

COMMITTEE ON THE ENVIRONMENT, PUBLIC HEALTH AND  
FOOD SAFETY

COMMITTEE ON AGRICULTURE AND RURAL  
DEVELOPMENT

INVITED COMMITTEES:  
COMMITTEE ON INDUSTRY, RESEARCH AND ENERGY  
SUBCOMMITTEE ON PUBLIC HEALTH

**HEARING OF OLIVÉR VÁRHELYI**

COMMISSIONER-DESIGNATE

(Health and Animal Welfare)

WEDNESDAY, 6 NOVEMBER 2024

BRUSSELS



1-0002-0000

**IN THE CHAIR:**

**ANTONIO DECARO**  
*Chair of the ENVI Committee*

**VERONIKA VRECIANOVA**  
*Chair of the AGRI Committee*

1-0003-0000

*(The hearing opened at 18:38)*

1-0004-0000

**Antonio Decaro**, *Presidente della commissione ENVI*. – Buonasera a tutti, la mia collega Veronika Vrecionová e io diamo il benvenuto, a nome delle commissioni ENVI e AGRI, a Olivér Várhelyi, Commissario designato per la Salute e il benessere degli animali.

Il portafoglio del Commissario designato copre una vasta gamma di competenze della commissione ENVI, in particolare in materia di salute e di sicurezza alimentare.

Le chiederemo di conoscere quali sono le Sue proposte su questi temi importanti e qual è la Sua visione per i prossimi cinque anni.

Ricordo che in fase di valutazione dell'audizione dovremo indicare chiaramente se, a nostro avviso, il Commissario designato è idoneo a far parte del collegio e a svolgere i compiti specifici che gli sono stati assegnati.

Ricordo inoltre che, prima dell'audizione, il Commissario designato ha risposto per iscritto alle domande che sono state preparate da entrambe le commissioni. Le risposte sono state distribuite ai deputati in tutte le lingue.

Devo comunicare che la commissione giuridica ha valutato l'eventuale esistenza di conflitti di interessi, reali o potenziali, e non ha sollevato obiezioni allo svolgimento dell'audizione.

Prendiamo atto, Commissario designato, delle Sue risposte alle domande scritte e della Sua disponibilità a cooperare con il Parlamento europeo. Si tratta di un aspetto particolarmente importante nel contesto della revisione dell'accordo quadro tra il Parlamento europeo e la Commissione, in particolare per quanto riguarda il Suo impegno a partecipare periodicamente alle riunioni di commissione e alle sedute plenarie, a dare seguito alle iniziative legislative del Parlamento e a condividere tempestivamente le informazioni con il Parlamento, in quanto colegislatore e ramo dell'autorità di bilancio.

Contiamo sul fatto che onori pienamente questi impegni e poniamo l'accento sul ruolo della Commissione quale mediatore imparziale in tutte le procedure legislative e in tutti i negoziati interistituzionali, per garantire la parità di trattamento tra il Parlamento e il Consiglio.

Contiamo anche sulla Sua collaborazione nell'informare in anticipo le nostre commissioni di tutte le future proposte, fornendo motivazioni dettagliate per quelle che richiedono un'azione urgente; questo garantirà la trasparenza e consentirà al Parlamento di esercitare correttamente le sue prerogative.

Cedo ora la parola alla mia collega, presidente della commissione per l'agricoltura e lo sviluppo rurale, per le sue osservazioni introduttive.

1-0005-0000

**Veronika Vrecionová**, *Chair of the AGRI Committee*. – Thank you Antonio. I also welcome Mr Várhelyi. In doing so, I would like to emphasise the importance for the AGRI Committee of the responsibilities that will be entrusted to you, and first and foremost animal welfare, which is core to both the farming community and a large proportion of our fellow citizens.

Food waste reduction, organic production and the accelerated use of bio controls are also subjects of great importance in your portfolio, on which the members of our committees certainly wish to question you.

Regarding the structure of the debate, I have to draw your attention to a few essential points. The Commissioner-designate will make an opening oral statement of no longer than 15 minutes. He will also have five minutes at the end of the meeting for a closing statement.

After the introduction, we will return to the questions from Members. The hearing will be structured in four rounds. A first round of political group coordinators, with five-minute slots each, that is to say one minute for questions and two minutes for the answer from the candidate Commissioner, with the possibility of a follow-up question from the same Member of no longer than one minute, with one minute for the reply.

Then a second round of questions, with three-minute slots each based on the overall distribution of speaking time among the political groups, including a representative from the non-attached Members.

A first round of the questions by the chair of the invited committee, with a three-minute slot each and then a final round of questions by political groups in reverse order, also with three-minute slots each.

All the slots of three minutes will be divided into one minute for a question and two minutes for the answer from the Commissioner-designate. Thank you, dear Mr Várhelyi, and dear colleagues, for respecting this schedule.

Please note that interpretation is provided in 23 languages. All speakers can therefore use their own language. Speakers should keep in mind that what they say is interpreted and that they should therefore not speak too quickly.

The confirmation hearing is streamed live on the Parliament's internet website. It will also be possible to access a video recording of the hearing a few hours after the end of the hearing.

1-0006-0000

**Olivér Várhelyi**, *Commissioner-designate*. – Chairs, honourable Members, as you know, I'm a Hungarian. I was born in Szeged, which is the largest city and the regional centre of the Southern Great Plain, or the *Alföld*, as it is known in Hungarian; but Szeged is not famous for that. Szeged, and its university, is famous because it has given the world two Nobel Prize winners in the medical sciences field. The first one was Szent-Györgyi Albert, or Albert von Szent-Györgyi, who received the Nobel Prize back in 1937 for discovering vitamin C. The second was more recent: Katalin

Karikó, or Karikó Katalin, who discovered and invented the mRNA vaccine, with which we have managed to get through the COVID crisis.

So this is the historical background of the native city I come from. And this also forms a very strong commitment and responsibility and link to the area that has accompanied me throughout my work. Irrespective of whether I worked, be it as a Head of Unit at the European Commission responsible for intellectual property rights (and in that industrial property rights relating to patents and trademarks, including, of course, the ones related to the pharmaceutical area), or as Commissioner for Neighbourhood and Enlargement, where I had to support the regions I was responsible for to get through the COVID crisis, or as a public civil servant, and later as a deputy permanent representative (or Coreper I Ambassador, as it is also known), where I have worked on politically and economically and financially sensitive files related to this very portfolio, such as the pharmaceutical legislation that the EU is now revising, the Medical Device Regulation, or the Tobacco Products Directive or the GMO Directive.

Health policy, as you see, was always strongly present in my different career steps. With my professional history, and also coupled with the historical background of the city I'm coming from, I have to tell you that I'm very proud and honoured that I was designated by President Ursula von der Leyen as Commissioner for Health and Animal Welfare. I'm also honoured to have this opportunity here as Commissioner-designate for Health and Animal Welfare to present you with my vision for a Europe that is strong, that is competitive and that is healthy.

We are at a critical juncture. We need to define the choices for Europe now. Now is the time to build the Europe of the future, to make the EU an innovation powerhouse again, and focus on key strategic sectors where Europe can build a competitive edge. One of these key sectors is the health sector, be it digital health, be it pharmaceuticals or be it biotechnology or be it medical devices.

Now is the time to cut the red tape, to shorten procedures, to diminish costs and to unleash our full potential and, most importantly, to help our citizens.

The last mandate showed us all the benefits of EU cooperation in this portfolio. The Commission worked with this House and with the Member States to tackle the COVID-19 pandemic, and to deliver a better-prepared and more resilient Europe. The Commission, together with this House, has laid the foundations of a strong European health union. The Commission, together with this House, has kept the food we eat safe. The Commission, together with this House, has improved animal welfare, which is very close to our citizens' hearts.

However, I'm sure we could do much more together. I think I have a very clear vision for the next five years. First and foremost, I want to help improve the health of our citizens by continuing to build on the European health union. Even though health is a Member State and national responsibility, we saw during the COVID pandemic that there are health issues that we have to give joint solutions, because things like pandemics do not respect national borders.

Together, cancer and cardiovascular diseases are the leading cause of premature death in Europe. But like other chronic diseases, they are almost always, or largely, preventable. Prevention truly is the best medicine, because the best disease is the one you don't have. This is why we should make preventive health a priority and invest in it through a comprehensive and cross-cutting approach. Money spent on health, and especially on prevention, is an investment, not a cost.

Second, if the disease is unavoidable, we need a precise diagnosis and we need the most appropriate and most state-of-the-art treatment to be given to our citizens. I want to ensure that the necessary

treatments and medicines are available to EU citizens when and where they need them. For this, Europe's pharmaceutical and biotech sectors should be at the heart of our competitive European economy. I want clinical research to stay and grow in Europe, and I want to improve the security of supply of medicines. A thriving European industry in health technologies means the EU has more autonomy in healthcare, and means also that the EU health industry can be the most competitive all over the world. This is an enabler of effective, accessible and resilient health systems that can administer the care and treatments our patients need.

Finally, I want to make sure our food safety and animal welfare standards continue to be the highest in the world. I also intend to make sure that our farmers and producers can continue to provide our food and compete on a level playing field. This vision is rooted in the 'One Health' approach, where the health of humans, animals, plants and the environment is closely interconnected.

If confirmed, I would be proud to be the Commissioner for Health and Animal Welfare, bringing together all the strands of this portfolio. But let me tell you now, how would I want to achieve this vision?

A healthy Europe is underpinned by a strong and competitive European industry that delivers for our patients and health systems. The revised pharma legislation, the Critical Medicines Act, the European Biotech Act and the revision of the medical devices legislation will be the basic pillars of the strong and competitive European industry.

First, I will engage constructively with this House and the Council to reach a balanced compromise agreement on the revision of the pharmaceutical legislation. I commend this House for setting out already its position. I do hope that the Council will also be swift in developing its own.

Second, in the same spirit, Europe should be a dynamic centre for biotechnology. I would lead the work to make a new European Biotech Act a reality. This act should be an enabler of innovation which happens here in Europe. The potential is huge, especially if we combine it with the power of artificial intelligence and data created by the European Health Data Space.

Within the Biotech Act, I would explore measures to boost the EU's competitiveness and to turn our world-leading science into marketable products, to bring academic institutions and businesses together and provide the connections to compete globally. This act should help us to create a new world-leading health industry, which means: leader in knowledge, leader in technology, leader in prevention and available therapy. We should use our data systems to gain competitive advantages with data-based solutions, not only in prevention but also in healthcare, but the advancement of various biotechnologies.

Third, Europe's rules on medical devices and in vitro diagnostic devices are modern and comprehensive. They put patient safety first and the importance of this objective should never be overlooked. But I do share the view of this House that we need to ensure that the regulatory framework does not have an unintended effect by stifling innovation and putting at risk the availability of devices through overly burdensome procedures.

To avoid this risk, in the short term, I would propose measures aiming to reduce burden and simplify procedures. Such measures can be achieved within the current framework. At the same time, I would intensify the ongoing work of evaluating the current legislation, with the aim of being ready with the review next year, keeping in mind Europe's competitiveness and efficient innovation processes.

Fourth, structural dependencies in our pharmaceutical supply chains have increased medicine shortages in the EU. This situation is affecting almost all Member States, putting the health of Europeans at risk. Reducing dependencies is another challenge we need to address.

This is why I want to propose a Critical Medicines Act within the first 100 days as a priority action of this new mandate. I see the Critical Medicines Act as a key initiative to enhance the availability and European manufacturing of medicines and boost the EU's economic security in health, complementing the measures discussed in the revision of the pharmaceutical legislation. The Critical Medicines Act can also support innovative manufacturing technologies and can be a useful tool to create market incentives, for example by joint procurements to address the market failures, including also in relation to orphan drugs and rare diseases or the lack of new antibiotics.

These initiatives will help us not just to complete the European health union, but also to lay the ground of a modernised, competitive and resilient EU health ecosystem which will deliver for our citizens.

But of course we must not forget the resource-intensive work that is still required to implement its original building blocks. In particular, I will want to focus on making the European Health Data Space a reality, as part of a forward-looking approach to digital health, which looks to optimise the use of artificial intelligence.

On health security, we require continuous vigilance through the ECDC and the Health Security Committee, and full implementation of the cross-border health threats regulation.

One of the biggest health threats in Europe and worldwide is antimicrobial resistance. Fighting antimicrobial resistance requires support for innovation to curb current under-investment in the sector, together with the creation of a market for new and more effective antibiotics and treatments developed and manufactured in Europe. I would continue the work to reach the 2030 targets, building on the important work already carried out and recognising the connection between animal health and human health. I will devote the utmost attention to keep the list of antibiotics reserved for human use up to date with the latest state of science all along the mandate.

Honourable Members, if confirmed, I would step up the EU's work on preventive health. Drawing on the success of Europe's Beating Cancer Plan, I intend to propose a similarly ambitious approach for the most important cause of death in Europe: cardiovascular diseases. Apart from reinforcing further lifelong prevention, we need better and more diagnosis and treatment. This plan – the Plan for European Cardiovascular Health – should also cover diabetes and obesity, as they are closely related. Our plan should, in particular, help us to develop and make available new and personalised ways of prevention and treatment for Europeans, based on our work and within the European Health Data Space. As is the case with the Beating Cancer Plan, this new plan should also address health inequalities and focus on women's health, as the impact of cardiovascular diseases on women needs further attention.

Measures in prevention would range from promoting healthy lifestyles (especially for children and young people) to regulation that cuts to the root of the problems. And when it comes to risk factors, tobacco and nicotine consumption is the single largest avoidable health risk. Tobacco and nicotine products have evolved since our tobacco control rules were last revised, and new products are emerging. I would evaluate and revise the EU's rules on these products, as there are justified concerns about young people's access and consumption, creating even more challenges for our public health.

For other chronic diseases, tackling key factors and focusing on health determinants will continue, ensuring a common approach, also covering neurodegenerative illnesses, autism and other non-communicable diseases.

I would also want to continue the important work of the Commission on mental health. Specifically, I would investigate the impact of social media and excessive screen time on well-being, especially for the young generation.

Honourable Members, new technologies present enormous opportunities to change health systems for the better. This needs to happen in a secure way. So in the first hundred days of the new mandate, I would want to work with the Executive Vice-President for Security, Democracy and Values on a European action plan on the cybersecurity of hospitals and healthcare providers.

Together, we are better and more able to face and solve our problems. If confirmed as Commissioner, I would pay particular attention – and I am running overtime, sorry – to designing a balanced approach on animal welfare, aimed at finding solutions which respond to citizens' expectations and which are also economically and financially viable for farmers, and which does not hinder their competitiveness. Ensuring the same standards not just across the EU, but vis-à-vis third countries on animal welfare is important and requires consistent implementation. And I would continue to promote high animal welfare standards at the international level. I would launch a fully inclusive consultation process that involves all relevant stakeholders, building on the report from the Strategic Dialogue on the Future of Agriculture. I would work with the Commissioner for Agriculture and Food to include animal welfare in the future vision of agriculture and food.

I would act on food waste and work to make food production and consumption more sustainable for our citizens. I would also want to strengthen the implementation and enforcement of our world-leading food safety standards, including for imported foods. Food safety standards in the EU ensure that our EU citizens have access to nutritious, safe and high-quality food products. I will strengthen the implementation and enforcement of these world-leading rules, including for new knowledge becoming available.

I'm also aware that pesticides are an essential part of the toolbox for farmers to protect their crops. Increasing the availability of viable alternatives is vital to reduce the use of chemical pesticides. Where appropriate, I intend to consider very carefully the availability of alternatives in the context of the decision-making process on the renewal of approval of pesticides. I'm also committed to increasing the availability of alternatives, such as biopesticides, by fostering their access to market.

I don't want to prolong this speech anymore, but I do want to ask for your support and offer my cooperation with you, because I think with this plan, we will have a lot to deliver.

1-0007-0000

**Antonio Decaro**, *Presidente della commissione ENVI*. – Possiamo adesso alla prima sessione di domande con i coordinatori dei gruppi politici.

Vi ricordo che c'è un minuto per la domanda, due minuti per la risposta da parte del Commissario, un minuto per una eventuale domanda di follow-up – eventuale, non obbligatoria – e un minuto per la risposta.

Vi prego di rispettare i tempi. So che è complicato parlare in un minuto e rispettare anche il lavoro dei traduttori che ci chiedono di parlare lentamente, è complicatissimo, però dobbiamo rispettare i tempi. Non lo dico per me, che ormai vivo come Tom Hanks nel film *The Terminal* – mi sembra di



vivere in.... ho paura per quando uscirò da qua dentro, sono giorni che sto qua dentro per diverse ore, sono spaventato dal rapporto con la realtà...

Però vi prego, perché dopo abbiamo le commissioni che si devono esprimere e la valutazione, quindi abbiamo ancora un lavoro lungo.

Passo la parola a Peter Liese.

1-0008-0000

**Peter Liese (PPE).** – *Grazie mille presidente*, dear Commissioner-designate, to cut red tape and to increase competitiveness is a key priority for the EPP in the next period. It's particularly important in medical devices because this is not only about less red tape for competitiveness, but also to help patients that don't have the necessary medical device. That's why I welcome your commitment to present a review with all the problematic articles in the next year, but you also said you will do some things faster. So do you agree with the Parliament that these targeted measures can already be in quarter one next year? That would be great.

Secondly, you mentioned the mRNA vaccine, and I hope you will not be responsible for a pandemic because we hope we don't have it any more in the next five years. But you may be and, you know, the government that appointed you was more critical than any other government on the European action, and they negotiated also with Russia for another vaccine. How do you evaluate this behaviour and how would you address Member States that follow that approach?

1-0009-0000

**Olivér Várhelyi**, *Commissioner-designate*. – On medical devices, I can confirm that we would like to do a review next year and come with a legislative proposal as necessary, subject to the review. We're doing a report now on this.

I can also confirm that we see that there are two areas where we have a major bottleneck, where we have also the problem in terms of accessibility and availability of these products on the market. These are related to the orphan medical devices and also related to the paediatric medical devices. On these, we are convinced that we can move ahead with implementing acts. It doesn't require a legislative amendment, and this is going to happen once I'm in office. It will be a priority. And yes, I can confirm that we can deliver this already in the first quarter of next year.

Now when it comes to vaccines, I think the rules are extremely clear in Europe. Vaccines are to be authorised by the EMA. It is very clear that it's an exclusive competence of the EMA to authorise them – and this is not going to change, whoever the Commissioner is. It is for that reason that I will continue to be bound by these rules, as I have always been following the rules of the EU. So should we have a next pandemic, I think the same procedures will have to apply – that EMA-approved vaccines will have to be the only ones that could be used.

There are loopholes in this legislation, but I think the rules are very clear. Not only that, but it is also very clear that the vaccines the EMA approves are safe and they are effective. So I will want to rely on the work of the EMA in the future as well.

1-0010-0000

**Peter Liese (PPE).** – On medical devices it was really clear, thank you.

On vaccines, you spoke about loopholes. There I would like to understand a little bit better. Do you think that Hungarian citizens have not been properly protected because they have been vaccinated with Sputnik when it was not authorised by the EMA?

You were very clear, but would you then say that was a mistake by the Hungarian Government?

1-0011-0000

**Olivér Várhelyi**, *Commissioner-designate*. – What I can tell you is that the European rules are clear on how vaccines are to be authorised. There's also a possibility under that regulation that, in exceptional circumstances, national prior authorisations can be allowed, and that is the full responsibility of any Member State in question. But I'm sure that those vaccines that are authorised by the EMA are safe and effective.

1-0012-0000

**Christophe Clergeau (S&D)**. – Monsieur Várhelyi, mes questions vont être précises et interrogent soit votre capacité d'action en tant que commissaire désigné, soit vos convictions personnelles.

Considérez-vous que la santé sexuelle et reproductive doit être un élément essentiel de l'union de la santé? Je pense notamment ici à l'accès à l'avortement et à des produits de contraception et d'hygiène féminine abordables, y compris les stérilets, les tampons et les préservatifs. En conséquence, soutiendrez-vous l'intégration des droits à la santé sexuelle et reproductive dans la Charte européenne des droits fondamentaux?

Par ailleurs, êtes-vous favorable à un accès effectif, sûr et légal à l'avortement grâce à des services médicaux adaptés présents sur tout le territoire européen, et veillerez-vous à ce que l'Union ne finance pas des organisations qui désinforment ou harcèlent les patients?

Enfin, vous engagez-vous à agir pour que la situation des personnes transgenres ou non binaires ne soit plus considérée comme une maladie dans certains États membres?

1-0013-0000

**Olivér Várhelyi**, *Commissioner-designate*. – I think that when it comes to sexual reproductive rights, there was an extensive question on that to my colleague Ms Lahbib today, and I fully agree with what she said. And there it is very clear that we have rules on this in the Charter of Fundamental Rights, and it is also very clear that sexual reproductive rights are part and parcel of human rights.

Now, we have also a court judgement in Strasbourg in the European Court of Human Rights. Now, when it comes to abortion, I think it is also very clear that abortion is a question that is more of a constitutional and human rights question than a medical question. And not only that, but it is also more of a question for Member States. There is no EU competence when it comes to abortion.

I am coming from a country where we had an abortion ban in the 1950s by the communists, and in the 1950s it was a major risk women had to take if they wanted to have an abortion, just to have their choice. It was only from the 1960s, when Hungary, after 1956, reintroduced the possibility of abortion. And it has been the case ever since. So I think we have different solutions, Member States by Member State, and these are the choices of the societies.

1-0014-0000

**Christophe Clergeau (S&D)**. – Monsieur le Commissaire désigné, vous ne pouvez pas renvoyer ce débat à la question uniquement des droits fondamentaux. Je vous interroge en tant que

commissaire désigné à la santé. Vous pourriez par exemple proposer un plan pour la santé des femmes, inspiré du plan cancer, qui, entre autres, couvrirait ce sujet de l'avortement ou de l'accès aux droits reproductifs, mais aussi l'augmentation de la recherche médicale, le traitement des sous-diagnosés ou des sujets négligés comme l'endométriose.

Vous savez que 500 000 femmes en Europe ne bénéficient d'aucun accompagnement en termes d'accès à l'avortement, et dès que l'on va parler de résilience des systèmes de santé et d'accès aux services de santé, cette question est pleinement intégrée. Je pourrais vous parler d'Izabela, une femme polonaise de 30 ans, morte au cours de la 22<sup>e</sup> semaine de grossesse d'un choc septique parce que les médecins avaient attendu que le cœur de son fœtus cesse de battre pour la soigner. Ce sont des questions de santé publique.

Je remarque que vous ne m'avez pas répondu sur la question de la transidentité et de la non-binarité. Vous pouvez agir à travers la stratégie LGBT ou à travers la directive de l'UE sur les droits des victimes. Est-ce que vous allez le faire et est-ce que vous pouvez répondre concrètement aux questions que je vous ai posées qui relèvent de la santé?

1-0015-0000

**Olivér Várhelyi**, *Commissioner-designate*. – I think it is very clear that we need to have very specific programmes for women's health. I quoted some of it already in the introductory speech, and I'm more than happy to continue to enlarge the common work of prevention on this. If you ask me about whether this should include also questions related to abortion, I think, as I said, we have to walk the very fine line of competences.

In relation to access to health, it is also very clear that no matter the gender, access to health has to be ensured. That is also a basic human right, not only enshrined in the Charter of Fundamental Rights, but also in almost, I would say, not almost, in all of the constitutions of the Member States of the European Union.

1-0016-0000

**Viktória Ferenc (PFE)**. – Commissioner-designate, welcome to the European Parliament, it's an honour to have you here. I believe that your proven track record as a Commissioner is a guarantee for success in the health and animal welfare portfolio as well.

Concerning the topic of health, the European Union faces significant challenges in ensuring an adequate supply of medicines for all Member States. In your mission letter, you have been tasked with tackling the endemic risk of shortages of critical medicines through the Critical Medicines Act. This initiative is crucial not only for safeguarding public health, but also for strengthening the EU's strategic autonomy in the pharmaceutical sector. It is an opportunity to address long-standing issues such as uneven access to medicines.

Given the complexity and the importance of this task, could you please provide an overview of your strategy to ensure the medicine supply chain for Member States? Thank you.

1-0017-0000

**Olivér Várhelyi**, *Commissioner-designate*. – I think that the work which has started already through the Critical Medicines Alliance has shown a quite devastating picture. This was first after the COVID pandemic that we have seen how vulnerable some of our Member States are. As a rule of thumb, what we could conclude from that is that the smaller the market, the less the access is, and the less

financially viable the market, the less the access is. This is where we have to work together, and this is why, for me, it is an absolute priority to come as soon as possible with the Critical Medicines Act.

In the Critical Medicines Act, we should not only create incentives for the pharmaceutical companies to produce these products for us, but also to create a market, a market on the basis of which they can foresee production on a longer term, meaning that through, for example, joint procurements of Member States, we can create markets that are also economically interesting and viable for companies to supply.

I think that we have a huge opportunity with this, and it is not only the critical medicines where we have this opportunity, we can also use this tool to address our problems when it comes to orphan drugs, by enlarging this market, or rare diseases related drugs. or even creating a market for new antibiotics with which we can have them on the market. Because it is one thing to talk about accessibility, but if there is no availability, there's nothing to access.

In the Critical Medicines Act, it is equally going to be important to get the production back to Europe. And we have to fight that we have European production so that the value chains that we are working with are not as vulnerable as they are today.

1-0018-0000

**Viktória Ferenc (PFE).** – Thank you for your answer. For my follow-up question, I would like to bring into the discussion another topic of the ENVI Committee, namely food safety.

The Green Deal has had a serious impact on competitive and sustainable food production in the European Union. In addition, during the COVID pandemic, plant and animal health had not been addressed adequately and the quality of food chain supervision had decreased. This is a particular problematic when control on imported foodstuff is not sufficient.

What actions would you take as a Commissioner to secure safe food supply and to ensure a level playing field for European farmers?

1-0019-0000

**Olivér Várhelyi, Commissioner-designate.** – It is very clear that food security is a European value. Our self-sufficiency in food must be a priority that we all need to ensure. I think if you look at the political guidelines issued by our President, it is also very clear that this Commission will want to ensure that we have food on the table, food on the table that is produced in Europe, and food on the table which is safe to eat and which is accessible for all.

This is why, in my part of the portfolio, I would like to have a contribution for the agri-food sector which is less reliant on external inputs, which is more resource-efficient and which can also create a better and more predictable future for our farmers, because ensuring a level playing field for European farmers should also be part of this systemic vision.

We already apply, to certain important products, measures in relation to health and environmental standards, including in animal welfare. And we have to reinforce those.

1-0020-0000

**Carlo Fidanza (ECR).** – Signor Commissario designato, benvenuto da parte del gruppo ECR. Approfito anche per ringraziarLa dell'ottimo lavoro che ha svolto nella sua precedente veste su un portafoglio così importante come l'allargamento.

Voglio continuare sulla stessa linea della collega Ferenc per quanto riguarda il tema della sicurezza alimentare; in particolar modo, Le vorrei chiedere cosa pensa della possibilità di introdurre un sistema di etichettatura di origine obbligatoria sui prodotti alimentari provenienti dai paesi extraeuropei, sui prodotti importati, in particolar modo sugli alimenti ultraprocescati che naturalmente hanno ingredienti di varie origini.

Inoltre vorrei chiedere una Sua valutazione sul tema della carne coltivata in laboratorio, che comincia a diventare un tema che riguarda i nostri mercati e, in particolare, se sosterebbe un approccio fondato sul principio di precauzione, come quello riportato dal documento approvato recentemente dal Consiglio "Agricoltura e pesca" su iniziativa italiana, approvato da una vasta maggioranza di Stati membri.

1-0021-0000

**Olivér Várhelyi**, *Commissioner-designate*. – Thank you very much. I think we already have a number of labelling requirements, and in almost all or a significantly large part of the food products it is an obligation to indicate the origin. But this is something I'm ready to look into. We have to be also mindful of the fact that these labels should also serve their purpose, meaning that they should inform the consumer.

In relation to these new technologies and the creation of novel foods, I think we have to distinguish between the scientific debate and the debate in the society or the ethical debate. What is very clear is that we have EFSA, which is a world leader when it comes to food safety, and we have to trust them. We have to trust them that they are going to be able to tell us what is safe to eat and what is safe to be marketed for our consumer.

However, I'm also convinced that we cannot shy away from the ethical discussion related to this. And this is not going to be just a scientific debate that we will have to have. It is very, very clear that in some corners of Europe there are very huge misgivings.

Maybe one solution – but this is something that we will have to properly elaborate on – is to use the same principle that we are applying when it comes to genetically modified organisms. And it is that those who would like to use these technologies should be free to use them. However, those who wouldn't like to use these products should not be forced to do so. So I think we will need to find also an ethical solution to the problem, because this is not only a scientific one.

1-0022-0000

**Carlo Fidanza** (ECR). – Per la mia domanda di follow-up, La vorrei portare sul tema delle epidemie animali – le epizootie – che, come sappiamo, stanno colpendo in maniera molto pesante molte comunità rurali e stanno causando molti danni ai nostri agricoltori. In particolar modo, la peste suina africana sta creando molti danni da diversi mesi.

Nella capacità di risposta europea sono state definite delle zone di restrizione, che dovrebbero essere applicate e attuate attraverso il principio di regionalizzazione, che dovrebbe consentire agli Stati membri di limitare l'applicazione di queste norme soltanto a territori ben definiti e limitati, lasciando quindi le altre aree commercialmente libere, anche per evitare fenomeni di concorrenza sleale.

Spesso però questo principio di regionalizzazione non viene rispettato. Allora Le voglio chiedere, ha intenzione di impegnarsi affinché ci sia anche in questo caso un *level playing field* e un'attuazione armonizzata di questo principio e anche quali tipo di salvaguardie e di sostegni si possono

immaginare nei confronti degli agricoltori colpiti, anche in termini di ricerca? Sappiamo che i vaccini sono una ipotesi necessaria, ma ancora lontana.

1-0023-0000

**Olivér Várhelyi**, *Commissioner-designate*. – It is very clear that these zoonoses are becoming even more widespread every year. What we have seen was that the budget which was allocated to this has been almost entirely used up. This is why we had to drive down the co-financing rates from 50 % to 70 %, to 20 % to 30 %. It is clear that it affects an ever-larger geographic region, and it affects even a larger community of farmers and animals.

I think that we have a system in place through EFSA, but also the Veterinary Emergency Team, that is working really well. And the regionalisation to my mind is working. Don't forget, after all, Sardinia has come out from the African swine fever limitations after 50 years now, and they have been able to deliver this through the EU Veterinary Emergency Team. Yes, we need to do more, and I'm ready to do more. And yes, we will need to allocate more funds. The only solution to African swine fever is going to be the invention of a vaccine. For that reason, we have allocated already EUR 30 million.

1-0024-0000

**Vlad Vasile-Voiculescu (Renew)**. – Commissioner-designate, I would still like to insist on something that is of concern for many in this House. Many here are staunch supporters of a European health union that is capable of addressing health crises, medical shortages and even critical diseases like cancer with a united front.

However, please tell us how we can trust you to lead the public health and animal welfare portfolio when your government – and you also mentioned Katalin Karikó, whose discovery led to the mRNA vaccines – but again, your government and your country was the only Member State that independently approved the Russian Sputnik V and the Chinese Sinopharm vaccines. And this meant sidestepping the EU solidarity and the very agencies that you would be charged with overseeing right now.

Furthermore, how will you uphold the core European values, health solidarity and ensure effective cooperation in health crises, particularly if Hungary again decides again to bypass scientific protocols in favour of unapproved medical treatments?

1-0025-0000

**Olivér Várhelyi**, *Commissioner-designate*. – I can confirm again that I will rely on the work of the EMA, because I think that the work of the EMA is an excellent one, even on a global scale. And I think that the safety of and efficacy of vaccines are best guaranteed by the EMA – this is going to be my conviction and my line to take as Commissioner.

It is also very clear that should we have a pandemic again, we are much better equipped than last time. Don't forget that we have HERA, we have all the institutions that are capable of reacting early. Unfortunately, the COVID pandemic caught all of us by surprise, and it took quite some time until the Member States have figured out how to work together. But I still consider the very fact that we have had vaccines within a year and a half of the emergence of the pandemic, a major breakthrough. We have never seen this before in the history of humanity, and we have also seen that all Member States have participated in this, including my own. In that, I think there is also a very clear view to have, which is that the safest is always what the EMA approves.

1-0026-0000

**Vlad Vasile-Voiculescu (Renew).** – I understand you will not exercise any influence on behalf of the Hungarian Government on the agencies that you're going to oversee. So I'll step to the next question.

You mentioned you're a fan of the European health union – one of the boldest EU initiatives over the last two decades was the cross-border healthcare directive that elevated patient care access around Europe. Yet that was 13 years ago and 13 years on, patients are still encountering financial, administrative and logistical barriers to essential treatments abroad, as shown also in a European Commission implementation report from 2022. Will you commit to reducing these barriers by stepping up enforcement, reducing red tape, and also ensuring sufficient funding for the expansion of European reference networks and joint actions, thus forging a cooperation and empower the reputable international medical organisations and patient groups to help patients overcome those barriers?

Essentially, and especially for children and people with rare diseases, I think we need to make this happen and I think we owe them that. Are you committing to work closely with Parliament and trusted medical...

*(The President cut off the speaker)*

1-0027-0000

**Olivér Várhelyi, Commissioner-designate.** – Thank you. I think that the reference network is a major success. The reference network is something of a breakthrough also in terms of the thinking of the national healthcare systems. It is through the reference networks that we have managed to bring them much closer at an operative level, and this is why I want to promote this even further.

First, I would like all Member States to be part of it, because there's only things to be gained from it. Second, compared to the red tape and the administrative difficulties that the patients are facing when it comes to applying for cross-border treatments; the reference network is capable of delivering therapy without even having to move, and this is why I think this is a novel approach, and yes, I want to expand it to further therapeutics and, of course, children should also be included. So I'm more than happy to work with you on this.

1-0028-0000

**Tilly Metz (Verts/ALE).** – Dear Commissioner-designate Várhelyi. I'm sitting here in front of you as a member of the Queer community, but also as a mother, as a citizen of a small country in the heart of Europe – and I'm worried.

We had a nice bilateral meeting, but my worries didn't decrease. On the contrary. I spoke about empowering patients rights; you spoke about giving more incentives to the pharma industry. I wanted concrete answers to the three remaining proposals on farmed animals; you spoke about yet another impact assessment. Then I read also about you on deleting sentences in the progress report on Turkey regarding the LGBTQ+ threats, and also about following your own agenda on the Serbia-EU accession and on own-initiatives you took regarding the war in the Middle East.

So how can we believe that you are going to defend our European values of solidarity, of transparency and cooperation? And how do you foresee working concretely together on animal welfare with Commissioner Hansen, and on health emergency with Commissioner Lahbib?

On the content, could you explain to us how you see the link between animal welfare and the One Health approach?

1-0029-0000

**Olivér Várhelyi**, *Commissioner-designate*. – On patients' rights, I think if you look at the programme I have just presented, you see one big novelty compared to what you have been seeing in any previous mandate, and that is that it's not enough to have innovation. It's not enough to have a pharmaceutical industry, it's not enough to have a medical devices industry. We need new treatments, and these treatments will have to be accessible for patients.

If you look at what I'm proposing, for example in the European Cardiovascular Health Plan, it is exactly what you have seen in the Europe Beating Cancer Plan. I like that plan because it brings treatment to the people directly. That was the first time ever the EU has done that.

1-0030-0000

**Antonio Decaro**, *Presidente della commissione ENVI*. – Non funziona il servizio di interpretazione, mi arriva da più componenti della commissione, anche nelle mie cuffie.

Adesso sì.

Ok, sì.

1-0031-0000

**Olivér Várhelyi**, *Commissioner-designate*. – As I was saying, for me, providing new therapy for patients is a key priority. This is why including, for example, artificial intelligence in the European Cardiovascular Health Plan, with which we can create new patient routes not only for treatment, but also for predicting patient outcomes for individuals, is going to be key. If you look at all the proposals we're making, they are made to deliver better health now to our citizens.

On the animal welfare area, I think it is very clear what needs to be done. We have a European citizens' initiative, and it was successful. So we will have to follow that up – and we will follow that up.

We need to respond to the request of the citizens, and we will do so, and we will do it in an inclusive manner. The first year of the mandate is going to be about that. I want to have a fully inclusive dialogue with all the stakeholders, especially also with our farmers, so that we come up with solutions that are practicable.

I think that the direction of travel is very clear: we have to improve animal welfare, meaning we have to have a better life for our animals, be they farmed animals, be they pet animals.

On Turkey, I have not deleted this sentence. I cannot recall deleting it. I don't know where did you get this from, but it has never happened.

1-0032-0000

**Tilly Metz (Verts/ALE)**. – Now I have another, more personal, question.

What is your personal motivation to take over the animal welfare portfolio, and what would be, in that regard, during the first hundred days of your mandate, your concrete steps to improve animal welfare?



You can choose. There is so much that needs to be done. Would it be on the concrete roadmap to phase out animal testing, or the swift publication of the three remaining proposals on farmed animals? Would it be on banning fur farms and the import of fur products, and clearly recognising the link between animals in cages and the spread of zoonoses? You did not mention that so far.

Would it be the banning of exports of live animals outside the EU, or the ending of *corridas* or of finning?

Or at least, do you commit to help to free Paul Watson, the defender of whales?

Tell me. Tell me three things you want to do in the close future for billions of animals, sentient beings that suffer in Europe.

Would you make Europe be a real leader on animal welfare – and not only on paper, but in reality?

1-0033-0000

**Olivér Várhelyi**, *Commissioner-designate*. – I don't think I can deliver all this in the first 100 days – this much I can tell you. But I can tell you three things.

First, as I said from day one, I want to sit down with everyone to look at how we can end the cage age. It is clear what needs to be done, but we have to do it together with those who will have to implement it – so with our farmers.

Second, I think that there's not only the challenge of passing the legislative proposals on animal transport, because I want to get that done, and for me it's going to be a priority. But it is equally important to enforce the current rules, because the pictures we have seen just this week, about animals stranded on the borders, cannot wait until a new legislation is in place.

So I personally want to be available for any of these cases, and to help and avoid any such cases on the borders. These are things that are happening much too frequently.

1-0034-0000

**Catarina Martins (The Left)**. – Senhor Comissário indigitado, não pensei começar por aqui, mas registei a sua enorme dificuldade em falar dos direitos das pessoas LGBTQI+ e no direito ao aborto das mulheres. E volto aqui porque há três equívocos que eu acho que é importante desmontar.

O primeiro equívoco é de que estamos a falar de assuntos constitucionais, direitos constitucionais. Não estamos. Estamos mesmo a falar de cuidados de saúde, porque a discriminação e o preconceito negam cuidados de saúde às pessoas LGBTQI+ todos os dias na União Europeia. Isto é mesmo um problema de saúde.

Em segundo lugar, é um equívoco dizer que, porque uma coisa está inscrita na lei como um direito, ela é cumprida. Basta olharmos, por exemplo, para a Hungria, e sabermos que o tratamento humilhante a que sujeitam as mulheres que querem abortar está não só bem documentado, como leva muitas a atravessar a fronteira e muitas a sofrer e a não terem o seu direito concretizado.

E, finalmente, esta é uma questão europeia. Este Parlamento aprovou que queria que o aborto fosse um direito fundamental. E a minha pergunta é: vai defender esse compromisso ou seguir a política misógina de Orbán e Trump?

1-0035-0000

**Olivér Várhelyi**, *Commissioner-designate*. – I have no difficulty talking about the LGBTQ community. I don't know why you think I do. It is very clear that, as I said in my answer to a previous question, access to healthcare has to be ensured regardless of the gender or the sexual orientation. And this is something that has to be respected by everyone and every institution and every doctor. And for this to happen, I'm also always going to be a partner. Wherever there's a problem about this, I'm more than happy to help and engage.

When it comes to abortion, I think, again, I only need to confirm that there are limits to what the Commission can do. The European Parliament as a political body is perfectly able to make such proposals. But these proposals are proposals, I would imagine, for a treaty reform, because it will amount to this. There are certain competences that the Commission has to respect as guardian of the treaties.

1-0036-0000

**Catarina Martins (The Left)**. – Registo que, quando podia escolher ser aliado das mulheres ou estar do outro lado, ficou do outro lado, e isso fará parte da nossa avaliação.

Sabemos muito pouco do que pensa sobre saúde e, do seu currículo, a única coisa que é certa é que trabalhou para proteger as patentes das farmacêuticas. Quero questioná-lo também sobre isso.

O abuso de patentes é um obstáculo no acesso à saúde. Limitam, encarecem e chegam mesmo a impedir a produção de medicamentos. E é preciso saber se vai enfrentar as patentes para defender as populações ou se vai defender as farmacêuticas, e queria questioná-lo sobre um caso concreto. A farmacêutica Teva foi multada a semana passada pela Comissão por abuso de patente num medicamento para a esclerose múltipla, anunciou recurso. Qual é a sua posição sobre este processo?

Finalmente, e porque o ouvi já também dizer que tem muita dificuldade em ter metas concretas sobre o bem-estar animal, peço-lhe que pense pelo menos numa, porque senão ficamos com a ideia de que o título está no seu portefólio só para lavar a continuidade da mesma política de crueldade para com os animais.

1-0037-0000

**Olivér Várhelyi**, *Commissioner-designate*. – It will be hard to answer all this in one minute, but why do you think I'm not an ally of women? I live my life with four women. I have three daughters, and I live with my wife. Don't you consider me to be an ally of women? And on the patents, I don't think that patents as such are an impediment for treatment. Patents are there so that we have pharmaceutical products to treat our people. Patents have been there for a number of centuries now to have new pharmaceutical products on the market.

We are also working to have non-patented products even faster on the market. This is why, for example, if you look at the pharmaceutical package that we are now proposing, you see an incentive on the so-called 'European Bolar', which means that generic companies can already start manufacturing their products even before the patents are expiring, so that we have generic products on the market much faster. So I think patents as such are not an impediment. But I agree with you – we have to have products on the market much faster so that everybody can access them.

1-0038-0000

**Ivan David (ESN)**. – Vážený pane kandidáte, stále více vážně duševně nemocných kvůli neadekvátní nebo chybějící léčbě v rámci tzv. reformy končí na ulici, v neadekvátních zařízeních nebo ve vězeních. Co s tím můžete udělat? Druhá otázka: stále se zdražují léky, protože vznikají

nové originální přípravky, z nichž více než polovina není lepších než původní léky, které mají nahradit. Jak se díváte na generickou preskripci a generika? A nakonec, lékaři a sestry utíkají z chudších zemí do bohatších zemí, to se týká ale dokonce i Německa, odkud utíkají do Velké Británie, Spojených států, do Skandinávie. Co s tím můžete udělat? Je to vážný problém.

1-0039-0000

**Olivér Várhelyi**, *Commissioner-designate*. – I think it is very important to have generic products on the market, but to have generic products on the market, first you have to have original ones, because original products are the ones on which the generic products are based. So it is a double task that we will have to work on. And this is why we have the right incentives, I think, in the package to limit the data exclusivity periods dedicated to original products, and also the Bolar exemption, as I already quoted. With this, we will have generic pharmaceutical products on the market earlier.

But patents as such are, I'm convinced, the most important incentive to have new therapies. Otherwise we will end up like we ended up with the antibiotics. With different policy choices, where we are today is that we do not have new antibiotics, and we have larger and larger populations that are becoming resistant to antibiotics – generic ones – because there are no new ones.

On doctors' free movement, yes, the single market is also a driver for the free movement of doctors and health professionals, but it is not because of free movement that we have this shortage of professionals. If you look back at the end of the 80s/beginning of the 90s, the health profession was among the top three most sought-after professions and we had huge streams of people obtaining these diplomas. Nowadays, it's not in the top ten because it is a very demanding job. It is a very heavy task to carry. So we have to help the doctors. We have to help the doctors with training, with providing them with technology with which they can reduce the burden on themselves and with which we do more treatments with the same staff around Europe.

1-0040-0000

**Ivan David (ESN)**. – Pane kandidáte, je asi moje chyba, že jste nepochopil moji otázku. Já bych se chtěl zeptat na další věc. Já jsem samozřejmě proti tomu, aby byla drůbež chována ve velmi malých klecích, kde se stěží může pohybovat, ale mají být zakázány tzv. obohacené klece, kde je daleko nižší nemocnost a úhyn drůbeže než při chovech na podestýlce ve velkých halách. Budete se o radu obracet na odborníky anebo budou rozhodovat nekvalifikovaní fanatici?

1-0041-0000

**Olivér Várhelyi**, *Commissioner-designate*. – As I said, we will start with an open dialogue, and in that we want to listen to everybody, including, of course, the science.

When it comes to the poultry sector that you refer to, what we see, I think, is that this is the sector where things are happening already on the initiative of the sector itself, and we see the most development instigated by the sector itself. Maybe the poultry sector could be a showcase that we can use. It's not the same across the board in Europe but, again, the direction of travel is very, very clear: cages are becoming obsolete.

I agree with you that, yes, we also have to check that when we make our proposals and we implement them to end the cage age, we have to make sure that importers do not take undue profit from the fact that they are not banned elsewhere.

1-0042-0000

**Antonio Decaro**, *Presidente della commissione ENVI*. – Passiamo adesso al secondo giro di domande.

Vi ricordo che il tempo per la domanda è un minuto e due minuti per la risposta. Vi prego di rispettare i tempi, perché siamo in forte ritardo.

1-0043-0000

**Stefan Köhler (PPE).** – Dear Commissioner-designate, you will no doubt have seen the terrible pictures of two animal transporters at the Bulgarian-Turkish border at the beginning of October that were not cleared. Societies desire for animal-friendly and correctly conducted animal transport is demonstrably there and stronger than ever. But at the same time, livestock farmers are worried about their competitiveness. How do you plan to manage the balancing act between animal welfare and competitiveness in animal transportation over the next few years? What priority do you give to the current Commission proposal, and what adjustments do you think still need to be made in order to harmonise regulations within the EU? Thank you.

1-0044-0000

**Olivér Várhelyi, Commissioner-designate.** – For me, it's going to be a priority to conclude the legislative process on our transport proposal. But I'm also convinced that we should not wait for the proposal to be adopted to improve the situation on the ground. You also referred to this case, that I've also seen, which really shocked me – this is why I immediately called the Turkish ambassador in this town and offered them that, should I be confirmed, I'm more than happy to be part of the solution, because I think that we have to have a solution. We cannot just wait until the authorities agree or do not agree and leave animals stranded for weeks – this is unacceptable.

It is also clear, on the other hand, that when we design the rules for the future, we should also be mindful of the fact that we want our farmers to be able to continue farming, that they should be able to raise animals, they should be able to fatten animals, and they should be able to slaughter animals. This is why, if you look at our proposal, what you see is that we would like to continue with this and we are more than happy to involve the farmers even more in this work. But as I said, I think the work starts with action on the ground immediately, day number one, to avoid these mishappenings.

1-0045-0000

**Camilla Laureti (S&D).** – Signor Commissario designato, la sfida della nuova legislazione sul benessere animale, come anche Lei ha detto nella sua introduzione, è duplice: dobbiamo assicurare il miglioramento degli standard e garantire che le misure siano sia economicamente sia socialmente sostenibili.

Lei è stato designato da un governo che, secondo alcune inchieste giornalistiche, avrebbe dirottato fondi europei verso imprese politicamente amiche. Può prendere le distanze da questo?

Come intende aiutare tutti gli allevatori che ne hanno diritto ed evitare che i fondi europei possano alimentare ingiustizie?

Un milione e mezzo di cittadini europei ha chiesto di migliorare le condizioni degli animali negli allevamenti intensivi. Può dirci meglio cosa fare per andare in questa direzione?

Cosa farà, infine, per creare un fondo per la giusta transizione agroalimentare, come concluso dal dialogo strategico sul futuro dell'agricoltura? Con quali altre fonti di finanziamento intende sostenere agricoltori e allevatori europei che affrontano le nuove sfide oggi?

1-0046-0000

**Olivér Várhelyi**, *Commissioner-designate*. – I think it is very clear that, whatever the country, the rules have to be followed and the rules under my leadership are going to be enforced with full force, whichever the Member State. It is not my portfolio, though, what you are referring to, what you are referring to is part and parcel of the Common Agricultural Policy. There my portfolio is not involved.

On the Just Transition Fund, I also came across this idea of Mr Letta, I think that this is a broader discussion. It is more related to the next MFF discussion – I think there will be a broad discussion about this.

What is very clear as a principle to me, is that if we want to request our farmers to do more for animal welfare, which I am convinced as a fact that they want to do because our farmers, they love their animals, we have to help them. We also have to help them financially, because it means that we have to have time enough for them to adapt themselves, and also they need financial incentives to be able to deliver everything we are asking from them. For that, I'm more than happy to be part of the college and work for that.

1-0047-0000

**Tomislav Sokol (PPE)**. – Between 2019 and 2022, 48 oncological drugs received approval in the EU. Out of these, 46 are available in the biggest Member State, but only three in Lithuania. So these numbers reveal a major disparity in access to lifesaving treatments within the EU. On the other hand, as you rightfully said, the pharmaceutical sector is a strategic one for the EU, as also highlighted in the Draghi report. And it's a high-added value industry where we have the possibility to actually compete with foreign powers like the US, China, etc.

So can you be more concrete? How do you plan to find a balance between equal access on one side and the need to strengthen the EU biotech industry, bring investments into R&D and highly skilled jobs to Europe, and make us less dependent on supplies from abroad within the competences that you have?

Second, on non-communicable diseases: so they account for 80 % of the disease burden in the EU. So can you be more precise? Can you enumerate which strategies – like brain health, cardiovascular health, rare diseases, diabetes – do you plan to propose with concrete benchmarks, objectives and funding like Europe's Beating Cancer Plan?

And finally, you mentioned the Cross-border Healthcare Directive. So you speak about better implementation. I think it's not enough. It's extremely complicated. It's an obstacle for patients who want to access treatment abroad. So my question is: can you commit to actually revise this legal framework? Thanks.

1-0048-0000

**Olivér Várhelyi**, *Commissioner-designate*. – On equal access, I think we have already good proposals in the pharmaceutical package, which should provide more access because we are providing incentives, for example, when it comes to extending data exclusivity periods for pharmaceutical products that are introduced on the market which are marketed in all Member States. But I hear you and I agree with you.

Regulatory approach is not the only thing that we need, because regulatory approach might not solve the problem of the size of the market that you have also referred to. If you look at what is the

critical size of a market, that is normally around 10 million people. So if we want to make a change, we have to organise the market differently.

This is why the Critical Medicines Act is going to be so important, because through joint procurements... You mentioned one of the Baltic Member States. I would add to this all the Visegrád countries, I would add your country, Croatia, I would add Romania, I would add Bulgaria, Greece. That is more than 100 million people, so if they team up on a voluntary basis, and HERA helps them to get the medicines that otherwise are not introduced on their markets, be it in relation to pandemics, be it in relation to non-communicable diseases, then we will have products on the market.

But this is a work that we have to start immediately. This is why I want to come very, very quick with the Critical Medicines Act, so to help with accessibility, and also, I hope this will affect the pricing problem that we are having.

The other issue that you mentioned, related to the non-communicable diseases – I mentioned the initiative that is very close to my heart, and that is the new initiative on European cardiovascular health. This is the single biggest health risk for Europeans. This is the health risk that we know the most about. And this is the health risk which is the most preventable. And this is related to obesity. This is related to diabetes. So I want to have a comprehensive plan, pretty much like the Cancer Plan which delivers for the patients on the ground.

1-0049-0000

**Anne-Sophie Frigout (Pfe).** – Monsieur le Commissaire, ma question portera en particulier sur votre portefeuille relatif au bien-être animal.

Je pense qu'il est temps de mettre en place des mesures concrètes qui améliorent réellement les conditions de vie et la sécurité des animaux. Il faut aussi entendre les aspirations des sociétés européennes qui veulent une meilleure prise en compte de la dignité animale. On estime que 8 millions d'animaux par an sont utilisés à des fins scientifiques en Europe: quand bien même ce chiffre est en diminution, je pense qu'il faut soutenir les chercheurs qui utilisent des alternatives à l'expérimentation animale, d'autant plus que l'intelligence artificielle nous offre de nouvelles possibilités. Ma première question est donc la suivante: avez-vous l'intention d'encourager l'investissement dans les méthodes alternatives, éthiques et innovantes?

Enfin, il y a un sujet sensible mais qui soulève tout de même une question éthique: je pense à l'égorgeage sans étourdissement pratiqué dans le cadre de l'abattage rituel. Il est prouvé scientifiquement que l'étourdissement avant abattage réduit considérablement la souffrance animale. Au-delà de l'enjeu moral, il faut aussi souligner un enjeu juridique, puisque l'on constate une dérive de ce régime dérogatoire, qui est finalement généralisé dans de nombreux abattoirs. Êtes-vous favorable à la mise en place d'un étiquetage sur les conditions d'abattage des animaux afin de renforcer la transparence auprès des consommateurs?

1-0050-0000

**Olivér Várhelyi, Commissioner-designate.** – On your first question: yes, I fully agree with you. We have to provide alternatives. We have to provide alternatives quickly when it comes to pesticides, when it comes to animal feeding, when it comes to animal medicinal products. There we see a big clogging up of the marketing authorisation procedures. We see that the costs are punitive. So I want to see to it that we drive down the costs and we simplify the procedures necessary for having new products on the market.

This is more and more important, I think, when it comes to the pesticides area, where science could bring us much more biological products that are equally effective and secure, and are doing less harm to the environment. But again, the complexity and the costs are punitive for market entrants.

On your second question, I think that the rules when it comes to the killing of animals in the EU are very, very clear. You mentioned the ritual killing. We have also a court case on this and the court case also sets out a very clear picture. This is again a very difficult social dilemma because there you have to balance between the right to religion with the right of an animal. I think what is very clear is that labelling of these products is already part of our lives. So I think that labelling is already giving guidance to the consumers in their everyday life. But I agree with you – this is a very thorny topic.

1-0051-0000

**Kristoffer Storm (ECR).** – Mange tak. Europa har indtil videre en førende rolle i medicinindustrien, men dette vil kun fortsætte, hvis industrien har de rette regulatoriske rammer. Jeg har stillet et skriftligt spørgsmål til dig vedrørende dine synspunkter om regulatorisk databeskyttelse. I dit svar fremhæver du, at EU har brug for mere attraktive rammer, for at virksomheder kan investere i forskning og udvikling. Den tidligere Kommission har foreslået at reducere varigheden af regulatorisk databeskyttelse fra ti til otte år. Dette er hele fire år kortere end i USA. Det vil unægteligt mindske incitamentet for forskning og udvikling, men vil også medføre andre alvorlige konsekvenser - ikke kun for europæisk konkurrenceevne, men også for sundhedsinnovationen, og det kan koste tusindvis af europæiske arbejdspladser.

Jeg vil derfor gerne spørge dig om følgende: Er den indstillede kommissær enig i den tidligere Kommissions forslag om at sænke varigheden for regulatorisk databeskyttelse? Eller mener du, at dette forslag er forældet i forhold til den virkelighed, Europa står overfor, når det kommer til at sikre vores konkurrenceevne? Hvis du ikke er uenig, så vil jeg gerne vide, hvad du mener med ”mere attraktive rammer”. Tak for ordet.

1-0052-0000

**Olivér Várhelyi, Commissioner-designate.** – I think that this Commission is going to stand by the proposal that was made. The co-legislators are already working on that, and I think that the proposal is the right one. The proposal is the right one because it makes one of the incentives which the pharmaceutical legislation has, not the only one, to have new products on the market, to make it more targeted. More targeted meaning that while reducing the basic data exclusivity periods, it is also offering the possibility for a preferential addition to this data exclusivity period for products that are sought of because of public health reasons.

For example, I already mentioned the problem related to AMR and the lack of antibiotics. It was for that reason that we would like to provide an incentive for companies to develop these products, specifically this product group, and to provide them not only one year of additional data exclusivity, but also create a financial tool with which they can enter the market of getting finances for their innovation.

If you look at the voucher proposal that we made, we consider this to be the right one, because most of these products are going to be developed by SMEs. With these SMEs, they will have more opportunity to get financing. And I can go on with all the other incentives that we are providing. So I do not think that we're lowering the incentives, but we're making them more targeted.

1-0053-0000

**Benoît Cassart (Renew).** – Monsieur Várhelyi, l'Union européenne fait face à une propagation exponentielle des maladies vectorielles, comme la maladie de la langue bleue et la MHE qui touchent de nombreux élevages bovins et ovins, entre autres en Belgique, en Allemagne, aux Pays-Bas et en France, avec des conséquences financières importantes pour nos agriculteurs.

Dans vos réponses écrites, vous reconnaissez les vaccins comme un outil essentiel dans la prévention et le contrôle des maladies vectorielles. Avez-vous l'intention de financer la recherche pour développer des vaccins multisérotypes efficaces? Et envisagez-vous l'achat groupé de vaccins, une fois ceux-ci approuvés par l'Agence européenne du médicament, pour une distribution équitable en Europe? Avez-vous l'intention d'harmoniser l'application de la loi sur la santé animale afin qu'elle soit appliquée de manière uniforme dans l'Union européenne et que les États membres cessent de l'appliquer à leur façon afin de favoriser leur commerce ou faire du protectionnisme contraire à l'esprit des traités?

1-0054-0000

**Olivér Várhelyi, Commissioner-designate.** – On Blue Tongue disease, yes, we have a major outbreak this year, very clearly, not only in the bovine, but also in relation to the sheep area. There, just like with swine fever, we see that climate change is bringing it to larger and larger geographical regions, brought about by mosquitoes because of the lack of strong winters. So we have to have a vaccine, we have to have a vaccine for that. We are working on it and we are financing it. I think that we need to provide our farmers with this vaccine.

Now, of course, here the big question is, when we have the vaccine, would our farmers still be able to export the meat that they obtain from the animals vaccinated and there, to be frank with you, we still have work to do. So it's not enough to have vaccines in Europe, but we also have to make sure that vaccinated animals and their meat is accepted on markets outside the European Union.

But yes, I agree with you, vaccines are the way to go.

When it comes to the harmonisation of animal welfare law, it is clear if you look at, for example, the the transport proposal ... that's not the question?

1-0055-0000

**Benoît Cassart (Renew).** – (*Début du discours inaudible*) ... basé sur les règles sanitaires pour passer d'un État membre à un autre, par exemple avec des tests, par exemple avec la vaccination. Ici, on remarque que...

*(Le Président retire la parole à l'orateur)*

1-0056-0000

**Olivér Várhelyi, Commissioner-designate.** – *Ça va. Je comprends.* Yes, I agree with you that it is also an intra-Community market issue. This is why we need to develop the science and the vaccine together. Once we have it together then, of course, within the internal market, it should be no impediment in terms of marketing.

1-0057-0000

**Alessandra Moretti (S&D).** – Signor Commissario designato, Lei ha parlato molto di prevenzione e ha citato l'importanza del primo piano per la lotta contro il cancro che abbiamo varato nel corso



della scorsa legislatura. Ecco, per parlare di questioni concrete, di come realizzare davvero la prevenzione e implementare il primo piano per la lotta contro il cancro, io Le rivolgo tre domande molto precise e puntuali.

Si impegna a presentare una revisione delle tre direttive sul tabacco – direttiva prodotti, direttiva pubblicità, direttiva tassazione? Lei nelle Sue risposte scritte cita solo la direttiva sui prodotti. Per noi non è sufficiente, Commissario designato, e vorremmo una risposta su questo.

La seconda: nella scorsa legislatura il Parlamento si è impegnato a "implementare" la prevenzione anche per quanto riguarda la tassazione sul fumo e sui prodotti da tabacco, quindi una strategia efficace per contrastare la diffusione di sigarette elettroniche e tabacco riscaldato. Lei si impegna su questo?

L'ultimo riguarda l'alcol: si impegna a presentare una proposta legislativa sulle bevande alcoliche che includa l'etichettatura obbligatoria su ingredienti, valori nutrizionali e salute, in linea con la guida OMS?

1-0058-0000

**Olivér Várhelyi**, *Commissioner-designate*. – The review of the tobacco regulations – so the product regulation and also the marketing, so the advertising directive – they are part and parcel of my mission letter and there will be a review. We're already working on it. We are now running studies. We will want to have a fully inclusive process leading to a review.

If you ask my personal view on this, I have a very clear approach, which is that the single biggest cause of cancer and cardiovascular diseases are related to tobacco. It's as simple as that. No matter where you look in the European Union. So tobacco is one of the biggest risks for human health, and we have to treat it like that. And this is why when we will look at the review, we will not be shy about securing the health of our European citizens.

You mentioned the new products: the vape, the electronic cigarettes, the nicotine packets. Yes, they also pose a risk. For example, if you look at the nicotine levels consumed through these products, the numbers are staggering compared to the classic products, as the industry calls them. So I think we also have to look into this question. But first, let's have an open dialogue about this before we make any decisions, and approach this from a health perspective.

The Tobacco Taxation Directive is also up for review, and I'm also going to be contributing to that debate.

You also mentioned the legislative proposal on labelling alcohol products. We have just introduced a couple of labelling conditions for wine. For example, you have the ingredients, the allergen content, but also the energy content. So let's see how they sink in, in their use.

1-0059-0000

**Jessika Van Leeuwen (PPE)**. – Commissioner-designate Várhelyi, good evening. You mentioned the problem of controlling zoonosis and mentioned ASF there as well. ASF, even though it's a very infectious disease, is not a zoonosis as it does not spread to humans.

But I want to ask you, what measures will you propose to ensure the harmonisation and enforcement of existing control measures across the European Union so that we are better equipped to prevent infectious animal diseases? And can you promise to compensate farmers for the investment needed to this aim and on their part?

Another question I have is on antimicrobial resistance, as you mentioned that you propose to restrict the amount of antibiotics that we have available to treat animals, to reduce the antimicrobial resistance in humans. The question that I have for you is, how do you ensure the availability of sufficient antibiotics to actually treat animals when they're sick? Because this affects their welfare and it also, of course, has an impact on sustainable food production. That was the end of my questions. Thank you.

1-0060-0000

**Olivér Várhelyi**, *Commissioner-designate*. – On control measures I think our system works relatively well. The regionalisation system is working, but we have to help our Member States. They are overburdened by the task of the ever-growing level of outbreaks and they are getting less support from the EU budget, as you also mentioned. So we will need to see to it that we can go back to the level of financial support that we have been providing in the past.

When it comes to the vet teams, I think that they are working on the ground very well, especially in Member States where there is a shortage of veterinary experts in some of the regions and we want to continue with them. It is also clear that the Rapid Alert System is working also in practice rather well. Of course, as I said, we need we need financing for this to continue, but I'm sure that in the next budget, we will get the necessary resources.

On AMR and the availability of animal medicinal products – I agree with you, we are lacking them. We need new products entering the markets, and we also need those products that are on the market to be more available. I'm happy to work with you to find solutions to that. But I think it starts with driving down the administrative burden on getting these products on the market.

When it comes to the AMR and the one-health approach, because I think this is a very important element when we talk about animal use of antibiotics, the AMR level in the farming sector is going down quite impressively. I think that our farmers are doing a tremendous job in driving them down, although it is not the same level of reduction everywhere we look in Europe, and I want to help our farmers to be able to deliver the goals. But for this, I agree with you – they need help.

1-0061-0000

**Marie Toussaint (Verts/ALE)**. – Monsieur Várhelyi, vous vous réclamez beaucoup de la protection des populations, donc laissez-moi vous poser une question concrète, et ce d'autant plus que vous ne cessez de parler de cancer et de prévention du cancer depuis le début de cette audition.

En 2022, ce sont 14 000 enfants qui ont été diagnostiqués malades de cancer en Europe, surtout des leucémies, des lymphomes, des maladies neurodégénératives, maladies dont nous ne connaissons souvent pas les causes, mais pour lesquelles de fortes présomptions de causalité ont été établies avec l'exposition à des produits toxiques comme le benzène, les solvants chlorés ou, évidemment, les pesticides de synthèse. Les drames se multiplient sur le territoire, comme celui d'Amy, onze ans, décédée d'une leucémie parce que sa mère, fleuriste, était exposée aux pesticides, ou de Shiloh, treize ans, ayant perdu la vie parce que les sols de son école étaient pollués. Dans la plaine de Nice ou du côté de La Rochelle, en France, devant l'augmentation du nombre de cancers pédiatriques, les parents ont dû eux-mêmes commander une étude scientifique pour connaître l'exposition de leurs enfants aux pesticides, parce qu'aucune étude environnementale sérieuse n'y avait été menée.

Malgré le principe «Une seule santé», rien n'est prévu à ce sujet sur votre feuille de route. Je vous le demande donc à vous, personnellement: comptez-vous renforcer le registre européen des cancers

afin de rendre systématique l'examen des facteurs environnementaux liés aux cancers pédiatriques? Et également, allez-vous enfin appliquer le principe de précaution en interdisant pesticides et produits dangereux dès lors qu'une alerte sanitaire sera lancée, et ce sans plus attendre?

1-0062-0000

**Olivér Várhelyi**, *Commissioner-designate*. – First of all, I think that we have an instrument in place that will start to deliver only now – and that is the Europe's Beating Cancer Plan.

The Europe's Beating Cancer Plan will have a registry of all the carcinogens, and, of course, I'm more than happy to extend it as much as we can. Also, of course, it means that this is a moving target. So we have to have science contributing to it.

We are going to be looking at how the Europe's Beating Cancer Plan delivers, because we will have a review also coming up.

Now, if you ask me about the very specific question of cancer of children, of course this is a priority and this will be a priority. I'm more than happy to work with you on this, if you have ideas.

In relation to pesticides, carcinogenic pesticides, the rules are very clear. EFSA is delivering the science and EFSA should continue to deliver the science. Whenever we find from EFSA that there is a risk of carcinogens, then we have to act. But when we talk about pesticides, we also have to talk about the availability of alternatives that are as effective as those that we would like to phase out. So whenever EFSA will provide a scientific opinion, of course the Commission will follow it when it comes to carcinogens, as it has always done.

1-0063-0000

**András Tivadar Kulja (PPE)**. – Tisztelt Biztosjelölt Úr! Magyarországon az európai átlagnál kétszer több ember hal meg elkerülhető vagy gyógyítható betegségekben. A születéskor várható élettartam négy és fél évvel alacsonyabb az uniós átlagnál. Magyarországon az egyik legmagasabb a daganatos és a szív- és érrendszeri betegségek okozta halálozás, amelynek hátterében az elhanyagolt és rosszul szervezett egészségügy áll. Az Önt jelölő kormány megszüntette az Egészségügyi Minisztérium intézményét, elvette a Magyar Orvosi Kamara jogköreit, és tudatosan alulfinanszírozza az egészségügyi szektort. Egy ilyen kormány jelöltjeként hogyan akarja biztosítani a betegközpontú uniós értékrend érvényesülését? Az Uniót súlyos szakdolgozóhiány érinti. A közép-kelet-európai régióban a szakdolgozók hiánya kritikussá vált. Milyen uniós szintű megoldást kínál erre a problémára? Említette, hogy támogatja az egészségügyi unió létrejöttét. Milyen konkrét lépéseket tervez tenni a gyakorlati megvalósulása érdekében?

1-0064-0000

**Olivér Várhelyi**, *biztosjelölt*. – Teljesen egyetértek Önnel. A közép-európai régiót, ha megnézzük, a kardiovaszkuláris okú halálozás a legmagasabb. És ha ezen belül megnézzük a fő halálozási okokat, akkor azt látjuk, hogy egyrészt az életforma, ami meghatározza a halálozási okot és a várható átlagéletkort. A nemek szerinti bontás is meglehetősen mellbevágó, hiszen a közép-európai férfiak várható átlagéletkora rendkívül alacsony, még a közép-európai hölgyekhez képest is, és ha megnézzük ugyanakkor, hogy a dohányzás, alkoholfogyasztás milyen módon befolyásolja mindezt, akkor hát az ember megrendül a látottaktól. Éppen ezért volt számomra rendkívül fontos, hogy végre ez a terület is legalább akkora figyelmet kapjon, mint a rák és a rák elleni küzdelem. Épp ezért tartom azt rendkívül fontosnak, hogy ne csak általános megelőzési programokról beszéljünk, hanem beszéljünk arról is, hogy hogyan tudjuk megváltoztatni - nem csak azt a módot, ahogy a betegek a gyógyulás lehetőségéhez juthatnak, hanem azt a módot is, ahogyan gyógyítják őket. Tehát

meg tudjuk előre mondani a betegeknek azt, hogy mi vár rájuk azzal az életmóddal, amit folytatnak. Meg tudjuk pontosan mondani - ma már a technológia ezt lehetővé teszi -, hogy mikor és hogyan következik be például az első szívinfarktus egy napi két doboz cigarettát szívó férfinál. Meg fogjuk tudni azt is mondani, hogy egyébként milyen más betegségekben fog szenvedni. Tehát szerintem óriási lehetőség előtt állunk, és elkötelezett vagyok abban, hogy változtassunk ezen. Nehéz egyelőre markereket adni, hogy mit tudunk ebben az öt évben elérni, de biztos vagyok benne, hogy ezzel a tervvel meg tudjuk változtatni az alapokat.

1-0065-0000

**Sebastian Everding (The Left).** – Herr designerter Kommissar! Grundsätzlich freuen wir uns sehr, dass es nun erstmalig einen Kommissar für Tierschutz geben wird. Bis zu den letzten zwei Minuten Ihrer einleitenden Rede habe ich mir aber ehrlich gesagt ein bisschen Sorgen gemacht, ob Sie mitbekommen haben, dass Sie das sein sollen.

Deswegen meine Frage direkt zu Anfang: Was bedeutet für Sie persönlich Tierschutz, und beinhaltet das auch Empathie gegenüber Tieren?

Dann haben wir heute schon mehrfach über das Thema Zoonosen, Tierseuchen, multiresistente Keime und auch den *One-Health*-Ansatz gesprochen – dazu jetzt die Frage, ob ein drastischer Rückbau der Massentierhaltung für Sie auch ein Ansatz sein könnte, die damit verbundenen Gesundheitsrisiken und auch das enorme Tierleid zu reduzieren.

Dann steht seit wenigen Tagen der Westeuropäische Igel auf der Liste der gefährdeten Tierarten – und da die Frage: Wollen Sie gemeinsam mit Kollegin Roswall etwas unternehmen, um diese Schlüsselspezies für Artenvielfalt zu erhalten?

Und die abschließende Frage: Im strategischen Dialog ist ein EU-Aktionsplan für 2026 vorgesehen, der die pflanzenbasierte Ernährung voranbringen soll. Werden Sie gemeinsam mit dem designierten Kommissar Hansen an einer zeitnahen Umsetzung dieses Planes arbeiten?

1-0066-0000

**Olivér Várhelyi, Commissioner-designate.** – To me, animal welfare means that we should create better conditions for our animals while they are alive, be they farmed animals, be they animals as house pets.

It is very clear that when we are talking about farmed animals, we also have to talk about the farmers – and when we talk about the farmers, we have to provide them with the means so that they can achieve a better life, easier conditions, more suited conditions for the animals they are farming.

On whether I would agree in the reduction of mass animal farming, mass animal farming is the sector that gives food on our table, so I do not have a negative view on them. I think that we need them, but we need to help them to improve animal welfare.

On the strategic dialogue and plant-based diet, of course I would be ready to work with my fellow Commissioner Hansen. We already started discussing this topic. I think what it's very important to provide people with choices so that people can make a choice, and I think this is going to be the main direction of travel for our work.

1-0067-0000

**Gheorghe Cârciu (S&D).** – Domnule comisar desemnat, conform Eurostat, se constată o tendință de reducere a efectivelor de animale, situație care riscă să compromită securitatea alimentară a Uniunii Europene. Spre exemplu, România, deși deține peste 4,5 milioane hectare de pășune, nu mai înregistrează decât circa 1,5 milioane de bovine, iar producătorii mici și mijlocii nu dețin animale de rasă performante, ceea ce explică și o producție medie de doar 4 tone de lapte per an per cap de animal, care nu le permite să obțină venituri necesare pentru un trai decent și de aici riscul depopulării accelerate a zonelor rurale.

Cum veți asigura fermierii mici și mijlocii că va exista sprijin concret și simplificat care să prevină în viitor situații similare? De asemenea, cum asigură viitoarea Comisie finanțarea adecvată pentru investițiile în animale de reproducție de înaltă calitate privind îmbunătățirea genetică și productivitatea, sporind atât cantitatea, cât și calitatea producției de carne și lactate, contribuind astfel la o viață mai sănătoasă în Uniunea Europeană?

1-0068-0000

**Olivér Várhelyi, Commissioner-designate.** – Thank you very much, although I must admit I think this is more of an agriculture portfolio-related question. My portfolio does not extend to providing animal breeds to farmers.

On the other hand, what is very important is that we need to help our farmers, so that when they want to improve their farming, we provide them with the best technology. And here we could help also in Romania, where there is still huge potential in agriculture to deliver more from what you have, including livestock.

But again, I think that this is more of a question for my fellow Commissioner Hansen.

1-0069-0000

**Ondřej Knotek (PFE).** – Welcome, Mr Commissioner. My first question is on the enforcement of food safety standards. Are you able to commit to require meeting all standards for products imported to the EU market?

And my second question is on the health data. The EU health data space is a key instrument for primary and secondary use and access to health data, and also with potential to improve patient access to healthcare. On the other side, the health data are something that cannot be just shared with anyone in uncontrolled measure. So could you maybe a little bit elaborate on this topic, on potential measures, how to find and reach a balance, and your point of view on this point?

1-0070-0000

**Olivér Várhelyi, Commissioner-designate.** – On your first question, I think we all agree that the EU has one of the strictest and most rigorous food safety control systems in the world and, on the other hand, we are also one of the biggest food importers. It is also very clear that we want to ensure the same level of safety of foodstuffs, be they locally produced or imported.

Therefore, I think it is important to underline that food can only be imported and marketed in Europe if they comply with our rules, and these rules will have to be complied with. This is why we have extensive cooperation with third countries, this is why we are sending teams also to check the actual certification system that they are having in place. And we are very strict in requiring full compliance all the way. And I want to build on this – I want to make sure that all the rules are equally applied by import products.

On your other question related to the data space: I think that it is very clear that access to one's own data electronically, is going to be a revelation for our citizens. In some Member States, this is already a reality, but we have to bring it to all citizens. We still have to work out the databases so that they start working, and I want to make sure that we deliver this fast. So I want to speed up the work there.

Equally, it is very important to continue to observe the very strict data protection rules that we have. So secondary use can only be accepted and can only be authorised once all these requirements are met. And as a last comment, don't forget that anonymised raw data, large data, is a raw material – a raw material on which we can build.

1-0071-0000

**Bert-Jan Ruissen (ECR).** – Voorzitter, mijnheer Várhelyi, de nieuwe veredelingstechnieken (NGT's) zijn zeer belangrijk voor de verduurzaming van de land- en tuinbouw. Het Europees Parlement heeft duidelijk aangegeven dat er meer ruimte moet komen voor NGT's, maar geen patenten op plantmateriaal.

Wat bent u voornemens te doen om dit dossier snel tot een goed resultaat te brengen? Bent u bovendien bereid een oplossing te vinden voor het probleem met betrekking tot de patenten, terwijl dit belangrijke dossier inzake NGT's wordt behandeld?

Voorts bestaat voor plantmateriaal het zogenaamde kwekersrecht. Bent u het ermee eens dat de kwekersvrijstelling in dit verband zeer belangrijk is?

Ten slotte is het zeer wrang om te zien dat veehouders wier vee door blauwtong is getroffen geen financiële compensatie krijgen, terwijl voor andere dierenziekten wel compensatie wordt verstrekt. Bent u bereid om mee te denken en te kijken of er extra financiële middelen kunnen worden gevonden om de getroffen veehouders te compenseren?

1-0072-0000

**Olivér Várhelyi, Commissioner-designate.** – I don't know whether Commissioner Hansen is happy to listen. I hope he's listening also to all these requests being made for compensation to farmers! But I will certainly address this together with him. But jokes aside, on NGTs, I see that there's a very deep and complex discussion going on not only here, but also in the Rue de la Loi, in the Council.

What I think about this file is that may be one way to make it a success – we are in a legislative procedure, so I don't want to pre-empt too much the position the Commission should take on this – but maybe we have a solution already at hand. A solution at hand we are applying when it comes to the the GMOs: the opt out. This is something which has been tested and used very frequently and which I think has been a source of truth when it comes to these sort of very difficult ethical questions.

The other specialty of the NGTs is that, of course, the NT 1s, I think scientifically cannot be argued to be GMOs. They are they are part and parcel of normal crossbreeding, while the NT 2s are closer to GMOs as we're talking about genes being changed from other plant varieties to the plant.

Now, the breeders exemption is another one that I had to work with in my capacity as head of unit for industrial property rights. I'm also very sensitive on this, and also the patentability. We have had the debate many, many times. I think Parliament has a very clear view on this which is not very far away from mine.

Finally, on financial compensation, as I said, I will channel this request to Mr Hansen. But as I told you, unfortunately, our budget capabilities are getting very limited given the fact of the huge outbreaks that we are experiencing.

1-0073-0000

**Stine Bosse (Renew).** – Commissioner-designate Várhelyi, with all due respect, with reference to your remark earlier, there might be a difference between liking women and understanding the values of women's rights.

Throughout my life, my daughter's life, we have enjoyed the freedom to make our own choices. These rights have been fundamental for me also throughout my career. For me, they have to be non-negotiable. Can you promise that I can guarantee my granddaughters that they will enjoy the same rights and freedom as I have in Europe?

Several Member States, including your home country, Hungary, chose to limit access to abortion, drugs to terminate pregnancies, and emergency contraceptives. Will you consider providing EU support for women who need to go to another Member State, for instance via the EU4Health programme?

1-0074-0000

**Olivér Várhelyi, Commissioner-designate.** – I do think that I understand what women's rights entail. I'm subject to it every year, and I'm very sensitive about it. I'm very sensitive about it because I think that there should be no difference made when life choices are made; be it a man, be it a woman, everybody must have their own choice. I also think that when you talk about the next generation, I'm also responsible for the next generation of my own, and I want them not to have the same rights, but hopefully even more.

However, on abortion, I think I've been very clear: abortion is not an EU competence. If you want to make it an EU competence, you have to amend the Treaties and amend the competences. And then it is going to be a topic to be discussed.

1-0075-0000

**Alexander Bernhuber (PPE).** – Mr Commissioner-designate, in the last legislative term, the European Commission withdrew the proposal on sustainable use of plant protection products. I think it was right, because there were a lot of parts in the text which were absolutely not practical for use, but it also included points such as faster approval processes for low-risk plant protection products. So can we expect the Commission coming up with a proposal for faster approval processes in the upcoming period?

Secondly, how do you intend to react on the fact that in the upcoming years, there will be no efficient plant protection products available for specific pests and also in specific cultures, like potatoes or sugar beets? How do you want to ensure food security and also the self supply if there is a lack of plant protection products in very specific categories because they run out of authorisation without alternatives?

1-0076-0000

**Olivér Várhelyi, Commissioner-designate.** – I think it is clear that we need to accelerate the authorisation procedures, and I think that there are faster ways than providing legislative proposals. There are much faster ways to accelerate that, and we will see to it through implementing acts. We are already working with the colleagues to see where the bottlenecks are.

The other bottleneck I see is the development of these products. We have to promote innovation more. We are already financing it through the Horizon programme, but it's not sufficient. I think we have to do more, and especially when it comes to biotechnology, we have a huge potential. This is why the Biotech Act is going to be also, I hope, a booster for getting new products on the market.

Now, on a more general note, when it comes to the availability of pesticides and plant protection products, I do agree with you that we see more and more sectors where our farmers are left without these products, so I want to concentrate on those sectors so that we can quickly have new ones that are as effective and as accessible for them. I think this should be a general principle when we work.

1-0077-0000

**Vytenis Povilas Andriukaitis (S&D).** – Commissioner-designate, the President-elect of the Commission – keeping in mind the European Parliament position on the treaty changes, establishing also shared competences on public health – in her political guidelines highlighted a willingness to explore treaty changes to improve the functioning of our Union. It means the Commission President is in favour.

The establishment of the programme-based health union and its role in addressing recent health crises are testimony of EU added value in the field of health. However, with treaty changes, as the European Parliament proposed in 2023, much more can be achieved, for sure. Despite this, your written answers to the ENVI Committee refer only to, I quote, 'strengthening the health systems within the limits of EU competences'. Very clear.

Can you state whether you will work to drive such treaty changes and making health a shared competence of the European Union? If so, what specific areas of treaty change would you propose? Would you include sexual and reproductive health and rights into it? If you do not, can you elaborate on why?

1-0078-0000

**Olivér Várhelyi, Commissioner-designate.** – I think that the hearing is about what this Commission is going to do when it comes to delivering its tasks within the current set of competences, and this is why I have been replying to you this way to the question.

It is clear that even within this, as you said, rather limited frame, we can do much more. And I think if you look at what I'm proposing, you see that I want to boost Europe everywhere where it can have an added value on the ground. So not only in the terms of competences, but also in terms of results delivered to the patients. For me, this is the priority now.

If you ask me about the broader question of treaty changes as such, and we have a more academic discussion about it – you know, the Commission is not part of any treaty change. Treaties are changed by the Member States. The guardians of the treaties are the Member States, and the sole responsibility for organising the healthcare systems is lying with the Member States.

Whether they would be ready to sacrifice some of these competencies, I think will much depend on how we can convince them, with our work on the ground, that what we do together is better than what they can achieve alone. And this is where I think I can make a difference. And this is where, with my work, I can convince them that, yes, maybe more could be done at EU level.

COVID-19 is a good example. Europe's Beating Cancer plan, another good example. The Data Space, another good example. Maybe the cardiovascular will be the next. Maybe the Critical



Medicines Act is going to be the next one. So I believe in working bit by bit, and then maybe when the next treaty change comes, the Member States will be open to this idea.

1-0079-0000

**Bartosz Arłukowicz (PPE).** – Jeśli w pandemii udało się kupić szczepionki, z punktu widzenia Komisji Europejskiej, mam do Pana pytanie: czy będzie Pan miał odwagę i siłę, żeby przekonać Komisję Europejską do tego, by rozpocząć procedurę i system wspólnych negocjacji europejskich najdroższych technologii medycznych i leków? Jeśli jest tak, że dzisiaj jesteśmy Wspólnotą, a jesteśmy, i rodzice chorych dzieci czy ludzie chorzy na nowotwory muszą kupować leki za 2, 3, 4 miliony euro za dawkę – myślę tutaj o dystrofii mięśniowej Duchenne’a czy rdzeniowym zaniku mięśni – to dla mnie to jest sytuacja niebywała, że jako Wspólnota nie podejmujemy próby negocjacji cen najdroższych i najnowszych terapii i leków. Uważam, że to jest zadanie, które przed Panem stoi. Rozmawialiśmy też w cztery oczy na spotkaniu. Pytałem Pana, czy będzie Pan budował ten system i czy zbudujemy w końcu skuteczny system zapasów leków krytycznych w Europie, żeby już nigdy nikomu w Europie leków nie zabrakło.

1-0080-0000

**Olivér Várhelyi, Commissioner-designate.** – Yes, these are exactly the kind of situations I would like to solve. This is why I think the Critical Medicines Act has to come really fast. Because through the establishment of these joint procurement schemes – also for other therapeutic groups like, for instance, cancer – we can help the Member States to get much better access. So my answer to you is ‘yes’, I am committed to delivering on that.

1-0081-0000

**Friedrich Pürner (NI).** – Herr Kandidat, im Juli stellte ein europäisches Gericht bezüglich der Pfizer-Deals fest, dass die Kommission auch dem Europäischen Parlament gegenüber nicht ausreichend transparent handelte. Gegen dieses Urteil geht nun Frau von der Leyen aktuell juristisch vor. Transparenz sieht anders aus. Sie selbst sprachen sich im Fragebogen an die designierten Kommissare für Transparenz und die Zurückgewinnung von Vertrauen der EU-Bürger aus.

Meine Fragen: Wie passt Ihre Aussage im Fragebogen zu den intransparenten Handlungen der EU-Kommission und der Weigerung, dieses Urteil anzuerkennen?

Wie werden Sie sich engagieren, um Vertrauen, das durch die Anti-Corona-Maßnahmen auf EU-Ebene verspielt wurde, zurückzugewinnen?

Ich finde, es muss eine kritische Aufarbeitung der politischen Maßnahmen, die viele Menschen massiv eingeschränkt, isoliert, diffamiert und ausgegrenzt haben, stattfinden. Wie stehen Sie hierzu?

1-0082-0000

**Olivér Várhelyi, Commissioner-designate.** – When it comes to the transparency of these contracts, I think the Commission has been extremely cooperative with this House. The committee which was established for this had full access to the contracts. In these contracts, like in any pharmaceutical contract in any Member State, there are, of course, parts which are business secrets. Quantities, timings, pricing – these are things that are extremely sensitive due to market competition. However, we have been transparent with the European Parliament to the fullest extent. Member States have also been part of this because they have been also doing these contracts directly with the suppliers.

I wouldn’t qualify an appeal against a court judgment to be a refusal. I think this is a normal part of business when it comes to judiciary. If there is a decision and if there is a possibility to appeal, and

if you appeal against it, it doesn't qualify a refusal of it; it qualifies that you disagree with the judgment. And this is why we are now waiting for the final judgment in this case. And of course, as always, the Commission is going to implement the final judgment.

Now, I agree with you that COVID hit us very quickly. COVID hit us very hard, and COVID made necessary very strict measures on people and businesses and no one liked it. And, yes, it came as a shock to everyone. But don't forget that in this pandemic, we were able to save more than 1.7 million lives just because of the existence of vaccines. So I think looking back, yes, we need to work on the public more. We need to inform them about the next one more. No one was prepared, but I think it was a successful outcome that we saved 1.7 million lives.

1-0083-0000

**Valérie Deloge (PFE).** – Monsieur le Commissaire désigné, la crise de la COVID a mis en lumière la dépendance de l'Union européenne à l'égard des pays tiers en matière d'approvisionnement en médicaments et produits pharmaceutiques. Les récentes zoonoses, les épidémies animales, prouvent que nous sommes aussi très dépendants de l'étranger pour les produits vétérinaires. Le rapatriement de la filière pharmaceutique devient donc un enjeu de compétitivité, d'innovation et d'autonomie stratégique. Comment allez-vous gérer ce nécessaire rapatriement de la filière sur le sol européen? Quelles sont vos pistes pour encourager la recherche et l'innovation, mais aussi faire de l'Union européenne un acteur clé du développement scientifique?

1-0084-0000

**Olivér Várhelyi, Commissioner-designate.** – I think the best way to keep our pharma industry in Europe and manufacturing in Europe is to provide them with new opportunities. This is why this mandate is going to be so important to involve them in the creation of this new health sector that we are just about to build.

This is why we need new opportunities for innovation for them, new opportunities to create combined products, combined products of pharmaceutical products with medical devices and maybe artificial intelligence, and also to provide the possibility to cut down the time necessary for clinical trials.

Clinical trials in Europe takes more than in the US. The difference is 100 days. 100 days in business is an eternity, and we have to also help them to move their production back from outside Europe, because we want our value chains that we rely on when it comes to the crisis management to be much shorter. So we need active ingredient production to come back to Europe, we need critical medicines production, especially the generic ones, to come back to Europe.

So we have a lot to do, but I think that the industry wants to stay in Europe, so we have to help them to stay here.

1-0085-0000

**Romana Jerković (S&D).** – Commissioner-designate, today in Europe, one out of three children is overweight or obese. This alarming trend is not just a childhood issue, it sets up lasting health problems in adulthood. Yet children across the EU are continuously exposed to targeted marketing of high-sugar, high-fat, high-salt products despite World Health Organisation recommendations urging to protect young consumers from harmful advertising. Moreover, we are witnessing an increased trend in the consumption of harmful energy drinks among children.

So I have three questions. First: do you support an EU-wide restriction, both online and offline, on the marketing of unhealthy foods to children? Second: do you support a front-of-page labelling system across the EU so young consumers and their parents have quick access to essential information? And finally: do you support restrictions on the sale of harmful energy drinks to minors?

I believe you agree, Mr. Várhelyi that it's time for Europe to stop protecting only corporate profits and interest.

1-0086-0000

**Olivér Várhelyi**, *Commissioner-designate*. – I do agree with you, if you look at the obesity figures, they have doubled when it comes to children in the last ten years in Europe – the numbers are horrifying. I also agree with you that high-sugar, high-fat, high-salt, high-trans-fat containing foodstuff has a significant role to play in this. So I'm ready to work with this House to look into ways of how to limit the consumption of these.

There are many ways in the Member States already existing. I think we can be creative and look at models how to alert the public to their risks, because I'm not sure everybody is aware of the gigantic risk this creates because this level of obesity in young age means diabetes 10, 15 years from now. So we could have a generation with diabetes from their middle ages, something we have not seen before. So I think we need to work on this and I'm happy to work on this, including the energy drinks for minors.

1-0087-0000

**Esther Herranz García (PPE)**. – Señor comisario propuesto, muchos seguimos absolutamente conmocionados por la enorme tragedia de Valencia y, lamentablemente, puede volver a repetirse. Así que, dentro de sus competencias de salud, le pregunto si piensa impulsar alguna medida para promover a nivel europeo un acceso rápido a recursos sanitarios y a vacunas para el personal de rescate y para la población afectada por este tipo de situaciones catastróficas, en las que hay un riesgo clarísimo de brotes de enfermedades —como el tétanos o el dengue— después de pasados varios días.

Y, como lo importante son tanto las personas como su bienestar físico y emocional, le pregunto si ha pensado en plantear alguna iniciativa europea para el acceso al apoyo psicológico a víctimas de catástrofes dentro de la Unión Europea.

1-0088-0000

**Olivér Várhelyi**, *Commissioner-designate*. – Yes, I agree with you. The pictures we had to see coming from Valencia were shocking. I know that for us it's no longer in the news, but it stays with you for quite a while.

Of course, if there is anything that you would need through HERA, I think we can deliver the vaccines, and HERA has stockpiles created. So I would be more than happy to help you in any way to get all the support that you need when it comes to the vaccines or any other equipment that you need.

When it comes to psychological support, I think this is something again falling within the competence of the Member States – they are organising their healthcare sector. Our funds are limited. As you know, we have suffered the loss of EUR 1 billion already in the EU4Health programme. But in the mental health programme that we have, I think we have initiatives into that

direction, so I'm happy to look into what we could do to make this more targeted to those who had to go through crises like that. It's not only the flooding that you had, we also have similar crises when it comes to earthquakes. So I think this is something that we should look into, and I will do so.

1-0089-0000

**Martin Häusling (Verts/ALE).** – Herr designierter Kommissar, wir haben heute schon mehrmals über Antibiotikaresistenzen geredet. Und dabei wird immer vergessen, dass über 70 % der Antibiotika weltweit in die Tiermast geht, und in Europa auch: 50 % gehen in die Tiermast, nicht in Heimtiere. Das ist ein Zustand, der eigentlich nicht akzeptabel ist. Stehen Sie eigentlich hinter der *Farm-to-Fork*-Strategie, die besagt, wir müssen Antibiotika in dem Bereich bis 2030 um 50 % reduzieren?

Können Sie mir auch die folgende Frage beantworten: Reserveantibiotika sind für Menschen reserviert. Warum wird in Europa nicht die WHO-Liste angewandt, warum machen wir eine eigene Liste? Werden Sie sich dafür einsetzen, dass diese Reserveantibiotika tatsächlich geschützt werden und nicht noch in der Tiermast eingesetzt werden?

Und die dritte Frage: Tierhaltung und Antibiotikaeinsatz hängen zusammen. Je schlechter die Haltungsbedingungen für Tiere sind, desto mehr Antibiotika werden eingesetzt. Es wäre Ihre Verpflichtung, auch die Tierhaltungsbedingungen zu verbessern, damit weniger Antibiotika eingesetzt werden. Werden Sie das tun?

1-0090-0000

**Olivér Várhelyi, Commissioner-designate.** – I think that this is one of the most important strategic topics when it comes to One Health, because the faster we can deliver on the reduction of antibiotic use in agriculture, the faster we can find the human resistance and slow it down as an epidemic. I think that our farmers are delivering; we are already at roughly 22 % of reduction compared to 2019. So I think that they are doing a good job.

Why don't we have the list of the WHO? Because I think that our Member States have been looking at EFSA more. They trust our EFSA and so do I. But this is why I announced in the opening remarks that I am happy and ready to review this list every year so that we have everything on it – always – according to the latest science. EFSA is running again its studies, so we will sit down with them and we will update the list whenever we have the latest science, because it's in our mutual interest to phase out all antibiotics from agriculture that pose a risk to humans.

1-0091-0000

**Ruggero Razza (ECR).** – Signor Commissario designato, io ho molto apprezzato le riflessioni che Lei ha compiuto sulle importanti ragioni di politica industriale e farmaceutica, sulle biotecnologie, sulla ricerca scientifica e tecnologica, sull'intelligenza artificiale ed è una importanza di permanenza all'interno del sistema europeo di queste produzioni.

La mia domanda però è sul programma "UE per la salute", che è stata la principale risposta strutturale dell'Unione europea alla fase post pandemica. Lei ha parlato di implementare il *cancer plan*, di realizzare giustamente – e io condivido – alcuni ulteriori progetti per le malattie cardiovascolari, per la cronicità, per gli stili di vita. Ovviamente questo necessita di un adeguato finanziamento.

Noi usciamo da una fase di bilancio nella quale la Commissione ha proposto tagli al programma "UE per la salute", che sono stati condivisi dal Consiglio, e il Parlamento sta affrontando una difficile negoziazione per ottenere anche solo un parziale incremento di queste risorse. Come si fa a sostenere tutti questi progetti?

1-0092-0000

**Olivér Várhelyi**, *Commissioner-designate*. – You put me now in a very difficult spot, because these are the points I'm using inside the Commission to get more funding but, as you know, the MFF review left us with this cut.

I do appreciate the little flexibility we have received as an agreement in terms of the cash flow management of the funds under EU4Health. So I do want to profit from that opportunity, but I'm also sure that this House will help me to lobby my way in the next MFF proposals when it will come to health. It is clear, if you look at the EU barometer surveys, that our people considered this area to be one of the top three areas where Europe has an added value, and there is no better word for this, so we need to deliver on that.

As we have just discussed today, the tasks are not getting smaller. The risks are not getting smaller that we need to address, and the needs of our farmers, for example, are not getting smaller either. So I think when we will come to the discussions on the next MFF, we will have to have sufficient funding, and I'm going to be a partner here to make sure we will get those.

1-0093-0000

**Michal Wiezik (Renew)**. – Dear Commissioner-designate, from your written answers, I understand that you would put strong emphasis on harmonisation of animal welfare rules across the European Union. It was good to hear from you on your plans on enforcement. The reality in the European Union now is that especially the enforcement of the applicable rules is not performed properly. That means that it's not performed uniformly across Member States, and that means that it allows for loopholes. Just one good example is animal transport operators bypassing Austria. We have Italy, Slovenia and Hungary to avoid possible checks and eventually adding up to long journey times.

You have committed to deliver the rest of the animal welfare proposals. I would really like to hear some more details on this effort, and especially about the timeline and considering particular transition periods related to this effort. Will you address Member States, including your own, and will you ensure, in the meantime, uniform enforcement, proportionate penalties and police force trainings? And will you simply add to the goal for a fair approach where no Member State is put at a disadvantage?

1-0094-0000

**Olivér Várhelyi**, *Commissioner-designate*. – On the loopholes – I agree with you. This is why for me, from day number one, enforcement and implementation of the current rules are going to be key, because I think that even with the current rules on animal transport, we can improve the situation on the ground significantly, but we have to be consistent. This is why I want to reach out to all Member States and their authorities to make sure that we will not have pictures of calves being shipped around the Mediterranean, that we will not see bovine dying on the border of Bulgaria and Turkey. This is what I meant. And yes, I know about the loopholes and this is where I want to go first, to look at the practices on the ground, because I think that they are outside the legal framework.

Now, when it comes to the new proposals, as I said, first I want to start with a discussion, an open discussion where we have everybody around the table, including our farmers, and come up with solutions. To me, solutions also mean that our farmers will have to have adaptation periods. Our farmers will have to have financial support to be able to deliver what is required.

But it's difficult to come with a one-size-fits-all solution. We're talking about completely different sectors. If you look at the poultry sector, if you look at the bovine sector, if you look at the pork sector, if you look at all the other sectors, what you find is completely different realities. Also, in terms of families dependent on that – if you look at the pork sector, we're talking about more than 1 million European families dependent on this. So we have to tread very carefully so that they can continue working and that we can make it work also on the ground, because we are not helping the animals if we just simply let them down by letting down the farmers, so we will have no animals.

1-0095-0000

**Anja Arndt (ESN).** – Herzlich willkommen, Herr Várhelyi. In der letzten Woche lernte ich wieder ein schwer geschädigtes Covid-Impfopfer kennen. Sie ist 42 Jahre alt, Mutter von zwei Kindern und war in der Pflege tätig. Sie wurde zu einer Covid-Impfung gezwungen, sonst wäre ihr gekündigt worden. Nun ist sie seit ihrer Covid-Impfung arbeitsunfähig. Ihre extremen Schmerzen müssen mit Morphin gelindert werden.

Eine Forsa-Umfrage vom Oktober in Deutschland ergab, dass 17% der Befragten unerwünschte Nebenwirkungen nach der Covid-Impfung hatten. In Deutschland sind das sage und schreibe 11 Millionen Menschen, die mit Nebenwirkungen zu kämpfen hatten. Viele leiden immer noch, zum Teil sind sie sogar daran gestorben.

Der Covid-Impfstoff ist also alles andere als risikolos, obwohl er von der EMA genehmigt worden ist. Die Covid-Impfstoffe sind immer noch auf dem Markt. Wir vom ESN halten das für grob fahrlässig und denken, dass hier eine allumfassende Untersuchung ansteht. Was könnten Sie als zukünftiger Kommissar für Gesundheit tun, um die Bevölkerung vor weiteren Schäden durch Covid-Impfstoffe zu schützen?

1-0096-0000

**Olivér Várhelyi, Commissioner-designate.** – I'm not sure I understood correctly the translation. You ask me what I should do to protect the population against the vaccines? Well, I think without vaccination our short life is going to be much, much shorter. I think compulsory vaccination, when it was brought about by a Hungarian, by the way, Semmelweis Ignác at the beginning of the 19th century, made a huge difference. And without vaccination, our population would just disappear.

When it comes to the side effects, I think that we have credible science in the EMA. We have credible science on the safety and also on the efficacy. If there are side effects, the rules in terms of responsibility and legal responsibility are also clear. To be honest with you, I am quite surprised about this number that 11 million people in Germany are having massive side effects. Then we are talking about one eighth of Germany. This is a staggering number. I don't know where it comes from? But I'm happy to double check it. To be frank with you, if such a high level of side effect existed, I don't think, this would be the first time we hear about it.

So, to be frank with you, to overcome pandemics, future pandemics, without vaccine, it's impossible. It's just simply impossible. If we didn't have the vaccine, not only we would have lost the 1.7 million lives which we saved, but it would have taken Europe at least three, four more years to get out of this pandemic.

1-0097-0000

**Laurent Castillo (PPE).** – Monsieur le Commissaire désigné, l'Union européenne est obèse, obèse de normes qui plombent certains secteurs de notre économie. Pour preuve, le fardeau réglementaire que subit le secteur des dispositifs médicaux, mais vous y avez répondu et je vous en remercie. Mais aussi, et c'est très grave, obèse dans sa chair: on a évoqué les enfants, mais un adulte sur deux est en surcharge pondérale dans l'Union européenne. L'obésité est en évolution constante sur notre continent et ses causes sont multiples: nutrition, sédentarité, mais aussi maladies mentales. Les conséquences en termes de santé publique et de coûts sont terribles, et nous devons au plus vite tirer la sonnette d'alarme. Présenter un plan européen de lutte contre les maladies cardiovasculaires est une bonne chose, mais il faut aller plus loin en matière de prévention. Monsieur le Commissaire désigné, envisagez-vous de présenter un plan européen global de lutte contre l'obésité? Toujours en matière de prévention, quelle est votre approche sur la poursuite de la lutte contre le cancer en Europe?

1-0098-0000

**Olivér Várhelyi, commissaire désigné.** – Nous en avons déjà discuté une fois et c'est en raison de cette discussion que nous avons eue que j'ai inscrit exprès cette notion dans le plan pour la santé cardiovasculaire. Parce qu'à mon avis, on ne peut pas lutter contre les maladies cardiovasculaires sans lutter contre l'obésité et sans lutter contre le diabète. Et c'est pour cela que pour moi, dans ce plan pour la santé cardiovasculaire, l'obésité sera un objectif principal en matière de prévention. Et pas seulement au niveau de la prévention: nous avons discuté aussi des produits plus risqués du point de vue des crises cardiaques et de la santé cardiovasculaire. Nous devons donc faire quelque chose de beaucoup plus complexe, mais nous devons aussi produire des options pour les gens: comment changer, comment prévoir l'avenir pour qu'ils puissent changer de vie?

Quant au cancer, je suis absolument pour la poursuite du plan. À mon avis, c'est vraiment une révélation, parce que ce plan ne se situe pas seulement au niveau de la prévention, mais a apporté, déjà, un traitement à un million et demi de personnes dans l'Union européenne – des personnes qui n'avaient pas accès aux traitements. Il faut donc, à mon avis, faire la même chose avec la santé cardiovasculaire.

1-0099-0000

**Emma Fourreau (The Left).** – Monsieur le Commissaire désigné, nous avons besoin d'un commissaire engagé pour l'accès universel à la santé, pour la garantie des droits sexuels et reproductifs, pas d'un misogynne proposé par Viktor Orbán, représentant un gouvernement obsédé par le contrôle du corps des femmes, qui les oblige à écouter le rythme cardiaque du fœtus lorsqu'elles souhaitent recourir à l'IVG. Vous nous dites que vous êtes du côté des femmes parce que vous vivez avec quatre femmes. Mais c'est à l'image de ces racistes qui nous disent: «Je ne suis pas raciste, j'ai un ami noir».

Nous avons besoin d'un commissaire qui impose enfin des règles strictes en matière de transport des animaux vivants, y compris pour l'exportation hors de l'Union européenne; d'un commissaire qui mette fin à l'ère des cages en Europe, comme l'ont demandé plus d'un million de citoyens et comme la Commission s'y est engagée. Pas d'un commissaire qui traite les eurodéputés d'idiots comme vous l'avez fait, peut-être parce que vous n'avez pas supporté que le Parlement européen qualifie la Hongrie d'autocratie électorale car votre régime s'assoit sur l'indépendance de la justice et bafoue les libertés publiques.

La possibilité même de votre nomination doit résonner comme une alarme dans toute l'Europe et plus encore après vos félicitations matinales à Donald Trump. Ma question est simple: comptez-

vous gérer la santé des femmes et le bien-être animal comme Viktor Orbán gère les droits de l'homme en Hongrie?

1-0100-0000

**Olivér Várhelyi**, *Commissioner-designate*. – I think my task is very clear. I have a mission letter, and in the mission letter I have tasks to deliver. Those tasks are given to me by the President of the European Commission. And this is what I'm going to deliver.

Now, when it comes to the incident that you mentioned, I think it's fair to recall what happened. I can only repeat that it was not intended to the European Parliament – no Member of the European Parliament – and I have apologised for that to the President of the Parliament directly. I wrote also a public apology, and I'm happy to apologise here today again. I regret what happened, but I can only make an apology. I hope you're going to be able to accept it.

1-0101-0000

**Tsvetelina Penkova**, *Vice-Chair of the ITRE Committee*. – Dear Commissioner-designate, we spoke a lot about access to medication and proper treatment, and you've said in your remarks that we shouldn't be speaking only about accessibility, but also about availability. We need to bring manufacturing back to Europe. In that sense, I would like to ask you about the role of small and medium-sized enterprises, because they play a crucial role when we speak about the pharmaceutical value chain, given their key participation in research, innovation and the ability to adapt quickly and react to changes, with the specific focus in terms of providing the proper innovation that we need or the medication.

How would you address the challenge of ensuring that we need to have a greater inclusion of European SMEs in this value chain?

And a second question since I still have the time: how do you see that biotech will contribute to European competitiveness? And how would you ensure that there is more public investment coming back into the biotech industry?

1-0102-0000

**Olivér Várhelyi**, *Commissioner-designate*. – Thank you. On bringing back manufacturing, I think we will have the first proposal coming up, and that is going to be the Critical Medicines Act. This is going to be a very important task. It's not going to be easy. It's not going to be easy, because the products that we are talking about have left Europe because of the high production costs occurring in Europe, meaning that we had a market failure. So we have to find solutions to reattract them.

There are ways to deal with this. Promoting innovation is one. The other one could be State aid. And the other one is creating a market for these products. So with all these elements in place, I do hope that we can start to see Europeans coming back. But they also complain about the high level of complexity, the cost of administrative procedures to enter the market. And since you mentioned SMEs, I fully agree with you that they are penalised the most, maybe. We discussed today also the medical devices area where this is also a key problem.

So there is one thinking I'm bringing over from the patent area, where we had a huge discussion back then when I was there, and that had to do with whether we should have specific fee schemes for all administrative procedures for SMEs. This is something with which we could promote SMEs to be more present and to have more potential to come up with new products. And this is why we also have in the pharmaceutical package new initiatives to help them to overcome the regulatory



complexity, like the sandboxes proposal, for example, or the other technical support before the applications for authorisations.

So I think we need to think in a holistic way to not only get those back who went elsewhere, but not to let these SMEs who are leaving more and more to the US to leave.

More public investment in biotech, yes. But here we need new ideas, like, for example, involving also the EIB to increase our options in public investments.

1-0103-0000

**Adam Jarubas**, *Chair of the SANT Subcommittee*. – Thank you Commissioner-designate for your answers so far. With respect to the questions of supply of critical medicines, I would like you to further elaborate on this subject.

Life science and biotechnology are considered one of the most promising frontier technologies for the coming decades. However, both sectors in the EU are highly fragmented and subject to regulatory complexity, which poses limits to their potential and efficiency and underscores the need for coordinated actions.

In July, President Ursula von der Leyen presented to the European Parliament her political guidelines, where she announced a proposal for a Critical Medicines Act to address medicine shortages. But what precise key measures can the EU take to reduce our dependence on foreign suppliers of critical medicines and ingredients, and to enhance the EU's attractiveness for conducting clinical trials and accelerating market access for novel medicines? What financing options can be considered for the investments necessary to achieve these goals to simultaneously counteract distortions of competition in the single market?

1-0104-0000

**Olivér Várhelyi**, *Commissioner-designate*. – This is one of the big topics, I think, for the mandate, and when we implement the mandate, we have to be mindful to include this all the way. So not only in the Critical Medicines Act that we have supply, because, of course, there we are creating a market with which we can stimulate industry to supply markets with products that are of critical nature. But we also have to have new ways to ensure that also the key ingredients, the AIPs, are also produced in Europe, because don't forget that most of the active substances are produced outside. It's raw material – without raw material, it's impossible to have production. So it's going to be not only the companies who would need to come back in the pharmaceutical area, but also the companies who are active in the chemical area who are producing these. But for this to happen, we need to simplify things for them. We need to provide incentives, financial incentives. I already mentioned state aids. I already mentioned the possibility of funding innovation.

And, yes, I agree with you. The other big area where we need to cut red tape and where we need to work hard, that is going to be the clinical trials area. We have a relatively fresh set of legislation, but there is going to be a review coming up of this legislation, and we will come with a report in 2027. In that report I would want to have also proposals that should help us to accelerate the clinical trials. To give you one example, in the Biotech Act, we could also have a specific part to accelerate clinical trials. Artificial intelligence in phase one/phase two clinical trials could significantly drive down the cost. To the Green MEPs, I would underline it would help us to reduce animal testing and it would also speed up the time necessary to get these products on the market.

1-0105-0000

**Christine Anderson (ESN).** – Ich muss gestehen, ich bin richtiggehend entsetzt. Da werden Sie also auf die Schäden, die durch die angebliche Covid-„Impfung“ verursacht wurden, angesprochen, und das Beste, was Ihnen einfällt, ist, sich hier hinzusetzen und allgemein etwas über die segensreichen Impfungen zu faseln, dabei aber geflissentlich ausblenden, dass wir eben nicht von Impfungen sprechen, sondern von mRNA-Injektionen. Und die sind alles andere als effektiv oder sicher. Sie haben große Schäden verursacht.

Das Schlimmste dabei ist, diese Impfgeschädigten bleiben auf ihren Schäden auch noch sitzen, weil die Kommission in ihrer unendlichen Weisheit dafür gesorgt hat, dass die Impfersteller aus der Haftung entlassen wurden.

Stimmen Sie mir denn wenigstens dahingehend zu, dass diesen Impfpfern geholfen werden muss, zum Beispiel in Form eines Entschädigungsfonds? Ich hoffe, Sie stimmen mir wenigstens in dieser Sache zu.

1-0106-0000

**Olivér Várhelyi, Commissioner-designate.** – If that is a helpful offer from my side, I'm happy to sit down with these victims of the vaccines. I'm happy to talk to them, because we should talk to one another. But I'm still convinced about the safety and the efficacy of all the vaccines that have been authorised by the EMA. Otherwise, we are questioning the whole system that we are running together. If you look at the broad numbers, it is clear that they are safe and they are effective.

1-0107-0000

**Anja Hazekamp (The Left).** – Voorzitter, mijnheer Várhelyi, na jaren van structurele wetsovertredingen en uitbuiting van dieren zou er eindelijk hoop zijn: er zou een Eurocommissaris voor dierenwelzijn komen, over wie ik mij nu al grote zorgen maak. Het ontbreekt de heer Várhelyi namelijk aan ambitie en geloofwaardigheid.

Dieren verdienen een Eurocommissaris die het Parlement en de mensenrechten eerbiedigt. Hoe kan de commissaris anders de rechten van dieren eerbiedigen? Mijnheer Várhelyi, als u Eurocommissaris wordt, is dan over twee jaar de bontindustrie uit Europa verdwenen? Zijn kooien dan verboden in de Europese vee-industrie? Is de wetgeving inzake het fokken en slachten van dieren dan aangescherpt, zoals door de Commissie is beloofd?

Aan de Europese buitengrenzen vinden al decennialang regelrechte rampen plaats bij het vervoer van dieren, bijvoorbeeld aan de Turks-Bulgaarse grens, waar dieren aan hun lot worden overgelaten en doodgaan in niemandsland. Dit is geen nieuw verschijnsel; dit gebeurt regelmatig. Mijnheer Várhelyi, gaat u, als u wordt benoemd, direct de uitvoer van dieren opschorten totdat het uitvoerverbod wettelijk geregeld is?

1-0108-0000

**Olivér Várhelyi, Commissioner-designate.** – I think that we already have a set of rules that are protecting our animals. It's just that they're not properly enforced – and this is what I committed to today, and this is what I'm going to do. I'm not shy of going to places myself. This is what I can offer you. Whether there will be a ban of cages in two years, the Commission can make many proposals. But the Commission is not the one creating the legislation. It's going to be the European Parliament and it's going to be the Council. What the Commission can offer is a proposal which is workable, and if the proposal is workable and practicable, I think we can have public support and then we can move on. But while we are waiting for that, we need to change the reality on the ground.

1-0109-0000

**Nicolae Ștefănuță (Verts/ALE).** – Mr Várhelyi, as a man and as a citizen, I simply cannot accept your answer on women's health because your answer is 'yes but' – and there is no 'but' in women's health, and here is why: you keep bringing up competence but only when you mention abortion. You keep bringing competence, but you don't bring competence when you speak about diabetes, cardiovascular, all the other things that you see as health. I would like you to maybe point to the articles of the Treaty, point to the articles of the mission letter where they are included but women's health is not. Is obstetrics health not part of health? Is reproductive health not part of health? In addition to this, it's urgent, because in your country, women have to listen to the heartbeat of a foetus, adding unnecessary stress in their most vulnerable moment, destroying a woman's mental health. You are responsible for mental health. How can you defend this? So my question is very clear. Are you on the side of women? Yes or no? *Igen vagy nem?*

1-0110-0000

**Olivér Várhelyi, Commissioner-designate.** – I think I've been very clear about women's health, and I think I have been clear about what we are planning when it comes to public health, which are specific measures aimed at women's health. We have also specific passages when it comes to mental health in relation to women in the existing Commission action plan in relation to mental health.

So yes, I am on the side of women, and I have always been on the side of women. But again, abortion is not an EU competence. Abortion is regulated by the Member States. If you want to change it, you can change it. But it takes a Treaty change to change it.

1-0111-0000

**Andreas Glück (Renew).** – Due to overregulation, high costs and bureaucracy, good and reliable medical devices are taken from the market, basically, day by day. As a medical doctor and trained surgeon myself, I really feel concerned about that.

The Medical Device Regulation was meant as a contribution to patient safety, and now it turns out to be the exact opposite. Therefore, we urgently need a revision. You already mentioned some things about the medical device regulation, but now I want to be concrete. Three points as an example – there is more – no need for a recertification of low-risk medical devices or when minor changes are made in products. Second point: a pragmatic approach for orphan devices. Third point: in general, a better, faster and cheaper approval of new products.

Now my question: are you willing to commit yourself to those three concrete demands? Not in general, but those three concrete ones?

Second point. You said you would deliver by the end of 2025. That sounds good. But will you also in the negotiations discuss not only with big companies but also our hidden champions, which very often are small SMEs.

1-0112-0000

**Olivér Várhelyi, Commissioner-designate.** – I have been part of the negotiations of the previous review, on the other side of the table, as part of the Council. To be frank with you, I already had that sentiment that, with the introduction of the administrative complexity of the notified bodies, we might be running into difficulties in my own country. This is the case.

Half of the SMEs – they are SMEs – mainly in Europe, also in Germany, are out of business by now. So we have to do something. I want to preserve the SMEs in Europe so that they can continue, and the direction of travel of the review is going to be that: drive the costs down, drive the administrative

complexity down, and also to help them with everything we can already now through implementing acts.

So orphan, yes I can confirm – first quarter of 2025. Yes, I can look into the recertification issue as well, and yes, I think that the system is way too expensive and not only expensive but – how should I put it – not always predictable, Member State per Member State.

1-0113-0000

**Alexandr Vondra (ECR).** – It's always a tough challenge, you know, to be one of the last speakers. Because you have responded to all my questions, and I have to admit, in a very professional manner. But there is still one on preventive health. I have no doubt that it can contribute to the sustainability of the healthcare in the long term. But, you know, you mentioned the possible new anti-smoking legislation, and there are some rumours that may propose such a strange thing like a ban on smoking on balconies.

You know, we both grew up in the communist country, which was marked with the numerous bans and with attempts to organise your life from a cradle to a graveyard. So my question is how to balance in a free society the requirements for preventive health with a risk of the increased regulation and potential overreach to the public health choices, and what guarantees can be put in place to prioritise personal responsibility and market-driven solutions over the restricting choices for individuals and families?

1-0114-0000

**Olivér Várhelyi, Commissioner-designate.** – Mr Vondra, yes, we have discussed our common history, and I agree with you that we have been trained all the way, as you said, from the cradle to the grave. And there's nothing further from me than trying to interfere in everyday lives of people and micromanage it. But I think we do agree that smoking is something that kills most people in Europe.

Whether this is about smoking on the balconies, I don't think that this is the target of anything to be done. But what needs to be done – and there, I agree with you – is to offer people choices, because I'm not sure whether everybody is conscious of the choices they make every time they smoke a cigarette. And if we can give them personalised patient routes that we can develop easily with artificial intelligence for the next 5, 10, 15, 20, 30 years, maybe they will have different choices.

But we're not here to tell the people what to do. They will decide themselves. And coming from the same region, we all know what happens when people are forced to do something. They do exactly the opposite. But we need to make them understand what is the real threat smoking is posing. And it's not only the classic.

More and more, the new products are posing more and more health problems, especially in the young generation. Because if you look at the smoking of the new products of the young generation, the numbers are really astonishing. It's much, much higher than 30, 40 years ago was with the young generation on the classic products.

1-0115-0000

**Csaba Dömötör (PFE).** – Várhelyi úrnak szeretném megköszönni a felkészültségét egyértelműen bizonyító tájékoztatását és válaszait. Az én kérdésem az élelmiszerimport egészségügyi vonatkozásait érinti. Az Európai Unió fokozatosan megnyitja kapuit a harmadik országokból érkező élelmiszerimport előtt. A gazdasági következmények mellett ennek jelentős egészségügyi

kockázatai is lehetnek. Ezekben az országokban ugyanis sok esetben olyan növényvédő szereket használnak, amelyeket az EU-ban már rég betiltottak. Ez igaz lehet a Mercosur-országokból érkező importra és a keletről érkező agrártermékekre is. Ez a jelenség egyrészt versenyhátrányt jelent a gazdáknak, emellett egészségügyi kockázatokat is jelenthet az európai állampolgárok számára. A fentiek alapján azt szeretném kérdezni Várhelyi úrtól, hogy vannak-e tervei a helyzet kezelésére, és milyen lépéseket tenne az egészségügyi kockázatok mérséklésére?

1-0116-0000

**Olivér Várhelyi, biztosjelölt.** – Ez egyre inkább előtérbe kerülő kérdés, és sokan úgy fogalmazzák ezt meg, hogy ez egyben egy fairness kérdés is a saját gazdáinkkal szemben. Nyilvánvalóan van egy ilyen aspektus. Nyilvánvalóan van egy ilyen aspektus, hiszen hogy ha elvárjuk a saját gazdáinktól, hogy egy sokkal magasabb szintű egészségügyi biztonságot nyújtsanak nemcsak a fogyasztóknak, hanem általában az európai polgároknak, hiszen tevékenységükkel nemcsak azt befolyásolják, amit az emberek megesznek, hanem az egész környezetet, és ez nyilván költségekkel is jár, akkor elvárható, hogy azok a termékek, amelyek bekerülnek az Európai Unióba, feleljenek meg ugyanazoknak a magas egészségügyi és biztonsági követelményeknek. Én ehhez feltétlenül ragaszkodni fogok. Ugyanakkor megvannak azok a tudományos szabályok és engedélyezési eljárások, amivel ezek az exporttermékek be tudnak lépni a piacainkra, és itt szintén a legfontosabb dolog az ellenőrzés. Az ellenőrzés pedig nem megy a tagállamok nélkül. A tagállamoknak kell biztosítaniuk, hogy a határokon ott van az a személyzet, ott van az a szakértő állomány, aki képes kiszűrni a forgalomból azokat a termékeket, amelyek nem felelnek meg az uniós szabályozásnak. Én személyesen is készen állok ezen a területen tovább erősíteni az ellenőrzéseket, de szerintem alapvetően nem versenyképességi kérdéstről van szó, hanem egészségügyi, közegészségügyi kérdéstről van szó, és én ezt így is kívánom kezelni.

1-0117-0000

**Marta Temido (S&D).** – Senhor Comissário indigitado, sabemos que os alimentos europeus são uma referência mundial em termos de abundância, de qualidade, de segurança, mas também devem ser uma referência em termos de sustentabilidade do sistema alimentar. E não existe na União Europeia um instrumento regulamentar horizontal que impulse as mudanças necessárias a este nível.

A Estratégia do Prado ao Prato anunciou que a Comissão apresentaria uma proposta de quadro legislativo para um sistema alimentar sustentável antes do final de 2023, mas isso ainda não aconteceu. A sua carta de missão fala deste tema e por isso quero-lhe perguntar o seguinte: em primeiro lugar, assume ou não o compromisso da apresentação de um quadro legislativo para os sistemas alimentares sustentáveis? Qual é a sua visão para este quadro? Concorde com a informação aos consumidores sobre a pegada ambiental e climática dos alimentos?

Em segundo lugar, tal quadro poderá incluir o dever de diligência para evitar impactos adversos na sustentabilidade no que diz, por exemplo, respeito às práticas fitossanitárias e veterinárias e ao bem-estar alimentar?

E, por último, que ações específicas tem em vista para promover regimes alimentares nutritivos e saudáveis, para combater a subnutrição, mas também o desperdício alimentar?

1-0118-0000

**Olivér Várhelyi, Commissioner-designate.** – Yes, together with Commissioner Hansen we have a task in our mission letter about sustainable agriculture. We are going to be building on the outcome of the dialogue, the strategic dialogue on agriculture. I think the tasks from there are very clear, be it animal welfare, be it organic production, for example, or any other idea areas. So I will work together with him on this proposal and we will come as it is requested by our mission letter.

You mentioned healthy diets. I think this is going to be an overarching issue that we will have to make part and parcel of all the prevention side of the public health agenda that we are running. I'm more than happy to work on that.

1-0119-0000

**Herbert Dorfmann (PPE).** – Dear Commissioner-designate, I would like to come back to food and food policy. If I read the mission letter you received from the President of the Commission, there is a clear reference to food. And also this evening, different times, you spoke about food. But there's even a reference to the production of food and agriculture, saying that this should support organic production and organic farming. At the same time, if approved, you will have a colleague, Commissioner Hansen, who is responsible for agriculture and food. Don't you see an overlapping of competencies between your portfolio and Mr Hansen's portfolio? And how would you like to deal with this?

And still on food, in the last mandate we had an intense debate about food labelling and especially on traffic light labelling. How do you see this? Are you thinking of proposing any legislation which relates to food labelling or traffic light labelling for food?

1-0120-0000

**Olivér Várhelyi, Commissioner-designate.** – I don't think it's an overlap. I think it's complementarity, because when it comes to food safety or organic farming, it is going to fall in my competence. But when it comes to farming as such it is going to be Mr Hansen. But we are working together on this, and I think organic farming is something where we need to support more our farmers.

The food labelling and the traffic light system: Member States have very many different ways of labelling the quality of food. And we're looking at these practices. What we see is that we already have a substantive amount of labelling requirements under EU law that has to be complied with, and therefore we are now looking rather at the practices and how we could create a better understanding whether these divergence systems of the Member States have an impact on the internal internal market or not. So on the traffic light, that's one option. There are other options. You are from Italy. In Italy, there's a different scheme which is applied. And this is why we're investigating this area and we are reflecting on it.

1-0121-0000

**Antonio Decaro, Presidente della commissione ENVI.** – Ringrazio il Commissario designato per la Sua dichiarazione conclusiva e per la partecipazione all'audizione di conferma. I membri della commissione ENVI hanno preso atto delle Sue risposte e dei Suoi impegni nei settori interessati.

Ringrazio anche tutti i colleghi della commissione AGRI per la collaborazione nell'organizzare questa audizione congiunta di conferma.

Passo la parola a Veronica Vrecionová per le sue osservazioni finali.

Chiedo scusa, Commissario designato... dopo tre giorni di seguito nella stessa aula può succedere.

1-0122-0000

**Olivér Várhelyi.** – I will make it quick – quicker than the introductory remarks, I promise you. So, honourable Members and Chairs, thank you very much for this time that you devoted and also for your questions. I think that we had a very deep discussion, and it is very clear where the priorities

are for you when it comes to my portfolio. You have also taken the time to listen to my vision, and I want to thank you for that attention and also for the opportunity.

If confirmed, you have heard where I would like to put my focus on, because I'm sure that together with you and with the Member States we can change things on the ground – first to create a modernised, competitive and resilient EU ecosystem based on the pharma legislation, the Critical Medicines Act, the European Biotech Act and the revised Medical Devices legislation. All of this must deliver for our patients and for our future health systems.

To continue to implement the different elements of the European Health Union, be it the European health data space, be it the full implementation of the Cross-border Health Threats Regulation, or to continue to fight even stronger against antimicrobial resistance.

Third, in the area of preventive health and on the basis of the Europe's Beating Cancer Plan to develop a plan for European cardiovascular health, not just covering many areas including diabetes or obesity, but also to make available new and personalised ways of prevention and treatments for our citizens.

Fourth, to find solutions which respond to our citizens' expectations on animal welfare, but making it an economically and financially viable way for our partners without compromising their competitiveness.

Fifth, to ensure safe and high quality food products for our citizens and to strengthen the implementation and enforcement of our world leading rules, not just internally, but also towards our international partners.

This portfolio goes to the heart of what the European Union is here to do. If you look at the latest Parliamentary polls regarding the top policy priorities for our citizens, you will see that health policy is among the top three policy priorities. If confirmed, I will be here to serve the citizens that you are elected to present. I look forward to working with the European Parliament to make that happen.

If you confirm me as Commissioner, I want to assure you that I will be available to the Members of this House to talk with you and address your concerns. My door in the office is always open. I will remain accountable to you as elected representatives of the citizens of the European Union. Thank you for your attention.

1-0123-0000

**Antonio Decaro**, *Presidente della commissione ENVI*. – Non rifarò i ringraziamenti che ho fatto prima alla commissione ENVI e alla commissione AGRI.

Passo la parola a Veronica Vrecionová.

1-0124-0000

**Veronika Vrecionová**, *Chair of the AGRI Committee*. – I will be very brief. I would like just to thank all the Members for their participation, and you, Mr Várhelyi, I really thank for your informative answers.

1-0125-0000

*(The hearing closed at 22:01)*