

EHFG 2024



OUTCOMES REPORT



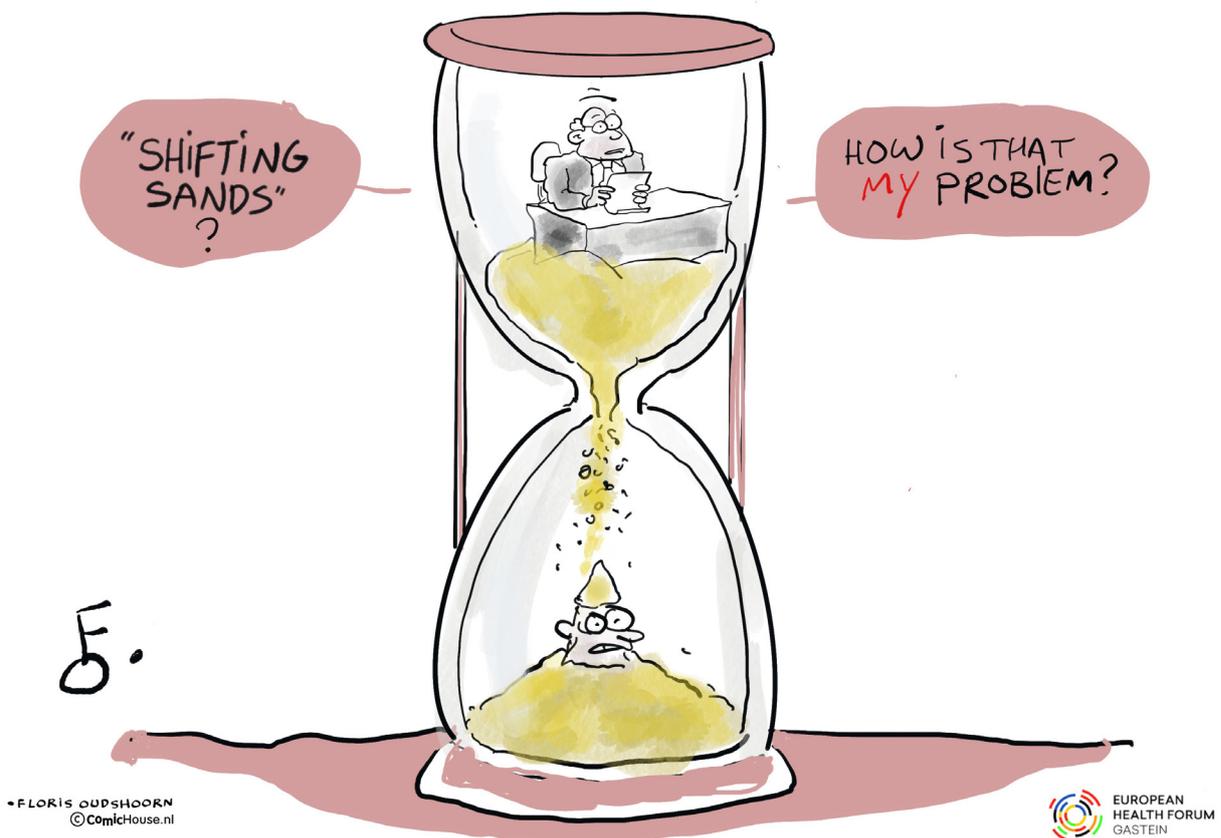
Shifting sands of health
Democracy, demographics, digitalisation

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As Europe continues to grapple with an evolving health landscape driven by demographic shifts, digital advancements, and political dynamics, the need for cohesive and forward-thinking health policies has never been greater. The 27th European Health Forum Gastein (EHFG) focussed on the critical and interconnected transformations shaping health systems and society as a whole, the “3D” forces: democracy, demographics, and digitalisation. The demographic shift, characterised by migration, ageing populations, changing fertility patterns and workforce dynamics, poses significant challenges to the sustainability of healthcare systems across Europe. At the same time, rapid digitalisation offers both unprecedented opportunities for innovation and new challenges in ensuring equitable access and protecting privacy. However in the biggest election year so far in human history, with over 50% of the global population called to the polls, perhaps the most concerning threat is the erosion of democratic principles by populist and autocratic movements. The health community faces a stark choice: mobilise in this new landscape or collude with the health consequences.

Co-organised by the Austrian Federal Ministry of Social Affairs, Health, Care and Consumer Protection, with support from the European Union, and in collaboration with the World Health Organization Regional Office for Europe, the EHFG 2024 brought together diverse participants to generate innovative strategies and forge strong alliances to safeguard and promote health in a rapidly changing world.





“The next European Commission must prioritise the implementation of social rights. There is still much work to be done to strengthen our Health Union. We need more Europe, not less.”

Johannes Rauch,
Federal Minister of Social Affairs, Health, Care and Consumer
Protection, Austria

“The key is to instill hope in our medical workers, as the resilience of the healthcare system depends on them. Their hope strengthens the system. When we speak of hope, we also speak of Ukraine’s accession to the European Union.”

Viktor Liashko,
Minister of Health, Ukraine



“One of the reasons for decreasing trust lies in the fast-changing state of knowledge. What is true now may not be the case tomorrow.”

Pamela Rendi-Wagner,
Director, European Centre for Disease Prevention and Control

“Without trust between patients and healthcare professionals we have an empty shell. Fostering trust is crucial, we need to take action to tackle corruption and misinformation.”

Hans Henri P. Kluge,
Regional Director for Europe, World Health Organization



“Before looking at the social contract through solidarity, Europe must focus on social as well as economic competitiveness. Our strong social systems are under threat and we must remain competitive by ensuring that diverse voices are heard.”

Anca Toma,
Executive Director, European Patients’ Forum



"It is simply our duty to allocate our resources towards cost-efficient and impactful solutions that can make a real impact for patients / citizens."

Frank Vandembroucke,
Deputy Prime Minister and Minister for Social Affairs and Public Health, Belgium

"We are not talking about a fortress Europe protecting its social contract, but a Europe that is open and aware of its responsibilities in the world."

Ilona Kickbusch,
Founding Director and Chair of the Global Health Centre, Graduate Institute for International and Development Studies Geneva



"As we navigate the evolving landscape of AI in healthcare, it is crucial to foster an environment of trust and transparency. We must implement regulations that not only promote innovation but also ensure that the technologies we develop are safe and effective for diverse populations."

Marco Marsella,
Director, European Commission Directorate General for Health and Food Safety

"I think we need a mindset shift and I very strongly like the well-being economy concept because that is about long-term gains not so much short-term profits: regulation of harmful products, a green transition, and social inclusion."

Caroline Costongs,
Director, EuroHealthNet



"We must urgently push for a new social contract that ensures health systems remain adequately funded and prioritised amidst competing budgetary pressures. Neglecting the health sector amid democratic upheavals, demographic shifts, and rapid digitalisation not only challenges public health but also democratic stability and social cohesion."

Clemens Martin Auer,
President, European Health Forum Gastein

A vote for health?

More than half of the world's population will go to the polls in 2024, making it the biggest election year in history. Election results thus far highlight widespread disenchantment with the status quo, demonstrated by growing support for far-right populist parties. In the EHFG's first plenary, Scott Greer, University of Michigan and European Observatory on Health Systems and Policies, discussed how health status shapes democratic participation. He argued that health is an under-appreciated factor in politics, citing a recent [policy brief](#) that suggests ill health not only reduces political participation but also increases the likelihood of voting for a radical right party. Greer suggested trust as the key mechanism – as health worsens, trust in health and political systems diminishes, leading to a shift toward right-leaning political views. While cynically this could seem beneficial for the far right (i.e. by not investing in positive social policies for health, health outcomes will worsen – and yet people will continue to vote for you), for other parties it provides a new reason to prioritise health status, as better health can lead to more moderate voting behaviour.

“Democracy is about shifting the narrative from a society focussed on profits and competitiveness to a society focussed on the well-being of people, planet, and environment.”

**Member of the Young Forum
Gastein**

Ilona Kickbusch, Graduate Institute of International and Development Studies Geneva, picked up the concept of trust, stating that to engender trust in health systems, populations need access to medicines, healthcare, and preventive measures. Amanda Bok, The Synergist, advocated for a shift towards a partnership mindset in healthcare, built on shared responsibility, where trust is key to meaningful collaboration. In a session on the commercial determinants of health,

Pedro Gullón, Ministry of Health, Spain, pointed out that trust is reciprocal and that those who earn it must acknowledge and address the underlying forces shaping our environments. He called out the irony of treating patients only to send them back into the conditions that made them ill in the first place, highlighting that “this is not a trustworthy strategy.”



Commercially induced diseases

Our environments are heavily influenced by corporations whose products contribute to an epidemic of “commercially induced” diseases – those driven by preventable and modifiable risk factors, such as tobacco, alcohol, and unhealthy foods and beverages. These non-communicable diseases (NCDs) account for roughly 90% of deaths in the World Health Organisation (WHO) European region and around 85% of years lost to disabilities, as well as billions in healthcare spending. “A general rule across a lot of policy areas is that profits are being privatised and costs collectivised,” observed Hans van Scharen, Corporate Europe Observatory. Nason Maani, University of Edinburgh, made a plea for systemic change to limit corporate influence in health policymaking, especially where conflicts arise between public health and profit. The alcohol industry is a case in point, as it disproportionately relies on those consumers who are harmed the most, with approximately 70% of industry revenue coming from just 20% of consumers.

“Three things are very important: we need more transparency, a vision, and social justice.”

**Lena Schilling,
Member of the European Parliament**

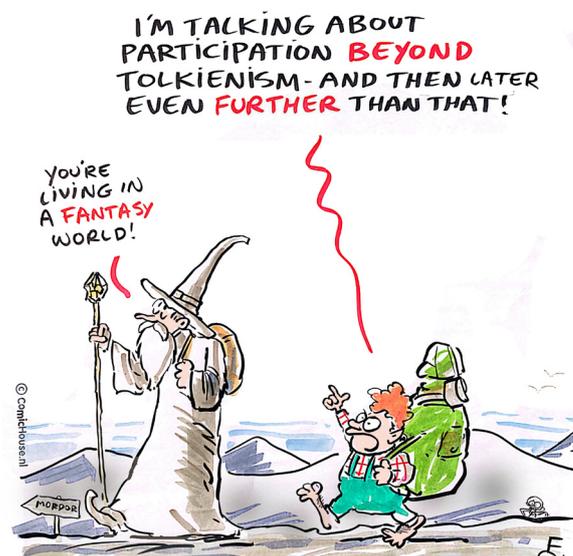
Tactics and strategies common across the different industries include disputing the role of the “nanny state” in public health policymaking and instead emphasising individual responsibility, funding political parties that promote deregulation, and direct lobbying of policymakers. On tackling obstacles to achieving NCD targets, Carina Ferreira-Borges, WHO Regional Office for Europe, emphasised that corporate profits often eclipse the GDPs of some European countries, creating a considerable power imbalance and leading to a situation where it is impossible to make progress on implementing policies to protect people. “This should be seen as a corruption of democracy,” she stated. In a discussion on how to make lobbying interactions more transparent and accountable, speakers acknowledged that there are rules and practices in place: it is adherence, enforcement, and implementation that is often lacking.

Several ideas emerged to address this imbalance. Hans van Scharen remarked that regulations are not purely negative for the industry. In fact, if Europe regulated more in the general interest, it would become a frontrunner in this area and increase its competitiveness. Caroline Costongs, EuroHealthNet, suggested exemptions to internal market rules, enabling local authorities to restrict fast food businesses near schools. Anant Jani, Heidelberg Institute for Global Health, argued for policies with both positive and punitive elements - for example removing VAT on healthy foods like fruit and vegetables and introducing sugar taxes, aimed at reducing childhood obesity. These kinds of measures need to be underpinned by systemic policies, Jani asserted.

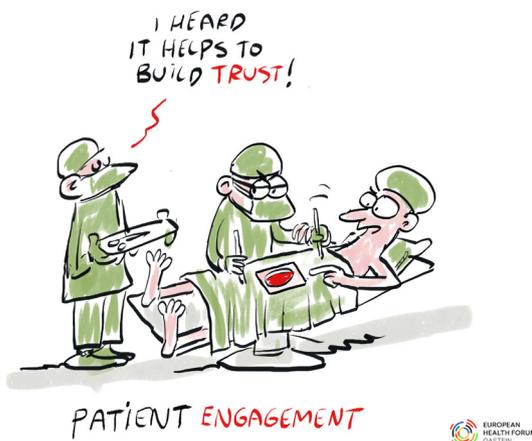
He called for a reintroduction of the European Union (EU) Farm to Fork strategy in its original format and pointed to the success of the 2020-2021 National Food Strategy for England. Eliza Markidou, Ministry of Health, Cyprus, supported these holistic solutions and added a need to work with industry for reformulation of foods and to engender a generational shift in approaches to food through a focus on education, health literacy, and the empowerment of children. Mark Petticrew, London School of Hygiene and Tropical Medicine, reminded participants to focus on the upstream health determinants, emphasising that public health should address environmental exposures through strategies such as food and drink reformulation and taxes.

Social participation and trust

Social participation is a hot topic on health agendas in 2024, propelled by a World Health Assembly resolution that urged all WHO Member States to “redistribute power” from decision-makers to citizens and systematically embed social participation into health systems. A recurring topic at the EHFG 2024, discussions centred around principles of participation and strategies to maximise its effectiveness. Michaela Moser, St. Pölten University of Applied Sciences, stressed the importance of a “culture of participation,” where collaboration becomes the norm rather than a one-off in health policymaking.



Speakers emphasised that participation must go beyond active patient associations, seeking broader democratic involvement to promote equity, transparency, and the voices of marginalised groups. Giovanna Marsico, National Centre for Palliative and End-of-Life Care France, commented that truly diverse communities are often excluded from participation. Despite efforts to remove barriers, participants mostly come from privileged backgrounds, demonstrating the need for better outreach to diverse and vulnerable populations. As Syrine Rekhis of VOICIFY – The European Forum for Youth with Lived Migration Experiences, underlined in the second plenary on demographics, “Representation should reflect demographic changes.” Anca Toma, European Patients’ Forum, reminded that if we prioritise social participation, we must also allocate funding towards it. Meanwhile, Scott Greer highlighted that patient engagement as a form of participation can help to reduce right wing bias, contributing to a healthier democracy.



The importance of participatory spaces, where stakeholders from different sectors come together to communicate and co-create solutions, was also noted. One session exemplified this approach by collaboratively defining the health asks of the next European Commission and Parliament. The role of “Bridgers” - people who understand multiple perspectives and can facilitate interactions between different actors - was perceived as

essential in ensuring successful participation, as was allowing adequate time for this process.

There was consensus that participation is not only about creating spaces for dialogue but also about establishing trust and building the systems and bridging mechanisms necessary for meaningful involvement, underpinned by research. Co-learning, transparency, and shared responsibility were identified as foundational elements to drive a new, inclusive approach to health governance that includes social participation. Health is not just created by professionals but by society as a whole, and successful participation can only be achieved by making it an integral part of how health systems operate.

“Social participation is key to building sustainable and trustworthy healthcare systems.”

Denis Kordež,
Ministry of Health, Slovenia

A new social contract for Europe?

The question of whether the social contract is broken and in need of renewal surfaced repeatedly throughout the conference. Martin McKee, London School of Hygiene and Tropical Medicine, argued that when people feel disconnected from this contract, they express their dissatisfaction through populist voting, citing Brexit and the rise of right-wing extremism as examples. Bogi Eliassen, Copenhagen Institute of Future Studies, also deemed the social contract in need of repair, stating that the shift from an analogue to a digital environment has fundamentally altered the social contract’s historically territorial nature. Both McKee and Eliassen underscored the importance of ethical, economic, and security-related arguments for reinvesting in social health contracts, advocating that health systems must focus on value, not just funding, and that health should be treated as a societal investment, as a healthier population is more productive.

"We here in Gastein, the community of the European Health Forum, must call for a new social contract, a new political commitment to health and well-being, a renewal of our deeply rooted understanding of solidarity and the social codes, which so fundamentally changed our thinking about social justice in the last 70 years."

Clemens Martin Auer,
European Health Forum Gastein

The responsibilities towards future generations were at the forefront of speakers' minds, especially in light of the announcement of a new European Commissioner for Intergenerational Fairness, Youth, Culture, and Sport. Participants highlighted the need for a new social contract to recognise the link between environmental issues, public health, and human rights, while addressing the climate crisis and the growing mental health challenges amongst young people in Europe. Recommendations for a renewal of the social contract in Europe included strengthening the European Health Union by building prevention-focused, integrated, and resilient health systems across the continent, with a greater focus on addressing inequalities and unmet medical needs. Speakers across multiple sessions pointed to issues like health workforce shortages, uneven access to medicines, and disparities in universal healthcare, for example the geographical inequalities in access to cancer treatment between eastern and western Member States. The Well-being of Future Generations Act in Wales was referenced as a good practice example that ensures decisions taken today do not harm future generations.

"Any new social contract has to place mental health and well-being at the centre."

Steve Clarke,
NHS Wales Executive



.. AGREE ON WHAT IS OWED .

Leveraging the opportunities of a new European Commission

The consequences for health of the political mandate and strategic direction of the next European Commission were often mentioned during the conference, particularly the emphasis on deregulation, competitiveness, and promoting ease of business. Indeed it was remarked upon that such a strategic approach seems at odds with promoting public health and environmental goals. However, speakers also acknowledged that the new term and a new set of Commissioners presents an opportunity for the European public health community to revisit and reinforce messages and strategies.

In an interactive co-creation session looking at the health priorities of the next European Commission and Parliament, Frank Vandenbroucke, Deputy Prime Minister and Minister of Social Affairs and Public Health, Belgium, pointed to positives in the Mission

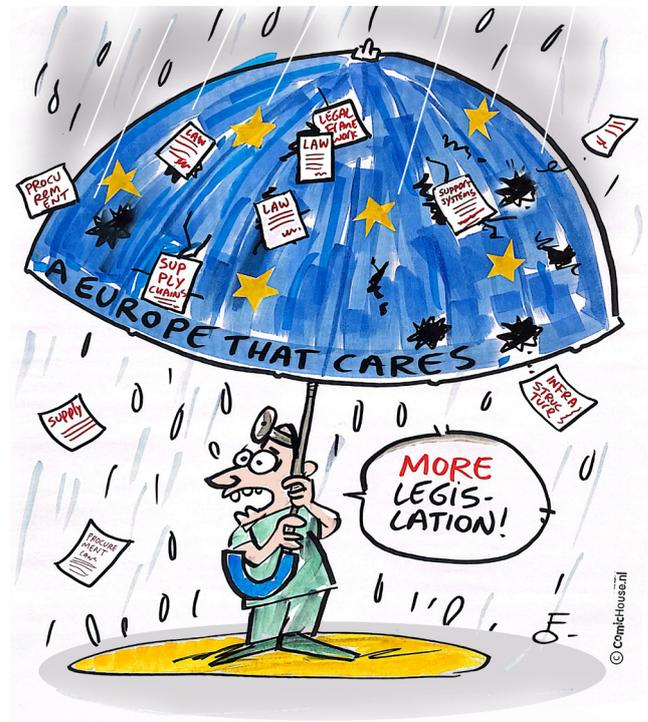
Letters sent by Commission President Ursula von der Leyen to the Commissioners-designate: “Antimicrobial resistance (AMR), social media, mental health...the President took up that vocabulary, that is promising,” he noted, before the session focussed on the health areas and concrete actions which should still be urgently prioritised over the next five years.

“We are in a time of transition; transition for the EU, transition in every EU institution...but what we can already say is that the political guidelines of President von der Leyen set a clear mandate for more focused, simpler, more impactful health investments.”

Nathalie Berger,
European Commission Directorate-General for Structural Reform Support

The European Semester as a governance tool can be leveraged to better support and promote health in all policies, health equity, and well-being. A session on cancer as a pilot, discussed how the European Semester can impact health and drive equity by influencing the macroeconomic aspects of social protection programmes financed by public budgets. Access to healthcare, early childhood education, and pension systems are just a few examples of the fundamental determinants of health that are addressed during the European Semester process, and through which it can influence governments to act. The potential to use cancer as a blueprint for tackling other chronic diseases through the Semester was discussed, drawing on the experience of Europe’s Beating Cancer Plan, the oncology community, and the data that is captured on cancer – as one speaker reminded participants “what is measured gets done.” Goals were identified, including the need to improve the quality of health indicators that measure the path from cancer diagnosis to treatment, to ensure that significant

disparities in healthcare access and treatment across Member States are systematically addressed through EU-wide governance. The importance of policy coherence and priorities, as well as the active involvement of patients, was also highlighted as crucial. Antonella Cardone, Cancer Patients Europe, summarised: “The inclusion of health in the European Semester is timely due to the current political moment, with a new Commission and Parliament in place. We believe cancer as a pilot will serve as a blueprint for other disease areas and health policy more broadly.”



The challenges of unlocking EU investment potential for health were explored in a session aimed at sharing best practice and learnings on the topic. Member States often struggle to identify, access, and navigate complex and fragmented EU funding instruments. To address this, a number of Ministries of Health, including Austria, Belgium, and Slovenia, joined forces to create a Hub to facilitate the use of EU instruments for health system reform. They shared insights gained during the project, including a need for better alignment between EU health funding priorities

and Member States' health system needs, as well as flexible funding instruments that can adapt to the timing and focus of health reforms in different countries. Discussions centred around a need for both micro- and macro-economic modelling to demonstrate the value of health investments, with data-driven decision-making and impact assessments essential for justifying and optimising them. There was recognition that the European Health Data Space will be fundamental for leveraging data to design new instruments and reforms.

Solutions identified to address persistent challenges included a need for long-term investments, partnerships with developing countries, and a focus on global health equity.

"We have lived through Ebola, COVID-19, H1N1, and the rise of Dengue, yet we still lack an articulated understanding of our interdependence."

Joelle Tanguy,
Drugs for Neglected Diseases Initiative



Innovations and alliances

To strengthen Europe's role in global health innovation and effectively tackle neglected and emerging diseases, a growing threat due to climate change and conflict, a session highlighted the significant gap in vaccines, therapies, and diagnostics and called for a balanced mix of push and pull funding mechanisms. "The EU makes significant investments in research, yet this does not always translate into bringing products to market," underlined Rosa Castro, Deutsche Stiftung Weltbevölkerung. Speakers discussed how introducing incentives like Priority Review Vouchers could accelerate product development and maximise the impact of existing research into neglected diseases.

The issue of medicine shortages is a pressing concern and was the focus of a session on access to critical medicines in Europe. Looking to solutions, different pricing strategies were discussed, from raising prices, to tiered pricing, to an agreed European "price range," and a revenue guarantee model. However, "the shortages problem cannot be solved through pricing alone," underlined Gloria Ghéquière, Federal Government of Belgium. Speakers acknowledged that the Member State solidarity mechanism to exchange critical medicines needs to be improved, though the willingness to work together was already successfully demonstrated during the pandemic. In a discussion on stockpiling, Adrian van den Hoven, Medicines for Europe, expressed the stockpiling mechanism activated by some countries as a serious matter of concern. Potential solutions could include a scalable production plan or rotating stock, as seen in Finland. Discussions also addressed whether companies calculate their supplies with thin margins to hinder parallel trade, which increases the risk of shortages and encourages national stockpiling to cope with limited availability. Speakers explored tender mechanisms that consider security of supply criteria and the possibility of joint procurement. A multi-stakeholder Critical Medicines Alliance has been established, the Steering Board of which will define the path towards a Critical Medicines Act.

Environmental health

Climate change is a trend that will affect everyone. While concerns surrounding the health of the planet, as well as ideas on how to improve it, often differ between generational groups, they can also be shared. This was the core message in the second plenary from Pia Hollenstein, Swiss Senior Women for Climate Protection (KlimaSeniorinnen Schweiz), who reflected on the collaboration between older and young people in climate activism. Drawing a strong link between our environment and health, she stressed that “the climate crisis is also a health crisis” and that “a healthy future is only possible in a healthy environment.”

WHO IS PICKING UP THE TAB?



*FLOKIS OUPSHOOK
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The need for a healthy environment was echoed in a session advocating the One Health approach to prepare for the next pandemic. The connection between climate change, compounded by environmental degradation, intensive farming, habitat destruction, and the rise in zoonotic diseases was emphasised. “The next pandemic will come from an animal reservoir,” warned Pamela Rendi-Wagner, European Centre for Disease Prevention and Control, asking, “Are we prepared?” Linking pandemic resilience to food systems, speakers suggested reducing meat consumption to decrease land use and CO₂ emissions, thereby helping to reduce the spread of new infectious diseases. Establishing robust monitoring systems to track disease spread between humans and animals, coupled with improved global collaboration, was also proposed to

mitigate future pandemics. Resilience, a topic that was discussed in several sessions, was described by Andrea Schmidt, Austrian National Public Health Institute (GÖG), as no longer about returning to a pre-crisis state but rather transforming systems to better cope with continuous crises.

“We need to stop industrial farming as it facilitates the spread of new infectious diseases. We need a healthier environment for both animals and humans.”

Tilly Metz,

Member of the European Parliament

While a healthier environment can improve the overall health of a population, the very systems built to improve health outcomes are also contributing to poor health. As of 2024, the health sector is responsible for 5% of global greenhouse gas emissions. It ranks as the fifth largest greenhouse gas emitter globally contributing to air pollution, which is the second leading global risk factor for death. Governments need to make public commitments to invest in decarbonising health systems, underlined Will Clarke, Health Care Without Harm Europe, and so far, the outlook is promising, with ten countries within Europe having committed to Net Zero over the next 30 years. Josep Figueras, European Observatory on Health Systems and Policies, discussed that improving primary prevention can reduce the pressure on health systems and thereby support the reduction of their carbon footprint. Andrea Mugan, AstraZeneca, agreed, noting that illnesses in the EU still tend to be managed reactively with over 80% of healthcare costs dedicated to chronic disease management, and less than 3% devoted to prevention. In light of environmental and demographic changes and the importance of innovating healthcare models, three areas were proposed as key to creating sustainable care pathways focussed on patient outcomes: prevention, early diagnosis, and precision medicine.

“Fundamentally we must co-create solutions that affect beliefs and behaviours. We need to change the belief system of cultures to prioritise healthcare not sick care. If we want to run fast, we run alone but if we want to run far, we must do it together.”

Tonya Winders,
Global Allergy & Airways Patient Platform

(Shrinking) health workforce

Profound demographic shifts are impacting Europe, with a shrinking health workforce, increased workloads for those remaining, new highs in life expectancy, and changing fertility patterns. Inter-linked is the increasing burden of mental health conditions, which affect both older and younger people, though in different ways. One of the greatest challenges of an ageing society with a shrinking workforce is the strain on Europe's social security systems, including pension systems and long-term care. This puts older people at risk of poverty and unmet health needs, and disproportionately affects women, who provide most of the care and are more likely to be left out of the workforce.

“We have to consider how mega trends and demographic changes interact and how they will impact healthcare needs in a super ageing society.”

Francesca Colombo,
Organisation for Economic Co-operation and Development

In a session on the challenges and possible solutions to a shrinking health workforce, Johan Van Eldere, European University Hospital Alliance, noted that the problem of shortages in the health workforce is “a symptom of a disease that is much more systematic.” Challenges include a lack of structural reforms,

poor work environments with a limited work-life balance, and an organisational culture which does not provide mentorship or mental health support. Panellists recommended long-term structural reform of health systems focussed on prevention to alleviate pressure on the workforce and the system. Other solutions included offering flexible shifts, self-scheduling programmes, and psychosocial support services. Enhancing digitalisation and improving interoperability among health systems was also suggested to better support health professionals. In terms of delivering these solutions, the European Health Union was proposed as a framework that can be used to prevent, prepare for, and respond to, health workforce challenges. The importance of having evidence-based policy solutions, backed by data, was emphasised.



Another proposed solution to address health workforce attrition, which Stefan Larsson, International Consortium of Health Outcomes Measurement, described as stemming partly from a “purpose crisis,” is to improve quality of care. Not only does this build trust with patients but also recognises the high quality work of

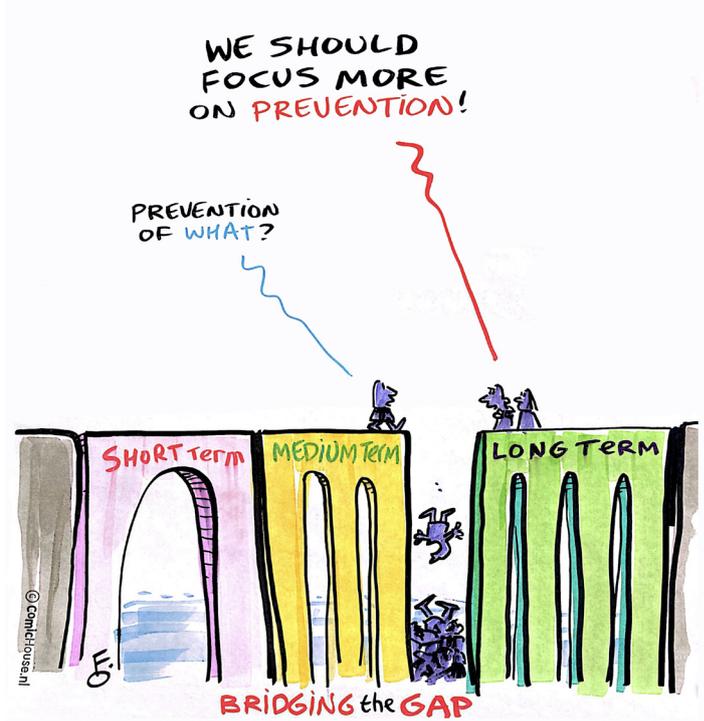
medical professionals. In a “sneak preview” of the upcoming WHO Quality of Care report, João Breda, WHO Office on Quality of Care and Patient Safety, highlighted the need to move from a facility approach to a systems approach that places quality at the centre, as outlined in both the Sustainable Development Goals and Universal Health Coverage policies. The report will also demonstrate that countries with higher use of policy instruments and national action plans on quality of care and patient safety have improved health outcomes. Looking at national examples from Greece, Portugal, and Latvia, the session explored the importance of the digital transformation in health systems and the use of data monitoring to encourage improvements within health systems.

“Working together, by engaging all who truly play a key role in health systems, is the only way we can actually do better and serve our main goal to provide patients with the right care, at the right time, by the right team.”

**Lilian Vildiridi,
Ministry of Health, Greece**

Healthy ageing

The narrative on ageing, much like the health systems set-up to address it, is outdated. People are increasingly living both longer and healthier lives, therefore “ageing is not a crisis, it is a triumph of human progress,” remarked Natasha Azzopardi-Muscat, WHO Regional Office for Europe, in a plenary on demography and health. Given this, health systems need to be adapted to promote healthy ageing and prevention starting from childhood. As Stefan Eichwalder, Federal Ministry of Social Affairs, Health, Care and Consumer Protection, Austria, highlighted in a session on chronic diseases, in the last 20 years there has been a 300% increase in the number of 80-year-olds. With Europe’s demographics shifting, health systems must adapt accordingly.



The importance of prevention was underscored across several sessions. Brain health is one area where prevention can have huge benefits – for example 20% of stroke and 30% of dementia cases are preventable. Neurological diseases contribute to 40% of the global burden of disease, yet there is a general lack of awareness about brain health. Given that many of these conditions are treatable, early learning about brain and mental health for future generations should be a priority, noted Paul Boon, Brain Health Mission. Societal challenges such as disinformation and the climate crisis are also impacting our brain health. Harris Eyre, Brain Capital Alliance, called for a systems-level approach to transition from a “brain-unhealthy society to a brain-healthy society.” Some countries have already started implementing brain health strategies including Finland, Italy, and Switzerland. Vital to these national plans is continuity, a mid- to long-term perspective, and a multidisciplinary approach involving a range of stakeholders. This was echoed in the roundtable discussion by audience members who agreed that brain health should be present in all policies, and advocacy for funding in this area should be done across different

sectors: health, defence, education, labour, employment, and environment. In a conversation on terminology, brain health was framed more positively than mental health, which has a stigma attached, and the importance of making this distinction for fundraising was emphasised.



While neurological diseases make up a significant percentage of the global disease burden, chronic diseases constitute 80% of the burden of disease within Europe, posing both societal and economic challenges. Consequently, both prevention and improving the efficiency of care is of the utmost importance. In a session on chronic diseases, an audience member suggested embedding prevention into all national policies. Echoing this, Pedro Facon, Belgian National Institute for Health and Disability Insurance, said his recommended priority action would be to place prevention on top of the agenda. In fact, some EU Member States have already been doing this. In Belgium, for instance, investment was directed towards primary mental healthcare facilities to reduce the use of antidepressants. In Sweden, hospitals are ranked on the health outcomes of patients, creating incentives for prevention. In a question from the audience on

the patient voice, panellists confirmed that the patient perspective is embedded within all EU projects and highlighted that no decision-maker is immune from their own lived experiences of chronic diseases.

“At the European level we need to put health not only in the health bucket but also in other discussions.”

Nathalie Moll, European Federation of Pharmaceutical Industries and Associations

Migration

Demographic changes in Europe are also influenced by external drivers, including both internal and external migration. Migration can help address ageing populations, workforce shortages, and ensure the sustainability of Europe’s healthcare systems. However, challenges remain in ensuring social and health protection for migrants and facilitating their integration into the labour market, especially for migrant women. In the second plenary, Syrine Rekhis, VOICFY, reflected on the need to consider the diversity of migration in all its forms (i.e. short- or long-term, forced or by choice, economic or for refuge), and the impacts of health workforce migration on the countries of origin that have trained health professionals but not benefited from their skills. “We need to adopt a global justice lens - especially in the context of post-colonialism,” she remarked. Healthcare services should be more flexible and adapt to the needs of different population groups, rather than individuals having to adapt to the system. “Migration is normal. It has always happened. When we call it a crisis, it becomes a crisis.”

That migration is a regular occurrence and should not be seen as a shock was also emphasised by Ewout van Ginneken, Berlin Hub of the European Observatory on Health Systems and Policies. In a session on the resilience of healthcare systems, migration was used as a

lens through which to access health systems and focussed on its key dimensions: coverage, access, financing, and human resources. Greece was showcased as an example of resilience, where migration led to a series of reforms including access to Universal Health Coverage for all regardless of their documentation status. Migration exposed the uneven distribution of the health workforce within Greece and led to financial reforms to incentivise medical practitioners, especially specialists, to relocate to remote areas where migrants were entering the country.



Yannis Natsis, European Social Insurance Platform, raised the question of Ukrainian nationals returning to their homeland and whether they retain their access to benefits acquired in other European countries. He noted that the discussion should not only be about migrants but about the “transferability of benefits, the status, the mutual recognition, the applicable legislation.” Across Europe, the EU Temporary Protection Directive was showcased as a success story whereby all displaced persons from Ukraine are granted access to services across Member States (including if they return to Ukraine) until February 2026. On the topic of internal migration, Jarno Habicht, WHO Country Office in Ukraine, summarised some lessons learned from the Ukraine context. He noted that ensuring that displaced persons understand their rights to accessing care was crucial and that this could be done through communication campaigns. He also recommended allowing humanitarian

partners to step in when necessary, but only with the guarantee not to disrupt the internal system. Part of this communication also needs to be directed at policymakers and include evidence that shows “that the inclusion of all migrants, documented, undocumented, asylum seekers, within the health systems where we live is cheaper than exclusion,” underscored Elena Val, International Office for Migration. Member States need to be reminded of this, especially in the context of Ukraine.

The discussion on migration, resilience, and health system reform continued in a session dedicated to Ukraine. Demographic shifts due to war and internal displacement have increased challenges for patients, yet treatments provided free of charge have doubled since 2022, evidencing the importance of continuing to invest in Ukraine’s healthcare systems. Despite the war, “healthcare systems in Ukraine have made great progress,” according to Inna Ivanenko, Patients of Ukraine. This positive outlook was echoed by Jarno Habicht, who asserted that while many think that financing reconstruction should commence once the war is over, “we are doing it now: recovery, reconstruction, and reforms are happening at the same time.” As detailed by Ukraine’s Health Minister, Viktor Liashko, Ukraine is leveraging the challenges posed by war to profoundly reform the health system, retrain the health workforce to meet new needs, and establish innovative approaches such as mobile pharmacies. All this alongside embarking on the EU accession process. “Ukraine is not alone” was the sentiment expressed by Isabel de la Mata, European Commission Directorate-General for Health and Food Safety.

“Democracy, demography, and digitalisation have really been put to the test in Ukraine.”

Jarno Habicht,
WHO Country Office in Ukraine

Digital trends

In light of the European Commission's recent call to better protect the mental health of children and young people, particularly online, a topical session focussed on this issue. Conor Warren, Spark UK, described social media as a positive space for many young people, broadening their horizons and offering new experiences. He reassured the audience that young people seek authentic content and urged platforms to balance this authenticity while preventing discrimination and harmful content. Warren emphasised that as social media becomes more integrated into daily life, it is crucial to equip young people with the skills to critically evaluate content, differentiate information sources, and make informed decisions about their social media use.



The discussion highlighted the risks associated with online spaces, particularly in the form of political activists and extremists across gaming platforms. Despite this, placing value on digital interaction was advice from Aya Winssi, Sverok, who emphasised that the popular world of gaming develops social skills and provides an interactive arena with peers, consequently providing supportive mental health factors.

Considering alternative digital platforms, Kathrin Karsay, University of Vienna, discussed recent research that raised concerns around youth perceptions of health influencers, highlighting a need for firmer regulations and controls. Götz Gottschalk, YouTube Health, expanded this idea to the wider topic of misinformation and harmful content, describing collaborative actions with the WHO to establish indicators that improve recognition of credible health sources. The audience echoed this, requesting the need for solutions to enhance credibility and transparency across digital content to protect the health of users. Karsay cautioned that “mental health is a business model for many influencers.” In contrast, András Kulja, Member of the European Parliament, underscored the need for unconventional methods to deliver health information, saying “We must encourage the next generation of healthcare workers to educate people with evidence-based health information in an understandable way. We must find the right words and the technology to reach people.”

Reflecting on the discussion, attendees stressed the importance of leveraging the European Commission's current focus on the topic, along with additional regulatory support, for credible health sources in the digital realm.

“Innovation in healthcare depends on data. The EHDS will enable us to use this data to improve care, reduce costs, and foster innovation across borders. It is about turning data into actionable insights for the benefit of all.”

**Uwe Heckert,
Philips DACH GmbH**

The European Health Data Space

With rapid developments in digitalisation globally, electronic health records (EHR) are becoming a cornerstone of modern healthcare, particularly in the form of a single market data

space. The third plenary session centred on the European Health Data Space (EHDS), described by a number of speakers as a transformative initiative. Marco Marsella, European Commission Directorate General for Health and Food Safety, highlighted that the EHDS is more than just a regulation - it empowers stakeholders by enhancing data-driven decision-making and improving patient outcomes through a supportive legislative framework.



Examples from Germany and Spain illustrated progress in centralising health data, although data interoperability remains a challenge. Trust was a focal point of discussions, particularly regarding the importance of gaining the confidence of healthcare professionals and patients. Solutions centred on education and awareness, with a call for greater patient engagement as data sharing becomes commonplace.

Panellists expressed hope that the EHDS would serve as a cooperative governance model for EU Member States, though readiness, education, and motivation vary widely, which presents a challenge to the implementation of the EHDS. While the legislative support is seen as positive, examples such as e-prescriptions were given by Karolina Mackiewicz, ECHAlliance, as an area where significant variations across Member States could hinder EHDS success.

“The EHDS has the ability to turn a piece of legislation into an articulation of a vision of trust, of empowerment, and of being able to use data to bring benefits to patients and health systems across Europe.”

**Nick Fahy,
RAND Europe**

The demand for meaningful innovation to address the growing costs of healthcare was also explored, with panellists looking to the EHDS as a key benefit through uniform data management and interoperability across systems. Conversations shifted to data sharing, emphasising the importance of purpose and subsequent value distribution, highlighting the need for cohesive and accessible messaging regarding both primary and secondary data. Nicola Hamilton, Understanding Patient Data, stressed that the value of data sharing must be “transparent and clearly communicated to the communities involved.”

In a session exploring digital transformation, Zaïde Frias, European Medicines Agency, addressed practical challenges in implementing the EHDS. She emphasised the need for digital literacy, effective change management for those transitioning to new ways of working, and the importance of “dynamic and agile legislative processes” to ensure continued innovation and timely progress. Audience polling revealed key challenges such as standardisation and lengthy process improvements.

Broader discussions examined how the EHDS framework aligns local needs with global health drivers, including environmental and behavioural factors, to tackle the evolving challenges facing public health in Europe. Speakers concluded that implementing the EHDS would not only improve European patient outcomes but strengthen policy, legislation, and research across the continent and beyond.

Artificial Intelligence

With the European Artificial Intelligence (AI) Act entering into force shortly before the EHFG 2024, its implications for healthcare were widely discussed. In a session debating critical aspects of the AI Act, panellists explored how to balance regulatory restrictions with fostering innovation. Sonja Wehsely, Siemens Healthineers, raised concerns that regulatory burdens could push small and mid-sized companies to relocate, potentially resulting in a loss of innovation within Europe.

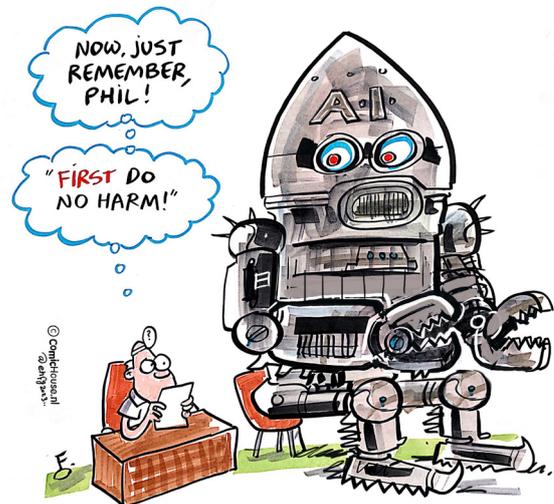
The AI Act applies to AI systems integrated into medical devices, a field that is rapidly expanding, impacting all AI-enabled devices and systems. Consequently, discussions about how to integrate AI with current regulations such as the Medical Device Regulation (MDR) and the In Vitro Diagnostic Medical Devices Regulation (IVDR) emerged. Achieving regulatory compliance across all regulatory components now poses an increased cost and complexity to providers. Panellists called for the regulatory process to remain efficient, ensuring safe and effective health solutions in a rapidly evolving landscape. The discussion was however underscored by the necessity of maintaining rigorous safety and performance standards to ensure AI applications benefit patients without compromising their safety.

"It is essential to create a framework that ensures the safety and reliability of these AI solutions, as trust is paramount in healthcare."

Jelena Malinina,
EURORDIS

Reflecting the challenges discussed in gaining trust in the EHDS, the successful implementation and broader acceptance of AI in healthcare also appears dependant on public confidence. Panellists discussed how trust can be built through transparent communication on

AI capabilities and limitations, as well as through consistent demonstration of safety and efficacy.



When evaluating trust among AI system users, the sentiment among healthcare professionals was described as largely positive. However, a requirement for a shift towards more outcome-oriented design was emphasised. As Daniel Pinto dos Santos, University Hospital of Cologne, noted "AI has the potential to assist in healthcare, but its actual impact remains uncertain." Despite the challenges discussed, panellists recognised the newly adopted AI Act as a pivotal milestone, one that provides transparency in how systems are designed and built, is supportive to its stakeholders, and is valid in ensuring ethical standards and accountability in AI deployment.

A breakfast session explored the implications of AI in healthcare, particularly in the context of Brexit and regulatory differences between the United Kingdom (UK) and the EU. The debate addressed the consequences of this policy divergence, noting that the UK approach to AI regulation is somewhat lighter than the newly enforced AI Act, raising initial concerns about how the two approaches will interact. The inclusion of fundamental rights impact assessments and human oversight were seen as

positive aspects of the AI Act, with calls for further clarification on how the UK will address these issues. Participants discussed the advantages and disadvantages of both approaches, ultimately concluding that greater international cooperation and alignment on AI regulation is essential.

Innovation in health systems

A session on enhancing care delivery explored the concept of digital literacy, especially among healthcare professionals, and underscored the need for education and training across the health workforce. Miglè Trumpickaitė, European Junior Doctors Association, described shortcomings in preparing young doctors for the use of digital health technologies, a concern echoed by the audience. The challenge of ensuring that digital technologies are successfully implemented into health pathways was also highlighted as key, with a call for more collaborative approaches across stakeholders.



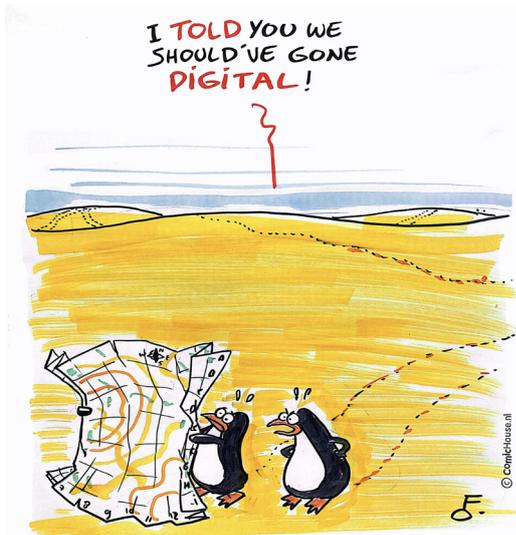
On technology design, issues such as outdated infrastructure and misalignment between capability and system requirements were discussed. Simplifying user interfaces and processes was deemed essential, given the complexity of current healthcare technologies compared to user-friendly systems elsewhere in

society. This sparked a broader conversation surrounding the importance of different sectors working together to create connected digital systems that can easily share and use information. Mark Konrad, Philips, reflected that collaboration “has the power to really offer meaningful support for clinicians, instead of the trend of the past where we serve clinicians with more new tools.”

Reinforcing the topic of collaborative design for innovative health tools, one session was devoted to digital transformations in female technology (FemTech). FemTech refers to a category of software, diagnostics, products, and services that use technology to address women’s health needs. Panellists advocated for tailoring innovative products specifically to the female care pathway, incorporating women’s voices to better understand their priorities. Tatiana Klimanova, FemTech Lab, revealed that while 70% of FemTech company founders are women, 90% of investors are men, creating challenges in aligning investment priorities with the needs and insights of female-led innovations.

Shifting back to the ongoing discussion around AI, there was a call for more inclusive research processes, emphasising the importance of women-led design and development of technologies. Addressing health needs was highlighted as essential to driving appropriate innovation, especially through participatory approaches that help bridge the digital divide in many communities. Peggy Maguire, European Institute of Women’s Health, raised concerns about how socioeconomic differences impact access to FemTech across Europe, urging for cultural sensitivity to ensure nobody is left behind. The disparity in digital access sparked additional concerns about the quality of the data used in AI development, particularly given the scarcity of female-specific data. The discussion underscored the AI Act’s role in addressing bias, data quality, and equity concerns, while also ensuring transparency and mandating human

oversight. Peiling Yap, HealthAI, described it as “off to a good start and on the right track” in fostering gender equality in AI innovation.



Another session explored how digital technologies can enhance the accessibility and quality of care for cancer patients, particularly in palliative care settings. The session delved into the role and scope of digital innovation in addressing the unique needs of patients receiving palliative care. Given the physical and emotional challenges these patients face, the discussion emphasised the importance of developing innovations that benefit all stakeholders, while keeping patient-centred outcomes as the core objective. Caregivers, who play a crucial role in accessing care and advocating for patients, were acknowledged by Tessa Richards, British Medical Journal. The panel recognised the deeply personal nature of palliative care and explored how digital innovations can be tailored to meet these sensitive needs. It was agreed that key aspects, such as psychological and spiritual support, could be partially delivered through digital platforms, improving accessibility.

Telehealth consultations were considered acceptable by patients in palliative care, offering convenience, autonomy, and a greater sense of control. Despite acknowledgment that post-pandemic, healthcare professionals have shown increasing engagement with telehealth, many

report frequent technical issues that hinder its effectiveness. For telehealth to become a consistent and reliable tool, addressing these technical hurdles is essential. Additional challenges raised were digital literacy shortfalls, access to technologies, and the reliability of digital systems.

Discussions extended to higher-level policy topics, including the EHDS, the AI Act, and digital health records. Panellists accepted that these initiatives plus innovative digital technologies can support and enhance a patient pathway.

“I think it is important to remember that as we talk about digitalisation of this space, medicine itself is first and foremost a social endeavour. It’s for people, it’s by people. It’s about people.”

Fiona Kiely,

Marymount University Hospital & Hospice

As the digital transformation shapes the sustainability of the health landscape, a key theme throughout the discussion and indeed across the EHFG 2024 was the importance of keeping the patient at the centre, emphasising co-creation and patient involvement. Participants reached a shared understanding that the digital transition brings both risks and opportunities and that it is crucial to adapt and harness the opportunities they offer while addressing challenges such as privacy and equity.

If these “3D” transformations are not managed well, the ensuing differences are likely to magnify existing economic, social, and territorial cohesion and inequities, and further exacerbate political divides. Strong European cooperation and upholding and defending the continent’s shared social values to shape a sustainable future for all citizens has never been more important.

Health asks of the new European Commission and Parliament

A year-long consultation process on health priorities led by the European Health Union initiative (EHUi) culminated at the EHFG 2024, with the following calls for better health in Europe:

Commercial determinants of health

Improvement in health outcomes can be achieved by strengthening legally binding policies and regulating harmful products and practices, while promoting consumer literacy and improving transparency.

Taxation | Labelling of products | Consumer literacy



Health equity

To achieve health equity, it is crucial to ensure equitable access to healthcare, address social and economic determinants of health, strengthen EU policy frameworks, and promote transparency and accountability in health systems.

Regulations for fair access to innovative medicines | Utilise data from diverse populations | UHC

Digital transformation

Key aspects of digital transformation are citizen engagement, trust in data sharing, digital health literacy, the importance of shifting investments, and ensuring cybersecurity and privacy in digital health systems.

Implementation of the EHDS | Build trust | Promote digital literacy



Environmental determinants of health

To successfully address the environmental determinants of health, a coordinated approach utilising a global lens is needed to integrate climate, health, and social inclusion goals, underpinned by data-driven policies, transparency, and financial support for sustainability initiatives.

Tackle AMR | Utilise a global lens | Implement One Health strategy

Strategic vision for health

An EU strategic vision for health shall foster synergies between local, regional, national, and EU level initiatives to jointly achieve a “true European Health Union” by securing sufficient health budgets and a long-term financing plan for civil society actors.

Sufficient EU health budgets | Sustainable health financing | Health for all policies



Additional links



Session
recordings



Press &
media

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