

AESGP remarks on the European Commission's proposal for the EU4Health Financial Programme

The Commission has proposed the EU4Health Programme, a stand-alone health programme for 2021-2027. Building on the lessons to be learned from the COVID-19 crisis, the EU proposes to increase its investment from 400 million up to 10 billion euros on an otherwise missing health strand of the Multiannual Financial Framework.

EU4Health aims at making the EU population healthier, strengthening the resilience of health systems, and promoting innovation in the health sector. This new programme will also fill the gaps revealed by the COVID-19 crisis and ensure that EU Member States' health systems are resilient enough to face new and future health threats.

An ageing population, health workforce challenges and ever reduced healthcare budgets have increased pressure on health systems. Also, **health systems face inefficiencies of about 20%** according to the European Commission's Expert Group on Health Systems Performance Assessment¹. Despite being known as the most efficacious long-term measure, **investment on prevention is as low as 3%** of national health budgets². So, healthcare systems need policies that ensure sustainability of infrastructure, services, network and workforce, across all care levels. In this regard, AESGP welcomes the opportunities that digitalisation is bringing and looks forward to working on ensuring maximum benefit for patients utilising technology.

Self-care products can prevent illness, address minor health problems, reduce pressure on health systems, and its use was a game-changer during the COVID-19 pandemic

Self-care is a part of European citizens everyday lives, which aims at promoting and maintaining a healthy status, by preventing disease, and addressing minor, temporary or recurrent symptoms, illness or disability. Self-care entails a responsible self-assessment, self-treatment and self-monitoring, only possible by consumer and patient empowerment, increasing health literacy and professional guidance on healthy lifestyle choices. Therefore, there is a need to **invest in health professionals to have the right skills, knowledge and attitudes to practice patient-centred healthcare, providing an enabling context for patient empowerment**. Self-care has the potential for citizens to take better care of their health needs and also to contribute to the sustainability of European healthcare systems, mostly by **relieving pressure on primary and secondary healthcare units**.

AESGP believes these issues to be overall addressed in the Specific Objectives 4 and 5 of the Commission's proposal (article 4). Nevertheless, impulse to self-care has not been mentioned specifically in the proposal. Amidst the **learnings of COVID-19 crisis**, self-diagnosis, self-care measures and product availability were paramount to ensure **reduction in affluence to health units, particularly during the time of confinement**.

The EU has worked to reduce asymmetries in accessibility to healthcare throughout the member-states. However, European citizens still don't have equitable access to healthcare products, tools and services. There are still many **differences in what composes the preventive and therapeutic arsenal** available to healthcare professionals, for use in their clinical practice, and to citizens, for use on self-limited symptoms.

¹ https://ec.europa.eu/health/sites/health/files/systems_performance_assessment/docs/2019_efficiency_en.pdf

² https://ec.europa.eu/health/sites/health/files/state/docs/2018_healthatglance_rep_en.pdf

Health literacy needs to be a driver for empowered patients, healthy citizens and responsible media to combat disinformation in times of crises

AESGP also considers that increasing **healthcare literacy can empower citizens to take wiser decisions**, that will benefit their health status. Working towards a more informed patient means to foster easy access to information, covering all aspects of health, including prevention, self-assessment, treatment options, evidence for different treatments, and lifestyle advice. However, health literacy needs to be worked on several axis:

- **for patients**, to better cope with the self-management of their illnesses and limitations;
- **for healthy citizens**, to prevent illness throughout their different stages in life and to recognize trustworthy sources of information;
- **for media, journalists and communicators**, to convey reliable messages and address healthcare concepts responsibly.

The importance of Health literacy would deserve it to be addressed in the EU4Health Programme proposal as a specific objective.

Ensuring availability of medicines needs a proportional worldwide multifactorial approach that considers manageable, fair and cost-effective measures to have ready useful quality products.

AESGP would recommend caution on the establishment of medicines reserves as structural stockpile.

For as much as it is known, the **main problem of medicines availability during the pandemic was national protectionism and border controls**, both in Europe and with trade partners from third countries. These problems, during the COVID-19 pandemic, were addressed pre-emptively, in due time, through **pragmatic solutions to ensure the proper functioning of the internal market, regulatory flexibility for market access and diplomatic channels with third countries' partners**, in a joint effort of pharmaceutical industry, wholesalers, the EU institutions and its agencies, as well as the network of Member States.

Even if, empirically, some degree of stability and preparedness is expected with **stockpiling**, it must be considered the **implications and limitations** of such a measure:

- **definition of medicines**: any list of medicinal products and equipment would need to follow a criterion, probably based on criticality of these products, therefore rising several ethical questions in the reassurance of equitable access to healthcare. Even if for general calamitous situations, the need for some healthcare products and equipment is possible to foresee, it will be hard to define for reasons of pandemic. Essential products determined for reasons of public health could not be the ones in need, much like the particularities of this pandemic are probably not extrapolatable to other disease borne conflicts or other worldwide challenges impacting the availability of goods (e.g. environmental disasters).
- **financing inventory**: the budget foreseen in this proposal will cover for the acquisition of stock to be added to reserve inventory. Any such proposal would need to encompass expenses dedicated to continuous warehousing and workforce to manage a dynamic stockpile while there is no demand for its use. As a valuable resource, production and distribution of healthcare products, namely medicines, is planned to avoid waste. Therefore, any system of reserve should also take this into consideration.
- **warehousing of products**: not only there needs to be room, safety and special storage conditions for sensitive products, all in line with Good Distribution Practice (GDP) guideline, but also there needs to be in place a dynamic stocking, which constantly moves product in and out, due to, for instance, reasons of expiration. This is the only way to ensure products are available in perfect conditions when crises so demand. Even if the Commission proposal relies on stocking this reserve, focus on procurement is as important as determining the conditions of product outflow to ensure continuous levels of quality products.

Digitalization of the economy can also bring further benefits shortening citizen's distance to healthcare professionals and advice, as well as playing a decisive role in ensuring **accessibility and availability throughout the pharmaceutical value chain**.

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