

COMMITTEE ON THE ENVIRONMENT, PUBLIC HEALTH AND  
FOOD SAFETY

ASSOCIATED COMMITTEE:  
COMMITTEE ON AGRICULTURE AND RURAL DEVELOPMENT

**HEARING OF STELLA KYRIAKIDES**  
COMMISSIONER-DESIGNATE  
(Health)

TUESDAY, 1 OCTOBER 2019  
BRUSSELS

1-002-0000

**PRÉSIDENCE: PASCAL CANFIN**

*Président de la commission de l'environnement,  
de la santé publique et de la sécurité alimentaire*

*(L'audition est ouverte à 18h30)*

1-003-0000

**Président.** – Je voudrais d'abord saluer Mme la commissaire désignée et lui souhaiter la bienvenue à cette audition, qui est la première de la commission ENVI. Nous aurons l'occasion d'auditionner deux commissaires et un vice-président exécutif.

Madame la Commissaire désignée, cette commission est la plus grande de cette législature du Parlement européen. C'est un symbole fort de l'importance que le Parlement européen accorde aux sujets qui sont les nôtres dans cette commission, mais aussi bien évidemment les vôtres, puisque, dans la lettre de mission que vous a confiée la présidente élue, Mme von der Leyen, figurent évidemment les questions de santé – le plan contre le cancer – mais aussi les questions de sécurité alimentaire et de lutte contre la pollution ainsi que la stratégie «de la fourche à la fourchette». Beaucoup de sujets qui vont nous occuper aujourd'hui.

Madame la Commissaire désignée, si je peux me permettre une remarque avant de vous laisser la parole et après avoir expliqué les procédures, je tiens à vous faire savoir que la plupart des membres de la commission ENVI, avec lesquels je dialogue depuis quelques jours et depuis que nous avons reçu vos réponses écrites, partagent assez largement le même sentiment, à savoir que dans le volet «santé» de vos réponses, l'on trouve des précisions, des engagements concrets et, très clairement, quelque chose qui fait écho à votre parcours personnel. En revanche, des interrogations subsistent quant aux réponses qui ont été apportées aux questions, notamment, sur le volet «sécurité alimentaire», qui ont été jugées – nous aurons bien évidemment l'occasion d'y revenir – beaucoup plus vagues. Je peux donc vous dire – puisque nous sortons d'une audition avec le commissaire à l'agriculture, qui a été jugée particulièrement vague – que nous attendons de vous des réponses précises aux questions précises que poseront les membres de cette commission.

Pour ce qui est du déroulement des débats, les coordonnateurs ont très légèrement adapté l'organisation proposée, c'est-à-dire dire que vous aurez, chacun d'entre vous, une minute et quinze secondes maximum pour poser votre question. Mme la commissaire désignée aura ensuite deux minutes pour répondre. Enfin, quarante-cinq secondes maximum pourront encore être consacrées à une question de suivi.

Je rappelle à cet égard qu'il nous a été demandé que les questions de suivi soient réellement des questions de suivi, c'est-à-dire qu'elles fassent suite effectivement à la première question, qu'elles soient l'occasion de faire préciser la réponse mais pas de lancer un nouveau sujet, parce que Mme la commissaire désignée n'aura qu'une minute pour répondre et vous n'aurez que quarante-cinq secondes pour poser la question. Autant dire que ce serait très difficile d'aborder un nouveau thème de manière claire, précise et lisible. Je compte donc sur vous pour respecter l'esprit de cette organisation.

Je vais maintenant donner la parole à Mme la commissaire désignée pour quinze minutes.

1-004-0000

**Stella Kyriakides**, *Commissioner-designate*. – Dear Chair, honourable Members of the ENVI and AGRI Committees, ladies and gentlemen, it is a great honour for me to be here today, before the

democratically elected representatives of the people of Europe, to seek your approval as Commissioner for Health.

But allow me to start with a few words in my own language, Greek.

Είναι ιδιαίτερη τιμή για μένα να βρίσκομαι εδώ σήμερα ως υποψήφια Επίτροπος Υγείας. Όλοι γνωρίζουμε ότι τα θέματα υγείας αγγίζουν άμεσα την καθημερινότητα κάθε Ευρωπαίου πολίτη. Το γεγονός αυτό θα αποτελέσει για μένα την πυξίδα που θα με καθοδηγεί κατά τη διάρκεια της θητείας μου ως επίτροπος, εάν επιβεβαιωθώ από το Ευρωπαϊκό Κοινοβούλιο.

Dear friends and colleagues, European citizens expect the peace of mind that comes with access to health care, safe food to eat, and protection against epidemics and diseases. They deserve this.

We have some of the world's highest standards on animal and plant health, and the most affordable, accessible and high-quality health systems to deliver on these expectations.

To do away with inequalities. The von der Leyen Commission wants to lead a European Union that does strive for more. For our generation, Europe was a project built to bring peace, unity and prosperity. For our children, Europe needs to be much more. They tell us loud and clear about their strong desire to live in a natural and healthy environment, on a green and sustainable planet.

I have spent my life serving public causes. I have been elected three times to my national parliament and I had the honour of being elected President of the Parliamentary Assembly of the Council of Europe. Twenty-seven years working with children and adolescents as a clinical psychologist in public hospitals on mental health, for those among us who are frequently forgotten.

I know first-hand the importance of well-functioning health systems and that the collective health of our societies depends on the individual health of every single citizen. But that alone is not enough. It depends also on the general health of our planet.

I am here before you today, ready to commit all my energy, all my knowledge and all my skills to serving these European causes as Commissioner for Health for the next five years.

Dear friends, health is an area where the European Union should strive for more. We cannot be complacent by what we have achieved. We see transformations in climate, in technology and in demography, which change our societies and our ways of life. Europe must lead the transition to a healthy planet and the new digital world.

These are challenges that all impact our quality of life, they impact social cohesion, competitiveness and economic growth. We can only deal with them successfully with a one-health and health-in-all-policies approach.

The Green Deal is an opportunity to address these challenges holistically. It places good health and sustainable, nutritious, affordable food under a single policy umbrella, also climate neutrality and zero pollution. I am delighted that my work on food safety, animal welfare and plant health will be a significant part of this agenda, and I am thrilled to lead our work on a new farm-to-fork strategy on sustainable food. It will address every single step of the food chain and reach every actor within it, putting social inclusion at its core.

These are challenges, I recognise, but I'm not afraid of taking them on knowing that you will be a key partner in this process. As a parliamentarian myself, I recognise the crucial role played by

these committees and I look forward to working closely with you in the coming years. I have met many of you in the last few weeks, and it is clear to me that we share common ground on many issues.

Protecting citizens from risks like endocrine disruptors, reducing our dependency on pesticides, promoting animal health and welfare, are issues on which I want to join forces with you. At the same time, I will work closely with national governments, knowing very well that implementing and enforcing EU rules in this area, is something we can certainly improve on.

It is vitally important we avoid the damage that is done to consumer confidence and public health when rules aren't followed. Building trust is imperative if we are to succeed. Transparency and honesty need to be our beacons. We need to clamp down on issues such as food fraud that undermine the single market and the trust of our citizens.

I want to ensure that we have the right means to keep our citizens healthy, and for this, a steady stream of affordable medicines is vital. The EU pharmaceutical system has given citizens access to high-quality and affordable medicines for decades. I will focus on implementing a modernised and more robust legislative framework for medical devices. This needs to be done in order to improve patient safety and consolidate the EU's role as a global leader in this field.

Digital technologies and artificial intelligence need to be leveraged in this effort, as they can bring concrete benefits to patients and to healthcare professionals. I want to maximise this potential and I see the creation of a European Health Data Space as an important step in the right direction.

On all these issues, Europe has a special place to play on the world stage. A European Union that strives for more simply cannot look inwards. The scope of our action should be global and multilateral, reaching far beyond our borders. Anti-microbial resistance is a danger happening both in Europe and in the world. The clock is ticking, we need to act now. Europe should lead the global effort, and I will advocate for an international agreement on the use and access to anti-microbials.

For that main reason I will also prioritise the implementation of the European one-health action plan against anti-microbial resistance.

I will close with cancer, a flagship priority for the next Commission, and very close to my heart: Europe's Beating Cancer Plan. Forty per-cent of us will face cancer in our lives. There are not many families who have not been in some way touched by this disease. This in itself is reason enough for cancer to be one of the top priorities in the area of health.

Beating cancer will require all hands on deck, and a truly horizontal, health-in-all-policies approach. Everything from the food we eat, the lifestyles we lead, the medicines, the care, the technology we have access to, are highly relevant to beating cancer. Each is a link in a chain that has one aim only: to reduce the impact of cancer in Europe.

I see our Beating Cancer Plan touching upon all the actions in my mission letter, farm to fork, the green deal, anti-microbial resistance, innovation, affordability of medicines. It needs to address prevention, diagnosis, treatment, research, survivorship and palliative care. It needs to involve sectors and industries beyond the health sector, including education and environment.

I have worked with the European Parliament on cancer in the past, in my capacity as President of Europa Donna, the European Breast Cancer Coalition, as a patient advocate, always working in partnership with the medical community, industry, government and parliaments.

I was in fact one of those involved in the passing of the first resolution on breast cancer in this Parliament in 2003. Making a difference in the life of cancer patients has always been my guiding principle. And speaking from personal experiences, I can assure you that it will continue to be my guiding principle in my current mission, if I am confirmed as a Commissioner.

Being Commissioner will empower me with the opportunity to uphold principles I've believed in and worked passionately for all my life. I will work with the European Parliament, with Member States, stakeholders, my fellow Commissioners, to improve public health and secure a sustainable future for Europe. Where we diagnose weaknesses in our systems, we must come together to deliver a cure, working with energy, ambition, and commitment. Building partnerships based on trust, honesty, transparency and accountability.

Many of you asked me in Strasbourg what I hoped to achieve in the next Commission's mandate. And this has been in my thoughts from day one of this journey. In five years' time, I want us to look back and say: 'we delivered an ambitious cancer plan and reduced the suffering caused by cancer. We provided healthier and greener food for our citizens. We improved public health and patients' access to health care. We reached out to the European citizens' everyday lives. We made sure Europe works for all its citizens in the area of health. We took up the challenges and we delivered'.

And this is why I am here before you today, to ask for your support in reaching these goals together. Let us join forces to inspire, to fulfil our promises to future generations.

*'L'union fait la force.'*

*(Applause)*

1-007-0000

**Président.** – Du point de vue de l'organisation, nous allons donc avoir sept questions pour les sept groupes politiques du Parlement, questions qui seront posées par les coordonnateurs ou leurs représentants. Nous aurons ensuite dix-huit questions conformément à la règle d'Hondt.

Je tiens à souligner que, probablement, des questions seront également posées par des membres de la commission agriculture, qui est associée à cette audition.

Nous allons prendre la première des sept questions des sept groupes politiques et, donc, commencer par le PPE, avec Dolors Montserrat, pour une minute et quinze secondes maximum.

1-008-0000

**Dolors Montserrat (PPE).** – Señora Kyriakides, me he sentido muy identificada con lo que ha explicado sobre la lucha contra el cáncer. Todos los aquí presentes hemos vivido el cáncer de cerca o en primera persona. El cáncer es una enfermedad implacable. Va camino de convertirse en la primera causa de muerte en Europa. Usted lo ha dicho, más del 40 % de los europeos padeceremos el cáncer en algún momento de nuestras vidas. 1,4 millones de europeos perderán la vida este año por el cáncer. Los pacientes con cáncer en la Europa Central y Oriental tienen un 30 % menos de posibilidades de curarse que en la Europa Occidental. Esta condición es inaceptable. Pero a pesar de esa dura realidad, hay motivos para la esperanza: Europa tiene unos excelentes profesionales e investigadores; la mortalidad ha bajado un 10 %; y entre el 30 y el 50 % de los cánceres son

evitables si promovemos más los hábitos saludables, si invertimos más en la prevención y si mejoramos la detección precoz. Con ello conseguiríamos duplicar las tasas de supervivencia. Señora candidata, el Grupo Popular estamos liderando el plan europeo de lucha contra el cáncer, y por tanto mi pregunta es si en este plan introducirá medidas para garantizar la equidad en el acceso a los tratamientos.

1-009-0000

**Stella Kyriakides**, *Commissioner-designate*. – Thank you very much, Ms Montserrat, for that question. It really, as I have said, is a topic very close to my heart, personally.

The European Beating Cancer Plan needs to cover all that you have mentioned and this plan, if it is effective, can leave no one behind. We cannot speak about inequalities when we're talking about cancer care. We need to focus on all the aspects, from prevention to palliative care, because it is really unacceptable that when we know today that we can prevent almost 30% of all cancers, that we are not investing enough in changing lifestyles, which we know will lead to less suffering.

I want to touch on something you also mentioned about diagnosis. Many countries have set up screening programmes, but for these screening programmes to be effective, need to be accredited and they need to follow European guidelines. I know that in 2019 the European Parliament had a resolution on women's cancers and on HPV, and I want to thank you for it.

Access to medicines, affordability of medicines is a crucial part of the European Beating Cancer Plan and this will be an important pillar, together with other aspects that we need to look at, and I mentioned.

I mentioned antimicrobial risk earlier, in my opening statement. A number of cancer patients lose their lives because of the antimicrobial problem, so we really need to look at it horizontally and see how we're going to deal with this across all health policies, and not in isolation. This is something that I intend to dedicate a great deal of effort to.

1-010-0000

**Dolors Montserrat (PPE)**. – Como ha dicho bien usted, demos la misma oportunidad a todos los pacientes europeos, no dejemos a nadie atrás en la lucha contra el cáncer: no puede haber ciudadanos de primera ni de segunda en Europa. En los últimos años han surgido iniciativas entre Estados miembros para paliar la inequidad en el acceso a los tratamientos, como el acuerdo de La Valeta o el de Beneluxa, que han sido positivos. Pero tenemos que ir más allá y, por tanto, le propongo que de forma conjunta pongamos en marcha una iniciativa a nivel europeo para garantizar la equidad en el acceso a los tratamientos y compartir las mejores prácticas para ser más eficaces en la lucha contra el cáncer y contra todas las enfermedades. El cáncer tiene muchas caras, y debemos ocuparnos de todas ellas. También tenemos que mejorar la humanización de la atención de los pacientes para que sea holística —usted lo ha dicho bien— y abarque no solo la parte médica, sino también la ayuda social a los pacientes y a sus familiares. Y cuidemos de la salud mental de nuestra sociedad, el estrés, la soledad, la depresión, la ansiedad.

Invertir más en prevención es construir una Europa más saludable. Invertir más en investigación nos ayudará a comprender mejor el cáncer. Por ello le pregunto qué medidas piensa impulsar para mejorar la inversión en la investigación contra el cáncer.

1-011-0000

**Chair**. – Just before your answer, please keep to the concept of a follow-up question in forty-five seconds.

1-012-0000

**Stella Kyriakides**, *Commissioner-designate*. – The European ‘Beating Cancer Plan’ needs to include everything. You spoke about the inequality of treatments. I want to touch on something positive that has come out of this Parliament and that is the cross-border healthcare directive. Because that has shown that when we are cooperating, we can change patients’ lives.

I want to touch on the European reference networks, which have given access to rare diseases, paediatrics and adults with rare cancers, to exchange knowledge without the patient moving. So I believe in collaboration and I believe that there is a lot we can do. I do not have a quick-fix answer for the shortage of medicines. I have proposals that I would like to take up if I get through this hearing successfully, but I will commit to the European ‘Beating Cancer Plan’.

1-013-0000

**Jytte Guteland (S&D)**. – Kommissionärskandidat Kyriakides! Exponering även av låga doser av hormonstörande ämnen kopplas till en rad mycket svåra sjukdomar som cancer, diabetes, svårigheter att få barn, infertilitet och missbildningar. Små barn är extra känsliga. Förutom mänskligt lidande, kostar dessa skador också Europa över 160 miljarder euro varje år. Det är inte längre möjligt för människor att undvika hormonstörande ämnen i sin vardag. De finns överallt – i leksaker, vårt vatten, kosmetika, matförpackningar.

Alla har rätt till en vardag utan gifter. Jag vill därför veta om du, utan ytterligare förseningar, kommer att föreslå horisontella kriterier för att identifiera hormonstörande ämnen i alla sektorer. Kan du lova här i dag att du kommer att agera konkret för att lösa detta allvarliga problem, i stället för att gömma dig bakom kommissionens svaga strategi från 2018, eller ytterligare löften om ännu en *fitness check*?

1-014-0000

**Stella Kyriakides**, *Commissioner-designate*. – First of all I’d like to say that I’m a person who looks forward, so I will comment on what I would like to be doing from now on, Ms Guteland. I want to thank you for this question, because endocrine disrupters are in fact in my mission letter, which in itself shows that it is going to be a priority. You’re absolutely right that we need to do more, because they do impact on human health. We don’t have any doubt about that now.

I’m aware of the European Parliament resolution of 2019 and I am also aware that the European Parliament wants to see legislation before 2020. We need to step up, to define horizontal criteria, and I think this needs to be a priority. We have made progress in the last 20 years. I don’t want to say that no progress has been made, but we need to do a lot more, because we know that we are here for one reason alone – at least as Commissioner-designate for Health, I’m here for one reason alone – and that is a commitment to protect citizens and the environment.

There was something that I would like to add, if I may, to your question, and that is we need more science, to see the cocktail effects as well, which we are not aware of at the moment. So yes, I would look at waiting for the results of the fitness check to see how we can move forward. Some Member States are already drafting action plans on this. We need to support them and I believe that we are all aware that endocrine disrupters are going to be a very important part of the agenda of the next Commission.

1-015-0000

**Jytte Guteland (S&D)**. – Tack för det svaret. Jag ska inte argumentera mera här i dag, men jag vill ha ytterligare ett förtydligande: Håller du med om att hormonstörande ämnen är en fara som är lika oroande som cancerogena, mutagena och reprotoxiska ämnen?

Är du i så fall redo att i en sektorsöverskridande definition av hormonstörande ämnen föreslå en distinktion mellan kända, förmodade och misstänkta hormonstörande ämnen, som redan finns i EU:s lagstiftning när det gäller just cancerogena, mutagena och reprotoxiska ämnen?

1-016-0000

**Stella Kyriakides**, *Commissioner-designate*. – I definitely wouldn't want to have an argument with you about anything, what I would like to have is the chance to have the opportunity to discuss with you and hear from you, to take in all these concerns, and that is why I said I would be available. I wouldn't compare whether endocrine disruptors are as dangerous as cancer. I know that they impact on human health and I know that we need to do something about it and this is going to be my commitment to taking this up. We're waiting for the fitness check. I would look forward to working with you to seeing what we need to do to move forward, because it is definitely not an area that we can afford to leave behind and I'm clear on that.

1-017-0000

**Chair**. – I'm going to give the floor to myself, which is always the proper rule. Bas, as the first Vice-Chair will chair for one minute and fifteen seconds.

1-018-0000

Madame la Commissaire désignée, je voudrais vous poser une question sur les pesticides.

Dans votre réponse écrite à nos questions, vous dites: «Je crois que nous devrions collectivement réfléchir à la possibilité de mettre en place un objectif obligatoire de réduction européen des risques liés aux pesticides». «Je crois que nous devrions collectivement réfléchir à la possibilité», ce n'est pas précisément agir.

Ma question est simple: dans le cadre de la stratégie *farm to fork*, allez-vous soutenir un objectif chiffré de réduction des pesticides et des risques associés aux pesticides en Europe?

1-019-0000

**Stella Kyriakides**, *Commissioner-designate*. – We are all aware that there is strong legislation in place concerning pesticides, but we are also aware – and we need to recognise this – that it is not properly implemented.

I want to thank the European Parliament for forming the PEST committee, which has delivered significant results, and I know has been very critical of Member States. The report of that committee demands transparency but it also demands accountability and for me that is a very important word. There is an ongoing evaluation through REFIT, which we need to look at. I am hopeful and optimistic that changes in the general food law, which will increase transparency, will be positive in this direction.

What I can say, Mr Canfin, to your question, at least for my part, is that I can commit to decreasing the dependence that we have on pesticides and to trying to invest and encourage the finding of low-risk alternatives. I think this is our responsibility. This is part of what is in the President-elect's mission letter, both for Green Deal and farm to fork, and I intend to follow this very closely so as to be able to deliver. Citizens are very concerned, we need to respect them and we need to move forward as effectively as possible.

1-020-0000

**Président**. – Les pesticides ont des impacts sur les humains, d'où la nécessité d'avoir un objectif chiffré de réduction, je le répète, mais ils ont aussi des impacts sur les abeilles.

Au Parlement européen, nous sommes peut-être en train de refuser la position de la Commission sur la méthode pour évaluer l'impact des pesticides sur les abeilles. Si le Parlement, dans quelques semaines, émet une objection en ce sens et ne donne pas son aval à la proposition actuelle de la



Commission, vous engagez-vous devant nous à suivre les propositions de l'EFSA, à suivre la science et, ensuite, collectivement, vous et nous, à mettre la pression sur les États membres pour qu'ils acceptent la recommandation de l'EFSA, d'avoir une évaluation complète de l'impact des pesticides sur les abeilles?

1-021-0000

**Stella Kyriakides**, *Commissioner-designate*. – What I can commit to - if I'm allowed to commit to as a Commissioner-designate - is that there will be no lowering of the bar on the protection of bees and other pollinators. I think we have all realised that this is extremely important.

Bee protection needs to be a centre of our policies and this is also part of the policies of the Green Deal that is in the mission letter.

I am aware that the Commission banned three known neonics in 2013, if I'm not mistaken, but I'm also aware that there has been considerable difficulty in the application of the Bee Guidance Document by EFSA.

EFSA and the Member States have now agreed to move forward, looking at acute toxicity. They're reviewing the results because we also need to look at chronic toxicity and we need to find a consensus.

For myself, decreasing the use of neonics and finding alternatives is a primary concern. But I also work through consensus and I would try working with Parliament, working with the Member States, to find a way forward so that we do work into the application of the Bee Guidance Document so that we actually protect our environment.

Sometimes, when we're talking about bees and pollinators and I know that when you see the health portfolio one thinks it's just public health, but it's not, because health is one health, health is our planet, health is our plants, our animals, it is everything. It's the food we eat.

And knowing this I cannot say that this is less important than other aspects that Ms Montserrat raised before.

We are all part of this, and living on this planet, which we need to protect, and that is my responsibility.

1-022-0000

**Michèle Rivasi (Verts/ALE)**. – Bienvenue dans cette commission.

Personnellement, je ne suis pas très satisfaite de votre réponse à M. Canfin. Vous dites que la nouvelle Commission s'est engagée à atteindre l'objectif de zéro pollution. Vous savez que nous avons eu de très nombreux conflits avec votre prédécesseur dans le domaine des pesticides, en particulier des perturbateurs endocriniens et du glyphosate. Le Parlement a été tellement mécontent du travail de la Commission sur le terrain des pesticides que, justement, une commission spéciale a été créée, appelant à de nombreuses améliorations sur la législation en matière de pesticides.

La Commission actuelle, malheureusement, n'a pas écouté et nous avons un autre conflit majeur devant nous. Le Parlement, dans son ensemble, a invité la Commission à adopter les orientations de l'EFSA sur les abeilles, afin de garantir la pleine application de la loi. C'est la loi, Madame la future Commissaire, à savoir que les pesticides ne peuvent être approuvés que s'ils n'ont aucun effet toxique chronique inacceptable sur les abeilles. Toutefois, il y a une opposition de plusieurs

États membres, et la Commission s'est néanmoins abstenue de le faire. Et notre commission ENVI est sur le point d'adopter une objection à ce sujet.

Alors, voici ma question: si vous devenez commissaire, allez-vous modifier l'approche de la Commission et présenter, au cours des trois prochains mois, une loi mettant pleinement en œuvre les orientations de l'EFSA relatives aux abeilles, en ce qui concerne la toxicité chronique qui est dans la loi pour les abeilles domestiques?

1-023-0000

**Stella Kyriakides**, *Commissioner-designate*. – Thank you so much for that question. I could hear your frustration, but I cannot answer for what has happened. What I can commit to, is how we see it now, and what is in my mission letter and what was in the President-elect's programme. We're talking very specifically now about the Green Deal and farm-to-fork, and these are priorities.

I'm a parliamentarian. Legislation is there to be applied and we should all be working towards that. You asked me if I would commit to put forward legislation in three months. You know that we work as a College and take collegiate decisions, but I can commit to something. I can commit to trying to build a consensus in order to become more effective so we do implement the legislation. And for myself, these are not empty words and these are not slogans. It's on my mandate. Farm-to-fork is on my mandate. Being part of the Green Deal, which is under Senior Vice-President Timmermans, is in our mandate and I need to work closely with everyone to deliver.

So, on pesticides, I recognise – and I think we all recognise – that the legislation has not been properly implemented. The PEST Committee came out with a report – which I want to thank you for – that was very critical but spoke a lot of truths, and now it's going to be up to the next Commission and me, if I'm Health Commissioner, to deliver on this.

1-024-0000

**Michèle Rivasi (Verts/ALE)**. – Vous ne répondez quand même pas tout à fait à la question, car le problème, c'est qu'une loi – la loi de 2009 – demande de prendre en compte les effets chroniques, ce que la Commission et les États membres ne respectent pas.

Je vous demande donc de proposer un acte au Conseil. Il faut en faire une question politique et non technique. Si vous en faites une question politique – c'est-à-dire qu'il faudra une majorité qualifiée au Conseil –, nous, ensuite, en tant que parlementaires, nous pourrons agir au niveau des États membres. Or, là, vous n'avez même pas le courage, au niveau de la Commission, de proposer un acte au Conseil.

Vraiment, si vous devenez commissaire, je vous demande de faire une proposition appropriée pour mettre pleinement en œuvre les orientations de l'EFSA relatives aux abeilles et de traiter la question au niveau du Conseil. Faites-en une affaire politique et non technique!

1-025-0000

**Stella Kyriakides**, *Commissioner-designate*. – I agree with you that it's a political issue. It's not a technical one. That's why I said before that I would like to have the opportunity to work with Member States and move forward on this, because you're absolutely right, we cannot just look at acute toxicity, we're now awaiting the results to see the chronic toxicity, and I will work based on science. So what I can commit to is that I will be taking this up and putting it forward, for one reason alone, because I believe that it's an extremely important part of protecting our planet, our environment and our everyday lives within the Green Deal and farm-to-fork.

1-026-0000

**Sylvia Limmer (ID).** – Frau Kyriakides! Ich habe Ihre uns vorliegenden schriftlichen Antworten sehr aufmerksam gelesen, und auch deshalb möchte ich Ihnen heute aus zwei Themen Fragen stellen, die sich nicht mit der einfachen und scheinbar alles erklärenden Worthülse der „Nachhaltigkeit“ erklären lassen.

Erstens zur Organspende: Bisher existieren in den einzelnen Mitgliedstaaten unterschiedliche Regelungen dazu, und in Deutschland wird derzeit die sogenannte Widerspruchsregelung diskutiert. Meine Frage nun: Wollen Sie persönlich die dem Subsidiaritätsprinzip entsprechende Situation in der EU beibehalten, nach der jeder Mitgliedstaat die Organspende selbst gesetzlich regelt, oder wollen Sie ein einheitliches EU-System der Organspende einführen? Und im Falle einer EU-Regelung: Wie sollte diese aussehen, insbesondere auch hinsichtlich der Einwilligung zur Organspende?

Zweitens: Sie haben das Problem der zunehmenden Antibiotikaresistenzen angeschnitten, aber sind mit keiner Silbe auf eines der ursächlichen Probleme in diesem Bereich eingegangen, nämlich die fehlende Entwicklung neuer Wirksubstanzen. Wie wollen Sie die Forschung und Entwicklung anschieben, wenn praktisch die unter sehr hohen Kosten auf den Markt gebrachten wirksamen Antibiotika als sogenannte „Reserveantibiotika“ in den Regalen verschwinden und kaum Anwendung finden, sich also die Entwicklung für die Pharmaindustrie nicht mehr lohnt?

1-027-0000

**Stella Kyriakides, Commissioner-designate.** – I'm going to try and answer that in two minutes. Thank you for both questions. Organ donation is of huge importance to all Member States. It's of huge importance because we know that so many people's lives depend on it. What we have to put as a priority is the safety and work towards and support innovation because we need to move forward with this.

I am aware that in some Member States there is the opt-out system. This has not worked in all Member States. I am also aware that there is an evaluation about to come out from the Commission, I think it's towards the end of 2019, and I would wait to see that before deciding how to proceed. Member States have put action plans in place, but whether we need to have a European umbrella strategy or not, I would wait to see the evaluation. I recognise that it is a huge issue because it does involve so many people, so many people are on the waiting lists, and there can be nothing worse.

For antimicrobial resistance, you are right, I didn't mention what we should be doing. We established that we have a problem. We have 30 000 deaths in the EU every year from antimicrobial resistance. In 2017, the Commission had a second action plan and, if I'm not mistaken, there were about 17 actions under the One Health agenda. The One Health agenda, the whole point of it is to put human, animal, environment under one umbrella. So we need to look at it holistically, we need a global response, because it's a global problem. That's why, the WHO and the G20 have taken it up and part of this is encouraging industry to come forward through innovation with new antibiotics. It's a devastating problem and it doesn't respect borders, so we all need to have a global response, and I would like to see Europe leading on this.

1-028-0000

**Sylvia Limmer (ID).** – Jetzt ist natürlich keine meiner Fragen beantwortet worden, denn erstens habe ich Sie nach Ihrer persönlichen Meinung gefragt, ob es für Sie eine EU-weite Organspenderegelung geben soll. Sie sind da sehr geschickt ausgewichen - das habe ich auch nicht anders erwartet.

Zweitens haben Sie auch bei der Antibiotikaresistenz das Problem wieder nicht benannt. Wie wollen Sie denn eine Entwicklung fördern, wenn Sie Reserveantibiotika nicht zum Einsatz kommen lassen? Auch dies wurde nicht beantwortet. Das war jetzt eher ein Statement.

1-029-0000

**Stella Kyriakides, Commissioner-designate.** – No, it was a question, but I can only give you the answer that is going to be my honest answer – whether we put forward an umbrella strategy for Europe on organ donation, I would like to see the evaluation which is expected at the end of 2019 so as to be able to see where we are and how we move. We need to move with evidence, with science, so we're making the right decisions. So it could have been very easy for me to say now, yes, I will propose that, but I wouldn't say something that I wasn't able to substantiate without having all my information, and the Commission evaluation is due out at the end of this year.

As to antimicrobial resistance, I think we must lead by example, and we need to help industry, through innovation, to come up with new antimicrobials.

1-030-0000

**Joanna Kopcińska (ECR).** – Panie Przewodniczący! Szanowna Pani! W odpowiedzi na przesłane pytania komisji ENVI Parlamentu Europejskiego deklaruje Pani ścisłą współpracę z całym kolegium komisarzy oraz z kluczowymi przedstawicielami pozostałych sektorów, tak aby możliwie jak najlepiej sprostać założonym celom zrównoważonego rozwoju ONZ. Odpowiada Pani, że należy zmobilizować wszystkie dostępne instrumenty, zaczynając od sceny polityki zdrowia publicznego, poprzez naukę, politykę lekową i zrównoważony rozwój, kończąc na funduszach strukturalnych. Co więcej, wspomina Pani nawet o pewnych zamierzeniach dotyczących zintegrowanej mobilizacji, która ma osiągnąć ECDC, EMA i EFSA. Czy wobec tego widzi Pani Komisarz potrzebę lepszego skoordynowania działań Komisji Europejskiej, a mianowicie DG SANTE, DG DEFCO, DG NEAR i DG RESEARCH, i potrzebę zharmonizowania zakresu ich działania w kwestii wyzwań polityki zdrowia, aby rzeczywiście podejmowane działania były spójne i wpisywały się w ONZ-owską Agendę na rzecz zrównoważonego rozwoju 2030, w tym zwłaszcza w trzeci cel zrównoważonego rozwoju.

1-031-0000

**Stella Kyriakides, Commissioner-designate.** – Thank you so much for that question.

We can always have better coordination so much that we do. The President-elect has laid out very clearly how we will work together as a college and many of the areas, especially the area that we're speaking about today, namely health, goes horizontally. So it's part of, I dare say if I am Commissioner of Health, my duty to work closely with all the other Commissioners who are part of the Green Deal of farm to fork and of public health.

Commissioner Timmermans, Commissioner Schinas, who has public health and Commission Vestager, because we need to put the digital agenda into the health policy. So my intention would be to work closely with all, in order to be able to deliver what we have pledged to deliver. In relation to better coordination, I am someone that works across institutions and organisations, I try to reach consensus and I try to see where things are not streamlined how we can help streamline them. I intend to use this approach in my mandate, listening carefully to Parliament and to parliamentarians who many times are able to pick up something that we are not able to see. So yes, I do see working together closely with other Commissioners as imperative. I do see better coordination necessary in some areas and both of those are going to be part of my agenda if I'm the next Health Commissioner.

1-032-0000

**Joanna Kopcińska (ECR).** – Czy nie uważa Pani, że zreformowana Komisja Europejska, po lepszym scaleniu agend DG SANTE, DG DEVCO, DG NEAR i DG RESEARCH, mogłaby

przyczynić się do tego, aby europejski przemysł farmaceutyczny mógł znowu powrócić do Europy, co tym samym zapewniłoby bezpieczeństwo naszego kontynentu, zapewniając pacjentom równy oraz swobodny dostęp do potrzebnych leków?

1-033-0000

**Stella Kyriakides**, *Commissioner-designate*. – I am aware that this is of great concern to many, and I'm also aware that we have a dependence on pharmaceuticals coming from third countries. We need to be extremely cautious about this, in terms of the levels of control we have, so that they're safe.

Yes, I believe that we need to invest and encourage innovation, and Europe should be a leader in this in terms of the pharmaceutical industry. It is very important that we do this, and the whole package that we're discussing here today and sharing together, involving digitalisation, is what ensures the need for us to keep up with scientific development.

We need to work across all policy areas. As someone who has worked in the health sector, but also as a parliamentarian, I'm in touch with people who need medicines all the time. I know what it means to have a shortage of medicines, and I know what it means to have a problem with affordability of medicines. I wish I could sit here today and say I had a quick-fix answer, but I don't.

What I do know is that we need to look at the whole area; we need to look at pricing and reimbursement. There is a legal obligation on the pharmaceutical industry to ensure that patients have access to and supply of medicines. We need to work closely and try to have a holistic pharmaceutical strategy, so as to be able to deliver what we need for patients.

I also want to mention something that hasn't been mentioned. I haven't got much time left to say it, but the health technology assessment, which is something extremely important, is one of the steps forward if we're able to follow through on this. Looking at this, and looking at possible new business models, we need to keep Europe at the front of this agenda.

1-034-0000

**Kateřina Konečná (GUE/NGL)**. – Pane předsedající, vážená paní designovaná komisařko, Vy jste mi vlastně nahrála na můj dotaz svou poslední větou, protože podle průzkumu Eurobarometru si většina evropské populace přeje, aby se Evropská unie více věnovala problematice zdraví, anebo se dokonce domnívá, že opatření Evropské unie v oblasti zdraví jsou nedostatečná.

Rozhodně se určitě shodneme na tom, že ne všichni Evropané mají stejné právo na přístup k léčbě, což platí zejména pro vzácná onemocnění a nejen pro ně. A právě tento problém prohlubujeme tím, že neplatí a neexistuje žádné společné povinné evropské hodnocení zdravotnických technologií. A proto – Vy jste řekla, že pokud se to podaří, tato slova jste použila – , se Vás ptám: Budete jako komisařka i nadále podporovat návrh Komise, který velmi výrazně schválil Parlament už v minulém legislativním období? Co uděláte pro to, abyste odblokovala situaci na Radě? Protože bez celoevropského hodnocení HTA se prostě v přístupu pacientů k léčbě nepohneme dál.

1-035-0000

**Stella Kyriakides**, *Commissioner-designate*. – The Commission proposal was in 2018 and there was, I think, a Parliament resolution in 2019. Health technology assessment is central. It's central because it allows patients to know that the medicines they are taking are safe. It's central because it allows patients to know, if they're going to have an examination, that the machinery that is being used is safe. And it's central because it allows innovation.

I am extremely aware that there is a reluctance by some Member States to move ahead with this, but we also need to understand that no State should be left behind. We need to pool resources. We need to have common standards in order to protect patients, and this, I believe, is something that I would work really very strongly towards, trying to build a consensus so that, finally, the Commission proposal of 2018 concerning health technology assessment moves forward, because I think it is an imperative part of any health system that we, as Europeans, want to promote.

1-036-0000

**Kateřina Konečná (GUE/NGL).** – Děkuji za odpověď, nicméně ráda bych Vám řekla, že to není jenom o bezpečnosti, ale především o účinnosti. A to hledání konsenzu: Já bych Vám přála, abyste ho našla s členskými státy. Ale ukazuje se, že to bude velmi tvrdé. Ale možná bychom si tady všichni měli uvědomit – včetně kolegů z členských států –, že bez toho prostě nezajistíme stejnou léčbu všem. Nicméně v HTA jsme dosáhli i toho, že jsme tam zapojili daleko výrazněji pacienty. A já se Vás chci zeptat, zdali plánujete rozšíření role pacientů u veškeré ostatní legislativy, zda chcete jejich zapojení a zda je budete respektovat a brát vážně.

1-037-0000

**Stella Kyriakides, Commissioner-designate.** – This is a challenging question and I'll answer it the way that it comes out. I myself am a patient advocate. I am a patient advocate because – something that is not known – I have been diagnosed and have gone through cancer. I've worked all my life very closely with the patient community. And in the country that I know best, we manage to have legislation, which allows the patient organisations to have a seat at the table every time a decision is made that concerns them. So yes, I would work very closely with patients, but I would also work closely with all other stakeholders in order to try and find a way forward for this consensus for health technology assessment. It's become obvious that the voluntary way is not working. We need the standard and we need to move forward.

1-038-0000

**Cristian-Silviu Buşoi (PPE).** – Commissioner-designate, congratulations on your very good presentation, but I would like to refer to an issue that you didn't have the chance to detail in your necessarily short introduction, which is one of the biggest challenges that we have in our health system: digitalisation. Whether we are referring to the availability of e-prescription, the existence or not of electronic health records of patients, the existence or not of patient registries, mainly for cancer and hepatitis, or interoperability of the different systems and the cross-border exchange of health data, but also on the development and use of mobile health, telemedicine, artificial intelligence and robots in health services, there is still much to be done in many Member States but also at EU level. The concept of digital health continues to evolve rapidly. I would like to reiterate that the evolution in finding cures and treatments, but mainly in better organising and allocating more efficiently the resources in our health systems – the evolution of our health systems – cannot be done without innovation and digitalisation.

My short question is, as future Commissioner for Health, if you're supported by the Parliament, what measures do you intend to take to support the digitalisation of the health sector in the European Union?

1-039-0000

**Stella Kyriakides, Commissioner-designate.** – As you may have seen, it's in my mission letter, the formation of the European health data space. Digitalisation is a very important part of any health agenda and it is extremely significant for citizens.

We have seen the effects of this because progress is being made, and I want to recognise this. For example in cross-border health, in 2019 we're seeing for the first time e-prescriptions between two Member States and these patients summaries, and this in itself is important because it shows that we can have continuity of care across borders and we need to do this for patients.

We are committed to digitalisation as a Commission. It's something that would promote research and innovation, we already have the European reference networks and these are allowing people with rare diseases and paediatrics, to be able to have this access and I believe that it can radically change patient care and treatment. So yes, we would be fully committed, but I will add one little angle, that we sometimes don't mention, we need to be careful as well with data protection for patients. So this is something that we should always have in mind when we're talking about e-health. Data protection has to be equally important and protecting data. The European health data space is what will pool in together all the data and this is part of my mission letter and I look forward to working with Commissioner Vestager in order to move this forward as soon as possible.

1-040-0000

**Cristian-Silviu Buşoi (PPE).** – I totally agree with data protection, and also when you talk about robots or artificial intelligence, many ethical issues are there to be solved. But in order to realise this interoperability, to have, let's say, a European format for health records, that one citizen could have his health record useful in a Member State other than his own, you will need support from the Member States and you'll need the support of citizens. Do you plan to increase the information to patients on eHealth issues and also do you intend to promote a more efficient exchange of information between Member States?

1-041-0000

**Stella Kyriakides, Commissioner-designate.** – One problem that I see is that not all Member States are at the same level. This is a problem because we need everyone to move forward together, and with digitalisation not everyone is at the same place. So we need to encourage Member States and help those that are not so advanced to be able to move forward. This is very important, because if we're going to use the cross-border directive – which has changed the lives of so many patients, and let's see also the positive that has come out in the last few years – we need to encourage Member States to move forward with eHealth. I am aware of the problems. I am also aware of something that you picked up, which unfortunately is often not mentioned, –I'm very glad you mentioned it – we need to increase the information available to patients, because patients are sometimes not aware of what is out there and what they can use. So it is the obligation of Member States to keep patients informed.

1-042-0000

**Rory Palmer (S&D).** – If you bring forward an ambitious cancer plan for Europe, I'm sure you will find a Parliament that is united and determined in matching that ambition and working collaboratively to build that plan, and I'm pleased that you have mentioned frequently this evening the importance of prevention. That is fundamental to the cancer plan. It is also fundamental to tackling health inequalities. Any meaningful attempt to build a cancer plan with prevention at its heart will mean standing up to some very powerful interests: the tobacco industry, the alcohol industry, chemical producers, food manufacturers. I'd like to know what your approach would be to some of the very difficult conversations which will be integral to that agenda, and specifically what measures will you bring forward to reduce the use of tobacco and ensure more responsible levels of alcohol consumption amongst our population?

1-043-0000

**Stella Kyriakides, Commissioner-designate.** – Would I be willing to have that conversation? Yes. Would I be willing to lower the bar? No. We cannot lower the bar when we're talking about prevention in terms of cancer and we know that we can prevent many of the cancers that take people's lives today.

We need to look at tobacco. There is a Tobacco Directive, but we need to work very intensively in order to ensure that we are reaching young people, who unfortunately are now using more and

more tobacco, and this is putting their health at risk. Alcohol is another, but it's not only that, it's everything that comes with prevention. A lot of what is in our environment – and we talked about this before – needs to be addressed for prevention. So yes, the Beating Cancer Plan is ambitious, but I believe that if we work together and we work responsibly, we can bring about change.

I have absolutely no qualms about taking on those who are not in favour of moving in the right direction, because we can't afford not to. Cancer is part of our everyday lives and the everyday lives of many citizens, and I said it when I was speaking at the beginning, we need to look at it holistically. Prevention is a very important part of this. We need to look at it horizontally and factor lifestyles into it, because people's lifestyles are part of prevention.

So I would invest a great deal in information, in working with stakeholders, for prevention, for changing lifestyles, for looking at safer food.

1-044-0000

**Rory Palmer (S&D).** – By definition, prevention will take time, so returning to the issue of cancer treatments for today, can I invite you to say a little bit more about your efforts to ensure equal access to cancer treatments? Today, I think in a previous answer, we got close to a very firm commitment on pushing forward and you putting your full energy behind the health technology assessment, so could we perhaps have absolute clarity on that, and specifically, also, would you envisage bringing forward a revision of the paediatric and orphan medicines regulations?

1-045-0000

**Stella Kyriakides, Commissioner-designate.** – The paediatric and orphans' medicines regulation is currently being evaluated. This is a regulation that was formed to ensure better access to children and those with rare diseases and also to increase therapeutic choices, so I would want to see the results of that evaluation. We need to encourage more cross-border trials in cases of paediatrics and to work, we already mentioned it, with not only health technology assessment, but also e-health and the European reference networks which have made a huge change.

There was a European Parliament resolution, I think, in 2016 which stressed inequalities and for me it's quite clear that we need to update our strategies, but I would like to wait and see, and that is not just pushing it forward. I believe I need to base my way forward on evidence and on science, to see the evaluation of the regulation that has been put in place, which has made a difference.

1-046-0000

**Martin Hojsík (Renew).** – It's a pleasure to have you here, Commissioner-designate. I'm very happy that the issue of cancer prevention and environmental health has been so high on the agenda, because honestly, we face a really big problem, and the problem is not only the issue itself, but also how we deal with it and the lack of transparency.

The speakers before me raised very loudly the problems with bees, the problems with the permissions for pesticides, and there's been one thread that ran through this, including endocrine disruptors, and that's the lack of transparency due to comitology procedures.

Now the European Ombudsman found out in her finding on the Transport Technical Committee that there was a breach in not giving access to the results of the vote. Now I wonder, how does the Commission – and how do you – like to follow on the recommendations of the European Ombudsman in this committee, and whether we'll see greater transparency in terms of the comitology procedure?



1-047-0000

**Stella Kyriakides**, *Commissioner-designate*. – Transparency needs to be at the heart of what we are doing and, if we're all honest in this room, with ourselves, one reason that we have lost citizens' trust in a lot of what we do in terms of food safety, in terms of innovation, in terms of protection, has to do with the fact that they feel that there isn't the transparency of many of the results that they should have access to. In this sense, I have mentioned before the changes in the general food law, based on transparency, that will, I hope, help us build a better relationship and citizens' trust. I think that this is imperative.

I would also here like to say that a lot of what we were discussing before to do with bees and the big guidance document is not so much due to lack of transparency but due to the resistance of Member States to implement it, and this has come out. I think that there's a number of aspects that we need to look at and transparency, for me, is very important because without it we cannot gain citizens' trust. A lot of what you do in this Parliament and a lot of what we hopefully will try to do in the Commission, will not go across if we don't build up this trust in the policies that we are proposing. People have lost their confidence for a number of reasons and I aim to try to work very closely with all stakeholders in order to build this confidence up again so that we can work forward together. I believe very much in working closely with you. You can give us back a lot of the feedback so that we are able to re-align what we're doing and thinking.

1-048-0000

**Martin Hojsík (Renew)**. – I am very happy to hear your commitment to transparency, so I would like to follow up, to check if you will call on the Member States. Because I believe these decisions are made, often in the standing committees, behind closed doors: will you call on the Member States and will you demand that these decisions be made public automatically, as well as the way in which the Member States voted?

1-049-0000

**Stella Kyriakides**, *Commissioner-designate*. – I will work closely with Member States in order to convince them that we need to be transparent, and I will try to find the ways forward for this. I believe that this is something that is very important. I am aware that there have been problems, but I'm not naively optimistic that with an honest discussion we can find the ways forward. We are not there to punish, we are there to try and find consensus and that's how I've worked all my life at different levels and this is a challenge that I will gladly take up now.

1-050-0000

**Ewa Kopacz (PPE)**. – Panie Przewodniczący! Dziękuję również Pani za wyczerpujące przedstawienie swojej wizji tego, co Pani będzie robić jako komisarz. Chciałam zadać pytanie na temat europejskiego programu walki z rakiem, ale z satysfakcją przyznając, że Pani odpowiedziała już mi na to pytanie, i to odpowiedziała wyczerpująco. Bardzo za to dziękuję. W związku z tym chciałabym zadać krótkie pytanie dotyczące polityki lekowej. Obserwujemy w wielu krajach europejskich niedobory niezbędnych leków – i nie tylko tych leczących nowotwory. Szczególnie niedobory dotyczą tanich leków. Więc moje pytanie brzmi: jak zamierza Pani rozwiązać ten problem?

1-051-0000

**Stella Kyriakides**, *Commissioner-designate*. – I'm sorry if I took up so much of the time speaking about the cancer plan. It is a very important part of my mission letter and something that really, for me, is an unbelievable opportunity to be able to work on this at European level – if I'm given the chance.

You are right, medicine shortages are a huge issue and the Member States and I think, the European Medicinal Authority, have set up a task force and we are now waiting to see the information that comes out of this. Shortages are not due to only one reason. There are a lot of

reasons – because of pricing, because of reimbursements, because of industry. What we could look at is if there was a way for us to have an early detection of shortages – to see where we could pick them up.

One reason that they have attributed shortages to, and I often hear it said, is parallel trade, and this is a concern. Of course we cannot ban it within the EU, but Member States do have the opportunity to place restrictions on exports if they have problems with shortages. So I tie this in together with access to medicines. For me, shortages and affordability are equally important for two reasons: first of all, the pharmaceutical industry has an obligation, a legal obligation, to allow access to medicines for patients; but secondly it is a patient's right to have access to affordable medication that will be safe in terms of their health care.

So I don't have a quick answer. I don't have a quick fix. But I am aware of the many different levels that we need to work at in order to move forward.

1-052-0000

**Ewa Kopacz (PPE).** – Jedno bardzo krótkie pytanie: czy toczą się jakiegokolwiek prace nad zmianą opłat, które wnoszą firmy farmaceutyczne do Europejskiej Agencji Leków? Jeśli nie toczą się, to czy będą się pod Pani kierownictwem takie prace toczyły?

1-053-0000

**Stella Kyriakides, Commissioner-designate.** – From what I know, I think they are in progress, but it is something that needs to be looked at because it is extremely important. And I believe that it could help us move forward and it could also encourage innovation in terms of new medicines that we need to be available to the European citizen.

1-054-0000

**Maria Arena (S&D).** – Madame la Commissaire désignée, je reviendrai sur la question des pesticides.

Vous avez dit que vous travailliez sur des évidences scientifiques. Or, aujourd'hui, il y a un grand nombre, un nombre croissant d'études scientifiques, qui ont démontré le lien entre l'utilisation de ces pesticides et les effets négatifs sur la santé. Ces pesticides sont inhalés, absorbés, ingérés par le biais de sols contaminés, de l'eau et des aliments contaminés.

Ces dernières années, nous avons vu que la vente des pesticides restait constante dans l'Union européenne, ce qui signifie que, malgré toutes ces études, les utilisateurs de pesticides restent convaincus que c'est ce qu'ils doivent utiliser.

Concrètement, je n'ai pas été très satisfaite des réponses que vous avez données, c'est pourquoi je vais reformuler des questions.

La première est la suivante: comment pouvez-vous garantir que la directive sur les pesticides a été et est correctement transposée par les États membres? Vous avez dit qu'il y avait des problèmes de transposition. Comment allez-vous procéder pour faire en sorte que ces États membres accomplissent leur travail?

La deuxième question, la voici: comment comptez-vous faire concrètement pour réduire la dépendance des États membres à ces pesticides? Un plan d'action? Vous avez beaucoup parlé du plan d'action de lutte contre le cancer. Est-ce que vous pouvez mettre en place un plan d'action pour lutter contre l'utilisation de ces pesticides? Mais aussi, comment allez-vous faire pour obliger les États membres à passer aux alternatives non chimiques qui existent?

Je ne poserai pas la même question que M. Canfin en ce qui concerne les objectifs, à savoir des objectifs chiffrés par rapport à la réduction des pesticides, parce que vous n'avez pas répondu à sa question et je suppose que vous n'apporterez pas plus de précisions à mon égard.

1-055-0000

**Stella Kyriakides**, *Commissioner-designate*. – I am going to repeat what I said because I think it's important that I'm heard. I had said that I can commit to lowering dependence on pesticides and working towards that and to working towards finding new, low-risk alternatives. In no way do I underestimate the effect that pesticides have on health and it would be unheard of to be Health Commissioner and not to take this on.

Member States, we know that there is strong legislation in Europe, we know that. It's not being implemented effectively. There are audits constantly going on and we need to monitor Member States and see why it isn't being implemented. And where we see that this is ongoing, we need to take measures. But what I would like to be absolutely clear on, is that this is not something that is in isolation to everything else. It's part of the Green Deal that we're all going to work towards and it's part of farm to fork. And building this into it, we cannot have an effective farm to fork strategy or an effective Green Deal if we are not facing and able to face and deal with issues such as pesticides.

1-056-0000

**Maria Arena (S&D)**. – Je continuerai alors par rapport à des produits chimiques hautement toxiques. On a aujourd'hui des législations avec une comitologie qui permet de poursuivre l'utilisation de ces produits chimiques à haut risque, malgré l'existence d'études qui montrent leur toxicité.

Il arrive souvent qu'on renouvelle l'approbation d'utilisation, année après année, et parfois pendant plus de 5 ans, ce qui veut dire que ces produits chimiques à haut risque, toxiques, restent sur le marché européen. Ceci n'est absolument pas acceptable et n'encourage pas l'industrie à aller vers des produits de remplacement.

Donc, qu'allez-vous faire pour encourager cette industrie à aller vers des produits de remplacement? Est-ce qu'il est possible d'arrêter ce processus de comitologie par rapport à une évaluation qui démontre la toxicité de ces produits?

1-057-0000

**Stella Kyriakides**, *Commissioner-designate*. – I'm not absolutely sure if you're referring to glyphosates. No? Not only, because that was given a five-year approval and I know that this was a very divisive and it's about to be evaluated.

I believe that we need transparency. I believe that we need to base our decisions on science. I would work very closely for risk-reduction targets. I think that they're very important, and this I would do as part of the Green Deal. It is a part of what I consider to be 'one health' and this is built into it directly.

So yes, we also need to encourage innovation in terms of using less toxic and low-risk alternatives. We need to do this. We need to provide this so that farmers do not use chemicals that are harmful to human health, and we know that they are.

1-058-0000

**Tilly Metz (Verts/ALE)**. – Commissioner-designate, I would like to ask you about GMOs. The European Parliament has a very strong position on this issue. We adopted 36 objections to GMO

authorisations in the last term and, as you know, there was never a qualified majority of Member States in favour of GMO authorisations.

The Commission has to decide. So far, the Commission's standard response to these GMOs has been 'yes'. Why? The Commission has no legal obligation to say yes. There are also many legitimate reasons to say 'no'. Do you commit to respecting democracy and to listening, as you said, carefully to Parliament and the Member States on this issue? Are you going to stop saying 'yes' to GMOs when there's no qualified majority in favour?

My second point is on new GMOs. The European Court of Justice ruled that organisms derived from gene editing fall under the EU's existing GMO legislation. This was in July 2018. However, the Commission is yet to take any meaningful action to protect consumers and farmers from these new GMOs. Do you commit to fully implementing the court ruling as a matter of urgency, including in relation to safety assessment, traceability and labelling?

1-059-0000

**Stella Kyriakides**, *Commissioner-designate*. – I am very aware that GMOs is a very sensitive issue and has often been a divisive one. I'm also aware that what we are faced with, despite what science sometimes shows us, is a lack of citizens' trust concerning GMOs. I am hopeful, and I've mentioned this before, that the General Food Law and the changes in transparency will allow us to have a better picture of what we're dealing with.

Decisions need to be based on science. EFSA authorises only safe GMOs, but 19 Member States have taken the decision to restrict the cultivation of GMOs on their territory. So it's not only science, it's also what citizens' concerns are.

I am very aware of the Court of Justice decision of 2018. I fully respect it and I believe we should work towards its implementation. I would formulate a position once I have all the information, working with you and other stakeholders. I also noted you asked 'Will you respect and say yes to democracy and listen to this Parliament?' I may not be able to commit to many things, but I will commit to two things. Yes, I always respect democracy, and the second one, and it wasn't empty words, is that I will listen to Parliament and I intend to be available and work closely with you, because on a lot of these issues, like GMOs, like new breeding techniques, Parliament has played a crucial role in highlighting them, bringing forward resolutions, and that has led to change.

So I look forward to be able to work with Parliament, the Member States and other stakeholders to take this forward. Again, at the risk of sounding monotonous, this is part of what I see in my farm-to-fork strategy.

1-060-0000

**Tilly Metz (Verts/ALE)**. – You say that there are only GMOs that are safe. We know that there are gaps in the EFSA assessment. They don't address herbicide residues such as glyphosate and glufosinate, which are toxic to reproduction.

But you answered the question on the democratic legitimacy and I'm glad about that, but for the traceability of new GMOs to be possible we also urgently need detection methods to be developed and we need you to lead the way.

Are you committed to doing so?

1-061-0000

**Stella Kyriakides**, *Commissioner-designate*. – First of all, I am very aware that EFSA is under my political responsibility and I will never hesitate if I see that there is something that I need to be looking into, to look into it.

The second thing is that, I personally would want to look at new breeding techniques in terms of the information that comes out, in terms of the science that is provided and if we need a new framework, I would definitely not hesitate in looking into that. I am very aware of the lack of citizens' trust but more aware of citizens' concern. So we cannot move forward without making sure we are transparent, in order to be sure that people trust what we are offering. And people need to know where the food at their table comes from and what environment their children are growing up in.

1-062-0000

**Danilo Oscar Lancini (ID).** – Signora Commissaria designata, le inquietudini in merito alle frodi alimentari e alla qualità degli alimenti minano la salute e la fiducia dei consumatori e danneggiano l'intera filiera alimentare europea, dagli agricoltori ai commercianti.

In tempi recenti si è assistito a varie frodi: il caso Fipronil nelle uova nel 2017, la diossina in Belgio e la presenza non dichiarata di carne di cavallo nei prodotti di carne bovina. Il solo fenomeno *Italian Sounding* causa un danno stimato di 100 miliardi di euro l'anno.

Nel mercato unico europeo attualmente la frode può essere una scelta facile, con ampi margini di profitto e con bassi rischi di individuazione, operando dagli Stati membri più deboli sotto il profilo dei controlli.

I procedimenti penali non sono adeguati per risolvere problemi urgenti e manca la certezza di sanzioni rigide per i trasgressori. Ci sono sovrapposizioni di competenze all'interno della Commissione DG AGRI e SANTE, ed esiste un atto delegato nel regolamento 2017, "controlli ufficiali", all'articolo 108, in cui la Commissione ha la possibilità di determinare le regole per lo scambio di informazioni.

Come intende la Commissione migliorare il sistema di prevenzione ed *enforcement* europeo?

1-063-0000

**Stella Kyriakides, Commissioner-designate.** – I share your concerns. Food fraud, I believe, has a cost of about EUR 8 to EUR 12 billion to industry, so it has affected consumer trust and we need to do something about it.

Unfortunately, from my understanding, there is no real legal definition of food fraud. It causes deception. It is a global problem. I am aware that the European Parliament tabled a resolution, I think, as far back as 2013. We need to use all the agencies available, like Europol and the Anti-Fraud Office, in order to detect food fraud. And yes, I would be very willing to work with all to see if we need new legislation to control this, and see how we would move forward.

1-064-0000

**Danilo Oscar Lancini (ID).** – Il motivo per cui la sicurezza dei materiali destinati a venire a contatto con gli alimenti deve essere valutata è che dai materiali possono migrare sostanze chimiche nei cibi, compromettendo la salute dei consumatori.

La legislazione in materia, ovvero il regolamento 1935/2004, rappresenta una solida base giuridica a livello europeo, ma solo per pochissimi materiali, ad esempio le plastiche, ci sono misure specifiche ed armonizzate. Molti materiali sono normati solo a livello nazionale e questo crea disomogeneità sia in trattamenti di sicurezza per i cittadini dell'Unione europea, sia in termini di competitività aziendale.

La Commissione intenderà lavorare nei prossimi anni con l'obiettivo di adottare misure armonizzate specifiche anche per altri materiali?

1-065-0000

**Stella Kyriakides**, *Commissioner-designate*. – I think you're referring to food contact materials. This is an extremely important subject, as it's about substances entering into the food and potentially changing or affecting human health, but also changing the constituents of the food. There's a regulation on all food contact materials of 2004 which is now being evaluated, and I'm aware that this Parliament, in 2016, asked for another 13 possible food contact materials to be regulated. It is true that the rules the Member States follow differ. We do now have information – the report coming out on plastics – but we do not have information on a lot of other materials. EFSA is looking into it, but I would add something to this, if I may, we also need to have information on the cocktail effects of different food contact materials, because this is also very important and can impact on human health.

You asked if we're going to regulate other food contact materials. I understand the concern. I would look at the science and I would move ahead with prioritisation, starting off with those that we know are potentially more harmful to human health. But it's a very important area that we will be taking up, not only in Green Deal but also in farm-to-fork, because it affects the food that we're eating.

1-066-0000

**Hermann Tertsch (ECR)**. – Señora Kyriakides. Vivimos tiempos convulsos en los que la ciencia y la tecnología quedan muchas veces marginadas en un debate puramente emocional, eclipsadas tras la desinformación o en un muy discreto segundo plano en la toma de decisiones. Su predecesor, el comisario Andriukaitis, ha estado muy solo en la defensa de la ciencia. Ni el presidente Juncker, ni el resto del Colegio de Comisarios le han apoyado en su cruzada contra el fanatismo anticencia. El problema crece y aumenta continuamente. ¿Cómo va usted a ganarse el apoyo del resto de los comisarios —el Colegio— en esa ardua tarea de defender la evidencia científica de la que hablaba usted antes, la ciencia? En definitiva, señora comisaria propuesta, me gustaría conocer sus ideas concretas para aumentar el papel real de la ciencia frente a la política y la ideología en el proceso legislativo.

1-067-0000

**Stella Kyriakides**, *Commissioner-designate*. – I'm a firm believer that we need to base policy decisions on science. This is not always possible. It's not always even accepted by citizens because of the level of misinformation, and I'll give you one example. We have the science which shows us that it is important that we use vaccines and yet we have in the last few years seen a number of diseases breaking out in Europe: we have measles because of vaccine hesitancy. And I will not say that that is only due to misinformation, because it is also related to the programmes that Member States have for vaccination – there seems to be no uniformity. But there is an EU joint action on that, and together with the European Centre for Disease Prevention and Control and the European Medicines Agency and Member States, we need to fight any source of misinformation which in fact impacts negatively on where we know that there is a solid science.

So what I would aim for is having a very responsible voice in the College, using science as a basis, but also taking into consideration and sharing other concerns, to be able to convince others that we need to move forward with many of the policies that we know are needed to protect human health. Unfortunately, misinformation is something that we have been seeing over the last few years – maybe some of us didn't predict it would get this far. It creates huge problems in terms of what we believe and should be done for science.

1-068-0000

**Hermann Tertsch (ECR)**. – Esa desinformación tiene además otros efectos, porque cualquier actividad económica, también la investigación, necesita de seguridad y de políticas a largo plazo. Nuestro I+D en el sector agroalimentario, por ejemplo, se está marchando fuera de la Unión Europea. Es un éxodo sin fin, debido a una legislación que con frecuencia es muy ajena a la ciencia

y al uso desproporcionado; está muy atada a ese uso desproporcionado del principio de precaución por cuestiones muchas veces ideológicas y políticas, como digo. Estamos cometiendo un error al demonizar los productos fitosanitarios, por ejemplo cuando no hay alternativas en ciertos puntos, o, también por ejemplo, al bloquear el desarrollo de nuevas técnicas de edición genética.

Señora comisaria, ¿tiene la intención de revisar la definición del principio de precaución? Y lo más importante, ¿está preparada para defender y promover el principio de innovación que necesita la Unión Europea para ser un líder global?

1-069-0000

**Stella Kyriakides**, *Commissioner-designate*. – We cannot afford not to be a global leader here in Europe. Europe needs to be leading the way in many areas related to health, and in terms of science and innovation, I think that this is a very important area. I am aware that in the past, because of the Clinical Trials Directive – I don't remember now the year – there was a lot of difficulty in the promotion of clinical trials in Europe and the result of that was that we had more clinical trials happening outside Europe in the USA and we fell behind. The directive has worked towards changing that so we are able to provide more science, more clinical trials to patients.

We are committed to innovation. We are committed to moving ahead and investing in research. The Horizon 2020 programme has already committed to that. So, I would definitely consider this to be a priority because moving ahead with innovation and science can only be more effective for European health. Because this will affect industry, it will affect medicines, it will affect the Green Deal, and it will affect the food we are eating. For myself, Europe needs to become a leader and be a leader in this. And in the pharmaceutical industry because this way we're going to be able to face problems like drug shortages and affordability and this is something that we are committed to.

1-070-0000

**Bartosz Arłukowicz (PPE)**. – Panie Przewodniczący! Pani Przewodnicząca! Tak naprawdę w tej kadencji przed nami w Parlamencie i przed Panią jako komisarzem stoi jedno najważniejsze wielkie wyzwanie: czy my znajdziemy w sobie prawdziwą odwagę, żeby stanąć twarzą w twarz, oko w oko, z prawdziwym mordercą Europy, jakim jest rak. Jako lekarz z wieloletnim stażem pracy na oddziale onkologii dziecięcej i jako były minister zdrowia w Polsce wiem, że jeśli zostawimy państwa członkowskie samotne w walce z rakiem, to ta walka nigdy nie będzie wygrana. My w onkologii dziecięcej mamy standardy diagnozy, leczenia, ujednolicone w całej Europie. Pacjenci chorujący na raka w Europie, pacjenci dorośli, tych standardów nie mają. Jeśli nie podejmiemy się tej walki, Pani Przewodnicząca, to ludzie nam tego nigdy nie wybaczą. Musimy zbudować standardy wczesnej diagnostyki raka, musimy wprowadzić standardy nowoczesnego leczenia wszystkich pacjentów w całej Europie. To jest zadanie, przed którym stoi Pani i my – i to jest zadanie naszego życia.

1-071-0000

**Stella Kyriakides**, *Commissioner-designate*. – I wouldn't even try and step into the position of trying to say that what you have said is not absolutely right, but I will add something. There are protocols in terms of treatment for cancer patients, but these are not always followed, and we need to make sure that they're followed. When we're talking about a Beating Cancer Plan, we need to look at the whole range. I'll give you an example. Screening we know protects lives. Early diagnosis saves lives. But it is not enough to just have a screening programme in a country. Member States need to have screening programmes that are accredited and that meet certain guidelines. This European Parliament was the one that issued a resolution defining what screening programmes should meet in terms of criteria, and we are responsible through audits to make sure that these are being enforced.

I could not agree more with you. Cancer is, for many, a disease that affects not only the patient, but the family, the employer. We have issues now that nobody touches on – cancer survivorship. What happens to the thousands of patients after cancer? How are they dealt with in their workplace? What type of health insurance are they allowed if they say they have been through cancer? It's a huge area, but this is why I'm challenged by having the European Beating Cancer Plan specifically mentioned in my mission letter. We didn't have this before. A lot of good work has been done in this Parliament. There was the Committee of Members Against Cancer which did wonderful work and pushed things forward. Now you can take it on again.

1-072-0000

**Bartosz Arłukowicz (PPE).** – Wprowadzałem w Polsce tak zwany pakiet onkologiczny, który – rzecz ujmując najkrócej – polegał na tym, że postanowiliśmy zapłacić ze środków publicznych bez limitu wszystkim tym lekarzom i przychodniom, które postawią wczesną diagnozę w odpowiednim czasie i będą leczyć zgodnie ze standardem – i to się sprawdziło. Ale mamy jeszcze jeden problem, z którym wspólnie się musimy zmierzyć. W roku 2012 kilkanaście państw w Europie stanęło przed kryzysem niedoboru pewnych leków onkologicznych. Pacjenci byli zagrożeni. Czy planuje Pani zbudowanie mechanizmów zapobiegania sytuacji, w której brakuje leków, z takich czy innych powodów, w onkologii? Bo jest to szczególna dziedzina: tam pacjent nie ma czasu, czas jest najważniejszą rzeczą.

1-073-0000

**Stella Kyriakides, Commissioner-designate.** – Thank you, I had the honour and the pleasure of visiting your country. Working very closely with doctors there and others to look at the screening programmes that were being put into place, I saw that they were extremely important because they opened the way for many other countries. Europe's Beating Cancer Plan needs to look at the whole range – we heard here from a colleague on prevention. We are talking about accreditation and standards, and this would also include medicines.

I am aware that this did lead to an impact on care in many Member States that have been through difficult economic situations. The pharmaceutical industry has an obligation to make sure that patients have access to affordable medicines, and I would put this under the plan and work towards it. We cannot lower the bar in any way when we're dealing with this disease.

1-074-0000

**Caroline Voaden (Renew).** – Article 168 of the EU Treaty on public health states that action will be directed to prevent both physical and mental illness. You've practised as a clinical psychologist for 27 years so it will come as no surprise to you that more than one in six people across the EU had a mental health problem in 2016, and that all available evidence suggests that mental health problems now affect tens of millions of Europeans every year. They affect families, relationships, job prospects and productivity.

Madam Commissioner-designate, we are witnessing an epidemic of childhood and adolescent mental health disorders, with record levels of self-harm, depression, eating disorders and suicide. What are you going to do to put mental health back on the EU agenda, and what concrete steps will you put in place to ensure that Member States fully implement mental health policies and EU recommendations on mental health?

1-075-0000

**Stella Kyriakides, Commissioner-designate.** – When we were speaking before it was on some questions that had to do with other issues, but I spoke about 'one health' and I spoke about 'one health' being human health, animal health and plant health. When I speak about human health, I don't only speak about the body but I also speak about the mind, because they're intricately linked. You're absolutely right, mental health has not been on the agenda for a very long time.



There are a number of reasons for this. In many Member States, there is still a lot of stigma about it, and people are not coming forward early enough so that they receive the help that they need. We are living at a time when the pressures on children and adolescents are constantly changing.

They're also being bombarded with information that their development possibly does not allow them to filter and be able to take in, and we need to address this and I would do my utmost to put it back on the agenda. Because I believe that mental health is an area that for many Member States does not receive the attention that it deserves, and it is important that we do something to reverse this trend.

I'm not only speaking about depression in adults, but if we look at the problems that we're seeing with adolescents in terms of behavioural problems, in terms of increases in self-destructive behaviour, we need to work preventively.

We need to work, not only in health, but also in education and go into schools at a very young age, pick up problems at a very young age, so as to be able to help, and this is something that is a very important part at least of my future policies.

1-076-0000

**Caroline Voaden (Renew).** – It's interesting to hear you say that it's so important to you, but we've been sitting here for two hours and the words 'mental health' haven't been mentioned by anyone in this room, so I find that quite astonishing.

We know that there are many factors behind mental illness; some of them are environmental rather than medical. So how are you going to work with other Commissioners across the College to ensure that issues such as educational stress, social media influencing, sexual assault, bad working conditions, poor housing, low pay and social isolation are all improved in order to reduce the incidence of mental health disorders across the EU? And you say you will do your utmost, but I'd like to hear what you are actually going to do. Are we going to invest money, will we have new programmes, will we have training for countries where mental health isn't so high on the agenda? What are you actually going to do to change this?

1-077-0000

**Stella Kyriakides, Commissioner-designate.** – Working across the Commissioners is very important because mental health comes into many different areas, as you have mentioned. We also need to address the different problems in different Member States and the Commission potentially has the opportunity to look at what these issues are and see what we need to change.

It's interesting because you mentioned that nobody else in this room mentioned mental health, but I mentioned in my opening statement – I do consider it important. I mentioned it because I believe that one of the reasons, possibly, that not so much is being done, is because this is often a forgotten population. You are right, there are many different factors that have an impact, so I would work with other Commissioners to bring in a mental health thread across many of the policies. I believe that I would be able to be a voice for this and I intend to be a voice for this.

1-078-0000

**Αθανάσιος Κωνσταντίνου (NI).** – Αξιότιμη κυρία Κυριακίδου, μιας και έγινε λόγος περί διανοητικής υγείας από την προλαλήσασα, θα επιθυμούσα να καταθέσω, από ιατρικής σκοπιάς, μια πολυδύναμη ερώτηση σχετικά με την επικείμενη, ενδεχόμενη, παρέμβασή σας ως Επιτρόπου Υγείας. Θα επιτρέψετε και θα υποστηρίξετε στην Ιατρική και ειδικότερα στην Ψυχιατρική την εκπαίδευση και την έρευνα σχετικά με τα ακόλουθα θεμελιώδη ζητήματα; Επιρροή ενός εκάστου εθνικού πολιτισμού επί του τι θεωρεί μια κοινωνία φυσιολογικό, παθολογικό ή ανώμαλο. Πιστοποίηση της παγκοσμιότητας των νοσολογικών κριτηρίων και κατηγοριών της Βιοιατρικής και Ψυχιατρικής σε διαφορετικούς εθνικούς

πολιτισμούς. Ταυτοποίηση και περιγραφή νοσημάτων που ανήκουν σε ειδικούς πολιτισμούς, γνωστών ως εθνικές διαταραχές ή ως συνδεδεμένα προς τον πολιτισμό σύνδρομα, όπως για παράδειγμα, η νευρική ανορεξία ή το προεμμηνοπαυσιακό σύνδρομο στις δυτικές κοινωνίες. Συσχετική επιρροή γονοτυπικών και φαινοτυπικών παραγόντων επί της προσωπικότητας και επί συγκεκριμένων μορφών ψυχιατρικών και ψυχοσωματικών παθολογιών. Τελειώνοντας, οφείλω να υπενθυμίσω ότι τα προαναφερθέντα δεν αποτελούν αστήρικτες αναζητήσεις, αλλά υποστηρίζονται εν πολλοίς από τη διεθνώς χρησιμοποιούμενη πέμπτη έκδοση του DSM, του 2013, όπου συμπεριλαμβάνεται η συνέντευξη πολιτιστικής σχηματοποίησεως για τη συγκεκριμενοποίηση της διαγνωστικής προσέγγισης των κλινικών συναδέλφων. Επίσης, ανάλογη βαρύνουσα σημασία έχει το σχετικό πρωτοποριακό πόνημα των Kirmayer και Rousseau «Πολιτισμική συμβουλευτική αντιμετώπιση, αντιμετωπίζοντας τον άλλον στη φροντίδα διανοητικής υγείας».

1-079-0000

**Stella Kyriakides, Commissioner-designate.** – I don't dare say I didn't understand at all, but I will try and address it as carefully as possible. I am aware that the DSM has at times changed its classifications of what is a psychiatric or other disorder. We have seen this, many disorders that were before considered psychiatric disorders have now been taken out of the DSM classification. So we need to be aware of this and we need to follow suit in terms of what society and what the way forward is for different issues. You mentioned anorexia, and there are societies which don't recognise this and there are other societies which have a huge problem with this.

I would put as my primary foundation, the uppermost for me, is the protection and promotion of human rights. I believe that this needs to be in an area like psychiatry, something which is extremely sensitive because it's extremely easy to put a label in terms of a psychiatric diagnosis and this can sometimes be very subjective, depending on the culture from which someone is. So I would look at it very carefully. The issue of normality, I think you mentioned normality, that's quite subjective. We often have different definitions of what is normal and it would definitely take me a lot more than two minutes to go into that discussion, but I would look forward to talking about this with you at another time.

1-080-0000

**Athanasios Konstantinou (NI).** – Thank you, you covered the core of my question.

1-081-0000

**Sara Cerdas (S&D).** – My question concerns one of the main challenges we face. AMR is responsible for 33 000 deaths every year in the EU and costs EUR 1.1 billion to health care systems in the EU. One of the main issues is the misuse of antibiotics without medical recommendations or not following medical recommendations. Another issue is the return of preventable diseases, as you have said before, due to a drop in vaccination rates, leading to unnecessary use of antimicrobials for treatment. We need more health literacy to promote health, to fight against this anti-vaccination misinformation, and to ensure citizens know how to use information properly. What is your strategy to increase health literacy and health education?

1-082-0000

**Stella Kyriakides, Commissioner-designate.** – You touched on two topics, which are directly related because they're both very relevant to what is health literacy and misinformation.

And unfortunately, one of the drawbacks of what we see in today's digital age, is how easy it is to spread misinformation through so many media.

So what we need to do is ensure that we work very closely with Member States, addressing these problems, making sure citizens have access to reliable scientific information and where we see that there is misinformation, immediately dealing with it.

You mentioned antimicrobial resistance, which is a devastating problem and it's a global problem. And I would very much like to see the EU lead here by example, because it is under the One Health agenda and we need to be responsible because we cannot, as you said, excuse 33 000 deaths in the EU because of this problem.

In the same way we cannot have children losing their lives to diseases that a few years ago were eradicated in Europe.

So we need to work together through education and through health in order to fight and challenge the misinformation that is now out there and that is directly impacting on human health.

1-083-0000

**Sara Cerdas (S&D).** – I have a follow-up question on that. Tuberculosis is one disease where antimicrobial resistance is of special concern. Some 40 to 50% of patients with multi-drug-resistant TB will die.

Two weeks ago, DG SANTE closed down an expert group of the European Commission, the EU HIV-AIDS, viral hepatitis and tuberculosis think-tank, as well as the EU HIV-AIDS, viral hepatitis and tuberculosis civil society forum. What is your opinion on this decision, and how do you plan to tackle these public health problems without the crucial expertise of both these groups?

1-084-0000

**Stella Kyriakides, Commissioner-designate.** – I believe that there was an excellent European Parliament resolution on HIV, hepatitis and TB in 2017. I wanted to thank Parliament for that, because these are three diseases which are extremely important and we can do a lot more on them. In terms of prevention, the European Centre for Disease Prevention and Control is helping Member States to be able to tackle this.

We need to ensure access to innovation and to medicines for people with TB, HIV/AIDS and hepatitis. I would recall that the G7 in Biarritz committed EUR 550 million for these three diseases, and I intend to take up that pledge. These diseases have an impact on a very large number of European citizens. That would be my first priority to take up in the new Commission.

1-085-0000

**Daniel Buda (PPE).** – Domnule președinte, doamnă comisar desemnat, eu vin din Comisia AGRI și aș dori să discutăm în cele ce urmează despre sănătatea animalelor, pe care o apreciez ca fiind extrem de importantă, deoarece sănătatea acestora are un impact major asupra sănătății oamenilor și, împreună cu dumneavoastră, trebuie să ne ocupăm de această chestiune.

Pesta porcină africană este extrem de prezentă astăzi în estul Europei. Se pare că măsurile luate până în prezent nu sunt foarte eficiente în combaterea acestui virus care nu are granițe. În ultima vreme avem de-a face cu o creștere alarmantă a numărului de cazuri. Doar în acest an au fost detectate 1 470 de noi focare la nivelul Uniunii Europene, riscând ca, în scurt timp, prezența acesteia să se manifeste foarte serios și în statele din vestul Europei.

Există astăzi serioase îngrijorări atât în rândul fermierilor, cât și în rândul experților în sănătatea animalelor cu privire la impactul devastator asupra acestui sector. Din păcate, vorbim de mii de fermieri afectați. Care este viziunea și strategia dumneavoastră astfel încât, pe termen scurt și mediu, să prevenim răspândirea acestei molime? Cum ar trebui să diversificăm măsurile de combatere și de biosecuritate a acesteia?

1-086-0000

**Stella Kyriakides**, *Commissioner-designate*. – Thank you very much for that question. First of all, I want to be absolutely clear that I consider animal welfare and animal health as part of my one-health that I had mentioned before. This is part and parcel, so it is not something that I don't consider important. African swine fever is a devastating disease and it does not affect humans, but it is a threat to valuable farming and of course to trade. There is a global situation that is still of concern.

I will say though, and this is a little bit different to the position that was stated, that the Commission has a robust legal framework and a harmonised strategy on this and it has helped contain African swine fever in some areas, for example in the Czech Republic, it has been eradicated. In other areas, because of the close borders with other countries which are affected, there is a bigger problem. So I believe that what we need to do here is to have effective controls to increase biosecurity on farms, to raise public awareness and invest in research because, for the moment, we do not have a vaccine for it, and in this way have the European Union lead by example, to make sure that we do not have further spreading of a disease that may be affecting pigs and wild boar. But it is a devastating disease for those living in the areas and the farmers. So I'm very aware of it.

1-087-0000

**Daniel Buda (PPE)**. – Mulțumesc foarte mult pentru răspuns. Doamnă comisar, în Uniunea Europeană avem mecanismul de protecție civilă, care are rolul de a interveni coordonat în cazul unor calamități de genul inundațiilor sau incendiilor. Statele membre primesc astfel sprijin constând în echipamente care să le permită să facă față provocărilor.

Credeți că s-ar putea crea un mecanism similar în cazul în care sănătatea animalelor ar fi afectată în masă, cum ar fi cazul epizootiilor, ceea ce ar permite Comisiei practic să acționeze într-un mod coordonat și rapid? Astfel, s-ar putea sprijini autoritățile naționale cu incineratoare de mari capacități în zonele afectate de această boală. Vă spun că este foarte greu să combați în mod eficient răspândirea virusului atunci când apare într-o regiune unde există zeci de mii de porci într-un complex sau în gospodăriile populației.

1-088-0000

**Stella Kyriakides**, *Commissioner-designate*. – There is actual intervention in terms of crisis where we have epidemics or animal diseases, which is quite effective, and this has been clear because, in the case of African swine fever, the European Union has managed to contain it to a certain degree. We need to be proactive and we need to be able to react immediately to such situations so that we are able to control it as quickly as possible.

I'll raise with you an issue that hasn't come up but possibly may, and that is another problem that we have, which is not with animal health but plant health. That was the problem that we have in Italy with Xylella, which is also another devastating problem because it affects the olive trees and others of that area, and not only Italy. The European Union did come forward with specific measures in order to be able to contain it. Member States need to be helped to enforce these measures so that we are able to be, as far as possible, proactive, but also to have a crisis system in place in order to intervene as quickly as possible.

I wish I could provide you with an answer of saying that we will eradicate African swine fever over the next few months. A lot has been done. The countries which are not within the European Union and have taken no measures have a much bigger problem and spreading. This is possibly why countries bordering them, and with wild boar, continue to have the problem. So we need to do more, we need to keep it on the agenda, because it's affecting farmers, valuable farming and it's affecting trade.

1-089-0000

**João Ferreira (GUE/NGL).** – Senhora Comissária indigitada, já aqui falámos hoje de pesticidas, de processos de licenciamento, de organismos geneticamente modificados, de segurança alimentar, de medicamentos. Estamos a falar de áreas nas quais, ao longo dos anos, surgiram algumas evidências da existência de promiscuidade entre a Comissão Europeia e as suas agências e a indústria, não apenas por fenómenos como as portas giratórias, mas também pelos processos de licenciamento, eles mesmos. Pela forma como são feitos estes processos.

A verdade é que existem hoje fundadas suspeitas sobre a profundidade, o alcance, a transparência, o rigor dos processos de avaliação.

A pergunta que lhe queria fazer é: que avaliação faz desta situação, desta promiscuidade? E o que pensa fazer a este respeito? Vai continuar a confiar nas análises de risco que a indústria lhe apresenta, ou não considera importante que possamos dispor de uma capacidade pública, de instituições públicas que sejam capazes de ter uma intervenção ativa nos processos de licenciamento, nomeadamente através de necessárias contra-análises e análise de risco?

1-090-0000

**Stella Kyriakides, Commissioner-designate.** – I fully understand that there is sometimes a considerable amount of mistrust concerning some of the decisions that we see coming out of European agencies. You mentioned EFSA. On the other hand, I would like us all to be reminded here that EFSA is monitored, not only by the auditors, but also by Parliament. And I would also like us to be reminded that there are very strict rules applying to those on EFSA's scientific bodies, who have to declare and continuously update their declaration of interests.

I place trust in the European bodies. I do believe that we need independent assessments from industry, for many things, but I will also say this: I am aware, for example, that EFSA as an agency is under my political responsibility, and I would have no hesitation, if I felt that there was any sort of intervention that affected the integrity and the validity of the science coming out of EFSA, to take this responsibility up myself.

1-091-0000

**João Ferreira (GUE/NGL).** – Obrigado, registo a sua resposta. Gostaria que tivesse ido um pouco mais longe. Em todo o caso, queria voltar a um assunto de que já aqui se falou e no qual considero que as suas respostas não foram inteiramente satisfatórias. Tem a ver com os processos de avaliação, nomeadamente no caso dos pesticidas, e como pretende assegurar que as análises de risco nestes processos tenham em conta não apenas os efeitos agudos, mas também os efeitos crónicos sub-letais.

E uma última questão para terminar, relativamente ainda aos processos de avaliação e aos pesticidas. Como é que tenciona garantir que aquilo que eventualmente não entre na Europa pela porta possa vir a entrar pela janela que são os acordos de livre comércio?

1-092-0000

**Stella Kyriakides, Commissioner-designate.** – I'm trying to understand why I haven't been convincing on pesticides because it is the one area that I have said that I would commit to pesticide reduction and to low risk alternatives.

Obviously, this hasn't been convincing enough. I have said before: we are dealing with a problem here that is affecting public health, it's part of the Green Deal and farm to fork, and I would look at it very carefully. Also, I would add here that we need to look at low-risk alternatives. I would wait for evaluations that we're waiting on to come out from EFSA and take decisions based on that.

Someone – I'm not sure which parliamentarian – spoke before about the importance of science, and we must not lose sight of this. So I think it is extremely important when we were talking about endocrine disruptors, about neonics, about new breeding techniques, and about pesticides, that we do look at the science that is there.

The general food law will, I hope, change the level of transparency that has been a big problem in creating citizen mistrust, but I can't commit in a louder way to the lowering of the dependence of pesticides and to finding low-risk alternatives.

That is because it is part of what I considered to be one-health. It is parts of farm to fork, it is part of Green Deal and we cannot talk about one-health if we don't look at the whole area, and this includes human, environment and animal and plant health.

1-093-0000

**Alessandra Moretti (S&D).** – Signora Commissaria designata, una dieta bilanciata è fondamentale per la prevenzione di alcune malattie, tra cui il diabete, alcuni tumori, malattie cardiovascolari e per prevenire soprattutto forme di obesità infantile, sempre più diffuse in Europa.

Signora candidata, Lei concorda che per consentire ai consumatori di fare delle scelte salutari sia fondamentale fornire loro informazioni trasparenti, basate su prove scientifiche e, soprattutto, sviluppare e promuovere programmi di educazione alimentare?

Come intende la Commissione frenare lo sviluppo dei numerosi e diversi schemi di etichettatura nutrizionale, fronte pacco, in vigore su base volontaria in diversi Stati membri?

Ritiene che uno schema unico di etichettatura fronte pacco a livello europeo potrebbe essere la soluzione di questo problema? Intende presentare una proposta che consenta ai consumatori di avere informazioni relative all'impatto ambientale dei cibi, anche in relazione all'uso di mangimi contenenti OGM tradizionali?

E infine c'è il tema degli *health claims*, in modo da scongiurare il rischio di promuovere benefici inesistenti sulla salute umana.

1-094-0000

**Stella Kyriakides, Commissioner-designate.** – We live in a very paradoxical age, don't we? We talk about obesity when we are now just recognising the problem of food waste, where we're wasting over 20% of our food and one in four Europeans can't have a good-quality meal every day. We clearly need to address these issues and I would like to be able to deliver a five-year action plan to deal with food waste because I think it's a very important part of the sustainable food effort that we're making.

You mentioned nutrition labelling. It is in fact mandatory on pre-packed food. Citizens want this. They want nutrition profiles. It's obvious that when we're going to pick something off the shelf, we are more and more looking to see if what we are reading is something that we want to buy. But I would remind you that the recent claims regulation has also found that a lot of what we are reading on the labels is, in fact, unfortunately not representative and it's finding that there's higher levels of salt or higher levels of sugar than is being claimed. So we clearly need to do something about that.

The nutrient profiles are important. They are important for citizens. There is a 'front of pack' report coming out at the end of this year. I would wait to see the results and move forward, and I

would like to see a common approach across Member States, whether this would be the nutri-score or not, I'm not in a position to say, but it would be one that would be considered.

1-095-0000

**Alessandra Moretti (S&D).** – Molte grazie per la sua risposta, candidata.

In particolare, però, Lei ha centrato il tema e il problema, cioè come intende evitare distorsioni del mercato interno e garantire che i consumatori non siano ingannati da indicazioni troppo semplicistiche, che finirebbero inevitabilmente anche per discriminare i prodotti europei di eccellenza?

E quindi come, concretamente, vede le modalità per implementare un sistema unico di etichettatura nutrizionale fronte pacco?

1-096-0000

**Stella Kyriakides, Commissioner-designate.** – We have excellent levels of controls within the European market to ensure that citizens have access to safe food. This is very important, so that we know what is also entering into the Union. I have said already that I would wait to see the evaluation of the front-of-pack to then see and decide on a proposal. But I am concerned, as I have mentioned, about the claims regulation.

There is something that wasn't mentioned and I would like to mention it, because a lot of consumers and citizens are now also demanding, or wanting – demanding is not the right thing. They have raised awareness about the need for origin labelling and this has led to a number of Member States, I think it's seven Member States, who have moved ahead on their own and they now have a different origin labelling. They are now the seven Member States evaluating this and we need to look at it. We must not renationalise food in a single market, so we need to find common ways so that consumers have access to reliable information when they are purchasing or having access to food. This is something that is now being evaluated. I would look at all the information and then come forward with a proposal.

1-097-0000

**Margrete Auken (Verts/ALE).** – Commissioner-designate, one of the growing burdens on national health budgets and on access to medicine are abusively high prices on medicines, while EU Member States are in a weak negotiation position due to a lack of transparency in the pricing. In 2017, Parliament passed an INI report on access to medicines that called for transparency in medicine pricing concerning research and development expenditure, and how much of that is publicly funded, how much is spent on marketing, lobbying and so on, and what profit has been generated. Unfortunately none of these transparency demands have been met by the Commission.

At the World Health Organization this spring, Italy, Greece, Portugal and other EU Member States supported a medicine price transparency resolution that would require pharmaceutical companies to provide information of these aspects I just mentioned. In brief, a very good solution. However, the resolution was watered down significantly and even my own country, Denmark, took part in this disgraceful manoeuvre.

Now my question, how will you ensure that the conditions of the negotiations on medicine pricing in Member States will be fair and transparent?

1-098-0000

**Stella Kyriakides, Commissioner-designate.** – First of all, let's come back to the problem that we are really facing. It is having an impact on patients' and citizens' lives, because we have medicines they cannot afford and medicine shortages. So I would work closely with all the stakeholders and with

industry and the Member States, because we need to look at the pricing mechanisms of the Member States and also how medicines are reimbursed – because this is another huge problem.

There is a legal obligation on the pharmaceutical industry to provide access to and supply of medicines, and we need to look at a new strategy that is going to be able to address both medicine shortages and pricing. I would work very closely with the Member States to look at this, because the problem that we also have with pricing and reimbursement is in fact affecting the implementation of the cross-border control directive and how patients are accessing that. So I would work very closely with Member States to see this.

I also know that the Member States have set up a task force with the European Medical Agency, if I am correct, and the report is due to come out to be able to give us valuable information. Once I have that, I would decide on how to move forward.

But I would agree with you that we need to do a lot more and in my mission letter, medicine affordability is clearly stated. So it's going to be high on my agenda.

1-099-0000

**Margrete Auken (Verts/ALE).** – You made it more complicated than the question was. The question was very simple, and if you look into it, you can because I only know the WHO business by leakage because it was secret. But you can get access to that, and this resolution in the WHO was really opposed by countries coming with big industry – Denmark, Germany, the UK and some other countries. I think it would be so helpful to the Member States who are now seeing rising prices like this every year. It's killing hospitals, it's killing nurses, everything – well not killing them, but you know, abusing the amounts. And then you make a long, long, long speech. You said some very good things on transparency, but coming to realities, on simple questions, make sure that we have transparency and the prices. Full stop.

1-100-0000

**Stella Kyriakides, Commissioner-designate.** – I'm sorry that I complicated your question. Maybe I don't have an easy answer, but I would support transparency at all levels. I need to look into this more carefully. It is possible that now I don't have all the information and I would come back to you with it, so I want to be absolutely honest with that.

1-101-0000

**Nicolae Ștefănuță (Renew).** – Commissioner-designate, I will take you down the road that was opened already by Ms Kopacz and Ms Auken and speak about scarcity some more. There is some risk of repetition when speaking 24th on the list, but I will try to bring original arguments into play. Particularly since this summer we have been facing a huge crisis for cancer treatments in Italy, neurological medicines in Poland, a general lack of medicines in Belgium, and in the country where I come from, Romania, in 2017 and 2018, immunoglobulins went missing, which made us apply for the European Civil Protection Mechanism, which is proof of how creative you have to be to actually make health policy work for the citizen.

One more word that was not mentioned today was Brexit. That also comes into play when we talk about the availability of medicines on the market.

So my questions are, can you let us know if you commit to the development of a European Essential Medicines List? Do you consider proposing legislation for early notification of shortages? I think you did mention this point, but also acting upon emergencies, and in other words, because you've mentioned the market as a solution in many of your answers previously, I guess we all want to know, will you be an intervention Commissioner, will you be a creative Commissioner or will you be a status quo Commissioner?



1-102-0000

**Stella Kyriakides**, *Commissioner-designate*. – Thank you. First of all, I have to become a Commissioner, then I'll let you judge working with me what kind of Commissioner you think I am, because I may think I'm going to be one of these three types, and you may judge me differently. So I'll let you be the judge of that, of what kind of Commissioner, if I become one, I will be.

I mentioned the task force in the very complicated answer I gave here. In fact, the task force was set up by Member States and the European Medicines Agency to bring forward valuable information concerning shortages and yes, I did mention that we can do more and we need to find a system for early detection of shortages and because I knew that there was absolutely no way that we would avoid possibly Brexit, and Brexit is something that has been of great concern in terms of medicines to many Member States, and there is concern. The European Medicines Agency and Member States have raised company awareness so that a large number of the medications which are controlled centrally seem to be under control, but we are aware, and I have seen that those which are authorised by national authorities, there is a problem possibly with access after Brexit, especially of two countries. The country I know best and Malta. So what I would like to see happen is a ratification of the withdrawal agreement so that we have minimal disruption in all areas, including access to medicines.

1-103-0000

**Nicolae Ștefănuță (Renew)**. – I would like to take you up on your point on the task force. Wouldn't it be more suitable, rather than going through the European Medicines Agency, to try to think in terms of a pharmaceutical European institute or agency, in charge of the prevention of shortages for essential medicines – through the coordination of production platforms, perhaps?

And secondly, on Brexit, my colleague kindly suggested not mentioning Brexit in the clinical sense today!

1-104-0000

**Stella Kyriakides**, *Commissioner-designate*. – I didn't intend to mention it in the clinical sense – it is a concern that I shared. It's possible that what you're proposing may be the way forward. However, as I have said, and at the risk of sounding monotonous, we need to have information before we make decisions. The task force was set up in order to provide valuable information on shortages.

I would want to assess the results of this task force, and then I would be open to all proposals and work with all stakeholders. We need to do more in terms of this huge problem affecting European patients, namely medicine shortages.

1-105-0000

**Peter Liese (PPE)**. – I'm in the same position as many colleagues, an important issue that I would like to raise was already answered, and I'm happy with your answers. Anyhow, I think it's a difference like day and night with the hearing we had this afternoon. So I'm very happy, but I have more questions.

A specific question on antibiotic resistance: we have mainly, I think, two challenges for you. The first is implementation of the legislation on veterinary medicine. Parliament pushed hard for reserve antibiotics that are the last resort for human beings should be, if not prohibited, then restricted very, very strongly. Are you ready to prohibit as much as possible, like Parliament wanted?

Second, whatever we do, we need new antibiotics. You said you want to encourage work with industry, but are you ready to look at specific legislation like we have in paediatrics with a stick and a carrot, so that industry is motivated to bring new drugs to the market, but also we have some tools to motivate them even more with a stick?

1-106-0000

**Stella Kyriakides**, *Commissioner-designate*. – Although it's the last question, I would say it's one of the most challenging ones. I'd like to answer it in two parts. First of all, we had a new regulation in 2018 which has to do with veterinary feed and medicines, and this is almost the cornerstone of antimicrobial resistance. We now have regulations in terms of where antimicrobials can be used or, to put it a different way, they're banned and should not be used in terms of animal growth, and some need to be held back only for human use. Whether this regulation is being implemented effectively needs to be seen. We have a very effective system of audits, visiting Member States, and we need to see where that is.

I have mentioned industry and innovation. I believe that the European Union must lead by example in this, in moving forward so that we have new antimicrobials available for patients.

In terms of what you mentioned before, I would want to see the current evaluation of the legislation on orphans and paediatric medicines and seeing where its strengths and weaknesses were before proposing other legislation or similar legislation. Sometimes it's not about having new legislation. Very often it's about implementation. So we need to look at both sides. In this sense, the paediatric and orphan medicines regulation has really changed the lives of very many patients and children with rare diseases. It's being evaluated. We would look at it and then consider whether we need to propose new legislation.

1-107-0000

**Peter Liese (PPE)**. – A short follow-up question. Many Member States agree that we need innovation and new antibiotics.

What they don't understand is that we need Europe, at least Europe, to act. Do you agree that it makes no sense when we have a market where it's not attractive for industry to bring these drugs to the market – that national solutions are definitely not possible? So we need European action and do you commit to fight with Member States on the need for European action on this?

1-108-0000

**Stella Kyriakides**, *Commissioner-designate*. – I said earlier that I look to the future, but in this case I will go backwards, because in 2017 the Commission proposed the second action plan for antimicrobial resistance. We are very aware, and there were 17 actions in that under the One Health agenda which is now specifically in my mission letter. Although I sound extremely monotonous mentioning it, it's extremely important that we now have – and I'm very challenged as a potential Commissioner of Health – a mission letter that puts these things down. It mentions antimicrobial resistance, it mentions endocrine disruptors, it mentions a cancer plan, it mentions farm-to-fork. So this is now there in front of us and we need to be responsible and take up the challenge and do something about it. So, in this way, I believe that we need to help Member States. But yes, Europe needs to lead the way because the antimicrobial problem and resistance is a global problem and it does require global action and I would like to see the European Union be a leader in this.

1-109-0000

**Chair**. – So we are going to move to your conclusions. You have a maximum of five minutes. If you don't want to use your five minutes, feel free.

1-110-0000

**Stella Kyriakides**, *Commissioner-designate*. – I take it that you would rather I speak for less than five minutes! I won't speak for five minutes.

Chair, honourable Members of Parliament, I want to thank you from the bottom of my heart for your time and for your questions. Over the last few weeks I have heard from so many that this hearing will be a daunting experience and I can assure you that it has not been a walk in the park, but it's been a challenge. I actually very much enjoyed having the opportunity to have my first policy debate with you on what I am really hoping will be my future portfolio. I think I have spoken honestly, and you know that this portfolio is very close to my heart. I have no reason to be sitting here if it wasn't something that I believed in, and I believe we can bring about change together, and this is because this portfolio touches on the everyday life of citizens and it touches on their health, it touches on their livelihood, it touches on their food. And when I talk about farm-to-fork or One Health, these are not slogans for me, these are the essence of the reason I am here.

I heard your concerns. I listened to them carefully, endocrine disruptors, microbial resistance, new breeding techniques, medicine affordability and those are just a few, and I take these fully into account. As I said in my opening intervention, we are at a critical point now where citizens expect us, all of us, to lead and deliver transformational change. We need to safeguard our achievements and our ecosystems for future generations. We are not at the point when we can do nothing, because we owe this to the citizens, and we owe this to the Union.

I will be extremely honoured to be part of this effort. I am determined to give everything in my power to deliver the necessary solutions, always working closely with you. But I will also admit I have a lot to learn. I can assure you, however, that I'm going to hit the ground running if I'm appointed Health Commissioner, and I will always engage transparently and constructively with you, because after all we are accountable to you.

So in saying this, I will end with one small statement. I firmly believe that we can no longer talk about public health, food safety, animal health and plant health as stand-alone subjects. I know at times these appear as if they are separate islands, but in fact they are profoundly connected and our citizens are demanding from us that we bring about results. We all have one overreaching goal and that is One Health. We must work together for the benefit of our citizens. We must listen to civic society and to citizens. We must look for more science and I will share with you what I firmly believe, that the EU can strive for more.

I want to thank you again for your time. I hope we will have the chance to work closely together.

*(Applause)*

1-111-0000

*(L'audition est close à 21 h 15)*