

Prioritizing care for high-risk COVID-19 patients in the EU: policy recommendations

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Opening remarks

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5 May 2023¹ will remain a historic day for the Covid-19 pandemic. On that date, the World Health Organisation officially declared the end of the health emergency that broke out just over three and a half years earlier, on 11 March 2020, with the declaration of the beginning of the pandemic.

This, of course, does not mean that Covid-19 has disappeared, nor that its effects should not be managed as carefully as in recent years. Covid-19 remains a global threat and its variants are still active on a global scale: millions of people every week continue to be notified as infected or re-infected, hundreds of thousands of people are hospitalised with COVID-19, and thousands of people still die every week worldwide^{2,3}.

In addition to bringing catastrophic numbers of cases and deaths, the pandemic has highlighted the fragility of European healthcare systems and highlighted the lack of adequate investment in public health and pandemic preparedness in general. To support Member States in responding to the pandemic, European policymakers implemented special measures, including the vaccine strategy and a common EU pandemic response mechanism for the entire European population.

We have embraced the sense of the WHO Resolution adopted by the General Assembly on 29 March 2022 “Elevating pandemic prevention, preparedness and response to the highest level of political leadership”⁴, and we have high expectations of the activities of the Health Emergency Preparedness

¹ World Health Organisation Europe. (2023). Coronavirus disease (COVID-19) pandemic. Available at <https://www.who.int/europe/emergencies/situations/covid-19> Available at <https://www.who.int/europe/emergencies/situations/covid-19>. Accessed July 2023.

² World Health Organisation. (2023). WHO Coronavirus (COVID-19) Dashboard. Available at <https://covid19.who.int/>. Accessed July 2023.

³ World Health Organisation. (2023). From emergency response to long-term COVID-19 disease management: sustaining gains made during the COVID-19 pandemic. Available at <https://www.who.int/publications/i/item/WHO-WHE-SPP-2023.1>. Accessed July 2023.

⁴ <https://digitallibrary.un.org/record/3967619>

and Response (HERA)⁵, also because of the constant dialogue it has initiated with all stakeholders, from the civil society world as well as from the private sector, who are members of its “Civil Society Forum” and the “Joint Industrial Cooperation Forum (JICF)⁶. HERA will work closely with EU countries to analyse, identify, and prioritise possible health threats. This will provide the basis for the strategic coordination of the development of medical countermeasures industrial capacity to address these needs.

Luckily, while COVID-19 is still widespread and evolving worldwide, at the European level we have seen a reduction in the number of cases and deaths since the first outbreaks in 2020. This reduction was possible thanks to COVID-19 vaccines and treatments, among other preventive measures. In this regard, COVID-19 antiviral treatments have emerged as a rapidly developing area of medical research, focusing on patients at high risk of developing a severe form of COVID-19 disease. However, patients across the EU are still unaware of and do not have access to COVID-19 antiviral treatments. In order to support innovation and patient access, further efforts are needed to understand the current landscape of availability and access to these therapies.

The European institutions are committed to successfully supporting the transition from a pandemic approach to COVID-19 to a routine approach, in a constructive discussion with the researchers (we should not forget that a month ago the Nobel Prize for Medicine 2023 was awarded precisely to the two researchers who laid the foundations for the development of the vaccines with which it was possible to combat the Coronavirus)⁷, looking at the health needs of European citizens as well as the valuable work of the advocacy and protection groups. Paying attention and giving credit first and foremost to health professionals. And here allow me to express my solidarity with the doctors: recently there has been news^{8,9} of some doctors in an Italian emergency room who, during the pandemic, worked well beyond their working hours and were fined for it (a measure that was fortunately cancelled), with the risk of adding insult to injury.

Well, as we approach the 2023-2024 winter season, there is an imperative need to remain vigilant towards COVID-19. Experts remind us that COVID-19 remains a threat to health system stability at a

⁵ https://health.ec.europa.eu/health-emergency-preparedness-and-response-hera_en

⁶ https://health.ec.europa.eu/health-emergency-preparedness-and-response-hera/advisory-forum_en

⁷ <https://www.rainews.it/articoli/2023/10/nobel-per-la-medicina-2023-a-kariko-e-weissman-per-i-vaccini-anti-covid-a-mrna-82ee5091-c4ed-4fae-82d4-fc30b7928431.html>

⁸ <https://www.theguardian.com/world/2023/oct/23/italy-overtime-rules-fines-bari-doctors-hospital-covid-pandemic>

⁹ https://www.ansa.it/english/news/2023/10/22/labour-inspectorate-suspends-fines-for-covid-overtime_727ca4cc-d51a-4e89-b164-429f30e4439d.html

critical time of reconstruction, particularly during the autumn/winter seasons when it circulates simultaneously with viruses responsible for respiratory diseases such as influenza, pneumonia and others^{10,11}. Respiratory diseases contribute to severe illness and high levels of hospitalisation in vulnerable populations every year, putting additional pressure on already strained health systems. This burden is particularly felt in the elderly and people with pre-existing conditions¹².

Certain procedures and technologies, which have been useful in the pandemic emergency, should be permanently implemented in the health services to improve quality of life and reduce health risks due to covid-19, especially for the most fragile people affected by chronic and rare diseases. These include measures to make access to medicines and in particular to antiviral treatment more effective and timely; active surveillance to monitor the condition of frail patients with chronic and rare diseases; and an interoperability process that fosters a constant, continuous and up-to-date dialogue between general practitioners, specialists, pharmacists and hospitals.

As we approach the European elections, we are fully aware that from the importance that will be given to health issues in this European political framework, European citizens will understand whether "the need to create a stronger European Health Union (EHU), based on the European Commission's recent efforts to act on cross-border health threats"¹³ - as emphasised by European Commission President Ursula von der Leyen in her 'State of the Union' address¹⁴ - is just a statement or the actual direction taken by the European institutions for the coming years. A key element by which European citizens will assess the work of the European institutions.

Initiatives such as today's help us in our efforts to ensure that, even in this complicated historical moment, the health needs of European citizens remain in the top priorities of the institutions, both

¹⁰ Pollard A. 2022. It's not just Covid: the triple threat that could overwhelm the NHS this winter - Andrew Pollard — Oxford Vaccine Group. [online] Available at: <https://www.ovg.ox.ac.uk/news/it2019s-not-just-covid-the-triple-threat-that-could-overwhelm-the-nhs-this-winter-andrew-pollard-1>. Accessed July 2023.

¹¹ European CDC. 2023. Infection prevention and control for COVID-19 in healthcare settings. Available at: <https://www.ecdc.europa.eu/sites/default/files/documents/Considerations%20for%20IPC%20respiratory%20viral%20infections%20in%20HC%20settings.pdf>. Accessed July 2023.

¹² Neri M, Brassel S, Schirmacher H, Mendes D, Vyse A, Steuten L, Hamson E. Vaccine-Preventable Hospitalisations from Seasonal Respiratory Diseases: What Is Their True Value? Vaccines (Basel). 2023 May 4;11(5):945. doi: 10.3390/vaccines11050945. PMID: 37243048; PMCID: PMC10220863. Accessed July 2023.

¹³ Cfr. "Manifesto for a European Health Union", <https://europeanhealthunion.eu/>

¹⁴ "For me, it is crystal clear – we need to build a stronger European Health Union. We need to strengthen our crisis preparedness and management of cross-border health threats" said the European Commission President Ursula von der Leyen in her September 2020 "State of the Union". Cfr: https://state-of-the-union.ec.europa.eu/state-union-2020_en



European and national, in the hope that the next European Parliament will be able to continue in the path of the current one, which as never before has been committed to protecting health as a primary good to be safeguarded and guaranteed to European citizens.