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.

Transparency Register Number: 18941013532-08
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It is with great satisfaction that I share with you the key EPHA accomplishments in 2021, a year in which the COVID-19 pandemic continued to dominate every aspect of our life, making us used to remote-working, and increasingly comfortable with the new ways of advocating.

The **EPHA Strategy 2021-2025**, which summarises our approach going forward as a valued, sought-after partner, came into effect this year. With its laser-sharp focus on evidence, and with valuing partnerships and collaboration as way more than just the means to an end, the new strategy highlights the expertise and value of EPHA membership, provides more room for flexibility in the quickly changing policy environment, and secures better adaptability in the challenging times for public health. Rather than tying EPHA to a small number of fixed campaigns for years to come, it allows us to be proactive where it counts, and to be reactive in a timelier manner, which will be crucial in the face of further cross-border health issues.

While physical meetings were still a struggle for the majority of 2021, EPHA’s digital transition continued, marked by the rehaul of EPHA’s entire IT environment. Aiming to expedite our productivity, collaborations, and knowledge exchange, we secured the right working conditions for the team, making us more mobile and functional in this distance-working world. In this sense, we also started the development of a more impactful Communications Strategy, one that lives up to the needs and requirements of today’s high-speed digital advocacy era.

Securing EPHA’s health and sustainability is a critical pre-requiment for implementing our new strategy and for delivering on our mission. To approach it systematically, we have set an Organisational Development Strategy, with a Team Development Strategy as its first focus. With the leadership transition taking place early in year, we have conducted an extensive team evaluation, focusing on talent, potential, and development. Building on the outcomes and
answering the demands of the cluster-based strategy, we have completed a large scale team reorganisation. In 2022, we will enter the second stage, with clear (individual and team) development goals set, aiming at a result-oriented, professional, and respectful team, that shares values, recognises individual needs and differences, and supports each other.

We have also updated our Membership Strategy, making it value-driven, focusing on impact and the win-win for both EPHA and our member organisations. In 2022, we will continue this work and make sure all our members are engaged and get the voice and space they deserve, but also that EPHA equally benefits from their aligned values and commitment.

While 2021 was marked by notable improvements and many achievements, we have been confounded by an unexpected change of mind and heart of the European Commission regarding funding of EU health NGOs. The new funding approach in the 2021 EU4Health Work Programme chose action grants, procurement and prizes to deliver on their objectives, instead of operating grants (OPG) that EPHA has benefitted from over the last years. In response, instead of downsizing, we put in place a short-term fundraising strategy, managing to cover more than half the 2022 budget gap opened by the withdrawal of the OPG.

But that was not all. Thanks to a massive advocacy effort of EPHA, its members and partners, and not least thanks to the support of MEPs, several member states, and key Brussels media, the European Commissioner for Health has committed to supporting the NGOs by reinstating the OPG. In parallel, to secure financial agility in today’s volatile environment, EPHA has started putting in place a long-term Fundraising Strategy to be implemented in the year(s) to come.

Our final highlight of the year was our Annual General Assembly, where we not only elected five inspiring and visionary board members, but also hosted a policy discussion full of insights and leads for our health inequalities advocacy work in 2022 and the years to come. The conversations revolved around addressing health inequalities in a (post) COVID-19 reality, which we warmly recommend you watch.

As we are finishing a challenging year on a high, I have no doubt that, regardless the circumstances, with our committed, passionate, value-driven membership, team, and board, EPHA will only be ever more successful.
OUR YEAR IN NUMBERS

Our Newsletter
4,847 subscribers
+53% increase

Articles we wrote
140

We Reached
1.4M impressions on Social Media
4.43M impressions on our Website

Events we Hosted
20 Events
3x more than in 2020

Events Participants
3,000 more participants
150 participants/event on average

SOCIAL MEDIA FOLLOWERS

25,067 Followers across all channels

LinkedIn (22%) 5,256
Facebook (18%) 4,606
Twitter (60%) 15,205

+109%
+20%
+14%
(From 2020)
**Twitter Impressions Per Month in 2021**

- 1,221,000 Impressions (+30% from 2020)
- 2,500 New Followers
- 887 Total Tweets

**LinkedIn Impressions Per Month in 2021**

- 157,461 Impressions (+111% from 2020)
- 383 Total Posts
- 2,743 New Followers
MEMBERSHIP

As a member-led organisation made up of public health NGOs, patient groups, health professionals and disease groups, we work to improve health and strengthen the voice of public health in Europe. Therefore, EPHA is committed to growing and nurturing a strong network of members and partners.

In 2021 we welcomed 3 members.

OUR ADVOCACY

EPHA’s advocacy for better health in Europe spans across a wide spectrum of public health topics, which is divided in thematic policy clusters. These clusters align with European and international public health policy priorities and combine interrelated projects, or ‘campaigns’, in a way that facilitates engagement with EPHA’s members.
HEALTHY ENVIRONMENTS

In 2021, EPHA continued to deepen the policy engagement on healthy food systems and non-communicable disease (NCD) prevention. One of the year’s highlights was the launch of a policy briefing in framework of the EU Food Policy Coalition: “Discovering the role of food environments for sustainable food systems”. The briefing describes how food environments shape food consumption and their vital role in leveraging a sustainable food systems transition. Supported by 24 civil society organisations, the paper presented a vision for health-enabling food environments, which continues to draw interest from policy makers and other actors. It is also shaping civil society’s approach towards the upcoming EU legislative framework for sustainable food systems.

Another major highlight was the publication of a Call to action and Blueprint EU Directive on the protection of children from unhealthy food marketing. The initiative, launched at an event in November 2021 was the results of several years of preparatory work with the help of experts in the field of law and marketing, and supported by 20 leading European health, consumer, child and family organisations. The initiative aims to set the political agenda and catalyse stronger action to protect children’s right to a healthy future.
EPHA closely followed and engaged with policy developments at the European Parliament, especially with a view on the own initiative reports on the Farm to Fork Strategy and Europe’s Beating Cancer Plan. Both reflected many of EPHA’s public health priorities, including calls for the Commission to introduce legislation to regulate unhealthy food marketing.

Policy engagement also involved coordinating responses to multiple public consultations on NCD prevention, including on cross-border movement of alcohol and tobacco, alcohol labelling, and tobacco taxation. In this sense, we added our network’s expertise in engaging with the Commission expert group on Concepts for sustainable food systems, the EU Code of Conduct and Joint Action Best ReMap.

In April, after years of joint health and consumer advocacy, we celebrated the application rules making the EU nearly industrial trans fats free.

EPHA also continued deepening its ties with the Healthy Food Healthy Planet initiative, which is building a movement towards healthy, just and sustainable food environments.

To support the health objective under national CAP Strategic Plans, we commissioned a modelling study exploring the effects of an agricultural producer subsidy on the availability and accessibility of fruits, vegetables and pulses in France.

Finally, as part of the EU supported STOP Childhood Obesity project we continued outreach and developing the stakeholder engagement process, while organising an expert discussion on next steps for EU action on childhood obesity.
In 2021, most activities within the Healthcare Delivery cluster focused on equitable access to medicines. As the EU moved from setting up a new pharmaceutical strategy to the revision of the EU pharmaceutical legislation, we continued to provide input into the open and targeted consultations set up by the European Commission.

Working in close collaboration with our members and the EPHA-hosted European Alliance for responsible R&D and affordable medicines, allowed us to bring public health at the forefront of these discussions. We acted as a counterbalance to vested interests, for instance, through a successful joint action calling for enhanced clinical trial transparency and good governance in the European Medicines Agency and a joint paper on EU pharmaceutical incentives published in December 2021, to contribute to the ongoing processes of consultation. This work will continue in 2022, as the European Commission prepares its proposal.

We also continued our high-level engagements to address the need for better access to effective, novel, high-priced medicines, including within the WHO Oslo Medicines Initiative.

As it was the case in 2020, the COVID-19 pandemic turned into an opportunity for public health policy, as seen with the newly established EU Health Emergency Preparedness and Response Authority (HERA). In light of if, EPHA joined forces with the European Patients’ Forum to develop recommendations thus aiming to prioritise public health and patients’ needs.
#A2Medicines Dialogues

Building on the series that begun in 2020, the 2021 edition of the #A2Medicines Dialogues featured international experts, regulators, and policymakers who discussed crucial aspects of the current phase of access to medicines developments. The dialogues discussed the lessons from EU negotiations with the pharma industry on COVID vaccines, the Oslo Medicines Initiative, the role of HERA in enabling sustainable access to antibiotics, and broad issues at the intersection of pharmaceutical policy and public health.

**After COVID-19, what's next for EU medicines policies?**

*9 March 2021*

A one-on-one interview with Professor Guido Rasi, former Executive Director, European Medicines Agency (EMA).

**Sustainable access to effective antibiotics - what should the EU do?**

*15 April 2021*

How can we solve the AMR epidemic? What is the role of the EU? What can HERA do?

**Negotiating with pharma: lessons from the EU COVID-19 vaccine negotiations**

*18 May 2021*

A one-on-one interview with Clemens Auer, Special Envoy for Health, Austrian Ministry of Health.

**The Oslo Medicines Initiative: a new social contract with pharma**

*15 June 2021*

A discussion with the WHO European Region and the Norwegian Medicines Agency on the Oslo Medicines Initiative.
Addressing inequalities in health remains part of EPHA’s mission and cuts across all Policy Clusters. The issue is deeply rooted and persistent, and requires a holistic approach that focuses on the social determinants of health and on the underlying drivers of health equity. To leave no one behind, European and national policies must translate into local actions that are characterised by policy coherence across sectors and governance levels, participation of empowered people and communities, and strong and transparent accountability frameworks.

In this year’s health inequalities policy cluster, we focused mainly on two key population groups – vulnerable children and the Roma community – and addressed the issue of vaccine inequity with the unequal distribution of and access to COVID-19 vaccinations across countries and groups of people. We summarised all EPHA’s 2021 health inequalities advocacy in a synopsis report.

Protecting vulnerable children

As part of the EU Alliance for Investing in Children, we contributed to the publication of key recommendations for the EU Child Guarantee national Action Plans to ensure that the adopted Council Recommendation is translated into concrete actions at member state level. This work will continue in 2022 when the members states will submit their national plans. The Alliance will keep monitoring the developments closely.

As associate partner of the First Years First Priorities Campaign, which fights for ‘a fair start for every child in Europe’, we have co-organised a webinar on early childhood development and reducing inequalities from the first years of life together with Eurochild. The campaign will continue and expand its work and has secured funding until (at least) March 2024.
**Roma Health**

2021 was an important year with the adopted Council Recommendation on Roma equality, inclusion, and participation, which was welcomed by EPHA and other members of the European Coalition of Roma and pro-Roma organisations. The translation into National Roma Strategic Frameworks was, however, significantly delayed and is expected for 2022.

In collaboration with the EPHA-managed Roma Health Network and key stakeholders, several policy events were organised, including a policy dialogue on systematic inequalities in health care with EU Fundamental Rights Agency and Equinet, and a workshop on investing in Roma youth to advance fairer and healthier European societies, as part of the Fundamental Rights Forum 2021.

Finally, we have collaborated with researchers and policy analysts to develop a series of articles to help build knowledge on health inequalities of disadvantaged groups, including Roma.

**Vaccine Equity**

The COVID-19 pandemic has painfully exposed and worsened the many pre-existing social and health disparities across the globe. Existing barriers to healthcare have also hindered certain groups’ access to COVID-19 vaccines: the lack of tailored information campaigns, geographical and infrastructural impediments, as well as administrative difficulties, coupled with low political commitment to mitigate the effects of the pandemic continues to raise concerns many vulnerable communities continue to be excluded from national vaccination deployment strategies. We organised three online policy events on ensuring equitable and affordable access for all, on why we should prioritise marginalised communities, and on how to reach migrants and homeless people.
HEALTH SYSTEMS & ECONOMY

In 2021 we continued to work to protect and promote public health in trade agreements, to ensure policy coherence between trade and public health, and to guarantee policy and regulatory space for governments and the EU.

Due to COVID-19, the negotiations between the EU and international trade partners slowed down significantly, but despite the pandemic, economic discourses continue to dominate over public health concerns. Whilst EPHA continued to be present in relevant civil society consultation meetings about EU-US, EU-Canada and other trade deals, continued to monitor the negotiations on the controversial EU-Mercosur trade agreement, and the impact of COVID-19 on trade.

Tobacco Control

The main emphasis of our work remained on tobacco control as a key risk factor, thus ensuring the success of Europe’s Beating Cancer plan and the upcoming Tobacco Products Directive review. Relevant messages reiterated the importance of upholding Article 5.3 of the WHO Framework Convention which stipulates transparency requirements regarding policymakers contact with the tobacco industry. Therefore, EPHA contributed to a study that identified seven tactics used by the tobacco industry to delay, derail, distract from and cast doubt on tobacco control policies.

During an event in March, EPHA highlighted the best practices of DG SANTE regarding its disclosure of all contacts with tobacco lobbyists. The event also discussed the need for more transparency in the relations between EU policymakers and Big Tobacco lobbyists and their front groups.

Brexit

The EU-UK Trade and Cooperation Agreement (TCA) was no exception, and although it does reflect around five key public health concerns voiced by EPHA and partners, it still represents an overall potential loss. Following the end of the transition period after Brexit, EPHA produced a Briefing which outlines key developments and points for improvement. This content was informed by ongoing monitoring and discussions initiated with the Brexit Health Alliance and the UK-based PETRA Alliance, which EPHA joined at the start of 2021.
GLOBAL PUBLIC HEALTH

Antimicrobial Resistance (AMR)

AMR continues to be a leading global health threat - already impacting the ability for hospitals to treat patients presenting with multi-drug resistant infections and threatening the viability of surgical and medical procedures for other illnesses. Recent data has shown 1.27 million deaths occurred globally due to antimicrobial resistant bacteria in 2019, with 33,000 deaths reported per year in Europe. EPHA therefore remains driven to keep AMR at the forefront of the political agenda, including continued secretarial activity for the civil AMR Stakeholder Network and the MEP Interest Group on AMR.

In 2021, EPHA published a new briefing discussing the dangerous interplay between the COVID-19 pandemic and AMR. The paper stresses the urgent need to refocus more strongly on ensuring comprehensive protection against AMR, especially during times of crisis since a combined disease outbreak could seriously weaken health systems and lead to large numbers of preventable deaths. In line with EPHA’s goal of promoting health literacy among the public, and to increase the impact of the Briefing, a short video summarising the paper was produced and disseminated via social media.

With continued attention to political developments, EPHA published a position paper in Response to the European Commission’s Pharmaceutical Strategy for Europe, focusing on actions proposed under the strategy that are either directly aimed at combating AMR or that are relevant in the fight against AMR. The position paper was also endorsed by 19 other organisations, including civil society and business associations – all signatories are members of the AMR Stakeholder Network and committed to the One Health approach in tackling AMR.
Through EPHA’s continued facilitation of the AMR Stakeholder Network, established under the European Health Policy Platform in 2017-18, 2021 saw engagement in a good practice collection exercise. The Selection Committee chose 12 examples, from across Europe, that cover actions in different One Health areas relevant for preventing and/or reducing AMR. An overview of this process and selected case studies will be presented during a meeting of the Commission’s One Health Network in early 2022, with the final report to be released and disseminated later in the year.

EPHA continued to mobilise the MEPs against AMR Interest Group (co-hosted together with Health Care Without Harm Europe), with the 2021 Annual Meeting focused on ensuring responsible antibiotic use in in EU food production. The MEP Interest Group also engaged in a social media campaign during World Antibiotic Awareness Week in 2021. The campaign involved a One Health approach to fight AMR, with MEPs addressing human, animal and environmental health. Each day had a unique video message from a different MEP, transmitted across social media platforms, in their native language, with English subtitles. As in previous years, EPHA and the AMR Stakeholder Network also supported the 2021 European Antibiotic Awareness Day / World Antibiotic Awareness Week, through orchestrated social media actions, in dialogue with the ECDC.
**Clean Air**

EPHA has developed its expertise in clean air and mobility, enabling it to strengthen its position as a trusted voice of the health community. It has also strengthened its external presence and recognition in this policy area, with partnerships with 13 organizations in 12 European countries.

In March 2021, EPHA hosted an event where the results of a study carried by CE Delft on Air pollution and transport policies at city level were presented. Based on these findings, we provided 8 recommendations for city leaders.

Aiming to tackle all aspects of road traffic air pollution, in June 2021 we organised an event where we discussed the impacts of non-exhaust emissions on our health, particularly on marginalised communities, as well as some of the ongoing developments and opportunities on how their effects can be tackled.

The revision of WHO’s Global Air Quality Guidelines in September 2021 was a milestone for public health. In light of it, EPHA endorsed a statement issued by the European Respiratory Society together with over 100 medical, public health, and scientific societies. We expressed our support and urged nations to use the new guidelines as a blueprint for ambitious air quality and emission reduction policies around the world.

EPHA has also contributed to the Lancet Countdown Policy Brief for Europe, particularly to the section focusing on energy systems, air pollution and health. Furthermore, EPHA provided input for two out of the five recommendations. The first one refers to air quality and calls for full alignment of the EU Ambient Air Quality Directive standards with the 2021 WHO Global Air Quality Guidelines levels in a legally binding manner and for further harmonisation of monitoring, modelling and air quality planning among the EU Member States. The second recommendation relates to energy systems specifically, making the case for health and climate co-benefits from phasing out fossil fuels and highlighting the need for the transition to clean energy within this decade.

EPHA co-organized the European Launch of the 2021 Lancet Countdown Report in December 2021. This event was the public launch of the 2021 EU Policy Brief that EPHA, CPME and Lancet Countdown co-authored. It was the opportunity to have a debate on the climate crisis, clean air, and public health with representatives from the European Commission, scientists, and medical professionals. Cristina Pricop represented EPHA at this event.
DIGITAL TRANSFORMATION

Digitalisation in health and care continued evolving in 2021. Triggered by the COVID-19 pandemic, many health providers and patients alike experimented with digital health technologies for the first time and put aside their reservations in the process, especially regarding telemedicine and other forms of telehealth services.

The use of digital health tools got further scaled up at the national level as highlighted in EPHA’s case studies. Unlike before the pandemic, they are no longer seen as ‘add-ons’, but have become a central feature of health system modernisation processes. This was reiterated in our response to the public consultation on the creation of a European Health Data Space (EHDS).

EPHA’s focus on digital has always been on ‘inclusion for all’ as we recognise the many factors (e.g. social, economic, health, environmental, gender, literacy, etc.) that determine whether and how people are accessing, interacting and acting upon information emanating from digital health tools, which are now more and more dependent on ‘big’ personal health data.

Digital epidemiology also occupies a particularly interesting role in the digital transformation of health and care. With this in mind, EPHA produced a paper addressing the importance that the rapidly growing field of digital epidemiology plays in public health, as well as its limitations and concerns that need to be taken into consideration with the expansion of digital epidemiology.
2021 was a challenging year due to the uncertainty of public health funding. At the same time, the changing funding landscape for European networks and health policy meant that we had to place a lot of energy on diversification of funding without knowing whether the right mix of project could be secured to realise the ambitions contained for our new strategy.

In 2021, the total income of EPHA was **1.612.922 €**. 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, which amounts to **39.56%** of 2021’s income. Membership fees represented **4.96%** of the total income. In addition to the Operational budget, EPHA is a partner in EU health research projects, thus, other projects and grants from foundations represented the remainder of our income.

EPHA is an independent non-profit organisation, registered under Belgian law as an AISBL (Association internationale sans but lucratif) under number 451 133 736.