



**ESMO input to the
Conceptual zero draft for the consideration of the Intergovernmental
Negotiating Body at its third meeting
5-7 December 2022**

The European Society for Medical Oncology (ESMO) is a global network of more than 28,000 oncology professionals from over 160 countries. ESMO's core mission is to improve equal access to optimal high-quality cancer care for all patients.

We welcome the opportunity to provide input to the 'Conceptual zero draft for the consideration of the Intergovernmental Negotiating Body at its third meeting'.

Under Chapter IV, Article 10 on page 19, on '**Strengthening and sustaining preparedness and health systems' resilience**', under point 2b we propose to include the wording in **bold and underlined** in the text below:

Strengthen public health capacities to ensure availability of quality routine health services, including immunization, during pandemics, and continuity of essential health service provision during the response, notably with a focus on primary health care and community level interventions, to mitigate the shocks caused by emergencies and prevent the health system from becoming overwhelmed, by means that include:

- (i) measures to ensure continuity of primary **and secondary** health care, and universal health coverage by maintaining the availability of, and timely access to, efficacious, quality, safe, effective, affordable and equitable health services, including clinical and mental health care **in a way that avoids competition with resources required for the health emergency.**
- (ii) measures to address the backlog in the diagnosis and treatment of, and interventions for, other illnesses during pandemics, **including ethical and methodological decision-making guidelines for institutes and health workers on how to make decisions in a health emergency where financial and physical resources must be re-allocated or are in shortage.**
- (iii) **measures to address the needs of patients who are unable to access healthcare services on a timely basis due to travel restrictions or lockdowns where they are confined to their homes because of the risk of contracting or spreading the illness causing the health emergency.**

As cancer doctors, we feel that including this wording is essential because cancer is treated at the secondary healthcare level, and cancer patients would be left behind if essential secondary healthcare services are unavailable, disrupted or delayed.

We urge that the health of healthcare professionals is protected during health emergencies and that they are provided with adequate training and resources. However, they should not have to bear the responsibility of 'bedside rationing', which means needing to decide how resources in shortage should be allocated between patients.

Lastly, we support efforts to create action plans to ensure patient access to healthcare services, including cancer care close to, or at, home, if patients are subject to lockdowns due to risk of contracting or spreading the illness, or due to travel restrictions.

ESMO stands ready with its global network to provide its expertise on the treatment of cancer patients during health emergencies as we did during the COVID-19 pandemic with the publicly available ESMO COVID-19 and Cancer portal <https://www.esmo.org/guidelines/cancer-patient-management-during-the-covid-19-pandemic>.