



EPP Group Position Paper on Health

A EUROPEAN UNION FOR HEALTH

1 July 2020



When people wish somebody all the best for their birthday or the New Year, even before the COVID-19-crisis, the last sentence was mostly: "Above all, good health".

"Health is wealth" is an old, but true saying. This year, 2020, has been marked by a global pandemic which has resulted in the deaths of hundreds of thousands of people globally. The pandemic has hit all Member States and while many have managed to flatten the curve of the pandemic, COVID-19 remains a huge concern and will probably continue to do so until an effective vaccine is found.

COVID-19 has demonstrated that we must put health much more at the core of European politics. The EPP Group calls for the rapid implementation of a European Union for Health.

1. The Christian-democratic world view

Thanks to its Christian-democratic and humanist roots, the EPP Group always puts the well-being of the individual - physical, mental and social well-being of citizens - at the centre of our actions. Consequently, the Christian-democratic founding fathers put the well-being of all Europeans at the heart of European policy. Since then, it is one of the three principal aims of the EU, enshrined in Article 3 of the Treaty on European Union alongside the promotion of peace and our fundamental values.

Above all, we, as Christian Democrats, strongly believe human beings can shape a better future. In the same way as doctors, nurses, pharmacists improve the daily lives of millions of Europeans, we think good politics and good policy can do the same. We want to shape medical and scientific progress. We believe in a better future. We stand by scientific results and progress, and we want Europe to use science purposefully to foster the well-being of all people.

Christian Democrats believe in a society that helps those in need. To us, medical progress is not just another business model. To us, medical progress is purely the necessity to improve everybody's daily life, according to their income or their educational status or their regional origin in Europe. We also believe in the ability of individuals to grow, create and contribute to everyone else's well-being, without being held back or patronised. A society allowing the individual to be included, yet free.

We endorse the benefits of innovation and

base our decisions on science. We know that technology must serve the people and not vice-versa but also, we mustn't shut the door to new technological possibilities such as apps, Big Data, Artificial Intelligence (AI) and personalised medicine. On the contrary, we want Europe to lead and shape these new trends itself. We put people at the core of innovations. Medical progress must be firmly anchored in a clear human-centric value system.

We, as Christian Democrats, have already taken a clear stand when it comes to harnessing the European potential in the health sector: we stand by our citizens for example in fighting cancer. We believe our values, our scale, our willingness to strive for greater innovation and sharing this knowledge across the entire scientific community are key principles that will allow us to make Europeans' lives better by trying to fight the cancer threat. The same values must guide us in our endeavours to ensure all Europeans are guaranteed access to high standards of healthcare.

As medicine is ultimately based on previous knowledge, making the best use of Big Data and AI allows researchers and doctors to directly query the past to make quicker and more accurate predictions about the future. We are well aware that, as far as health is concerned, technology can make a difference between a life lost and a life saved.

Moreover, we know that big medical challenges such as diseases or pandemics, we can only solve together. Therefore, we want to work together in Europe and also beyond our continent. Through fair trade agreements, we want to bring health professionals together to better share our knowledge and create networks to improve healthcare in Europe and abroad.

And furthermore, we want Europe to strongly raise its voice against everybody who tries to use pandemics, diseases or other health risks to play power games. We are fighting against misinformation or against countries hiding important information on how to fight diseases or pandemics. We will make use of our economic power and always impose sanctions should a country try to risk Europeans' lives by either mis/ not informing us or by playing games with pandemics. Health risk management will be a cornerstone of a truly Christian-democratic security for the future.

We believe in a European Union that respects, protects and supports all

Europeans. We believe in a European Union that enables and drives forward innovation and contributes to all our lives.

Our Union is also a Health Union, with person-centred policies at its core. Men's and women's individual needs must be taken into account in all decisions taken in health policy.

It is also a Union that remains open to the world outside its borders. We stand for international cooperation in order for Europe to benefit from and contribute to medical progress. Scientific and medical co-operation will create a win-win situation from which our society and our economy can equally benefit. And we do so in the knowledge that Europe also carries a global responsibility to contribute to promoting public health in other parts of the world as part of our development aid. Resilience building and increasing preparedness in the health sectors of partner countries must be supported. Education and training of health professionals are key for this. We must ensure that the EU's humanitarian and health response to the COVID-19 crisis is not misused to promote ideologies and political agenda.

The COVID-19 crisis has shown that to reap the full benefits for our citizens in a globalised and interconnected world, the EU must have a strong health policy component.

It is this health policy core that we want to see strengthened at EU level. Where necessary, the EU must be given the right tools to become an effective Health Union, based on the following principles:

A Europe that respects;
A Europe that protects and supports, and;
A Europe that innovates and breaks new ground to make all our lives better.

2. Competences and responsibilities

The COVID-19 crisis has shown that health threats do not respect borders and why a more coordinated European response is necessary.

Member States remain responsible for many parts of health policy. However, the European Union has much more possibilities than currently used.

The TFEU (Article 168) and the Charter of

Fundamental Rights of the European Union (Article 35) recognise that "a high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities" and to that purpose, "the Commission, (...) in its proposals envisaged in paragraph 1 concerning health, safety, environmental protection and consumer protection, will take as a base a high level of protection, taking account in particular of any new development based on scientific facts. Within their respective powers, the European Parliament and the Council will also seek to achieve this objective" for the establishment and the functioning of the Internal Market. (Article 114).

The TFEU recognises explicitly a significant role for the Union that "shall be directed towards improving public health, preventing physical and mental illness and diseases, and obviating sources of danger to physical and mental health. Such action shall cover the fight against the major health scourges, by promoting research into their causes, their transmission and their prevention, as well as health information and education, and monitoring, early warning of and combating serious cross-border threats to health." (Article 168).

It is within that scope of competence that the EU worked on improving public health (e.g. public campaigns against tobacco, alcohol, obesity and drugs), tackling serious cross-border threats (e.g. anti-microbial resistance), preventing and managing human and animal diseases (e.g. BSE mad cow disease), mitigating risks to human health (e.g. food law and REACH legislation) and harmonising health strategies between Member States (e.g. mobility of health professional and patients). The setting-up of specialised agencies such as the European Medicines Agency (EMA), the European Centre for Disease Prevention and Control (ECDC) and European Food Safety Authorities (EFSA) exemplified the EU's increasing commitment to health policy. The EU health programme 'EU4Health' with a proposed budget of €9.4bn is a strong indication of the increasing role of the EU in terms of public health policy.

Despite all the work already done at EU level, there is still an important margin of manoeuvre for the European Union to deliver much more on health policy, within the existing Treaties. Health provisions of the Treaties are still largely under-used in terms of the purposes they

could be used to achieve¹. The Union has powers that permit more actions than it has taken to date. For example, the use of the Cross-border Health Care Directive that falls within the ambit of freedom to provide services and which aims at the approximation of the provisions laid down by law, should be more effective in order to remove existing obstacles to the provision of cross-border healthcare services.

It is, for example, well recognised that access to cross-border healthcare and better coordination and promotion of best practice between Member States can bring considerable benefits².

On the other hand, we know that most of the financial resources for health systems remains at Member State level and many competences are exercised by these Member States. An ambitious European health policy should respect these facts and not raise expectations that can never be delivered. Not every health project can be financed by a bigger EU health programme and not all good ideas can be achieved at European level according to the principle of subsidiarity. However, we are determined to work on a much stronger EU health policy and promote all the necessary actions that have a clear EU added value aiming at, among others, reducing the fragmentation of the Internal Market for health services.

Our Europe is built on subsidiarity and solidarity. For example, every region knows much better than Brussels where and how to run the hospital or medical centre in its neighbourhood. National politics knows the best way to organise medical care and the health system. However, when it comes to cross-border threats, that can only be addressed together, regulation of products in our common Internal Market that favour innovation and limit health threats, cross-border healthcare and many other areas, Europe is the best way to do it. We are not entitled to just one level, we think and act across different levels. We only put the needs of the people at the core and we strongly believe in a better, more resilient, and a Europe of subsidiarity and solidarity.

When the pandemic hit, the lack of coordinated action at EU level resulted in real problems in the early stages of the pandemic such as internal border closures and paralysis of the Internal Market with extremely difficult circulation of essential goods including medical ones. This is why we call for lessons to be learned and for a more coordinated approach empowering the EU with real and effective competences, delivering added value to Member States'

current and future crises.

The European Parliament has underlined that the pandemic knows no borders or ideologies and that it requires the cooperation and solidarity of the entire international community and a strengthening of the UN system, and the World Health Organisation (WHO) in particular. The EPP Group believes that that all parties concerned, including Taiwan, should be incorporated into WHO meetings, mechanisms and activities, particularly during a global public health crisis.

3. New realities

Demographic trends, climate challenges, access to innovation, better access to treatment for all, high prevalence of chronic diseases, digitalisation (e-Health) and the sustainability of healthcare systems have already increased the focus on health policy at EU level. These challenges demand a coordinated response at EU level, as they are common to all Member States and know no borders.

Those trends are here to stay and will simply accelerate the changes that health policy is undergoing. We must take into account the social and geographical health gap and ensure equal access to high quality healthcare across Europe.

Recently, in its last European Semester recommendations to Member States, the European Commission raised concerns about the immediate and long-term resilience of the national health systems to handle future emergencies, recognising that the COVID-19 pandemic has exposed pre-existing structural issues related to the accessibility, effectiveness and resilience of national health systems. Insufficient financing for healthcare is acknowledged as well as weak primary care and poor coordination.

This crisis has also shown the importance to have evidence-based health policies. This includes both initiatives for treatment and prevention. Preventive measures should be

¹ EPRS study on "Unlocking the potential of the EU treaties", May 2020, [www.europarl.europa.eu/RegData/etudes/STUD/2020/651934/EPRS_STU\(2020\)651934_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/STUD/2020/651934/EPRS_STU(2020)651934_EN.pdf)

² EPRS study on "Mapping the Cost of Non-Europe 2019-2024", April 2019, [www.europarl.europa.eu/thinktank/en/document.html?reference=EPRS_STU\(2019\)631745](http://www.europarl.europa.eu/thinktank/en/document.html?reference=EPRS_STU(2019)631745)

proportionate and ensure the maximum health outcome.

4. COVID-19, the last call for a change

COVID-19 imposed on us unprecedented confining measures to protect our communities, putting our healthcare systems under tremendous pressure.

The EPP Group is grateful to all frontline workers: doctors and nurses, carers and cleaners, and their respective families.

Despite the magnitude of the lives lost and the lack of coordination, a lot has been achieved: the EMA has sped up the process for approving a vaccine or a drug, the European Commission is funding more than 100 research teams all over Europe, including the first clinical trials on the vaccination against COVID-19 in the European Union. We have reacted flexibly and mobilised all remaining budgetary resources to fight the crisis. The European Parliament agreed on a temporary change of the Medical Devices Regulation in less than two weeks after this proposal by the European Commission in order to minimise any disturbance to the supply of essential equipment within the Internal Market during the current pandemic. The European Commission has implemented guidelines and financial support for the treatment of COVID-19 patients in other Member States when domestic capacities were exhausted and the European Commission has mobilised two mechanisms (rescEU and Joint Procurement) to get more equipment to Member States most in need. Last but not least, the European Union joined forces with global partners to kick-start a pledging effort - the Coronavirus Global Response. Finally, we very much welcome the EU vaccine strategy adopted by the European Commission and will engage in its swift implementation.

However, we all agree that this is not enough. Much more needs to be done in this acute crisis and to be better prepared for future crises.

The EPP Group strongly believes that Europe can only pull through this crisis if the European family stands together in solidarity and responsibility. We all have a role to play. By looking out for each other. By trusting each other. By keeping a distance to protect vulnerable people.

Easing some of the COVID-19 restrictions is justified to allow for economic activity and social life to resume, including the need for children to resume their education, where possible. However, we are very concerned that lifting the measures too quickly could result in a second wave of the virus, which would test the capacity of our healthcare systems, leading to increased numbers of COVID-19 patients needing hospitalisation and suffering for health workers and their families. Many people are dying much earlier than they normally would and healthcare workers are being pushed to the limits physically and mentally. The lifting of containment measures should only be done step-by-step, in a coordinated manner at EU level, and with the strong implementation of social distancing, personal protective equipment, generalised testing and contact tracing. The EU and Member States must be ready to re-impose restrictions, on a regional basis, where this is deemed necessary by the public health professionals.

Reality has demonstrated that we cannot overcome this crisis by acting on our own. Nor by pitting national competences against European competences. It can only be overcome if we work together.

5. EPP Group call for action

As we are moving towards COVID-19 exit strategies together with economic and social recovery, the EPP Group initiated a broad reflection on the first lessons to learn from the pandemic, placing health policy at the centre of our priorities, maximising what can be done within the existing institutional framework:

1. The EPP Group strongly supports the **“Health in All Policies” (HIAP) approach** and its full implementation as a response to the cross-sectoral nature of public health and aims at horizontally integrating health aspects in all relevant policies such as agriculture, transport, international trade, research, environment and climate;
2. The new **MFF** should focus more on health as an absolute priority in all related budget lines, from structural funds to ESF and research. The EPP Group welcomes the proposal to create EU4Health and supports a better financed, stand-alone, robust and ambitious health programme with the

capacity to face any future pandemics and health threats. This programme will also address the challenges of an ageing population, disease prevention, will promote a healthy life style in a healthy and non-toxic environment or prepare our health systems for emerging technologies and ensure health literacy. The EPP Group notes that EU cohesion policy will also be one of the instruments to tackle the consequences of the crisis. The EPP Group urges the Commission to give healthcare a higher priority within the cohesion policy, as investments are needed in order to ensure equal access to healthcare facilities in all of Europe. The EPP Group commits to working for a swift agreement of the Commission proposal and a swift implementation;

3. The EPP Group calls for the establishment of a dedicated EU fund to help Member States strengthen their **hospital infrastructure and health services**, ensuring the highest standards of healthcare, treatment, research into health sciences and innovation. The EPP Group calls for a European network of hospitals, specialised in pandemics, in each EU region in order to avoid overcrowding in hospitals. The scope of this specialised structure should be healthcare, research and promoting the exchange of best practices;
4. **Health research** (from fundamental research to translational research) is essential for the prevention, diagnosis and treatment of diseases. However, health research in Europe is very fragmented. More synergies with research performed in Member States are desirable. Strong action at the level of health research data is also needed. Emphasises on the fact that clinical research must also include a gender-balanced approach to assess how potential vaccines or treatments may affect men and women in a different way. The EPP Group supports the establishment of an EU Health Academy network as part of a European Global Health Plan, with at least one (university) hospital per Member State, serving as a national diffusion hub for European cutting-edge medical research and training. This EU Health Academy network should have mandatory and regular information-sharing, best-practice learning and staff exchanges. This network will be crucial to overcome the fragmentation of health research in Europe promoting more synergies and research cooperation at Member

State level and improving the shared use of technological and infrastructural resources by the biomedical research community. It should also provide access to information for citizens on the areas in which Member States specialise in the medical field, around new and emerging diseases;

5. Solidarity has been demonstrated by some Member States in ensuring the **cross-border transfer of patients** to hospitals in other Member States with remaining treatment capacities, as well as the **cross-border mobility of the health professionals** which, via the Professional Qualifications Directive, has proven to be one of the cornerstones of the free movement principle, also during this crisis. The EPP Group supports the strengthening of this tool through its guidelines. The EPP Group supports further coordination of healthcare facilities to temporarily alleviate more overwhelmed structures. It is urgent to issue a new Action Plan on the EU Health Workforce, which expires in 2020, that will take into account the pandemic experience to provide healthcare professionals with a new adequate, strategic and operational framework - also in the context of their cross-border mobility as this can be vital for the facilities they work in, especially in emergency situations like inter alia a pandemic. A better transposition of the Cross-Border Healthcare Directive is needed, especially after the ECJ jurisprudence clarified the main concepts of patient mobility, reimbursement procedures and prior authorisation. In this respect, potential in European Reference Networks should be better exploited through more efficient operation and a simplified and clearer regime for prior authorisation should be envisaged by the Member States;
6. Member States and border regions should deepen **cross-border healthcare cooperation** in an efficient and financially sustainable manner without administrative obstacles, including by providing access to quality services on either side of the border close to the patient's residence in the border area. Inter-hospital agreements should be encouraged, allowing emergency services to cross the border on urgent call-outs in order to save lives;
7. The novel COVID-19 outbreak has shown us that when it comes to a **vaccine and therapies**, we need to further

strengthen the budgetary support to coordinate efforts for research and science and to further streamline the approval system for medicines or vaccines without compromising health safety. We will always stand up for technological advances in the development of vaccines and therapies. As part of this approach, we stand ready to embrace regulatory flexibility when needed in times of crisis in order to let clinical trials proceed in an urgent and safe manner. While respecting the precautionary principle, the development of vaccines and therapies must not be hampered by unfounded scepticism towards certain techniques. We need to deploy all our efforts to develop and produce them within the EU and make them globally available and affordable, using a joint public procurement at EU level for their distribution to our citizens. We are counting on dialogue and cooperation, but if a vaccine is first developed outside Europe and others are not willing to share it with us, we also have a Plan B. For example, it is legally possible to go for so-called forced or compulsory licencing. But EU Member States should do this jointly. The European Commission, not individual countries, should be in charge of the process and coordination at EU level. Trade measures should also be considered to ensure that medicines and vaccines are made available to all in the EU and beyond. The joint procurement procedures for medical equipment carried out by the European Commission have proven to be successful in the crisis situation and, therefore, should be further extended for medicines and medical equipment. Notwithstanding all the efforts on the research and clinical trials of vaccines, it is important to underline that antiviral drugs are crucial too;

8. For the future, we should look at models of **public private partnership** like the US Biomedical Advanced Research and Development Authority to be established in the EU in order to react faster in a similar crisis;
9. **Antimicrobial resistance** is a serious global health and severe risk to the well-being of European citizens that will fundamentally challenge European health systems and societies. According to WHO figures, 33,000 people die in Europe every year because antibiotics don't work anymore. The EPP Group will work to make this an absolute priority for European health

policy, including by dedicating more funding to much-needed research in this area. We therefore support the strict implementation of European legislation in the veterinary field. On top of the monitoring, we support benchmarks and a continuous reduction of antibiotic use in the veterinary field under the One Health approach. We are also convinced that the use of antibiotics in humans must be reduced. Member States have to take urgent measures that antibiotics for human use are prescribed in a prudent way and that hygiene in hospitals is improved. We ask the Commission to examine the legal options for European legislation, if Member States do not act appropriately. A top priority for us is to establish a framework to encourage innovation for new antibiotics because we desperately need new products on the market for patients. Even under a prudent use scenario, we will need to have new substances if we don't want to run into a situation where no antibiotics at all are working and we end up in a post-antibiotic area. For the pharmaceutical industry, it is not attractive at the moment to invest in that area because for good reasons, new antibiotics that are coming onto the market will be limited in use. This is why incentives either comparable to the area of orphan drugs or paediatrics or new innovative incentives are necessary;

10. One of the most effective measures for a **European Global Health Plan** with impact is empowering prevention; according to this priority we promote the establishment of a uniformed coherent European calendar for vaccinations for children, the elderly and all the vulnerable groups of the European population;
11. **European industry:** the EPP Group supports the promotion of EU dimension companies, incentivising innovation and production within the EU, lowering the EU's dependency on third countries by diversifying supply chains, manufacturing capacity for the production of these products, notably sanitising gel, ventilators and protective equipment; as well as to pool and coordinate digital manufacturing capabilities, such as 3D printing, which can contribute to manufacturing necessary equipment; pursue an EU trade policy focused on open strategic autonomy supporting diversification and resilience in supply chains, with an

open, rules-based multilateral trading system at its core to ensure the global availability of medical products and complemented by a 'strategic supply chain diversification fund' to actively support our companies; encourage all countries to join the WTO's Pharmaceutical Tariff Elimination Agreement and urge for its scope to be extended to all pharmaceutical and medicinal products. The EPP Group is of the opinion that the EU must maintain a robust European IP system to encourage R&D and manufacturing in Europe to ensure that Europe remains an innovator and a world leader;

12. A thriving and technically advanced European health industry and a competitive research community is of vital interest. This requires an **ambitious and clear regulatory framework** for European businesses as well as dedicated resources to science and health research;
13. The EPP Group defends that the EU should have a **rapid response capacity** to enable it to react to major health threats in a coordinated manner, especially in cases of pandemics that spread easier in a continent based on the freedom of movement and circulation. The situation as seen during the first part of the COVID-19 lockdown in which essential goods including protective and medical equipment was blocked at national level or could not be delivered across the Internal Market should not happen again. The EPP Group calls for the launch of a 'Health Autonomy Action Plan' to produce and store, in sufficient numbers, critical/essential medicine and pharmaceutical products as well as key medical equipment within the EU, so as not to be largely dependent on outside suppliers. In order to strengthen the capacities of response of the EU and the Member States to health emergencies, the EPP Group proposes a review and update of the EU legal system for health emergencies on the basis of this pandemic experience. Through a rapid reaction information system, each Member State could directly and without delay inform the others about a shortage of essential medicines and therefore trigger a mechanism of sufficient stock localisation;
14. **Medicine shortages** is a growing threat to the health of European citizens and to European healthcare systems. The

EU and the Member States must act decisively to prevent these shortages and mitigate their effects. In terms of supply change issues, the Corona situation has underlined a certain vulnerability of the current European system of sourcing medical products and active pharmaceutical ingredients (API) from outside Europe. It is important that steps are taken for a better and more long-term dialogue between regulators and the industry on this issue, ensuring better sharing of data and earlier projections on where shortages may occur in the future. The EPP Group calls for greater European coordination and information-sharing to confront this problem. We defend the promotion of diversification of supplies and supply chains to ensure the availability and accessibility of medicines and medical equipment. Europe must immediately establish an action plan to address the shortage of essential/life-saving medicines supporting a strategic stock of medicines and medical equipment and in times of crisis avoid internal and external disruptions of the Single Market. We call for greater transparency in the production and distribution chain of medicinal products and for the creation of a European Crisis Prevention and Management Cell. It is our duty to secure supplies in the interest of patients and for this purpose the price criterion should no longer be the cornerstone for calls for tender, but should be supplemented by qualitative criteria such as the number of sites, places of production, compliance with social, environmental, electronic and quality standards;

15. The EPP Group defends reinforced attention to health within the existing **European Programme for Critical Infrastructure Protection (EPCIP)**, currently focused on transport and energy, leading to the identification and designation of European Critical Health Infrastructures and to increase the Commission's involvement in supporting critical health infrastructure protection in Member States. The EPP Group strongly defends therefore that the strand under EU4Health will support investments in critical health infrastructure, tools, structures, processes, and laboratory capacity, including tools for surveillance, modelling, forecast, prevention and management of outbreaks. The EPP Group supports the launch of a **new pharmaceutical strategy** translating inter alia the European Health Autonomy Action Plan into a permanent approach,

aimed at ensuring security of supply of medicines and lowering the EU's dependence on third countries for the provision of key medicines and medical material by inter alia simplified procedures without jeopardising safety and efficacy, taking into account the challenges related to the sustainability of health systems; this new pharmaceutical strategy must be coordinated with the new industrial strategy launched by the European Commission, we must have a coordinated view in order to establish a genuine European Union for Health;

16. To establish a better European pandemic response and to render the management of the new EU4Health Programme more effective, the EPP Group supports that the **European Centre for Disease Control (ECDC)** must be strengthened and turned into a fully-fledged European Health Agency, including its early-warning and response system, with a unique ECDC authority in each Member State and the scientific community to implement cross-border measures and coordinate a European pandemic response and the capacity to act as a coordinating centre for public health. Alongside its epidemiological capabilities, the strengthened ECDC should entail a more holistic approach and include economics and social scientists when developing strategies and 'sequence health analysis' to mitigate an epidemiological threat or crises. We ask for an urgent evaluation of the European Decision on cross-border health threats and urge the Commission to propose changes they deem necessary as soon as possible. To support a more coherent approach in pandemic response, we ask the Commission to consider the idea of a Regulation rather than a Decision and to check if this is in line with the Treaty. The EPP Group also defends that the **EMA** should get beefed-up authority to prevent and monitor drug shortages;
 17. **Digital solutions** such as eHealth improve the whole life cycle of health issues, from prevention to diagnosis and treatment. The EPP Group supports the use of AI, data analytics and other supercomputing tools such as the creation of an EU health data platform as well as an EU Data Centre for Emergency Coordination able to help the EU to collect data and for clinical uptake, to identify behavioural patterns, flows of people and vital products and run predictive analytics.
- The EPP Group also encourages the creation of the eRecord of patients and the interconnectivity between Member States in this regard as well as the development of common EU standards for data collection and analysis to achieve a common data pool. We believe that the further development of a framework for eHealth and mHealth applications should be based on their trustworthiness, the protection of personal data and further digital health literacy in the EU. Data is also helpful in the decision support, medical imaging, evidence-based policy, support for clinical trials and research and prevention and predicting pandemics. The EPP Group, however, believes in the importance of ethics and the need for privacy, security and trust in personal data sharing. People need to feel comfortable and the added value in healthcare and innovative treatments will become personalised (e.g. using personal genetic information). The use of apps should be encouraged, on a voluntary basis in a decentralised storage system;
18. Within the EU there are significant disparities in the capacity of healthcare systems in terms of availability of **medical professionals**. This results in reduced access to healthcare, long waiting lists for patients, reduced resilience in health systems and deteriorating health of the population in the regions with shortages of medical workers. The EU should adopt measures to mitigate the impact of this to ensure adequate human resources healthcare capacity throughout the entire EU. The EU also relies on healthcare workers from outside the EU, which can impact health systems in the originating countries;
 19. Today, over 30 million Europeans live with a **rare and neglected disease**, with little information about their diseases and their rights, few treatments, and a high level of psychological, social and economic vulnerability. Rare and neglected diseases do not stop at borders. European cooperation and coordination on rare and neglected diseases are essential to allow patients access to the best expertise available, irrespective of their Member State. Developing local and cross-border solutions for persons living with a rare disease and their relatives is of high importance to improve their quality of life close to home. We therefore need to support easy access to the

- best available expertise for patients of rare and neglected diseases by the establishment of European networks and clear rules for reimbursement in a cross-border context. We also need more investment in researching neglected diseases, for which there is often still no treatment or diagnosis available. We need to make sufficient funds available for biomedical research into these kinds of diseases in order to deliver a diagnostic test, clinical trials and effective treatments;
20. The psychological consequences of COVID-19 are highlighted in many reports and studies. People of all ages have been impacted by the need for social isolation over a long period to stop the spread of the virus. Healthcare workers are coping with the increased stress of looking after COVID-19 patients, while being concerned about their own health and the health of their families. The EPP Group calls for a European Commission 2021-2027 EU Action Plan on **EU-wide mental health** to address significant mental health issues in society. The action plan should include raising awareness of the importance of mental health. It should also include a campaign, advising citizens on how to safeguard their mental health under these new circumstances and informing them of where to seek advice when needed;
 21. Urgent action is needed to address the health and care needs of **older people**. The fact that a very large number of older people died from COVID-19 in nursing homes, calls for an urgent review of care provision. We support the right of older people to make choices about their care, including the option of continuing to live in their home with home care support, and access to high quality nursing home care where this is necessary. The EPP Group calls for an action plan on healthy ageing to enhance the quality of life of older people, including the provision of quality healthcare. The EPP Group calls for the adoption of a European Carers' Strategy in recognition of the social impacts associated with changes in and loss of employment, particularly for those with care responsibilities who are disproportionately women. This European Carers' Strategy could take account of differences in care provision in Member States and provide funding for critical infrastructure, ensuring that both caregivers and recipients of care are given due regard in healthcare and general care settings;
 22. In the context of COVID-19, it is important that **other diseases** are not forgotten. COVID-19 demanded that medical resources were focused on tackling the pandemic, leaving little capacity to address other medical and health issues. In this regard, we call for greater effort and cooperation on two main causes of death in EU countries - cardiovascular diseases and cancer. However, it is vital to also address chronic diseases and their major impact as more silent killers on both patients and public health funds. The Corona situation has also proved very critical to patients at risk, e.g. people living with diabetes, obesity, and multi-diagnosed citizens who are often struggling with comorbidity. Scientific research should focus on establishing treatment pathways for these and other life-altering diseases. Continuous investment in science for the treatment of various diseases is essential to maintain modern and safe healthcare systems;
 23. Every year, cancer kills 9 million people. Every family in Europe is affected by this disease. We are very happy that the priority of fighting cancer, that the EPP Group has demanded for two years now, is a shared concern of the European Commission and the Council. We defend a genuine **master plan against cancer**, pooling our efforts in research, resources and experience. There is a clear European added value from early prevention to diagnosis, treatments and care as well as strengthening the rights of cancer survivors;
 24. In our Position Paper on Cancer, we call for the implementation of the **HTA (health technology assessment)** proposal. This was the only health-related proposal under the Juncker Commission and it would be a very bad signal if Europe, after the Corona crisis, would not be able to agree on it. It is desperately needed to reduce red tape and to better help patients. The HTA proposal should be given new attention so as to improve cooperation on the assessment of new therapies and cutting the duplication of administrative procedures;
 25. Despite all the efforts to strengthen the system of pharmacovigilance, improvements are still needed when it comes to **patient safety**, in particular the readability of the package insert that needs to be clearer, legible and understandable by patients. The EPP

Group supports that the package insert should be more patient-friendly with a 'drug fact box' describing the most important information and side effects of the drug. This drug fact box should be graphically enhanced and should be written in an easy way;

26. **Patient groups** are essential for the representation of patients' interests in order to ensure that the wishes and needs of patients are also heard at European level in the context of legislative processes and other consultations. Financial independence is essential so that patient groups can carry out their important work and represent their interests without direct support from the industry. We want to ensure that patient groups that participate in the legislative process really represent the interests of their patients and are not dependent on companies for financial support;
27. **Health and Tax:** the EPP Group strongly supports the idea of encouraging the production and consumption of European agricultural produce which contribute to a healthy lifestyle, such as by urging Member States to make use of more targeted VAT rates for fruit and vegetables, amongst other products;
28. **Health, information, transparency and disinformation:** Vaccination is key to ensuring good public health. The introduction of the large-scale protective vaccinations in Europe has significantly contributed to the eradication or decline in many infectious diseases but vaccinations are victims of their own success. However, we are concerned about the trend towards vaccine hesitancy and warn about the health consequences of this. There is a role for education and awareness-raising programmes in Member States and at EU level in fighting misinformation on the role of vaccines in public health. The EPP Group calls therefore for educational programmes and public communication campaigns at EU level, funded by the EU4Health Programme, enhancing the positive effects of vaccines. The European Commission needs to further strengthen the coordination of Member States' policies and programmes. The European Union should communicate about its actions and plans more widely and in a more professional way in order to create a general understanding of what the EU is doing;
29. **Health and international cooperation:** Ensuring healthy lives and promoting well-being for all at all ages represents a fundamental objective of the Sustainable Development Goals. Today, more than ever, this pandemic has shown the world that countries cannot fight a global emergency alone and that deep coordination, coherence and solidarity is needed with international, global health organisations at the prevention, response and recovery time. Therefore, we at the EPP Group call for a stronger, more articulated and long-vision based cooperation with the WHO and all the international agencies working to achieve sustainable development in putting health security in first place. The pandemic has shown the importance of solidarity with neighbouring and developing countries in assisting them to strengthen their health systems. The EU must ensure that sponsored organisations carry out activities in line with the humanitarian principles, and financing is not used for promoting concepts and practices which are not in line with internationally-recognised human rights and dignity, and that contradict the identity, religious beliefs, culture traditions, values and life of local communities. The EPP Group suggests an annual European 'Pandemic Science Summit' in order to facilitate a European venue for the pharmaceutical industry, decision-makers and other relevant stakeholders;
30. **Trade measures** should be considered to ensure the availability and unobstructed flow, within the EU and worldwide, of medicines, vaccines, personal protective equipment, medical devices and their necessary components. The EU should ensure the strategic autonomy and increasing resilience of its supply chains by diversifying imports for active pharmaceutical ingredients, medical supplies, and raw materials. The EU should strengthen the screening of foreign direct investment to protect strategic industries in the health sector from foreign takeover. It is important to still safeguard the traditional clear EU commitment to free trade and not resort to protectionism and forced repatriation of pharma production to the EU. This would not be cost efficient or sustainable for the EU health systems compared to an incentivised approach. However, a frank dialogue should be initiated with countries outside the EU hosting major EU-owned production of medicine and API to secure a reliable supply to EU citizens.