



## **EUROPEAN PATIENTS' RIGHTS DAY 2022**

### **CONFERENCE ON THE FUTURE OF A HEALTHY EUROPE**

#### ***Taking part in the decision-making process on health priorities***

*20 April 2022 | 14:30 – 16:00 CEST*  
Digital Conference

#### SESSION 1

#### ***Between new challenges and gaps to fill: what is missing and what to expect***

**Moderator: Brian Maguire** - EURACTIV

- brief introduction thanking all the participants from the different EU and extra-EU countries for attending and introducing the panelists

#### **14:30 – 14:50 Opening remarks**

- **Stella Kyriakides** - European Commissioner for Health and Food Safety ([video message](#))
  - The video message opened the EPRD conference by highlighting how the Covid-19 pandemic has emphasized the need to build a stronger “European Health Union”. The topics discussed during this 2022 edition of the EPRD must be addressed to achieve this objective, including an equal access to all health services, especially for vulnerable groups, and empowering and prioritizing the role of patients in decision-making processes on health priorities. In this regard, it is necessary to address the recommendations emerged during the Conference on the Future of Europe (CoFoE).
  - The EU also plays a fundamental role in the current Ukraine war: above all, cross-border medical care and transfer of patients across Member States for treatments must be facilitated.
  - The commitment of Active Citizenship Network has been exemplary in showing how to promote health as a common good and the protection of patients’ rights across Europe.
- **Mariano Votta** - Responsible for EU Affairs, Cittadinanzattiva-Active Citizenship Network  
[Click here](#) to read the opening remarks

### 14:50 – 15:00 How to build more accessible healthcare systems?

- **Christiaan Keijzer** – President, Standing Committee of European Doctors (CPME)
  - Three topics must be addressed:
    - Free movement of patients in Europe and **cross-border healthcare**: patients must be able to easily access care in other EU countries. In this context, a EU directive on cross-border healthcare is being evaluated. Public consultation outcomes have show that there are various issues in cross border healthcare that must be addressed, including language barriers, lack of information and poor dissemination, long waiting times.
    - **Proper reimbursement of care** for patients in all EU countries: recent consultations have shown that the majority of citizens are aware of their right to proper reimbursement of care, but a main issue arises: EU schemes for reimbursement do not fully meet patients’ needs since authorization procedures differ greatly across EU Member States and thus patients often fear they will not receive a complete reimbursement.
    - **The need of accessible and compatible healthcare systems in EU**: access is key for social protection policies, but many gaps are still present in terms of accessibility: high costs, long waiting times, long travel distances. These are especially suffered by vulnerable groups of people including rural populations, elderly, immigrants. We need to increase awareness of these barriers in order to remove them and ensure an equal treatment with equal costs to all. Much work is still necessary to equal access to all across EU Member States and to become closer to becoming a “European Health Union”.
  
- **Mauro Marè** – Director, Welfare Observatory, Luiss Business School; President, Commission for Fiscal Expenses, Italian Ministry of Economy and Finance
  - The main issue is that health expenditure is most of the times not considered as an investment. Rather, it is considered as a current expenditure and this represents a great challenge. In simple terms, the difference is that while current expenditure means that the benefits which arise are exploited within one year, with an investment the benefits produced last for multiple years.
  - There is an **obvious investment component in health expenditure** as it produces numerous long-term benefits. Covid-19, for example, has demonstrated how much health expenditure and a good quality of life for all can maximize a country’s technological, physical, and human capital stock.
  - ATMPs are an example of investment: despite the high temporary asymmetry between upfront costs and long term benefits, they produce several direct benefits including a reduction in healthcare costs, an increase in life expectancy, and an improvement in the quality of human life.
  - Taking all this into account, it is **necessary to increase health expenditure and consider it as an investment by recognizing its long-term benefits.**

**15:00 – 15:45 Roundtable discussion: A debate with the EU institutions on the main issues that emerged from the recommendations of the citizens' panels and from the health initiatives organized as part of the Conference on the Future of Europe**

- **John F. Ryan** - Deputy Director-General for Health - Directorate-General for Health and Food Safety (SANTE) - European Commission
  - Quick opening remark for the debate: the EU has been showing its degree of preparedness and its initiatives especially during the current Covid-19 pandemic and the war situations. **Today financial instruments are much stronger** compared to the past, as shown also by the [EU Beating Cancer Plan](#), the National Recovery and Resilience Plans (NRRPs) being realized, and so on.
  - Covid-19 has helped us recognize the many issues present in healthcare. However, the danger is that, as soon as the pandemic is over and another tension arrives, as it has been happening with the war in Ukraine, the focus is taken off the health crisis and attention moves to something else, which is more urgent in that moment.
  - Lot of pressures on national budgets will be present following both Covid-19 and the war: many investments are being made to address the refugee situation and this must be balanced with a necessary increase also in health budgets.
  - Today more than ever, **funds on health projects have been significant**, especially with the NRRPs: 8% of the budget has been given to health projects, which is a very significant amount. This increase is a clear signal of a widespread recognition of a need for investment in the healthcare sector.
  - Final positive sides: many improvements in legislation are being done to deliver real change and face the tightening budgets, the shortage of workforce, and the aging of the population.
  
- **Tomislav Sokol** – Member of the European Parliament, Group of the European People's Party (EPP), Croatia
  - Quick opening remark for the debate: it is necessary to give more power on healthcare to the EU and improve national policies. To do this, we must use already existing powers to have more concrete actions at the EU level and better prepare for future crises, improving cross-border healthcare and increasing funding to reduce health inequalities among Member States. **We can do much with the instruments and tools we already have**, rather than wasting time with the amendment of treaties.
  - Must use the [EU Cohesion Policy](#) funding to reduce health inequalities: this is the biggest source of funding for healthcare coming from the EU budget. Besides advocating for a stronger financing for the Cohesion Policy for healthcare to achieve concrete objectives, it is also necessary to measure better the outcomes to understand how this money is spent.
  - *A Joint procurement on expensive medicines* is also another initiative which is being developed to reduce the pricings of new and expensive medicines and create a higher, more equal, and better access to these innovative medicines for all patients across Europe.
  - Prevention is the area with the strongest competence in legislation: big changes are foreseen in this area in the coming period, especially in terms of advertising of tobacco, alcohol, etc.
  - **An appropriate recognition of the healthcare workforce is necessary**. The migration of healthcare workers from certain countries (such as Croatia, but also others) represent a challenge as they undermine their health systems' resilience. There is a need for better retention efforts: we cannot force Member States from

not recruiting workforce and to have more doctors in schools because they decide which programs to finance. Still, we can provide financial incentives for the Member States facing this out-migration to create a better working environment and enable them to create more workforce on their own.

- Final positive sides: we already have many instruments we can employ to reduce health inequalities, control budgets, improve cross-border healthcare, and improve the overall healthcare system.
- **David Somekh** - Network Director, European Health Futures Forum (EHFF); Former chair of the Wellbeing Economy Working Group and knowledge partner of the All Policies for the Healthy Europe (AP4HE) initiative
  - Quick opening remark for the debate: the responses we get from citizens on health issues represent a real concern that Covid-19 also managed to highlight.
  - There are many things in health policy that we are aware of but still fail to address, such as **health equity**: things are getting worse and not better; **it is seen as a priority and yet inequality is widening**. Another example is also **health literacy: a better education** on the topic of health is known to be a **crucial** aspect to address **and yet**, at the national levels, the **actions** being taken **are still scarce**. However, it is still reassuring in a way that citizens and the EU Commission are aware of this.
  - Of course equal treatment and access to health are important but we do not need to forget that **also prevention is crucial**. There has been much digital progress in informing and educating citizens about healthcare and this is a good thing.
  - Final positive sides: there is definitely more investment than before, even though there has been a global health crisis. At the moment, we seem to be on the right path, so let's see what happens!
- **Erick Tyssier** - Head of Government Affairs Europe, Teva Europe
  - Quick opening remark for the debate: we must focus on a **manufacturing resilience of essential medicines**: 73% of patients often face many challenges in the healthcare system, such as doctor appointments being cancelled or surgeries being postponed; 70% of patients want to know more about where medicines are being made; 84% want their government to support the manufacturing and investment of medicines.
  - Up to where we can afford for Europe and how much do we want to invest in our medicine supply chains depends on the single countries: Essential medicines do not cost much most times and manufacturing is possible.
  - The imbalance between the different investment dimensions (technological, healthcare, etc.) needs to be addressed. We must also solve the dilemma between our own economic sustainability and the political calls to invest in Europe.
  - Some aspects we need to look at also include: **the need of a regulatory regime that is optimized and modernized** (digital as a key priority), facilitating access to EU funds in technology, **improving manufacturing capabilities** to make sure we get medicines when we need them.
  - Final positive sides: there is high hope that Europe will adjust its policies to increase investment and remain competitive, especially in pharmaceutical strategies. Let's

make sure that we will not be waking up at the next crisis with crucial health components, such as essential medicines, missing.

- **Boris Azaïs** - Director Public Policy Europe Canada, MSD
  - Quick opening remark for the debate: there has been a lot of progress in the last years and we should continue in making patients more involved in the health system cycle. The CoFoE is an excellent step forward. MSD has been involved in the field of health for more than 10 years, putting it on its policy agenda.
  - Besides health literacy, also **health system literacy**, which is often missing, is **important** because it is necessary to improve the democratic process of the health policy design. One of the major challenges is the difference in wealth, GDP per capita, and relative house spending across the EU: as mentioned previously, **the recognition of health as an investment is essential**, together with an equal access to health. On this last point, we need to focus also on **equal access for the vulnerable and stigmatized population**, including migrants, sex workers, elderly, etc.
  - We know how to spend money but not how to cut spending: medicines are the only input into the health system that gets evaluated in terms of cost effectiveness, value, and data to provide for price reimbursement and regulatory purposes.
  - We need to improve measurements of what works and what does not. Very problematic is also the evaluation of silo budgeting: health systems tend to spend money on pharmaceuticals without looking at their benefit. There is a 15% average spending on pharmaceuticals across EU countries, reaching also 30% in central European countries. Still, the trend is flat with regards to medicine spending: it is striking that there is a lot of attention on pharmaceuticals, but this is not driving healthcare expenditure.
  - **We must also look into the healthcare workforce** and in how they move across countries, evaluating patterns and trends and their working conditions.
  - Final positive sides: much excitement surrounds the NRRPs because with these plans there is an unprecedented amount of money invested in healthcare systems. They are a real a game changer. Until this measure we were mostly talking, but now we can act!

#### **15:45 – 15:55 Testimonies: The Ukrainian crisis and the priorities of the EU**

- **Igor Grzesiak Członek Zarządu** – Polish Institute for Patients’ Rights & Health Education (Instytut Praw Pacjenta i Edukacji Zdrowotnej)
  - Insight on the Ukrainian war happening a few kilometers from the Polish border and expressing a call for solidarity with the Ukrainian population and a call for freedom.
  - Over 2 million refugees have come to Poland and no country could be prepared for such a humanitarian tragedy. If it were not for citizens, patients’ and citizens’ organizations, which have engaged in volunteering, social assistance, and financial support, the situation would have been much more disastrous.
  - The health systems were much inefficient prior to Covid-19, which has managed to expose its shortcomings. Now we need to meet the challenge of **providing additional care to all those crossing the border**. These challenges do not only

involve the field of healthcare, but there are many issues also with housing, educational and social activation, etc. This is a big tragedy and the support of the EU is vital now more than ever.

- **Victor Mendonça** - Head of Corporate Affairs – Europe, Viatrix
  - In this war context, we must speak to the patients' associations, NGOs, and other different stakeholders across Europe to coordinate actions needed in terms of a **timely delivery and adequate supply of medicines** to get them where they are needed in Ukraine and other neighboring countries. We must make sure that the humanitarian corridors are open and that medicines can reach those who need them.
  - Our first concern was on both helping the Ukrainians to cross the border and get to the neighboring countries and to assist those that decided to stay in Ukraine. We focused on partnerships with other relevant actors to donate medicines to Ukraine and make sure our help could reach those in need.

#### **15:55 – 16:00 Final remarks**

- **Mariano Votta**, Responsible for EU Affairs – Cittadinanzattiva-Active Citizenship Network.  
[Click here](#) to read the final remarks

#### **Audience Questions and Comments:**

“Is it really the best for healthcare to just add more money, without evaluating working conditions for healthcare professionals or organizational changes to meet the needs for the patients? I believe you need to first see the benefits of new treatments, digital tools, etc. and provide possibilities for self-monitoring at the same time as well as necessary numbers of hospital beds”.

“It was mentioned the challenge of (out) migrating health workers from certain countries (such as Croatia), in large numbers, which undermines their health systems' resilience. He mentions the need for better retention efforts (much agreed), but should we not also hold the destination countries accountable, especially when they are recruiting these health workers in rather unethical ways? Should they not also be called upon to increase domestic 'production' of health workers, instead of resorting to the quick fix of recruiting from other European countries? In my view, these asymmetrical/skewed health workers flows undermine European solidarity and shared prosperity.”

*This document has been drafted by Maira Cardillo, a member of the ACN staff.*