measures. Reducing regulatory administrative hurdles, engaging in good procurement practice, increasing joint purchasing efforts, and considering payment models that de-link revenue from sales can keep older (but effective) antibiotics on the market by ensuring their economic viability. Strengthening the mapping of production capacities and product availability can improve transparency and identify options for action, while stockpiling and strengthening manufacturing capacities within and outside of the EU can boost the supply chain itself. Concrete measures and their feasibility will be briefly presented. The EU has a major role to play by supporting antibiotic R&D and engaging with other international efforts to promote optimal deployment of incentives, by ensuring that the lack of access to appropriate and effective antibiotics is recognized as a threat to global health security, and by building on its relationships with international institutions to act as a facilitator in the global space towards ensuring synergies among existing structures, communicating the cost of inaction, and supporting national and regional initiatives.

Speakers/Panelists:
Danilo Lo Fo Wong
Division of Country Health Programmes, WHO/Europe, Copenhagen, Denmark
Malin Grape
Ministry of Health and Social Affairs, Stockholm, Sweden
Lieven De Raedt
Federal Public Service Health, Food Chain Safety and Environment, Brussels, Belgium

10.C. Round table: EU Global Health Strategy: Mapping European support for improving health and health systems globally

Abstract citation ID: ckad160.641
Organised by: European Observatory on Health Systems and Policies
Chair persons: Matthias Wismar (European Observatory)
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In November 2022, the European Commission unveiled its new Global Health Strategy. Featuring three cross-cutting priorities, the Strategy calls for the mobilisation of a “wide number of policies to work on a global health agenda” (1). The Strategy also highlights the importance of establishing a “permanent mapping of key measures and financing efforts of the EU and its Member States to better understand what actions are taking place and to allow for tying means to the strategy’s priorities” (1).

The EU’s ongoing actions are already delivering more for health systems globally than one would expect - and it has many policy tools and support instruments which affect Global Health. These instruments vary greatly in their intent and design, with some targeted at strengthening health systems and promoting health and wellbeing, while others contribute to these objectives more indirectly by generating spillover effects. The European Observatory’s upcoming policy brief ‘European support for improving health and care systems globally’ aims to unpack the key EU instruments available in policy areas including:

- Trade in goods and services
- Public investment and fiscal instruments
- Official development assistance and humanitarian aid
- Solidarity, voice, and multilateralism
- Research and training partnerships

This roundtable will delve into the main priorities of the Strategy and reflect on upcoming plans for its realisation. Engaging with the audience, the panel will explore the need for transparency, alignment, and coordination of the existing instruments across the different policy areas. It will also discuss opportunities for collaboration between the European level and the EU Member States. This facilitated roundtable discussion will explore how resources such as the Policy Brief can serve as a steppingstone to map and make sense of the diverse range of EU actions relevant for Global Health, in order to maximise synergies, transparency and policy consistency for successful coordination and implementation of the Strategy.

(1) EU Global Health Strategy - Better Health for All in a Changing World. Commission Communication COM(2022)675, https://health.ec.europa.eu/publications/eu-global-health-strategy-better-health-all-changing-world_en

Key messages:
- The EU already has more policy instruments with an impact on Global Health than one would expect.
- Delivering on the priorities of the new EU Global Health Strategy will require taking stock of ongoing EU actions and forging meaningful synergies for cross-sectoral collaboration.

Speakers/Panelists:
Scott Greer
University of Michigan, Ann Arbor, USA
Nicole Mauer
European Observatory on Health Systems and Policies, Brussels, Belgium
Elena Petelos
EUPHA-HTA, EUPHA-GH
10.D. Oral presentations: Prevention and management of chronic diseases

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Pharmacist care in hypertension management: systematic review of randomized controlled trials
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Background:
Hypertension management remains a major public health challenge in primary care. Recent hypertension guidelines recommend the involvement of pharmacists for team-based care management. Our objective was to systematically review the evidence of the impact of pharmacist care alone, or in collaboration, on blood pressure (BP) amongst hypertensive outpatients compared with usual care. One major focus was to assess the heterogeneity in the effects of these interventions to identify which ones work best in a given healthcare setting.

Methods:
A systematic literature search was conducted for any article published up to 05.12.2022 in MEDLINE, EMBASE, CENTRAL, CINAHL, Web of Science, and Trip databases. Randomized controlled trials assessing the effect of pharmacist interventions on BP among outpatients were included. Results were synthesized descriptively and, where appropriate, pooled across studies to perform meta-analysis. We have previously published the study protocol in BMJ Open and registered in PROSPERO (CRD42021279751).

Results:
2048 study records were identified by electronic database searching. After removal of duplicates, 2006 were independently screened based on title and abstract by two authors (VG, ST), and 253 full texts were evaluated. A total of 90 studies with 33425 patients were included for data extraction. These studies were published between 1973 and 2022 and conducted in different regions (North America: n = 45, Europe: n = 17, other: n = 28). The preliminary random-effects summary estimate of the effect of pharmacist intervention is -6.6 mmHg (95% CI: -8.0 to -5.2) for systolic BP and -3.2 mmHg (95% CI: -4.1 to -2.2) for diastolic BP. Further results on the heterogeneity in the effects are in preparation.

Conclusions:
This systematic review provides updated evidence on the effect of pharmacist intervention on hypertension management. Pharmacist-directed or -collaborative interventions improve hypertension management.

Key messages:
• Pharmacist-directed or -collaborative interventions improve hypertension management.
• This systematic review provides updated evidence on the effect of pharmacist interventions on hypertension management.