

Aspen Healthcare Forum 2021

10th Edition, October 19th, 2021

Palace of Parliament & Online

Event Report

Rapporteur: Iulian Mihalache – Public Policy Programs Manager, Aspen Institute Romania

About Aspen Healthcare Forum

Aspen Healthcare Forum, at its **tenth edition** in 2021, is the major public event of Aspen Institute Romania's **Healthcare & Quality of Life Program**, bringing together decision-makers, renowned specialists and researchers from the medical sector, European and national healthcare experts, representatives of non-governmental organizations and academia, representatives of the health technology and pharmaceutical sector, as well as industry leaders engaged in developing health policies. Last years' participation of several experts from abroad contributed to setting up a program community and an agenda of thematic priorities in convergence with national priorities and advanced technological solutions as well as the EU regulatory framework and WHO goals.

Aspen Healthcare Forum 2021 took place in the context of the SARS-COV-2 pandemic, which has had far-reaching implications for the health sector and beyond. While fighting the pandemic must undoubtedly remain a priority of health systems across the world, it is crucial that health systems continue to secure **uninterrupted access to medical services to all other categories of patients**, particularly **chronic patients**. The event, organized in a **hybrid format**, focused on exploring ways in which health systems can better cater to the needs of non-COVID patients and ensure continuous and universal access to medical services to all other categories of patients.

The Forum further addressed developments in **Biotechnology** and **Artificial Intelligence**, which have a prominent, synergistic and fast accelerating role in the development of the medical field in general, and novel diagnostics and therapies in particular. Aspen Healthcare Forum 2021 analyzed the **key catalysts of a successful biotech enterprise in general** and **perspectives for Romania in developing the biotechnology ecosystem**. The panellists discussed possible strategic investment areas - including infrastructure, new technologies, work force education, intellectual property and legislative environment - which could provide added value, contributing to the emergence of a successful biotechnology sector, strengthening the long-term resilience of the health system, as well as economic growth.

Oncology remains a particularly challenging topic for Romania and the region. Already a priority at the level of European Union, as the newly launched "*Europe's Beating Cancer Plan*" shows, fighting cancer should also be a national priority in Romania. In this context, Aspen Healthcare Forum 2021 took a strategic approach, analyzing how a **Romanian National Plan on combating cancer** should look like. The Forum facilitated an **exchange of ideas and best practices** between representatives of the Working Group for Combating Cancer in the Romanian Parliament and their counterparts in the European Parliament and US Congress, in order to ensure that the Romanian National Plan would be in line with international best practices and to identify perspectives for cooperation.



Aspen Healthcare & Quality of Life Program Partners:

Roche
Alliance Healthcare
Pfizer
Sanofi
Astra Zeneca

Institutional Partners:

Ministry of Health
Ministry of Foreign Affairs
Working Group for Combating Cancer, Romanian Parliament
European Commission Representation in Romania
National Health Insurance House
National Institute for Infectious Diseases "Prof. Dr. Matei Balș"
National School of Public Health, Management and Professional Development
National Institute of Public Health

Knowledge Partners:

Renașterea Foundation
Think Pink Europe
Romanian Society for Vaccination Strategies and Health Promotion
Romanian Society for Microbiology

Media Partner:

Agerpres



Event Agenda

10:00 – 10:30 Opening Remarks & Keynote Speeches

- **Iulian Trandafir** – Member of the Board of Trustees, Aspen Institute Romania
- **Andrei Baciu** – Secretary of State, Ministry of Health of Romania
- **Dr. Diana Loreta Păun** – Presidential Adviser, Department of Public Health, Romanian Presidential Administration
- **Dr. Hans Kluge** – Regional Director for Europe, WHO

10:30 – 11:45 Improving Access to Medical Services for Chronic Patients in the Context of the SARS-COV-2 Pandemic

- **Prof. Univ. Dr. Alexandru Rafila** – Vicepresident, Chamber of Deputies / President, Aspen Healthcare & Quality of Life Advisory Board
- **Adela Cojan** – Acting President, National Health Insurance House
- **Radu Gănescu** – President, COPAC / Vice President, European Patients' Forum Board
- **Claudia Fleischer** – General Manager, Roche Romania
- **Iulia Ionescu** – Country Lead, Sanofi Romania & Moldova
- **Iulian Trandafir** – CEO, Alliance Healthcare Romania / Aspen Board Member

Moderator: Prof. Dr. Cristian Vlădescu – Director, National School of Public Health

11:45 – 12:15 Coffee Break

12:15 – 13:30 Shaping the Future of Healthcare: Perspectives for Romania and the Region

- **Prof. Univ. Dr. Leonard Azamfirei** – Senator, Romanian Parliament / Rector, University of Medicine and Pharmacy of Târgu Mureş
- **Dr. Robert Ancuceanu** – President, National Agency for Medicines and Medical Devices of Romania
- **Prof. Univ. Dr. Simona Ruţă** – Vice-rector for Scientific Research, University of Medicine and Pharmacy “Carol Davila” Bucharest
- **Dr. Gabriel Dina** – Corporate Affairs Manager, Pfizer

Moderator: Adrian Bot – M.D., Ph.D., Vice President, Kite Pharma / Aspen Member

13:30 – 15:00 Lunch

15:00 – 17:00 Towards a Romanian National Plan on Combating Cancer (in Partnership with the Working Group for Combating Cancer Romanian Parliament)

- **The Honorable Debbie Dingell** – Member of the U.S. House of Representatives / Co-Chair, United States Congressional Cancer Prevention Caucus
- **Dr. Cristian Buşoi** – Chair, ITRE Committee / Chair, Challenge Cancer Intergroup, European Parliament
- **Prof. Dr. Patriciu Achimaş-Cadariu** – Chair, Working Group for Combating Cancer, Romanian Parliament / Deputy, Romanian Parliament
- **Clara Volintiru** – Associate Professor, Bucharest University of Economic Studies / Director, Aspen New Economy & Society Program
- **Mihaela Geoaţă** – Founder and President, Renaşterea Foundation / President, Think Pink Europe

Moderator: Dr. Marius Geantă – President and Co-Founder, Centre for Innovation in Medicine

Event Report

Opening Remarks & Keynote Speeches

Mr. Iulian Trandafir, Member of the Board of Trustees, Aspen Institute Romania (AIR), noted that the event marked an important double anniversary: 15 years since the foundation of AIR and the 10th edition of Aspen Healthcare Forum. He praised the **multi-partisan, multiple stakeholders' approach** that makes AIR an exceptional platform for reflection on key topics for the Romanian society, including healthcare, and thanked all the event partners for their support.

Mr. Andrei Baci, Secretary of State, Ministry of Health of Romania, argued that, while defeating the pandemic has become the first priority for the Romanian health system, decision-makers also need to think about **realigning the system's priorities** for the future. In particular, decision-makers should unlock Romania's potential to capitalize on 2 main opportunities. First, there is the opportunity of **changing the paradigm for chronic patients**, who have had difficulties in accessing medical services during the pandemic, especially for **cancer patients**. At the EU level, the EU Beating Cancer Plan already set the standards in terms of best practices, and work has started in the Romanian Parliament on a National Plan on Combating Cancer. The **adoption of the Plan in the near future should be a key priority** of decision-makers. Secondly, **technology**, in particular **biotech**, is changing the outlook for patients with previously deadly diseases. Romania has the key ingredients to become a regional leader in the field of biotech, in particular a highly skilled human resource. Decision-makers should **foster Romania's potential to develop a strong biotech ecosystem**.

Dr. Diana Loreta Păun, Presidential Adviser, Department of Public Health, Romanian Presidential Administration, argued that the pandemic revealed a truth long ignored, namely that **investments in healthcare are the basis for the sustainable development of our society**, particularly since the most vulnerable people in society are the most affected in times of crises. This should inform both policy and practice. Five key messages were emphasized:

- In the pandemic, misinformation and distrust leading to vaccine hesitancy are preventing Romania from reaching herd immunity. **Restoring trust and dialogue with the population are essential in increasing resilience to emergency threats.**
- **Prevention should be the cardinal principle in public health**, and **investing in core capacities** at national level is fundamental. As prevention was often set aside as low priority during the last 30 years, a **reinforced health security architecture** must guide the health system's future emergency preparedness efforts.
- **Access to medical care and services** has decreased in Romania during the pandemic, leading to dramatic consequences and setbacks in reaching the targets set by the Sustainable Development Goals. Prevention and access to care should be integrated in the Romanian health system.
- There is an **urgent need for addressing the human resource** at the forefront of the health crisis. **Protecting the wellbeing of health professionals and investing in their skills and competences** is paramount.
- It is imperative to **rethink the model of healthcare delivery**, as the current crisis calls for rapid adaptation to new realities and to adapting patient care. Reaching a **clear reform agenda** will be critical in **ensuring the resilience of our health system** in the face of unforeseen circumstances.

Dr. Hans Kluge, Regional Director for Europe, WHO, stressed the **importance of investments and structural reforms** in order for health systems to be better prepared in times of crises. During the challenging times of the pandemic, health systems around the world were caught by surprise because the advice of experts to increase public health investments was often not heeded. The pandemic proved the fragility of health systems and the suboptimal coordination of responses. However, it could be observed that, **in countries with a track record of evidence-based policymaking and strong public health capacities, the response to the pandemic was superior.**

The unprecedented shock to national health systems meant that most countries stopped medical activities that were not urgent. The **impact of the suspension of medical services is severe** and will linger for years to come. Since the outbreak of the pandemic, the WHO has advocated for a **dual track approach**, aimed at **responding to the SARS-COV-2 infection while also maintaining essential health services.** Nowadays, the focus must be on **ensuring medical services are again available.**

Many countries require **structural reforms of their public health capacities** in order to make them **efficient and resilient.** These reforms must integrate preparedness and emergency response, while giving much needed attention to primary healthcare and primary health functions. Thus, there is a clear need for a **reorientation of investments** in many health systems. The pandemic proved that **universal health coverage and health security are 2 sides of the same coin.** Some key areas demanding urgent attention include:

- **Catch-up of medical services:** Essential services were services heavily disrupted in many countries, including elective surgery and rehabilitation, screening, mental and dental services, while consultations with specialists were postponed. This has particularly affected chronic patients.
- **Digital transformation:** The pandemic removed many long-standing structural and cultural barriers to implementing digital solutions in healthcare. The pandemic also proved that the digital transformation of the healthcare sector is now mandatory, particularly due to its great potential for bringing equity and resilience to health systems. Learning how to design and operate health systems in the digital era should be a priority.
- **Mental health:** About 150 million people in the region of the WHO Europe Office live with a mental condition and only a fraction of them received support since the outbreak of the pandemic. Resources must also be directed into building mental health services. The WHO is leading a pan-European mental health coalition.
- **Cancer care:** Cancers are the leading cause of death in the region, despite the fact that 40% of cancers are preventable if the right measures are implemented in time. Here, the impact of the disruption caused by the pandemic has been catastrophic. This has led to the establishment of a pan-European initiative by WHO, with the purpose of united action against cancer. The whole continuum, from prevention, early detection, to access to diagnosis and care is of critical importance. States must make commitments in terms of national cancer control programs spanning this entire continuum. States must also ensure that new, innovative medicines are available for all cancer patients.

A key lesson that the pandemic has taught, and also a recommendation of the Pan-European Commission on Health and Sustainable Development chaired by Professor Mario Monti, is to **invest in health systems.** Decision-makers need to look beyond costs and realize that **investing in health is an investment in the sustainable development of the economies.** There is currently a window of opportunity for breaking the cycle of neglectful underinvestment.

Improving Access to Medical Services for Chronic Patients in the Context of the SARS-COV-2 Pandemic

The SARS-COV-2 pandemic brought **severe disruption** to health systems worldwide, and **chronic patients**, requiring access to medical services on a regular basis due to their conditions, were **among the most affected**. In Romania, which has a **hospital-centered system**, the response of the authorities was to prioritize combating the pandemic and many hospitals were refocused on the treatment of SARS-COV-2 patients. Hence, the system has experienced a significant **decrease of in-patient treatment** (i.e. hospital admissions and treatment), which has been detrimental to chronic patients as most chronic diseases are treated exclusively in hospitals. Thus, during the pandemic, chronic patients suffered from a **lack of adequate access to health services**. Additionally, **access to diagnosis** is equally important as access to treatment. Access to health services, diagnosis and medicines was impeded due to people's fear of going to hospital, as well as some doctors' reluctance of consulting patients during the early stages of the pandemic. Both at the public and private level, patients have to wait for months before being consulted by specialists, which has a direct impact on the health of chronic patients. Delayed diagnoses, particularly for deadly diseases such as cancer, have severe consequences, as options for treatment are strongly affected following late discovery. As access to diagnosis was impeded during the pandemic, **another potential hit for the Romanian health system is a large number of late-stage patients**, requiring very costly treatments.

The fact that patients in the Romanian healthcare system, already in need of reform after decades of insufficient attention, were particularly affected, is shown by some important indicators. In 2020, **hospitalizations decreased** to around 60% of the 2019 level, from 3.8 million to 2.4 million. Furthermore, in 2020, **average life expectancy dropped** by 1.3 years compared to 2019 in Romania, while in the EU it only dropped by an average of 0.7 years. **Excess mortality** (the number of deaths from all causes beyond what is expected) was much higher in Romania than could be explained by the reported SARS-COV-2 deaths. Most likely, this excess mortality can be explained by a combination of **underreported SARS-COV-2 deaths and preventable and treatable mortality**, as Romania had the highest rate of deaths from treatable diseases in the EU before the pandemic.

These data prove that the **resilience of the Romanian health system must be strengthened**, not just as an essential factor for exiting the SARS-COV-2 pandemic but also to be able to better manage unpredictable situations in the future. For this, decision-makers must start developing a **fairer Romanian health system and put patients at the center of the system**. While this commitment has been part of the rhetoric for many years, in practice patients, especially chronic patients, have to cope in a system that often fails to solve their problems. Potential measures for strengthening the resilience of the Romanian health system were put forward by the panellists:

- Healthcare should not be viewed as a cost but as an **investment in the prosperity of the society**. **Shared efforts by the public sector, industry, patient associations and academia** are required for a paradigm shift towards this view. Romania currently has the lowest government health expenditure per capita (adjusted to PPP) in the European Union. The system can only become **more resilient from the perspective of costs, access and fairness through long-term investments**.

- Decision-makers should leverage a **more decentralized healthcare system**, which is **not as focused on hospitals** and allows for more flexibility in care. **Home care, ambulatory care, community health services, a more important role for family doctors as well as the use of telemedicine and digital solutions** should be key components of such a system.
- **Private healthcare providers should have a more prominent role in delivering access to medical services to chronic patients**, particularly in the context of the pandemic which has burdened the public health system and has effectively put on hold many services. Since private healthcare providers are as involved in treating SARS-COV-2 patients, a **legal framework** whereby chronic patients could have access to a variety of necessary medical services in the private sector, at no extra cost for them, should be put in place.
- The pandemic has also facilitated some **initial steps to digitalize the medical system**, which would have been difficult to implement otherwise. **Telemedicine** has been regulated and, beyond helping in the fight against the pandemic, it can have a key role in providing access to medical services to patients in areas which are lacking medical personnel, particularly specialists. Romanian patients can now access teleconsultations as well as a wider range of services for monitoring patients and interpreting the results of investigations. However, creating the existing legal framework is only the first step. More telemedicine platforms must be put at the disposal of patients due to the still low number of patients accessing such services. **Electronic medical prescriptions** have also been regulated and can help chronic patients avoid unnecessary trips to the doctor, particularly in the context of the pandemic. However, panellists noted that the laws regulating telemedicine and electronic prescriptions require improvements in order to develop these practices on a wide scale in the following years. For instance, there is currently no clear protocol for the kinds of consultations which can be made online by family doctors or specialists.
- There is a clear need for **obtaining more accurate data on the Romanian healthcare system** for decision-makers to become aware of the problems of chronic patients and to be able to devise and implement **evidence-based policies**. It is unclear exactly to what extent chronic patients are experiencing difficulties in access and the categories of patients most affected, so accurate data would be crucial for knowing where to intervene. Decision-makers must know **which categories to prioritize for an efficient allocation of financial resources**.
- Creating **electronic patient registers** is a key step to obtaining more data and facilitating better care, with benefits such as a comprehensive view of the patient's problems, better coordination of care, sharing information across medical teams and institutions, as well as greater efficiency and cost savings.
- **Patients' associations should raise awareness of the lack of access to services such as treatment, monitoring and diagnosis**, by releasing bulletins or newsletters presenting the situation.
- **Home care and delivery of medicines at home** are measures that should be implemented for the protection of chronic patients, especially in the context of the pandemic. This is particularly important given the hospital-centered nature of the Romanian health system, which forces chronic patients to take unnecessary risks. Furthermore, **community health services** should be in place in order to help vulnerable chronic patients.
- **Open circuit pharmacies are playing an increasingly important role in the health system**, providing more services to patients regardless of whether this has been reflected in the legislation. Examples of good practices include the programs of Alphega, a community of independent pharmacies throughout Europe, also integrated in the Romanian health system.

Programs offered by Alphega included campaigns in pharmacies for measuring vascular age and lung capacity, and a campaign to quit smoking. Furthermore, Alphega has launched a telemedicine service allowing access to both generalist and specialist doctors. The project aims to increase coverage in the countryside, where access to medical services is lacking.

- Thus, a **legal framework allowing pharmacies to assume more responsibilities in improving access to medical services should be created**. Services should include vaccination in pharmacies (particularly against influenza), SARS-COV-2 testing in pharmacies, prevention measures such as measuring blood pressure. Furthermore, pharmacists could be involved in the SARS-COV-2 information campaign due to their positive reputation among patients.

Shaping the Future of Healthcare: Perspectives for Romania and the Region

The panel addressed **developments in Big Data, Biotechnology and Artificial Intelligence**, which have a **prominent, synergistic and fast accelerating role** in the development of the medical field in general, and novel diagnostics and therapies in particular. Speakers analyzed both the **key catalysts of a successful biotech enterprise in general**, and **perspectives for Romania** in developing the biotechnology ecosystem. They brought to the debate **possible strategic investment areas** – including infrastructure, new technologies, work force education, intellectual property and legislative environment – which could provide added value, contributing to the emergence of a successful biotechnology sector, strengthening the resilience of health system in the long term, as well as economic growth. The following key points were emphasized:

- At the global level, **Big Data**, together with the use of **data analysis**, is an area that is still in its infancy but will **greatly influence future medicines and the therapies of the future**. Big data plays a key role in the development of **personalized / precision medicine**, which aims at tailoring medical decisions, practices, interventions and/or products to individual patients, based on their predicted response or risk of disease.
- Personalized medicine is not possible without the help of **computational methods**, classifying patients into different subtypes according to genomic, epigenomic profiles and/or drug responses. The introduction of these methods in the process of approving medicines would **allow the use of some medicines which otherwise could not be on the market**. For instance, there are drugs with very high efficacy but withdrawn because of a risk of liver toxicity in 3-5% of subjects. If computational methods could predict the subjects for whom these risks do not exist, these medicines could be used with a very high rate of success. Using these methods would **enable the use of medicines with the highest efficacy and the lowest risk for an individual patient**. To facilitate personalized medicine, patients in the West are increasingly able to get a **genetic passport** a personal medical document containing data on the molecular and cellular analysis of the human genome.
- According to a study by McKinsey, **biotechnology will produce up to 60% of the physical inputs of the global economy of the future**, with a direct economic impact of up to \$4 trillion a year. Investments in biotechnology have produced significant results, particularly in the United States, providing examples of best practices in terms of public – private – academic cooperation. The **partnership between the government, healthcare regulators, the private sector and academia is critical to developing the biopharmaceutical sector that leads to advances in biotechnology**.

Over the past 25 years, the focus has been on **immunotherapy**, using new tools such as the **genetic programming of immune cells against cancer**, assisted by AI and Reverse Translation (research beginning with actual, real-life patient experiences in the clinic, and working backward to test hypotheses for these experiences, in a cyclical process). The role of **companion biomarkers**, biomarkers that are used in combination with therapy to prospectively help predict likely response or resistance, has been increasingly emphasized.

- In Romania, the field of biotechnology is **not approached in a unitary, integrated way**. There is no real interaction among the existing institutions in the field (e.g. National Institute of Research and Development for Biological Sciences, the Romanian Society of Bioengineering and Biotechnologies, Romanian Society of Medical Bioengineering).
- At the moment, Romania is not developing high levels of medical biotechnology per se, **focusing more on providing services and analyses and less on research**. The most important impediment to research in biotechnology is that **no financial incentives** were introduced by the Government, in the context of **very limited funding sources** in the field of research in general in Romania. One key recommendation is to **analyze models of financial incentives in EU countries and seek to adapt and apply best practices in Romania**.
- While public – private partnerships are central to the success of the in the US biopharmaceutical industry, in Romania **the legal framework does not encourage public - private partnerships**, which are often not viewed as viable financing options. As no such large-scale partnerships could so far be established, some enterprises in the field of research had to limit their operations or even shut down operations.
- Given the current circumstances, a key precondition for a Romanian biotechnology ecosystem is to **create a genuine partnership for fostering and financing research between the line Ministry (the Ministry of Research, Innovation and Digitalization), the academic environment and the private sector**.
- Romania has a **huge human resource potential in the field of research**, which needs to be fostered through professional and academic networks. Thus, there are **major opportunities** on the horizon, but the drawback is that, at the moment, **a career in biomedical research in Romania is not attractive to young people** in terms of financial gains, predictability and social status. Thus, **research careers need to be further incentivized** to provide for a stable workforce for the biotechnology ecosystem in Romania.
- **Promoting biotechnology start-ups** able to grow and provide added value is another key priority in establishing a strong biotechnology ecosystem. In terms of good practices, Carol Davila University of Medicine and Pharmacy has set up an **Innovation Center for medical entrepreneurs**, putting entrepreneurs in touch with angel investors who help them with business models and marketing strategies.



Towards a Romanian National Plan on Combating Cancer

The panel, organized in **partnership with the Working Group for Combating Cancer in the Romanian Parliament**, facilitated an **exchange of ideas and best practices between representatives of the Group and their counterparts** in the European Parliament and US Congress in order to ensure that the Romanian National Plan will be in line with international best practices, and to identify perspectives for cooperation. Speakers looked at developments in the US and EU, analyzed the Romanian context, including the real costs of cancer in Romania as well as the role civil society can have in fighting cancer, establishing a **set of priorities for the Romanian healthcare system**. Key take-aways include:

- **Cancer research and prevention is not a partisan issue**, it is a human issue due to the suffering this disease is causing. Political disputes must not play a role in the fight against cancer, and a **multi-stakeholder approach** is required for a successful outcome.
- **Prevention** and early detection in particular are key to fighting cancer, as **many types of cancers are easily preventable** in the first place. Many lives could be saved by investing in prevention and in educating the public on best practices. It is estimated that by prioritizing such investments **nearly 10 million people could be saved from dying from cancer worldwide each year**.
- In the United States, 1.6 million Americans are diagnosed with cancer each year and approximately 580,000 die each year due to the disease. The bipartisan **Congressional Cancer Prevention Caucus** engages members of Congress, their staff, the medical community, advocacy groups, academia and the wider public in order to both **identify advanced legislative solutions** that improve public health and **increase education and awareness** on issues such as the importance of a healthy lifestyle and the environmental risks associated with cancer.
- **Fighting cancer is by far the highest priority in the field of health at the EU level**. Despite efforts to reduce the incidence of cases in Europe, cancer remains one of the **main challenges** affecting EU citizens and societies. It is estimated that **by 2035 the cancer cases in the EU could double** and approximately 40% of citizens could face cancer at some stage in their lives.
- According to Europe's Beating Cancer Plan, **40% of cancers are preventable** if good strategies for fighting cancer are implemented. Furthermore, **cancer is often diagnosed late**, which means that **less treatment options are available** for people impacted by advanced disease. **Earlier diagnosis also means a reduction in healthcare burden**.
- In the fight against cancer there are **large policy gaps** between EU member states. Unfortunately, many member states did not update their national cancer control plans in the last five years or do not have a national cancer control plan at all. There are still **important inequalities in access to diagnosis and treatment, expertise in cancer-related care as well as research and innovation**.
- **Cancer screening** is a distinct and complex public health strategy that mandates additional **resources, infrastructure and coordination**. Research in this area was quite limited until now at the EU level, meaning that **the Union must mobilize more public funds for this**, as well as to **continue to incentivize the industry in order to invest more in R&D**.
- Even though healthcare is a prerogative of the EU's member states, **at the EU level there are many tools for achieving progress in many areas related to the fight against cancer**. Europe's **Beating Cancer Plan** provides a comprehensive action plan and is backed by **significant EU funding sources** that will contribute to its implementation. For example, **EU4Health**, the EU's

- health program for 2021-2027, will benefit from a budget of €5.4 billion, and one of the 5 priorities will be to support the Beating Cancer Plan. **Horizon Europe** will be a very important cross cutting delivery mechanism for the Plan, as funding opportunities will be available for research in the fight against cancer. Furthermore, member states are encouraged to also use funds from the **Recovery and Resilience Facility** (through the National Plans developed by Member States – Romania’s Plan includes priorities related to healthcare and cancer), as well as other cohesion funds available for investments in healthcare area, such as pension plans for the cancer patients.
- **Romania’s National Plan on Combating Cancer** was under development at the time of the event. Speakers emphasized that the Plan needs to be **country-tailored**, based on national specificities, as well as **regularly updated** according to country needs and the implementation status. The Plan should **address cancer comprehensively**, from screening and early diagnosis to treatment and palliative care, with a focus on **addressing existing inequalities**. Most importantly, **funding sources** must be accurately identified.
- As early detection is essential to increasing survival rates, the EU Beating Cancer Plan aims to develop a new **EU Cancer Screening Scheme** to ensure that by 2025, **90% of the target population is offered breast, cervical and colorectal cancer screening**. Romania has to focus on preventing cancers such as **breast cancer, colon cancer, and cervical cancer**, as well as to acknowledge regional disparities in access to diagnosis and treatment.
- Romania is currently implementing **3 regional Screening Programs** for breast, cervical and colorectal cancer, that will end in November 2023. Thus, priorities in Romania should include **increasing access to screening**, as well as **increasing access to the anti-HPV vaccination campaign**, which only had a vaccination coverage of around 5%. The **EU Beating Cancer Plan** could help Romania develop a **National Screening Program** by sharing know-how and identifying investment sources.
- A **National Awareness Campaign** must inform the public about the importance of a **healthy lifestyle, known cancer causing substances, and the availability of vaccines that can prevent cancer (HPV)**.
- While prevention and increasing capacities for diagnosis should play a key role in the Romanian context, **Romania also needs specialists and the infrastructure for treating existing cases**. For instance, radiotherapy only covers around 60% of Romania’s needs.
- In terms of diagnosis and treatment, Romania needs to establish **National Comprehensive Cancer Centers**, implement **multidisciplinary “tumor boards” for treating patients**, as well as **individualized treatment plans**, including **the use of innovative medicines**. To capitalize on new opportunities created by new technologies such as **personalized medicines**, decision-makers need to analyze the possibility of starting an **innovation fund** in the near future, with resources from the public healthcare system. Furthermore, the **education of specialists** plays a key role in the fight against cancers, and requires additional funding sources.
- To **improve the quality of life for cancer patients, survivors and carers**, Romania must **increase access to oncology professionals** in fields such as psycho oncology, pain management, physical well being, or nutrition, and **foster the reintegration of survivors into the workforce**.
- To capitalize on existing opportunities at the EU level, such as Horizon Europe, Romania will need **strong partnerships between the public and private sectors and academia**, including partnerships with experienced institutions from other countries.

- To **reduce inequalities** in access to healthcare, Romania could access EU Cohesion Funds in areas such as **strengthening and integrating telemedicine and remote monitoring**, or the use of mobile healthcare units for cancer screening.
- **Civil society organizations** such as ThinkPink Europe and Renașterea Foundation in Romania can also play a **key role in the fight against cancer and complement the state**, especially when resources are lacking for some essential services. For instance, Renașterea Foundation has organized 53 awareness campaigns, opened medical centers as well as set up mobile diagnosis units for breast and cervical cancer in rural Romania, offering free of charge medical investigations for women.
- The mission of ThinkPink Europe is **closing the healthcare gap** between Eastern and Western Europe, which exists due to lack of screening programs, late diagnosis, inefficient medical systems, lack of access to innovative treatments and reduced level of education on preventive care.

In Romania, an interdisciplinary research team from the Bucharest University of Economic Studies carried out a **comprehensive assessment of the socio-economic costs of cancer in Romania**, focusing on the lost value added in the national economy / the labor market. There are **very high direct and indirect costs** since 1 in 2 cancer patients in Romania is of active age (i.e. less than 65 years old), and 1 in 3 workers in Romania face severe poverty effects related to a potential cancer diagnostic, due to the inexistence or low level of personal savings. A cancer diagnostic generates on average **out of pocket expenses** (i.e. not reimbursed) of 10,087 RON / patient in the first year. As patients are often left searching for alternative solutions on their own, this creates not only financial costs, but grave repercussions in terms of personal costs and life expectancy.

Thus, the growing prevalence of cancer in the active population creates a new set of economic costs, not just in terms of cancer treatment, but also in terms of **foregone gains of productivity and sacrificed personal alternatives**. The study finds out that the potential loss newly diagnosed patients bring to the national economy is of approximately **€3.4 billion in the first year after the diagnosis**. Taking into account the productivity lost through informal care carried out by patients's family members, there is a **potential loss of 3% in the national GDP annually**.

The results of the study mean that, in Romania, it is necessary to better treat cancer not only from a human point of view, but also **from an economic perspective**. Substantial gains or diminishment of losses can be achieved in the Romanian context by **focusing on primary prevention, early screening, diagnosis and better treatment**. This builds on previous studies that showed that in middle income countries such as Romania, **prevention strategies and better treatment processes can have a tenfold positive economic impact on investments**. Thus, expenditures on cancer care in Romania are not just a cost. **We have to change the way we conceptualize public expenditures for cancer care and frame them as investments, that could yield substantial gains four Romania's economy and society**.

Key Takeaways

- Romania needs a **more decentralized healthcare system, not as focused on hospitals** and allowing for more flexibility in care. **Home care, ambulatory care, community health services, a more important role for family doctors as well as the use of telemedicine and digital solutions** should be key components of such a system.
- **Private healthcare providers** should have a more prominent role in delivering access to medical services to chronic patients. **A legal framework** whereby chronic patients could have access to a variety of necessary medical services in the private sector, at no extra cost for them, should be put in place.
- The pandemic has provided the impetus for some important initial steps to **digitalize the medical system**. However, efforts must continue in areas such as **telemedicine** and **electronic patient registers**. There is a clear need for **obtaining more accurate data on the Romanian healthcare system** for decision-makers to become aware of the problems of chronic patients and to be able to devise and implement **evidence-based policies**.
- **A legal framework allowing pharmacies to assume more responsibilities in improving access to medical services should be created**. Services should include vaccination in pharmacies (particularly against influenza), SARS-COV-2 testing in pharmacies, prevention measures such as measuring blood pressure.
- **Romania's National Plan on Combating Cancer** needs to be **regularly updated** according to country needs and the implementation status. The focus should be on **address cancer comprehensively**, from screening and early diagnosis to treatment and palliative care, with a focus on **addressing existing inequalities**. Most importantly, **funding sources** must be accurately identified.
- Romania has to focus on **prevention**, particularly by **designing and implementing screening programs** for cancers such as **breast cancer, colon cancer, and cervical cancer**, as well as to address regional disparities in access to diagnosis and treatment.
- In terms of diagnosis and treatment, Romania needs to establish **National Comprehensive Cancer Centers**, implement **multidisciplinary "tumor boards" for treating patients**, as well as **individualized treatment plans**, including the use of **innovative, personalized medicines**.
- To **improve the quality of life for cancer patients, survivors and carers**, Romania must **increase access to oncology professionals** in fields such as psycho oncology, pain management, physical well being, or nutrition, and **foster the reintegration of survivors into the workforce**.
- The results of the study mean that, in Romania, it is necessary to better treat cancer not only from a human point of view, but also **from an economic perspective**. Substantial gains or diminishment of losses can be achieved in the Romanian context by **focusing on primary prevention, early screening, diagnosis and better treatment**. Expenditures on combating cancer should not be viewed as a cost, but rather an investment.
- Romania should **develop a biopharmaceutical sector that leads to advances in biotechnology**. A **partnership between the government, healthcare regulators, the private sector and academia** is critical for this.
- Decision-makers must **analyze models of financial incentives for biotech in EU countries** for biotech and seek to **adapt and apply best practices in Romania**. **Promoting biotechnology start-ups** able to grow and provide added value should be a key priority.

- **The legal framework should better facilitate public - private partnerships** in biotechnology, as currently no such large-scale partnerships could be created.
- A key precondition for a Romanian biotechnology ecosystem is to **create a genuine partnership for fostering and financing research between the line Ministry (the Ministry of Research, Innovation and Digitalization), the academic environment and the private sector.**
- **Research careers need to be better incentivized** to provide for a stable workforce for the biotechnology ecosystem in Romania.

