

Re-imagining Europe's health systems

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Introduction

Europe's healthcare systems have never faced greater challenges.

The long-term rise in demand for healthcare from a fast-ageing population is now exacerbated by post COVID-19 budget squeezes and acute shortages of trained healthcare workers.

The promise of personalised treatment through AI tools and medical breakthroughs has yet to be fulfilled and the costs may be prohibitive.

Mapping a path towards a brighter healthcare future was the goal of senior policymakers from the European Union and national authorities, industry leaders, academic experts and patients' representatives who gathered for Friends of Europe's 4-5 June debate entitled 'Re-imagining Europe's health systems'.

Speakers called for mindset changes to redirect resources towards efficient prevention, early intervention and well-being solutions rather than the entrenched focus on costly hospital-based treatment.

Regulation must get smarter to boost innovation, incentivise health outcomes and ensure cost-efficient use of new technological advances.

While national authorities retain prime responsibility for healthcare in Europe, the EU can play an enhanced role in promoting cross-border solutions, in areas such as patient mobility, data exchange and economies of scale for life science research.

Several concrete proposals emerged from the debate, including:

1. Strengthen Europe's healthcare workforce and improve working conditions by harnessing technologies that can unburden health systems. Without a sufficient, well-supported healthcare workforce, no innovation, data sharing or system reform can be implemented effectively. Innovation is key to driving systemic change in healthcare and moving towards value-based procurement.

- a. Invest in better training, working conditions and remuneration to fill Europe's 1.2mn shortfall in clinical staff.
- b. Accelerate innovation in MedTech and patient access. Speeding up innovation, clinical trials and regulatory approvals is critical for saving lives, strengthening Europe's competitiveness and meeting patient needs.

2. Enable data sharing and governance reforms. Effective use of health data is a prerequisite for modern, prevention-oriented and personalised healthcare.

- a. Facilitate patient input into privacy rule revisions that guarantee accountability while enabling greater data sharing, particularly for rare diseases.
- b. Develop incentive models that reward healthcare providers for disease prevention as well as diagnosis and treatment.

3. Embed healthcare across other EU policy and programmes. More integrated policymaking will support the sustainability of health systems.

a. Integrate healthcare across EU policy areas (competitiveness, digital transformation, security, innovation).

b. Build on the COVID-19 experience to deepen EU cooperation on healthcare.

4. Enhance public health protection measures. These measures will build on a stronger, more integrated system, and address cross-border health security and disease prevention.

a. A standard vaccination calendar across Europe to strengthen collective health resilience.

b. Address health inequalities, particularly in terms of access to public health services and quality healthcare.

The debate was preceded by parallel expert sessions looking at prospects for a human-centred future for neurotechnology and the potential of personalising treatment through 'digital twins'.

Prevention is better than cure

The development of AI and digital health solutions offers opportunities to reset healthcare. However, for all the funding and labour force problems, speakers pointed to a lack of transformational leadership as the biggest obstacle holding back the change Europe's health systems desperately need.

"We have never had more funding, personnel, technology, knowledge, hospitals, data and still we are on the verge of the biggest breakdown ever. So, what is happening? Why do we have this disaster?" asked **Bogi Eliassen**, Executive Director of the Movement Health Foundation and co-chair of the strategic partners' initiative for Data and Digital Health at the World Health Organization (WHO). "It's a mindset crisis. It's not a money crisis, it's not an educational crisis per se. It's a mindset crisis, and we need to move on."

Eliassen noted that avoidable diseases account for at least 30% of hospital care. Instead of a default focus on costly hospital-based treatment, healthcare systems need to harness the potential of new technologies to shift the focus to disease prevention; early detection and intervention; and the promotion of healthy lifestyles and environments that reduce the risk of illness.

Policy changes must provide incentives to encourage the switch to prevention instead of cure.

"We are so trapped within the current model of sickness care that we have lost focus and we're pumping money into systems that will not change, if we don't fix the incentives model behind them," explained **Ricardo Baptista Leite**, CEO of HealthAI, the Global Agency for Responsible AI in Health, President of 'UNITE Parliamentarians Network for Global Health' and European Young Leader (EYL40). "AI can be the driver for that transformation, but that demands leadership. AI will not be the solution for everything, humans will."

Building on the lessons of the COVID-19 pandemic, speakers agreed that Europe's policymakers must seize the opportunities offered by new technology to ensure healthcare systems remain fit for purpose in a continent where half the population is expected to be over 65 by the middle of the century.

If they fail, citizens will be unforgiving. "We need to aim high and be very ambitious on health because [...] health systems are not just simply the backbone of a state, but they are the state for any politician," said one speaker. "You cannot win a vote, if you don't have a health system that works."

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Ricardo Baptista Leite, CEO of HealthAI, the Global Agency for Responsible AI in Health, President of 'UNITE Parliamentarians Network for Global Health'

Europe's added value

Healthcare is primarily a national responsibility in Europe, and participants acknowledged there was little appetite for re-writing the EU rule book to transfer more power to Brussels. However, there was broad agreement that Europe can play a crucial role under the existing rules, in areas ranging from enabling cross-border treatments, exchanging expertise, innovative regulation and coordinating emergency response.

“We can leverage the power of networking together, our partnerships and their capacity, and we can move away from a reactive health system. There's a lot that we can do without changing the Treaty,” said Friends of Europe Facilitator **Tamsin Rose**, who moderated the event. “We could get better and smarter about the way we cooperate; about the way we regulate; about the way we share data.”

From coordinating responses to a global crisis like COVID-19, to sharing resources in the treatment of rare diseases – which together affect over 30mn people in Europe – the EU can clearly bring an added value to the struggle to protect citizens' health.

However, with the growing budgetary emphasis on defence, speakers expressed concern that upcoming negotiations for the EU's next seven-year budgetary framework will threaten European funding for health programmes set up in response to the pandemic.

“I'm a bit scared that we lose a separate health budget in the next Multi-annual Financial Framework,” cautioned Tomislav Sokol, Member of the European Parliament Committee on Public Health. “We have to fight strongly for that [...] let's try to put pressure on the European Commission and on the national governments to retain the separate health budget.”

At a time of geo-economic turbulence, speakers said Europe should set an example of stability and predictability in health and pharmaceutical policy – with clear messages on pricing and financing of medicines.



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1. **Anke Van Es**, Head of Hospital Patient Monitoring – Europe Region at Philips

2. **Andras Kulja**, Vice-Chair of European Parliament Committee on the Environment, Climate, and Food Safety and European Young Leader (EYL40)

3. **Tomislav Sokol**, Member of the European Parliament Committee on Public Health

4. **Bogi Eliassen**, Executive Director at Movement Health Foundation

5. **Thomas Desaive**, Associate Professor at the Faculty of Science at ULiège and Representative for EDITH

6. **Virginia Mahieu**, Neurotechnology Director at the Centre for Future Generations (CFG)



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Healthy, wealthy and wise

Shaping regulation that encourages life-science innovation, boosts data-based healthcare and speeds the transition to prevention-orientated healthcare would give a shot in the arm to Europe's economy as well as improving healthcare for Europe's citizens, speakers insisted.

As an example, **Jeanette Edblad**, Deputy Director General and Director of the Swedish Office for Life Sciences, pointed out that her country's 4,000 life science companies account for around 10% of Sweden's total goods exports – more than the iron, steel and car industries.

Competition from the United States, China and other Asian players has knocked Europe off the global life-sciences pedestal. To recover its edge, Europe needs to rethink regulation, bolster cross-border cooperation within the EU and streamline bureaucratic hurdles holding back the rollout of new medical technologies.

"We really need to do something about improving our competitiveness in Europe and that is simple," said **Anke Van Es**, Head of Hospital Patient Monitoring - Europe Region at Philips. "If we really want to change and reinvent healthcare, we need to embrace MedTech. MedTech is essential to help driving systemic change in healthcare. It's an industry that can help streamline your workflow and to also unburden your health system."

Without the right regulatory framework, Europe will slip further behind and risk seeing its health systems become increasingly dependent on outsiders. "It is a very important part of my mandate to make sure that we, 10 years from now, do not look back and say to ourselves: 'OK, we had a fantastic industry benefiting all our citizens [...] we had healthcare systems in all our European countries, but we lost it, and now we are exactly where the digital sector is – it's gone to China, or it's gone to the US, we missed it'," said **Stine Bosse**, Vice Chair of the European Parliament Committee on Public Health.

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Anke Van Es, Head of Hospital Patient Monitoring - Europe Region at Philips

Several interventions underscored the importance of forging public-private partnerships that can mobilise investments in sufficient scale for effective healthcare innovation. If Europe plays its cards right, it could benefit as current international uncertainty heightens the attractiveness of its universities and research centres.

"Investing in innovation – it could be in pharma, in biotech, in MedTech – brings better health. Better health brings higher productivity. Higher productivity will help us to go back and continue investing in innovation. The only way to do that is through private-

public partnerships, so we can really reach out and change healthcare,” explained **Sandra Orta**, General Manager – Spain and Portugal at Bristol Myers Squibb (BMS). “Now we have a window of opportunity. The international environment will give us this opportunity. We cannot lose it. We need to become much more attractive to draw in that investment, attract and retain that talent.”

Regulators should also reach out to the private sector, working with businesses to ensure that the legal framework does not hinder European progress.

“Innovation requires regulation, and regulation is here to support it, not to prevent it,” said **Teresa Conceição**, Head of Corporate, Data Privacy, Digital and AI Compliance, ERC (Ethics, Risk & Compliance) at Novartis. “We need a constructive dialogue, openness of regulators to address the topics and the projects and the new technologies going forward, with the private sector as well as with academia and with harmonisation and standardisation, so that it’s easy for start-ups, biotechs and also large pharmaceutical companies and the hospitals to navigate through all the regulatory landscape.”

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Sandra Orta, General Manager – Spain and Portugal at Bristol Myers Squibb (BMS)

Data sharing is one area where Europe needs to move forward in order to maximise benefits for healthcare and the economy. “The EU ambition to harmonise data governance is essential, not only for health but for competitiveness, resilience and innovation across Europe,” Edblad said. “To build health systems that really prevent disease and promote well-being, we must harness data on several levels and across multiple sectors.”

Privacy concerns over data sharing can be eased by giving patients’ representatives a role in crafting safeguards. **Virginie Bros-Facer**, CEO of EURORDIS - Rare Diseases Europe, noted that over 80% of patients want to share their data to help healthcare research, under the right conditions. “If you engage with patients, with representatives of civil society, and have those frameworks in place, then there is definitely a lot of hope for those solutions to be transformative for the community,” she said.

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Teresa Conceição, Head of Corporate, Data Privacy, Digital and AI Compliance, ERC (Ethics, Risk & Compliance) at Novartis

Data has to be used, and used effectively. Eliassen lamented that as little as 3% of collected health data actually gets used. The cost of hosting the unused data probably exceeds funding for rare diseases, he said.

Effective use of AI analysis to find data-based healthcare solutions could be the way ahead, but Europe has to overcome its qualms about innovation in healthcare, embrace AI's potential and nurture a more collaborative approach to new tech use. "Europe is extremely risk averse in many of the ways in which it deals with innovation," said one speaker. "We are so risk averse we're not letting innovative treatments and diagnostics become available to patients because we are putting the bar too high. We should leave it to patients and their treating physicians or carers to make the decisions on what risk they want to take."

With that in mind, Europe was urged to take urgent action to speed up progress in clinical trials. Speakers bemoaned the time it takes for treatments under trials to receive authorisation for general use; a problem heightened by the lack of cross-border cooperation. Baptista Leite shared the example of a British company that developed ground-breaking AI imagery for early detection of breast cancer but ultimately went bankrupt because authorities told them it would take at least seven years before the technology could be approved.

“A key element in terms of looking to the future, is how we can improve access to clinical trials for patients; also cross-border access

Elisabetta Zanon, CEO of the European Cancer Organisation (ECO)

Such delays are not just an economic drawback. They can be a matter of life and death.

"Very often, for cancer patients, the only hope that they may have, if they have already tried everything, is being enrolled in a clinical trial. So, they cannot wait. They cannot wait for a therapy to arrive to market, to be licensed. They need to have access earlier," stated **Elisabetta Zanon**, CEO of the European Cancer Organisation (ECO). "A key element in terms of looking to the future, is how we can improve access to clinical trials for patients; also cross-border access, because in some member states it is easier than others to participate in clinical trials."

Spain was held up as an example for others to follow, after reducing the average wait of clinical trial approval from 700 to 116 days.

Is there a doctor still in the house?

Although innovation and reform can help alleviate the funding and labour-force gaps, speakers stressed the need for greater investment to train more doctors, nurses, midwives and other professionals.

“We cannot lose our focus on healthcare worker shortages because if we don’t have healthcare workers, there will be nobody who can deliver the very advanced care to our patients,” said **András Kulja**, Vice Chair of the European Parliament Committee on the Environment, Climate and Food Safety and EYL40.

We need to offer healthcare professionals better training, improved pay and working conditions, and a reduced workload to help prevent resulting burnout. More collaboration at an EU level could help localise gaps and find ways to plug them.

Javier Padilla Bernáldez, Secretary of State for Health of Spain, pinpointed another important link between economics and healthcare. So-called non-communicable diseases that are the biggest burden on healthcare systems, are in fact communicable, he contended. “They are communicated from parents to children through the economic and social conditions they experience” Padilla Bernáldez said.

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András Tivadar Kulja, Vice Chair of the European Parliament Committee on the Environment, Climate and Food Safety and EYL40

“We should be improving the economy, because improving the economy will improve health and improving health will improve economics,” he added. “One of the things that will work is delivering on full universal health coverage; guaranteeing that everybody is going to have access to healthcare, and it doesn’t matter what is their economic situation. That is one of grounds on which to build a European union for health.”

Leadership and communication are key. Politicians at both European and national levels need to deliver on health but also clearly articulate how Europe contributes to improved health outcomes. Failing to do so risks leaving space for populist, anti-EU forces to take advantage of voter disenchantment.

“It is very important to communicate this, to show our citizens in our member states what we are working on, what we are doing, because these extremists and populists are more and more vocal and more and more strong across Europe,” warned Kulja. “They are a real threat to our democratic values and for the future of the whole European Union.”

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Javier Padilla Bernáldez, Secretary of State for Health of Spain



From left to right:

1. **Elisabetta Zanon**, CEO of European Cancer Organisation
2. **Teresa Conceição**, Head of Corporate, Data Privacy, Digital & AI Compliance, ERC at Novartis
3. **Javier Padilla Bernandez**, State Secretary for Health of Spain
4. **Tamsin Rose**, Facilitator at Friends of Europe
5. **Tomislav Sokol**, Member of the European Parliament Committee on Public Health; **Teresa Conceição**, Head of Corporate, Data Privacy, Digital & AI Compliance, ERC at Novartis; **Jeanette Edbold**, Deputy Director General and Director of the Swedish Office for Life Sciences; **Virginie Bros-Facer**, CEO of EURODIS – Rare Diseases Europe; **Ricardo Baptista Leite**, CEO of HealthAI, the Global Agency for Responsible AI in Health and European Young Leader (EYL40); **Tamsin Rose**, Facilitator at Friends of Europe



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