

# healthy europe

EUROPEAN HEALTH FORUM GASTEIN 2022

**A moonshot  
for a true  
European  
Health Union.  
If not now,  
when?**



**Working  
as a team**

**Europe's Beating  
Cancer Plan**

**Celebrating  
25 years**

**EHFG is ahead on  
today's issues**

**Michael  
Marmot**

**What kind of society  
are we aiming for?**

SEPTEMBER 2022

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Photos: AdobeStock - encierro, Friendship

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## EDITORIAL

Dear Readers,

25 years of age – depending on your perspective, that's either young or perhaps slightly more mature. The European Health Forum Gastein (EHFG) celebrates its 25th anniversary this year, and both of these descriptions seem to fit well. Since the first conference in 1998, we have become well established as a health policy event while



Photo: EHFG

always endeavouring to retain our youthful and innovative spirit. We want to be the first to address the topics that concern health policy in Europe, and to ensure ideal conditions for discussing these issues openly and making progress as a team.

After a break of two years owing to the COVID-19 pandemic, this year we can fortunately meet up again face-to-face in the Gastein valley. We have chosen "A moonshot for a true European Health Union – If not now, when?" as the main theme.

Here too, there are two different perspectives. Some people believe that the existing initiatives and concepts of the European Commission have already created a health union. Many others think that a great deal more needs to be done – and would go as far as changing the European treaties. Pages 12 and 13 of this issue of the magazine "Healthy Europe" contain further information.

The other articles also focus on key topics of the 25th EHFG, such as "One Health", which is the approach that the health of humans, animals and plants, and also our environment, are all closely connected. The link between this concept and the work by Runa Khan to support communities in her homeland Bangladesh is described on pages 16 and 17. You will also find interviews with Michael Marmot on health inequalities in Europe and with Ilona Kickbusch on the future of health promotion. WHO Regional Director for Europe Hans Kluge evaluates the situation in the public health sector in an interview on the current "permacrisis". Statements by two Young Gasteiners on the European Health Union on page 15 and an article on Europe's Beating Cancer Plan round off the selection of topics in this issue of "Healthy Europe", which is also available online at [www.healthyeurope.info](http://www.healthyeurope.info).

I hope you enjoy reading the magazine and wish you interesting days of learning and exchanging knowledge at the EHFG 2022.

Dorli Kahr-Gottlieb,  
EHFG Secretary General

# Open, innovative, heated and amicable

*The European Health Forum Gastein is celebrating its 25th anniversary and remains loyal to its principles: being open to new ideas and working together to find innovative solutions to major issues – in discussions that are sometimes heated, yet always amicable.*

**W**e are all affected by health-related issues, and the response to them can only be found if we work together, transgressing the borders of nations and sectors. That is the reason why Europe needs a forum for health policies. – This is a summary of the basic idea behind the European Health Forum Gastein (EHFG), brought forward by physician and former member of the Austrian Parliament Günther Leiner. The many people who helped him to put this idea into practice in the early days included the former Commissioner of the European Union (EU) *Pádraig Flynn* from Ireland and the former German Chancellor *Helmut Kohl*.

In 1998, the EHFG took place for the first time. Its theme was “Creating a Better Future for Health Systems in Europe”. Around 200 people travelled to Gastein to exchange and discuss their experiences. Since then, the health policy event has been held 24 times, and the average annual number of participants has grown to around 600 people. The principles of the EHFG, which has long since become the most important health policy conference in Europe, have remained the same. Its four pillars bring together representatives from all areas of society – the public and private sectors, science & academia, and civil society – enabling them to talk to each other and work together as a team.

## All hands on board

“We consider it very important that the participants are not just representatives from health systems, but also people who work in the areas of infrastructure, education, the economy, the environment and other important policy areas, because health is influenced by all of them,” remarks *Clemens Martin Auer*, President of the EHFG. He emphasises that the Gastein valley hosts discussions with – and not about – industry, and continues: “The debates are sometimes heated, but they are always amicable.”

In the secluded Gastein valley, far away from the hustle and bustle of life in Brussels and other major European cities, the conditions are ideal for working on the most important issues in the health sector and beyond. In this environment, new paths towards solutions can be found in a process of discussion and cooperation. One example of this are the initial proposals for

the right to receive cross-border health-care within the EU, which were launched many years ago at the EHFG, and the directive was then published in 2011. Other examples include the collaboration between several European organisations for socially disadvantaged groups to establish the initiative “No one left behind”, which was launched in the Gastein valley, or an initiative for a “European Health Union” emerging at EHFG 2020. The initiative has been facilitated by the EHFG and has since published a relevant manifesto and engaged in many events and publications, thereby putting itself into the centre of discussions within the European health policy scene.

## Addressing current developments

“Some topics such as sustainability and health equity have accompanied us over the years and are repeatedly revisited,” says *Dorli Kahr-Gottlieb*, EHFG Secretary General since 2012. She emphasises one aspect in particular: “We want to be open



“Some topics such as sustainability and health equity have accompanied us over the years and are repeatedly revisited.”

DORLI KAHR-GOTTLIEB



“The debates are sometimes heated, but they are always amicable.”

CLEMENS MARTIN AUER

to new ideas at all times and address current developments or initiate discussions about the future.” In the best-case scenario, the participants take the topics discussed in the Gastein valley back with them to the European capitals and the EU metropolis of Brussels, where the ideas are developed further and implemented.

The relevance of the event is amplified by the participation of decision makers such as the current and former EU Commissioners for Health and Food Safety, the health ministers of various countries, and also senior executives of ministries and managers from European authorities such as the European Centre for Disease Control (ECDC) and the Health Emergency Preparedness and Response Agency (HERA). Representatives from the business sector meet up with non-governmental organisations at the conference, and masterminds from important think tanks join renowned scientists. In Bad Hofgastein there is a good chance of meeting many of the participants personally, which makes the EHFG a great place to build networks and initiate new cooperations.

### The end of one conference marks the beginning of another

For Dorli Kahr-Gottlieb and the EHFG core team which currently consists of ten people, work on the next event begins as soon

as the previous one ends. The first step is to evaluate the participants’ feedback and results and procedures of the prior conference. The main theme for the coming event is chosen in consultation with the Advisory Committee and the EHFG Board, both of which are made up of 15 members representing the four EHFG pillars. The Board functions as the decision-making body of the EHFG association, while the scientific Advisory Committee reviews proposals for sessions and consults the EHFG team. These proposals are submitted by external partners from all areas of health – and beyond. The European Commission and Austrian Ministry of Health have been supporters and actively involved from the outset, and many other partners, such as the World Health Organization, international private companies and their umbrella organisations and also European civil society organisations, have been associated with the EHFG for many years as well.

Due to the COVID-19 pandemic, the EHFG had to be held online for two years. During this time webinars were added to the activities, and these are now held throughout the year. In 2022, the EHFG is being organised as a hybrid conference, and it will therefore allow participants both to take part online and also – finally – to attend the event in the Gastein valley in person again. The issues being discussed at the European Health Forum Gastein this year naturally also reflect the changes brought about by the COVID-19 pandemic. Following initial reactions such as closing borders and export bans for medical devices, the pandemic has ultimately also shown what is possible when the Member States of the European Union work together in the area of health. The joint procurement of vaccines and the fact that loans have been taken out jointly for the first time in order to deal with the consequences of the COVID-19 pandemic are two examples here.

### If not now, when?

The COVID-19 pandemic has placed the

topic of health in the focus of political interest overall. Many health experts therefore believe that this window of opportunity must be used to finally fulfil the ambition for better health among populations and greater cooperation across countries and sectors. This is expressed by the theme for the EHFG 2022: “A moonshot for a European Health Union – If not now, when?”. This year’s conference, when the EHFG will also be celebrating its 25th anniversary, intends to find some answers to this question. And if the organisers have their way, these answers will be subsequently integrated into important policy and social decisions – in Brussels and also in other major European cities.

### A NETWORK FOR PROMISING YOUNG HEALTH PROFESSIONALS

Since as early as 2007, scholarships for the European Health Forum Gastein have been awarded to promising young health professionals from different backgrounds and with diverse professional experience, enabling them to take part in Europe’s most important health policy event free of charge. They are given the chance to learn about current developments in the area of health across Europe and worldwide, they are able to take on practical responsibilities, such as writing reports on sessions and holding interviews, and they can also form networks with each other and with senior policymakers and academics. The network of Young Gasteiners is currently comprised of around 600 enthusiastic members. The President of the European Health Forum Gastein Clemens Martin Auer expresses his pleasure at the sustained success of this initiative: “Nowadays, whenever I attend an international health policy event, I almost always meet a number of Young Gasteiners.”

# A pragmatic concept

*Renowned health expert Ilona Kickbusch in an interview with “Healthy Europe” on the significance of health promotion in times of crisis, and on strategies for the future to achieve greater well-being among all citizens.*

INTERVIEW: DIETMAR SCHOBEL

## HEALTHY EUROPE

**Over the last 2.5 years, the challenges presented by climate change have been joined by the COVID-19 pandemic, war in Ukraine and rising inflation. Does the political agenda have any room for an idealistic concept such as comprehensive health promotion as defined by the World Health Organization (WHO)?**

**Ilona Kickbusch:** Comprehensive health promotion as described by the World Health Organization (WHO) may seem “idealistic” to some people. But the concept is actually highly pragmatic. It assumes that our health is only shaped to a comparatively small degree by the quality of health systems, and that the quality of our everyday life has a considerably greater influence. In other words, we need to be focussing on settings in which we “learn, work, play and love” as specified in the Ottawa Charter, which was approved at the first WHO Conference on Health Promotion in 1986.

## HEALTHY EUROPE

**What are the critical areas of life in those settings?**

Our health is influenced by all areas of so-

cial life – from the economy and infrastructure through to the education and social systems. And so the topic of health needs to be integrated into all areas of policy as well. However, in recent years there has been a lack of sustainable investment in the health of populations. And specifically, insufficient attention has been paid to strengthening vulnerable population groups. This is one of the reasons why the COVID-19 pandemic had such a severe impact on many countries. Especially in view of the challenges posed by the current crises, health promotion should and must retain its standing on political agendas in the countries across Europe and around the world. This can be justified from an economic standpoint as well, because even a relatively small amount of investment in health promotion measures can have a huge impact.

## HEALTHY EUROPE

**The Ottawa Charter was drawn up 36 years ago. How has health promotion developed since then, particularly in Europe as well?**

The principles of health promotion have now been adopted into the mindset of many young people and also many deci-

sion makers, as has the concept “Health in All Policies”. Nevertheless, it must be stated quite clearly that political action has failed to keep pace with this new way of thinking. That said, the Scandinavian countries deserve special mention as far as progress in health promotion across Europe is concerned. And the Prevention Act passed in Germany in 2015 was an important step because it commits the health insurance funds to making investments in the health of the population. There are also a number of cities where health promotion is being implemented systematically. Vienna is one example.

## HEALTHY EUROPE

**Where does the European Union stand right now as regards health promotion?**

When it comes to health promotion, there is still considerable room for improvement in most of the Member States of the European Union. Developing the EU towards a health union with more extensive decision-making powers could exploit this potential. Incidentally, the fact that health is supposed to play a larger role in future, including the forthcoming development of a common health policy, was also a key result of the “Conference on the Future of Europe”, which was organised in a participative process. At this conference, 800 EU citizens selected at random were invited to express their opinion between spring 2021 and spring 2022. Overall, it is a matter of turning the European Union into a socially equitable economic area where inequalities are reduced and a good, healthy life made possible for all. And also where en-



“Instead of maximising profit, the economy should aim to achieve the highest possible well-being among citizens.”

ILONA KICKBUSCH, GLOBAL HEALTH EXPERT



environmental policy targets are taken seriously, such as limiting the rise in the average temperature around the world to 1.5°C by 2050.

### HEALTHY EUROPE

#### What are the most important strategies for the future concerning health promotion?

Increasing importance is being awarded to coming together to deliberate issues affecting health, society, the economy and the environment, to process them with a target-oriented approach, and to use the synergies that are created in the process. In connection with this, the work of economic pioneers who advocate realignment of the economy has immense significance as well: instead of maximising profit at the expense of people and the environment, the economy should aim to achieve the highest possible well-being among citizens.

### HEALTHY EUROPE

#### Can you give some examples?

In her model of a “doughnut economy”, British economist Kate Raworth describes how basic human needs can be fulfilled without overstressing the natural resources of our planet. Cities like Melbourne, Brussels, Amsterdam, Ber-

lin and Sydney are already trying to implement this concept. Economist *Mariana Mazzucato* suggests in her latest book “Mission Economy: A Moonshot Guide to Changing Capitalism” that we take a brave and targeted approach to addressing the major problems of our times, in a similar way to the US moon landing mission in the sixties (see also page 11 “What needs to be done to change capitalism?”). The World Health Organization (WHO) has already placed stronger emphasis on the necessity of our economies to realign and to rethink how we value health. For example, a “Council on the Economics of Health for All” chaired by Mariana Mazzucato was established at the World Health Assembly in November 2020.

### HEALTHY EUROPE

#### What role does health promotion as a whole currently play in the work of WHO?

At the 75th World Health Assembly in May this year, health promotion was made the highest priority of WHO. WHO Director-General *Tedros Adhanom Ghebreyesus* has declared that the urgently necessary change in paradigm towards promoting health and well-being and preventing disease by addressing its root causes must

be accomplished. After all, in many cases, diseases are a consequence of poor diets, polluted environments, unsafe roads and workplaces, inadequate health literacy, and the aggressive marketing of products that harm health. The only way forward is to take action and achieve improvement through health promotion. The continual increase in the number of people who are overweight, obese or have chronic diseases incurs unaffordable costs for health systems over the long term. To counter this, it will also be necessary to raise the share of spending on health promotion and prevention from its current level of only three percent of overall state health expenditure.

**Ilona Kickbusch** was born in Munich in 1948 and is an internationally recognised expert on health issues. She was key instigator of the Ottawa Charter for Health Promotion in 1986, and is Vice-President of the European Health Forum Gastein.

### CO-BENEFITS THROUGH HEALTH PROMOTION

The “co-benefits through health promotion” in other areas of society will also be discussed in a session on this topic organised by the Austrian National Public Health Institute “Gesundheit Österreich GmbH” in the framework of the Austrian federal Health Promotion Agenda at the European Health Forum Gastein (EHFG) 2022 on Wednesday, 28 September 2022 from 11 am to 12.30 pm. This event will include an introduction of health promotion flagship initiatives in Europe and a discussion of the importance of innovative intersectoral approaches, and it will also address the health co-benefits of climate action at community level. Further details can be found in the EHFG programme at <https://www.ehfg.org/conference/programme/sessions/co-benefits-through-health-promotion>.

# Working together to fight cancer

*Europe's Beating Cancer Plan takes a comprehensive approach and is designed to noticeably reduce the number of cancer cases in Europe by enabling increased prevention and better detection, diagnosis and treatment.*

TEXT: DIETMAR SCHOBEL

Together we can make a difference with prevention and with research, with equal access to healthcare across Europe, standing at the side of those who need us." – This was the description given by President of the European Commission Ursula von der Leyen to describe the vision behind Europe's Beating Cancer Plan, which was presented by the Commission in early February 2021. The Plan is intended to counter the rise in cancer cases across Europe and bring noticeable improvements for citizens in the European Union (EU). "It will therefore affect all areas – from prevention to early detection, diagnosis and treatment, and also improve the quality of life for cancer patients, survivors, and their family members," explains John F. Ryan, Deputy Director-General in the Directorate-General for Health and Food Safety of the European Commission. Furthermore, the strategy will fight cancer across all departments and it will reflect the fact that our health is dependent not only on medical care, but also on the many policies outside the health sector – such as employment, education and social policy, agriculture, environment and climate.

In 2020 2.7 million people in the European Union were diagnosed with cancer – a term that refers to a group of over 100 diseases that are characterised by uncontrolled growth and division of cells. 1.3 million people died from one of these diseases in 2020, and experts estimate that the number of deaths from cancer will increase by 24 percent by 2035 if we don't act now. Cancer would then become the most frequent cause of death in the EU. Worse still, despite these sobering figures, are the personal stories of suffering, need and death. Every one of us has relatives, friends or acquaintances who are or have been personally affected. Many of us either have had or currently have cancer ourselves. Half of the population will receive a cancer diagnosis at least once. The risk is 50 percent for men and 45 percent for women.

### **Ambitious goals**

This is set to change, and Europe's Beating Cancer Plan specifies ambitious goals. One of these is ensuring that less than 5 percent of the population uses tobacco by 2040 – compared with around 25 percent today. Another is to vaccinate at least 90 percent

of girls in the relevant age group against human papillomaviruses (HPV) by 2030 in order to prevent cervical cancer and other forms of cancer that are caused by HPV. The Plan also requires a significant increase in the number of boys who are vaccinated against HPV. A further objective is to offer breast, cervical and colorectal cancer screenings to 90 percent of EU citizens who qualify for them by as early as 2025. These are just some examples of the numerous actions laid out in Europe's Beating Cancer Plan, which was supported by the European Parliament's Special Committee on Beating Cancer (BECA) in an 18-month project. Statements from national parliaments and also hundreds of experts, organisations and EU citizens were considered. In February 2021 the strategy against cancer was subsequently approved by the European Commission, with ten flagship initiatives and multiple supporting measures set for implementation by 2025 (see also box: "Ten flagship initiatives"). A roadmap provides the timetable for each initiative.

### **30-50 percent are avoidable**

Many preventative measures are also described in the Plan. Experts estimate that no less than 30-50 percent of cancer cases are avoidable. According to figures from the World Health Organization (WHO), tobacco consumption alone is responsible for 27 percent of all cancer diagnoses. The possibility of higher taxation on tobacco, alcohol, sugar and lemonade,



"A patient's postcode must not influence whether they will survive cancer or not."

BETTINA RYLL



cer medication is made available to patients following approval by the European Medicines Agency ranges between 35 days in Germany and 981 days in Latvia, according to the Patients W.A.I.T. Indicator for 2015 to 2018, commissioned by the European Federation of Pharmaceutical Industries and Associations (EFPIA).

### Eliminating the postcode lottery

“A patient’s postcode must not influence whether they will survive cancer or not,” emphasises German physician and

and also tax incentives for healthy foods, are therefore just as important for Europe’s Beating Cancer Plan as more stringent regulations on marketing potentially harmful products on TV, the radio, internet and in print media.

Measures that have already been implemented include the new EU directives on reducing workers’ exposure to carcinogens, mutagens, or reprotoxic substances, where the threshold values have been lowered and new substances taken into account. These were passed in March 2022 and, following adoption, the Member States now have two years to comply with the agreed changes. As early as in June 2021, the Knowledge Centre on Cancer was established, a new online platform managed by the EU Joint Research Centre. This Centre is aimed at supporting the exchange of knowledge and a coordinated approach in the fight against cancer within the European Union.

The 24 European Reference Networks have existed since 2017 and have a similar goal, to enable knowledge transfer among experts (see also box: “How European experts share their knowledge”). The focal area for four of these networks includes rare forms of cancer, and further European Reference Networks for cancer will be established in line with Europe’s Beating Cancer Plan. The European Can-

cer Inequalities Registry has been online since February and will supply reliable data as a basis specifically for reducing inequalities between Member States and regions of the EU.

### Huge differences

These inequalities are considerable. For instance, there is a 20 percent difference in the survival rate between individual countries following breast cancer treatment. The five-year survival rate for colon cancer ranges between 49 to 68 percent. “On the whole, the five-year survival rate for all forms of cancer is roughly estimated at about 60 percent in Western European, but at only about 50 percent in Eastern European Member States,” remarks *Thomas Hofmarcher*, researcher at the Swedish Institute for Health Economics. Participation in screening programmes also differs hugely. About 6-90 percent of the female target population attend breast cancer screening programmes, and about 25-80 percent are screened for cervical cancer, depending on the Member State.

In recent decades there has been massive progress in the diagnosis and treatment of cancers, and over the past ten years alone around 100 new prescription drugs have been launched on the market to treat various forms of the disease. But the average waiting period until can-

## 10 FLAGSHIP INITIATIVES

**Europe’s Beating Cancer Plan includes multiple supporting actions and the following 10 “flagship initiatives” that are set for implementation between 2022 and 2030:**

- 1 Knowledge Centre on Cancer 2022
- 2 European Cancer Imaging Initiative 2022
- 3 Vaccinate at least 90 percent of girls and a significant increase of boys against human papillomaviruses 2030
- 4 EU Cancer Screening Scheme 2025
- 5 EU Network linking recognised National Comprehensive Cancer Centres in all Member States 2025
- 6 Cancer Diagnostic and Treatment for All initiative 2025
- 7 European Initiative to Understand Cancer (UNCAN.eu) 2025
- 8 Better Life for Cancer Patients Initiative 2023
- 9 Cancer Inequalities Registry 2022
- 10 Helping Children with Cancer Initiative 2023

Source: Factsheet: “EU Health Union: Europe’s Beating Cancer Plan”, European Commission, 3 February 2021

biomedicine expert *Bettina Ryll*, Chair of Melanoma Patient Network Europe and Member of the EU Cancer Mission Board. The latter is a group of 15 experts who are providing targeted support for the implementation of cancer research within the EU research and innovation programme, Horizon Europe. She became the patients' advocate after her husband was diagnosed with advanced melanoma in 2011. Less than a year later, he died from the disease. Overall, Bettina Ryll is positive about Europe's Beating Cancer Plan: "It is a remarkable feat just to have succeeded in developing such an exten-

sive joint strategy despite all the different initial situations and interests of the 27 Member States of the European Union." At the European Commission, the strategy in the fight against cancer is also a key pillar of the European Health Union (see also article on pages 12 and 13). This is precisely why health economist Thomas Hofmarcher would like implementation to become quicker and more decisive: "So far only initial, small steps have been taken, and the financing for Europe's Beating Cancer Plan is comparably small if you consider the economic costs of the disease."

The costs to the EU economy total around 170 billion euros per year, of which around 100 billion are for treatment and care, and about 70 billion due to loss of productivity – such as loss of working hours as a result of cancer. In contrast, the budget for the implementation of Europe's Beating Cancer Plan is only four billion euros over several years. It remains to be seen if this will be enough to bring measurable success. In any event, the Directorate-General for Health and Food Safety has been tasked with tracking and documenting progress using measurable indicators.

### HOW EUROPEAN EXPERTS SHARE THEIR KNOWLEDGE



"The European Reference Networks have improved the situation for patients who suffer from a rare or low-prevalence complex disease."

DIMITRIOS ATHANASIOU

The current 24 European Reference Networks of the European Union enable medical professionals to exchange knowledge of rare or low-prevalence complex diseases online, and thus improve the treatment of patients.

"On the whole, the European Refer-

ence Networks have improved the situation for patients who suffer from a rare or low-prevalence complex disease. They are a good example of the potential that can be exploited when the Member States of the European Union cooperate in the area of health," explains *Dimitrios Athanasiou*, a patient representative from Greece, board member of the World Duchenne Organization, and member of the Paediatric Committee PDCO of the European Medicines Agency. He also has an 11-year-old son who has Duchenne, which is a serious and currently incurable disease associated with increasing muscle weakness. However, the 24 different European Reference Networks (ERNs) are actually not all of the same quality, and they cannot be used to the same extent in every country, he adds.

A disease is termed rare when less than 1 in 2,000 people are affected. In total, there are between 5,000 and 8,000 rare diseases, and approx. 30 million people in the EU are affected. Low-prevalence and complex diseases combine uncommon factors or symptoms, requiring a multi-disciplinary approach. The ERNs are intended to improve access by these

people to diagnoses, care and treatment – especially in regions or countries where there is a relatively small amount of expertise in certain rare diseases.

The 24 ERNs were established in 2017 and consist of more than 900 teams of experts in over 300 hospitals throughout 26 European countries. Patient data in the ERNs is available electronically. This allows the experts who participate in these virtual networks to discuss possible diagnoses and the best treatments without patients having to travel to see them. Dimitrios Athanasiou has personal experience of the European Reference Network for neuromuscular diseases (ERN EURO-NMD). "When the network was set up, patient organisations were systematically incorporated. That was and is one of the reasons why implementation is comparatively successful," he believes. For the future, he would like higher funding for the ERNs and also better possibilities for cross-border treatment within the European Union. "Being born on the right or wrong side of an internal EU border should not be a matter of life or death," emphasises Dimitrios Athanasiou.

# What needs to be done to change capitalism?

*In her latest book, economist and advisor to politicians around the world Mariana Mazzucato argues that governments should actively shape markets instead of only “repairing” them in emergencies, as mainstream economists advise.*

“Capitalism is, indeed, in crisis.” These are the words of economist Mariana Mazzucato, who was born in Italy and grew up in the USA. A closer look at the human and environmental consequences of the current economic system, which focusses solely on maximising profit, leads unavoidably to the same opinion. Nevertheless, she adds: “But the good news is that we can do better”. As a professor at University College London, founder and director of the UCL Institute for Innovation and Public Purpose, and advisor to the European Commission as well as to many authorities and governments ranging from Finland and Scotland to South Africa, in her latest book “Mission Economy – A Moonshot Guide to Changing Capitalism” she describes her view of what really matters.

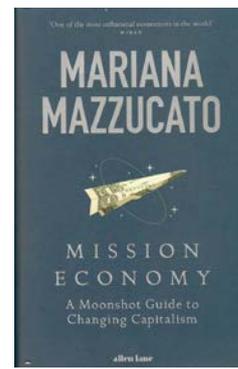
First and foremost, the state and its representatives need to (re-)adopt a more courageous and self-confident role. She objects to the assumption that states and their authorities usually behave like “bureaucracy monsters”, mostly obstructing the innovative force and risk appetite of private companies. And she writes that, in the past, fundamental renewal has consistently only been possible with the help of state investment. One example is the Defense Advanced Research Projects Agency (DARPA), the United States Department of Defense research organisation which created the basic technical fundamentals for the internet. Another is the million-dollar loans for *Elon Musk’s* e-vehicle company, Tesla. And then there

are the equally high subsidies for the research and development work of pharmaceuticals companies.

## The risks are borne by the state

Actually, writes the author, nowadays it is usually the state that bears the major financial risk of innovations, and additionally bails out large companies when turbulences arise – such as in the banking crisis. And so, in future, the state should not restrict itself to “repairing” markets, but needs to shape them so they are oriented on a specific mission. Upcoming major schemes that need to be implemented in this way to benefit the economy and society include the Green New Deal, achieving affordable healthcare for all, and reducing the digital chasm between those who have good access to the internet and those don’t.

An orientation on missions instead of cost-benefit analyses, which have usually only paralysed real progress, is a basic principle of her approach. The United States Apollo Mission, whose goal was specified in 1962 by President *John F. Kennedy* as putting a man on the moon



**Mariana Mazzucato:** “Mission Economy. A Moonshot Guide to Changing Capitalism”. Allen Lane, London 2021, 272 pages, € 22.49

by the end of the decade, is used by Mariana Mazzucato as a model of the kind of courage and innovative force that are necessary again today in order to deal with the major challenges facing the 21st century. You don’t necessarily have to be a space enthusiast to be able to understand the detailed and easily readable argumentation presented in her book. The author explains that she is not intending to “pit public institutions against the private sector”. Rather, the mission must be to redefine the interface between them – working towards a sustainable and socially compatible form of economic activity.



“Capitalism is, indeed, in crisis. But the good news is that we can do better.”

MARIANA MAZZUCATO, AUTHOR, ECONOMIST AND ADVISOR TO POLITICIANS AROUND THE WORLD

# On track for a “true” European Health Union?

*In response to the COVID-19 pandemic, the European Commission has taken initial steps towards forming a European Health Union. Many public health representatives believe that further-reaching measures should follow.*

TEXT: DIETMAR SCHOBEL

In February 2020 the wave of COVID-19 infections reached Europe. Like almost all nations around the world, the Member States of the European Union were completely unprepared for the effects. They instinctively reacted with protectionist policies, closing national borders and banning exports of medical devices and PPE. In Italy, the first European country to become swamped by the virus, and where the effects of the pandemic were especially severe, supplies of respirators and protective clothing were flown in from China. At the same time, the response in the European Union (EU) was neither collaborative nor coordinated.

This changed as the COVID-19 pandemic progressed, however. Vaccines have been researched and purchased as a collective. Debts have been taken out jointly for the first time in the history of the EU, and the Recovery and Resilience Facility (RRF) has been set up to help deal with the consequences of the pandemic. This has also led to health being catapulted straight to the very top of the political agenda. “For me, it is crystal clear – we need to build

a stronger European Health Union,” said newly elected President of the EU Commission *Ursula von der Leyen* in September 2020, in her first annual State of the Union Address before the European Parliament in Strasbourg.

## Being better prepared

Making better provisions for future crises and being in a better position to respond are also at the heart of the concept presented by the European Commission for a European Health Union. Since then, several initiatives from this concept have already been implemented to some extent, or are at least in an early stage of development. The mandates of the existing EU health authorities have been bolstered, for instance – the European Medical Agency (EMA) as the EU central authorising body, and also the European Centre for Disease Prevention and Control (ECDC).

For example, in future the EMA will not just evaluate the safety of medicines, but also give recommendations on pharmaceuticals for treating diseases that have caused a health crisis. In addition, it will monitor

sufficient quantities of potentially critical pharmaceuticals and medical devices. One of the future responsibilities of the ECDC will be to regularly examine the pandemic preparedness plans at national and EU levels, and also ensure state-of-the-art surveillance of disease outbreaks in Europe at all times. From now on, the authority will also supply the Member States with recommendations for outbreak control.

## HERA launched as key pillar

In particular, the Health Emergency Preparedness and Response Authority (HERA) was established in autumn 2021. With a budget of one billion euros per year until 2027, or even more in an acute health crisis, the aim of the new authority is to contribute towards preparing the European Union for future health crises in the best possible way. “One of our current projects is making certain that manufacturing capacities are reserved by pharmaceutical companies for the European Union. In emergencies these capacities would be used by us to produce vaccines or other vital medicines at short notice,” explains HERA Director-General *Pierre Delsaux*. Consequently, at the end of April 2022 the EU FAB call asked pharmaceutical companies to submit tenders for the provision of manufacturing capacities for the EU, with a budget of 160 million euros. Negotiations are expected to be concluded by the autumn.

HERA will also handle the overall coordination of contacts with the industry, deal



“It is crucial to reduce the gross disparities between European countries.”

ISTVÁN UJHELYI



with the joint procurement of medical devices, and in acute health crises function as a coordinator and adopt a leading role at European level. Infectious diseases are just one of the potential threats. In July the new authority presented a list of the top three health hazards requiring EU-level coordination of measures: These are

- firstly – pathogens with high pandemic potential
- secondly – chemical, biological, radiological and nuclear threats
- and thirdly – threats resulting from antimicrobial resistance.

The pharmaceutical strategy is another pillar of the European Commission's concept for a European Health Union. EU pharmaceutical legislation will be modernised to support innovations and also make medicines more affordable and supply chains more resilient. In addition, "Europe's Beating Cancer Plan" (see article on pages 8 to 10) presented by the European Commission intends to improve cancer screening, and also increase the quality of life for cancer patients and survivors, their families and carers.

### Does the health union already exist?

So have these initiatives already formed the European Health Union? Or will a "true" European Health Union require more extensive projects for implementing and financing healthcare in "normal" times, i.e. when there are no cross-border health threats? As we all know, this is currently handled by each nation individually.

"To create a European Health Union that is actually worthy of the name, it is crucial that it contributes to reducing the gross disparities between the quality and patient safety indicators of healthcare systems. So that a European citizen who needs treatment in an Eastern European hospital, for example, does not have less chance of recovery or even survival than their Western counterparts," comments *István Ujhelyi*, a Hungarian member of the EU Parliament. Ujhelyi examined the prerequisites for a health union long before the outbreak of COVID-19 in Europe, and he adds that in his home country, for example, the probability of catching a hospital-acquired or in extreme cases even fatal infection is three times higher than in Germany. He supports minimum quality standards in the EU that must be met in the public healthcare systems of all Member States in future – even if this seems difficult to achieve at present. (The full "Healthy Europe" interview with *István Ujhelyi* on the European Health Union can be accessed at [www.healthyeurope.info](http://www.healthyeurope.info)).

### A different economic system

*Milka Sokolović*, Director General of the European Public Health Alliance, as the umbrella organisation for around 80 national and European non-governmental associations on public health, goes a step further. On the one hand, she demands structured forms of participation for patients and EU citizens, with long-term financing. And on the other hand, in her view the focus should not just be on car-

ing for sick people, but also on all other areas of life that influence health – ranging from the economic system and social services through to the environment.

"As a result of the pandemic, climate change, the war in Ukraine, we find ourselves in the eye of the hurricane," comments *Milka Sokolović*: "All these crises affect our health, independently and jointly, and tackling them requires a next level of boldness. We need the same courage when it comes to developing a 'true' European Health Union. It takes a systemic effort across sectors to accomplish it, and it takes outstanding political leadership. Especially as the economic system needs to change fundamentally. We must move away from an economy that is exclusively oriented on maximising profit, and reach a system that aims to achieve the greatest possible well-being for its citizens."

The goals that define the vision of a European Health Union are therefore crucial to deciding if we are gradually getting closer, or if the process has perhaps even been completed. Depending on what is required, the path to be trodden remains potentially arduous. Director-General of HERA *Pierre Delsaux* takes a pragmatic approach: "As soon as we notice the practical benefits of the steps already taken towards a European Health Union, it will be easier to progress."



"We must move away from an economy that is exclusively oriented on maximising profit."

MILKA SOKOLOVIĆ

# We need to work together

*Hans Kluge, WHO Regional Director for Europe, in an interview on the major crises faced by Europe and the world today.*

## HEALTHY EUROPE

**We are currently dealing with the COVID-19 pandemic, the war in Ukraine and the consequences of climate change. Is Europe in a “permacrisis”?**

**Hans Kluge:** If you look back well over a century, Europe – and indeed the world – has grappled with a range of crises, including pandemics and outbreaks, world wars and multiple disasters. However, in recent years we have witnessed a greater frequency of crises linked to climate change, accompanied by a larger number of emerging infectious diseases arising from animals. These are diseases that frequently pose a global threat, with an ever faster spread in our interconnected world. So a “permacrisis”, as you put it, is indeed part and parcel of the “New Normal”. The extreme heat and wildfires that have devastated swathes of Europe this summer are but one example, driving home the reality of the climate crisis beyond a doubt. Additionally, we are facing the ongoing COVID-19 pandemic, and also the current monkeypox scenario which is another public health emergency of international concern. Last but not least, we have the war in Ukraine – a humanitarian catastrophe. These challenges, and many others, may seem daunting. But that does not mean we should

surrender. Instead, all stakeholders – governments, health partners including WHO, the wider UN system, civil society – need to work together more than ever.

## HEALTHY EUROPE

**What are the consequences of these three crises for the health and well-being of Europeans?**

COVID-19 is far from over, and I am concerned about the fact that millions of people remain unvaccinated even as many countries are reducing surveillance for the virus. Our recently released WHO/Europe 2022 autumn and winter COVID-19 strategy emphasises what countries and individuals alike need to do urgently. Turning to Ukraine, WHO/Europe is truly grateful for the support of EU Member States and other donors in our response efforts. Along with partners, we support the Ukrainian Ministry of Health and other stakeholders on the ground. When it comes to the climate crisis, a lot has been written and said, and at this danger point words are superfluous. Ultimately, this summer’s extreme weather events point yet again to the desperate need for pan-European and cross-sectoral action to effectively tackle climate change. Earlier this summer, UN Secretary-General António Guterres issued a stark warning: “We have a choice. Collective action

or collective suicide. It is in our hands.”

## HEALTHY EUROPE

**Has the COVID-19 pandemic awarded the health sector greater importance in national, European, global politics?**

In short, the answer is a definite yes. Health has been placed higher on national, regional and global political and development agendas, accompanied by greater collaboration between countries and regional blocs like the EU. Partnerships for health are already bearing fruit when it comes to addressing the monkeypox outbreak. We are also witnessing such health partnerships and investments when it comes to responding to the war in Ukraine. But much more needs to be done to truly elevate health to the level it deserves. Here I am specifically calling for the European Region to strategise on and kindle a Primary Health Care Movement; invest wisely and sustainably in the healthcare workforce across our Member States; and work with WHO in strengthening the science and evidence base.

## HEALTHY EUROPE

**What should be done to address the problem of healthcare worker shortages?**

Healthcare worker shortages were a crisis even before the pandemic. In our newly-released report on the state of the healthcare workforce in our Region, 13 of 44 countries reported a workforce in which 40 percent of medical doctors are already aged 55 or older. Our new WHO/Europe report on health workforce strategy provides a range of possible solutions to address this looming crisis.



“We can – and should – tackle the ‘permacrisis’ together in practical ways that benefit all.”

HANS KLUGE

# Why do we need a true European Health Union?

*What are the characteristics of a “true” European Health Union? Are existing initiatives sufficient, or are more extensive measures necessary? “Healthy Europe” asked two Young Gasteiners.*

MECHTHILD ROOS is Lecturer in Comparative Politics at Augsburg University and has been a member of the Young Forum Gastein, the network for young European health professionals of the European Health Forum Gastein, since 2021.

**“What we need is a European Health Rights Union.”**

We may not (yet) live in a true European Health Union. But we certainly do live in a European Health Risk Union: in the single market, and in an ever more globalised and interconnected Europe, risks both to public and individual health have come to enjoy a freedom of movement aligned to that of persons, goods, services and capital. If we want to be able to face such collectivised risk, we need more integration across Europe as regards health and healthcare. However, at the moment the European Union

is leaving health policy interpretation to the Member States, and this effectively means that policymakers who understandably focus on their fellow nationals, for reasons such as re-election, will likely pay less attention to anyone with another or no citizenship, be they EU or non-EU nationals. But when it comes to public health, we as a society are naturally only as strong as our weakest members. Thus, collective risk and resilience are determined by all members of society – based not on the name

of a country in our passports, but on residence, be it short- or long-term. Hence, to minimise the health risks we collectively face, what we need is a European Health Rights Union that grants and guarantees the same high-level rights and access to health and healthcare to all residents. This may sound utopian, especially in our current times of political, economic and social polycrisis. But considering the immense impact of both individual and public health on every aspect of our lives, on politics, societies



and economies, it is a utopia worth pursuing. The EU as a supranational governance system, despite its as yet limited competence in the areas of health and healthcare, is in a unique position to do so.



**“We don’t have a true European Health Union yet, but we are probably on the right track.”**

MICHELE CALABRÒ is Director of EUREGHA, the European network of regional and local health authorities, and has been a Young Gasteiner since 2018.

When Ursula von der Leyen uttered the words “European Health Union” (EHU) for the first time, health advocates rejoiced. But are we there yet? – No, of course not, but we can say that we are probably on the right track for an important paradigm change. Initiatives such as the European Health Data Space, just to mention one pillar of the EHU in detail, have the poten-

tial to overcome many barriers between Member States, helping in turn to strengthen harmonisation within national borders as well. The other pillars also have the potential to initiate necessary changes. This applies to the Pharmaceutical Strategy and Europe’s Beating Cancer Plan, to the newly established European Health Emergency Preparedness and Response Authority (HERA), and also to the European Centre for Disease Prevention and Control (ECDC) and the Europe-

an Medicines Agency (EMA), whose mandates have been strengthened. If the EHU pillars begin to deliver on their promises, we can hopefully start harvesting the fruits of this initiative without necessarily waiting for a treaty change, which should nevertheless remain a target. However, true success of the EHU will have to be measured via the tangible impact that it has on Europeans, in particular on patients and healthcare professionals. Since much time was lost be-

fore starting to move in this direction, we cannot afford failures or rather “abstract” flagship initiatives with no true impact on individuals. And in order to establish a true European Health Union, it will be essential to listen to the generation that will be most affected by it – ranging from representatives of networks such as the Young Forum Gastein and the European Health Parliament to the representatives of schools and other youth networks at a local level.

# Everybody needs hope and dignity

*The organisation "Friendship" helps communities in Bangladesh. Its founder Runa Khan is also a supporter of "One Health" – the approach that health of humans, animals and plants is mutually dependent.*

TEXT: DIETMAR SCHOBEL



While on a boat trip with my former husband, I witnessed the living conditions experienced by the poorest of the poor. Setting up "Friendship" immediately became a burning desire of mine. I was especially keen to support these people because I had been lucky in life. I grew up in a very privileged environment," explains Runa Khan. She founded the aid organisation in Bangladesh in 2002. The poorest of the poor are the people in her homeland who live on the chars, which are sedimentary river islands formed mid-

stream or at the edges from sand and silt deposits. Most of these islands only exist for a few years as they are exposed to constant erosion and intense flooding. Living here means being continually threatened by natural disasters and crop failures, without any electricity or running water, schools or medical facilities.

## A floating hospital

Consequently, Friendship first converted a barge into a floating hospital. This enabled general practitioners, opticians, dentists,

surgeons and other health professionals to provide medical care for the people on the chars in the Jamuna river in northern Bangladesh, as they were otherwise unable to be reached. "It was not long before we noticed that one hospital ship alone was not enough. And so we began to organise mobile drop-in clinics. Small medical teams now visit remote communities every one or two weeks, or once a month," reports Runa Khan.

Today, more than 4,000 people work for Friendship and 7 million people in the most



## “The health of people, animals and plants is closely connected.”

RUNA KHAN, FOUNDER AND EXECUTIVE DIRECTOR OF THE SOCIAL PURPOSE ORGANISATION FRIENDSHIP IN BANGLADESH

unaddressed and climate-impacted communities in Bangladesh – and indeed, the world – have access to Friendship’s healthcare services. Two floating hospitals now serve the chars on the Jamuna, and a land hospital has been built in Shyamnagar on the coastal belt of Bangladesh. In the south of the country, static clinics have also been set up wherever possible. The budget at Friendship’s disposal for this and all its other activities totals the equivalent of 15-20 million euros per year, 90% of which comes from donations, says Runa Khan.

### Four promises

Quality healthcare is part of fulfilling one of four commitments that Friendship makes to its stakeholders – Saving Lives. The others are Empowerment, Climate Adaptation and Poverty Alleviation. “These are our four promises that we make to the people. Simply because everybody needs hope and dignity,” says Runa Khan. Enabling the people themselves to improve their situation in life has been central to the work of Friendship from the very beginning. “It was not easy to find volunteers to provide medical care for the char islands,” recalls Runa Khan: “And so we trained the people there as medical workers.”

Women from the communities that receive support from Friendship can train to become a Friendship Community Medic-aide or a Skilled Birth Attendant, for example. Diagnosis and delivering babies are among their responsibilities, as are household visits and supplying advice on topics such as nutrition, family planning and hygiene awareness. The app mHealth gives them extra help for their work. It helps to store patient data, assists with diagnosis and allows Friendship Community Medic-aides to contact a doctor whenever necessary.

### Teaching and climate adaptation

When Friendship began helping the riv-

er island inhabitants in the north of Bangladesh, schools were almost non-existent there as well. The organisation therefore provided the necessary primary school training for locals who had a certain minimum education. Finding secondary school teachers who are prepared to live on the chars, on the other hand, has always been difficult. Pre-recorded video classes screened through a solar-powered system serve as a solution to this problem. The pupils at the secondary schools are supported by facilitators, who are in turn able to contact the teachers as required.

Friendship’s many different climate adaptation activities include the mangrove reforestation programme, photovoltaic systems for family homes, schools, street lighting in villages and also the raising of plinths – these are cluster villages raised above flood levels to offer a shelter to house displaced communities and their possessions, including cattle, during flooding. And it almost goes without saying that Friendship arranges for training in adaptive agriculture techniques, such as saline-resistant crops and floating seed beds, for solar engineers and farmers.

### Ways out of poverty

In order to give people the opportunity to escape poverty, women are trained to weave, dye and sew fabrics that are later sold by Friendship’s lifestyle brand, Colours of the Chars, in Bangladesh and Europe. “Besides this, farmers and fishermen are granted microloans with which they can renew their equipment,” explains Runa Khan, describing another example of how Friendship wishes to contribute to relieving the social and economic problems of people in the remote regions of Bangladesh.

The Friendship founder has already been honoured with several international

awards for her successful commitment. She is also Honorary President of the One Sustainable Health Forum, which is dedicated to achieving a holistic, multidisciplinary and multisector approach to human health. How are Friendship’s actions linked to the “One Health” concept? “The health of people, animals and plants is closely and extensively connected. I am convinced of this, and it plays a major role in our hands-on work – day in, day out,” Runa Khan replies, and adds: “Because everything has a right to live.”

## DATA AND FACTS ON BANGLADESH

166.3 million people live in Bangladesh, which spans an area of 147,630 km<sup>2</sup>. Its population density is therefore 1,126.5 km<sup>2</sup>, which makes it the world’s most densely populated country of over 10,000 km<sup>2</sup> surface area. The largest part of Bangladesh is a huge delta formed by large rivers that have their source in the Himalayas. Two thirds of the country lie a maximum of approx. 4.5 metres above sea level. Bangladesh is therefore one of the countries that is most severely affected and threatened by climate change – by the rise in sea levels, and also by increasingly powerful cyclones and a continual rise in the frequency of flooding. The country is in 7th place on the 2021 Global Climate Risk Index of the development and environmental organisation Germanwatch. According to estimates, by 2050 one in seven people in Bangladesh will have had to leave their homes.

Sources: <https://www.laenderdaten.info/bevoelkerungsdichte.php>, <https://www.climateactualityproject.org/blog/how-climate-crisis-impacting-bangladesh>, [https://www.germanwatch.org/sites/germanwatch.org/files/KRI\\_2021\\_Tabelle\\_Zehn%20am%20meisten%20betroffenen%20L%C3%A4nder%202000-2019.jpg](https://www.germanwatch.org/sites/germanwatch.org/files/KRI_2021_Tabelle_Zehn%20am%20meisten%20betroffenen%20L%C3%A4nder%202000-2019.jpg), accessed on 20 August 2022

# What kind of society are we aiming for?

*An interview with internationally recognised health expert Michael Marmot on health inequalities in the UK and across Europe, the effects of COVID-19 on society, and why being Prime Minister is not one of his personal ambitions.*

INTERVIEW: DIETMAR SCHOBEL

## HEALTHY EUROPE

**Prof. Marmot, what do we know about health inequalities within and between European countries?**

**Michael Marmot:** Life expectancy varies hugely between the European countries, and also between different sections of the population in the individual countries themselves. As a general rule, we can say that life expectancy increases with income and the level of education – this is true in Norway just as in Bulgaria. Factors such as working conditions and the quality of our neighbourhood have a considerable influence on our state of health as well, however. On the whole, we know that the differences in health between population groups are greater in Eastern and Southern Europe than in Western and Northern Europe.

## HEALTHY EUROPE

**In the “Marmot Review” – a scientific publication from 2010 chaired by yourself – you described the health inequalities in England and proposed strategies for their reduction.**

**The “Marmot Review 10 Years On” focussed on developments up until early 2020. What were the most important changes during these years?**

Until 2010 life expectancy in England was continually on the rise, just like in many other countries. On average, life expectancy was increasing by no less than a year every four years. But from 2011 onwards, in England these improvements slowed dramatically, they almost ground to a halt. For part of the decade 2010-2020 life expectancy for women actually fell in the most deprived communities outside London, and in some regions it fell for men as well. The time spent in poor health increased for men and women everywhere in England. In other OECD countries the situation worsened during these years as well, although England – besides the USA and Iceland – was among the countries that were affected particularly severely.

## HEALTHY EUROPE

**How did this downward trend affect the health inequalities between the different population groups?**

The health inequalities between the poorest and richest people deteriorated even further in many countries. And it was especially in the poorer groups of society where the rise in life expectancy slowed down or even fell. More than anything else, this development was also a result of the austerity policies that were implemented in many countries following the financial crisis of 2008. Government spending was cut, and specifically expenditure on public health. As far as the goals of reducing health inequalities and establishing health equity are concerned, it can definitely be said that we have lost a whole decade. But that review only describes the changes up until the beginning of the COVID-19 pandemic.

## HEALTHY EUROPE

**What effects did the coronavirus outbreak in Europe in February 2020 have on the existing health inequalities?**

At the start, there was a lot of talk about the COVID-19 pandemic affecting us all in the same way, and that society must stick together. But the reality was very different. Once again, it was especially the socially disadvantaged groups of society who were affected particularly severely by the COVID-19 pandemic. These include, for example, poorer people, marginalised ethnic minorities, low-paid essential workers, migrants, incarcerated populations and homeless people. Their rate of infection was above-average compared to the rest of society, and once they had contracted



“Socially disadvantaged groups of society were affected particularly severely by the COVID-19 pandemic.”

MICHAEL MARMOT, GLOBAL HEALTH EXPERT

COVID-19 they had a greater risk of dying from the virus. For instance, the risk of a fatal COVID-19 infection was twice as high for people in the most socially disadvantaged regions of England and Wales compared to people from the richest regions. Figures from the Office for National Statistics in the United Kingdom confirmed this back in July 2020. The reasons for these differences are to be found in the social determinants of health, in other words in the conditions in which people are born, grow, work, live, and age – and in people’s access to power, money and resources. For instance, the homes cramped full of people, the unequal access to acceptable public health information, inequitable access to affordable treatment, prevention and vaccination, and other reasons.

### HEALTHY EUROPE

**The financial crisis from 2008 onwards was followed in early 2020 by the COVID-19 pandemic. Right now we are suffering from inflation and an impending economic crisis as consequences of the war in Ukraine. And we also need to deal with the major challenges posed by climate change and other environmental problems that have been brewing for decades. Are you worried that the topic of health equity could be pushed much further down on the political agenda considering the current situation?**

I am always worried (laughs). However, I would also like to point out that my first scientific publication on health inequalities

is from 1978, which was 44 years ago. And that political interest in the topic has never been as great as it is right now. Working together with the team at the Institute of Health Equity headed by me at University College London, I am endeavouring to ensure that societies are built back fairer after the COVID-19 pandemic. For example, for the Greater Manchester region in the north-west of England, we have prepared a report containing recommendations of how this can best be implemented. The report contains very concrete objectives and measures for the next steps and beyond. And in other regions and cities of the UK, people are also very aware of the importance of health equity.

### HEALTHY EUROPE

**What are your recommendations for decision makers who take the topic seriously and are striving to achieve greater health equity over the long term?**

As we need to start with the social determinants for health in order to achieve noticeable change, the goal of health equity ultimately requires a comprehensive programme in the area of social policy. I like to think that it could be embraced by politicians on the left and the right. We have to ask ourselves: What kind of society are we aiming for? In connection with this, the six areas in which work is particularly needed are:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives

- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention.

### HEALTHY EUROPE

**In your view, what is the most important area and where should we begin?**

I am unwilling to spotlight any individual measures because it is actually necessary to work across the board and in all areas at the same time. After all, if you have to spend the majority of your income on rent, how can you afford to eat healthily when unhealthy food is usually much cheaper? Time and again, I am asked what I would do if I were Prime Minister. I usually reply: “I would make a mess” (laughs). And so I know when to leave well alone as far as that kind of task is concerned, but instead I would give the Prime Minister and the government some strong advice, namely to put the health and well-being of people before their work. We have to do all that is reasonably possible to reduce the avoidable causes of disease and illness, as these also increase the costs to the economy.

**Sir Michael Gideon Marmot** was born in 1945 and is an internationally recognised expert on health inequalities. He is Professor of Epidemiology and Public Health at University College London (UCL) and Director of The UCL Institute of Health Equity.

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