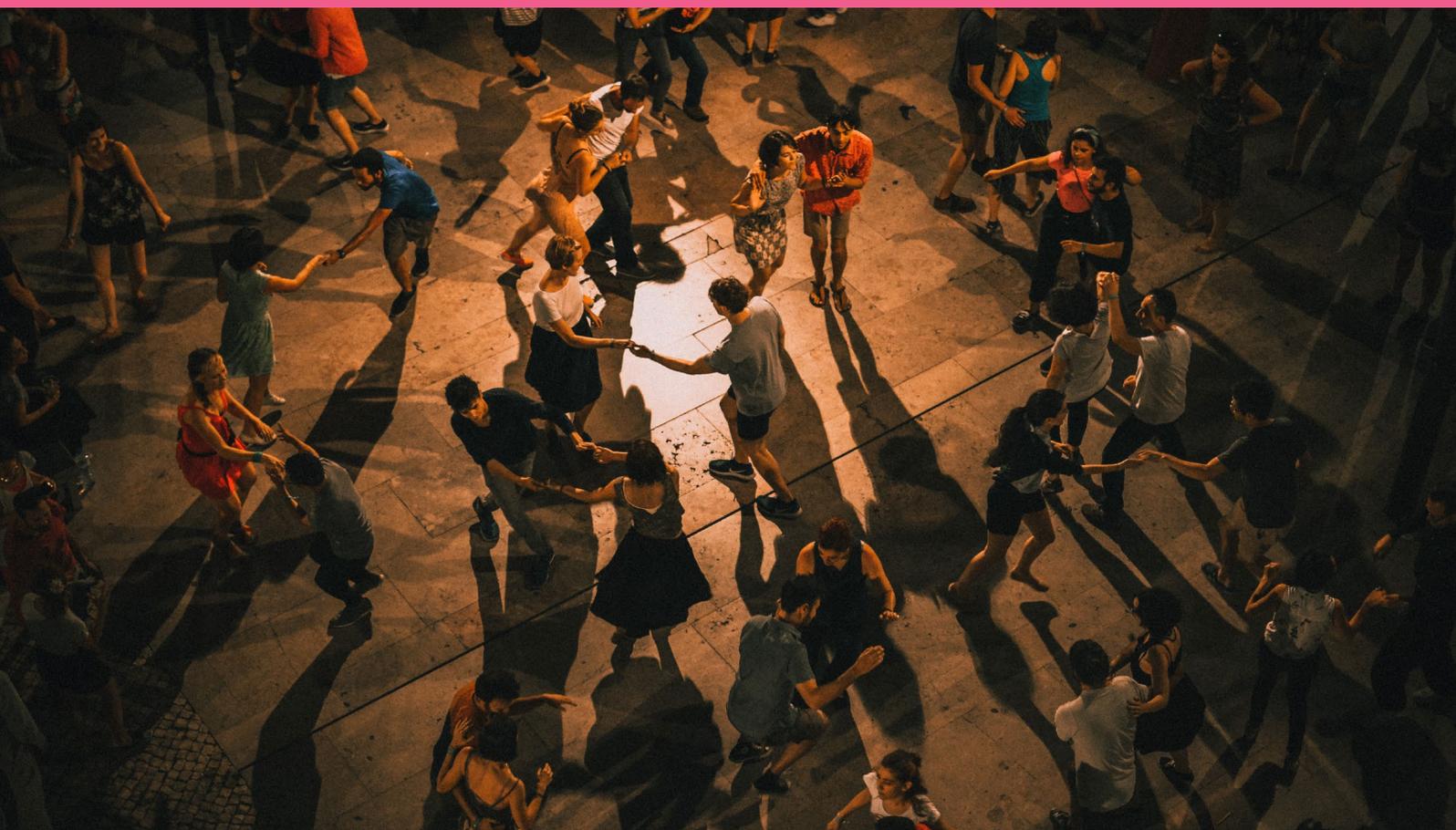


29 NOVEMBER 2022

Health Innovation Summit

Reimagining health systems:
green, agile and citizen-centred

EVENT REPORT



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Introduction

The COVID-19 pandemic placed health care at the top of everyone's agendas and brought in a period of innovative thinking. In Europe, synergies emerged between governments, health professionals, industry and academia to develop coordinated solutions. Friends of Europe's Health Innovation Summit – 'reimagining health systems: green, agile and citizen-centred' gathered citizens, policymakers and experts on 29 November 2022 to explore how the spirit of social, policy and practical innovation seen during the pandemic can be maintained to address future challenges and changes. **The summit looked at three key shifts: the changing role of citizens in health; health and the green transition; and an ageing Europe.**

Key conclusions

- Health systems need to be closer to the people they serve and focus on improving health rather than reducing sickness. People live their lives on a continuum of health and sickness; health interventions need to meet people on this continuum – not just act as a distant safety net in case of emergencies.
- Europe needs to meet the changing expectations of its peoples to protect and improve health. Roles and responsibilities are changing. Europeans expect more EU action and the value of it has been proven.
- Links between health and other sectors – like social care – are not strong enough. Build stronger links in aims, budgets, and data.
- People are willing to share data and embrace digital solutions to support their health and the health of others. But digital solutions must always be human centred.
- Health systems need to better integrate digitalisation. This includes increasing (digital) health literacy and changing practices among health professionals.
- Citizen engagement in health works to improve policy and practice. The model has been demonstrated by rare disease patients. Engage with citizens throughout the health journey, from wellness to sickness.
- The shift to health promotion and person-centred care can be good for health system sustainability – both financially and environmentally. Greening health systems is linked to improved health systems and more efficiency.
- The climate crisis is a health crisis. Mainstream the green agenda in health: take practical measures to reduce the carbon footprint of systems with changes to procurement and waste management, while making system shifts to prevention, which will reduce the need for more intensive treatment later.

- Ageing and population transfers are European-wide phenomena, which will require system change and policy innovation, as well as technological progress. It is not only an issue for health systems, but also education, labour market and social participation, and funding for services.
- There are societal questions to answer about the balance of responsibility between society, and individuals and their families.
- We have focused too much on increasing life expectancy and not enough on increasing healthy life years. The non-communicable disease (NCD) burden represents a key challenge in this area.
- Healthcare innovations cannot provide full value in systems that are built for the past. Systems innovations are needed to reduce waste and allow technology to deliver for patients.
- Improve the skills and opportunities of carers, including healthcare workers, care workers and informal carers.

The changing role of citizens in health

Highlighting the links between health and changing societal trends, **Paulette Lenert**, Luxembourgish Deputy Prime Minister, Minister of Health, Minister Delegate of Social Security and Minister of Consumer Protection, welcomed the summit: “The 21st century is marked by a number of trends with great consequences for our health, climate change, ageing populations and intensified globalisation in trade. Travel and migration are among the most crucial factors shaping the modern society, with a great impact on the human animal environmental interface, as well as on public health.”

“ We need an environment that supports every patient through strong social foundations.

Stelios Kypouropoulos, Member of the European Parliament Committee on Employment and Social Affairs (EMPL) and Coordinator of the Special Committee on the COVID-19 pandemic (COVI)

She described the importance of innovation to meet today's health sector challenges and opportunities.

Despite immense challenges, Europe has a winning combination of strong political will, talented experts, engaged citizens, as well as innovative artificial intelligence (AI), digital, data and green solutions. “There is great potential and reason for optimism,” remarked **Andrzej Ryś**, Principal Scientific Adviser at the European Commission Directorate-General for Health and Food Safety (DG SANTE).

Stelios Kypouropoulos, Member of the European Parliament Committee on Employment and Social Affairs (EMPL) and Coordinator of the Special Committee on the COVID-19 pandemic (COVI), stressed the need for a social floor to improve population health. “This is a pivotal time for establishing EU support for health systems,” he said, highlighting the benefits of increased EU support and efforts around health since the pandemic. “We need an environment that supports every patient through strong social foundations.” Kypouropoulos assured participants that the EU has many tools to support strengthening national health systems. Member state coordination is needed to develop EU capacity for rapid emergency response and meet today's challenges.

Engaged citizens for better health outcomes

New technologies and the digital age are changing the roles of citizens and health professionals. The pandemic accelerated the shift in patient engagement, placing a greater emphasis on the need for health literacy as citizens became responsible for following epidemiological trends, self-testing for illness and making personal health choices.

Health engagement is something the rare disease community knows well. For diseases about which knowledge is scarce and for which few resources are available, patients

“ “[Patient voices] are an absolutely incredible source

Maciej Gajewski, Executive Director and Head of International Government Affairs and Policy at Alexion Pharmaceuticals

and families become patient experts. Rare diseases offer a model for engagement along the healthcare pathway for others. **Yann Le Cam**, Chief Executive Officer of the European Organisation for Rare Diseases (EURORDIS), explained: “We pushed to have patients participate in scientific committees of the medicines regulatory agency and this positive experience has allowed patients to participate in other scientific committees, increasing patient engagement.”

Maciej Gajewski, Executive Director and Head of International Government Affairs and Policy at Alexion Pharmaceuticals, concurred that from the industry perspective, patients have driven innovation by providing perspective, insights and data. “There has been a revolutionary change over the past 20 years,” Gajewski observed. “[Patient voices] are an absolutely incredible source of not just inspiration for companies but also insights, and data that the companies work on to advance their innovation [...] This is so critical.

We, companies, we rely on this evidence. We rely on those perspectives to research, to start with, to understand diseases which we want to try to address with our future solutions, then to design trials.”

Data as a tool for citizen empowerment

The innovative European Health Data Space (EHDS) could create new relationships between patients and their data. “To fully optimise the promise of the EHDS, health and digital literacy must be built among citizens, as well as health workers,” remarked **Elina Drakvik**, Specialist on the Health Data 2030 project at The Finnish Innovation Fund Sitra.

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Data is the new fuel for a transition to outcome-driven results. Environmental and social data should be exploited to support health and determine orchestrated decisions. Data must be rendered interoperable, with applications developed that allow citizens to use data in their daily lives.



- 1. Joost Korte**, European Commission Director-General for Employment, Social Affairs and Inclusion (EMPL); **Jane Barratt**, Secretary General of the International Federation on Ageing (IFA) and **Stecy Yghemonos**, Executive Director of Eurocarers
- 2. Stelios Kypourpoulos**, Member of the European Parliament Committee on Employment and Social Affairs (EMPL) and **Andrzej Ryś**, Principal Scientific Adviser at the European Commission Directorate General for Health and Food Safety (DG SANTE)
- 3. Ciarán Devane**, Chair of Irish Health Service Executive, Director of Centre for Trust Peace and Social Relations, Coventry University and Trustee of Friends of Europe
- 4. Andrea Rappagliosi**, Senior Vice-president of Public Affairs for EMEA, Canada and LATAM at Edwards Lifesciences



Human-centred AI

Loubna Bouarfa, Founder and CEO of OKRA technologies and 2022 European Young Leader (EYL40), discussed the future of health AI to help define treatments and predict outcomes for individuals by complementing but not replacing human roles. Many medical tasks are ripe for AI applications, such as triage to prioritise patients. Incorporating these solutions throughout the point of care can help health professionals improve speed and accuracy. AI can deliver for patients. Citizens and policy makers need to think about what is given and what is gained as AI for health is delivered:

“Just imagine being part of this system. You are using everyone’s data to get a better treatment for yourself and to prevent yourself from getting sick. And then you decide to not share your data. How ethical is that? It’s just like wanting to get an organ from other donors, but you don’t want to be a donor yourself. ... I believe ethics is a double edged sword. It’s not only ethics towards the technology and towards our rights as citizens but also ethics around how we participate in this era of the fourth industrial revolution, where the fuel of the economy to drive it to be outcome driven.”

Getting ready for the green transition: Adapting, improving, and decarbonising

Health systems must reduce their carbon footprints; *The Lancet* reports that health systems contribute 5.2% to total global greenhouse gas emissions. The health sector creates more pollutants than aviation and shipping combined. At the same time, climate change will have an impact on health outcomes. Mainstreaming the green agenda in health will require innovation in practice and policy – enabling a shifting to health promotion and delivering community-based care – but will deliver better outcomes for patients, improve system resilience and reduce the sector’s environmental footprint. There are also a number of immediate practical measures that can be taken.

“ Hospital admissions equal increased emissions

Sonia Roschnik, Executive Director of the Geneva Sustainability Centre

Sonia Roschnik, Executive Director of the Geneva Sustainability Centre, described some immediate “no regrets” decisions regarding medicines, machinery, equipment and transportation that can already be implemented. Cleaner health systems offer environmental, social, economic and health benefits. We must shift focus on health and wellbeing and away from sickness. Prevention is key; “hospital admissions equal increased emissions”. Bringing health care closer to patients and prescribing better are other solutions.

Harnessing innovations to reduce health system pollution creates a win-win situation – a cleaner healthcare offer with improved health for populations. Although hospitals need to understand their pollutant outputs to adapt solutions, time should not be wasted in trying to define the ideal tools and methods. “Climate change is a health issue,” asserted Roschnik.

“ Climate change is a health issue

Sonia Roschnik

Action must begin immediately to reduce health sector emissions with innovative strategies to drive resilient transformative solutions.

Sir Ciarán Devane, Chair of the Irish Health Service Executive, Director of the Centre for Trust, Peace, and Social relations, and Trustee of Friends of Europe, described Ireland’s six-pronged initiative to reduce health emissions, which covers buildings and infrastructure, transport and mobility, procurement, water and waste, models of care, as well as adaptation and resilience. Devane echoed the call for getting started on reducing health system emissions.

Shallow interventions, such as switching to LED lightbulbs, can be initiated immediately while simultaneously planning deeper interventions that require more reflection. Long-standing assumptions – such as the optimum temperature for hospitals – should be challenged. Hospitalisation is not necessarily the best way to deliver care. Primary services and care teams that are locally based and linked to general practitioners offer a greener solution that patients may prefer. Integrated local systems of services and tools with hospitals reserved for necessary conditions make more sense. Furthermore, the homecare package must be considered. A shift to person-centred and local preventative care is needed. “Health systems must be redesigned to reflect current needs,” said Devane.

Marina Romanello, Executive Director of the Lancet Countdown, warned that climate-related health impacts are arriving fast. Reducing emissions through primary and secondary prevention and treatment is efficient in terms of cost, patient outcomes and climate impact.

From a global perspective, high-income countries (HIC) are the big polluters in health care; with larger health budgets, HIC overspend and overuse personal protective equipment (PPE). HIC can learn from the lower carbon systems of low- and middle-income countries (LMIC). LMIC must integrate green solutions into developing health systems. “Decarbonising efforts will have a cascading effect on other countries’ systems,” Romanello noted.

“ Health systems must be redesigned to reflect current needs

Sir Ciarán Devane, Chair of the Irish Health Service Executive, Director of the Centre for Trust, Peace, and Social relations

Shifting to a wellbeing focus, prioritising health promotion and disease prevention, and integrating health care in communities are crucial steps. Supply chain pollution can be reduced with greener practices at both ends of the chain. Supply use needs to be rethought with resources used more economically and wisely to reduce pollution.

Ageing better

Europe is forecast to have the largest number of older citizens by 2030. As life expectancies increase, investment is needed to ensure those extra years are healthy by ‘compressing morbidity’ (a health promotion concept by James Fries) stressed **Jane Barratt**, Secretary General of the International Federation on Ageing. “Population ageing is a demographic upheaval alongside migration, globalisation, urbanisation and climate change,” she noted.

With 90% of deaths and 80% of disability-adjusted life years linked to non-communicable diseases (NCDs), work is needed to stem preventable illnesses through primary and secondary prevention. A public mindset change is needed with deeper investment. **Sean Lybrand**, Executive Director of Access to Healthcare at Amgen Inc, pointed out that early identification and management of NCDs is cost-effective with efficient NCD treatment at secondary prevention level.

“The importance of the non-communicable disease approaches is that there are many, many medicines that have proven to be cost effective in managing at the secondary prevention level. Cardiovascular, disease, diabetes, chronic kidney disease... So, I think it’s important to blend in secondary prevention approaches, of course, which primary care gives, but also trying to help engage people in their own health. One of the issues with chronic disease as opposed to rare diseases [is] that chronic disease will sneak up on all of us. Most of the chronic diseases that we can have are things that don’t have symptoms until later stages.

“ Population ageing is a demographic upheaval alongside migration, globalisation, urbanisation and climate change

Jane Barratt, Secretary General of the International Federation on Ageing

The first thing somebody knows about a heart attack often is a sore arm, and the first heart attack can often be fatal. So, the idea of managing care and ensuring that cost effective medicines and other modalities are used early in care will hopefully leave long-term care to the people who really need it.”

Andrea Rappagliosi, Senior Vice President of Public Affairs for EMEA, Canada and LATAM at Edwards Lifesciences, highlighted that new technologies need innovations in systems to support their integration into practice. Support for older populations can be found at the crossroads between health and social care budgets.

“[The major issue] is that we try to address [ageing populations] with systems designed 50 years ago... Processes are old. Technology is old. We can cut waste and invest in innovative technologies, which can improve health outcomes [...] That’s the way: test and trial in order to adopt.”

“We expect a redistribution of responsibilities between the individual and the collective

Stecy Yghemonos, Director of Eurocarers

With an ageing population comes an increased need for long-term care. **Joost Korte**, European Commission Director-General for Employment, Social Affairs and Inclusion (DG EMPL), noted that 80% of long-term care is performed by families, with the burden primarily on women. The new EU Care Strategy approach to long-term care recommends increasing access and affordability, and improving skills and working conditions. Currently, 70% of personal carers have no formal training. “Work conditions must be made more attractive with opportunities for upskilling and reskilling,” he noted. An anticipated 13mn care jobs will be created in coming years. “With the right investments and policy mix, this offers a huge potential for economic growth for the member states,” Korte pointed out.

Stecy Yghemonos, Director of Eurocarers, agreed that an EU initiative is needed. Population transfer and heavy reliance on informal care are common issues across Europe. He commented: “We expect a redistribution of responsibilities between the individual and the collective, to reduce the reliance on informal carers [...] who tend to face [issues with] social exclusion and negative health outcomes.” It will be important to see how the member states implement the EU care strategy. “A coordination mechanism makes sense for Europe,” suggested Yghemonos.

Natasha Azzopardi-Muscat, Director of Health Policies and Systems at the World Health Organization, stressed the need to reduce the need for hospitalisation, whilst improving long-term and palliative care, noting that mental health and the impacts of an ageing care workforce should be considered too. Azzopardi-Muscat cautioned that measures to help people age healthily must be equitably accessed to reduce inequalities of opportunity.



Conclusion

The pandemic accelerated changes already underway and applied extra stress to known flaws. It also created change in expectations about ‘who does what’ to keep people healthy; that entails changes to the role of individuals, communities, practitioners and technology, as well as transformation in systems.

Health systems need to be embedded in the community, focus on improving health rather than reducing sickness, and address inequalities; this will deliver better patient outcomes and help health systems become more sustainable. The need for this shift has been well recognised for many years. The summit discussed some of the incremental changes that, after three revolutionary years, are now possible and could enable that transition.

The climate crisis is a health crisis, and the health sector needs to do more to prepare for the health impacts of climate change and to reduce its own environmental impacts. Part of the solution is making immediate, practical changes to consumption in health settings and utilising the people and purchasing power of health systems to trigger wider changes in other sectors. A bigger part is re-orienting health systems to be preventative and closer to people and their needs. This can be achieved by integrating sustainability thinking throughout health and care systems.

To better meet the needs of both carers and the cared-for, health and care need to be considered together. People live their lives on a continuum of health and sickness; we should meet them there. With an ageing population, Europe and its member states need to do better at extending the number of years we live in good health, instead of focusing on life expectancy. This means changes to a wide range of policy areas: not only health and care system innovation and health technology, but also labour markets – thinking about access, particularly for women, and training and education for professional and informal carers. It will also be linked to social change, as we re-consider the balance of responsibility between society, and individuals and their families, as well as economic changes, as we try to establish how to pay for care and how to share or divide financial risk.

Europeans expect more from Europe on health, and its added value has been proven. And the EU seems at least somewhat willing to answer those calls with the European Health Union and changes to the Multi-Annual Financial Framework and European Semester. Citizens are matching their demands with a willingness to contribute; people are taking a bigger role in the treatment journey and crucially in a digital future, and people are willing to share their data to help others.



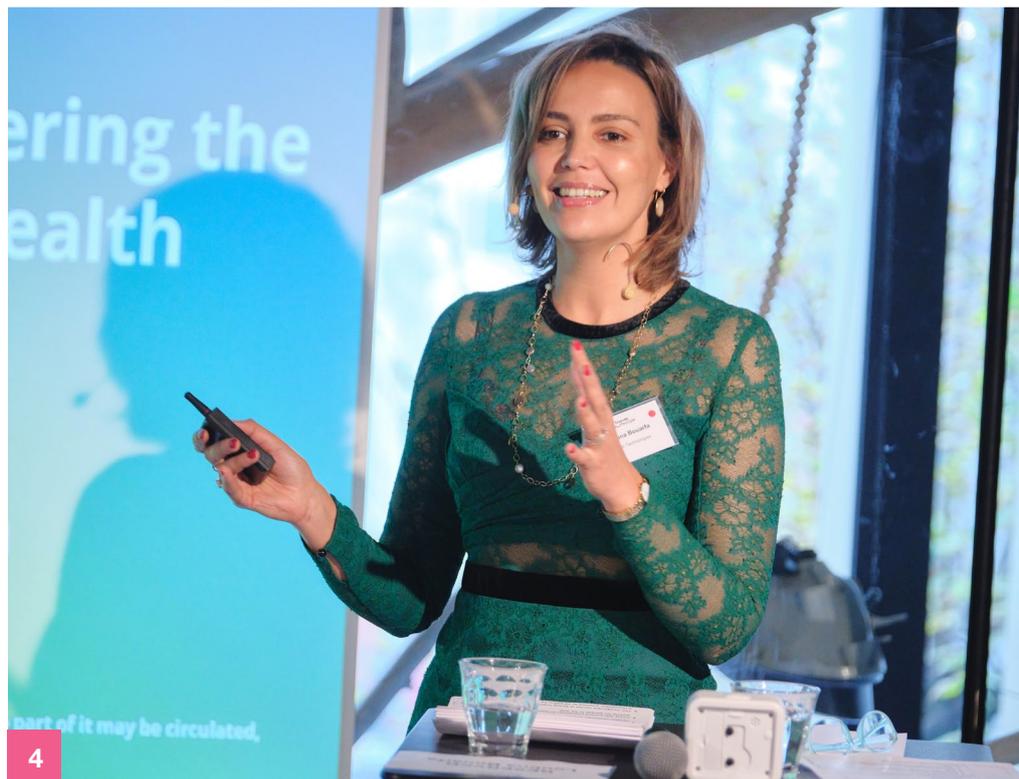
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2. **Sean Lybrand**, Executive Director of International Healthcare Systems at Amgen Europe
3. **Sonia Roschnik**, Executive Director of the Geneva Sustainability Centre
4. **Loubna Bouarfa**, Founder and CEO of OKRA Technologies, a leading artificial intelligence analytics company in the life sciences sector, and 2022 European Young Leader (EYL40)
5. **Paulette Lenert**, Deputy Prime Minister, Minister of Health and Social Protection, Luxembourg



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