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WEBINAR: Hearing of the Expert Panel on effective ways of investing in health on the opinion: Facing the impact of post-COVID-19 condition on health systems

Brussels, 18 October 2022 (virtual meeting)

Aim and objectives

The Expert Panel on effective ways of investing in health (EXPH) is an interdisciplinary and independent group established by the European Commission in 2012 to provide non-binding independent advice on matters related to effective, accessible and resilient health systems in the form of opinions.

The aim of this hearing was to provide stakeholders with an opportunity to share their views on the draft opinion of the Expert Panel on '***Facing the impact of post-COVID-19 condition on health systems***'. The draft opinion was made available on the Expert Panel's website prior to the hearing.

Panel members - speakers

Prof. Jan De Maeseneer (Chair of the hearing), Dr. Dionne Kringos (Chair of the drafting group), Dr Jelka Zaletel, Prof. Pedro Pita Barros (Rapporteurs)

In total around 80 participants attended the hearing.

Presentation of the draft Opinion

The Chair presented the Expert Panel on effective ways of investing in health. The Chair of the drafting group and the Rapporteurs presented the draft opinion, covering:

- The current state-of-the-art on what post-COVID-19 condition (PCC) is, its probable causes and symptoms.
- A health system approach to PCC, including organisational and resource requirements for healthcare systems to design and develop appropriate models of care for PCC.
- Guidance on how public health surveillance should be adapted to measure the impact of the PCC on the population.

The draft opinion concludes with six recommendations:

- Research on PCC should as far as possible be explicitly co-produced with people living with the condition, with co-creation of potential therapeutic interventions, as well as considering patient pathways;
- Research on PCC and especially on potential treatments needs to be done at sufficient scale to provide definitive answers that take account of any heterogeneity within the population and the contexts in which they are situated;

- Health systems need to embed research on PCC at all levels of care including rehabilitation, identifying incentives that can be applied and barriers that can be removed to facilitate the developments of health facilities as settings for research and health workers as users of it;
- As COVID-19 infection is the cause of PCC, measures to combat it, including vaccination and reducing transmission, must remain a priority;
- PCC is to be recognized as one of many complex chronic conditions that, in many patients, will co-exist with others, calling for models of care that are coordinated in primary care, with mechanisms to ensure rapid referral to specialist teams while avoiding placing patients in “PCC siloes”;
- A coordinated programme of surveillance systems should be established, including data from each member state using consistent case definitions and methodologies, and encompassing the impact of this condition on health, employment and the economy.

Open discussion: participants' views

Participants in the discussion:

- Highlighted the need to be clear about the definition and terminology used to refer to PCC. It was acknowledged that the terminology and definitions are evolving.
- Asked about ways to implement the recommendations at the Member States' level.
- Suggested that patient groups should be involved further in order to develop concrete action points, including those patient groups that are harder to reach.
- Raised the feasibility of a harmonised European curriculum or learning track on PCC.
- Pointed out the difficulties in primary care to tackle PCC and to achieve a truly integrated approach.
- Thanked the panel members for their comprehensive and valuable work.

In a live poll conducted during the hearing, 26% of respondents said they represented NGO/Associations, 23% government/public authority, 21% academia/think tanks, 18% healthcare sector and 5% consultancies. When asked about their capacity in dealing with PCC, 45% of respondents identified themselves as researchers, 32% as PCC patients, 20% as healthcare providers, 16% as policy makers and 7% as pharma/medical technology specialists or developers.

In a poll asking participants to rank the Panel's recommendations in order of importance/urgency, the recommendation *to combat and prevent the spread of COVID-19 infections* was ranked as No.1, followed by the recommendations *to recognise PCC as a multi-factorial chronic condition while avoiding placing patients in “PCC siloes”* and *to establish a coordinated programme of surveillance systems to include data on PCC*.

Next steps

Participants were invited to send any additional comments by 30/10/2022 via email to SANTE-EXPERT-PANEL@ec.europa.eu.

The Panel will finalise its work on this opinion in the next months.