



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

Drafting group on Facing the impact of post-COVID-19 condition on health systems

(Virtual meeting)

20 September 2022

Minutes

1. Approval of the agenda

The agenda was approved without changes. The minutes of the previous meeting of 13 June were adopted in writing and published on the [Expert Panel website](#).

2. Nature of the meeting

The sixth drafting group meeting on ‘Facing the impact of post-COVID-19 condition on health systems’ took place on 20 September 2022 via MS Teams. The meeting, which was chaired by Dr Dionne Kringos, Chair of the drafting group, was a non-public meeting.

No declarations of interest that could in any way interfere with the topic discussed were submitted by any member.

Prof McKee and Dr Kringos informed the participants that they presented the draft opinion during the WHO Regional Committee meeting for Europe on 13 September.

3. List of points discussed

Recommendations in the draft opinion

A considerable part of the meeting was dedicated to a discussion on recommendations. It was suggested to have fewer recommendations, and these must be realistic and feasible within a certain time period.

Members highlighted that knowledge on post-COVID-19 condition (PCC) was quickly evolving so the opinion captures only what is currently known.

It was agreed to keep a specific recommendation on patient involvement. Patient must be in the centre when thinking about treatment pathways, empowering them, and avoiding stigmatising them.

Members stressed the importance to stimulate quality research.

COM (RTD) mentioned that some recommended actions were already on-going under Horizon Europe. RTD will provide the comprehensive information to the Panel.

Members agreed to add a dedicated text about impact of PCC on working-age adults taking into account the typical flare ups of this condition.

There was a suggestion to structure recommendations following the questions of the mandate, thus focus on analysis of the *i)* main knowledge, *ii)* organisational and *iii)* resource requirements for healthcare systems to design and develop appropriate health services for PCC.

When discussing the action point on active surveillance, ECDC commented that it must be clearly stated that ECDC cannot carry out surveillance on PCC as is the case for infectious diseases. ECDC will provide clarifications to the Panel in writing. ECDC further clarified that a report from literature review will be published soon and it will be made available to the Panel.

Under action point on training of health professionals on PCC recognition and treatment, it was stressed that it was essential to increase the capacities (including training of all health professionals in healthcare teams and organisational capacities) and financing of primary care. It was also suggested to incorporate into medical training learning from patients' feedback.

Members emphasised that there was a need to optimise patient pathways to achieve best health outcomes. Members underlined the importance of person-centred, goal-oriented care. Members discussed the crucial role of primary care which must be strengthened and supported by different health specialists in multidisciplinary teams to deal with PCC. However, members pointed out that access to multidisciplinary care was a problem in several Member States. There were also challenges because of less-than-ideal primary health care in some Member States.

Members further discussed the recommendation on research and its added value. The main points raised concerned specific challenges of PCC which should be considered when conducting the research. There was no use of research conducted without understanding the specific features and challenges of PCC and undertaken with little quality control and without patient involvement.

Members suggested that research results should be disseminated among Member States and research programmes should be co-created with patients' representatives.

Science should also be effectively transferred to policy, overcoming science-policy demarcation, as suggested by JRC's Science-for-Policy approach, that puts science at the service of complex, transversal policy issues, enables effective vertical and horizontal knowledge management and helps to develop measures to improve our future-oriented competences and tools, like horizon scanning, foresight, trend analysis, quantitative modelling and complex science.

Members pointed out the importance of prevention and health systems resilience to tackle the post-COVID burden, and workforce shortages.

4. Conclusion

Members agreed to finalise the draft to be published prior to the public hearing on 18 October. The Chair thanked everyone for their active participation and for the valuable discussion.

5. Next meeting

The draft opinion will be presented to stakeholders in the virtual public hearing on 18 October.

6. List of participants

EXPH members: Professor Jan De Maeseneer, Dr Dionne Kringos, Professor Lasse Lehtonen, Professor Christos Lionis, Professor Martin McKee, Professor Sabina Nuti (apologies), Professor Pedro Pita Barros, Dr Heather-Lynn Rogers, Professor Katarzyna Wieczorowska-Tobis, Dr Sergej Zacharov, Dr Jelka Zaletel

Invited external expert: Dr Nisreen Alwan

Researcher: Dr Samantha Field

Representatives from the European Commission: DG SANTE: B1, DG RTD

Representative from ECDC