



More Health in Europe or More Europe in Health?

Relaunch of the MEP Interest Group on Equitable Access to Healthcare joint event with DG SANTE

12:00-14:00 CET

25 June

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Summary report
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The Co-chairs of the Interest Group on Equitable Access to Healthcare



MEP Andrey Kovatchev



MEP Kateřina Konečná



MEP Petra De Sutter



MEP Sara Cerdas



MEP Tiemo Wölken



MEP Tomislav Sokol

Setting the scene, reestablishing the Interest Group on Equitable Access, collaboration, and our collective ambition

Welcoming warmly all participants to the event, **Ms. Susanna Palkonen (Chairperson, Patient Access Partnership)** gave an introductory address on behalf of the Patient Access Partnership (PACT). She underlined the importance of equitable access for patients across the European Union. In the context of COVID-19 and the ongoing crisis, the topic is as relevant and as important as ever. Ms. Palkonen pointed out the first achievement of the new Interest Group, which called for solidarity, cohesion and compassion at European level, in a joint statement in the light of COVID-19 and the challenges it poses to the European and global community. While reflecting on the current crisis, Susanna Palkonen urged the audience to look back to 2014, when the first MEP Interest Group was established, what was achieved since then and the road ahead. The success of the Interest Group and PACT's joint work can be outlined as:



- ✓ Bringing together for the first time, on an equal footing, public health associations, healthcare professionals associations, industry associations in a patient led and focused partnership for a common goal and establishing PACT as a 'go to' organization on equitable access for the EU institutions.
- ✓ It ensured that patient access to equitable and high-quality healthcare is high on the political agenda, by working jointly with the other EU institutions.
- ✓ A high-level conference took place in July 2019 on the future of Health in the EU, advancing the UN Sustainable Development Goals, which resulted in the Health PACT Consensus Document, the culmination of much collaborative work, shared purpose, and common vision.

These are only a few examples of the collaborative work undertaken during the previous mandate of the Interest Group. Ms. Palkonen stated: *"We have much to build on. Yet there remains so much to do – because of, yet beyond the Pandemic."* The shared ambition for the next five years is to move to solution and learning mode, use best practices, utilise the common knowledge and lessons learned. The Partnership alongside the Interest Group will strive to explore the outcomes of the 'Beating Cancer Programme' which focus on equitable access and developed with several wider multi-stakeholder collaborations on health, how these could be replicated in other disease areas and similar outcome-oriented missions could be created, in order to maximize impact and avoid fragmentation. Ms. Palkonen thanked all participants, wished the

Co-chairs a productive new mandate and concluded with the collective desire to “*provide an environment where solutions can be promoted, understood and the drivers for transformational change can be agreed, in a multi-stakeholder and multi-disciplinary way*” during these uneasy and unprecedented times.

One of the founding Co-chairs of the Interest Group on Equitable Access, **MEP Andrey Kovatchev** was given the floor. He expressed his enthusiasm and gratitude towards his colleagues from the old and new mandate, the good cooperation with DG SANTE and with the member states representatives in Brussels. He looked back to how the Interest Group had started in 2014, in order to overcome the impacts of the financial crisis of 2008 and all matters related to access. Now, similarly, the new mandate began on the eve of a new humanitarian crisis in the face of COVID-19. MEP Kovatchev pointed out that the challenges at hand are not only national, but European and global and that is why all citizens are expecting to see better engagement and collaboration on the EU stage. He recalled the funding which is allocated to healthcare. For the last Multi Annual Financial Framework, there were only 400 million euros dedicated on health for seven years under the health programme. Currently, the proposal from the European Commission, which combines the multi annual financial, international framework and the recovery fund, is planning on allocating around 9.4 billion euro for the health sector. “*This is 20 times more*” underlined MEP Kovatchev. He expressed his optimism in seeing these funds being distributed reasonably between the sectors which affect health and care and to see engagement of the European Union in cross-sectorial activities in the coming years. Funds will be distributed to research; innovation; prevention; exchange of best practices; development in the treatment areas; and overall support the efforts of member states’ national governments in improving their health infrastructure. He pointed to evidence from the Eurobarometer and stated that: “*European citizens are expecting from the European Union a strong engagement in the health sector.*” MEP Andrey Kovatchev concluded his introductory speech by expressing his confidence that during this mandate of the European Parliament, he and his colleagues and Co-chairs of the Interest Group: **Kateřina Konečná, Petra De Sutter, Sara Cerdas, Tiedo Wöelken,** and **Tomislav Sokol** will successfully continue to give a platform to all stakeholders, urge the Commission to find the best ways to live up to the expectations of all citizens and to show the added value of European cooperation in the field of health.

MEP Kateřina Konečná outlined her personal commitment to the Interest Group. While facing the crisis and challenges posed by it, some positive developments have been achieved - such as the return of the independent health programme EU4Health, a higher budget dedicated to health, new health-related initiatives and the ‘Beating Cancer Plan’. However, there are outstanding matters at hand like the Health Technology Assessment (HTA) regulation, medicine shortages and EU health cooperation more generally. There are numerous opportunities where everyone’s voice can be heard, as the momentum and time for strong collaboration is now. MEP

Kateřina Konečn expressed her enthusiasm and her positive vision for joint work of all partners, in order to continue to actively support all patients and citizens during the new mandate of the Interest Group on Access.

MEP Tomislav Sokol then took the floor. He expressed the importance of the Interest Group, as it looks at the core problems of healthcare and health policy through the lens of access. However, the financial problems in health in the EU persist, as healthcare is often seen as an expense rather than an investment, which consequently has reflected negatively on the health outcomes. MEP Sokol pointed out that the difference in resources and welfare systems between member states, reflects directly on the health outcomes of a given country, such as life expectancy, multi-morbidity, prevalence of diseases, etc. Now with the COVID-19 crisis, health is the focus of all European institutions. However, a pitfall may be that too much concentration is placed on the pandemic itself and the consequences from it, rather than the pre-existing structural problems, related to equitable access to healthcare. Even though many financial decisions lie in the hands of member states and their governments, there are other tools which can be used to their full potential like regulatory and financial instruments. Another example given by the Co-chair was cross-border healthcare. MEP Tomislav Sokol stated: *“To date, only 200,000 patients have benefited from the Cross-Border Healthcare Directive”*, therefore there is much room for improvement. He also highlighted the financial resources underpinning the new stand-alone health programme, and the Cohesion Fund, the objective of which is to reduce inequalities in different parts in the EU. 10 billion euros were allocated for health for infrastructure, for healthcare professionals, education, etc. This policy should be seen as the main source of financing healthcare systems in the EU and as a main tool for reducing the inequalities to access to healthcare. An additional financial tool is the ‘Horizon 2020’ Programme, to be replaced by HORIZON EUROPE. There should be fairness in the distribution of funds, because at the moment not all member states are on equal footing. There is a lot of work ahead of us, MEP Sokol said, but we are on the right track and we will continue the good work.

Insight into the planned access-related activities of the German Presidency

Mr. Ortwin Schulte Head of Division for Health Policy, Public Health, Health Care Systems, and Health Care Provision of the Permanent Representation of Germany to the European Union in Brussels -, presented the main priorities of the German Presidency and the planned access-related activities under it. He started his speech by recalling the last German Presidency, which took place back in 2007 and was also driven by topics related to access in the global health context, as is this one (July - December 2020). He pointed out some of the priority topics, such as vaccines, purchase agreements, EU4Health proposal, pharmaceutical strategy, cancer related activities, solutions and coordination between the EU Commission, Council and Parliament on distribution of financial means. A considerable number of new instruments are available and should be utilized, as the health programme is relatively new, negotiations and dialogue should be accelerated in his view. In the context of access to the pharmaceuticals , it is important to mention that Germany plans an institutionalized exercise on lessons learned from COVID-19, drawing from the Council Conclusions and encompassing all aspects of COVID-19 including shortages, production, implications of global and EU health cooperation, strengthening of budget resources of ECDC and others. In the context of the current crisis, Mr. Schulte stated: “*COVID-19 reshapes the agenda*”. However, the planned activities and meetings, in close dialogue with the rest of the 26 partner states and the EU Trio (Commission, Council, Parliament) on how to align strategies, will be discussed during the following political debates:

- ✓ Shortages and pandemic preparedness - 16th of July (*online*)
- ✓ Cancer initiatives - September (*online*)
- ✓ Digitalization in healthcare - November (*online*)
- ✓ EU Health Minister’s Council - 2nd of December (*tentatively in person*)



Investing in sustainable health systems: Presentation of the latest health-related recommendations in the framework of the European Semester

Mr. Wolfgang Bücherl (DG SANTE) - Acting Head of Unit, Performance of national health systems, then made a presentation on the latest health-related recommendations in the framework of the European Semester. He underlined the good cooperation between DG SANTE and PACT, which was established from the onset. Mr. Bücherl started with an introduction on how COVID-19 has impacted all healthcare systems in Europe and how different questions were raised in the light of the crisis, by pointing out aspects such as preparedness, engagement, financial aspects, and sustainability. The current European Semester was kick-started last autumn with the annual sustainable growth strategy of the EU. The strategy was composed of four main pillars which are the drivers of competitive sustainability, namely productivity, stability, fairness, and the environment. Reference was made to the recommendations of last year, which clearly pointed out the need to investment in health. *“COVID-19 has, without a doubt, put all Member States’ health systems under unprecedented stress”* and all MS have responded both on national and international level, by creating new guidance and flexibility, increasing supply, enlarging capacity in laboratories and hospitals, and recruiting additional medical staff. All these measures had an impact on the economic and financial situation and the forecasts for 2021. The objective of this year’s recommendations, in terms of economic coordination, was to mitigate the immediate challenges in healthcare, point to the need to reinforce the resilience of health systems, and mitigate the economic and social impact of the crisis.. The main areas of recommendations and the coordinated response, were outlined:



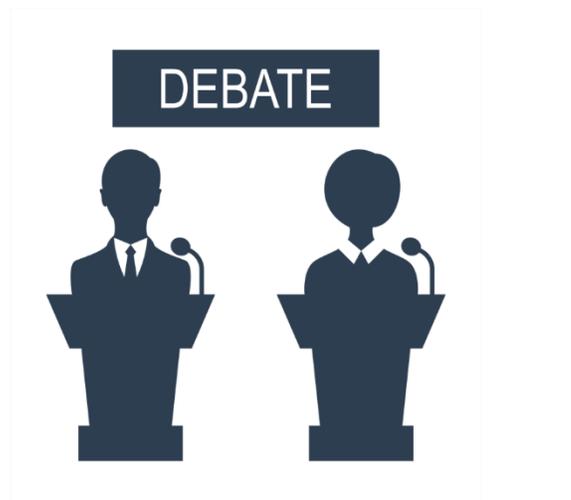
Even if the four pillars of the ASGS remain, the focus of the European Semester has been shifted in the course of recent months, due to crisis and its impacts on health and the economic and social situation. It is up to all Member States to mobilize and distribute their funds appropriately, in order to tackle the crisis. The crisis has revealed or exacerbated pre-existing structural weaknesses within the health systems of MS, in some more than in other, but the problem of access is present everywhere. Therefore, the resilience of these systems should be improved along with their capacity to manage health crisis and provide effective and accessible health care. The main challenges of the healthcare systems, showcased by Wolfgang Bücherl were:

- ✓ Insufficient financing
- ✓ Insufficient coordination and integration
- ✓ Limited capacity to respond
- ✓ Challenges related to access
- ✓ Shortages in healthcare workers

“Next Generation EU” was given as an example for the response by the EU to the crisis, a temporarily reinforcement of the proposed Multiannual Financial Framework as from 2021 with 750 billion euro, which includes investment in a green, digital, and resilient Europe. Mr. Bücherl concluded his presentation with an outline of the EU4Health Programme, for which the Commission proposes a substantially increased budget of 9.4 billion euro, and which was mentioned favorably by all speakers.

Investing in sustainable health systems: Presentation of the latest health-related recommendations in the framework of the European Semester

The event continued with a stakeholder debate, moderated by **Ms. Nicola Bedlington**. Ms. Bedlington began with an introductory note on behalf of the European Patients’ Forum (EPF), as one of the founding members of the Partnership. EPF’s board underlined their continuing and strong support for PACT and the Interest Group on Equitable Access for the new mandate of the group. Safeguarding access to healthcare during a time of crisis was a real challenge and concern for patients, especially patients with chronic conditions, who are among the most vulnerable and at higher risk of serious illness and death from COVID-19, by being exposed to disruptions in health care provision. EPF has identified key concerns from patients, through ongoing contact with their members, and have identified these key challenges as: treatment delay, discontinuation of care, changes in diagnosis opportunities, treatment protocols, social distancing, behavioral change in seeking medical advice and the economic impact. EPF’s priority is: “*Timely and continued access to quality care*” conveyed Nicola Bedlington on behalf of EPF. There is a unique chance to advance on all important aspects of healthcare now, and how this can be achieved was discussed during the panel entitled: **How will COVID-19 impact the role of the European Union in European health policy?**



Stakeholder debate

Short statements were made by the panelists:

MEP Tomislav Sokol – In the context of the European Semester recommendations, much has been done since 2014, in terms of equality, mortality, better funding and in overall healthcare investment. However, the situation the CEE countries remains problematic, due to unmet healthcare needs and out of pocket spending for health. The role of the EU could be enhanced in this region. Lack of health professionals in the new Member States was identified as another challenge by the MEP, due to the geographical and infrastructural location and allocation of health workforce. This is a typical ‘brain drain’ example, which affects not only the Member States themselves, but the EU as a whole.

Ms. Valentina Polylas (EUREGHA) – COVID-19 gives us the opportunity to develop and go further with European integration. In the light of the crisis, the time for advocating for better cooperation in the health sector and to reinforce the preparedness of the health system is now and this should be coordinated by the European Union. The crisis also revealed the importance of the regions, as they were in the ‘first line’ of the delivery of health services. Moreover, Cohesion policy proves to be one of the main tools to deliver investments in tangible and intangible skills and infrastructures in the health system. Important areas of innovation at regional level, which can be scaled at a EU level are eHealth, Value-Based healthcare and outcomes measurement, data collection, integrated care. It is also important to enhance healthcare cooperation in cross-border areas. Therefore, the Cross-border Directive should be improved and further implemented.

Mr. Wolfgang Bücherl (DG SANTE) – A question posed from the audience: “*What role will CSRs play in steering funding from the Recovery package towards addressing gaps and weaknesses in health systems? How will the dialogue with Member States change when European Semester now has “teeth”?*”. Mr. Bücherl replied that the CSRs and their content do have an influence on decisions related to the allocation of funds. During the previous round of recommendations (2019), the investment focus was identified, alongside the needs of Member States. A special Annex outlining the Commissions’ priorities for the use of the next generation

of Cohesion Policy funds in the respective country s was accompanying all country reports in 2019.

Mr. Zoltán Massay-Kosubek (EPHA) – Mr. Massay-Kosubek urged all participants to consider key elements of the European health policy, from different perspectives and identify what is the common ground behind them. He summarised this as follows: improved populations' health in Europe, a stronger and more prominent EU health policy, reduction in health inequalities, among others. EPHA add value to the process through bridging the public health policy and other non-health related policies. The multi-sectoral approach in policy fields and research is highly needed, as there are many entry points.

Mr. Laurent Louette (EUCOPE - on behalf of PACT industry partners) – Lessons learned from the COVID-19 should be utilised, as the crisis showcased the existing challenges of the EU healthcare environment, including research, availability of treatment and care. The crisis placed all policymakers in a position to rethink the current state of play in the field of health – new and better financing tools are needed along with boost of innovative solutions, while safeguarding access. All initiatives undertaken by the Commission should be followed up on and applauded, however we should not forget the role of each Member State and their close collaboration with the EU.

Ms. Bedlington posed a question to Mr. Louette regarding enhanced cross-health industry cooperation during the pandemic and what lessons have been learned from it?

He replied that all sectors should work hand in hand and be together during a time of crisis. Industry and the Commission have worked together and coordinated their actions, to make an impact for the sake of all patients during a time of emergency.

“How could stronger EU health collaboration impact positively on global health?” - was the next question posed by Ms. Bedlington to all panelists.

Mr. Zoltán Massay-Kosubek (EPHA) – The connection is very clear between national, European, and global health discussions. However, the inter-link can be enhanced through further collaboration between different institutions like WHO, OECD, the Commission, etc. COVID-19 is a very stark example of a global threat. Therefore, in order to see an emerging and strong European health 'portfolio', which can affect non-health policies in Europe and play a role on the global health arena – a key element of success is institutional collaboration.

Ms. Valentina Polylas (EUREGHA) – It is important to note that Europe, as a whole, is at the forefront of health, research, innovation, manufacturing, and this is great achievement at global and international scale. The EC and the other European institutions should represent this excellence on international level, in order to safeguard this high-level standard.

Question asked by the audience: *“How can we reconcile need for better preparedness and strategic autonomy with the need to safeguard openness of EU? Where do you see the role of multilateral institutions such as WHO and WTO in improving access?”*

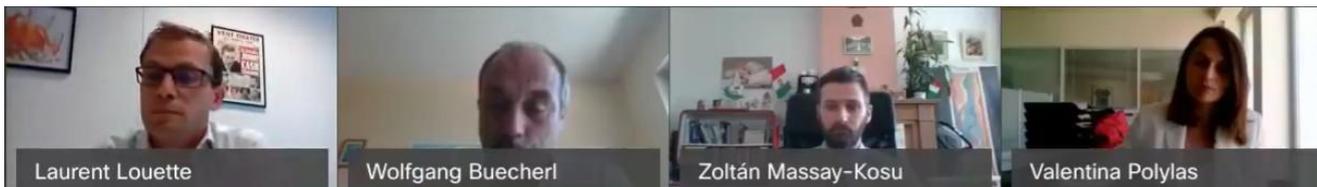
Mr. Wolfgang Bücherl (DG SANTE) – In response to the question posed by the audience, replied that WTO and WHO have an important role to play. As stated by Commission President

von der Leyen, the EU has a strategic interest that vital and crucial supplies, in particular on medicines and their active ingredients, are available for and in the EU.

MEP Sara Cerdas – was asked about her aspirations as one of the Co-chairs of the IG? The question and discussions are very important on this topic, “as *COVID-19 is not the past, it is the present, it is now*”. The pandemic could be described as the biggest for the last 120 years and it affected us as a society in a variety of ways and means. However, lessons have been learned and the EU4Health programme is one of them, showing the clear realisation from the Commission’s side that a stand-alone health program is highly needed. The pandemic also brought health to the centre of the discussions and highlighted the link between a healthy society and the stability of the society, by affecting not only the health sector, but multiple different sectors. The main goal of the EU4Health programme should be to improve health and wellbeing across the EU, by reducing the burden of disease, in this way quality of life will be increased, and health inequalities will be decreased. Health promotion is of utmost importance, through which health gains, lower disease related costs and prevention can be achieved. In the longer term, person-oriented healthcare, rather than disease-oriented healthcare is an important sea change, which should be implemented.

The key one-word message conveyed by the panelists, when asked about their vision for the future of health cooperation on European level, were:

- ✓ Leadership
- ✓ Commercial determinants
- ✓ Ambition
- ✓ Upward Convergence



Closing remarks

At the closing, **Dr. Stanimir Hasardzhiev (Secretary-General, Patient Access Partnership)** recapped the COVID-19 statements made throughout the event, urged the audience to look to the future and what opportunities lie ahead of us. In his view, the goals include: to put health high on the political agenda, assume a multi-sectoral approach to healthcare, and provide quality healthcare to all, all through the lens of equitable access. All these objectives and what PACT has tried to achieve during the last years, has all underlined, in one way or another, in Goal #3 of the UN SDGs. Dr. Hasardzhiev pointed out the importance of "[The Health PACT](#)" and its role in the achievement of access to quality healthcare for all. The document places access, as a multidimensional problem, which cannot be tackled in isolation, but rather through strengthening cross-border, cross-sectoral collaboration, in order to address barriers within and across Member States. The Health PACT demonstrated its relevance and importance even further during the COVID-19 crisis, which proved to be the real-life example of a strong call for cooperation and collaboration. Dr. Hasardzhiev concluded by a very clear ask: *"Lets this be one of the last events within our 'medical' community and give priority to multisectoral events and collaboration that will enhance equitable access"*.



MEP Sara Cerdas concluded the event by conveying a strong message to all Co-chairs and members of the IG – even though they originate from different political groups and backgrounds they are all united under a common goal: Advancing on equitable access to healthcare, by improving health and wellbeing across the EU.

Poll Questions



Where should the Commission and Parliament place their priorities for the next 10 years (until 2030)?

- ✓ New EU action plan on health workforce.
- ✓ Strengthening the EU's competence in health policy and intensifying coordination between Member States' health care systems.
- ✓ Healthcare innovation.
- ✓ Ensuring investment in health is protected and even expanded as countries address the economic impacts of COVID-19.
- ✓ Health in All Policies Approach.
- ✓ Access to healthcare.
- ✓ The Commission and Parliament should provide focus on where the EU can add value. Whether that is making connections to spread good practice, sharing information and knowledge, or providing investment through different funding streams. Europe has a rapidly ageing population which will significantly increase demand on healthcare systems (including for conditions such as dementia). Building capacity and resiliency into systems in the next 10 years is vital.



Where should PACT place their priorities for the next 10 years?

- ✓ Advocating for more EU responsibility in addressing access-related issues.
- ✓ Equitable access and investment.
- ✓ Ensuring patient access - especially in crisis settings. This touches on ensuring supplies, system efficiency, telemedicine, e-Health etc.
- ✓ Digital Health Access - Health Literacy & Digital Skills.
- ✓ Engaging with member states re moving towards universal healthcare within the EU.
- ✓ We need an agreed and shared tool to measure gaps in access to care across Europe - without this information, we cannot begin to address the important priority of addressing health inequities and inequalities.
- ✓ PACT should look holistically at the patient journey, from the point of diagnosis through to the end of life - can patients access quality care and support throughout the life course. PACT should help identify where patients do not receive this high-quality care and inform EU health policy responses.



Where should the policy makers and the members states place their priorities for the next 10 years?

- ✓ Cross-border healthcare (Access to healthcare facilities across the border, cooperation in particular medical specialties, national health insurance issues, etc.)
- ✓ Increasing awareness of the EU's added value in health and striving to increase the EU's competence in this policy area.
- ✓ Full scale EU healthcare digitalization, which will make healthcare systems transparent, will ensure system's agility and will allow taking the right policy measures towards single EU healthcare system sustainability.
- ✓ Healthcare system robustness, equity within and across countries and please let us also go back to the Social Determinants of Health!
- ✓ Access to health.
- ✓ Equity of access and all that that entails.
- ✓ Ageing and demographic change are significant factors which will impact on the demand for health services in future. For conditions such as dementia and Alzheimer's disease, which have no cure and no disease modifying treatment, the importance of healthcare systems which have capacity to deliver high quality care and treatment, from a skilled workforce, is crucial. This requires both investment in healthcare systems, workforce development and sharing of good practice between countries.