

**"THE SORBONNE'S CALL
FOR AN INNOVATIVE, ATTRACTIVE AND BENEVOLENT
EUROPEAN HEALTH UNION"**

Platform of proposals, December 2021

Health is at the heart of numerous global and strategic challenges linked to aging populations, climate change, the scale of scientific and technological innovations and economic, social and societal crises. These challenges were of course intensified by the Covid-19 pandemic which revealed the weaknesses - but also the strengths - of all national health models and systems. Everywhere in the world health has thus become the main concern of both citizens and governments.

The pandemic and the constraints associated with the fight against the spread of the coronavirus have had dramatic effects on the lives and health of the youngest. This is particularly true for students, for whom the measures put in place to fight the pandemic have deprived them of social interactions and have plunged them into economic precariousness often preventing them from building their futures with peace of mind.

Finally, health must face the information crisis, the relativism of values and the questioning of knowledge and science. The fears and concerns linked to the health crisis and to the economic difficulties associated with it often have a negative influence on the population's perception of health, medical and scientific questions. This influence therefore pushes them to support erroneous conceptions based on beliefs or convictions that are unrelated to scientific truth.

In this context and in the face of issues that have no borders, Europe is asserting itself as a relevant perimeter to face current and future health challenges. This point was well understood by European citizens since 74% of them think that the European Union should have more say and leeway in health. An innovative, attractive and benevolent "European Health Union" would be able to better respond to potential future health crises, but also to offer new perspectives to caregivers and young Europeans currently worried about the future. In addition, building an efficient and ambitious European Health model capable of competing and collaborating with other world powers, would unite Europeans around a common goal and a European identity based on Health, Education, Research and Innovation.

Universities and their training and health research components can therefore be placed at the center of themes that are essential for European societies. As a trusted third party, they intend to recognize the full importance of their societal responsibilities.

For this reason, **the Conference of the Deans of Medicine Faculties** as well as **the Conference of University Presidents**, in collaboration with **the Conferences of University Hospitals, the Conferences of Deans of the pharmacy, dentistry and midwifery Faculties** as well as with several major European University and Research sites (**Humboldt-Universität zu Berlin** and **Charité - Universitätsmedizin Berlin, KU Leuven University** in Leuven and **La Sapienza University** in Rome), organized on September 30th, 2021 the "Grand European Symposium : training and Research in the Europe of Health" from the Sorbonne's Grand Amphitheater in Paris.

At the end of the Great European Symposium, its organizers jointly published "*The Sorbonne's call for an innovative, attractive and benevolent Europe of Health*". This platform of proposals aims to lay the foundation for a "Europe of Health" which will be close to the daily lives and needs of the European Union's citizens through training, research and innovation. Its objective is to help prepare joint responses to Europe's health challenges of tomorrow.

- I - "Research and innovation at work for the construction of a European Health policy"**
- II. "Ensuring the well-being and mobility of health students as part of quality training in Europe"**
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I - "Research and innovation at work for the construction of a European Health policy"

The member countries of the European Union are faced with immense health challenges that go far beyond borders: epidemics, development of chronic diseases, aging populations, health care cost increase, inequalities in health care access, health effects of migration, etc. The Covid-19 crisis has also served as a shocking wake-up call and has highlighted the importance and true nature of the public health challenges that Europe faces.

To meet both current and future challenges, European countries must tackle the task of implementing a shared, reinforced and long-term health policy, and must mutualize their human, intellectual and financial efforts.

This common policy will have to fulfill the following missions:

- guarantee equal health and access to quality care throughout the Union;
- respond and anticipate to major current and future health challenges (pandemics, treatment of diseases such as cancer, etc.) by promoting public health in particular;
- develop innovative and competitive health research;
- ensure Europe's sovereignty and autonomy.

To achieve these goals, a genuine European Health Policy will have to be built based on research and innovation. It will ensure the progress of science and medicine, develop the autonomy and attractiveness of the Union, but it will also give citizens exciting and encouraging prospects for training, work and for their future in general. As players in Research, Health and Education, we are bearers of many values that range from human, social, progress, benevolence and well-being values that we want to see shared among the citizens of different countries of a Europe that is greatly open to the world and to international cooperation.

Positive and encouraged initiatives that support this vision have of course been put in place in recent years and have, in some cases, been accelerated and / or been reinforced by the Covid-19 crisis : the sharing of monitoring indicators during the pandemic; bulk orders of vaccines; the creation of HERA ("European Health Emergency Preparedness and Response Authority"); the extension of the Horizon Europe program for the period 2021-2027 (with 95.5 billion euros, which represents an increase of 30% compared to the Horizon 2020 program); the development of the One Health model; the establishment of the European Reference Networks for Rare Diseases, as well as Cancer and Personalized Medicine

consortia.. On a European scale, a reasoning based on the 5Ps (prevention, prediction, personalization, relevance and participation) is already being developed for accessible, affordable and sustainable medicine.

The objective is now to formalize and to sustain initiatives that are sometimes improvised and short-term experiments or projects that are isolated on a long-term basis. The institutional community as well as experts in the medical field must learn from the crisis to build a prepared, equipped and responsive system and to boost European dynamics. This system should be connected to society and should take into account regional, national and European dimensions.

Our five recommendations:

1. Modernize all processes to ensure the effective translation of clinical research from the bench to the bedside, of the measures and investments adopted at European level, through the following actions:

- implement long-term strategic investments with a concrete impact on specific challenges;
- put an end to working in silos, create a synergy between the various programs of the European Commission (Science, Medicine and Economy) and integrate the various innovation-research action poles within the framework of a more global and transversal European political action;
- to better direct health related research and create more synergies between research institutions in life science across Europe, the EU should establish a health research funding organization modeled after the US-American National Institute of Health (NIH);
- amplify collaborative work between the various European actors and forces (European Commission, professional experts, students, ministries, universities, research agencies, hospitals);
- Further support the European Reference Networks for Rare Diseases as networks for expert care across Europe, but also for necessary clinical research and source for needed clinical data. Similarly the European Health Data Space should from the beginning be developed with an application for biomedical research.

2. Develop European courses open to innovation-research and stabilize the postdoctoral course (by securing research time and creating professional courses with attractive salaries) in order to build a new generation of European healthcare professionals, researchers and caregivers armed to face new challenges. Programs such as the BIH Charité Clinician Scientist Program offer a blueprint for supporting clinicians in pursuing a simultaneous

career in science and the clinic, thereby fostering translation. They should be rolled out on a European basis.

3. Facilitate clinical research in Europe by, for example, lifting the regulatory obstacles which currently oblige research teams to have a multicenter clinical trial project signed by each Member State and each hospital system. Clinical research and innovation needs to also be recognized as an important economic factor for the success of the European Health Union. Collaborative clinical trials for the development of ATMPs (advanced therapeutic medicinal products) are essential to ensure Europe's competitiveness in this important area of healthcare.

4. Create and strengthen "European departments" in hospitals, faculties and universities.

5. Develop European support systems for researchers based in Europe. The latter could for example be based on the model of the ATIP-Avenir French Program and of the National Institute of Health and Medical Research (*Inserm*) (knowing that similar mechanisms also exist in other countries of the Union). The objectives of this program are to enable young researchers to create and/or lead a team, to promote mobility and to attract into French laboratories young high-level team leaders. It is essential to offer the same quality support to young researchers in Europe. The European Commission should be responsible for this or complement existing arrangements.

II. "Ensuring the well-being and mobility of health students as part of quality training in Europe"

Young Europeans who for several years had already been weakened by economic and social difficulties have now also been particularly affected by the Covid-19 pandemic. Students and interns/residents, in particular, often found themselves on the front line facing a crisis that impacted them both physically and psychologically.

More generally, the quality of life and study conditions of European students engaged in health training programs have been questioned for several years now. This is particularly true regarding the principle of equal opportunities. Indeed, even if they express the desire to undertake international mobility during their studies and internships, health students are the least likely to actually do so. For this reason, from 2014 to 2020 the health and social sectors in France represented 6,200 outgoing and 9,700 incoming mobilities. By way of comparison, still in France and over the same time period, mobility in the sectors of commerce, administration and law concerned 93,000 outgoing students. From 2018 to 2019 students in the health sector represented 12.5% of France's students, however only 2% of them were able to undertake international mobility thanks to the Erasmus + program.

The subject of student mobility in health must be tackled and considered as a priority if we want to build a “European Health Union”.

Indeed, student mobility is a guarantee of the development of knowledge and skills, of the exchange of good practices, of increased professional and personal opportunities and of the well-being of student-citizens. It also seems obvious that a united and effective European Health Union must be formed starting from the field and from the future European caregivers who will have gotten to know each other and to work together previously. It is therefore the European Health training and research units’ job to mobilize and transform themselves in order to ensure their students the best possible training. At the same time however, it is essential that the European Union and its member countries create the necessary conditions to promote the mobility of health students and caregivers, in particular by agreeing on the content of training, the duration and the valuation, and not only on the minimum skills validation as it is currently the case.

Our five recommendations:

1. Suggest to the European Commission and the Member States to create a European work group around the modernization of study programs and of strengthening skills development expected of health students as well as around the organization of health studies in the different member countries of the European Union. In particular, the issue of modernizing the competences expected of health students such as communication with patients and their relatives, digital health and future medicine, and global health issues should be addressed and could be added to Directive 2005/46/EC. The work group could lead to a European interministerial conference between the Member States’ ministries of Health and Higher Education to produce a first shared commitment on this subject (at the latest at the Albania interministerial conference in 2024). In this context, the main objective would be to develop internship mobility and to develop knowledge and skill exchange.
2. In European countries where it is necessary, strengthen mobility within the framework of the 2nd cycle, especially in the 5th year, in DFASM 3 for medicine (*Diplôme de formation Approfondie en Sciences médicales* - Advanced 3rd year training diploma in medical science, French benchmark). Students who have validated their EDN (*Épreuves dématérialisées nationales* - National Dematerialized Tests, French benchmark) and who thus have available time to go to other European countries in order to strengthen their skills by following, within the framework of their professional project, internships dedicated to diversifying their course. On the other hand, mobility for medical staff (e.g. doctors in residence) is almost not

possible due to regulatory hurdles. We would see a need to ease the way for free movement of medical staff across the European Union.

3. Organize inter-European CHU (*Centre Hospitalo-Universitaire* - University hospital center) exchanges for 3rd cycle students. This model could be developed by the faculties of medicine in close collaboration with CHUs based on the model of national inter-CHU internships (French benchmark), applying a 1 to 1 equivalence to balance out budgetary aspects.
4. Complete health students' training by adding the mandatory learning of a modern language (English and / or another language of the European Union) since poor foreign language proficiency throughout university is still considered a major brake for exchanges. On this crucial point, some "European universities" are a great example to follow given that they require knowing the local language of the country in which students intend to go.
5. Carry out in-depth, structured information and communication work among health students, teachers, institutions, administration, and regional authorities on which some paramedical training courses depend, regarding their possibilities and opportunities of mobility in Europe.

III. "European universities' role in preserving rationality, science and a reality of evidence-based science"

The Covid 19 crisis has brought to light and accentuated a phenomenon that has already been at work for several years: the questioning of scientific facts and the dissemination of false information. This movement threatens citizens' health, the development of science and it also threatens the balance of our societies and democracy in Europe.

The pandemic has also highlighted the fundamental difference between generally long scientific processing times and political processing times devoted to meeting citizens as well as public debate's demands. Thus, even though the immense challenges generated by the pandemic have been met exceptionally quickly by science and public health, they have also created enormous misunderstandings, fears and frustrations among populations all over Europe. In particular, the time for explanation was not carried out satisfactorily and thus allowed the rise and development of false beliefs and untruths among the public's opinion therefore threatening the effectiveness of public health measures, physical distancing or vaccination in particular.

Finally, the epidemic crisis has highlighted an already long-standing problem, which is that of citizens' distrust of politicians and, now, scientists. In this context, the challenge of the right balance between public health imperatives and respect for individual freedoms has emerged as central. In order to try to reconcile these two requirements, it appears essential to build a European health democracy articulated around three pillars: power, knowledge and public debate.

Faced with these issues, all of which are intrinsically linked, European universities must unite and collaborate to defend rationality and science, to fight against the development of charlatanism and to base public health policies on science. European universities are key players in facing these challenges, this for several reasons:

- to reconcile society with rationality and evidence-based science, it is essential, in universities, to better train both in initial and ongoing training, scientists, health professionals and the media regarding the proper transmission of scientific and medical information;
- to ensure acknowledgment to scientific information, it is also essential that some universities offer quality scientific training to citizens who will thus become enlightened actors in a real health democracy;
- lastly, to ensure a quality public debate it is necessary for each actor (scientist, political leader, etc.) to speak from the role they occupy without stepping outside their area of expertise. As a trusted environment, universities can provide a framework for regulating this necessary confrontation through the training they offer and through their own contribution to public debate.

One of the main prerequisites to allow universities to fully engage in their role of defenders of rationality, science and a reality of evidence-based science is first and foremost the assurance and defense of freedom but also of academic responsibility (which lately has been too often endangered). A scientist must be able to freely state scientific truths without fear of being threatened by political actors and/or citizens. He must also do so in full awareness of his responsibility which is to convey facts established by science and not by convictions or speculations.

Our five recommendations:

1. Develop some diplomas and offers of ongoing education programs in health universities to train the media and politicians in evidence-based science and scientific culture. A new and strengthened collaboration must be established between universities and journalism schools in Europe.

2. Create some public health institutes within multidisciplinary universities by combining all medical, scientific and human sciences skills to train doctors and professionals who work for an active public health. This is what would allow the building of a real and solid Public Health in Europe.
3. Strengthen European health students' training by including two new courses: training in ethics and medical deontology and training in scientific communication.
4. Encourage researchers who benefit from public funds to intervene in societal debates in their fields of expertise.
5. Create a European Association for Medical Information to bring together academics and journalists. This observatory would play a role both in training and in the verification of scientific facts and advice. It would also be a place dedicated to meetings and exchanges between academics and journalists.

PARTICIPANTS AND SUPPORTERS:

