

## **Therapeutic adherence during the COVID-19 pandemic across Europe: impact, experiences and perspectives from PAGs & relevant stakeholders**

WEBINAR

**31 January 2023**  
**14:30 – 16:00 CET**

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### **OPENING REMARKS**

**By Mariano Votta**

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Good afternoon and welcome to this EU webinar which is an integral part of our busy calendar of appointments that Active Citizenship Network has made in January 2023 also on the topic of medical desert & clinical trials, as well as participation as speakers at public events to bring the civic perspective on public policy on vaccination and fighting Antimicrobial Resistance (AMR).

Today the topic is probably one of the main victims of the Covid-19 pandemic: that is the adherence to treatment. By 2025, over 20% of the Europeans will be 65 or older<sup>1</sup>. We know by

<sup>1</sup> European Charter on Adherence to Therapy, 2016:  
[www.activecitizenship.net/files/patients\\_rights/charter-of-rights/from-the-charter-to-the-charters/European\\_Charter\\_on\\_Adherence\\_to\\_Therapy.pdf](http://www.activecitizenship.net/files/patients_rights/charter-of-rights/from-the-charter-to-the-charters/European_Charter_on_Adherence_to_Therapy.pdf)

now that the fundamental conditions for active and healthy aging include not only prevention and adoption of healthy lifestyles, but also adherence to medical treatment and pharmaceutical prescriptions<sup>2</sup>.

Among patients with chronic illnesses, approximately 50% do not take medications as prescribed. This high level of non-adherence results in higher healthcare costs, lower quality of life and poorer health outcomes, which make this phenomenon a major concern for public health. It is estimated that each year the poor adherence to medication in Europe causes about 200,000 deaths and burdens on health expenditure up to 80 billion euro<sup>3</sup>. These data were collected before to the Covid-19 pandemic, which has only worsened the already critical situation, triggering multiple problems for individuals suffering from non-communicable diseases (NCDs) and chronic conditions<sup>4</sup>. Poor medication adherence to therapies treating NCDs, especially, increased because of the pandemic-related circumstances, including lack of medications, reduced access to pharmacies, and a decrease in healthcare professionals' services for medication control and adjustment<sup>5</sup>. Indirectly, the negative impact has affected the national healthcare systems as a whole, including more outpatient visits and higher use of healthcare costs, among others.

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<sup>2</sup> Journal of the American Medical Directors Association: "Advanced Age and Medication Prescription: More Years, Less Medications? A Nationwide Report From the Italian Medicines Agency", 2016.  
<https://pubmed.ncbi.nlm.nih.gov/26441359/>

<sup>3</sup> European Charter on Adherence to Therapy, 2016:  
[http://www.activecitizenship.net/files/patients\\_rights/charter-of-rights/from-the-charter-to-the-charters/European Charter on Adherence to Therapy.pdf](http://www.activecitizenship.net/files/patients_rights/charter-of-rights/from-the-charter-to-the-charters/European%20Charter%20on%20Adherence%20to%20Therapy.pdf)

<sup>4</sup> Journal of Medical Internet Research: "Digital Health Tools for Managing Noncommunicable Diseases During and After the COVID-19 Pandemic: Perspectives of Patients and Caregivers", 2021.  
[http://www.activecitizenship.net/files/clippings-web-press-articles/Monaco et al 2021 JMIR patient perspectives on digital health tools.pdf](http://www.activecitizenship.net/files/clippings-web-press-articles/Monaco%20et%20al%202021%20JMIR%20patient%20perspectives%20on%20digital%20health%20tools.pdf)

<sup>5</sup> Aging Clinical and Experimental Research: "The role of collaborative, multistakeholder partnerships in reshaping the health management of patients with noncommunicable diseases during and after the COVID-19 pandemic".  
[http://www.activecitizenship.net/files/clippings-web-press-articles/Monaco2021\\_Article\\_TheRoleOfCollaborativeMultista.pdf](http://www.activecitizenship.net/files/clippings-web-press-articles/Monaco2021_Article_TheRoleOfCollaborativeMultista.pdf)

Also for this reason, we have appreciated that the European Commission has launched in December 2021 the Healthier together<sup>6</sup> – EU non-communicable diseases (NCD) initiative to support EU countries in identifying and implementing effective policies and actions to reduce the burden of major non-communicable diseases (NCDs) and improve citizens' health and well-being. The initiative covers the 2022-2027 period and includes 5 strands: health determinants; cardiovascular diseases; diabetes; chronic respiratory diseases; mental health and neurological disorders. All strands include a health equity dimension, thus supporting the reduction of health inequalities, and we hope a greater investment on the value and the management of the therapeutic adherence.

On this topic my association Cittadinanzattiva has been very active for years, both at the national and European level through precisely its EU branch Active Citizenship Network. For example, a few months ago, in Italy, we presented data and proposals:

- Specifically, according to a civic survey we conducted in Italy on patients with cardiovascular diseases in 2021, only 30% of them believed that their physician (specialist or GP-General Practitioner) has spent the right amount of time explaining the treatment pathway and the importance of systematic and consistent adherence to it (compared with 70% of physicians who say they have spent the right amount of time and attention explaining it).
- In July we also presented the "Action Plan on Therapeutic Adherence: from Regional Analysis to a National Plan"- realized by Cittadinanzattiva with patient associations, scientific societies and regional institutions - which brings together analysis and proposals to improve access to and quality of services and benefits that promote therapeutic adherence. Among

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<sup>6</sup> [https://health.ec.europa.eu/non-communicable-diseases/healthier-together-eu-non-communicable-diseases-initiative\\_en](https://health.ec.europa.eu/non-communicable-diseases/healthier-together-eu-non-communicable-diseases-initiative_en)

these proposals:

- measuring therapeutic adherence, developing and implementing a standardized model to personalize the approach to care, identifying therapeutic choices also based on age, social, economic, and residence factors-to reduce any discrimination in the intake and delivery of services;
- focus on service pharmacy, community nurses and caregivers as central figures for improving the health performance of citizens, especially the most vulnerable, and for greater therapeutic adherence;
- focus on the education of health professionals and citizens;
- increase telemedicine and digitization in order to reduce critical access to services and better monitor the care pathway;
- de-bureaucratize processes, especially with regard to the renewal of treatment plans, and boost home administration and distribution systems that avoid unnecessary trips to find medications, and encourage home care.

At the same time, at the European level we conducted a survey, which will be presented to us shortly by my colleague Bianca, who coordinated the work, a survey that was made possible thanks to the collaboration of 38 associations linked to our network, associations that I also thank because several are connecting with us today. Without anticipating anything, I only say that data and recommendations collected show us the inadequate attention of institutions and the main stakeholders in relation to access and continuity of care for non-Covid-19 patients.

From here we will start to better understand how to strengthen treatment adherence, an indispensable element in aiming for Resilient Health Services in the perspective of building the European Health Union.

For our part, we are convinced that therapeutic adherence does not only mean that patients take their medications correctly and for the necessary time, but also implies the ability of the National Health Service to identify and modify unhealthy behaviors and habits of patients, to ensure access to benefits and services in a timely manner that is appropriate to the care needs of citizens, and to involve patients and caregivers in the care pathway. In this sense, therapeutic adherence is the result of the alliance between the patients and all the health professionals who have taken care of them and who accompany them through the different stages of the care process. In short, moving from therapeutic adherence to therapeutic alliance. On this point I will be pleased to hear from the speakers, whom I thank in advance, as I thank today's moderator, Alessandro Monaco.

Thank you for your attention, I wish you an interesting webinar and I give Alessandro the floor again.