



EuroHealthNet Extraordinary Policy and Strategy Meeting Report

24 February 2021

10:00-12:40 CET

EuroHealthNet is supported by the European Commission, through the EU Programme for Employment and Social Innovation (EaSI 2014-2020)



1 Paradigms and Programmes through and beyond the crisis: Implications for health agencies and the role of EuroHealthNet

Welcome and review of objectives of the meeting

EuroHealthNet Senior Policy Advisor, Clive Needle, welcomed participants to the meeting. The Executive Board has been carefully following recent major policy developments and has held several meetings to prepare EuroHealthNet's strategic responses. The Board requested this extraordinary meeting in order to collect more feedback on priorities and proposed activities from the full membership. During the meeting, participants would specifically review and discuss three major updates: the proposed European Health Union, the Multi-Annual Financial Framework (MFF) 2021-2026 and the WHO European Programme of Work. More than 70 representatives from member, associate member and observer organisations participated in the event.



The European Health Union: What is planned? What does it mean for us?

Artur Furtado, Acting Head of Unit at the European Commission's Directorate General of Health and Food Safety (DG SANTE) presented on the European Health Union. While it is still under development, the European Health Union is a package of measures proposed by the European Commission's President, Ursula Von Der Leyen, in order to: 1) improve preparedness and response to health crises; 2) ensure available, affordable and innovative supplies; and 3) improve prevention treatment and aftercare (cancer). He noted that the primary focus of the Health Union's prevention area is cancer, but they are hopeful that the prevention aspect of cancer will help address prevention of a wide range of non-communicable diseases that have similar underlying risk factors. The plan's key initiatives will specifically address:

- Health threats. Proposed actions include: strengthening coordination, strengthening the mandates for the European Centre for Disease Prevention and Control (ECDC) and the European Medicines Agency (EMA), and launching a specific agency, Health Emergency preparedness and Response Authority (HERA), which would focus on biomedical preparedness.
- Pharmaceutical strategy. Proposed actions include: an improved regulatory framework to tackle issues such as anti-microbial resistance (AMR), proactive research that leaves no one behind, competitive and innovative industry (in line with Europe's focus on open strategic autonomy), and diversified supply chains taking into consideration environmental sustainability.
- Europe's Beating Cancer Plan. Officially launched on 3 February 2021, DG SANTE is now working on the finer details of moving the ambitious plan toward implementation. They are also working to place the governance of the Beating Cancer Plan and the Horizon Europe Cancer Mission together, under the Steering Group for Health Promotion and Disease Prevention (SGPP)).

Artur noted that they have not forgotten about NCDs, citing that NCDs represent 80% of the health burden in Europe. Telescoping into the future, he also hoped that there would be future opportunities to further discuss such matters as potential EU treaty changes and the potential of the EU 4 Health programme.

Reflection from Suzanne Costello, Chief Executive, Institute of Public Health of Ireland (IPH)

Suzanne Costello, the Chief Executive of the Institute of Public Health in Ireland (IPH) welcomed the opportunities that the European Health Union could provide, such as strengthening the mandate of the ECDC, to a small country like Ireland. While they had had some recent challenges in Ireland with the Northern Ireland protocol, there is still widespread support for closer engagement with the European Union.

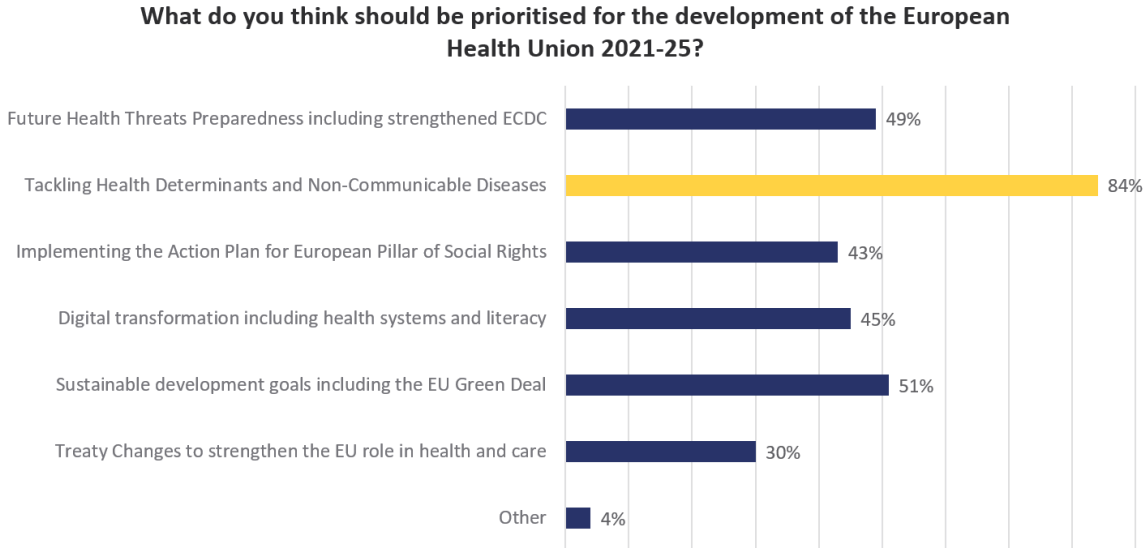
She noted that the pandemic context made it somewhat easier to find common purpose, such as health protection, among countries sharing similar challenges, but that we should not lose sight of NCDs and associated social and commercial determinants of health. With respect to NCDs, “more Europe” could potentially have negative implications. Given the powerful influence of trade and industry in the European Union, some proposed public health measures end up becoming “watered down” at European level. In addition, public health actors struggle to demonstrate impact in short-term political cycles. Individual countries are sometimes able to take stronger stances due to more supportive local political environments. She noted that we would need a strong DG SANTE to lead the Health Union and that the concept of the Economy of Wellbeing should underpin more activities. As we come out of the pandemic, we should all think more about what the day-to-day implementation of the Economy of Wellbeing will look like.

In regards to the Europe Beating Cancer Plan, IPH welcomed the initiative but with a word of caution. Suzanne noted the key importance of a strong framework to help level the playing field between public health efforts and commercial determinants of health.

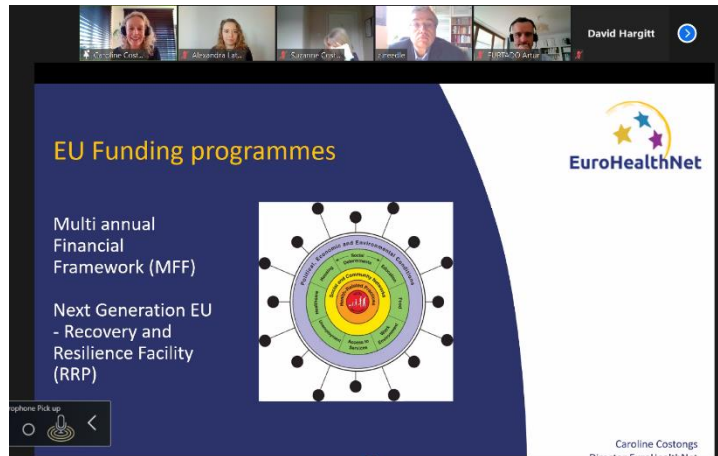
Discussion

Artur thanked Suzanne for raising key challenges which SANTE has faced for a long time. The Commission works hard to find a balance between competing priorities, and that public health measures aren’t always as robust as we, as public health professionals, might like them to be. The Farm2Fork and Europe’s Beating Cancer Plan are two initiatives that should help address this issue, along with the European Parliament’s requirement that 20% of the EU4Health Programme budget should be dedicated to prevention. More broadly, translating evidence into public health policymaking (e.g. social determinants of health vs. individual choice) remains a challenge.

Following the first discussion, a poll was launched, asking participants to respond (in multiple choice format) to the question “What do you think should be prioritised for the development of the European Health Union 2021-2025?”



European Union Funding Programmes: Final Negotiations and Opportunities in the MFF, EU4Health Programme and EU Recovery and Resilience Facility



Caroline Costongs, Director of EuroHealthNet, presented EU funding programmes, including the Multi-annual Financial Framework (2021-2027) and Next Generation EU. She noted that EuroHealthNet (and the partnership) had been quite successful capturing EU funds in the past, that that we could do so much more together – and that members could do so much more for their respective countries and regions. We know that public health

remains underfunded, so it's important for us to look at the current funding programmes with an open mind and see how they might be applied to health.

Caroline provided an overview of total funds available in each programme and their objectives.. The EU4Health Programme has received 5.1 billion euros for the 2021-2027 period, more than ten times the size of the 2014-2020 programme budget. The SGPP, will have an important advisory role in determining how some funds will be deployed. It is in the interest of EuroHealthNet members to maintain good contacts with these colleagues in-country.

She also described Next Generation EU funding, including Recovery and Resilience Funds (RRF), which will be governed by the European Semester process. EuroHealthNet will be analysing national plans for how these funds will be invested in strengthening health systems and health equity. All national plans are due by the end of April. Caroline asked members to inform EuroHealthNet if they would like to become involved in this process.

Beyond the EU4Health Programme, other funds which could be used for reducing health inequalities include the European Social Fund (ESF+), European Regional Development Fund (ERDF), and Cohesion Funds (CF). These funds are handled by managing authorities in each country. Caroline asked participants to contact EuroHealthNet if they wanted assistance working on any of these funds in their countries.

Final recommendations included preparing an “MFF plan for public health” for each institution and country. The budgets are there and the Commission wants to spend them. Caroline encouraged members to ask themselves if they were ready with investable and impactful projects and best practices which could be submitted for funding. She noted the WHO ‘best buys’ as an example, but suggested to think more broadly about ‘best buys’ for health equity. She also noted the many EuroHealthNet resources available to offer support, such as the updated [EuroHealthNet Health Inequalities Portal](#), the [eGuide for Financing Health Promoting Services](#), the [ESIF support desk](#) and the opportunity to organise specific capacity-building workshops or working groups.

Reflection from Prof. Dr. Martin Dietrich, Acting Director of the German Federal Center for Health Education (BZgA)

Prof Dr. Martin Dietrich, Acting Director of the German Federal Center for Health Education, offered reflections on the importance of cross-country collaboration and taking advantage of EU funding opportunities. He described BZgA's long working relationship with EuroHealthNet and a number of the EU-funded projects that they had successfully worked on together. He indicated that, while the projects changed, the priority of working with partners across Europe remained the same. He also noted that this collaboration went well beyond projects and included working groups and networks at EU level, many of which are also supported by EU funding.



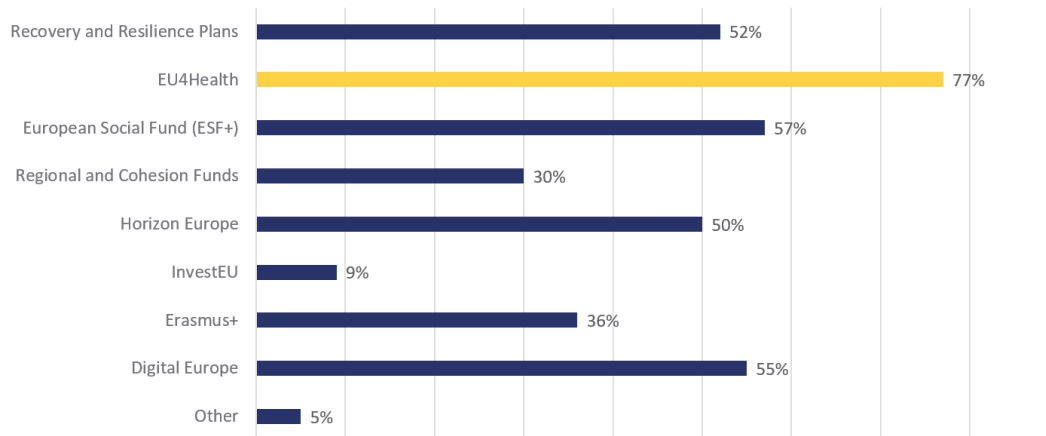
Discussion

Artur further encouraged members to consider European Commission support and funding programmes in a coordinated way, given that many of them can be applied to support health and health equity. He also encouraged them to engage with their representatives on the SGPP. He noted that this group has a '1-2-3' approach: 1) investigating and establishing the priorities in member states; 2) identifying best practices which could help to address these priority areas; and 3) validating best practices (via the European Best Practice Portal) and encouraging their roll-out to new Member States (with EU funding support).

During the discussion, several members also noted the importance of mental health, which was not clearly reflected in the priorities of the European Health Union. Artur noted that there would be an important event soon – likely between 10-12 May – where mental health issues would be discussed in more detail.

A second poll was launched at the end of this session, asking participants to answer the question "Which EU Programmes would you like to explore with EuroHealthNet for improving health and wellbeing in the period to 2027?"

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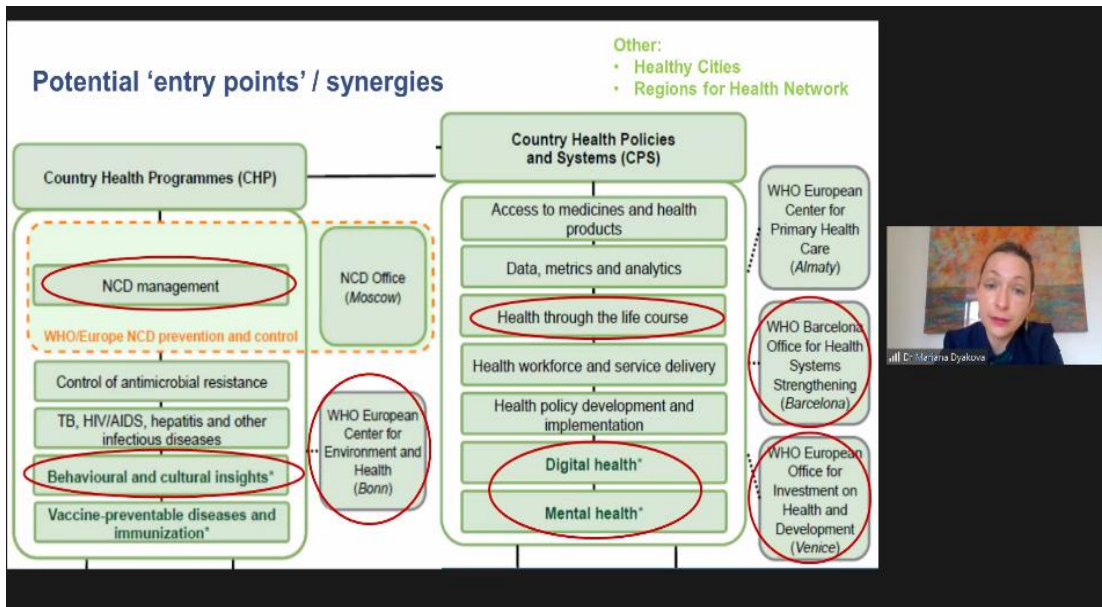
The WHO European Programme of Work: collaboration on flagship initiatives?

Dr. Mariana Dyakova, Deputy Director and International Health Lead, WHO Collaborating Centre on Investment for Health and Well-being, Public Health Wales, provided a valuable overview of the European Programme of Work and potential entry points or synergies with EuroHealthNet and its members.

She described the underpinning core priorities (the ‘triple billion’) as well as the four flagship initiatives identified in the Programme of Work:

1. Mental Health Coalition
2. Empowerment through digital
3. Immunization Agenda 2030
4. Healthier Behaviours

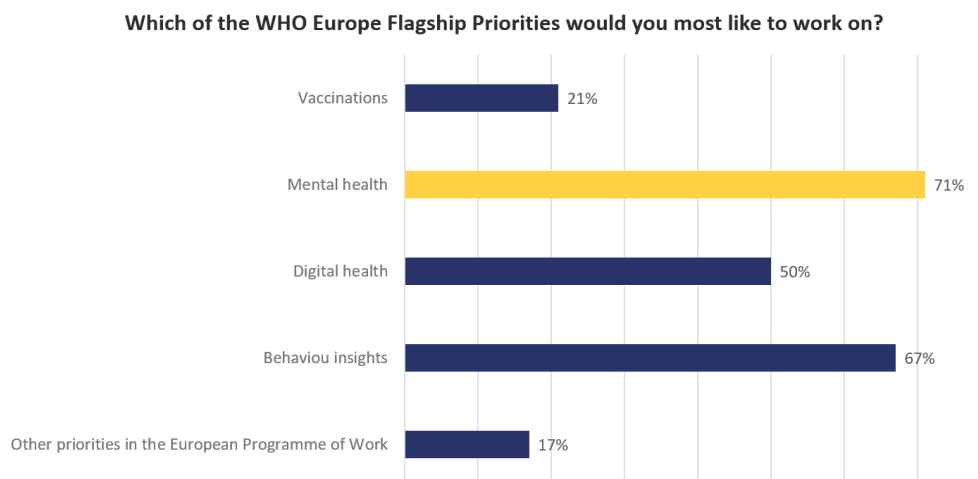
Using an organigram of WHO Europe, including its various offices, she outlined a number of areas where there are potential synergies with EuroHealthNet work. These included health equity, digital health, health through the life course, NCD management, behavioural insights, mental health and health system strengthening. Mariana encouraged members and the EuroHealthNet office to think about how we could simultaneously build links with work from WHO Europe and the European Commission simultaneously. Establishing further ad hoc Thematic Working Groups (TWIGs) may be a way to do this.



Discussion

Caroline further outlined discussions with WHO Europe on a potential Memorandum of Understanding (MoU) with EuroHealthNet. Interest in this MoU was expressed by the Regional Director, Hans Kluge, himself, and several positive meetings have been held with senior leadership since. It was also noted that Mariana and Dr. Plamen Dimitrov, EuroHealthNet Executive Board Member as well as member of the WHO Europe Executive Board, are both available to answer questions and provide insights on WHO work and its connections with EuroHealthNet.

A final poll was launched at the end of this session, asking participants to answer the question “Which of the WHO Europe Flagship Priorities would you most like to work on?” Results of the poll can be found below.



Break

During the break, several recent EuroHealthNet resources were showcased, including:

- [The EuroHealthNet video on “Health and Care Systems Built for the Future”](#)
- [The new Health Inequalities Portal, health-inequalities.eu](http://health-inequalities.eu)
- [Edition #16 of the EuroHealthNet Online Magazine](#)
- [The European Pillar of Social Rights: A Key Vehicle for Improving Health for All \(factsheet\)](#)
- [The COVID-19 pandemic and health inequalities: we are not all in it together \(factsheet from CHAIN, the Centre for Global Health Inequalities Research\)](#)

2 Ways forward in 2021 and beyond: crucial years for promoting health, wellbeing and sustainability, preventing diseases and tackling inequalities

Welcome back and the three main recommendations from the Public Health Foresight report

President Mojca Gabrijelčič welcomed participants back to the meeting after the break. Mojca outlined the process, outcomes and recommendations of the strategic Foresight exercise carried out in 2020 in association with RIVM Netherlands. The exercise defined several main challenges that are increasing social and health inequalities: (1) unemployment, (2) increasing pressure on health systems and (3) negative impacts on mental health. It also identified a critical opportunity, as public health is at the centre of political agenda right now, to learn lessons from the COVID-19 pandemic and strengthen public health, health promotion and disease prevention.

Mojca highlighted the following recommendations:

- Measuring in comparable way and gathering sufficient (disaggregated) data on health and social inequalities
- Conducting health impact assessments, and working in a multisectoral way (e.g., with education, housing, employment)
- Advocating governments to adopt a psychosocial perspective, rather than a strict biomedical perspective, on health and to move beyond traditional portfolios

All recommendations can be accessed in the [Foresight Report](#) published on the EuroHealthNet website. Outcomes will be used to finalise the EuroHealthNet Strategy to be adopted at the next General Council meeting June 9th.

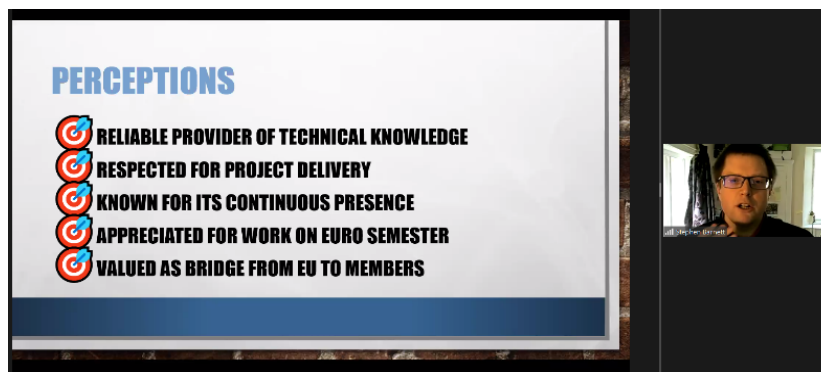
She then explained that the latest EuroHealthNet Evaluation Report has taken an innovative approach regarding policy impact evaluation, and introduced the Evaluator Stephen Barnett.

Findings from the External Evaluation on policy impacts of EuroHealthNet

Stephen presented the main conclusions from his 2020 External Evaluation which included interviews with external policy stakeholders representing European Institutions, Member State representatives, other Brussels-based public health NGOs and independent analysts. The main observations included:

- EuroHealthNet is well valued and regarded in the EU public health and equity context, primarily for its technical added value; “productive interactions” are noteworthy;
- However, the question of political influence is more complex, given the national responsibilities of members of the Partnership;
- This is an aspect which will have to be reconciled in strategic planning; sustained support and trust has been developed with EU Institutions and stakeholders which is valuable and should be retained;
- Changing needs around capacities, resources and funding, member dynamics and use of evidence will also be important to address in planning, development and work programmes;
- There is need for caution around realistic expectations, in particular becoming “spread too thinly” across wide fields of interest where difficult choices will need to be made.

Stephen asked the members to consider the ‘strategic balancing act’ that EuroHealthNet will need to continue to make in the next period. Some of the considerations for this balance include finding the right approach between technical versus political engagement with policymakers, a focus on a more narrow (e.g., hard EU health competencies) or broad (e.g., soft competencies) approaches to health, and whether EuroHealthNet envisions itself determining priorities or helping to shape the content of priorities set by policymakers. In all cases, considerations must be given to overall capacity, funding requirements, and member dynamics.



Next steps for the EuroHealthNet Strategic Development Plan 2021 – 27

Caroline explained the progress and schedule of the Strategic Development Plan 2021-27, which will be finalised by the Executive Board (EB) in spring and presented for adoption to the General Council in June. She explained that EuroHealthNet would need to apply for new core funding this year, as the office is in its final year of funding from the Employment and Social Innovation (EaSI) programme run by DG EMPL. This new framework agreement (along with other funding opportunities illustrated in the earlier presentations) offers the chance to develop new avenues for participation and new choices to be made about priorities, activities, and engagements with new programmes and policy developments at EU and international levels. She urged strong feedback in the breakout groups and follow up channels with the EB and Brussels Office, for example via commitments for action in possible Thematic Working Groups (TWIGs).

Breakout discussion groups

The meeting then divided into 3 breakout groups, whose detailed discussions have been captured by Rapporteurs from the Brussels Office to inform the EB discussions.

Group 1: What would a European Health Union mean for you?

This breakout group, moderated by Ingrid Stegeman and reported by Alexandra Latham, discussed the European Health Union. Participants were asked to reflect on their organisations' views about the union, and whether this union would benefit or hinder work at (sub)national levels. They were also asked to think about which, if any, public health measures should be prioritised at EU level. The key takeaway messages from this group included:

- *Now is the time to act. If we do not take advantage of the opportunities provided by the new programmes and funds, others will (and may subsequently shift the agenda further from our priorities);*
- *Integrated approaches on equity and health across sectors are developing but are difficult to reconcile with narrow programmes;*
- *Communities for learning and equity could usefully be developed (examples of cross-sectoral collaboration and local/regional partnerships were given in Slovenia, the Netherlands, and Belgium);*
- *Some concerns about the extent and operation of an EHU need to be addressed. Participants felt that practical aspects of implementing the EHU remained unclear, and that there was a risk of a bio-medical approach further overshadowing critical public health and health promotion approaches;*
- *DG SANTE relies on the SGPP for its country engagement; EuroHealthNet members should subsequently engage with their national SGPP members as much as possible.*

Group 2: How can new EU budgets best benefit our aims?

This group, moderated by Dorota Sienkiewicz and reported by Vania Putatti, discussed EU funding opportunities. Participants were asked which EU funds offered the best added value for EuroHealthNet members and should be prioritized for monitoring, engagement and proposal submission. They were also asked about potential investments or “best buys” for health promotion and disease prevention which could be funded by such programmes. Key takeaway messages included:

- *Opportunities are welcomed but are seen as complex to navigate and succeed; members felt that working with the “proven support” of EuroHealthNet would help them to better understand and act on new funds;*
- *The new environment is more competitive and details are coming out slowly; insights and intelligence from EuroHealthNet would also help members prepare applications;*
- *Members mentioned a number of specific funds which they either have direct experience with (e.g., Erasmus+, ERDF), or which interest them (e.g., Horizon Europe, EU4Health, DG REFORM’s technical assistance). They would benefit from one another’s experiences; EuroHealthNet could help agencies to collaborate and effectively exchange knowledge on programmes, possibly by shared platforms;*
- *The Calls and Opportunities Alert mailing, sent on a regular basis, is an exclusive tool for members that gathers funding and engagement intelligence and opportunities.*

Group 3: How can we best engage with the new WHO Programme of Work priorities?

This group, moderated by Alison Maassen and reported by Lina Papartyte, discussed the WHO European Programme of Work (EPW). Participants were asked which key elements of the WHO programme of work were most relevant to the EuroHealthNet Partnership and which types of concrete activities we may wish to consider for our MoU. Key takeaway messages included:

- *While “Leaving no one behind” is a core priority underpinning the EPW, social equity is not sufficiently clarified and spotlighted in the EPW. EuroHealthNet can help ensure equity remains a cross-cutting priority across all Flagship initiatives;*
- *There are many similar priorities for WHO Europe, the EU and (sub)national actors. EuroHealthNet can help its members to track common themes across WHO Europe and EU priorities in order to help align (sub)national responses and reduce duplication of effort;*
- *Better inputs are needed from (sub)national perspectives, particularly local and regional levels, where the delivery of activities occurs;*
- *Improved consultation and communication on the implementation of the Programme of Work is needed; EuroHealthNet can help be an effective liaison between the Partnership and WHO Europe senior leadership.*
- *Assessing what we do and where we want to go: participants suggested that it is important to track how these initiatives impact on health equity (for instance, through health equity impact assessments), as well as to monitor the long-term impacts of COVID-19 on public health resources (e.g., shift towards health preparedness rather than health promotion).*

Concluding session

Mojca thanked participants for the detailed comments in groups, which will be used in EB and GC discussions ahead. Comments and follow up suggestions for the Strategic Development Plan were welcomed.

Throughout the meeting, and in the concluding session in particular, participants commented via the Chat facility on what they hoped would be taken forward by the EB. Mental health and wellbeing was prominent among the issues raised by participants urging international action and EuroHealthNet involvement. Other comments included strong support for addressing social, cultural, behavioural and environmental determinants of health and inequalities through integrating health for all policies via a possible TWIG. Digital literacy and e-learning was also raised, and there was interest in further funding opportunities, WHO and EU programmes.



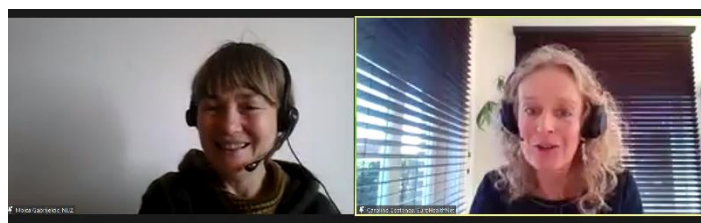
Contributors included Carlos Dias and Teresa Almeida (INSA, Portugal); Karin Schindler (MoH, Austria); Marjonneke de Vetten (GGZ Netherlands); Robert van Bokhoven (PHAROS, Netherlands); Frank Lehman (BZgA, Germany); Giuseppe Costa and Claudio Tortone (Piemonte Region, Italy); Pol Gerits (Federal Ministry, Belgium); Par Vikstrom (Public Health agency, Sweden); Ana

Gil Luciano (Ministry of Health, Spain); Kadri Tammur (Directorate of Health, Norway).

Artur Furtado (EC, DG SANTE) remained in the meeting throughout and responded constructively to several comments, notably on initiatives anticipated by DG SANTE on mental health.

Caroline explained that an Outcome Statement will be published, to help raise awareness of wider stakeholders and the EU and WHO institutions that the meeting had been held with useful outcomes. A follow up evaluation survey will be sent to all participants for further feedback.

Finally, Caroline and Mojca thanked speakers and all participants and closed the meeting at 12.35 CET.



Public health agencies plan actions together for wellbeing and equity



Many of Europe's leading public health agencies met online to discuss latest developments and potential actions in health policy last Wednesday. The meeting focussed on the first proposals for a European Health Union, the EU's new budget and programmes, and priorities for public health across the WHO European Region. Participants considered how to improve wellbeing and equity as part of recovery from the COVID-19 pandemic.

The meeting, convened by EuroHealthNet, brought together more than sixty experts. They concluded:

- There is an urgent need to **mainstream health equity and wellbeing in all policies, programmes, and practices- including pandemic-recovery measures**. A better balance can and should be found between psycho-social and bio-medical approaches, integrating mental and physical wellbeing while tackling the true causes and determinants of diseases to improve prevention.
- New **mechanisms for collaboration need to be built into future EU and WHO actions and reforms**. The impact of factors beyond health care systems on health outcomes has been reinforced during the COVID-19 crisis. It demands inter-sectoral collaboration at all levels. New initiatives are already emerging in Member States.
- **Better links are needed between European, national, and local needs and experiences**. National governments, civil society, and cities and regions all have a role to play in the green, digital, social, and economic transitions. They must be more involved and consulted, including on the health aspects of those transitions.

Mainstreaming health equity

The COVID-19 pandemic has brought existing inequalities in health and societies into sharp focus; this is set against wider concerns about climate and technological changes and their unequal effects. As a result, equity and inequality have moved to the heart of public policy and strategic thinking. This can be better recognised in EU initiatives on health and other issues, as well as in the WHO Europe activities

Europe's public health bodies are ready to help tackle these inequalities but need stronger support and capacity to do so effectively. They currently work with small budgets for health promotion and disease prevention.

Collaboration between health and other sectors

It was noted that the COVID-19 pandemic has shown that existing mechanisms are ineffective in addressing 'acute crises' and must be re-examined, also as part of tackling 'chronic crises' such as health inequalities and non-communicable diseases.

In stressing the need for health to be integrated with other sectors, participants gave examples of cross-sectoral working in Member States. They also set out the structural barriers to- and learning required for- this way of working. European institutions can encourage this process through better integration and harmonisation in their support programmes.

Participants welcomed the EuroHealthNet analysis of the new EU budgets and programmes and agreed that funds can be utilised better for new cross-sectoral approaches to health equity and wellbeing.

Better connections between European, national, and local expertise

Participants noted that local, national, and European priorities can be better aligned. This will require improved consultation and communication with national and sub-national actors. As localisation and local decision making becomes stronger, there is a need to integrate health equity perspectives directly into these new processes.

Europe's public health agencies should be involved in the development of a European Health Union and a reformed European Semester addressing economic, social and environmental governance, as well as recovery measures under NextGenerationEU.

Learn more:

- European portal on Health Inequalities www.health-inequalities.eu
- Report: [Recovering from the COVID-19 pandemic and ensuring health equity – The role of the European Semester](#)
- Video: [Health and Care Systems Built for the Future](#)
- Report: [Public Health Foresight in Light of COVID-19](#)

Our mission is to help build healthier communities and tackle health inequalities within and between European States.

EuroHealthNet is a not-for-profit partnership of organisations, agencies and statutory bodies working on public health, promoting health, preventing disease, and reducing inequalities.

EuroHealthNet supports members' work through policy and project development, knowledge and expertise exchange, research, networking, and communications.

EuroHealthNet's work is spread across three collaborating platforms that focus on practice, policy, and research. Core and cross-cutting activities unite and amplify the partnership's activities.

The partnership is made up of members, associate members, and observers. It is governed by a General Council and Executive Board.



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