

Targeted Stakeholders' Consultation about EU4Health Annual Work Programme 2025

Fields marked with * are mandatory.

* Name

Marleen Kestens

* email

mkestens@ehnheart.org

Stakeholders' Targeted Consultation EU4Health Annual Work Programme 2025

The EU4Health Programme is the response to the COVID-19 pandemic and aims to build a strong European Health Union by supporting legislative and non-legislative Union health priorities. The EU4Health Programme was adopted in March 2021 and represents the largest financial commitment by the Union in the field of health.

The European Commission is building a strong European Health Union, in which all EU countries prepare and respond together to health crises, medical supplies are available, affordable and innovative, and countries work together to improve prevention, treatment and aftercare for diseases such as cancer.

This targeted consultation is intended to seek the opinion of stakeholders about current and future Union health priorities and strategic orientations and on key health needs to be addressed through the EU4Health Annual Work Programme 2025, providing inputs for reflection on the 2025 programme and beyond. Its results will be used for drafting a consultation report (see the report on the 2024 Work Programme's consultation – [link](#)). They will also feed into the EU4Health stakeholders' conference on 19 June 2024.

For further information please read the consultation strategy. ([link](#))

This targeted consultation will be available from 22 April to 10 June 2024.

Please read carefully the privacy statement before proceeding.

Stakeholders targeted consultation – Data Protection ([link](#))

About your organisation

1. Please indicate the Member State or associated country you are located in, if applicable.
If not applicable, please select "Other non-EU country"

* Select the country

- Austria
- Belgium
- Bulgaria
- Croatia
- Cyprus
- Czechia
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Ireland
- Italy
- Latvia
- Lithuania
- Luxembourg
- Malta
- Netherlands
- Poland
- Portugal
- Romania
- Slovak Republic
- Slovenia
- Spain
- Sweden
- Norway
- Iceland
- Ukraine
- Moldova
- Montenegro
- Other non-EU country

If you are located in a non-EU country, please specify the country.

2. These comments represent the views of:

* Please choose only one from the list below.

- Academia or education establishments
-

- Civil society organisations (associations, foundations, NGOs, professional organisations and similar entities)
- Established networks in the field of health (e.g., one of the European Reference Networks)
 - Expert networks in the field of health or related area (e.g., digital)
 - Healthcare professional
 - Hospitals
 - Individual
 - Member States' authorities (national, regional, local)
 - Patient organisations
 - Primary care delivery organisation
 - Private entities (profit or non-profit)
 - Research institutes
 - Other

If you have chosen 'Other', please specify.

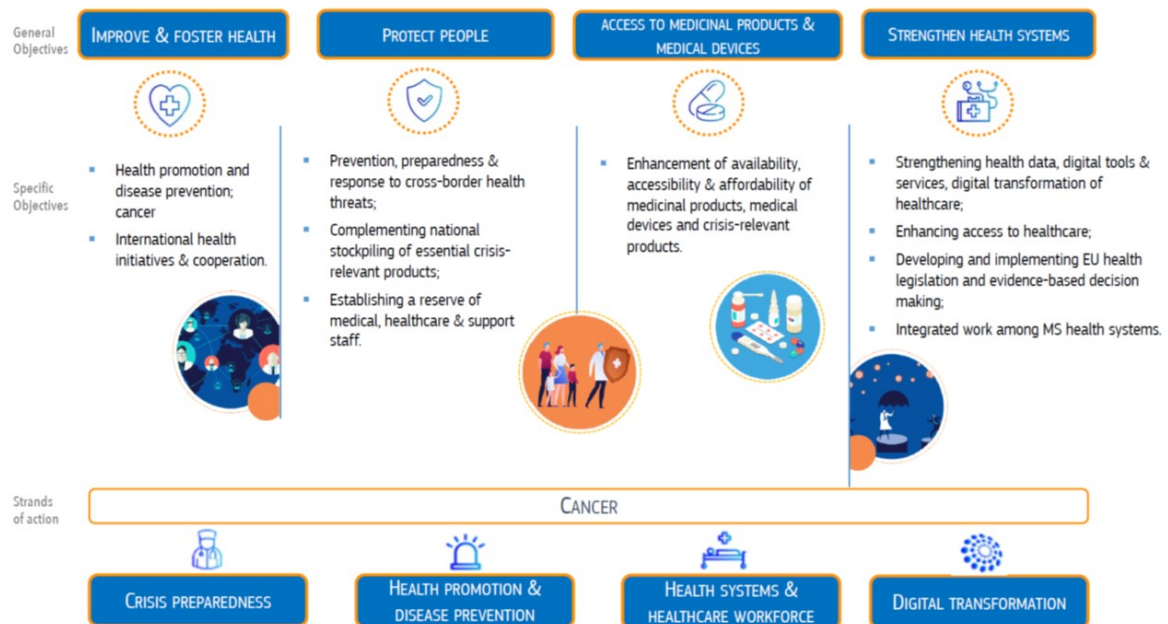
* Please indicate the full name of the organisation.

* 3. Has your organisation been a beneficiary of EU4Health Programme's so far?

- Yes
- No
- Do not know/Not relevant

EU4Health work programme 2025 – strategic orientations and priorities

The EU4Health Programme (Regulation (EU) 2021/522) was adopted in March 2021. So far, four Annual Work Programmes have been adopted for 2021, 2022, 2023 and 2024. These Annual Work Programmes cover relevant areas of interventions for achieving the general and specific objectives of the EU4Health Regulation.



4. For simplification and to provide a high level framing, the actions in the annual work programme have been clustered in “strand of actions”. **Which strand, in your view, effectively allocates resources to address both current and future health needs without neglecting any particular aspect?** Please see the consultation strategy ([link](#)) for the description of the strands.

Please score from one to five : 1 = Least effective to 5 = Most effective. Each score can only be used once

	1	2	3	4	5
* Strand of action 01: Crisis preparedness	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Strand of action 02: Disease prevention & health promotion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
* Strand of action 03: Health systems & healthcare workforce	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Strand of action 04: Digital Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
* Strand of action (transversal) 05: Cancer	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 5. In your opinion, which areas of prevention, preparedness & response to cross-border health threats can be prioritised through EU4Health?

1000 character(s) maximum

Prevention through promotion of healthy environments for all and early detection of cardiovascular risk factors and disease: reduction in unhealthy food and drinks (production and consumption), promotion of reformulation to have less HFSS foods and drinks, more smokefree policies including for e-cigarettes and vaping, reduce sedentary lifestyle, alignment at EU level with WHO guidelines for clean air, better identification of and support for people at high CVD risk.

Patients' meaningful involvement and engagement in policy-making and research. This requires a structured and financed approach guided by governance rules and a respective budget.

Increased and improved policy-making and cardiovascular research through enhanced patient involvement.

Research which aims at ensuring societal impact and leads to healthier populations and better quality of life for patients.

*** 6. What aspects of health promotion and disease prevention could be prioritised to tackle the current and future needs of the European population?**

1000 character(s) maximum

Creating an environment that keeps people healthy, so that those who are born healthy can live healthy lives is crucial. Too many factors create unhealthy living conditions and putting the burden on the individual alone is ignoring the impact of marketing, commercial determinants of health, and polluting industries which contribute to the disease burden and to climate change. Concrete actions where they EU can act are air pollution and climate change, sustainable nutrition, policies affecting children's health such as marketing of unhealthy foods and drinks, tobacco control policies, alcohol policies. These policies need to be underpinned by EU regulation; for tobacco control as well as for nutrition, there is a serious delay of planned legislation which needs to be resolved asap. In order to prevent the further onset or further development of diseases, the EU can help in setting up programmes to identify people at high risk of cardiovascular disease via targeted health checks.

*** 7. How can EU4Health prioritise the actions in the field of strengthening of healthcare systems to better respond to current and future health threats?**

1000 character(s) maximum

Cardiovascular diseases are the main killer in the EU. Improving cardiovascular health will help reduce the disease burden substantially. The EU should adopt a cardiovascular health plan in the same way it adopted a beating cancer plan. Prevention policies for these two diseases (and for other non-communicable diseases like diabetes for example) are similar and should be implemented at EU and national level. These prevention policies need to be complemented by measures to identify people at high risk of developing CVD (via targeted health checks) and by supporting specific CVD patient path ways allowing CVD patients and their families to take care of their disease in the most efficient way. Targeted research to further improve treatment, quality of life and provide medication to those in need is a further step in this direction.

*** 8. In what ways can EU4Health define priorities in digital health solutions including utilisation of health data and emerging technologies to improve patient care and outcomes?**

1000 character(s) maximum

At population level, increased digital health literacy and digital health transformation can contribute to reducing inequalities in areas like disease prevention, access to care and disease management.

For cardiovascular patients, (access to) digital tools (accompanied by increased health literacy of CVD patients) can help to better self management of the disease. Patients can use the benefits of AI and digitalisation for better follow up and adherence medication and to cardiac and stroke rehabilitation programmes.

In the field of treatment, precision diagnosis, genomics and use of predictive technology for the early identification and intervention are but a few of example of how AI can improve patients lives.

*** 9. How can EU4Health define priorities for improving access to affordable and innovative medicines, medical devices and other crisis-relevant products across the EU?**

1000 character(s) maximum

Access to rehabilitation varies greatly across the EU.
Investment in innovative research is fundamental for the development of CVD innovative medicines. While we see these exciting achievements in research, the translation of these new findings into useful technologies and their ultimate implementation into clinical care is inadequate and insufficient. A fundamental element to effectively addressing cardiovascular disease is more financial investment in basic and translational CV research.

*** 10. In your opinion, in which areas covered by the EU4Health work programme there is the highest potential for synergies in the scope of actions between the European level and the national level?**

- Actions on disease prevention, health promotion and for addressing health determinants (including cancer)
- Supporting global commitments and health initiatives
- Strengthening the capability for prevention, preparedness, and response to cross-border health threats
- Complementing national stockpiling on essential crisis relevant products
- Training a reserve of medical, healthcare and support staff
- Improve the availability, accessibility & affordability of medicinal products, medical devices and crisis-relevant products.
- Improving health data and promote the uptake of digital tools and services and the digital transformation of healthcare systems
- Improving access to quality, patient-centered, outcome-based healthcare and related care services
- Developing and implementing EU health legislation and evidence-based decision making
- Integrated work among Member States' health systems
- Other

Please specify if "Other"

100 character(s) maximum

*** 11. In your opinion, where does the EU4Health programme showcase its effectiveness by fostering additional positive outcomes?**

- Promoting collaboration between member states (e.g., via Joint Actions)
- Enabling the preparedness and response to serious-cross border health threats
- Tackling current and future health priorities (e.g. mental health, cancer, aging, etc.)
- Implementing actions on health legislation (e.g. European health data space, Health technology assessment)
- Support to European Reference Networks
- Other

Please specify if "Other"

100 character(s) maximum

Tackling the burden of CVD, via prevention, patient care, patient involvement and tailored research

*** 12. In which areas can EU4Health programme bring the most EU added value for innovation?**

1000 character(s) maximum

The EU4Health programme can bring EU added value in funding disease specific research projects and promoting health innovations. By prioritizing funding for these areas, it fosters the development of new technologies and treatments for patients. Additionally, involving patients in these projects ensures that innovations better meet their needs and expectations, enhancing the effectiveness and acceptance of new health solutions across the EU.

A second area is investment in public health research, where better understanding of health promotion and targeting vulnerable groups is necessary to reduce existing inequalities in (access to) health.

Innovation could be brought in by more research in Cardiovascular Disease as regards AI tools enhancing quality of life for patients, through virtual tools, personalised medicine, but also improving the patient pathway through digital means, including for unserved and vulnerable populations.

*** 13. Which toolboxes can best foster innovation in the areas covered by the European Health Union? (e.g. sandboxes, living labs,...)**

1000 character(s) maximum

A Cardiovascular Health Mission should be established, focusing on the right of people to live in an environment that keeps them healthy. The mission should equally focus on state of the art treatment of people at high risk CVD development and of patients with CVD, with appropriate and affordable care for patients at the centre of the action. And much like the cancer mission, this CVD mission should focus on allowing and facilitating innovative research for the CVD patient community.

*** 14. How can EU4Health facilitate partnerships & collaboration between public authorities, industry, academia, and civil society to address complex health challenges?**

1000 character(s) maximum

The CVH Mission should encourage more structured collaboration between public authorities, academia, patients, regulators, and industry.

*** 15. What (would have) happened to your action/ project, without European-level funding through the EU4Health programme?**

The action/ project would be:

Maximum 1 selection(s)

- Likely funded by a public source at national or regional level, without any major changes in scope, duration or level of ambition
- Likely funded by a private source at national or regional level, without any major changes in scope, duration or level of ambition
- Likely funded (by either a public or private source), but with a substantial reduction in scope, duration or level of ambition
- No funding secured (by either a public or private source), but would have taken place later
- No funding secured, and would not have taken place at all
- Likely funded by another EU programme, without any major changes in scope, duration or level of ambition
- Other

Please specify if "Other"

100 character(s) maximum

*** 16. How do you perceive the effectiveness and/ or efficiency of Direct Grants (e.g., joint actions or other direct grants) to address the key challenges in building the European Health Union? ([link](#))**

1000 character(s) maximum

A wider diversity of stakeholders in the joint actions, which are now mainly open to Member States, may contribute to having more tailored expertise and access to best practices in different fields.

*** 17. How do you perceive the effectiveness and/ or efficiency of open calls (e.g., action grants, procurement initiatives, and operating grants) to address the key challenges in building the European Health Union? ([link](#))**

1000 character(s) maximum

Operating grants are one of the most effective source of funding for civil society organisations. However, the limited budget does not allow this sector to benefit fully from this possibility.

Also, the conditions for the administration and the management of open calls leaves room for improvement: timely publication of calls, practical application means (EU Portal) serving the purpose and efficient reporting mechanisms.

*** 18. How do you perceive the effectiveness and/ or efficiency of actions implemented by indirect management (e.g. contribution agreements) to address the key challenges in building the European Health Union? ([link](#))**

1000 character(s) maximum

No experience with this type of action.

Background Documents

[Consultation Strategy](#)

[Data protection](#)

Contact

[Contact Form](#)

