



# The future of public health in Europe

Full Report



# TABLE OF CONTENTS

<b>1</b>	<b>2023 FORESIGHT STUDY - HIGH LEVEL ABSTRACT .....</b>	<b>3</b>
<b>2</b>	<b>BACKGROUND .....</b>	<b>4</b>
<b>3</b>	<b>METHODOLOGY.....</b>	<b>5</b>
<b>4</b>	<b>ANALYSIS .....</b>	<b>7</b>
	Oslo workshop .....	7
	Delphi Study – Round 1 .....	8
	Delphi Study – Round 2 .....	25
	Foresight Expert Panel – Online Workshop.....	40
<b>5</b>	<b>SUMMARY OF MAIN OUTCOMES.....</b>	<b>43</b>
	Main outcomes – Delphi Study Round 1.....	43
	Main outcomes – Delphi Study Round 2.....	47
	Main outcomes – Foresight Expert Panel backcasting exercise .....	49
<b>6</b>	<b>CONCLUSIONS AND CALLS TO ACTION.....</b>	<b>50</b>
<b>7</b>	<b>APPENDIX.....</b>	<b>53</b>

December 2023

# EuroHealthNet's 2023 Foresight Study

## - High level abstract

EuroHealthNet – in collaboration with the [Copenhagen Institute for Futures Studies](#) – has conducted a Foresight study with the participation of its members, Executive Board, staff and other selected stakeholders to collect insights and identify risks and opportunities in the future public health landscape.

**The focus of this Foresight study was to investigate the role of public health by 2035 for achieving health equity through health promotion and prevention, in the context of the digital and green transition.**

The multi-round study ran from June to November 2023. The study consisted of a workshop, a kick off meeting, two rounds using the Delphi method and a final backcasting expert panel. The Foresight study involved 35 experts across Europe and covered six themes.

- Public health policy and governance
- Public health financing and spending
- Sustainability and green transition
- Health promotion and prevention
- Equity and society
- Digitalisation in public health

EuroHealthNet's Foresight study has confirmed some known trends on the future health landscape in Europe and revealed others, delving deep into the dynamics that may shape public health. The study led to important calls for action in the six identified areas, which are supported by three overarching recommendations. These must be taken forward urgently if we are to achieve better and more equitable health outcomes for all by 2035, while navigating, responding and mitigating the multiple challenges identified that we are facing today and in the future.

**1. Generating political will** for health and wellbeing for all through a robust evidence base, new narratives and participatory governance, as well as supporting community-based approaches, thereby shifting societal values, reducing demand on health and social care services

**2. Advocating for Wellbeing Economies** that will facilitate new economic and financial models for health promotion and prevention within and beyond health systems, align incentives and multi-stakeholder cooperation, including private sector, while tackling the commercial determinants of health

**3. Leveraging on the digital, AI and other technological, biomedical as well as social innovations, while applying equity impact assessments and exploring new health promotion and prevention approaches** complementing population public health and policies on the social and environmental determinants of health.

The EuroHealthNet Partnership will take forward these three overarching recommendations as well as the more [detailed calls to action for public health in Europe](#) in the six areas identified through this Foresight process, feeding into EU policy making processes as well as the review of the UN Agenda 2030 and work of WHO.

# Background

The European health landscape is undergoing significant changes. The digital transition as well as the demographic and climate change, influence social and health inequalities and are bound to shape the future of public health in the region.

While the increased longevity presents potential opportunities, the rise in ageing populations and the rise of non-communicable diseases (NCDs) threaten the sustainability of health systems. Emerging technologies both within the context of the society-wide digital transformation as well as biomedical advances may offer new opportunities to ensure healthy populations but also pose substantial challenges including the risk of a digital divide. In addition, the reality of climate change and its indisputable impact on human health demands a holistic, whole-of-society approach, involving health and non-health stakeholders working together towards pursuing planetary health and ensuring that environmental impacts do not exacerbate social and health inequalities.

As hinted above, each of these significant changes create both opportunities – such as reducing health inequalities, curbing avoidable disease, strengthening health literacy, and promoting wellbeing – and challenges – such as needing to develop data governance and regulatory frameworks to ensure its effective, fair, and equitable use.

Health promotion and disease prevention will be at the core of this transformation, focusing on maintaining health and wellbeing rather than on treating disease. Moreover, new policy frameworks that approach health holistically within a wider societal context are expected to change the way that health policy – and public policy as a whole – is practiced.

Such developments require relevant stakeholders to foresee and plan in the long-term, establishing a basis for action that can enable the fostering of healthier societies. To this end, EuroHealthNet – in collaboration with the Copenhagen Institute for Futures Studies – has conducted a Foresight study with the participation of members, Executive Board, staff and other selected stakeholders to collect insights and identify risks and opportunities in a jointly determined area of the future health landscape.

**The focus of this Foresight study was to investigate the role of public health by 2035 for achieving health equity through health promotion and prevention, in the context of the digital and green transition.**

The multi-round study, using the Delphi method, ran from June to November 2023. The study explored the following:

1. Identification of the greatest challenges and opportunities within the study's area of inquiry
2. Prioritised actions for addressing challenges and opportunities
3. Insights for identifying health priorities towards 2035
4. Identification of key trends and developments in the future health landscape related to the study's area of inquiry
5. Alignment on the role of the EU and other key European institutions in the future health landscape

# Methodology

The study took the form of a Foresight exercise that included a scoping workshop, a two-round Delphi study and a final Foresight expert panel held online. The focus was on how to work towards achieving health equity by 2035, through health promotion and prevention, in the context of the digital and green transition.

## Oslo workshop

At EuroHealthNet's General Council meeting in Oslo on 6-7 June 2023 a workshop with public health experts from EuroHealthNet's partnership was held with the objective of identifying the key themes to explore in the Delphi study. The identified key themes were

- Public health policy and governance
- Public health financing and spending
- Sustainability and green transition
- Health promotion and prevention
- Equity and society
- Digitalisation in public health

## Delphi Study – Round 1

Round 1 of the Delphi study consisted of introductory open questions, as well as Likert-style questions where participants were asked to identify the likelihood of a given statement being true by 2035. The respondents were also asked to justify their choices, thus providing more information to consider when defining the questions for Round 2 of the Delphi study. Respondents were asked to respond in their individual capacity as an expert, and not as a representative for or on behalf of any organisations which with they are affiliated.

Respondents had between the 27th of July and the 18th of August 2023 to answer the survey. All responses were anonymised and experts that had responded had the opportunity to read other participants' responses. Respondents were allowed to change their own responses at any time while the survey round was open if their perspectives changed.

## Delphi Study – Round 2

The second survey round - between 5th and 19th of September 2023 focused on the six questions with low consensus from Round 1. The questions for the second round were designed based on the insights from the qualitative data (justifying the responses). The objective was to identify "consensus within division" that may serve as a basis for agreement / collaboration. As with Round 1, participants were asked to elaborate on their choices with text, thus providing more information to consider. As with Round 1, participants could also read each other's anonymised responses and edit their own after their original submission.

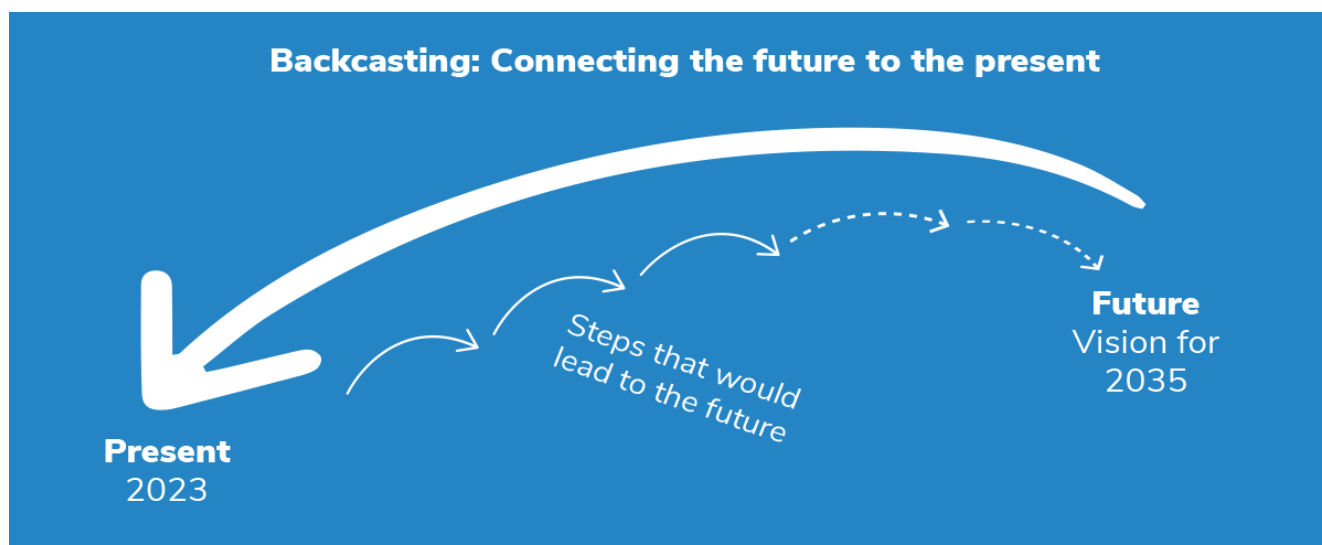
## Foresight Expert Panel - Online Workshop

Following the conclusions of the Delphi study, EuroHealthNet and CIFS conducted a three-hour-long online workshop on 20th of October 2023 with the Foresight experts and some invited external stakeholders to review the study findings, address reactions, conduct a backcasting exercise and discuss potential next steps for acting on the conclusions of the study.

During the backcasting exercise, participants were divided into four groups, each focusing on one of the following theme areas aligned with the Delphi study:

1. Public health policy, governance, and financing
2. Sustainability and green transition
3. Equity, health promotion and prevention
4. Digitalisation in public health

Each group was tasked to consider a vision to achieve by 2035 for the particular theme area and identify the intermediary steps between the present and 2035 that are necessary to reach it (see below). To ensure continuity, the drafting of the visions for 2035 was strongly influenced by the results of the Delphi study. Participants' individual contributions were colour-coded based on whether they were concrete actions or regional, European dynamics. A facilitator in each group moderated the discussion concomitantly.



# Analysis

## Oslo workshop

In the workshop held with experts from the EuroHealthNet Partnership at the General Council meeting in Oslo, several key themes and areas of consensus emerged among the participant groups. The first notable point was the substantial convergence in viewpoints across these groups.

One major area of alignment regarding the future revolved around **health promotion and disease prevention**. The workshop participants emphasized the importance of financial sustainability within the healthcare sector and expressed concerns about climate change's impact on public health. Furthermore, there was a growing recognition of the need to address social determinants of health more comprehensively.

Another prominent topic that garnered unanimous attention was **digitalisation** and the pivotal role of data in public health. Participants recognized the necessity for enhanced health and digital literacy, particularly concerning ageing populations. Additionally, there was a shared concern regarding workforce capabilities in the context of evolving healthcare practices such as the ability to use new technologies.

The discussions also delved into the **European Union (EU) health policy** landscape. Key areas of focus included health policy harmonization, the potential expansion of EU competencies in health matters, and the regulation of new entrants in the health space, such as big tech and big data companies in addition to other companies that impact health. These discussions emphasized the significance of equity, quality outcomes, and the “Economy of Wellbeing” as fundamental priorities across all the aforementioned topics.

Participants expressed aspirations to build **sustainable public health capacities** that emphasize cross-sectoral collaboration and governance models rooted in the principles of "Health in All Policies" and "Health for All Policies." While recognizing the potential of data and digitalization, they stressed the importance of not compromising public health by yielding to corporate interests, particularly from tech companies. To a lesser extent, there was also a shared commitment to addressing **climate justice** and **safeguarding liberal democratic institutions** as part of the broader public health agenda.

As a result of these discussions, the following thematic areas were identified for the Delphi study:

1. Public health policy and governance
2. Public health financing and spending
3. Sustainability and green transition
4. Prevention and health promotion
5. Equity and society
6. Digitalisation in public health

## Delphi Study – Round 1

A total of **31 of 36 confirmed experts** participated in Round 1 of the Delphi study which represents a 84% response rate. (see Appendix for survey respondents and Round 1 questions) Overall, there was a high level of consensus with as many as 20 out of 26 questions (77%) reaching the 60% threshold. In 90% of questions where consensus was reached, the “agree/likely” side prevailed.

At least one question per section displayed low consensus, (with the exception of “Equity and society”), leaving a diverse set of areas to explore in Round 2. The section with the highest average level of consensus was “Equity and Society” (89%). The section with the lowest average level of consensus was “Public health financing and spending” (53%).

The results suggest that consensus is easier to reach where there is a clear set of common values (such as universality of care and collaboration), as opposed to questions relying on technical decisions (e.g. financing models, health system organisation).

### Main public health challenges in Europe in 2035

Respondents identified several key public health challenges in Europe for the year 2035. These challenges encompassed various aspects:

- **Living conditions and technological impact:** Many noted concerns about the negative consequences of increasing digitisation, such as reduced interpersonal interactions, sedentary lifestyles, and unhealthy living conditions.
- **Demographic shifts:** The aging population, especially those living alone without social support, and the rise in chronic diseases and mental disorders were highlighted as major challenges.
- **Environmental and societal factors:** Climate change, pollution, and inequalities, both social and geographical, were raised as significant concerns.

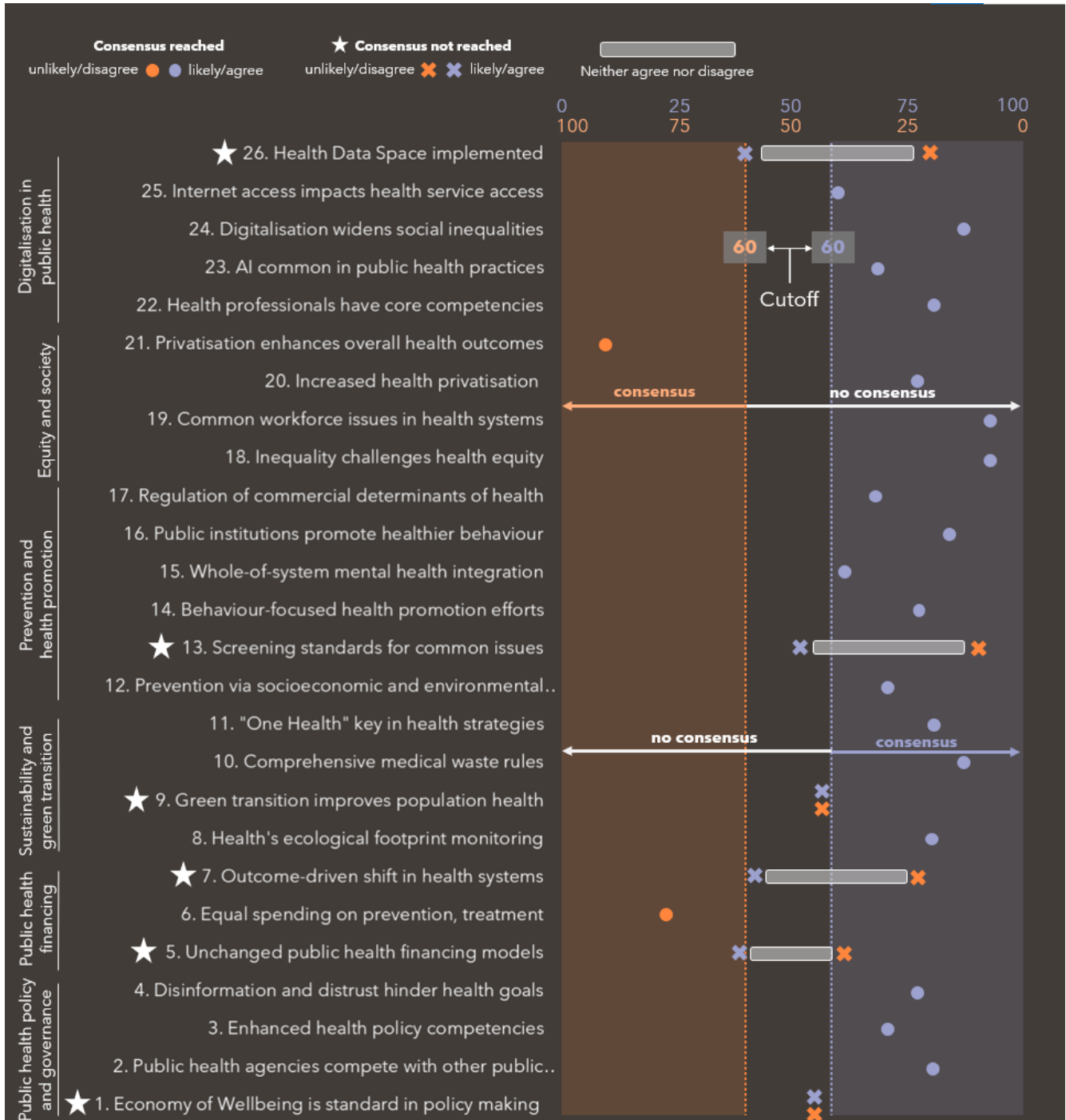
### Most important values for public health in Europe in 2035

- **Equity and inclusivity:** equity, fairness, social justice, equal treatment, inclusion
- **Transparency and trustworthiness:** transparency, trustworthiness, integrity
- **Health promotion and prevention:** health promotion, prevention, focus on future generations
- **Effectiveness and evidence-based approach:** effectiveness, evidence-based decision making, knowledge-based credibility, technical value
- **Community engagement and collaboration:** community engagement, collaboration, solidarity, reciprocity
- **Sustainability and responsibility:** sustainability, responsibility, planetary wellbeing



## Analysis of Delphi Study - Round 1

Likert questions successfully measured the level of consensus within the respondents regarding the likelihood of 26 statements. With a consensus cutoff of 60% consensus was reached for 20 statements, while 6 statements did not reach consensus (see Figure).



**Figure** - Level of consensus per question. Each colour represents one side. The position of the markers indicates the percentage of responses. If the "winning" side reaches 60% (the coloured areas), it is indicated by a circle. Otherwise, both sides are represented by a cross. The bars indicate the percentage of responses choosing "neither agree nor disagree".

The statements where consensus was not reached were:

- **(1)** By 2035, the Economy of Wellbeing approach will have become a standard in the policy-making processes of all European countries.
- **(5)** By 2035, public health financing models in Europe will remain the same or very similar to how they are in 2023.
- **(7)** In 2035, key stakeholders will have managed to shift incentive structures in European health systems from being primarily economically driven to primarily outcome driven.
- **(9)** By 2035, the green transition has led to significant and measurable improvements in population health, planetary health, and health system functionality.
- **(13)** Population-wide early screening for NCDs and mental health will be a standard feature of health systems in European countries by 2035.
- **(26)** By 2035, the European Health Data Space is fully implemented and has increased access to protected primary and secondary health data, resulting in more agile, precise, and data-driven approaches to public health in Europe.

While some low consensus questions have a clear winning side there were also questions (7, 13 and 26) where more than 1 out of 3 respondents answered “neither agree nor disagree”. Due to the high level of ambiguity, these have also been included in Round 2.

Respondents had the opportunity to justify their choices. In doing so, participants assessed – in the various theme areas – how to achieve health equity, through health promotion and prevention in the context of trends such as the digital and green transition.

Below we present a summary of the themes discussed in the participants’ responses as well as some direct quotes that highlight them.

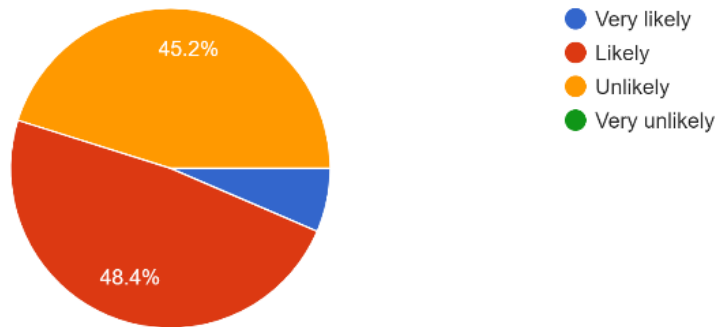
## **Public Health Policy and Governance**

**Respondents acknowledged the persistence of health inequalities in Europe, with factors like income, education, and access to healthcare influencing disparities. They emphasized the continued need for targeted policy changes and interventions to address social determinants of health and reduce health inequalities. Collaborative efforts among policymakers, healthcare and public health professionals, and communities were deemed essential to achieve meaningful change for 2035.**

“The wellbeing agenda has caused a stir within the health policy community. It is argued that, since good health is a key component of wellbeing, a shift in policy attention from traditional economic metrics towards societal wellbeing should translate into increased resources for health systems. For now it is not clear whether a wellbeing approach will - or should - lead to a dramatic (and very much needed) shifts in public spending priorities.”

1. By 2035, the Economy of Wellbeing approach will have become a standard in the policy making processes of all European countries.

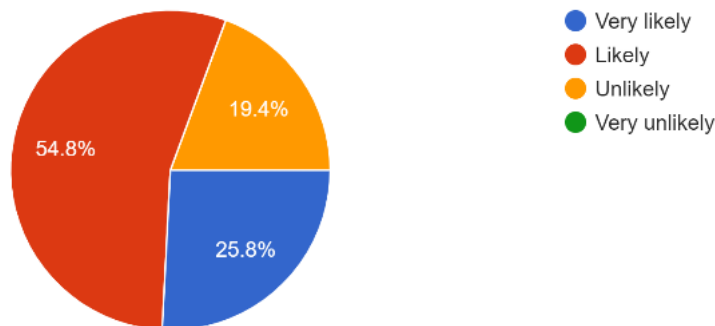
31 responses



“I think that after Covid 19 pandemic, the climate change situation and the digitalization process (and other important social and economic changes in the last years) are challenges and opportunities more and more emerging on Europe's horizon. The Economy of Wellbeing does not require new competences nor necessarily new structures for European countries but rather an improved use of existing ones.”

2. Public health agencies will have to engage in more aggressive competition against other public agencies for attention and resources from political decision makers in 2035.

31 responses

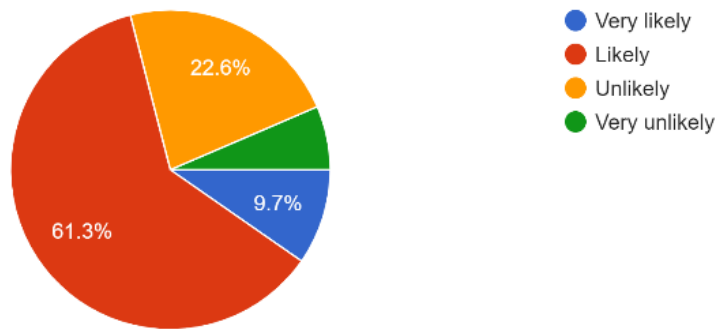


“I consider that by 2035 certain communicable diseases as vector-borne will have a higher impact than now, and public health will have to respond to that, so it will be on the political agenda for these reasons. We will still be struggling to push up on the agenda all related to NCDs that require a whole-of-government approach.”

“Resources will be scarce both as a result of environmental degradation, but not least because of a smaller proportion of the population being in a productive age. Health might be seen as an individual responsibility. Public health agencies must therefore make a shift and "infiltrate" political domains, and other public agencies that influence public health. That is, even more thinking like "Health in all policies" than today.”

3. The European Union will have gained more comprehensive competencies over the health policy domain by 2035.

31 responses

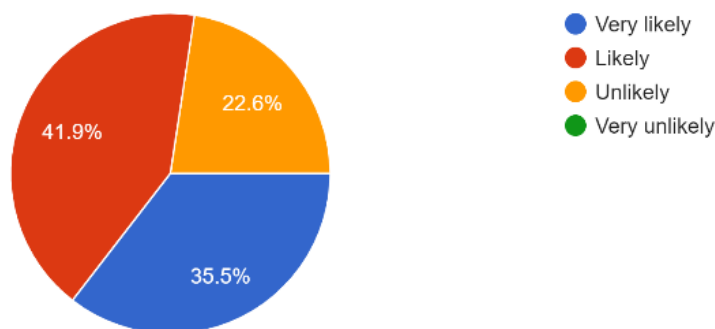


“After covid 19 and as a way of substantiating the "social pillar", some competencies within health policy might be transferred to the EU level. Could also be in response to the fact that [member states] will be struggling with many acute issues and that there is a pressure to support especially smaller EU EU [member states]. Also connected to policies on health data, the common market's functioning and health and life science innovation in Europe.”

“The aging population, cost of healthcare, lower tax income all require new competences for health policy and are such strong forces that they are likely to give enough impetus for new EU competences.”

4. Political polarisation, lack of public trust in public institutions and among society, and pervasive spread of disinformation will have made achieving ...ealth goals in Europe much more difficult by 2035.

31 responses



“Covid 19 pandemic and the increasing use of the Web and digital channels to seek health information have produced an exaggerated spread of misinformation and disinformation. People lack sufficient literacy skills to distinguish what is reliable and what is not. Therefore, there is a need to invest in large-scale interventions and programs to develop health literacy skills and digital literacy skills among European citizens”

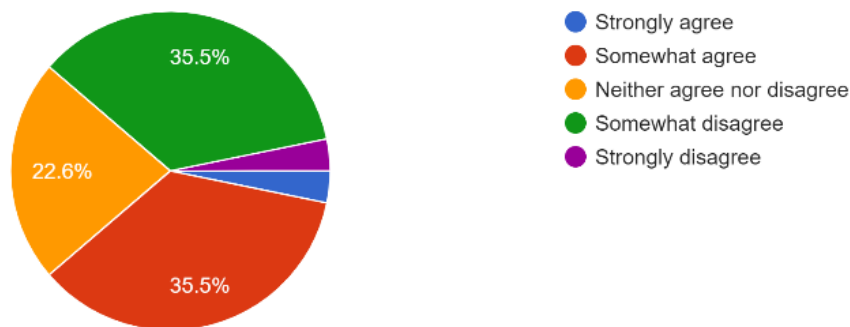
“Public health is stuffed with emotional buttons that politicians, their advisors, media conglomerates and conspiracy theorists and voices use to shape voter behaviour. This is compounded by how AI (e.g. ChatGPT) can be used to generate and spread disinformation. Information overload, lack of critical thinking, self-preservation thinking among politicians and other power elites - all are obstacles to working for the common good.”

## Public Health Financing

Respondents highlighted concerns about the sustainability of public health financing towards 2035, particularly due to budget constraints and competing priorities. The need for strategic allocation of resources and innovative funding to support public health initiatives was emphasized. The potential for private sector involvement in public health financing was seen as a potential opportunity but also raised ethical considerations. Advocating for alternative economic models (e.g. Wellbeing Economies) was seen as an important matter that could influence the way that public health financing would be perceived, planned, and distributed.

5. By 2035, public health financing models in Europe will remain the same or very similar to how they are in 2023.

31 responses

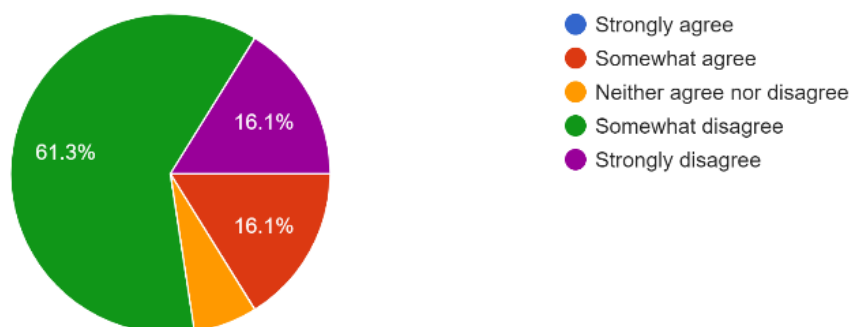


“I think it will be a very diverse landscape of funding structures and models. There will be experimentation in integrated public health budgets that transcends traditional governmental silos, public-private partnerships and outcomes-based models. In the most advanced settings year-on-year budgets for public health will be replaced by long term planning and evaluation. However, traditional budgeting will also prevail in some policies.”

“I think that financing models for public health will adapt between now and 2035 as 'life course approaches' to health are increasingly adopted. As policy makers come to understand preventing illness is more cost-effective than treating it, they will adapt their approaches. Public health actors will be central to making this change happen (and will face intensive lobbying from 'beneficiaries' of the status quo).”

6. In 2035, European governments will spend as much on health promotion and prevention as on treatment.

31 responses



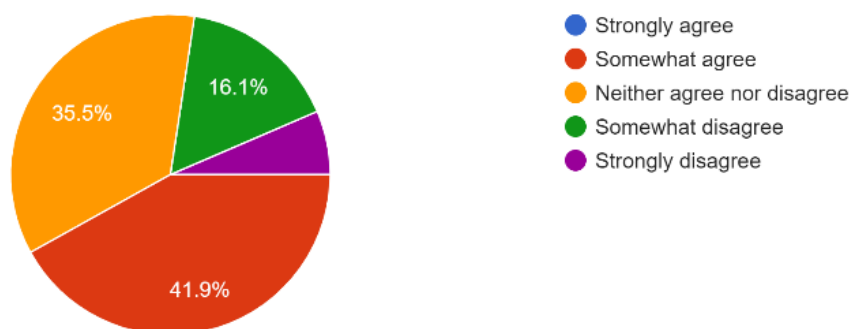
“I do not think that the current barriers for increasing dedication to health promotion and prevention will have disappeared, since I consider that they are linked, among others, to the difficulties in achieving short-term results and a lack of long-term view in the political arena.”

“Treatment costs will rise as a consequence of population ageing, the increasing health inequalities that we are currently experiencing due to cost-of-living increases etc and other factors, so consequently there will be less money available for promotion/prevention activities except in the most forward-thinking countries.”

“While treatment is likely always going to cost far more than prevention, I do think that the overall percentage of government spending on HPDP will increase. One of the reasons I think it will increase is because there will be increased 'cross-sectoral' spending on related social services, so it might be hard to calculate a specific percentage increase unique to HPDP.”

### 7. In 2035, key stakeholders will have managed to shift incentive structures in European health systems from being primarily economically driven to primarily outcome driven.

31 responses



“Unless we can shift away from neoliberalism/capitalism, I don't think this will happen. there would need to be scary systemic shocks needed (a la WW2) in order for our society to see the need to shift away from our current business as usual.”

“During recent years, an important movement has been developing in Europe and globally to replace the old logic with a new one, centred around the outcomes that ultimately matter for people and patients. Value based healthcare, outcomes-based healthcare and people-centred health systems are the future , but we still see a lack of common understanding between health system actors on which principles should underpin the transformation to a value-based system.”

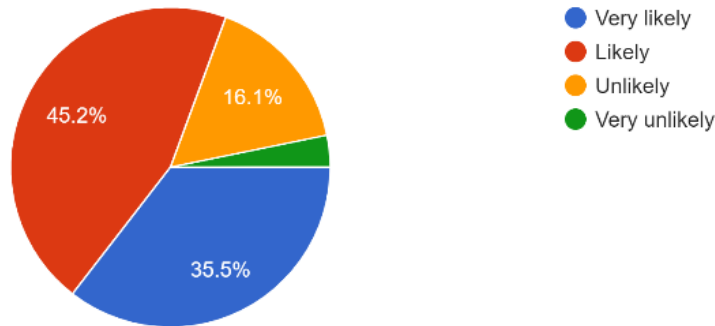
## Sustainability and Green Transition

Environmental health challenges such as climate change, environmental degradation and biodiversity loss were identified as significant concerns for public health. Respondents emphasized the need to integrate sustainability into public health policies and practices, as well as research agendas recognizing the interdependence between the environment and wellbeing for today’s and future generations. Collaboration across sectors, including urban planning, transportation, energy, and food systems, was recommended to promote healthier living environments and mitigate and adapt to environmental risks. Strategies included increasing access to green spaces, enhancing

public transportation, and promoting sustainable behaviours to create a more resilient and ecologically balanced society.

8. By 2035, there will be EU legislation for monitoring and evaluating the ecological footprint of health system activities.

31 responses



“In line with the EU's active role in environmental and climate related issues, it is likely that this perspective will be reflected in most policy areas.”

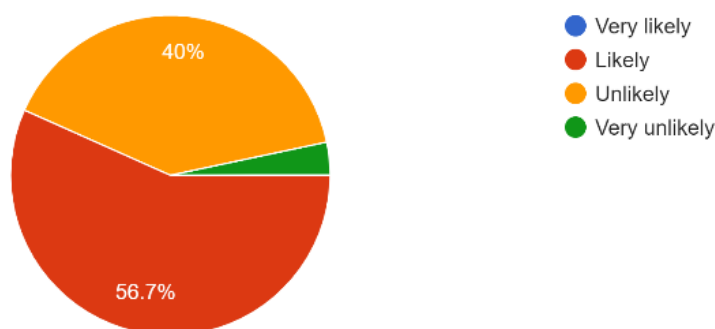
“These processes are already being put into place. I think monitoring will very likely be in place; evaluation I would put at unlikely-likely; acting on the information I would say will be unlikely simply because it won't be as much of a priority, unless there are financial incentives/disincentives associated with ecological footprints.”

“I think monitoring is very popular as it looks like action - the value and quality of the monitoring and evaluation is crucial - it could offer a lot if done well - if done well it will just be more paperwork and red tape which produces poor data.”

“I hesitate, since I think there will be more EU legislation overall, to monitor and evaluate ecological footprints, but given that health systems are a national competency, it is probably not a "battle" the EU institutions will pick, over the next decade.”

9. By 2035, the green transition has led to significant and measurable improvements in population health, planetary health, and health system functionality.

30 responses



“The EU Green Deal has enormous potential, specifically if combined with a EU Health Deal”

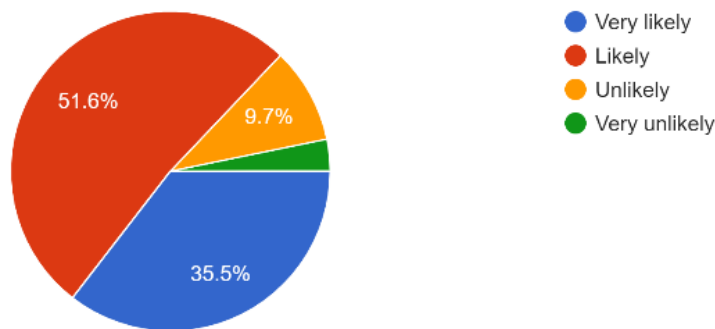
“We would fully wish for that but political will to make substantial changes is too weak. Again, to many interests already involved and in conflicts, it is complicated and would need some time to recover. Otherwise, very beautiful concept.”

“I think the systems in EU countries are too different to achieve this goal.”

“Although I am optimistic that the shift to a more sustainable society will have had a good progress in 2035, I think the benefits are mainly a few decades ahead. Maybe some life style changes connected to the transition as well as increased optimism in the population will have some benefits that are visible in 2035.”

10. By 2035, there will be comprehensive EU legislation and guidelines for management of medical waste.

31 responses

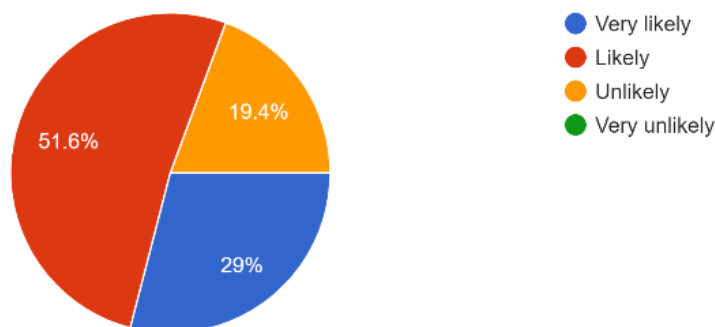


“Although circular economy and waste diversion/disposal are important political issues, I see “comprehensive” EU legislation as rather unrealistic. I think we will have good legislation, but not comprehensive.”

“I consider that this particular matter in green transition will be more developed than others, since its implementation will not require an important change in the lifestyle and culture of our societies (in opposition to other actions as the ones related to transport, urban planning, agricultural and farm models, consumers’ behaviours, etc.).”

11. By 2035, a core function of public health will be applying the “One Health” approach (e.g., improving environmental sustainability and resilienc...tions, and advocating for holistic health policies).

31 responses





“Planetary health and one health are already topics discussed in public health, which is a good sign. I think proposals in public health will increasingly incorporate these aspects. How effective they will be in getting these provisions adopted, without being watered down, is another question.”

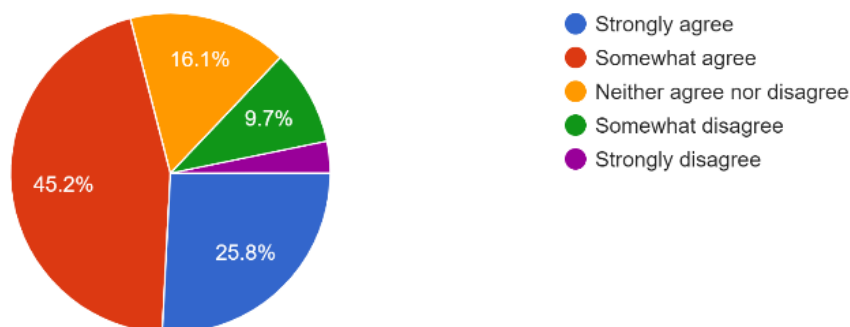
“One Health will have raised in importance by 2035, although I think that it will mainly be focused on certain areas where it is more feasible its implementation, as waste management, chemicals, links with animal health, vector-borne diseases. We will be struggling more in policies with a social component.”

## Health Promotion and Prevention

Respondents recognized the significance of health promotion and prevention strategies in reducing the burden of diseases. They emphasized the continued need for comprehensive and multisectoral approaches that address lifestyle factors, mental health, and social determinants. Strategies included promoting healthy behaviours, raising awareness, and integrating health promotion into education and workplaces.

12. In 2035, prevention strategies that target underlying social, economic and environmental factors will be a primary focus of public health engagements in all European countries.

31 responses



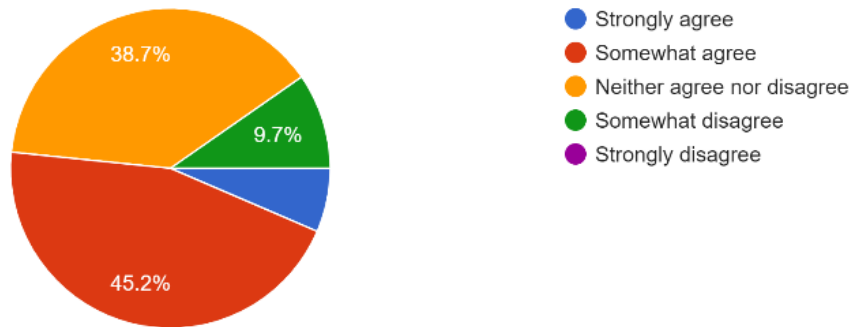
“While I think that traditional public health 'core competencies' (e.g., epidemiology, monitoring) will remain a core focus, I do think that there will be a greatly-enhanced focus on underlying determinants of health (such as One Health and the role of public health bringing other actors around the table).”

“In 2035, the general knowledge about what leads to good/bad health, i.e. how it is influenced by the underlying factors and the determinants of health, has improved. The (research based) evidences are too clear to be ignored. But this is not necessarily true for all European countries.”

“Although I think this is probable, such strategies will need to be driven by a set of durable strategic objectives (25- to 40-year projections) that provide a beacon stakeholders have bought into whatever the changing political, economic, social and environmental circumstances are.”

13. Population-wide early screening for all common NCDs and mental health will be a standard feature of health systems in European countries by 2035.

31 responses



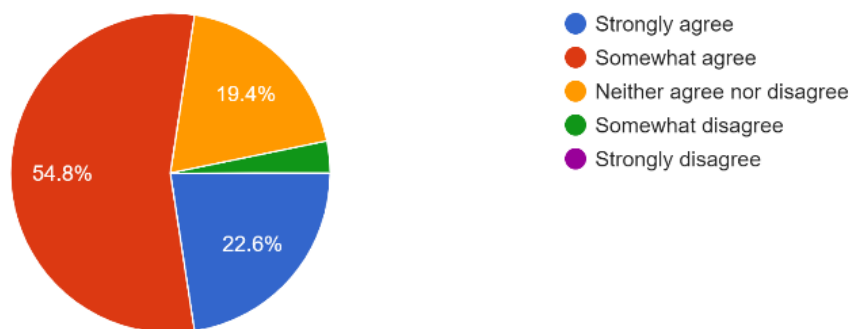
“Due to technology advancements it probably will happen. A question would be ‘will early screening be available for all people despite [socioeconomic] status and income?’”

“Such a screening will probably require quite a lot of resources. And the benefits of it can perhaps be discussed. Resources will be scarce and can be more useful in other areas. Development of technology, e.g. Artificial Intelligence, may, however, make screening cheaper and more feasible.”

“I think the 'easy wins' (e.g., cancer screening, blood pressure, weight) will all be being applied more regularly by 2035 across the whole population as a part of making health systems more efficient. However, I think mental health screening could prove quite complicated to deploy - both for the methodology as well as for the politics and possible perceived stigma.”

14. Health promotion efforts will focus predominantly on enabling behavioural change and healthy choices through healthy living environments, financial incentives, etc. in 2035.

31 responses

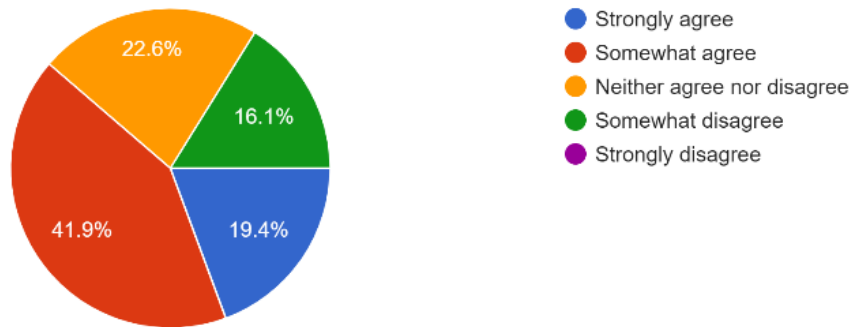


“Promoting health is first and foremost about enabling people to change behavior. Through the improvement of health literacy, the use of strategies such as community-based social marketing, and the development of prevention and promotion programs in which the citizen is at the center of decision-making, important goals can be achieved.”

“Moving in this direction is recognised as being key to achieving a societal change in behaviours. However, political narrative tends to revert to individual level behaviour change and this is likely to be difficult to change over the next 12 years.”

15. Whole-of-system approaches to mental health will be a fundamental aspect of public health activities in Europe by 2035.

31 responses



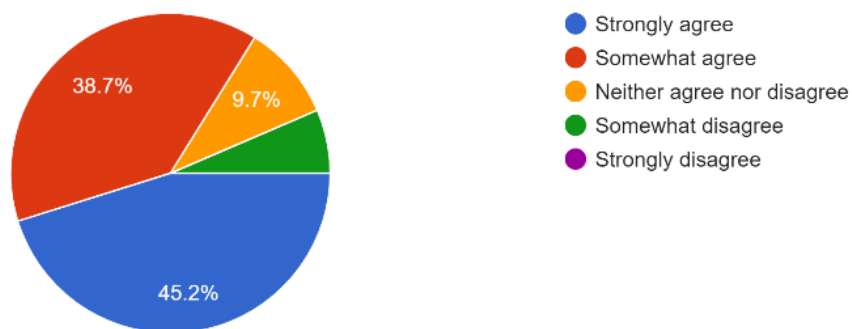
“[...]I think this would require strong and active regulation of the digital space which I think will be incredibly difficult given how difficult it is to regulate the digital space given its rapid evolutionary nature. Given how important the digital space is for incidence/prevalence of mental ill health, I think it will be difficult to ensure the whole-of-system approach if it is to include the digital space, which it should.”

“I am afraid that the conversation around mental health still lags farther behind the conversation about NCDs and other health issues, so I do not think there will be agreement on what a 'whole-of-system approach' looks like by 2035.”

“This is the direction of travel, but again, this only works if by whole of system, we mean addressing determinants of health [...] as these have major impact on mental wellbeing and outcomes.”

16. Public institutions like schools will play a much more active role in promoting healthy behaviour among populations in 2035 than today.

31 responses

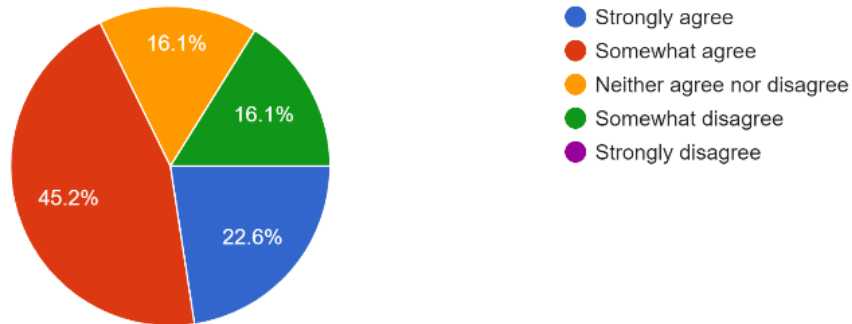


““Schools play a vital role in the well-being of students, families and their communities, and the link between education and health has never been more evident,” said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. The model of health-promoting schools can lead the way in creating global standards to create schools that nurture education and health, and that equip students with the knowledge and skills for their future health and well-being, employability and life prospects.”

“Already now we see that governments (and local communities) play a major role in creating and supporting a healthy school environment and should prioritise actions to improve children’s health in the future even more. It is whole-community approach to a healthy child. Whole-community approach improved in last year very much and results are clear.”

17. By 2035, the European Union will have adopted new legislation to better monitor and regulate commercial determinants of health, e.g. alcohol s...and packaging, fast and processed food marketing.

31 responses



“I think this is a possibility if the EU is clever about how it plays its role (e.g., how can it use its 'hard competencies' like trade versus its soft competencies like funding public health projects). Of course, it will ideally learn from the successes and pitfalls of existing national-level legislation - and hopefully work alongside the WHO.”

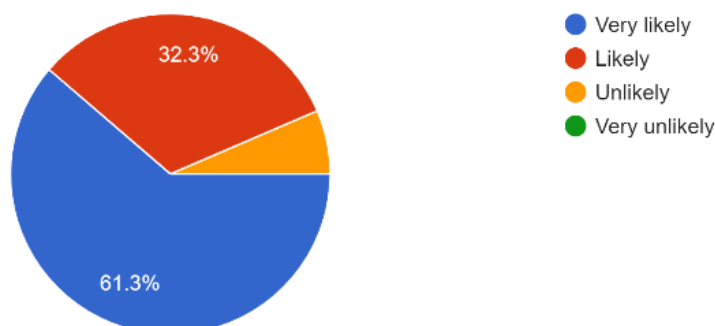
“Based on the growing evidence on the importance of food and alcohol for public health, increased regulation is expected. Disturbances to food production due to climate change introduces some uncertainty however, as prices and other aspects of availability of calories can potentially end up higher on the agenda.”

### Equity and Society

Respondents highlighted the impact of social determinants on health inequities, emphasizing the need to tackle issues such as income inequality and social exclusion. Calls were made for policies that prioritize vulnerable populations, enhance social inclusion, and address the root causes of health disparities. Collaboration among various sectors and stakeholders was considered essential to achieve equitable health outcomes.

18. Increasing socioeconomic inequality will be the greatest challenge to achieving goals related to health equity in Europe in 2035.

31 responses

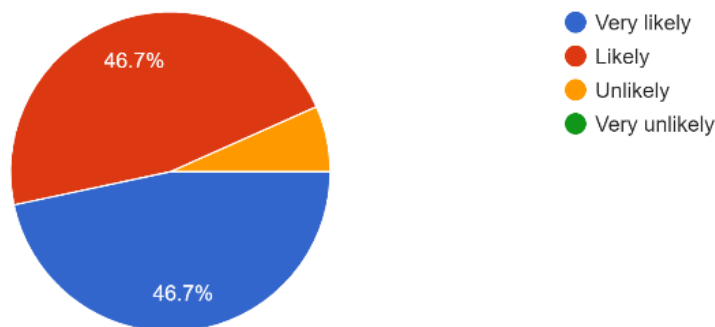


“The socioeconomic origin of health inequalities will still be a challenge by then. I consider that we would have improved in equity surveillance and integration of equity in health policies, but the working on the underlying structural causes will still be a challenge.”

“I believe that equity has formed part, and continues to do so, of most of the formulation of the different strategies of the European countries. However, I believe that they are described as a guiding principle or as a value, but that the policies that are proposed or carried out afterwards do not correspond to those principles or values. It would be important for equity to be made explicit and monitored as a quality criterion for policies.”

19. “Brain drains” and acute workforce shortages in some countries’ health and care systems will be commonplace in 2035 due to aggressive, cross-border competition for personnel.

30 responses



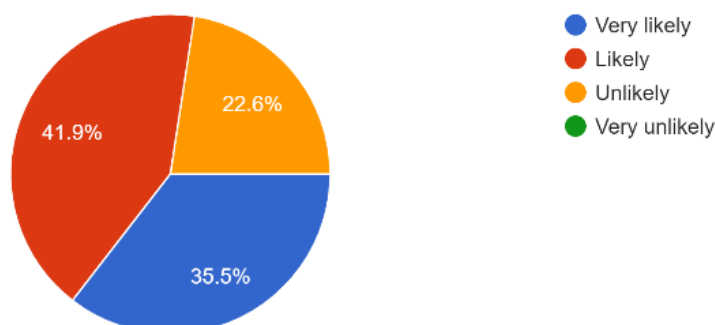
“Reduced human and structural resources, cutting public provision of services, and lengthening of waiting lists is encouraging the expansion of privatisation of health.”

“In some countries it is also necessary to strengthen economic treatment, particularly for those who work in the most at-risk areas and, at the same time, it is essential to place greater attention and stricter control on the quality of services offered by external parties, intervening on inappropriate competition. Only by valuing the work of public health professionals and focusing on their organizational well-being will we be able to guarantee care that is increasingly adequate to the needs of citizens.”

“We see this already today, and have seen it for some years. The elderly part of the population will have a need for people to “look after them”, while the other part has to be “productive”, i.e. create “values”. New welfare-technology etc may help, but it is probably not enough to solve the situation.”

20. By 2035, privatisation of health and care services will have become much more prevalent in Europe.

31 responses



“This is already a trend and is likely to be difficult to reverse, and the growing demands on services will mean that private sector organisations are likely to be able to offer cheaper models of care.”

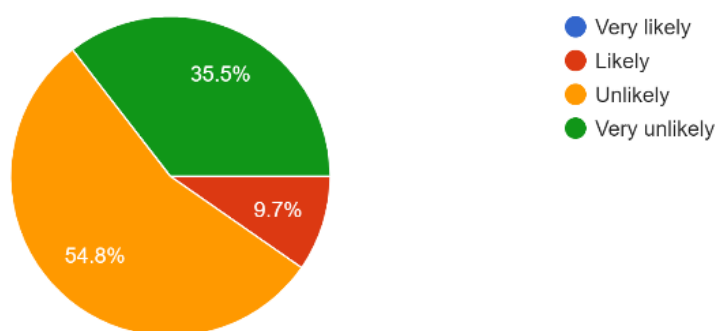
“If the economic system doesn’t move towards wellbeing economy, this will be the case, I think.”

“The pressure of private sector is huge, and it might happen that they succeed to push national health and care services in privatisation. A layer behind, supporting such development, are insurance companies, searching for increased profits.”

“I consider that by 2035 the evidence surrounding the results of private provision of care at societal and economic level will lead into a decline of this approach. Although I can also see that it will be a short-term solution used in certain situations.”

21. By 2035, privatisation of health and care services will have markedly improved population health outcomes overall.

31 responses



“Competition will increase and different quality standards will emerge. Overall, I think the outcomes will not significantly improve, rather plateau, while of course inequalities between various population groups will grow.”

“Privatisation of health and care services will first and foremost benefit those who can afford to pay for the services. It is profit-driven. Overall population health outcomes can best be improved by strong public services.”

“The private health system can be supportive provided that it offers the same possibilities and guarantees in the care of the public system.”

## Digitalisation in Public Health

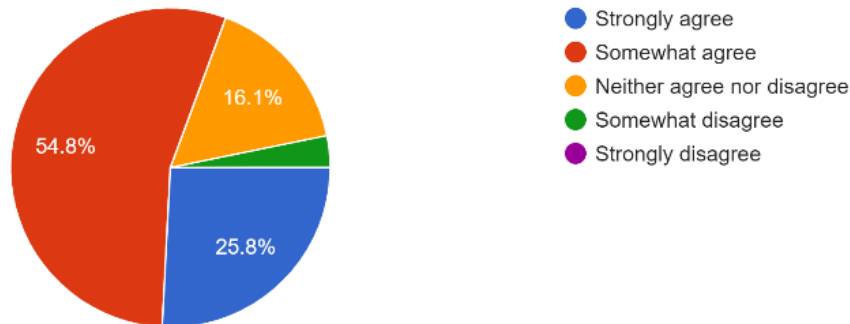
Respondents had mixed views on digitalisation in public health and the role of AI. The potential of digital health to enhance healthcare delivery and patient engagement was recognized. Digital health literacy was emphasized as essential for effective health interventions and a large majority of experts was confident that by 2035 public health professionals will be equipped with sufficient levels of digital literacy and core competences.

While a majority of experts believed AI would be standard, several expressed concerns about ethical implications and unequal access – a challenge common to all digital tools. Digital inequalities

were highlighted as potential barriers to accessing health services, with efforts needed to bridge the digital divide and ensure equitable access.

22. By 2035, public health professionals will be equipped with sufficient levels of digital literacy and core competences (e.g. critical thinking, problem solving) to navigate/adapt to new technologies.

31 responses



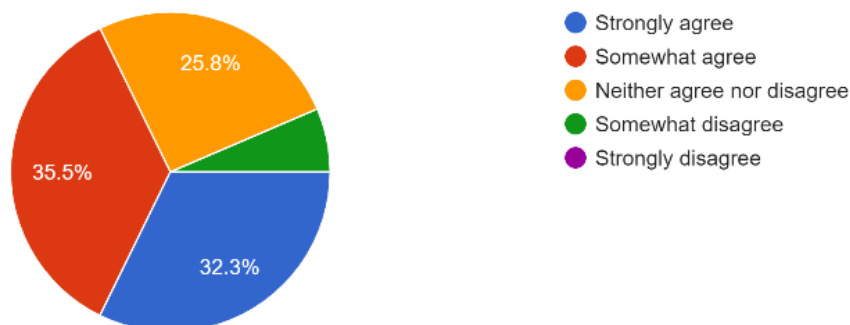
“AI has begun to be used and will be used in health services. It is important to evaluate and monitor its impact and possible side effects.”

“If the pace of technological change continue to increase, it may be quite hard to provide the training and development necessary to ensure digital literacy and critical knowledge of how technologies and tools interact. On the other hand, by 2035, a critical mass of professionals will be part of the generations that have grown up in the information and tech society, which should make adaptation easier.”

“I am optimistic that public health professionals will improve their digital literacy as the population as a whole adapts to using new technologies (e.g., 'a rising tide lifts all boats'). I am a bit more concerned about the core competencies such as critical thinking, but optimistic that if the role of public health as a 'convener' is more clearly defined, incoming public health professionals will see this as a part of their role.”

23. The use of artificial intelligence will be standard in most aspects of public health in all European countries in 2035.

31 responses

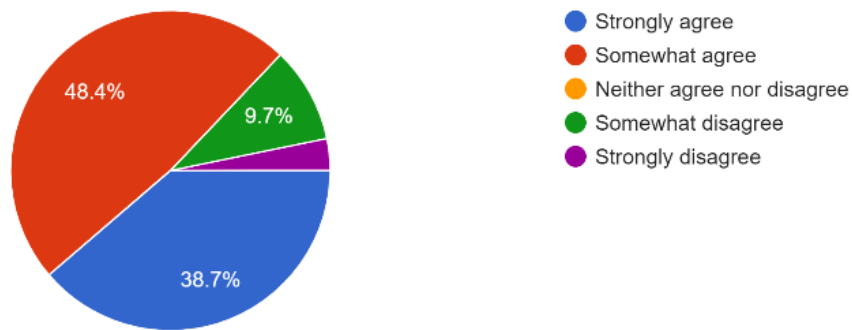


“The transition to the use of AI in public health at the European level will most likely take a longer and dilated time, especially because each healthcare facility and organization is a world unto itself, in need of "tailor-made" solutions, adapted to its peculiarities. And this is also a reason why in several realities ad hoc engineering teams are created to develop artificial intelligence solutions, as well as other technologies, in-house and tailored to their needs.”

“AI will be standard in many aspects of public health in European countries in 2035, but there will still be important aspects of health where AI will have a more minor role. AI will be important when it comes to, for example, obesity treatment, handling different kinds of stress, managing pain etc. It will not be equally important when it comes to health challenges that requires more holistic solutions like a health promoting local community, sense of belonging, participation/inclusion etc.”

24. Digitalisation of health systems will have created new inequalities that divide digitally literate and digitally illiterate populations in 2035.

31 responses

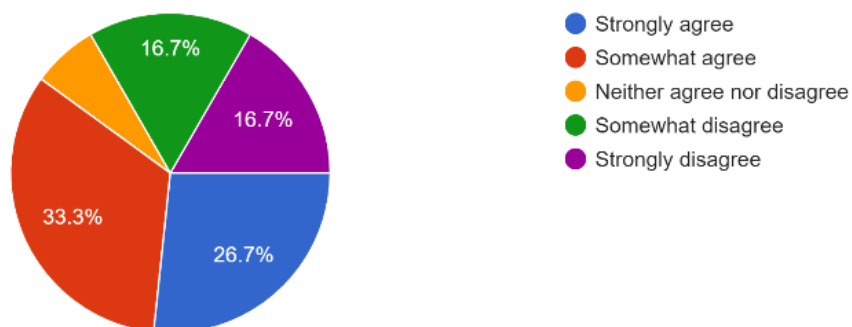


“The digital divide is already very significant and will increase further in the future. It would be very important to design aid instruments to read web pages and use digital instruments aimed at empowering the population, not making it more dependent. For example, instruments that help the population to know if the information on a web page is more or less reliable, giving them instruments with quality criteria and help to use them. On the contrary, for example, the databases compiled by professionals or institutions do not empower the population and increase the non-credibility of the institutions.”

“I think population digital literacy will continue to grow; however there will be a smaller number of digitally illiterate people as the divide widens.”

25. Lack of internet access will pose significant barriers to accessing health services in 2035.

30 responses



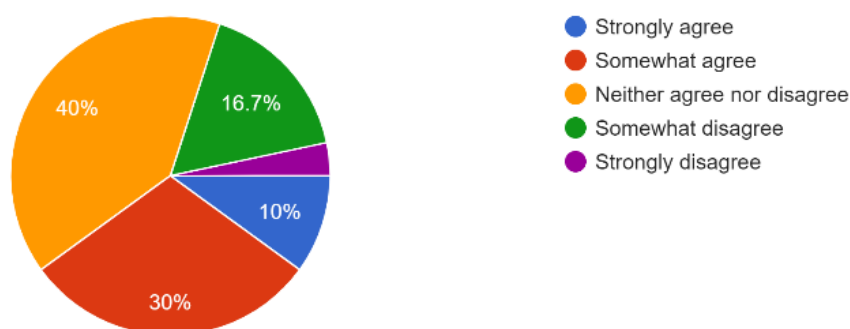
“The strong relationship between internet access and health outcomes has inextricably linked digital equity and health equity. Broadband access is increasingly viewed as a way to connect providers and patients and reduce the burdens of distance and time. Moreover, broadband connectivity can impact the social drivers of health. While there are some countries and population groups that are still falling through the broadband health gap, there are significant efforts to promote digital equity.”



“The technological development makes internet access even cheaper and more accessible for the majority of people in Europe. In 2022, 89% of EU individuals aged between 16 and 74 were regular internet users (at least weekly) (numbers from Eurostat). I don't think this percentage will decrease in 2035.”

26. By 2035, the European Health Data Space is fully implemented and has increased access to protected primary and secondary health data, resulting in data-driven approaches to public health in Europe.

30 responses



“I believe that the European digital space will have an impact on health services for people with greater knowledge capital, but it will have little impact on local policies and actions, which are very important to improve health but need contextualized knowledge that is not provided by the data.”

“I assume that a consensus has been reached at the political level in Europe by 2035 and that the necessary political decisions have also been taken in the individual countries. However, I do not consider full implementation to be a realistic scenario. I see a major hurdle in the technical specifications of the data space, which must become much more concrete.”

## Delphi Study – Round 2

A total of **27 experts** participated in the second survey round which focused on the questions with low consensus or high ambiguity from Round 1. While the areas where consensus was reached were not the focus of Round 2, and it be tempting to regard them as self-evident objectives for European public health, identifying these in Round 1 was an important first step in the Foresight study.

The six questions with low consensus or high ambiguity from Round 1 of the Delphi study concerned:

- The implementation of the Economy of Wellbeing approach as a standard in the policy-making processes in all European countries by 2035 (question 1 - Public Health Policy and Governance)
- Public health financing models in Europe in 2035 (question 5 - Public health financing and spending)
- Primarily outcome driven incentive structures in European health systems (question 7 - Public health financing and spending)
- The green transition leading to improvements in population health, planetary health, and health system functionality (question 9 - Sustainability and green transition)

- Making population-wide early screening for NCDs and mental health a standard by 2035 (question 13 - Health promotion and prevention)
- The full implementation of the European Health Data Space resulting in more agile, precise, and data-driven approaches to public health in Europe by 2035. (question 26 - Digitalisation in public health)

The objective of the 13 questions in Round 2 was to identify “consensus within division” that may serve as a basis for agreement/ collaboration. (see Appendix for Round 2 questions and overview of results)

For this purpose, Round 2 questions also built on the qualitative data from Round 1 to dig deeper into the areas where no consensus was reached. For example, when justifying their choices and the likelihood of a statement during the first round, respondents naturally identified blockers (e.g., resistance to change, economic interests, misaligned incentives) and enablers (e.g., technology, changing values, collaboration) that they believe will influence the outcome.

In Round 2 respondents successfully identified major challenges, enablers, and approaches in each of the areas where no consensus was reached in Round 1.

## Analysis of Delphi Study – Round 2

The insights gathered from the 27 responses to the 13 questions in Round 2 provide a comprehensive overview of the challenges, opportunities, and potential trajectories for public health by 2035 for achieving health equity through health promotion and prevention, in the context of the digital and green transition.

The analysis of the Delphi study Round 2 offers the following top level conclusions:

- **Political will** and **generating evidence** were often considered top determining factors, which suggests that evidence-based decision-making will continue to play a crucial role in improving health outcomes towards 2035.
- **Aligning incentives** to address the conflict between economic interests and health (and environmental) outcomes was a crosscutting theme between areas.
- **Shifting societal values** and public opinion was the second most popular<sup>1</sup> enabler to Economy of Wellbeing, but the least popular enabler to streamlining early screening, emphasising that enablers and challenges are context-specific.
- **Digital Transformation and Data Integration:** The integration of digital technologies and data-driven approaches is expected to be a cornerstone of future health systems. Respondents emphasize the importance of data sharing, electronic health records, and telemedicine. However, challenges related to digital divide, equitable access, data privacy, standardization, and interoperability remain significant hurdles.
- **Personalised prevention** The shift towards better health and wellbeing promotes personalised prevention as a vision for the future. This involves equity considerations,

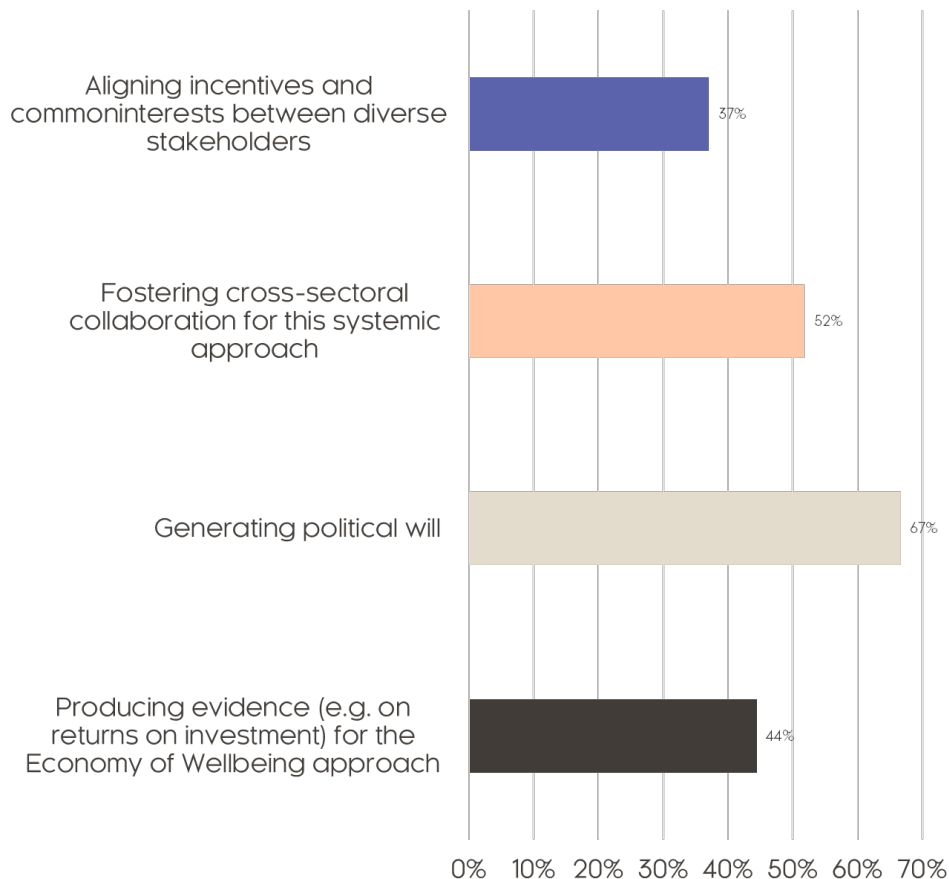
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<sup>1</sup> The respondents made their selection with a perspective towards 2035. Popularity refers to the number of responses each choice has obtained: Most popular = largest number of responses; Least popular = smallest number of responses.

leveraging advancements in data, digital health, and biomedical research to tailor preventive interventions to improve health and reduce the burden on health systems.

Below we provide the quantitative results from the second survey round for each of the 13 questions as well as a summary of the qualitative data provided by the respondents' justifications.

## 1. What will be the main challenges to overcome towards successfully implementing the Economy of Wellbeing approach as a standard by 2035? Please choose 2.

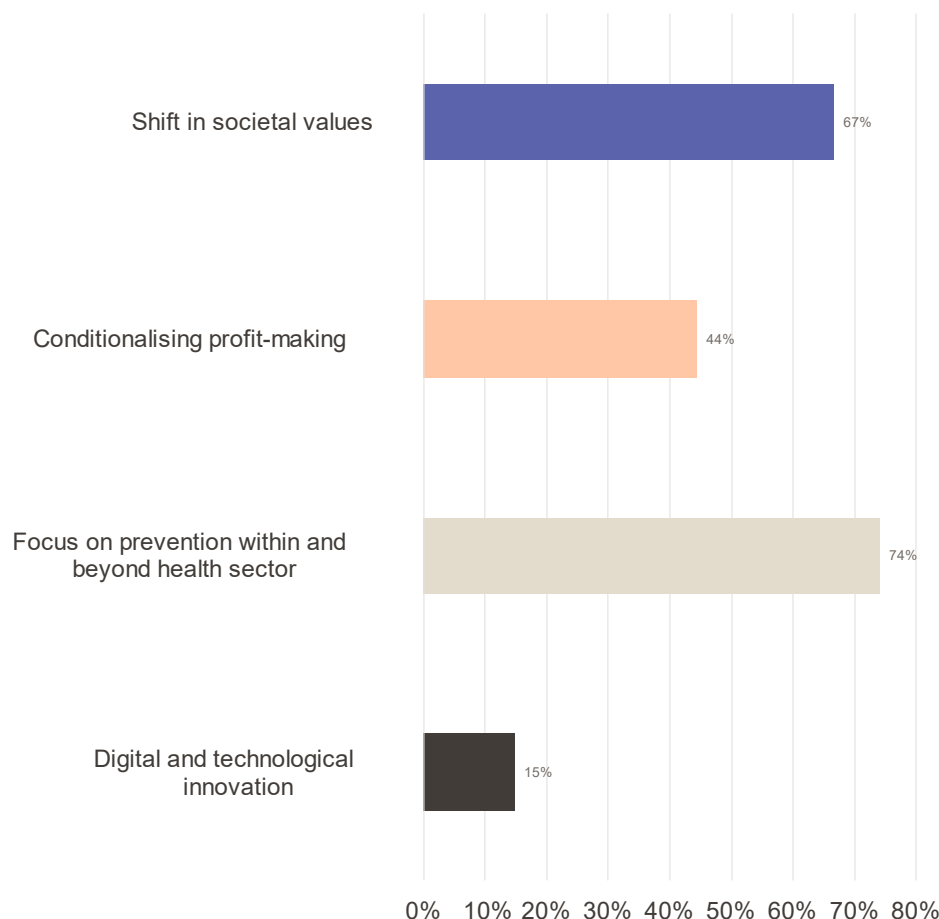


**Generating political will** was identified as the top challenge when implementing the Economy of Wellbeing by 2035 (2 out of 3 respondents). Some insights included:

- **Resistance from powerful interests:** Multinational companies with strong lobbying power hinder progress due to their vested interests.
- **The need for economic argument:** Engaging finance ministers is crucial, requiring public health advocates to express their arguments in economic terms.
- **Populism and short-term thinking:** Populist politics and short-term political decisions can impede the implementation of the Economy of Wellbeing, as can the exclusion of large segments of the population.
- **Cross-sector collaboration:** Collaboration between sectors is challenging due to conflicting goals, limited alignment of incentives, and a focus on short-term priorities.

- **Aligning incentives and generating political will:** Aligning the interests of various stakeholders, particularly those benefiting from existing practices, and generating political will are critical hurdles. Showing concrete return on investment (RoI) and social return on investment (SRoI) is essential for gaining political support.

## 2. What are the main enablers towards implementing the Economy of Wellbeing as a standard by 2035? Please choose 2.

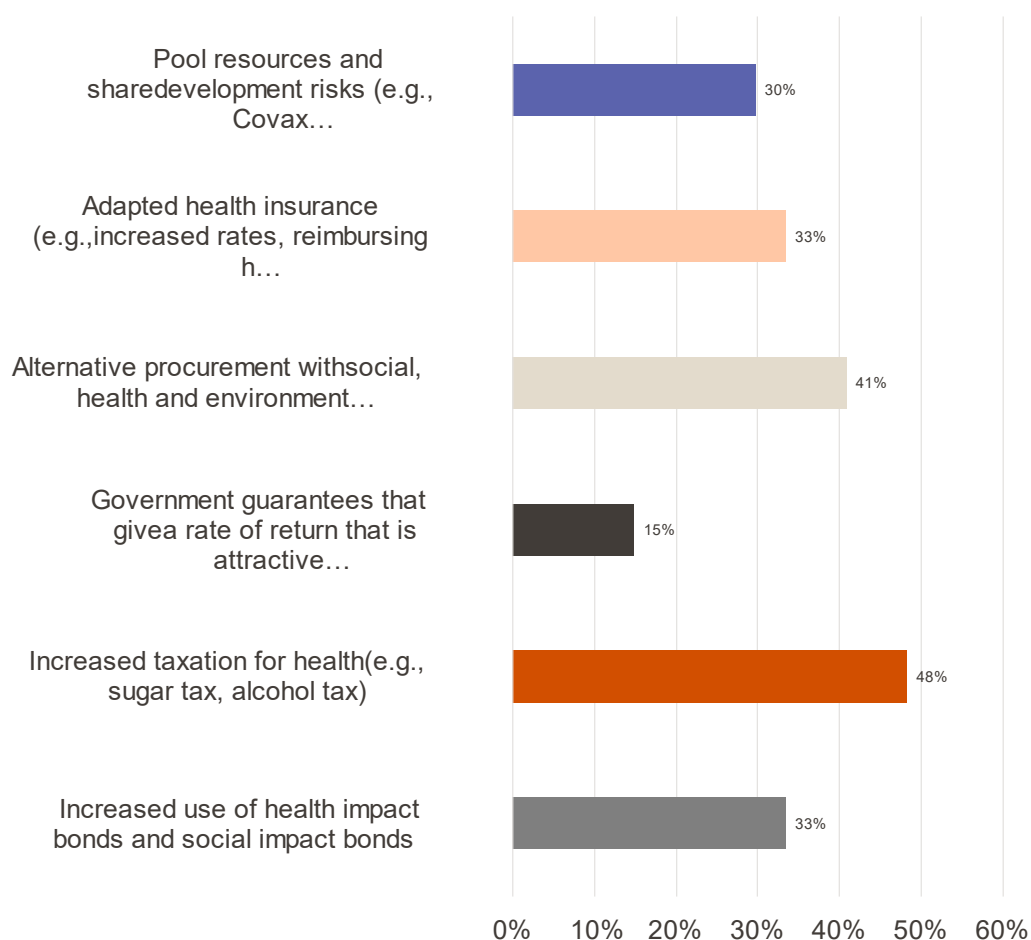


**Focusing on prevention within and beyond the health sector** was identified as the main enabler when implementing the Economy of Wellbeing by 2035 (almost 3 out of 4 participants). Digital and technological innovation was only considered a main enabler by less than 1 out of 6 participants. Some concrete suggestions provided by the respondents included:

- **Conditionalizing profit-making:** Implementing strict restrictions on profit-making, especially for large multinational companies, to prioritize stakeholder interests over shareholders
- **Shifting societal values:** Promoting a shift in societal values towards solidarity and prioritizing health and wellbeing as the most important factors in life

- **Responsibility for negative externalities:** Holding companies responsible for the negative externalities of their products, whether detrimental to the planet or people's health
- **Digital and technological innovation:** Leveraging digital and technological innovation to improve quality of life and reshape working life, with a focus on prevention and early intervention
- **Social innovation and alliances:** Investing in social innovation alongside technological innovation, with a focus on health promotion and determinants of wellbeing. Building alliances across sectors to align goals and change societal values

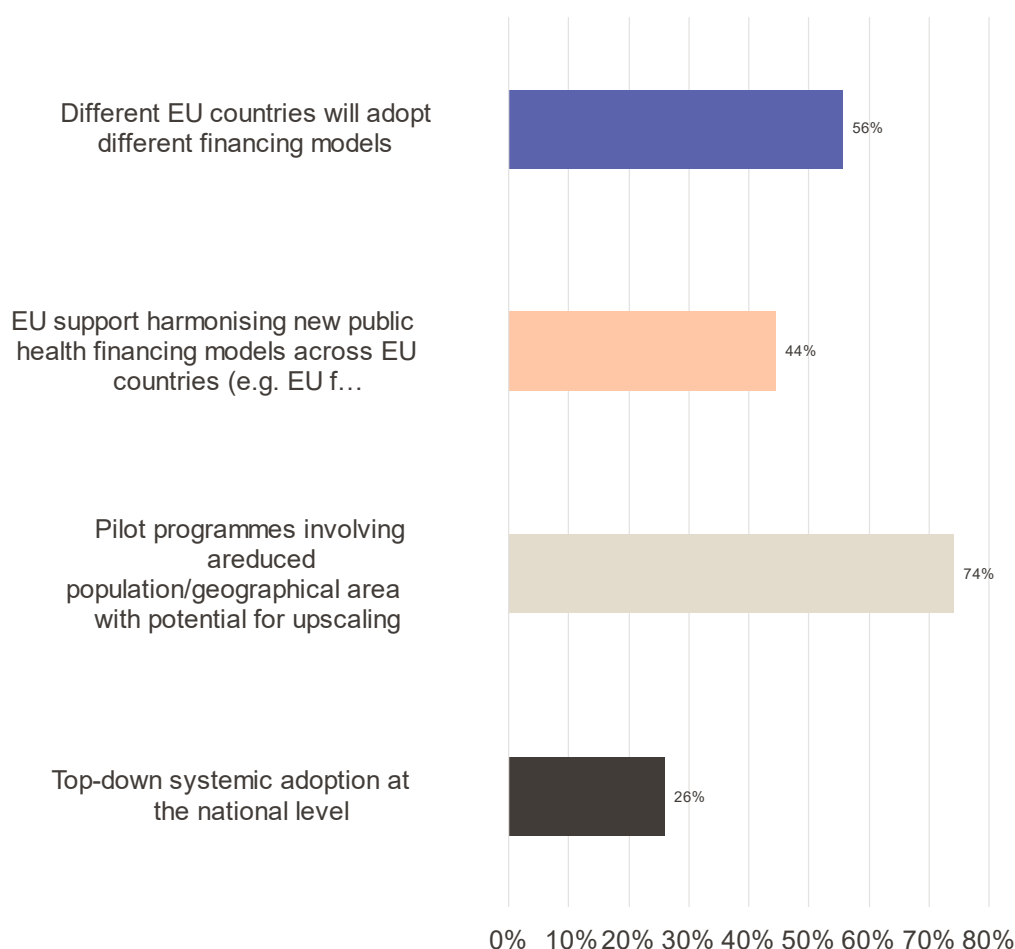
### 3. Which options do you find most promising as new or expanded financing models of public health in Europe? Please choose 2.



**Increased taxation for health (e.g. sugar tax)** was identified as the most promising financial model (almost half of participants). Government guarantees was only considered by less than 1 out of 6 participants. Some suggestions for alternative financing of public health in 2035 included:

- **Alternative Procurement:** Implementing alternative procurement procedures with social, health and environmental objectives to demonstrate commitment to the "Health in all policies" approach and sharing development risks for greater effectiveness.
- **Social Impact Bonds:** Exploring the use of social impact bonds to pool resources and encourage social investment in public health, with consideration for overcoming legal obstacles.
- **Taxation on Unhealthy Products:** Introducing or increasing taxes on unhealthy products like sugar and alcohol to incentivize healthier choices and potentially protect high-risk patients.
- **Cross-Sectorial Collaboration:** Utilizing integrated budgets for care and public health while fostering collaboration between sectors, aligning with the need for systemic approaches.
- **Increased Taxation for Health:** Leveraging increased taxation as a strong measure to address commercial determinants of health and secure sustainable financial resources for public health initiatives.

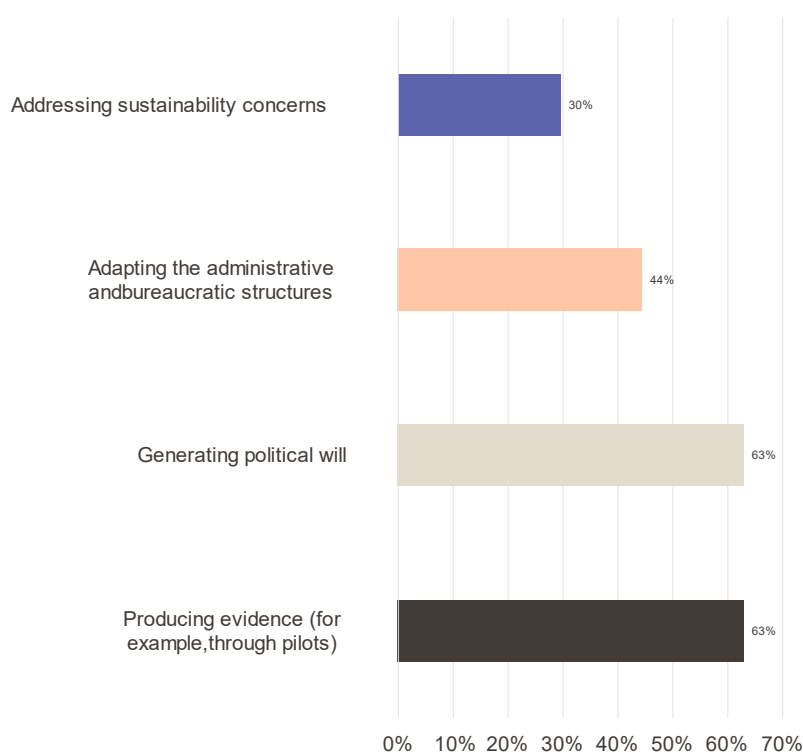
#### 4. What modality of implementation of new financing models is most likely to be observed towards 2035? Please choose 2.



**Pilot programmes in reduced population/geographical area to upscale** was identified as the most likely modality of implementation by almost 3 out of 4 participants. Top-down systemic adoption was the selected the least often, with a bit over one quarter of respondents choosing this option. Some insights provided included:

- **Continuation of pilot programmes:** Due to underdeveloped evidence and inertia in payers/commissioners, pilot programmes testing new financing models will likely continue to be observed.
- **Country-specific adoption:** Different EU countries will adopt financing models aligned with their existing welfare systems, considering factors like Beveridge or Bismarckian systems.
- **EU support for harmonisation:** The EU may support harmonising new public health financing models to prevent countries/regions from falling behind and promote standardization.
- **Bottom-up solutions:** Citizen involvement and community co-creation will play a role in testing and refining financing models that people support, but scaling and replication will be a challenge.
- **Wide variety of testing:** Various financing options will be tested through pilot programmes, with more innovative approaches likely in smaller countries/markets. Successful pilot projects are expected to drive political support and adoption.

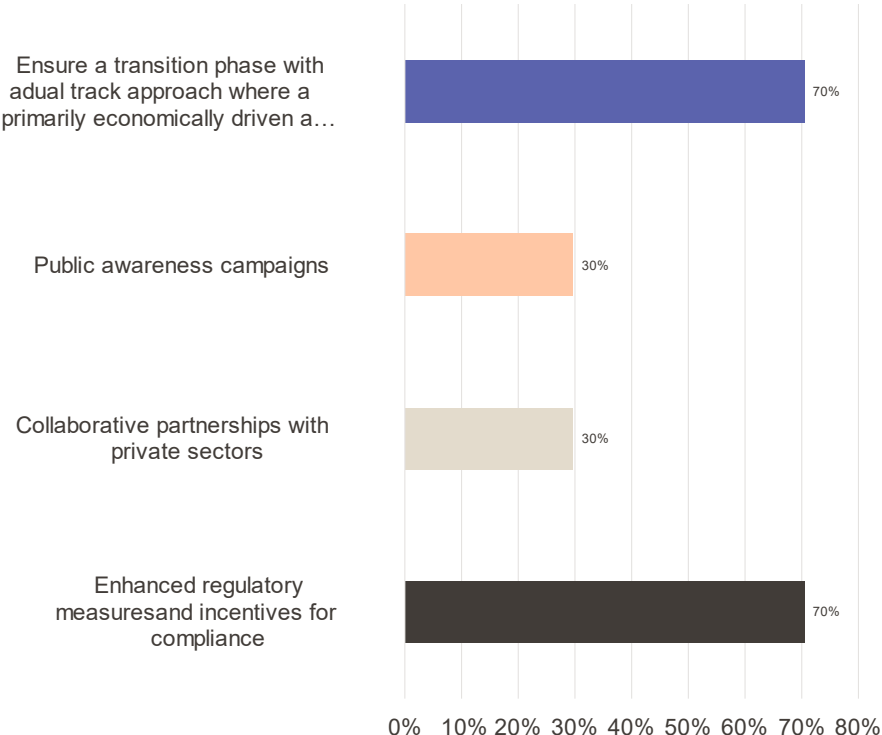
**5. What will be the main determining factors when successfully implementing new financing models towards 2035? Please choose 2.**



**Producing evidence** was tied with **generating political will** as the most often considered main determining factor when implementing new financing models, with almost 2 out of 3 respondents choosing these options. The least frequently selected option was addressing sustainability concerns, with less than one third of respondents identifying it as a main determining factor. Some insights provided included:

- **Producing and communicating evidence:** Producing evidence through pilot programmes and research is essential, but it should also be communicated to the general public to influence politicians and democratic processes.
- **Political will:** Political will is crucial for developing and implementing new models, but it must align with sustainable development goals.
- **Adapting administrative and bureaucratic structures:** Changing sclerotic administrative and bureaucratic structures to support new models is a significant challenge.
- **Shifting mindsets:** Shifting decision-makers' mindsets away from short-termism and incentivizing sustainability is important.
- **Public opinion and private interests:** Political will is influenced by public opinion but can be significantly influenced by private capital interests, making it a key factor in implementing new financing models.

**6. In your view, what specific strategies or mechanisms could help overcome resistance to enable a shift of incentive structures towards primarily outcome -driven European health systems? Please choose 2.**

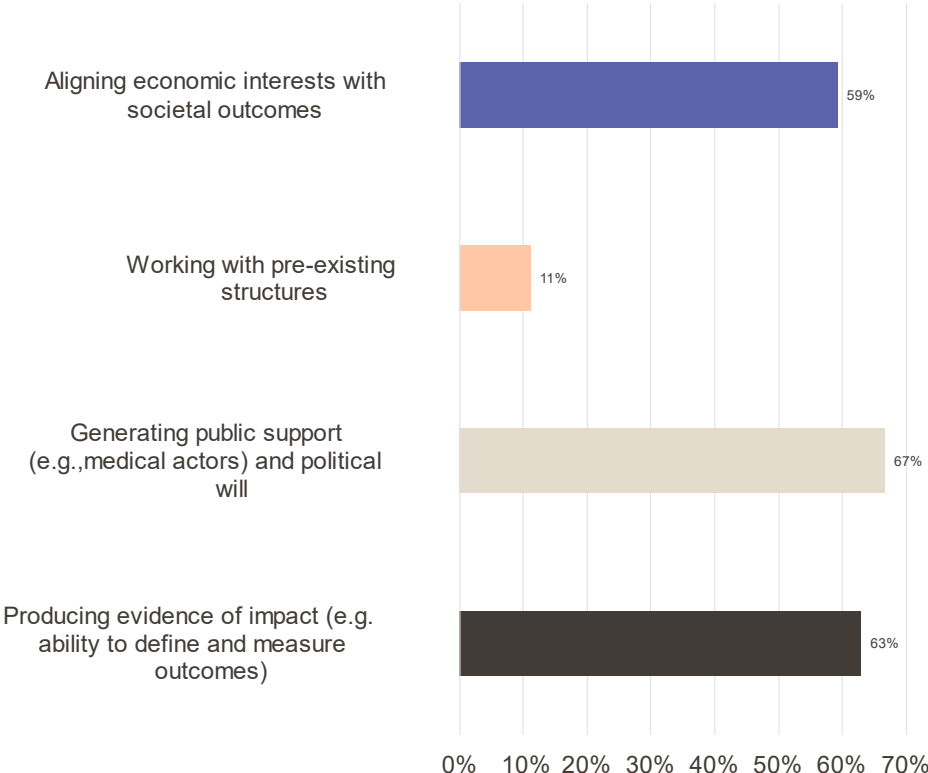




Both enhanced regulatory measures and incentives as well as a transition phase with a dual track approach where a primarily economically driven and a primarily outcome-driven health system co-exist were considered most often as a strategy to drive outcome-based systems, with more than 2 out of 3 respondents choosing these options. On the other hand, public awareness campaigns and collaborative partnerships with private sectors were the least popular options, both selected by less than one third of respondents. Some suggestions included:

- **Gradual transition:** Implement a gradual transition toward outcome-driven health systems, allowing for a limited coexistence of economically driven and outcome-focused healthcare systems and recognizing the complexities of defining and measuring outcomes.
- **Public awareness and engagement:** Conduct effective public awareness campaigns to engage and educate the public about the benefits of outcome-focused healthcare.
- **Collaborative partnerships:** Forge collaborative partnerships with the private sector, but ensure that the initiative originates from the public sector to avoid marketization risks.
- **Regulatory measures:** Consider regulatory measures to align the public and private sectors' interests and incentivize health outcomes over profits.

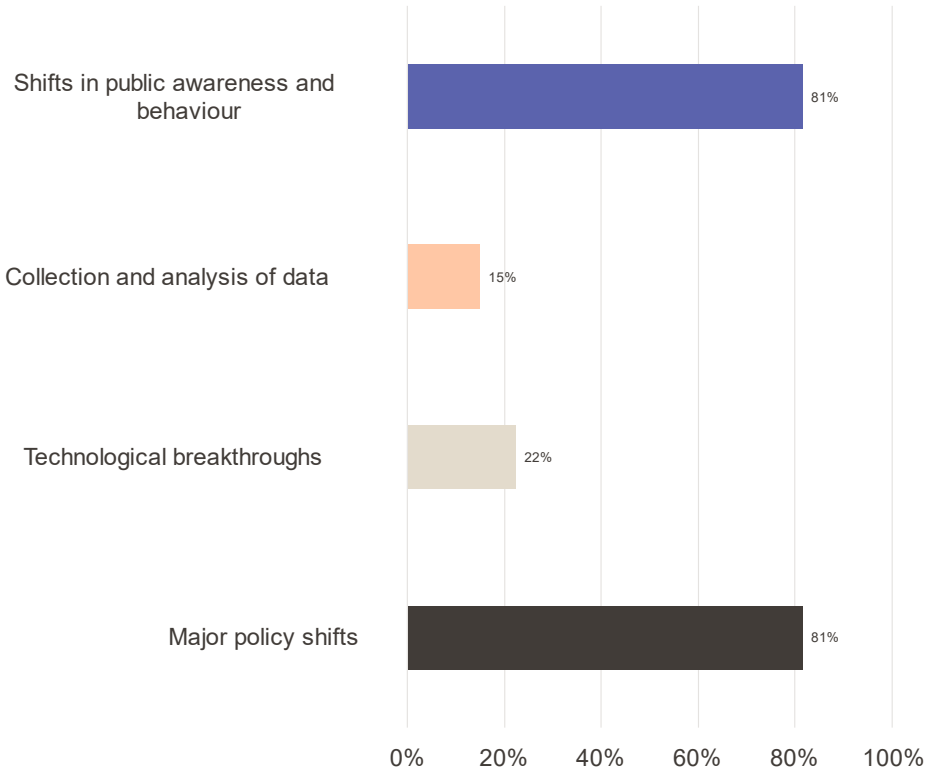
**7. What will be the largest determining factors towards successfully shifting incentive structures in European health systems from being primarily economically driven to primarily outcome -driven? Please choose 2.**



**Generating public support and political will** was considered the largest determining factor, with 2 of 3 respondents selecting this option. The least popular choice was working with pre-existing structures, with only one tenth of respondents identifying it as the largest determining factor. Some justifications included:

- **Defining and measuring outcomes:** The ability to define and measure outcomes provides answers to questions from the public, politicians, and stakeholders, helping them understand the benefits of outcome-driven healthcare.
- **Research-based evidence:** evidence of impact, when effectively communicated, can garner public support and foster political will for the shift toward outcome-driven healthcare.
- **Alignment of economic and societal interests:** Aligning economic and societal interests is essential, with a focus on empowering communities to prioritize their needs over serving the economy.
- **Community participation and alliances:** Initiating community processes with population participation and building alliances that work towards shared interests are key factors in driving the shift toward outcome-driven healthcare.

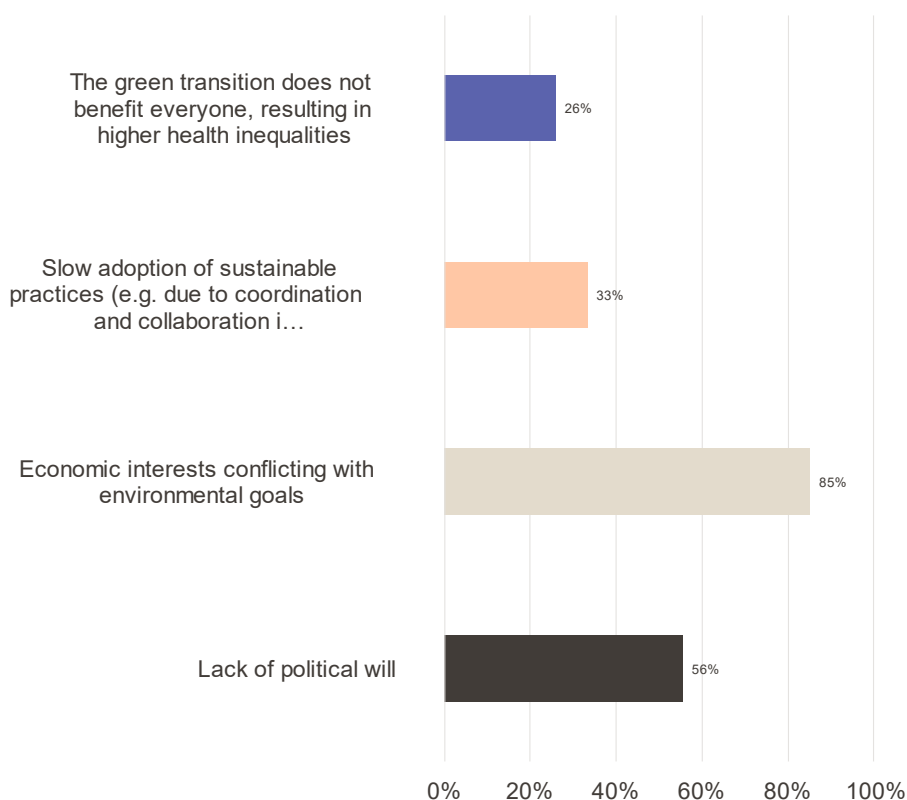
**8. What catalysts are the most crucial for the green transition to drive significant and measurable improvements in population health, planetary health, and health system functionality by 2035? Please choose 2.**



Both **shifts in public awareness and behaviour** and **major policy shifts** were most often identified as the most crucial catalysts for the green transition, with 4 out of 5 participants selecting these options. The least popular choice was collection and analysis of data, with less than one sixth of respondents identifying it as the most crucial catalyst. Some justifications included:

- **Shift in organisational and societal culture:** Shifting organisational and societal culture and values to prioritise sustainability and long-term benefits is crucial towards both fulfilling environmental targets as well as improving public health.
- **Major policy shifts:** Policy shifts driven by increased public awareness, behaviour change, and the impact of natural disasters will play a significant role in advancing the green transition by creating more favourable environments to develop environmental policies and legislation. Political support is essential, as policies need to pass the scrutiny of often conflicting political agendas to drive change effectively.
- **Technological breakthroughs:** Advancements in technology, harnessed in a sustainable manner, will enable significant progress toward achieving green goals and fostering health equity across societies.
- **Transparency and monitoring:** Greater transparency and monitoring of lobbying activities can help ensure that policies support green transition goals.

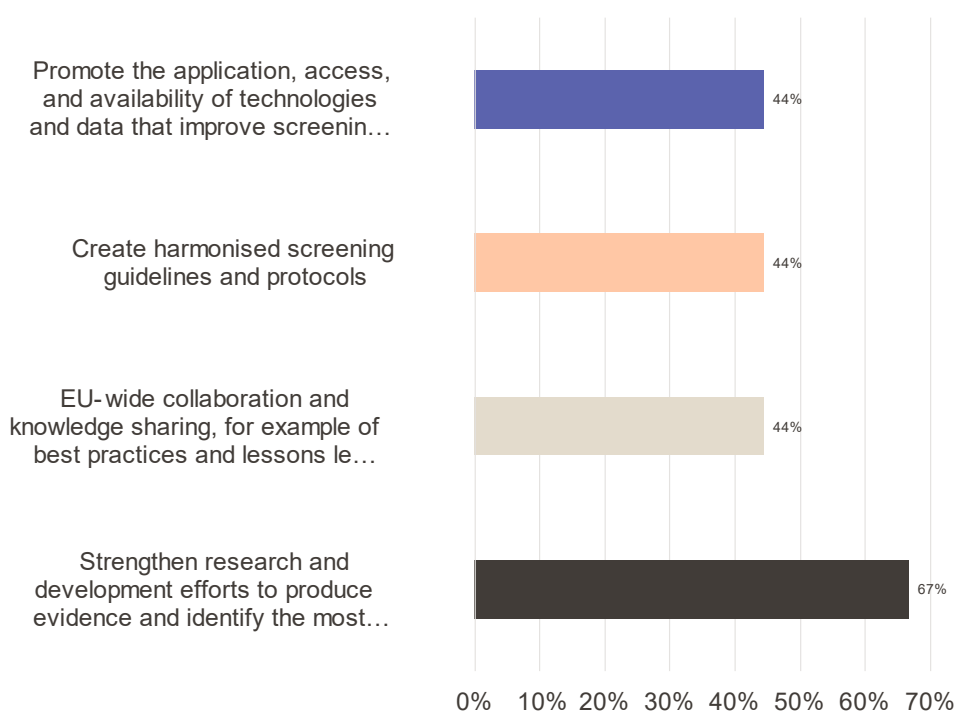
### 9. What are the largest challenges that might hinder the realization of significant and measurable improvements in health outcomes from the green transition by 2035? Please choose 2.



**Economic interests conflicting with environmental goals** was most often identified as the largest challenge to improving health outcomes through the green transition, with more than 4 out of 5 participants choosing this option. The green transition resulting in higher health inequalities was the least popular choice, with a little over one fourth of participants deeming it the largest challenge. Some justifications included:

- **Influence of large multinational companies:** Powerful corporate interests may resist changes that affect shareholder profits and could lobby against green transition policies.
- **Balancing health, environment, and social justice:** Achieving a fair balance between health, environmental sustainability, and social justice is a complex, multidimensional challenge that requires a comprehensive set of measures rather than a single solution.
- **Preventing increased inequalities:** The green transition must not exacerbate existing inequalities and policymakers should for example be made aware of how populations are affected by the green transition to help those that need support and address negative social impacts.
- **Bureaucratic hurdles:** Bureaucracy and administrative obstacles could slow down or impede the implementation of green transition initiatives.
- **Conflicting economic interests:** Conflicting economic interests and public objectives and the need for new economic paradigms may impede rapid progress in the green transition.

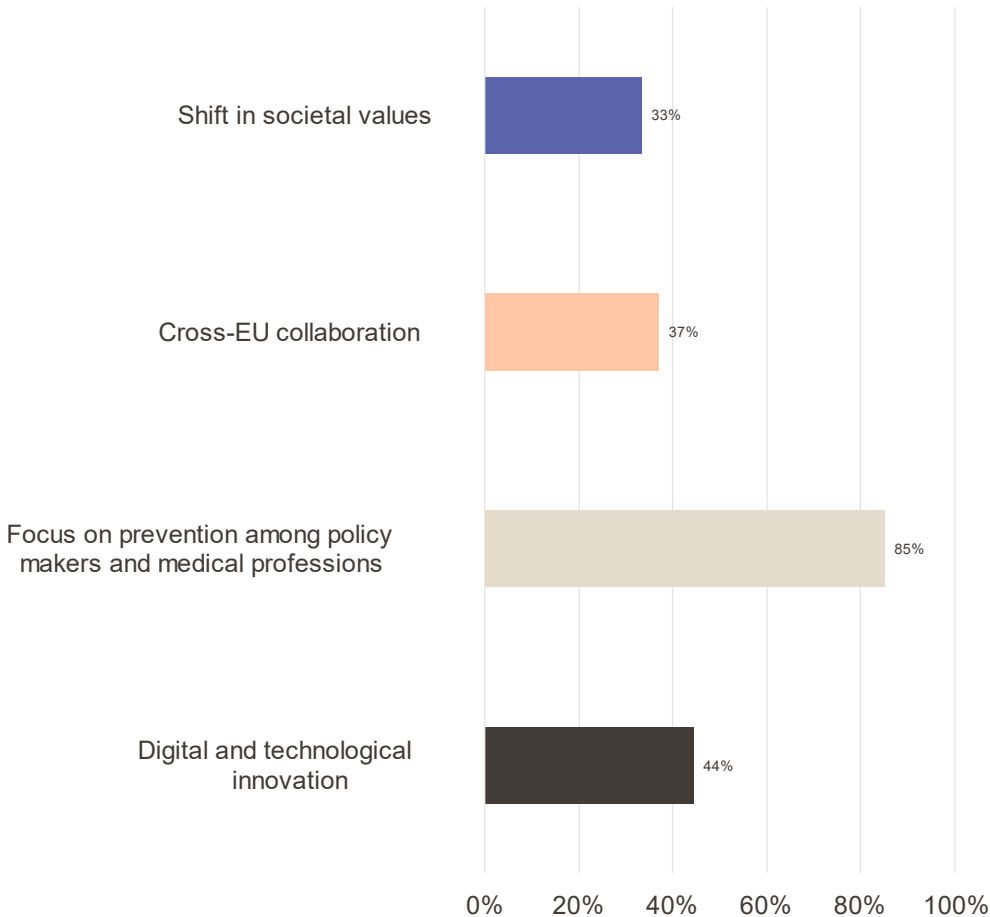
**10. Given the resource constraints and varying health system capacities across European countries, what can be done to ensure that early screening for all common NCDs and mental health contributes to better health outcomes by 2035? Please choose 2.**



**Strengthening research and development efforts to produce evidence** was most often identified as the approach to follow for early screening, with 2 out of 3 respondents choosing this option. Promoting the use and access of technologies and data, harmonised screening guidelines, and EU-wide collaboration and knowledge sharing tied in second place with almost half of participants identifying them as viable strategies to more effective screening. Some justifications included:

- **Leveraging artificial intelligence:** In 2035, advanced Artificial Intelligence can enhance screening capabilities and suggest interventions to prevent NCDs and mental health issues.
- **Streamlining research-to-practice:** The process of translating research findings into practical healthcare solutions needs improvement and should be expedited.
- **Investing in research and development:** Prioritize research and development efforts to generate robust evidence and identify effective screening and intervention strategies.
- **Promoting collaboration and knowledge exchange:** Foster collaboration and knowledge sharing on a European Union scale to disseminate best practices and inform healthcare decision-making.
- **Evidence-based and ethical screening:** Ensure that screening approaches are evidence-based, ethically sound, and avoid unnecessary medicalization of life.

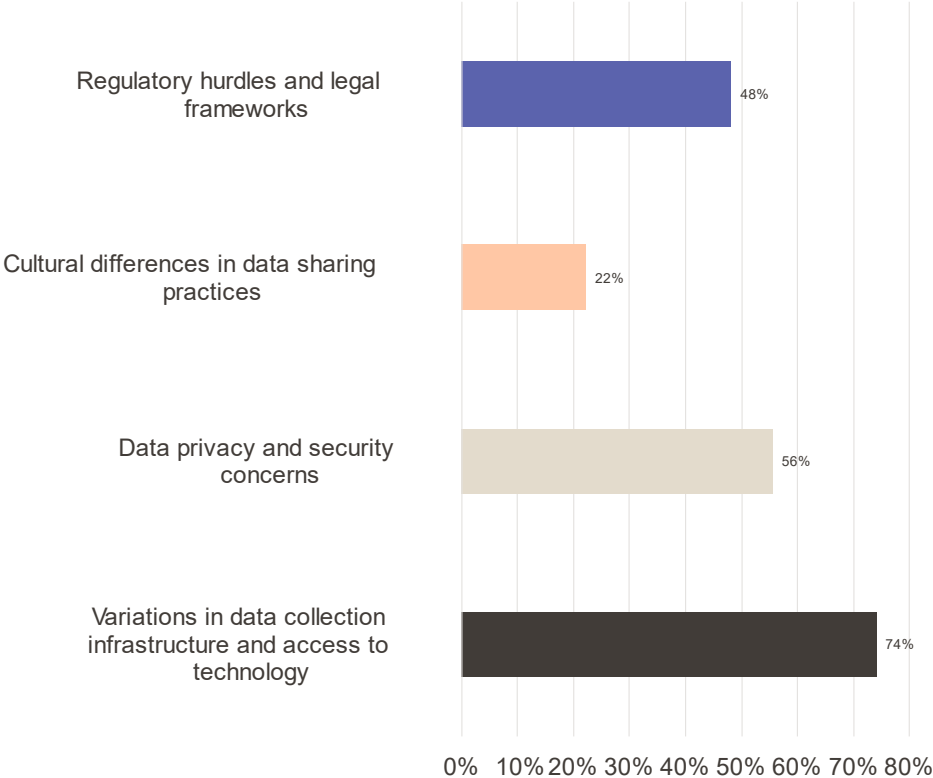
**11. What are the main enablers in making early screening for all common NCDs and mental health a standard feature of health systems by 2035? Please choose 2.**



**Focusing on prevention among policy makers and medical professions** was the most popular choice as an enabler to early screening for all common NCDs and mental health, with more than 4 out of 5 respondents choosing this option. Producing a shift in societal values was the least popular enabler with one third of participants choosing this option. Some justifications included:

- **Empowering health Promotion:** Shift focus towards empowering individuals with knowledge, skills, and opportunities for healthier lifestyles to reduce the need for screening.
- **Artificial intelligence:** Leverage advanced AI for effective early screening, emphasizing prevention over treatment.
- **Investment in promotion:** Invest in health promotion, recognizing it as a long-term cost-saving strategy.
- **Accessible home screening:** Develop wearable devices and at-home screening tests, enhancing convenience and accessibility for individuals.
- **Shift in political and societal values:** Promote a societal shift towards prioritizing health promotion over disease treatment, backed by supportive policies and norms.

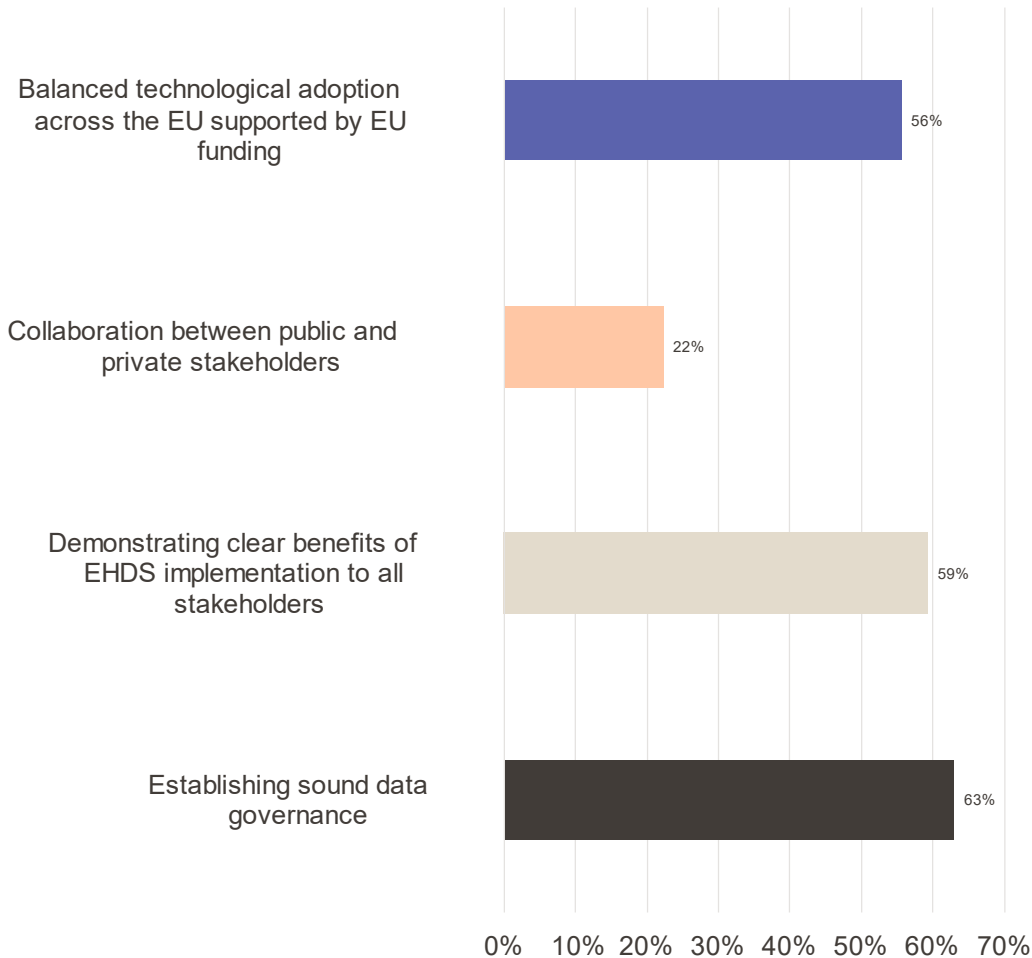
**12. What specific challenges or barriers do you anticipate will be most decisive in achieving full implementation of the European Health Data Space across diverse European countries by 2035? Please choose 2.**



The most commonly identified challenge in fully implementing the European Health Data Space was **variations in data collection and access to technology**, with almost 3 of 4 participants choosing this option. The least popular choice was cultural differences in data sharing practices, with only a bit over one fifth of participants deeming it a decisive challenge. Some justifications included:

- **Changing technological landscape:** Rapid advancements in technology, such as Artificial Intelligence and big data, may pose challenges in harmonizing regulations at the EU level.
- **Data privacy and security:** Ensuring robust data privacy and security measures to protect sensitive health information and build trust in data-sharing initiatives.
- **Cultural differences:** Addressing cultural variations in data-sharing practices to ensure inclusivity and respect for diverse beliefs.
- **Regulatory hurdles and legal frameworks:** Overcoming regulatory obstacles and establishing effective legal frameworks for streamlined data-sharing processes in diverse European countries.

**13. What are the main enablers that may accelerate the implementation of the European Health Data Space across Europe by 2035? Please choose 2.**



Establishing sound data governance, closely followed by demonstrating benefits of EHDS implementation and a balanced technological adoption across the EU supported by EU funding, were considered main enablers to accelerate the implementation of the EHDS, with almost 2 out of 3 participants choosing these options. Collaboration between public and private was considered a main enabler most seldom, with a bit over one fifth of participants choosing this option. Some justifications included:

- **Advancements in biomedical field:** Enormous advancements in biomedical technologies, such as gene editing and personalized medicine, may necessitate more coordinated and specific legal frameworks, driving the implementation of EHDS.
- **Demonstrating clear benefits:** Comprehensive assessment and clear demonstration of the benefits of EHDS to all stakeholders, including healthcare improvements, research capabilities, public health gains, and ethical considerations.
- **Balanced technological adoption:** Ensuring a balanced technological adoption approach across the diverse European landscape, supported by EU funding, to prevent technologically advanced regions from overshadowing less-developed ones.
- **Robust data governance:** Implementing sound data governance practices to address privacy concerns and build trust among the public regarding data sharing.
- **Thorough research and evidence:** Conducting thorough research and providing robust evidence of EHDS advantages while considering the complexity of healthcare ecosystems

## Foresight Expert Panel – Online Workshop

In the Foresight Expert Panel held online on 20 October 2023, experts had the opportunity to review and react to the results of Delphi study, as well as participate in a backcasting exercise. (see Appendix for agenda, workshop participants and outcomes of backcasting exercise)

During the **backcasting exercise**, experts explored four theme areas aligned with the Delphi study:

- Public health policy, governance, and financing
- Sustainability and green transition
- Equity, health promotion and prevention
- Digitalisation in public health

They identified the intermediate actions between the theme areas' corresponding 2035 vision and the present. Below we provide an analysis of the actions the participants have identified.

### Public health policy, governance, and financing

**Vision for 2035:** With the Economy of Wellbeing in mind, health and wellbeing objectives are pursued holistically in policy agendas, with financing models aligning health priorities with other incentives.



Experts highlighted the need for increased recognition of well-being policy paradigms and monitoring frameworks, which are sensitive to differences and disparities across the European Union.

Experts called for a sense of urgency among policymakers and for closer cooperation with civil society. Public health policy and governance should further promote participatory approaches as wellbeing is subjective and cultural. Moreover, increased cooperation with civil society could also help address the observed trust challenges. Collaboration between the Ministries of Finance and Health was strongly recommended to ensure comprehensive health policy implementation.

Changing business models associated with sickness, developing incentives for health-aligned companies, outcome-focused public procurement and using taxes (e.g. sugar tax) to finance necessary reforms to health and social systems were proposed to advance equity in public health.

Reducing inequality in carbon footprint and increasing public funding for cross-sectoral projects were additional key points. The experts also emphasized the importance of including (certified) digital products in health policies and financing and support for an equitable uptake.

## Sustainability and green transition

*Vision for 2035: A combination of policy and behavioural shifts have steered society towards fulfilling environmental objectives with measurable improvements in population health.*

Experts notably called for the greening of supply chains and procurement, as well as the assessment of environmental and health equity impacts of new policies, products and services. They stressed that the European Union budget should only be spent on products, services, projects, etc. that are compliant with the green and sustainable objectives.

Experts recommended mandatory health and environment impact assessments in urban planning, focusing on equity, as well as robust accountability mechanisms for sustainability at the EU level.

Additionally, experts emphasised the importance of affordable and sustainable consumption and mobility options and targeted support for people in vulnerable situations. External costs incorporation in product pricing and utilizing health impacts to drive the green transition were highlighted. The significance of transdisciplinary research and education was underscored and experts asked for school curricula to integrate education, competencies and skills on climate and the green transition.

Themes further included the high relevance of cooperating with cities, municipalities and civil society as well as challenges like economic interests that sometimes take precedence over health concerns.

## Equity, prevention, and health promotion

*Vision for 2035: Holistic health promotion, addressing the social determinants of health and standard early screening of NCDs and mental health have led to improved quality of life and reduced avoidable disease burden*

Experts advocated for a European semester taking a stronger wellbeing approach and supporting the achievement of a Wellbeing Economy. They encouraged the further implementation of the EU child guarantee to reduce inequality and poverty and supported a specific focus on health promotion in schools. They also proposed launching a new EU Childhood Obesity Action Plan for the years 2025-2035.

Experts recognised the impacts of external factors like peace on health and stressed the importance of influencing the EU elections in June 2024 to prioritise public health. For the next EU legislative period 2024-2029, experts recommended to appoint a Commission Vice-President for the Wellbeing Economy, in addition to the Commissioner for Health and Food, and to set up a “Public Health” Committee in the European Parliament with health equity at the core of its work.

Tackling commercial determinants of health through collaboration with the private sector, expanding local support structures, and addressing the wider determinants of health, especially poverty, were other central themes.

In order to achieve this vision, experts stressed the importance of an increased visibility of health equity issues in (social) media.

## Digitalisation in public health

*Vision for 2035: The digitalisation of health systems has equitably improved population health thanks to sound governance and increased European collaboration. Evidence-based policymaking is abundant in the digital space, supported in part by the European Health Data Space.*

Experts highlighted the importance to understand the digitalisation of health systems and infrastructures in different European countries. They also emphasised the value of lifelong learning and intergenerational learning, be it in schools, in workplaces, or beyond to understand the digital landscape.

How to embed (health) equity into digitalisation and digital policy-making was a central concern. Ensuring digital access, promoting digital health literacy and building a (public health) workforce with digital understanding were identified as some of the key themes to reach the vision for 2035. Experts advocated for monitoring equity impacts of policies and recommended that digital public health markers such as measuring digital health literacy, digital access, etc. should be put in place and used. The local level was identified as one of the key actors for health communication.

Furthermore, experts stressed that digitalisation is a mean and a tool, not a goal in itself, and that digital developments should be based on actual needs, as well as on understanding of how different groups are using digital technologies. Technologies that facilitate better human contact should be leveraged. In this context, the transformative potential of AI and its influence on jobs and the way we work was equally discussed by the experts as a significant topic.

# Summary of main outcomes

The Foresight study aimed at exploring the role of public health by 2035 for achieving health equity through health promotion and prevention, in the context of the digital and green transition.

While health equity and social justice remain the North star to follow, they depend on many factors, key trends and developments in the future health landscape. EuroHealthNet's Foresight study has confirmed some known trends on the future health landscape in Europe and revealed others, delving deep into the dynamics that may shape public health.

The main outcomes, identified challenges and opportunities from the Delphi Round 1, Delphi Round 2 and Foresight Expert Panel online workshop will be summarised and discussed below.

## Main outcomes – Delphi Study Round 1

Overall, there was a high level of consensus in round 1 with as many as 20 out of 26 questions (77%) reaching the 60% threshold.

Respondents identified several **key public health challenges in Europe for the year 2035**. These challenges encompassed rising inequalities, (unhealthy) living conditions, the rise in chronic diseases and mental disorders, the digital transition as well as the demographic and climate change.

The **most important values for public health in Europe in 2035** identified by respondents were

- Equity and inclusivity
- Transparency and trustworthiness
- Health promotion and prevention
- Effectiveness and evidence-based approach
- Community engagement and collaboration
- Sustainability and responsibility

## Public Health Policy and Governance

Respondents acknowledged the persistence of health inequalities in Europe, with factors like income, education, and access to healthcare influencing disparities. They emphasized the need for targeted policy changes and interventions to address social determinants of health and reduce health inequalities. Collaborative efforts among policymakers, healthcare and public health professionals, and communities were deemed essential to achieve meaningful change.

Respondents were very much divided on the question whether the **Economy of Wellbeing** approach will be a standard in the policy-making processes of all European countries by 2035. While 54.8% considered it to be (very) likely, 45.2% considered it to be unlikely. In the comments, experts identified the lack of political will or the difficulty to generate it as an important factor.

On the contrary, there was a large consensus amongst experts

- that **public health agencies** will have to engage in **more aggressive competition** against other public agencies for attention and resources from political decision makers in 2035 (80.6% found this (very) likely)
- that the **European Union** will have gained more comprehensive **competencies over the health policy** domain by 2035 (71% found this (very) likely)
- and that political polarisation, **lack of public trust** in public institutions and among society, as well as pervasive spread of **disinformation** will have made achieving public health goals in Europe much more difficult by 2035 (77.4% found this (very) likely)

## Public Health Financing

Respondents highlighted concerns about the sustainability of public health financing, particularly due to budget constraints and competing priorities. A large majority (77.4%) of experts do not expect that in 2035, European governments will **spend as much on health promotion and prevention as on treatment**.

In this context, the need for strategic allocation of resources and innovative funding to support public health initiatives was emphasized. The potential for private sector involvement in public health financing was seen as an opportunity but also raised ethical considerations.

Respondents were very much divided on the question whether by 2035 **public health financing models in Europe** will remain the same or very similar to how they are in 2023. With 35.5% “somewhat agreeing”, 35.5% “somewhat disagreeing” and 22.6% “neither agreeing, nor disagreeing” in the first round. While this was partly explained in comments by the heterogeneity of European countries and systems and the political and economic uncertainties, it became clear that this question needed further discussion in round 2.

There was also ambiguity on the question whether in 2035 key stakeholders will have managed to shift **incentive structures in European health systems** from being primarily economically driven to **primarily outcome driven**. (35.5% answered “neither agree nor disagree”)

## Sustainability and Green Transition

Environmental health challenges such as climate change, environmental degradation and biodiversity loss were identified as significant concerns for public health. Respondents emphasized the need to integrate sustainability into public health policies and practices, as well as research agendas recognizing the interdependence between the environment and wellbeing for today’s and future generations.

There was large consensus that by 2035

- there will be **EU legislation** for monitoring and evaluating the **ecological footprint of health system activities**. (80.7% found this (very) likely)
- there will be comprehensive **EU legislation** and guidelines for **management of medical waste**. (87.1% found this (very) likely)
- a core function of public health will be applying the **“One Health” approach** (e.g., improving environmental sustainability and resilience through more preventive

interventions, enabling behavioural change in populations, and advocating for holistic health policies). (70.6% found this (very) likely)

However, there was major **uncertainty** whether by 2035, the green transition will have led to significant and measurable improvements in population health, planetary health, and health system functionality. (56.7% found this scenario likely but 40% unlikely).

Collaboration across sectors, including urban planning, transportation, energy, and food systems, was recommended to promote healthier living environments and mitigate and adapt to environmental risks. Strategies included increasing access to green spaces, enhancing public transportation, and promoting sustainable behaviours to create a more resilient and ecologically balanced society.

## Health Promotion and Prevention

Respondents recognized the significance of health promotion and prevention strategies in reducing the burden of diseases. They emphasized the need for comprehensive and multisectoral approaches that address lifestyle factors, mental health, and social determinants. Strategies included enabling healthy behaviours, raising awareness, and integrating health promotion into education and workplaces.

There was large consensus among experts that in 2035

- **Public institutions like schools** will play a much more active role in promoting healthy behaviour among populations than today. (83.9% strongly or somewhat agreed)
- Health promotion efforts will focus predominantly on enabling behavioural change and healthy choices through **healthy living environments**, financial incentives, etc.. (77.4% strongly or somewhat agreed)
- Prevention strategies that **target underlying social, economic and environmental factors** will be a primary focus of public health engagements in all European countries. (71% strongly or somewhat agreed)

A majority of the experts also agreed – but to a lesser extent - that by 2035

- the European Union will have adopted new legislation to better monitor and regulate **commercial determinants of health**, e.g. alcohol sale and packaging, fast and processed food marketing. (67.8% strongly or somewhat agreed)
- **whole-of-system approaches to mental health** will be a fundamental aspect of public health activities in Europe. (61.3% strongly or somewhat agreed)

There was some ambiguity on the question whether **population-wide early screening for all common NCDs and mental health** will be a standard feature of health systems in European countries by 2035. While 45.2% “somewhat agreed” with this statement, more than a third (38.7%) neither agreed nor disagreed with this statement, showing that this topic needed further debate in round 2.

## Equity and Society

Respondents highlighted the impact of social determinants on health inequities, emphasizing the need to tackle issues such as income inequality and social exclusion. Calls were made for policies that prioritize populations in vulnerable situations, enhance social inclusion, and address the root causes of health disparities. Collaboration among various sectors and stakeholders was considered essential to achieve equitable health outcomes.

An overwhelming majority of more than 90% of the experts found it (very) likely that in 2035

- increasing **socio-economic inequality** will be the greatest challenge to achieving goals related to health equity in Europe. (93.6%)
- **“Brain drains” and acute workforce shortages** in some countries’ health and care systems will be commonplace due to aggressive, cross-border competition for personnel. (93.4%)

While a large majority of 77.4% estimated it to be (very) likely that the **privatisation of health and care services** will have become more prevalent in Europe by 2035, an overwhelming majority of 90.3% found it (very) unlikely that this scenario would markedly improve population health outcomes overall.

## Digitalisation in Public Health

Respondents had mixed views on digitalisation in public health and the role of AI. The potential of digital health to enhance healthcare delivery and patient engagement was recognized. Digital health literacy was emphasized as essential for effective health interventions.

A large majority of experts was confident that by 2035 public health professionals will be equipped with sufficient levels of **digital literacy** and core competences (e.g. critical thinking, problem solving) to navigate/adapt to new technologies. (80.6% (strongly) agreed)

At the same time, **digital inequalities** were highlighted as potential barriers to accessing health services, with efforts needed to bridge the digital divide and ensure equitable access. There was large consensus among experts that in 2035 digitalisation of health systems will have created new inequalities that divide digitally literate and digitally illiterate populations. (87.1% (strongly) agreed)

A majority of 67.8% of the experts believed that the **use of artificial intelligence** will be standard in most aspects of public health in all European countries in 2035. However, several of them expressed concerns about ethical implications and unequal access – a challenge common to all digital tools.

In fact, a majority of 60% of the experts (strongly) agreed with the statement that the **lack of internet access** will pose significant barriers to accessing health services in 2035.

There was also a lot of uncertainty among experts whether the **European Health Data Space** is being implemented by 2035 and has increased access to protected primary and secondary health data, resulting in more agile, precise, and data-driven approaches to public health in Europe. While 40% (strongly) agreed with this statement, 40% of the experts neither agreed nor disagreed, showing the need for further analysis.

## Main outcomes – Delphi Study Round 2

### Implementation of the Economy of Wellbeing

The Delphi Study points to generating political will as a significant challenge when implementing the Economy of Wellbeing.

Opposition from entrenched interests and market individualism, compounded by short-termism and the slow pace of change often observed in economies are seen as obstacles. Broader political trends including populism, anti-globalisation and political polarisation may also undermine a future Europe-wide implementation.

### New public health financing models

Financing models for public health are a topic of debate, with discussions around alternatives like social impact bonds, health insurance, and taxation. Finding sustainable financing solutions that balance the interests of both public and private sectors is seen as essential.

The Delphi Study points to generating political will as a significant challenge when implementing new public health financing models. Ways to overcome this include limiting the scope of implementation such as with pilot programmes that may be upscaled or with dual track approaches that combine traditional and innovative financing and incentive models.

The most attractive opportunities participants identified regarding new financing models are increased taxation for health such as “sin taxes” (taxes on health-harmful products such as sugar and alcohol) and alternative procurement with social, health and environmental objectives.

### Primarily outcome driven incentive structures in European health systems

Transforming incentive structures to prioritize health outcomes over economic factors is considered crucial. Public awareness campaigns, political will, and collaborations between the public and private sectors are proposed strategies to drive this shift. However, the influence of powerful commercial interests and the need for cultural and societal change are significant barriers.

### A green transition that benefits health

Respondents highlight the interconnectedness of climate change, planetary health, and population health. Mitigating climate change and adapting to its already present effects, as well as promoting a Wellbeing Economy that integrates the health-environment link to economies, are essential for long-term sustainability. Collaboration between countries and sectors and a focus on shared goals and benefits are crucial enablers.

Just like reforming health financing models, the experts believe that driving a green transition that improves health outcomes is hindered by lack of political will. However, a most often recognised



challenge is that of economic interests – such as from large multinational companies – conflicting with environmental and health goals.

A green transition that leads to improvements in population health and equity will require a strong public consensus backed by the necessary financial commitment to accelerate action and achieve current objectives, connected to an understanding the complexity of and interconnectedness of environmental and human health.

In this context, shifts in both awareness and behaviour as well as policy are believed to be crucial to prioritise long-term sustainability objectives.

### **Population-wide early screening for NCDs and mental health**

Early screening for non-communicable diseases (NCDs) and mental health is seen as valuable by the experts, complementing wider health promotion approaches across sectors, but the approach must be evidence-based and ethically sound. Wearable devices, AI, and advancements in technology may play a role in early screening.

More research is needed to produce evidence and identify the most effective approaches improving use and access of technologies and data, creating harmonised screening protocols and fostering EU-wide collaboration and knowledge sharing.

Regarding the main enabler of improved early screening, the focus on prevention both by policymakers and medical professionals clearly stands out. Regarding early screening for mental health, the pervasive stigma is still an obstacle towards standardising early screening measures. Some experts highlight the need not to overlook prevention and risk factors in favour of early screening. Finally, heterogeneity in health infrastructure and policies in Europe makes developing a common European process difficult.

### **Full Implementation of the European Health Data Space (EHDS)**

Variations in data collection infrastructure, data privacy and security concerns are most often identified by experts as key challenges. Respondents also refer to the challenge of providing dedicated training to public health professionals and updating of role descriptions. The full implementation of the European Health Data Space (EHDS) across diverse European countries by 2035 requires addressing these challenges.

Essential enablers identified are demonstrating clear benefits of EHDS to stakeholders, and following a balanced adoption across the EU supported by EU funding.

Additionally, addressing individual and societal aspects, building trust to share data – which varies from country to country – by ensuring secure and responsible access and fostering digital inclusion are key considerations towards the success of a EHDS, though 2035 was seen by some as overly optimistic.



## Main outcomes – Foresight Expert Panel Backcasting exercise

The backcasting exercise conducted during the Foresight Expert Panel highlighted some concrete actions across the different thematic areas. Despite addressing a variety of topics, ranging from green transition to digitalisation, there are some common themes.

Firstly, there was an emphasis on the importance of equity and the reduction of disparities in health and wellbeing. Equity was seen as a fundamental principle in public health, and various strategies are proposed to achieve it, including addressing social determinants of health, promoting fair access to resources and services, and improving child health.

Secondly, the experts stressed the need for intersectoral collaboration through dedicated platforms and a holistic approach to public health. They advocated for partnerships between various government ministries and agencies – such as closer collaboration between the Ministry of Finance and Health – as well as engagement with civil society, private sector, and local communities. This collaborative approach was seen as crucial for addressing complex public health challenges.

Thirdly, digitalisation and technology play a significant role in all areas. Experts recognised the potential of digital tools, AI and data in advancing public health goals, whether it is in monitoring and evaluation, promoting health literacy, or supporting evidence-based decision-making. Success in this area is dependent on addressing digital literacy and training the health workforce.

Finally, experts highlighted the interconnection between environmental and human health and advocated for policies and practices that promote a more sustainable and environmentally friendly approach to public health, including establishing living in a healthy environment as a right, gathering data and evidence, and developing accountability mechanisms.

# Conclusions and calls to action for public health in Europe

The purpose of the Foresight study is to explore how best to strengthen the role of public health by 2035 and achieve health equity through health promotion and disease prevention, in the context of the digital and green transition. Based on the results from the Oslo workshop, the Delphi study and the online Foresight Expert Panel public health stakeholders and decision makers across Europe are called to:

## Public health policy and governance towards 2035

- Build consensus around public health objectives that give priority to health equity and wellbeing rather than limited economic interests
- Establish mechanisms to align economic incentives with health, social and environmental objectives and restore trust in institutions
- Follow a collaborative approach that brings together different sectors and stakeholders at public, private and civil society level, locally, nationally and across the EU
- Foster evidence-based decision-making and generate political will by developing capacity and allocating resources to evidence generation and communication
- Conduct Europe-wide studies that seek to identify effective public health policies and promising practices as well as common principles to transform health systems and other settings (such as local and regional communities)
- Encourage EU coordination on the Wellbeing Economy through a dedicated Commissioner, group in the European Parliament and broadened EU health competences

## Public health financing towards 2035

- Focus on cross-sectoral spending for health promotion and prevention, as well as health equity, thereby reducing the burden on health and social care services
- Shift incentive structures in European health systems to health outcome driven systems through developing evidence of impact
- Investigate and apply pro-health taxes aimed to enable healthy behaviour and sustainable consumer choices
- Increase collaboration between the Ministries of Finance and Health but also other ministries (e.g., Education) to ensure comprehensive health policy implementation
- Explore the validity of new financing models through pilots in limited geographies or populations

## **Sustainability and green transition towards 2035**

- Develop the necessary evidence that demonstrates the importance of the green transition on population health and wellbeing
- Develop policies that ensure the green transition includes indicators of population health as well as utilizing health impacts to drive the green transition
- Introduce mandatory health, equity and environment impact assessments for new policies, products and services
- Spend EU budget only for products, services, projects, etc. that are compliant with its green and sustainable objectives
- Encourage greening of the supply chain and public procurement procedures aimed at achieving social, health and environmental objectives

## **Prevention and health promotion**

- Advocate for a Wellbeing Economy approach, which benefits people and planet, and ensures peace, human dignity, equal opportunities, and fairness
- Prioritise health promotion and disease prevention
- Better monitor and regulate commercial determinants of health at EU and national levels
- Enable healthy behaviours for all, raising awareness and integrating health promotion into education and workplaces
- Investigate effective and ethical approaches for early screening of NCDs and mental health across the social gradient
- Explore personalised approaches to prevention, leveraging advancements in data, AI, digital health, and biomedical research to tailor preventive interventions to improve health

## **Equity and society towards 2035**

- Ensure that policies prioritize populations in vulnerable situations, enhance social inclusion, and address the root causes of health disparities
- Offer affordable and sustainable consumption and mobility options and targeted support for people in vulnerable situations

- Encourage the further implementation of the EU child guarantee to reduce inequality and poverty and support a specific focus on health promotion in schools
- Step up action on childhood obesity and increase health literacy across the life course
- Strengthen public universal services and monitor closely quality and impacts of private services through health equity impact assessments
- Increase visibility of health equity issues in (social) media

### **Digitalisation in public health towards 2035**

- Embed (health) equity into the digital transformation and digital policy-making, e.g. by monitoring equity impacts of digital policies
- Ensure digital access and inclusion, and link digital and social innovation
- Promote digital health literacy and build a public health workforce with digital and AI competences
- Support the EU wide harmonisation of data collection practices and access to the necessary technologies
- Support the implementation of the European Health Data Space by collaborating with EU institutions and across European borders, identifying challenges and opportunities.

# Appendixes

## List of Foresight survey respondents

Last name	First name	Organisation	Position	Country
Azam	Sumina	Public Health Wales	Head of Policy, Deputy Director PHW	United Kingdom
Belloli	Gian Luigi	Region of Emilia-Romagna	Collective Prevention and Public Health Department	Italy
Benedic Tomat	Saska	International Sport and Culture Association (ISCA)	Head of Projects	Denmark
Bokström	Tomas	Research Institutes of Sweden (RISE)	Project Manager	Sweden
Braun	Reiner	OS4OS (Open Science for Open Societies)	Managing Director	Germany
Brukało	Katarzyna	Medical University of Silesia in Katowice	Dietician and public health specialist	Poland
Buijs	Goof	UNESCO Chair Global Health & Education	Manager UNESCO Chair	France
Chapman-Hatchett	Alice	The Health and Europe Centre, Kent and Medway NHS	Director	United Kingdom
Costello	Suzanne	Institute of Public Health in Ireland	CEO	Ireland
Csizmadia	Péter	National Public Health Center, Hungary	Consultant	Hungary
Darias-Curvo	Sara	Universidad de la Laguna	Director of the Research Center of Social Inequality and Governance - CEDESOG	Spain
Drev	Andreja	National Institute of Public Health, Slovenia		Slovenia
Gabrijelčič	Mojca	National Institute of Public Health, Slovenia	Senior Advisor	Slovenia
Gil Luciano	Ana	Ministry of Health of Spain	Head of the Health Promotion and Equity Area	Spain
Jani	Anant	Heidelberg University Hospital	Research Fellow at the Heidelberg Institute for Global Health in Germany and the University of Oxford	Germany
Kállayová	Daniela	Ministry of Health of the Slovak Republic	Senior Public Health Officer	Slovakia

Karnaki	Pania	Prolepsis Institute	Director of European and International programs	Greece
Lane	Joanna	HealthClusterNet (and others)	Managing Director, Stichting HCN Professor, Centre for Health & Technology, University of South-Eastern Norway Senior EU Adviser, Norway Health Tech REGIO-CEI-AMI Senior Expert	
Li	Bård	Norwegian University of Science and Technology (NTNU)	Senior Advisor	Norway
Myrbäck	Filippa	Swedish Association Local Authorities and Regions	Senior Advisor public health	Sweden
Neumann	Marc	Basque Centre for Climate Change	Research Professor	Spain
Nevanlinna	Jussi	Sitra (House of the Future of Finns)	Project Manager	Finland
Peiro Pérez	Rosana	Foundation for the Promotion of Health and Biomedical Research of Valencia Region (FISABIO)	Public Health Officer	Spain
Plunger	Petra	Competence Centre for Future Health Promotion, Austrian Health Promotion Fund (FGÖ), Austrian National Public Health Institute (GÖG)	Senior Health Expert	Austria
Renwick	Lorna	Public Health Scotland	Public Health Service Manager, Poverty and Economy	United Kingdom
Robnik	Monika	National Institute of Public Health, Slovenia	Sanitary engineer	Slovenia
Tosco	Eleonora	DoRS Regione Piemonte	Responsible for Communications	Italy
Voss	Maike	Centre for Planetary Health Policy (CPHP)	Managing Director	Germany
Maassen	Alison	EuroHealthNet	Programme Manager	Belgium
Sienkiewicz	Dorota	EuroHealthNet	Policy Manager	Belgium
Stegeman	Ingrid	EuroHealthNet	Programme Manager	Belgium

## Foresight Expert Panel Online\_Workshop participants on 20 October 2023

Last name	First name	Organisation	Position	Country
Azam	Sumina	Public Health Wales	Head of Policy, Deputy Director PHW	United Kingdom
Benedic Tomat	Saska	International Sport and Culture Association (ISCA)	Head of Projects	Denmark
Bokström	Tomas	Research Institutes of Sweden (RISE)	Project Manager	Sweden
Braun	Reiner	OS4OS (Open Science for Open Societies)	Managing Director	Germany
Brukało	Katarzyna	Medical University of Silesia in Katowice	Dietician and public health specialist	Poland
Costello	Suzanne	Institute of Public Health in Ireland	CEO	Ireland
Fulvimari	Alessia	Directorate-General for Employment, Social Affairs and Inclusion (DG EMPL)	Socio-Economic Analyst	Belgium
Gabrijelčič	Mojca	National Institute of Public Health, Slovenia	Senior Advisor	Slovenia
Gil Luciano	Ana	Ministry of Health of Spain	Head of the Health Promotion and Equity Area	Spain
Hilderink	Henk	RIVM	Top expert Population Health Foresight	Netherlands
Hoogendoorn	Petra	Leiden University Medical Centre	International expert in health app assessment	Netherlands
Jani	Anant	Heidelberg University Hospital	Research Fellow at the Heidelberg Institute for Global Health in Germany and the University of Oxford	Germany
Kállayová	Daniela	Ministry of Health of the Slovak Republic	Senior Public Health Officer	Slovakia
Karnaki	Pania	Prolepsis Institute	Director of European and International programs	Greece
Lane	Joanna	HealthClusterNet (and others)	Managing Director, Stichting HCN Professor, Centre for Health & Technology, University of South-Eastern Norway Senior EU Adviser, Norway Health Tech REGIO-CEI-AMI Senior Expert	Norway

Li	Bård	Norwegian University of Science and Technology (NTNU)	Senior Advisor	Norway
Myrbäck	Filippa	Swedish Association Local Authorities and Regions	Senior advisor public health	Sweden
Neumann	Marc	Basque Centre for Climate Change	Research Professor	Spain
Peiro Pérez	Rosana	Foundation for the Promotion of Health and Biomedical Research of Valencia Region (FISABIO)	Public Health Officer	Spain
Plunger	Petra	Competence Centre for Future Health Promotion, Austrian Health Promotion Fund (FGÖ), Austrian National Public Health Institute (GÖG)	Senior Health Expert	Austria
Tosco/ Tortone	Eleonora/ Claudio	DoRS Regione Piemonte	Responsible for Communications	Italy
Vana	Irina	Austrian Health Promotion Fund (FGÖ)	Health Expert	Austria
Voss	Maike	Centre for Planetary Health Policy (CPHP)	Managing Director	Germany
Costongs	Caroline	EuroHealthNet	Director	Belgium
Maassen	Alison	EuroHealthNet	Programme Manager	Belgium
Papartyte	Lina	EuroHealthNet	Project Coordinator	Belgium
Sienkiewicz	Dorota	EuroHealthNet	Policy Manager	Belgium
Stegeman	Ingrid	EuroHealthNet	Programme Manager	Belgium
Wagenführ- Leroyer	Anne	EuroHealthNet	Programme Manager	Belgium
Eliassen	Bogi	Copenhagen Institute for Futures Studies	Director	Denmark
Gallen	Patrick Henry	Copenhagen Institute for Futures Studies	Senior Advisor & Futurist	Denmark
Jerez Pombo	José Manuel	Copenhagen Institute for Futures Studies	Advisor & Futurist	Denmark
Szpisjak	Aron	Copenhagen Institute for Futures Studies	Senior Advisor & Futurist	Denmark



# Future of Public Health – Delphi Study with EuroHealthNet: Round 1

The focus of this study is to investigate the role of public health by 2035 for achieving health equity through health promotion and prevention, in the context of the digital and green transition.

After each question, you will have a space to provide an explanation for your selected response. While this is not required for every question, it is highly preferred that you take the time to provide an explanation that is as comprehensive as possible. In your explanation, you are welcome to draw on any evidence, personal experience or observations, or other data or argumentation that supports your selected response. **Please note that you are asked to respond in your individual capacity as an expert, and not as a representative for or on behalf of any organisations which with you are affiliated.**

Once you have responded, you will be able to read other participants' responses and explanations. **Note that all responses will be anonymised.** You may change your own responses at any time while the survey round is open if you change your mind based on other participants' responses.

## Introductory open questions

Please provide short answers to the following open questions. **In this section you are asked to provide responses that reflect your preferences, ideals, and/or values.**

1. What are the main public health challenges in Europe in 2035 according to you? Please provide at most three challenges.
2. What are the most important values that guide public health activities and initiatives in Europe in 2035? Please list at most three values.

In the six sections below, we ask you to reflect on a range of questions. In some sections, you will be asked to indicate your level of agreement with the given statement about a future state or set of conditions. In other sections, you will be asked to assess the likelihood of a given event or set of conditions occurring by or in the year 2035. **In both instances, it is crucial that your responses are based on what you believe is most probable – not what is most preferable.**

### 1. Public health policy and governance

Assess the likelihood of the following statements and provide an explanation and, if possible, arguments in support of your response in the space below. **In this section, it is crucial that your responses are based on what you believe is most probable – not what is most preferable.**

1. By 2035, the Economy of Wellbeing approach will have become a standard in the policy making processes of all European countries.
  - a. Very likely
  - b. Likely
  - c. Unlikely
  - d. Very unlikely
  
2. Public health agencies will have to engage in more aggressive competition against other public agencies for attention and resources from political decision makers in 2035.
  - a. Very likely
  - b. Likely
  - c. Unlikely
  - d. Very unlikely
  
3. The European Union will have gained more comprehensive competencies over the health policy domain by 2035.
  - a. Very likely
  - b. Likely
  - c. Unlikely
  - d. Very unlikely
  
4. Political polarisation, lack of public trust in public institutions and among society, and pervasive spread of disinformation will have made achieving public health goals in Europe much more difficult by 2035.
  - a. Very likely
  - b. Likely
  - c. Unlikely
  - d. Very unlikely

## 2. Public health financing and spending

Indicate your level of agreement with the following statements and provide an explanation and, if possible, arguments in support of your response in the space below. **In this section, it is crucial that your responses are based on what you believe is most probable – not what is most preferable.**

5. By 2035, public health financing models in Europe will remain the same or very similar to how they are in 2023.
  - a. Strongly agree
  - b. Somewhat agree
  - c. Neither agree nor disagree
  - d. Somewhat disagree
  - e. Strongly disagree

6. In 2035, European governments will spend as much on health promotion and prevention as on treatment.
  - a. Strongly agree
  - b. Somewhat agree
  - c. Neither agree nor disagree
  - d. Somewhat disagree
  - e. Strongly disagree
  
7. In 2035, key stakeholders will have managed to shift incentive structures in European health systems from being primarily economically driven to primarily outcome driven.
  - a. Strongly agree
  - b. Somewhat agree
  - c. Neither agree nor disagree
  - d. Somewhat disagree
  - e. Strongly disagree

### 3. Sustainability and green transition

Assess the likelihood of the following the statements and provide an explanation and, if possible, arguments in support of your response in the space below. **In this section, it is crucial that your responses are based on what you believe is most probable – not what is most preferable.**

8. By 2035, there will be EU legislation for monitoring and evaluating the ecological footprint of health system activities.
  - a. Very likely
  - b. Likely
  - c. Unlikely
  - d. Very unlikely
  
9. By 2035, the green transition has led to significant and measurable improvements in population health, planetary health, and health system functionality.
  - a. Very likely
  - b. Likely
  - c. Unlikely
  - d. Very unlikely
  
10. By 2035, there will be comprehensive EU legislation and guidelines for management of medical waste.
  - a. Very likely
  - b. Likely
  - c. Unlikely
  - d. Very unlikely

11. By 2035, a core function of public health will be applying the “One Health” approach (e.g., improving environmental sustainability and resilience through more preventive interventions, enabling behavioural change in populations, and advocating for holistic health policies).
- Very likely
  - Likely
  - Unlikely
  - Very unlikely

#### 4. Prevention and health promotion

Indicate your level of agreement with the following statements and provide an explanation and, if possible, arguments in support of your response in the space below. **In this section, it is crucial that your responses are based on what you believe is most probable – not what is most preferable.**

12. In 2035, prevention strategies that target underlying social, economic and environmental factors will be a primary focus of public health engagements in all European countries.
- Strongly agree
  - Somewhat agree
  - Neither agree nor disagree
  - Somewhat disagree
  - Strongly disagree
13. Population-wide early screening for all common NCDs and mental health will be a standard feature of health systems in European countries by 2035.
- Strongly agree
  - Somewhat agree
  - Neither agree nor disagree
  - Somewhat disagree
  - Strongly disagree
14. Health promotion efforts will focus predominantly on enabling behavioural change and healthy choices through healthy living environments, financial incentives, etc. in 2035.
- Strongly agree
  - Somewhat agree
  - Neither agree nor disagree
  - Somewhat disagree
  - Strongly disagree
15. Whole-of-system approaches to mental health will be a fundamental aspect of public health activities in Europe by 2035.
- Strongly agree

- b. Somewhat agree
- c. Neither agree nor disagree
- d. Somewhat disagree
- e. Strongly disagree

16. Public institutions like schools will play a much more active role in promoting healthy behaviour among populations in 2035 than today.

- a. Strongly agree
- b. Somewhat agree
- c. Neither agree nor disagree
- d. Somewhat disagree
- e. Strongly disagree

17. By 2035, the European Union will have adopted new legislation to better monitor and regulate commercial determinants of health, e.g. alcohol sale and packaging, fast and processed food marketing.

- a. Strongly agree
- b. Somewhat agree
- c. Neither agree nor disagree
- d. Somewhat disagree
- e. Strongly disagree

## 5. Equity and society

Assess the likelihood of the following statements and provide an explanation and, if possible, arguments in support of your response in the space below. **In this section, it is crucial that your responses are based on what you believe is most probable – not what is most preferable.**

18. Increasing socio-economic inequality will be the greatest challenge to achieving goals related to health equity in Europe in 2035.

- a. Very likely
- b. Likely
- c. Unlikely
- d. Very unlikely

19. “Brain drains” and acute workforce shortages in some countries’ health and care systems will be commonplace in 2035 due to aggressive, cross-border competition for personnel.

- a. Very likely
- b. Likely
- c. Unlikely
- d. Very unlikely

20. By 2035, privatisation of health and care services will have become much more prevalent in Europe.
- Very likely
  - Likely
  - Unlikely
  - Very unlikely
21. By 2035, privatisation of health and care services will have markedly improved population health outcomes overall.
- Very likely
  - Likely
  - Unlikely
  - Very unlikely

## 6. Digitalisation in public health

Indicate your level of agreement with the following statements and provide an explanation and, if possible, arguments in support of your response in the space below. **In this section, it is crucial that your responses are based on what you believe is most probable – not what is most preferable.**

22. *By 2035, public health professionals will be equipped with sufficient levels of digital literacy and core competences (e.g. critical thinking, problem solving) to navigate/adapt to new technologies.*
- Strongly agree
  - Somewhat agree
  - Neither agree nor disagree
  - Somewhat disagree
  - Strongly disagree
23. The use of artificial intelligence will be standard in most aspects of public health in all European countries in 2035.
- Strongly agree
  - Somewhat agree
  - Neither agree nor disagree
  - Somewhat disagree
  - Strongly disagree
24. Digitalisation of health systems will have created new inequalities that divide digitally literate and digitally illiterate populations in 2035.
- Strongly agree
  - Somewhat agree
  - Neither agree nor disagree
  - Somewhat disagree
  - Strongly disagree

25. Lack of internet access will pose significant barriers to accessing health services in 2035.

- a. Strongly agree
- b. Somewhat agree
- c. Neither agree nor disagree
- d. Somewhat disagree
- e. Strongly disagree

26. By 2035, the European Health Data Space is being implemented and has increased access to protected primary and secondary health data, resulting in more agile, precise, and data-driven approaches to public health in Europe.

- a. Strongly agree
- b. Somewhat agree
- c. Neither agree nor disagree
- d. Somewhat disagree
- e. Strongly disagree

# Future of Public Health – Delphi Study with EuroHealthNet: Round 2

Thank you for your participation in the Round 1 of the EuroHealthNet's Future of Public Health Foresight Study! We greatly appreciate the time and effort you've spent to contribute valuable insights to this process.

This second (and last) round will dive deeper into the areas that were deemed to show low consensus (below 60%) in the first round. As a result, this round should be shorter to complete (approximately 30 mins).

The following questions are designed to address critical areas discussed in the previous round. For example, the first-round responses naturally identified blockers (e.g., resistance to change, economic interests, misaligned incentives) and enablers (e.g., technology, changing values, collaboration). This survey will dig deeper into these to identify the major obstacles and opportunities. Some of these questions may ask you to choose the most important option(s), please note that in doing so you are identifying the ones you believe are **most** important as all the options will likely be relevant to some degree.

The survey form automatically saves your inputs and you can return to an incomplete form at any time during the response period. However, it is preferred that you submit all responses in one sitting if possible.

After each question in Sections 1 to 6, you will have a space to provide an explanation for your selected response. We realise this takes more time, but we highly appreciate your explanations as they will improve the quality of our Delphi process.

In your responses, you are welcome to draw on any evidence, personal experience or observations, or other data or argumentation that supports your selected response. Please be aware that you are asked to respond in your individual capacity as an expert, and not as a representative for or on behalf of any organisations with which you are affiliated.

Once you have responded, you will be able to read other participants' responses and explanations. All responses will be anonymised. You may edit your own responses at any time while the survey round is open. You must provide your email in the field below in order to access future survey rounds and view anonymised responses.

## Public health policy and governance

**Statement 1 of 1st survey round - By 2035, the Economy of Wellbeing approach will have become a standard in the policy-making processes of all European countries.**

1. What will be the main challenges to overcome towards successfully implementing the Economy of Wellbeing approach as a standard by 2035? Please choose 2.
  - a. Producing evidence (e.g. on returns on investment) for the Economy of Wellbeing approach
  - b. Generating political will
  - c. Fostering cross-sectoral collaboration for this systemic approach



- d. Aligning incentives and common interests between diverse stakeholders
2. What are the main enablers towards implementing the Economy of Wellbeing as a standard by 2035? Please choose 2.
- a. Digital and technological innovation
  - b. Focus on prevention within and beyond health sector
  - c. Conditionalising profit-making
  - d. Shift in societal values

## Public health financing and spending

**Statement 5 of 1st survey round - By 2035, public health financing models in Europe will remain the same or very similar to how they are in 2023.**

2. Which options do you find most promising as new or expanded financing models of public health in Europe? Please choose 2.
- a. Increased use of health impact bonds and social impact bonds
  - b. Increased taxation for health (e.g., sugar tax, alcohol tax)
  - c. Government guarantees that give a rate of return that is attractive to capital market investors
  - d. Alternative procurement with social, health and environmental objectives
  - e. Adapted health insurance (e.g., increased rates, reimbursing health-promoting activities)
  - f. Pool resources and share development risks (e.g., Covax Facility for COVID-19 vaccines)
2. What modality of implementation of new financing models is most likely to be observed towards 2035?
- a. Top-down systemic adoption at the national level
  - b. Pilot programmes involving a reduced population/geographical area with potential for upscaling
  - c. EU support harmonising new public health financing models across EU countries (e.g. EU funding, EU taxes)
  - d. Different EU countries will adopt different financing models
3. What will be the main determining factors when successfully implementing new financing models towards 2035? Please choose 2.
- a. Producing evidence (for example, through pilots)
  - b. Generating political will
  - c. Adapting the administrative and bureaucratic structures
  - d. Addressing sustainability concerns

**Statement 7 of 1st survey round - In 2035, key stakeholders will have managed to shift incentive structures in European health systems from being primarily economically driven to primarily outcome-driven.**

1. In your view, what specific strategies or mechanisms could help overcome resistance to enable a shift of incentive structures towards primarily outcome-driven European health systems? Please choose 2.
  - a. Enhanced regulatory measures and incentives for compliance
  - b. Collaborative partnerships with private sectors
  - c. Public awareness campaigns
  - d. Ensure a transition phase with a dual track approach where a primarily economically driven and a primarily outcome-driven health system co-exist
  
2. What will be the largest determining factors towards successfully shifting incentive structures in European health systems from being primarily economically driven to primarily outcome-driven? Please choose 2.
  - a. Producing evidence of impact (e.g. ability to define and measure outcomes)
  - b. Generating public support (e.g., medical actors) and political will
  - c. Working with pre-existing structures
  - d. Aligning economic interests with societal outcomes

## Sustainability and green transition

Statement 9 of 1st survey round - By 2035, the green transition has led to significant and measurable improvements in population health, planetary health, and health system functionality.

1. What catalysts are the most crucial for the green transition to drive significant and measurable improvements in population health, planetary health, and health system functionality by 2035? Please choose 2.
  - a. Major policy shifts
  - b. Technological breakthroughs
  - c. Collection and analysis of data
  - d. Shifts in public awareness and behaviour
  
3. What are the largest challenges that might hinder the realization of significant and measurable improvements in health outcomes from the green transition by 2035? Please choose 2.
  - a. Lack of political will
  - b. Economic interests conflicting with environmental goals
  - c. Slow adoption of sustainable practices (e.g. due to coordination and collaboration issues)
  - d. The green transition does not benefit everyone, resulting in higher health inequalities

## Prevention and health promotion

**Statement 13 of 1st survey round - Population-wide early screening for all common NCDs and mental health will be a standard feature of health system activities in European countries by 2035.**

1. Given the resource constraints and varying health system capacities across European countries, what can be done to ensure that early screening for all common NCDs and mental health contributes to better health outcomes by 2035? Please choose 2.
  - a. Strengthen research and development efforts to produce evidence and identify the most effective screening-intervention combinations (e.g. HTA)
  - b. EU-wide collaboration and knowledge sharing, for example of best practices and lessons learned
  - c. Create harmonised screening guidelines and protocols
  - d. Promote the application, access, and availability of technologies and data that improve screening capabilities
  
2. What are the main enablers in making early screening for all common NCDs and mental health a standard feature of health systems by 2035? Please choose 2.
  - a. Digital and technological innovation
  - b. Focus on prevention among policy makers and medical professions
  - c. Cross-EU collaboration
  - d. Shift in societal values

## Digitalisation in public health

**Statement 26 of 1st survey round - By 2035, the European Health Data Space is fully implemented and has increased access to protected primary and secondary health data, resulting in more agile, precise, and data-driven approaches to public health.**

1. What specific challenges or barriers do you anticipate will be most decisive in achieving full implementation of the European Health Data Space across diverse European countries by 2035? Please choose 2.
  - a. Variations in data collection infrastructure and access to technology
  - b. Data privacy and security concerns
  - c. Cultural differences in data sharing practices
  - d. Regulatory hurdles and legal frameworks
  
2. What are the main enablers that may accelerate the implementation of the European Health Data Space across Europe by 2035? Please choose 2.
  - a. Establishing sound data governance
  - b. Demonstrating clear benefits of EHDS implementation to all stakeholders
  - c. Collaboration between public and private stakeholders
  - d. Balanced technological adoption across the EU supported by EU funding

## Overview of Round 2 Delphi Study – most and least popular responses by question

Question	Most popular	Least popular
1. What will be the main challenges to overcome towards successfully implementing the Economy of Wellbeing approach as a standard by 2035?	Generating political will	Aligning incentives and common interests between diverse stakeholders
2. What are the main enablers towards implementing the Economy of Wellbeing as a standard by 2035?	Shift in societal values	Digital and technological innovation
3. Which options do you find most promising as new or expanded financing models of public health in Europe?	Increased taxation for health	Government guarantees that give a rate of return that is attractive to capital market investors
4. What modality of implementation of new financing models is most likely to be observed towards 2035?	Pilot programmes involving a reduced population/geographical area with potential for upscaling	Top-down systemic adoption at the national level
5. What will be the main determining factors when successfully implementing new financing models towards 2035?	Generating political will // Producing evidence (for example, through pilots)	Addressing sustainability concerns
6. In your view, what specific strategies or mechanisms could help overcome resistance to enable a shift of incentive structures towards primarily outcome-driven European health systems?	Ensure a transition phase that is economically driven and outcome-driven // Enhanced regulatory measures and incentives for compliance	Public awareness campaigns // collaborative partnerships with private sectors
7. What will be the largest determining factors towards successfully shifting incentive structures in European health systems from being primarily economically driven to primarily outcome-driven?	Generating public support and political will	Working with pre-existing structures
8. What catalysts are the most crucial for the green transition to drive significant and measurable improvements in population health, planetary health, and health system functionality by 2035?	Shift in public awareness and behaviour // major policy shifts	Collection and analysis of data
9. What are the largest challenges that might hinder the realization of significant and measurable improvements in health outcomes from the green transition by 2035?	Economic interests conflicting with environmental goals	Green transition does not benefit everyone, resulting in higher health inequalities
10. Given the resource constraints and varying health system capacities across European countries, what can be done to ensure that early screening for all common NCDs and mental health contributes to better health outcomes by 2035?	Strengthen R&D efforts to produce evidence and identify the most effective screening-intervention combinations	EU-wide collaboration and knowledge sharing // harmonized guidelines // use and access to technologies and data
11. What are the main enablers in making early screening for all common NCDs and mental health a standard feature of health systems by 2035?	Focus on prevention among policy makers and medical professions	Shift in societal values
12. What specific challenges or barriers do you anticipate will be most decisive in achieving full implementation of the European Health Data Space across diverse European countries by 2035?	Variations in data collection infrastructure and access to technology	Cultural differences in data sharing practices
13. What are the main enablers that may accelerate the implementation of the European Health Data Space across Europe by 2035?	Establishing sound data governance	Collaboration between public and private stakeholders

Note:  
The

respondents made their selection with a perspective towards 2035. Popularity refers to the number of responses each choice has obtained: Most popular = largest number of responses; Least popular = smallest number of responses.

# EuroHealthNet's Foresight Expert Panel - Agenda

## The role of public health by 2035

20 October 2023, 10-13h CET – Online meeting

Key questions for the Foresight exercise: What is the role of public health by 2035 for achieving health equity, through health promotion and prevention, in the context of the digital and green transition?

09.55 – 10.00 **Join online meeting**

10.00 – 10.05 **Welcome**

- **Caroline Costongs**, Director EuroHealthNet, Chair – *the need for solution-oriented messages*

10.05 – 11.00 **Questions before answers – Results from the survey**

- **Bogi Eliassen**, Health Director at the Copenhagen Institute for Futures Studies (CIFS) – *Collaborative review of the Delphi survey results*
- **Reflections from:**
  - **Dirk van den Steen**, Deputy Head of Unit “Digital, EU4Health and Health Systems Modernisation – State of Health, European Semester, Health Technology Assessment” (DG SANTE.C.2), European Commission
  - **Alessia Fulvimari**, Socio-Economic Analyst, Unit “Fair Green and Digital Transitions, Research” (DG EMPL.F.3), European Commission
- Q&A and Debate with participants

11.00 – 11.30 **Backcasting exercise with Foresight experts**

- Virtual breakout rooms to discuss different aspects in smaller groups
  - Public health policy, governance and finance  
*Facilitators: Aron Szpisjak (CIFS), Alison Maassen (EuroHealthNet)*
  - Sustainability and green transition  
*Facilitators: José Jerez Pombo (CIFS) and Dorota Sienkiewicz (EuroHealthNet)*
  - Prevention, health promotion and equity  
*Facilitators: Bogi Eliassen (CIFS), Ingrid Stegeman and Anne Wagenführ-Leroy (EuroHealthNet)*
  - Digitalisation and digital inclusion in public health  
*Facilitators: Patrick Gallen (CIFS), Caroline Costongs and Mojca Gabrijelčič (EuroHealthNet)*

11.30 – 11.45 **Break**

11.45 – 12.45 **Reflections on EuroHealthNet's Foresight findings**

moderated by **Mojca Gabrijelčič**, Senior Advisor, NIJZ Slovenia and Honorary Advisor to EuroHealthNet's Executive Board

- **Plenary feedback from breakout groups**
- Reflections from:
  - **Dr Henk Hilderink**, Top expert Population Health Foresight at the Dutch National Institute for Public Health and the Environment (RIVM)
  - **Irina Vana**, Health Expert at the Competence Centre for Future Health Promotion at the Austrian Health Promotion Fund
- General discussion and reflections

12.45 – 13.00 **Next steps towards and beyond our 2023 Foresight report – from paper to action**

- **Bogi Eliassen**, Health Director at the Copenhagen Institute for Futures Studies (CIFS)
- **Caroline Costongs**, Director EuroHealthNet

# Backcasting exercise: Results from online Foresight Expert Panel on 20th of October 2023

## PUBLIC HEALTH POLICY, GOVERNANCE AND FINANCING

	2023	2026	2030	2035
CONCRETE ACTIONS	<ul style="list-style-type: none"> <li>• Make wellbeing policy paradigms and monitoring frameworks more well known and used everywhere (there are big differences in the EU) - listen to civil society (institutions are a bit stuck)</li> <li>• Formalised coalition between Ministry of Finance and Ministry of Health</li> <li>• Consider from the get-go and include the potential of (certified) digital products in health policies and financing, and support equitable uptake</li> </ul>	<ul style="list-style-type: none"> <li>• People need to be at the center: wellbeing is subjective and cultural</li> <li>• Reduce carbon footprint inequality with concrete policy actions (e.g. environmental taxation)</li> <li>• Publically funding more cross-sectoral projects</li> <li>• Address business models that produce or are reliant on sickness (e.g. alcohol, tobacco, pharma): e.g. alcohol labelling laws in Dublin</li> <li>• Incentives for companies that align with health, social, and environmental goals.</li> <li>• Taxes (e.g., vice taxes) help finance necessary reforms to health and social systems.</li> <li>• Participatory approaches to Improve public sentiment, political will and evidence generation</li> </ul>	<ul style="list-style-type: none"> <li>• Proactive disinvestment and decreased reliance (taxes) from harmful areas (polluting industries, etc.) - dependent on industry</li> <li>• Leveraging population health indicators to convince people that this is the right way forward</li> <li>• Scalable forms of holistic, integrated budgeting intersecting areas relevant for social sustainability have been showcased</li> <li>• Outcomes-focused public procurement is standard procedure</li> </ul>	<ul style="list-style-type: none"> <li>• Affordable sustainable consumption options for everyone (e.g., sustainable modes of transport)</li> <li>• Maintenance/safeguard of wellbeing policies (alcohol laws going against the current)</li> </ul>
REGIONAL DYNAMICS	<ul style="list-style-type: none"> <li>• To take into account EU challenges (regions moving away from fossil fuels are not the same ones where renewable energy sector has great potential)- losers vs. winners, poor vs. rich</li> <li>• Support for most vulnerable people and regions - importance of targeted support</li> <li>• Moving towards health beyond health care (hospitals, nurses and medical doctors)</li> <li>• Europe (the EU) seen as a global forerunner on implementing the Economy of Wellbeing, so we have a responsibility to continue pushing forward.</li> </ul>	<ul style="list-style-type: none"> <li>• Challenges regarding trust in institutions partially addressed through better cooperation with civil society</li> <li>• Sense of urgency among policymakers</li> <li>• Lot of talk but not as much action. The US had a larger commitment than EU so we need to walk the walk.</li> <li>• At least the talk is here in EU, not necessarily there globally.</li> </ul>		

**Vision for 2035:** With the Economy of Wellbeing in mind, health and wellbeing objectives are pursued holistically in policy agendas, with financing models aligning health priorities with other incentives.

## SUSTAINABILITY AND GREEN TRANSITION

	2023	2026	2030	2035
CONCRETE ACTIONS	<ul style="list-style-type: none"> <li>• Prioritising active mobility through changes in settings and tax incentives</li> <li>• Mandatory health and environment impact assessment with an equity focus on urban planning</li> <li>• “Fossilility” as (main negative) determinant of health</li> <li>• Support civil society networks on health and sustainability at all levels</li> <li>• Foster transdisciplinary research and education on One/Ecosystem/Planetary Health</li> <li>• Greening supply chains and procurement</li> <li>• Establishing a baseline and KPIs (not only GDP and GHG emissions)</li> <li>• Define clear environmental objectives for health</li> <li>• Develop tools/narratives for co-benefit policy making (mobility, nutrition, housing, energy)</li> </ul>	<ul style="list-style-type: none"> <li>• Develop robust accountability mechanisms for sustainability in health systems at EU level</li> <li>• Include external costs in the actual product price (e.g. in medical products)</li> <li>• Health impacts drive green energy transition</li> <li>• European platform for collaboration on sustainability/health policies with citizens and CSOs, policymakers from various governance levels</li> <li>• Establish use cases to demonstrate the pathways of transition.</li> <li>• New EPSR Action Plan considers a healthy environment a right for all. Actions are part of the roadmap for a more Social/Equal Europe.</li> <li>• Every child in the EU receives climate education</li> <li>• Policy: Mandatory consequence analysis: What is environmental/health promotional effect of this political decision?</li> </ul>	<ul style="list-style-type: none"> <li>• Polluter pays Directive in force</li> <li>• Kick start new sustainable development goals within planetary boundaries</li> <li>• Products, services by the business/industry operators screened (mandatory) for potential negative externalities (health, environment, social) before entering the EU market</li> <li>• (Further) develop robust accountability mechanism for sustainability in national health systems and at EU level</li> <li>• Scaling the use cases to EU level and measure success</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain accountability mechanisms for sustainability in all health systems and at EU level</li> <li>• No EU money for actions that are not compliant with the green and sustainable objectives, including in food systems/agriculture;</li> </ul>
REGIONAL DYNAMICS	<ul style="list-style-type: none"> <li>• Political shifts are very linked to these policies</li> <li>• More research --&gt; evidence-based policy</li> <li>• Incentives for choosing environmental friendly solutions</li> <li>• Different interests at micro, meso and macro level</li> <li>• Economic interests that are ahead of health impacts</li> <li>• Countries are in different positions in the implementation cycle</li> </ul>	<ul style="list-style-type: none"> <li>• Policy makers use health/climate/environment evidence more rigorous and strategically</li> <li>• Rising cost of living crisis continues, higher poverty, people less able to afford greener options = all level support to lower the cost, support the most vulnerable</li> <li>• Political consensus has been achieved on these matters, thanks to evidence based policies</li> </ul>	<ul style="list-style-type: none"> <li>• Closer cooperation with cities and municipalities, as implementation often happens at this level.</li> </ul>	<ul style="list-style-type: none"> <li>• EU leads by example on environmental policies</li> <li>• Public health and wellbeing impact at the heart of decisions</li> <li>• Incentives used and accepted for choosing environmental friendly solutions --&gt; the new normal</li> </ul>

**Vision for 2035:** A combination of policy and behavioural shifts have steered society towards fulfilling environmental objectives with measurable improvements in population health



## EQUITY, PREVENTION, AND HEALTH PROMOTION

	2023	2026	2030	2035
CONCRETE ACTIONS	<ul style="list-style-type: none"> <li>• Implementing child guarantee for reducing inequality and poverty - e.g. health promotion in schools</li> <li>• More successful experiences at national and regional level</li> </ul>	<ul style="list-style-type: none"> <li>• Tackle commercial determinants of health by enabling collaboration with the private sector to promote healthy products and services</li> <li>• Input into design of future (EU) calls and work-programmes to get PH in</li> </ul>	<ul style="list-style-type: none"> <li>• Expand local support structures and provide low-threshold contact points in the community (CC)</li> </ul>	<ul style="list-style-type: none"> <li>• Systematic attention for wider determinants of health (starting with poverty)</li> </ul>
REGIONAL DYNAMICS	<ul style="list-style-type: none"> <li>• Out of our control: peace (Ukraine, Israel, etc. affecting health)</li> </ul>	<ul style="list-style-type: none"> <li>• Influence 2024 EU elections and institutional renewal: 1) COM VP Wellbeing Economy 2) EP PH Committee</li> <li>• Launch new EU Childhood Obesity Action Plan 2025-2035</li> </ul>		

**Vision for 2035:** Holistic health promotion, addressing the social determinants of health and standard early screening of NCDs and mental health have led to improved quality of life and reduced avoidable disease burden.

## DIGITALISATION IN PUBLIC HEALTH

	2023	2026	2030	2035
CONCRETE ACTIONS	<ul style="list-style-type: none"> <li>• Learning throughout the life course</li> <li>• Others know how the public health profession can facilitate solving challenges like workforce shortage and mental illnesses</li> <li>• Health communication - behavioural insights - important! Local level key actor</li> <li>• Local level ,especially, needs to be agile, collect views from citizen groups and use evidence based models and methods</li> <li>• Development based on the actual needs</li> <li>• Work on digital health literacy</li> <li>• Understanding the digitalisation of the health system in different countries</li> <li>• Meaningful commitment to a health lens in public policy HIAP - not just good intention</li> </ul>	<ul style="list-style-type: none"> <li>• Developing a public health workforce that understands the digital landscape</li> <li>• educate people on data and digital in schools</li> <li>• Developing a workforce in different sectors (not just health) that can support the process</li> <li>• Bring health and digital literacy together</li> </ul>	<ul style="list-style-type: none"> <li>• HIA used in decisions – eHiAP</li> <li>• Equity embedded in digital policy-making</li> <li>• make sure everyone is on board</li> </ul>	<ul style="list-style-type: none"> <li>• Participation and influence drives health equity and the dimensions of health: mental, physical, social, existential</li> <li>• Effective monitoring of equity impacts of policies</li> </ul>
REGIONAL DYNAMICS	<ul style="list-style-type: none"> <li>• AI will change the workplace, more jobs or less?</li> <li>• Increasing skills of individuals to use digital solutions</li> <li>• Digitalisation is a mean, a tool, and not a goal</li> <li>• Understand how different generations, genders, se groups are using digital technologies- very interesting research is out there</li> </ul>	<ul style="list-style-type: none"> <li>• AI development acceleration, perhaps at exponential rate</li> <li>• Providing everyone with access to digital equipment</li> <li>• Act together in pointing out what are the deviations in societal discourse and act within the system, with all sectors</li> <li>• Increase understanding of technological development in public health and practical consequences</li> <li>• Intergenerational learning</li> <li>• Providing everyone capacity building in physical, health and digital literacy</li> </ul>	<ul style="list-style-type: none"> <li>• Digital public health markers in place and are beginning to be used at national and regional levels (measurements of digital health literacy, access, etc.)</li> <li>• Establish mechanisms to follow the change in living digital environments - as int the case of AI at present</li> <li>• Data analysis is carried out with more sophisticated</li> </ul>	<ul style="list-style-type: none"> <li>• Actions to leverage technology to facilitate better human contact</li> </ul>

**Vision for 2035:** The digitalisation of health systems has equitably improved population health thanks to sound governance and increased European collaboration. Evidence-based policymaking is abundant in the digital space, supported in part by the EHDS.

# EuroHealthNet

European partnership for [health, equity & wellbeing](#)



**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.

[EuroHealthNet.eu](https://EuroHealthNet.eu)

[Health-inequalities.eu](https://Health-inequalities.eu)

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