

The future of health in Europe

Three visions for 2037

What will health in Europe look like twenty years from now?

The Health Futures Project forms part of the European Health Forum Gastein's celebration of its 20th anniversary - what better way to mark the passing of time than to look ahead to imagine what the future might hold for the health of European people.

The outcome: three scenarios for health in the EU, and a list of messages for decision-makers, to pave the way for future fit health systems.

All scenarios share a common characteristic – they are about how the future could as opposed to will unfold; they are neither predictions of the future nor plans of action. What they want to achieve is to foster an understanding of the choices and roles we have in making the future happen, and dealing with it once it is here.

The scenarios the EHFG Health Futures Project produced are qualitative in nature, based on the combined experience and judgement of over 50 leading scientists, academics, clinicians, civil society representatives, policy makers and industry executives from within and beyond the health sector.

You can access the full report [online](#), including comprehensive information on the policy and stakeholder messages.

“ *The future is not some place we are going, but one we are creating.* ”

JOHN H. SCHAAR

SCENARIO	HOW DID WE GET HERE?	THE POLICY CONTEXT?	THE BUSINESS ENVIRONMENT	HEALTHCARE REBALANCED	THE INDIVIDUAL'S REALITY	CHALLENGES AND CHOICES
<p>1 THE FUTURE IS LOCAL</p> <p>Achieving better quality of life is now more important than economic growth. A holistic approach is taken to health, and the commitment is to help Europeans achieve 'life satisfaction'.</p>	<p>SOCIAL INEQUALITIES</p> <p>PROTESTS & STRIKES</p> <p>Social inequalities, unemployment and natural disasters triggered social unrest, protests and labour strikes.</p>	<p>DEVOLUTION OF POWER</p> <p>FAIRNESS</p> <p>Fairness is the guiding policy discourse. The state devolves power and resources on the basis of 'freedom within a framework'. Heavy regulations on unhealthy goods and services are imposed. Health policy design and implementation are carried out at the local level.</p>	<p>SHARING ECONOMY</p> <p>HEALTH > MONEY</p> <p>The sharing economy is taking a flight. A "fair future" philosophy inspires businesses to prioritise the well-being of employees, boosting productivity and investment above profits. Pharma companies refocus on local communities.</p>	<p>COMMUNITY HEALTH ORGANISATIONS</p> <p>COMMUNITY REFERRAL</p> <p>Local communities appoint Community Health Organisations (CHO), responsible for the well-being and care of the local population. Life coaches and community referral erode the role of traditional healthcare providers.</p>	<p>GUARANTEED BASIC INCOME</p> <p>CONTRIBUTION TO THE COMMUNITY</p> <p>All Europeans have a guaranteed basic income. Individuals without paid work are engaged through time banks and skill swap schemes. Contribution to the community is considered crucial.</p>	<p>LACKING CHOICE AND ACCESS</p> <p>NANNY STATE</p> <p>Complaints emerge about a lack of choice and lack of access to treatment, as well as being caught in the "grip of the nanny state". Those who can afford it are driven to private healthcare, and a black market for treatments and care develops.</p>
<p>2 YOUR HEALTH, YOUR RESPONSIBILITY</p> <p>Governments launch a 'health contract', stipulating responsibilities for personal health: With the increased focus on prevention, one of the state's main tasks is to make reliable health information accessible; the individual is expected to self-monitor his or her health.</p>	<p>SHRINKING LABOUR FORCE</p> <p>POPULATION AGEING</p> <p>The labour force had shrunk in the wake of declining birth rates, and tax receipts fell, depleting public finances. At the same time, increased life expectancy meant there was a growing number of older people to support.</p>	<p>HEALTH CONTRACT</p> <p>PROVISION OF RELIABLE HEALTH INFORMATION</p> <p>Health "contracts" specify state responsibilities. Governments are incentivising healthy lifestyles through education and providing reliable health information via various channels; unhealthy behaviours are stigmatised.</p>	<p>HEALTHY WORKPLACES</p> <p>EMPLOYEE HEALTH SCORES</p> <p>Businesses incentivise employees to be healthy by providing health and wellness schemes. The market for personal health products is thriving. Some businesses put pressure on workers who might compromise their employee health scores.</p>	<p>STRONG FOCUS ON PREVENTION</p> <p>PATIENTS AS EXPERTS</p> <p>There is a growing emphasis on disease prevention. Health insurance systems start working with individual risk profiles, including "lifestyle compliance". The patient becomes a health expert and increasingly challenges his doctor's views.</p>	<p>HEALTH AND DIGITAL LITERACY</p> <p>SELF-MONITORING</p> <p>Technology empowers individuals to monitor their health and alerts them to symptoms of diseases. Compulsory health and digital literacy classes form part of the school curriculum. Education establishments carry out mental and physical health reviews of students.</p>	<p>LIABILITY ISSUES</p> <p>INEQUALITIES IN HEALTH LITERACY</p> <p>The system exposes great inequalities in health and digital literacy. Some people feel overwhelmed by the amount of health information. Others feel discriminated against for their illnesses. Liability issues emerge in relation to false diagnoses, for example.</p>
<p>3 TECHNOLOGY DELIVERS</p> <p>Governments have become more explicit about the health problems they want to address, and in response they are proactively shaping the health tech market. Increased knowledge about people's genetic make-up and the proliferation of data analytics to predict and manage health has a profound effect on health system structures.</p>	<p>FRAGMENTED UPTAKE OF INNOVATION</p> <p>WASTEFUL PROCUREMENT PRACTICES</p> <p>Poor value for money from investments in technology, slow uptake and difficulties with scaling up innovation meant that opportunities to improve both public and individual health had slipped for years.</p>	<p>TARGETED PROCUREMENT</p> <p>INVESTING IN SMART ENVIRONMENTS</p> <p>Governments steer investment in innovation, insisting that technology delivers both cost reductions and better health outcomes. The focus of innovation lies either with personalised medicines and diagnostics, or with enhancing public health decision-making. Smart environments and urban architecture facilitating healthy lifestyles are considered crucial.</p>	<p>OPEN ACCESS</p> <p>PROBLEM SPECIFIC, CROSS-SECTORAL INNOVATION</p> <p>Interoperability and open access unbar the market for health-related technology and new companies. Licensing for social benefits is widely adopted. The state takes an active role as market "facilitator", using grants and cross-sectoral health innovation hacks.</p>	<p>BIG DATA & GENOMICS</p> <p>ROBOTICS</p> <p>Big Data, genomics, and personalised medicines and diagnostics are the cornerstones of the healthcare system. Patients are seen as clients of highly specialised paraprofessionals. Robotics play an increasingly important role.</p>	<p>VIRTUAL REALITY</p> <p>(OVER)RELIANCE ON TECHNOLOGY</p> <p>Sharing personal data is the new normal, and virtual reality is widely used. Almost all public services are available digitally. With technological solutions providing tailored answers to health problems, focus on changing individual health behaviours diminishes.</p>	<p>DATA BREACHES</p> <p>LACK OF SOCIAL INTERACTIONS</p> <p>High profile and damaging breaches of data protection occur, fuelling calls for "the right to disappear". With many social interactions taking place online, new mental health problems emerge.</p>