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Strengthening Public Health Across the European Union

A closer look at EPHA's priorities ahead of the **European elections**

Introduction

Ahead of the 2024 European Parliamentary elections, the European Public Health Alliance (EPHA) has identified **five key priorities** to keep health high on the political agenda, advance public health for all, and promote more resilient and equitable public health systems across the European Union (EU).

These priorities are in line with the best available evidence and aligned with the expectations of EU citizens regarding several determinants of health. According to the latest Eurobarometer survey, citizens support the energy transition, are concerned with the economic situation (particularly regarding the cost of living) as well as the environment and climate change.

This document develops these priorities further through more detailed and actionable asks for the next mandate of the European Parliament and the European Commission. These demands were drafted by EPHA and its members.

Learnings from 2019-2024

Since the start of the COVID-19 pandemic in Europe in March 2020, the issue of health has risen considerably up the European political agenda, making the EU's 2019-2024 mandate an essential guide for public health policies. The crisis also prompted the EU to establish a European Health Union, that now needs to be further developed. Furthermore, coordination on vaccines and on crisis management was key, nearly from the start of the mandate, as was the creation of the new Directorate General for Health Emergency Preparedness and Response Authority (DG HERA). Throughout this time, several important health initiatives have been developed, notably Europe's Beating Cancer Plan and the European Health Data Space, together with calls for an initiative on mental health. Other developments, such as the EU Green Deal will also be crucial in protecting health in the future. Recently, the new Global Health Strategy was published, and the mandate has also seen progress on the Pharmaceutical Strategy even if this and other initiatives, such as the Food Information to Consumers Regulation, have been delayed.

The next mandate will need to deliver on initiatives that have already started, as well on those expected to be launched, and close the implementation gap. It will also need to ensure that health continues to be maintained high up the political agenda.

Ambitions and expectations for 2024-2029

Newly elected MEPs will have the opportunity to both protect and improve the health and wellbeing of people in Europe, by addressing the need to strengthen health systems and to invest in strong and ambitious health policies. They will also have responsibility for anticipating, preventing, preparing, and building resilience for the frequent challenges and emergencies that form part of Europe's health permacrisis, particularly regarding climate change and its impacts on health. This responsibility will be essential for the next term of the European Parliament and European Commission for helping break silos, promote a holistic and effective approach to addressing challenges and future crises, and for tackling pressing issues such as:

- **climate change, pollution (including air quality), and biodiversity loss, including their impacts on health**
- **antimicrobial resistance (AMR)**
- **medicines and health workforce shortages**
- **the rising burden of non-communicable diseases (NCDs)**
- **mental health issues**
- **inequities**

Priority 1:

Keeping health as a top priority on the EU political agenda

> **Investing in health and wellbeing for all must be a priority. The effects of neglecting health became evident in the COVID-19 pandemic, one of several concurrent crises. The EU must commit to breaking policy silos, use systems-thinking in addressing the permacrisis, and increase actions on health across all policy areas. This should be embodied in a dedicated European Commission Vice-President on health and social rights and wellbeing.**

Since 2020, health has been a priority on the EU political agenda. However, this was due to a pressing health crisis. It is important that health remains a priority, particularly considering the current and upcoming crises and challenges that our societies and the planet face. Health systems must be strong and resilient, and the health and wellbeing of people should be put at the forefront of EU policymaking.

Prioritising Health

Health needs to be the priority of the next European Parliament mandate and the next European Commission work programme:

- A **high level of protection** for human health should come first in developing new regulations.

- A **comprehensive European Health Strategy** should be developed and implemented by the EU, with the involvement of civil society. This Strategy should address not only immediate health concerns but also focus on long-term health resilience and the health of future generations. This Strategy needs to encompass physical and mental health promotion; investment in healthcare infrastructure, disease prevention, research and innovation; tackling the environmental triple-crisis of climate change, environmental pollution and biodiversity loss; and pandemic preparedness.

- A **Mental Health Strategy** should be developed as an integral part of the European Health Strategy, ensuring that resources are allocated for mental health services, awareness campaigns, and de-stigmatisation efforts. Access to mental health support, particularly for children and adolescents, as well as marginalised groups, should be prioritised and facilitated, especially in times of crisis. The Strategy needs to include a long-term action plan, with objectives, targets, indicators and mechanisms to monitor progress.

- Robust mechanisms to manage and mitigate potential **conflicts of interest** between policy decisions and industry stakeholders should be implemented, particularly when it comes to health. This should include the drafting of transparent guidelines for interactions, disclosures, and decision-making processes involving industry representatives to ensure that public health priorities are safeguarded and not compromised by undue influence.

A priority embodied by a European Commission Vice President

Prioritising health has to be reflected in the structure of the European Institutions:

- A **European Commission Vice-President on public health, social rights and wellbeing** should be appointed with a well-defined mandate. This Vice-President would contribute to the implementation of the Health in All Policies (HiAP) principle, focussing on all health determinants (social, environmental, economic, digital, commercial, political, etc.) creating synergies between the different policy areas, and the 'Leave no one behind' Sustainable Development Goals commitment.

- The Vice-President on public health, social rights and wellbeing's mandate could cover the portfolio of DG SANTE, as well as the non-discrimination policies under the responsibility of DG JUST (LGBTQI+, Roma, gender and racism), and DG EMPL (social rights and disability), for instance.

- The European Parliament's **subcommittee on health (SANT)** should be maintained as a permanent entity and given the status of Committee and a clear public health mandate. With the idea of fostering cross-sectoral policy developments, this committee's mandate could, for instance, include a focus on addressing the pressing health workforce crisis and link to the Global Health Strategy.

- The European Centre for Disease Prevention and Control (**ECDC) and EU Agencies** should extend their important efforts in other areas, such as tracking HPV vaccination in Europe. DG HERA should be fully operative to prevent healthcare crises, particularly regarding shortages of medicines.

Encouraging cross-sectoral policy development

Health is impacted by, and impacts on, several other policy areas: food, agriculture, environment, employment, budget, and more. To ensure that the full implications of health on our societies are understood and appreciated, silos between policy sectors need to be broken, and a holistic approach developed.

• The EU institutions should establish regular platforms for collaboration and information-sharing between different policy areas. This would promote a more complete understanding of how policies impact health and enable coordinated actions to prevent and manage simultaneous crises, therefore implementing a **Health-in-all-Policies approach**.

• The EU should seek policy coherence with **health as the driving principle**. Health should be an essential criterion to sustainability, in addition to economic, social and environmental criteria.

• The EU should further promote the concept of **One Health**, as no human can be healthy on an ill planet. In addition, climate and environmental considerations should be integrated in health policies, highlighting the interconnectedness of environmental health and human physical and mental health and wellbeing.

Pandemic preparedness

Health became number one item on the political agenda during the COVID-19 pandemic. Future pandemics are expected, which is a strong argument for ensuring that health continues to remain a priority:

• Pandemic preparedness policies need to take into account that **(health) crises exacerbate inequities**. The most marginalised tend to face the most hardship in times of crisis. Pandemic preparedness should take them as the benchmark, through development of policies and responses that take into account their particular needs and ensure they are not left behind.

• Stronger **cross-border collaboration** should be fostered for sharing of information, joint procurement of medical supplies, and coordinated responses during health crises. This could also include early warning systems and monitoring on a global level, beyond EU borders.

Priority 2:

Providing the means for an ambitious EU health policy

Secure an ambitious budget for health. Delivering ambitious EU objectives at the EU and global levels requires that health be viewed as an investment rather than a cost. Investing in health systems and addressing health workforce shortages across the EU, and in parallel investing in disease prevention and health promotion policies, is the only way to secure social cohesion, equity, wellbeing and productivity across the EU.

To make sure that health is a priority on the political agenda and remains so, investments are needed in supporting disease prevention, health promotion, health-enabling environments and health systems. These investments should focus on ensuring the health and wellbeing of all, and address the current crises that health systems are going through.

An ambitious budget that gives priority to health

The ambition to develop the European Health Union, foster disease prevention and health promotion, secure social cohesion, equity and wellbeing across the EU, should go hand in hand with an ambitious budget:

- Following an **Economy of Wellbeing** approach, investments in public health and health systems should be prioritised. Health is an investment, not a cost. Preventing ill health through health protection, health-enabling environments, and primary care, will develop healthier and more resilient societies and economies. For instance, the European Commission has estimated that the impact of air pollution on society, governments, health systems, agriculture and infrastructure amounts to EUR 853 billion annually in the EU, which could be reduced with the right investments supporting health and disease prevention.

- The EU should provide a **substantive budget** for public health policy formulated on strong **evidence-based assessments**. This budget should focus particularly on disease prevention, health promotion, and environmental exposure, through an ambitious and dedicated budget for the EU4Health programme. Furthermore, following a Health in All Policies approach, the budget should invest across the areas that impact the social, economic, environmental, and commercial determinants of health.

- This budget should be implemented to deliver on the pressing **health and healthcare systems' needs.** More accountability and transparency are needed on the management of the EU4Health budget. Furthermore, the co-funding mechanisms in the EU4Health budget should be improved.

- Health promotion and disease prevention should be allocated a specific share in the **multiannual financial framework (MFF).** This would ensure that the health budget is consistent over several years, providing stability and predictability for long-term health initiatives and projects.

- **Civil society** should be consulted in a more substantive and meaningful manner regarding the drafting of the EU4Health budget and programmes, beyond tick box exercises. This collaborative approach can ensure that the budget aligns with the most pressing health needs and priorities.

- The social determinants of health mean that not everybody may benefit equally from health investments. Policymakers must take an **inclusive approach** when drafting the budget and designing policy, preferably by also including marginalised groups in the policy process. Additionally, budget should be allocated to addressing health inequities and fostering health literacy, and equitable access to healthcare.

Crucial investments in health systems

Health systems are in crisis. According to the Organisation for Economic Co-operation and Development (OECD), health systems are "underprepared and understaffed and [face] underinvestment". Strong and ambitious investments are needed to make the systems resilient:

- Investments allocated to the health systems should **reach and impact positively all patients and public health,** and participate in upgrading and expanding healthcare infrastructure across Member States. This includes the promotion of health systems sustainability and decarbonisation.

- A dedicated **Health Infrastructure Investment Fund** that Member States can access to improve their healthcare facilities, technology, and equipment should be created. This fund can be used to modernise existing hospitals, build new medical facilities, and ensure access to state-of-the-art healthcare services.

- A share of the health budget should be dedicated to **global health initiatives** supporting healthcare infrastructure and capacity-building in low-income countries, through collaboration with civil society.

Addressing the health workforce crisis

All countries in the EU face severe health care <u>workforce challenges</u>. Many of these are not new, but the COVID-19 pandemic has exacerbated problems and created some of its own. Furthermore, the current economic situation and cost-of-living crisis has had an impact in relation to pay, attrition rates and the attractiveness of certain health professions to potential recruits.

- The pressing issue of **health workforce shortages**, as well as medical deserts (areas where the population has insufficient access to health care workers or health services), should be addressed. These issues should be a priority in the next EU Commission mandate.

- Addressing health workforce shortages is essential in crisis preparedness and for strengthening European health systems in the long-term. This should include **long-term planning, improving working conditions and support** for health workers' own physical and mental health.

- Investments should be made in **education, training, and continuous professional development** for health workers, to enable them to deliver better patient care. This would help keep existing health workers up to date with new knowledge, as well as prepare new recruits for likely challenges and trends (e.g., digitalisation, sustainability). Further information about existing European funding opportunities in these areas should be disseminated by the EU institutions.

- **Investments** should be made for the health workforce, particularly to provide them with better salaries and working conditions. In addition, clear career pathways should be developed for different specialisations.

- Guidelines on the **free movement of the health workforce** should be provided. Enabling the health workforce to move between countries is essential to fill the gaps where there are more acute shortages of the workforce. However, these guidelines should be mindful that the mobility should not further create an imbalance at the European level and globally, between countries that mainly see health workers leave and countries that receive workers, thus further deepening the shortages in some areas. EU countries in particular recruit much of their workforce from non-EU countries. This should be addressed, including as part of the Global Health Strategy.

Priority 3:

Ensuring equal access to health and care

In prioritising health, the EU should ensure that its policies aimed at improving public health and building health-enabling environments are developed with equity in mind and reach all people living in the EU. Particular attention should be paid to marginalised groups, who often face inequities, especially in accessing health and care, and in the context of digital transformation of health systems.

Priority 3.1: Addressing health inequities

Promote health equity, social justice and social rights. Access to health is unequal in Europe, which is in stark contrast to the EU's pledge to be "a Union of Equality". This requires inequities in health access to be addressed, especially for marginalised groups. The next Parliament should commit to:

- 3.1. Combatting intersectional health inequities, poverty, social exclusion, discrimination and racism to ensure equitable health outcomes;

It is essential to develop health policies that leave no one behind and promote equity and non-discrimination. To address such issues, more data is needed on inequities, as well as an increased focus on the social and economic determinants of health.

Addressing social and economic determinants of health

Not everyone in the EU has an equal opportunity to be in good health or has equal access to health services when in need of care (see infographic). It is the social, economic, environmental, and commercial determinants of health that shape the world in which we are born, grow, live, work and age. Combating health inequities should therefore not only be a key priority action of EU health policies, it also requires an inter-sectoral approach.

- Health equity can only be achieved through **stronger collaboration between sectors**; to foster greater recognition of the (social) determinants of health, and truly implement the Health in All Policies approach.

- Health equity should be achieved through the *Drivers of Health Equity*, as defined by the World Health Organization; policy coherence, social participation, empowerment and strong and transparent accountability frameworks.

- Health equity can only be achieved through an 'unequal approach', targeting the most marginalised and underserved groups first, helping them to **break the "poverty trap".**

- Meaningful social participation in decision making processes, following a human-rights based approach is vital. **Co-creation of health policy** is crucial, developing solutions not only for people, but with

people. It involves not only striving for diversity and representation, but also to reflect this diversity in positions of power.

- Racism and discrimination should be recognised as **Fundamental Determinants of Health.** Organisations across sectors have called for this in their DisQo joint statement, providing the foundation to further this discussion.

- The social determinants show that our health is not only dependent on health policy; it requires a cross-sectoral approach. Consequently, the European Commission should foster mainstreaming across DGs, for example through a stronger **Task Force on Equality.**

- The growing energy poverty crisis should be addressed, taking into account its impact on health. Health inequities can be both a cause and effect of energy poverty, meaning that a successful **Just Transition** must account for the health angle.

Improving data on inequities

Though the social determinants and other causes for health inequities are increasingly understood, more granulated and systematic equality data is needed to understand the causes for intersectional inequities and to take action accordingly (see infographic):

- Clear and consistent **key definitions** pertaining to discrimination and racism in health should be fostered, to facilitate discussion on structural issues.

- For evidence-based policymaking and monitoring, the collection of **equality data** disaggregated by indicators on multiple grounds of discrimination, should be encouraged.

  - For example, EU level exercises and projects, such as the European Cancer Inequalities Registry, could broaden their remit to cover other areas of inequalities related to race-ethnicity, age, gender, LGBTIQ+, vulnerable groups such as people living with a disability, impairment or (multiple) chronic conditions, and look into concerns about medical deserts.

  - Eurostat and the Fundamental Rights Agency also have a role to play in providing more equality data and bridging health and fundamental rights issues.

  - The DisQo joint statement covers this too, particularly in its third and fourth priorities.
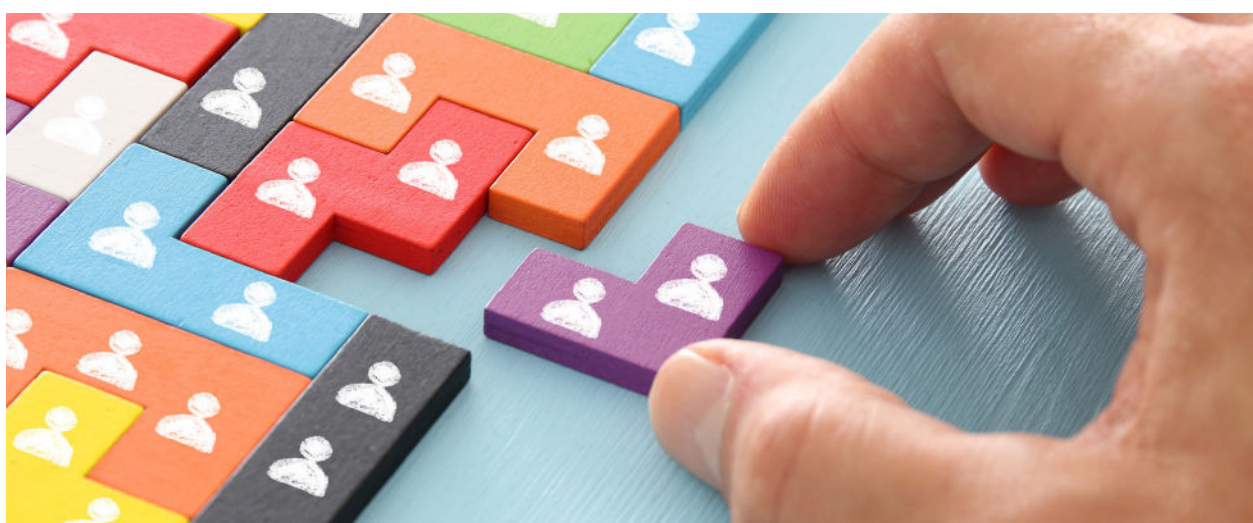
Priority 3.2: Addressing inequities in access to medicines and care

Promote health equity, social justice and social rights. Access to health is unequal in Europe, which is in stark contrast to the EU's pledge to be "a Union of Equality". This requires inequities in health access to be addressed, especially for marginalised groups. The next Parliament should commit to:

- **3.2. Ensuring equal access to medicines, supporting tools, supplies and technologies, and healthcare across the EU and globally, especially by securing transparency and accountability in the implementation of the EU Pharmaceutical Strategy and the EU Global Health Strategy;**

Access to care can be a source of inequities, be it due to medical deserts, lack of facilities and medicines, or due to social and economic determinants of health. It is essential for the EU to promote equal access to care, address shortages of medicines, and cooperate with all levels of governance to do so.

Equal access to care and medicines

Access to health care and access to medicines for all should be a priority of the EU, particularly in the context of shortages of both medicines and health workers.

- Measures to ensure the equitable **availability and distribution of medicines**, medical supplies, and technologies across Member States should be implemented, taking into account population needs, disease prevalence, and socioeconomic factors. In that regard, measures addressing medical deserts should be urgently developed.

- **Medicines shortages** must be addressed. The revision of the EU pharmaceutical legislation provides a first step, by moving from a reactive towards a preventive approach to addressing these shortages.

- To avoid undue influence from the pharmaceutical industry, companies should be required to provide **transparent information** on pricing, research and development (R&D) costs, and production costs for essential medicines. This transparency will help fair pricing and support more informed decision-making, for all sectors of health and care.

- A collaborative framework for **health technology assessment** should be set across the EU, allowing for consistent evaluation of new medicines and technologies. This can inform pricing decisions and ensure evidence-based access. Additionally, civil society organisations (CSOs), patient advocacy groups, and healthcare professionals should be involved in the monitoring and evaluation of access to medicines and healthcare.

- A strategic reserve of **essential medical supplies**, equipment, and technologies should be established, to be rapidly deployed during health crises. This reserve can help mitigate shortages and ensure timely access to critical resources.

- To ensure equitable **access to treatment** for rare diseases, there should be more investment in R&D to address the lack of approved treatments for these conditions and to foster manufacturing capabilities in the EU to ensure its strategic autonomy.

- Access to care and medicines should be ensured for **marginalised groups**. A European Reference Network (ERN) on access to health for marginalised communities should be considered.

Strengthening cooperation at all levels of governance

In a context of multiple crises, cooperation at the European and global levels is essential to tackle the growing issues of access to medicines, vaccines and care, particularly in the implementation of the EU Pharmaceutical Strategy and the EU Global Health Strategy. In this respect, it is recommended that:

- The revision of the **EU pharmaceutical legislation** should address shortages, encourage innovation and research and help eliminate duplicating efforts.

- The importance of **universal health coverage (UHC**) both within the EU and globally should be promoted.

- Support for the ACT-Accelerator initiative, a global collaboration to ensure equitable access to COVID-19 **vaccines**, treatments, and diagnostics should be strengthened, with funding guaranteed. Furthermore, technology transfer, allowing the dissemination of a technology from its owner to other organisations, should be facilitated, to enhance production capacity.

- There should be **meaningful and respectful collaboration** with low-income countries to support the building of their healthcare capacities, including training healthcare professionals, improving healthcare infrastructure, promoting and building resilience, and strengthening supply chains for medicines and medical technologies.

- Both the **EU Pharmaceutical and Global Health strategies** should consider that vulnerable or marginalised groups may have increased difficulty in accessing medicines, supplies or devices and that should be explicitly addressed.

- Regular reporting on the **implementation** of the EU Pharmaceutical Strategy and the EU Global Health Strategy should be mandated. These reports should highlight achievements, challenges, and areas requiring further action, fostering transparency and accountability. The EU Civil Society Forum from DG HERA and the EU Global Health Policy Forum should continue to engage with its members at least twice a year.

Priority 3.3: Fostering digital health literacy and equity

Promote health equity, social justice and social rights. Access to health is unequal in Europe, which is in stark contrast to the EU's pledge to be "a Union of Equality". This requires inequities in health access to be addressed, especially for marginalised groups. The next Parliament should commit to:

- **3.3. Promoting digital health literacy and digital skills by inclusive representation of patients and healthcare professionals in discussions on digital health tools and promoting ethical use of health data and AI in healthcare. This implies facilitating epidemiology data collection, and cross-country secure data sharing in line with the European Health Data Space.**

Societies and health systems are undergoing digital transformation, for instance, with the development of the European Health Data Space (EHDS). It is important for this transition to be inclusive. It should go hand in hand with a strengthening of (digital) health literacy across the EU.

Promote inclusive and ethical digital health

Digital health policy needs to be inclusive and ethical to ensure nobody is left behind in the digital health transformation:

- The **protection of health data** from citizens should be ensured. A secure and harmonised framework and interoperability standards should be established in the implementation of the EHDS for secure health data sharing across EU Member States while upholding privacy and data protection regulations. Data should also be protected from non-ethical and commercial uses.

- Guidelines for Member States to systematically collect **equality and intersectional data** should be developed, with the participation of civil society. This should support the harmonisation of equality data across agencies, Member States and civil society.

- Clear and comprehensive **ethical guidelines** for the use of health data and AI in healthcare should be developed in collaboration with civil society, patients, marginalised groups and healthcare professionals. These guidelines should address issues such as data privacy, consent, transparency, and accountability to ensure responsible and trustworthy practices.

- **Digital health ethics training** should be included as a mandatory component of healthcare professionals' education and continuous development. This will equip them with the skills to navigate ethical dilemmas arising from AI and data-driven healthcare, and support mitigating biases and ensure equitable outcomes for all patient populations.

- The development of **ethics boards and certifications** should be considered to review and approve digital health tools and AI applications, ensuring that they are not only safe and effective, but that they also adhere to ethical guidelines and patient-centred principles.

- The digital provision of (mental) health care needs to be **value based** and not cost based. The decision regarding which care works best should be made by the service user, supported by health professionals, not by service providers or health insurers.

Foster (digital) health literacy

Health literacy should be at the core of an inclusive digital health policy:

- (Digital) health literacy and digital skills should be promoted through the **inclusive representation** of patients and healthcare professionals in discussions on digital health tools. Literacy measures should focus on building awareness, understanding, and proficiency in using digital health tools effectively and safely, and should in particular reach marginalised groups, ensuring that no one is left behind.

- **Awareness-raising measures should be taken to show** the benefits and potential risks of digital health tools and AI in healthcare. These measures should also inform the public about their rights regarding data privacy and encourage active participation in shaping digital health policies.

- Healthcare professionals and patients should know how **AI-driven decisions** in healthcare are made and how they impact diagnosis, treatment, and care.

Priority 4:

Enhancing civil society participation in health policymaking

Among its activities and roles, civil society is a watchdog, securing the transparency and democracy of the European policy making process. It is also critical in supporting the most vulnerable in adverse times, such as during the COVID-19 pandemic and the Ukraine war. It is the EU's responsibility to safeguard inclusive and transparent policymaking processes that provide civil society with a real seat at the table, including in co-creation of policies, programmes and services. To do so systematically, a Civil Society Strategy that will secure adequate and sustainable funding for civil society of all sectors, including through multiannual frameworks for operating grants, is vital.

To ensure health remains a priority on the EU political agenda, civil society actors in the health field needs to play a strong role in EU policymaking. To do so, a Civil Society Strategy ensuring a safe and supportive civic space is necessary, and that CSOs are backed by sustainable funding to allow them to participate.

A Civil Society Strategy for and by civil society

A Civil Society Strategy needs to be developed that encourages civil society participation, and which lays out a series of clear achievable goals.

- The Strategy should outline actions and measures that would support civil society in tackling the barriers they face, at all levels of their governance. The Strategy should **protect civil society** and their democratic role when threatened.

- The Strategy should establish **formal platforms** for CSOs, advocacy groups, patient representatives, marginalised groups representatives and community leaders to participate in health policy discussions, beyond tick-box exercises and consultations foreseen through the Better Regulation process. Such mechanisms for participation should be accessible, transparent, and representative of diverse perspectives.

- The Strategy could open the possibility for the formation of **advisory panels,** composed of civil society representatives, to provide ongoing input on health policies and ensure that the feedback received is considered in the decision-making process.

- The Strategy should also recognise **the role** of health CSOs in generating knowledge and implementing policies (i.e., as service providers).

- This Strategy should be developed in **co-creation** with public health and patients' CSOs and relate to organisations of all sizes and consider all levels of governance.

The need of sustainable funding

CSOs need to be provided with the sustainable means to carry out their public interest roles independently.

- All civil society organisations should be treated in a fair, equal and transparent manner, including and especially when it comes to funding. The European Commission should develop more coherent action to support civil society in **accessing sustainable funding.**

- Sustainable and secure means of participation in policymaking would also allow civil society to **bring the voice of the public** to the table, balancing the interests of commercial actors that more often have the financial means to significantly influence policy. This would support civil society's contribution in consultation exercises foreseen under the Better Regulation agenda and help ensure that health and environmental considerations are paramount elements of it.

- **Operating grants** must be secured and improved to strengthen civil dialogue and representation, including that of citizens, patients, and marginalised groups.

- Specifically, **multi-annual financial frameworks** should be available for European civil society across sectors. This would mean reinstating the multiannual financial framework for the operating grants in the EU4Health programme by the European Commission Directorate General for Health and Food Safety (DG SANTE). Doing this would correct the imbalance that health civil society organisations are facing and provide them with more certainty and ability to plan their long-term activities, independently.

- Funding and **capacity building** support should be provided to smaller CSOs that have a pivotal European role, but struggle to access funding due to a lack of time and capacity.

Priority 5:

Securing a healthy planet for healthy people

To live healthy lives, people need a healthy society on a healthy planet. In prioritising health, the EU also needs to focus on shaping, building and protecting such an environment.

Priority 5.1: Fostering prevention of non-communicable diseases

Secure the EU's capacity for resilience and robustness in an era of permacrisis. The EU faces a converging set of crises, ranging from pandemics and geopolitical conflicts to climate change and socio-economic instability. It is essential to implement a comprehensive and multi-disciplinary approach to create a strong healthy environment. A key component of this environment should be the promotion of health-focused research for implementation and innovation, given the cross-cutting impact of health on all areas of life. An important element should be the promotion of research and innovation in health. Furthermore, to secure people's ability to adapt and thrive in such challenging circumstances, the EU must:

• **5.1. Prioritise health over commercial interests to tackle and prevent non-communicable diseases (NCDs). This requires creating healthy environments (including food and physical environments) and making healthy choices easy and affordable. To combat the largest and preventable burden of ill health, the EU needs similar targeted efforts across all NCDs, as those provided for the Beating Cancer Plan. Four industry sectors: alcohol, tobacco, ultra-processed food and fossil fuels account for at least a third of global deaths. In particular there is a need for statutory measures to control the marketing and availability of these unhealthy products.**

NCDs represent the most significant, yet preventable, burden on public health. It is crucial for the EU to develop and endorse a comprehensive policy framework specifically designed to combat NCDs. This should go beyond merely focusing on treatment; it should emphasise a systems-thinking approach to prevention, encompassing primordial, primary, secondary, and tertiary levels, particularly through the creation of health-enabling environments. A key cornerstone of this strategy should be addressing the commercial determinants of health, which are intrinsically linked to the proliferation of NCDs.

Creating healthy environments

Healthy environments are crucial for enhancing resilience and preparedness, especially in times of crisis, to support both human and planetary health and wellbeing:

- There should be greater integration between **environment and health policies**. For instance, environmental issues should be taken into account in health promotion and disease prevention policies.

- Following an Economy of Wellbeing perspective, the EU should focus on developing and implementing policies that foster the **creation of healthy environments**. This includes determining environmental and other essential aspects of prevention, including promotion of active lifestyles, enhancing green and blue spaces (i.e., bodies of water and surrounding areas), clean air, and ensuring universal access to affordable and nutritious food options across communities.

- The EU should continue its actions to drastically reduce all environmental pollution, in line with the latest scientific evidence and the World Health Organization (WHO) Air Quality Guidelines.

- The issues of **sustainable mobility and infrastructure** should be tackled, especially looking at sustainable and affordable public transport, including across EU borders. Investment in urban planning and infrastructure should encourage physical activity, with the development of walkable and cyclable cities, with easy access to parks, recreational spaces, and safe walkways for exercise.

- **Smoke-free environments** should be expanded to include playgrounds, restaurant terraces, and cars carrying minors. The EU should also classify aerosols from new tobacco products and third-hand smoke as 'environmental smoke', enhancing protections against tobacco, smoking, and nicotine products-related harm. Concurrently, a ban on cigarette filters should be introduced due to their detrimental impact on both health and the environment.

Implementing more effective and ambitious NCD prevention policies

To address the substantial burden of NCDs on people and society, distinct actions must be taken aimed at tackling the issue from multiple perspectives.

Strengthening the European public health framework

- A comprehensive **EU NCD Strategy** that includes specific plans for all preventable NCDs should be developed, prioritising public health over commercial interests. This Strategy should encompass various domains to foster an environment conducive to healthier living for all and at all ages. As part of this strategy, dedicated plans such as an EU Cardiovascular Health Plan should be developed.

- **Systemic and regular monitoring and evaluation mechanisms** should be established to assess the effectiveness of NCD-related policies, including regulatory measures, taxation policies, and awareness campaigns, involving academia, policymakers, and civil society for data-driven and adaptable strategies.

- **Data quality and collection**, and analysis capabilities should be enhanced, to provide a robust evidence base for NCD policy formulation and evaluation. Cross-border data sharing within the EU and collaboration with international organisations can contribute to a more comprehensive understanding of NCD trends and limits of current strategies.

Addressing the determinants of health

- Tighter regulations related to the **Commercial Determinants of Health** should be developed in sectors detrimental to health. NCD risk factors on the behavioural scale (such as alcohol, tobacco, or nutritionally poor foods) as well as on the environmental level (greenhouse gas emissions, or indoor air pollution) should in particular be mitigated. This includes, but should not be limited to, the development of measures covering aspects like marketing, availability and sales of products, especially to vulnerable and marginalised groups.

  - The **Tobacco** Products Directive should be revised to include a sales ban on tobacco for those born after January 1, 2012, and address delays in updating the Tobacco Taxation Directive to harmonise taxes and discourage cross-border shopping. Concurrently, the Tobacco Advertisement Directive should be revised to ban indirect advertising and mandate plain packaging with health warnings, as well as a ban on flavoured tobacco products.

  - A comprehensive European **Alcohol** Strategy should be launched, as outlined in the 2021 Europe's Beating Cancer Plan. This strategy should include restrictions on alcohol advertising to minors, introduce health warnings on labels, and mandate the listing of ingredients and nutritional information on all alcoholic beverages.

  - The conflict of interest between private profit and public good should be addressed by incentivising healthier alternatives in **Food** sectors and setting health and sustainability standards for public procurement, such as food canteens. This should include regulating the marketing of nutritionally poor foods, especially those being targeted at children and adolescents, and limiting the promotion of red and processed meat.

- **Social Determinants of Health** should be considered, especially as lower socioeconomic groups are disproportionately affected. Policies should aim to make healthier choices more accessible for all by implementing subsidies for healthy food. Alongside this, taxation strategies should be implemented to discourage the consumption of harmful or ultra-processed foods.

Involving the whole of society at all levels

- As recommended by the WHO, a **systems-thinking approach** for NCD prevention that fosters cross-sectoral collaborations and includes diverse stakeholders, such as civil society, patient organisations, academics and policymakers, should be adopted.

- **Public education campaigns** should be launched to raise awareness about the health risks posed by harmful products and to promote the virtues of balanced diets, physical activity and overall healthy lifestyles. These campaigns should be designed to be inclusive, targeting not only the general population, but also younger generations, and minority and vulnerable groups to ensure equitable access to health literacy.

- The EU should take a leadership role on the global stage, collaborating with international organisations like the WHO to develop and implement effective strategies against NCD risk factors. A key element would be to use the same cross-institutional language when addressing risk factors.

Priority 5.2: Fostering sustainable food systems

Secure the EU's capacity for resilience and robustness in an era of permacrisis. The EU faces a converging set of crises, ranging from pandemics and geopolitical conflicts to climate change and socio-economic instability. It is essential to implement a comprehensive and multi-disciplinary approach to create a strong healthy environment. A key component of this environment should be the promotion of health-focused research for implementation and innovation, given the cross-cutting impact of health on all areas of life. An important element should be the promotion of research and innovation in health. Furthermore, to secure people's ability to adapt and thrive in such challenging circumstances, the EU must:

- **5.2. Make healthy and sustainable food systems and food environments a political priority through dedicated regulations to reinforce the EU's common food policy. The EU budget should support resilient and sustainable food production and all levels of governance (local, national, European, global) should be engaged and included.**

Food systems and food options need to become healthier and more sustainable. This means reducing the impact of food production on the planet, as well as making healthier and sustainable food choices the most accessible and affordable ones.

The urgent need for healthier and more sustainable food systems

Food systems need to become healthier and more sustainable, with a reduced environmental impact. Healthy and sustainable food choices should also be better promoted:

- The EU needs a law supporting the **transition to a sustainable food production and consumption model.** Food production, especially for meat, is responsible for significant, preventable environmental pollutants and carbon emissions. Adjusting food production to the planetary boundaries by promoting healthy and sustainable food choices (seasonal and local fruits, vegetables, nuts and pulses; more non-processed plant-based alternatives) and discouraging non-sustainable food choices (meat, highly processed foods, as well as foods sourced from other parts of the globe), should be part of this approach. Tackling food waste should also be considered.

- All levels of governance should be engaged in the **implementation** of the legislation, its enforcement and monitoring.

- Building sustainable food systems should also consider the **transport of food** across the EU, affordability of healthy food, and ensure food production autonomy.

- **Policies encouraging healthy and sustainable food choices** should be strengthened to support consumers. These should include labelling (Ingredients, front-of-package nutritional values, country of origin and animal welfare standards), public procurement, regulating unhealthy food marketing, and fiscal incentives.

Planning the sustainable transition

This transition to sustainable food systems needs to be planned, funded, and monitored:

- **Long-term plans** should be developed for the transition of food systems towards sustainability. These plans should consider both short-term measures and long-term goals for achieving long-lasting impacts.

- **Clear and measurable targets** should be set to reduce the environmental impact of food production, improving food access and affordability, and enhancing the health and wellbeing of EU citizens.

- **Funding and incentives** should be provided for sustainable and environmentally friendly practices to support the transition to more sustainable food systems.

Priority 5.3: Addressing the anti-microbial resistance challenge

Secure the EU's capacity for resilience and robustness in an era of permacrisis. The EU faces a converging set of crises, ranging from pandemics and geopolitical conflicts to climate change and socio-economic instability. It is essential to implement a comprehensive and multi-disciplinary approach to create a strong healthy environment. A key component of this environment should be the promotion of health-focused research for implementation and innovation, given the cross-cutting impact of health on all areas of life. An important element should be the promotion of research and innovation in health. Furthermore, to secure people's ability to adapt and thrive in such challenging circumstances, the EU must:

- **5.3. Lead in the global fight against anti-microbial resistance (AMR), and actively collaborate with all involved sectors (One Health approach). AMR has been identified by the WHO as one of the leading global public health threats. The EU and its Member States should allocate the necessary resources and take action to scale up prevention and address the increasing burden of AMR in the EU and globally.**

Anti-microbial resistance (AMR) is a challenge affecting people's health, but also the environment and planetary health. Strong leadership and cooperation are needed to make the issue a priority at the global level.

The EU as a global leader on AMR

A strong EU regulatory framework on AMR is in place, based on a One Health approach.

- The Recommendation adopted by the European Council on 13 June 2023, signals the strong political will of the EU to implement recommended measures and to strengthen cooperation. The EU should therefore continue to work towards **harmonising AMR regulations and standards** across the Member States and at all governance levels to ensure consistent approaches to surveillance, prevention, and control. It is crucial that **all** Member States develop a National Action Plan on AMR, as outlined in the Roadmap for Action on AMR, developed by the AMR Stakeholder Network.

- The EU must tighten regulations governing the **use of antibiotics** in both healthcare and agriculture. This means implementing strict guidelines for the prescription and administration of antibiotics to humans and animals, promoting responsible use. In addition, infection prevention and control measures across healthcare settings, veterinary practices, and agricultural operations should be developed.

- A **One Health approach** should be implemented, with a consideration of the environmental impacts related to the production and use of medicines, thereby fostering a more prudent use of antimicrobials, as outlined in the AMR Council Recommendation and the proposal to revise the pharmaceutical legislation.

- **Funding** should be allocated to research initiatives focused on understanding the mechanisms of AMR, developing new antibiotics, diagnostics, and therapies, and finding innovative solutions to mitigate the impact of AMR. Civil society should be included in such projects, to ensure the research findings are validated and implemented by those on the ground.

- Stakeholders from human health, animal health, agriculture, and environmental sectors should be actively and meaningfully engaged through the **AMR One Health Network** to collectively address AMR in a One Health approach. The EU AMR One Health Network fosters regular communication, data sharing and joint decision-making to ensure a holistic approach to AMR and healthier environments.

- **Global partnerships** should be forged to collectively address AMR on an international scale, including collaboration with international organisations, governments and stakeholders to share best practices, coordinate efforts, and develop unified strategies against AMR. This also means keeping AMR at the centre of the EU's Global Health Strategy, advocating for more global cooperation and including AMR in the WHO international agreement on pandemic prevention, preparedness and response, currently being negotiated.

- The adoption of **import rules** that support better health for the EU and the world should be accelerated. The way in which EU trade regulation on veterinary antibiotics use can encourage more responsible use globally should also be explored.

Addressing the dire challenge of AMR through improved knowledge and data

Increased data, knowledge and public awareness are needed to handle the global threat that is AMR:

- The EU and its Member States should continue setting quantitative and **measurable targets** and make sure they are implemented. This is an effective way to achieve goals related to the prevention and reduction of AMR at all levels of governance. The key targets for 2030, laid out in the EU Council Recommendation on AMR, from June 2023, are paving the way, with the aim of achieving a 50% reduction in EU sales of antimicrobials for farmed animals and for use in aquaculture, as already set out in the Farm to Fork Strategy and the Zero Pollution Action Plan.

- The EU should establish and strengthen a sophisticated **surveillance system** for tracking the emergence and spread of AMR. This includes implementing rapid diagnostics and tracking antibiotic usage and resistance patterns in both human and animal populations.

- Comprehensive **public awareness campaigns** should be launched to inform citizens, healthcare professionals, veterinarians, and the agricultural sector about the implications of AMR, emphasising the importance and value of responsible antibiotic use, the risks of overuse, and the need for collective action. The threat from AMR should also be included in medical and veterinary curricula, as well as training programmes for healthcare professionals.

- Secure **data sharing platforms** that allow real-time information exchange on AMR trends, treatment outcomes, and resistance mechanisms across different sectors and countries should be established.

Priority 5.4: Addressing the climate change crisis and its impacts on health

Secure the EU's capacity for resilience and robustness in an era of permacrisis. The EU faces a converging set of crises, ranging from pandemics and geopolitical conflicts to climate change and socio-economic instability. It is essential to implement a comprehensive and multi-disciplinary approach to create a strong healthy environment. A key component of this environment should be the promotion of health-focused research for implementation and innovation, given the cross-cutting impact of health on all areas of life. An important element should be the promotion of research and innovation in health. Furthermore, to secure people's ability to adapt and thrive in such challenging circumstances, the EU must:

- **5.4. Effectively approach climate change and health at all levels.** Rapidly phasing out fossil fuel use is necessary to improve public health and protect the environment. The EU and Member States should ambitiously lead climate mitigation and adaptation changes for a just and green transition. Additionally, the EU should do more to implement the Paris Agreement and Sustainable Development Goals agenda.

Climate change and its related impacts on the planet have been affecting the health of people across the EU and globally. The EU should focus on considering climate and health together in its policymaking, rather than as separate issues. The energy transition must happen, and a truly Just Transition means nobody is left behind.

Taking a cross-sectoral approach to climate and health

Climate and health need to be approached together, at all levels of governance:

- The implementation of the **Green Deal** should be ensured and continued in the next mandate of the European Commission and European Parliament.

- The Commission should focus on **encouraging cross-sectoral policy developments** and work on synergies between the Green Deal, health, and agriculture policies to meet the Paris Agreement's objectives and Sustainable Development Goals.

- **Health impact assessments** should be integrated into climate-related policies, ensuring that potential health risks and benefits are systematically evaluated before implementation.

- The **resilience of healthcare facilities** should be enhanced to face climate-related challenges, such as extreme weather events and disease outbreaks. Health systems should be equipped to provide essential services even under adverse climate conditions. In addition, health systems should be decarbonised and made more sustainable to help with the transition to net-zero.

- Air pollution, planetary health and decarbonisation considerations should be part of the **curricula** and lifelong learning opportunities for the health workforce and other health professionals.

- **Ambitious climate-related targets** should be set and guided by science; policies developed on the global stage; and diplomatic efforts strengthened to secure international commitments that align with health-focused climate goals.

- Climate change impacts on health are usually quantified through the number of deaths, emergency admissions and hospitalisations. Policy should respond to the **latest science and cohesive indicators** of public health risk, with future avenues open to other types of data indicators.

Supporting the energy transition

The energy transition needs to be supported and fossil fuels rapidly phased out to reduce the impact on human and planetary health:

- The link between the use of fossil fuels and environmental pollution (e.g., impact on air quality, soil water and noise levels) should be highlighted in policies as **risk factor** for NCDs, including cancer. This connection also impacts the implementation and achievement of the SDGs and of access to a clean, healthy and sustainable environment as a universal human right.

- The EU should commit to specific dates and plans for rapidly **phasing out fossil fuel** use as an accepted part of everyday life in Europe, such as in the transport system, in personal car use, and for heating and cooking appliances in our homes. Given the adverse effects of producing power from fossil fuels (e.g., climate change and pollution), this phase out should be addressed from both a public health and an economic point of view. Renewable energy should be promoted as the only way forward.

- The EU should promote and foster the **use of public transport, cycling, and walking** by investing in sustainable transportation infrastructure. This includes promoting efficient and affordable clean regional transport, such as rail travel, as well as Multimodal Digital Mobility Services, while disincentivising private car use and air travel. Policies that encourage the adoption of electric vehicles and discourage the use of fossil fuel-powered vehicles should be implemented, where there are no options for zero pollution mobility.

- Investments should be made in the expansion of **renewable energy infrastructure**, including solar, wind, hydro, and geothermal sources. Incentives should be developed for the adoption of renewable technologies for both households and industries.

Ensuring a just and green transition

This energy and green transition must be just and should leave no one behind:

- EU policies need to ensure that the transition towards a sustainable economy is **just, fair, and inclusive**. Policies should support workers and communities affected by the shift away from fossil fuels, creating new job opportunities in clean energy sectors.

- While approaching **climate change mitigation and adaptation**, the EU should keep in mind that climate change, including its negative health effects, disproportionately affect marginalised groups who are often the first impacted and have a lower resilience due to factors out of their control. Policymaking should protect the most vulnerable, guided by current and future research and evidence. More studies should be developed to inform the policymaking processes.

- **Public awareness campaigns** should be launched to inform citizens and policymakers about the health implications of climate change and the benefits of transitioning to clean energy sources. This can foster public support for climate action and healthier lifestyles.

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