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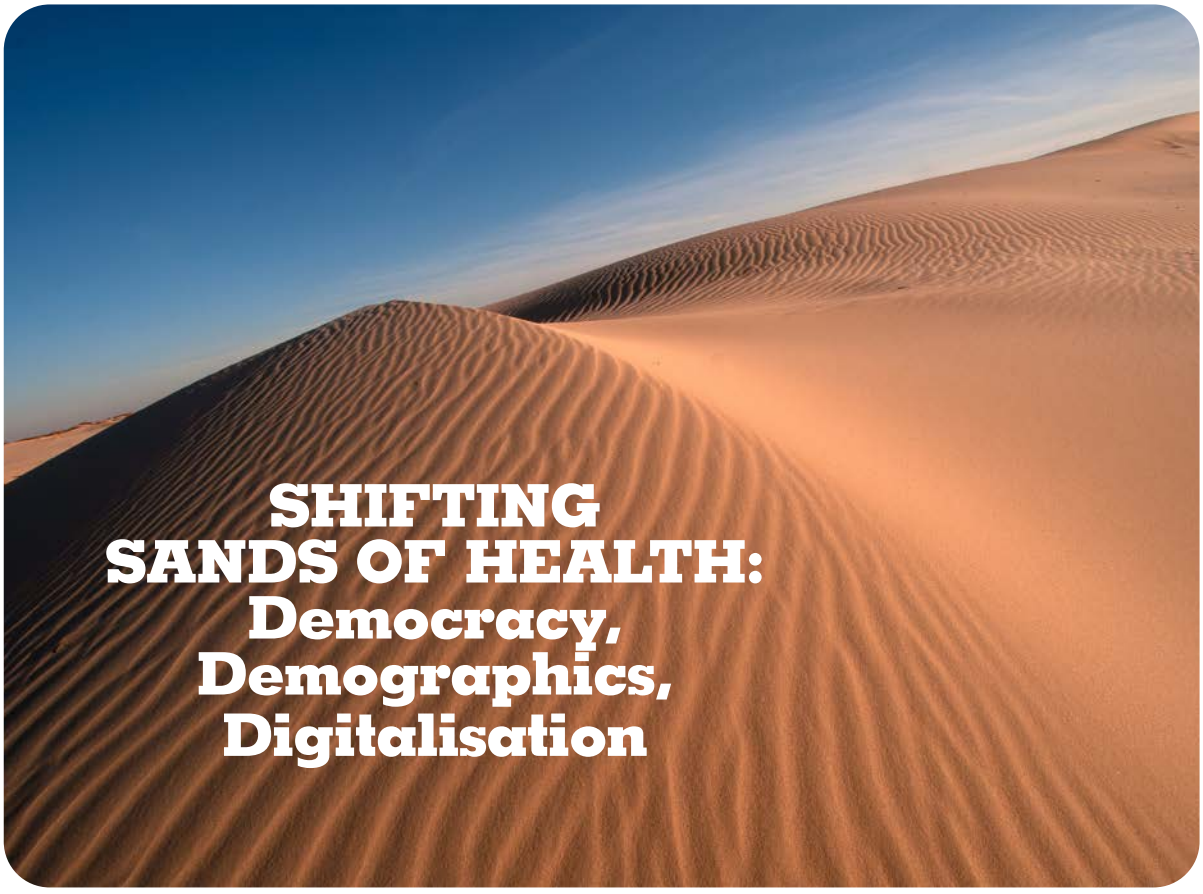
EUROPEAN HEALTH FORUM GASTEIN 2024



SHIFTING SANDS OF HEALTH: Democracy, Demographics, Digitalisation

Social participation

Why it makes health systems more efficient

We shouldn't be naive

An interview with Natasha Azzopardi-Muscat

Unhealthy profits

The playbooks of corporations

SEPTEMBER 2024

EUROPEAN HEALTH FORUM GASTEIN

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It can help to improve a country's health system as long as the findings are taken seriously.

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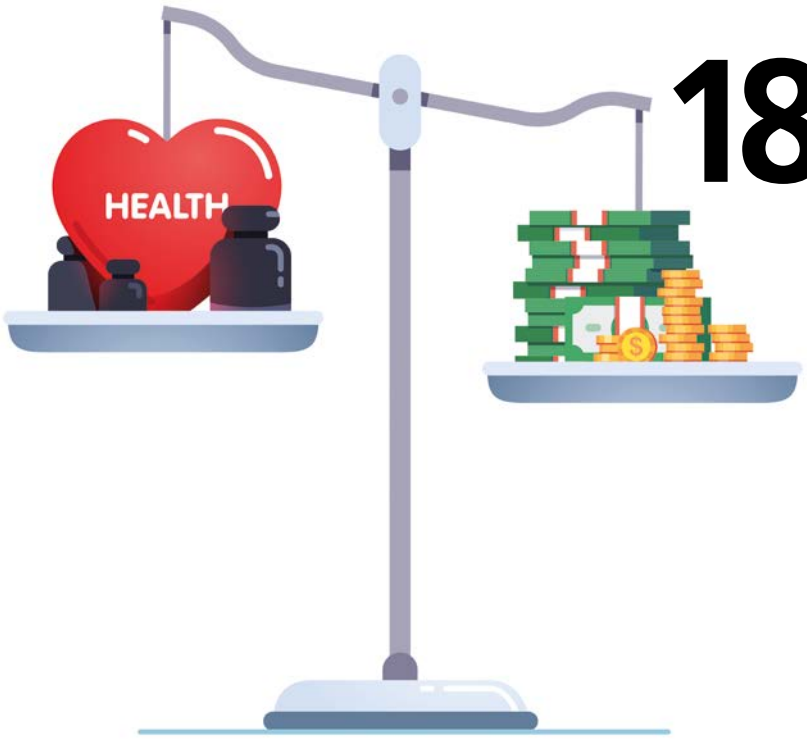
Photos: AdobeStock - Studio Romantic, AdobeStock - iconicbestiary



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EDITORIAL

Dear Readers,

Photo: EHFG

"Shifting sands of health – democracy, demographics, digitalisation" is the main theme of the European Health Forum Gastein (EHFG) 2024. This theme brings to light the profound changes shaping our health landscape. The demographic shift and rapid developments in digitalisation are key factors driving this transformation. Meanwhile, the erosion of self-governing democracies by populist and autocratic movements – a critical yet often overlooked factor in health policy debates – adds another level of complexity. And so the health community faces a stark choice: mobilise in this new landscape or collude with the health consequences.

Against this background, this issue of "Healthy Europe" explores several of the central topics that will be discussed at the EHFG 2024. In an interview on pages 8 to 10, *Natasha Azzopardi-Muscat*, Director of the Division of Country Health Policies and Systems at the WHO Regional Office for Europe, explains why democracies are vital for health and how we can counter the ongoing "infodemic". On pages 16 and 17, public health experts share insights on what is needed to attract young professionals to the health sector.

Further articles explore the commercial determinants of health and the importance of social participation in enhancing the efficiency of health systems. When decision-makers genuinely implement participatory processes, hospitals, other health institutions, and ultimately the entire health system can be better aligned with the needs of their users.

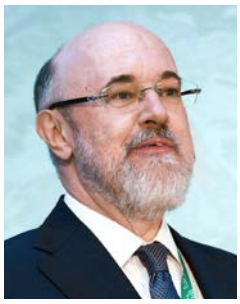
Additionally, we introduce an EU project aimed at improving access to EU funding for sustainable investments in the health sector. Finally, on page 11, social scientist *Barbara Prainsack* discusses why data – often called "the oil of the 21st century" – should be used as a common good for society as a whole, and outlines how this can be achieved.

I hope you enjoy reading this issue and wish you insightful days and inspiring knowledge exchange at the EHFG 2024.

Dorli Kahr-Gottlieb,
EHFG Secretary General

We have always tackled the "hot topics" head on

In the following interview, Clemens Martin Auer, President of the European Health Forum Gastein, talks to us about the current threat to democracies and how investing in healthcare can help to counter this.



Clemens Martin Auer: "By strengthening health systems we are automatically strengthening democracy and its institutions."

HEALTHY EUROPE

President Auer, this year the European Health Forum Gastein is taking place for the 27th time. How has it evolved since its earliest days?

Clemens Martin Auer: The European Health Forum Gastein is an international conference where representatives from all four pillars of society – i.e. from the public sector, private sector, civil society, and science and academia – come together. This set us apart from the very beginning and continues to do so today. And we have never shied away from tackling "hot topics", such as equitable access to healthcare and medicines for all citizens and states, regulating cross-border healthcare, and Europe's role in global healthcare policy.

HEALTHY EUROPE

"Shifting sands of health – democracy, demographics, digitalisation" has been selected as this year's main theme. What was the reason behind this choice?

The threat to democracy and its institutions and to the rule of law in general in some European countries is currently the most socially relevant and highly charged issue of them all. In many states, inflation and housing shortages have led to a situation where the cost of living has become increasingly unaffordable for large sections of the population. As a result, more and more people are becoming dissatisfied with democratic institutions and the role they are playing. Right- and left-wing populists seize upon this dissatisfaction – but without offering sustainable solutions to the complex problems at the root of this dissatisfaction. The middle class needs to counter this and spearhead a solution-oriented discussion. As Europe's most important conference on health policy, the European Health Forum Gastein can and should make its voice heard here as well.

HEALTHY EUROPE

What does this development mean for our health systems?

By strengthening health systems we are automatically strengthening democracy and its institutions. In democratic states with mutually supportive health and social systems, people can rightly expect the health system to provide the services that they require if the situation arises. Moving towards a situation where we have second- or even third-class medicine is not conducive to this. Therefore, public health professionals should do even more to ensure that spending money on healthcare is seen as an investment rather than expenditure. Having good arguments for better healthcare will become even more important in the coming years. After all, the competition between the various sectors for a part of the dwindling public purse is set to further intensify.

HEALTHY EUROPE

Why will the European Health Forum Gastein 2024 also be focussing on digitalisation and demographic change?

Regarding digitalisation, recent years have shown how democratic processes have shifted our focus from solely data protection to prioritising patients' right to have their data used effectively to improve healthcare quality. And the changing age structure in Europe is producing substantial challenges for the healthcare sector. While the supply of qualified staff is shrinking, the demand for care is rising. This problem can only be solved by the younger and older generations working alongside one another. We need to find joint European solutions that harness the potential of digital tools and migration, particularly labour migration, while also considering the legitimate concerns of people with migrant backgrounds.

Clemens Martin Auer has been President of the European Health Forum Gastein since 2017.

Photo: EHFG

Health is a social and political issue

Josep Figueras is an active member of the European Health Forum Gastein and has served as Director of the European Observatory on Health Systems and Policies since 1998.

This year, the European Health Forum Gastein (EHFG) is taking place for the 27th time. As a member of the board, Josep Figueras has attended 26 of these conferences. "On one occasion I wasn't able to attend for family reasons," says Figueras, who is Director of the European Observatory on Health Systems and Policies – a partnership hosted by the WHO Regional Office for Europe together with the European Commission, twelve European Member States and other organisations. The Observatory was founded in 1998 and has always been an important partner of the European Health Forum Gastein, which was established in the same year.

As Figueras emphasises: "Since its inception, the EHFG has offered a unique platform for open debate on critical topics of European health policy. One other notable aspect of the EHFG is that all four key stakeholders of health policy – public sector, private sector, civil society and science/academia – are represented equally. And even when opinions on a particular issue might differ fundamentally, the Forum provides a space for objective and constructive dialogue."

Public health should be prioritised

A public health expert, Josep Figueras grew up in the small village of Medinyà, in Girona. Reflecting on his childhood, he says, "I am deeply grateful that, despite our modest means, my parents made it possible for me to get a good education. It opened the gateway to the world and allowed me to gain invaluable experiences and insights that I would never have had otherwise."

A Catalan native, he completed his medical studies at the University of Barcelona in 1983, followed by specialist training in Family & Community Medicine at the University of Valencia. Here, he worked in a pilot primary healthcare centre in one of the poorest districts of the Mediterranean metropolis: "Unemployment and crime were the highest in Valencia, and I witnessed at first hand how deeply health is intertwined with social issues. There are limits – and sometimes these are really quite tight constraints – to what medical care alone can do for individual people, and therefore it is urgently necessary for public health measures to receive greater weight."

Moving to the UK later on, Josep Figueras obtained a Master's degree in Public Health and a PhD in Health Policy and Financing from the London School of Economics. He then worked as a lecturer and established a new MSc course for Health Services Management and Policy in the Department of Public Health at the London School of Hygiene & Tropical Medicine. His next position was as Regional Adviser in Public Health at the WHO Regional Office for Europe in Copenhagen.

Supporting health policy-making

In 1998, Josep Figueras was put in charge of the newly founded European Observatory on Health Systems and Policies, an initiative

Josep Figueras: "I witnessed at first hand how deeply health is intertwined with social issues."

that he spearheaded: "Our most important task is to support and promote evidence-informed health policy-making. We aim to provide decision-makers with information that can lead to better health for as many people as possible, incorporating all parts of the population." At the end of this year, he will be succeeded by *Ewout van Ginneken*, who is currently Coordinator of the Berlin hub of the European Observatory on Health Systems and Policies at Berlin University of Technology.

Josep Figueras, meanwhile, is embarking on new ventures, including part-time university work – he is currently visiting professor at the London School of Economics and the NOVA National School of Public Health in Lisbon. He also has plans in the pipeline for health policy in Europe. Josep Figueras is married and has three grown-up children. But what does he do to keep himself healthy? "I like running and take part in half-marathons. And for some years, I have been cycling to the office. It's an environmentally friendly way to travel and a good way to keep fit."

Photo: European Observatory on Health Systems and Policies

What brought you to the EHFG?

Healthy Europe introduces four team members who have been working for the European Health Forum Gastein (EHFG) for many years.

MARTIN KÖSTINGER, IT TECHNICIAN

"I have worked for the EHFG every year since 1998."

Martin Köstinger: "I have worked for the European Health Forum Gastein every year since the event was first held in 1998 – I originally came to the forum via my brother Christoph, who was EHFG General Secretary at the time." To begin with, his main job was putting invitations in envelopes, which back then were sent in their tens of thousands: "The post office clerk in Bad Hofgastein couldn't believe his eyes when we arrived with all these letters." Later on, he helped out in the IT team and has been running it since 2003: "It used to be a question of making a few computers available for a large number of visitors. Today, each participant brings many different digital consumer devices to a hybrid conference and our job is to make sure that all of these can be used quickly and easily in our network on site." The youngest of five children, Martin Köstinger was brought up in the traditional Hotel Rauscher in Bad Hofgastein, which was run by his mother *Gunda*. His father *Manfred* (1938–2016) was the student world champion in downhill skiing in 1960 and was also the architect who planned the Bad Hofgastein Conference Centre, where the EHFG holds its events. Martin Köstinger taught himself programming in "C" at the age of 15 and went on to study at Graz University of Technology. In 2013, he completed his doctoral dissertation in Computer Sciences on Efficient Metric Learning for Real-World Face Recognition. From 2014, he was a programme manager at Microsoft, and since 2016 he has been conducting research for a major online service provider on how air drones might best be used for deliveries. Martin Köstinger is married with two children, Felix (8) and Laura (5). His hobbies include snowboarding, ski tours, climbing and fishing, and above all sports involving all the family, for example bicycle tours along the Murradweg in Styria.

MARI POLLARI, PROJECT MANAGER

"I enjoy working with people and helping them to achieve success in their projects."

"I enjoy working with people and helping them to achieve success in their projects. Hearing that participants benefit from our activities and programmes is the most rewarding aspect for me," says Mari Pollari, who oversees the Young Forum Gastein and is involved in coordinating the Women in Global Health Austrian Chapter. The Young Forum Gastein is a unique network for young health professionals and experts, currently comprising over 600 members. During the EHFG conference, Young Gasteiners play an active role by interviewing speakers, hosting discussions, and reporting from the sessions. Mari Pollari grew up in Vantaa, a city with around 250,000 inhabitants near the Finnish capital, Helsinki. After completing her school-leaving exams, she worked as an au pair in Germany before pursuing a degree in European Public Health at Maastricht University in the Netherlands. Reflecting on her interest in the field, she explains: "It expanded my understanding of the holistic nature of health, including how our well-being is affected by lifestyle as well as economic and environmental factors." After graduation, Mari spent four years working for a German tourism company in Spain where, among other things, she was responsible for designing programme activities and managing guest relations: "This experience provided me with valuable skills that I now apply in my role at the European Health Forum Gastein," she notes.

Photos: EHFG, private

CHRISTINE HUTTEGGER, CONFERENCE COORDINATOR

"Being able to help other people gives me strength and makes me happy."

"You only notice my job when something goes wrong," says Christine Huttegger, a native of Bad Hofgastein. Thankfully, this happens very rarely as she is responsible for the overall coordination of the European Health Forum Gastein (EHFG). During the event itself, this means making sure that there is smooth interaction between the shuttle drivers, the conference technology team members, the IT technicians and the students helping and looking after the individual sessions and plenaries, and coordinating with the employees from the catering companies and the hotels serving the EHFG. What is most important about this? "You have to think about the situation at the time of the conference and there is always something that can be improved already in advance," answers Christine Huttegger.

By her own account, the conference coordinator spends the summer months in the office, but the rest of the year is far less hectic. She studied at the tourism college in Bad Hofgastein, which included summer internships working in service and cuisine and at receptions of various hotels. Following this, Christine Huttegger worked on Guernsey in the Channel Islands, in Italy and elsewhere. By working in tourism, she also financed her language and translation studies – Italian and Russian – at the University of Innsbruck. From June 2007, she spent a semester studying abroad in the Russian city of Nizhny Novgorod. As Christine Huttegger recalls: "There, I experienced at first hand how lucky we are to be living in a democratic country like Austria with an effective health system."

Today, she is back in her native Bad Hofgastein, where she lives with her family and likes to ski and hike in her free time. Christine Huttegger draws mental strength from her voluntary work as a first aid paramedic: "Being able to help other people gives me strength and makes me happy – because you get a whole lot back from the patients as well."

LOUISE BOYLE, SENIOR ADVISOR

"A whole string of happy coincidences led me to the European Health Forum Gastein."

"A whole string of happy coincidences led me to the European Health Forum Gastein," Louise Boyle says. She grew up in a rural hamlet in the Chiltern Hills in Buckinghamshire, England. A formative experience occurred during her Sixth Form studies, when she and a number of fellow students undertook a one-month expedition to Peninsular Malaysia. The programme included a 9-day jungle trek culminating in the ascent of the highest mountain in Malaysia, and helping out in a home for persons with disabilities in Kuala Lumpur. As Louise Boyle recalls: "This trip really whetted my appetite for connecting with people from different cultures and seeing how they lived." It was followed by journeys to other countries in the global south, including a three-and-a-half-month stay in Nepal and a two-month marine conservation expedition in the Bay Islands of Honduras, Central America.

After studying Social Sciences at the University of Durham, Louise Boyle began work as a civil servant for the UK Government. She worked for a number of government departments on a range of policy areas with public health links, from preventing extremism in the wake of the 2005 London bombings, to tackling violence against women and girls. To further develop her public health knowledge, from 2008 to 2009 she took a career break to gain an MSc in Public Health from the London School of Hygiene and Tropical Medicine. For her Master´s degree thesis she travelled to Sierra Leone, West Africa, with the NGO GOAL Ireland, and conducted a process evaluation of a sanitation project in rural communities near the border of Liberia and Guinea. While there, she met her future partner, a teacher from Upper Austria, who was relocating to Bad Hofgastein to take up a teaching position.

After a year working again for the UK Government, in December 2010 Louise Boyle also decided to move to Bad Hofgastein, where she came across the European Health Forum Gastein. She has worked for the EHFG since 2011 and is responsible, amongst other things, for the thematic programme and content development of the conference and associated events. "My work allows me to use my interpersonal skills and my public health knowledge and connections," she enthuses. She has a nine-year-old son, and her hobbies include tennis, swimming, scuba diving, skiing, travelling and reading.

We can't afford to be naive

In this interview, we spoke to Natasha Azzopardi-Muscat from the WHO Regional Office for Europe about why democracies are good for our health, what should be done to counteract the "infodemic", and why trust in health systems is essential.

INTERVIEW: DIETMAR SCHOBEL

"In fully functioning democracies, the rights of all minorities are respected, including the right to the best possible healthcare – across the entire health spectrum."

NATASHA AZZOPARDI-MUSCAT,
DIRECTOR OF THE DIVISION OF COUNTRY HEALTH POLICIES AND SYSTEMS
AT THE WHO REGIONAL OFFICE FOR EUROPE

HEALTHY EUROPE

Director Azzopardi-Muscat, are democracies good for our health?

Natasha Azzopardi-Muscat: Yes, they are. In fully functioning democracies, the rights of all minorities are respected, including the right to the best possible healthcare – across the entire health spectrum. Back in 1946, the constitution of the World Health Organization (WHO) stipulated that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition". It also states that the right to health is indivisible from other human rights, including the right to education, participation, food, housing, work and information. And we now have several studies pointing to the fact that democracies tend to score better when it comes to people's overall health.

HEALTHY EUROPE

But at the moment, many observers are claiming that there is a "democracy crisis" in European and global politics. For example, in its Democracy Index 2023, renowned British journal The Economist stated that the "backsliding of democracies" is continuing (see also pages 12 and 13). What do you think is causing this?

In recent years, more and more people have lost faith in the institutions, science and the democratic systems as a whole – including in their health systems. This trend

had started before the COVID-19 pandemic, but it gathered speed during this period. With regard to health specifically, heath systems have become increasingly unable to provide services at the right place with the right price – which citizens expect them to do. Right now, public healthcare institutions in many countries have to fight for reasonable budgets. This has led to a situation in which more and more people are forced to seek private healthcare and pay for services out of their own pockets to avoid long waiting times.

HEALTHY EUROPE

Developing highly effective vaccines against a previously unknown infectious disease in a relatively short space of time, and the social measures for containing the COVID-19 pandemic, can be seen overall as a major success for science based on rational findings – one that prevented many millions of deaths worldwide. But rather than putting their trust in scientific evidence, many groups of the population have developed a growing mistrust of expert knowledge. How do you explain this paradox?

The COVID-19 pandemic suddenly put the question of public health centre stage for the population at large. The decisions taken to implement certain measures such as vaccinations and lockdowns to manage the pandemic were based on the best available knowledge. Even though these were put forward by scientific experts, in many countries they were also turned into a socio-political issue and heavily criticised. In many cases, this was part of targeted strategies aiming to undermine trust in science and state institutions. We can't afford to be naive about this and as public health experts we need to recognise that there are other forces at play in the wider socio-political context.

HEALTHY EUROPE

What role did the "infodemic" play here during the COVID-19 pandemic? In other words, the flood of information available especially via digital media – and specifically "social media" – much of which was misleading or downright incorrect.

Infodemics can have various negative effects, such as increasing vaccine hesitancy, fear and anxiety among the population or spreading information on supposed possibilities for "therapies" that turn out to be entirely ineffective or in some cases even dangerous to people's health. Communicating within social media "echo chambers", where for the most part like-minded people reinforce each other's views, can have the effect of polarising – or further polarising – society.

HEALTHY EUROPE

What can be done to counteract this?

"Infodemic management" is the best remedy for incorrect or misleading information. It involves protecting people from harmful health information in emergencies and giv-

ONLINE INFORMATION

- For the WHO conference in Tallinn in December 2023, which was titled "Trust and transformation: resilient and sustainable health systems for the future", WHO Europe and the European Observatory on Health Systems and Policies produced a suite of five policy briefs to support the key themes of the meeting.
Download:
https://www.who.int/europe/publications/i/item/9789289059534

- The report "Digital Health in the WHO European Region 2023" provides an overview of the situation in this area. It uses data from a survey in 2022 and highlights a number of policy options, facilitators and barriers to guide the successful implementation of digital health in the 53 Member States of WHO Europe.
Download:
https://www.who.int/andorra/publications/m/item/digital-health-in-the-who-european-region-the-ongoing-journey-to-commitment-and-transformation

- A document by the World Health Organization (WHO) with the heading "Transforming the health and social equity landscape" from 2023 examines how the Member States of the WHO European Region can work to build social cohesion and invest in people's health to improve resilience and promote an equitable recovery.
Download:
https://www.who.int/europe/publications/i/item/WHO-EURO-2023-7761-47529-69924

- "Infodemic management: Protecting people from harmful health information in emergencies" is the title of an advocacy document published by WHO Regional Office for Europe for national governments, partners and other stakeholders involved in emergency preparedness and response.
Download:
https://www.who.int/europe/publications/i/item/WHO-EURO-2024-8010-47778-70534

- The article "Infodemics and health misinformation: a systematic review of reviews" in the World Health Organization bulletin dated September 2022 explores, among other things, the question of the negative effects of infodemics and health misinformation on the population and how these can be counteracted.
Download:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9421549/

Photo: WHO Europe

ing them direct access to high-quality information and services. For this to work, we need to listen to people – online and offline – and to look into what moves them. A resolution by the World Health Assembly from May of this year highlights social participation as a prerequisite for universal health coverage, health and well-being (see also articles on pages 20 to 23). And in general, it is also especially a question of building up more trust again. This was emphasised in the charter published to coincide with the WHO meeting in Tallinn in December 2023. Trust in health systems is essential if they are to function effectively. Patients need to trust clinicians and care providers, the health and care workforce needs to trust that they will be valued, and policy-makers need to trust that the health system will deliver quality care and do so efficiently if they are to invest resources. They also need to trust the public – and vice versa – in times of crisis. This trust then becomes the glue that binds all key stakeholders together – including when it comes to the dissemination and consumption of health information.

In **1946** the constitution of the World Health Organization (WHO) stipulated that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition".

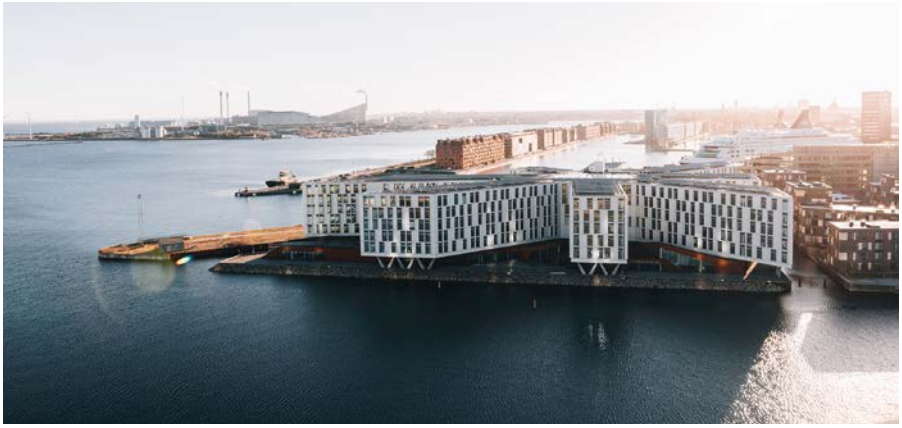
HOW TO BUILD TRUST IN HEALTH BODIES

Trust in health bodies can be encouraged by consistent delivery of quality care and by:

- a clear, shared vision and values, underpinned by ethical standards
- an explicit commitment to stakeholder well-being that includes staff
- embedding reliability, integrity and transparency into policy-making, strategies and practices
- leaders who exemplify integrity, ethical behaviour, and accountability
- openness on the use (and impact) of resources and in addressing waste or corruption
- and excellent communication of all the above.

Source: "Trust and Transformation. – Five policy briefs in support of the Tallinn conference." World Health Organization, 2023.

Natasha Azzopardi-Muscat qualified as a medical doctor at the University of Malta in 1995. She is a specialist in public health and Director of the Division of Country Health Policies and Systems at the WHO Regional Office for Europe. Before joining WHO she served as President of the European Public Health Association (EUPHA) from 2016 to 2020, where she was actively involved in health advocacy at European level. She is married to *Conrad Azzopardi*, a practising physician, and has three children.



UN City in Copenhagen, which houses the WHO Regional Office for Europe, together with 9 other UN agencies.

FACTS & FIGURES

An analysis of data from the Global Burden of Disease study, published in 2019 in "The Lancet", shows that democracies in which free and fair elections take place are more likely than autocracies to lead to health gains for causes of mortality such as cardiovascular diseases and transport injuries. Research at the London School of Economics and Political Science – published in 2023 in the Journal of Public Policy – revealed a connection between democratic forms of government and a reduction in health inequalities in European states. According to the authors *Joan Costa-Font* and *Niklas Knust*, one of the reasons for this is that democracies are more likely than autocracies to give priority to public health goals and to develop programmes that target individuals who exhibit the highest health needs. This includes promoting universal access to healthcare.

Photo: WHO Uka Borregaard

Using data for the greater good

In the following interview, social scientist Barbara Prainsack explains why we should use data for the good of society as a whole, and what form this should take.

INTERVIEW: DIETMAR SCHOBEL

HEALTHY EUROPE

Professor Prainsack, it's often said that data is "the oil of the 21st century". What exactly is data being used for these days?

Barbara Prainsack: We are living in an age of growing inequality. The way in which major technology groups like Google, Baido, Meta or Xiaomi – to name but a few – collect, process and commercialise data in general and health data in particular reinforces this trend. Laws and policies that try to address this by giving people more control over their data at individual level are important, but they cannot address the vast power asymmetries that exist between data subjects and data processors. This is what led me and other colleagues to develop the concept of "data solidarity".

HEALTHY EUROPE

What does this concept involve?

The concept of data solidarity is rooted in the idea of "solidarity" as a practice that reflects people's commitment to helping others with whom they recognise a relevant kinship. It can take place between individuals (tier 1), at group level (tier 2), or it can form the spirit of institutions and policies (tier 3). Solidarity is thus a concept that can bridge individual interest and collective goods. It does not, like some communitarian approaches, mean that public interest takes priority over individual ones. Applied to the data domain: Data solidarity means that individuals need to have control over how their data is used, but we also need better approaches for collective control, to ensure that structural issues are addressed. Risks and benefits from digital data use are distributed very inequitably at present, within and across societies. This needs to change.

HEALTHY EUROPE

What exactly does this approach involve?

Data solidarity seeks to increase the public value of data use. The public value is high when the data use is likely to create a lot of benefit for people (and not only for companies), and when it does not pose high risks to people or communities. Data use that has high public value should be made easier than it currently is – e.g. by reducing regulatory requirements, and via public funding. Data use that has little public value – meaning that it creates little or no benefits for people but poses substantial risks – should be outlawed – with effective enforcement and fines that are severe enough to deter even powerful corporations from breaking the law. As well as this, benefit-sharing mechanisms should be put into effect to ensure that some of the profits gained from using commercial data are channelled back into the public domain that enabled it in the first place. One possible way of doing this is to tax company profits that result from commercialising data in ways that are not in the public interest. Moreover, mitigation instruments should be put into place for people who have been harmed by their data being used.

HEALTHY EUROPE

Could you give us an example of this kind of harm?

This could be caused by surveillance marketing, for instance. One example is described by US sociologist Mary Ebeling, in her book "Afterlives". After a miscarriage, she kept receiving advertisements from companies congratulating her on different milestones of her unborn baby. Another example is false information about people in online platforms or webpages that they cannot realistically correct.

Barbara Prainsack: "Risks and benefits from digital data use are distributed very inequitably at present."

HEALTHY EUROPE

How should we deal with data usage that might potentially lead to significant benefits for the general public – for example, when it is used for medical research?

A key concern of data solidarity is that there should be more public support for data use that does not pose any serious risks and is likely to bring substantial benefits for the general public. In this way, data solidarity goes hand in hand with justice and helps it to take effect. To assess the public value of data use, colleagues and I developed a tool that is available for everyone to be used online. This can be accessed at **https://pluto.univie.ac.at**

Barbara Prainsack is Professor for Comparative Policy Analysis, University of Vienna, and Chair of the European Group on Ethics in Science and New Technologies.

Photo: Johanna Schwaiger

Facts & figures

Data and facts from studies and evaluations on the state of democracies around the world, on demographic change, on "healthy buildings" and also on doctors and nurses in the OECD countries.

165 independent states and two territories were named by renowned UK magazine The Economist in its Democracy Index for 2023. This index is grouped into five categories: electoral process and pluralism, functioning of government, political participation, political culture and civil liberties. In each category, between 0 and 10 points can be reached for a number of indicators. The global average index score in 2023 fell to 5.23, down from 5.29 in 2022. This marks a new low since the index began in 2006. Based on their index scores, each country is assigned to one of four types of regime: full democracy, flawed democracy, hybrid regime or authoritarian regime. According to the Democracy Index, only 7.8 percent of the world's population reside in a full democracy, down from 8.9 percent in 2015; this percentage fell after the US was demoted from a full democracy to a flawed democracy in 2016. Around 40 percent of the world's population live under authoritarian rule, a share that has been creeping up in recent years.

Source: "Democracy Index 2023 – Age of conflict", The Economist Intelligence Unit Limited, 2024.

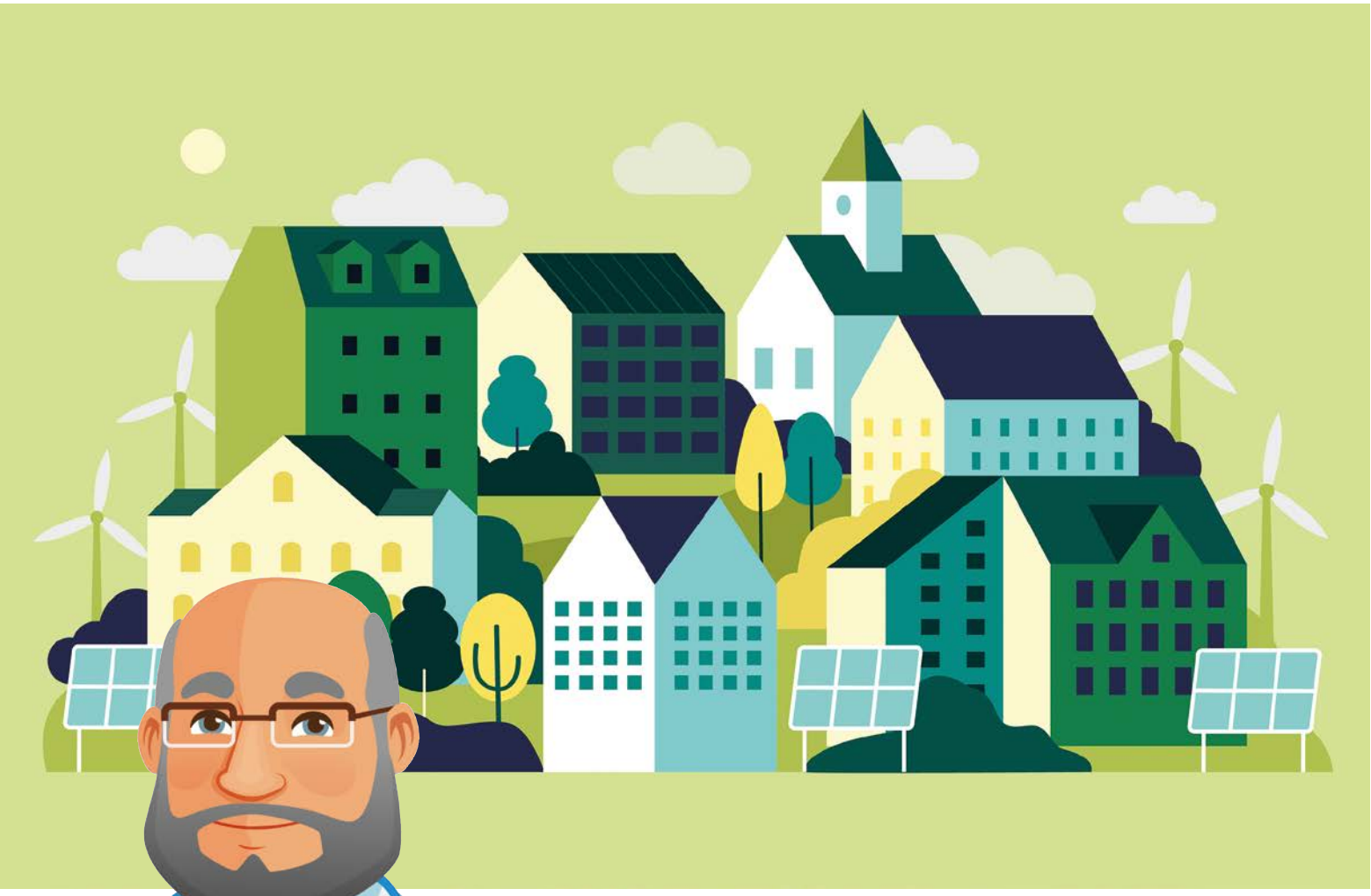
5 myths about the supposedly negative consequences of demographic change are clarified by the publication The Politics of Healthy Aging from 2022, which explains the facts in each case. These are as follows:

- There is little empirical evidence to support the claim that ageing societies' healthcare systems are unsustainable
- It is equally inaccurate that older voters consistently elect politicians that support policies benefitting them at the expense of younger people
- Politicians do not pander to older voters with additional government-funded benefits. If anything, overall public expenditure in European countries is tilting away from older people and towards younger people
- Older voters are not a homogeneous group agreed on common interests; within countries they are diverse and have many different political identities and commitments
- Voter preferences rarely explain policy choices; instead, the politics of ageing are shaped by coalitions of interested parties that can support policies with mutually beneficial objectives.

The authors also advocate a positive image for elderly people and demand an increase in measures that promote healthy ageing. They say that these should begin as early as possible and especially integrate vulnerable groups.

Source: Scott L. Greer et al.: "The Politics of Healthy Aging". World Health Organization, 2022.

Photos: AdobeStock - subarashi121, AdobeStock - the8monkey, AdobeStock - SpicyTruffel, AdobeStock - AJay



45 billion euros per year could be saved by energy-efficiency measures if relevant renovation work were performed in all European hospitals. This amounts to around 10 percent of the costs for healthcare incurred annually in countries of the European Union, according to the Healthy Buildings Barometer 2024. It also points out that the European Union is "not on track to reach its 2050 climate targets for energy and renovations". In 2020, the accumulated investments in renovations of all types of buildings were about 40 percent too low to fulfil these specifications.

Source: Buildings Performance Institute Europe (BPIE): "Healthy Buildings Barometer 2024. How to deliver healthy, sustainable, and resilient buildings for people".

1 third of all doctors and a quarter of all nurses were aged 55 or above in 2023 throughout the 38 countries that belong to the Organisation for Economic Co-operation and Development (OECD). In Italy, Latvia and Estonia, the proportion of doctors who are this age even totalled 45 percent. Besides this, in Latvia almost 40 percent of nurses are at least 55 years old. The average number of doctors per 1,000 people is 3.7 in the population of OECD countries. This number ranged from 2.5 and below in Mexico, Colombia and Türkiye to over 5 in Norway, Austria, Portugal and Greece. In Greece and Portugal, however, this number also includes non-practising doctors. India, Indonesia and South Africa have less than 1 doctor per 1,000 people.

Source: Society at a Glance 2024: OECD Social Indicators.

Channelling EU funding to strengthen health systems

A European Union project in Austria, Belgium and Slovenia aims to strengthen the capacities of Member States for accessing EU funding that could be used to support health system reforms.

Demographic change, the shortage of skilled labour, digitalisation and the green transformation are just some of the major challenges of our time, not least for health systems. Structural reforms are needed to cope with these challenges over the long term, and these in turn need investment. There is a broad range of funding instruments available at EU level that are eligible for this – from the €5.3 billion EU4Health programme to the €723 billion Recovery and Resilience Facility. These programmes target various objectives, from supporting research, training and digitalisation to promoting climate protection and improving infrastructure. In addition to financial support, some of them also provide technical assistance in the form of consulting services.

However, securing EU funding is not always the most straightforward process. Furthermore, individual EU funding programmes often do not prioritise health. This is why Austria, Belgium and Slovenia initiated the project Resources Hub for Sustainable Investing in Health within the European Union's Technical Support Instrument (TSI) in 2022, to examine how existing EU funding instruments can be used more effectively for the health sector. This initiative is based on the Council Conclusions adopted during the Slovenian Presidency of the EU in 2021, which invited the Commission to enhance coordination of EU programmes and policies to better support national health system reforms and consider the provision of an advisory service for this purpose.

Two key pillars

"As many countries face similar challenges regarding their health systems, the health ministries in Austria, Belgium and Slovenia joined forces for this important TSI project, which is built on two main pillars," explains *Ilana Ventura*, head of department for Health Care Financing and International Affairs at the Austrian Ministry for Social Affairs, Health, Care and Consumer Protection. These two key areas of focus were:

- Empowering the three Member States for making the case for public investment in health at national and EU level (see also box: "5 arguments for making the case for public investment in health")
- Strengthening the capacity of the three Member States for accessing EU funding that could be used to support health system reforms by piloting a dedicated hub.

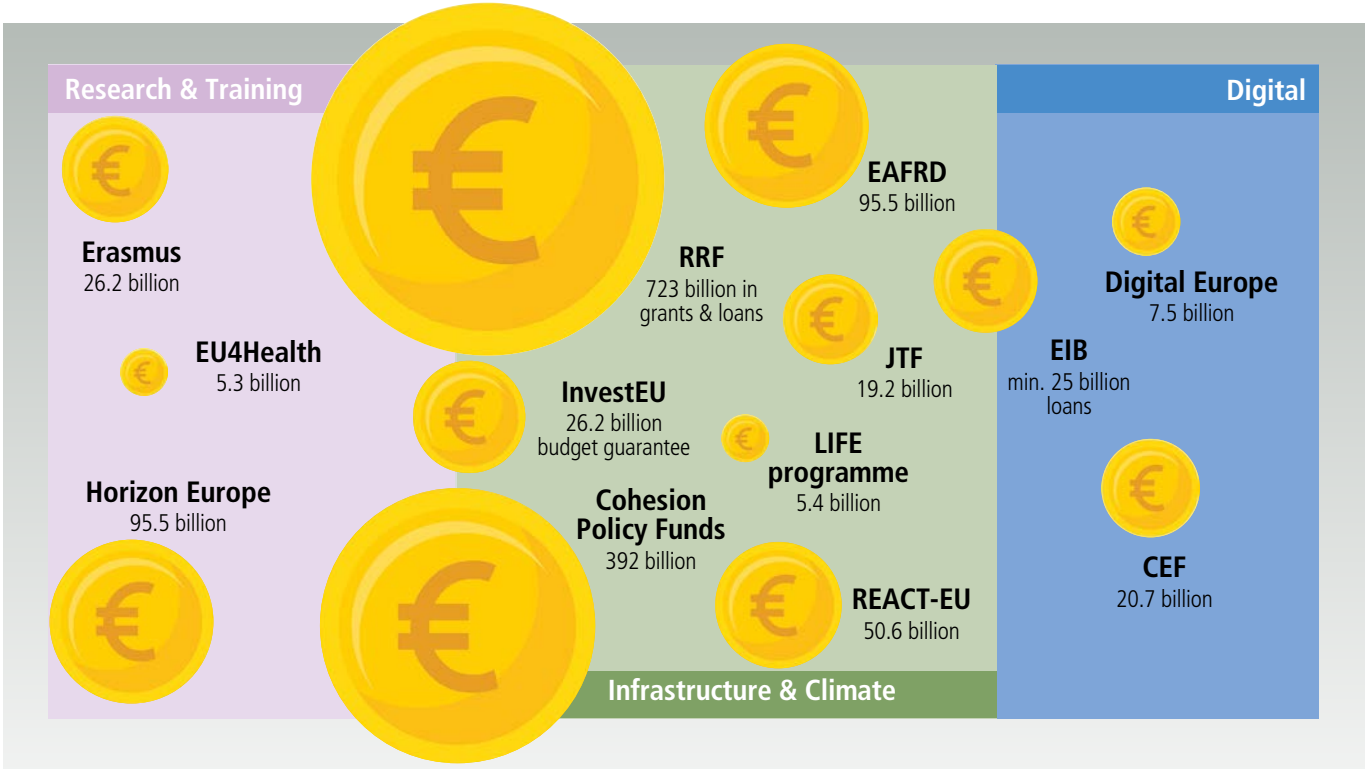
In the first pillar, the countries were supported in demonstrating the benefits of certain health investments or policies. For the second pillar, a pilot project was implemented in each of the three EU Member States, to test how existing EU funding instruments could be used for this purpose in practice. In this context, the European Observatory on Health Systems and Policies carried out mapping to identify relevant funding opportunities that matched the reform priorities of Austria, Belgium and Slovenia.

Three pilot projects

As the Austrian healthcare sector accounts for approximately 7 percent of the country's CO_2 emissions, the Austrian pilot project focusses on Greening Healthcare Facilities and supports a number of public hospital providers in Tyrol and Styria in identifying and applying to relevant EU funding instruments for their green investments. In Belgium, a pilot project focussing on population health management has been implemented. Among other things, this has involved designing a digital dashboard for better integration of health and care data. This is one of the building blocks to support the implementation of a future inter-federal population health management strategy and better integrated care at loco-regional level.

The Slovenian pilot aims to strengthen primary healthcare in line with the strategy on primary care, which is in final stages of adoption. The goal is to improve access to primary care by expanding the scope of the existing national call centre to include telephone triage and advice. Setting up

Infographic: private



The illustration provides an overview of **European Union funds** that are eligible for investments in the healthcare system and shows the three content areas to which they are assigned.

RRF = Recovery and Resilience Facility, **EAFRD** = European Agricultural Fund for Rural Development, **JTF** = Just Transition Fund, **CEF** = Connecting Europe Facility, **EIB** = European Investment Bank

Source: Technical support instrument – Green assist – InvestEU advisory Hub – JTF Platform GROUNDWORK – EIB advisory services

the national centre for development and coordination of primary healthcare is another objective. "In addition, we used the project to identify those parts of the proposed primary healthcare reform that could be eligible for EU funding and to create a roadmap for securing support during application procedures," explains *Dušan Jošar*, head of unit, from the Health Ministry in Slovenia.

Benefits for all Member States

It is important to highlight that the TSI project is not just about creating more capacity in the three participating EU Member States. Rather, the intention is also to provide this kind of expertise for all Member States in the future by establishing an EU Health Hub: "This project has provided us with lots of valuable lessons learned and should ultimately serve as the basis for establishing an advisory hub at EU level that facilitates the use of EU resources by national authorities for sustainable investments in health," concludes *Anne Swaluë*, International Relations Senior Expert from the Federal Ministry of Health in Belgium. The project, implemented by Expertise France, the French public agency for international technical cooperation projects, will run until November 2024. A dedicated TSI flagship "EU Health Hub – Investing in Resilient Health Systems" has been launched for the TSI 2025 application cycle, and will build on the experiences of this project.

5 ARGUMENTS FOR MAKING THE CASE FOR PUBLIC INVESTMENT IN HEALTH

1. Health systems investments address health needs and improve health. Without adequate funding, there will be consequences for population health outcomes and well-being.

2. Health system investments further societal goals and have co-benefits beyond the health sector – for example, in the sectors of education, employment, economic, equity and social cohesion.

3. Health system financing can or will be sustainable following additional investment. Therefore, investments made now can serve to reduce costs later on.

4. The health system has the capacity to use additional resources effectively and efficiently.

5. The public (particularly voters), non-governmental organisations (NGOs), and civil society groups care about health and health system-related issues, and think more funding is needed.

Source: Rebecca Forman, Cameron Feil, and Jonathan Cylus: "A mapping exercise: making the case for public investment in health". European Observatory on Health Systems and Policies, June 2023

Attractive workplaces – the key to a healthy future

Demographic change is making it increasingly difficult to hire employees, particularly in the health and care sector. To counteract this, we need to make workplaces more attractive.

TEXT: DIETMAR SCHOBEL (b. 1962)

Klaus Ropin: "Workplace health promotion can reduce the organisational stress and strain of work."

Marie Nabbe: "For my generation work no longer has the central status in life that it had for our parents."

The facts have been known for years: in the rich countries of the world, the proportion of people aged over 65 is increasing, while that of younger age groups is shrinking. By 2050, in the EU countries there will be fewer than two people of working age (15-64) for every one person aged 65 and over. This is shown in a recent study by the Research Service of the European Parliament. The effects of demographic change have long been noticeable on the labour market. However, some sectors are especially affected by the growing shortage of skilled labour. These specifically include the health and care sector, where the supply of staff is falling while the demand for health and care services is rising.

According to a number of sociological and economic studies, many members of the younger Generations Y and Z – who are aged between 15 and 43 today – are more likely than previous generations to prioritise a healthy work-life balance. Rather than "living to work", which characterises many Baby Boomers and quite a few members of Generation X, they prefer part-time working and flexible hours. In the future, will it still be possible to find enough staff for a high-quality public health and care system?

No need for complicated strategies

"Yes, it will certainly be possible – and without any need for complicated strategies," says political scientist *Scott Greer* (b.1976), who is a professor at the University of Michigan School of Public Health. "The main thing here is to make jobs in the health sector attractive again, for example through better training, better working conditions and better pay. This might mean that there are no staff left over for other sectors and especially for badly paid 'McJobs' in the service industry. However, I'm sure the damage to society would not be too great."

German psychologist and generation researcher *Rüdiger Maas* (b.1979) is also confident that more young people can be recruited to work in the health and care sector: "The crises of our time and the growing use of digital media have left many young people feeling unsettled, isolated and in need of human contact, which the health and care sector can offer. Carers often find it very rewarding to care for and interact with people, and those who work in these areas are usually viewed in a very positive light by society. As well as this, it is important not to focus exclusively on the stressful and demanding aspects of this kind of work. Rather, we should show the many benefits it offers."

Stopping the downward spiral

"Working conditions in the health and care sector must be improved – there's no way around it," agrees *Urška Erklavec* (b.1991) of the National Institute of Public Health of Slovenia (NIJZ), who is leading a service for non-governmental organisations and advocates for implementation of social participation, particularly focussing on young people. A qualified pharmacist, she believes that a vicious circle has been set in motion:

Photos: FGÖ/Klaus Ranger, hope, Institut für Generationenforschung, private, University of Michigan

Rüdiger Maas: "The crises of our time have left many young people feeling unsettled, isolated and in need of human contact."

Urška Erklavec: "We must break this negative cycle."

Scott Greer: "We have to make jobs in the health sector attractive again, for example through better training, better working conditions and better pay."

"The growing strain on people working in the areas of health and care has led many of them to leave the profession, worsening conditions for those who remain. We must break this negative cycle." As Scott Greer emphasises, the first step is to analyse the current working environment in detail: "The fact is that many people working in the health and care sector are 80 or 90 percent satisfied with how things are. So, we don't have to change everything."

Workplace health promotion can also make an important contribution towards bringing about positive changes, particularly in hospitals and other health and care facilities. As *Klaus Ropin* (b.1966), head of the Austrian health promotion fund Fonds Gesundes Österreich (FGÖ), explains: "The aim here is to reduce the organisational stress and strain of work, which in turn will of course enable people to work for longer". In practice, quality-assured workplace health promotion is implemented through participative processes. In "health circles", all employees are invited to make suggestions about what – from a health perspective – should be improved with regard to companies' processes, services and infrastructure. This concept is also implemented globally through the International Network of Health-Promoting Hospitals and Health Services (HPH), which was initiated by the World Health Organization. At present, this includes 19 national and regional networks and around 60 individual members representing some 600 health facilities on four continents.

Young people are looking for meaningful work

Workplace health promotion adds to employer branding and attractiveness. Hence, companies that pay more attention to employee health are also likely to have an advantage when it comes to recruiting and retaining young people to work in the health and care sector. *Marie Nabbe* (b.1996), EU Affairs Officer at the European Hospital and Healthcare Federation (HOPE), points to another important aspect: "For my generation, the Millennials, work no longer has the central status in life that it had for our parents and their generation. Many of us have moved away from seeing work as an end in itself. This means that it's even more important to find meaning in the work you do – for example by protecting the environment, helping other people or contributing to social cohesion in general. There are many types of work that correspond to this, especially in the health and care sector."

THE GENERATIONS AT A GLANCE

It is not really possible to draw a distinct dividing line between the various "generations" based on the year they were born – and there are plenty of people who do not identify with any particular generation. At the same time, it is still true to say that many members of a certain generation have often grown up in similar living and working environments with similar consumption habits, and they share similar experiences. Healthy Europe has compiled an overview of the attitudes to work that are often ascribed to certain generations by sociological and economic studies, as these characteristics may be of interest to employers in the health and care sector as well.

From 1950: *Baby Boomers*
- Very motivated
- Optimistic outlook

From 1965: *Generation X*
- Good salary and security are very important
- Work is a means to an end

From 1980: *Generation Y*
- Work should be meaningful and working hours should be flexible
- Work-life balance must be healthy

From 1995: *Generation Z*
- Greater need for security than the previous generation
- Work and private life are more strictly separated

From 2010: *Generation α*
- According to initial studies, Alphas have a good aptitude for new technology and intercultural cooperation
- Importance placed on flexibility, interpersonal relationships and a good work-life balance.

Unhealthy profits

Health-harming products cause illness, suffering and death among many people. Better regulation is needed for production and sales.

TEXT: DIETMAR SCHOBEL

An estimated 2.7 million deaths, and therefore around a quarter of all mortality in the European Region of the World Health Organization (WHO) every year, are attributed to only four commercial products. These are alcohol, tobacco, processed food and beverages, and fossil fuels, which can trigger noncommunicable diseases such as cardiovascular diseases, cancer, chronic respiratory diseases and diabetes, among other illnesses.

These shocking figures have been published in a recent report by the WHO Regional Office for Europe. Presented in June 2024, it focusses on the "Commercial determinants of noncommunicable diseases" and provides an overview of all important products that are detrimental to health. The document also points out that health-harming industries "not only cause death and disability but also widen health inequities". After all, "socially and economically vulnerable populations are at a higher risk of death and disability" from preventable diseases arising from consuming these products than the general population.

Effective measures

"Effective measures must be taken to improve this situation across all populations and also to restrict the availability of unhealthy products," explains *Martin McKee*, Professor of European Public Health at the London School of Hygiene and Tropical Medicine. The public are paying the price, in their money and their health, of the vast profits made by those who manufacture these deadly products. Besides higher tax rates on health-harming products, not to raise money but to drive reformulation or shifts to healthy alternatives, these measures could also include subsidies for healthy food such as fresh fruit and vegetables. Legislation that reduces the availability and marketing of unhealthy products is also needed, as are clear labels that enable people to quickly recognise the potential risk to health. Mandatory specifications for healthier forms of processing and product composition can make an important contribution as well.

This may all sound simple in theory, but in practice these measures face fierce opposition from major multinational corporations. Big Tobacco, Big Oil, Big Food and Big Pharma throw all their weight and financial power behind maximising their profits through lobbying and marketing.

"Effective measures must restrict the availability of unhealthy products."

MARTIN MCKEE, PROFESSOR AT THE LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

2.7

million deaths every year are attributed to only four commercial products – alcohol, tobacco, processed food and beverages, and fossil fuels

Above all, this involves as far as possible preventing or at least watering down or delaying all government measures aimed at reducing the sales of health-harming products.

The playbooks are often similar

Despite the fact that these products are very different in their design, the playbooks of the global corporations are often very similar. They also include withholding studies on the relationship between their products and the health risks, or deliberately misleading the general public. Tobacco companies that have disputed the damage to health incurred by smoking are one example here, and a similar approach has been adopted by energy giants Exxon, Chevron, Shell and BP. According to German news magazine "Der Spiegel",

Photos: LSHTM, EuroHealthNet, University of Edinburgh

"The profits benefit just a few, while the costs have to be borne by the community."

CAROLINE COSTONGS, DIRECTOR OF EUROHEALTHNET

the managers of these latter companies received detailed information about the greenhouse effect and its consequences back in the 1980s.

The aforementioned WHO report also contains many case studies that provide a detailed analysis and illustration of how the industries work. One of these studies addresses higher taxes on sugar-sweetened beverages, which play a major role in the global rise in overweight and obesity. Mexico decided to introduce such a tax in 2014, and there has been huge interest in similar measures across Europe ever since.

However, industry lobbyists insist that this is not evidence-based, effective, or necessary – and they issue false warnings of negative impacts on employment, the economy and vulnerable populations. The false claim that tax on sugar-sweetened beverages is incompatible with national and supranational law, and typically unsuccessful threats of legal action, are other strategies commonly employed. By June 2022, only one third of the 53 countries in the WHO European Region had implemented higher taxes on sugar-sweetened beverages. According to the WHO report, Norway repealed its "long-standing excise tax on sweetened soft drinks" in 2021, although as Martin McKee notes, "the similar tax in the UK has been linked to reduced sugar consumption, lower rates of childhood obesity and better dental health".

A good example

According to public health experts interviewed by Healthy Europe, the measures taken to reduce tobacco consumption in many countries over the past years and decades are an example of how the influence of harmful commercial determinants of health can be successfully reduced. Besides higher taxes and health warnings on tobacco products, these measures also particularly include a ban on marketing and advertising, and on consumption in public places. The Framework Convention on Tobacco Control passed in 2003 by the World Health Organization was an important springboard here, and it is now legally binding in 182 ratifying countries. "Since then, it has been possible to lower the number of smokers from 60 or 65 percent to under 20 percent in many countries," emphasises Martin McKee, while noting "that there is still much to do".

"Ultimately we have to implement alternative economic concepts."

NASON MAANI, LECTURER AT THE UNIVERSITY OF EDINBURGH

Nevertheless, tobacco consumption still remains one of the biggest global health problems, and in recent years new health-harming products have been launched on the market. These electronic nicotine delivery systems and smokeless tobacco products are highly popular above all with young people, even though there is growing evidence that they are as harmful as cigarettes, at least for heart disease. EuroHealthNet is a partnership of public health bodies in Europe which works at EU level in Brussels to reduce health inequalities and limit the production and sales of products that are detrimental to health. Director *Caroline Costongs* remarks: "The European Beating Cancer Plan aims for a 'tobacco free generation', but its legislative proposals face significant delays. Existing tobacco legislation needs to be revised to include vapes and other nicotine-based products. EuroHealthNet calls on the new European Commission to consider the impact of industry influence in all its aspects, and urgently bring forward regulation in this area." She continues: "The profits from these unhealthy products benefit just a few, while the costs for the damage to the environment and health resulting from them have to be borne by the community."

We need courageous decisions

Nason Maani is Lecturer in Inequalities and Global Health Policy at the University of Edinburgh and runs the podcast "Money, Power, Health", where he provides information on how our health is influenced by commercial forces. He believes: "Ultimately, individual measures will not be sufficient to stem the health-harming influence of powerful economic actors seeking profit at all costs. Rather, we have to implement alternative concepts such as a Wellbeing Economy, because profits do not necessarily have to be unhealthy. To achieve this, politicians need the courage to swim against the tide on certain occasions, as they move upstream to tackle the root causes of problems. The decisions that have to be taken will at times face powerful opposition."

Findings must be taken seriously

Citizen participation in decision-making that relates to a country's health system can help to improve it – as long as the process is genuine and the findings are taken seriously.

TEXT: DIETMAR SCHOBEL

Eleanor Brooks: "Our survey shows that representatives of health NGOs at EU level would like to be told how their suggestions in participation processes have been taken into account."

Claudia Habl: "It is important to make sure that 'quiet voices' are also heard."

The newly built Wienerberg Diabetes Centre – located in a municipality building on Sahulkastraße in Favoriten, Vienna's 10th district – opened its doors to its first patients in March 2023. Here, a multidisciplinary team of internal medicine physicians, nurses, dietologists and psychologists are able to treat up to 8,000 patients per year and provide them with ongoing assistance in dealing with their condition as they go about their everyday lives. In addition to group courses and individual counselling on Type 1 and Type 2 diabetes and on diabetes during pregnancy in general, special three-hour courses are held in a new instructional kitchen. Patients with diabetes cook and eat together with the course tutors, who provide them with plenty of practical tips.

25 recommendations put into practice

Paving the way for the comprehensive range of services available at the diabetes centre was an equally comprehensive three-year participation process scientifically monitored by experts at the Austrian National Public Health Institute, Gesundheit Österreich GmbH. Around 500 diabetics took part in this survey and specified what services they would like to be available. Additional discussion groups were held to determine the needs of people whose native language was not German. Based on the survey findings and their own personal experiences as patients, 20 people – with and without migrant backgrounds – came together in three workshops where a total of 35 recommendations were developed, to be taken on board when designing the Wienerberg Diabetes Centre. Of these, no fewer than 25 ended up being implemented.

Participation should be ongoing

Examples of this are the close cooperation between the diabetes centre and diabetes self-help groups, and that two registration desks – one of which is barrier-free – have been installed to keep waiting times to a minimum. As well as this, patients are continually invited to submit their own ideas online at **https://diabeteszentrum.gesundheitsverbund.at**. After all, one of the recommendations made during the participation process was that patient involvement in the diabetes centre should take place on an ongoing basis.

This example from Austria shows how participation in the health system can take place in practice. The theoretical possibilities for this are highly diverse, ranging from shared decision-making for therapies to active participation in developing health laws. Participation can be possible in institutions, municipalities and regions, and also at national, European and global levels – and it comes in many different forms as well. These include online or offline questionnaires for determining the opinions and wishes of citizens, as well as focus groups, where these are conveyed in a moderated group discussion. Community mapping involves working

Photos: GÖG/Ettl, private, AdobeStock - contrastwerkstatt

together to present resources, problems and solutions visually. Forms of participation that allow citizens to play a more active role include workshops, round-table discussions and committee work.

Real participation and tokenism

The degree of public participation is always a central topic for discussion – and it is particularly important for the findings of participation processes to ultimately be taken seriously by decision-makers as well. The eight-rung Ladder of Citizen Participation put forward by US public policy analyst *Sherry Arnstein* back in 1969 is still seen as a fitting model for this. Only the top three rungs – Citizen Control, Delegated Power and Partnership – are regarded as real participation ("citizen power") because it is here that citizens have an opportunity to exert a real influence.

The middle three rungs – Placation, Consultation and Informing – are seen as "degrees of tokenism", forms of citizen participation that are superficial and merely serve to involve citizens for the sake of appearance. The two lowest rungs – Therapy and Manipulation – are forms of non-participation. Sherry Arnstein saw the Therapy stage as involving the development of "pseudo-participatory programs that attempt to convince citizens that they are the problem when in fact it's established institutions".

In 2013, *Kristin L. Carman* and her co-authors published a research article called "A Multidimensional Framework For Patient And Family Engagement In Health And Health Care" in US health policy journal Health Affairs. This clearly structured concept shows three degrees of participation in the health system – from talking to patients about their involvement to partnership and shared leadership – as well as three different levels at which engagement can take place: Direct Care, Organisational Design & Governance and Policy-Making.

A survey at EU level

Eleanor Brooks from the University of Edinburgh has studied participation at European Union level in great depth. An expert in health policy, she is principal investigator for the EU project "Better Regulation for Better Health". Among other things, this has involved conducting a survey on the experiences that non-governmental organisations (NGOs) from the health sector have had with participation at EU level in recent years.

As she explains: "For almost every legislative initiative, the European Commission is obliged to facilitate online input as part of what are known as Open Public Consultation processes, or OPCs." Around 30 NGOs took part in this survey about the use of OPCs. One of the central findings is that NGOs feel that the opportunity to give digital feedback on planned legislation should be combined wherever possible with personal forms of participation such as interviews or meetings with decision-makers.

When it comes to in-person meetings, the "balance of power" needs to be more equal. Eleanor Brooks: "For example, we received feedback through

The newly built **Wienerberg Diabetes Centre** in Vienna was designed according to the wishes of its users based on the results of a comprehensive participation process.

Photo: Wiener Gesundheitsverbund

our survey that there are often several people representing the interests of industry at consultations while there are only one or two representing those of NGOs." The survey also shows that representatives of health NGOs at EU level would like:

- Participation processes to be more transparent and accessible
- Open formats facilitating free-text responses should be favoured over more restrictive formats, such as multiple-choice questions
- To be told how their suggestions have been taken into account.

Decisions receive broader support

If participation is taken seriously, it is always a complex undertaking that calls for time and money to be invested. However, what benefits does this have for policy-making and administrative representatives, and ultimately for society as a whole? *Claudia Habl*, health economist and department head at Gesundheit Österreich GmbH, says: "Patients, relatives, citizens in general and interest groups can contribute their own experience as experts in this area. As they have a different perspective than health professionals, they can put forward new solutions to problems, which in turn helps to bring about improvements in the health system. As well as this, decisions receive broader support if citizens have had a say in them. And it is important to take on board as many different opinions as possible and to make sure that 'quiet voices' are also heard."

Of course, in spite of all the benefits of participation, it is important to bear in mind that even civil society representatives can be "ineffective, corrupted, repressed, tamed or a puppet for somebody else", as described in Civil Society and Health, a publication by the European Observatory on Health Systems and Policies.

Mutual trust is the key

Vesna Kerstin Petrič, Head of the Office for Cooperation with WHO at the Ministry of Health of Slovenia (see also interview on page 23), is working to ensure that participation by citizens – and especially those from vulnerable groups – will play a far greater role in the health systems of European countries in the future. In her view, this is the only way to have universal health coverage where no one is left behind.

As the Slovenian public health expert emphasises: "Trust is the key to achieving this. Decision-makers and health experts must trust that non-professionals are capable of making sound and forward-looking decisions on health issues. This can also mean that it is necessary to make the latest reliable knowledge on specific topics available in a form that everyone can readily understand. And conversely, citizens and representatives of NGOs must be able to trust in the integrity of decision-makers and health experts and also be prepared to cooperate."

Social participation can help to reduce costs

Vesna Kerstin Petrič from the Slovenian Ministry of Health talks about how social participation should be used above all to reach vulnerable groups and to include them so health services can be shaped better to their needs.

INTERVIEW: DIETMAR SCHOBEL

HEALTHY EUROPE

Dr Petrič, in what way can greater participation by citizens and patients benefit health systems?

Vesna Kerstin Petrič: Universal health coverage – where no one is left behind – is not possible without social participation. If we want to identify and appropriately address the needs of the most vulnerable and sometimes hidden groups of the population, we must reach out to them and involve them in shaping our health services and policies. This can best be done through patient organisations or other institutions that they trust. I realised this at a very early stage in my career, when in the 90s we wanted to attract intravenous opiate users to participate in harm reduction programmes. After being introduced by community workers, we asked them what they would need, and they said: "Hot tea, some biscuits and a safe place to be". We engaged NGOs to provide them with all of this and at the same time with information on HIV/AIDS transmission and on the harm reduction programmes available to them. We never had more than a few cases of HIV infections in this group.

HEALTHY EUROPE

Can social participation also increase the efficiency of a health system overall?

By taking patients' experiences on board, we are actually able to improve the response of health systems and make them more efficient. In Slovenia, encouraging organised patients to become involved in the development and implementation of national health policies meant that we were able to optimise diabetic care and make it more accessible. Based on patient experiences we also changed the design of our screening programme for colorectal cancer to attract a far higher proportion of men. I believe that social participation could also help us stem the flood of misleading information on health issues, which is spread above all via digital media. By using the networks of organised patients and youth, for example, we would be better able to reach different population groups with the real facts and increase health literacy.

HEALTHY EUROPE

A resolution on "social participation for universal health coverage, health and well-being" was passed at the WHO's 77th World Health Assembly this year. Slovenia, which you represented, and Thailand were especially active in putting forward this idea. What do you hope to see from this joint declaration of WHO members?

Social participation has always existed, but the resolution is shining a renewed spotlight on the need to institutionalise it in all 194 member states of the WHO. It also highlights the need to promote the participation of women and those in vulnerable or marginalised situations, and it was intended to provide governments with better support in using the potential of social participation for ensuring universal health coverage, health and well-being for all. We expect the World Health Organization to compile good practice examples and make them available, illustrating clearly and simply what works – and what doesn't. We have also asked for tools to be developed to enable countries to monitor the quality of participation and to measure how effective it is.

Vesna Kerstin Petrič: "Universal health coverage – where no one is left behind – is not possible without social participation."

HEALTHY EUROPE

What countries are leading the way in Europe when it comes to social participation in health systems?

To a certain extent, participation in health systems already plays an important role in almost all European countries, and this should be made more visible. The countries that I consider to be leading the field in Europe and that have developed and published good practices, are Norway, Portugal, the United Kingdom and my country Slovenia. Not all of these states invest huge amounts of money in social participation, but one thing they all have in common is that their governments recognise the high value of social participation and have institutionalised it in one way or another.

Vesna Kerstin Petrič is Head of the Office for Cooperation with WHO at the Ministry of Health of the Republic of Slovenia. She is also on the board of the European Health Forum Gastein.

Photo: Ministry of Health of the Republic of Slovenia

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