

## The Future of Health - Advancing the UN 2030 Sustainable Development Agenda in Europe

“The Future of Health - Advancing the UN 2030 Sustainable Development Agenda in Europe” conference was held in Brussels, Belgium, on 11<sup>th</sup> and 12<sup>th</sup> July 2019, organised by Patient Access Partnership (PACT)<sup>1</sup> in collaboration with Finland EU Presidency. The conference addressed the collective priorities and actions required to advance the UN Sustainable Development Agenda 2030 in Europe and to ensure equitable access to health quality care for all. The event was the second in a series of high-level PACT meetings, all of which relate to the future of health in the EU. The first was the “[EU collaboration in health for better access: Taking stock and looking to the future](#)” organised in February 2019 at the European Parliament in collaboration with the MEP Interest Group on Access Healthcare.

“The Future of Health” conference consisted of three main sessions, panel discussions and workshops on health policy, economics, and the collaboration between EU Member States in the health sector. Over 100 participants, along with 30 speakers, attended the event from across Europe. On the last day, the Patient Access Partnership (PACT) introduced a document, “[The Health PACT](#)”, which contains a shared vision, shared responsibilities and the actions needed to improve access to health and to advance the Sustainable Development Agenda in Europe.



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<sup>1</sup> The Patient Access Partnership is a patient-led multi-stakeholder network bringing together patients, the medical and public health community, industry and the European and member states policy makers and institutions, in order to develop and move forward on innovative solutions to reduce inequities in access to quality healthcare in the European Union (EU).

Ms. Susanna Palkonen, Chairperson of the Patient Access Partnership – PACT kicked off the meeting pointing out the momentum that the EU Institutional renewal during 2019 offers to stakeholders to advocate for the central role of health in European policy. As a new Parliament and Commission are about to take office, this timely event provided the occasion to come forward with ideas, concerns and suggestions with respect to the new EU mandate, making the case for a stronger EU-level health policy engagement. Right after, Mr. Stefan Staicu, Health Attaché at the Permanent Representation of Romania to the EU focused his attention to the Sustainable Development Goals (SDG) by 2030, considered as one of the most important commitment we can hope to achieve as a society. Specifically, concrete policy efforts should be directed towards achieving Goal 3: “Ensure healthy lives and promote well-being for all, at all ages” as a prerequisite to other goals – poverty reduction, gender quality, decent growth and economic growth, peace, justice and strong institutions.

## **SESSION I - POLICY CHALLENGES AND OPPORTUNITIES FOR BETTER AND EFFECTIVE HEALTH COOPERATION IN THE EU**

### **The EU health policy space: the 2019 renewal and beyond**

by Scott L. Greer (Associate Professor at School of Public Health, University of Michigan)

In order to achieve all SDG goals by 2030, “Goal 3 of the UN Sustainable Development Agenda must be made a prerequisite” according to Prof. Greer. Although in the EU Treaties<sup>2</sup> there are several references to the responsibility of the EU in health, such competence remains a prerogative of Member States. In health there are multiple responsibilities from each side related to both national priorities, financial constraints, political commitment. Pairing this up with improvable coordination at the European level, health still struggles to reach a pivotal role at the European level. Prof. Greer also stated that the EU should improve health policy by focusing on solidarity and people and on abandoning subsidiarity and austerity, health must become an EU priority.

## **PANEL DISCUSSION**

Mr. Andrey Kovatchev (MEP, EPP, Bulgaria) commented that, regarding healthcare diffusion, the appointment of the European Commission President by the European Parliament will be crucial to identify clear priorities for the next five years. Further to this, Mr. Sylvain Giraud, Head of Unit Performance of National Health Systems in DG SANTE shared his vision on the mission of the EC for the next years. One of the main goals of the EC is providing a framework for interaction, where Member States and stakeholders can learn from each other, share best practices and innovation. Soft integration tools are very important, as well as processes aimed to promote cooperation and financial support. Despite more extensive actions and involvement by the European Commission, in particular DG SANTE, a stronger European harmonisation at health level – always taking into consideration the solidarity principle – remains quite difficult. This is also due to the different amount of resources invested by Member States (e.g. Norway invests ten times in health more than Croatia). Our societies miss legal instruments at EU level to create a solid infrastructure for health policy according to

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<sup>2</sup> TFUE, the art. 168 of the TFUE on Public Health, the art. 169 of the TFUE on Customer Protection, art. 151, 153 and 156 of the TFUE on Labour & Law Standards and the art. 191 of the TFUE on Environmental Protection.

Dr. Usman Khan (Executive Director of European Patients' Forum). The goal of the EU should not only be on creating a sustainable health system but also about creating a European Union true 'health ambition'.

## SESSION II – HOW TO IMPROVE EU HEALTH COOPERATION?

### THE TRANSFORMATION NEEDED ON THE ROAD TO THE SUSTAINABLE DEVELOPEMENT AGENDA

#### The economy of wellbeing – Health in all policies or all policies for health?

By Mr. Mark Pearson (Deputy Director of Employment, Labour and Social Affairs at OECD)



Health has moved up in the 2030 UN Sustainable Development Agenda but is not at the core of policymaking yet. There are no good scientific examples on why health is fundamental in achieving other goals such as the overall wellbeing of people. The Finnish Presidency at the Council of the EU therefore proposed to focus on the concept of 'economy of wellbeing'. Member States and Institutions must play a crucial role in shaping the policies and thus, people's lives. However, a solid European level cooperation on health is still difficult to be reached.

According to a study of the Organisation for Economic Cooperation and Development (OECD), the main determinants of life expectancy from 1990 to 2010 were the following: health spending, education and income affects positively the life expectancy, whereas smoking and air pollution affects it negatively. Several other studies have also demonstrated that raising health condition produces an increment in wages and employment. Health is fundamental for citizens because it is also a driver of social mobility; affecting social, economic and education outcomes of child throughout their life.

“Establishing networks is very important when we talk about health policy” said Ms. Ceri Thompson, Deputy Head of Unit eHealth, Well-Being and Ageing in DG CNECT at European Commission. As European Commission Officer, her focus is on three aspects: helping citizens to have better access to health in EU; growing the data related to health; and making this data linkable between countries in EU. To help people feel safe, the EC aims to create a transparent environment where people can access their data and interact with doctors and experts.

When we talk about the sustainable development agenda we should switch from aspiration to implementation, according to Mr. Daniel Lopez Acuna (World Package Leader “Improving Access to Health and Social Services for those left Behind”, Joint Action in Health Inequalities - JAHEE). The instruments are available (rules, practices, resources), we just need to use them and make it a reality. The focus of both States and Institutions should be on how to attain those nine Goals.

Health however is composed of several aspects and it is incorrect to focus on one sector only. The EU is facing important demographic changes, which will heavily affect European societies since not everyone has the same level of access to health and work said Mr. Jan Paehler (Head of Health Sector - Culture, Education, Health Unit in DG DEVCO at European Commission). Equal access to health in Europe is a big issue and it is important to allow people to have equitable access to medicines said the General Director of Medicines for Europe, Mr. Adrian Van den Hoven.

## DAY 2

### SESSION III – ESTABLISHING THE PRIORITIES FOR THE FUTURE OF HEALTH IN THE EU TOGETHER

#### Keynote presentations & Panel Discussion

Ms. Fiona Godfrey (Secretary General of the European Public Health Alliance – EPHA) presented the main outcomes of the workshop “Unleashing the hidden potential of health prevention”. Prevention takes many forms: vaccination, smoke-free places, taxes and marketing restrictions on tobacco, foods and beverages, polluting industries, low emissions zones in cities, employment and a decent level of income. Therefore, when we know what prevention consists of, why are we so slow to adopt prevention measures? This happens mainly for three reasons. Firstly, governments and institutions tell us that we need more data. False! We have plenty of data. Secondly, what we do not have is political will. We lack political support because economics and political interests are often interfering with the long-term vision and investment in health; and because the EU is still too fragmented on this issue. How can we equalise access to medicine and reduce the risk of certain diseases? It is an organisational question. Thirdly, people are not responsive to messages. Civil society organisations need to find a way to reach people with its messages.

To achieve this goal and correct this pattern, we need to focus of education and build trust in people. They are the key for prevention. There needs to be a change of focus, away from austerity: public health is often the first victim of austerity policy. We need a clear vision and mission on Member States goals. Finally, we need to push the MEPs of the new Parliament to be engaged in promoting prevention. Mr. Wojciech Kalamarz (Head of Unit, Health Determinants and International Relations at European Commission) commented these results by saying that the budget allocated by the European Commission for the prevention is overall only 2% of the

available resources for health matter. There are some Member States (e.g. Scandinavian countries) that invest a lot more. With the new EC setting up in November and considering the health-related background of the President-elect Ursula von der Leyen, people are hoping for stronger and more coherent focus on prevention and promotion of health driven by the EU.

Mr. Usman Khan talked about the outcome of the workshop named “Delivering the 5 A’s for EU Health system”. The five A’s within this workshop are: available, adequate, accessible, affordable and appropriate health and healthcare for all. We have these huge gaps of health problems in Europe and we need to be careful when we talk about health systems. There are still concerns about the evidence-based information, but we should give ourselves also a gentle pat on the back ones in a while and look at what we have accomplished so far. For this we need a reference point. For example, if we compare the healthcare sector to the fashion, transport or construction industries, then we are not doing it that bad.

The issue of accessibility is clearly is the elephant in the room, and it is important to understand that we do not have a common European Health System in Europe, which makes this an even more challenging task. However, there are still a lot of systemic inefficiencies and if we do not act, the demand drivers will overwhelm the system’s capacity. We should therefore use resources efficiently and use them for purposes that have an added value. Access must mean equity and by tackling inequalities we will increase the access to health; therefore, health inequalities must be addressed.



The workshop on ‘Workforce challenges’ was organised in collaboration with the standing committee of European doctors (CPME). There are shortages and uneven distribution of health professionals for as well doctors as nurses. There is a migration of doctors and the question is how to keep them in rural areas? The main problem is that of attractiveness. This can be on offering less administrative tasks, higher salaries etc. In Croatia the Swedish government and Embassy are recruiting medical students from before they graduate. They already offer them jobs in Sweden and free Swedish lessons they can start with, so that when they graduate, they can immigrate to Sweden straight away. The main reason for this, is that Swedish doctors are migrating substantially from Sweden to Norway to get a higher salary and we are therefore looking at larger migration flows of people and professionals. The discussion also focused on outcomes, addressing the current lack of data. An important question was raised by the audience, that there are big differences on health outcomes not only between Member States, but also between local and city hospitals.

The Czech Ministry of Health, Mr. Frantisek Mudronca, shared the results of the workshop “The multiple dimensions of health and wellbeing”. The Finnish Presidency priorities include economy and wellbeing into all policies. This priority does not require any new competency, as the current framework established throughout the previous presidencies offers possibilities for change. A bottom-up approach is required: politicians needs to be pushed by civil society to discuss about health-related issues. However, the EU is facing some challenges: people feel distant from the decisions that the institutions take in Brussels. One solution could be to use media and improving the communication not only at national level, but also at regional and local.

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