CURRENT INFORMATION ON PUBLIC HEALTH AND HEALTH PROMOTION

healthy europe

EUROPEAN HEALTH FORUM GASTEIN 2025

RETHINKING SOLIDARITY IN HEALTH
Healing Europe's fractured social contract

Psychological first aid
Healing invisible wounds of Ukrainian refugees

Digital health
The transformation needs proper guidance

Brain health
90 percent of strokes are preventable

OCTOBER 2025

EUROPEAN HEALTH FORUM GASTEIN

Bundesministerium
Arbeit, Soziales, Gesundheit,
Pflege und Konsumentenschutz

Gesundheit Österreich GmbH

Fonds Gesundes Österreich

PUBLISHING DETAILS

Disclosure in accordance with §25 of the Austrian Media Act (MedG)

Media owner and publisher:
teamword, Dietmar Schobel,
Spengergasse 43/24, 1050 Vienna, Austria

Concept:
Dorli Kahr-Gottlieb (EHFG), Chloe Maher (EHFG), Dietmar Schobel (teamword)

Editorial office:
Dietmar Schobel, Spengergasse 43/24,
1050 Vienna, Austria,
www.teamword.at, schobel@gmx.at,
phone +43 664 360 17 82

Translation/Proofreading:
Rosemary Bridger-Lippe

Graphic design: Gottfried Halmschlager

Photos: AdobeStock, EHFG, European Union, private

Cover photo: AdobeStock – Robert Kneschke

Printing:
Gugler GmbH, 3390 Melk/Donau, Austria

Publication frequency:
"Healthy Europe", October 2025, is a one-off publication for the European Health Forum Gastein 2025
Published and produced in Vienna, Austria
Publisher's post office: 1050 Vienna, Austria

Editorial policy:
"Healthy Europe" is a platform for public health and health promotion in Europe, presenting people and conveying content from the worlds of politics and science, as well as practical issues. This edition of the magazine was made possible by collaboration between the European Health Forum Gastein (EHFG) and Fonds Gesundes Österreich, a business unit of Gesundheit Österreich GmbH.

CERTIFIED cradle to cradle SILVER
PurePrint® by gugler* drucksinn.at
FSC www.fsc.org MIX Paper from responsible sources FSC® C005108
print 4 climate®
UW-Nr. 609

All CO_2 emissions generated during printing have been offset by 110%.

CONTENTS

CONTENTS

Photos: IFRC, AdobeStock – peshkova

Will digitalisation and AI contribute to improved health systems?

Healthy Europe asked three renowned experts for their opinion.

"Europeans need to change their way of thinking," says Ilona Kickbusch, global health expert, in an interview about the role of the EU in global health policy. **10**

Everyone has a right to health, but people who are most in need of healthcare often have the worst access. **12**

Healthy Europe asked three Young Gasteiners about what is necessary to heal Europe's fractured social contract. **15**

An interview with Elena Moro, President of the European Academy of Neurology, on a holistic understanding of "brain health", and the huge potential of prevention and health promotion **19**

"The major pharmaceutical companies are not nearly as innovative as the public assumes," says Claudia Wild, Health Technology Assessment expert, in an interview. **20**

EDITORIAL

Dear Readers,

Photo: EHFG

We are living in a world in turmoil. Climate change, a war in Europe, the threat of rising political populism, economic uncertainty and the spread of deliberate disinformation online represent significant challenges for liberal democracies. Social cohesion and the model of European welfare states are at risk.

Our health systems are the foundation of European welfare systems, rooted in the principles of solidarity and fairness. Citizens rightly expect them to provide high-quality, accessible services for all. In light of these challenges, the main theme of the European Health Forum Gastein 2025 (EHFG) explores ways to secure these systems for the future, by "Rethinking solidarity in health – Healing Europe's fractured social contract".

This issue of "Healthy Europe" takes its thematic focus from the central topic of the conference. In an interview on pages 10 and 11, global health expert Ilona Kickbusch emphasises the need for a shift of mindsets given current geopolitical realities. We also conducted two surveys with four European decision-makers and three Young Gasteiners. On pages 6-7 and 15, we feature their assessment of the risk facing solidarity-based systems in Europe, alongside their positive vision for 2040.

While it should be self-evident that every person has an equal right to health, the reality is very different. An article on pages 12-14 explains how the European Pillar of Social Rights and a research project may contribute to closing that gap. Meanwhile, the war in Ukraine causes immense suffering through death and physical injuries. An EU project that aims to relieve psychological trauma among Ukrainian refugees and their helpers is presented on pages 16-18.

There are high hopes for digitalisation and artificial intelligence in transforming health systems. Whether these hopes are justified and how they can be realised responsibly is explored on pages 22-23. Overall, this year's EHFG aspires to be a place for open and constructive discussions. Let's work collectively towards implementing innovative solutions to the pressing challenges in health policy today.

I hope you enjoy reading this magazine on the EHFG 2025.

Dorli Kahr-Gottlieb,
EHFG Secretary General

A tandem with two active partners

In times of shrinking budgets, the funds available for health and social affairs are under threat. The approach taken by Europe's health experts to confront this is one of the central issues being discussed at the EHFG 2025.

Clemens Martin Auer: "Social security and a flourishing economy are mutually dependent."

Dorli Kahr-Gottlieb: "We want to be a platform where people listen to each other and work together to find new solutions."

About 2.5 years ago, in May 2023, the World Health Organization (WHO) declared that the international health emergency resulting from the COVID-19 pandemic had come to an end. At the height of the crisis, decision-makers spared no expense in protecting our collective health, adopting the strategy of "cost what it may". But since then, geopolitical tensions have intensified due to developments such as Russia's war on Ukraine, an impending economic conflict with China and an isolationist US President fuelled by a web of disinformation. Additionally, societal divides have deepened and the trust of citizens in the state, politics and science has declined. And in the European Union, priorities have shifted: competitiveness and rearmament now top the political agenda.

With this in mind, "Rethinking solidarity in health: healing Europe's fractured social contract" was chosen as the main theme for the 28th European Health Forum Gastein (EHFG). The solidarity-based and democratic model of the European welfare state is being jeopardised by populist rhetoric and authoritarian tendencies. That is especially true of the social contract, which can be seen as the glue that holds our society together. It is a shared understanding of the rights and obligations of citizens towards the state and vice versa. In concrete terms, this means that we as citizens pay fees and taxes, and we expect protection from the state as a service "in return". One important factor here is legal security, both internally and externally. But in particular, it involves social security in case of illness and in old age. This requires an efficient, universally accessible healthcare system that people can rely on.

Investment in health helps trust to grow

As budgets shrink and competition for funds among different sectors increases, health stakeholders need to communicate clearly in public dialogue and express their conviction that health expenditure is an investment, not a burden, says the President of the European Health Forum Gastein, *Clemens Martin Auer*: "We must make it absolutely plain that the trust that citizens have in state institutions and in democracy will suffer even more if current financial problems result in cuts to future health spending – as we have seen happen to investments in environmental protection." In contrast, strengthening the area of healthcare can be key to regaining, maintaining and increasing this trust. Moreover, Europe needs healthy citizens in order to defend itself and remain competitive. "Social security and a flourishing economy are mutually dependent – in the same way as you need two active partners to pedal a tandem if you want to make good progress," the EHFG President explains.

Alongside the central significance of solidarity-based health systems for society and the new era in geopolitics, other topics at the EHFG 2025 include digitalisation and specifically artificial intelligence tools. "AI tools are expected to enable better diagnostics and therapy in the health sector, but the labour market and society as a whole will also undergo fundamental change due to these tools," emphasises Clemens Martin Auer. Given that our working lives are becoming progressively digital, our tax systems and social security contributions need to undergo restructuring to safeguard the financing of solidary health and welfare systems. "In practice, one solution could be to impose a tax on the use of technologies, for example. However, at present such options are not on the agenda in the political powerhouses. But at the EHFG 2025 they are expected to be one of the central topics," says the EHFG President.

Photos: EHFG, AdobeStock – Visual

Three plenaries and 25 sessions

Discussions in the Gastein valley are always animated and well-informed, and this year will be no different as representatives from all four pillars of society – the public and private sectors, civil society and science & academia – will again be attending in person and online. Besides the three plenaries, the 2025 schedule includes 25 sessions on topics such as "Hospitals of the future", "Climate change and health inequalities" and "Beating hearts: a vision for cardiovascular health and equity", among many others. The Austrian National Public Health Institute is inviting participants to attend a "Prevent Non-Communicable Diseases Walk": this session is designed to combine theoretical input with practical experience on a tour of the event location Bad Hofgastein, which integrates some healthy exercise.

Formats that encourage involvement, for instance the "fishbowl" discussions, will again have priority at Europe's most important health policy conference. The same is true of the networking breaks which offer an ideal opportunity for establishing or renewing professional contacts. One new addition to the schedule is the session on the first day of the conference where EHFG newcomers are invited to network with experienced EHFG participants. There are many long-standing attendees, as the event is now taking place for the 28th time. "Besides the main four-day EHFG in the autumn, where up to 600 participants attend in person, we consider it important to continue our commitment to health policy topics throughout the entire year," explains EHFG Secretary General *Dorli Kahr-Gottlieb.*

For gender equity and a European Health Union

As one of the additional projects, the EHFG coordinates the "Austrian Chapter of Women in Global Health", which was founded in 2023 and advocates for gender equity in the health sector. The European Health Union initiative (EHUi) was initiated at the EHFG 2020 by the Lithuanian surgeon, civil rights campaigner, former EU Commissioner for Health and Food Safety and MEP *Vytenis Andriukaitis* and 15 colleagues associated with the EHFG, who drew up the "Manifesto for a European Health Union". Further activities involving the EHFG team over the coming months include two EHUi events in the European Parliament and national policymaker roundtables in two Member States. The Health Union Fellowship is a new EU training programme in which a health expert and a supporting mentor were selected from each EU Member State. Organised by the EU Directorate-General for Health & Food Safety, this flagship initiative has brought together a distinguished group of experts who share knowledge, learn from each other and gain a deeper understanding of the important health issues at European level, for example digital health initiatives and also health promotion and disease prevention. The first cohort will meet at the EHFG 2025 for the closing module of their training programme.

What do the EHFG President and the EHFG Secretary General expect from this year's event? "In an environment far removed from the hustle and bustle of everyday working life, each year the European Health Forum Gastein provides a setting for intense discussions, including difficult or challenging issues. Ideally, the results are then integrated into strategies for a healthy, social future in Europe and put into practice," says Clemens Martin Auer. "In addition, I should like to see us making a contribution towards reducing the severe polarisation in society," Dorli Kahr-Gottlieb adds: "We want to be a platform where people listen to each other, interact and work together to find new solutions to problems relating to health and social policy at European, national and regional levels."

Is the social contract under threat?

Healthy Europe asked prominent decision-makers whether the social contract and solidarity in general is under threat in Europe and about their vision for health and society for 2040.

VALENTINA PREVOLNIK RUPEL, MINISTER OF HEALTH OF THE REPUBLIC OF SLOVENIA

"Public institutions and social systems are under growing strain."

In recent years, the world has experienced a series of profound social, economic and geopolitical shocks, ranging from financial crises and the COVID-19 pandemic to armed conflicts, climate change and natural disasters. These disruptions have been further compounded by long-term trends such as demographic shifts, workforce shortages, migration and ongoing geopolitical instability. Consequently, public institutions and social systems are under growing strain, as is the very foundation of our democratic societies. The European social contract and the principle of solidarity are being tested, and citizens across the continent are voicing increasing concern about unequal access to essential services, growing social disparities, and declining trust in institutions and governance. To address these complex challenges, we must reaffirm our commitment to the core values that underpin the European social model – equity and solidarity. The health sector has a pivotal role to play in this renewal. A strong, inclusive health system not only fosters public trust but also reduces inequalities and strengthens social cohesion, laying the groundwork for opportunity and wellbeing for all. Looking ahead to 2040, I envision a Europe where health is embraced as both a shared value and a shared responsibility – a cornerstone of inclusive, resilient and forward-looking societies. In this vision, social participation and citizen engagement in health are recognised not just as democratic ideals but as practical tools for better policymaking, smarter investment and more sustainable outcomes. If we succeed, health will no longer be seen merely as a service to be delivered, but as a vital foundation for renewing and strengthening the European social contract.

ULRIKE KÖNIGSBERGER-LUDWIG, STATE SECRETARY, MINISTRY OF LABOUR, SOCIAL AFFAIRS, HEALTH, CARE AND CONSUMER PROTECTION OF AUSTRIA

"Low-threshold and locally accessible care is gaining in importance."

Demographic change and globalisation are societal developments that fundamentally alter the healthcare system. At the same time, they also contribute to an increasing polarisation of health policy debates. I am an advocate for the public healthcare system, and I also see that all social partners and stakeholders share the common goal of strengthening the solidarity-based system. Therefore, existing resources must be used in the best possible way – also with regard to sustainability, as the healthcare system must be fit for the future and for future generations. The challenges are manifold and involve both finances and personnel: the increasing demand for doctors and healthcare personnel due to demographic change, as well as changed life expectations, are further points that need to be considered in future planning. In addition, low-threshold and locally accessible care is gaining in importance. Our declared goal must be to sustainably improve the quality of life into old age through a solidarity-based health system. This can be achieved, for example, through prevention rather than medicine that focuses on repair, by strengthening people's own health competence and, of course, through the expansion of primary care. However, this requires sufficient personnel, which is why we want to create an appropriate incentive system to encourage medical graduates to work in this solidary health system. Our vision is therefore clear: we are committed to ensuring that all people in Austria receive the best medical care and that we provide the best living conditions for all generations from the very beginning.

Photos: Republic of Slovenia, BMASGPK/Roland Ferrigato, GÖG/Ettl, WHO Europe

HERWIG OSTERMANN, EXECUTIVE DIRECTOR OF GESUNDHEIT ÖSTERREICH GMBH

"A high-quality public health system encourages social cohesion."

The social contract is an agreement in which the state guarantees protection, social security and participation. In return, the citizens adhere to the laws and pay taxes and contributions based on their financial capabilities. Over recent years, the social contract has been increasingly called into question in many European states. Growing social inequalities, the uncertainty caused by globalisation and digitalisation, as well as populism and political fragmentation, have weakened trust in the state and its institutions. In order to regain this trust, we have to communicate more clearly that the social contract and solidarity-based systems ultimately benefit everyone. We have to achieve social equity, make the political processes transparent, participative and inclusive, and also invest in education, infrastructure and the health sector. The latter is a central pillar of the social contract. A high-quality public health system that can be accessed by everyone increases trust in the state institutions and encourages social cohesion. Together with the other social security systems, we must work on continuously developing our health systems and adapting them to the changing demands from an ageing population and new technologies. And this is the basis of my vision for 2040: a public health system that is so good, the very idea of opting for private is considered unnecessary.

NATASHA AZZOPARDI-MUSCAT, DIRECTOR OF THE DIVISION OF COUNTRY HEALTH POLICIES AND SYSTEMS OF WHO/EUROPE

"This moment calls for bold joint choices to rebuild trust."

To me, the social contract reflects a willingness to live by shared values that prioritise community wellbeing over individual gain. In healthcare, citizens accept taxes in exchange for access to quality services, and professionals serve society altruistically for status, autonomy and reward. But this delicate contract is under threat. A growing focus on individual needs dominates discourse, fuelling populist promises and eroding trust in public systems. Misinformation – often politically or financially driven – is undermining confidence in health services. Tackling this must be a priority. Social media and tech giants amplify isolation and unrealistic expectations, especially among youth. Cooperation is both my greatest fear and hope. Across the WHO European Region, we share more than divides us, and this moment calls for bold joint choices to rebuild trust. That means confronting tech giants that host harmful content; resisting anti-regulatory backlash; and tackling health-harming products. All of this is demanding cooperation and it isn't idealism – it's survival. The social contract is fraying because people no longer see value in the exchange. Underfunded services breed disillusionment. Voters, especially youth, are drawn to populists out of frustration. This is the ground we must reclaim – by speaking honestly, acting boldly and delivering real improvements. By 2040, we'll either be a poorer, divided Europe or a renewed society balancing growth, strength and solidarity.

EUROPEAN HEALTH FORUM GASTEIN

www.ehfg.org

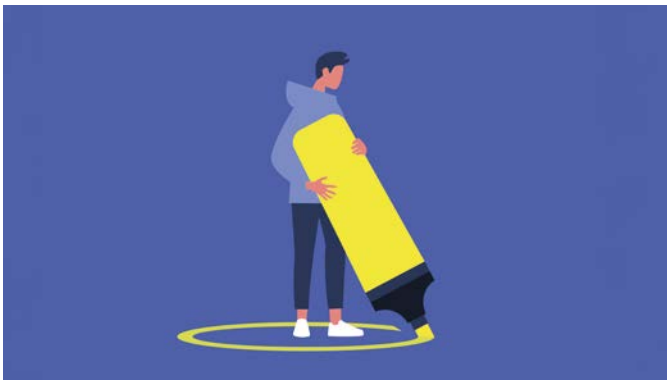
Facts & figures

Data, facts and figures on loneliness as a determinant of health and trust in governments and leaders.

61 percent of the 33,194 people from 28 countries around the world interviewed for the 2025 Edelman Trust Barometer declared that they hold "grievances against business, government and the rich". They are convinced that their life is made more difficult by their government and economic system, and they believe these only serve the interests of a few. "To bring about change, four in ten would approve of one or more of the following forms of hostile activism: attacking people online, intentionally spreading disinformation, threatening or committing violence, damaging public or private property," the report discloses. Among respondents aged 18-34, this rises to a whopping 53 percent. Political polarisation has also increased compared to 2024, such as people's anxieties – which include the fear of losing their job as a result of globalisation, recession or new technologies. And the concern that government and business leaders and also journalists and reporters "purposely mislead people by saying things they know are false or gross exaggerations" has even reached an "all-time high". In relation to these three groups, around 70 percent of respondents in each case are worried that this is happening. The Edelman Trust Barometer has provided data for the past 25 years, from lower middle- and also higher middle- and high-income countries such as Kenya, Brazil and France.

Source: 2025 Edelman Trust Barometer, Edelman Trust Institute

1 out of six people worldwide suffer from loneliness. According to the recent report "From loneliness to social connection" by the World Health Organization (WHO), loneliness affects all age groups but it is "most common among adolescents and young adults and decreases with age". The highest rates are found in the WHO African Region, at 24 percent, whereas the WHO European Region has the lowest rate of about 10 percent. Social isolation and loneliness have serious impacts on mortality, physical health, mental health and society, as the report reveals: "New estimates suggest that loneliness accounts for approximately 871,000 deaths each year". To counteract this, the authors of the report recommend advocacy, public campaigns, networks and coalitions that aim to strength social cohesion. According to the WHO, eight WHO Member States – all high-income countries – have already developed policy strategies here. These are "Denmark, Germany, Japan, Finland, Netherlands, Sweden, the United Kingdom and the USA".



Source: From loneliness to social connection – charting a path to healthier societies, World Health Organization 2025

Photos: AdobeStock – Rawpixel.com, AdobeStock – nadia_snopek

ANDRÁS KULJA "I do at least make sure that I have enough sleep."

"As a European parliamentarian, it is not easy to take care of your health besides concentrating on your work – at least not when you are just starting out, like me," says András Kulja (36). He had only recently completed his training as a surgeon when he decided to put his name forward for the Hungarian opposition at the European elections in June 2024. During his first year as a Member of the European Parliament (MEP), he successfully backed the European Union Toy Safety Regulation, which now prohibits the use of bisphenols and other harmful chemicals in toys in the EU – and he is joint winner of the MEP Award for the Best Newcomer for 2025. András Kulja studied medicine at Semmelweis University in Budapest and has been an active medfluencer since 2019. On YouTube, Instagram and TikTok, where he now has hundreds of thousands of followers, he aims to provide reliable information to counter vaccine hesitancy and fake news about health issues. Before he became an MEP, he kept fit with cross-country and marathon mountain biking. But today, his work and family life allow little time for hobbies. András Kulja is married and has an 18-month-old son: "It's a mystery to me how other people

maintain a work-life balance," he grins: "But I do at least make sure that I have enough sleep."

CAROLINE COSTONGS "Our goal is to build a healthier future for all."

"I grew up in a small town near Eindhoven in the Netherlands. From the age of twelve, I cycled about 15 kilometres to school every day – whatever the weather, come rain or shine," says Caroline Costongs (56), Director of EuroHealthNet, the European umbrella organisation for health promotion and public health. She studied Public Health at the University of Maastricht and specialised in physical activity and health. After graduating in 1992, she worked for a national institute in Honduras, conducting policy research on how education for children with disabilities should be structured. Subsequent work positions included employment at the Netherlands Olympic Committee. In 1999 she was appointed coordinator of the European Network of Health Promotion Agencies, out of which EuroHealthNet was formed in 2002, and has been its director since 2014. "Our goal is to build a healthier future for all by addressing the determinants of health and reducing inequalities," explains Caroline Costongs. She lives together with her partner and has a son aged 24 and also two daughters aged 21 and 17. During the week she cycles 15 kilometres from her home in Tervuren to the office in Brussels almost every day: "The bike ride helps to start the day fresh and end it with a clear head."

RICARDO BAPTISTA LEITE "My AI assistant constantly reminds me to be more active."

Ricardo Baptista Leite is a Portuguese medical doctor, manager, author, university professor, analyst and politician. He was born in 1980 in Toronto, after his parents had left Portugal in the wake of the Carnation Revolution. In 1991 the family returned to their homeland, and he graduated in medicine from NOVA University in Lisbon in 2004, subsequently specialising in infectious diseases. Ricardo Baptista Leite has served four terms as a Member of Parliament in Portugal, is a city councillor in Sintra and was previously Deputy Mayor of Cascais. He is also the founder and President of the UNITE Parliamentarians Network for Global Health, which counts current and former policymakers from 110 countries among its members. During the COVID-19 pandemic, he worked as a medical volunteer in his hometown hospital in Portugal for over a year. Since May 2023 he has been CEO of HealthAI, a global non-profit organisation advocating for responsible usage of AI in health. Ricardo Baptista Leite is married to Portuguese lawyer, politician and European Ombudsman Teresa Anjinho and has two stepsons and one son aged 21, 17 and 9. To take care of his own health, he naturally uses an AI assistant. If he is too inactive or his diet is unbalanced, he receives a warning. "Unfortunately, that happens all too often," the health expert laughs.

Photos: private, EuroHealthNet, HealthAI

Europeans need to change their way of thinking

An interview with Ilona Kickbusch, global health expert and EHFG Vice-President, about the European Health Union and the role of the European Union in global health policy.

INTERVIEW: DIETMAR SCHOBEL

HEALTHY EUROPE

"ReArming Europe" and "competitiveness" are the topics that are currently dominating the political agenda in the European Union. Health seems to have been sidelined again. Professor Kickbusch, in 2020 during the COVID-19 pandemic EU Commission President Ursula von der Leyen awakened hopes when she called for a "stronger European health union". Have these hopes been disappointed?

Ilona Kickbusch: It depends what was expected of the European Health Union. If it was about national health policy expertise being shared with the EU and significantly reducing differences in healthcare between the Member States, then hopes will probably have been disappointed. Healthcare remains the area where European states place the greatest importance on organisation and regulation as national entities. Naturally, this is because health is something that has a direct effect on their citizens and it is pivotal to them. And so the people who take national health decisions want to keep control of them. However, there have been highly important developments in efforts to establish a stronger European health union in relation to cross-border health threats.

HEALTHY EUROPE

So was the COVID-19 pandemic a game changer for EU health policy after all?

Well, the European Union is at least far more resilient today than in 2020. Back then, numerous Member States closed their borders unilaterally and without any kind of coordination, and they also placed export restrictions on medical items as well as travel bans. Today, the relevant legislation has made it inconceivable for EU states to attempt to fight cross-border health threats like the infectious disease caused by the SARS-CoV-2 virus by going it alone. Besides that, existing EU institutions in the health sector have been awarded greater importance, and new ones have been set up.

HEALTHY EUROPE

Can you give some examples?

The European Centre for Disease Prevention and Control (ECDC) and the European Medicines Agency (EMA) have been given additional authority. In 2021 the Health Emergency Preparedness and Response Authority (HERA) was set up as a new institution to enable good coordination between EU Member States in their response to future cross-border health crises right from the outset. On top of that, numerous other activities and initiatives continue to be pursued by the European Union in the health sector, such as the joint procurement of vaccinations, medicine and medical devices, as well as Europe's Beating Cancer Plan for improved prevention, diagnosis and therapy of cancer, and also the European Health Data Space, through to the EU Pharmaceutical Strategy. The latter aims to secure access to affordable and high-quality medicine for all patients, to strengthen the competitiveness of the pharmaceutical industry in Europe, and to increase the security of supplies.

HEALTHY EUROPE

In November 2022 the EU Commission published a global health strategy. At the same time, we are currently experiencing a new era in geopolitics. Instead of a rule-based international order, it seems that we are increasingly returning to the law of the jungle, where the strongest has the upper hand. What role can and should the European Union play in connection with this in the area of global health?

Health is an important factor in foreign policy and geopolitics. New world powers recognised this long ago. For example, China constructed the building for the Africa CDC – the Africa Centers for Disease Control and Prevention – which opened in 2023 in the Ethiopian capital Addis Abeba. India supplies pharmaceutical active ingredients to many countries of the world, including Africa, and has its pick of international partners. In Europe, it is only individual countries such as France and

"Health is an important factor in foreign policy and geopolitics."

ILONA KICKBUSCH, GLOBAL HEALTH EXPERT

Denmark that have understood the global dimension of health issues and adjusted their foreign policy accordingly. And so, EU Member States have a lot of catching up to do here, as does the European Union as a whole.

HEALTHY EUROPE

Since Donald Trump returned to power, in many cases the USA has partially or completely ceased to donate foreign aid and support global organisations such as the WHO. Would this be an opportunity for the EU to close the resultant funding shortfall?

At present, the European Union cannot afford that financially, and it shouldn't be the focus of its action for global health either. In the recent past, from a geopolitical perspective we have not just seen a shifting balance of strength between the major powers USA, China and Russia, and also the EU and India. The situation in many so-called emerging economies or developing nations has changed as well. One example here is Indonesia, which has agreed to give 30 million US dollars to the Global Alliance for Vaccines and Immunisation (GAVI) between 2026 and 2030. And many African countries have experienced significant development in recent years. They are unwilling to continue being dependent on other countries or states whose representatives they no longer trust. It is here that opportunities can be taken by European Union. Many of its Member States have a strong health economy and the expertise for advising and accompanying other countries in setting up their own health institutions and their own health economy, and also overall a health system built on solidarity. In order to be able to exploit this potential, Europeans need to change their way of thinking – and naturally also display the right negotiating skills.

HEALTHY EUROPE

Health is influenced far more by factors outside the health system than by health systems themselves – for example, by environmental conditions or unhealthy diets. What could or should the EU do about this on a global level?

The European Union is the second largest participant in world trade, after China. Its rules and corresponding bi- and multilateral agreements enable the EU to make a considerable contribution here, to control the supply of healthier goods on a global level, and also to make production healthier, with a greater social impact and with fairer wages. This is known as the "Brussels effect" – and its effects on health should not be underestimated.

Ilona Kickbusch (born 1948 in Munich) worked for the World Health Organization (WHO) from 1981 to 1998. She masterminded the WHO Ottawa Charter for Health Promotion that was passed in 1986, and since 2008 she has managed the Global Health Programme at the Graduate Institute in Geneva.

Photo: FGÖ/Klaus Ranger

Everyone has a right to health

People who are most in need of healthcare often have the worst access. Measures to reduce social and health inequalities include the European Pillar of Social Rights and a research project on "social vulnerability indices".

TEXT: DIETMAR SCHOBEL

Freek Spinnewijn: "Homelessness is probably one of the biggest risks to health."

Caroline Costongs: "One out of four children or adolescents in the EU are still living in poverty or at risk of poverty."

Thomas Maribo: "The current health system is frequently a factor that enlarges health differences rather than reducing them."

Homelessness is probably one of the biggest risks to health. People who are without a good-quality, affordable place to live also have worse physical and mental health than the average population," says *Freek Spinnewijn*, Director of the European Federation of National Organisations Working with Homeless People (FEANTSA). According to estimates, in the Member States of the European Union plus the UK at least 1,286,691 people are rough sleepers, in night shelters or in temporary accommodation. This figure has risen by about 44 percent in a few years.

"We also know that the average age of death of homeless people who die in a shelter or on the street is around 50," Freek Spinnewijn adds. Therefore, providing everyone with good, safe and affordable accommodation is a very effective measure for achieving better health for vulnerable people and probably cost-effective, he believes. The FEANTSA director continues: "Every person has a right to health and to live in dignity. This was set out in the Universal Declaration of Human Rights passed by the United Nations in 1948, and it is also specified in the fundamental rights of the European Union."

The European Pillar of Social Rights aims to contribute to turning these policy documents into practice. This EU initiative was established in 2017, while Jean-Claude Juncker was President of the European Commission, drawn up as "the beacon guiding us towards a strong, social Europe that is fair, inclusive and full of opportunity". It consists of 20 principles ranging from the lifelong right "to good education and training" for everyone and "protection from being

Photos: FEANTSA, EuroHealthNet, private, AdobeStock – Tom Nast, AdobeStock – zinkevych

very poor" through to the "right to a good-quality, affordable place to live" for everyone (see also box: The European Pillar of Social Rights).

Putting words into action

But as the saying goes: the proof of the pudding is in the eating. How far have these well-meaning intentions from the EU Commission actually been put into practice? "Of course, that always depends on the current amount of political will at European and national levels at any given time," responds Freek Spinnewijn. Nonetheless, one direct result of the European Pillar of Social Rights was the European Platform on Combatting Homelessness, which was established in 2021. Besides this, several Member States have already introduced their first strategies for reducing homelessness, or existing ones have been reworked.

"For example, countries such as Finland and Denmark, and to a certain extent Austria as well, are currently implementing the Housing First approach," Freek Spinnewijn observes. This includes separating housing from social support. Homeless people have access to housing even if they don't take up support to deal with their non-housing problems like substance abuse. In these countries and a few others, the number of homeless people has decreased almost continuously in recent years. However, there is still a steady increase on average in the EU as a whole. "The negative economic situation, inflation, migration and constant rise in costs for rented accommodation are among the most important reasons for this," explains Freek Spinnewijn.

The most vulnerable groups in society

"Homeless people, together with people living with drug addiction and undocumented migrants, are among the most marginalised and vulnerable groups of society who also have the worst access to healthcare, not to mention prevention and health promotion," emphasises *Caroline Costongs*, Director of Brussels-based EuroHealthNet, the umbrella association of national and regional organisations for health promotion and prevention in Europe.

In addition, there are numerous other population groups whose social situation makes them more likely to fall ill, and whose life expectancy is shorter. For example, families with three or more children and also single parents have a higher risk of being among the "working poor", i.e. people who frequently cannot afford their rent and everyday outgoings despite having two or more jobs, due to low payment. "And we know that 24.3 percent of children under 18 years of age, in other words one out of four children or

SIX CRITERIA FOR HOMELESSNESS

FEANTSA, the European Federation of National Organisations Working with the Homeless, was set up in 1989 as the European umbrella organisation for non-profit services that support homeless people in Europe. FEANTSA has over 130 member organisations from 29 countries, including 22 Member States of the European Union. The definition of "homelessness" by FEANTSA is much broader than generally encountered, and comprises the following six criteria:

1 People living rough
2 People in emergency accommodation
3 People in accommodation for the homeless
4 People living in institutions, such as prisons or in-patient psychiatry hospitals
5 Homeless people living temporarily in conventional housing with family and friends, such as sofa surfers or people who find temporary refuge with relatives
6 People living in non-conventional dwellings due to lack of housing

Examples of "non-conventional dwellings" are tents, caravans, shacks, sheds and other structures built from salvaged materials. This also includes living in vehicles like cars or railway carriages.

Source: Based on Fondation Abbé Pierre/FEANTSA – Ninth Overview of Housing Exclusion in Europe 2024, page 16

THE EUROPEAN PILLAR OF SOCIAL RIGHTS

The European Pillar of Social Rights consists of 20 principles. These specify essential conditions for ensuring that everyone is enabled to attain their full potential for health and wellbeing. Further details can be found at: **https://employment-social-affairs.ec.europa.eu/european-pillar-social-rights-20-principles_en**. EuroHealthet, the umbrella association of national and regional organisations for health promotion and prevention in Europe, has designed a "Pillar Flashcard tool". It is intended to provide information on the European Pillar of Social Rights and to help public health professionals and decision-makers to contribute to its implementation: **https://epsr-flashcards.eurohealthnet.eu/**

FIVE QUESTIONS FOR USE IN PRACTICE

In an analysis of 21 social vulnerability indices (SVIs) by the Danish scientist Thomas Maribo and six other researchers, the following five questions were established as being most important in determining if a patient is in a vulnerable situation:

Do you have difficulty understanding the (local) language?
Do you have someone who can help you with daily tasks if you need it?
Do you have someone to talk to if you have personal problems or need support?
Do you have problems making ends meet financially?
What is the highest level of education you have completed?

adolescents, are still living in poverty or at risk of poverty in the EU Member States. This is an alarmingly high number," remarks EuroHealthNet's Director.

Five spheres of activity

EuroHealthNet has determined five spheres of activity as the priority for reducing health inequalities due to social differences in income, education, living and working conditions. First and foremost are measures taken in early childhood and especially the reduction of child poverty. A second important field of action is work that is paid appropriately and does not harm health. Affordable living with access to green space and clean air in local surroundings is the third area. Healthy behaviour with sufficient exercise and a balanced diet is the fourth. Last but not least, EuroHealthNet has specified that making high-quality, affordable healthcare accessible to all population groups is essential.

"However, the current health system is frequently a factor that enlarges health differences rather than reducing them. This is because when people become patients, it is usually those with a higher income and higher education who receive the best treatment. In contrast, socially disadvantaged groups often receive worse therapies, or nothing at all," Danish scientist *Thomas Maribo* points out. As a trained physiotherapist, Professor of Rehabilitation at Aarhus University and Research Director at DEFACTUM, a public research institute for the Central Denmark Region, he works on topics such as public health and social equality in health.

Identifying patients in a vulnerable situation

In a systematic review published in June 2025 by the European Journal of Public Health, Thomas Maribo worked with six colleagues to analyse 21 "social vulnerability indices (SVIs) for proactively identifying at-risk individuals in healthcare" from various countries. They comprise between three and 41 criteria. One of the results of this research work is a set of the five most relevant questions, which are currently being tested in practice. These questions aim to support medical professionals and members of other health professions in finding out systematically and relatively quickly whether a patient is in a vulnerable situation (see also box "Five questions for use in practice").

"If this is the case, then members of the health profession should give special attention to these patients. After all, on average it is the poor and less educated who have an especially urgent need for medical treatment. If they receive this treatment, then that can make an important contribution towards reducing health inequalities between the better and worse off," says Thomas Maribo.

KEY STATISTICS ON HOUSING EXCLUSION

200,138,400 households in the European Union
The population of the EU stood at 447.6 million people on 1 January 2023.
100%

17,812,318 households overburdened by housing costs
More than 40% of income spent on housing costs
8.9%

33,623,251 households living in overcrowded conditions
16.8%

13,809,550 households in arrears on their utility bills
Water, electricity, gas and heating
6.9%

1,286,691 last estimate of the number of homeless people
People living rough, in emergency accommodation or in accommodation for the homeless

6,204,290 in arrears on their rent or mortgage repayments
3.1%

21,214,670 households experiencing financial difficulty in maintaining adequate housing temperatures
10.6%

31,021,452 households living in damp conditions
15.5%

24,416,885 households living in housing situated in particularly polluted areas
Smoke, dust, unpleasant odours or water pollution on a regular basis
12.2%

A **household** constitutes all the inhabitants of the same dwelling. The figures cannot be simply added together because a single household may be affected by several housing difficulties.

Source: Fondation Abbé Pierre/FEANTSA – Ninth Overview of Housing Exclusion in Europe 2024, pages 130 and 131, based on Eurostat data for 2023

Rethinking solidarity in health?

Healthy Europe asked three Young Gasteiners what is necessary to heal Europe's fractured social contract.

Samvel Grigoryan **(34) works as a public health consultant within the Council of Europe project "Protection of Human Rights in Biomedicine" in the Armenian capital Yerevan.**

The social contract requires a shared understanding of the values, roles and responsibilities of individuals, communities and institutions. But what exactly do we mean by that? Is it a clear agreement? Or is a shared understanding always assumed but rarely verified? And this leads to another question, on a more profound level: Who is truly included in the word "we" here? Europe is geographically small, yet internally disconnected. In many parts of Western Europe, awareness of Eastern European countries and their realities remains limited. This imbalance raises a concern: Is the social contract truly fractured, or was it never fully inclusive to begin with? The pandemic and recent conflicts may not have broken it, but they did reveal long-standing gaps that we have failed to address. The European Union includes 27 countries, whereas the European continent is home to many more. When we speak of rethinking solidarity in health, do we genuinely extend that vision to all parts of Europe? Healing requires more than policy. It requires listening, mutual recognition and inclusive dialogue. My vision for 2040 is a Europe that moves beyond structural boundaries and selective engagement, towards a truly social, fair and healthy union. One built not only on shared values, but on a commitment to understand, include and care for all who call Europe home.

Benedetta Baldini **(32) is Senior Policy Advisor at the European Social Insurance Platform – ESIP in Brussels.**

The social contract is a pact of mutual responsibility: all stakeholders, from decision-makers to businesses, have an essential role to play in promoting societal cohesion, wellbeing and economic prosperity. In the health sector, this translates into collaboration among patients, providers, policymakers and pharmaceutical companies to deliver equitable, high-quality and sustainable solutions. Today, this contract is under strain. Pharmaceutical companies seek high prices, while Health Technology Assessment bodies and payers demand solid evidence for responsible decision-making. These conflicting priorities often lead to a fragmented system where access to therapeutics and health technologies is delayed, at the risk of eroding public trust. To heal these fractures, early and transparent dialogue between the pharmaceutical industry and public health authorities is crucial, in order to balance innovation with the expected quality and affordability. All parties must commit to patient-centred, demand-driven innovation that prioritises affordable access and strong clinical outcomes. A level playing field between public and private interests must be ensured, with robust checks to guarantee accountability and avoid excessive power imbalances. Accordingly, a renewed social contract is achievable only if all parties take ownership of their roles and responsibilities over siloed interests. My vision for 2040 is a Europe where prevention and affordable healthcare form the foundation of both a resilient society and a productive and competitive economy, with health and social protection anchoring welfare systems, as well as Europe's growth and production model.

Tobias Fragner **(29) is a postgraduate researcher at the Centre for Public Health at the Medical University of Vienna.**

The social contract promises societal cohesion through systems like health and social care. Yet for Europe's most marginalised communities – including people experiencing homelessness, migration, mental health conditions, or an intersection of such social issues or disadvantages – this promise remains unfulfilled. They are deterred from seeking care by overwhelming barriers, such as fragmented and inflexible health systems, services having basic requirements they cannot meet (e.g. a fixed address), and stigmatisation they encounter from healthcare professionals and society as a whole. The consequences of this exclusion are severe, with health issues often going unaddressed until they become acute, leading to a heavy reliance on emergency services rather than preventative primary care. Health conditions often only diagnosed at an advanced stage contribute to significant healthcare disparities in these communities. Fulfilling the promise of the social contract therefore requires acknowledging the critical role of structural determinants of health. This demands a shift from a one-size-fits-all model towards unconditionally inclusive and integrated healthcare, focusing on tailored, person-centred care delivered through proactive outreach. This framework must be built on strong collaboration between the health and social sectors, and on a foundation of trust between providers and those seeking help from them.

Photos: private

Healing invisible wounds

The war in Ukraine has brought destruction, death and physical injuries, but it has also left deep psychological wounds. A project by the European Union was set up to provide relief.

TEXT: DIETMAR SCHOBEL

On 24 February 2022, Russian troops invaded Ukraine. Over 3.5 years later, it is estimated that tens of thousands of soldiers have been killed on both sides, with hundreds of thousands injured. And according to the Red Cross Red Crescent (RCRC) Movement, "since the escalation of the international armed conflict in Ukraine … more than 12,000 civilian men, women and children" have been killed, with civil infrastructure and homes suffering large-scale destruction. "Almost four million people are internally displaced within Ukraine, and over six million more people – primarily women, children and older adults – are refugees in other countries."

At the Slovak border with Ukraine, a Ukrainian refugee is comforted by an IFRC delegate.

"As early as March, the European Union began to provide medical evacuation for injured or seriously ill people, for treatment at hospitals in the EU and the European Economic Area (EEA)," says *Isabel de la Mata*, formerly Principal Advisor for Health and Crisis Management at the Directorate General for Health and Food Safety of the European Commission. Besides this, over 155,000 tonnes of in-kind assistance, including medical supplies, mobile hospitals, ambulances and other essential items have been delivered to Ukraine through the EU Civil Protection Mechanism. Displaced people from Ukraine have been granted collective temporary protection by the EU since March 2022. And last June this deadline was extended to March 2027 by the European Council.

"We have seen that it is necessary to respond flexibly to what is required."

ISABEL DE LA MATA

Timely psychological first aid

The war in Ukraine has brought extreme psychological suffering for those affected. "We wanted to contribute to relieving this as far as possible and therefore acted swiftly to set up an appropriate project," explains Isabel de la Mata, describing the motivation

Photos: Red Cross Red Crescent Movement MHPSS Hub, DG Health and Food Safety, IFRC

"The project aimed to deliver psychological first aid and also mental health and psychosocial support to displaced people."

GANNA GOLOKTIONOVA

behind the EU initiative "Provision of quality and timely psychological first aid to people affected by the Ukraine crisis in impacted countries". It was realised by the International Federation of Red Cross and Red Crescent Societies (IFRC), supported by a total of 31.2 million euros. Of this, 23.2 million euros were from the EU4Health programme and eight million from the European Union Asylum, Migration and Integration Fund. The project was launched in June 2022 as the biggest initiative for mental health and psychosocial support (MHPSS) ever organised by the EU and the very first within Europe. Overall, since February 2022 the EU has invested more than 100 billion euros in financial, humanitarian and military assistance to Ukraine.

"First and foremost, the project aimed to deliver psychological first aid and also mental health and psychosocial support to displaced people," explains *Ganna Goloktionova*, who is herself from Ukraine and responsible for the initiative at the IFRC International Movement MHPSS Hub. 90 helplines and other platforms were established, providing help to approx. 600,000 refugees from Ukraine and other nations. Measures ranged from offering basic psychosocial support through to facilitating access to specialised mental healthcare. 28 national societies that supply help for people displaced by the war in Ukraine were integrated into the project – from the Red Cross in Belgium to the same institution in Ukraine itself.

Those who were displaced received in-person individual and group counselling and could take part in psychoeducational workshops. Furthermore, mobile clinics were set up and operated for their use. Needs varied throughout the duration of the project, with activities such as sports and games for children, peer support for young people, self-defence for women, art and language courses or knitting groups, dance nights and much more all being added. Overall, the project aimed to facilitate new social bonds for refugees, combat isolation to counteract the disruption of old ties, and provide a space for dealing with shared war-related experiences and for receiving support. The refugees also learned new skills in a process of self-empowerment. In addition, the project focused on supporting and empowering the helpers – both voluntary and employed.

Help for the helpers

Workers in the 28 participating countries underwent practice-oriented training to show how those affected could be helped

FACTS & FIGURES

Within the EU project "Provision of quality and timely psychological first aid to people affected by the Ukraine crisis in impacted countries":
41,095 health professionals, volunteers, first aid responders and other professionals were trained to provide psychological first aid and mental health and psychosocial support (MHPSS); 2,054 of whom speak Ukrainian or Russian
90 helplines and other service platforms were established or expanded with MHPSS services
29,788 staff members and volunteers as frontline responders received mental health and psychosocial support

National Red Cross Societies from **28 countries** participated in the project. Specifically, these countries are: Belgium, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Republic of Moldova, Montenegro, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and Ukraine. The project strengthened cooperation between these national organisations and also between them and the International Federation of Red Cross and Red Crescent Societies and the Red Cross Red Crescent Movement.

by the provision of psychological first aid with a systematic approach on the basis of verified knowledge. In addition, there was special assistance on offer to help these workers if the situation became too much for them. The spectrum ranged from face-to-face counselling and supportive supervision, as well as group sessions, through to recreational and psychoeducational activities aimed at reducing stress and mitigating burnout among first responders. "As a rule, those who accompany and provide everyday care for people who are affected by the death of their family, injuries, constant fear, terrifying experiences and the loss of their home and homeland will themselves need time and space to process all of this as well. They need support to prevent burnout, and organisations should address these risks to mental health and wellbeing in good time," says Ganna Goloktionova: "As part of the EU project we were able to offer this in a structured form that is suitable for additionally taking pressure off the helpers and strengthening them in their voluntary or professional work. We set up support on a team level, and advocated for organisational responsibility to protect the wellbeing of volunteers and staff."

Being creative in a Child Friendly Space in the Solomyanskyi district in Kyiv, Ukraine, January 2023

At the end of October 2025, the project "Provision of quality and timely psychological first aid to people affected by the Ukraine crisis in impacted countries" will come to an end. What has been learned during this time? "The challenges and expectations have changed throughout the project, and we have seen that it is necessary to respond flexibly to what is required," replies Isabel de la Mata. A second aspect is that supporting measures have to be adapted to the needs of those affected, and it is necessary to work with them to plan and implement the measures: "Last but not least, trust in the local project workers is absolutely vital here. They are best placed to know what is possible and important in their respective country, and a difference must be made here – for instance – between Portugal and Romania, just to give two examples."

What will remain?

Ganna Goloktionova hopes that the project will have sustainable effects even after it has ended officially: "We have prepared educational materials, practical tools and guides for mental health and psychosocial support which remain relevant in Ukraine and can be used in other regions of the world in the future. And we expect that the people who have received the appropriate training for giving psychological first aid or facilitating courses themselves will continue to do this in their respective roles in their own countries."

And the need will continue – as will the need for financial support to offer measures that are aimed at relieving mental suffering and healing invisible wounds.

WHAT IS PSYCHOLOGICAL FIRST AID?

Psychological first aid is a method of helping people in distress so they feel calm and supported in coping with their challenges. It is a way of helping someone to manage their situation and make informed decisions. The WHO model "Look, Listen and Link" is one possible approach to psychological first aid. It includes, for example, looking for who needs help, accepting others' feelings, paying attention and listening actively, and linking people to access services and other help.

Source: A Guide to Psychological First Aid for Red Cross and Red Crescent Societies, IFRC Reference Centre for Psychosocial Support, Copenhagen, 2018.

90 percent of strokes are preventable

An interview with Elena Moro on a holistic understanding of "brain health", the huge potential of prevention and health promotion, as well as the goals of the Brain Health Mission.

INTERVIEW: DIETMAR SCHOBEL

HEALTHY EUROPE

Professor Moro, the European Academy of Neurology (EAN) launched the Brain Health Mission (BHM) in 2023. What were the reasons behind this new initiative?

Elena Moro: Neurological disorders like stroke, dementia, migraine, epilepsy and multiple sclerosis are the leading cause of disability and the second leading cause of death worldwide. They affect more than 41 percent of the global population, and a study by the EAN revealed direct/indirect costs totalling 1.7 trillion euros per year in the WHO European Region alone. Prevalence is rising due to ageing populations, but also to lifestyle and environmental factors such as comorbidities and pollution. Yet there is a growing shortage of neurologists and family doctors. Altogether, this presents a significant threat to public health, and as there is not much awareness among the general public to date, the EAN wants to find sustainable solutions to overcome this major challenge. The *Brain Health Mission* is one of our strategies here, with 29 strategic partners.

HEALTHY EUROPE

What are the goals of the Brain Health Mission?

We have three key goals. One is to ensure that a basic understanding of brain health and how to optimise it is available to the general public throughout all stages of their lives and the lives of their loved ones. Alongside this, we want to support and publicise public health strategies that can have a meaningful and long-term impact here. Our third goal is to boost the workforce of neurological and mental health professionals. To achieve this, we have developed activities like the *Brain Health School Challenge*, which raises awareness of brain health among children and their peers. It has already been adopted in four European countries and continues to expand into new regions. We have started an Advocacy Training Programme that has already equipped more than 100 neurologists across Europe and beyond with the skills to champion brain health in their communities. We also host an annual *European Brain Health Summit* during Brain Awareness Week in March, bringing together a wide range of stakeholders.

HEALTHY EUROPE

What exactly is brain health?

The EAN/BHM sees brain health not just as the absence of disease, but as a holistic state encompassing cognitive, emotional, psychological and neurological wellbeing at every stage of life. This perspective aligns with that of the World Health Organization.

HEALTHY EUROPE

What are the important factors in achieving the best possible brain health?

Crucial elements include a healthy diet, sufficient and regular physical activity, good sleep, stress management, good social contacts and specifically cognitive stimulation. Engaging the mind through learning and mental activities promotes lifelong brain vitality. Successful programmes integrate health promotion, education and social services. They should start in the early years, for example combining prenatal care with maternal mental health support.

HEALTHY EUROPE

What can that achieve in the area of neurological disease?

Elena Moro: "Health promotion and prevention have huge potential."

Health promotion and prevention have huge potential. This can be illustrated in the following two examples, for instance: up to 90 percent of strokes are considered preventable through lifestyle modifications and management of risk factors such as hypertension, obesity, smoking and diabetes. In addition, scientific research shows that approximately 40 percent of Alzheimer's disease cases worldwide could potentially be prevented or delayed by addressing modifiable risk factors like physical inactivity, diet and loneliness. Policy, education and advocacy play a crucial role in making this possible: access to preventive healthcare, equal access to resources and education, integrating brain health into broader public health strategies, fostering collaboration among professionals, policymakers and communities, and supporting research and innovation are all essential.

Elena Moro is Professor of Neurology at Université Grenoble Alpes, Division of Neurology, CHU of Grenoble, France, and since July 2024 she has been President of the European Academy of Neurology, Europe's largest neurology society.

Photo: EAN

Debunking the myth of pharmaceutical innovation

Claudia Wild, former CEO of the Austrian Institute for Health Technology Assessment, on the part played by public institutions in medical innovations and why this is an argument in favour of cheaper therapies.

INTERVIEW: DIETMAR SCHOBEL

HEALTHY EUROPE

Dr Wild, how innovative are the major pharmaceutical companies?

Claudia Wild: These companies are not nearly as innovative as the public assumes. Currently, the majority of the research and development needed to produce active ingredients for medicinal products which actually lead to new or better therapeutic effects is conducted by universities and comparatively small start-ups. And the start-ups themselves are often spin-outs from universities. Therefore, it isn't true that large pharmaceutical companies are almost exclusively responsible for researching and developing new treatments. Pharmaceutical innovation is a myth. It needs to be debunked in the interests of a solidarity-based public health system.

HEALTHY EUROPE

The final stages – culminating in the approval of these innovations for the medical sector, together with the production process and price negotiations – still remain the responsibility of the large pharmaceutical companies, though. Have their economic strategies changed over the past years and decades?

Yes, because instead of seeing the public and private sectors as partners, since the 1980s and 1990s the large pharmaceutical companies have always just been interested in profit. This goes hand in hand with a business strategy where professional scouts assess developments at these relatively small start-ups for their prospects of success. As a result, the ones that appear promising are then bought up. And there is a growing tendency for this to happen only after Phase I or even Phase II of clinical studies (see also box: "How do clinical studies work"), in other words when there is already confirmed evidence of the tolerance or efficacy of new therapeutics.

HEALTHY EUROPE

Minimising risk must surely be a sensible approach for a market-oriented company as well. What are the objections here?

The financial risk borne by pharmaceutical companies is much smaller than if they were to conduct all the research and development themselves. For instance, out of 30 medicines distributed by a well-known Swiss pharmaceutical company and approved by the European Medicines Agency between January 2014 and May 2024, two thirds were not researched and developed by that company from the very beginning. This is just one of numerous examples documented in research by the EU project "Health Innovation Next Generation Payment & Pricing Models" (HI-PRIX, see also box). But it is gradually becoming the rule, which needs to be taken into increasing consideration in price negotiations for the reimbursement of pharmaceuticals between the health insurance funds and hospitals on the one hand and the pharmaceutical companies on the other.

HEALTHY EUROPE

What advantages would that have from the perspective of public sector representatives, i.e. government and administration?

Investments before medical innovations reach market authorisation necessitate the high reimbursement prices. However, these amounts for research and development are frequently by no means as high as presumed. On the other hand, state subsidies are hardly taken into consideration during price negotiations, or indeed not at all. These subsidies range from financing for universities that conduct fundamental and applied research, as well as funding for technology transfer offices as an interface between scientists and the private sector, through to support via money and know-how for start-ups. In addition, there is research funding at European, national and regional levels, as well as local state funding to attract new businesses and specifically pharmaceutical companies. Generally speaking, the overall infrastructure supplied by states naturally also plays a considerable role. All this financial support from the state for the development of med-

Photo: Healthy Europe/Klaus Ranger

"THE LARGE PHARMACEUTICAL COMPANIES HAVE ALWAYS JUST BEEN INTERESTED IN PROFIT."

CLAUDIA WILD, HEALTH TECHNOLOGY ASSESSMENT EXPERT

ical innovations needs to be listed clearly and transparently.

HEALTHY EUROPE

This is also set to be part of the new pharmaceutical legislation planned by the European Union, which aims to achieve greater transparency for the future use of public funds for research and development in the pharmaceutical sector, among other things. Will that also contribute to better access to medical innovations for all, and to fair prices?

If the EU pharmaceutical legislation is passed as currently planned – and right now it looks like this will happen – then that is to be expected. Specifically, it is a complex challenge to present a transparent list of the public funds that have benefitted a certain new medicine. For this reason, the Austrian Institute for Health Technology Assessment in connection with the EU project "Health Innovation Next Generation Payment & Pricing Models" (HI-PRIX, see also box) have worked together with the Escuela Andaluza de Salud Pública in Spain to develop search strategies for the databases that contain this information. These strategies are now available to researchers and everybody else who wants to bring clarity to public and private contributions to investment in medical innovations. In any case, information that is as precise as possible about the state contribution to developing new active ingredients can be a good argument for representatives from the public sector during price negotiations. And this can help guide pharmaceutical research and development in a direction that is expected to bring the greatest possible benefit for the population, instead of just the greatest possible profits for the private sector.

HEALTHY EUROPE

Can you give some examples?

Currently, 42 percent of new drugs are oncology medicines. But cancer does not affect four out of ten patients. In addition, according to the AMNOG monitor in Germany that is used to evaluate the cost and benefit of new medicine, two thirds of the new cancer drugs do not bring any added value. But the profits are comparatively high for this type of medicine. For cardiovascular diseases, dementia and depression, as well as other conditions that also constitute a major part of the disease burden, there is relatively little research and development. It would therefore be a good idea to boost public and consequently private investment in these areas.

Claudia Wild was born in 1960 and studied communications & psychology at the University of Vienna. She was CEO of the Austrian Institute for Health Technology Assessment until March 2025.

HI-PRIX: AN EU PROJECT

The EU project "Health Innovation Next Generation Payment & Pricing Models" (HI-PRIX) aims to accelerate affordable access to medical innovations, many of which are now growing increasingly expensive. It is organised into ten "work packages" that predominantly explore the development of new pricing models. Work Package 2 focuses on how the public sector contributes towards developing new therapies. HI-PRIX is a three-year project running from January 2023 to December 2025. Further information can be found at https://hiprixhorizon.eu.

What is the outlook for the brave new world of digital health?

Digitalisation and AI are experiencing rapid growth, but will this result in better health for all? Experts interviewed by Healthy Europe agree on the potential benefits, while emphasising that the transformation needs proper guidance.

TEXT: DIETMAR SCHOBEL

Ricardo Baptista Leite: "Today's health systems are actually sick systems."

András Kulja: "The ultimate decision must be taken by a human at all times."

Today's health systems are actually sick systems. They are only designed to deal with diseases. This will have to change in the future," says *Ricardo Baptista Leite*, CEO of HealthAI – The Global Agency for Responsible AI in Health. Bogi Eliasen, associate partner at the Copenhagen Institute for Futures Studies, takes a similar view: "We currently focus almost exclusively on the treatment of acute illnesses. Solidarity-based health systems will soon collapse entirely if this continues. In many cases, they have already reached breaking point – or even exceeded it. And so we need a complete mind shift towards the increased significance of prevention, screening and personalised treatment of chronic diseases."

Digitalisation and specifically artificial intelligence can and should make a key contribution towards this process of change, according to the European health experts asked by Healthy Europe. *András Kulja*, Member of the European Parliament and active on social media as a medfluencer, lists further benefits of digital applications: "They can simplify administration work, make it easier to access expert knowledge, and also provide support for doctors in their everyday working life, such as the use of robot-assisted surgery or tools for cancer diagnosis." One aspect is always important, though: "The ultimate decision must be taken by a human at all times."

Besides the potential for positive effects, digitalisation in the health sector and generally in society involves a large number of risks. Cyber-attacks that bring entire systems to a standstill and the misuse of data are just two examples here. Additionally, setting up digital systems and training staff can incur sizeable costs.

The digital gap

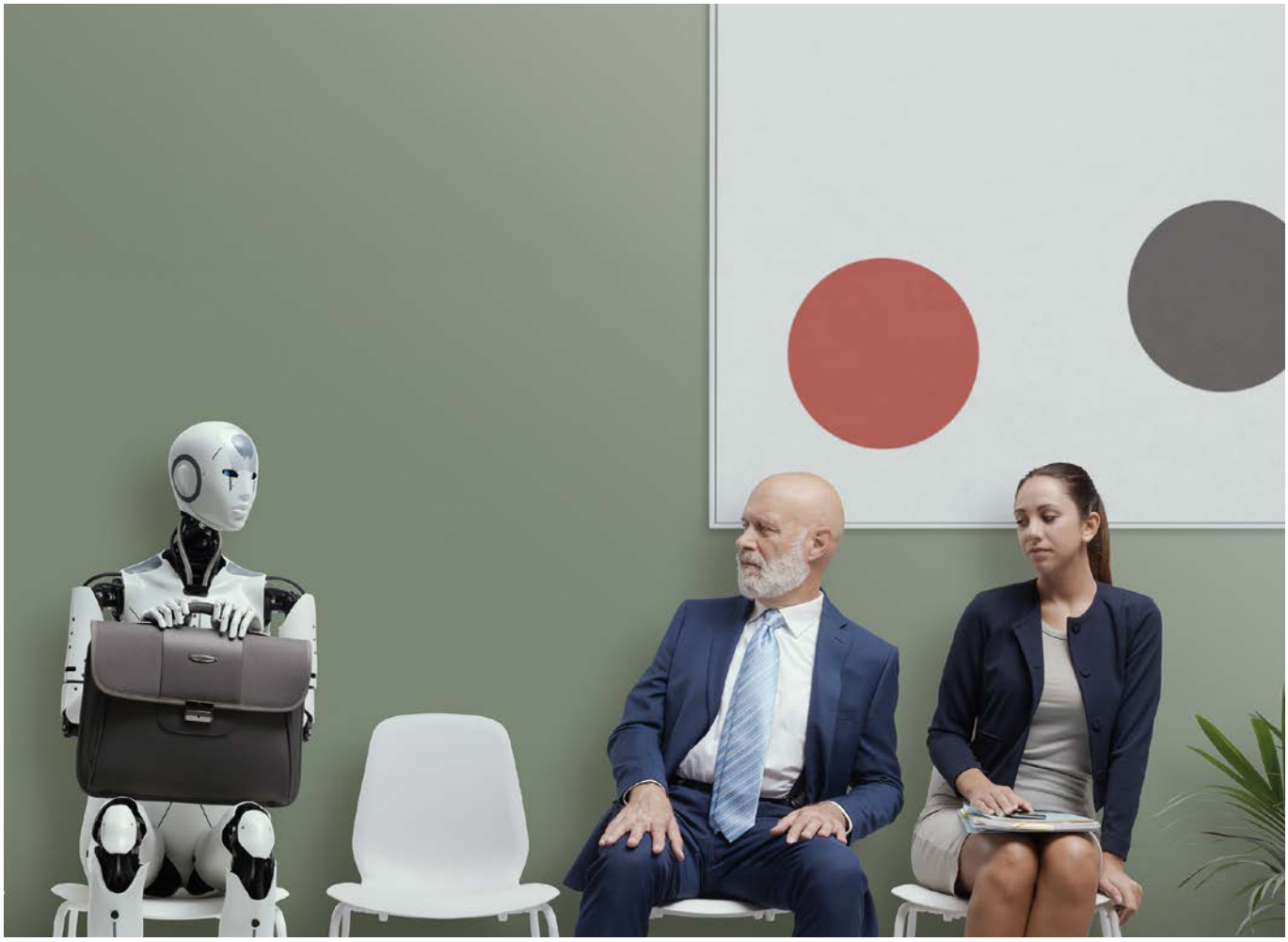
The digital gap is another topic of critical debate. People who are without the necessary hard- and software, those who cannot use it or cannot understand digital health information, are all disadvantaged by digitalisation. Existing health inequalities can grow even larger as a result. "The suitable funding should be utilised to counteract this, and above all we must take steps to ensure that children are already taught digital skills at school," says András Kulja.

Furthermore, digitalisation in the health sector can reduce health inequalities if it is steered in the right direction, emphasises Portuguese health expert Ricardo Baptista Leite. Ultimately, one key advantage of digital devices is that expert knowledge can be made available at any time and in any place, such as in video consultations and via AI systems: "This can be used to better reach vulnerable population groups. And that can be especially beneficial in low- and middle-income countries. Consider, for example, an African country where the nearest maternity clinic with specialists could be hundreds of kilometres from a village. Digital support enables a regional obstetrician to contact the clinic if they are dealing with a difficult birth – to name just one example."

Equaliser or divider?

The aim of non-governmental organisation (NGO) HealthAI is in general to "promote the responsible governance of digitalisation in the health sector" and in particular to use artificial intelligence in this area to the best possible extent, while promoting "equitable access to AI-powered health innovations". CEO Ricardo Baptista Leite points out: "We have reached a crossroads. AI has the capacity to be the biggest equal-

Photos: HealthAI, European Parliament, AdobeStock – stokkete



iser or the biggest divider in our health systems and also in our societies as a whole. If we continue as before, it will be the latter." Therefore, HealthAI wants to provide states and regions with instruments and regulatory frameworks that do not prevent innovation and at the same time guide the application of AI in the health sector in a desirable direction.

The NGO is already supported by 33 government bodies from 25 countries and its Community of Practice includes a total of 370 institutional members from 74 countries. HealthAI is working to make an online directory available in 2026 where national regulations for the use of AI in the health sector will be freely accessible to all, in the interests of knowledge transfer. "In addition, we want to set up an early warning system that can be used to report when health is endangered on account of AI tools – for example, by publishing information that might become available about incorrect results from a system for screening lung cancer," says Ricardo Baptista Leite.

The AI Act provides the framework

In August 2024 the European Union passed the world's first multi-state legal framework for the use of AI: the AI Act. This specifies that in future Member States need to adhere to clear regulations for the use of "high-risk AI systems" that could create an exceptionally high risk to health, safety or fundamental rights. Moreover, the European Health Data Space is set to be operational by 2031, with key parts being applied in stages before that date. It will make the health data of EU citizens electronically available, and enable the safe cross-border exchange of digital information. Reusing health data for research and innovation is expected to accelerate as well.

And although the risks may be considerable, continued digitalisation and specifically the use of AI in the health sector still mainly present huge opportunities, according to the experts:

"30 percent of people who are currently being treated in hospitals for acute problems should never have landed there in the first place. We have long possessed the necessary knowledge, thanks to prevention and screening. And digitalisation has given us the right technology. We just have to apply it properly," explains Bogi Eliasen. "We have to curb the risks, invest in infrastructure, train the healthcare workforce and enhance digital competency among our citizens – then digitalisation will bring major improvements especially in the health sector as well," says András Kulja.

And where will we be in ten years' time? Ricardo Baptista Leite is certain that "anybody who says they know what can be expected from the AI sector in 2035 is not telling the truth. But if we steer the development in the right direction with the appropriate rules, it is bound to be positive."

Fonds Gesundes Österreich

Health for all!

Fonds Gesundes Österreich is the national competence centre for health promotion in Austria. We are committed to increasing the healthy life years of all people living in Austria.

Photo: AdobeStock – AJay

Fonds Gesundes Österreich | A business unit of Gesundheit Österreich GmbH
Aspernbrückengasse 2 | 1020 Vienna | Austria | Tel. +43 1 8950400 | fgoe@goeg.at, www.fgoe.org

Bundesministerium
Arbeit, Soziales, Gesundheit,
Pflege und Konsumentenschutz

Gesundheit Österreich GmbH

Fonds Gesundes Österreich