

<b>What</b>	<b>EUREGHA High-Level Annual Conference “Make the European Health Union a reality: The regional perspective”</b>
<b>When and Where</b>	9 December 2021, 10:00 - 12:10 (online)
<b>Main relevant speakers</b>	<ul style="list-style-type: none"><li>● <b>Giovanni Gorgoni</b>, Chair of EUREGHA.</li><li>● <b>Christian-Silviu Buşoi</b>, Chair of the ITRE Committee, European Parliament.</li><li>● <b>Normunds Popens</b>, Deputy Director-General, Director General for Regional and Urban Policy, European Commission.</li><li>● <b>Maya Matthews</b>, Head of Unit B1 Performance of Health Systems, DG-SANTE – European Commission.</li><li>● <b>Irina Kalderon Libal</b>, Policy officer, eHealth, Wellbeing and Ageing unit, DG CNECT, European Commission.</li><li>● <b>Solvejg Wallyn</b>, Policy Officer at Flemish Community – Agency Care and Public Health.</li><li>● <b>Dr Sally Lewis</b>, Director of the Welsh Value in Health Centre.</li><li>● <b>Andrea Pavlickova</b>, International Engagement Manager at TEC and Digital Healthcare Innovation, Scottish Government.</li><li>● <b>Maria Luisa Moro</b>, Director, Agenzia Sanitaria e Sociale Emilia-Romagna.</li></ul>
<b>Objective</b>	<p>EUREGHA organized its 2021 High-level Annual Conference to discuss the future of the European Health Union and the role of Regions in making this ambitious project a reality. The Conference addressed where and how to invest in an efficient and synergic way to make this ambitious project a reality. High-level representatives of the European Parliament and European Commission set the context for contributions by EUREGHA members, who presented the association's vision and the activities carried out over the past year.</p>

## Main outputs

The event was opened by **Giovanni Gorgoni**, Chair of EUREGHA, who set the context by introducing the main topics. The **European Health Union** is a very ambitious project, with several difficulties implied for its effective building. One of the most crucial tasks is winning the understandable resistance of European Member States, based on the impact that would have on their industrial sector, besides the recurrent considerations about sovereignty issues. Notwithstanding the aforementioned issues, Mr. Gorgoni believes that the COVID-19 pandemic clearly showed the fragility of the actual system, both in protecting citizens as well as the economic and social networks they created. We live in a system with a high potential for innovation and employment among its entire supply chain, but still with some fragilities. A lot of work needs to be done before coming back to normality. Then, Mr. Gorgoni announced the publication of a Booklet of regional best practices in Cancer by EUREGHA, which can be considered a concrete demonstration of how things can happen, highlighting the work that has been made at the regional and local level. As a 'hidden pandemic', Cancer is a top priority for EUREGHA, and this document represents the great commitment and attention of the association on this crucial issue, which marked the EU health policy agenda throughout 2021 and will certainly be one of the toughest challenges in the coming years, in the light of the Europe's Beating Cancer Plan. Together with the Booklet, the EUREGHA Secretariat produced a Dossier on Cancer, which provides useful background information on the topic and will be disseminated internally to the network.

**Christian-Silviu Buşoi** started illustrating the fundamental elements needed to foster a strong European Health Union. First, **political will** is unavoidable, a veritable starting point without which anything could be possible. This element must bring to a concrete **paradigm shift** of the Member States' approach towards healthcare policies, which will be possible only with **investments** and financial support. Time and patience will be needed, but Mr. Buşoi is confident that European citizens will estimate and respect the work being done by European agencies and institutions. This view is supported by Eurobarometer polls that clearly claim the EU to do more in the health sector. Funds surely are an essential component, both from European and Member States' side: these are still not enough to tackle all the challenges posed by societal and economic changes, but now we have **momentum** on our side to undergo under serious reforms, and all the

actors involved in this process have clear in mind that we need to act seriously and concretely to achieve change. In this regard, the European Health Union Package prepares systems for upcoming tasks, which are not necessarily pandemics. From an institutional point of view, the **powers** of European institutions are **limited** by current treaties, but the Union can still support Member States' action by promoting best practices and pushing for coordination among them. The European Commission, the ECDC, and EMA did a great job during the COVID-19 pandemic, the European Health Union package will reinforce the action and the role of the European Medicine Agency and the ECDC, with the help of the new HERA agency (European Health Emergency Preparedness and Response Authority) inside the European Commission. Inside the field of medicine, **innovation and digitalization** play a very important role. Mr. Buşoi recalled the important contribution provided by the **Horizon Europe**: 8 billion euros are destined for health research projects, with 2 billion destined for cancer research. Digital Europe is another fundamental milestone programme for fostering innovation, with 2,5 billion euros for cancer research. Mr. Buşoi also pointed out that several countries spend less than 7% of their GDP in healthcare, with Romania spending 4,3%. This is one of the main causes of inequality in the quality of the services and treatments. For this reason, the country decided to use several parts of cohesion and social funds and the Recovery Plan to invest in health. According to Mr. Buşoi, **person-centred healthcare** will be the future in addressing inequalities.

**Normunds Popens** focused his contribution on the European Structural and Investment Funds in the context of the European Health Union. Coming from the cohesion policy, Mr. Popens is convinced that cohesion policies can play a key role in health, overcoming inequalities and providing equitable access to health infrastructures for all European citizens. COVID-19 pandemic posed several challenges, and we need to react by improving our services, making them more efficient and resilient via structured reforms based on a lessons-learned approach.

Regarding the European Regional Development and Social Fund, Mr. Popens described it as an instrument that addresses several areas, such as access to services, ageing, and the fight against inequalities. It works to build effective infrastructures and promotes e-Health solutions in disease prevention and health promotion programmes. The 2014-2020 MFF period

consisted of 10 billion euros of plans put in place in different regions, with more than 68 mln people benefiting from these investments. COVID-19 presented a difficult task and created considerable delays, with states still implementing 2014-2020 period funds alongside the ReactEU program. These are directed into diverse types of financing from medical equipment to other areas. Mr. Popens believes that the MFF 2021-2027 period, as well as Next Generation EU funds, should keep investing more in the health sector.

Although being fundamental, investments are not the only thing that matters. Effective implementation of allocated funds represents the real task to be addressed, and for this reason, a **new key-enabling condition** has been introduced in MFF and NGEU funds, allowing each Member State to build a strategy based on their effective needs and objectives, with an attentive mapping of the infrastructures and needs which will allow for a correct prioritisation of the way of spending available funds. Mr. Popens stressed that **investments** and **reforms** must go **hand in hand**: we have seen that many Member States are still very vulnerable in their systems because of unclear setup and connections between different levels of the healthcare ecosystem, an example of this being the link from hospital to primary care. These gaps must be tackled with comprehensive reform that will improve the overall access to services. In this respect, better cooperation between European and local institutions is fundamental. As for implementation plans, Mr. Popens specified that we are still in a **negotiation phase**. Access to healthcare remains an issue because these objectives will go under the “**more social Europe**” line of intervention. It is paramount to make sure that the funds will contribute to the modernization of the health system and the transitions implied in it, such as technological and population-based transition. Innovation is required, as well as personnel training and formation. It is important to look at the EU funding and agencies as something that is in synergy and not in competition among each actor, in continuous interaction. EUREGHA can play a role in addressing priorities and connections at the local level, making sure that we are doing it in an effective way via sharing of best practices in all the territories. It is not only addressing priorities at the EU level, but the same must be done at every level of action. Joint-owned reforms will be necessary to undergo this, and Mr. Popens thinks that, in the light of green and digital transition, innovation can play a crucial role, and EUREGHA can contribute heavily on this aspect, playing an important role in the

foreseeable future. In this respect, he expressed his interest and support in the creation of a Thematic Platform for Health and Wellbeing under the Smart Specialisation framework to support better innovation in health, which is one of the objectives at the heart of EUREGHA's vision.

**Maya Matthews** emphasised the necessity of improvement and fostering health in the Union to give better access to medicines and sanitary services, protecting people from **cross border health threats** and strengthening the overall health ecosystems. Two cross-cutting elements must be considered: the Beating Cancer Plan and the digital dimension of the European healthcare.

An important role is covered by regional **best practices**, on which joint actions must be focused for an effective transferability and replication. European Member States have manifested interest in this regard, putting a lot of effort behind in promotion and selection criteria with the help of an Expert Group dedicated to this task. A sort of **marketplace** is put into place: Member States are invited by the so-called "joint practice owners" to see the implementation of these practices, and a **general vote** is held to decide the most interesting according to Member States' and regions' representatives, in which they discuss on how paths can also be adapted and integrated in different national contexts. Ms. Matthews announced that the Joint action will kick off next summer, and the money of the EU4Health program will allow funding **pilots** of best practices transferred to other regions. Concerning resilience, Ms. Matthews informed the audience of several launching projects coming from two expert groups: the first is the **Health System Performance Assessment Expert Group**, which published a report on resilience that contributed to coining of a proper "resilience" definition in terms of economic-financial shock or climate change induction effects. The second is the **Independent Expert Panel**, which works at testing systems tailored for the EU Member States. The OECD project goes deeper on this topic.

**Health workforce** is an area where investments were needed also before the pandemic because of pre-existing shortages. Retention is a very worrying phenomenon. Ms. Matthews thinks that we are in a precarious balance between Member States and EU powers. One of the things that came out from the lessons learned of the pandemic is the need for an agile workforce able to do a surge when necessary. The Health Workforce

Projects Clusters, launched in 2020, can play a significant role in this field, addressing specific challenges such as ‘medical deserts’, task-shifting, and retention policies. Five separate projects created a cluster at the EU Health Policy Platform, in which they share results, practices, and data.

Ms. Matthews focused then on the Recovery and Resilience Facility. The EU is experiencing the **EU loaning money** for the first time, with digital and green transition attracting most of the projects and funds. Health is perceived as a key pillar of the plans. The plans submitted to the EC must take account of the European Semester’s recommendations, and in 2020 for the first time, all the European Member States received specific ones on health. Now we are in a situation in which every plan has related health measures, and the EC estimates that, from 2022, about 40 billion euros are going through health projects, amounting to 10% of all RRF. Then Dr. Matthews illustrates **three examples** of investments in health:

- **Czech Republic** created some new help and strengthened centres, also dedicated to cancer prevention.
- **Cyprus** invested in communication and technology systems inside the healthcare ecosystem.
- **Germany** allocated money to COVID-19 vaccine research.

Ms. Matthews concluded by talking about the **Recovery Scoreboard project** that will be launched next month. Through data analysis, this initiative will illustrate the state of health in the EU Circle, in collaboration with OECD, with 29 healthcare system profiles for 2021 and available by December 13<sup>th</sup>.

**Irina Kalderon Libal** focused her intervention on the European Health Data Space, ageing society and the Digital Europe programme.

Ms. Libal firstly addressed the challenge of demographic change. Referring to the Report on the Impact of Demographic Change, published by the European Commission in June 2020, she indicated several elements characterising the current situation, including:

- **Increased longevity**, with a growth projected to continue: men and women born in 2070 are expected to live respectively 86 and 90 years.
- **Decreased fertility** rates: in 2018 the average number of children per woman was 1.55.
- **Fast ageing population**: by 2070 the share of people 65 years or older is projected to be 30.3% (compared to 20.3% in 2019).

In addition, other challenges need to be addressed, such as: scarcely populated areas and lower connectivity; long-term chronic, complex medical conditions; increased demand for social and health and care systems in terms of facilities, staff and supplies; lack of age-friendly living and working environments; gap in digital skills for healthcare workforce and citizens/patients; COVID-19 challenges; lack of uptake of digital innovations and eServices.

Ms. Libal outlined some initiatives and investment opportunities developed by the European Commission. **The Green Paper on Ageing**, adopted on 27 January 2021, highlights the importance of healthy and active ageing and lifelong learning as the two concepts that can enable a thriving ageing society. Active Ageing necessitates promoting healthy lifestyles throughout our lives, including consumption and nutrition patterns and encouraging physical and social activity. Lifelong learning means constantly acquiring and updating skills helping people remain employable and succeed in job transitions. Moreover, the EC's **Silver Economic strategy** aims to foster economic growth in Europe by focusing on technological and labour markets relevant to an ageing population. Innovative new digital technologies and services can help deliver better and cheaper care for all, integrated therapeutic solutions, and a growing Health Tech Industry through innovations and products.

In the last seven years, DG CNECT has been supporting more than 200 projects to create better health and care with innovative solutions, and more than 80 of them were dedicated to ageing.

DG CNECT also funded and is still supporting the **Active and Assisted Living (AAL) Programme**, which has helped develop digital solutions for active ageing used by older adults and their networks, promising meaningful change to their lives. Thirty-one solutions have been already developed and commercially launched in thirteen EU countries.

Lastly, DG CNECT is supporting the **European and Innovations Partnership on Active and Healthy Ageing** with the aim to enable citizens to live longer independently in good health by increasing the average number of healthy life years. It seeks to foster EU citizens' healthy, active and independent living and improve the sustainability and efficiency of social and health care systems, while creating new opportunities for businesses. In it were also developed Reference Sites in various regions where there is a public commitment to invest in active and healthy ageing and deployment of technology for active ageing. DG CNECT is working to expand the network

of Reference Sites, most notably to the East.

Then, Ms. Libal focused on the work of DG CNECT and DG SANTE to create the **European Health Data Space**, another step in the transformation of health and care, that is envisaged to be built in the coming five years.

The second part of the Conference consisted of a roundtable discussion where EUREGHA Members could present the vision of the association on the European Health Union and the activities implemented over the past year. **Solvejg Wallyn** expressed an optimistic view on the recovery from the current crisis and expressed her hope for better preparedness and resilience in the future. Ms. Wallyn continued her intervention specifically on the concept of **resilience**, saying that if it is true that achieving a resilient health care system is fundamental, it is also true that this cannot be reached if citizens are not resilient themselves. The role of local and regional levels is crucial on this, since they are the closest link to the citizens. Success lies in creating **ownership**, that is having all the actors on board working together, and mechanisms to make these partnerships sustainable.

**Sally Lewis** stressed the necessity of looking at public health systems through the lens of **value**. That is fundamental to make a shift in health care delivery towards a more sustainable system. In order to do that, some enablers are needed, and Ms. Lewis mentioned some examples: in digital health, a critical question is how we deliver coherent patient-facing technology that supports integrated care. Hand-in-hand with that goes an effort to support health literacy, tackle digital exclusion, and more, an urgent need to work from a European perspective on healthcare information infrastructure.

**Andrea Pavlickova** highlighted the importance of creating ownership and involving communities. As stated by Ms. Wallyn, funds and investments are essential, but what is currently really missing is a **key mechanism** to build true **relationships**, creating concrete opportunities for engagement, cooperation, and so on at a European level between member states and all the different actors involved. This mechanism aimed at keeping people together could be a perfect vehicle to address the sustainability of health care delivery.

**Maria Luisa Moro** started her intervention by talking about **Europe's**

**Beating Cancer Plan**, which in her view can be seen as a great opportunity to solve some problems in the dialogue between European, nation, regional and local level, and thus the right instrument and practical ground around which design and build the European Health Union. It is a comprehensive plan that addresses various issues from a European perspective that are problematic within some individual countries, such as the right way of using and sharing data to improve the quality of healthcare. The point raised by Ms. Moro is thus the need to make all the levels work together.

What is currently missing, according to her, is a mechanism of **twinning** in order to transfer the best practices in other contexts with different resources and capacities.

Moreover, it is fundamental to give more voice at local and regional levels to address problems that may not be easily perceived at higher levels of government. In this regard, Ms. Moro mentioned examples for which the role of local entities is particularly important: the creation of mechanisms for building up in practice equity and mechanisms to really involve communities.

---

Want to know more?

[EUREGHA website](#)

[Twitter event highlights](#)

[EUREGHA Booklet on Cancer](#)