



Briefing | EP BECA - EoV on serious cross-border threats to health repealing Decision No 1082/2013/EU

Dods - Committee Summary

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Source: European Parliament Special Committee on Beating Cancer (BECA)

Subject: Exchange of views on serious cross-border threats to health repealing Decision No 1082/2013/EU

Date: 1 July 2021

On 1 July, the European Parliament BECA Committee met for an exchange of views on serious cross-border threats to health repealing Decision No 1082/2013/EU. During the debate, several MEPs agreed with the rapporteur's view that the resilience of healthcare systems must be improved in the face of potential future crises. In this regard, calls were heard to ensure that cancer patients would still be guaranteed access to medicines and treatment during any future crisis. The Commission's representative supported increased preparedness for cross-border crises, noting that this would likely increase the preparedness of healthcare systems more generally. Please see below for a full summary of the exchange of views.

Rapporteur Véronique Trillet-Lenoir (RE, FR) said that such crises were indeed threats to Europe as a whole. This legislative item included conclusions drawn from the COVID-19 crisis. The pandemic showed how vulnerable the EU was when it came to public health and, faced with what was lived through, national health systems had stood up pretty well. This regulation had been before Council and parliament and had three aspects. All three should interact properly and consistently, thus allowing the EU to be better prepared for such crises in the future, in addition to other types of crises, such as biological, chemical or climate crises, for example.

Furthermore, she proposed that the ECDC mandate be extended to cover non-communicable diseases, as well as communicable ones. As had been demonstrated in a study of the impact of the pandemic on persons with cancer, it was seen that diagnosis and screening had been delayed and some cancer drugs had been in short supply, for example. As such, measures must be put in place to ensure this did not occur again. She had also suggested that national preparatory crisis plans should also detail this issue to determine whether health systems could cope. In addition, adequate training of professionals and setting up of stockpiles to adequately withstand such crises was required.

Moreover, she supported having joint procurement programmes for medicine programmes as the EU was stronger when it negotiated with a single voice. Fair access for all citizens could be ensured through this approach. Medicines should be available for all and at a fair price. Concerning the HERA agency, it should be at the heart of the European health strategy.

Peter Liese (EPP, DE) said that good cooperation on this report had been seen from the EPP's perspective. The link between COVID-19 and cancer was still of concern. Cancer patients were at risk and he noted his

frustration that the current Euro championships were not serving as a good example of keeping the disease under control. Health should be considered more important. Referring to the last debate, he said he was angry that many colleagues had only criticised public-private partnerships. However, the public-private partnerships put into action by the EU saved lives. The solution for future pandemics was not criticising the pharma industry and HERA should work with industry and industry should be supported to work under clear rules.

Sara Cerdas (S&D, PT) remarked that a biggest lesson learnt was that Europe was not properly ready to face future health crises. The resilience of healthcare must be improved and investment into the training of healthcare professionals was required. Last year, a huge postponement of diagnoses and treatment had been seen and thus must not be repeated. Patients must be able to have the care they need when other crises arose. This report would show how communicable disease crises impacted patients with non-communicable diseases.

Tomislav Sokol (EPP, HR) emphasised that the beginning of the pandemic saw big problems as exports of crucial medicines and equipment was stopped in some instances. This showed the vulnerability of the internal market and this could be dangerous for those with cancer. He proposed setting up a permanent prior authorisation scheme whereby any export restrictions imposed during times of crisis would have to be authorised by the Commission. He asked the rapporteur for her opinion on this.

Cindy Franssen (EPP, BE) underlined the importance of joint procurement of medicines. Currently, there was unequal access to cancer drugs and this problem could easily worsen during a crisis. Should stocks of rare cancer medicines be an integral part of any crisis management plan so that treatment could continue. Could an EU coordinated approach on joint procurement help build stockpiles at a lower price?

John Ryan, Director of Public Health, Country Knowledge and Crisis Management, DG SANTE, noted that he had been working closely with the rapporteur on this issue. The Commission's proposal was designed to learn lessons from the COVID experience. The idea was also to put in place a stronger foundation for a European health Union. The ongoing outbreak had shown the weaknesses in health systems across Member States. Moreover, not every country had been impacted in the same way and many problems depended on the Member State in question. As such, local circumstances had to be taken into account. For example, in some countries there was a good supply of emergency beds for infectious diseases. The problem was that there may not be adequate training for healthcare professionals and levels of preparedness needed to be improved.

Increasing preparedness for cross-border crises would increase the preparedness of healthcare systems more generally. Many discussions had been held with patient groups and Member States when it came to those with mental health issues and thus the impact was felt by many patient groups. He supported having good, accurate indicators when it came to the level of preparedness and he also welcomed the call for having country visits and audits by the rapporteur.

There was also the question between the link between communicable and non-communicable diseases. The surveillance system for communicable diseases was based on a limited list of 50 diseases. The system was different when it came to non-communicable diseases. There was also an international system for non-communicable diseases, operated by the WHO. The Commission did not want to impose a new system for non-communicable diseases and there should not be duplication in this regard. Moreover, he underlined increasing the link between non-communicable diseases and communicable diseases. Treating diseases when they came on was often too late and risk factors must be addressed at source.

Concerning medical supplies, the Commission's proposal included a paragraph related to joint procurement. This should be used when necessary by Member States to procure supplies, as was seen in the case of vaccines, for example. The question of whether this system should be extended to other types of drugs was an interesting one and an evaluation of the current system was being carried out. He agreed that joint procurement could have particular added value for smaller Member States. On border closures, stronger coordination was needed in terms of border controls and a number of efforts had been carried out in this regard, including the digital green certificate.

Véronique Trillet-Lenoir (RE, FR) said that public-private partnerships were probable the best way to find a good balance regarding industry and public administration. Public investment should also bring more contracts and a better system of organisation that could lead to a better return on investment. Addressing Mr Cerdas, she agreed that the risk posed to people who had other chronic diseases must always be borne in mind. Addressing Mr Sokol, she agreed that better cooperation was needed so that export bans would not be seen, for example. She was optimistic that better coordination would be seen in the future. Addressing Ms Franssen, she agreed on the need to extend public procurement to cancer medicines. Finally, addressing Mr Ryan, she said that Member States should be partners in the field of health. Increased cooperation should allow for all to work together without taking away responsibilities from Member States.

BECA Vice-Chair Joanna Kopcińska (ECR, PL) stated was on the side of those suffering from cancer and all wanted humanity to win and this was something all had in common, though there were some differences across Member States. The objective must remain the good of the patient, she concluded.
