



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)

4 April 2022

Draft Minutes

1. Approval of the agenda

The agenda was approved without changes. The minutes of the previous meeting of 11 March were adopted and will be published on the Expert Panel website.

2. Nature of the meeting

The third drafting group meeting on ‘Facing the impact of post-COVID-19 condition on health systems’ took place on 4 April 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.

3. List of points discussed

Feedback/comments on the draft opinion

The chair of the drafting group and rapporteurs gave an update on the work of this opinion. They reiterated that the opinion, in line with the mandate’s questions, should provide an overview of current state-of-the art on what post-COVID-19 condition is, its probable causes and symptoms. It should provide an analysis of the main knowledge, organisational and resource requirements for healthcare systems to design and develop appropriate health services for post COVID-19 condition. It should make available guidance on how public health surveillance should be adapted to measure the impact of post-COVID-19 condition on the population.

Members then reported on progress made in drafting of specific sub-chapters. Under the sub-chapter on **‘nature and extent of Post-COVID-19 condition’** they commented on the symptoms of post-COVID-19 condition as described in the WHO definition. They mentioned that various symptoms may fluctuate or relapse overtime or be present in clusters. According to some studies, any part of the body can be affected. Members pointed out, however, that many studies are of a low scientific quality. They underlined that the diversity of post-COVID-19 condition makes it difficult to diagnose. The role of primary care in managing post-COVID-19 cases was discussed. They stressed that, since the main goal of the therapy is the improvement in quality of life, a holistic approach is needed, sometimes also including referral to specialized post-COVID-19 centres and non-medical therapies.

Under the sub-chapter on **‘impact on functioning and quality of life at individual level’** members reported that established scales for global health and quality of life were used to measure impact of COVID-19, but not the impact of post-COVID-19 condition (in the sense of measuring quality of life at the beginning, during and at the end of the condition). In several studies, a decrease in all domains such as mobility, self-care, daily-life activities, and mental health was detected. They mentioned that the variety of sources of effects that are classified as post-COVID-19 condition demands more dimensions to be considered in the concept of quality of life, including refinement of mental well-being issues and ability to work.

Under the sub-chapter on **‘recognition of post-COVID-19 condition and persons’ needs’** members discussed the importance of approach based on a paradigm-shift from disease-oriented care, towards goal-oriented care. They referred to the use of international classification of functioning. They suggested the establishment of inter-professional teams for post-COVID-19 condition patients, but they added that these teams should also cater for other types of patients due to resource constraints. They also discussed the need for expertise in occupational health.

When discussing the sub-chapter on **‘rehabilitation for the medium and long term consequences of COVID-19’** it was stressed that COVID-19 has challenged all healthcare, including self-management and rehabilitation. A much better organisation of health care services and integrated care are needed to allow more efficient and effective use of health care resources. Members underlined the importance of primary care and community health care services for a holistic approach based on a biopsychosocial model and life-style changes.

Members concluded that evidence on the effective management of post-COVID-19 condition is still evolving, but it is clear that health systems will have to adapt to be able to meet patient needs.

On the sub-chapter **‘research on post-COVID-19 condition’** it was noted that post-COVID-19 condition has been neglected in research in 2020. However, it increasingly appears to be an attractive area of research – which is reflected by the increasing number of published papers in 2021 and 2022. Members pointed at main obstacles in this area, including the fact that there is no universally agreed definition of the condition; hence individual authors relate to different symptoms which are prevalent. Comparison/control groups vary between studies aiming to assess prevalence. These groups are not well defined and suffer limitations. Research funding may be limited or influenced by political agendas.

Under sub-chapter on ‘**regular reporting through surveillance, monitoring and response**’ the principles of disease surveillance were explained with the classical model of surveillance including three major processes: i) capture and collation of data, ii) analysis and interpretation of data (to generate information), iii) dissemination of information.

Members highlighted the main challenges for post-COVID-19 condition surveillance that need to be addressed, among others i) the absence of a consistent and comprehensive surveillance case definition for post-COVID-19 condition, ii) the variability of access to SARS-CoV-2 testing according to country, region, health system and by socioeconomic and demographic inequalities, iii) the absence of a consistent definition of full recovery from COVID-19, iv) the absence of systematic follow up of all SARS-CoV-2 positive cases in most countries, v) the variability in clinical coding of post-COVID-19 condition (due to variable clinical case definitions and variable healthcare professional knowledge and education).

4. Conclusion

Members agreed to provide their contribution for specific sub-chapters of a draft opinion to have an updated draft ready prior to the next meeting of the drafting group. The Chair thanked everyone for their active participation and for the valuable discussion.

5. Next meeting

The next meeting of the drafting group is scheduled for 13 May 2022 via MS Teams.

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, Professor Pedro Pita Barros, Dr Heather-Lynn Rogers, Professor Katarzyna Wieczorowska-Tobis, Dr Sergej Zacharov (apologies), Dr Jelka Zaletel

Invited external expert Dr Nisreen Alwan (apologies)

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

Representatives from ECDC