

NEW FACE OF HEALTH

Abstract purple geometric lines, including a large triangle and several intersecting lines, are overlaid on the teal background.

Health as a strategic
national resource

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FORUM 2025



"It is time to change the paradigm.
The goal is no longer only to treat,
but to prevent disease from occurring altogether."

Doc. Dr. Sc. Irena Hrstić

1. STRATEGIC CONTEXT AND PRIORITIES

Health is increasingly portrayed as the sole responsibility of the individual, although it has always had a strong social dimension. Today, it is becoming ever clearer that health is the foundation of a stable society, a resilient economy, and sustainable public finances. However, in the context of accelerated demographic changes, new geopolitical threats, and growing economic pressures, health is also emerging as a strategic national resource.

Trends and Challenges in Healthcare

According to data from the European Commission and the OECD, Croatia is among the EU member states with below-average health outcomes. Croatia allocates around 7.0% of its GDP to healthcare annually, significantly below the EU average of 10.9%. For example, Denmark invests as much as 10.8% of GDP, with a strong emphasis on prevention and integrated care that ensures better health outcomes and longer life expectancy for its citizens.

Life expectancy in Croatia is 77 years, which is five years less than the European Union average (82), while healthy life years in Croatia amount to 66.8 years, which is above the European average (62.8 years for women and 62.4 for men). The share of people aged over 65 already exceeds 23%, and Eurostat projects that by 2050 it will reach 30%, accompanied by a continuous decline in the working-age population. In the last decade, Croatia has lost almost 10% of its total population, further highlighting the vulnerability of the system.

In such a context, every individual and their health have immeasurable value. The war in Ukraine, for example, has led to the loss of millions of lives, killed, injured, and displaced, demonstrating how people have become a strategic resource. **“When health is a public good, the outcomes are much better,”** emphasized **Prof. Dr. Branko Gabrovec**, Director of the National Institute of Public Health of Slovenia, at the panel discussion: “Health 2035: From Health Systems to Health Ecosystems – The Future of Public Health Leadership.”

This paradigm shift was at the center of the **third HealthComm Forum 2025**, organized by **Val Group under the patronage of the European Parliament** and the **Ministry of Health of the Republic of Croatia**. The Forum gathered leading experts, decision-makers, industry representatives, and the academic community to define the new face of healthcare, proactive, digitally connected, cross-sectoral, and focused on extending healthy life years.

Health challenges are no longer merely medical in nature. Complex causes ranging from dietary habits, environmental factors, and social inequalities, to mental health issues and low levels of health literacy require broader political and institutional action. As highlighted at the Forum, health is created primarily within the community, in schools, in the workplace, in the family, and in public spaces, not only upon entering the healthcare system. Thus, **health becomes the outcome of overall societal action, not just health policy.**

Croatia has one of the lowest fertility rates in the EU (1.47), and the average age at death is 78.6 years, with cardiovascular diseases, cancers, and diabetes dominating as the leading causes of death. This trend of population aging, combined with a shrinking working-age population, is creating growing pressure on the healthcare and pension systems. In addition, Croatia continues to record **worrying trends in prevention**. Vaccination rates against diseases such as measles and COVID-19 are declining, childhood obesity is among the highest in the EU, and chronic diseases are increasingly affecting younger age groups. Although there are initiatives such as the national prevention program for people over 40, which has so far included nearly 10,000 citizens, this is an important but still limited step toward systemic prevention. Vaccination is one of the most powerful tools of public health, playing a key role in extending life expectancy and preventing disease. Nevertheless, trust in vaccines in Croatia is declining, especially after the pandemic. Experts emphasize that science must remain the foundation of preventive action.



"Since the introduction of vaccination for children and adults over the past 50 years, it can be seen that about 154 million people have been saved from various diseases thanks to vaccination—about 50% of those lives saved were due to measles vaccination. That is why I am saddened by the data we heard here that certain counties have weak vaccination numbers," said **Prof. Dr. Sc. Ivan Đikić** in his lecture "The Scientific Fight for Health," warning that without COVID vaccines, the number of victims would have been twice as high.

During the panel discussion "Health 2035: From Health Systems to Health Ecosystems – The Future of Public Health Leadership," **Dr. Sc. Tomislav Benjak** from the Croatian Institute of Public Health emphasized that **"health must be recognized in all ministries, because without that there will be no systemic change."**

Citizens' trust is further burdened by the **perception of disconnected, fragmented, and bureaucratized services**. According to the survey [Nulti kvadrant \(Val Group and Ipsos, 2024\)](#), 44% of citizens believe that healthcare must rely on private initiatives because the state is failing in its role. At the same time, only 28% believe that the public healthcare system provides them with a sense of security and accessibility when it comes to serious health problems. This is also reflected in the growth of the private healthcare market, alongside the simultaneous lengthening of waiting lists in the public system, deepening social inequalities. Addressing this issue, **Prof. Dr. Ivan Đikić**, Director of the Institute of Biochemistry II at J. W. Goethe University, noted during his lecture **“The Scientific Fight for Health”: “In Croatia, healthcare is divided into two worlds—the one where you wait nine months for an examination, and the one where you pay and get it within a week. That is the cancer of the system, and it urgently needs a solution.”**



Access to medicines and innovation

Equal access to medicines, especially innovative ones, remains limited in many EU member states, including Croatia. Although there is a unified regulatory system, this does not guarantee that medicines will be available to patients—their market presence depends on national decisions, budgets, and manufacturers' interests. With increasingly frequent shortages of essential medicines and delays in the availability of innovations, the issue of medicines is becoming a strategic one, not merely a healthcare matter.

"Approval is one thing, but placing a medicine on the reimbursement list and ensuring real availability is already a national responsibility," warned **Goranka Marušić Kontent (HALMED)** at the panel "Health Without Borders."

To mitigate these differences, the European Commission has proposed new regulation requiring pharmaceutical companies to place a medicine on the market of a member state no later than 12 months after submitting an application. This would reduce disparities in availability between large and small markets, such as Germany and Croatia. The new model also includes collective public procurement by at least nine member states, as well as the redefinition of regulatory protection periods for innovative medicines, aimed at encouraging the availability of generic alternatives.

As MEP Dr. Sc. **Tomislav Sokol** emphasized, the new rules strike a balance between fostering innovation and ensuring timely therapy for all citizens, but their effectiveness will also depend on how healthcare is financed at the national level.



Digital interoperability and data

As an additional challenge, the system remains digitally insufficiently interoperable. Although electronic medical records exist, they are most often closed systems, lacking structured data that would enable the use of artificial intelligence, predictive analytics, or personalized care. Croatia is currently not harnessing the potential that digital tools and large volumes of data offer for better prevention, more accurate diagnostics, and more efficient resource management.

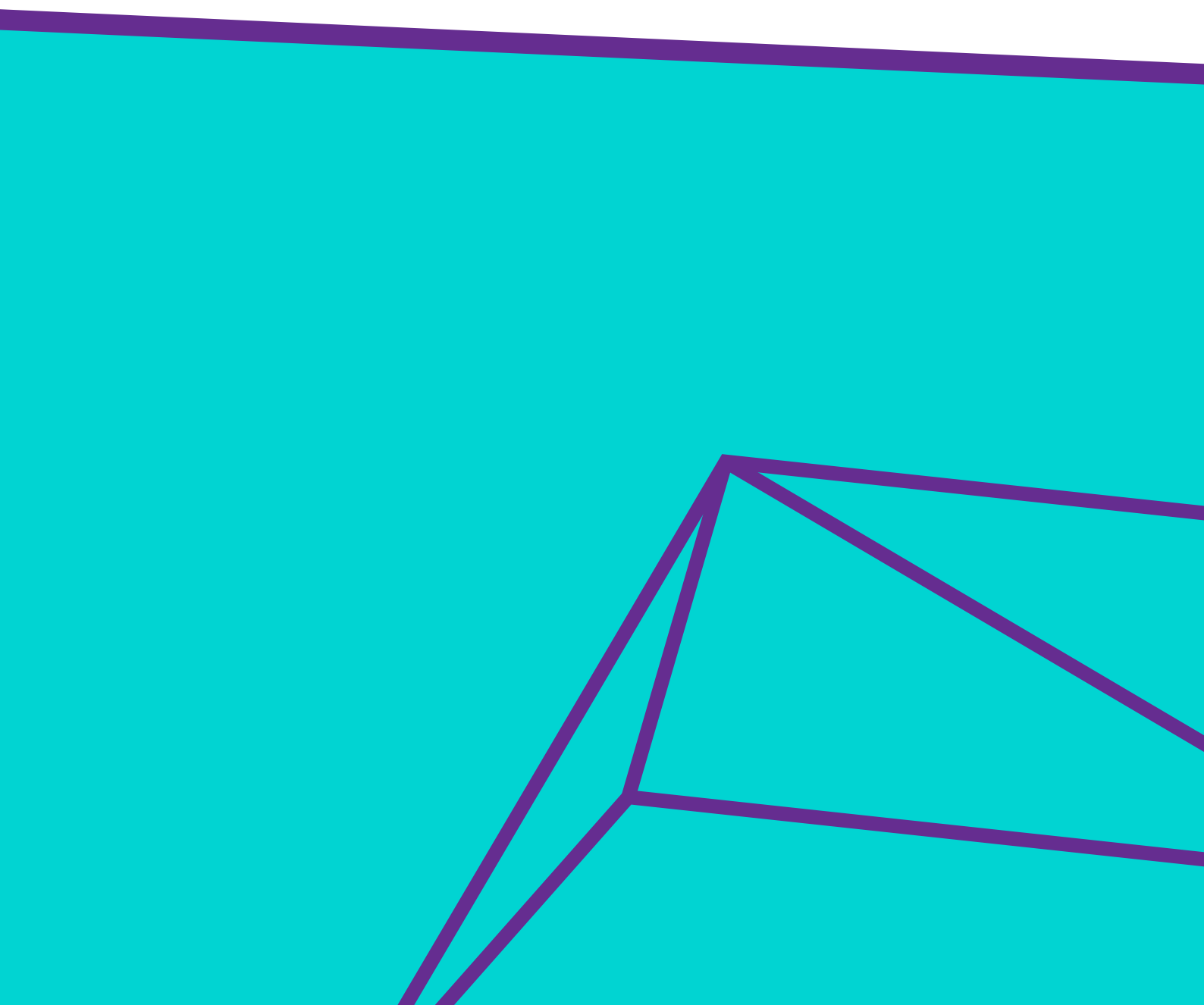
"We have electronic health records, but exchange between hospitals almost doesn't exist—everything has to go through CEZIH," warned **Siniša Koščina**, Director of Mergers, Acquisitions and Business Development at IN2 Group during the panel discussion "Artificial Intelligence as a Bridge of Change: From Promise to Healthcare That Works Today."

Vladko Borić, Business Unit Director Rare Diseases Balkans at AstraZeneca, highlighted that the pharmaceutical industry must also actively work on data integration: "The use of patient-reported outcomes is becoming increasingly important. They allow us to see whether innovative therapies truly deliver the expected benefits and provide invaluable insight into what really matters to patients. Patient feedback must become part of the process—from product registration to everyday clinical practice. In the field of rare diseases, where we are often the first to pave the way, it is precisely the patients' voice that shows us the direction. At the same time, it is essential to respect strict European regulations on personal data protection, which is why expertise in this field must be relied upon."

On the other hand, this very moment provides an opportunity for a breakthrough. European documents such as the [EHFG Outcomes Report](#) and the [BIAC Synthesis Report](#) increasingly position health as a key investment—not only in better outcomes for patients but also in overall economic growth and social cohesion. The return on investment in prevention is measured in multiples: 14:1 for the general population, 19:1 for adult vaccination. **"Prevention is not a luxury, it is a cure. Investing in health is the most economically profitable investment,"** emphasized **Prof. Dr. Sc. Sanja Musić Milanović**, architect of the National Living Healthy Program, during the Fireside Chat: "Health as a Political Project: How 'Living Healthy' Transforms the System at its Core."

According to EPHA data, only **two to four percent** of total healthcare spending in OECD countries **goes to prevention and health promotion**, while the vast majority of the budget goes to treatment and care. This imbalance highlights the urgent need to reallocate funds toward proactive health models, particularly in Croatia, where results are below the European average despite high treatment costs. As OECD advisor **Dr. Sc. Niek Klazinga** pointed out, **“Prevention is an investment, not a cost. Healthcare does not produce health, it supports people in reaching their full health potential.”** Precisely for this reason, it is essential to reallocate resources to proactive models that deliver long-term results.

In this context, this year’s edition of the HealthComm Forum posed a crucial question to key stakeholders from public and private healthcare, professional organizations and associations, as well as the pharmaceutical and food industries: how to direct resources toward preserving health. Health that must be accessible and fair, instead of a system that reacts only after diseases occur.





"Prevention is not a luxury, it is a remedy.
Investing in health is the most
profitable economic choice."

Prof. Dr. Sc. Sanja Musić Milanović

2. KEY STRATEGIC SHIFTS

2.1.

New paradigm: From treating disease to preserving health

The healthcare system as we have known it for decades is built on reactivity, we act when illness has already occurred. But the demographic, social, and technological context of the 21st century requires an entirely different approach. The new paradigm of healthcare, which was the cornerstone of this year's HealthComm Forum, places health before disease, people before systems, and cross-sector cooperation before isolated action. **"It is time to change the paradigm. The goal is no longer just to treat, but to prevent disease from occurring in the first place,"** emphasized Minister of Health **Assoc. Prof. Irena Hrstić, PhD**, during the Fireside Chat: "The New Face of Health: At the Crossroads of Trust and Sustainability."

This new paradigm rests on the idea that health is the result of lifestyle, environment, education, digital connectivity, and also a sense of fairness and trust, and that responsibility for preserving it is shared. At HealthComm Forum 2025, all participants agreed: **the transformation of healthcare cannot begin within the system itself unless we redefine what the system is meant to be.** That is, the system must support life, not merely serve as a mechanism for treatment. It cannot be a bureaucratic matrix of procedures, but rather a flexible network that empowers citizens to live longer, healthier, and more active lives.

In the new health paradigm, science must not only support the system but serve as its starting point. As **Prof. Dr. Sc. Ivan Đikić**, Director of the Institute of Biochemistry II at J. W. Goethe University, pointed out during his lecture **"The Scientific Fight for Health,"** **"Health begins at the level of the cell, but it is preserved at the level of the system."** Connecting scientific knowledge with public policy and preventive measures is therefore crucial for an effective system. Đikić warned that without understanding biological processes, the quality of care remains limited and the system reactive rather than predictive: **"Science has enabled people to live longer; now it must help them live healthier. The key is to live well, not just longer. We can offer people a great deal before they get sick."**

In this new perspective on health, **the patient is no longer a passive recipient of services**. They become an active co-creator of their own well-being—supported by a system that does not overwhelm them with information, but provides clear guidance. In panels dedicated to chronic diseases, artificial intelligence, and life with a diagnosis, participants stressed the need for the system to become “empathetically configured”—technologically advanced, yet emotionally and communicatively capable of listening to and understanding the needs of those it seeks to protect.

2.2. Multisectoral approach

At the heart of the new paradigm is the idea that **health must become a strategic objective of all policies, not just healthcare**. Transport, nutrition, education, energy, digitalization, fiscal policy—all these sectors today directly shape health outcomes. As emphasized at the “Health 2035” panel, **Croatia must adopt a “health in all policies” approach if it aims to achieve health for all**. Assoc. Prof. **Branko Gabrovec** from Slovenia underlined: **“Our guiding principle is ‘health in all policies,’ and politicians have finally begun to understand this. When health is a public good, the results are better.”**

Multisectoral collaboration was strongly reinforced during discussions at HealthComm Forum 2025, where experts and representatives from different sectors stressed that healthcare is no longer the sole responsibility of one ministry. Health policies must become a horizontal priority across all public policies, from education and finance to employment, urban planning, and the environment. Dr. Sc. **Tomislav Benjak** from the Croatian Institute of Public Health made this point clear: **“Health must be recognized in all ministries, because without that, there will be no systemic change.”**



2.3.

Health as a political and economic priority

It is therefore essential to establish health as a strategic social priority, considered within economic, educational, and security frameworks. Prevention is increasingly positioned as the new norm, not only as a health measure, but also as an economic, social, and developmental one. OECD studies show that every euro invested in prevention yields a multiple return (1:14), and health is increasingly perceived as a matter of national security and societal resilience.

As Sarah Abitbol from the European Public Health Association (EUPHA) emphasized: **“We cannot talk about diseases as the sole responsibility of individuals—they are socially produced diseases. Alcohol, tobacco, sugar, social media—all of these have separate regulations, yet they cause the same public health problem.”**

This approach opens the door to systemic policies that place citizens' health and the long-term resilience of communities at the center, through coordinated efforts of public authorities, civil society, the education sector, industry, and international actors.



“More of the same will not be enough. If we want real transformation of healthcare, we must change the paradigm—from a system that passively reacts to disease to one that actively protects people's health, engages communities, and uses data to make better decisions,” stressed independent researcher and health systems consultant Dr. Sc. **Damir Ivanković** during his lecture “Croatian Healthcare in the European Landscape: Data and Symbols.”

The new paradigm also brings a change in language. **Instead of focusing on the “healthcare system,” the term “health system” is increasingly used to reflect a broader view of the role of the state, community, and individual.** This semantic shift is also a call to action, as it implies different system settings—from governance and financing to ways of measuring impact. In this new paradigm, **health is no longer seen as a cost but as an investment—an investment in a better future for individuals, as well as in economic growth, social cohesion, and national resilience.** And investing in health cannot be the task of the Ministry of Health alone; it must be the foundation of cross-sector cooperation, partnerships with industry, the involvement of civil society, and the introduction of innovations that directly improve outcomes.



"If we want a true transformation of healthcare,
we must change the paradigm — from a system
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to a system that actively protects people's health."

Dr. Sc. Damir Ivanković

3. TRANSFORMATION: FROM IDEA TO REAL CHANGE

3.1. Radical shift

Recognizing that health is a fundamental value and strategic resource is only the first step. The real challenge lies in transforming the existing system, fragmented, reactive, and often disconnected, into an organized, predictive, and empathetic mechanism that supports health throughout life. **In this context, healthcare transformation is as much a political and governance challenge as it is a professional and technical one. It must begin in the daily work of institutions, particularly primary healthcare, and must include revising processes, integrating available advanced technological tools, leveraging existing data, and changing the culture of system employees.**

Forum participants, especially those from healthcare management structures, agreed that the current model in Croatia is not sustainable. **Fragmentation, lack of continuity of care, staff overload, slow digitalization, and uneven quality of services create a system increasingly unable to meet citizens' needs.** Transformation therefore cannot be superficial, it must involve reshaping governance, financing, organization of work, and redefining relations with patients and the community. It was also clearly articulated that **change must start in the daily work of institutions**, and that new models of care may include the introduction of single access points or reorganization of processes.

However, as MEP Prof. Dr. Sc. **Romana Jerković** emphasized during the panel “Radical Shift: Policies for a New Healthcare Paradigm,” **without political courage and resistance to lobbies that block change, the system cannot become more resilient or fairer.** This is precisely why individual initiatives, however valuable, remain isolated without strategic coordination.

3.2.

The strategically important role of primary care and the need for empowerment

One of the Forum's key messages was the **need to strengthen the role of primary healthcare as the most natural place for prevention, early diagnosis, and coordination of treatment**. In the current model, family doctors are overloaded with administrative tasks and lack sufficient time for proactive work with patients. Therefore, transforming the system is unimaginable without relieving their burden, restructuring financing, and improving the integration of different levels of care.

3.3.

Digital literacy and data as the foundation of all decisions

Digitalization has, unsurprisingly, emerged as a key tool for change, but not in a purely technical sense, rather in a strategic one. At the panel dedicated to artificial intelligence, experts warned that **Croatia possesses vast amounts of health data that are neither structured nor utilized. "The greatest danger is dehumanization, AI must be directed toward empathy, humanity, and common sense,"** cautioned **Vanja Šebek**, Head of the Department of Digital Marketing at Algebra and a member of the AI Working Group, during the panel "Artificial Intelligence as a Bridge of Change: From Promise to Healthcare That Works Today." Internal medicine specialist Dr. Sc. **Robert Likić** from **University Hospital Centre Zagreb** explained how **"AI in practice shortens the interpretation of complex findings from several hours to just a few minutes, but always with medical validation."** Artificial intelligence is not an end in itself, it is a tool that, when used properly, can enable personalized care, predictive models for chronic diseases, and more efficient resource management. But this requires clear regulation, an ethical framework, and investment in professionals capable of interpreting data.

3.4.

Cultural transformation and investment in trust

An important aspect of transformation highlighted in all discussions was the human one - **the system cannot change without the people who sustain it**. For this reason, panel participants repeatedly emphasized the need to develop leadership in healthcare, not only at the highest levels but also at the level of middle management, professional teams, and even patients. As summarized in one panel: **"Systemic change will not come from outside consultants or algorithms, but from people within, if we give them knowledge, space, and trust."** Transformation also **entails a cultural shift**, from one based on bureaucratic control to one of learning, collaboration, and open communication.



Governance and leadership

Additional insight into the necessity of governance changes came from the panel “Vision and Direction of Healthcare System Transformation Through the Experiences of Health Leaders,” during which participants clearly stated that **without responsible, data-driven, and decentralized governance there can be no real transformation.**

“Hospital directors must take responsibility—the solutions already exist, they just need to be implemented,” said Prof. Dr. Sc. **Fran Borovečki**, Director of University Hospital Centre Zagreb, underlining the importance of strengthening primary care and reallocating resources. Entrepreneur and scientist Prof. Dr. Sc. **Stjepan Orešković** pointed to the need for strategic management and a clear direction: **“There are only two questions - what is the right thing to do, and what works.”**

The importance of precise measurement and digital balance for evidence-based decision-making was also stressed. **“We are not all moving at the same pace. What you don’t measure, you cannot manage,”** said **Nikolina Dizdar** Čehulić, CEO of Pliva, emphasizing the need for clearly defined roles of all stakeholders.

A notable step forward was the introduction of administrators in primary health-care centers, freeing doctors from administrative burdens—an example of a concrete change that increases patient access. Dr. **Aron Grubešić**, Acibadem’s representative in Croatia, stressed the importance of integrated care, multidisciplinary teams, and communication with patients: **“The key to trust lies in results, and we achieve them through education and technology.”**

Change must therefore be systemic and managerial, with clearly defined responsibilities, measurable outcomes, and an integrated approach based on data, knowledge, and empathy. Transformation is not possible without leadership that has the courage to make decisions and implement them in practice. Examples of good practice, such as the implementation of digital sepsis recognition in hospitals or organizational reforms at the level of county institutes, showed that progress is possible—but requires clear leadership and courage. As concluded in the joint statement of health leaders: **“The Croatian system has knowledge, people, and data. What it needs is direction, stability, and the political courage to see change through to the end.”**



"Health data are not just numbers, they save lives.
Their collection and use must become
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Prof. Søren Brunak

4. GOAL: MORE HEALTHY YEARS, NOT JUST A LONGER LIFE

Extending life expectancy can no longer be the sole goal of health policies. Modern healthcare must focus on extending healthy life years, those free of severe disease, dependence on the system, and impaired quality of life. This was precisely the focus of the second day of the HealthComm Forum 2025: how to systematically ensure that citizens of Croatia live not only longer but also better lives.

To achieve this, two fundamental prerequisites must be met: the system must be oriented toward prevention, not just rhetorically but in daily practice, and care must be personalized.

Current data paint a worrying picture: although overall life expectancy is gradually increasing, the number of healthy years is stagnating, or even declining. **In Croatia, people currently lose an average of 11.8 years of life to illness**, meaning a significant portion of the middle-aged and elderly population lives with chronic conditions that seriously affect their functional abilities and quality of life. This figure comes from the difference **between life expectancy (78.6 years)** and healthy life years (66.8 years), according to the latest data from the World Health Organization (WHO) and Croatian demographic indicators. **This does not affect only individuals but also impacts families, the labor market, the pension system, and public finances.**

It is estimated that productivity losses due to illness and premature death in the EU amount to more than 2% of GDP annually. In Croatia, this translates to more than €1.5 billion per year, based on calculations using Eurostat and OECD data. Without systematic prevention and care for the working-age population, these costs will only grow.

4.1.

Prevention as the norm

The system must therefore be oriented toward prevention, but not as a slogan, but as real practice supported by investment, education, and innovation. The panel dedicated to chronic diseases clearly showed that such conditions—like diabetes, hypertension, respiratory and oncological diseases—are the main causes of declining quality of life, and most are linked to modifiable risk factors. Poor diet, physical inactivity, stress, smoking, and excessive alcohol consumption are problems that cannot be solved solely in doctors' offices.

“Generic and biosimilar medicines generate significant savings that can be redirected into prevention and education, but the system needs predictable drug pricing,” said Karla Raffaelli, President of the Association of Generic Medicine Producers and member of the Executive Board of the Croatian Employers' Association – Pharmaceutical Industry Association, at the panel “From a Disease System to a Health System: How to Stop the Epidemic of Chronic Diseases?”

Prevention must become part of everyday life, not just an occasional campaign. It must happen in schools, workplaces, the media, and local communities. Initiatives presented at the Forum—such as providing nutrition education in schools, encouraging active aging, or introducing preventive screening programs—show that there is readiness for action, but coordination and sustainable funding are still lacking.

As epidemiologist Prim. Dr. Med. **Verica Kralj** from the Croatian Institute of Public Health pointed out during the panel “Prevention as the New Norm – Creating Opportunities Through Policy and Multisector Collaboration”: **“In the eighth cycle of breast cancer screening, we achieved 70% participation, mortality was reduced by 25–30%, and cancers are being detected at earlier stages.”**



4.2.

Personalization of care

Another key element in extending healthy years is the **personalization of care**. Better health does not come from identical treatment for all, but from approaches that recognize individual differences and the real needs of each person. The lecture “Health as the Currency of the Future: A New Vision of Life-Course Data Analysis in the One Health Approach” by Prof. **Søren Brunak**, Research Director of the Novo Nordisk Foundation Center for Protein Research, showed **how digital health data and algorithmic processing can help identify risk groups and intervene earlier**. But this requires a legal framework, citizens’ trust, and real connectivity of data within the system.

“Health data are not just numbers, they save lives. Their collection and use must become the foundation of the system, not an afterthought,” stressed Prof. Søren Brunak, adding: “As Kierkegaard said—we can understand life backward, but we must live it forward. The same applies to medicine. If we predict the course of disease, we can plan resources and improve outcomes in advance.”

4.3.

Living with a diagnosis and patient dignity

Special attention must also be given to living with a diagnosis. At a panel bringing together patients and advocacy organizations, the strong message resonated that **“health is not lost with a diagnosis, but it is often lost through confusion in the system.”** People living with chronic illness often face fragmented care, uncoordinated support, and a lack of information. In such a context, the little health they retain is further diminished.

Therefore, **extending healthy years means not only delaying disease but also empowering those living with it**. This includes psychological support, vocational rehabilitation, digital tools for condition monitoring, and more flexible approaches in social and health services. More healthy years does not necessarily mean life without a diagnosis—it can also mean life with a diagnosis, but with control, support, and dignity.

As **Nadica Bjelčić**, President of the Patient Rights Protection Commission of the City of Zagreb, warned: **“Patients should be more involved. Unfortunately, they are not. They don’t know their rights and there is a lack of communication.”**

Similarly, **Anastazija Vasileva Pokrajac**, Adria Region Market Director at Belupo, stressed that **“the system loses the patient at the moment of distrust,” and sees the solution in “education and digital platforms as a bridge between professionals and patients.”**

Melita Smolek, Director of Medikal Lux, concluded: **“If we don’t step into the equation, patients wander or give up.”**

Finally, it is important to stress that **the goal of healthy years is also an economic imperative**. International documents such as the [BIAC Synthesis Report](#) emphasize that **investing in healthy aging and prevention boosts productivity, reduces healthcare costs, and prolongs citizens’ independence**. In an increasingly aging society, health is no longer just a medical issue—it is the foundation of sustainable development. As OECD advisor Dr. Sc. **Niek Klazinga** emphasized: **“Efficiency also involves education, the labor market, and social policy—without them, there is no healthy society.”**





"In Croatia, healthcare is divided into two worlds — one in which you wait nine months for an examination, and one in which you pay and get it within a week. This injustice is the system's deepest wound — and it demands urgent healing."

Prof. Dr. Sc. Ivan Đikić

5. HEALTHCOMM FORUM CONSENSUS

Participants of the HealthComm Forum 2025 expressed a high degree of agreement on the key directions of future health policy. At the heart of the consensus lies the position that health is a strategic investment and an economic imperative—not merely a medical or social issue. The need for a radical shift was confirmed, from a reactive to a proactive and resilient healthcare model that emphasizes prevention across the entire life course.

The core pillars of reform identified were strengthening primary healthcare, investing in prevention, and preserving mental health, while digital transformation and the use of artificial intelligence were recognized as essential tools for both healthcare professionals and patients, tools necessary for the system's sustainability.

The integration of different levels of care, from hospital, through primary, to rehabilitation, emerged as one of the key weaknesses of the system and a crucial area for organizational reform. Clear division of responsibilities and aligned competencies across care levels are prerequisites for efficiency, continuity, and fairness in access.

The most pressing challenges identified were the shortage of healthcare professionals in primary care, uneven access to services across regions, excessive political centralization of governance and staffing, and regional inequalities in digital infrastructure. The need to strengthen a culture of quality management, with a focus on outcomes, was especially emphasized.

Consensus also confirmed that responsibility for investing in health must be shared between the state and the individual further reinforcing the idea of health as a common good.

