

Forum Internal meeting
Special session on the European Biomedical stakeholder's response to the
war in Ukraine | 11 May 2022, 11:00-12:45 (CET) - on Zoom
Summary notes

Participants

Kirsty Reid, European Federation of Pharmaceutical Industries and Associations (EFPIA)
Juan Jose Fernandez Romero, European Patients Forum (EPF)
Annabel Seebohm, Standing Committee of European Doctors (CPME)
Bernhard Plunger, Austrian Academy of Sciences
Richard Sullivan, World Health Organisation (WHO)
Nancy De Briyne, Federation of Veterinarians of Europe (FVE)
Isabel de la Mata, European Commission, Directorate General for Health and Food Safety
Susana Irlles, the European Federation of Academies of Sciences and Humanities (ALLEA)
Robin Fears, European Academies' Science Advisory Council (EASAC)
Despoina Iatridou, Federation of Veterinarians of Europe (FVE)
Peter McGrath, InterAcademy Partnership (IAP)
Pierre Van Heddegem, Médecins du Monde
Alex Hulme, The UK Academy of Medical Sciences
David Ylitalo, European Commission, DG SANTE
Pascal Garel, European Hospital and Healthcare Federation (HOPE)
Mike Morrissey, European Cancer Organisation (ECO)
Louise Leong, European Academies' Science Advisory Council (EASAC)
Koen Berden, European Federation of Pharmaceutical Industries and Associations (EFPIA)
Kate Ling, NHS Confederation
Ivana Cattaneo, Novartis
George Griffin, Vice President of FEAM
Laurence Legros, FEAM Executive Director
Emma Martinez, FEAM Senior Scientific Policy Officer
Hannah Whittle, FEAM Scientific Policy Officer
Claudia Granaldi, FEAM Junior Policy Officer
Ruben Castro, FEAM Communication Officer
Alex Chappard, FEAM Intern
Patrick Hurst, FEAM Junior Policy Officer
Elisa Corritore, FEAM Forum Scientific Policy Manager

Welcoming remarks

Elisa Corritore, FEAM Forum Scientific Policy Manager, began by welcoming all the participants. She noted that the [FEAM European Biomedical Policy Forum](#) meets internally twice a year to facilitate an exchange of ideas on important biomedical policy issues. The previous internal Forum meeting was held in October 2021, where there was a general update on Forum plans and activities, but also a focus on three key ongoing health-related policy issues: the Health Emergency Preparedness and Response Authority (HERA), the use of animals in scientific research, and the designation criteria for antibiotic use reserved for humans. However, Elisa noted that this meeting would be different than usual. In light of the recent conflict in Ukraine, she explained that today's meeting would be entirely dedicated to a discussion about ongoing efforts to support the Ukrainian population, with the aim of finding opportunities for collaboration between stakeholders. She also welcomed three external speakers: **Isabel de la Mata** from the [European Commission](#), **Richard Sullivan** from the [WHO](#), and **Pierre Van Heddegem** from [Médecins du Monde](#), and she invited them to provide a brief presentation on their response to the war in Ukraine.

Intervention from the European Commission

Firstly, **Isabel de la Mata**, who is a principal Advisor for Health and Crisis Management at the European Commission, provided a brief overview of the Commission's activities in response to the Ukraine crisis. She stated that the European Commission had provided huge humanitarian and health support for those affected by the conflict. In particular, she explained that the [EU Civil Protection Mechanism](#) had been immediately triggered by Ukraine and its neighbouring countries, which allowed for the European Commission to co-ordinate the delivery of vital medicine and medical equipment for the requested amount. The EU Civil Protection Mechanism helps EU and non-EU countries respond to emergencies such as conflicts, as countries can request assistance through the mechanism when an emergency overwhelms their response capabilities. She stressed that the support is provided from the EU Member States and affiliated countries (EEA) via donations, in response to the need from neighbouring countries and Ukrainian authorities.

Secondly, Isabel de la Mata drew attention to the evacuation of Ukrainian patients for medical treatment. She noted that 484 requests for assistance had been received from Poland, Slovakia, Ukraine, and Moldova, where patients find themselves in very difficult situations. Around 300 requests to 11 different Member States for the prompt transfer of patients have been successfully completed. At the beginning of the current conflict, the vast majority of the patient transfers were civilians, but now there are increasingly more military personnel in need of evacuation for treatment, as war wounds continue to mount. Furthermore, on the 4th March 2022, the [Temporary Protection Directive](#) was activated, meaning that citizens from Ukraine, as well as those with a permanent residency permit in Ukraine, that left the country after the 24th of February, are now entitled to one year of protection in an EU Member State of their choosing. This temporary protection provides citizens with access to fundamental rights such as healthcare. Ukrainian citizens are able to travel visa free for 90 days in every 180 days period. However, the temporary protection can only apply in one Member State at the same time. Isabel de la Mata noted that all the EU Member States have been compliant with the directive so far.

Finally, Isabel mentioned that the European Commission is collaborating closely with the [International Federation of Red Cross Associations](#) (IFRC) in supporting mental health amongst refugees, including by establishing hotlines. They are also supporting the persons affected by gender-based and sexual violence. Overall, she acknowledged that the Commission has worked in close coordination with other international organisations, such as the WHO and NATO for the safe evacuation of refugees, as well as the [Ukrainian Ministry of Health](#). Finally, she noted that there is a webpage with more detailed information on Ukrainian access to healthcare: [Fleeing Ukraine: Healthcare | European Commission \(europa.eu\)](#).

Annabel Seebohm, [CPME](#), intervened by asking which authorities the patients in Ukraine should contact for assistance and evacuation. Isabel de la Mata explained that the [Ukrainian Ministry of Health](#) is the main contact point, for both the European Commission and the patients in Ukraine. Furthermore, **Emma Martinez**, FEAM, asked if there were challenges in implementing the [Temporary Protection Directive](#), and Isabel de la Mata responded that there had been no real practical issues of implementation, apart from the situation for Ukrainians who had entered neighbouring countries before the 23rd February, who were therefore required to apply via the normal asylum process.

Intervention from the World Health Organisation (WHO)

Richard Sullivan, [WHO Emergency Committee](#) Member, focused his intervention on the situation for cancer patients in Ukraine. Cancer is multimodal and it can highlight how the healthcare system functions in a country. In Ukraine, which is a fully transitioned country, there is a considerable older population, where 20 percent of the population are over the age of 65. Therefore, there are very high levels of [non-communicable disease \(NCD\)](#), with 13,000- 14,000 new cancer patients diagnosed each month. Richard explained that Ukraine is a major contributor to global cancer research efforts, citing the fact that it hosts 214 active cancer trials.

However, he stated that the recent intensification of the conflict in Ukraine, which has been ongoing since 2014, has led to a huge increased burden on the treatment of non-communicable diseases. He then explained how the conflict dynamics are affecting the standard of care. Notably, it is estimated that there are almost 8 million Ukrainians who are currently internally displaced, with a large amount of people migrating westwards towards Kyiv. With over 55 cancer centres situated across Ukraine, this internal displacement has had a hugely detrimental impact on cancer care, as it has led to the displacement of patients and healthcare workers. He noted that the conflict is causing huge disruption to hospitals, even without them necessarily being a military target. Furthermore, he expressed concern about the high risk of a radio nuclear contamination event.

For all the [children cancer patients in Ukraine](#), there was a swift and successful referral to third party countries for treatment. Although there is an official referral procedure for Ukrainian evacuees based on priority, the vast majority of patients have been moving of their own accord (with the help of patient organisations). Currently, the capacity for treating the internally displaced cancer sufferers has not yet been reached in the Western part of Ukraine, but the situation is projected to worsen dramatically. In neighbouring countries, such as Moldova and Poland, health care systems are either over capacity or pushing full capacity. However, the number of Ukrainian refugees is expected to reach 8 million in the next three months, so the stress on neighbouring healthcare systems will increase.

Finally, Richard offered some closing reflections. He noted that there are complex therapeutic geographies at play, which are multidirectional and multimodal. It is increasingly impossible to keep track of where patients are, due to the fluid cross-border movement. Acknowledging that President Putin is dedicated to a long war of attrition, he called for a switch in the Western mindset to plan for a long war as well. The prevailing political narrative of neighbouring host countries that they can provide care is only just matching reality and economics. There is a clear need for better patient registration and understanding of medium/long term capacity in and out of Ukraine. Long term planning now will help to reduce the negative impacts on cancer patients and those in need of treatment.

When asked if there were any immediate actions that can be taken to defy the projections of increasing internally displaced people, Richard responded positively. There is a disconnect between the [Ukrainian Ministry of Health](#) who are evidently in war mode, and the day-to-day health requirements of the Ukrainian people. Some hospitals are fantastically functional, and others destroyed, thus he called for some immediate third-party assistance to help with the heavy lifting.

Intervention from Médecins du Monde

Pierre Van Heddegem, [Médecins du Monde](#), firstly announced that he would focus on the history of the conflict. In February, when the current conflict ignited, Médecins du Monde were preparing to re-orient and restart activities in Ukraine, whilst also focusing on neighbouring countries. He outlined that they were expecting two waves of refugees (the immediate first wave of people with better financial resources, and the delayed second wave which is much larger and more problematic). The second wave of refugees did not happen, however, as the conflict dynamics changed drastically with the conflict focus on the South and the East of Ukraine. Currently, there are vast numbers of displaced people and Médecins du Monde are trying to track their exact numbers and locations, which is extremely difficult. He noted that access to healthcare and essential medicine was already limited before the conflict, but now there is a financial barrier to access which is worsening. The state support system has come under increasing strain in Ukraine and its neighbouring countries.

On the one hand, there is a growing number of war-wounded people in need of medical attention, but also there is a worsening situation for the host population who are struggling to access healthcare. He expressed concern that acceptance of certain ethnic groups in host countries may decrease over time, citing the example of the Roma population who are often discriminated against. He noted that there are language and administrative barriers to access to healthcare, particularly concerning mental health support. The vast majority of refugees pouring out of Ukraine are women and children, thus there is an extremely high risk of exploitation and sexual/gender-based violence. This is a primary concern of [Médecins du Monde](#). Finally, he urged for people to remember that there are other refugees in need of attention in other parts of the world as well, despite the desperate situation in Ukraine, and warned that programmes in other parts of the world are starting to be affected, as funding from large institutional donors is being re-oriented towards Ukraine.

Roundtable discussion

Following previous presentations, there was a roundtable discussion involving representatives from some of the Forum stakeholders: **Koen Berden** from [EFPIA](#), **Mike Morrissey** from the [ECO-ASCO Special Network](#), **Kate Ling** from [NHS Confederation](#), **Juan Jose Fernandez Romero** from [EPF](#), **Nancy De Briyne** from [FVE](#), and **Annabel Seebohm** from [CPME](#).

European Federation of Pharmaceutical Industries and Associations (EFPIA)

Koen Berden, from [EFPIA](#), began the discussion with a presentation on their efforts in continuing the access and supply of medicines and clinical trials in Ukraine. He began with a statement of solidarity with the people of Ukraine and noted that EFPIA's main priority is to ensure that medicines and vaccines reach patients in Ukraine and affected countries. He noted that the vast number of displaced refugees puts a huge strain on current resources, and in response there has been a large-scale humanitarian response from EFPIA members, with 6.3 million doses of essential medicines donated and €63 million in financial support to NGOs. However, he stressed that this is happening in a rapidly changing environment and donations are increasing considerably every week. He noted that there are currently three ways to get medicines into Ukraine: direct donations via Ukrainian government requests, the [EU Civil Protection Mechanism](#), and direct donations to NGOs.

In addition to direct donations, Koen Berden detailed an EFPIA proposal on electronic Patient Information Leaflets (ePILs) in Ukrainian to improve access to medicines for refugees in the EU, which has already gained approval from the Polish regulatory authorities. EFPIA is also working to support the continuity and flexibility of clinical trials which have been heavily disrupted in Ukraine, which has required the repurposing of [EMA \(European Medicines Agency\) guidelines](#) for COVID-19 regulatory methodological flexibilities for the Ukrainian conflict. He also outlined the work being done to ensure continuity of vaccinations, with [Vaccines Europe](#) working with National Vaccines Industry Groups to try and reduce the amplified risk of viruses in humanitarian crises, and ensure that refugees have access to vaccines according to national immunisation programmes.

Koen Berden made note of the [EFPIA European Oncology Platform \(EOP\)](#) which provides initiatives for cancer patients and financial support for NGOs and patient organisations, and highlighted in particular the [IQVIA](#) project on the assessment of the oncology treatment and trial landscape in Ukraine. Under this project, he noted the new '[Script Translator](#)' tool which provides Ukrainian translations for medicines in Europe, in addition to identifying products which are in use in Ukraine but not in EU Member States, and monitoring changes in demand for medicines in countries with large numbers of refugees. Despite this support, Koen ended his presentation noting that there are many challenges facing the humanitarian effort, such as coordinating the vast number of aid requests received, numerous supply chain and logistical issues, and potential long-term implications of the war.

Elisa Corritore, FEAM, asked who in practice is delivering medicines in Ukraine, to which Koen Berden explained there are routes via the [International Committee of the Red Cross \(ICRC\)](#) and that EFPIA coordinates with the [EU Civil Protection Mechanism](#), but stressed that delivering medicines is increasingly challenging. **Annabel Seebohm**, [CPME](#), intervened to state that they organise deliveries towards Ukraine privately, but that there are contact hubs run by the [Ukrainian Ministry of Health](#) which can take deliveries into Ukraine. She further asked whether customs still pose a significant issue,

with Koen Berden explaining that these challenges have decreased with the removal of tariffs. **Laurence Legros**, FEAM, asked further about the IQVIA initiative, with Koen Berden elaborating that IQVIA is also helping to identify the medicine demands of Ukraine before the invasion to try and estimate what is needed for refugee flows, but he stressed that refugee demand is not the same as pre-war demand. **Claudia Granaldi**, FEAM, questioned whether anything was learned from the COVID-19 pandemic on reacting to external shocks, to which Koen Berden responded that although the situation is very different, there are some parallels and things learned with relation to green lanes at borders and flexibilities for clinical trials.

ECO-ASCO Special Network (European Cancer Organisation and American Society of Clinical Oncology)

Mike Morrissey, from the cross-Atlantic [ECO-ASCO Special Network](#), continued the discussion on the impact of the war in Ukraine on cancer. He explained that this Special Network of oncologists, nurses, pharmacists, and patient advocates was established soon after the onset of war. This network is a community of experience and knowledge and provides a huge network of help for Ukraine and neighbouring countries for the stresses imposed on their health systems.

Mike Morrissey described some of the main issues which were initially identified, such as a lack of medical data, language barriers, capacity issues, and the need for coordination and connectivity to address these problems. He outlined the establishment of the [onco-help.org](#) website through the help of this Special Network, which now provides multilingual information for 25 European countries so to signpost Ukrainian cancer patients where to get relevant help. He further emphasised that the psychosocial support provided by the Network is a key aspect to this website.

Mike Morrissey also explained the importance of their advocacy work in identifying problems and liaising with organisations such as the WHO, EU, and national governments to resolve them. He stressed that there is a responsibility to ensure that those in power understand what is happening on the ground, and spoke of a need to invest in Ukraine and neighbouring countries due to the rising inequality behind [Europe's Beating Cancer Plan](#) between Western and Eastern Europe.

Mike Morrissey finished by highlighting that collaboration and coordination is key in this crisis, giving reference to the "Supporting Ukraine, neighbouring EU Member States and Moldova" Network set up by DG SANTE's [Health Policy Platform \(HPP\)](#) and of which ECO is a co-chair. This stakeholder network acts across all healthcare sectors to coordinate information sharing and support in midst of this crisis. He outlined priorities identified from the previous network meeting, including supporting displaced Ukrainian patients, facilitating partnerships and funding support for civil society organisations in Ukraine, Moldova, and impacted EU states, mental health support for refugees, and recognition and support for healthcare professionals arriving into the EU.

Annabel Seebohm, [CPME](#), asked whether there were initiatives similar to onco-help for other diseases, to which Mike Morrissey stated that there are not yet, which may be due to other diseases having less complex stakeholder networks but outlined that the new HPP Network will provide opportunity for this.

NHS Confederation

Kate Ling from the [NHS Confederation](#) gave a summary of the assistance offered to Ukraine by the UK health system. She outlined that the UK is remote geographically from the conflict, and so the assistance given is not special compared to frontline neighbouring countries. Kate Ling outlined that a lot of the actions taken by the UK have been political as well as humanitarian, and noted she was interested to know whether other countries were acting similarly and whether these actions should be coordinated, with the example of the NHS removing Russian and Belarussian firms from their supply chains and exiting contracts as soon as it is legally possible. In addition, she stated that the UK has announced research and innovation sanctions (including pausing payments, and not funding new projects involving Russia), as well as a £3 million package to support Ukrainian researchers. She further outlined how a lot of the actions the UK government is focused on are trade-related, such as cutting tariffs on goods from Ukraine.

In terms of medical assistance, she outlined that the NHS is treating a lot of Ukrainian children with cancer, with these medical evacuations from Ukraine happening very early on in the conflict. The UK government has also donated 5.29 million items of medical supplies and the NHS is collecting contributions for the [Disaster Emergency Committee \(DEC\)](#) for Ukraine, which is led by a coalition of 15 leading UK aid charities. Kate recognised the enormous efforts made by neighbouring countries such as Poland and that the UK was only one of many countries offering significant humanitarian, political and/or military support. Kate Ling finished by referring to refugee doctor initiatives with the [CPME](#) and medical organisations across Europe looking at integrating refugee doctors, with the [British Medical Association \(BMA\)](#) providing specialist help and support to them in the UK.

European Patients Forum (EPF)

Juan Jose Fernandez Romero, from the [European Patients' Forum](#) (EPF), outlined measures that their members are taking in solidarity with Ukraine. He outlined how the EPF secretariat is liaising with its membership of 78 patient organisations to try to alleviate the impact of the war on the patient community, by disseminating information and bridging the gap between members working with refugee patients and the type of support they need. Juan highlighted that EPF held an internal meeting of its secretariat and members following a survey in March 2022, which identified a series of macro-areas in which their members are working on and need support:

- (i) Providing support for neighbouring countries
- (ii) The need for logistics and support within Ukraine to provide aid to patients who have stayed in the country
- (iii) Fundraising for help in the field
- (iv) Providing information and translation
- (v) Communications

He stated that logistics are currently a very difficult issue and that several member organisations are working together to try to resolve this. He detailed some actions which EPF members are undertaking to resolve this and other macro-area issues, such as an EPF member which liaised with the [Spanish Ministry of Health](#) to facilitate a common response at the national level for patients arriving from Ukraine. Other EPF Members are also working with Ukrainian patients – each within its realm of action

and capabilities – to alleviate the situation. They are conducting activities of providing language support (i.e., via translations), funding, and fostering cooperation with their sister patient organisations in Ukraine.

As a final point, Juan stated that he is willing to provide more information if required and that the EPF is open to stakeholder ideas for collaboration and support. Stakeholders willing to liaise with EPF and/or its members are free to reach out to him.

Federation of Veterinarians of Europe (FVE)

Nancy De Briyne presented the [FVE's](#) action on support for Ukraine. She began by outlining the importance of animal welfare in the conflict, as animals provide companionship, food, and work, while veterinarians are crucial for ensuring the provision of safe food for humans. She stated that Ukraine is a long-standing member of the FVE network and detailed the immediate action of FVE in response to the invasion, with a public call for more flexible rules for dogs and cats entering the EU with refugees, and the derogation of sanctions for medicines and medical equipment. The European Commission responded to this call and agreed to relaxing rules for pets arriving into the EU. The FVE subsequently set up a coordination group with their members from Ukraine and neighbouring countries which identified three major challenges: (i) ensuring diseases (especially rabies) are not brought into the EU from pets (ii) the shortage of feed, medicines, and medical equipment in Ukraine (iii) a shortage of resources to care for animals and abandoned farms in Ukraine. Lots of support was offered by FVE members in response, which led to the rapid establishment of a special website '[Vets for Ukraine](#)'. This web-portal provides important information on topics such as import rules for animals, diploma recognition for Ukrainian vets in the EU, and support for Ukrainian vets, their families, and veterinary students. In addition, Nancy detailed the [Vets for Pets Ukraine](#) initiative, launched in collaboration with [Humane Society International \(HSI\)](#) and the [Federation of European Companion Animal Veterinary Associations \(FECAVA\)](#). This programme will enable more EU vets to provide free medical treatment for the pets of refugees, with up to €1250 compensation per veterinarian, and approximately 500 claims already being received. She noted that this is necessary as in the EU, social security is often in place for healthcare but not for animal care, which can be very expensive for refugees.

As a final statement, Nancy De Briyne stressed that helping Ukraine means helping the EU and the world, as war is happening in the 'breadbasket of the world' and is endangering global food security and disease risk. She noted that FVE has begun combatting this threat through the Expert Group on the European Food Security Crisis Preparedness and Response Mechanism but noted that much of the current relief is acute, and that further actions will be needed for the medium-to-long term.

Following this intervention, **Elisa Corritore** noted that this work is so important as pets can also help with the mental health of refugees. **Emma Martinez** asked how advanced the diploma recognition initiative is for accepting Ukrainian vets. Nancy De Briyne responded that countries have had different approaches, with the UK recognising those coming from [accredited faculties](#), some other countries allowing vets to work temporarily, however most countries currently allow Ukrainians to only work as technicians within the EU.

Standing Committee of European Doctors (CPME)

As a final intervention, **Annabel Seebohm**, from the [Standing Committee of European Doctors \(CPME\)](#), provided an update on the actions being done to support doctors in Ukraine. She informed everyone about a [recommendation](#) by the European Commission ([DG GROW](#)) on the recognition of qualifications for people fleeing Russia's invasion of Ukraine for EU Member States, which makes reference to [guidance](#) outlined during the COVID-19 crisis. Notably, Member States are not required to recognise qualifications unless the minimum training conditions are met. However, several actions have been taken for accepting qualifications, such as the provision of fast-track programmes, the adoption of an eTranslation tool for Ukrainian, and the acceptance of non-original (digital) copies of diplomas, in addition to the option to employ Ukrainian healthcare professionals in roles with a different status than that of a full member of the profession. In addition, Annabel Seebohm referred to the [European Medical Students' Association \(EMSA\)](#), who are working to ensure the continuity of medical education for medical students fleeing Ukraine. It appears that some EU Universities are not accepting Ukrainian students into programmes, thus EMSA is contacting national Ministries as well as Universities in an attempt to resolve this issue.

Furthermore, Annabel outlined the [Ukraine Medical Help Fund](#), which has been established as a joint initiative by [CPME](#), [EFMA \(European Forum of Medical Associations\)](#), and [WMA \(World Medical Association\)](#). Although none of these organisations are engaged in humanitarian aid, this activity followed an urgent request by the [CPME](#) member association, the Ukrainian Medical Association, which represents roughly 200,000 doctors in Ukraine. This fund, with contributions from medical associations and private donors, has raised €2.5 million (May 2022) for projects as per requests from the Ukrainian Medical Association. Its primary purpose is the transportation and distribution of medical goods into Ukraine with the help of member and partner organisations and it requires coordination with the [Ukrainian Ministry of Health](#).

Closing remarks

Elisa Corritore thanked all the contributors and participants for their time. Elisa Corritore told the participants that they are welcome to send slides and ask questions as a follow-up, and that summary notes will be provided after this meeting. She ended the meeting by highlighting the high level of solidarity within the Forum network, which is key for combatting the issues raised in this special session.