



## European Cancer Organisation Proposed Contribution to the “COVID-19 Pandemic: Lessons Learned and Recommendations for the Future” Report

The European Cancer Organisation (ECO) applauds the initiative of [the European Parliament on 10 March 2022](#) to set up a Special Committee on ‘COVID-19 pandemic: lessons learned and recommendations for the future’ (COVI) and its objective, which include adopting a Report on “COVID-19 pandemic: lessons learned and recommendations for the future”. The Covid-19 pandemic had a dramatic impact on all areas of cancer control, including prevention and vaccination programmes, screening and early detection services, provision of all modalities of cancer treatment and care, follow-up care for cancer survivors, and the conduct of cancer research and clinical trials. Such a challenge can only be addressed through collaboration of the entire cancer community and European institutions. ECO established in 2020 a [“Special Network on the Impact of Covid-19 on Cancer”](#) bringing together a wide range of stakeholders which focused their work on:

- Precisely delineate the challenges that Covid-19 has posed on cancer care in Europe via a national campaign [Time to Act](#) and collect data to develop an interactive tool, the [Data Navigator](#), to track Europe’s disrupted cancer care;
- Published a landmark new report combining its key recommendations: [The Impact of Covid-19 on Cancer in Europe: The 7-Point Plan to Address the Urgency and Build Back Better](#);

On the basis of our work in the last two years, the European Cancer Organisation provides the following recommendations to Members of the COVI Committee currently conducting scrutiny of the “COVID-19 pandemic: lessons learned and recommendations for the future” draft Report.

## SUMMARY OF OUR AMENDMENT PROPOSALS

*March 2023*

**The European Cancer Organisation provides the following key headline recommendations to Members of the European Parliament and national representatives currently conducting scrutiny of the DRAFT REPORT on the COVID-19 pandemic: lessons learned and recommendations for the future (2022/2076(INI)):**

1. Ensure that, among the lessons learnt from the COVID-19 pandemic are that Europe's health workforce shortage crisis is no longer left unaddressed, but is rather combatted with urgency, with policy responsibility assigned.
2. Recommend DG HERA to adopt a report on lessons learnt and best practices identified to ensure the continuation of services for non-communicable diseases, such as cancer, during a public health emergency such as a pandemic and expand its mandate to address the shortage of health personnel, especially given the criticality of such human resources in any health emergency.
3. Calls for the European Commission and Member States to adopt an EU agenda to reduce the bureaucracy associated with clinical trials, following the best practices on pragmatic regulatory adaptation by the European Medicines Agency during the Covid-19 pandemic and the participatory approach including all stakeholders
4. Welcomes the work done by ECDC for its rapid response in creating and deploying a near real-time COVID vaccine tracking mechanism, which can serve as a model for future vaccine tracking in other areas, such as HPV vaccine tracking, with a mandate and resources to be provided to ECDC for this purpose and calls for building on the experience of enhanced epidemiological surveillance at European level during the pandemic, for example by establishing an ECDC HPV vaccine tracker, similar to the one developed by the HPV Vaccine Monitoring Agency
5. calls for continuous improvement of early warning systems and information sharing between countries on drug shortages, both at European and international level, especially for generic drugs, and recommends an EU-wide study on their cause and remedies.
6. Recognises the impact on women's health of the COVID-19 pandemic, including significant disruptions in breast and cervical cancer screening and HPV vaccination
7. Supports the creation of a European Health Union, promoting a comprehensive agenda to increase the interoperability of health data in Europe, including, for example, greater interoperability and commonality between cancer registries.



The remainder of this document provides some further contextual background to these recommendations, and some suggested amendments to the legal text that could support bringing the above recommendations into being.

We would be delighted to discuss the background and reasoning for the proposed amendments with Members of the European Parliament and national representatives further. For further information please contact [riccardo.moschetti@europeancancer.org](mailto:riccardo.moschetti@europeancancer.org)

EUROPEAN CANCER ORGANISATION - PROPOSED AMENDMENTS TO THE DRAFT REPORT on the COVID-19 pandemic: lessons learned and recommendations for the future (2022/2076(INI)):

**Preamble**

ORIGINAL TEXT	SUGGESTED AMENDMENT	JUSTIFICATION
<u>New Recital</u>	<i>Having regarded the European Parliament resolution of 16 February 2022 on strengthening Europe in the fight against cancer – towards a comprehensive and coordinated strategy <a href="#">(2020/2267(INI))</a> and the work of the Special Committee on Beating Cancer (BECA) in its mandate;</i>	The BECA report provides a significant consensus expression by the present European Parliament, including on the impacts of the COVID-19 pandemic on cancer care in Europe and remedial policy actions to take.

ORIGINAL TEXT	SUGGESTED AMENDMENT	JUSTIFICATION
Paragraph 18	<i>Believes that health promotion and disease prevention, preparedness and response to cross-border health threats must constitute the foundations of a future European Health Union with a view to reinforcing the resilience and quality of the healthcare systems in the Member States and tackling health inequalities in the EU, by providing adequate investments in health systems at the national and regional levels <b>and improving integration and coordination in respect to shared challenges in healthcare;</b></i>	Shared challenges that all EU countries face in healthcare include such matters as medicines shortages and health workforce shortages.
Paragraph 24	<i>Stresses that Parliament should have been involved in the creation of HERA's mandate and that <b>must</b> have scrutiny powers over and the ability to monitor HERA, <b>which could be immediately assisted by an annual Parliamentary hearing meeting with the HERA Director</b></i>	Transparency and trust will be vital to the effectiveness of HERA.
New paragraph 25	<i><b>Regrets that HERA was not provided with a clear and precise mandate for combatting health workforce shortage at its foundation especially in view of the criticality of such human resources in any health emergency</b></i>	Europe will not be well prepared for the next health emergency without policy action to address a growing crisis in health workforce availability.
New paragraph 26	<i><b>Recommends that an early activity of HERA in 2023 be the commissioning and publication of a report on the lessons learnt and best practices identified to ensure the continuation of services for non-communicable diseases, such as cancer, during a public health emergency such as a pandemic.</b></i>	With 1.5 million fewer cancer patients in the first year of the pandemic and 100 million screening tests not performed as a result of the pandemic, it is vital that lessons are learned and best practices widely shared to avoid any repetition of such damage to essential services for other disease conditions during a future pandemic. More: <a href="https://www.europeancancer.org/timetoact/impact/data-intelligence">https://www.europeancancer.org/timetoact/impact/data-intelligence</a>
New paragraph 27	<i><b>Recommends that within the course of its activities, HERA implement strong stakeholder involvement mechanisms, similar to those that exist for the European Medicines Agency, in order to ensure future pandemic contingency plans are well scrutinized and unforeseen impacts for other disease conditions are avoided wherever possible.</b></i>	Whilst it is positive that there are new bodies and structures being put in place to improve EU level pandemic preparation, if contingency plans are poorly developed or have lacked insights from other disease conditions, past mistakes risk being repeated.

New paragraph 29	<b><i>commends a pragmatic regulatory adaption by the European Medicine Agency during the Covid-19 pandemic and recommends an EU agenda for reducing bureaucracy associated to clinical trials be adopted by the European Commission and the Member States</i></b>	European and international level stakeholders have developed a range of consensus recommendations for reducing the bureaucracy associated to the conduct of clinical trials in Europe. <a href="https://bureaucracyincts.eu/">https://bureaucracyincts.eu/</a>
New paragraph 34	<b><i>Congratulates ECDC for its swiftness of response in creating and deploying a near real time COVID vaccine tracker mechanism which can serve as a template for future vaccine trackers in other areas such as for HPV vaccine tracking, with mandate and resource to be provided to ECDC for this</i></b>	The EU has a goal for HPV cancer elimination which would be greatly aided by an ECDC HPV vaccine tracker.
New paragraph 39	<b><i>Highlights a growing crisis concerning health workforce shortage and calls on EU member states and the European Commission to adopt a policy agenda to combat the shortage in the near, medium and long term.</i></b>	More information about workforce shortage and disparity is available via the European Cancer Pulse.
New paragraph 46	<b><i>Recommends that efforts be renewed to reduce the amount and percentage of time health workers are spending on non core bureaucratic tasks rather than direct patient care, with digitization of healthcare systems utilized among other tools, for this purpose</i></b>	This is an important area for the digital and health ambitions of the EU and its member states to combine effectively.
New paragraph 47	<b><i>Calls for an EU level study on the pay and conditions of health workers across Europe in order to inform recommendations on this matter.</i></b>	More information can be collected and made available by the Member States to produce European recommendations on pay, working conditions and safety of health workers
New paragraph 48	<b><i>Recommends that health workforce availability across Europe be monitored and tracked at an EU level</i></b>	To reveal discrepancies, and to prevent shortages of medical personnel in Europe, constant monitoring and cooperation between the Member States is necessary
New paragraph 40	<b><i>Notes the stress and burden placed upon health professionals during the pandemic with evidence suggesting 4 in 10 feeling burnout and 3 in 10 reportedly showing signs of clinical depression</i></b>	More information here: <a href="https://www.europeancancer.org/timetoact/impact/data-intelligence">https://www.europeancancer.org/timetoact/impact/data-intelligence</a>
New paragraph 41	<b><i>Recommends exploration of the 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,</i></b>	Facilitating cross-border redistribution of health workers has proven to be one of the lessons learnt from the Covid pandemic, and therefore joint efforts should be made in this regard

New paragraph 50	<i>Recommends that the EU health and digital agendas coordinate in order to assist EU member states in achieving seamless communication between primary and secondary care.</i>	European agencies and EU Member States could provide more clarity in communication on the subject
New paragraph 55	<i>Notes the persistence of medicines shortages before, during and after the pandemic across many therapeutic areas, including cancer.</i>	More information available <a href="#">here</a>
New paragraph 56	<i>Recommends an EU level study into the causation of medicines shortage, including with attention to the problems of generic medicine shortage.</i>	More information available <a href="#">here</a>
New paragraph 61	<i>Calls for continual improvement of early warning systems and information sharing between countries on medicines shortages, at both European and international level.</i>	Early warning systems can in the future, through information sharing, prevent drug shortages
New paragraph 62	<i>Notes the prevalence of medicines shortages in the generic sector and recommends an EU level study into their causation and remedy.</i>	More investigation into the causes of severe drug shortages in the generic sector may help to avoid this scenario in the future, as a lesson learned from the covid-19 pandemic
New paragraph 63	<i>Recalls a previous resolution of the European Parliament recommending the creation of a European contingency reserve of medicines of strategic importance</i>	More information available <a href="#">here</a> .
New paragraph 76	<i>Notes that clinicians across Europe saw 1.5 million fewer cancer patients in the first year of the pandemic and an estimated 100 million cancer screening tests were not performed in Europe as a result of the pandemic.</i>	More information available <a href="#">here</a>
New paragraph 85	<i>Urges that the experience of enhanced epidemiological surveillance at EU level during the pandemic be built upon, by, for example, establishing an ECDC HPV vaccine tracker, similar in style to that developed by the agency for HPV vaccine tracking</i>	More information available <a href="#">here</a>
Paragraph 93	<i>Calls on the Commission to ensure that the revision of the general pharmaceutical legislation builds on a good understanding of the root causes of medicine shortages, including for both originator and generic medicine shortage; highlights the need for the Union's pharmaceutical industry to have a diversified supply chain and a medicine-shortage risk-mitigation plan to cope with any vulnerabilities and risks to the supply chain</i>	There are important differences in the causes of originator and generic medicine shortage, and for the oncology sector in Europe, it is often generic medicine shortages that are the most persistent.
New paragraph 108	<i>Calls for HERA to be provided with an expanded mandate, including for the preparation and mitigation of critical shortages in Europe's health workforce</i>	An increased role of HERA in the prevention of medicine shortages and healthcare professional shortages could prevent critical scenarios seen in the covid-19 pandemic in many European countries

New paragraph 115	<b><i>Supports the EU initiative to create and implement a European Code of Practice on Disinformation and recommends an early report on its impact</i></b>	Combating misinformation through reliable and accurate sources involves having well-informed citizens and sharing relevant information on prevention and raising awareness
Paragraph 117	Considers that a focus on health education, among other policies, including communication and proximity to health providers <b><i>and other stakeholders</i></b> , is key to reducing vaccine hesitancy	Other stakeholders would include, for example, teachers and youth workers in fields such as HPV vaccination.
New paragraph 124	<b><i>Congratulates the general success of the EU COVID Digital Certificate and considers it provides confidence and assurance of the ability of the EU to successfully deploy EU wide digital health solutions of this nature.</i></b>	the EU COVID digital certificate can be replicated in different scenarios to track and ensure up-to-date information on a prevalent type of disease
New paragraph 150	<b><i>Recognises the impacts on female health from COVID-19 pandemic as including the significant disruptions brought about to breast and cervical cancer screening as well as HPV vaccination.</i></b>	More information available <a href="#">here</a>
Paragraph 181	<i>Notes that as the potential for longevity increases, so does the importance of health related behaviours at all ages (including middle and older ages); calls therefore for healthy longevity research and measures to better prevent NCDs, to reduce the impact of CDs, <b><i>to account for and respond to multimorbidity and polypharmacy</i></b>, and make ageing an opportunity rather than an adversity.</i>	More information available <a href="#">here</a>
New paragraph 188	<b><i>Recommends construction of an EU level critical medical products list similar in conception to such lists for medicines.</i></b>	A European-wide list of critical medical products can facilitate its monitoring and avoid shortages
Paragraph 240	<i>Underlines that antimicrobial resistance (AMR) may be the next global health crisis and that there is consequently a need for action plans and specific global mechanisms for AMR surveillance, <b><i>antimicrobial stewardship and the development of new antimicrobial agents.</i></b></i>	Action plans in this regard especially on surveillance can be replicated for future health crises
New paragraph 249	<b><i>Supports the creation of a European Health Union by advancing a comprehensive agenda for increasing health data interoperability across Europe including, for example, greater interoperability and commonality between cancer registries.</i></b>	Achieving a European Health Union requires greater interoperability and secure access and dissemination of health data in Europe
Paragraph 264	<i>Recommends that the ECDC be given more independence in terms of information gathering and that a systematic obligation for Member States be put in place to send it comprehensible data, notably on equipment stocks, bed capacities, <b><i>ICU admissions, vaccination rates and workforce availability</i></b></i>	A greater role for the ECDC in this field would ensure clearer and smoother communication between European agencies and member states





## ***About the European Cancer Organisation***

Our mission is to reduce the burden of cancer, improve outcomes and the quality of care for cancer patients, through multidisciplinary and multi-professionalism.

As the not-for-profit federation of member organisations working in cancer at a European level, we convene oncology professionals and patients to agree policy, advocate for positive change and be the united voice of the European cancer community.

The Covid-19 pandemic has undoubtedly had a dramatic impact on all areas of cancer control, including prevention and vaccination programmes, screening and early detection services, provision of all modalities of cancer treatment and care, including follow-up care for cancer survivors, and the conduct of cancer research and clinical trials. Such a challenge can only be addressed through collaboration of the entire cancer community.

The European Cancer Organisation set up a Special Network on the impact of Covid-19 on Cancer which brings together a wide range of stakeholders, from our [Member Societies](#), [Patient Advisory Committee](#) and [Community 365](#), in order to:

- Precisely delineate the challenges that Covid-19 has posed on cancer care
- Amplify activities undertaken by the European Cancer Organisation's community to address these challenges
- Produce recommendations on the most critical and pressing issues

In November 2020, the Special Network published a landmark new report combining its key recommendations: [\*The Impact of Covid-19 on Cancer in Europe: The 7-Point Plan to Address the Urgency and Build Back Better\*](#). Compiled in consultation with the European Cancer Organisation's community, in particular with participants in the Special Network on the Impact of Covid-19 on Cancer, the 7 priorities recommend to European and national decision-makers concrete actions to help ensure continued access of citizens to health systems for all cancer-related needs, combat medicines and health workforce shortages, and safeguard healthcare professionals safety at work. Find out more about the 7-Point Plan [here](#).

European Cancer's New Normal must deliver more resilient cancer systems that:

1. Urgently address the cancer backlog
2. Restore the confidence of European citizens and patients in cancer health services
3. Tackle medicines, product 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