EHFG 2026

EUROPEAN HEALTH FORUM GASTEIN

OUTCOMES REPORT

29 September – 2 October



Health for a stronger European Union - high time for action!

Under the theme “Health for a stronger European Union – high time for action!” the European Health Forum Gastein (EHFG) 2026 brought together stakeholders from across Europe to consider how collective action can strengthen health systems and contribute to a stronger, more resilient Europe.

Europe stands at a pivotal moment for health and well-being. Health is not only a social good but a strategic pillar of European unity and resilience. Europe’s strengths lie in its diversity and commitment to collaboration over competition, solidarity and shared values, and democracy and freedom. From the COVID-19 pandemic to the climate crisis and demographic and technological change, transitions and challenges have exposed the limits of fragmented national responses and the shortcomings of isolationist agendas. EU-level health action amplifies Member States’ power by pooling demand, harmonising regulation, coordinating crisis response, and leveraging the world’s largest integrated market. These are advantages no Member State can achieve alone. A stronger European Health Union must be part of a broader vision that counters divisive politics, reinforces shared values, and safeguards the EU’s capacity to act collectively for the well-being of all citizens.

The ten action points in this report reflect the perspectives and calls to action expressed by the EHFG 2026 participants, highlighting opportunities to address shared challenges and improve health and well-being across the continent.

> ***Our democratic systems are under pressure. We need to strengthen our social security and public health systems to support peace, solidarity, and resilience.***
>
> — Korinna Schumann
> Minister for Labour, Social Affairs, Health, Care and Consumer Protection, Austria



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1. Invest in health

There is no competitive Europe without healthy people.

Health is Europe's strategic infrastructure, and better recognition of this could help place investment in population health at the heart of Europe's competitiveness agenda. Dedicated and ring-fenced health funding in the next EU budget would provide predictability, continuity, and strategic investment in health, while ensuring that health remains a clear EU funding priority rather than competing with other policy areas for resources. Sustained investment in Europe's Beating Cancer Plan and the establishment of a European Innovation Fund could accelerate the development of transformative health technologies while also promoting equitable patient access.

Further investment in European Reference Networks, cross-border health data infrastructure, and specialised workforces, particularly for rare diseases, would help strengthen Europe's health innovation ecosystem. Early investment can reduce future healthcare demand, workforce pressures and improve productivity. Embedding prevention and immunisation more firmly in national fiscal strategies, and modelling these long-term economic returns, could in turn support Europe's long-term fiscal resilience. With increasing private investment in healthcare, encouraging greater transparency and accountability would help ensure that this investment serves the public interest, and that appropriate public oversight and safeguards are in place to guarantee access and quality.

Europe's competitiveness can build on the strengths of its regulatory framework where its high, predictable standards protect public health, foster ethical innovation, and promote equity. A focus on faster, simpler, and more coherent regulation could support innovation while preserving these strengths. Europe should continue to safeguard its environmental and chemical safety standards and uphold the precautionary principle. Regulatory simplification should aim to improve the effectiveness and predictability of regulation without weakening health protections or Europe's solidarity-based healthcare model.

> ***"For every one euro we invest in health and innovative therapies, we get six euros in return in socioeconomic benefits."***
>
> — Nathalie Moll
> Director General, European Federation of Pharmaceutical Industries and Associations

The EU should recognise health as a strategic investment in Europe's competitiveness, secure dedicated funding in the next Multiannual Financial Framework, and ensure that regulatory simplification does not weaken public health protections.

Member States should prioritise long-term investment in health and embed this in national plans.

All health stakeholders should collect evidence on the socioeconomic benefits of investing in health and advocate for sustained funding.

2. Put prevention and health creation at the centre of health systems

Stronger health systems start with healthier populations.

Europe cannot build sustainable health systems by focusing primarily on treating illness. Building on the principles of the Ottawa Charter, prevention and action on the factors that shape health should become core functions of health systems rather than peripheral activities competing for limited resources. Recognising prevention as an investment, rather than a cost, can help embed it in long-term health and fiscal planning. Greater priority should be given to interventions that improve population health and resilience, including immunisation, screening, mental health, and action on reducing burdens attributed to antimicrobial resistance (AMR).

More integrated models of care can also respond more effectively to people's needs. Bringing together primary care, mental health, specialist services, and social care can support a more holistic approach to health and well-being. This includes recognising mental health as an integral part of chronic disease management and embedding prevention and early intervention across all stages of care.

Health is also shaped beyond healthcare settings, by families, schools, workplaces, communities, and increasingly by commercial and digital environments. Policies and services should be co-designed from the outset with the people and communities they are intended to serve. Meeting challenges such as AMR will require One Health approaches that recognise the links between human, animal, and environmental health and support coordinated action across sectors.

> ***"Health promotion is about democracy, participation, and solidarity. Through health promotion we can design a healthy future."***
>
> — Ilona Kickbusch
> Founding Director and Chair, Global Health Centre of the Graduate Institute for International and Development Studies Geneva, Switzerland

The EU should embed prevention and health promotion across all policies and support coordinated action on priorities such as immunisation, mental health, and AMR.

Member States should fund prevention through measurable national plans and incorporate prevention into long-term fiscal and health-system planning.

All health stakeholders should co-design prevention with communities and work across sectors to deliver person-centred policies and services.

3. Make equity an outcome, not an aspiration

A European policy should deliver a European patient experience.

No health policy or innovation should be considered successful if its benefits are distributed unequally.

Equity of access is about ensuring that everyone can benefit from the care they need, at the time they need it, across the whole care pathway. Innovation only delivers value when the entire access chain functions, including diagnostics, regulatory approval to reimbursement, specialist expertise, and coordinated care. Access should not depend on where people live. Practical barriers to care, including cross-border reimbursement, must be addressed alongside gaps in service provision.

Equity of voice and participation means recognising patients and communities as partners in decision-making. Policy development should actively seek out perspectives that are often underrepresented, including those of women and people living with rare diseases.

Equity by design requires moving beyond strategy and into delivery, backed by sustained investment and clear accountability. Stronger data, supported by interoperable registries, is needed to identify disparities and ensure innovations reach those who need them most. Success should be judged not by the existence of policies, but by whether they reduce inequalities and improve outcomes for all.

> ***The test of innovation is not how much innovation enters the health system, but whether the system can turn it into more equitable outcomes and a better quality of life for patients.***
>
> — Marina Ximeri
> Head of Policy, Hellenic Cancer Federation (ELLOK)

The EU should make equity a measurable outcome of health policy by embedding the identification and reduction of inequalities into health system performance and decision-making.

Member States should move from action plans to funded implementation, strengthening centres of expertise and coordinated care pathways so that patients and families are not left to navigate fragmented systems on their own.

All health stakeholders should ensure that patients and communities have a meaningful role in shaping decisions, particularly where inequalities persist.

4. Close the implementation gap

Move from pilots, policies, and promises to permanence.

Promising pilots and policies do not always translate into lasting change. The challenge is to embed proven solutions in national health systems and deliver equitable and sustainable improvements for patients.

Closing the implementation gap requires more than funding. Interoperable data and the right infrastructure are also needed to scale innovation and transfer successful approaches between organisations. The impact of EU legislation depends on clear national guidance, practical implementation pathways, and consistent action. In the pharmaceutical sector, improving patient access and ensuring tangible benefits must go hand in hand with innovation and European coordination.

This also means strengthening the infrastructure for scale: pooling and redirecting existing resources, aligning incentives across sectors, and adapting procurement, regulation, and data systems to support adoption. Health system performance assessment should link national priorities to shared goals and track outcomes that matter to people.

Implementation must be shaped by patients and communities from the outset, with lived experience informing priorities and care design. This involves testing approaches in context, learning and adapting before scaling sustainably, while building trust, local capacity, long-term financing, and ensuring marginalised groups are not left behind. The goal should be lasting system change.

> ***We need to work at a pace, identify the promising initiatives, test them, and scale them. We have to face up to that challenge.***
>
> — Usman Khan
> Director of Improvement, Transformation and Partnership, NHS London

The EU should create funding and programme structures that consider implementation, scale-up, and long-term sustainability from the outset of health and care innovation projects. It can also support stronger cooperation across sectors, particularly around prevention.

Member States should make better use of existing resources, including pooling or redirecting budgets where fragmented financing creates barriers to prevention and implementation. Strengthening the links between research & innovation funding and organisations will also implement successful approaches.

All health stakeholders should think about what happens after a project ends and identify early on who will own, finance, and implement successful results.

5. Make patient access the measure of success

Turn innovation into impact for all.

A breakthrough that patients cannot access is not a health system success. Europe has legislated for better access and invested heavily in innovation, yet patients continue to face delays in benefitting from scientific advances such as innovative technologies. The challenge is no longer simply generating innovation but ensuring that it reaches people.

Too often, there is a disconnect between European regulatory approval and patient access in practice. Patients can still wait one to two years after a medicine receives regulatory approval before they can access it, while fragmentation in pricing, reimbursement, and market access creates persistent inequalities across Member States. Closing this gap means looking beyond research and development alone and designing innovation policies around a shared objective: ensuring that effective innovations reach patients and deliver value in practice.

Patients should be recognised as partners throughout the innovation lifecycle, helping to shape research priorities, clinical trials, evidence generation, and the outcomes used to assess value. Patient experience data, shared registries, and stronger centres of expertise can help ensure innovation addresses real-world needs and reaches those most likely to benefit, particularly people living with rare diseases and complex conditions.

The success of future pharmaceutical reforms, innovation funds, regulatory approaches, and competitiveness strategies depends not only on the innovations they generate, but also on whether those innovations improve outcomes and reach patients across all Member States. Access and innovation are not competing goals; innovation without access is meaningless, and access without continued innovation leaves unmet needs unresolved.

> ***Patients need both innovation as well as access, and we have to stop pitting the two against each other.***
>
> — Bettina Ryll
> Founder, Melanoma Patient Network Europe

The EU should align innovation policy with the conditions needed for patient access, creating a more coherent European market and shortening the path from approval to treatment.

Member States should turn regulatory approval into real-world access through coordinated implementation, adoption, reimbursement, and stronger centres of expertise.

All health stakeholders should involve patients throughout the innovation lifecycle and judge success by whether innovations improve outcomes and reach patients in practice.

6. Put artificial intelligence and digital innovation to work for people

Innovate safely, fairly, and at scale.

The question is no longer simply whether artificial intelligence (AI) and digital technologies can transform health, but which problems they are intended to solve. Digital innovation should be deployed where it addresses genuine health system challenges, with clear evidence that it improves the status quo.

Success will depend not only on technological capability, but on whether new technologies are trusted, governed responsibly, and used effectively in everyday practice. AI and digital tools can improve care and strengthen system resilience, but their impact will depend on high-quality data supported by interoperable infrastructure. Opportunities to test and evaluate emerging technologies in real-world settings, including through digital test beds and regulatory sandboxes where existing pathways are insufficient, can support learning and innovation without compromising safety, quality, or evidence standards.

Innovation is more likely to succeed when those who will use it and be affected by it are involved from the outset in shaping solutions and defining success. As AI becomes more embedded in healthcare, strong transparency, accountability, and safeguards will be essential.

There is also the digital health paradox: technologies designed to expand access can reinforce existing inequalities if they are difficult to use, poorly integrated into care pathways, or inaccessible to those with lower levels of digital or health literacy. Success should therefore be judged not by technological sophistication, but by whether innovation improves outcomes and narrows gaps in health.

> ***The question that connects all of this year's topics is simple: are we innovating around patients, or are we just innovating?***
>
> — Steffen Thirstrup
> Chief Medical Officer, European Medicines Agency

The EU should strengthen interoperable infrastructure and common frameworks that enable trusted digital innovation.

Member States should build digital and preparedness capabilities into routine health system functions, ensuring innovations are integrated into care pathways, supported by skilled workforces and accessible to all.

All health stakeholders should start with real-world needs and evaluate digital innovation by the difference it makes to people's lives.

7. Make the European Health Union deliver

Turn European cooperation into tangible benefits for citizens.

The value of the European Health Union lies in translating cooperation between countries into tangible improvements in healthcare access and quality, as well as stronger health system resilience. More accessible cross-border healthcare is one part of this. Updating the EU Directive on Cross-Border Healthcare could simplify reimbursement procedures, while direct cross-border contracts established by Member States could help reduce upfront costs for patients. Better integration of European Reference Networks into national health systems would help ensure that patients with rare and complex diseases benefit from specialised expertise across borders.

The EU pharmaceutical reform is another important part of this agenda. Its impact will depend on timely and equitable access to affordable medicines, supported by clear implementation guidance, transparent accountability, and monitoring of access inequalities across Member States. European cooperation can also strengthen health system performance assessments, shared learning, and the use of evidence to inform national reforms. Healthcare delivery must become more patient-centred, with better coordination between hospitals and primary care, integrated care pathways, and meaningful patient involvement in service redesign. Investment in interoperable health data infrastructure and coordinated preparedness mechanisms remains essential to strengthening resilience.

For EU health initiatives to have lasting impact, they need to move beyond short-term pilots, with clear responsibilities for implementation and sustainable financing. They also need mechanisms to scale proven approaches into routine practice, ensuring that successful innovations reach underserved populations.

> ***The rare disease community was already living in the future before the future arrived.***
>
> — Javier Padilla Bernáldez
> Secretary of State for Health, Ministry of Health, Spain

The EU should strengthen European coordination on health by simplifying cross-border healthcare, facilitating the pharmaceutical reform, and supporting Member States in scaling proven health initiatives through shared learning and practical implementation support.

Member States should reduce financial barriers to cross-border care, ensure equitable access to medicines, and implement patient-centred, evidence-based health system reforms.

All health stakeholders should work across silos to share knowledge and best practices, involve patients in decision-making, and translate European cooperation into measurable health outcomes for citizens.

8. Prepare now for the health threats we can already see coming

Interconnected risks demand urgent cross-sectoral action.

Effective preparedness depends on moving beyond reactive crisis management to proactive, sustained investment in health that builds practical capabilities rather than leaving preparedness as a policy ambition. AMR, climate-driven diseases and other threats, pandemics, and geopolitical instability pose interconnected risks that demand a comprehensive, cross-sectoral response. Stronger surveillance, harmonised data-sharing, and interoperable digital systems are essential to the early detection of emerging risks and help inform timely action. A One Health approach, linking human, animal, and environmental health, must underpin prevention and research.

Preparedness also depends on higher vaccine uptake, improved diagnostics and therapeutics, resilient supply chains, secure medical supplies, and robust health infrastructure. These capabilities must be embedded in routine health-system planning, financing, and procurement, alongside investment in skilled, supported workforces and continuity of essential services during emergencies. Public trust, community engagement, and equitable access to countermeasures are equally important. Threats transcend national borders, making international partnerships, cross-border cooperation, and global research collaboration indispensable. Europe must secure sustained funding and strengthen its preparedness systems before the next crisis exposes the cost of inaction.

> ***Talk to your neighbours because resilience is a collective effort. We need to do this together, we cannot do this alone in silos. We need to cooperate within our communities and regions, across regional and national borders and around the continent.***
>
> — Petter Iversen
> Chair of the Committee of the Chiefs of Military Medical Services, NATO

The EU should enhance cross-border and civil-military coordination and build a common European health-security space that integrates Ukrainian expertise.

Member States should shift to a proactive preparedness approach: maintain modelling and surveillance capacity, regularly stress-test health systems, secure essential supplies, and establish trusted data-sharing and cross-border coordination arrangements before crises occur.

All health stakeholders should support a whole-of-society approach to preparedness by engaging grassroots communities and supporting the development and coordination of links between civilian, military, and local actors.

9. Build resilient health systems before the next crisis

The EU must designate health systems as critical infrastructure.

Resilience is not just about emergency preparedness; it is about creating systems capable of sustaining innovation and prevention in normal times. Resilience should therefore become a design principle for health systems before disruption occurs. Regular stress-testing can help ensure systems are equipped to withstand challenges ranging from demographic change to climate disruption, cyberattacks, and geopolitical instability, while maintaining continuity of essential services and equitable, high-quality care.

Formal designation of health systems as critical infrastructure, and their integration into national security plans and budgets, would help strengthen protections for hospitals, essential services, and the health workforce. EU support for civil-military cooperation, the removal of legal barriers to cross-border patient and staff transfers, and stronger procurement and stockpiling arrangements for essential medical supplies are also important. Hospitals and other essential services depend on reliable energy, water, digital systems, medical supplies, and secure logistics, all of which may be disrupted during crises. Official recognition would help embed preparedness in routine operational management rather than treating it as an emergency add-on. Greater cross-sectoral coordination will also strengthen preparedness efforts. Investing in resilience protects lives, maintains public trust, and enables health systems to respond, recover, and adapt when multiple threats converge.

> ***"The EU can strengthen preparedness through a "Medical Schengen" for healthcare, enabling mutual recognition of skills, cross-border workforce deployment, and greater system flexibility in times of crisis.***
>
> — Antonio Parenti
> Director Public Health, Cancer and Health Security, European Commission
> Directorate-General for Health and Food Safety

The EU should designate health systems as critical infrastructure and embed resilience in EU security, funding, and infrastructure policies.

Member States should adopt a "Preparedness in all Policies" approach, embedding resilience in routine financing, workforce planning, and infrastructure investment.

All health stakeholders should advocate for health systems to be designated as critical infrastructure and support the development and testing of whole-of-society contingency plans.

10. Choose European solidarity

Only collective action will overcome fragmentation.

Political polarisation and growing pressure on multilateral cooperation make solidarity and collective action increasingly important foundations of Europe's health policy. Health sovereignty should be understood as a capability built through resilience, trusted alliances, and interdependence, rather than isolation. In this sense, sovereignty and global collaboration are not mutually exclusive. Countries can strengthen their ability to protect their populations by building relationships and capabilities they can rely on across borders.

The EU should support the finalisation and signature of the WHO Pandemic Agreement and strengthen global health partnerships based on trust and shared ownership, moving away from relationships that perpetuate dependency between countries. The experience of COVID-19 highlighted the consequences of unequal access to vaccines and diagnostics, as well as imbalances in manufacturing capacity. Supporting local research, production, and health system capacity in partner countries could help address these inequalities and build more resilient, reciprocal partnerships. Europe's own health security is also closely linked to preparedness and investment beyond its borders.

Shared health threats also demand coordinated action. Tackling AMR requires harmonised data collection and multisectoral cooperation across human, animal, and environmental health, while climate-driven vector-borne diseases require international collaboration on surveillance, research, and innovation. Stronger public health diplomacy, community participation, and evidence-based communication are essential to building trust and sustaining political support for collective action.

> ***Sovereignty and global collaboration are not mutually exclusive.***
>
> — Magda Robalo
> President and Co-founder, The Institute for Global Health and Development

The EU should defend multilateral health cooperation, reaffirm its commitment to the WHO and international health agreements, and build equitable global partnerships based on trust, shared ownership, and mutual benefit.

Member States should support international health institutions and align national strategies with shared global health challenges to enhance health cooperation, thereby recognising that effective health sovereignty depends on cooperation rather than isolation.

All health stakeholders should strengthen trust in science through transparent communication, meaningful community engagement, and building cross-sectoral partnerships to address shared challenges such as AMR and climate-related health threats.

YOUNG FORUM GASTEIN

Young Forum Gastein calls to action

On behalf of the 19th cohort of Young Forum Gastein, we share this statement outlining our priority actions to achieve health for a stronger Europe. We represent 60 young professionals from 30 nationalities that reside in 22 countries and work across the WHO European Region (herein after referred to as 'Europe') in the public and private sector, science and academia, and civil society.

Calls to action

We call on Europe to strengthen and preserve its welfare and social protection systems through the design and implementation of equitable, inclusive, sustainable and solidarity-based policies, services, and interventions to maintain Europe's global competitive edge and advance health for all.

We call on Europe to measurably advance its health in all policies (HiAP) approach through expanded political support, institutional capacities and resources, and intersectoral collaboration to drive improved health outcomes throughout the region with major, tangible benefits for other sectors.

We call on Europe to integrate long-term priorities in health policies, investments, and incentives to ensure Europe's health systems are resilient and fit for the future beyond a single electoral cycle.

We call on Europe to strengthen cross-border and multilateral collaboration across the European and global neighbourhoods to effectively address shared health threats and priorities, driven through steadfast leadership and enhanced technical support and investments.

We call on Europe to remain resilient in the face of internal and external pressures and fulfil its obligations under international law to take all measures within its power to prevent and respond to health and humanitarian crises and protect the rights of all populations, including vulnerable and marginalised groups.

As we look to the future, we strive for a Europe where all countries, people, and future generations can attain the highest level of health possible. This will be the foundation of a strong and resilient Europe for decades to come. Achieving this ambition requires coherent action across health, social, economic, environmental, and other policy areas that shape health outcomes. We must ensure that health in Europe is prioritised through ambitious, ring-fenced budgets and bold, people-centred policies, with sustained investment in prevention, health promotion, preparedness, and resilient health systems. This is a generational opportunity for Europe's leadership to protect people, improve health, and build systems that are fair, future-proof, and accessible to all.

The 19th cohort of Young Forum Gastein

Read the full statement.

Additional links



Session recordings



Photo gallery



Key message cards

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