

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

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Opening remarks

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Good afternoon and thanks for having accepted our invitation.

As COVID-19 shifts from pandemic to endemic, the European Union grapples with the upcoming flu season. Moving forward, can Europe transform this opportunity to become a true Health Union? Seven months ahead of the European elections and at a time when European citizens have high expectations of Europe's healthcare systems, the absence of any new health initiatives in Ursula von der Leyen's State of the Union speech has been widely commented on. We strongly believe in the key role of the EU institutions for the well-being of all of us, and we thank MEP Brando Benifei, co-chair of the MEPs Interest Group “European Patients' Rights and Cross-border Healthcare”, not only for having decided to host us today but, above all, for the attention that - once again - he has shown to the health of European citizens, listening to the demands of civil society and patients' associations.

The end of the health emergency - as already highlighted - of course does not mean that Covid-19 has disappeared nor that its effects should not be handled with the same care as in recent years. **We are here today to reinforce this message, very well highlighted in the pillar of the Policy Recommendations titled “Setting Up A Comprehensive Policy Framework”** that will be shortly presented.

The Covid-19 pandemic reminds us how much damage even an uninformed citizen and patient - who perpetrates unhealthy behaviour - can cause and how much, instead, an informed citizen and patient can make a difference not only to their own individual health but to public health in general. The understanding of what the risks are, especially for some patients with comorbidities, and the awareness of what the benefits of Covid vaccination & therapies are, on the other hand, can help

mitigate the Covid-19 pandemic and other similar events, which cannot be ruled out for the future: hence the need for us to be more prepared and prepared.

To date, several **preventive** (such as vaccines produced with different technologies) and **therapeutic** (such as monoclonal antibodies and antivirals) **strategies** are now available to counter the COVID-19 pandemic, which need to be adequately communicated to the public, defining the precise indications for use, particularly for vulnerable patients and their families/caregivers. **And this is the second message of today's initiative, summarized in the pillar of the Policy Recommendations titled "Public Awareness And Communication on Covid-19 Symptoms and Risks".**

Data from several studies confirm that heart disease, diabetes and chronic renal failure are significantly more frequent and numerically more numerous among COVID-19 patients who died, compared to the general population¹.

Vulnerable individuals have a higher rate of adverse disease outcomes: ascertaining frailty at an early stage is important to identify the most vulnerable patients. In other words, some people have a **greater risk** than others of becoming severely ill with COVID-19, which means they are more likely to:

- ✓ going to hospital
- ✓ being admitted to intensive care
- ✓ needing the ventilator to breathe. In the USA, for instance, experts declare that "Half of the COVID problem is actually COVID, and the other half is VAP Pneumonia and secondary bacterial infections which is preventable if hospitals use proper and advanced secretion management equipment".
- ✓ die

The administration of current **antiviral drugs** is strictly indicated for frail/vulnerable patients at high risk of contracting serious forms of the disease (having neoplasia, renal insufficiency, immunodeficiency, obesity or cardiovascular disease, etc.). Such individuals must be expressly

¹ Pranata R et al, Clinical frailty scale and mortality in COVID-19: A systematic review and dose-response meta-analysis. Archives of Gerontology and Geriatrics. 2021; 93:104324

indicated by the doctor, who, having been alerted in good time to the onset of symptoms attributable to COVID-19, will manage the patient appropriately.

Today we have vaccines and specific treatments, but it is essential not only - as already said - the maximum information for patients and their families/caregivers – but also to reinforce a synergy between the general practitioner, the patient and the other specialists treating them. **With the Recommendations we want to also emphasize this aspect, included in the pillar titled “Transformation Of Health Services”.**

Many of the extraordinary measures initiated during the Covid-19 pandemic - at least in Italy - were of a transitory nature and were not confirmed or systematised in the post-pandemic period, despite the fact that they had helped to simplify and de-bureaucratise some care processes. For example, the extension of the validity of the therapeutic plan, the implementation of the Electronic Health File, the various applications of telemedicine tools. And also, once the emergency has gone, the delivery of drugs and devices to patients' domicile appears not to have been confirmed and systematised. **Is it possible that we are 'going back' to a pre-Covid phase, from the point of view of the transformation of healthcare systems?** Our esteemed guests will help us to answer this question.

A recent civic survey carried out in Italy by Cittadinanzattiva, 'measured' the change in our National Health System in order to understand, at present, whether progress has been made in terms of the implementation of the National Health System and whether, by building on past mistakes, it has been equipped with the necessary tools to meet the present and future needs of citizens in the case of new pandemics. In particular, taking stock of all the measures activated in the fight against the coronavirus, both in terms of prevention and treatment, the civic survey on the level of access to available therapies for the treatment of SARS-CoV2/Covid-19, with a specific focus on antiviral drugs for Covid-19, investigated which therapeutic strategies for the treatment of Covid have been used and how they have been managed, in particular in the last 12 months.

The qualitative survey - presented in Rome on 30 May 2023 - involved a total of 121 presidents representing national and regional associations of patients with chronic diseases, Federations and Societies of general practitioners, Pharmacists' Associations and scientific societies².

With regard to the treatment of Covid-19, the survey showed that - in terms of appropriateness for the treatment of patients affected by Covid-19 - there was an over-prescription of antibiotic drugs, anti-inflammatory drugs, cortisone drugs and immune system supplements, while there was a significant under-prescription of antiviral drugs for Covid-19 for non-in-patients (65.2%, 41.3% and 43.8% of the general practitioners, specialists and pharmacists surveyed respectively reported this.

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The under-prescription of non-patient antivirals is in line with the monitoring conducted by the Italian Medicines Agency (AIFA), which shows a gradual and steady increase in the reference period (February 2022-February 2023) (see Report No. 5 and Report No. 29 Antiviral Monitoring for Covid-19).

The majority of general practitioners and pharmacists responding to the survey (almost 80% of general practitioners; 60.9% of pharmacists and 30.4% for specialists), also stated that frail/chronic patients who were prescribed an antiviral drug therapy for Covid-19, trust the proposal made by HCPs even if they are afraid of side effects or more serious consequences (52.2% of general practitioners; 28.3% of specialists and 56.5% of pharmacists). In general, the data expresses the patient's trust in these categories.

I have quoted this data, which we are sharing at European level for the first time, as a further contribution to today's discussion.

In summary, fighting covid is still an ongoing battle and we must not let our guard down. The data from the survey suggest that, in order to ensure access to treatment against covid-19, much more work needs to be done on information and public awareness of the health risks of this virus. It is therefore crucial to raise awareness of the behaviours to be adopted in order to maximise the

² Hanno partecipato 6 Presidenti di Associazioni in rappresentanza di pazienti con patologie croniche (AISC - ALICE - BPCO - EUROPA DONNA - RESPIRIAMO INSIEME - WALCE), 23 Presidenti di Federazioni e Società dei medici di medicina generale (FIMMG e SIMG), 46 Presidenti degli Ordini dei Farmacisti (FEDERFARMA e FOFI) e 46 Presidenti di società scientifiche (AIOM – CIPOMO - SIC - SID - SIP - IRS - SITI - CARD).

timeliness of medical intervention and the start of the most appropriate treatment in due time. On the other hand, it is important to work on the training of doctors and pharmacists in order to increase their skills on these therapies and thus promote guaranteed access to treatment. These elements are well highlighted in the recommendations that will now be presented and on which we look forward to receiving qualified feedback from you all.

Thank you.