



“ARTISTS AND SCIENTISTS”: NEW PARTNERSHIPS FOR PEOPLE’S HEALTH

EPHA STRATEGY 2021-2025
December 2020

About EPHA

EPHA is a change agent – Europe's leading NGO alliance advocating for better health. We are a dynamic member-led organisation, made up of public health civil society, patient groups, health professionals, and disease groups working together to improve health and strengthen the voice of public health in Europe.



Co-funded by
the Health Programme
of the European Union

The European Public Health Alliance has received funding under an operating grant from the European Union's Health Programme (2014-2020). The content of this document represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Transparency Register Number: 18941013532-08

Contents

PUBLIC HEALTH AT A CROSSROADS	4
EPHA'S DISTINCTIVENESS	5
FROM CRISIS TO RESILIENCE	5
NEW PARTNERSHIPS	6
STRATEGIC REVIEW PROCESS	7
OUR MISSION, VISION AND VALUES	8
AN UPDATED PUBLIC HEALTH NARRATIVE	9
HOW WE WORK	11
POLICY CLUSTER WORKING	12
STRATEGIC OBJECTIVES	14
ADDITIONAL AND CROSS-CUTTING ISSUES	14
INVOLVING ALL MEMBERS AND A NEW MEMBERSHIP STRATEGY	16
TIMELINE	17
APPENDICES:	
(1) THE POLICY CLUSTERS	18
(2) THE WORK STREAMS	25

Public health at a crossroads

EPHA's five-year Strategic Plan is expiring at a timely moment for public health: never before has health enjoyed such a prominent position at the top of the policy hierarchy, nor has it faced such a complex, global challenge. The legacy of the COVID-19 pandemic, although devastating in its short- and longer-term impacts on many different fronts, has finally awakened policymakers across Europe to the fact that people's health and the state of the economy are intrinsically connected, and that health plays a key part in the recovery process. We need to invest in and protect comprehensive and well-coordinated health and social care systems if we intend to ward off serious health threats that know no boundaries, such as the coronavirus or the effects of climate change.

EPHA needs to gear up to contribute its know-how in the most effective way. In a world saturated with information, networking and exchanging knowledge and best practices are more important than ever. The most diverse groups are able to generate the most creative solutions, true to the spirit of public health being an "art and a science" put into practice through the organised effort of civil society (1).

As "scientists", EPHA members provide evidence, as "artists" they offer creative solutions to public health problems, in close partnership with policymakers and peers.

As a convenor of dialogue and ambassador for the mutual interests of our members, "thinking outside the box", establishing consensus and co-designing relevant solutions is part of our daily work.

The European Commission's EU4Health Programme, as well as the WHO European Region's Work Programme are products of an exceptional situation. Despite ongoing attempts by the Member States to reduce the size of the proposed EU budget, funding under the new EU4Health Programme will be much bigger than the previous Third Health Programme and offers many opportunities for advancing public health. In contrast, before the COVID-19 crisis, the prospects for another standalone Health Programme were low, and the future of health governance in the EU was uncertain. In addition to the EU4Health Programme, many other funds under the new long-term EU budget (the 2021-2027 Multiannual Financial Framework) can and must be used for public health in order to create necessary and desirable synergies and complementarities between different issues and funds.

The recovery process looks set to be lengthy and difficult; drawbacks must be expected. However, advocating and supporting (public) health measures commensurate with the challenge offers an opportunity to involve many different stakeholders and to demonstrate what it means to act in solidarity and "leave no-one behind".

(1) Acheson, D. (1988) Acheson Report: Independent Inquiry into Inequalities in Health Report. London, The Stationery Office

EPHA's distinctiveness

EPHA's membership is exceptional in its diversity. We unite many different actors in the public health community, which makes us particularly well positioned to engage in interdisciplinary and collaborative work. Our members represent many different branches of civil society (disease- and issue-specific and patients groups, healthcare professionals, vulnerable groups, academia, etc.), and we have direct access to policymakers in Brussels, the Member States and the wider WHO European Region.

Together, EPHA and its members speak in the public interest, in the knowledge that all people are in need of quality health and care throughout their life-course.

It is a unique voice that filters the specific perspectives of healthcare professionals and patients, vulnerable groups and other public health stakeholders and transforms them into rich new ideas and advocacy / policy proposals.

From crisis to resilience

The pandemic has forced Europe to reflect on its actions and ambitions. It has exposed and worsened significant differences and inequalities between and within countries in Europe, both in terms of their reactions to such a serious health crisis and their capacities to absorb the shock; it has also challenged governments and individuals to reflect on the meaning of solidarity and inclusion. As so often, the most vulnerable individuals and population groups were hit the hardest by the virus, and it ripped open wounds that had barely healed after the last financial and economic crisis.

But every crisis holds an opportunity: an increased focus on health now provides us with an unprecedented chance to redress the balance between economic and social objectives. This includes being able to strengthen national and regional health systems and Europe's safety net to ward off cross-border threats, instigate reforms, integrate digital technologies in an inclusive and ethical way and ensure that all people in Europe, regardless of their background or socio-economic situation, can have access to quality and safe health and care.

Clearly, this is a very attractive promise and the stakes are high. Europe needs to ensure that increased investments in public health yield results: financing therefore needs to be SMART, effective and sustainable. It requires bold ideas and cross-sectorial, joined-up thinking, which needs to trickle down from the supranational level to the communities people are actually living and working in. Critically, the public health momentum also needs to be kept up in the post-2027 period.

New partnerships

Our new Strategy for the 2021-2025 period reflects that “business as usual” is not an option, neither for policymakers nor for EPHA. Simply following the same approach which focused, during the previous five-year period, on building up very strong policy and advocacy expertise in a limited number of member-selected campaign areas, is not sufficient. This model was necessary and appropriate at a time when (public) health was, all too often, not considered at all. By singling out a number of specific policy areas for focused campaigns, EPHA was able to change the narrative and push policymakers into action in areas including access to medicines, antimicrobial resistance, trade or NCD prevention. Our track record as a change agent is solid in these domains as it is in others, but this specialised model is not sustainable for dealing with the many complex health, economic, environmental and societal challenges that Europe and the world are facing today and which require taking a holistic, integrated approach.

Now that long-held EPHA positions have entered the mainstream – albeit thanks to the COVID-19 pandemic – an adaptation of our way(s) of working is needed. This will increasingly involve working in partnership, supporting European, national and international policymakers - as well as our civil society, institutional and academic partners - to ensure that public health actions and investments are steered in the right direction, and that they produce tangible improvements across the social gradient. This entails knowledge and skills that EPHA, as Europe’s leading civil society umbrella network for public health, can offer.

***The time for EPHA campaigns is not over,
but the time for greater partnership working has arrived.***

The structure of the new Strategy therefore foresees more flexibility for EPHA, for the organisation to be dynamic and open, so that we can be proactive where it counts and reactive when it is necessary. The proposed “cluster approach” marries elements of the previous five-year plan (in terms of building up expertise and creating campaigns where it is advantageous) with new elements designed to broaden the scope of EPHA’s policy and advocacy activities in line with evolving European and international policy developments, acknowledging the crucial role played by members and partners to steer EPHA.

At the same time, the new Strategy will provide the EPHA policy leads with greater control over setting the focus where it needs to be rather than “fixing” certain areas indefinitely as exclusive priorities with no end date. While this involves working on thematic clusters comprising different yet interconnected topics, ultimately this will also contribute to widening EPHA’s knowledge and ensuring that members’ different interests can be served in the best possible way where their strengths can be exploited more effectively, in Brussels and at country level.

Strategic Review Process

This draft Strategic Plan 2021-2025 is the result of a one-and-a-half year long process formally launched by former Secretary General Fiona Godfrey at EPHA's June 2019 Annual General Assembly (AGA). At the AGA, EPHA members and staff were asked to contribute to a foresight exercise which served to collect preliminary inputs into EPHA's future strategy based on anticipated policy challenges in the post-2020 period and in relation to the socio-economic, societal and environmental shifts that have taken place in recent years.

Subsequently the emerging themes were discussed during two Policy Coordination Meetings, while a Directors' Meeting in November 2019 served to discuss a first "straw man" blueprint of the present strategy. Following Fiona's departure at the end of 2019, the process was driven forward by Acting Secretary General Sascha Marschang in close collaboration with the Board during the first half of 2020 when the new European Commission's priority actions began to be implemented. The EPHA Strategy has therefore reached its current stage as the result of a detailed, incremental series of consultations and decisions undertaken by both EPHA members and the board.

The uncertainty over the impact of the COVID-19 pandemic, and the policy responses of the European Commission, WHO and other actors prompted a slowdown that allowed EPHA to better understand what was happening and to consider how EPHA could operate effectively in a much less certain external environment.

The present Strategic Plan therefore represents a mix of old and new, in line with the wishes expressed by the membership, while maintaining the best elements of EPHA's previous strategy (including providing technical guidance on horizontal topics). It incorporates new policy priorities and encourages holistic thinking and action, enabling EPHA to become a modern and adaptable organisation that can broaden its scope in the safe knowledge that, in combination, its members, Advisors and many partners possess a wealth of knowledge that can be activated in a timely way to seize new opportunities when they present themselves. At the same time, EPHA will not need to abandon its policy and advocacy skills, built up through its impactful past campaigns – but will in fact need to establish new links and overlaps (e.g. between climate change and cancer, technology and inequalities). In future, campaigns will be retained as tools in a wider approach to health engagement, rather than being exclusive programmes in themselves.

Our mission, vision and values

EPHA's vision, mission and values are enshrined in our Statutes. As part of the consultation process, members expressed their wish to retain them unchanged, arguing that current public health challenges are even more severe than five years ago, and the job is still far from being accomplished.

Our mission is to bring together the public health community to provide thought leadership and facilitate change; to build public health capacity to deliver equitable solutions to European public health challenges, to improve health and reduce health inequalities.

Our vision is of a Europe with universal good health and wellbeing, where all have access to a sustainable and high quality health system: A Europe whose policies and practices contribute to health, both within and beyond its borders.

Our values:

- *Equity*
- *Solidarity*
- *Sustainability*
- *Universality*
- *Diversity*
- *Good Governance*

An updated public health narrative

Although health inequalities are rising in many parts of Europe, there is a growing awareness of the need to address the various determinants that are shaping population health, whether through prevention and health promotion measures or by making use of policy tools such as taxation or subsidies. Alongside social, economic, and environmental factors, the commercial determinants of health are often particularly difficult to grasp: for poor and vulnerable populations healthy and nutritious food and physical activity remain all too often difficult and costly to access, while exposure to risk factors such as tobacco and alcohol is still omnipresent. In combination, they are fuelling the prevalence of obesity and of many chronic non-communicable diseases including cancer, diabetes, respiratory and cardiovascular disease, coupled with growing mental health problems.

A strengthened public health narrative is required to ensure that investments in prevention and health promotion are not just paid lip service.

Public health policy aims to create the enabling conditions for people to maintain their health, improve health and well-being, and prevent ill-health or the deterioration of their health. This can be done by helping to create health-enabling living environments that make it easier for everyone to pursue productive, fulfilling lives.

Public health focuses on root causes, rather than ‘end-of-pipeline’ approaches. For instance, public health prioritises structural solutions at societal level, which are often more effective and equitable compared to approaches that require individuals to change behaviours. Another core feature of public health is its grounding in a human rights approach, in particular working to ensure public authorities respect, protect and fulfil the right to health.

Public health is systemic, embracing interlinkages across sectors and disciplines. Several public health-related concepts and approaches emphasise this point.

- **One Health** is a concept recognising that human health is closely connected to the health and well-being of animals and the environment. It is used especially in the context of tackling antimicrobial resistance (AMR) and zoonotic disease. ⁽²⁾
- **Planetary Health** is the study of “the health of human civilisation and the state of the natural systems on which it depends”. This concept, and action inspired by it, is “based on the understanding that human health and human civilisation depend on flourishing natural systems and the wise stewardship of those natural systems.” ⁽³⁾
- **‘Health in all policies’** is an approach that seeks to systematically mainstream health in all relevant policy processes. It represents a logical response to the cross-sectoral nature of public health policy, and the fact that many decisions influencing health are taken in policy processes

⁽²⁾ European Commission (2017), A European One Health Action Plan against AMR:

https://ec.europa.eu/health/sites/health/files/antimicrobial_resistance/docs/amr_2017_action-plan.pdf

⁽³⁾ See article published in The Lancet (2015):

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)60901-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)60901-1/fulltext)

- The health-related (and other) **Sustainable Development Goals (SDGs)** remain important targets for national and supranational policymakers and are cited in every key EU document. As a key part of a broader legal and diplomatic process, their attainment presents a legitimacy test for the global (health) community – including the EU and its Member States – to demonstrate their ability to put words into actions and generate satisfactory results. The SDGs provide a key opportunity to hold policymakers and politicians to account and can be linked to all major policy strategies. They are therefore a key instrument for discussing the interlinkages between health, poverty, the environment, gender, democracy and other global factors at play.

At the same time, these theories, which reflect the interconnectedness of policies and global challenges, need to be operationalised if we wish to ensure that everyone is moving together. EPHA has always been a firm believer in the right to health and protection, and improvement of public health for all, with active civil society participation as a cornerstone for identifying and meeting the real health needs of communities and individuals. The four P's of prevention, promotion, protection and participation will remain central elements of our vision and work, as part of a strengthened attempt to work in partnership, create a community, and stimulate progress.

- **Prevention** including primary, secondary and tertiary prevention measures to be considered first and foremost in all policies, including the perspective of avoiding future costs to ensure the future long-term sustainability of health and well-being systems in Europe.
- **Promotion** of good health across the life course, supporting everyone in Europe by making healthy choices easy choices, especially with the aim of reducing inequalities and closing the health gap for disadvantaged groups and ensuring equal access to affordable healthcare services.
- **Protection** in all policies, meaning that no policy should entail negative impact on public health or a widening of health disparities.
- **Participation** of civil society, health professionals and public health actors, organisations representing specific groups and causes, including EPHA and its member groups. Ensuring the right (and obligation) to be fully and transparently consulted in EU decision-making processes and enabling our members, networks and coalitions to fully engage via capacity-building actions where appropriate.

How we work

Advocacy to foster health-friendly policymaking and strengthen public health is and has been at the heart of EPHA's activities. True to the description of public health being both a science and an art, EPHA's advocacy work comprises a range of activities to influence policymaking by nurturing relationships, shaping and changing narratives, providing thought leadership and instigating change together with members and partners.

The new Strategy does not propose a radical break with EPHA's core activities but adapts them to a changing external environment in which speed and flexibility reign.

Therefore, the description of how EPHA works has been updated to reflect the more versatile nature of our work in the 2021-2025 period and greater involvement of our extended network as a prime resource:

- *We actively participate in policy debates and dialogues to advocate for European policy change to protect and improve public health and reduce health inequalities;*
- *We apply our values to all of our positions and actions;*
- *The primary audience for EPHA's public health messages is policy- and decision-makers from the EU institutions, including politicians (European Commissioners, Members of the European Parliament, national government representatives and authorities), EU officials and national delegates, plus opinion formers from civil society, relevant stakeholders and the media;*
- *We promote and facilitate participation in the European policy-making process and in EU programmes for the broad/wider public health community by offering capacity-building opportunities and support for cooperation and partnership, particularly to those working with disadvantaged groups and regions;*
- *We work cooperatively and constructively with civil society platforms and like-minded organisations to advocate more effectively for equity, transparency and good governance in European policies and policy-making.*

Policy cluster working

The proposed policy clusters, outlined at the end of this document ([Appendix 1](#)), are building on EPHA's existing thematic priorities and campaign areas, which have been integrated into the new clusters alongside new European and international policy priorities that have emerged as a result of the 2019 institutional renewal process, the COVID-19 pandemic and other evolving developments (e.g. the palpable effects of climate change and other global trends).

The selection of the new policy clusters is based on the following criteria:

- **Their political importance on the European and/or international policy agendas** (including WHO, OECD, etc.), and the opportunities for EPHA to protect and improve public health and contribute to health systems strengthening and reform by articulating the perspective of civil society and supporting implementation activities.
- **The added value provided to EPHA and its members** in terms of corresponding to members' interests, capacities and combined expertise. Members will have the opportunity to become more actively involved in joint advocacy at international, EU or national/regional /local level in areas where they have specialist knowledge, but they can also support health-relevant work led by EPHA in areas they have not previously worked on (e.g. cross-cutting issues with a health impact).
- **Their alignment with EPHA's mission, vision, and values**, together providing the overarching perspective from which EPHA is working, which has guided our public health narrative over the last decade.
- **The opportunities to achieve policy impact**, either because few other organisations are working on a given cluster or because there is potential to achieve stronger results by joining forces with partner organisations (e.g. EuroHealthNet, EUPHA, CPME, BEUC, EPF). In a number of sub-areas other organisations are already leading relevant work EPHA may wish to support, while other sub-areas might provide a suitable niche for EPHA to explore, e.g. via bilateral collaborations with members.

The key difference between the policy clusters and the campaigns approach is that, in times of great uncertainty (not least to heightened levels of globalisation), EPHA needs to be able to flexibly review and adapt its priorities, actions and ways of working in line with new policy developments. There is a danger that the previous approach, which focused EPHA's work on a few, comparatively narrow areas over a long period of time (without any "exit strategy") could become a straightjacket as the pace of change in the external policy environment is accelerating. This could prevent EPHA from exploiting new openings, attracting new members and funders, and from making new connections due to lack of organisational or intellectual capacity.

This does not mean that the policy clusters will not be subject to the same level of strategic rigour as the old campaigns. However, by placing more ‘eggs in the basket’ as part of broader themes, new and emerging priorities can be included in a more timely and efficient way, whereas established priorities and partnerships can be temporarily put aside until the need arises to scale them up again. EPHA also needs to be able to free up capacity for new and emerging topics and debates, which is why ‘empty boxes’ are included within the topic areas for each cluster.

All EPHA members can find a home in the clusters, which was not always the case with the campaigns

At the same time, EPHA’s cross-cutting perspective will remain as strong as ever - policy staff will benefit from working on more varied portfolios - and we will continue to encourage the breaking down of barriers between issues. This will be a necessity given that many sub-areas are either transversal or they sit in-between clusters. Examples include the implementation of Europe’s Beating Cancer Plan, Mental Health, health workforce issues and those related to health systems reform (e.g. integrated care and changing patient expectations.), which depend on a joint staff effort. In addition, members will be matched better with Secretariat staff to ensure a “go-to” person for every sub-topic, whether actively pursued or not.

While the policy clusters involve a wider range of topics to work on, the extended scope opens up new opportunities for EPHA to establish closer relationships with its members, partners and Advisors. Already, some members are acting as coordination leads in certain sub-areas (with EPHA acting primarily as a liaison) and intensifying this model will be necessary given that much of the EU and international policy focus over the next few years will be on strengthening and reforming national health systems, a sphere that is difficult to access for EPHA alone, but that we can influence by solidifying our national and local networks. Creating national and transnational coalitions with civil society, policymakers and many other public health partners is an aspiration in this regard. To avoid creating capacity and resource problems, EPHA will develop a set of criteria to guide the inclusion and exclusion of topics over time.

The activities taking place under the new clusters largely provide a continuation of EPHA’s tried-and-tested approach, involving elements such as coalition-building, evidence generation via studies or by consulting members or working with Advisors, drafting policy documents (briefings, positions, guidelines, recommendations, etc.), media work (PR, social media campaigns, infographics, videos), policy events highlighting specific issues, targeted campaigns (where desirable), and convening members in cluster-specific and more strategic meetings.

Across all clusters, EPHA will continue to provide leadership in high-level policy debates, which members have identified as one of EPHA’s core strengths. This is related to the fact that the broader public health voice can be stronger in certain settings than members’ individual contributions.

Crucially, the successful implementation of the policy cluster approach will depend on developing a new “cluster culture” involving new ways of working and communicating.

Strategic Objectives

The overarching objective of EPHA’s Draft Strategy 2021-2025 will be as follows:

To create the enabling conditions for comprehensive, evidence-informed policies that will improve public health in Europe, taking into account cross-sectoral factors.

In addition, preliminary objectives are outlined in the accompanying table for each cluster area (see below) but these may need to be slightly revised in light of future funding applications which normally require a detailed set of SMART objectives for each work stream, accompanied by concrete activities, milestones, and deliverables subject to output and impact evaluation.

Overall, the new approach will allow EPHA to be “on the pulse” of new developments at a time when it is important to act quickly and provide opportunities for our members to co-shape health policy.

Additional and cross-cutting issues

The pandemic crisis has shown that it is becoming increasingly difficult to anticipate thematic priorities years in advance. To accommodate such newly arising priorities, each cluster contains an “empty box” to enable EPHA to potentially work on new issues, based on a thorough case-by-case analysis of the added value EPHA can offer. For example, this might include whether a member / group of members could lead the advocacy, whether it would be possible to work in consensus without compromising members’ own strong messages, etc.

Certain topics – Europe’s Beating Cancer Plan and mental health being good examples – are clearly cross-cutting in nature and the cluster approach is precisely there to enable better cooperation between policy leads to take a more holistic approach to an issue. For each cross-cutting issue, a Lead Coordinator will be assigned to ensure proper integration of the different aspects.

EPHA’s values, such as diversity, will be promoted by ensuring the consideration of the gender dimension and other differences throughout the clusters and as an integral part of a more self-reflective culture.

In addition and upon request, for topics not currently foreseen as active areas in the Work Plan, an EPHA staff member will be assigned as a “go-to” person. This is in response to members’ comments that the mainstreaming of certain issues could be improved and requires a more strategic approach. In addition, EPHA will explore the possibility of assigning Board members to the clusters, depending on expertise and feasibility.

As in the past, all clusters will include elements of capacity building and training for members and partners, with increased opportunities for members' own involvement to support building up the evidence base, raise awareness of relevant problems and provide concrete solutions for the benefit of national officials in charge of allocating and implementing EU health budgets and other stakeholders.

In addition to working on the proposed clusters, the Secretariat will improve the following key functions:

- **Communications work**, spanning a range of traditional and social media channels, with the aim of increasing awareness of public health related issues and achieve high level impact where possible;
- **Financial sustainability**, among other things by exploring options and synergies under the new EU public health related funds, further diversification of funding sources, better alignment of core grant and project funding, and further increasing Secretariat financial reserves;
- **Strategic membership development**, with a particular focus on attracting new members in underserved countries (e.g. Germany, Spain, Italy, France, non-EU) and organisations well suited to support the implementation of the new cluster activities at national level;
- **Improved organisational management**, including internal communication, adherence to governance protocols, and human resources / skills development (implementation of recommendations emanating from the 2019-20 Internal Review)

Involving all members and a new Membership Strategy

We will seek to develop the membership more proactively. A new Membership Development Strategy will be created to accompany the new Strategy, with the aim of implementing the policy clusters in the most effective ways by having access to relevant expertise and viewpoints.

EPHA wishes to create issue-specific coalitions with members and partners at national and supranational level to ensure that our diversity can contribute to creating the right types of actions. The results of EPHA's internal evaluation as well as the workshop held with national members in December 2018 show that members feel more empowered and engaged when they are actively involved in supporting EPHA's Work Plan and projects. However, capacity at national level is often low and active participation commonly depends on opportunities allowing for the contribution of specific national or local expertise and data.

For the 2021-2025 period, EPHA will nurture closer links with its members at national level, e.g. by designing project and grant activities that comprise national advocacy and a dedicated budget for members' contributions. Apart from ensuring a good mix of members in all cluster activities based on upcoming policy opportunities, EPHA is planning the introduction of new on- and offline tools, as well as new meeting formats, to actively engage members, bridge European and national priorities, and increase members' participation.

Given the crucial role played by national members to support public health systems strengthening and reform, EPHA will actively seek extra resources to enable relevant exchanges at country level to bring together Competent Authorities, policymakers and civil society. Experimentation with new theories of change could provide opportunities to bring in grassroots activists unfamiliar with the EU dimension of policymaking and with public health as a discipline of empowerment.

In parallel, EPHA will revise its Fundraising Strategy to ensure that our existing and future funders better understand EPHA's public health philosophy, and that new projects and activities complement the policy clusters in the most effective ways, without creating unsustainable additional workload.

Timeline

Rather than fixing detailed aspirational objectives for the entire 2021-2025 period now, EPHA will gradually phase in the new cluster approach, with 2021 as a pivotal year of transition. This is necessary because the activities of our existing Framework Partnership Agreement (FPA) with the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA) will only be concluded at the end of 2021. Until then EPHA will be working side-by-side on both “old” and “new” priorities while finalising the process of consolidation already begun in 2019-2020 following the EU institutional renewal process.

At the time of writing it is still unknown what form(s) of NGO funding the new EU4Health Programme will take (e.g. Operating Grants vs. other forms of funding) although the size of the budget promises enhanced opportunities for civil society to become implementation partners. EPHA will need to produce a detailed Multiannual Work Plan as part of its application for a new core grant, and it could be detrimental to formulate detailed (sub-)objectives before then in case of further sudden changes to the external policy development.

In addition, EPHA is in the process of recruiting a new Secretary General who will take up their post in early 2021 and will be expected to actively co-shape the process, including the development of annual and multi-annual objectives emanating from this Strategy.

Overall Goal:

To create the enabling conditions for comprehensive, evidence-informed policies that will improve public health in Europe, taking into account cross-sectoral factors.

Cluster 1: HEALTHY ENVIRONMENTS - Sustainable and healthy lives

Objective: *To support the development of holistic and integrated policies that scale up prevention and health promotion and enable healthy lives for all.*

Indicative topics:	Relevance:	Resources required:
Creation of enabling food environments for healthy, sustainable diets for all, with special attention to marketing, labelling, taxation and public procurement	<ul style="list-style-type: none"> - Narrative building , refining EPHA’s policy work / advocacy messages as part of stakeholder coalitions - Implementation of Europe’s Beating Cancer Plan (including Cancer Mission Board recommendations /citizen engagement), Farm to Fork Strategy and EU Green Deal - Help coordinate public health positions on NCD policies focusing on prevention and, when required, treatment - Maintaining watchdog role to ensure policy space for public health (trade area) - Implementation of EU files impacting on tobacco control and alcohol policies, Common Agricultural Policy - Exploring options for involvement in WHO European Office Mental Health Coalition & “Healthier Choices” Flagship Initiatives - Good opportunities for fundraising - Establishing strong synergies with Clusters 3,4,5,6 	2 FT policy lead, supported by interns
Risk factors for non-communicable diseases (NCDs), esp. cardiovascular, cancer, diabetes, respiratory and obesity		
Impacts of EU Free Trade & Investment Agreements, including EU-UK		
Interconnections between food systems, planetary health and ‘One Health’. Health-oriented agricultural and food systems policies, incl. farm antibiotics use, global impacts		
Green Deal implementation aspects concerning health		
“Empty box” (e.g. Mental health)		

Cluster 2: HEALTHCARE DELIVERY - Safe and inclusive

Objective: *To support the development of holistic and integrated policies that scale up prevention and health promotion and enable healthy lives for all.*

Indicative topics:	Relevance:	Resources required:
Access to quality, affordable medicines, vaccines and other health technologies, incl. tackling supply shortages, supporting joint procurement	<ul style="list-style-type: none"> - Further development of EPA's work on A2M and medicines shortages as part of a broader pillar that also includes new issues (e.g. vaccination) and perspectives - Supply shortages, medicines affordability and quality of health technologies are top EU priorities - Great expertise and engagement within the membership - Strong fundraising and membership development prospects - Implementation of EU Pharmaceutical Strategy, HTA and Medical Devices Regulations - WHO European Office Immunization 2030 Agenda Flagship Initiative - Establishing strong synergies with Clusters 3,4,5,6 	2 FT policy leads (including Alliance Coordinator), supported by interns
Research & development policy/funding, innovation models		
Broader pharmaceutical policy, including regulatory issues & ethical aspects, clinical trials		
Patient safety (adverse reactions, medicine adherence, pharmacovigilance, etc.) and information to patients / health literacy		
Health Technology Assessment		
Improving vaccination coverage and addressing vaccine hesitancy		
Rare diseases, orphan products		
"Empty box" (e.g. Mental health)		

Cluster 3: HEALTH INEQUALITIES - Universal access to disease prevention and healthcare

Objective: *To reduce health inequalities and contribute to “leaving no-one behind”*

Indicative topics:	Relevance:	Resources required:
Impact of various health determinants on vulnerable populations	<ul style="list-style-type: none"> - Potential creation of a transnational network on health inequalities, supporting knowledge transfer, exchange of good practices, synergies and cross-country cooperation - Closer collaboration with partners at EU and national level, including Nobody Left Outside coalition, Roma Health Network, EuroHealthNet, EUPHA, etc. - New planned EU strategies and action plans (e.g. Child Guarantee, homelessness, LGBTQI, gender, migration, EU anti-racism Action Plan) - Funding opportunities in next round of health inequalities projects under EU4Health & other funds - Collecting evidence / monitoring human rights protection, including protection against discrimination in relation to “Promoting the European way of life” EU priority, with a focus on access to healthcare - Potential collaborations with WHO, OECD, FRA, WHO Observatory, OSCE/ODIHR, etc. - Potential for exploring niche areas - Capacity building activities aimed at members, partners, national authorities and policymakers - Establishing strong synergies with Cluster 4, and a guiding perspective for all others 	<p>1 FT Policy lead, supported by interns</p> <p>[+ potential additional financial / staff resources from DG SANTE for establishment of transnational network]</p>
Access to quality healthcare for vulnerable groups and links between social inclusion and health (e.g. Roma, homeless, migrants, drug users, prisoners, sex workers, LGBTQI+)		
Enabling environments to tackle HIV/AIDS, hepatitis, tuberculosis (incl. Cluster 1)		
Effective implementation of European Pillar of Social Rights & use of European Semester to tackle health inequalities		
Children’s health, incl. promoting nurturing care for reducing inequalities from the first years of life		
Older people’s health, incl. implementation of UN Decade of Healthy Ageing		
“Empty box” (e.g. EU anti-racism action, mental health impacts of healthcare exclusion and discrimination)		

Cluster 4: HEALTH SYSTEMS & ECONOMY - Strengthening, recovery and reform

Objective: *To help improve public health & healthcare systems' resilience and encourage transformation*

Indicative topics:	Relevance:	Resources required:
Effective implementation of relevant health & research budgets under MFF	<ul style="list-style-type: none"> - Potential creation of a network of national civil society contacts to sit within National Focal Points and cooperate closely with the EC - In line with wider EU and international trends, e.g. "Economy of Well-being" Finnish Council conclusions (2019) - Implementation of "An economy that works for people" EU priority - Opportunities to attract new health professional members, collaborate with ASPHER - Cluster benefiting from inputs from all other areas - Supporting sustainability and resilience via capacity building and knowledge transfer at national / regional level 	1 FT policy lead (new position beginning 2021)
"Future of Europe" conference/ process, EU Health Union, review of health competencies		
Balancing economic and social/health policy objectives, e.g. via EU Semester, EPSR		
Confronting health system crisis, incl. workforce shortages, uneven resources, country-level problems & best practices		
Changing patient expectations, behaviours and care models (e.g., integrated care, bridging health and social care divide, patient choice, social prescribing)		
Health workforce skills and professional recognition		
"Empty box" (e.g. New economic models, Beyond GDP agenda)		

Cluster 5: GLOBAL PUBLIC HEALTH - Tackling global threats and promoting 'One Health'

Objective: *To avert serious health crises and ensure policy coherence between public health and other policies affecting health*

Indicative topics:	Relevance:	Resources required:
Preparedness, prevention and response to serious health crises, including COVID-19 and other pandemic/epidemic disease outbreaks	<ul style="list-style-type: none"> - High on EU and international agenda (e.g. EU Green Deal, Biodiversity Strategy, Circular Economy Action Plan), opportunity to broaden scope - National members already involved in air pollution / smart mobility work - Good fundraising and membership development opportunities - Further implementation of AMR Action Plan and Pharmaceuticals in the Environment Strategy - Establishing strong synergies with Clusters 1,2,3,4,6 - Supporting communication / outreach to citizens 	<p>1 FT policy lead;</p> <p>2 FT project officers (financed outside of core grant)</p>
Climate emergency impacts on health, incl. loss of biodiversity, deforestation, industry emissions		
Antimicrobial resistance & healthcare-associated infections		
Tackling indoor and outdoor air and noise pollution, improving built environments including via transport and urban mobility policies		
"Empty box" (e.g. Global health developments)		

Cluster 6: DIGITAL TRANSFORMATION - Impact on health and fundamental rights

Objective: *To contribute to the development of people-centred digital policies that enhance population health*

Indicative topics:	Relevance:	Resources required:
Integration of digital & mobile tools, telemedicine in healthcare	<ul style="list-style-type: none"> - High on EU, national and international policy agendas, especially in the aftermath of COVID-19 - Potential funding opportunities if expertise is enhanced - Will allow EPHA to broaden its digital work, in alignment with ‘Europe fit for the Digital Age’ Commission priority - Implementation of European Health Data Space & AI policy via eHealth Stakeholder Group membership - WHO European Office Empowerment through Digital Health Flagship Initiative - Opportunities to establish partnerships with external groups and members working on digital rights - Strong relevance for all other clusters 	<p>1 FT policy lead to be recruited in 2021 (subject to securing project funding); otherwise continued support by Deputy Director on a smaller scale)</p>
Ethical and health inequalities impacts of Artificial Intelligence, Big Data (privacy, data protection, access, etc.)		
Improving digital literacy and upskilling of healthcare workers, patients, vulnerable groups		
Broader impact of digitalisation on society and policymaking processes, e.g. citizens’ rights, “fake news”, advocacy opportunities		
“Empty box” (e.g. digitalisation in farming, transport and other public health related areas)		

Cluster 7: POLITICS & HEALTH - Democracy, trust and transparency

Objective: *To improve the way in which policymaking is conducted and increase civil society involvement*

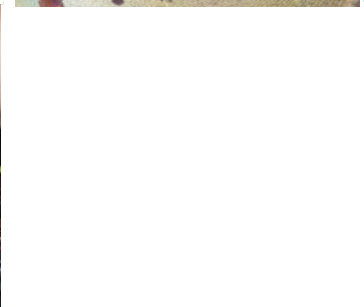
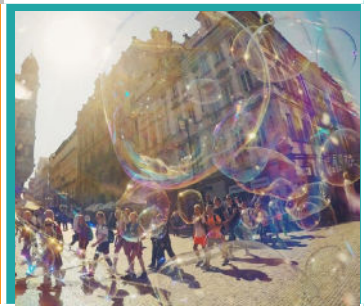
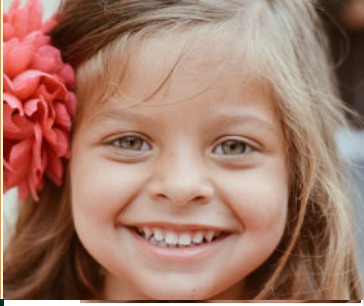
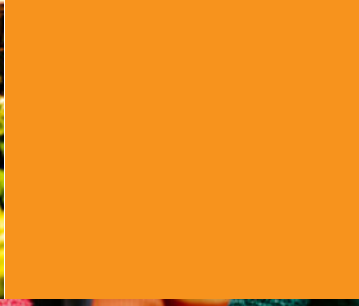
Indicative topics:	Relevance:	Resources required:
Active involvement of civil society / citizens, European Democracy Action Plan	<ul style="list-style-type: none"> - Exploring links between democracy and health - Role of civil society in ‘rule of law’ questions, influence on advocacy of rising populism / extremism - Improving European Health Policy Platform deployment - Link with “New push for European democracy” EC priority - Better Regulation principles - Responding to political trends influencing advocacy 	1 policy lead (FT/PT, subject to funding), supported by all staff
Climate emergency impacts on health, incl. loss of biodiversity, deforestation, industry emissions		
Institutional transparency and conflicts of interest / corporate capture in policymaking		
Better Regulation		
“Empty box” (e.g. European Citizens’ Initiatives, petitions)		

The clusters fall under four overarching Work Streams as follows. While this model reflects a partial return to the “pre-campaigns” structure in place before the adoption of the last Strategic Plan, it takes into account EPA’s vastly increased knowledge base and ability to connect complex topics and problems. Moreover, it recognises that most clusters do not neatly fit into one Work Stream – all of EPA’s work is increasingly horizontal, and this needs to be reflected in how we work on and communicate about topics.

Overall Goal:

To create the enabling conditions for comprehensive, evidence-based policies that will improve public health in Europe, taking into account cross-sectoral factors and cross-cutting implementation tools.

STREAM ONE: IMPROVING INDIVIDUAL & POPULATION HEALTH		
CLUSTER 1: HEALTHY ENVIRONMENTS	Cluster 2: HEALTHCARE DELIVERY	Cluster 3: HEALTH INEQUALITIES
STREAM TWO: IMPROVING HEALTH SYSTEMS		
Cluster 4: HEALTH SYSTEMS & ECONOMY	Cluster 6: DIGITAL TRANSFORMATION	
STREAM THREE: PROMOTING COHERENT EU GOVERNANCE FOR PUBLIC HEALTH		
Cluster 7: POLITICS & HEALTH	Cluster 5: GLOBAL PUBLIC HEALTH	
IMPLEMENTATION: INVOLVEMENT AND EMPOWERMENT TOOLS (ALL CLUSTERS)		
<ul style="list-style-type: none"> - Establishing new connections between topics & policy levels - Developing national level work and linking EU and national issues and stakeholders - Integrating relevant horizontal topics - Designating a “go-to person” for topics not actively worked on 	<ul style="list-style-type: none"> - Capacity building / training, including working with civil society in EU accession countries - Working closely with members acting as “artists” and “scientists” - Providing opportunities for members and partners to lead on issues 	<ul style="list-style-type: none"> - Strategic membership development at national level - Fundraising development - Developing new ways of working



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