



EUROPEAN COMMISSION
HEALTH AND FOOD SAFETY DIRECTORATE-GENERAL

Health systems, medical products and innovation
Performance of national health systems

Expert Panel on effective ways of investing in health (2019-2022)

12th plenary meeting

23 June 2022

10:00-16:00 CET

Hybrid meeting

Minutes

The twelfth plenary meeting of the Expert Panel on effective ways of investing in health took place on 23 June 2022. The meeting, which was a non-public meeting, was chaired in person by the Panel's Chair, Professor Jan De Maeseneer.

1. Welcome and introduction

The agenda was approved without changes. The minutes of the previous plenary meeting of 21 March were adopted in writing and had been published on the [Expert Panel](#) website.

Doctor Kringos informed the Panel and the Secretariat that she became an observer in the National Health Observatory of the Ministry of Health of Luxembourg.

Professor McKee informed the Panel and the Secretariat that he was appointed as the President of the British Medical Association.

Professor Wiczorowska-Tobis informed the Panel and the Secretariat that she became a member of the Polish Ministry of Health Advisory Group on Geriatric Care.

No conflicts of interest were raised on matters of the agenda.

2. EU health developments update

COM informed the Panel about the recent EU developments including the establishment of the Health Emergency Preparedness and Response Authority (HERA) as a new directorate-general within the Commission. COM mentioned a proposal for the revision of the pharmaceutical legislation expected end 2022.

COM gave a short overview of the proposal for the Regulation on a European Health Data Space (EHDS), adopted by the Commission on 3 May 2022, one of the central building blocks of the European Health Union. It is a health-specific EU wide data sharing framework

establishing clear rules, common standards and practices, infrastructures and a governance framework for the use of electronic health data by patients and for research, innovation, policy making, patient safety, statistics or regulatory purposes.

COM gave an update on resilience testing methodology project that builds on the Expert Panel opinion on *Organisation of resilient health and social care following the COVID-19 pandemic*. Currently, work is ongoing on two cases for pilots to test methodology, namely, a scenario on suddenly rising unemployment and an antimicrobial-resistant super bug outbreak. Two further scenarios (a heat wave and a pandemic) will also be developed at a later stage.

COM then presented the Healthier Together - EU NCD (non communicable diseases) Initiative which is a toolkit to help EU countries reduce the burden of NCDs and improve citizens' health by supporting action of the Member States and stakeholders. The Initiative helps EU countries to achieve the United Nations SDG Target 3.4 to reduce premature mortality from NCDs by one third by 2030.

This initiative identifies effective actions and the available legal and financial supporting tools across five main areas: cardiovascular diseases, diabetes, chronic respiratory diseases, mental health and neurological disorders. It contributes to the reduction of health inequalities, especially for vulnerable groups, and aims at including mental health in all policies, stressing the importance of person centred and integrated care.

Members thanked COM for the update. Some members argued that the distinction between communicable and non-communicable diseases is not correct and inequity by disease should be avoided. They agreed, however, that no better terminology is available. They mentioned an upward trend in NCDs following the COVID-19 pandemic as well as the post-COVID-19 condition as a growing challenge for health systems.

3. Opinion on managing antimicrobial resistance (AMR) across the health system

The chair of the drafting group on AMR and the rapporteurs gave an update on the work of this opinion.

There were several comments and suggestions received during the public hearing on 20 June and they will be taken into consideration. Some members raised concerns that the views of general practitioners' associations were missing in the hearing. They discussed how to get this key group of stakeholders on board.

Members then debated the five proposed recommendations.

Recommendation 1: Each Member State should strengthen their systems for convening all AMR stakeholders and improve national assessment quality. Members discussed the importance to involve different actors at different levels, to increase efficiency and relevance. They suggested a system of accountability on national level should be developed and highlighted the need for regular reporting.

Recommendation 2: Complete the process of developing indicators for the surveillance, monitoring, and evaluation of AMR. Members stressed the importance of data collection and interpretation, highlighted the link with the European Health Data Space. As human health is a

Member State competence, they discussed how best to ensure a One Health approach focusing more on the microorganisms (infectious agents) rather than on a division between human and animal health.

Recommendation 3: Each Member State should ensure that there are stewardship systems in place throughout their health systems. Members pointed out the need to address reasons of inappropriate prescribing. They stressed the role of primary and secondary care providers in promoting the prudent use of antibiotics as well as the importance to educate the population. Some members mentioned the lack of evidence on which interventions or best practices work best.

Recommendation 4: Steering of research and development based on foresight exercises, rapidly integrated and adopted within regulatory and legal frameworks. Members highlighted the need to invest more in research on prescribing behaviour and support mechanisms for developing new antibiotics.

Recommendation 5: Leverage the knowledge that value and belief systems of population determine the level of potential misuse of antibiotics. They stressed the key role of prescribers and need to avoid blaming the patients for excessive use of antibiotics.

COM asked to clarify which actors the recommendations were targeted towards and mentioned that concrete and operational recommendations could be helpful as part of the development of the upcoming Council Recommendation on AMR. COM also suggested to look at the Court of Auditors report on AMR actions at EU level as well as the recent EU initiatives on AMR as part of one health approach (critical list of Antibiotics).

4. Opinion on facing the impact of post-covid-19 condition on health systems

The chair of the drafting group and the rapporteurs gave an update on the work of this opinion. Members discussed in small groups the proposed recommendations, suggesting specific actions and defining the different actors.

On the definition of the post-COVID-19 condition (PCC) members highlighted the need for a common definition for clinical use as well as for surveillance and research. They stressed that common diagnostic criteria for PCC must also be agreed and the criteria and tools to identify the needs of patients with PCC should be defined. Members pointed out the importance to address measures for quality of life as well as for the functioning of patients with PCC. These measures should be adapted to the episodic nature of PCC.

On knowledge, the creation of a dedicated hub was suggested in order to diagnose gaps within health systems and to identify context-related good/best practices, based on positive experiences in addressing PCC. The need for standardised information in electronic health records was mentioned.

On patient pathways, members highlighted the role of primary care and its financing since primary care is currently the most appropriate entry point for patients with PCC into the health system. Training of health professionals on PCC recognition and treatment was also strongly recommended. Members suggested the creation of a permanent patient observatory to follow

patients and to record what services were delivered to them. Safe and effective self-management and community-based peer-support structures were mentioned as important action points.

On *research*, members considered developing standardised criteria to evaluate the quality of the evidence. They emphasised the need to develop guidelines to manage uncertainties due to the limitations of existing knowledge, while providing safe and effective support to patients.

On *patients' involvement*, members recognised the importance to adapt systems to incorporate the patients' experience and insights into every stage of the development of research and clinical and public health pathways. Co-production with patients should become a core principle of high-quality healthcare systems. They suggested patient involvement in the definition of research questions and in research design as a core principle of high-quality research.

On *prevention*, it was emphasised that PCC burden can be reduced by efficient primary prevention of acute COVID-19 infections, by secondary prevention to reduce the development of PCC following a COVID-19 infection, and by tertiary prevention that prevents further complications in PCC. Tertiary prevention includes rehabilitation and reintegration into the workplace.

Members concluded the discussion by agreeing on the next steps with a drafting group meeting to be organised on 20 September 2022, and a virtual public hearing for stakeholders on the draft opinion to be held on 18 October 2022.

5. EXPH external evaluation

ICF, the contractor for the evaluation study on the work of the Expert Panel gave an update on the ongoing consultation activities. EXPH members had already received the link to the survey and several members asked for a repeat sending of the link. ICF informed members that some of them will be invited for targeted interviews and focus groups.

6. End of mandate webinar

Members brainstormed about a possible end of mandate webinar highlighting it as a good opportunity to disseminate recent opinions. Some members suggested to focus on the COVID-19 and post-COVID-19 situation in health systems and how recent Expert Panel opinions addressed this problem. Members raised a concern about the lack of strong communication with decision makers at national level to transform the scientific advice into policy.

Members agreed to set up a preparatory group to draft a proposal on concept and content of the event which would be scheduled for beginning of December.

7. Dissemination of opinions

Members discussed possibilities to promote and disseminate the recent opinions and also the Panel's work in general. The Chair thanked all members who presented opinions in different conferences and fora.

8. Any other business and next steps

The next plenary meeting is scheduled for 26 October 2022 as an in-person or hybrid meeting. COM informed members on the Commission communication on greening the Commission to reach carbon neutrality by 2030, which has implications for experts meetings. The specific rules and principles will be sent to members with the invitation to the next plenary meeting.

9. List of participants

EXPH members: Professor Jan De Maeseneer, Dr Anna Garcia-Altes, Professor Damien Gruson, Dr Dionne Kringos, Professor Lasse Lehtonen, Professor Christos Lionis, Professor Martin McKee, Professor Liubove Murauskiene, Professor Sabina Nuti, Professor Pedro Pita Barros, Dr Heather-Lynn Rogers, Professor Luigi Siciliani, Professor Katarzyna Wieczorowska-Tobis, Professor Sergej Zacharov, Dr Jelka Zaletel

Representative from ICF S.A. (for the point on the EXPH evaluation)

Representatives from the European Commission (DG SANTE B1, C1)