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Transparency Register Number: 18941013532-08
EPHA aspires to be a change agent to improve public health for everyone across Europe.

We take a broad, systemic, public policy perspective, aiming for Europe-wide change for better population health and wellbeing in all policies. We focus on policies which are the root causes of health problems and tackle barriers to achieving the best possible state of health, wellbeing and equity. This encompasses environmental, social, economic and especially commercial and political determinants of health.

During 2016, we continued to work towards our goals for 2020 and built up our expertise to tackle key challenges to public health across Europe, namely the rising prices of medicines, the declining effectiveness of antibiotics due to drug-resistance in bacteria and the epidemic of non-communicable diseases driven by commercial determinants in the era of globalised trade, particularly of tobacco, alcohol, unhealthy food and pollution.

As always, improving the sustainability of health systems and reducing health inequalities are a central focus of all our actions, particularly in our work on economic and social policies and throughout our expanding civil society capacity building programmes. Hopefully you spotted some positive changes to EPHA too, with our new look logo, website, newsletter and social media.

2016 brought some dramatic challenges to our European operating environment. Europe’s politicians are struggling to find responses to the ongoing refugee crisis, persistent high levels of youth unemployment, authoritarian rule in influential countries and conflict just outside the EU’s borders. Europe is facing serious existential challenges to EU public policy, characterised by the UK referendum vote in favour of ‘Brexit’ in June. Within the EU, the 10 narrowly defined priorities of the Juncker Commission indicate insufficient political interest in public health despite a strong legal base in the EU Treaty for measures and programmes to complement national health services and policies. The cautious EU agenda is at odds with the biggest successes of the EU as recognised by the public, such as health and environmental protection and defending the rights of workers, consumers and families. The latest Eurobarometer survey shows that 70% of Europeans want more EU action on health and social policies. Unless we take action, the already narrow EU policy priorities may shrink further.

EPHA operates and has members across the WHO European Region, and must look beyond the current ruptures and anticipate how we can best effect policy change in the longer term in favour of better health and equity. With the challenges facing health across Europe - increasing inequalities, restricted access to medicines and care, preventable chronic diseases, vaccine hesitancy, all forms of malnutrition including obesity - being truly global health challenges as well, international cooperation outside the bounds of the EU and in new constellations is gaining in importance. The Sustainable Development Goals, especially Goal 3 for health, provide a vision and guarantee the political commitment to work beyond 2020.

Civil society’s role will be decisive in Europe’s future and to defend our health rights. The whole of Europe is facing common public health challenges that are more effectively tackled together. No country can solve any of these problems alone. These threats are not constrained by national borders, but may be contained by smart policies.

At EPHA we know this is no time for business-as-usual and look forward to working with our members, partners and policy-makers to continue to achieve positive change.
What We Achieved

14 public events
1220 participants
10 open letters
18 public statements
22 press releases
154 press mentions

NEW MEMBERS
Center za zdravje in Razvoj Murska Sobota (Slovenia)
Faculty of Public Health (UK)
Platform for Support of Health of Disadvantaged Groups (Slovakia)
Suomen ASH (Finland)

Participation in 33 meetings of 18 EU expert groups and advisory committees, including the Patients’ and Consumers’ Working Party at the European Medicines Agency, the Cancer Control Expert Group, the European Commission’s Stakeholder Advisory Group on the EU-US Transatlantic Trade and Investment Partnership, European Commission’s structured dialogue meetings with (pro) Roma European organisations on Roma Integration, the EU Health Policy Platform

19 Coordinated responses to 19 public consultations

Active in civil society groups including:
Social Platform / Health and Environment Alliance (HEAL) / Better Regulation Watchdog / SDG Watch Europe / Semester Alliance / European Alliance for Mental Health - Employment and Work / Trans-Atlantic Consumer Dialogue / Alliance for Responsible R&D and Affordable Medicines / The Sustainable Food and Farming Platform

Our Members

PAN EUROPEAN ORGANISATIONS: AGE Platform Europe (AGE), Eurochild, European AIDS Treatment Group (EATG), European Alcohol Policy Alliance (EUROCARE), European Association of Cancer Leagues (ECL), European Association of Hospital Pharmacists (EAPHP), European Association of Senior Hospital Physicians (AEMH), European CanCer Organisation (ECCO), European Committee for Homeopathy (ECH), European COPD Coalition (ECC), European Federation of National Organisations working with the Homeless (FEANTSA), European Heart Network (EHN), European Medical Students’ Association (EMSA), European Network for Smoking Prevention (ENSP), European Pharmaceutical Students’ Association (EPSA), European Region of the World Confederation for Physical Therapy (ER-WCPT), European Scientific Working Group on Influenza (ESWi), European Society for Intensive Care Medicine (ESICM), Federation Européenne des Medecins Salaries (FEMS), International Council of Medical Acupuncture and Related Techniques (ICMART), International Diabetes Federation, European Region (IDF), Mental Health Europe (MHE), Pharmaceutical Group of the European Union (PGEU), Smoke Free Partnership (SFP), The Association of School of Public Health in the European Region (ASPHER)

AUSTRIA: European Association for Pulmonary Hypertension (P4A Europe), Wiener Internationale Akademie für Ganzheitmedizin (GAMED)

AZERBAIJAN: Center Women and Modern World (CWMW)

BULGARIA: Bulgarian Association for Patients’ Rights Defence (BAZP), SOS Health Association, Sustainable World Foundation (SWF)

CROATIA: Life Quality Improvement Organisation (FlightLET)

CYPRUS: Cyprus Turkish Medical Association (CTMA)

ESTONIA: Tallinn Children’s Hospital Foundation

FINLAND: International Federation of Anthroposophical Medical Associations (IVAA), Suomen ASH

FRANCE: Association Nationale de Prévention de l’Alcoolisme et Addictologie (ANPAA), Collectif Interassociatif Sur la Santé (CIS), European Network of Medical Residents in Public Health (Europel MRPH), Médecins du Monde, Universal Education Foundation

GERMANY: Association for Natural Medicine in Europe (ANME)

GEORGIA: The Genesis Association

GREECE: Programmes of Development of Social Support and Medical Co-Operation (PRAKISIS)

HUNGARY: Roma Health Fund

IRELAND: Alcohol Action Ireland (AAI), European Institute of Women’s Health (EIWH)

ISRAEL: Patient Fertility Association

ITALY: Associazione Italiana Chiropratici (AIC), Italian Institute for Quality of Life (IQV)

LITHUANIA: Union of Lithuanian Health Psychologists (ULHP)

MACEDONIA: Center for Regional Policy Research and Cooperation (Studiorum)

MALTA: Malta Health Network

THE NETHERLANDS: European Federation of Patients’ Associations for Anthroposophic Medicine (EFPAM), European Hematology Association (EHA), Health Action International - Europe (HAI), Wemos Foundation, International Federation of Medical Students’ Associations (IFMSA)

POLAND: Polish Society for Health Programs (PSHP-PPTP)

ROMANIA: Romtens Foundation (ROMTENS)

SERBIA: National Health Alliance of Serbia and National Association of Emergency Medical Service Staff (NAMS and NNaMP)

SLOVAKIA: Platform for Support of Health of Disadvantaged Groups (PPZSG)

SLOVENIA: Center za zdravje in Razvoj Murska Sobota (CZR Murska Sobota), Slovenian Coalition for Tobacco Control (SCTC)

SPAIN: Fundación de Ciencias del Medicamento y productos sanitarios (FUNDAMED)

SWEDEN: Active - Sobriety, Friendship and Peace, Independent Order of Good Templars (IOGT-NTO)

SWITZERLAND: Dachverband Komplementärmedizin (DAKOMED), European Association for the Study of the Liver (EASL), European Council of Doctors for Plurality in Medicine (ECPM), European Council of Optometry and Optics (ECOO), European Respiratory Society (ERS)

TURKEY: Turkish Pharmacists' Association

UNITED KINGDOM: British Heart Foundation Centre on Population Approaches for Non-Communicable Disease Prevention (BHFCPNP), Cancer Research UK, European Central Council of Homeopaths (ECCH), European Chiropractors’ Union (ECU), European Federation of Homeopathic Patients’ Associations (EFHPA), Faculty of Public Health, Health Equities Group, International Baby Food Action Network (IBFAN UK), Royal College of Nursing, Royal College of Physicians of London, Scottish Health Action on Alcohol Problems, The Health and Europe Centre

UKRAINE: SALUS Charitable Foundation
Our Board

Archie Turnbull  
Smoke Free Partnership  
President

Catherine Hartmann  
European COPD Coalition  
Vice-President

Peter Weissner  
European Aids Treatment Group  
Vice-President

Yves Brand  
Mental Health Europe  
Treasurer

Peggy Maguire  
European Institute of Women’s Health  
Former President

Stephen Gordon  
European Central Council of Homeopaths  
Board Member

Freek Spinnewijn  
European Federation of National Organisations working with the Homeless  
Board Member

Susan Williams  
Royal College of Nursing  
Board Member

Our Team

Nina Renshaw  
Secretary General

Zoltán Massay-Kosubek  
Policy Coordinator for Healthy Trade and Health Equity

Masha Smirnova  
Policy Coordinator for Healthy Economics, FRESH/ER Project Manager

Yannis Natsis  
Policy Manager Universal Access and Affordable Medicines

Rosemary Hindle  
Communications Officer

Laura Rahoveanu  
Administration Assistant

Sascha Marshang  
Director of Operations and Membership

Nikolai Pushkarev  
Policy Coordinator for Food Drink and Agriculture

Martyna Giedrojć  
Policy Officer for Health Systems

Giulia Vettore  
Communications Coordinator

Agata Petcov  
Finance and Administration Manager

Chris Everton Russ  
Assistant to the Secretary General and Administrative Assistant

SCIENTIFIC ADVISORS

Scientific advisor on Antimicrobial resistance: ROSE GALLAGHER, MBE  
- Professional Lead  Infection Prevention & Control, Royal College of Nursing (UK)

Scientific advisor on Alcohol: PROF. NICK SHERON  
- Royal College of Physicians (UK) and Head of Population Hepatology, University of Southampton

Scientific advisor on Tobacco Policy: PROF. JOHN BRITTON  
- Professor of Epidemiology, Director, UK Centre for Tobacco & Alcohol Studies, Faculty of Medicine & Health Sciences, University of Nottingham

Scientific advisor on Nutrition: DR. AILEEN ROBERTSON  
- Metropolitan University College (Copenhagen), Public Health Nutritionist and former Regional Adviser for Nutrition Policy and Food Security at WHO EURO (1990-2004)

Scientific advisor on Trade: DR GABRIEL SILES-BRÜGGE  
- Associate Professor, Department of Politics and International Studies, University of Warwick

Scientific advisor on Trade: DR NICOLETTE BUTLER  
- Lecturer in Law, University of Manchester

EUROPEAN ALLIANCE FOR RESPONSIBLE R&D AND AFFORDABLE MEDICINES

EPHA hosts the secretariat of the European Alliance for Responsible R&D and Affordable Medicines - Viviana Galli, Coordinator

STRATEGIC ADVISORS:  
Paul Belcher & Tamsin Rose
EPHA is committed to building civil society capacity to deliver equitable solutions to European public health challenges, to improve health and reduce health inequalities.

This is achieved through our monthly Policy Coordination Meetings (PCMs): regular working group meetings on specific issues with our members; and by providing regular policy updates on a range of public health policy areas via our monthly newsletter, news feeds, briefings and position papers or workshops and seminars.

As part of our work on health inequalities, EPHA has focused on the particular health needs and access barriers facing Roma people. Our Roma Health Fellowship programme, supported by Open Society Foundations, aims to support Roma health advocates to develop the necessary tools to engage with European policy makers and to increase the capacity of the Roma community to become leaders on health at EU, national and local level.

“I am much more involved in promoting access to health services at local level, I understand the role of NGOs and which steps need to be followed in advocating policies at both national and EU level.”

Florin Nasture
EPHA-OSF Roma Fellow, 2nd Roma Health Fellowship Programme (2015-2016)

“The programme enhanced my knowledge on the role of EU institutions and non-for-profit organizations based in Brussels and I gained a broader perspective on some of the initiatives taken at EU level relevant for Roma integration.”

Diana Pirjol
EPHA-OSF Roma Fellow, 2nd Roma Health Fellowship Programme (2015-2016)

2016 TRAINEESHIP PROGRAMME
EPHA offers training placements to students of public and global health
Alice Landolfi, Magdalena Uerlich, Florianne Degenaar, Franziska Wiebke, Nadeem Hasan, Robert Marr
Action on Antimicrobial Resistance (AMR)

“They (European Commission) are dramatically understating the rapidly increasing scale, urgency and cost of the AMR problem ... The Commission must upscale their ambition and coordination of actions accordingly, making full use of the EU’s public health mandate.”

Sascha Marschang, Politico - 25/10/2016

Imagine a world where childbirth, routine operations, and life-saving medical procedures like chemotherapy themselves become life-threatening, and simple infections may, once again, be a death sentence. This is Antimicrobial Resistance (AMR), which occurs when the micro-organisms which cause certain diseases in humans and animals no longer react to previously effective drugs.
As standard treatments become ineffective, AMR threatens to surpass climate change as the biggest danger of the modern era, affecting lives, health and health systems across Europe and worldwide. Drug-resistant infections are an unprecedented threat to public health around the world. At present, a very conservative - and out of date - estimate states that 25,000 deaths occur every year in Europe alone as a result of drug-resistant infections. Without a swift and internationally coordinated policy response this figure could skyrocket to 10 million fatalities worldwide every year by 2050 at a cumulative cost to global economic output of 100 trillion USD.

Together with EPHA’s diverse network of members and a broad coalition of experts, we seek to develop concrete policy proposals and stimulate political will to change policies and practices in all dimensions of the ‘One Health’ approach to tackle the root causes of antimicrobial resistance.

We call on Europe to present a new European Action Plan on AMR that offers effective collaboration and coordinated action, concrete national targets and goals, tools and supporting mechanisms for Member States to reduce the inappropriate use of antimicrobials. It is time to move the global effort from words to action.

**LIST OF PUBLICATIONS IN 2016:**
- EU law and competence to tackle antimicrobial resistance: What can the EU do?
- Closing the Net: Why European action on AMR is indispensable
- Pharma pollution: Shut the back door on superbugs
- EPHA responds to EC Consultation on Roadmap for a One-Health Action Plan on AMR

“Over-reliance on self-regulation has clearly not delivered. Minimising the exposure of children to unhealthy food marketing could be a significant step as well as reducing intake of processed and red meats. [...] The increase of type-2 diabetes in children is a stark indicator that the societies are not yet on the path towards sustainability and well-being.”

Nikolai Pushkarev, Euractiv - 14/12/16
In addition, poor agricultural methods also contribute to antibiotic resistance, environmental degradation, air pollution and climate change, seriously endangering the last century’s gains in health.

EPHA’s Food, Drink and Agriculture campaign takes a systemic approach towards food and drink environments (including alcohol) and agriculture and engages to create a coherent, health-sensitive, sustainable food policy for Europe. It calls on the EU to support the transition to sustainable healthy diets to tackle the high rates of morbidity and disease and help achieve Sustainable Development Goal 3 on good health and well-being by 2030, in particular the reduction by one third of the rate of premature mortality from non-communicable diseases through prevention and treatment.

Coordinated action at European and national levels is critical: incentivising healthy choices through economic instruments; advertising, marketing and promotions restrictions; labelling schemes, and community initiatives are just some of the measures that can be taken to ensure the significant benefits for economy, climate and health, which a transition to sustainable healthy diets can bring.

**LIST OF PUBLICATIONS IN 2016:**
- Briefing: Self-regulation: a false promise for public health?
- Paper: Three steps towards a healthy food future: EPHA submission to Informal EU Agriculture Council
- Report: “A CAP for Healthy Living”
- Paper: Agriculture and Public Health: Impacts and pathways for better coherence

Highlight

Notable progress has been made on food policy across Europe during 2016, with more to come. Governments across Europe, frustrated by the lack of progress at European level, are moving beyond ineffective self-regulation, in particular on food and drink labelling, sugar and soda taxes and advertising restrictions. The European Commission finally confirmed that a proposal to limit transfatty acids in food - which pose a risk to cardiovascular health - would be published, following years of work by health and consumer organisations and a clear evidence base for action.

In alliance with other organisations, EPHA put marketing of unhealthy food and alcohol to children on the policy agenda in the framework of negotiations on the Audiovisual Media Services Directive. Our coordinated activities raised political awareness of impact of marketing on health, particularly for children.

EPHA was an active member of the coalition of over 100 civil society organisations calling for a review of Europe’s agricultural policy, which is now underway. Supporting the call for a future integrated healthy food and farming policy, EPHA published four key reports on the interconnection between food, agriculture, health and European policy. These are a strong basis for future policy action, including the revision of the EU Common Agricultural Policy beyond 2020.

Chronic non-communicable diseases (NCDs), including cardiovascular, respiratory diseases, diabetes, mental health conditions and cancer among others, are Europe’s biggest killers but are largely preventable. NCDs responsible for 86% of all premature deaths and 77% of all diseases, amounting to 80% of healthcare spending or some €700 billion in the EU every year. Eating well is essential for a healthy life - yet unhealthy diet is risk factor #1 for the total burden of death and disease. Every country in Europe is facing a childhood obesity epidemic - up to a third of 11-year-olds is overweight or obese - and health problems in childhood often last a lifetime.

**Today’s food and agricultural system is not living up to its potential to enable healthy, sustainable diets for all.**

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Healthy Economic Policy

The financial crisis continues to have serious adverse impacts upon health and social outcomes, particularly for vulnerable groups, exacerbating existing inequalities across and within European countries, due not only to differences in exposure to health risks, but also because of ability to access high-quality healthcare.

More than 1.2 million people in the EU in 2013 died from injuries and illnesses which might have been avoided through more effective public health and prevention policies or more timely and effective health care. The premature deaths of over half a million working age Europeans costs EU economies 115 billion EUR each year, as well as additional losses from lower productivity levels of people living with chronic diseases. Several European countries have cut their health spending since 2009, while poor people were ten times more likely to report unmet medical needs for financial reasons than rich people on average across the EU.

Despite modest economic recovery, these challenges persist to the detriment of European societies, while health systems and budgets are likely to come under more pressure as they react to ageing populations and Europe’s growing and changing healthcare needs. EPHA’s campaign for a healthy economic policy calls on governments to better balance their fiscal and social priorities in the European Semester cycle of economic and policy coordination as defined by the Europe 2020 targets. New initiatives such as the European Pillar of Social Rights should be at the heart of efforts to improve health outcomes and reduce health inequalities. Tackling health inequalities needs to be prioritised. For example, average life expectancies of Roma people and refugees are 10 years shorter than their compatriots.

Recognising that a healthy population is a prerequisite for a healthy economy, calls for increased investment in public health, prevention and promotion measures and spending on health systems and workforce to tackle the challenges Europe faces, such as the increasing burden of largely preventable, non-communicable chronic diseases.

There should be increased acknowledgement of the role of health investment not only in combating poverty and social exclusion, but also in other EU priority areas vital for growth such as innovation, support for SMEs and building individual skills and capacities. Policies must address the impact of alcohol, mental illness, obesity and environment-related diseases on children and young people, as well as those over working age. Achievement of the health-related 2030 UN Sustainable Development Goals should be at the centre of Europe's efforts to make the vision of a social Europe a reality for all.

LIST OF PUBLICATIONS:
- Report: Universal Health Coverage, Sustainable Development and the Pillar of Social Rights
- The European Semester and Roma Health
- EPHA Analysis of the 2016 Country Specific Recommendations

“Whilst the prevalence of NCDs continues to grow, access to care has been damaged by the economic crisis and the austerity politics which have followed in its wake, threatening the provision of UHC. Such trends reflect and exacerbate inequalities in health systems and outcomes across the continent.”

Masha Smirnova, EPHA - 27/09/2016
The public health community is still seeking reassurances from the trade negotiators that TTIP will lead to a better deal for cheaper medicines and a healthier future for our health systems, guaranteeing universal access to affordable medicines for everyone. The TTIP leaks illustrate that greater transparency of the negotiating documents is vital to ensure proper democratic and public debate about the impact of trade policy on public health. We are an evidence-based community, and until the Commission actually shows us their evidence of future benefits to health, we must keep a health warning on TTIP.”

Nina Renshaw, Europe’s World - July 2016
Trade for Health

2016 at a glance...

POSITION PAPER: Tobacco and Public Health in TTIP
EPHA Consultation Response on 2016 TTIP Sustainability Impact Assessment

MAY 05

SOCIAL MEDIA ACTIONS: #CETA4health #TTIP4health

JUN 06

BROCHURE & CASE STUDIES: How CETA could undermine public health

OCT 10

EPHA responds to the Public Health-related case studies of the draft final Technical report on TTIP

DEC 12

Trade for health, not health for trade! In 2016, the proposed international trade deals between the EU and Canada (CETA) and the EU and the USA (TTIP) took centre stage in the media and on the streets due to widely held concerns about their potential negative impact on our health and rights.

EPHA's campaign highlighted the potential risks to public health from, for example, limits on the ability of governments to protect public health; higher rates of obesity and overweight, and incidence of noncommunicable diseases from increased trade of unhealthy foods, increased market access for wines and spirits and tariff reductions on tobacco products or foods high in saturated fat, sugar and salt. We raised concerns about how trade deals could also set Europe on a path to more expensive medicines.

EPHA believes that the EU's international trade policy and bilateral agreements can, be smartly designed to safeguard public health, while ensuring the best deal for patients, health workers and consumers.

LIST OF PUBLICATIONS:
- EPHA responds to the Public Health-related case studies of the draft final Technical report on TTIP
- How CETA could undermine public health
- Tobacco and Public Health in TTIP
- The Unhealthy Side Effects of CETA

Highlight

Civil society organisations and hundreds of thousands of citizens across Europe raised the alarm about an investor protection clause in CETA and TTIP that would have allowed big companies to sue sovereign governments on policies to protect public health. These clauses have, for example, been used by big tobacco companies claiming massive compensation against the introduction of plain packaging or other smokefree laws. Their intention is to intimidate and dissuade other governments from taking similar measures to put health first. Following the outcry, the European Commission withdrew the controversial clause from the negotiations and replaced it with an improved (although not ideal) proposal for an international court.

Reference to antimicrobial resistance was added during negotiations, after we raised concerns. Many Members of the European Parliament cited health concerns in trade debates. An EU-Canada Summit to sign the CETA deal had to be postponed as some governments demanded reassurances about their rights to protect public interests. Health is included in the ‘joint interpretive declaration’ issued before the signing.

We’re grateful to all our members who contributed to a brochure on the health risks of CETA with case studies from their areas of expertise, and many more who supported our social media actions #CETA4Health and #TTIP4Health.

Thanks to EPHA and our members’ active commitment, public health is now included in EU positions on CETA and TTIP.

“There are still significant tariffs on some health-harmful goods including tobacco and processed foods high in salt, sugar and fats. We must not miss the point that removal of tariffs on health-harmful goods will also further accelerate the epidemic of chronic diseases in Europe, such as type-2 diabetes, cardiovascular diseases, respiratory diseases and cancers. So far the Commission has neglected to evaluate the health impact, but no doubt it would offset a significant portion of the purported economic benefits of TTIP.”

- Zoltán Massay-Kosubek, Euractiv - 02/05/2016
The number one barrier between patients and their medicines in Europe today is the high cost of treatment. For example, a one-time treatment of Sovaldi to treat chronic Hepatitis C can cost between 48,000 and 96,000 euros, making healthcare unaffordable. Strict rationing by governments across Europe limits the number of patients who can access vital treatments. Taxpayers often effectively pay twice over, first through research and development subsidies (or tax breaks) to pharmaceutical companies, and secondly for the actual costs of the treatments themselves. Lack of transparency in setting drug prices mean it is impossible to tell how much of the cost is based on research, development and production, and how much is based on profit.

EPHA is campaigning to achieve universal access to affordable medicines and addressing the root causes of today’s problems including the quality of medical innovation, the incentives for research and development as well as the need for transparency and public accountability in pharmaceutical policy-making.

Access to affordable, safe and suitable medicines is a human right and an issue of social justice.

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Summary of Medicines Plan, The Netherlands Ministry of Health Welfare and Sport
2016 was a landmark year for the debate on medicines policy in Europe. The debate around affordability and accessibility of medicines has hit the mainstream and is here to stay.

The 28 Health Ministers of EU governments signed off the most strongly worded Council Conclusions ever, under the Netherlands Presidency of the Council of the EU. They tackled several previously taboo issues, questioning today’s business and regulatory model, and looking for ways to tackle the high prices of medicines.

The high prices of medicines were also centre stage at the World Health Assembly, with several Ministers making clear that the challenge is now global, affecting rich and poor countries alike. The UN Secretary-General’s High Level Panel report on access to medicines demonstrated that the status quo is no longer an option. The WHO and OECD, as well as the European Commission with a forthcoming proposal on Health Technology Assessment, and cooperation between national governments on joint negotiations with drug makers, demonstrate unprecedented international momentum to finally reach a breakthrough in the interest of public health.

Europe must continue to be the leading world region in the fight against AMR

2016 was a crucial year in the fight against drug-resistant infections. The release of the AMR Review by Lord Jim O’Neill for the UK Prime Minister was followed by the June 2016 European Council Conclusions under the Dutch Presidency, discussions at the G20 forum and a Heads of State meeting on AMR at the UN General Assembly. The EPHA Annual Conference in September took place in the midst of these landmark events, bringing together 250 representatives from government, academia, regulatory agencies, NGOs and industry, at global, European, national and local level to discuss this growing public health crisis for public health. The conference issued a strong call for Europe to continue to take a leading role in actions to fight AMR.

The conference aimed to overcome the political resistance to public health approaches and investments to tackling AMR, calling for policymakers to convert the current momentum, awareness and consensus into commitments and action. EPHA calls for mandatory targets for the prudent use of antibiotics, and a coordinated, international response to ensure progress made in one country is not undermined by lack of action in another.

EPHA members contributed their perspectives to the conference with questions from the floor and interventions from expert panellists: Tajda Miharlja Gala, European Association of Hospital Pharmacists; Professor Giovanni Sotgiu of the European Respiratory Society, Rose Gallagher from the Royal College of Nurses (UK) and Jurate Svarcaite, Pharmaceutical Group in the European Union.
Professor Dame Sally C. Davies, Chief Medical Officer for England, opened the conference, setting the scene with a keynote speech centred on the UK Government’s AMR Review which showed the need for urgent policy action to head off a global public health catastrophe.

**MARCH:** Towards a Sustainable Food Policy: Building a Food and Agricultural System That Works for Environment, Health, Economies and Taste

This event (co-organised by EPHA and the European Environmental Bureau, hosted by the Permanent Representation of the Netherlands in Brussels) resulted in a refreshing discussion about the desirability and main pillars of a coherent and sustainable food and agricultural policy. It highlighted the impact of agricultural policies not only on food safety and consumer choice, but also on nutrition and health, and called for a Fitness Check for the Common Agricultural Policy to provide an answer to the ecological, health, cultural and economic challenges our societies are faced with today.

**JUNE:** TTIP: Trading Away Our Food And Farmers

EPHA joined with Friends of the Earth Europe, Corporate Europe Observatory, the European Milk Board, and the European Coordination via Campesina to organise a breakfast meeting to discuss the possible economic impacts of TTIP on farming and food production in the European Union, including its potentially harmful effects to public health.

**SEPTEMBER:** Communicating the Challenge of Antimicrobial Resistance: How to Increase Public Understanding of Drug-resistant Infections

Organised by EPHA with The Wellcome Trust, this event ahead of EPHA’s Annual Conference highlighted the misconceptions and lack of awareness of antimicrobial resistance, and explored the ways in which journalists and communications professionals could contribute to the battle against drug-resistant infections by increasing public understanding and encouraging behaviour change.
EPHA Events

OCTOBER: Self Regulation: A False Promise for Public Health

Hosted by Anna Hedh MEP, this event discussed the failure of self-regulation and voluntary commitment schemes, which are often encouraged as tools to address health-related societal challenges, such as obesity and alcohol abuse. Experts presented the practical implications for the review of the Audiovisual Media Services Directive (AVMSD) and the European Commission’s Acrylamide Regulation.

NOVEMBER: The EPHA 2016 Universal Access and Affordable Medicines Forum

The flagship event, “Healthy Innovation for all” under the auspices of the Polish Permanent Representation to the European Union, brought together representatives from government, pharmaceutical companies, payers, NGOs and patient activists to discuss the current situation of access to medicines in Europe and EU regulatory developments. It also explored policy recommendations for affordable medicines that serve public health needs and promote genuine innovation for all.


EPHA, together with the European Heart Network, the British Medical Association, Coface Families Europe, Eurocare, the European Association for the Study of the Liver, the European Centre for Monitoring Alcohol Marketing, the International Order of Good Templars, Scottish Health Action on Alcohol Problems, and the International Association of Mutual Benefit Societies (AIM) were joined by over 120 participants in the European Parliament to discuss the effects of aggressive advertising and health-harmful marketing of alcohol and foods high in fat, sugar and salt (HFSS). Focusing on children, experts from a wide range of backgrounds hosted by Daciana Octavia Sârbu MEP, AVMSD Shadow Rapporteur in ENVI Committee, discussed tools to reduce child exposure to commercial communications for unhealthy food and alcohol and the effectiveness of self-regulatory schemes, ahead of the review of the Directive.

Financial Information 2016

EPHA is an independent non-profit organisation, registered under Belgian law as an AISBL (Association internationale sans but lucratif).

The Operational Budget

In 2016, the total income of EPHA was €1,072,461. The operational budget is devoted to our core activities to improve health and strengthen the voice of public health in Europe. Our biggest contributor is the Operating Grant received from the European Commission. In 2016 their contribution represented 58% of EPHA’s total income. In 2016, the total contribution of the membership fees represented 8% of the total income.

Projects

In addition to the Operational budget, EPHA is a partner in EU health research projects. Other projects and grants from foundations represented the remainder of our income.

<table>
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<tr>
<th>Total Income</th>
<th>2016</th>
<th>%</th>
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<td>EU-Operating grant</td>
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<td>Conference income</td>
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<td>Projects with members</td>
<td>€20,000</td>
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</tr>
<tr>
<td>Open Society Fdn – Access to Medicines</td>
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