

# *Launch of the Interest Group on Patient Access to health care*

*European Parliament, Brussels, 27 January 2015*

## *Session 1*

*Anders Olauson  
(President, European Patients' Forum)*

Welcomed participants to this launch meeting, which marks patients' access to healthcare as a cornerstone of health service delivery. Access to healthcare, to treatment and to information and knowledge is fundamental in the work of the EPF. He welcomed the meeting as a culmination of a two-year process, which was boosted by the 2012 Vilnius Declaration. Mr. Olauson thanked Mr. Andrey Kovatchev MEP, him for his efforts to establish this Interest Group on Patient Access to Healthcare as the political arm of the Patient Access Partnership. This Partnership was founded by the EPF and the Bulgarian National Patients' Organisation (NPO) and brings together representatives of all relevant health stakeholders (patients, health professionals, industry...) in order to identify access gaps to healthcare and developing solutions to close these gaps.

*Andrey Kovatchev MEP (BUL/PPE)*

Underlined that, while the EU focus has mainly been on growth and jobs for European citizens, none of these goals could be achieved without healthy European citizens. However, it is not easy to explain why the EU is important to patients as health care firmly remains the remit of Member States: on the one hand, healthcare is a priority for Europe; on the other, the EU institutions have limited powers in this field.

Models of healthcare management vary across the EU. Some national healthcare systems are underperforming in terms of public spending efficiency but also in terms of quality and access to medical services. The latter seems to be the case for Bulgaria (Mr Kovatchev's country of origin) but also for several former communist EU Member States. Inequalities in healthcare services provoke migration of patients to Member States where medical treatment is better and easier to access.

The same holds true for healthcare professionals (doctors and nurses) who are leaving their countries for better jobs. In other words, health inequalities and unequal access to healthcare are challenges to the EU as a whole: human health needs are not equally addressed across the EU, with tangible consequences for the performance of the European workforce. Poor healthcare quality in one Member State provokes a burden for the budget and social security systems of the rest of the

EU. This in turn undermines the EU objective of ensuring sustainable growth and job creation.

Clearly, health and health care deserves more attention from EU policymakers. There are policy solutions to be found, both at EU as well as at national level. There is room for the EU institutions to support the Member States in improving the management of their healthcare systems. The Interest Group on Patient Access to healthcare can help ensure that issues relating to healthcare access as well as solutions to improve the situation will feature more prominently on the EU agenda. The Group will work closely with the Patient Access Partnership and will connect healthcare stakeholders with EU policy development. Creating this Group is timely in view of a number of current EU policy developments, such as the European Semester process and its related country specific recommendations.

## *Vytenis Andriukaitis, Commissioner Health & Food Safety*

Stated his support for the Parliament's commitment to raise awareness on the issue of access to healthcare. He underlined that access problems occur across the EU; however, they vary in intensity, both within as well as across Member States. Mr Andriukaitis provided some facts and figures to illustrate disparities and gaps among EU Member States and it is obvious that these gaps need to be closed.

The Commissioner stated that barriers to healthcare access to healthcare can be multiple – financial, administrative, geographical, legal and cultural. Health policy is a therefore a broad responsibility: a 'health in all policies' approach is required. Health should be an integral part of all relevant policies including environment, social and economic affairs.

The Commissioner underlined his personal priorities, i.e. prevention, promotion and protection. Participation is another crucial 'p': we all need to play our part and partnerships are indispensable if the situation is to be improved. The Patient Access Partnership is a good example.

Mr Andriukaitis went on to express his full support for the goals of the Interest Group, and listed a number of current DG SANTE actions that could complement its work, such as:



- α Last April's Communication on effective, accessible and resilient health systems, defining access as one of the three pillars for health systems;
- α The implementation of the Directive on patients' rights in cross-border healthcare;
- α The development of the European Reference Networks, which will be a priority in 2015;
- α The work of the Expert Group on health system performance assessment;
- α The European Semester and its recommendations in the field of health;
- α The Action on Chronic Diseases facilitating exchange of good practices in tackling chronic diseases and promote healthy ageing;
- α The third Health Programme (2014 to 2020);
- α Support to Member States in their commitment to address inequalities in access;
- α Work on innovations that benefit patients and in driving solutions to patient safety (e.g. prevention and control of healthcare associated infections);
- α Action on patient empowerment, such as the 'Empowering patients in the management of chronic diseases' (EMPATHiE).

The Commissioner also called on participants not to forget that access to healthcare acts as an effective safeguard against poverty. Therefore, key obstacles in access to healthcare for patients need to be identified and dialogue between European and national health stakeholders facilitated. The Commissioner thanked the MEPs involved with the creation of the Interest Group, stating that joint Commission/Parliament action will make an important contribution towards improving access to healthcare across the European Union.

***Andrey Kovatchev MEP***  
provided a summary of a message from  
***Bulgarian Health Minister Petar Moskov,***  
who expressed his best wishes for the success of the Interest Group.



*Stanimir Hasardjiev*  
*Chairman, Bulgarian National Patients Organisation*

Provided the background to the Patient Access Partnership and the Interest Group on Patient Access to Healthcare. In his role as Chairman of a national patient NGO and Board member of the EPF Mr. Hasardjiev has had the opportunity to note that access to healthcare is not just a problem for his own country, but that it is a challenge across the EU. Furthermore, this is not just an issue for patients – all health stakeholders are challenged by inequalities in healthcare, health outcomes and access to healthcare.



The only way to develop solutions is to work in partnership, and this was the reason for establishing the Patient Access Partnership. It is simply unacceptable that innovative treatments exist but that there are countries and regions where there is no access to these treatments and related professional care provision. Access to healthcare is a basic human right. Over two years ago a national conference on health inequalities in Sofia provided the kick-start to the initiative, which received strong support from the European Parliament and was boosted by the Vilnius Declaration. The Partnership was formally launched in December 2014 with the aim to support the Commission and the Member States to improve access to healthcare. The Partnership aims to put this topic high on the EU policy agenda, making use of current policy 'hooks' such as the European Semester. It will also identify gaps and hurdles in order to find solutions that work for patients as well as the other stakeholders.

The Partnership is still in its infancy; it will need to be cared for and nurtured. Trust and commitment will need to be developed. But as equal access to healthcare is everybody's business, the hard work and cooperation is bound to pay off.



*Anders Olauson  
invited present co-chairs to make statements on their reasons for joining  
the Interest Group and to indicate which actions they would like  
the Interest Group to take.*

*[ Cristian-Silviu Busoi MEP (RO/PPE) ]*

Welcomed the Interest Group as an important initiative towards improving patient access. He stated that health inequalities result from social and environmental determinants (e.g. employment); levels of participation and control over one's life vary across the EU. Many countries continue to experience inequalities which disproportionately affect socially excluded groups. There are huge differences between 'old' and 'new' Europe; while wealth in general has increased, its distribution has become increasingly unequal. It is important to ensure that new treatments are accessible across the board. Coordination of actions across a range of policy fields can help improve European health systems, so that these can better deliver safe health services accessible to all, within as well as between Member States.

## ***[ Biljana Borzan MEP (CR/S&D) ]***

Underlined the fact that patients and healthcare provision do not feature very prominently on the EU policy agenda. Subsidiarity remains the key word in this field. However, it is important to work together in order to ensure well-functioning health systems across the EU. The principle of equality is enshrined in the Treaties of the EU. However, this equality is far from universal if one takes the current differences in health care and health outcomes into account.

The Tobacco directive is a useful example of how the EU can act together in the field of health. Mrs. Borzan would like to see a similar action in relation to alcohol abuse. She finished by recalling what was said by Commissioner Andriukaitis during his Parliamentary hearing, i.e. the need to work towards a healthy Union. This fits in well with the Treaty's equality principles.

## ***[ Katerina Konecna MEP (CZ /GUE-NGL) ]***

Emphasized the fact that health is a value in itself and that investment in health reinforces social cohesion and justice. The recent cuts, resulting from the economic crisis, have affected access to healthcare and with the help of this Interest Group this situation can be addressed. Her personal interest relates to a project that she is involved with in the Czech Republic (Patient Academy). This works to strengthen patient associations and make them more professional, providing education and training to help these organisations better promote the rights of patients and their families. It also aims to support the independence and long-term development of these organisations. This project could be expanded to other Member States and could therefore feature on the Interest Group's agenda.

## ***[ Karin Kadenbach MEP (A/S&D) ]***

In her former role as State Health Minister has seen the need for better access to health care treatment and services, and prevention is one of the key features of a high-quality system. However, once a person becomes a patient, one of the most crucial aspects to empower patients to access health systems is health literacy. Many patients do not have enough information and knowledge about their conditions and the various treatment options, nor about their rights. Another key element is pharmaceutical innovation and patient access to this innovation - to the best possible treatment. The European Parliament should address this topic to make this happen; the reimbursement agreements of the healthcare system that a person happens to be part of should not determine this access. A commitment from all stakeholders is required.

## ***[ Andrey Kovatchev MEP (BUL/PPE) ]***

Proposed some concrete initiatives that the Interest Group could be working on in the short term. The Bulgarian health minister has already expressed his support, and UK health minister George Freeman would also be happy to meet with the Interest Group. All the supporting MEPs could try and get their national health ministers to commit to the workings of the Group. The Parliament's own initiative reports on the European Semester could include concrete references to access to healthcare in order to influence the Semester process and push Member States to implement its recommendations. The Group could also advocate for a budget line for the measurement of health gaps as well as provide practical information on EU health funding opportunities to stakeholders. The Group's agenda needs to be determined, but these ideas could feed into the discussion.



### *The following issues were raised:*

- α** Concerns were expressed about the limited number of patients that have access to the best possible treatment, mainly because of the high price of these treatments. Transparency about price agreements and clinical trials should be increased. The Patient Access partnership brings together all stakeholders (including the industry) to find feasible solutions as no single player is in a position to make the required changes on his/her own. Win-win solutions do exist and will be found. The discussions on the proposed Transparency Directive should hopefully be re-opened.
- α** Organisations present expressed an interest in joining the Partnership and the Partnership should communicate to these organisations how to get involved.
- α** Alzheimer Europe has worked on a 'dementia monitor' measuring access to care and support in the Member States and would be willing to share this work with the Partnership, to help develop the envisaged access measurement tool.
- α** Questions were asked about access to medicines and how to address the fact that a number of medicines will come off patent, which leaves less room for manoeuvre in the pharma budget. One of the issues here is appropriate use of medicines: over prescription, under prescription and compliance are important aspects in this respect.
- α** The Patient Access Partnership can help inform stakeholders who to talk to and build bridges between stakeholders and policymakers, in order to make communication as transparent as possible.
- α** In terms of access to safe medicines, the meeting was informed of an initiative which consists of an online pharmacy with a common logo; this logo stands for safe medicines and the initiative can help monitor the activity of those Member States where this is in place.
- α** The Partnership can also support the development of good guidelines and good practice

## Close

In their closing remarks Anders Olauson and Andrey Kovatchev MEP thanked all participants for their interest and potential support. Further information on the MEP Interest group on Patient Access and the Patient Access Partnership can be found on

***[www.eupatientaccess.eu](http://www.eupatientaccess.eu)***  
and the website of the EPF at  
***[www.eu-patient.eu](http://www.eu-patient.eu)***

*Overview of current co-chairs and supporting MEP's*

*Co-chairs*

Biljana Borzan (S&D, Croatia)  
Cristian Silviu Buşoi (EPP, Romania)  
Karin Kadenbach (S&D, Austria)  
Kateřina Konečná (GUE/NGL, Czech Republic)  
Andrey Kovatchev (EPP, Bulgaria)

*Supporting MEPs*

Marian Harkin (ALDE, Ireland)  
Charles Tannock (ECR, UK)  
Alojz Peterle (EPP, Slovenia)  
Christel Schaldemose (S&D, Denmark)  
Therese Comodini Cachia (EPP, Malta)  
Karol Karski (ECR, Poland, Quaestor)  
Vladimir Urutchev (BG, EPP)  
Francoise Grossetête (EPP, France)  
Olga Sehnalová (S&D, Czech Republic)  
Bart Staes (Greens, Belgium)  
Silvie Guillaume (S&D, France)  
Vilija BLINKEVIČIŪTĖ (S&D, Lithuania)  
Maurice Ponga (EPP, France)  
Sirpa Pietikäinen (EPP, Finland)  
Sean Kelly (EPP, Ireland)  
Roberta Matsola, (EPP, Malta)  
Nessa Childers (S&D, UK)  
Paul Rübiger (EPP, Austria)  
Nathalie GRIESBECK (ALDE, France)  
Philippe Juvin (EPP, France)  
Catherine Stihler (S&D, UK)  
Jean Lambert (UK, Greens)

# [ *List of Participants* ]

### *co-chairing MEPs*

EP Andrey Kovatchev  
EP Biljana Borzan  
EP Silviu Busoi  
EP Kateřina KONEČNÁ  
EP Karin Kadenbach

### *supporting MEPs*

EP Lampros Fountoulis  
EP Karol Karski  
EP Ciprian Tanasescu  
EP Alojz Peterle  
EP Vladimir Urutchev

### *APAs*

EP Anita Banfi  
EP Nikolina Brkovic  
EP Przemysław Reding  
EP Pilar Ruiz Huelamo  
EP Nikola TURCINOV  
EP Sonia Ujupan  
EP Ekaterina Karamfilova  
EP Khristina Yatsyga  
EP Larkin Zahra

### *European Commission*

Commissioner for healthcare and food safety  
DG Enterprise and Industry  
DG for Internal Market, Industry, Entrepreneurship and SMEs  
DG Health and Consumers  
DG Sanco  
DG SANTE  
DG SANTE

VytenisAndriukaitis  
Karin Krauss  
Thomas Heynisch  
Tapani Piha  
Artur Carvalho  
Maria-Jose Peiro  
Maria Iglesia Gomez

### *Health Attachés - Member States' representatives*

Bulgaria  
Croatia  
Finland  
Permanent Representation of the Federal Republic of Germany  
Permanent Representation of the Federal Republic of Germany  
Spain

Zlatimira Dobрева  
Tea Kelvišer  
Sari Vuorinen  
Sabine Kossebau  
Christian Abt  
Francisco Sevilla

## Stakeholders

Asociación nacional de hipertensión pulmonar	Juan Fuertes
3M	Iana Myts
Abbvie	Ludovic Lacaine
ADS Insight Sprl	Wendy Wiel
Alexion Pharmaceuticals, Inc.	Claire Albano Manager
Alzheimer Europe	Annette Dumas
ArPharm Bulgaria	Deyan Denev
Assoc. Child`s Heart, doctor, heart diseases	Margarita Tzanzarova
Biogen Idec	Danuta Rydlewska
BMS	Titta Rosvall-Puplett
Bulgarian Greens - Zelenite	Borislav Sandov
Burson Marsteller	Elena Bertozzi
Burson Marsteller	Sylwia Staszak
Cabinet DN	Bartosz Nienaltowski
Cambre Associates	Helen Oberg
Community Public Affairs	Gintare Zemaityte
Community Public Affairs	Francis Boeynaems
Concilium	Markus Russ
CPME - STANDING COMMITTEE OF EUROPEAN DOCTORS	Birgit Berger
CZ PERM REP	Eva Gottvaldova
Delegation of the European Union in the US	Bernard Merkel
EAHP	Richard Price
EAHP - European Association Hospital Pharmacists	David Preece
EFA European Federation of Allergy and Airways Diseases Patients` Associations	Susanna Palkonen
EFN - European Nurses Association Foundation	Anna-Lena Fockenbrock
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EGA - EUROPEAN GENERIC MEDICINES ASSOCIATION	Adrien Van Den Hoven
EGA - EUROPEAN GENERIC MEDICINES ASSOCIATION	Clara Zachmann
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EPF	Brian West
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Full-line Wholesalers (GIRP)	

European Brain Council  
European Cancer Leagues  
European Federation of Neurological Association  
European Haemophilia Consortium  
European Multiple Sclerosis Platform  
European Public Health Alliance  
Eurordis  
FTI Consulting  
Gilead  
GIRP  
(European Association of Pharmaceutical Full-line Wholesalers)  
Grayling  
GSK  
Health & Pharmaceuticals at UK Perm Rep  
Hill+Knowlton Strategies  
Hill+Knowlton Strategies  
Independent  
Independent  
Johnson and Johnson  
Jules Bordet Institute  
Manager.bg  
Med Alert Romania  
MED-EL Medical Electronics  
MedTechEurope  
MSD  
National Patiens' Organization  
National Patiens' Organization  
National Patients' Organization  
National Patients' Organization  
NEO VIOM Bulgaria  
Novartis  
Novartis  
Paralax Life Sciences  
PERM REP  
Permanent Representation of the Slovak Republic to the EU  
Personalised medicines  
Pfizer  
Pharmaceutical Group of the EU (PGEU)  
R.P. Romania  
SANDOZ EUROPE  
Sanofi  
SENATURK (Turkish Academy of Senology)  
SERVIER  
SHW Health  
Spain  
TACD-TransAtlantic Consumer  
The European Alliance for Access to Safe Medicines  
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Tadeusz Hawrot  
Kate O`Regan  
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Veronica Zilli  
Dr. Staicu Mihaela  
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