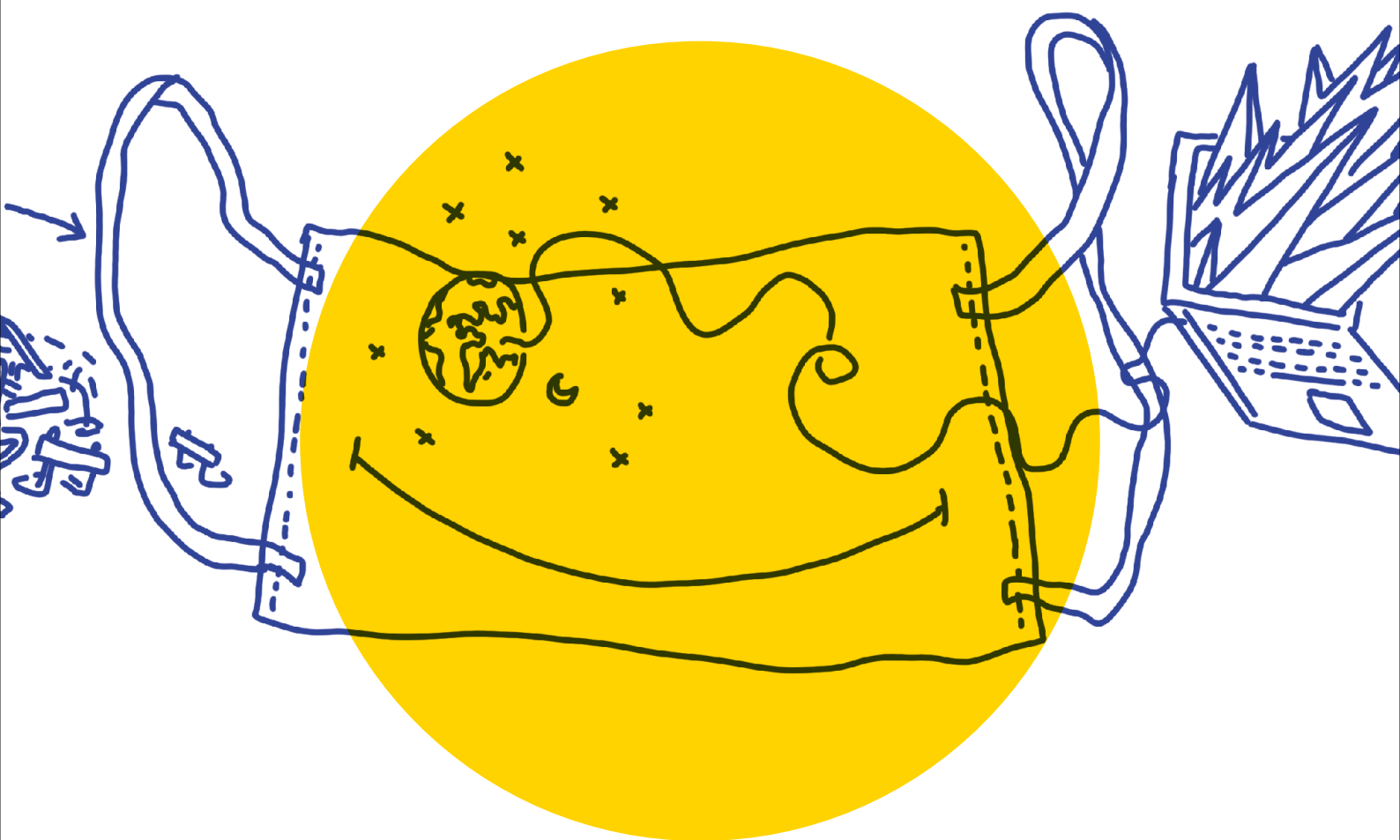# Young European Takes on »Healthy Lives and Well-being for All«

Policy recommendations
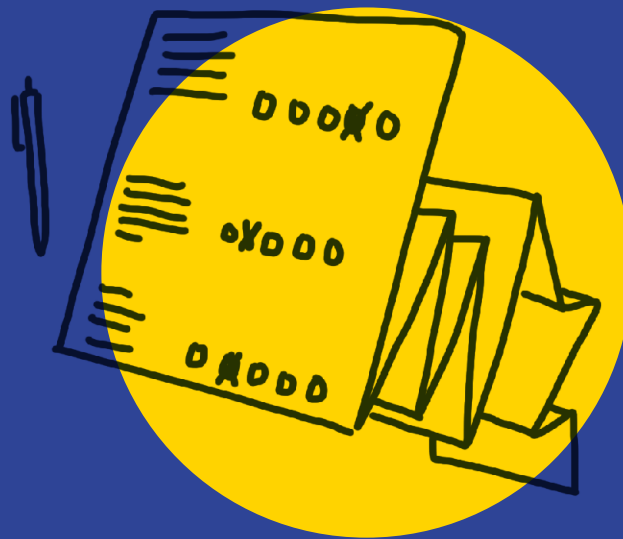
1000

Participants

35+

Countries

7

Events debated health topics

1

Health poll

INTRODUCTION

Health policy is a consequential and intersectoral area deserving of the attention of decision-makers, and the spread of COVID-19 has made this point all the clearer. This paper lays out the **position of young people participating in thematic events of the European Youth Parliament (EYP) towards the future of health**, discussed across the thematic areas of Health Governance, Access & Infectious Diseases, Health Innovations, and Mental Health, and the necessary steps to be taken in order to achieve that future.

In essence, the goals that the young Europeans behind this paper are aiming to achieve alignment with the UN Sustainable Development Goal 3: **"ensure healthy lives and promote well-being for all at all ages"**. In that sense, the aspirations are not limited in scope; although this paper recognises the specific struggles that young people face and puts particular focus on the actions to be taken at the level of European Union (EU) institutions.

The youth are aware of current global healthcare challenges, and they want to see systems meaningfully evolve to respond to these challenges. The undeniable key to a successful future lies in **coordinated and accountable action** on the level of supranational bodies such as the EU and international organisations such as the World Health Organization (WHO). It is recognised that **Universal Health Coverage (UHC)should be a top priority**, and all subsequent issues should be framed in the context of promoting global social justice and equitable access to healthcare. The COVID-19 pandemic has highlighted various existing structural inadequacies, and decision-makers need to carefully consider the real possibility of similar disruptions happening in the future. In order to achieve the abovementioned goals, actionable proposals from this paper include the development of digital health innovations and the protection of those members of society whose socioeconomic situation puts them at increased health risks.

The opinions within this paper are derived from those of the more than 1000 participants of related EYP events[1] from 2020 as well as young respondents to a Health Poll[2], circulated among people from all corners of Europe. They were collated by the participants of the EYP's Health Think Tank, which took place in Berlin on 11-13 September 2020[3].

1 Information about the events is included in Annex A.
2 Details of the poll methodology and results can be found in Annex B.
3 Further details on the Think Tank working procedure can be found in Annex A

PRINCIPAL FINDINGS

The leitmotif of all pillars and youth opinions was the unequivocal **support of pursuing Universal Health Coverage** as a top priority in all policy decisions, and all subsequent issues should be framed in the context of **promoting global social justice and equitable access to quality healthcare**. Furthermore, the impact of the **COVID-19 pandemic has shifted the general landscape** of health policy and emphasised the **need for crisis-proof and accountable systems** as well as **novel solutions**.

Young Europe's perspectives on the future of health are filled with ambition – in order for them to materialise, timely institutional response on the European level is absolutely essential.
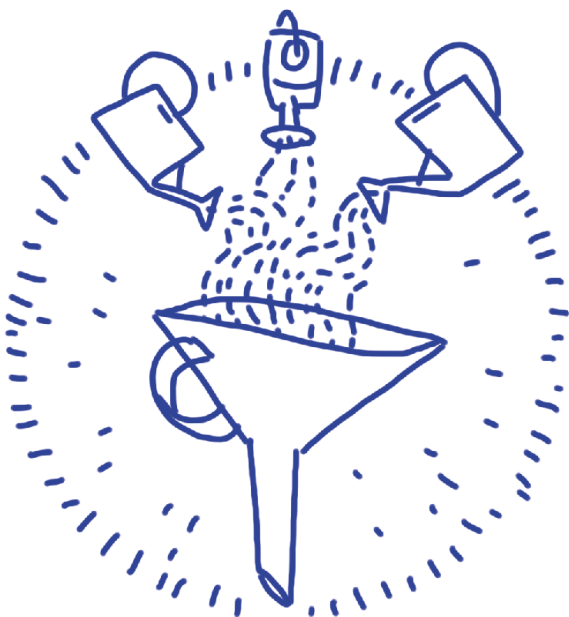
The pillar of **Health Governance** firmly endorsed **greater solidarity amongst Member States,** and for the European Commission to **promote the WHO as the central entity for advancing global health**. Moreover, Member States are called to make their health systems more resilient and capable of handling health challenges, not least through transparent communication of health information.

The **Access & Infectious Diseases** pillar strongly supports **affordable and equitable allocation of COVID-19 vaccines once developed**. Further, the pillar identified the need to counter the detrimental impact of healthcare disparities to not undermine social cohesion, in particular amongst the most vulnerable groups and areas.
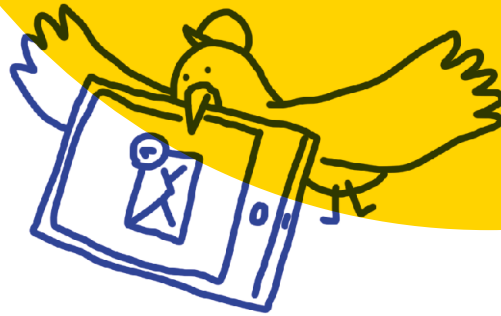
In the **Health Innovations** pillar, it was stated that eHealth and digital health innovations should play a pivotal role in future healthcare models, complementing traditional face-to-face care, with high standards of interoperability and data protection being the keys in safeguarding patients and their medical data.

The **Mental Health** pillar sought to underscore the importance of reducing stigmatisation towards those living with mental disorders, **focusing solutions on preventive treatments** rather than curative models. Finally, importance was placed on the need to address mental health concerns in the workplace.

HEALTH GOVERNANCE

Young people support a unified EU to tackle Global Health challenges, promote cooperation, and build EU solidarity. **Resilient health systems should prioritise health promotion through Universal Health Coverage and a *Health in All Policies* approach**, which puts emphasis on health throughout all public policy and not just in healthcare, centring the influence of broader determinants on health and well-being[1]. A lack of public trust and confidence in health governance institutions points to a need for more transparency and communication on health, medicine, and science.

Strengthening international cooperation and the WHO

Global and European Health Governance bodies have not adequately reacted to the COVID-19 pandemic. EU Member States (MSs) have prioritised national interests over European cooperation. Faced with limited space for action and shrinking resources, the WHO has struggled to ensure adherence to its pandemic guidance at the national level.

54% of the Health Poll respondents identified an underlying lack of authority of global health governance structures.

A collapse of international cooperation and rise of nationalism has seen Nation States unwilling to give any power to the WHO[2]. The dominant role of private actors in funding the WHO is of concern, with the Bill and Melinda Gates Foundation poised to become the WHO's largest individual donor if the US withdraws from its contribution[3]. While the work of non-state actors is essential, we believe that governmental and state actors should set the Global Health Agenda. We encourage the European Commission (EC) to become a global leader in promoting the role of the WHO.

The Council of the EU's 2010 Conclusions on the EU role in Global Health with its commitment to tackle global health inequalities and emphasis on UHC provide a strong starting point[4]. The 2010 Conclusions, however, lost momentum, and this pandemic has created a policy window for the EU to define a common vision for its role[5]. The EU should update its Global Health stance to push for bolder international cooperation and action by:

- **developing a common European vision for Global Health with a strong WHO at its centre** and an emphasis on **solidarity and health as a global public good**;

- **increasing its financial contributions to the WHO** whilst working with private sector stakeholders to ensure financial sustainability;

- **promoting compliance with the International Health Regulations and other WHO instruments** among EU MSs[6].
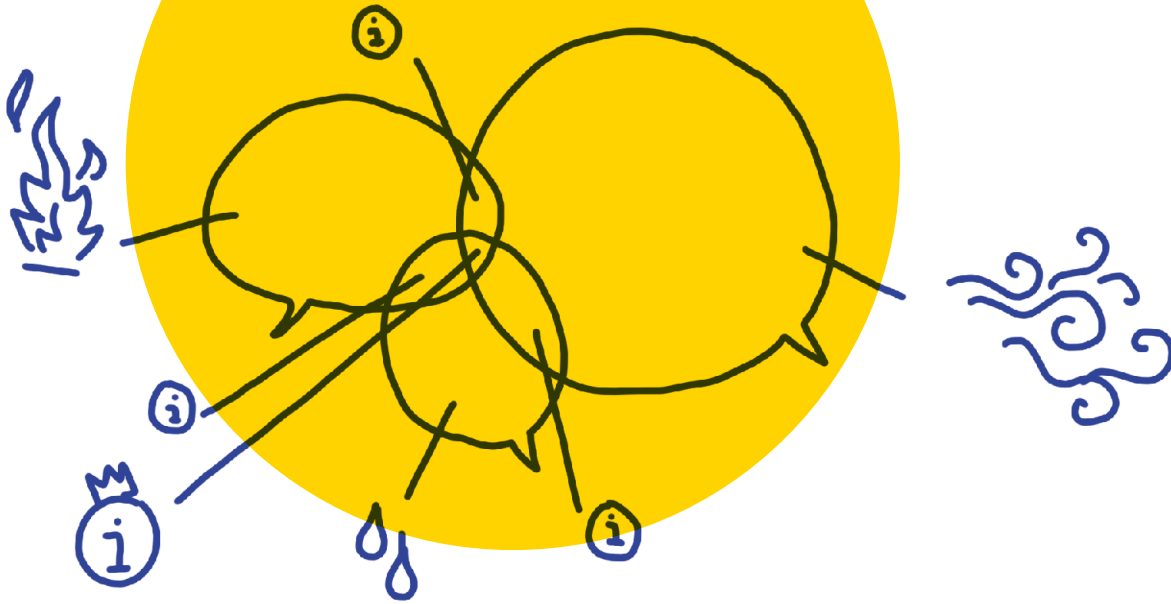
Fostering public trust through transparency and communication

Transparent communication of health information, both among global health governance stakeholders and with the general public, fosters accountability and integrity for decision makers, increases understanding of the underlying science and policy choices, and builds trust both in health governance structures and in health research and evidence[7]. European institutions recognise the need for expanded transparency around health and science[8]. 72% of EYP Health Poll respondents trust the EU to "manage the response to international health outbreaks, like coronavirus"; while calling on EU institutions to increase their public reporting of political and monetary activities and unify the messaging between global health governance sectors[9].

EU institutions should both improve communication of EU-level health policymaking and bolster transparency requirements of EC-funded health and science research, by promoting open data and data sharing throughout the health pipeline from research data and scientific findings. The **European Research Council** should reinstitute support for Plan S, a plan to make research Open Access[10]. The **Directorate-General (DG) for Research and Innovation** and **DG Education, Youth, Sport and Culture** should enforce and facilitate compliance with existing Open Access and Data Management Plan requirements within grants under Horizon 2020 and next Horizon Europe[11].

There is further need to improve medical and scientific communication to combat disinformation surrounding health topics. The **EC** and **Council of the European Union (EUCO)** should disseminate both technical communications and generally accessible language and formats[12] on health research underlying EC's health policymaking as part of the larger Action Plan against Disinformation[13]. The **DG for Research and Innovation** and the **DG for Education, Youth, Sport and Culture** should train and encourage programme grantees to communicate their research findings to broader audiences, including the media and the public[14].

Another priority is to increase reporting of political and monetary activities on health issues. The **European Parliament (EP)**, the **EC**, and **EUCO** should require all organisations seeking to influence EU health-related law-making to register in the **European Transparency Register** and mandate public reporting on all meetings with such stakeholders[15].

Prioritising resilience in health systems

The EC should encourage and assist MSs to increase healthcare system capacity and resilience for coping with health challenges. Many modern healthcare systems face a lack of financial funding, scarce health workers, and deficient health resources[16]. The current health crisis reveals additional challenges faced by MSs' health systems, highlighting the need for EU healthcare systems to be more resilient. **Health systems must respond more efficiently to health care needs**, establish updated preparedness strategies regarding health emergencies, and exploit the potential of digital health technologies to strengthen people-centred care.

MSs should take initiative to analyse resilient health system factors based on their national experience. Such actions should be complemented by EU work on sharing best practices and designing health policy measures. Moreover, strong leadership and clear organisational structures from the MSs need to be established to enable health systems to quickly respond to health challenges. The **EC should make resilient health systems a key priority on the EU Agenda**. The ability of the healthcare system to cope with future health challenges will depend on making health systems more resilient and sustainable.

ACCESS & INFECTIOUS DISEASES

Regarding access to healthcare and the fight against infectious diseases, young people put great hopes in the EU. They request support for research and a fair distribution of a COVID-19 vaccine, unrestricted access to healthcare, decreasing gaps between MSs; and strengthening the EU's competences in medical procurement.

Ensuring equitable access to a COVID-19 vaccine

Building manufacturing and distribution capacity, making a new vaccine affordable, and deciding allocation once a new vaccine is found[17] are the main issues the world is facing amidst the global pandemic. Importantly, **94% of the Health Poll respondents believe that a COVID-19 vaccine, if found, should be considered a global public good**.

The European Vaccines Strategy[18] is guiding the plan for production of vaccines in the EU and ensuring sufficient supplies for its MSs via the Emergency Support Instrument[19]. Adapting the EU's regulatory framework to accelerate the development and availability of vaccines while maintaining safety standards remains key.

The EC should allocate additional budget support to the Access to COVID-19 Tools (ACT) Accelerator[20]. The project is striving to ensure equitable distribution of diagnostics, therapeutics, and vaccines to contain the spread of COVID-19. The European Medicines Agency (EMA) should support vaccine development and access during the pandemic via the COVID-ETF[21].

Mobilising support to fight AMR and new challenges

The re-emergence of infectious diseases[22], antimicrobial resistance (AMR), and vaccine hesitancy are issues evident now more than ever. The EU One Health Action Plan against AMR[23] **is an example of enforcing goals such as making the EU a best practice region** by boosting R&D in AMR. Its aim is to reduce inappropriate use of antimicrobials in people, targeting all actors relevant to antimicrobial use. The key stakeholder is the European Centre for Disease Prevention and Control, which operates 3 essential disease control systems[24].

Re-orientating budget support to national governments to allow them to continue delivering vital health services is crucial, such as the mobilisation of €3.08 billion to support national healthcare systems in fighting the pandemic and providing medical services to patients in need.

Addressing discrimination as a barrier to access

Costs and distance remain the main impediments to health access[25]. This affects rural areas disproportionately and is correlated to each country's infrastructure and economic development. The EC should identify the most vulnerable groups and areas and prioritise them when allocating funds to improve the availability, range, and quality of health care services.
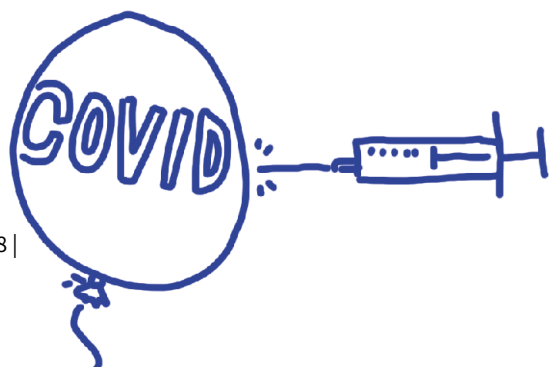
Waiting times also hinder access with varying degrees in different MSs. This correlates with the mass migration of health professionals to wealthier MSs[26]. **The EC ought to implement a strategy to decrease the disparity in human resources** in the health sector, such as reducing the income gap for practitioners between MSs[27].

Inadequate access of Roma people to healthcare due to poverty, discrimination, and low trust signals the need for targeted policies for Roma-specific situations[28]. The **EC should encourage the replication of intervention models** that have proven to be successful, cost-effective, and politically feasible, such as activities focused on education and increasing trust in the health system.

Asylum seekers and undocumented migrants remain another underserved group in the EU health-wise, mostly due to legality-related restrictions[29]. The **EC should thoroughly address racism and xenophobia in EU health systems** and devise an EU policy that places the health of migrants and refugees over their legal status.

Creating binding EU targets

The ways in which MSs organise their healthcare systems reflect differences in their welfare states' traditions. Having diverging approaches to the design of healthcare institutions creates a useful set of best practices. However, in terms of output – which means access to basic healthcare services –, a level playing field is needed. Since millions of Europeans travel, work and live in other MSs, **the EU must ensure that healthcare disparities do not undermine social cohesion**.

While the *organisation* of health systems remains a national competence[30], the European Treaties provide leeway for co-ordinated action and minimum floors in secondary law[31]. This way, the **EU can help MSs fulfil their obligations** to provide basic healthcare services[32]. Besides stronger coordination of policies, and without questioning the benefits of institutional diversity, the **EC should propose the creation of binding European minimum requirements in the area of public health**[33]. This instrument could promote universal access to health services, e.g. by creating a minimum floor for the coverage of public health insurance schemes.

Building a European Health Union

The recent public health crisis has demonstrated that a global coordination in medical procurement of unprecedented scale is more necessary than ever. In the question "Which of the following entities do you trust to manage the response to international health outbreaks?", the youth showed more trust in the EU than in national governments. From the 347 participants of the poll only 8,1% distrust the EU compared to 20,5% that distrust national governments.

Greater coordination could be achieved by building a European Health Union, moving further competences to the European level such as medical procurement in times of crises[34]. The availability of medicinal products and therapeutic challenges could be addressed on the EU level by investigating substitutes such as generics or biosimilars and repurposing existing medicines[35]. The **EC should take the lead in coordinating the efforts for medical procurement** and cooperate with the EMA to plan ahead so as to ensure access to medicines in an efficient and safe manner.

HEALTH INNOVATIONS

Young people believe that **eHealth and digital health innovations should play a pivotal role in future healthcare models**, complementing traditional face-to-face care. A broadened application of interoperable eHealth services is essential to improve access to healthcare and specialised health expertise, and integrated solutions must account for numerous stakeholders in health innovations. New frameworks for holistic health experiences must strive to ensure safe, effective, patient-centred, responsive, and well-led health services.

Prioritising people-centred eHealth and Telemedicine

18% of the Health Poll respondents have used telemedicine in the past. 95% of those state they would use telemedicine services again. Of those who have never used it, 79% would be willing to try it.

The World Health Assembly acknowledged in 2018[36] the potential of eHealth[37] to improve public health, as well as the accessibility, quality, and affordability of health services. We believe telemedicine[38] needs to remain people-centred, to address evidence-based clinical problems identified as priorities by patients, through a strong (digital) doctor-patient relationship. Healthcare professionals (HCP) and facilities need to be aware of the potential benefits and limitations of eHealth services,[39] as well as their responsibilities and liability, to provide the best possible care. Therefore,

- **the Council of the EU should regulate the responsibility and liability** of HCPs when using eHealth services;

- **the EC and EUCO should strive for public-private partnerships** to realise eHealth services;

- **the eHealth Network[40] should promote training for HCPs on the safe use** of eHealth technology[41].

Facilitating Harmonisation and Interoperability

Most eHealth solutions are limited to the national level, due to the significant differences in national regulations and social security schemes across MSs, arguably deterring EU policymakers to seek interoperability between solutions and facilitate cross-border use. Therefore,

- **initiatives to promote interoperability at regional and EU level should be a priority,** to stimulate the development of eHealth;

- **the** Commission Expert Group E03662[42] **should support the preparation of legislative proposals** on such interoperability mechanisms.

Electronic health records (EHR) should be standardised, in order to facilitate cross-border access and interpretation. MSs would benefit from interoperable cross-border networks between HCPs, with a special emphasis on rare diseases and highly specialised centres. Therefore,

- **the EC should partner with NGOs and associations, such as the International Organization for Standardization,** to achieve compatibility and interoperability between independent systems in the use of health-related data;

- **the EP should expand Directive 2011/24/EU Article 14**[43] to include language concerning interoperability mechanisms and reimbursement models.

Given that the EC's eHealth Action Plan 2012-2020[44] endeavoured to strengthen the interoperability of telehealth systems between MSs and thereby cross-border use of telemedicine solutions, **the Commission's Digital Single Market strategy**[45] **should escalate efforts to ensure that all Europeans have access to quality eHealth and innovative healthcare solutions.**

Safeguarding Data Protection

The Charter of Fundamental Rights of the European Union has established the right to protection of personal data as a fundamental right in its Article 8[46]. With the importance of Big Data on the rise and considering many are still learning about the General Data Protection Regulation (GDPR) and its stretch into healthcare, the flow of information and transparency in these processes is of interest to young Europeans.

The European Data Protection Supervisor (EDPS) and its Digital Strategy of 2020-2024[47] carry out worthy efforts, yet there are gaps in the existing framework. Access to personal notes and EHR needs to be strictly regulated to protect patients' rights whilst allowing interoperability. GDPR sets a legal framework

that both patients and companies can work with in order to ensure patients' records and data are safe and handled properly[48]. Therefore,

- **the EC should uphold GDPR measures** and coordinate with EDPS's Digital Strategy to ensure existing guidelines are implemented;

- **MSs should safeguard and strongly regulate the access of medical data and EHR, to ensure responsibility, transparency, and liability** of researchers, health professionals, and facilities.

Leading the digital transformation through research and innovation

All WHO member states committed to the achievement of Universal Health Coverage in 2005[49], striving to ensure that people everywhere have access to health services without enduring financial hardship. Therefore, **health innovations should play a pivotal role in achieving UHC**.

There are nine MSs lacking legislation, policy, or strategy on telemedicine, and only fifteen define medical jurisdiction, liability or reimbursement of eHealth services[50]. Further challenges include justifying expenditure on eHealth out of the public budget, especially when legislation on eHealth is pending, and incoherent reimbursement models existing all over the EU[51]. Therefore,

- **MSs should adopt new national legislation to include eHealth solutions in public healthcare budgets**, following the examples of Denmark, Finland, and Sweden;

- **the EC should prioritise the formation of a coherent strategy** and/or entity to provide clarity on the future of eHealth and digital health innovations.
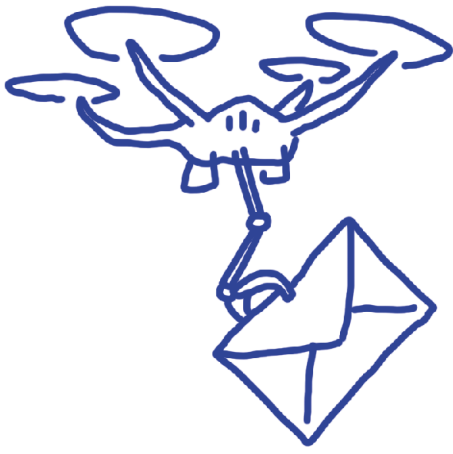
The complexities in measuring eHealth cost-effectiveness and a broad lack of leadership contribute to uncertainty and hinder wider use of health innovations. Actionable leadership in direction-setting and funding to further drive health innovation is essential. Therefore,

- **the EC should further allocate funds from Horizon Europe**[52] **to research projects,** in collaboration with industry, to generate real-world data on the clinical need and patient benefit of digital health innovations;

- **research initiatives should look to European Innovation Council Accelerator**[53] **and EU4Health**[54] to support top-class innovators **to strengthen digital transformation of health systems.**
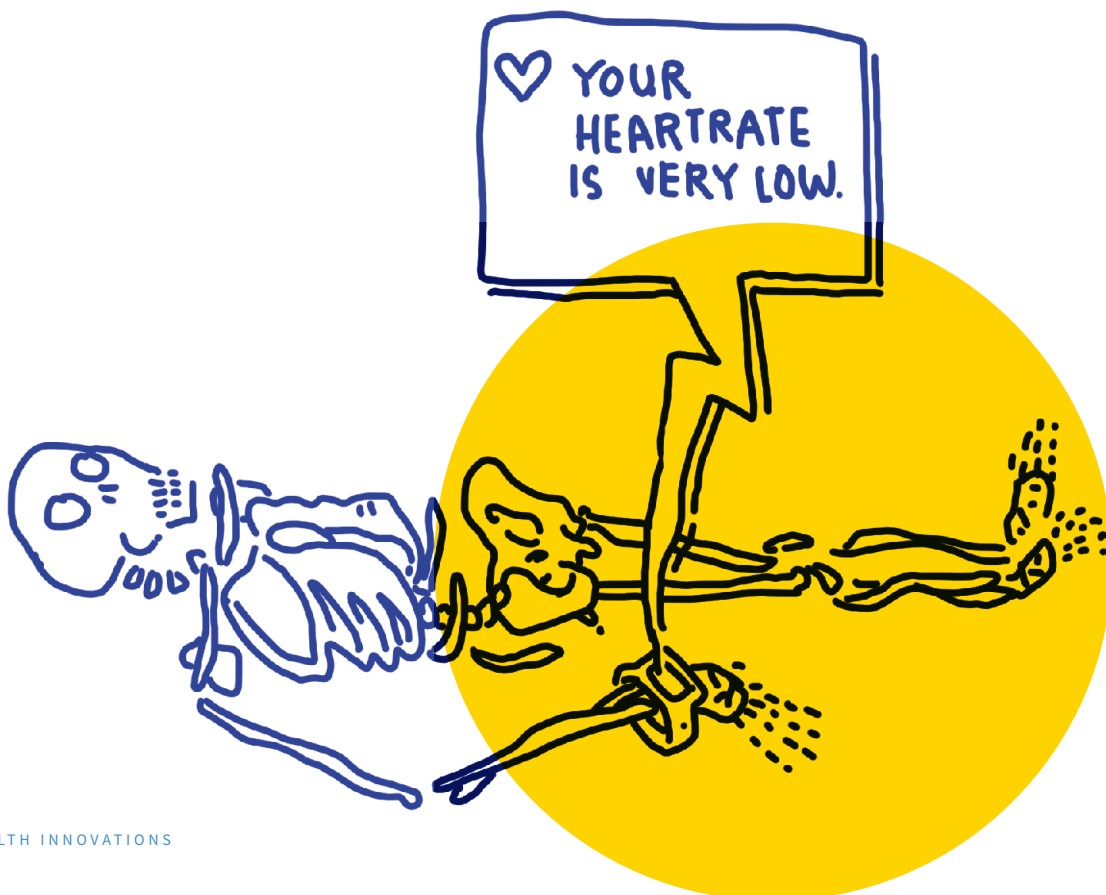
MENTAL HEALTH

Mental health disorders are experienced by 25% of the EU population annually[55]. However, only about 5% of European health budgets are dedicated to mental health[56]. This is testament to a lack of funding and a need to further recognise and address the relevant problems. This is a multifaceted issue, intertwined with many factors such as socioeconomic status, environment, gender, or race.

Increasing understanding and education as means to reduce stigma

Stigma and discrimination constitute one of the greatest barriers to accessing mental health resources, as almost 50% respondents acknowledged in the Health Poll. This is especially true for vulnerable members of society, such as homeless people, prisoners, refugees, and asylum seekers. It is necessary to raise awareness among the population regarding mental health to reduce stigma and discrimination.

Reducing stigma around mental health requires altering its perception in society, especially as new diseases keep emerging. We deem necessary to acquire more knowledge of mental health in general, and that of vulnerable citizens in particular. **MSs should strengthen cooperation between health and education ministries through the organisation of free workshops** aimed at increasing understanding from a very young age. The EC ought to **introduce school education campaigns around the use of social media to alert young people of its dangers**.

The EC should increase the budget dedicated to mental health research in Europe, following the efforts deployed by WHO with its Comprehensive mental health action plan 2013-2020[57], making it a priority while focusing on research of emerging mental diseases, such as gaming disorders.

Investing in preventive measures

A large part of mental health diseases which are treatable are preventable. It is imperative to decrease the burden of the disorders by systematic action; therefore, the **EC should increase the EU health budget dedicated to preventive measures (including mental health-related) from 3% to 10% by 2025, without prejudice to other health-related activities** [58].

The current low number of mental health professionals[59] and lack of training are negatively affecting the treatment of patients. This lack of availability leads to long waiting times[60], which can, in extreme cases, result in patient suicides[61]. It also raises the risk of misdiagnosis of mental health disorders[62] and over prescription. There are also issues concerning the inadequate staffing of mental health professionals and/or trained mental health staff in institutions such as schools and prisons. Therefore,

- the EC should develop a detailed action plan towards the development of community-based care and shift resources from psychiatric hospitals to community mental health, in line with the European Framework for Action on Mental Health and Wellbeing[63].
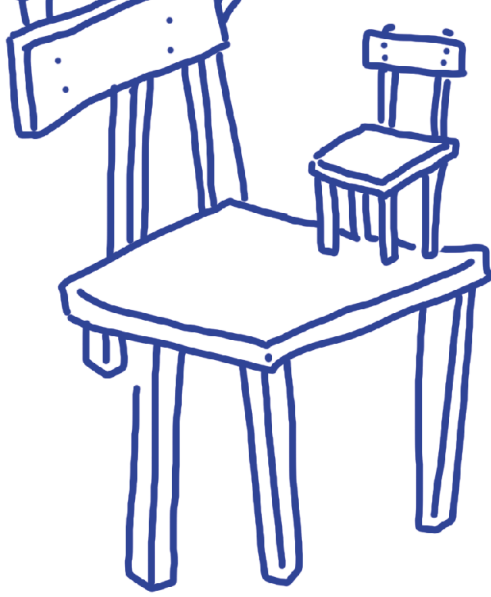
- the Education Council in the Council of the EU ought to place the discussion of mental health professionals in post-primary education on the agenda of one of its meetings in 2021.

- the European Council of Medical Orders should discuss the promotion of psychiatry as a speciality to address the current need for psychiatrists.

Supporting mental health after COVID-19

The COVID-19 crisis has shaken up the treatment of mental disorders, all the while increasing them. The lockdown, the lack of access to mental health services, or the unemployment are just a few examples of factors exacerbating the existing problems. Considering the extent of the consequences on mental health, it is recommended **to the EC to develop a post-pandemic Mental Health Recovery Plan to guide Member States.** This Plan requires cross-sectoral cooperation to be more efficient.

The EC should fund research to measure the impact of COVID-19 on mental health issues, especially towards young people. **Member States should integrate e-Mental Health**[64] **tools** to provide extra support and to be part of their strategy to address mental disorders.

Protecting mental health in the workplace

Mental health disorders are not sufficiently addressed in the workplace. This damages economies through loss of work and productivity[65]. Employers must create positive working environments and lower work-related stress[66]. The Mental Health in the Workplace in Europe[67] report shows an effort to address this issue, but further action must be taken. To tackle this problem, the EC should:

- amend Article 5 of the Council Directive 89/391/EEC to include and emphasise the **employer's duty of care towards not just the physical but also the mental health of employees**. Further, it ought to encourage MSs to adopt policies such as France's "Right to disconnect"[68] in order to decrease work-related stress.

- **create a Mental Health Policies and Programmes in the Workplace document, similar to the WHO's**[69], **tailored to the needs of the MSs**, which will additionally support the development of work-related programmes aimed at supporting employees' mental health.
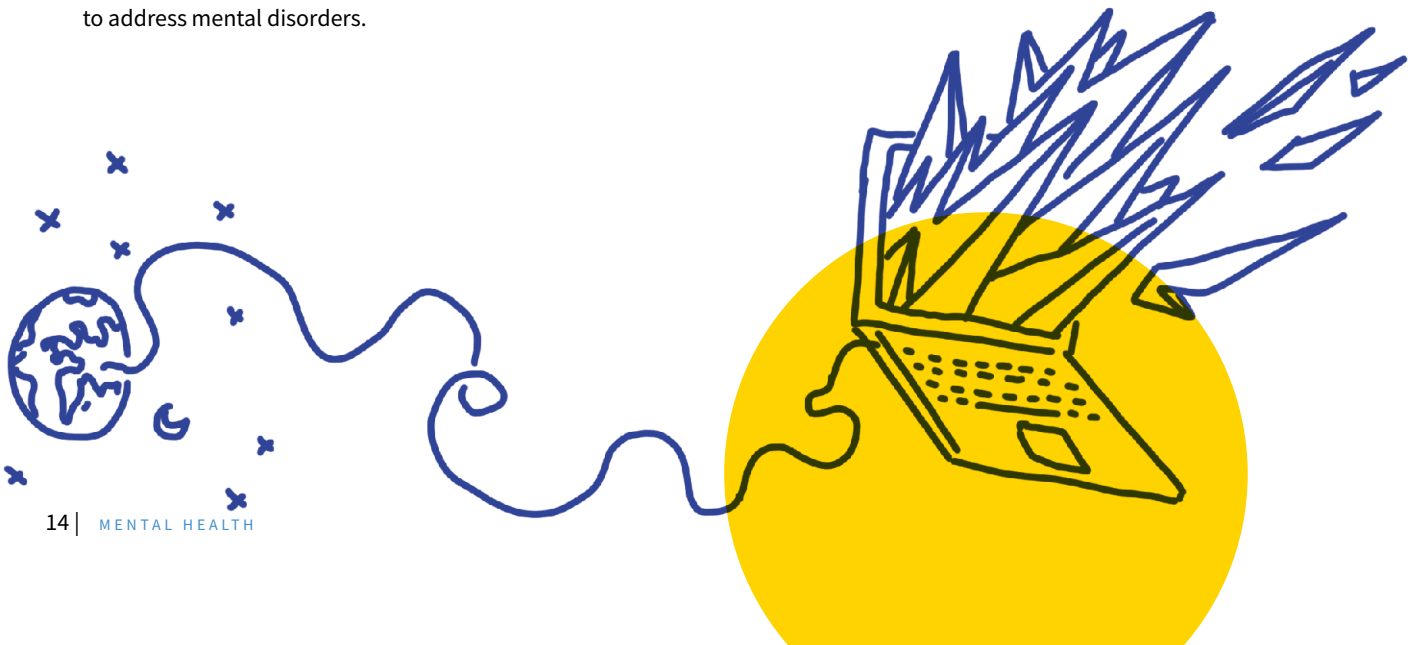
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1 Health in All Policies (HiAP) puts emphasis on health throughout all public policy and not just in healthcare, emphasising the influence of broader determinants on health and well-being. From the Helsinki Statement on Health in All Policies, WHO, 2013. More information on WHO.

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3 In the two-year budget cycle of 2018 and 2019, the US provided 15% of WHO's budget, whereas the next largest contributor, the Gates Foundation, contributed 12%. The Gates Foundation alone accounts for 45% of WHO's funding from nongovernmental entities. (WHO)

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8 For example, International Right to Know Day events hosted by the European Ombudsman (European Ombudsman, 2014). Additionally, European Ombudsman has called for the European Commission and the European Council to communicate decisions related to the COVID-19 pandemic "as transparently as possible" in order to "ensure high accountability standards for decisions" and to "help maintain public trust." (European Ombudsman, 2020) Similarly, the European Commission recognizes a "lack of awareness of, and confidence in eHealth solutions among patients, citizens and healthcare professionals" and "lack of transparency regarding the utilisation of data collected by [eHealth] applications." (European Commission, 2012).

9 EYP Health Poll (Annex B); EYP Digital Health Forum (Annex A)

10 The ERC recently pulled support for the Plan although the European Commission's former director general for research and innovation, Robert-Jan Smits, was a staunch early promoter of the plan. Other key funders across the health governance sectors (such as the World Health Organization, the Wellcome Trust, the Bill & Melinda Gates Foundation and national research funding agencies) remain signatories such that, as of January 1, 2021, they will require papers resulting from their research funding free to read immediately on publication. (cOAlition S, 2020; Kelly, 2020)

11 Per Article 29.2. of the Model Grant Agreement, all Horizon 2020-funded projects must make "any peer-reviewed journal article they publish…openly accessible, free of charge." Within Horizon 2020, the Open Research Data (ORD) pilot aims to balance openness with other priorities (such as Intellectual Property) and requires participating project to complete a Data Management Plan with "'open research data per default' (but allowing for opt-outs)." However, compliance has not been systematically monitored or enforced. (European Commission, n.d.)

12 "Multisectoral and intersectoral action for improved health and well-being for all: mapping of the WHO European Region Governance for a sustainable future: improving health and well-being for all", World Health Organization, 2018.

13 "Action Plan against Disinformation", European Commission contribution to the European Council, European Commission, 2018.

14 Per Article 38 of the Model Grant Agreement, recipients of Horizon 2020 agree to "promote the action and its results, by providing targeted information to multiple audiences (including the media and the public), in a strategic and effective manner and possibly engaging in a two-way exchange" (European Commission, n.d.)

15 Expert consultation and stakeholder dialogue are important components of evidence-informed policy-making. The European Transparency Register (European Commission, n.d.) provides a database of stakeholders who seek to influence EU law-making and policy implementation, as well as their mission and funding. This includes 3633 under the public health and 6019 on research and innovation fields of interest (Search conducted on 13 September 2020. European Commission, n.d.). The current Register is insufficient as it is voluntary, such that registration is non-compulsory for lobbying EU institutions, and furthermore applies only to Parliament and Commission and not the Council. (European Parliament, 2019)

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18 EU Strategy for COVID-19 Vaccines, European Commission, 2020.

19 The Emergency Support Instrument is the only severe crisis tool in the EU and is currently helping Member States in their efforts to address the coronavirus pandemic.

20 Overview of the Access to COVID-19 Tools (ACT) Accelerator, World Health Organization, 2020.

21 COVID-ETF is the COVID-19 pandemic task force established by the EMA, assisting Member States and the European Commission in dealing with development, authorisation and safety monitoring of therapeutics and vaccines intended for treatment of prevention of COVID-19. Press release, EMA, 2020. "Mandate, objectives and rules of procedure of the COVID-19 EMA pandemic Task Force (COVID-ETF)", EMA, 2020.

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27 Similar to the existing WHO Global Code of Practice on the International Recruitment of Health Personnel, WHO, 2010.

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29 Ibid.

30 EU Health Policy, European Commission, 2020.

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32 Expressed in principle 16 of the European Pillar of Social Rights: "(...) everyone has the right to timely access to affordable, preventive and curative health care of good quality" (European Commission, 2017).

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34 "Joint procurement agreement to procure medical countermeasures", European Commission, 2014.

35 "Towards improving the availability of medicines in the EU", European Medicines Agency, 2020.

Health Innovations

36 Seventy-first World Health Assembly, Agenda item 12.4, "Digital Health", WHO, 2018

37 eHealth is the use of information and communication technologies (ICT) for health. (WHO, nd)

38 Telemedicine refers to the practice of caring for patients remotely when the provider and patients are not physically present with each other. (WHO, 2010)

39 "Knowledge barriers, knowledge transfer, and innovation competitive advantage in healthcare settings", Sheng et al., 2013

40 The eHealth Network is a voluntary network that provides a platform of Member States' competent authorities dealing with digital health. "eHealth Network. Mobile applications to support contact tracing in the EU's fight against COVID-19. Common EU Toolbox for Member States", eHealth Network, 2020

41 "Knowledge barriers, knowledge transfer, and innovation competitive advantage in healthcare settings", Sheng et al., 2013

42 "Commission Expert group to act as "shadow" Strategic Configuration of the Horizon Europe Programme Committee (E03662)", European Commission, 2020.

43 Directive of the European Parliament and of the Council on the application of patients' rights in cross-border care (Official Journal of the European Union, 2011)

44 The European Commission's eHealth Action Plan 2012-2020 provides a roadmap to empower patients and healthcare workers, to link up devices and technologies, and to invest in research. (European Commission, 2012)

45 "European Commission Communication on enabling the digital transformation of health and care in the Digital Single Market; empowering citizens and building a healthier society", European Commission, 2018.

46 EU Charter of Fundamental Rights, Article 8. Official Journal of the European Union C 303/17 (European Union Agency for Fundamental Rights, 2020).

47 EDPS Strategy 2020-2024, "shaping a safer digital future", European Data Protection Supervisor, 2020

48 Rights of data subject, territorial reach, international transfer of data, notification of data breach and enforcement are only few of the pillars that have an effect in the digitalisation of patient health records and the information safety.

49 Policy brief on "Anchoring universal health coverage in the right to health: What difference would it make?", WHO, 2005.

50 "Bringing health care to the patient: An overview of the use of telemedicine in OECD countries", OECD, 2020.

51 For example, some Member States require face-to-face consultations before accepting to reimburse digital consultations.

52 "Horizon Europe - the next research and innovation framework programme", European Commission, 2020.

53 The EIC Accelerator is part of the European Innovation Council pilot that supports top-class innovators, entrepreneurs, small companies and scientists with funding opportunities and acceleration services. (European Commission, 2020)

54 EU4Health is EU's response to COVID-19; the largest monetary programme in Europe, which will provide funding to EU countries, health organisations and NGOs (European Commission, 2020)

Mental Health

55 According to the WHO, 25% of the population suffer from depression or anxiety. (WHO, 2012)

56 "Policies and practices for mental health in Europe - meeting the challenges", WHO, 2008.

57 "Comprehensive mental health action plan 2013-2020", WHO, 2013; Mental health action plan 2013-2020-2030 (WHO, 2013).

58 "Horizon Europe – Annex – Key Strategic Orientations", European Commission, 2019

59 "Mental Health, how many psychiatrists in the EU?", Eurostat, 2017; "Recruitment to psychiatry: a global problem", Brown and Ryland, 2019.

60 "EU Compass for Action on Mental Health and Well-Being. Access to Mental Health Care in Europe", European Commission, 2016.

61 "Thousands attempt suicide while on NHS waiting list for psychological help", Independent, 2014.

62 "Analysis of misdiagnosis of bipolar disorder in an outpatient setting", Shen et al., 2018.

63 European Framework for Action on Mental Health and Well-being, European Commission, 2016.

64 'The term e-mental health refers to the use of the internet and other electronic communication technologies to deliver mental health information and care. E-mental health services are an effective and complementary option to traditional face-to-face mental health support. By providing accessible and convenient assistance, e-mental health can play an important role for patients seeking help' ("Toolkit for e-mental health implementation", MHC, 2018)

65 The total cost of mental health in Europe is estimated at 600 billion EUR, and an estimated 240 billion EUR is due to lower employment rates and productivity of people with mental health issues according to the OECD. (OECD, 2018).

66 According to the Fourth European Working Conditions Survey carried out in 2005, 22% of European workers reported suffering from stress, lower back ache, muscular pain and fatigue. (Eurofound, 2007)

67 "EU Compass for Action on Mental Health and Well-Being. Mental Health in the Workplace in Europe", European Commission, 2017.

68 'Right to disconnect' refers to a worker's right to be able to disconnect from work and refrain from engaging in work-related electronic communication, such as emails and other messages, during non-work hours and holidays. (European Parliament, 2020)

69 "Mental health policies and programmes in the workplace (Mental Health Policy and Service Guidance Package)", World Health Organization, 2005.
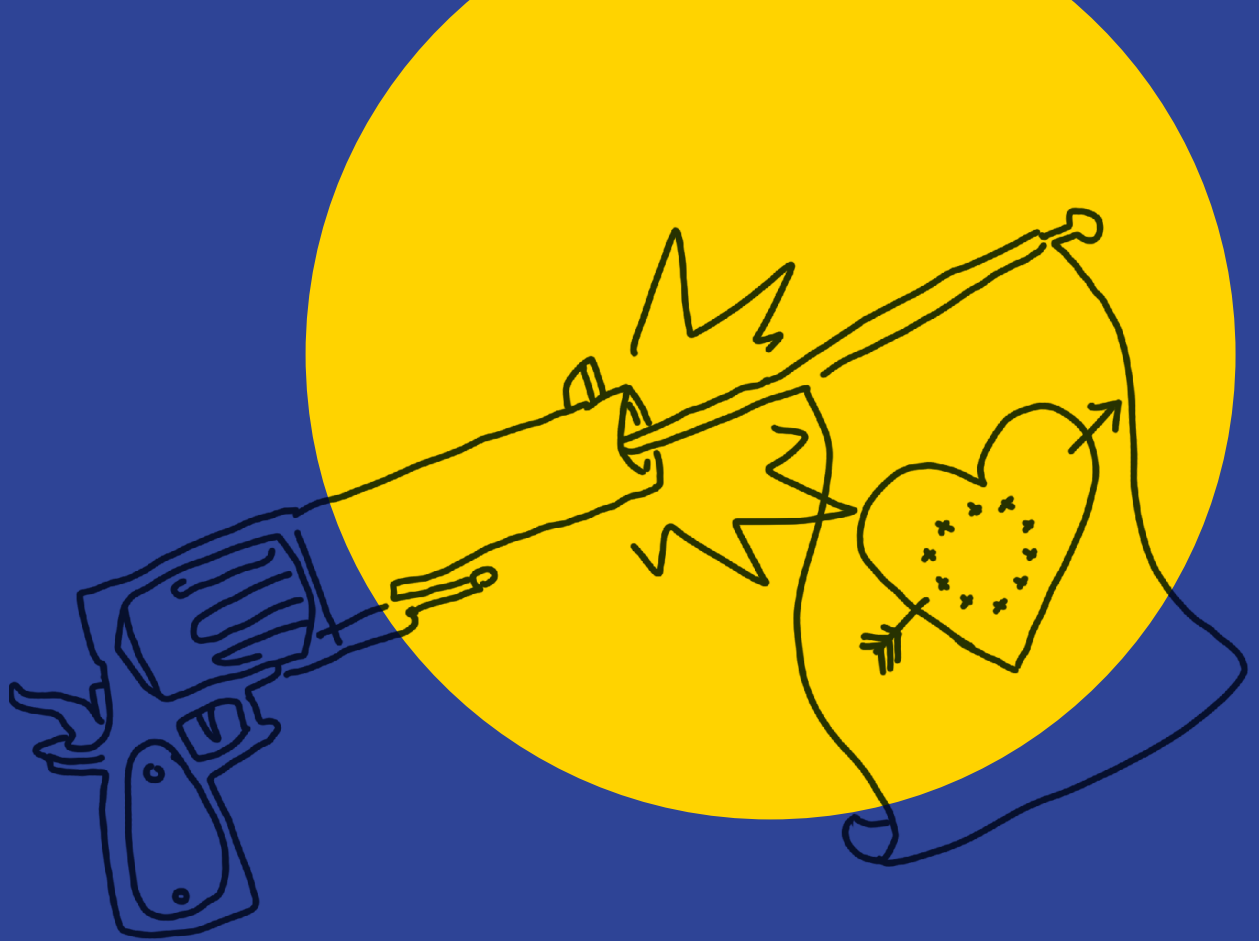
Disclaimer

Please be aware that the opinions expressed above may not necessarily match those of the majority of European youth nor those of every participant of the events listed in Annex A. This is a synthesis of the discussions at EYP's digital events and the results of the Health Poll, summarised in Annex B. The ultimate wording resulted from the work of the participants of the EYP Health Think Tank.

All events were open for applications from residents of Council of Europe member states between 18 to 25 years old. The application process was openly promoted through the EYP network. The main project supporter was the Wellcome Trust. Their main involvement was focused on providing contacts for expert exchange formats. However, these formats were always thought to be balanced with representatives from the business world, NGOs, political and research institutions. A representative of the Wellcome Trust was present in parts of the Think Tank and shared his views with the creators of the content. A project manager at the Schwarzkopf Foundation / the International Office of the EYP was accompanying the project in a coordinating role, however, the main role to shape the content over the duration of the project was with volunteers. The Schwarzkopf Foundation and the European Youth Parliament wish to extend their special thanks to all partners and supporters of the project: Thank you for making discussions on healthcare among young people in Europe possible.

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