Building a resilient EU health union

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The recent years have been generous for EU health policy. COVID-19 pushed forward the creation of the European Health Union and boosted the creation of health policy files.

In times of ongoing challenges that healthcare systems across the EU have to face – from the ageing workforce to the climate emergency, from the growing antimicrobial resistance threat to the war in Ukraine – political commitment is more urgent than ever.

At the European Health Forum Gastein, a major annual health conference, policymakers and stakeholders met to discuss the current challenges and actions needed to address them, to ensure that the European Health Union is sustainable and resilient to current and future threats.

In this series of articles, EURACTIV's health team reports from the conference.
Ethics in AI needs to be advanced to better protect patients’ health

By Clara Bauer-Babef | euractiv.com

Languages: Deutsch

A rtificial intelligence (AI) holds the potential to transform healthcare by enhancing various aspects of patient care, diagnostics, and administrative tasks. However, addressing ethics is crucial to ensure it benefits society without causing harm.

During an event in Brussels in January, the European Commission launched the European Cancer Imaging Initiative, one of the key projects of the European Cancer Control Plan (EBCP). The initiative aims to unleash the potential of AI or High-Performance Computing (HPC) to combat cancer.

“Digital technologies and artificial intelligence are key in our battle against cancer,” Thierry Breton, the commissioner for the internal market, said in a press release following the launch.

The initiative works towards creating a digital infrastructure linking up resources and databases of cancer-imaging data across the EU, including hospital networks and research repositories, aiming to foster innovation and deployment of digital technologies in cancer treatment and care.

However, the responsible development, deployment, and use of artificial intelligence is at the core of avoiding potential harm. The Commission’s initiative, just one of the examples of how AI is entering the health field, is said to ensure adherence to high ethics standards.

But according to the World Health Organisation (WHO), European countries are not ready to address AI’s risks.

“We need to work much harder to ensure that AI is fit for purpose so patients and health workers need to be far more involved in the design and the development of AI,” Natasha Azzopardi-Muscat, director for country health policies and systems at WHO Europe, told Euractiv at the European Health Forum in Gastein (EHFG) in September.

The WHO is currently working on a policy brief on the regulation of AI in health care. “We don’t want to stop the development of AI, but we need to make sure that it is safe,” said Azzopardi-Muscat.

Ethics in AI

One of the main concerns is the discrimination AI can generate. AI can be biased if the training data used to develop AI algorithms contains imbalances, reflects healthcare disparities, or mirrors existing biases in diagnoses and treatment decisions.

For example, if data predominantly represents a certain demographic group or underreports specific health conditions in others, the AI may provide inaccurate recommendations or diagnoses, leading to disparities in healthcare outcomes.

“In certain cases, AI has not been respecting equity and diversity. We have had, for example, algorithms that have not worked so well for women or for people from different races,” Azzopardi-Muscat pointed out.

In a study released in June 2022, the European Parliament shared the same concern.

“A lack of transparency is widely regarded as an important issue in the development and use of current AI tools in healthcare,” the study found.

On Thursday (28 September), Amnesty International pointed out that AI systems “use colossal volumes of often sensitive data, which are fed into automated systems to determine whether a particular individual is eligible for housing, social benefits, healthcare and education”.

Yet instead of solving societal problems, many AI-based systems blatantly amplify racism and inequality, and perpetuate human rights abuses and discrimination”, Amnesty added, saying that the AI Act should go further to protect EU citizens.

Concerns about ethics and AI are nothing new. In 2021, UNESCO, the UN Educational, Scientific and Cultural Organisation, established a list of recommendations for the ethical use of artificial intelligence.

One of the recommendations was: “AI actors should promote social justice, fairness, and non-discrimination while taking an inclusive approach to ensure AI’s benefits are accessible to all.”

Another common concern comes from the fact that some doctors fear they could be replaced by AI-driven devices. However, AI’s goal is not to replace doctors with machines but to train doctors to work with machines, Terje Peetso, chief medical innovation officer at the North Estonia Medical Centre, pointed out at the EHFG.

Azzopardi-Muscat stressed that “AI has the opportunity to really change the way we optimize health service delivery. The possibilities are infinite”.

EU AI Act

In April 2021, the European Commission presented the first EU regulatory framework for AI and two years later, the European Parliament adopted its negotiating position on the AI Act.

“The rules aim to promote the uptake of human-centric and trustworthy AI and protect the health, safety, fundamental rights and democracy from its harmful effects,” the statement from the Parliament said.

The AI Act considers AI systems used in products falling under the EU’s product safety legislation, including toys, aviation, cars, medical devices and lifts, to be of high risk.

Parliament also expanded the list to include bans on intrusive and discriminatory uses of AI, such as biometric categorisation systems using sensitive characteristics like gender or race.

In the health sector, this new rule could help fight against the discrimination Amnesty International and the WHO pointed out.

“We are confident and optimistic that AI will continue to improve itself. It has to be part of the solution, but we need to find the right way to regulate it so that patients and health workers can trust it,” Azzopardi-Muscat concluded.

Co-rapporteur Dragos Tudorache (Renew, Romania) said on the day of the vote that “the AI Act will set the tone worldwide in the development and governance of artificial intelligence, ensuring that this technology […] evolves and is used in accordance with the European values of democracy, fundamental rights, and the rule of law”.

As the talks between Parliament and EU countries will now begin in the Council, an agreement on the AI Act is expected by the end of 2023.
Concerns over potential drug shortages rise as winter approaches

By Clara Bauer-Babef | euractiv.com

The European Medicines Agency (EMA) is closely monitoring drug shortages as access to medicines is once again at the heart of discussions in Brussels, since the demand for drugs increases during the virus season.

European doctors sounded the alarm in January, in a press release, saying they were “deeply concerned by the increase in short- and long-term drug shortages”.

“The experience last winter was really dramatic”, Anthony Humphreys, head of regulatory science and innovation at the EMA, told Euractiv at the European Health Forum in Gastein (EHFG) in September.

“It was unpredicted and the unpredictability of it needs to be understood. And I'm not even sure we fully understood that yet,” he stressed.

This year, as the virus season approaches, potentially increasing demand for certain medicines, last winter's shortages of medicines are returning to the political debate.

Lawmakers in the European Parliament raised their concerns at Tuesday's (October 3) plenary session, recalling that last winter in Spain, for example, 900 medicines were in short supply while Belgium experienced a shortage of 3,000 medicines.

One of the reasons explaining the shortages is the relocation of production: 40% of medicines and 80% of active ingredients are imported from third countries in Asia.

For comparison, Belgian MEP Kathleen van Brempt (S&D) pointed out that twenty years ago, the EU was producing half of the medicine needs of the citizens.

Spanish MEP Nicolás Gonzalez Casares (S&D) also warned: “We are heavily dependent on China and India... Some patients are not receiving the medicines or pediatric forms they need.”

Relocate to Europe

During the plenary debate, MEPs from different political backgrounds made similar recommendations to Health Commissioner Stella Kyriakides, who took part in the debate.

Spanish MEP Susana Solís Pérez from the centrist liberal Renew group wants to “limit current and future deficiencies” and put in place a “policy to support the production of medicines” to “guarantee access to treatment for our patients”.

Spanish MEP Tilly Metz, the Commission should also consider creating a European public medicines infrastructure with production capacity.

However, according to EMA’s Humphreys, the pharmaceutical industry is not solely responsible for shortages.

“When you deal with complex markets like for antibiotics, which are very fragmented markets, it’s quite difficult to assemble the picture. From the company’s perspective, it can be hard for them to determine the demand”, he pointed out.

Action plan on October 17

A list of medicines in critical supply situations is being prepared by the Commission and will be available by the end of 2023, which hardly impressed Humphreys.

“There are tons of national lists and regional lists. What’s the advantage of having yet another list?” he said, noting he was more in favour of investigating where the vulnerability may appear in future crises. “I think that's probably where that longer-term investment could be a benefit.”

Humphreys also raised the issue of unequal access to medicines and treatments in Europe. “There is a sort of northwestern aspect and a southeastern aspect in Europe in terms of access to these products”.

Closing the plenary debate, Kyriakides said that structural change was needed, requiring a joint effort by industry, member states, healthcare systems, and EU institutions.

In addition to the new pharmaceutical package, the European Commission will issue a press release on October 17 with more information on measures specifically taken to fight drug shortages.
The COVID-19 pandemic and the monkeypox outbreak of recent years underlined the need for better preparedness and monitoring, from a global as well as EU perspective, Andrea Ammon, Director of the European Centre for Disease Prevention and Control (ECDC) told Euractiv.

Since its mandate was extended last year, the ECDC has played a more active role in supporting member states to prevent and control infectious disease threats, while improving preparedness and response ahead of future public health challenges.

Joint surveillance of the spread of COVID-19, influenza and RSV is just a part of the task facing the ECDC.

This also includes ensuring the one health approach, which takes into account multiple sectors to achieve better public health outcomes.

“The countries also have to work with other sectors. For instance, there are chemicals involved,” she added, explaining that ECDC is already in contact with environmental, chemical and food safety agencies.

Epidemic intelligence to monitor threats from around the world

With the aim being a more global approach and better preparedness for future cross-country emergencies, the ECDC is also collaborating with other centres for disease control worldwide.

“If there is a topic that we would like to hear how they are handling and dealing with this, we can call a video conference and then there are exchanges,” Ammon said.

She explained that these contacts were especially useful in dealing with monkeypox and Ebola as there are countries with more experience in these diseases.

Ammon also explained that this global network of agencies is helpful when it comes to monitoring health emergencies that could become possible threats in Europe.

“We are always monitoring,” said Ammon. She explained that ECDC monitors globally for every new event. They check if it is a localised event or if it has the potential to move towards Europe, in this case, they do risk assessments to see what is the situation and what actions can be taken.

“We have this epidemic intelligence where we screen the whole Internet, social media and any rumours on infectious diseases. When we have something, in order to verify this, our collaboration partners come into play,” she explained.

“We could also be monitoring something that we know already, but that changes its behaviour, similar to what we saw last year with monkeypox,” she said, adding that this has been the case also with Ebola in 2015.

“That is also something that could happen, that a known pathogen just changes a bit, the setting and all of a sudden we have a big issue,” she said, as a “consequence of mobility and global interconnectedness”.

Climate change brings new viruses

In addition to these two socio-economic factors, ECDC is also monitoring the effect of environmental aspects such as climate change.

For example, as a result of warming temperatures, Europe is facing a massive increase of disease-carrying mosquitoes in countries that were previously not affected.

“Together with European Food Safety Authority (EFSA) colleagues we make maps in Europe, where there are detections of certain mosquitoes and see whether there are new areas, whether it’s a general movement towards the north,” Ammon said.

In 2023, in the EU the Aedes albopictus mosquito, a known vector of chikungunya and dengue viruses, was established in 13 countries and 337 regions, whereas 10 years ago it was present in only eight EU countries, with 114 regions being affected.

“If the virus is introduced from an endemic tropical area, and it finds the vectors and the temperature right, then we have a situation like this year in Italy where all of a sudden dengue is there”, Ammon warned.

Andrea Ammon, executive director from ECDC, during the European Health Forum Gastein. [European Health Forum Gastein]

EU medical agency chief: Global surveillance, preparedness key to face future threats

INTERVIEW

By Clara Bauer-Babef and Marta Iraola | euractiv.com

Andrea Ammon, executive director from ECDC, during the European Health Forum Gastein. [European Health Forum Gastein]
European Health Forum Gastein 2023: Health systems in crisis

Health systems in crisis
Countering shockwaves and fatigue

26 – 29 September 2023 | Hybrid Conference

Health systems in Europe were facing significant problems pre-COVID, from underfunded primary and social care to workforce shortages and inequities in access to care, while addressing growing challenges such as ageing populations and the rise in non-communicable diseases. The ensuing permacrisis – including an ongoing pandemic, the war in Ukraine, the cost-of-living crisis, and the climate emergency – have only exacerbated the situation, stretching health systems, and in particular the health and care workforce, to their limits. Many workers have lost their lives, while others have suffered fatigue, exhaustion, and burnout.

Join us at the hybrid EHFG 2023 from 26 – 29 September to discuss how to ride out the current shockwaves and explore how crises can help catalyse the development of new approaches to health system problems.