

**Conference of the Civil Society Organisations' Group
of the European Economic and Social Committee
in the framework of the Belgian presidency of the Council of the European Union
Liège, 4 June 2024**

'The State of Health in the EU'

CONCLUSIONS AND RECOMMENDATIONS



**The State
of Health
in the EU**

CONFERENCE

**LIVE
STREAM**

04/06/2024 | 09.00 – 16.30 CEST

Théâtre de Liège, 16 Place du 20-Août, Liège, Belgium

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#HealthUnion | #EU4Health | #OneHealth**



Placing health at the top of the European and national political agendas

- Highlight that **health policy does not exist in a vacuum**, but constitutes a **critical sector** for the EU's economy alongside energy, food security and technology;
- Recall that during the Covid-19 pandemic, health rose to the top of the political, strategic and policy agendas of the EU and Member States, leading inter alia, to the creation of the **EU4Health programme** and of the **European Health Union (EHU)**;
- Strongly regret the decision of the Council of the EU on 1 February 2024, to reduce the EU4Health programme by 1 billion Euros. Such a decision is the clearest possible indication that **health has slipped down the EU's political agenda**;
- Urgently call on the EU to **learn from the lessons of the Covid-19 pandemic** and to place **health as a key strategic priority** in the political and policy agendas of the European Commission, European Parliament and Council, for the **period 2024-2029**;
- To this end, the EU must take urgent steps to **complete a fully-fledged EHU** and to heavily invest in **collaborative medical research projects**, following the good example of Covid-19;
- Urge the EU to recognise the **right of Europeans to quality, affordable and accessible healthcare**, through the creation of a **European Health Guarantee**.

Building a new architecture for health within the EU

- Stress that the European Institutions must embrace an **ambitious, holistic and inclusive approach**, which recognises and acts upon the **inter-linkages** between health and social policy, changing demographics, climate change, the digital and environmental transitions, economic security and industrial policy;
- Insist on the necessity to **break down silos** between the health of people, animals and the planet, by actively pursuing the approach of '**One Health**' in EU and national policy-making;
- Recall that the concept of 'One Health' implies **inter-dependencies between countries**, but that changes in mindsets and behaviour must first take place at **local and regional levels**;
- Welcome the decision of the European Commission to create a '**One-Health**' Directorate, but highlight that **much more is necessary** in order to reduce silos within and among EU policy-making;
- Call for the creation of a **new architecture for health**, which places the **patient at the centre**, rendering **healthcare** more **predictable, preventive, personalised and participatory**;
- Highlight that the take up and success of European healthcare initiatives and programmes is dependent on **transparent, regular and structured dialogue** with relevant **civil society organisations (CSOs)**, including patient associations, which should have access to sustainable and predictable EU funding;
- Encourage more networking and peer learning among medical practitioners, alongside increases in **evidence-informed policy-making** at national and EU levels.

Investing in innovative and sustainable health systems

- Insist that **health** must be recognised as a **measurable social investment**, rather than as a socio-economic cost for European societies;
- To this end, **innovative, sustainable** and **multi-annual investments** into European health systems and infrastructure are necessary, focussing on **prevention, resilience, innovation** and **crisis-preparedness**;
- Highlight that European health systems can only be sustainable alongside **accessible and high-quality social services** and **public social policies**, staffed with sufficient numbers of well-trained health professionals;
- Call for urgent steps to be taken at national and European levels, to **better plan, finance, upskill** and **reskill the healthcare workforce**;
- Recognise that **digitalisation** and **Artificial Intelligence (AI)**, are already **positively contributing** to the quality of healthcare within the EU, by enhancing diagnostic accuracy, disease tracking, relieving administrative burdens on healthcare professions, etc.;
- Highlight that both healthcare professionals and patients should take more **ownership of the new digital tools**, with **patients becoming partners** in their healthcare;
- Recall that **IT companies** have a moral duty to ensure that their **products are safe** and **reliable**, ensuring that humans remain fully in control;
- Urge EU Member States to collaborate more closely on digitalisation and AI, with exchanges of best practices and **EU common ethical standards** and **legislation**;
- Call on hospitals and medical centres to take concrete steps to **reduce the carbon footprint of their activities** and to assist other medical centres to follow suit.

Taking action to combat health inequalities

- Stress that urgent steps must be taken to avoid increases in societal inequalities resulting from **unequal access to digital technologies**, or from the use of digital modelling that does not reflect the realities of societal diversity (e.g. **gender, ethnic, disabilities**, etc.);
- Highlight that failure to address the **severe shortage of healthcare professionals** will lead to increases in **poverty** and **social inequalities** among the EU population, as access to quality healthcare will be progressively reduced;
- Call for **enhanced investment, research, innovation** and **European partnerships on rare diseases**, in order to reduce health inequalities among the **30 million Europeans** who are afflicted by such diseases. This will require a **collaborative approach** among policy-makers, researchers, health authorities, patient associations, mutual societies and health insurers;
- Highlight that further financing and research into the **gender dimension of health** are also required, in order to better understand gender specificities in health, notably with regard to **women's health**.