Towards a healthcare system based on solidarity –
fascination and challenges of aging

Theses and recommendations from healthcare experts

Expert workshop at the Representation of the Hanseatic City of Hamburg in Berlin – January 2025

In an aging society, healthy aging is increasingly becoming a key guideline in health policy. How can the goal of healthy aging be achieved for as many people as possible? What role does health play as a prerequisite for social participation? What health policy measures are necessary to address existing deficits in the care of elderly people? These questions were at the center of a workshop with experts from the healthcare sector, science, and civil society, which took place on January 22, 2025, in Berlin under the title: *Towards a solidary healthcare system – fascination and challenges of aging*.

In early January 2025, the German Federal Government presented the Ninth Report on Aging. What are the consequences of this report? Titled *Aging in Germany – Diversity of Potentials and Inequality of Participation Opportunities* (Alt werden in Deutschland – Vielfalt der Potenziale und Ungleichheit der Teilhabechancen) the report describes the diverse living situations of elderly people in Germany, highlighting the importance of healthcare. It emphasizes that physical and mental health are crucial for participation opportunities in old age. However, the report also concludes that the chances of good health in old age are unequally distributed in Germany, depending on factors such as gender, socioeconomic status, and region.

Towards a healthcare system based on solidarity – fascination and challenges of aging

In a keynote speech, **Prof. Dr. Dr. h.c. Andreas Kruse** (Emeritus Director of the Institute of Gerontology, Senior Professor distinctus at Heidelberg University) provided an introductory overview of key concepts and concrete aspects that must be considered in the development of a solidary healthcare system.

Afterwards, a discussion round moderated by **Wolfgang Branoner** (Managing Partner, *SNPC*) focused on specific challenges and possible solutions for aging. Participants of the discussion round were: **Hermann Allroggen** (Board Member, BAGSO – German National Association of Senior Citizens' Organizations, Chair of the Commission on Health and Care), **Dr. Michael Brinkmeier** (Chairman of the German Stroke Foundation), **Irina Cichon** (Senior Expert, Bosch Health Campus), **Christina Claussen** (Senior Director Patient Advocacy, Pfizer), **Prof. Dr. Annette Grüters-Kieslich** (Chairwoman, Eva Luise and Horst Köhler Foundation), **Dr. Ruth Hecker** (Chairwoman, Patient Safety Action Alliance), **Marcus Jogerst-Ratzka** (Federal Chair, Bochumer Bund – Nursing Union), **Dr. Barbara Keck** (Managing Director, BAGSO Service Company), **Dr. Bernadette Klapper** (Federal Managing Director, German Professional Association for Nursing Professions), **Prof. Dr. Dr. h.c. Andreas Kruse, Joachim Maurice Mielert** (Secretary-General, Patient Safety Action Alliance).

German Federal Government (2025): Aging Report of the Federal Government: Aging in Germany – Diversity of Potentials and Inequality of Participation Opportunities (Report No. 9). Federal Ministry for Family Affairs, Senior Citizens, Women and Youth. https://www.neunter-altersbericht.de/bericht












Keynote speech by Prof. Dr. Dr. h.c. Andreas Kruse

1. A solidary-based healthcare system cannot be distinct from either **anthropology** or **ethics**. Hence, central statemens on anthropology and ethics must be made. The assumed existence of ethics and age-specific anthropoloy is not supported. Instead, it is rather presumed that aspects of general anthropology and ethics face special accentuations with regards to old age.

2. Anthropology is defined as the **totality of the foundations of human existence**, which also includes the design of the human environment. Essential aspects include contingency (in the sense of uncertainty and unpredictability of individual developments), vulnerability (susceptibility to harm or injury, which can result in actual damage), fragility, but also development potentials – even in dealing with life‘s borderline situations – as well as me-you relationships, caring relationships, and life retrospection. These aspects are already significant in earlier life stages but become even more important in later life stages. These elements must be taken into account in anthropological considerations, and reflections on a solidary-based healthcare system should also reference them. Furthermore, **the value system of each person**, including its socio-cultural shaping, must not be ignored in any profound treatment or support. This is particularly true in the treatment and support of severely ill people, especially at the end of life.

3. Ethics is defined as the **inquiry into the foundations of a ‚good life‘**. Thereby, one can adopt a more socio-cultural perspective or a more personal perspective on ethical (moral-normative) issues. Both perspectives are essential

for the concept of a solidary-based healthcare system. How does society view the provision of care for elderly people, especially in ‚competition' with care services for younger people? Is there a social consensus that access to medical and nursing care should not be tied to age, meaning that elderly people should not be excluded from certain services solely (or primarily) due to their age (prohibition of discrimination)? The personal perspective mainly describes the individual's system of values, which is dynamic in many ways. This means that the hierarchy of values can change significantly in specific situations – especially in boundary situations. For example, a person may state: In the case of a dementia-related illness or a terminal physical disease, I would like to be able to die as quickly as possible. However, once such a situation has actually occurred, it is entirely possible that the person's values shift significantly: the desire to continue living for as many days as possible may suddenly become a high priority. This means that the hierarchy of values must be continuously recorded and evaluated.

4. Regarding ethical questions, the person's relationships of responsibility also play an important role. In this matter, I propose the term **‚coram-structure' of responsibility** (coram, Latin, = before the eyes) and differentiate between four relationships of responsibility: self-responsibility, co-responsibility (in the sense of caring for or about other people), responsibility for the common good, and responsibility for creation. At Heidelberg University's Institute for Gerontology, we gathered numerous findings that demonstrate the connection between life attachment (existential attachment) and the conviction to fulfil an important task even in old age. This suggests the dedication of life to someone or something else (implying another person, an idea, creation or society).

The **nature of life's tasks** – in the sense of co-responsibility, responsibility for the common good, and responsibility for creation – does not diminish in essence with age. While the intensity and extent of tasks may decline, the fundamental experience and conviction of having a meaningful purpose in life remain. This topic is of great importance for health and healthcare provision.

5. The title includes the term **‚aging'** instead of ‚old age'. The chosen wording indicates that the entire life course (biography) of an individual should be considered. It is assumed that aging is a process that extends across the entire life span, meaning that mental and physical health in later life is profoundly influenced by an individual's **‚health' and ‚illness history' over their lifetime**. Such a viewpoint leads to discussions both on health promotion and prevention. Additionally, it encourages considerations about the possible consequences of early-onset diseases

and impairments and their impact on the aging process and life in old age.

6. Although the title explicitly refers to aging, the focus of the analysis is on later life stages. It is no longer just about medicine or, more broadly, care for old age, but rather about medicine and care in old age. This highlights the core of geriatrics, rehabilitation-oriented nursing science, and other disciplines such as psychology, sociology, and social work. **The guiding principles (or: guidelines) of geriatrics, activating care for elderly people, and psychosomatically and psychosocially framed care are important to discuss.** These guiding principles are based on the following concepts, among others: plasticity, adaptability, functional capacity, restitution capacity, resilience, flourishing, developmental potentials, life attachment, existential coherence, functional impairments, multimorbidity, frailty, physical, cognitive, and emotional vulnerability, physical and neurocognitive loss, social integration and participation, loneliness and isolation, and the decline or loss of life attachment and existential coherence.

7. A comprehensive anthropology – which takes into account the various dimensions of a person (physical, sensomotoric, functional, practical, cognitive, emotional, existential, social, communicative, and aesthetic) – must consider a **holistic concept of health maintenance, disease onset and progression, and the need for assistance or care**. This means that a person is never ‚just' ill; disorders, illnesses, impairments, and losses always relate to specific dimensions or particular aspects of these dimensions.

8. In relation to a **a solidary-based healthcare system**, attention must also be paid to social inequality in our society, particularly regarding the given vs. non-given chances of achieving and maintaining old age. It is a frequently reported sociological and socio-medical finding that people from lower social classes are expected to live on average up to ten years less than people from middle and upper social classes. This disadvantage with regards to life expectancy is predominantly caused by a lower health literacy among people from lower social classes. As a result, they are more receptive to health risk behaviors. Additionally, due to significantly lower career advancement opportunities, they are much more often engaged in physically demanding jobs. With fewer material resources, they have considerably fewer opportunities to engage in health-promoting leisure activities. They are also more likely to live in environments with lower sanitary standards. Furthermore, they often reside in urban or rural areas where the service infrastructure is noticeably poorer. Epidemiological data indicate that people from lower

social classes are at significantly higher risk of early-onset chronic diseases (especially type 2 diabetes mellitus). Early disease exposure is a major contributing factor to increased health risks in old age. Many of these individuals suffer from ‚aging diseases' with marked damage to the vascular or musculoskeletal systems.

9. It must also be addressed that the term ‚need for care' – which is fundamentally too vague – often represents the ‚end point' of chronic-progressive diseases, frequently accompanied by ‚frailty'. This means that concepts and specific strategies need to be developed to intervene in the process leading to the development of care dependency in cases of severe, chronic diseases and to mitigate this progression. Therefore, a dynamic understanding of both care dependency and healthcare provision is required. Prevention, diagnostics, therapy, rehabilitation, and care must be understood as components of a comprehensive care chain. The goal is to delay or even prevent functional decline and the onset of care dependency. Such care chains are also crucial because diagnostics, therapy, assessment, and care (always considered in connection with rehabilitation – both in therapy and in care, including palliative care) form a ‚complex entity' that allows for defining ‚complex diagnoses' based on both nosological and functional perspectives. No strict separation is made between medical diagnosis and nursing assessment; instead, diagnosis and assessment are systematically integrated and examined together.

10. The precursors, early forms, and moderate to severe stages of dementia must also be addressed. On the one hand, there is preventive potential for certain types of dementia, particularly vascular dementia. (Additionally, initial assumptions and findings regarding preventive potential for Alzheimer's dementia should be noted.) On the other hand, the potential for rehabilitation must also be discussed in all forms of dementia, including neurodegenerative dementias. To what extent is it possible to achieve initial improvements at the symptom level through rehabilitation systematically integrated into care and to subsequently decelerate the progression (aggravation) of symptoms? This is also the point at which the significance of non-verbal communication (facial expressions, gestures), especially in severe forms of dementia, should be addressed, as well as the importance of life quality and life attachment for people with dementia. It is crucial to move away from a primarily cognitive perspective and to pay increasing attention to the emotional level. The emotional level appears to be the one where people with dementia retain capabilities over a long period. A professional and humane approach focused on this emotional level can significantly contribute to preserving life quality and life attachment, even in the later stages of dementia (although in a qualitatively transformed form). This aspect is also significant from an ethical and moral-normative perspective: we must never deny human dignity, nor call it into question.

How can we achieve more solidarity in healthcare? *What needs to be done?*

The authors of this position paper are actively committed to shaping the transition toward a solidary-based healthcare system. Inspired by the fascination and challenges of aging, they seek to encourage others through their own engagement to initiate changes in their respective fields. By transferring proven models to new areas of application and collaboratively developing innovative solutions for comprehensive participation, they contribute to a sustainable and equitable healthcare system for all generations.

Hermann Allroggen

The German National Association of Senior Citizens‘ Organizations

The living situation of older people currently face challenging circumstances: increasing living expenses, a shortage of skilled professionals and care places, insufficient hospital capacities, and a scarce adaption of infrastructure impede to age with dignity. Rural regions are particularly affected, where digitalization and local mobility often lag behind.

The overall responsibility for ensuring minimum standards in health, prevention, care, and nursing can only be assumed by municipalities. They are most familiar with local conditions, needs, and necessary healthcare provisions. In the short term, they must create the foundation through needs assessments, participatory social planning, and the establishment of advisory offices such as senior or community centers. Meeting places like intergenerational homes further promote social exchange. In the long term, this requires reviewing the care system, cross-sectoral concepts, and preventive structures. Clear state regulations and legally binding responsibilities for municipalities are essential to sustainably ensure the quality of life for older people.

Wolfgang Branoner
SNPC GmbH

Dr. Michael Brinkmeier
German Stroke Foundation

We are in a phase of political, economic, and social uncertainties and upheavals. Health, in the context of national and international challenges, has lost importance in the current political debate.

Healthy aging concerns us all, even though this is often forgotten. Everyone should have an intrinsic interest in shaping our system in a sustainable and long-term manner. Therefore, it is essential to give more voice and influence to patients and healthcare professionals. The goal is to approach decision-makers with clear messages.

Reducing complexity and focusing on the essentials should be the priority. Prevention should be addressed as a core issue of the next legislative period, as early and comprehensively as possible. Avoiding disease rather than curing it. Prevention before aftercare!

Politically, it must be about defining a clear goal with foresight and confidence and outlining a path to move from uncertainty toward greater trust and hope in the future.

A purely medical approach to healthcare is not enough. Especially in age-related diseases, health problems often come with social and organizational challenges. People experience a healthcare system in which they are shuffled back and forth. ‚Caring' is neglected, and trust in a functioning system is eroding.

Innovative care models, such as patient navigators, address this issue directly. Shifting from a provider-centered to a patient-centered approach in organizing care pathways is the decisive step. As a patient, one no longer feels left alone and gratefully accepts the guidance of the navigator: improved health literacy, a more coherent care pathway, and a more efficient healthcare system are the results. Thousands of stroke patients who had a navigator by their side can confirm this.

Irina Cichon

Bosch Health Campus

Christina Claussen

Pfizer Pharma GmbH

Healthy aging is a societal task. Our increasing life expectancy should not only mean additional years but above all more healthy years of life. This requires a shift away from purely curative care toward a preventive, personalized, and digitally supported continuum of care. This necessitates openness to new technologies, a holistic and cross-sectoral approach to care, and the promotion of health literacy for all individuals. Through collective action by all stakeholders in the healthcare sector and consistent support for innovation, we can ensure a high quality of life in old age and lay the foundation for a sustainable, future-proof healthcare system.

We all learn best from people around us who are facing similar challenges. This applies in our private lives just as much as in our professional environments. That's why, at Pfizer, we work closely with those who need medical support and those who provide it in the healthcare sector.

Through the Pfizer Patient Dialogue, we develop joint initiatives such as www.hilfefuermich.de and www.ichbeimarzt.de. We connect international scientific knowledge and foster cross-functional collaboration for and with patients – including in relation to aging, which affects us all.

Prof. Dr. Annette Grüters-Kieslich
Eva Luise and Horst Köhler Stiftung

Dr. Ruth Hecker
The German Coalition for Patient Safety

Almost one in four people in Germany is already over the age of 65, and 50% of hospital patients belong to this age group. Hospitals should therefore be primarily designed to cater to the needs of elderly people. However, from accessibility to navigation within clinics and the time available for personal attention, there are significant deficiencies. Many cases that come through emergency departments could be avoided if outpatient care, including general practitioners, nursing services, and care homes, were better structured.

Large-scale providers, such as university medical centers, are limited in their ability to provide adequate care for older patients due to a lack of personnel resources. This dilemma is frustrating for both patients and the healthcare professionals providing care. Therefore, it is essential to put these aspects at the center of the restructuring of the healthcare system.

Preventive measures such as health education (e.g., vaccination for those over 60), preventive screenings (e.g., vision, hearing, dementia), and environmental adaptations (e.g., reducing fall risks) help minimize hazards. Equally important is the active involvement of elderly patients and, if necessary, their caregiving relatives or guardians in treatment decisions (shared decision-making). This ensures that treatments align with individual wishes and living conditions while preventing misunderstandings and errors.

Demographic aging intensifies these challenges significantly, as the proportion of older people in the population continues to rise.

‚A National Action Plan for Patient Safety' would address this development by demanding highly reliable systems that are specifically tailored to the needs of elderly patients. This would emphasize not only safe medication management but also the promotion of a culture of safety and preventive strategies for harm reduction. The implementation of these measures is essential to meet the increasing demands on the healthcare system and ensure respectful, safe care for all patients.

Marcus Jogerst-Ratzka

Bochumer Bund

Dr. Barbara Keck

The German National Association of Senior Citizens‘ Organisations

Nursing professionals need reliability in legislation and relief from excessive workloads. Fundamentally, the introduction of the new personnel assessment system (PeBeM) is a step in the right direction. However, its implementation requires a significant number of trained auxiliary staff. In the past, such personnel were not trained in sufficient numbers, and the Nursing Assistance Introduction Act has not yet been enacted. Nevertheless, some federal states are already reducing the required ratio of qualified nursing staff, which increases the workload and responsibility burden on nursing professionals – an approach that is premature and counterproductive.

Moreover, the new personnel assessment system currently applies only to long-term inpatient care. No equivalent framework has been developed for outpatient and partially inpatient facilities. Reducing workload pressure, creating attractive jobs with high levels of professional identification and competency, and ensuring fair compensation are essential pillars for achieving meaningful improvements in the future.

We need a fundamental shift in our approach to healthcare. What can I do as a patient to contribute to my own health? How can healthcare professionals support me in this? These fundamental attitudes must be given greater focus. Patient-centered information and communication are essential, such as clear and comprehensible doctor-patient conversations, accessible medical reports, and visually engaging patient information in both printed and digital formats. Additionally, evaluated digital tools can make prevention more practical and sustainable in everyday life.

New developments such as the *electronic patient record* and *digital health apps* offer numerous opportunities. However, they must be accessible to everyone and require digital health literacy. There is a significant need for action in Germany in this area. Older people, in particular, need widespread access to digital learning environments and online events to familiarize themselves with new digital opportunities, discuss them, and assess their benefits.

Dr. Bernadette Klapper

The German Nurses Association

Our primary focus must be on preventing the need for care as much as possible. This means strengthening health promotion and prevention while systematically addressing known risk factors for care dependency, such as fall risks. Family caregivers must receive better support in their roles from professional nursing staff. This ‚care of the care environment' requires local networking, which *Community Health Nurses* can establish and sustain. Work in both inpatient and outpatient care should be based on professional nursing competencies, allowing for more independence in professional practice rather than excessive bureaucratic fragmentation of individual services. Additionally, nursing competencies must be expanded so that minor medical issues do not immediately result in hospital admissions. Increasing the proportion of academically trained nursing professionals would demonstrably reduce unnecessary hospitalizations.

Joachim Maurice Mielert

The German Coalition for Patient Safety

Mission Patient Safety: Patient safety must be firmly established as a guiding principle in healthcare policy and practice. This ethical and social imperative is the foundation of the work conducted by The German Coalition for Patient Safety (APS). Every healthcare policy decision and each individual treatment approach must be evaluated against this standard.

New and evolving processes in diagnostics, therapy, and communication represent a cultural shift in Germany, more so than in other countries. A strong and reliable voice advocating for patient safety is necessary, and this interdisciplinary task falls to APS.

Patient safety must take precedence over any economic or rational considerations, regardless of costs. APS challenges this mindset on a daily basis.

What needs to be done?
Approaches to achieving a healthcare system based on solidarity

Promoting the potential of older people and using it for the benefit of society

The diverse potentials of older people are often neither recognized nor utilized by society. Frequently, negative stereotypes about aging dominate, portraying elderly people as dependent or passive. A shift in perspective is needed. Negative images of aging not only hinder social participation but also result in the loss of valuable experiences and skills.

Approach: One-sided negative images of aging must be dismantled. It is essential to acknowledge the vast diversity of aging and, in particular, old age while recognizing the potential for active contribution. Intergenerational projects and the active involvement of older people in municipal decision-making processes, such as through senior representation bodies with voting rights, can help break down prejudices and raise awareness of the diverse aspects of aging. Such measures also promote social integration and increase the appreciation of older generations.

Social relationships: Feeling respected and valued

A decline in the use of social networks by older people, coupled with an increasingly individualistic society, can result in a significant loss of social connections and a sense of purpose.. Not a few complain that they no longer feel valued or needed.

Approach: Promoting a caring perspective in the sense of responsible tasks is extremely important in old age. Social projects such as meeting places, multi-generational houses, volunteer projects and neighborhood offices can contribute to this by promoting social contacts and strengthening the sense of belonging. Targeted and needs-based offers enable older people to play an active role in society. Promoting relationships and tasks, such as supporting neighbors or passing on knowledge to younger people, contributes significantly to a meaningful life and a better quality of life.

Recognizing the dignity of every stage of life

The concept of dignity is often used in an abstract way without implementing concrete measures to ensure its protection. In elderly care, there are recurring situations in which the autonomy and respect for the needs of older people are violated.

Approach: Fundamentally, it must be recognized that every person possesses an inherent dignity and has the right to be treated with respect in every life situation. Dignity should be concretely embedded in healthcare and elderly care policies, for example, through binding quality standards in caregiving and access to age-appropriate healthcare services. Promoting autonomy through shared decision-making and protecting against social isolation are central elements in ensuring dignity in old age.

Strengthening local and home-based care

Many older people wish to remain in their own homes for as long as possible. However, they often face a lack of support from outpatient services and insufficient financial assistance for family caregivers. In addition, social isolation, particularly in rural areas, is becoming an increasing problem.

Approach: Expanding mobile care services and promoting neighborhood assistance and community projects can strengthen local care. Strengthening flexible support programs for caregiving relatives – both financially and organizationally – could reduce the burden on families. Better integration of digital solutions such as telemedicine and care apps helps ensure continuous care and facilitates communication between care staff and relatives.

Improving municipal frameworks and healthcare structures

Many municipalities face significant financial and structural challenges in ensuring the necessary standards for the care of older people. At the same time, bureaucratic obstacles hinder the development of innovative, locally adapted healthcare and nursing projects that could better meet the needs of local communities.

Approach: It is essential that we empower municipalities to assume comprehensive responsibility for healthcare provision. Participatory municipal social planning, involving representatives of the older generation and the municipality, can effectively integrate the needs of the population and respond flexibly to changes. It is important to make a clearer conceptual distinction between care management and the provision of specific local care services.

Economic perspective: Investments in prevention and care

The rising costs of healthcare and elderly care place a growing financial burden on social security systems and society as a whole. There is often a perception that financial resources are not being distributed equitably. Preventive measures and home-based care, in particular, receive insufficient support, even though they could reduce costs in the long term and improve quality of life.

Approach: Investments in preventive measures and home care should be prioritized, as these are cost-effective and can reduce the need for inpatient care. At the same time, innovative financing models that enable a fair distribution of resources and ensure long-term stability of the system are desired. Solidarity-based approaches, such as income-related contributions or additional funds for care innovations, can be considered beneficial.

Encouraging intergenerational exchange

Demographic change not only leads to an aging society but also to an increasing gap between generations. There is a lack of dialogue and shared projects that could foster mutual understanding and harness the potential of intergenerational collaboration.

Approach: More exchange between young and old. The sharing of knowledge and experiences across generations can enrich society and improve the quality of life for all age groups. Ultimately, better services for older people benefit younger generations in the long run as well.

Shared decision-making

Patients and their families are often not sufficiently involved in decision-making processes in the healthcare system. This can lead to low acceptance of treatment plans and a sense of powerlessness. Older people, in particular, frequently feel overlooked in medical decisions.

Approach: Shared decision-making should be established as the standard in order to place a stronger focus on the needs and wishes of patients. This requires better training of nursing and healthcare staff, as well as the development of tools that facilitate shared decision-making. This approach promises to improve patient ownership, compliance and treatment quality.

Conclusion

Through an interactive process, the workshop explored key challenges and potential solutions for an age-friendly and solidarity-based healthcare system. The discussions focused on the role of values, the dignity of older people, and the responsibility of municipalities and society as a whole. The following summarizes the most important insights:

Participants emphasized the need for a healthcare system based on solidarity and sustainability that takes into account demographic changes and the diversity of old age while preserving human dignity in every situation of life. A **holistic approach** that integrates social, health, and economic factors is essential. It was emphasized that municipalities must take a leading role in developing local solutions for age-appropriate services. Policymakers are urged to establish the necessary legal and financial frameworks to enable municipalities to take on this responsibility effectively.

Another central theme was the importance of **solidarity in healthcare**. The concept of dignity was intensely debated and defined as a **fundamental pillar of healthcare provision**. Dignity not only entails respecting individual autonomy but also promoting participation and social integration. At the same time, emphasis was placed upon the personal responsibility of older individuals. This should be reinforced through educational initiatives and active involvement.

It was determined that local and home-based care are integral to ensuring healthy and dignified aging. The workshop underscored the necessity of **supporting families and local networks**. Expanding **mobile services, community-based projects, and low-threshold support programs** was deemed essential to meeting the needs of older individuals while relieving family caregivers.

A key outcome was the realization that older people should **not only be seen as recipients of services** but as **active contributors** with valuable experience and skills. Intergenerational projects and **decision-making rights at the municipal level** were identified as effective means of fostering engagement among older individuals. Their **knowledge and expertise** should be recognized and utilized as a valuable resource.

Finally, there was a strong call for **efficient and fair financing models**. Resources should be allocated strategically, focusing on **preventive measures and vulnerable groups**. The **use of digital technologies**, the **promotion of intergenerational dialogue**, and **shared decision-making** as a standard practice were highlighted as essential measures to ensure a **future-proof and patient-centered healthcare system**.

We want to thank all participants of our expert workshop for their valuable contributions

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