

COCIR and EUREGHA Recommendations

Recovery from COVID-19 – Driving Healthcare Resilience in the EU

Introduction

The Coronavirus pandemic is posing the greatest test to European healthcare systems in generations. COVID-19 has laid bare the consequences of prolonged underinvestment in healthcare and health resources. From the availability of PPE, treatments and vaccines, the capacity of primary care and ICUs, to the digitisation of Europe's healthcare infrastructure, the gaps have become increasingly visible. Clearly, these must be addressed urgently if we are to ensure improved future pandemic preparedness and resilience of the healthcare in Europe.

The European Union has responded to the challenge posed by the pandemic with its historic 'Recovery and Resilience Facility (RRF)¹, which is set to make €672.5 billion in grants and loans available to EU Member States over the coming three years. National governments have been submitting proposals for national recovery and resilience plans to the European Commission for approval. The aim is to make European economies and societies more sustainable, resilient, and better prepared for the challenges and opportunities of the green transition and digital transformation.

The recent crisis unambiguously highlighted the importance of public health for a functioning society and economy. Conversely, the importance of effective and accessible healthcare systems in EU countries has become abundantly clear.

COCIR and its members are therefore calling on EU Member States and the European Commission to prioritize EU RRF investments into policies, programs and projects that will substantially contribute to the resilience, digitization and sustainability of national and regional healthcare systems.

COCIR and EUREGHA recommendations to the European Regulators and national governments

1. Prioritize investments into policies, programs and projects that will substantially contribute to the resilience, digitization and sustainability of national and regional healthcare systems.
2. Utilize the opportunity to ensure healthcare investment measures are guided by the right healthcare key performance indicators and adjust measures based on their performance and outcomes.
3. Ensure that national recovery plans make strategic investments to address the backlog that Covid-19 has created for routine screening appointments or annual check-ups, which will likely lead to a delayed incidence increase in other disease areas such as cancer, cardiovascular disease and others. In this respect, improvements in early detection and screening, and the utilization of innovative treatment and technologies will be critical to increase efficiency of healthcare.
4. Invest in capacity building and resilience strategy, including the development of innovative and long-term stockpiles of medical equipment, supplies, parts, and therapies that can be relocated, stored in stockpiles moved to wherever a surge in demand occurs.
5. Create a denser net of primary care providers that takes patient pressure from hospitals in times of crisis; consider the creation of pandemic competence centres that would become poles of excellence.
6. Leverage EU RRF Funds to invest in telehealth capacity so patients, care givers, healthcare professionals can exchange remotely and in the future are less dependent on face-to-face interaction, which makes the continued availability of healthcare provision less vulnerable to shocks like an infectious disease pandemic.
7. Invest in digital technology that makes the management of patients in hospital more seamless, efficient, flexible, and connected. Consider leveraging RRF and other EU Funding mechanisms such as structural and cohesion funding as well as the Digital Europe Programme to scale up the capacity of

hospitals at national, regional, or local level to exchange information between each other and with authorities in case of health emergencies.

8. Invest in the upskilling and reskilling of health staff across Europe via innovative methodologies provided by dedicated expert training centres. Training, alongside investments in modern technology and digital tools, would increase the effectiveness and safety of healthcare services while reducing costs for healthcare systems.
9. Use the development of national recovery plans to encourage more collaboration between regions and Member States in aligning their investment priorities and sharing best practices. This would improve the positive impact of cross-regional and cross-border projects in addressing inequalities in access to quality care.
10. Ensure consistency between the national RRFs and adjacent EU programmes, such as Structural and Cohesion Funds, Digital Europe, EU4Health and others.

Detailed messages

Resilient healthcare systems: the key to economic recovery

A lack of capacity at various stages of national healthcare systems became apparent during Covid-19. Unforeseen external shock factors showed a lack of flexibility, adaptability and pandemic preparedness. The EU's RR is a critical opportunity to reverse this situation. National Recovery & Resilience Plans should create programmes that identify shortcomings and work to remedy these issues. These efforts need to be considered as a foundational deliverable in the EU's recovery economic strategy to create more resilient societies.

The hidden cost of COVID-19 on 'normal' patient care is yet to be fully understood. Patients in disease areas that were deprioritized during the COVID-19 pandemic, such as oncology, cardiovascular or other elective procedures, such as orthopaedic surgeries, need to get quick access to care. Efforts by the European Commission and EU Member States to improve the resilience of healthcare should be measured against an improved ability to ensure uninterrupted access to the healthcare system for all patients and a fast catch up of the backlog of screening and treatment.

For example, some EU Member States are in the process of investing into the creation of new hospitals, including the creation of regional pandemic centres and rapid diagnostic clinics. A systematic creation of dedicated infectious disease hospitals could be considered to create poles of excellence for the management of pandemics while at the same time reducing pressure from the regular hospital infrastructure or primary care institutions for other patients.

Similarly, a public investment focus to drive the creation of specialised rapid diagnostics clinics for patients could ensure a more resilient public health infrastructure to look after cancer or cardiology patients, also during times of a pandemic.

As governments are considering the creation of stockpiles to be better equipped for future pandemics, consider medical imaging and patient monitoring technologies for inclusion in the pandemic stockpiles, that can be deployed quickly to regions of high infection and assist with supporting patient peaks. This includes not only ventilators, but also mobile or relocatable medical imaging technologies such as X-ray, ultrasound or 'CT in a box'.

Despite COCIR raising concerns³ over the deterioration in the age of the installed base of medical imaging equipment in Europe, approximately one-fifth of such equipment is now more than ten years old and therefore challenging to maintain and repair, and even inadequate for conducting some procedures. Their replacement is essential.

¹ https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility_en

² [Recovery from Covid-19 – driving healthcare resilience in the EU, 24 March 2021](#)

³ [COCIR Medical Imaging Equipment Age Profile & Density](#)

The effects of COVID-19 will impact both patients and the European health system for many years or even decades, and these effects will underscore the need for a new, robust, and flexible, healthcare ecosystem in the long run. The EU should support Member States to ensure investments to improve healthcare systems' capacity and resilience will cater to the long-term and often complicated multi-layered nature of these infrastructure projects.

Similarly,⁴ a large gap remains between actual and the most advantageous utilisation of radiotherapy, with many patients not benefiting from optimal treatment. This gap is also due to shortages of high-quality equipment and should be remedied to reduce the existing backlog of treatment in many EU countries.

Digital transformation: unlocking capacity, decreasing cost

The digital transformation of healthcare starts with the better use and management of health data. Public health, hospitals and patients depend on it. Robust capital investment in the digitalization of hospital infrastructure is needed. The increased public valuation of the health data use and high-quality healthcare systems following the pandemic is an opportunity to leverage public funding towards modernizing the hospital infrastructure and driving the digitalization of healthcare systems, hospitals and care delivery.

This does not only include investment in medical devices and technology, but also into strategic change to digitize hospital and patient management to create more transparency and organisational efficiency⁵. Healthcare recovery programmes should drive the large-scale implementation of digital clinical information management systems. The objective is to increase transparency, visibility, and rapid information flow from the situation in the Emergency Room to enable real time information sharing, knowledge about disease progression and enabling accelerating decision making for public health measures. This would be achieved by the management of occupancy rates, ensure connectivity between hospital departments, monitor treatment progression, patient and hospital management at a regional level and overall public health observation during a pandemic.

Greater adoption of telehealth and effective sharing of health data will create an ecosystem that will allow for a better simultaneous management of pandemic and regular patients. Investments into teleradiology, for example, could help to speed up reporting where human resources can be shared across geographic regions to support healthcare staff shortages.

Building a green, more sustainable healthcare ecosystem

The European Union and its Member States are on a steadfast path to create a more sustainable and greener economy. COCIR welcomes these efforts and believes that there is great potential to enable innovation and to strengthen healthcare infrastructure by promoting sustainable and environmentally friendly solutions. From a lower energy consumption of the equipment to a better circularity and end of life use and refurbishment of technology – the contributions of the sector are plentiful to contribute to the EU's goals to reduce our CO₂ footprint.

Innovation is a key enabler to promote quality and sustainability. Members of COCIR are continuously engaging in finding more sustainable solutions which at the same time keep improving performance and effectiveness. COCIR has been working for several years on the Good Refurbishment Practice⁶ for Medical Electrical Equipment with set requirements for quality, safety, and effectiveness. These three pillars are central to building a sustainable and circular economy for refurbished equipment used in advanced diagnostic and treatment technologies.

⁴ [COCIR Radiotherapy Age Profile & Density](#)

⁵ https://www.cocir.org/fileadmin/Events_2020/20057_COC_EU_Regions_week_Final_report_v4.pdf

⁶ [Good Refurbishment Practice \(cocir.org\)](#)



COCIR is committed to minimizing the environmental footprint of its products along the whole lifecycle. This starts from the design and manufacturing until the end-of-life of our equipment. Furthermore, COCIR members communicate along the whole value chain, within and outside of the EU, on how to responsibly manage the products. The EU's Recovery and Resilience Facility provides a great opportunity to effectively invest into projects that strengthen the resilience of healthcare and, at the same time, promote the sustainability and circularity of medical equipment.