European Health Forum Gastein, the European Centre for Disease Prevention and Control (ECDC) organised a session focused on how early learnings from the COVID-19 pandemic, in particular on the role of data, could lead to stronger, more resilient and prepared health systems in the future.

As pointed out by the moderator, Nick Fahy, Senior Researcher, University of Oxford, the discussion on data has permeated all of society during the COVID-19 crisis. Citizens, often for the first time, have started to engage with the data narrative and had to deal with an almost unprecedented level of public communication of health data on a regular, even daily, basis. However, the pandemic has also exposed that we still have a long way to go to when it comes to using health data effectively and efficiently. In this session, panellists set out to chart a course towards this goal, armed with learnings from the side of international organisations as well as national experts.

### **Lessons learned at the institutional level: experiences from EU, ECDC and WHO**

The first part of the session, dedicated to the international dimension, featured high-level representatives of three key supranational bodies: the European Commission, the ECDC and the WHO. Stella Kyriakides, EU Commissioner for Health and Food Safety, opened the panel by pointing out that data is not just numbers: Behind the numbers there are stories, people and families. Making sure that we learn from the current crisis is crucial, and Commissioner Kyriakides highlighted particularly

the importance of collaboration between the European Commission, ECDC, and Member States to find joint solutions and foster health systems resilience. The importance of ECDC was also reinforced as a key element of the European Commission's plan to bolster EU action on health, on the path towards a 'European Health Union' with an increased budget and bigger mandate for EU health agencies. Upcoming plans also include a revised cross-border healthcare directive for better coordination, building a common approach to data standardisation to increase comparability, and the improvement and harmonisation of surveillance systems.

Mike Ryan, Executive Director, WHO Emergencies Programme and Andrea Ammon, Director, ECDC, expanded on the need to address weaknesses in the overall data ecosystem, stressing that a simple prescription of 'more data' is often not the solution. "The problem is not data per se – the problem is how we source, collate, manage, and use that data", Ryan pointed out. We cannot 'blame the data' if we are lacking useful information, but we might have to go back to the drawing board to ensure that current data systems are designed to deliver precisely what we need in the fight against a novel disease. Identifying and collecting the right kind of data, analysing it and turning it into valuable information for policymaking are all pieces of a highly complex puzzle – even more so when trying to measure a 'moving target' during a fast-paced international health emergency.

Talking about the European dimension, Ammon stressed the impact of standardisation (and the lack thereof), as well as the importance of timing. To build epidemiological surveillance, our backbone against communicable diseases, it is not only necessary to collect the right data, but to make sure it is transferable across borders and ready to be used for action in a timely manner. Data barriers exist within health systems as well as between countries, and a lack of cooperation owing to

divides and resource gaps can present additional obstacles, especially during a highly politicised crisis.

Speakers summed up potential solutions to our roadblocks in reaching data's full potential:

- **Improving standardisation and interoperability** e.g. through the creation of a global 'minimal' standardised data set;
- **Facilitating data collection through smart reduction of human inputs**, enabling more direct data collection and reducing the stress on overworked health professionals;
- Better use of **innovation to enhance data potential**, such as algorithms for better case definition;
- **Speeding up data sharing and transfer through Electronic Health Records**, while being mindful of data ownership and privacy protection;
- **Integrating different data systems within individual health systems**: better integration of laboratory data, clinical data, and public health data will be crucial to help countries fight COVID-19.

It is vital to tackle these aspects now, panellists agreed, and reminded us of past successes through surveillance efforts, such in the fight against smallpox and polio. "Data CAN defeat disease", summarised Ryan - if we use learnings from the current crisis to foster increased collaboration bolstered by innovation and technology.

### National perspectives and experiences

Sotirios Tsiodras, Professor of Internal Medicine and Infectious Diseases, University of Athens, highlighted the potential of accurate data to provide predictive models that can be useful for policy definition and implementation. However, researchers have faced challenging times during the crisis, affected by media pressure to share updated information at a rapid pace while needing to sift through a mountain of data as well as an increasing number of non-peer-reviewed publications.

Tove Fall, Professor in Molecular Epidemiology, Uppsala University, brought attention to the issue of inequity in the way data is gathered, discussing how COVID-19 test centres have often proven disproportionately hard (or even impossible) to reach for the poorest citizens. Digital innovation can help to mitigate some data inequalities: Fall presented insights based on the use of a dynamic COVID-19 experience app, used by over 200,000 people and giving citizens the chance to record

a wide range of information wherever they are.

Isabel de la Fuente Garcia, pediatrician at the Centre Hospitalier de Luxembourg, described the challenges faced by a country with a large population of cross-border workers. Keeping up an effective epidemiological surveillance system amid high regular volumes of cross-border traffic is a challenging task, and one that cannot succeed without strengthening cross-border cooperation, cohesion and data standardisation.

### What's next?

Data collection and analysis remain vital for effective public health measures, and the need for a unified strategy and common 'language' to interpret data stands out clearly. Three overarching concepts - **the three Cs** - characterised the session's debate and gained consensus amongst speakers and participants as the building blocks for unlocking the full potential of data: **Coordination, Collaboration and Communication**. Only by building a basis for joint action throughout the data ecosystem, from researchers to private companies to policymakers to citizens, can we ensure that the wealth of data we have at our disposal will serve to improve health for all - across Europe and beyond.

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## “Europe Beats” Cancer Plan *Dancing with the elephants*

Organised by the European Federation of Pharmaceutical Industries & Associations, European Cancer Patient Coalition and European Cancer Organisation



The first session of the digital EHFG 2020 kicked off by focusing on the key health theme of the 2019 European elections, and what seemed to be the cornerstone of the 2019-2024 mandate: Beating Cancer. In the session, the European cancer community teamed up to discuss the burning political questions: What should be the core of Europe’s Beating Cancer Plan and its implementation? How do we make sure patients benefit from it? And of course, pointing to the elephant of 2020: What is the impact of the COVID-19 pandemic on cancer care?

### Setting the Cancer Scene

Bengt Jönsson, Associate Professor at the Stockholm School of Economics, painted the scene with the latest statistics on cancer care. While he praised the significant advances in prolonged survival in the past decades, he also warned about ageing societies and the ever-growing cancer burden. He stated that although average spending on cancer care remains fairly stable, typically about 6-7% of total healthcare spending, further investigation into the allocation of cancer spending is needed, including gathering evidence behind cost-effectiveness claims and assessing the efficacy and equity of cancer care throughout Europe.

### Cancer at the centre stage, yet again.

The first panel focused on priority setting within the busy European cancer policy agenda. Bettina Ryll, Founder of the Melanoma Patient Network Europe, started with underlining that cancer has been at the center of European Policy since the 1990s. Quoting the popular adage “The definition of insanity is to do the same thing and expect different results”, she underlined the need to change the way we are investing in cancer care and addressing key issues. She noted that there are areas which have made significant progress, and yet, some areas such as treatment options for pancreatic cancer keep being heavily underfunded. Ryll pointed out that in a sense the stars have aligned for the goal of improving cancer care at the moment: the Cancer Plan and Cancer Mission of Horizon Europe offer an

opportunity for change - one that we should make sure to seize.

### Stakeholders weigh in

One thing is clear, cancer care needs to focus on improved patient outcomes and at the same time enable access to effective technologies, for a price health that systems can afford. Yolande Lievens, Board Member of the European Cancer Organisation, stressed that focus should not be only on treatments and technologies, but also on skills and capability building of healthcare workers. Barbara Wilson, Founder of Working with Cancer, added that cancer care should be more than what happens in the doctor’s office. Wilson stressed that a focus on survivorship and psycho-social and economic support - including supporting patients to go back to work - should be cornerstones of the Plan. Maarten Postma, Professor of Health Economics at the University of Groningen, further highlighted the need for more transparency on decision-making processes and industry practices, which would build trust between different stakeholders to collaboratively address areas of unmet need.

### Did anyone say Cancer Dashboard?

The idea of a Cancer Dashboard was raised as a potential tool to monitor the implementation of Europe’s Beating Cancer Plan. Four pillars – (i) prevention, (ii) detection and early diagnosis, (iii) treatment and (iv) survivorship and quality of life were introduced by Maati Aapro, President of the European Cancer Organisation. Many ideas were added by panellists, including starting with simple indicators and enlarging the data sets over time, proposed by Kathi Apostolidis, President and Antonella Cardone, Director, European Cancer Patient Coalition, and inclusion of all stakeholders (crucially: patients, patients, patients!) in the dashboard-building process, which was stressed by Alexander Roediger, Executive Director of Oncology Policy at MSD. Participants of the session also weighed in via digital polling, and an overwhelming majority agreed that the Dashboard would be an asset to measure progress on the Plan - as well as that it should be public-facing, and its parameters

need to be defined in tandem by all stakeholders.

The question is though, is this Dashboard going to make the cut in the Commission's Communication on Europe's Beating Cancer Plan and more importantly, will the EU4Health Programme be ready to fund this data extravaganza?

### The Commission has a plan and the Parliament will respond!

Sandra Gallina, Deputy Director-General of the European Commission's Directorate-General for Health and Food Safety assured the audience that despite the pandemic and significant diversion of time and funds, cancer and the implementation of the Cancer Plan remain a priority. A Cancer Dashboard could be a possible tool for monitoring the core activities of the plan. As it is impossible to reach any set objectives without dedicated funds, she pointed to the EU4Health and Horizon Europe's Cancer Mission. She then moved on to stress that we need to learn from the pandemic and ensure our health systems can deal with such challenges more efficiently. In her conclusion, Gallina called for synergies beyond the health sector and streamlining activities among Member States, to

avoid unnecessary duplication while respecting subsidiarity.

Romanian MEP Cristian-Silviu Buşoi further elaborated on the importance of the role of the European Parliament, particularly when it comes to bringing equity and fighting inequalities throughout the Union. The establishment of the Special Committee on Beating Cancer (BECA) is a significant landmark in ensuring the delivery of solid Cancer Plan and Cancer Mission that have citizens' priorities at heart. Additionally, the use of well-established fora such as the MEPs Against Cancer Interest Group and the Challenge Cancer Intergroup are important for bringing the voice of patients, public health associations, healthcare professionals and other stakeholders to the forefront of the decision-making process.

In conclusion, there was broad agreement that the momentum to beat cancer has never been higher. However, the panelists urged to guard against complacency, and recognise that the biggest hurdle remains translating this momentum into tangible progress. This session at the EHFG 2020 proposed and developed a pragmatic dashboard to do just that, as after all "what gets measured, gets done".



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## The advisor's dilemma *Informed decision making in times of limited evidence?*

Organised by Gesundheit Österreich GmbH (GÖG)

Gesundheit Österreich  
GmbH

COVID-19 has affected all areas of our lives in unpredictable ways. Experts, scientists, politicians, and other decision-makers have faced the dilemma of how and when to act, balancing the need to protect healthcare systems and at the same time keep the economy from collapsing while fighting the unknown virus. This session chaired by Josep Figueras, Director, European Observatory on Health Systems and Policies and Claudia Hahl, Policy Officer, GÖG, convened speakers ranging from politicians to scientists and public health experts for a candid discussion.

on the other is a tricky bind. Decisions cannot be based solely on scientists' advice but must factor in insights from other sectors and affected areas.

- **Knowledge brokers** - Transparency and communication create trust, as do objectivity and independence form the political process. In short, it is crucial to be clear and honest about the situation, to tell the public what is going on, and not to cover up uncertainties. With greater trust in decision-makers, individuals will be more likely stick to new measures.



To set the scene, Josep Figueras challenged participants to think about a key question: **who are the protagonists in the COVID-19 crisis?** Throughout the session, speakers discussed the factors influencing the fight against the virus, which still manifests itself as a fight against time, and highlighted the most challenging aspects affecting the situation overall, as well as each individual group of 'protagonists':

- The **'evidence problem'** - How to ensure credible advice in a rapidly changing situation is a question we still do not have easy answers to. Looking back more than 100 years, insights from the situation in 1918, when the world grappled with the Spanish flu, proved useful as a foundation to understanding this dilemma.
- **Researchers and academia** - Asking the right questions and choosing research designs and methods appropriate to the policy questions at hand is important – and ensuring both quality and speed in this regard is not a trivial task.
- **Policy makers** - Finding themselves in a position needing to protect the health system on one hand and the economy

Trish Greenhalgh, Professor of Primary Care Health Sciences, University of Oxford, pointed to two kinds of problems: those where the parameters and goalposts of evidence-based medicine are easily applicable (such as assessing whether a specific drug can reduce mortality in severely ill patients with acute COVID-19), versus those where etiology, diagnosis, care pathway, treatment and systemic factors are much more complex and contested (such as the phenomenon of 'Long COVID'). Given the uncertainties surrounding the new virus and the speed at which governments have had to respond, relying on evidence-based medicine during a pandemic seems like it might not always be the most pragmatic approach to adopt. Is it therefore possible that COVID-19 is evidence-based medicine's nemesis?

Panellists and participants of the session agreed that at any rate stubborn adherence to a purely biomedical paradigm cannot suffice to address the threat of a pandemic, or adequately mitigate its syndemic effects. Real-world data observed from pragmatic interventions can complement other forms of evidence such as randomised controlled studies, and honesty about the fact that most data in a complex system will be flawed or incomplete is vital, counselled Greenhalgh.

Christopher Fearne, Deputy Prime Minister and Minister of Health, Malta, echoed this sentiment when discussing the relationship between scientific advisors and policymakers from an advisee's point of view. As this crisis has blurred the line

between politics and policies, the need for advisors to ensure they are giving unbiased recommendations that are grounded in fact has never been more essential. However, to build trust it is just as important to admit to uncertainties and the limits of expert knowledge. “Don’t be afraid to say what you don’t know!”, appealed Fearné.

Camilla Stoltenberg, Director General, Norwegian Institute of Public Health, expanded on the theme of trust, moving from trust between advisors and decision-makers to that between decision-makers and the public. In dealing with COVID-19, countries have implemented some of the most intrusive measures ever seen in peacetime and gaining the support of the general population for such measures is no easy feat. Stoltenberg reinforced the message that honesty about knowledge gaps is crucial during a crisis. Public health experts can start this chain of trust-building by being open with policymakers about the fact that when a novel virus starts to spread, we often know far too little and must base advice on previous experiences and projections, while remaining open to changing course when new knowledge emerges. Only when authorities are in turn honest with people about the considerations that new measures are based on, can we build the necessary level of trust.

Rafael Bengoa, Co-Director, Spanish Institute for Health and Strategy (SI Health), pointed out that trust has to go both ways between experts and decision-makers. If expert opinions are not sought out or listened to by policymakers, scientists may find themselves needing to exert pressure via other channels such as public media and independent investigations. Bengoa urged administrations to take this crisis as an opportunity to proactively open their decisions and become more accountable to social scrutiny.

Herwig Ostermann, Executive Director, Gesundheit Österreich GmbH, discussed how our response to the pandemic has already shifted over time: in the first naïve phase, physicians were the experts most actively consulted. However, we then shifted toward a response more focused on public health, with relevant experts increasingly brought into advisory panels. It seems that many countries have started to recognise the need to move away from a purely biomedical academic approach and are aiming for an increasingly societal and systemic response to COVID-19, acknowledging the weight of public responsibility and syndemic effects of the virus.

Participants of the session weighed in on the debate as well via interactive polls: a majority believed that quick information during a global health crisis is often more vital than fully evidence-based advice at a later stage, that disclosure to the public of all that is known (and all that is not known!) by decision-makers is vital, and that politicians carry a crucial mandate to lead communication in pandemic times, while teams of experts as defined in generic preparedness plans should probably play a bigger role in overall crisis coordination in the future.

COVID-19 has been one of the greatest challenges of modern times, and tensions between science and politics, between leaders and the public, and between individual countries have come to the fore more than once. As we are slowly developing our response and increasing our knowledge around the virus, we need to be comprehensive and understand that it is acceptable not to have the perfect answers and all the solutions.

As summarised by Greenhalgh: “In this pandemic, and in complex systems more generally, we cannot wait for perfect evidence. We must share our uncertainties, consider multiple interpolations of partial evidence and make ethically grounded, pragmatic decisions while carefully evaluating their impact.”



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## Pharmaceutical Strategy for Europe

### *Building a comprehensive pharmaceutical policy to address today's challenges and tomorrow's realities*

Organised by the Directorate-General for Health and Food Safety of the European Commission



The Pharmaceutical Strategy for Europe is an EU initiative aimed at both improving patients' access to safe and affordable medicines and supporting innovation in the EU pharmaceutical industry. Earlier this year, the European Commission (EC) published a roadmap highlighting some of the challenges and objectives of the Strategy. A public consultation ended in September 2020 (after having received 470 responses from all over Europe), and the Strategy itself will be adopted by the College of Commissioners later this year and be implemented through a combination of legislative and non-legislative actions from 2021-2024. "The Strategy is the beginning of the work" said Sandra Gallina, Deputy Director-General, European Commission Directorate-General for Health and Food Safety.

#### **A Strategy to connect the dots and ensure supply**

The EC, represented by Sandra Gallina and Andrzej Rys, Director, Health Systems and Products Directorate, European Commission Directorate-General for Health and Food Safety, shared their insights on the Strategy. This initiative responds to the widespread request to foster access and security of

supply and a more crisis-resistant system generally, as the EU needs strategic oversight of medicines manufacturing, to reduce medicine shortages and secure strategic autonomy, and to ensure a more affordable and accessible supply while supporting sustainable innovation including for unmet medical need. The EC intends to cover the full lifecycle of medicines, from research and clinical trials to market functions, competition policy and trade. The Strategy does not stand alone, there are many other initiatives coming together that will also inform and impact the Strategy, including the EU digital agenda, the European Green Deal, Horizon Europe and the Industrial Strategy. The Pharmaceutical Strategy will bridge these initiatives, connecting EU actions in boosting innovation through a holistic approach.

#### **Lessons learned from COVID-19**

EU institutions and bodies have been working over the past seven months to mitigate the effects of the pandemic: supporting the provision of medicines and equipment and strengthening surveillance systems and data sharing (i.e. through

the ECDC). As noted by Lorraine Nolan, Chief Executive, Irish Medicines Agency, one thing that we can learn from the pandemic is that remote solutions can help national authorities to become more efficient. For example, during the pandemic, inspections of manufacturing facilities were carried out remotely, saving time and resources. More recently, EU collaborative efforts to ensure a sufficient supply of COVID-19 vaccines has demonstrated much needed solidarity that seemed in short supply at the start of the pandemic. The Pharmaceutical Strategy can build on these experiences and apply lessons learned on crisis preparedness, namely in the coordination of national efforts in crisis response, close partnership with researchers, strategic stockpiles and investing in an EU-wide clinical trial network.

### Addressing medicine shortages, affordability and innovation

Affordability of medicines was one of the key topics highlighted by Sandra Gallina, who quoted Stella Kyriakides, EU Commissioner for Health and Food Safety, saying that to keep citizens healthy a “steady stream of affordable medicines is vital”. Reaching a good balance between affordability and innovation remains a great challenge for the majority of MS. Access to innovative medicines varies across the EU, as companies are not obliged to market a medicine in all EU countries. Smaller and less wealthy markets are the ones most impacted by the consequences. With a number of innovative medicines currently not reaching those patients in need, future regulations and strategies could tackle the lack of transparency on prices and better interlink innovators with healthcare systems. The solutions cannot come only from industry. Specifically, on rare diseases, Lydie Meheus, Managing Director, Anticancer Fund, stressed that populations cannot expect pharmaceutical developers to spend energy and money on less profitable business, without counting on incentives from the public sector. “Let’s be creative and think of public-private partnerships (PPP) to come up with creative solutions,” she advocated. She also recommended adopting a collaborative effort to pool resources in order to better define unmet needs. As stressed several times by the EC, decisions on pricing and reimbursement are the purview of national policymakers: the EU can only step up to support. On EU import dependence, Rex Clements, CEO, Centrient Pharmaceuticals, urged EU countries to act to boost production of pharmaceutical materials within the EU (specifically generic drugs), to ultimately diversify the suppliers of widely-used products.

### Innovative ways of working

Innovation was discussed in its widest sense, not just in discovering new molecules, but in repurposing old ones and in developing new collaborations between the pharmaceutical sector and medical devices sector. Lorraine Nolan discussed how regulators were partnering with the technology sector to better understand future trends and gaps in knowledge. As a regulator she also emphasised the importance of blended skillsets to increase workforce diversity, employing staff with data analysis and clinical experience: it is important to invest in upskilling existing employees and attracting those with transferable skills, she emphasised. Rex Clements described how emerging technologies in terms of the manufacturing of Active Pharmaceutical Ingredients (APIs) had improved sustainability and reduced waste for his organisation. He called for harmonised standards around the way APIs are procured that would address environmental standards, sustainability and the geographic diversity of supply chains. Thomas Bols, Head of Government Affairs, PTC Therapeutics, noted that for rare diseases with a limited number of patients, real world evidence (RWE) can have a significant impact, and recommended the development of an EU framework for the use of RWE to supplement clinical trial data for rare diseases.

### This is just the beginning

The Strategy is not the end but the beginning of further work by the European Commission on pharmaceuticals. As Thomas Bols mentioned, “The Pharmaceutical Strategy needs to maintain a balance between fast access, ensuring healthcare budgets maintain sustainability and innovation in pharmaceuticals.” The upcoming plan will not solve all the problems right away: the road to affordability, access and autonomy of EU supply is long and some challenges might remain unanswered. Summing-up some of the concepts discussed in the session, moderator Petra Wilson, Co-founder and Managing Director, Health Connect Partners, called for the EC to harness the flexibility we have learned from COVID-19 to develop a flexible Pharmaceutical Strategy that builds on new collaborative models going forward.

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## Closing the evidence-practice gap on NCDs

### *Translation, transfer and sustainability for comprehensive responses across Europe*

Organised by CHRODIS PLUS Joint Action on Implementing Good Practices for Chronic Disease



This session discussed the results of CHRODIS+, a joint action funded by the Health Programme of the European Union (EU) that involved 42 partners from 21 EU countries. Moderator Graziano Onder, Director of the Department of Cardiovascular, Endocrine-Metabolic Diseases and Ageing, Istituto Superiore Di Sanità, described its mission: to share innovative practices and policies on effective and efficient ways to prevent and manage non-communicable diseases (NCDs). It was focused on the implementation of 21 projects concerning health promotion and primary prevention, fostering quality of care, integrating multimorbidity care models, ICT-based patient empowerment and employment and chronic diseases. In addition, through 16 Policy Dialogues, CHRODIS+ aimed to increase decision-makers' awareness and acceptance of best practice to combat NCDs.

#### Multi-morbidity care in Lithuania

In Lithuania, there are growing challenges arising from an ageing population with multimorbidities, with some people already developing NCDs in their twenties. Aurelijus Veryga, Minister of Health, Republic of Lithuania, described the scale-up of a multi-morbidity care model from pilot to implementation at the national level in Lithuania. Two different models were developed

under the previous CHRODIS joint action, these will be tested and evaluated and the most promising implemented in 2023, with the participation of 23 municipalities, 726 multidisciplinary team members, and impacting 4764 patients and 46 primary health care centres. For patients, medical staff and the health system, the initiative is expected to bring about improvements in life expectancy and clinical outcomes, reduce hospitalisations, hospital readmissions and outpatient visits, and reduce the administrative burden on medical staff while improving their working conditions and professional competence. Rokas Navickas, Cardiologist, Vilnius University Hospital, and the Joint Action Scientific Coordinator, reflected on the difficulty of measuring long-term outcomes e.g., hospital readmissions or healthy life year gains. However, he discussed other short-term outcomes that can be more easily measured to evaluate the project, such as patient reported outcomes and health professional motivation and drive.

#### The power of national policy dialogues

Alison Maassen, Senior Coordinator, Eurohealthnet, elaborated on the power of national policy dialogues and how they can be used as a tool to combat NCDs. There were 14 national policy dialogues, involving 13 countries, from broad topics

such as tobacco control, healthy diet and active lifestyles, to more specific topics such as mental health literacy during divorce and water consumption in schools, illustrating the variety of risk factors for NCDs and the variety of policy levers that can be manipulated to reduce chronic disease burdens. Two EU level policy dialogues discussed the financing of health promotion and employment and chronic diseases. Maassen considered a key step in the process was the context and stakeholder analysis to decide on appropriate topics for each country and the relevant stakeholders to invite. The policy dialogues themselves consisted of half-day closed sessions each comprising 10-15 participants. The follow-up stage was the development of an action plan based on the consensus and conclusions of the participants, with metrics and a timeline. Feedback of this process was provided through a follow-up survey of the participants. Maassen described a number of success factors: the dialogues provided a valuable framework for encouraging a “Health in All Policies” approach (because they included actors from outside the health sector) and addressing complexity, as well as a methodological structure to improve transparency and standardisation of policymaking processes. Areas to improve were also mentioned, such as the inclusion of more end-user representatives and better ensuring sustained political commitment. In terms of actionable insights, Maassen reflected that the process was surprisingly robust across several countries and contexts. Some countries used the dialogue to broach a topic for the first time, while others wanted to take existing topics to the next level. “Policy dialogues shouldn’t happen in a vacuum and multiple dialogues are needed as dossiers move along the agenda towards implementation,” she concluded.

### Health promotion and disease prevention in Andalusia

Workplaces have been identified as important settings to tackle a number of NCDs. Based on a good practice model identified in 2016 in Lombardy, Francisco Ruiz, Advisor, Andalusian Regional Ministry of Health, Spain, described the transfer and implementation of one such initiative (the Lombardy Workplace Health Promotion Network) in Granada in 2019, benefiting 200 employees in two organisations. At the initial stage, health promotion sessions and workshops were available to all employees. After nine months of intervention, the results were promising, with data indicating an increase in physical activity and fruit and vegetable intake among the participants, as well as a reduction in the consumption of sugary products. Andalusia and Lombardy continue to collaborate

on this model, and it will be scaled-up in Andalusia to reach over 200 organisations and 7000 employees. Ruiz lauded the excellent collaboration that Andalusia had so far enjoyed with Lombardy, and in terms of scale-up mentioned several other countries and organisations including the OECD who wanted to learn more about the initiative.

### The role of civil society in good practice implementation

Valentina Strammiello, Senior Programme Manager, European Patients’ Forum (EPF), discussed patient and citizen involvement in CHRODIS+: how to transform the culture from “doing things to patients to doing things with patients.” EPF were actively involved in all of the joint action’s processes, including the guidance design phase, recommendations and criteria and particularly multi-morbidity care model. More than 21 pilots were designed with patient input integrated from the outset, generating effective practice and delivering better outcomes. Strammiello emphasised the importance of firstly providing the opportunity to involve patients and then engaging them from the earliest stages of the project design process – involving them only in the validation stage risks the project not meeting the needs of patients or health systems, she stated. She also reflected that capacity building of patients is sometimes needed to enable them to contribute effectively – technical knowledge might be required, at other times more experiential knowledge is important. Overall having an understanding of public health and strong advocacy skills are necessary. While human and financial resources can be a barrier to involvement, she further acknowledged that sometimes it is the expectation of what patients can bring to the table from the side of health professionals and policymakers that needs to be changed.

### The value of CHRODIS+

CHRODIS+ initiatives have served as inspiration and guidance for best practices to improve care, promote health and tackle NCDs across Europe, impacting many thousands of European citizens. The CHRODIS+ approach has proven its value in terms of evidence-based policymaking and opened the way for further scale up and continued action and implementation of good practice models.

**Learn more**

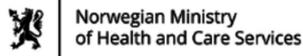
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## Finding the common beat

### *Towards a new vision of collaboration to improve access to medicines*

Organised by WHO Regional Office for Europe, the Norwegian Ministry of Health and Care Services, and the Norwegian Medicines Agency, in collaboration with the European Observatory on Health Systems and Policies



Equitable and sustainable access to safe, effective, affordable, and quality assured medicines and health products is critical to Universal Health Coverage (UHC) and achieving the Sustainable Development Goals (SDGs).

Despite this goal being shared by the public and private sectors, achieving it has proved difficult. Patients, health systems, and governments expect the right to reasonably priced pharmaceuticals that meet their needs, whilst investors and the pharmaceutical industry expect to earn sufficient profits to compensate for the risk inherent in developing or manufacturing those medicines, explained Natasha Azzopardi-Muscat, Director, Division of Country Health Policies and Systems, WHO Regional Office for Europe. Achieving this elusive goal will require much more unity, transparency, and coherence between the public and private sectors on a number of controversial topics, and sustainability is critical.

#### Challenges of access to medicine

A range of obstacles stand in the way of sustainable access to safe, effective, affordable, and quality assured medicines. Rising prices of innovative medicines push these products out of the reach of even the wealthiest of countries. Bjørn-Inge Larsen, Secretary General, Norwegian Ministry of Health and Care Services, gave the example of Norway, which was able to finance just half the drugs it evaluated last year despite being one of the best-financed health systems globally. The audience agreed that this is indeed a problem faced by all countries. On the other end of the spectrum, and as pointed out by Clemens Martin Auer, President, European Health Forum Gastein, previous success in driving down the prices of generic drugs means that certain parts of the generic sector are now so underpriced that manufacturers are not incentivised to produce them.

In addition, there remain marked inequities in access to medicines across the WHO-EURO region. This is compounded

by fragmentation of purchasing power, which places countries and regions in direct competition with each other, and limited transparency in the process of valuing and buying medicines and health products.



#### Lessons learned from COVID-19

The COVID-19 pandemic has demonstrated that collaboration across sectors and borders is both possible and vital. This is of utmost importance for the realisation of sustainable access to safe, effective, affordable, and quality assured medicines. The crisis has led to the emergence of several worthwhile initiatives of joint procurement for essential medicines, showcasing the benefits of shared purchasing power when countries come together to tackle common challenges. It has brought us together, reminding us that we are indeed all patients, and has catalysed unprecedented levels of innovation in the pharmaceutical industry. Conversely, Marco Greco, President, European Patients' Forum, pointed out the pandemic has also exposed chronic underinvestment in health and social care, and to some degree a lack of coordination.

#### What are the solutions?

- *Increasing transparency*

Improving access to medicines and health products across the WHO-EURO region is a multifactorial problem which requires a

multisectoral solution. A key aspect of this process is increasing transparency between stakeholders. Auer emphasised the importance of moving away from the “them” and “us” discourse towards real partnerships based on transparency, through fair debate and open acknowledgement of the challenges ahead. The panellists agreed that all stakeholders must be invited to the discussion table, including those traditionally excluded, namely patient groups.

- *Defining value*

Innovative medicines and health products are priced according to their value, but how is value defined? Traditionally, value has been seen primarily in monetary terms. However, as Greco highlighted, medicines are not consumer products like any other, and this valuation does not account for their inherent social value. This is particularly true for innovative drugs which treat rare diseases, and thus innovation becomes meaningless when not available for the patients it is meant to benefit. Once we agree upon a definition of value which satisfies all stakeholders, we can reframe the debate and seek agreement on drug pricing.

- *Ensuring sustainability*

Sustainability of innovation is key to improving accessibility to safe, effective, affordable, and quality assured medicines. Solutions must therefore emphasise the importance of sustainability in innovation, for both health systems and pharmaceutical companies. The Norwegian example has shown that increased investment in procuring new medicines does

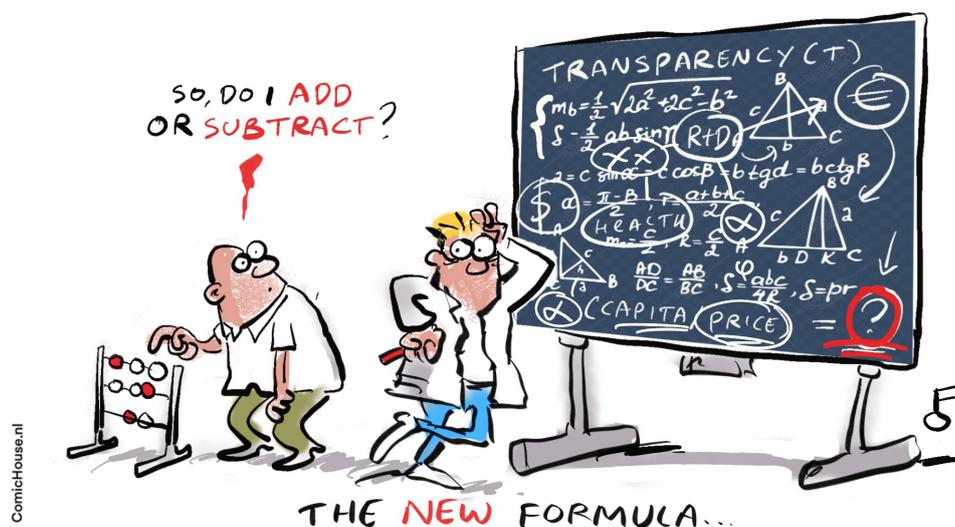
not ensure greater sustainability of innovation. In addition, and as Sarah Garner, Acting Programme Manager, Health Products and Pharmaceuticals, WHO Regional Office for Europe, pointed out, it is problematic funding innovation for future patients out of health system budgets meant for patients today, which is the situation currently. A balance must be sought between ensuring creativity and innovation in the pharmaceutical sector with ensuring sustainable access to innovation for patients.

- *Dancing with elephants*

Difficult questions remain to be answered. Can we agree that increased transparency is needed? If so, does this translate to improved access? How do we incentivise stakeholders to be more transparent? How do we agree on product prices; are the expected returns on investment viable with more risk sharing? And should health authorities act more as active buyers than passive payers?

### Next steps: The Oslo Medicines Initiative

During the session, Hans Kluge, Regional Director for Europe, World Health Organization, launched the new Oslo Medicines Initiative. The joint initiative, highlighted in the WHO European Programme of Work “United Action for Better Health”, will provide a platform for Member States and stakeholders to collaborate and set out a new vision for better access. A high-level meeting will be held in spring 2022 in Oslo and will seek commitments for joint action to ensure all stakeholders are invited to the dance floor.



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## Science of healthy living

### *Challenging the status quo to enable healthier choices*

Organised by United European Gastroenterology (UEG)



Unhealthy dietary habits, often characterised by the consumption of ultra-processed foods and alcohol, are fueling a growing burden of chronic digestive diseases as well as many other NCDs across Europe. But how much agency do consumers truly have when it comes to making healthier choices on a daily basis? This session, organised by United European Gastroenterology (UEG), discussed the synergies between conditions and risk factors linked to food and alcohol intake, as well as the sizable health impact of commercial practices, and explored the need for public health interventions that can enable systemic change.

#### **Synergies are everywhere**

The economic, individual and social burden of functional digestive disorders (FGIDs) is significant: as described by Markus Peck-Radosavljevic, Chair of the Public Affairs Committee, UEG, FGIDs are heavily associated with educational and occupational absenteeism, and the annual costs to countries of treating and managing the most prevalent FGIDs is often in the billions. While food is associated with symptom onset or exacerbation in a majority of FGID patients, chronic digestive

diseases are far from the only conditions affected by dietary habits and alcohol intake. As pointed out by Monique Van Leerdam, gastroenterologist, Netherlands Cancer Institute, recommendations for primary and secondary prevention of cancers have been in place for over 13 years, and we have long known that the main modifiable risk factors for many cancers include excess body weight and alcohol intake.

Speakers discussed the practical and scientific value in looking at multiple such risk factors in tandem. As pointed out by Zira Shelba-Zagi, Head of the School of Public Health at the University of Haifa, in real life the attempt of a clear-cut separation between different risk factors and conditions is often as impossible as it is unhelpful. Alcoholic (AFLD) and non-alcoholic fatty liver (NAFLD) disease look similar, have similar pathogenic mechanisms, and data indicate synergies in risk factors and outcomes when exploring both conditions - 50 % of risky drinkers also have at least three risk factors for metabolic syndrome, which is associated with NAFLD. Tackling individual risks and diseases in isolation can lead to a lack of awareness among the general public and physicians that these conditions

co-occur and risk factors are linked, which ultimately proves detrimental to effective and holistic treatment approaches. To address synergistic problems, it is vital to recognise links and work together across medical specialties and policy sectors, speakers agreed.

### **Personal agency versus commercial and socioeconomic determinants**

When it comes to designing policies that will enable healthier choices, we might be placing too much focus on individual habits, and not enough on the systemic factors that influence them. Responding to the question ‘What do you believe is fueling the obesity epidemic?’, 76% of session participants identified the convenience and accessibility of fast food as the biggest factor, and 24% focused on advertising and marketing of unhealthy food, while only 10% named individual choices as the decisive factor. Bente Mikkelsen, Director at the Department of Noncommunicable Diseases, World Health Organization, expanded on this view, adding “How do we protect our populations? There is only so much you can do for [individual] healthy choices and health literacy. It is actually up to the government to protect against most of the very damaging risk factors we know to affect health – being it air pollution, alcohol, tobacco, but also unhealthy food – through regulatory measures.”

A particularly insidious branch of advertisement for unhealthy foods targets the youngest and most vulnerable consumers, as highlighted by Emma Calvert, Food Policy Officer, European Consumer Organisation (BEUC). Advertisement to children often relies on the idea that children cannot distinguish between entertainment and marketing, with strategies such as attaching likable cartoon mascots to food products and employing the concept of ‘advergames’. Advergames entail advertising messages integrated into digital games for children, exposing them to marketing messages for far longer periods of time than while viewing a traditional advertisement clip. Exposure to marketing methods like mascots and advergames, combined with the fact that the number of advertisements for highly processed and sugary foods far outweigh marketing efforts for healthier alternatives, create an environment that contributes to 1 in 3 children in the EU being overweight or obese. As argued by Calvert, the EU self-regulatory approach, which includes few to no binding restrictions on many areas of marketing such as food packaging, may not be sufficient to tackle this problem. Harsher regulation may be a road to success: some countries

like Chile, who are taking more progressive action in this area – e.g. banning cartoon characters on foods with high sugar content – can boast improved health outcomes.

When it comes to socioeconomic determinants of health, there is also a misperception that NCDs are the diseases of the affluent. In reality, most NCD deaths occur in low- or middle-income countries, and inequity regarding access to treatment is significant. Next year marks the 100-year anniversary of the discovery of insulin, but at the moment only 50% of those in need have access to it. While the impact of behavioural risk factors on NCD prevention are undeniable, it is important to recognise that there is a socioeconomic gradient to these risk factors (i.e. unhealthy eating, alcohol intake, smoking), and to address the commercial and socioeconomic influences on a political, regulatory and systemic level.

### **COVID-19 as an X-RAY for broken systems**

In a sense, COVID-19 and resulting lockdowns have been a perfect storm for NCDs: from food and alcohol consumption rising in housebound Europeans, to the pandemic-associated disruption in treatment and continuity of care for patients already suffering from NCDs in many countries. At the same time, the wake-up call of the crisis presents as an opportunity – it is plain to see that health systems need to be re-designed for a resilient future, and now is the time to advocate for better strategies to prevent, treat and manage NCDs.

Speakers and participants in the session agreed that recognising, understanding, and utilising a synergistic approach to risk factors and policies when it comes to healthy lifestyles will be key to improve outcomes. Besides incentivising and penalising individual behavior, there is a clear need to focus on holistic public health approaches and address the role played by commercial determinants and socioeconomic inequities. Along the way, we might have to let go of the idea that industry self-regulation can be a sufficient instrument, and recognise that a stronger public regulatory impact on pricing, labeling and advertising may help to create a healthier environment by making healthy choices visible and affordable.

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## Cancer care, health literacy & COVID-19

### *Health literacy is more topical than ever!*

Organised by the Health Literacy Coalition (Standing Committee of European Doctors, European Patients Forum, Health Literacy Europe, MSD), funded by MSD

#### Health Literacy Coalition

is composed of:  
Standing Committee of European Doctors  
European Patients' Forum  
Health Literacy Europe  
Maastricht University  
MSD

The COVID-19 pandemic has called for people to acquire and apply health information at a rapid pace. This has been particularly true for cancer prevention, treatment, and survivorship. Moderated by Vivek Muthu, Director, Marivek Ltd, this session set out to address several questions. Does better health literacy help in this health crisis? How can health literacy be improved? To what extent is Europe's Beating Cancer Plan an opportunity to focus on health literacy?

#### What is health literacy and why does it matter for cancer patients?

Health literacy - a patient's ability to understand relevant information, to analyse and critically assess it, to apply it to their circumstances, and make a judgment on their own situation - is particularly important in the difficult journey facing cancer patients. Kristine Sørensen, Founder, Global Health Literacy Academy, highlighted that health literacy is often a neglected public health challenge, with more than one third of the European population having difficulties managing information relating to their health.

Building on this, Cathryn Gunther, Vice President, MSD, iterated that health literacy is vital to cancer care and evidence-based cancer prevention, treatment, and adherence. In medicines development, new digital biomarkers and treatments are increasingly complex, it is therefore essential that industry takes responsibility for ensuring patient and drug information is embedded with health literacy principles. Furthermore, tools to measure and show progress in health literacy should be systematically applied to medicines development and in populations more generally.

Kaisa Immonen, Director of Policy, European Patients' Forum, saw health literacy as a critical facet of patient empowerment. Not only does it support shared decision making and self-

management, but it is also a patient's right and a critical strategy to redressing inequities in health.

#### Cancer care and COVID-19

Cancer patients are regarded as a highly vulnerable group in the current pandemic due to their immunocompromised status, especially patients over 65 belonging to ethnic minorities. Information-seeking and doctor-patient interactions have changed drastically during COVID-19, limiting face-to-face meetings. Screenings have declined and fewer people are being diagnosed with cancer over the past months, as Gunther highlighted, "People aren't getting less cancer; diagnoses are being reduced due to the limited access to health systems".

Ole Johan Bakke, Member of the Board, Standing Committee of European Doctors, detailed a first-hand account of a Norwegian patient who was diagnosed with two cancers in 2016. From the cancer and subsequent treatments, the patient developed a variety of severe side effects, and now receives home nursing. In Norway, digital communication is not established between patients and hospital doctors (medical specialists) or with home nurses. This has resulted in a broken care journey, and a broken educational journey for the health literacy of the cancer patient. Digital communication should allow continued care and continued education.

On this point Bettina Ryll, Founder, Melanoma Patient Network Europe, reiterated the importance of education and investment in education. Helping patients to read and understand science is a crucial component of health literacy. Referring to it as "knowledge protects", Ryll highlighted that those patients who understand their disease and treatment options ultimately have better health outcomes.

Undoubtedly, in these unprecedented times, the mental

health of many citizens has suffered, particularly those with chronic diseases. Urška Košir, Researcher, University of Oxford, confirmed that a recent study in the United Kingdom found that over 60% of young cancer patients felt mentally affected by the crisis. Having a compromised immune system, uncertainties regarding treatment, and wondering whether their long-term outcomes had been affected were just some of the reasons attributed to this increase in anxiety. Increasing health literacy will not only assist in reducing the mental burden on patients but indeed the burden on society as a whole.

### Europe's Beating Cancer Plan

A common thread throughout the discussion was the clear need for health literacy to be reflected in Europe's Beating Cancer Plan. Addressing concerns, Matthias Schuppe, Project Team Leader for Cancer, DG SANTE, European Commission, stressed the mandate for the plan was a holistic one which intends to tackle the entire disease pathway, from prevention, to early diagnosis, through to follow-up care for cancer patients and survivors. Health literacy is a cross-cutting issue and thus critical to the success of the plan itself.

When asked what wish they have for Europe's Beating Cancer Plan, answers from the panel included:

- A definite framework to support health literacy for patients and healthcare systems;
- A sentence which encourages Member States to include health literacy as part of their national cancer control plans;
- Investment in prevention;
- Input from patient organisations, health NGOs, and health literacy experts to shape a concrete health literacy action plan.

### The way forward

In an interactive poll during the session, including health literacy in the core school curricula was voted the action most likely to have the biggest impact on improving health literacy and patient outcomes. Sørensen pointed out that health literacy requires a whole of society approach, where children are taught basic health skills from an early age. Collectively, the panellists agreed that both individuals and healthcare providers bear responsibility for improving health literacy. Where patients are not well placed to learn themselves, responsibility lies with healthcare providers. A definitive, multi-stakeholder health literacy framework and action plan should be developed to achieve this and to meet citizens where they are.

The pandemic has unveiled that, along with system preparedness, individual preparedness is key for solving complex real-life problems. Health literacy concerns us all – physicians, nurses, patients, relatives, citizens, and governments – and a collaborative dialogue around the topic is critical to understanding the priorities and needs of each partner. Europe's Beating Cancer Plan provides an opportunity to do just this.

F.

WE NEED TO MAKE THE  
EUROPEAN HEALTH UNION  
ALSO A EUROPEAN  
HEALTH LITERACY  
UNION!



Soledareji  
Trensparnci

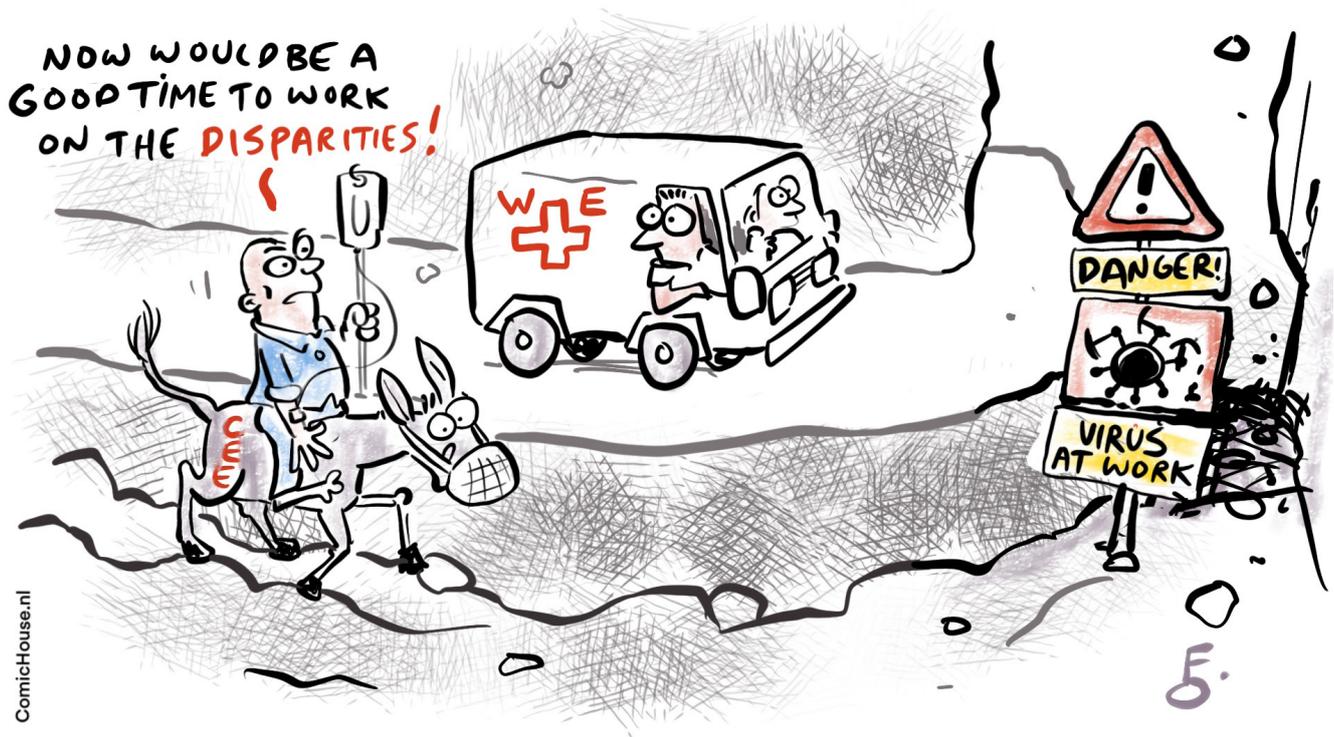


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## Tackling access inequalities in cancer care *Bridging the gap with Europe's Beating Cancer Plan*

Organised by the Central European Cooperative Oncology Group (CECOG) supported by MSD



With the expected unveiling of Europe's Beating Cancer Plan in December 2020, the European oncology community is placing high hopes in the European Union's ability to harmonise and improve national cancer control initiatives and drive better patient outcomes.

### The cancer lottery: a brutal reality for European citizens

Cancer mortality varies widely across Europe, and survival depends on where you live. In particular, the inequality gap between countries in Central and Eastern Europe (CEE) and Western Europe (WE) is striking. Depending on the type of cancer, data shows that survival rates in WE are 40% higher than in CEE countries where mortality rates for many cancers are above the European average ([Lawler, Banks, Law, et al., 2016](#)). The COVID-19 pandemic has served as a magnifying glass on existing disparities, and the economic disruption it has caused

threatens to deepen them even further.

Setting the scene, Antonella Cardone, Director, European Cancer Patient Coalition, highlighted the serious East-West divide and acknowledged inequalities range from prevention to survival. "Significant differences can be observed in diagnosis, screening, access to affordable care, access to medicines, access to trials, survivorship care, or even with the principle of the right to be forgotten". Indicating that a patient's access to treatment is highly varied depending on where they live, Cardone told of one particular drug used to treat breast cancer which became available to patients in Finland immediately after approval by the European Medicines Agency (EMA), five years later it was available for use in Denmark, after eight years it was introduced in Romania, but patients in Latvia had to wait thirteen years for this potentially life-saving treatment. These

delays in access to innovations pose a major challenge in bettering patient outcomes.

### **Bridging the gap with better data: what gets measured gets done**

Only half of the EU population is covered by Cancer Registries. This leads to fragmentation in cancer data across Europe, making it difficult to implement an evidence-based European Cancer Plan. In this context, Cristian Silviu Buşoi, MEP, European Parliament, welcomed the Governmental International Affairs (GOIA) project and the Cancer Dashboard initiative led by Christoph Zielinski, President, Central European Cooperative Oncology Group, aimed at improving cancer control in CEE. “Cancer information is an important tool to help reduce the risk of cancer and to improve outcomes for people diagnosed with cancer”, he explained.

Presenting the rationale for developing cancer dashboards, Zielinski noted that despite the scientific achievements in cancer research over the past number of years, there still exists a series of cancer-related issues to be ameliorated in the CEE region, including: cancer incidence rates, primary prevention, patient care, allocated technological and human resources, the availability, access to, and reimbursement of molecular testing, and poor survival and high cancer-driven mortality.

Cancer dashboards can serve as a tool to effectively scrutinise cancer care performance, identify ways to improve cancer services, use local data to drive policy change, and assess progress over time. The CEE cancer dashboards will provide an opportunity to focus on CEE in the Europe’s Beating Cancer Plan framework. As Cardone highlighted, “It is very important that Europe’s Beating Cancer Plan will consider the GOIA cancer dashboard as a magnifying glass because what gets measured gets done!”.

Reinforcing that the goal of the GOIA project is to fight inequalities and ensure equitable access and quality of cancer care in WE and CEE, Deepak Khanna, President, Oncology EMEAC, MSD, noted that cancer dashboards will provide policymakers with a roadmap to improve access to cancer care. They will help organise, deliver, and measure care that can benefit patients and help address the burden of the disease, as well as measuring progress and recognising gaps. “Cancer planning is crucial to ensure access to quality treatments”, he emphasised. Inordinate amounts of progress have been made

in cancer care, but there is no benefit if patients cannot access said innovation. Giving the example of skin cancer patients, Khanna noted that ten years ago the five-year survival rate was just 5%, whereas today that rate has increased to 50%. This is remarkable innovation, but we can only benefit from it by developing plans with a vision to improve the lives of patients.

Panellists unanimously agreed that collaboration and multi-stakeholder partnership will be key to the development and implementation of meaningful cancer dashboards. Khanna stressed that the success of the initiative will depend on the commitment to implement. Results will not be seen overnight and there is a risk of failure without multi-stakeholder commitment and if progress is not effectively measured, but as Cardone iterated, now is the right time to leverage the European momentum and ensure that these tools are informing policy change in the region.

### **Cancer literacy in focus**

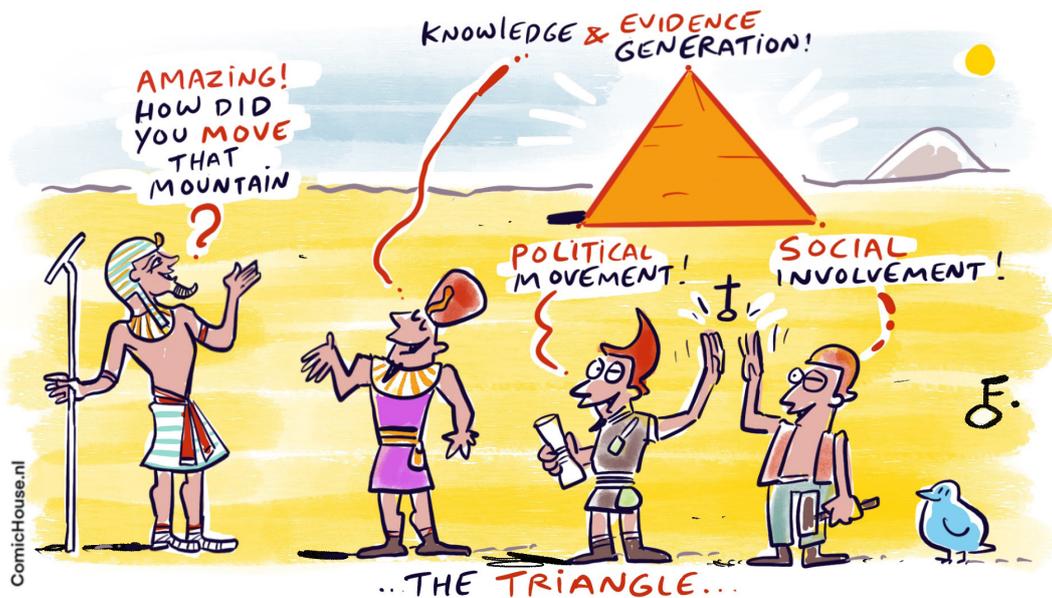
Data will be critical to drive policy change in CEE, but we must ensure that the evidence is accessible and understandable. Cancer literacy poses a unique set of challenges when compared to other types of health literacy, as patient decisions regarding screening, treatment, and side effect management are often complex, and timely decision-making is more critical. Panellists stressed the importance of empowering citizens and patients by addressing health literacy, self-management, and shared decision-making, which should be at the core of Europe’s Beating Cancer Plan.

The session concluded with a call to action urging the cancer community to continue with their hands-on efforts to improve cancer outcomes in Europe with a particular focus on bridging the gap between CEE and WE.

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## Health democracy in action Amplifying people's voice in health decision-making

Organised by WHO Regional Office for Europe in collaboration with WHO headquarters



### A call for a paradigm shift towards participation

"Health is a channel that can allow us to strengthen democracy going forward," stated Natasha Azzopardi-Muscat, Director, Division of Country Health Policies and Systems, WHO Regional Office for Europe, in her opening remarks to this session on participatory approaches to shape health decisions. Linking the session theme to the WHO's Thirteenth General Programme of Work 2019–2023, she discussed how it was of paramount importance to establish appropriate mechanisms and channels to work with civil society to ensure health services are being designed and owned by people and reflect their needs, aspirations and desires. "Only in this way will we be able to advance health by bringing people on board and along with us," she stated.

### Going beyond the narrow cast

Dheepa Rajan, Health Systems Advisor, Department for Health Systems Governance and Financing, World Health Organization, drew on three recent articles in scientific journals to argue that participation of civil society in government decision-making was limited during the COVID-19 pandemic. She observed that in a fast-moving crisis such as the COVID-19 pandemic, civil society is often excluded from expert committees, and loses out on the

chance to give their input into mitigation strategies and thereby reduce morbidity and mortality. During 2020, participatory input could have helped to mitigate some of the predictable adverse effects of the COVID-19 crisis and could have reduced anxiety and helplessness. She also critically reflected on what counts as evidence, stressing that evidence is understood as scientific evidence, which leaves out experience-based evidence from the field. However, there were also differences within the field of experts with regard to who was first involved in the response: at first mainly virologists and epidemiologists were consulted, it was only later in the pandemic that public health experts, social scientists and social workers were included in decision-making. Meanwhile civil society acted independently of the government response. Rajan's input can be summarised as a strong argument for participation and the inclusion of as many perspectives as possible to make the best possible decisions in uncertain times.

### Participation during a crisis is only possible if structures already exist

The country panel with representatives from Thailand, France and Portugal showcased national initiatives, as well as the perspective of civil society organisations. Nanoot Mathurapote,

Head of Global Collaboration Unit, National Health Commission Office, Thailand introduced the Thai strategy of “a triangle that can move mountains”. The dialogue of science (knowledge generation from academia), political involvement (authority from government) and social power (from civil society, NGOs and the private sector) can make a change. This tri-partite synergy developed over many years has been used to reform the health system and more recently tackle challenges like COVID-19. Mathurapote provided examples from both rural and urban contexts of communities in Thailand pulling together and developing novel solutions to provide food for those in quarantine. “Local communities need to be engaged in decision-making from the outset,” she emphasised. Representing France, Jean-Francois Delfraissy, President, Scientific Advisory Council for Covid-19, France and Yvanie Caille, Founder of the patient organisation Renaloo, reported on their experiences during the crisis. Although citizen consultation in France is quite well established, during the COVID-19 crisis there was a step backwards and central government and the medical community appeared to exclude civil society from the consultation and policymaking process on the COVID-19 response. Caille illustrated the lack of civil society consultation during the crisis by providing some eye-opening case studies of the experience of patients with kidney disease. “The epidemic has become an alibi for abuse of medical power”, she stated. “Health democracy has been shattered – overnight we were no longer asked for our opinions - it was as if we no longer existed”. At the end of his intervention however, Delfraissy pointed to what is hopefully a sea-change in approach in France, describing some promising examples at city levels (Bordeaux, Lyon and Strasbourg) of citizen involvement in decision-making committees.

Similar experiences from Portugal were reported by Henrique Barros, President, National Health Council, Portugal and Ricardo Fernandes, Director, Grupo de Ativistas em Tratamentos (GAT), Portugal. Barros described how the Portuguese government response was very hierarchical – a clear expert-centred traditional role - based on the idea that a technical response is sufficient and leaving little room for community participation. “We still need this transformation – that the community are not just recipients of healthcare but part of the solution,” Barros asserted. Ricardo Fernandes, representing a patient organisation for people living with HIV, Hepatitis and Tuberculosis, discussed the vulnerabilities of the people he worked with and how the social precariousness created by the economic crisis

has heavily affected them. In his opinion the Portuguese government has been simply overwhelmed by COVID-19, as pre-existing effective informal communications channels broke down during the crisis. The pandemic also interfered with the implementation into law of a formal participation strategy that had been developed after years of advocacy. Ensuring formal channels of communication exist and there is transparency in how decision-making is conducted is key, Fernandes stressed.

### **Establishing participatory structures is not a luxury investment**

“More voice in decision-making is not a luxury – it is at the root of a collective process and at the root of governance,” said Agnes Soucat, Director, Department for Health Systems Governance and Financing, World Health Organization in her closing remarks. She reflected on how the pandemic has painfully exposed those areas where we have invested too little in the core common goods for health and highlighted the importance of collective action and trust. Their commitment to universal healthcare means that all countries must build strong and participatory multi-stakeholder processes that bring about collective decision-making. She reflected on the case studies from the country panel, which had shown how institution building, developing ongoing dialogues and ensuring inclusivity through using different models and processes was key – and above all that mechanisms need to be institutionalised and regularised. Soucat underlined how important it was to embed these participatory processes in health system governance, allocating the resources within national health budgets. “Regular interactions between government and the public build understanding and trust which can bear fruit during crisis time,” she advocated, imploring governments to realise that the participatory dialogue will bring about more advantages than the potential risks of holding difficult conversations. Highlighting its importance in terms of overcoming COVID-19 and setting us on a positive trajectory to meet the SDGs, she concluded: “We need to move beyond fragmented interventions to invest in institutional processes, get the governance right and not have social participation as an afterthought!”.

**Learn more**

[Programme](#)

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## Working and living in a new normality A spotlight on young professionals' mental health during COVID-19

Organised by Young Forum Gastein



COVID-19 and the associated containment measures have impacted people's lives, including their mental and social well-being, in numerous ways and to varying degrees. This session, moderated by Nicholas Morgan, Director, Euro Youth Mental Health, convened representatives from various sectors to spotlight the mental health of young professionals during the crisis. Highlighting real-life experiences, panellists discussed the importance of rethinking work-life balance for young professionals and identified the good practice models that have emerged from employers in supporting their workforce through this turbulent time.

As heard from Emmy, Expert by Experience, fear and the need for social support has increased exponentially during the pandemic. Support networks, social interaction, and stability in both the home and work environment have gained additional importance. Sara Cerdas, MEP, European Parliament, saw the current trends as overreaching, "The pandemic has opened a Pandora's box; we need to address mental health more enthusiastically when we speak about health - it is not only about the physical or social aspects of health, but also mental health and well-being".

### Supporting young professionals: using faculty and peer-to-peer

Sharing his experience of first year students entering university, Paul Gelissen, Youth Taskforce Member, Mental Health Europe, acknowledged the new environment, coupled with an unfamiliar educational process requires a new skill set. COVID-19 is hindering the opportunity for students to connect with and within their institutions and this is resulting in a lack of emotional attachment. The same can also be said for young professionals beginning their careers, remote working is significantly impacting their ability to connect with colleagues. Another challenge experienced by many is the lack of structure and the difficulty this creates in managing one's workload. He observed that students, unfortunately, have limited avenues to share and exchange their strategies for dealing with this situation.

Gelissen suggested these challenges could be tackled through educational activities and peer work, such as utilising e-mental health platforms to provide online peer support, practical social support, and consequently, reduce the feelings of loneliness. The panel emphasised the importance of raising mental health awareness, and highlighted that as Emmy's shared experience

indicated, stigmatisation of those with mental health disorders remains an important societal problem which is prevalent in our communities.

### Supporting healthcare workers: the tide of burnout is rising

Although healthcare has not been hit with the wide-spread redundancies seen in many sectors during the crisis, the pandemic has influenced the health workforce (HWF) in various other ways. Giving the perspective of a frontline worker, Alexandra Caulfield, Associate Researcher, Karolinska Institute, described the challenges faced in primary healthcare. She noted the rapidly evolving situation meant best practices were ever-changing and this, along with the sheer volume of patients, was physically and mentally exhausting. In addition, delivering care to patients whilst wearing the mandated personal protection equipment (PPE) placed constraints on healthcare workers' ability to easily communicate with patients and colleagues. Finally, the constant worry about risk of personal infection, and concerns for family members at home, led many healthcare workers to self-isolate, further reducing their support network. Elaborating on this point to showcase the broader impact of COVID-19, Caulfield emphasised the virus "is not only increasing stresses but also reducing our normal sources of support".

Panellists also brought forward the idea of "moral injury", which describes the ethical and moral suffering that arises from experiences which strongly clash with one's moral code, for example caregivers being unable to provide the level of care they expect from themselves. Thinking long-term, the working conditions and health status of the HWF have a strong impact on health system sustainability. With this in mind, Caulfield urged we reconsider how healthcare workers are encouraged to stay in their professions, particularly young health professionals who are often more at risk of developing mental illness when compared to their older colleagues.

### Taking care of your mental health

As Cerdas highlighted, young people, particularly millennials, have experienced the second crisis of their adulthood. First, difficulty securing employment during the financial crisis and now, the ongoing pandemic. This has far reaching consequences, especially at a time when social interactions must be reduced or reconsidered. The exact dimensions of the cost to mental health incurred can only be estimated – and the worst may be yet to come. This session therefore aimed to

provide a spectrum of solutions, discussed interactively with the audience.

- *Individual level*

The discussion offered practical, hands-on advice to care for mental health. Panellists appealed for time to disconnect, be mindful, and pursue hobbies. "We should start to take time for ourselves" was one clear message from Cerdas.

- *Work environment*

The panel called on employers and educational institutions to organise events which stimulate connections, as well as encouraging group work to replace the otherwise lacking social interactions. Gelissen pointed out that positive reinforcement by authorities can have a significant impact on both employees and students – during the pandemic, this has become perhaps more important than ever. Employers should encourage employees to structure their workdays in a way that allows disconnect from workplace responsibilities. Long-term, this prevents mental ill-health and indeed, contributes to sustainability.

- *Structural changes*

"Even if mental health is not visible, it does not mean that it is not there. Hence the need for more policies on mental health and well-being at the EU level", stressed Cerdas. However, in order to collectively improve mental health, everyone must get involved. It is crucial how societies see, address, and support mental health in various fields and even in minor actions – and indeed, encourage people to talk about the issues to decrease the stigma around mental health. In some countries, employers have implemented reward programmes to support the health and well-being of their employees by providing recreational activities – positively impacting their mental health too.

Indeed, as also this discussion shows, mental health is interconnected, and as Caulfield concluded "there is no health without mental health".

**Learn more**

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# Hackathon

## Digital solutions to support the continuity of mental health care during times of crisis

Organised by European Health Forum Gastein and EIT Health



EIT Health is supported by the EIT  
a body of the European Union

Within the framework of the 2020 conference, the EHFG, in partnership with EIT Health, hosted its third annual hackathon – a time sensitive competition which brings together multidisciplinary minds to collaborate and develop solutions for health-related problems.

Over the course of 40 hours, 14 teams representing 56 selected participants from 22 European countries, worked together to develop innovative and implementable digital solutions to support the continuity of mental health care during times of crisis. Participants ranged from students to experienced healthcare professionals, software developers, and everything in between.

### Hacking from home

Instead of meeting in the picturesque Gastein valley, as is usually the case, this year's hackathon moved to the virtual world. Communication tools such as Discord enabled participants, many of whom who had never met, to build rapport and share skill sets.

Subject-matter experts provided an overview of the current state and opportunities within digital mental health. And mentors, led by Marton Kis, Health Innovation Expert, Semmelweis University, were on-hand to interact with the teams, offering continuous feedback and support to ensure that the participants' energy was spent developing useful and practical ideas.

At the end of the 40 hours, each team was required to submit a three-minute pitch presentation to highlight the problem they were attempting to solve, along with the proposed solution. The ideas put forward addressed a wide cross-section of challenges and opportunities around continuity of mental health care, including; a platform for mental health promotion and management, a tele-medical AI tool which aims to improve

the continuity of mental health care by ensuring a seamless transition between individual interventions, and a virtual reality tool which seeks to increase the contact between socially isolated citizens and their family, friends, and therapists.

Seven shortlisted teams were selected to proceed to the live finale where they faced questions from a panel of expert jury members, led by Jan-Philipp Beck, CEO, EIT Health. The projects were scored according to a list of predetermined criteria and after deliberation three finalist teams were chosen to present their projects during the Closing Plenary of the EHFG 2020.

### The final three

1. **Aidemy** believe breaking down mental health stigma to be a social responsibility. Their platform will train everyday citizens to become mental health first responders, enabling the individual to recognise the warning signs of mental health disorders, and provide timely psychological first aid.
2. **PeerMent** aim to reduce the number of mental health disorders amongst single parents by designing a platform where parents and caregivers can connect with and learn from peers with similar experiences. Allowing the parent increase self-awareness to take care of their own mental well-being.
3. **Animo** is a patient-driven software for individuals with severe mental health illness; using in-app voice-recording and patient-profiling functionalities it serves as a communication platform for clients, their families, and health professionals.

The three shortlisted projects were put to a vote via a digital audience poll. With 74% of the public vote, Aidemy were awarded overall winners of the EHFG 2020 Hackathon and will receive prize money of €25,000 to invest into their start-up.

# Contributing Authors

Alexandra Caulfield  
Alexandra Tamas  
Alyona Mazhnaya  
Ann Marie Borg  
Anna Prokúpková  
Bianca Cucos  
Cara Pries  
Catarina Nobre  
Chloe Maher  
Damiano Cerasuolo  
Daniela Rojatz  
Duarte Brito  
Katarina Gatialová  
Lela Sulaberidze  
Lilian van der Ven  
Lisa Bornscheuer

Louise Boyle  
Lucia Medori  
Margot Neveux  
Mari Pollari  
Mateusz Zatonski  
Michele Calabrò  
Miriam Reiss  
Neil Saad  
Péter Szegner  
Philip Hines  
Samra Mušić  
Simone Mohrs  
Suvi Karuranga  
Thomas Gelin  
Wiebke Seemann  
Željka Stamenković



# Organisers & Partners

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*CREATING A BETTER FUTURE FOR HEALTH IN EUROPE.*



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<b>Editorial team</b>	Lisa Bornscheuer, Louise Boyle, Dorli Kahr-Gottlieb, Chloe Maher, Mari Pollari, Cara Pries
<b>Cartoons</b>	<a href="#">Floris Oudshoorn</a> / Comic House
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