

EHFVG 2025



OUTCOMES REPORT



Rethinking solidarity in health
Healing Europe's fractured social contract

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Rethinking solidarity in health

Healing Europe's fractured social contract

At the European Health Forum Gastein (EHFG) 2025, policymakers, civil society leaders and advocates, health professionals, and experts from industry and science & academia, came together to explore one of the most pressing questions of our time: how can health serve as the foundation for renewing the social contract in a fractured and rapidly evolving world?

The social contract, an implicit agreement that underpins the functioning of societies, has historically balanced individual rights with collective responsibilities, and has long been the glue holding societies together. Yet, growing polarisation, disinformation, and distrust in institutions have left many feeling excluded or underserved. Health sits at the heart of this crisis: nowhere is this erosion of solidarity more visible than in the health sector. Despite advances in care, public trust is declining, and systems once seen as collective assets are now viewed as costs. This shift in perception and policy has significant implications not just for individual well-being, but for the social fabric of our communities. The COVID-19 pandemic briefly reignited solidarity, with health prioritised above politics. Since then, however, shifting geopolitical tensions and a renewed focus on economic competitiveness have diverted attention from health and social well-being.

Health systems can, and must, play a central role in restoring solidarity. They have the power to reduce inequalities, build resilience, and promote long-term societal stability. As highlighted in recent reports by Mario Draghi and Enrico Letta, investing in health is not a trade-off with competitiveness; it is a prerequisite for it. Health must be reframed not as a cost but as a long-term investment in Europe's strategic autonomy and resilience.

Against this backdrop, the Forum posed critical questions: what role can health systems play in restoring the sense of shared purpose that the social contract requires? What does solidarity look like in the context of health in today's Europe? And how can health stakeholders contribute to a more inclusive, equitable, and future-proof social contract?

This report captures the insights, debates, and proposals that emerged over the course of the conference. It reflects a shared understanding that rebuilding trust in our institutions and reinforcing solidarity must begin with health. From policy frameworks to community-level action, the EHFG 2025 charted a path forward for stakeholders committed to revitalising the social contract, starting with the health of the people it is meant to serve.

“The social contract stands for universal health inclusion, where everyone has access and is equal. Every change we make must be fair and well prepared.”

Valentina Prevolnik Rupel, Minister of Health, Slovenia



“Europe cannot be competitive unless the people living in Europe are healthy. We need a strong, innovative European health ecosystem that boosts both health and competitiveness.”

Olivér Várhelyi, European Commissioner for Health and Animal Welfare



“Underinvesting in health not only costs health and lives, it weakens economies, erodes trust, and threatens democracies.”

Pamela Rendi-Wagner, Director, European Centre for Disease Prevention and Control



“Transparency and trust are essential. We must communicate in a way people understand, and make sure that messages reach everyone, not just believers.”

Emer Cooke, Executive Director, European Medicines Agency



“Freedom and responsibility go hand in hand. A social contract is about partnership and shared commitment: citizens must participate in democracy to keep it alive.”

Ulrike Königsberger-Ludwig, State Secretary, Austrian Federal Ministry of Labour, Social Affairs, Health, Care and Consumer Protection



“AI will drastically change the foundations of the social contract as we know it. Without reforming our tax base, solidarity systems cannot be maintained.”

Clemens Martin Auer, President, European Health Forum Gastein



“Equity is not an ideal, it is a shared responsibility. Technologies must build bridges, not deepen divides.”

Igor Grabovac, Specialist Physician in Public Health, Department of Social and Preventive Medicine, Medical University of Vienna

“Solidarity is not just standing with people during crises, it’s setting up the system to ensure no one faces the consequences alone.”

Birgitte Bischoff Ebbesen, Regional Director for Europe, International Federation of Red Cross and Red Crescent Societies (IFRC)



“By 2030, Europe could face a shortage of over four million healthcare workers. To protect access to care and maintain trust, patients, professionals, and policymakers must act together.”

András Tivadar Kulja, Member, European Parliament

“We need to centre more on the lived experience, because the patient’s voice is the one that turns solidarity from an abstract concept into reality.”

Arabela Acălinei, Vice-President, European Federation of Neurological Associations



Social foundations of health



Solidarity at the heart of health

At the heart of discussions on social equity and inclusion was the principle of solidarity, seen as both an ethical and practical foundation for sustainable healthcare. Participants agreed that health is not merely a commodity but a basis for social cohesion and human rights. Health systems should serve all citizens equitably, not just drive market growth.

The first plenary examined whether Europe needs a new social contract for health, adapted to demographic, technological, and geopolitical shifts. Representatives from Austria and Slovenia stressed that

solidarity relies on trust, collaboration, and legitimacy, ensuring policies are fair and cohesive. Pamela Rendi-Wagner, European Centre for Disease Prevention and Control, noted that “the social contract is not broken, it must simply adapt to new challenges.” Trust in health institutions, speakers added in a health security session, cannot be built during crises but must be continuously nurtured.

In a session on primary healthcare, panellists underlined the importance of multidisciplinary teams, including doctors, nurses, psychologists, and social workers, working with civil society organisations to reach vulnerable groups. Examples

from Andalusia and Portugal showed how such partnerships improve access, continuity of care, and trust. Personalised interactions, citizen empowerment, and quality long-term care options all strengthen these relationships.

Despite progress, inequalities remain entrenched across Europe. Access to care, workforce distribution, and use of innovations still vary widely, leaving many facing overlapping disadvantages such as poverty, housing insecurity, and poor nutrition. Tools like the Social Vulnerability Index, presented by DEFACTUM Central Denmark Region, can help identify at-risk groups and guide policy. Participants called for the monitoring of equity indicators and rewarding providers who reach underserved populations, such as Estonia's e-consultation payment model.

Solidarity was further explored in a session on mental health during crises. Lessons from Ukraine highlighted the need for culturally and linguistically tailored support. Olha Lysenko, Latvian Red Cross, emphasised that effective interventions must be co-created with people with lived experience to ensure they are relevant, responsive, and respectful.

“We need to invest in something that would look similar to a socio-ecological welfare state because the environmental emergency and growing social inequalities negatively reinforce each other. A socio-ecological welfare state within a well-being economy is the only sustainable and socially fair way forward.”

Mikael Leyi, SOLIDAR

The climate crisis was discussed as a growing driver of health inequality. Vulnerable groups, including women, children, older people, migrants, and low-income populations, face greater exposure to risks such as heat stress and mental health challenges, yet are often excluded from resilience planning.

End-of-life care was identified as another equity gap. A “fishbowl” discussion explored priorities such as coordinated services, home-based and culturally competent care, and caregiver support. Nathalie Berriau, Citizens’ Convention on End of Life, France, shared that Citizens’ Conventions show strong public backing for integrating assisted dying within a broader continuum of care, balancing ethical diversity while promoting dignity and independence.

Equity must also guide research, legislation, and innovation. A session on women’s health noted underrepresentation of women in clinical trials due to barriers like travel, childcare, and work. Solutions included involving pregnant women in research, enabling remote participation, and promoting female leadership. A discussion on Phenylketonuria used rare diseases to show how the EU pharmaceutical legislation could address diverse patient needs. Panellists urged redefining “unmet medical need” to include quality of life and psychosocial impact and called for patient and clinician involvement in shaping policy to balance innovation with affordability.

Across all sessions, the message was clear: social equity is not a slogan but a multidimensional commitment requiring solidarity, inclusive design, engagement with civil society, and measurable outcomes that truly reflect what matters to people.

Prevention and early action

Prevention was emphasised as both a health priority and an economic imperative. In the European Union (EU) alone, premature deaths in 2022 resulted in 2.4 million lost work-years, underlining the profound societal and economic consequences of insufficient early action.

Lifestyle and behavioural risk factors remain central targets for preventing non-communicable diseases (NCDs), such as cardiovascular disease, diabetes, and respiratory conditions. In a “walk-and-talk” session, Knut-Inge Klepp, JA Prevent NCD, underscored the importance of structural policies and population-based measures, alongside early detection and treatment. Interventions such as sugar taxes, advertising restrictions, and tobacco bans were recognised as essential complements of individual-focused strategies by shaping healthier environments. Johannes Pleiner-Duxneuner, Austrian Agency for Health and Food Safety, highlighted the impact

of TV and social media advertising on children, while Sanja Šišović, International Youth Health Organization, reinforced this by describing prevention as a promise to children, the future patients of tomorrow.

Vaccination campaigns, infection prevention, and targeted screening programmes were presented as tangible ways to demonstrate the value and cost-effectiveness of prevention to policymakers. However, discussions in a session on lung health highlighted that early detection and access to care remain critical priorities. Few participants correctly identified the average diagnostic delay for asthma in the EU as 4.5 years, which underscores significant gaps in timely diagnosis that compromise patient outcomes.

The link between prevention, early action, and equity was reinforced in a discussion on antimicrobial resistance (AMR). Speakers emphasised education and early, targeted interventions to address this challenge.



Person-centred and life-course approach

Health systems should be designed around people, not diseases, and care must span the entire life course. Individualised, flexible, and relational approaches yield better outcomes, particularly when paired with early engagement and prevention. Sónia Dias, NOVA Lisboa University, highlighted that social determinants account for around 80% of health outcomes, emphasising that “healthcare goes beyond illness.” She highlighted the patient-centred nature of social prescribing, which promotes participation, engagement, and well-being by connecting people to community resources. Pilots and case studies showed how social and arts prescribing improves individual health, strengthens family and community ties, and fosters cross-sector collaboration.

Empowering individuals to participate actively in their health was a recurring theme. Across respiratory care, chronic disease management, and women’s health, health literacy and culturally adapted communication were shown to support patient agency and reduce stigma. Youth-focused interventions were noted to help prevent lifelong illness. Kristine Sørensen, International Health Literacy Association, stated that “health literacy can be seen as a universal precautionary principle,” highlighting the need for accessible systems that respond to diverse populations.

Applying a life-course lens recognises that health is shaped by experiences and exposures from childhood through old age. Early-life interventions, such as school-based programmes to prevent smoking, obesity, or chronic respiratory conditions, demonstrate the long-term benefits of

early action. Discussions on end-of-life care underscored the importance of supporting individuals across the lifespan, ensuring dignity, autonomy, and relational continuity, while embracing a “death-in-all-policies” approach.

A person-centred approach requires viewing individuals holistically, rather than through the lens of a single condition. Chronic disease management and preventive strategies illustrate the need for multi-dimensional care that addresses co-morbidities, social determinants, and environmental factors. Vulnerable populations benefit most when care is integrated, culturally competent, and attentive to cumulative disadvantages, such as poverty, low education, or limited social support.

“True person-centred care begins with a person, not with a diagnosis, not with a label of patient.”

Thomas Maribo, Aarhus University

Person-centred care is also relational. Social support, community engagement, and participatory frameworks enhance adherence, resilience, and well-being. Arts programmes were cited as examples of how participation fosters connectedness, confidence, and openness to further health interventions. End-of-life discussions reflected the same principle: dignity and quality of life depend on meaningful relationships with family, community, and healthcare providers. Civil society organisations play an important bridging role, extending services to those otherwise excluded and ensuring that strong community networks are integral to equitable health systems.

Collaboration for system change

Resilient, equitable, and responsive health systems require collaboration across sectors, borders, and disciplines. The COVID-19 pandemic highlighted that no single institution, sector, or country can meet health challenges alone. Sandra Gallina, European Commission Directorate-General for Health and Food Safety, reminded participants that healthy populations underpin workforce stability, innovation, and competitiveness, with health contributing around 10% of EU GDP and nearly 9% of employment.

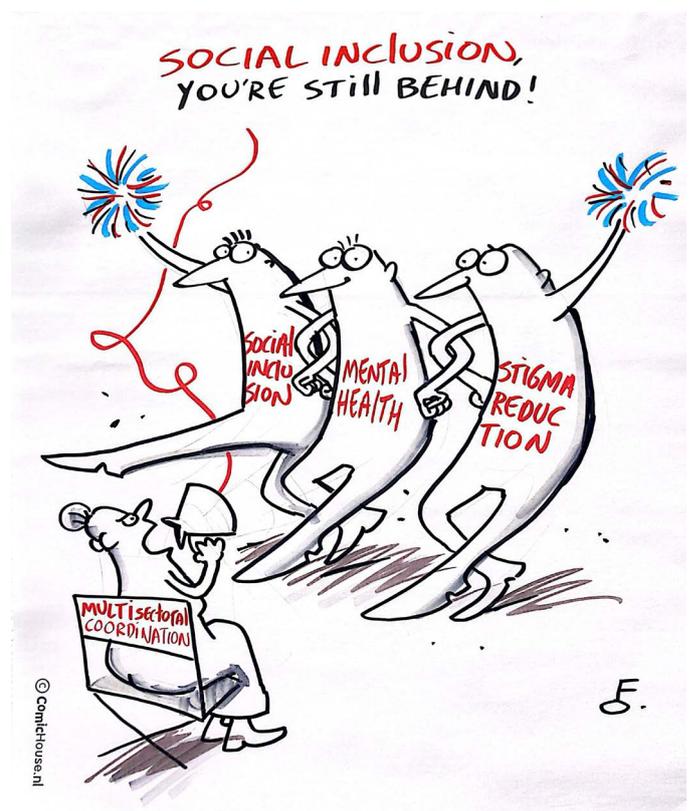
Civil society plays a central role, connecting citizens and policy. Ffion Storer Jones, Deutsche Stiftung Weltbevölkerung, described how multi-sector coalitions translate research into action. Penilla Gunther, European Patient Safety Foundation, highlighted the power of networks that connect advocacy groups and stakeholders to amplify patient voices and ensure equitable participation in clinical trials, while Lisa Lehner, University of Vienna, reinforced civil society's critical role in shaping research agendas, policy frameworks, and funding priorities, particularly for marginalised populations. Organisations such as SOLIDAR and Italy's Cittadinanzattiva exemplify civil society driving inclusion, monitoring quality, and amplifying citizens' voices.

Cross-sector coordination also strengthens resilience during emergencies. Embedding mental health into national laws, social protection systems, and preparedness plans ensures continuity of care, as Kadri Soova, Mental Health Europe, described: "mental health in all policies."

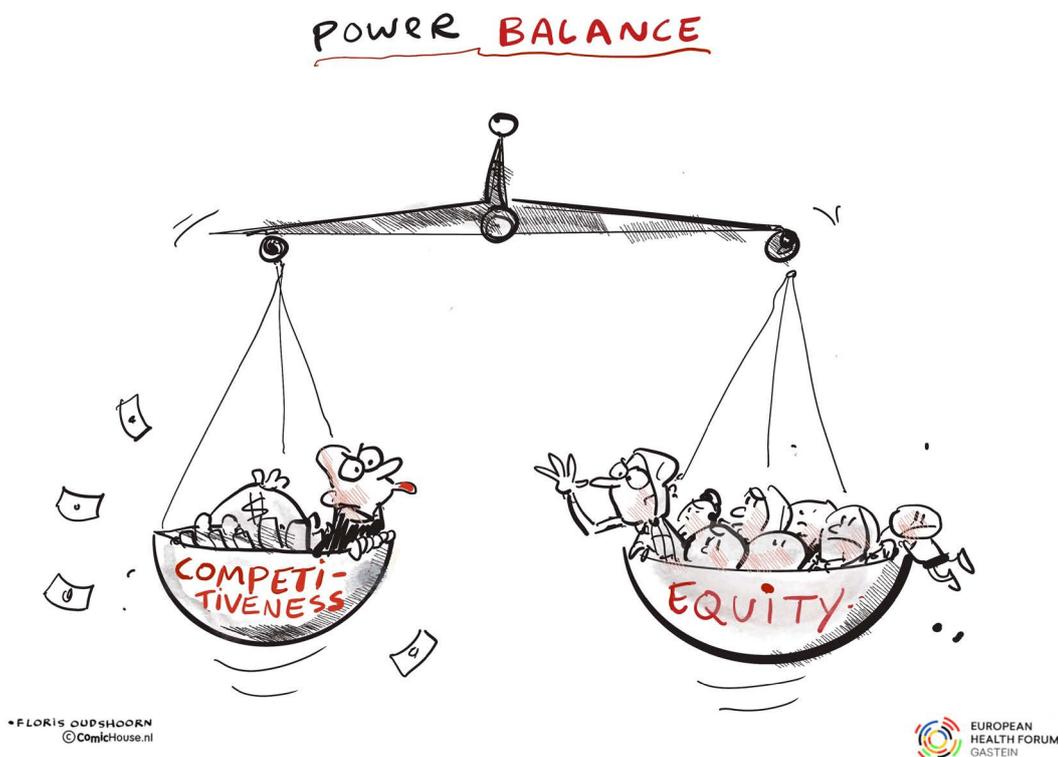
Disease-specific initiatives, such as EU-funded Joint Actions, highlight

collaboration in practice. NCD Prevent and the JARED network demonstrate how multi-sector engagement, including patients, policymakers, healthcare professionals, research institutions, and industry, scales best practices in prevention, early diagnosis, vaccination, self-management, and tackling inequalities. Similarly, combating AMR was discussed as requiring cross-border, cross-sector collaboration under a One Health approach, integrating behavioural science and patient engagement to maximise impact and address inequities.

Ultimately, collaboration is not just about coordination, it is about cultivating health systems that are resilient, equitable, and responsive. By combining evidence, patient engagement, civil society participation, regulatory foresight, and cross-sector partnership, Europe can create systems that protect health, strengthen social cohesion, and prepare for both current and future challenges.



Systems for solidarity



Balancing health, power, and competitiveness

EHFG 2025 sessions highlighted how health is shaped by, and in turn shapes, global politics, environmental pressures, and socio-economic stability, demanding strategic, united responses. Health has become deeply tied to geopolitics, economic competition, and global power dynamics. Once a unifying force, it now risks becoming a divisive one. In Europe, health is increasingly viewed through the lens of innovation and competitiveness, raising concerns that the region may fall behind the US and China without coordinated, assertive action. European Commissioner Olivér Várhelyi stressed that a healthy population is the foundation of a

competitive economy, one capable of delivering essential therapies and sustaining health and social systems. To remain a leader in medical innovation, the EU must overcome regulatory delays and strengthen its integrated health ecosystem, including pharma, MedTech, artificial intelligence (AI), and big data, to boost resilience and global relevance.

The goal of a strong European Health Union remains vital but is difficult amid the erosion of the rules-based order that underpins many health policies. There were calls for the EU to take on a stronger global role in shaping health policy, aligning security and development agendas, and building new solidarities with both traditional and non-traditional partners.

“We should never forget that the greatest resilience tool that Europe has is its healthy and empowered citizens. Without them we cannot have any kind of ambition related to sustainability, competitiveness, or resilience. Healthy people are a precondition for everything.”

Sanja Šišović, International Youth Health Organization

Michelle Childs, Drugs for Neglected Diseases initiative, reflected on how the reduction in US funding for national institutes of health, traditionally major funders of early-stage infectious disease research, will have long-term impacts, as fewer products enter late-stage development. “There is a real question about where new medicines and treatments will come from, particularly for infectious diseases,” she stressed.

Natasha Azzopardi-Muscat, World Health Organization (WHO) Regional Office for Europe, noted the WHO has cut 30% of its programmes due to funding losses, while navigating growing political pressure on reproductive health, social determinants, and vaccination.

Ilona Kickbusch, Graduate Institute for International and Development Studies Geneva, highlighted how the digital economy and AI are reshaping geopolitics, with the “tech bros” increasingly resisting regulation. She warned, “It’s a crisis, and it’s going to be a tough fight,” emphasising the role of young voters and urging the health community to build new solidarities. “We must respond with a loud, united voice. The responsibility of the health community has never been greater.”

From sick care to smart care

The shift from reactive, hospital-centric care to preventive care that is patient-centred and community-based, was a recurring theme. In a session on hospitals of the future, the need for hospitals to embrace digital transformation, integrated care, and prevention-focused models to meet future demands was clear. Telemedicine and home-based care were described as key enablers for scaling access, especially in geographically large or rural regions.

Cross-country learning was deemed vital: many European health systems face similar challenges and can benefit from shared innovations. Case studies from Austria and Sweden provided good practice examples. Karolinska University Hospital is piloting a “hospital at home” model, keeping specialised patients under hospital responsibility while providing care at home, easing the demand on hospital beds while delivering safe, seamless, and patient-centred care.

Sessions on both primary care and long-term care made clear that workforce development and cultural change are as important as technology for delivering safe, high-quality care, especially in new settings and with new teams. AI can reduce administrative burdens, while innovations (like flexible schedules for meals and rest) can support autonomy. However, speakers emphasised that technology must never replace the essential human aspect of caregiving. Helena Quaid, Dementia Carers Campaign Network and Kevin Quaid, European Working Group of People with Dementia, highlighted the immense contribution of informal caregivers, whose essential work remains both underpaid and undervalued by society.

“Knowing your numbers,” for example, blood pressure, cholesterol, and glucose, should be as routine as wearing seatbelts in cars, stressed Susanna Price, European Society of Cardiology, discussing cardiovascular disease. The importance of access to personal health information through regular preventive check-ups cannot be underestimated. AI and digital tools offer the promise of detecting risks early, but there were warnings against individualising blame. Speakers in many sessions stated the need for population-level policy solutions over those focusing on individuals, noting that such approaches can address system-level risks such as tobacco, vaping, alcohol, ultra-processed food, and air pollution, and positively impact many different diseases.

Strategic spending, powering health

Sessions emphasised the need for coordinated policymaking and strategic public investment in Europe’s resource-limited context. A central question was whether Europe should take a stronger role in coordinating funding and medicine pricing policies. Discussions explored the potential of an EU-level central financing facility to fund drug research and development (R&D), with contributions proportional to national economies. Such a facility could boost early innovation, create a sustainable funding ecosystem, and enhance predictability. Existing frameworks, like the Critical Medicines Act, could be expanded to support this vision.

Public funding is crucial throughout the drug development pipeline, yet often underrecognised in pricing models. Article 57 of the proposed EU pharmaceutical legislation offers a key opportunity by requiring transparency in public R&D

funding. To succeed, it needs clear operational mechanisms and consensus on definitions of public investment. Transparent, uniform reporting is essential for fair pricing and greater accountability across the EU, agreed speakers.

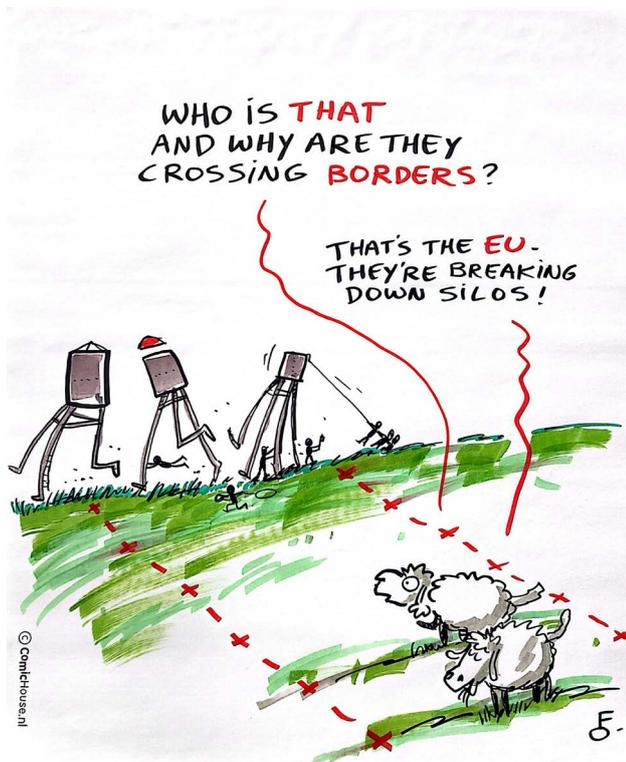
Long-term care was framed as a social investment that pays off in multiple ways: supporting healthier populations, stronger economies, greater gender equality, and intergenerational solidarity. With rising demand, investment in long-term care services is crucial and will be an investment in women, who play key caregiver roles in EU countries. With support from formal care, women can remain in the workforce longer, leading to higher pensions, preventing old age poverty, and increasing the tax base to fund public services. Hospitals as strategic social and economic actors were also discussed in a session examining secondary care of the future: their role extends beyond healthcare delivery, and planning must be system-wide rather than hospital-centric.

“Ultimately, what is needed is not just health and long-term care investment, but the engagement and commitment of society as a whole.”

Stefania Ilinca, WHO Regional Office for Europe

There were further calls for joined up policymaking across institutions and disease silos. The European Commission and WHO Europe acknowledged the slow pace of implementation on actions targeting the climate crisis and health and called for better coordination, local-national collaboration, and capacity-building in the

health sector, as well as specific funding and political will to prioritise climate and health equity in the next EU financial frameworks.



Rita Araujo, European Commission Directorate-General for Research and Innovation, highlighted that €170 million of EU money has been allocated for a new Strategic Research and Innovation Agenda on Health and Climate Change, signalling a shift from planning to action, and ensuring that vulnerable groups are included in solutions. Existing EU mechanisms such as the Green Deal and new Climate Funds can also be used to empower health systems, speakers asserted. Synergies between conditions such as cardiovascular and respiratory diseases and cancer were highlighted, and the potential to leverage shared patient pathways, joint screenings, and share lessons learned. “We cannot treat cancer and cardiovascular diseases in competition. Both require equal attention, and both benefit from integrated approaches,” stated Penilla Gunther.

Health system resilience and security

Robust, adaptable health systems are more urgent than ever amid pandemics, climate change, and geopolitical instability. “Health is foundational to Europe’s stability, democracy, and prosperity, not a luxury,” said Pamela Rendi-Wagner during a session on health security. She stressed the need to adapt Europe’s social contract to evolving threats like cyberattacks, disinformation, inequality, and extremism.

Speakers discussed how Europe’s health resilience faces four major challenges: economic constraints, regulatory complexity, workforce shortages, and eroding public trust. Strengthening health literacy and prevention through communication, digital tools, media literacy, and dedicated budgets is vital to counter disinformation, speakers emphasised. Charlotte Marchandise, European Public Health Association, highlighted the role of communities in resilience, calling for investment in local actors like mayors, NGOs, and schools to bolster decentralised capacity to respond to crises.

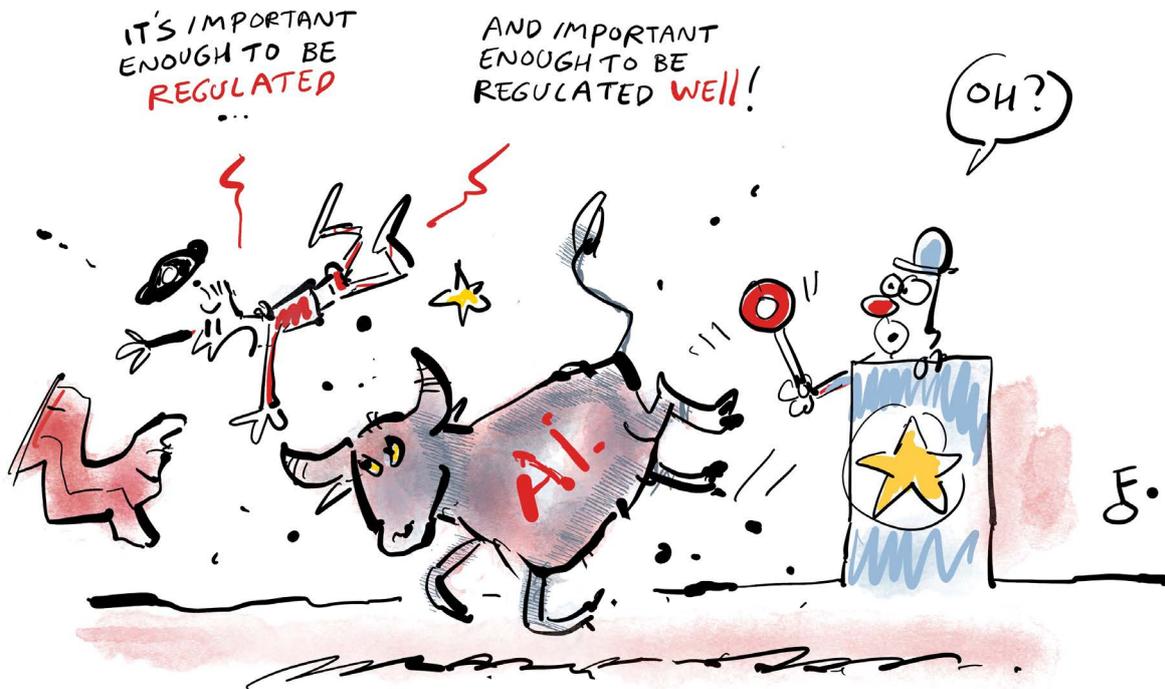
Resilience requires accepting some structural inefficiencies to maintain spare capacity in healthcare systems, such as extra hospital beds, trained personnel, and medical stockpiles. Further proposals put forward to fortify health security in Europe included transparent decision-making tools that make trade-offs between costs, outcomes, and lives saved; strengthening cross-agency collaboration through the EU’s One Health taskforce and extending this model to Member States; running simulations; advancing the global pandemic treaty; and exploring a single market for vaccines to strengthen preparedness.

A session on the role of networks highlighted them as core mechanisms of preparedness, enabling Member States to act collectively during crises. Citing the work of the Medicines Shortages Steering Group, Emer Cooke, European Medicines Agency, recalled that during the pandemic, “we managed ICU medicines on a daily basis through voluntary solidarity, and that model is now embedded in legislation.” Heiko Rottman-Grossner, German Federal Ministry of Health, referred to the Health Security Committee as “the cornerstone of

emergency coordination,” enabling preparedness checks, best-practice exchange, and civil–military cooperation. These networks connect expertise, experience, and purpose across the EU, supporting work to address cross-border threats, improving resilience, and delivering practical solutions. They are indispensable for solidarity, preparedness, and effective coordination, but as Sandra Gallina reminded, their value lies not in their existence alone but in how they are used: “Networks are what we make of them.”



Shaping shared futures



Trust, tech, and the future of care

As Europe redefines its health systems through digitalisation and data-driven decision-making, several EHFG 2025 sessions explored how digital transformation can be steered with trust, transparency, and patients at the centre. Digital tools and new technologies, such as AI, should be designed to support and enhance the health workforce and health systems, improving efficiency and generating real value for patients.

In sessions on the EU AI Act and brain health, speakers highlighted the promise of AI and other digital technologies such as neurotechnology to revolutionise care. But as Ricardo Baptista Leite, Health AI -

The Global Agency for Responsible AI in Health, warned, digital tools can be “highly effective at being ineffective” if deployed without clear intent or adequate safeguards. Rather than retrofitting new technologies into existing health systems, care delivery needs to be reimagined. Speakers in the brain health session urged that mental and cognitive health should be seen not only as healthcare concerns but as drivers of resilience, inclusion, and economic growth.

Central to this are early design decisions covering accessibility, data governance, and accountability. This will determine whether these digital tools can earn public trust and translate into real health and economic value, providing what Marco Marsella, European Commission Directorate-General

for Health and Food Safety, termed the “double dividend,” whereby one investment in AI-enabled prevention could yield a return of 1:4 in the economy. Transparency in the design of digital tools was also raised in a session on youth mental health and digital determinants. Several speakers noted that industry needs to be held accountable and that addictive, manipulative designs unsuitable for children must be regulated. Digital determinants need to be embedded in public health alongside other, more well-established determinants (commercial, environmental, social) and should be treated on par with other policy priorities, such as tobacco and alcohol regulation.

“If we want to foster a social contract around trust, we need to use technology responsibly. But technology only creates value when it is used. We need to work together better than we have been. The goal is to define how we can truly be compatible with each other; it’s not about harmonisation, but about designing for compatibility.”

Eric Sutherland, OECD

Steering our shared digital future, underpinned by trust, was also discussed in a session on misinformation. To counter the current erosion of public trust and rise of misinformation, speakers called for a resilient European health information ecosystem with coordinated, cross-sectoral strategies. Natasha Azzopardi-Muscat acknowledged that “what we do today does not work, and we need to be brave enough to change.” Recommendations included investing in 24/7 surveillance

infrastructure, mainstreaming capacity and confidence-building across the health workforce, and bridging the gap between technical, scientific, and mainstream communication. The third plenary drew these strands together: speakers discussed that AI must be rooted in trust, solidarity, and accountability to evolve the social contract in Europe, ensuring that digitalisation strengthens our democratic welfare states rather than eroding them. As Nell Thornton, The Health Foundation, urged, digital tools cannot simply avoid harm, they need to improve people’s lives. She called on participants to “stop being passive recipients of technology,” reminding them that individuals have more influence than they realise.



Europe’s innovation era

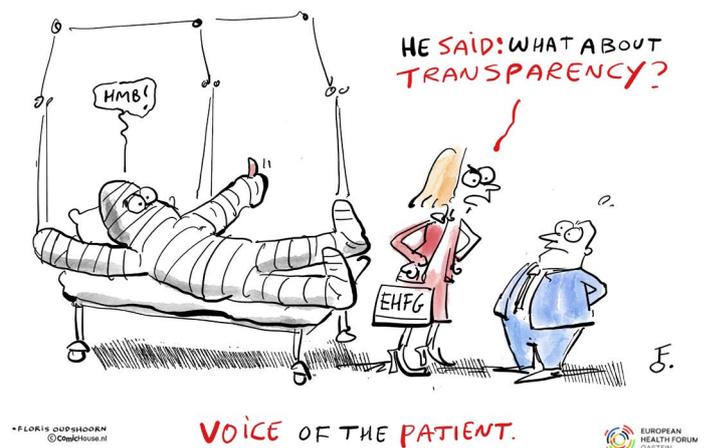
The Draghi report and Europe’s pivot towards innovation, competitiveness, and strategic autonomy were in sharp focus

across the Forum. Several sessions outlined how Europe is uniquely positioned to transform its budding innovation landscape into one with real economic and health impact. Yet to become and remain competitive, regulatory frameworks need to be agile, simplified, and interoperable so that Europe can build an integrated innovation ecosystem founded on equitable access and patient outcomes.

A session on disruptive technologies explored how equitable access is shaped by design choices that embed inclusion from the start. Participants noted that equal access is dependent on fair pricing, a fundamental component of the social contract, and that civil society needs to be included in discussions on collaboration and patient access to ensure equity. Elisabetta Zanon, European Cancer Organisation, used Europe's Beating Cancer Plan as an example of the unique role the European Union can play in addressing complex challenges by fostering cooperation and driving transformative health policies. As Günter Waxenecker, Austrian Agency for Health and Food Safety, reflected, where previously the EU regulatory system was seen as a "gatekeeper," today it is a "supporter" of innovation.

Another session on Europe's leadership in healthcare continued this conversation, arguing that digitally captured patient outcomes and real-world data can improve care, strengthen research, and empower patients as active contributors to innovation. Placing a spotlight on the European Health Data Space (EHDS), Fulvia Raffaelli, European Commission Directorate-General for Health and Food Safety, described it as a framework that unites interoperability, innovation, and competitiveness under one European

vision, creating a single market for digital health products and data use in research and innovation. Highlighting the importance of patient empowerment, Valentina Strammiello, European Patients' Forum, reminded participants that digital health literacy and public trust will be decisive for realising the long-term benefits of the EHDS. When patients are given back their data, communication with healthcare professionals becomes more effective, and aggregated insights can drive advocacy and equity in healthcare.



Looking at how to bring innovative technology closer to patients across Europe was the focus of a session on innovative medicines manufacturing. The discussion highlighted the challenges of incorporating new manufacturing methods into regulatory dossiers, the importance of international collaboration, and the need for a connected and simpler regulatory system. Mencía de Lemus Belmonte, SMA Europe, noted how "innovation in medicine manufacturing can save lives and improve the quality of life for patients, but it requires collaboration and engagement between all stakeholders." Panellists agreed there is political will but that Europe needs to

invest in innovation, harmonise its regulatory frameworks, and enhance collaboration between stakeholders to stay competitive in the global pharmaceutical market.

Leading with values: Europe's health diplomacy

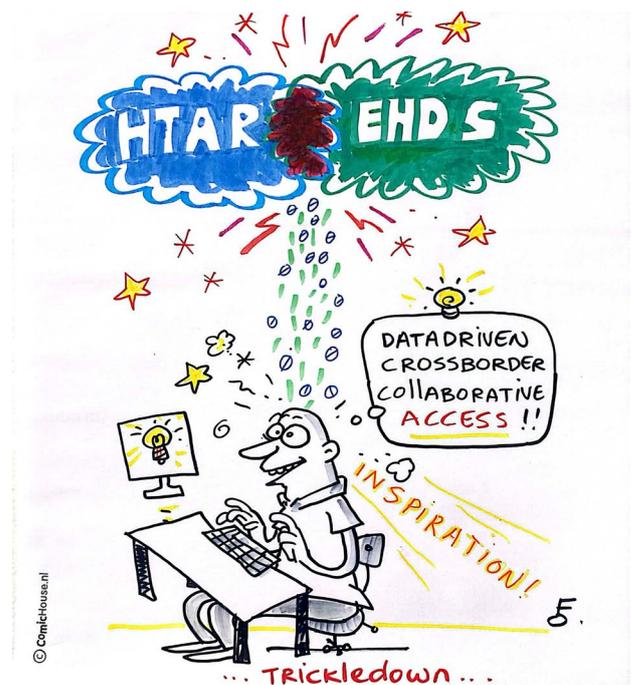
In the current shifting geopolitical landscape, the topic of Europe's leadership in healthcare, amongst other areas, featured prominently. More specifically, several sessions analysed how Europe can strengthen its global health leadership through diplomacy, good governance, and values-led collaboration. Europe's influence on the global stage depends on aligning its digital transformation and technological progress with solidarity, accountability, and an enhanced social contract that puts people at the centre of health policy.

An interactive session explored how public health diplomacy can advance health equity by involving local professionals and communities in global decision-making. Ashish Joshi, University of Memphis, reminded the audience that "we have forgotten who it is we work for, those who have lived experience." Diplomacy and advocacy must work hand in hand, with speakers calling for an overhaul of the diplomatic "toolbox" to include negotiation, behavioural insight, and communication skills. Neutrality in health issues risks irrelevance; instead, practitioners must act with conviction, empathy, and solidarity.

"People cannot be solidaristic if there aren't systems in place to help them."

Barbara Prainsack, University of Vienna

Europe can lead globally by example when it comes to disruptive technologies, according to a session that explored the access-innovation-affordability conundrum. Through adaptive regulation, data sharing, and patient-centred frameworks, Europe can ensure that disruptive technologies work fairly across Member States. Adding to this vein of thought, a session on the EHDS and the Health Technology Assessment Regulation (HTAR) demonstrated how these policies can accelerate Europe's leadership in life sciences. Their success will depend on clear governance, public dialogue, and transparency, stressed Karolina Mackiewicz, Global Health Connector.



In a digitalised world that is increasingly being shaped by AI, as outlined in the third plenary, transparency, accountability, and solidarity must be written into Europe's renewed social contract to protect European democracy by rebuilding and sustaining public trust. Europe's global leadership will require technological progress that serves its citizens while strengthening the foundations of its solidarity system.

EHFG 2025 commitments

During the Forum, participants from across Europe shared their commitments to strengthening the social contract in health. The key messages gathered through a crowd harvest, shown in the map below, reflect a shared vision for a healthier, fairer, and more inclusive future. Together, these actions underscore our collective responsibility to make health systems more equitable, transparent, and people-centred.



Additional links



Session
recordings



Photo
gallery

Imprint

Publisher: European Health Forum Gastein
Tauernplatz 1, 5630 Bad Hofgastein, Austria
www.ehfg.org
info@ehfg.org

Cartoons: [Floris Oudshoorn](#) / Comic House

Published: November 2025



Co-funded by
the European Union

Co-funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Health and Digital Executive Agency (HaDEA). Neither the European Union nor the granting authority can be held responsible for them.