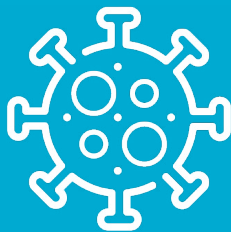




The Impact of COVID-19 on Cancer in Europe: The 7-Point Plan to Address the Urgency and Build Back Better



Special Network Impact of COVID-19 on Cancer



The Special Network on the Impact of COVID-19 on Cancer was established by the Board of Directors of the European Cancer Organisation as an urgent response to growing evidence and reports of the devastating impact COVID-19, and associated control measures, were having on cancer care in all European health systems. The Special Network was launched in July 2020.

More information is available on our [website](#).

If you would like to find out more about the Special Network on the Impact of COVID-19 on Cancer, please contact us at: info@europeancancer.org

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^a Community 365 is group of charity, philanthropy and industry contributors to the Focused Topic Networks of the European Cancer Organisation. Community 365 provide ideas, guidance, practical support and resources for our work in convening stakeholders and building consensus in the European cancer community. Community 365 contributors do not have a decision-making role in our policy work. Rather, policies of the European Cancer Organisation, such as those represented in this document, are agreed by our Board after consultation with our Member Societies and Patient Advisory Committee, via our Policy Pathway process. More information here: www.europecancer.org/community-365

Introduction

The COVID-19 pandemic has exposed the weaknesses and lack of resilience of European healthcare systems with major consequences for cancer care and cancer patients!. Crucial attention is needed, not only to restore cancer services but to build back better and be prepared to face upcoming challenges.

The Special Network of the European Cancer Organisation on the Impact of COVID-19 on Cancer brings together healthcare professionals, patients, researchers, academics, Community 365 members and others to:

- precisely delineate the challenges that COVID-19 has posed for cancer care²,
- amplify activities undertaken by the European Cancer Organisation's community to address these challenges, and
- produce recommendations on the most critical and urgent policy needs.

Our Network perceives that both WHO Europe and the European Commission can play a crucial supportive role to national health systems, through provision of timely and targeted advice, guidance and coordination.

We propose the following seven urgent recommendations to National Governments, the European Union, WHO Europe and others:

1. Urgently address the cancer backlog
2. Restore the confidence of European citizens and patients in cancer health services
3. Tackle medicines, products and equipment shortages
4. Address cancer workforce gaps across the European continent
5. Employ innovative technologies and solutions to strengthen cancer systems and provide optimal care to cancer patients
6. Embed data collection and the rapid deployment of cancer intelligence to enhance policy delivery
7. Secure deeper long-term European health cooperation

The Role of The European Cancer Organisation Community In Meeting COVID-19-Associated Challenges

As a federation of 31 Member Societies and 20 patient groups working in cancer at the European level, the European Cancer Organisation has seen its community strongly impacted by the many challenges associated with the COVID-19 pandemic. As a response to the issues encountered by oncology professionals and patients , and in order to provide them with much needed support, our membership has rapidly undertaken a wide range of activities in order to assist practitioners, patients and health systems. This has included:

- creating repositories of available data,
- establishing COVID-19 registries,
- providing trustworthy information and additional support to patients,
- conducting scientific research,
- modifying education and training content,
- creating evidence-based policy recommendations,
- establishing new guidelines on cancer practice during COVID-19.

These resources have been gathered on a single common webpage of the European Cancer Organisation website, which we strongly encourage readers to visit³.

1. Urgently Address the Cancer Backlog

Based on reports received by the European Cancer Organisation from patient organisations and healthcare professionals across Europe, the harmful impacts to cancer services prompted by the COVID-19 pandemic have occurred across the entire cancer care continuum⁴. Importantly, modelling studies conducted in several European countries predict a risk of thousands of excess deaths in patients with cancer, due to these disruptions^{5,6,7,8}. Adverse impacts of the pandemic on cancer patients and services include the following:

- Prevention programmes, including Hepatitis B virus (HBV) and Human Papillomavirus (HPV) vaccination, were stalled, with consequent concern about how catchup can realistically occur⁹;
- Cancer screening and early detection services were suspended in many countries, with uncertainty on how quickly the subsequent backlog could be expedited^{10,11}. The impacts on cancer screening alone will be significantly detrimental to a broad range of cancer types, notably including breast, cervical, colorectal^{12,13}, prostate and lung cancer¹⁴.
- The emergency situation that COVID-19 has prompted in health services has deterred European citizens with potential symptoms of cancer from seeking medical advice, potentially leading to significant numbers of missed and later diagnoses of cancer, and raising concerns of an increased cancer burden and poorer cancer outcomes in the coming years^{15,16,17,18};
- Accumulating reports have been received of delays in the provision of all modalities of cancer treatment^{19,20}, and of impaired continuity of cancer care, including delivery of follow-up care as well as management of long-term

impacts of cancer and comorbidities;

- Recruitment and conduct of clinical trials and discovery research to underpin new diagnostic and therapeutic development have also been severely affected;
- As a result of the pandemic, pre-existing inequalities in cancer and healthcare have been widened²¹.

Quite apart from these system challenges, the COVID-19 pandemic has imposed enormous emotional strain on cancer patients, their families, partners and carers. This includes the impacts of social isolation, family disruption, and occupational and financial challenges. Additionally, delays in cancer diagnosis are likely to lead to increased presentations with advanced disease and poorer prognosis, in which case patients and their families are faced with more complex decision-making because of resource constraints. Furthermore, decreased availability of outside support has placed a significantly increased burden on caregivers, left alone to take care of cancer patients. Processes of grief, including anticipatory grief, for individuals, families, and their providers have also been enormously disrupted due to strict restrictions on visits to homes, health facilities and participation in funerals²². Altogether, these elements are exacerbating psycho-social distress and a sense of powerlessness, highlighting an urgent need for the promotion of psychosocial care of cancer patients, caregivers and families during the pandemic^{23,24}.

Recommendations

The European Commission and WHO Europe should foster continual and urgent sharing of best practices to help national health systems enhance the capacity of cancer services to meet the diagnostic and treatment backlog caused by the COVID-19 pandemic. European best practices must notably include:

- Ways of remodelling vaccination campaigns (e.g. drive-in vaccination centres);
- Innovative methods for maintaining delivery of screening programmes (e.g. deployment of mobile screening units);
- The best means of prioritising the delivery of elective life-saving cancer treatment;
- The creation of dedicated and safe pathways for cancer patient care, taking account of the COVID-19 pandemic scenario;

- Strategies for reducing the bureaucratic burden associated with clinical trials, which otherwise hamper the conduct of research during, and on, COVID-19^{25,26}.

A “Building Back Better COVID-19 Cancer Response” should be an immediate action of Europe’s Beating Cancer Plan.

It should be constructed in cooperation with cancer patients and all relevant health professionals, drawing together best practices and guidelines already identified by expert groups in the cancer community^{27,28}.

This would create an immediate means for providing official EU guidance to health systems on achieving the promptest normalisation of cancer services, and might also be developed in conjunction with WHO Europe.

Furthermore, there are still clear gaps in our knowledge of COVID-19’s impact on cancer care that need to be addressed, in order to deliver successful cancer service recovery. These gaps include:

- Which cancer treatments are safe to provide during a pandemic?
- What are the outcomes of COVID-19 treatments in patients receiving active treatment for cancer?
- What were the precise impacts of the pandemic on ALL elements of cancer care (including aspects such as provision of psycho-social care, palliative and supportive care)?
- What are the outcomes of COVID-19 treatments in patients on active anti-cancer treatment?

Recommendation

We recommend the urgent creation of a distinct programme of research, under the new EU Cancer Mission and Horizon Europe programme, to address significant knowledge gaps about the impact of COVID-19 on cancer care and cancer patients.

2. Restore the Confidence of European Citizens and Patients in Cancer Health Services

Beyond disruption of cancer services, the COVID-19 pandemic has also led to a deterioration in the level of confidence that citizens and patients have in their health systems. As has been described elsewhere, people “*started to fear a COVID-19 diagnosis worse than a cancer diagnosis*”²⁹. Meanwhile, data also suggested that patients with cancer could be at elevated risk of COVID-19 severe infection^{30,31} and mortality^{32,33}.

However, public communication on such matters is a delicate balance between informing citizens of their objective risk in a way that is clear and understandable, but that does not also invoke unintended consequence, such as individuals missing important health appointments or delaying seeking expert medical advice about new symptoms.

Recommendations

In order to protect European citizens and patients from both direct and indirect health risks associated with the COVID-19 pandemic, health systems need to be fit for purpose. Guidance from the European Commission and WHO Europe to health systems on the normalization of cancer services must include strong elements concerning the parallel management of cancer and COVID-19, such as:

- providing priority access to COVID-19 testing for all cancer patients identified as at risk of having been infected by the virus; and
- ensuring a safe organisation of cancer care, such as through separating out COVID-19 free cancer care centres and diagnostic centres from ‘COVID-19 hospitals’ or alternatively creating separate and ‘fast-track’ pathways for cancer patients within ‘COVID-19 hospitals’.

Additionally, regional, national and pan-European communication campaigns should be conducted, in order to adequately inform citizens of the critical need to:

- immediately visit their healthcare professional in case of suspected cancer symptoms; and to
- maintain diagnostic and treatment schedules as advised by their healthcare professional team, complying with most recent recommendations for care and follow-up.

This communication effort should be supported at the highest political levels across the EU and its Member States including from Prime Ministers, Health Ministers, and the European Commission leadership.

3. Tackle Medicines, Products and Equipment Shortages

The COVID-19 pandemic has shone a spotlight on serious pre-existing issues for the delivery of cancer care in Europe, including those of medicines, products and equipment shortages.

Medicines Shortages

Medicines shortages are a global problem for the treatment of many diseases, including cancer. Delays and interruptions to chemotherapy can be detrimental to the patients' treatment and highly distressing for them, their families and carers.

Furthermore, cancer medicines affected by shortages often have few or no proven effective alternatives. During the peak of the COVID-19 pandemic in Europe, 50% of oncology pharmacists experienced shortages of essential anticancer medicines, and in some hospitals and regions, these shortages affected more than ten different drugs³⁴.

Recommendations

To build back better from COVID-19, and to demonstrate policy lessons learnt, the medicines shortages crisis in Europe needs to be resolved. Through Europe's Beating Cancer Plan and the new EU Pharmaceutical Strategy, we need to:

- Strengthen the EU legislative and operational framework in respect to prevention, early notification, monitoring and management of shortages;
- Promote an increase of production sites of active pharmaceutical ingredients and manufactured products;
- Strengthen cross-region collaboration to ensure the highest quality standards;

- Enable easy redistribution of medicines across European borders in case of emergency;
- Foster permanent action-oriented dialogue with all relevant actors of the supply chain (including the European Medicines Agency, national regulators, pharmaceutical industry, patients and healthcare professionals); and
- Bring about urgent improvement of early warning systems and information-sharing between European countries with respect to medicines shortages.

Furthermore, the recent proposal of the European Parliament to build a European contingency reserve of medicines of strategic importance³⁵ should be given the most serious and urgent consideration.

Product and Equipment Shortages

Dramatic shortages have been experienced across Europe in a wide range of medical products and equipment, including ventilators, disinfectants, and diagnostic tests. Availability of personal protective equipment (PPE; masks, medical gloves, protective garments) has also been compromised in hospitals. These disruptions have contributed to impairing the continuity of cancer care and to placing at risk both patient and professional safety.

Measures such as urgent reprofiling of existing manufacturing capacity in-country have a strong role to play in handling surges in demand, alongside pragmatic stockpiling for this eventuality. In this regard, the development of the European Commission's RescEU common reserve following the first wave of the COVID-19 pandemic demonstrates how lessons have been learned quickly. Furthermore, the participation of 7 non-EU countries in this health solidarity approach is a powerful sign of strong leadership by the EU in fostering health cooperation within the entire region.

Recommendations

Protecting the safety and health of all healthcare providers is an absolute requirement for the delivery of quality cancer care . As COVID-19 respects no borders, and in a time when nations should come together to support one another's citizens, we recommend other non-EU countries be welcomed to participate in RescEU's COVID-19 support mechanisms.

European countries should make a joint and public expression of the right of every individual working within Europe's hospitals to access the best quality PPE.

4. Address Cancer Workforce Gaps Across the European Continent

Mobilisation of the Cancer Workforce During the Pandemic: Responding to the Urgency

The COVID-19 pandemic has placed the entire healthcare workforce under severe strain. The incredibly steep rise of COVID-19 cases during the spring of 2020, combined with pre-existing workforce shortages, left no time to train additional doctors and nurses for the specificities of Intensive Care Unit (ICU) care. Thus, cancer staff members already used to working with sedation and ventilation (e.g. surgery anesthesiologists and nurses), were urgently repurposed to support COVID-19 infection control. Hospital pharmacists and pharmacy technicians were also mobilised to prepare and deliver ready-to-administer drugs. Their workload was multiplied severalfold within one week in many hospitals, thereby undermining their availability to perform other tasks, notably pertaining to cancer care, such as dispensing

of drugs for clinical trials, or chemotherapy compounding. Additionally, hospital staff had to repurpose regular infrastructure, such as postsurgical recovery units or the operating rooms themselves, into ICU stations or isolation rooms, often within days. Inevitably, this often brought regular surgery programmes, including oncology surgery, to a halt and led many hospitals to close some or all of their regular wards.

Collectively, these elements created a significantly increased workload for the oncology workforce, extensively affecting cancer care providers' job performance and wellbeing, and leading to psychological distress, exhaustion and burnout^{36,37}. Additionally, cases of COVID-19 infection among these frontline workers increased (even when PPE availability was adequate), further exacerbating their distress and the pressures on workforce availability.

Recommendations

In the immediate period, health system managers in all countries must give the most urgent consideration to the welfare and wellbeing of healthcare professionals who have conducted their daily work under enormous pressure and strain for more than 7 months, with little sign of immediate easing. In the context of an ongoing second wave of the pandemic, the EU should encourage sharing and uptake of best practices in this respect, such as the reduction of unnecessary bureaucratic workload, the addition of psychologists to healthcare teams working in the frontline and the establishment of 'peer support systems'.

Any redeployment of staff to meet COVID-19 needs must be accompanied by an appropriate assessment of impact on the delivery of cancer care, with immediate actions following such an assessment to address newly created gaps.

Opportunities to ease and better organise cross-border redistribution of workforce in specifically relevant situations (e.g. border areas), such as through leveraging mutual professional recognition instruments, should also be closely considered.

Providing Durable Solutions to Long-Lasting, Pre-existing Deficiencies in the Cancer Workforce

The cancer workforce has been significantly affected by the above indicated disruptions during the COVID-19 pandemic. Pre-existing shortages in the cancer workforce, in areas such as pathology,

cancer nursing and hospital pharmacy technicians, have been widened. This has exacerbated pressure imposed on frontline hospital workers, as reflected, for instance, in the many known examples of COVID-19+ nurses having to continue working, despite risks for themselves and the community.

Furthermore, the 'brain drain' experienced by Central and Eastern Europe (CEE), as talented specialists educated and trained in CEE countries have sought better working conditions, higher salaries and opportunities to deliver advanced

health technology in other countries, is further reducing the sustainability of these countries' health systems and their capacity to respond to a crisis such as the COVID-19 pandemic.

Recommendations

While the EU RescEU mechanism has demonstrated an important coordinating role by the European Commission in addressing product shortages, COVID-19 has also highlighted lack of resilience in the cancer professional workforce. There is an urgent need to better understand the cancer workforce landscape, and how its distribution can be improved. **A RescEU mechanism for workforce shortage (in both the short and long term) should be considered.**

In the context of Building Back Better and of the Europe's Beating Cancer Plan, the role of the EU in assisting pan-European cancer workforce planning should be reemphasised and expanded. This must notably include mapping availability of cancer workforce across the EU and addressing persistent and critical shortages in disciplines such as pathology, hospital pharmacy and cancer nursing.

Furthermore, the readiness of European cancer workforce systems to respond to future crises through redistribution of relevant staff must be elevated. This could be achieved by re-emphasising and refreshing the mandate for EU action to promote harmonisation and mutual recognition of healthcare professional qualifications.

5. Employ Innovative Technologies and Solutions to Strengthen Cancer Systems and Provide Optimal Care to Cancer Patients

The Deployment of Telemedicine During the COVID-19 Pandemic

One more positive area that has emerged during the pandemic is the deployment of telemedicine to support cancer care across Europe (using video, telephone, and other electronic communication, including software for virtual tumour boards). The impact of digital technology has been profound: As a senior clinical advisor at Cancer Research UK suggested in a recent Lancet Digital Health article, *We've had five years of innovation in five weeks*³⁸. This has led to important benefits in order to overcome the adverse impacts of the pandemic, such as by increasing the number of cases managed daily by primary healthcare professionals, helping ensure continuity of care and research in cancer in spite of limited patient mobility and patients' reluctance to attend medical facilities, and facilitating connection between large and small cancer centres.

While enhanced accessibility of cancer services for patients, with reduced need for travel, and consequent greater resource efficiencies are to be welcomed, more consideration is required as to how best, over the longer term, telemedicine is deployed in routine cancer care. In particular, the potential detrimental impacts of telemedicine on diagnosis and access to multidisciplinary care, including on supportive interventions typically provided in conjunction with an outpatient appointment, need to be given attention. Furthermore, the situation of underserved or marginalized populations, notably due to lower access to, or familiarity with, technological tools, must be addressed, in order to ensure that the implementation of telemedicine does not widen disparities and lead to worsened deconditioning and social isolation of such individuals.

Recommendations

In order to provide care and support to cancer patients while avoiding unnecessary risks of infection, all health systems should set up strategies for the appropriate and proportional use of telemedicine in cancer care both during and after the pandemic period. This should incorporate appropriate training opportunities for relevant healthcare professionals and expertly formed guidance on the best use of telemedicine in the cancer setting. Relevant regulations in the field of telemedicine should also be urgently defined, as it has been reported to us, in some countries, legal and practice uncertainty have hampered the deployment of telemedicine.

At the EU and WHO Europe level, best practice sharing on the deployment of telemedicine in cancer care should be conducted. This, and other coordinating measures, can play a helpful role in mitigating against telemedicine exacerbating existing digital health divides in Europe.

Via instruments such as the Horizon Europe and EU4Health programmes, the EU should support much-needed independent research to generate robust evidence on the appropriate use of telemedicine in cancer care and inform future strategies.

Importantly, specific measures must be in place to ensure that the individual status and preferences of the patient are taken into account. Any telemedicine strategy must be focused on equity and equal access across countries and patient groups. In the post-COVID-19 era, hybrid systems combining the offer of telemedicine in specifically relevant situations with the provision of in-person appointments must be put in place. Any patient must be given the choice to access an in-person appointment, and never be denied his/her/their right to benefit from the latter.

Building Upon Other Innovations in Cancer Care Delivery During the Pandemic Period

In addition to telemedicine, other innovative solutions have been deployed during 2020, helping to enhance cancer control at a time of increased needs and decreased resources. These include:

- Novel settings for provision of HPV vaccination, such as through drive-through vaccination centres;
- Self and home delivery of cancer screening and diagnostic examinations, such as self-HPV DNA sampling and testing for cervical cancer screening, Faecal Immunochemical Testing (FIT) for colorectal cancer screening;
- Risk stratification, i.e. prioritisation of higher-risk cancer patients, according to cancer type (with lung and haematological cancer patients being at risk during the COVID-19 pandemic), tumour type or tumour stage (e.g., using Faecal Immunochemical Testing (FIT) to identify patients at greatest risk of developing colorectal cancer (CRC) and direct them to urgent colonoscopy, thereby best managing reduced colonoscopy capacity whilst ensuring rapid diagnosis and treatment of CRC³⁹);
- Using community pharmacies and general practitioners as local diagnostic and monitoring hubs, thus minimising longer travels of patients to hospitals;
- Prioritisation of the provision of minimally invasive treatment modalities, of increased relevance in view of crowded ICU services;
- Self and home delivery of anticancer drugs, through oral chemotherapy or home infusion, as well as of blood tests; and,
- Provision of assisted home care and of online forms of support and therapy, in particular in the field of psychosocial interventions.

Recommendations

To assist rapid sharing of best practices, the European Commission should urgently publish a report highlighting exemplar initiatives by Member States to retain cancer services despite COVID-19 pandemic challenges. We recommend this be included as an early action of Europe's Beating Cancer Plan. An important audience for this exercise will be regulatory bodies as some examples of best practice may demonstrate the need for amendments in regulatory approach (e.g. telemedicine, clinical decision-making on treatment options).

Through its research funding instruments, the European Commission should also help generate robust scientific evidence to evaluate and advise about innovative approaches to cancer care delivery during the pandemic and/or other health emergencies.

6. Embed Data Collection and the Rapid Deployment of Cancer Intelligence to Enhance Policy Delivery

The COVID-19 pandemic has exposed to a broader audience the pre-existing deficiencies in the manner in which data concerning cancer services and treatment are collected, reported and deployed across Europe.

Real Time Cancer Data to Drive Better Policy Decisions

Too often, there has been an imbalance between ensuring the robustness of provided data, and the time sensitivity for acquiring and making use of such data. Consequently, decision-makers are frequently relying on the insights gained from outdated information on cancer that may be months (or years) old, hindering relevant and timely decision-making.

Conversely, successful examples show the power of the deployment of real-time (or near real-time) data to inform cancer policy change. A case in point involves DATA-CAN, the UK national Health Data Research for Cancer. DATA-CAN's evaluation of the adverse impact of the COVID-19 pandemic on cancer diagnosis and treatment pathways, was informed by the deployment of real-time data from hospitals across the UK, alongside modelling analysis of the number of associated excess deaths and lost life years in patients with cancer^{40,41}. Its publication prompted national health authorities to take faster action in restoring cancer services.

Recommendation

As the reality of living with COVID-19 into 2021 becomes increasingly accepted, every country in Europe must ensure timely access and deployment of real-time (or near real-time) cancer data to underpin improved cancer service delivery and enhanced cancer clinical research.

A Role for the European Commission in Guiding Member States on Cancer Data in the COVID-19 Context

The heterogeneity of European countries' cancer data systems is hindering meaningful comparison and attendant learning during the present pandemic. A greater coherence between cancer

registries in Europe, allied to the more efficient collection and sharing of cancer data would significantly enhance how we deploy data for more effective and innovative care for Europe's cancer patients.

Recommendations

Energies and efforts must be redoubled to bring about greater harmonisation in the European health data domain. EU Member States should positively reinforce the mandate of the European Commission in strengthening the output and realising the value of Europe's cancer data environment. **The creation of a European Cancer Dashboard via Europe's Beating Cancer Plan, including an urgent 'Cancer and COVID-19' component, would provide an empowering platform to coordinate and better harmonize cancer data across Europe.**

In the context of the forthcoming establishment of the European Health Data Space and of the European Cancer Patient Digital Centre recommended by the EU Cancer Mission, we recommend the creation of a pan-European COVID-19 patient data registry, accelerating better understanding of the impact of COVID-19 on cancer outcomes in patients.

Empowering the European Centre for Disease Prevention and Control (ECDC) to Address the COVID-19 and Cancer Challenge

In spite of its limited legal mandate, and modest budget, opinion in the health community is positive about the role that the ECDC has played in rapidly gathering, centralizing, and publishing core data about COVID-19. This rapid establishment of a core role for the Agency in the European COVID-19

response has helped professionals, policy makers, the media and the public across Europe to gain a stronger understanding of the current status of the pandemic. It has also empowered decision-makers to produce evidence-based and more timely responses.

Recommendation

We recommend that the European Centre for Disease Prevention and Control be empowered with an expanded mandate and budget to further fulfil its key role in helping European countries to prevent and manage disease, and to communicate important disease-related data to the general public in an easy-to-understand format.

Furthermore, we support calls for the mandate of the ECDC to be extended to cover non-communicable diseases, including cancer.

7. Secure Deeper Pan-European Health Cooperation

From the ashes of the devastation caused by the so-called 'Spanish Flu' of 1918 emerged the Health Organisation branch of the League of Nations. This was the predecessor entity to what was to eventually become the World Health Organization in 1948. Cataclysmic global events can help to alert political leaders to the value of deepening

mechanisms for international cooperation. Our Network urges European leaders to seize the moment, learn lessons promptly and ensure our structures for collaborating across borders on healthcare are strengthened in the aftermath of the crisis.

Recommendations

We support proposals for a European Health Union⁴².

In addition to the recommendations above concerning the expanded role of the European Centre for Disease Prevention and Control, the role of the European Medicines Agency in helping address crisis scenarios such as pandemics should be further recognised. Its role in proactively publishing clinical data for COVID-19 medicines has been an important element of that agency's response and should be embedded more widely as an approach to both transparency and enhancing therapeutic development.

The EMA should also be provided with a stronger mandate to help countries manage pan-national cases of medicines shortages, including in respect to centralising and publishing information on pan-European shortages.

The core role of the EU in helping Member States to combat common health challenges, such as infectious disease and non-communicable disease, should be elevated, and more clearly expressed.

This should be foremost in mind at the next opportunity for EU Treaty change. **Following COVID-19, the phrase "health is not a legal competence of the EU" should be definitively abandoned.**

We request all national governments engage seriously and thoughtfully on enhancing international health cooperation, including, but certainly not limited to, the role, remit, powers, governance and functioning of the World Health Organization. This includes the WHO's International Agency for Research on Cancer (IARC) and other affiliated agencies of the WHO. 2021 should be a year in which new robust long-term foundations of health cooperation for the post COVID-19 future are created.

An immediate means of exhibiting to the public that, post-COVID-19, the international community is more serious than ever on global health cooperation would be to rapidly implement the recently agreed Global Strategy for the Elimination of Cervical Cancer⁴³.

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Participants in the Special Network on the Impact of COVID-19 on Cancer

Member Organisations Part of this Network



Patient Organisations Part of this Network



Community 365



To view the latest list of the participants in the Special Network on the Impact of COVID-19 on Cancer, visit our [website](#).

If you would like to find out more about the Special Network on the Impact of COVID-19 on Cancer, please contact us at: info@european-cancer.org

As the not-for-profit federation of member organisations working in cancer at a European level, the European Cancer Organisation convenes oncology professionals and patients to agree policy, advocate for positive change and speak up for the European cancer community.

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