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COCIR Position Paper on NCDs

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1. Background

The burden and threat of noncommunicable diseases [NCDs] constitutes a major public health challenge that undermines socio-economic development throughout the world and increases inequalities between countries and within populations.

In the post-COVID reality, the plateau and occasional increase of NCDs mortality rates¹ – also as a collateral damage of the recent pandemic – has raised concerns when considering population health and health systems resilience.

The NCDs prevalence is influenced by both non-modifiable risk factors, such as biological inheritance, and modifiable ones, such as lifestyle and socioeconomic health determinants –in addition to comorbidities and Europe's ageing population.

According to WHO's projections, the total annual number of deaths from NCDs will increase to 55 million by 2030 'if "business as usual" continues'. NCDs burden can be greatly reduced with prevention and cure are implemented in an effective and balanced manner².

2. Policy Developments on global and European level

The WHO has developed a draft global action plan³, for the prevention and control of NCDs also targeting [i] health systems and universal health coverage; [ii] research, development, and innovation; and [iii] surveillance and monitoring.

¹[https://cdn.who.int/media/docs/default-source/documents/health-topics/non-communicable-diseases/eb150---who-discussion-paper-on-ncd-roadmap-development-\(20-aug-2021\)---for-web.pdf?sfvrsn=58b8c366_17&download=true](https://cdn.who.int/media/docs/default-source/documents/health-topics/non-communicable-diseases/eb150---who-discussion-paper-on-ncd-roadmap-development-(20-aug-2021)---for-web.pdf?sfvrsn=58b8c366_17&download=true)

² <https://www.who.int/publications/i/item/9789241506236>

³ United Nations General Assembly resolution 66/2 http://www.who.int/nmh/events/un_ncd_summit2011/ political_declaration_en.pdf

Moreover, in January 2022, the 150th WHO Executive Board (EB150) proposed a 4-pillar agenda to the WHO World Health Assembly, promoting among others, universal health coverage⁴, better protection from health emergencies, better health, and well-being⁵.

On European level, building on the lessons learned from and the COVID pandemic⁶ –which revealed sustaining health inequalities between EU MSs and regions– the European Commission launched on 15 December 2021 the Healthier Together Initiative on NCDs. The initiative will run till June 2022 and will be financed by the [EU4Health WP2022](#).

The EU approach to NCDs reflects the WHO positions and complements the ongoing efforts under Europe’s Beating Cancer Plan. Considering that health promotion and disease prevention can reduce NCDs prevalence as much as by 70%, the initiative sets them as a horizontal primary target, in parallel with strengthening health systems resilience. However, the scope of the initiative does not exclude the continuum of care -from screening and early detection, to diagnosis, treatment, and quality of life of patients- or data.

The European Commission together with the EU MSs and the stakeholders aims to define a holistic approach to reduce the burden of NCDs and tackle health inequalities⁷ in the EU MSs, targeting⁸ prevention and burden reduction in EU MSs In 5 areas, i.e.

- 1 & 2 cardiovascular diseases and diabetes as a priority⁹
3. chronic respiratory diseases
4. mental health and neurological disorders and
5. health determinants¹⁰

3. COCIR members’ added value in fighting NCDs

Fighting NCDs has been a core engagement area for the COCIR companies. Our members develop innovative health technologies and devices to ensure the provision of high-quality healthcare along the clinical pathway.

⁴ f. Recovery from the COVID-19 pandemic. At least half of the world’s population do not have full coverage of essential health services for the prevention and control of NCDs. The COVID-19 pandemic has affirmed the importance of basic public health, and strong health systems and emergency preparedness, as well as the resilience of populations to emergence of a new virus or pandemic. These considerations lend ever greater urgency to the quest for including the prevention and control of NCDs in UHC. With UHC in place, countries could more effectively and efficiently address the three ways in which the current health system crisis is directly and indirectly worsening health outcomes for NCDs: (1) the first is due to a lack of long-term pandemic preparedness and response that recognizes that people living with or at risk of NCDs are more susceptible to the risk of developing severe COVID-19 symptoms and are among the most affected by the pandemic; (2) the second is due to the inability of health systems to provide essential health services that meet the health-care needs of people living with or at risk of NCD, and (3) the third is linked to its socioeconomic impact. There is now a timely opportunity for COVID-19 to be a new lens through which to see NCDs when seeking to build back better in the recovery from the pandemic, particularly with regard to integration and alignment with PHC as the cornerstone for a sustainable health system for UHC. [https://cdn.who.int/media/docs/default-source/documents/health-topics/non-communicable-diseases/eb150---who-discussion-paper-on-ncd-roadmap-development-\(20-aug-2021\)---for-web.pdf?sfvrsn=58b8c366_17&download=true](https://cdn.who.int/media/docs/default-source/documents/health-topics/non-communicable-diseases/eb150---who-discussion-paper-on-ncd-roadmap-development-(20-aug-2021)---for-web.pdf?sfvrsn=58b8c366_17&download=true)

⁵ <https://ncdalliance.org/news-events/news/whats-coming-up-at-the-150th-who-executive-board>

⁶ https://ec.europa.eu/health/system/files/2020-11/2020_healthatglance_sum_en_0.pdf

⁷ In February 2021, most countries reported disruptions in services related to mental health services (45%) and noncommunicable diseases (37%). These disruptions relate to preventive services such as cancer screening, as well as to treatment services, such as cancer treatment, hypertension management, and rehabilitation services. Preliminary estimates suggest the total number of global deaths attributable to COVID-19 in 2020 due to these disruptions to be at least 3 million, with similar estimates expected for 2021. Preliminary studies seem to indicate that the majority of these deaths were due co-morbidities with NCDs. [https://cdn.who.int/media/docs/default-source/documents/health-topics/non-communicable-diseases/eb150---who-discussion-paper-on-ncd-roadmap-development-\(20-aug-2021\)---for-web.pdf?sfvrsn=58b8c366_17&download=true](https://cdn.who.int/media/docs/default-source/documents/health-topics/non-communicable-diseases/eb150---who-discussion-paper-on-ncd-roadmap-development-(20-aug-2021)---for-web.pdf?sfvrsn=58b8c366_17&download=true)

⁸ https://ec.europa.eu/health/non-communicable-diseases/overview_en?utm_medium=Email&utm_source=ESC&utm_campaign=ESC+-Advocacy+-NL+-February+2022

⁹ According to DG SANTE, a Joint Action on diabetes and cardiovascular diseases is being prepared under the 2022 EU4Health Work Programme. A similar process is envisaged for the Joint Action on health determinants of cancer and other noncommunicable diseases in future years.

¹⁰ To be noted that the last area is addressed together with EBCP – hence the joint meeting of the EC’s Sub-groups on EU NCDs and Cancer on 19 May 2022, to discuss the horizontal strand of health determinants.

Telemedicine and mobile apps increasingly enable patient self-management. They can reduce mortality in chronic diseases, such as congestive heart failure¹¹ through monitoring and rehabilitation, whereas they can sustain lifestyle changes that can prevent CVDs, such as obesity, diabetes, and cardiovascular diseases.

Medical imaging technologies support improved detection and diagnostic accuracy with imaging-based precision diagnosis - e.g. for stroke - which increases the chances of survival and post-event quality of life. They also improve treatment with image-guided therapy, which can contribute to lowering mortality rates in targeted therapies, like catheter-based ablation.

COCIR members' medical and digital health technologies contribute to combatting CVDs across the continuum of care. Our innovative health solutions are key enablers of quality health provision –e.g. [regular] screening, early detection, precision diagnosis, personalised care pathway, outpatient care, monitoring, and rehabilitation.

4. COCIR Position on the European Commission's 'Healthier Together Initiative'

COCIR welcomes the Commission's Initiative which, for the first time at European level, creates a platform for Non-Communicable Diseases and sets the scene for deeper collaboration and progress on primary prevention, common risk factors, comorbidities, and the political, environmental, social, and commercial determinants of health through concerted, collaborative efforts.

a. Policy:

We encourage the development/revision of **European screening guidelines** for NCDs –cardiovascular diseases [CVD] in priority - and possibly a relevant set of Council Recommendations, in the model of the European Cancer Screening Recommendations and JRC guidelines.

We promote the creation of **national registries for NCDs** with harmonised and interoperable data collection and stewardship – which would identify and address inequalities, and ultimately improve the quality of healthcare provision, e.g. prognosis, diagnosis, treatment

We support the development of a **European plan on NCDs/CVDs** – in the model of Europe's Beating Cancer Plan [EBCP]¹² – to address challenges arising across the care continuum and regarding the equal and universal access¹³ to quality healthcare – in the sense of innovative care solutions and personalised care – provided by robust and sustainable healthcare systems.

Indeed, healthcare systems' transformation and adoption of innovative health solutions across the continuum of NCDs care is imperative, as it is translated into sustainability coupled with optimal healthcare experience and outcomes both for patients and professionals.

b. Synergies:

We also promote further **synergies** with EBCP and other EU tools and Funds to ensure mutual reinforcement, coherence, and non-duplication of efforts.

As an example, in addition to EU4Health, Horizon Europe could create a **NCDs Mission** – in the model of the Cancer Mission – to support relevant R&I projects. The NCD [CVH] Mission could drive a

¹¹ [The Empirical Foundations of Telemedicine Interventions for Chronic Disease Management - PMC \(nih.gov\)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6111111/)

¹² Ref to COCIR recommendations on cancer: https://www.cocir.org/fileadmin/Position_Papers_2020/COCIR_Paper_on_Cancer_-_2_July_2020_-_final.pdf

¹³ https://www.who.int/health-topics/universal-health-coverage#tab=tab_1

dedicated NCD research agenda that would include: [i] precision diagnosis [ii] interaction between and among non-communicable and communicable diseases [iii] personalised approach to NCD through the patient journey from primary prevention to rehabilitation and aftercare with a focus on the goals and outcomes that matter to patients and people [iv] leveraging AI to better understand the fundamental biological processes and physiology for NCDs.

The same could apply with the IHI JU. The Innovative Health Initiative under Horizon Europe could also fund activities for NCDs/cardiovascular health.

c. Targeted Research and Innovation:

The WHO action plan and the European Healthier Together Initiative suggest the existence of unmet health needs. More investment in research & innovation is required in this area to further encourage collaboration between industry and healthcare professionals.

Potential areas of future research include:

- I. *Artificial Intelligence*: the leverage of machine-learning to better understand the fundamental biological processes and physiology for cardiovascular disease
- II. *Health Data*: Improve cardiovascular disease risk stratification by combining perinatal, epidemiological, imaging, and genetic data
- III. *Health Records*: Find the optimal medical therapy for Heart Failure patients by combining and analysing health and medical records
- IV. *e-Health*: Explore digital tools to support chronic cardiovascular (and comorbid) patients in adopting healthy lifestyle behaviours

d. Targeted Investment:

We support a targeted investment to ensure healthcare systems' transformation and resilience to better address the burden of NCDs- with prevention/screening, early precision detection and personalised treatment and aftercare. EU funding has a role to play in the improvement of national healthcare infrastructures - via the Regional Development Funds, the Digital Europe Programme, the Resilience and Recovery Funds and Important Projects of Common European Interest [IPCEIs]. The EU support could improve the European patients' continuously unequal access to [smart] healthcare – e.g., MRI or CT – within and across member states.

COVID highlighted and even exacerbated gaps and disparities in access¹⁴ to precision detection and image guided treatment within and between EU Member States.

Regrettably, [multi-]comorbidities in patients with COVID-19 led to increased mortality and lower outcomes. In parallel, a heavy backlog of CVD patients needing urgent treatment was created as clinical pathways were modified as a consequence of crisis management.

The latest COCIR publication on *Medical Imaging Equipment Age Profile¹⁵ & Density* paints a concerning picture of the state of equipment installed. As an example, 1/3 (34%) of X-ray Interventional / Angiography systems installed in Europe are older than 10 years. Accordingly, investment in cardiology IT – e.g. Cardiology PACS [picture archiving and communication system], Cardiovascular IS (CVIS), CVIS & Cath lab, ECHO, ECG, Archiving, Managed services, and advanced visualization – has been decreasing over the last years, with steadily fewer orders reported.

¹⁴ https://ec.europa.eu/health/system/files/2020-11/2020_healthatglance_sum_en_0.pdf

¹⁵ <https://www.cocir.org/media-centre/publications/article/cocir-medical-imaging-equipment-age-profile-density-2021-edition.html>

COCIR sees a large scope for EU MSs to invest in strengthening their primary care system, including the promotion of people-centred, integrated care for persons with multimorbidity, as well as in self-management of NCD.

Concluding Remarks

The COCIR member industries strive to create innovative solutions across the continuum of healthcare to allow European citizens to benefit from sustainable outcomes and added value. Our innovations enable better clinical outcomes, improve patient experience, increase satisfaction of health professionals, and contribute to overall cost containment.

COCIR will never tire of reiterating its solid commitment to support the European Commission in making the European Health Union –and for that matter the Healthier Together Initiative– a success!