Opening Remarks

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Good morning, everyone, and welcome also from me to this initiative, which intends to explore, from a multi-stakeholder perspective, the so-called 'medical desertification' phenomenon, an expression with which we have only recently become familiar, but which refers to issues that have been well known for a long time, resulting in substantial difficulties in access to care. These include, for example, long waiting times, a shortage of healthcare personnel or long distances to the point of delivery of care[1].

The fact that the European Union - through the EU4Health programme - has allocated funds to the topic shows the attention that the European institutions are paying to it, but also and above all that we are facing a phenomenon that can no longer be associated only with certain regions or certain Member States, but that instead affects Europe as a whole, as we will have the opportunity to discuss today.

Having said this, the fact that sufficient and adequate measures were not taken in the elaboration of the National Recovery and Resilience Plans is a paradox that can hardly be justified. This is, at least, true for Italy, the country I come from, which represents the nation that has benefited most in Europe from the NextGenerationEU funds, because it was the first and the most strongly affected by the pandemic on the European continent. Indeed, the reforms envisaged in the National Recovery and Resilience Plan will only have the desired effects if the investment in health facilities is accompanied by an adequate investment in the health workforce.

The inconsistency cannot go unnoticed: on the one hand, we owe eternal gratitude to health workers for the sacrifice they have made, also in terms of human lives, in tackling the pandemic; and on the other, their legitimate demands have been almost ignored (or at least not considered a priority) in the countries of the European Union when allocating the PNRR funds for 'public health'. This is a discrepancy that citizens and patients are paying dearly for, seeing their right to access care restricted, whether it is highly specialised or routine, since the shortage of health professionals affects not only specialists but also GPs and paediatricians. Not to mention nurses and other socio-health workers.

The work conducted within the AHEAD project allows us not only to highlight paradoxes, but also to dispel myths and go beyond easy stereotypes:

[1] Cfr.: www.agenas.gov.it/oases-promoting-evidence-based-reforms.

a) the medical desertification phenomenon has certainly always characterised the inner areas of most Member States, but it also does not spare the more developed and densely populated areas. It is therefore as much a rural as an urban phenomenon.

b) The covid-19 emergency has 'only' exacerbated the phenomenon but is certainly not its genesis, which means that once the pandemic emergency is over, we will still be dealing with the emergency caused by the medical desertification phenomenon. Hence a far-reaching commitment, which we hope will be considered a priority at European level in the aftermath of the next elections in May 2024. Also because, without an adequate strengthening of the foundations, represented by a relaunch of the health professions, it is difficult to follow up and give substance to the aspiration of the President of the European Commission Ursula von der Leyen to "start building a European Health Union, to protect citizens with high quality care in a crisis, and equip the Union and its Member States to prevent and manage health emergencies that affect the whole of Europe".

c) In analysing the characteristics of the phenomenon, including the quantitative ones, we came up against a reality that makes the situation even worse: the lack of reliable, up-to-date and easily available data on health personnel. This, of course, makes intervention planning even more complicated. Here too, I am sorry to say, Italy was found to be the country most lacking compared to the others represented in the project.

What is most worrying is that at this rate the very existence of the National Health Services as we have known them until now is at risk.

According to analysts, the phenomenon of medical desertification has more the appearance of an imperceptibly melting glacier than the thunderous resemblance of an earthquake.

And in this sense, to bring you once again an testimony of the reality I know best, in Italy this process is eroding the very foundations of the NHS, which was founded on the principles of universality, equality and equity. Will these principles still be guaranteed if the medical desert will not be stopped?

The presence of the experts called upon today will certainly also be of help in advancing towards a necessary qualitative analysis at the European level on the motivations that have driven many HCPs to give up their work, or have self-limited themselves to practising it 'on demand', rather than having swifted from the public to the private sector.

We perceive the risk, which must be avoided at all costs, that in the near future health will no longer be perceived as a common good, that health care will be increasingly privatised and thus the use of care will be increasingly correlated with people's financial resources rather than their unmet medical needs. A scenario that, as far as we are concerned, terrifies us, driving us to call for a great popular demonstration to protect and safeguard the National Health Systems in each Member State. In Italy we are organising it for May.

We are confident that the proposals - as well as the concerns - that will be socialised here today can be brought to the attention of the members of the new subcommittee on public health.

For our part, we will certainly also involve the MEPs of the Interest Group "European Patients' Rights & Cross-Border Healthcare".

I end by thanking in advance the hosting MEP Beatrice Covassi for her sensitivity to today's topic.

I wish you a fruitful meeting.