

Re-imagining Europe's health systems:

prevention, innovation
and cross-border
cooperation in an age
of permanent pressure



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Introduction

Europe's health systems are no longer recovering from one crisis before the next begins. They are operating under permanent pressure.

Ageing populations, rising rates of chronic disease, workforce shortages, medicine supply vulnerabilities, climate-related health risks, geopolitical instability and rapid technological change are converging at the same time. Together, they are exposing the limits of healthcare models designed for a different era.

The challenge facing Europe is no longer how to repair health systems after a crisis. It is how to redesign them to remain resilient, equitable and sustainable in an age of constant disruption.

Against this backdrop, policymakers, healthcare leaders, researchers, innovators, patient advocates and industry representatives gathered at Friends of Europe's *Reimagining Europe's Health Systems summit* to explore how Europe can build health systems that are more resilient, sustainable and prepared for the decades ahead. Health systems underpin economic productivity, social cohesion, democratic trust and Europe's capacity to respond to future crises. The question is no longer how to repair existing systems, but how to redesign them for an age of permanent pressure.

Citizens appear to share this view. Findings from [Voices for Choices 2026](#), a survey conducted by Friends of Europe's citizen engagement platform Debating Europe, suggest growing public support for a more preventive and resilient approach to healthcare. More than seven in ten respondents believe governments should invest more in prevention than in treatment, while healthcare influences voting decisions for 70% of those surveyed. Health is no longer viewed solely as a personal concern, but as a political and societal priority that shapes expectations about Europe's future.

Yet despite growing recognition of these pressures, policymaking often remains reactive. As **Valbona Zeneli**, Senior Fellow at Friends of Europe, observed: "The problem is that what we see in Europe, we act upon crisis." Many of today's challenges are predictable, long-term and increasingly interconnected, making anticipation and preparedness just as important as crisis response. At the same time, speakers stressed that these pressures also create opportunities. Advances in digital health, AI, personalised medicine and cross-border cooperation offer new possibilities for improving outcomes while strengthening resilience. The challenge facing Europe is whether it can translate those opportunities into lasting systemic change.

Key takeaways

1. From cost to investment

Health can't be viewed primarily as a budgetary expenditure. As Europe faces demographic change, workforce shortages and growing geopolitical uncertainty, health systems are becoming strategic infrastructure that underpin economic productivity, social cohesion, democratic trust and resilience. Investments in prevention, medicines, workforce capacity and innovation should be recognised as investments in Europe's prosperity and security.

2. From treatment to prevention

Many of the pressures facing health systems are predictable and, at least in part, preventable. Yet healthcare systems continue to devote far greater resources to treating illness than preventing it. Strengthening prevention, early intervention, health literacy and community-based care will be essential to improving outcomes, reducing inequalities and easing pressure on overstretched services.

3. From crisis response to preparedness

Preparedness cannot be built during a crisis. Resilient health systems require continuous investment in surveillance, workforce planning, manufacturing capacity, supply security and cross-border cooperation. In an uncertain world, preparedness must become a permanent function of health governance rather than a temporary emergency response.

4. From pilots to scale

Europe does not lack innovation. The challenge lies in translating successful ideas into system-wide impact. Procurement, reimbursement and governance frameworks must do more to support adoption, reward long-term value and enable promising solutions to move beyond pilot projects and become embedded in routine care.

5. From technology to trust

Digital transformation depends on more than technological progress. AI and digital health solutions can only deliver meaningful benefits if they are supported by high-quality data, interoperability, secure infrastructure and public confidence. Building trust in digital health will be just as important as developing the technologies themselves.

Health as strategic infrastructure

Europe's health systems are increasingly being asked to solve problems that extend far beyond healthcare. Ageing populations, workforce shortages, declining productivity, social inequalities and geopolitical instability are all placing new demands on systems originally designed to diagnose and treat illness. As a result, health is becoming not only a social priority but also an economic, political and strategic one.

A recurring theme throughout the summit was that Europe can no longer afford to view healthcare primarily through the lens of expenditure. While debates about rising healthcare costs continue to dominate political discussions, participants argued that this framing overlooks the wider value health systems create. Health influences labour-force participation, economic productivity, social cohesion, democratic trust and resilience to future shocks. When citizens cannot access care, medicines or preventive services, the consequences extend beyond hospitals and clinics, affecting workforce participation, public confidence and social stability. In an era of permanent pressure, health systems are being recognised as strategic infrastructure.

Eirini Agapidaki, Alternate Minister of Health of Greece, challenged participants to rethink how Europe talks about health and health systems.

“ We need to consider health systems as societal pillars.

Eirini Agapidaki, Alternate Minister of Health of Greece

Agapidaki argued that health systems should be understood as institutions that shape public trust, inclusion and democracy. Because health outcomes are shaped by demographic trends, environmental conditions, education, housing, food systems and labour market policies, strengthening health systems can no longer be the responsibility of ministries of health alone.

Health also emerged as a question of competitiveness. As populations age and chronic diseases become more prevalent, maintaining a healthy population is increasingly viewed as a prerequisite for productivity and economic growth. Against this backdrop, several speakers argued that healthcare spending should no longer be viewed primarily as a cost to be controlled, but as an investment in prosperity, resilience and competitiveness.

Stefan Woxström, Senior Vice President for Europe and Canada at AstraZeneca, urged policymakers to move beyond short-term thinking and recognise health spending as an investment rather than a cost.

“Health and medicines need to be seen as a long-term investment.”

Stefan Woxström, Senior Vice President for Europe and Canada at AstraZeneca

The same logic applies to one of the most pressing challenges facing European health systems: workforce shortages. While recruitment and training remain essential, participants argued that staffing pressures cannot be addressed through workforce policies alone. Health systems will also need to rethink how care is delivered, expanding multidisciplinary teams, strengthening community-based services, enabling more care to be delivered at home and investing in preventive approaches that reduce avoidable demand on hospitals.

Drawing on Greece's experience with mobile health units and prevention programmes, Agapidaki argued that health systems must evolve beyond traditional hospital-centred models.

“It's not just about training patients to seek help when they are ill,” she said. “It's about how they can avoid illness.”

Europe's health systems can no longer be regarded solely as providers of care. They are strategic assets that underpin economic resilience, social cohesion and democratic stability. Recognising health as infrastructure rather than expenditure means that reducing vulnerabilities becomes just as important as responding to crises. This shift in perspective shaped many of the discussions that followed throughout the summit.

Prevention as a resilience strategy

If Europe's health systems are entering an age of permanent pressure, then prevention is no longer simply a public health objective. It is becoming one of the most important tools for sustaining resilient and affordable healthcare systems. Across the summit, participants repeatedly argued that many of the challenges threatening the sustainability of healthcare systems are both predictable and, at least in part, preventable.

Yet despite widespread recognition of its value, prevention continues to occupy a relatively small place within many healthcare systems. Resources, incentives and political attention remain heavily concentrated on treating illness after it occurs rather than preventing it in the first place. The result is a model that often responds to pressure only once it has already accumulated.

This imbalance is also reflected in public spending. Prevention accounts for only around 3-6% of total healthcare expenditure in many EU member states, despite

growing evidence that early intervention can improve outcomes while reducing costs. The gap highlights the disconnect between the recognised value of prevention and the resources devoted to it.

Several speakers argued that this imbalance is becoming unsustainable. As populations age and chronic diseases become more prevalent, healthcare systems will struggle to meet growing demand unless they become more effective at keeping people healthy for longer.

Jennifer Murnane O'Connor, Ireland's Minister of State for Public Health, Well-being and the National Drugs Strategy, highlighted the importance of prevention as a long-term investment in system sustainability.

“Prevention is the way forward.”

Jennifer Murnane O'Connor, Minister of State for Public Health, Well-being and the National Drugs Strategy of Ireland

Drawing on Ireland's efforts to shift care closer to communities, Murnane O'Connor argued that prevention should be embedded across health systems rather than treated as an optional add-on. Improving health literacy, supporting healthier lifestyles, expanding screening programmes and strengthening early intervention can help reduce pressure on hospitals while delivering better outcomes for patients.

Prevention emerged not simply as a public health objective, but as a resilience strategy. Every avoided illness, delayed complication or earlier diagnosis reduces pressure on overstretched services while helping people remain active, independent and economically engaged for longer.

This shift requires a fundamental rethinking of how success is measured in healthcare. Many systems continue to reward activity and treatment rather than long-term health outcomes, creating incentives that favour intervention over prevention.

Alexander Horn, President and General Manager of the Germany Hub at Eli Lilly, argued that healthcare systems must move beyond managing illness and focus more actively on maintaining health.

“We need to move from ‘sick care’ to ‘healthcare’.”

Alexander Horn, President and General Manager of the Germany Hub at Eli Lilly

Horn noted that Europe faces a growing burden of chronic diseases, many of which are preventable or can be managed more effectively through earlier intervention. The case is particularly clear in cancer, where around 40% of cases are considered preventable through measures such as reducing tobacco use, improving diets, increasing physical activity and expanding vaccination and screening programmes. The challenge, he argued, is not only financial but structural. Health systems continue

to reward treatment rather than prevention, creating incentives that intervene only once patients become seriously ill.

Participants also highlighted the economic case for prevention. **Stefan Woxström**, Senior Vice President for Europe and Canada at AstraZeneca, argued that healthier populations contribute directly to productivity, competitiveness and economic resilience, reinforcing the case for viewing prevention as an investment rather than a cost. This growing consensus among policymakers was also reflected in public opinion.

According to Voices for Choices 2026, more than seven in ten respondents believe governments should invest more in prevention than treatment, suggesting growing public support for the shift many speakers advocated. The alignment between policy discussions and public expectations suggests that prevention may be one of the few areas where political ambition and citizen priorities are already moving in the same direction.

Digital tools can also strengthen prevention by enabling earlier detection and more personalised care. The European Health Data Space, AI-supported screening and remote monitoring technologies all point towards a more predictive model of healthcare, where risks can be identified before they become acute pressures on hospitals.

Participants also stressed that prevention cannot be delivered by healthcare systems alone. Health outcomes are shaped by social, environmental and behavioural factors that often lie outside traditional healthcare settings. Discussions repeatedly returned to the importance of adopting a broader perspective that recognises the links between public health, environmental sustainability, education and community wellbeing. Building healthier societies, speakers argued, requires action across these wider determinants of health, not simply improvements within healthcare systems.

Prevention must now move from ambition to implementation. Europe's health systems will not be able to meet future demand through treatment alone. Building resilience will increasingly depend on preventing avoidable illness, intervening earlier and reducing pressure before it reaches hospitals and healthcare services.

For policymakers, this means shifting resources, incentives and attention towards prevention, early intervention and community-based care. It also requires reforming reimbursement models, strengthening primary care and rewarding long-term health outcomes rather than short-term activity. Reducing avoidable pressure before it accumulates may ultimately prove one of the most effective ways of strengthening the resilience and sustainability of Europe's health systems.



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- 1. **Stefan Woxström**, Senior Vice President for Europe and Canada at AstraZeneca
- 2. **Florika Fink-Hooijer**, European Commission Director-General for Health Emergency Preparedness and Response Authority (DG HERA)
- 3. **Alexander Horn**, President and General Manager of the German hub at Eli Lilly & Company
- 4. **Eirini Agapidaki**, Alternate Minister of Health of Greece
- 5. **Marilena Vrana**, Vice President of Public Affairs & EU Operations at Plasma Protein Therapeutics Association (PPTA Europe)
- 6. **Jennifer Murnane O'Connor**, Ireland's Minister of State for Public Health, Well-being and the National Drugs Strategy



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Building resilience before emergencies occur

If prevention is about reducing pressure before it accumulates, preparedness is about ensuring health systems can withstand the pressures that cannot be prevented. As Europe confronts a complex risk landscape – from pandemics and medicine shortages to climate-related threats and geopolitical instability – participants argued that resilience can no longer depend on emergency responses alone.

One of the clearest lessons emerging from recent years is that preparedness cannot be improvised. The COVID-19 pandemic exposed vulnerabilities across healthcare systems, supply chains and public institutions, while demonstrating the costs of responding to crises without adequate preparation. Across the summit, speakers stressed that resilience must be built continuously rather than assembled when emergencies occur.

Florika Fink-Hooijer, Director-General of the European Health Emergency Preparedness and Response Authority (HERA), argued that preparedness should be viewed as a long-term investment rather than a temporary response to immediate threats.

“ You have to build [preparedness] up in peacetime. ”

Florika Fink-Hooijer, Director-General of HERA

Reflecting on the progress made since the pandemic, Fink-Hooijer pointed to Europe's growing preparedness architecture, including joint procurement mechanisms, strategic stockpiles and strengthened surveillance systems. Yet speakers also warned against complacency. Emerging health threats continue to evolve, while climate risks, geopolitical tensions and supply chain disruptions are creating new vulnerabilities that require sustained attention.

Rather than focusing solely on surveillance, stockpiles and crisis response, participants argued that resilience begins much earlier. Building it depends not only on emergency capacities, but also on prevention, vaccination, workforce planning, manufacturing capacity, trusted institutions and international cooperation.

Sandra Gallina, Director-General for Health and Food Safety at the European Commission, reinforced this broader understanding of preparedness. Building resilient health systems, she argued, requires sustained investment in prevention and public health policies that reduce vulnerabilities before they become crises.

“What we need is transformation,” she said, arguing that health policy must become more integrated if Europe is to strengthen its resilience against future health threats.

Strategic autonomy and supply security featured prominently throughout the discussions. Participants argued that Europe's ability to respond to future crises

will depend not only on healthcare capacity, but also on reducing vulnerabilities across critical supply chains.

Discussions on strategic autonomy repeatedly highlighted the complexity of healthcare supply chains. **Marilena Vrana**, Director of Public Affairs at the Plasma Protein Therapeutics Association (PPTA), warned against applying uniform solutions to highly specialised markets.

“ One size does not fit everything.”

Marilena Vrana, Director of Public Affairs at the Plasma Protein Therapeutics Association

Vrana highlighted Europe's continued reliance on external sources for critical plasma-derived medicines and argued that resilience requires tailored approaches that recognise the unique characteristics of different products and supply chains. Building strategic autonomy, participants suggested, will require targeted approaches that address specific vulnerabilities rather than one-size-fits-all solutions.

The discussion also highlighted an often-overlooked dimension of preparedness: the evolving roles of actors across the health ecosystem. While debates frequently focus on manufacturing capacity and procurement, participants argued that resilient health systems also depend on making better use of the infrastructure, expertise and partnerships that already exist.

Kasper Ernest, Director General of the European Healthcare Distribution Association (GIRP), emphasised the scale and importance of Europe's distribution networks.

“ My members deliver more than 19 billion packs of medicines to more than 200,000 pharmacies and hospitals every year.”

Kasper Ernest, Director General, European Healthcare Distribution Association

Drawing on the example of pharmacy networks, Ernest argued that greater integration between existing services could improve efficiency and resilience, while the cross-sector collaboration developed during the COVID-19 pandemic should become a permanent feature of health systems rather than a temporary response to crisis.

Throughout the discussion, preparedness emerged as a shared responsibility rather than a task for health authorities alone. Governments, healthcare providers, industry, researchers and civil society all have a role to play in strengthening health system resilience. This broader understanding reflects a shift in thinking: preparedness is no longer viewed as a temporary response to crises, but as a permanent function of health governance.

Delivering that vision requires continuous investment in surveillance, workforce planning, supply security, manufacturing capacity and cross-border cooperation. In an age of permanent pressure, Europe's ability to respond to future shocks will depend less on emergency measures than on the strength of these foundations. This same long-term perspective also shapes how Europe approaches innovation, ensuring that successful ideas, technologies and models of care can move beyond pilots and deliver impact at scale.

Europe's implementation gap

Europe does not suffer from a shortage of healthcare innovation. Across the continent, governments, hospitals, researchers and companies are developing new technologies, testing novel care models and pioneering approaches to prevention and personalised medicine. Yet despite this abundance of innovation, too many promising solutions struggle to move beyond pilot projects and become embedded in routine care.

A recurring theme throughout the summit was that Europe's greatest healthcare challenge may no longer be generating new ideas, but implementing them. Participants repeatedly pointed to a gap between innovation and adoption, where successful initiatives often remain confined to individual organisations, regions or projects rather than delivering impact at scale.

This issue extends beyond technology alone. Whether discussing prevention programmes, digital health solutions, workforce reform or new models of care, speakers argued that many of the tools needed to strengthen health systems already exist. The question is whether healthcare systems can create the conditions necessary to absorb, scale and sustain them.

Several participants argued that incremental reform is no longer sufficient. Kasper Ernest, suggested that health systems now require transformation rather than adjustment.

“ We've been talking about reforms for years and years, but reform doesn't cut it anymore.

Kasper Ernest, Director General at the European Healthcare Distribution Association

Health systems require transformation rather than adjustment. Yet transforming health systems often proves difficult because innovation frequently encounters institutional, financial and regulatory barriers once it moves beyond the pilot stage.

Several speakers argued that innovation is too often treated as a goal in itself rather than a means of solving clearly defined problems.

Jorge Juan Fernández García, Chief Innovation Officer at Hospital Clínic Barcelona, challenged this tendency to focus on technology before outcomes.

*“ Innovation is not about technology.
Innovation is about solving problems.*

Jorge Juan Fernández García, Chief Innovation Officer
at Hospital Clínic Barcelona

Drawing on experiences from Spain, Fernández García argued that innovation creates value only when it addresses real needs and becomes integrated into everyday clinical practice. The challenge is therefore not simply generating new technologies, but redesigning systems so that they can adopt and use them effectively.

Speakers also highlighted the importance of leadership and long-term planning.

Elina Drakvik, Senior Lead, Future Well-being Solutions Programme at Sitra, the Finnish Innovation Fund, highlighted the importance of taking a longer-term perspective.

*“ The future is not something that happens to us.
It's something we can influence.*

Elina Drakvik, Senior Lead, Future Well-being Solutions Programme
at Sitra, the Finnish Innovation Fund

A recurring concern was that many healthcare systems continue to reward short-term efficiencies rather than long-term value. Procurement, reimbursement and governance frameworks often discourage innovation adoption, even when evidence suggests that new approaches could improve outcomes and reduce costs over time. Innovative technologies and models of care may prove their value in individual hospitals or regions, yet too often fail to reach patients more widely because health systems lack the incentives and mechanisms to scale them.

Drawing on Denmark's ongoing healthcare reform, **Edward Alexander James Smith**, Head of EU Policy at the Danish Ministry of Health, argued that transforming health systems requires more than introducing new technologies. Denmark has shifted investment towards primary and community care, created a national body to coordinate digital health and established a National Centre for Health Innovation to help successful technologies move beyond pilot projects and into routine clinical practice. These reforms, he argued, demonstrate the importance of governance structures and incentives that support long-term outcomes and innovation adoption.

Ginger Smith, Senior Health Economist at the European Investment Bank (EIB), echoed these concerns, arguing that policy, reimbursement and procurement frameworks should better reward long-term value and support the adoption of innovation.

“ Innovation only matters if patients can actually access it.

Ginger Smith, Senior Health Economist at the European Investment Bank (EIB)

The discussion also highlighted the importance of collaboration. Successfully scaling innovation requires cooperation across the healthcare ecosystem, bringing together policymakers, providers, industry, investors and patients around shared objectives.

Francis de Dree, CEO of Partenamut, argued that health system reform must ultimately be judged by whether it improves accessibility. Drawing on Belgium's experience, he identified four essential dimensions of access: affordability, geographical access, transparency on quality and waiting times.

“ If you don't address these four dimensions of accessibility, you can make every reform you want. You will not have the support of the population, of the citizens.

Francis de Dree, CEO of Partenamut

Participants also argued that implementation should ultimately be judged by the outcomes that matter most to patients. Innovation does not end with treatment; it must also improve people's ability to live healthy, fulfilling lives after illness.

Delphine Heenen, Founder of KickCancer, highlighted the importance of ensuring that health systems support survivors long after treatment has ended, particularly children and young people living with the long-term consequences of cancer.

“ When we talk about prevention in young people, survivors from cancer [...] these are people who survive or will have a long life.

Delphine Heenen, Founder of KickCancer

This perspective reinforces that innovation delivers value only when it improves people's lives over the long term, not simply when new technologies reach the market.

Europe's healthcare challenge is increasingly one of implementation rather than innovation. Progress can no longer be measured solely by the number of new technologies entering the market or the volume of pilot projects launched. It depends on whether innovation can be adopted at scale, improve access to care and deliver better outcomes for patients.

For policymakers, this means creating the conditions that allow successful innovations to scale. Procurement systems, reimbursement models, governance structures and investment frameworks must reward long-term value, patient outcomes and adoption at scale. Without those changes, Europe risks remaining rich in innovation but poor in implementation.

Building trust in digital health

Europe's health systems are entering a new phase of digital transformation. Advances in AI, digital health technologies and data analytics have created unprecedented opportunities to improve patient outcomes, support healthcare professionals and increase system efficiency. Yet throughout the summit, participants argued that the success of digital transformation will depend less on the technologies themselves than on whether the data, governance and trust needed to support them are in place.

A recurring theme was that digital transformation depends on trust as much as technology. The effectiveness of AI and other digital tools ultimately rests on the quality of the data that underpins them, the governance frameworks that regulate their use and the confidence of citizens and healthcare professionals alike.

Much of the public debate around AI focuses on its future potential. The discussion at the summit took a more practical perspective. Participants argued that before healthcare systems can fully benefit from artificial intelligence, they must first address longstanding challenges related to data quality, interoperability and digital infrastructure.

Rob de Bie, Business Development Leader of Critical Care at Philips, highlighted the importance of building strong data foundations before pursuing more ambitious technological applications.

“ AI is an enabler. Before you can even get to AI, you need access to data.”

Rob de Bie, Business Development Leader – Critical Care at Philips

De Bie argued that many healthcare systems continue to operate within fragmented data environments that limit the potential of digital innovation. Without high-quality, accessible and interoperable data, even the most sophisticated technologies struggle to deliver meaningful improvements in care.

Data emerged as strategic infrastructure for modern healthcare systems. Initiatives such as the European Health Data Space (EHDS) are creating new opportunities to strengthen interoperability and facilitate secure data sharing across borders. Just as effective prevention depends on strong primary care and preparedness depends on resilient supply chains, digital transformation depends on trustworthy data

ecosystems. Participants repeatedly highlighted the importance of interoperability, secure information sharing and common standards that enable data to move safely across institutions and borders.

Yet technology and infrastructure alone are not enough. Participants also stressed that digital transformation is ultimately a question of governance and public confidence. Citizens must trust that their data is being used responsibly, healthcare professionals must trust the tools they are being asked to use, and institutions must demonstrate that innovation serves public interests rather than simply introducing new complexity.

These questions are becoming increasingly important as healthcare systems seek to integrate AI into clinical practice. While enthusiasm for the technology was evident, speakers cautioned against viewing AI as a solution in itself. Its value depends on how effectively it is implemented, governed and integrated into existing systems of care.

The discussion therefore pointed towards a broader conclusion: successful digital transformation is not primarily a technological challenge. It is an institutional one. Building trust requires robust governance, transparent decision-making, secure infrastructure and a clear focus on improving outcomes for patients.

Conclusion

Europe's health systems are entering a period in which pressure is no longer exceptional but constant. Demographic change, chronic disease, technological disruption and geopolitical uncertainty are reshaping the context in which healthcare is delivered, requiring health systems that are not only efficient but also resilient, adaptable and prepared for change.

Europe already possesses many of the components needed to meet this challenge. The expertise exists, technologies continue to advance, and effective examples of prevention, preparedness, innovation and cross-border cooperation are already emerging across the continent. The challenge now is to translate these strengths into sustained implementation.

Doing so will require governments, healthcare providers, industry, researchers, patient organisations and civil society to work together in new ways. It will also require political choices that recognise health not simply as a sector to be managed, but as a strategic investment in Europe's prosperity, security and social cohesion.

The pressures facing Europe's health systems will continue to evolve. Their resilience will depend not on responding more effectively to the next crisis, but on building stronger, more connected and more future-ready systems before it arrives.



1. **Kasper Ernest**, Director General of the European Healthcare Distribution Association (GIRP)
2. **Jorge Juan Fernandez Garcia**, Chief Innovation Officer at Hospital Clínic Barcelona
3. **Sandra Gallina**, European Commission Director-General for Health and Food Safety (DG SANTE)
4. **Delphine Heenen**, Founder of KickCancer
5. **Francis de Drée**, Chief Executive Officer of Partenamut
6. **Rob de Bie**, Business Development Leader – Critical Care at Philips



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