

ECDA statement on COVID-19, chronic diseases and EU health capacity

This paper outlines recommendations to EU institutions, national governments and relevant groups in Europe concerning the COVID-19 response and recovery plans with regard to chronic diseases.

The lessons from this crisis must be learnt. The below proposals aim to support reflections on preparedness for potential future pandemics or other crises, which may occur as a result of factors like climate change; but also to reinforce healthcare systems' capacity to achieve long-term public health objectives.

- > COVID-19 exemplifies the need for better prevention and control of chronic non-communicable diseases (NCDs) across Europe
- > Prevention and optimal management of chronic diseases must be integral to the COVID-19 response and recovery plans
- > Rethinking the EU capacity in healthcare appears more than ever fundamental to better protect citizens and set up a European Health Union

Implications of the COVID-19 crisis for chronic disease care and for patients

The impact of COVID-19 on health is multifaceted. Further, the crisis underlines the challenges of healthcare systems in Europe and highlights important aspects with regard to chronic disease care.

Chronic diseases are major risk factors for COVID-19¹. **Chronic disease patients are more vulnerable to severe complications and higher mortality rates have been observed amongst COVID-19 patients with pre-existing conditions** across Europe². In Italy, the majority (96.2%) of patients who died in-hospital from COVID-19 had comorbidities, primarily uncontrolled chronic diseases³. The most prevalent were hypertension, type 2 diabetes, ischaemic heart disease, chronic kidney disease, chronic obstructive pulmonary disease and cancer⁴.

COVID-19 disease in survivors with NCDs may also **affect the progression of their pre-existing clinical condition**⁵.

Several types of complications have also been reported in COVID-19 patients without pre-existing conditions, including blood clots, digestive symptoms⁶, acute kidney injury^{7,8}, heart inflammation/damage⁹, immune disorders, which may turn into chronic diseases in the long-term evolution post-infection.

The crisis had a **severe impact on healthcare services for patients with NCDs** as reported by WHO^{10,11}. Patients with chronic diseases have experienced important disruptions in access to and continuity of care, notably due to a lack of staff, cancellations of consultations and treatments etc. Patients have also expressed fear of going to hospitals and outpatient clinics or clinics in case of acute incidents for safety reasons, which has likely had repercussions on disease control and mortality. A significant reduction in admissions for heart attacks and strokes was reported, coupled with an increase in preventable death and disability, as a result of reluctance from patients to seek help¹². The mental health impact of self-isolation and disruption in care for patients should also be considered.

COVID-19 complications might have **long-term impacts on the health status of the European population** and on the prevalence of chronic diseases, which is likely to increase as a collateral damage of the crisis. The aspects highlighted above will have **important consequences for healthcare systems in the long run**, if no changes in practices and policies are operated now.

¹ Kluge H, Kremlin W, Rippin H, et al. Prevention and control of non-communicable diseases in the COVID-19 response. *The Lancet*. Published May 2020. DOI: [https://doi.org/10.1016/S0140-6736\(20\)31067-9](https://doi.org/10.1016/S0140-6736(20)31067-9)

² Kluge H, Kremlin W, Rippin H, et al. Prevention and control of non-communicable diseases in the COVID-19 response. *The Lancet*. Published May 2020. DOI: [https://doi.org/10.1016/S0140-6736\(20\)31067-9](https://doi.org/10.1016/S0140-6736(20)31067-9)

³ Istituto Superiore di Sanita. Characteristics of SARS-CoV-2 patients dying in Italy. Report based on available data on April 29th, 2020. Available from: <https://www.epicentro.iss.it/en/coronavirus/bollettino/Report-COVID-2019-29-april-2020.pdf>

⁴ Istituto Superiore di Sanita. Characteristics of SARS-CoV-2 patients dying in Italy. Report based on available data on April 29th, 2020. Available from: <https://www.epicentro.iss.it/en/coronavirus/bollettino/Report-COVID-2019-29-april-2020.pdf>

⁵ Palmer K, Monaco A, Kivipeltto M, et al. The potential long-term impact of the COVID-19 outbreak on patients with non-communicable diseases in Europe: consequences for healthy ageing. *Aging Clinical and Experimental Research*. Published May 2020. <https://doi.org/10.1007/s40520-020-01601-4>

⁶ United European Gastroenterology. Position paper on COVID-19 and digestive health. 2020. Available at: <https://ueg.eu/files/1219/2715518c875999308842e3455eda2fe3.pdf>

⁷ Ronco C, Reis T, Husain-Syed F. Management of acute kidney injury in patients with COVID-19. *The Lancet*. Published May 2020. DOI: [https://doi.org/10.1016/S2213-2600\(20\)30229-0](https://doi.org/10.1016/S2213-2600(20)30229-0)

⁸ BBC News. Why your health may never be the same after Covid-19. May 2020. Available at: <https://www.bbc.com/news/uk-scotland-52506669>

⁹ Brit Long, William J. Brady, Alex Koyfman, Michael Gottlieb. Cardiovascular complications in COVID-19. *The American Journal of Emergency Medicine*. 2020; DOI: 10.1016/j.ajem.2020.04.048

¹⁰ World Health Organisation. COVID-19 significantly impacts health services for noncommunicable diseases. June 2020. Available from: <https://www.who.int/news-room/detail/01-06-2020-covid-19-significantly-impacts-health-services-for-noncommunicable-diseases>

¹¹ World Health Organisation. Delivering NCD services in a time of COVID-19 – Stories from the field. Available at: <https://www.euro.who.int/en/health-topics/noncommunicable-diseases/pages/news/news/2020/6/delivering-ncd-services-in-a-time-of-covid-19-stories-from-the-field>

¹² European Society of Cardiology (ESC). The collateral damage of COVID-19: cardiovascular disease, the next pandemic wave. June 2020. Available from: <https://www.escardio.org/The-ESC/Advocacy/Shaping-policy-and-regulation/ESC-positions/the-collateral-damage-of-covid-19-cardiovascular-disease-the-next-pandemic-way>

Lessons learned from COVID-19: needs and solutions to improve chronic disease care

The crisis outlines the necessity to implement the following improvements:

Healthcare delivery/organisation

- **Strategies to better protect the health of chronic disease patients; innovative approaches to ensure that healthcare services continue** for people with chronic disease amid crises; and better preparedness in the future including the uptake of evidence-based digital health technologies for follow-up of medical care where possible. Further interventions and good practices have been identified by WHO¹³.
- Measures to **prevent and manage co-morbidities** in COVID-19 patients. Fostering multi-disciplinary and integrated care is crucial in this regard.
- **Enhanced protection of healthcare workers (physical and mental health)** and minimizing their own risk of infection, as well as measures to prevent burnout or mental distress.

Exchange of information/data and good practices

- **New, holistic and far-reaching mechanisms for the exchange of information/data** and good practices. The model of the European Reference Networks (ERNs) could be used for this purpose to gather evidence related to chronic disease care.
- **Common surveillance system/data collection system** and coding on COVID-19 in chronic disease patients and co-morbidities at EU level. This could be a responsibility of the European Centre for Disease Prevention and Control (ECDC) with an extended mandate.
- Measures to **address misleading/inaccurate information** on disease and care.
- Actions to ensure **comparable** health data for both infectious and chronic diseases.

Research

Increased investment, capacities and research on:

- **The impact of COVID** on chronic disease patients.
- **Long-term health consequences** of COVID-19/ onset of chronic diseases or organ damage in survivors.
- **New ways of providing quality, continuous medical care** for chronic disease patients during crises and beyond.

Implementing these learnings into EU and national policy

The pandemic had unprecedented consequences in Europe and required an important shift of resources and capacities towards emergency and intensive care but also maintenance care. Rethinking healthcare policy across Europe is now clearly recognised as a priority. Increased EU level action is needed to protect citizens. The new standalone EU4Health Programme, with a much higher budget, is an important step in this direction.

1. Increasing efforts on prevention and control of chronic diseases, for a better response across Europe

Higher mortality and complications of COVID-19 are observed in chronic disease patients. Further, risk factors like smoking/air pollution are associated with higher mortality from COVID-19, in addition to being the most preventable causes of death from major chronic diseases in Europe¹⁴. The EU and Member States need to steer concerted actions to address risk factors, including regulatory measures, and create healthy environments. Healthcare budgets need to allow increased investment in cost-effective disease-prevention activities.

2. Prevention and control of chronic diseases must be integral to the COVID-19 response and recovery plans

WHO has highlighted the crucial role of prevention and optimal control of chronic diseases in the COVID-19 response¹⁵. The WHO Regional Office for Europe developed recommendations to adapt COVID-19 response plans to address the needs of those at risk of chronic diseases or already living with a chronic disease¹⁶.

¹³ World Health Organisation. COVID-19 significantly impacts health services for noncommunicable diseases. June 2020. Available from: <https://www.who.int/news-room/detail/01-06-2020-covid-19-significantly-impacts-health-services-for-noncommunicable-diseases>

¹⁴ World Health Organisation Regional Office for Europe. Time to Deliver in Europe: Meeting noncommunicable disease targets to achieve the Sustainable Development Goals. Outcome report from the WHO European High-level Conference on Noncommunicable Diseases. 2019

¹⁵ Kluge H, Kremlin W, Ripplin H, et al. Prevention and control of non-communicable diseases in the COVID-19 response. *The Lancet*. Published May 2020. DOI: [https://doi.org/10.1016/S0140-6736\(20\)31067-9](https://doi.org/10.1016/S0140-6736(20)31067-9)

¹⁶ Kluge H, Kremlin W, Ripplin H, et al. Prevention and control of non-communicable diseases in the COVID-19 response. *The Lancet*. Published May 2020. DOI: [https://doi.org/10.1016/S0140-6736\(20\)31067-9](https://doi.org/10.1016/S0140-6736(20)31067-9)

The likely risks of long-term pressures on healthcare systems in the future (e.g. resulting from situations where patients did not get proper care during the crisis, long-term complications amongst COVID-19 survivors, in combination with a continued increase in prevalence of chronic diseases in Europe) require that appropriate focus is given to chronic disease prevention and care in the post-crisis plans, as recommended by WHO. This will be crucial to implement long-term solutions.

The new **EU4Health Programme** as well as **national-level programmes** should **dedicate increased and sufficient resources to chronic disease prevention and optimal management**, seeing this as long-term public health investment, in parallel with the budget allocated to infectious diseases and future crisis preparedness.

3. Rethinking EU health capacity to improve public health promotion and protection, disease prevention

- *Extending the role and capacities of the EU and international health advisory bodies:*

The EU4Health programme includes plans to extend the capacity of the ECDC. ECDA calls for the extension of its mandate to cover chronic diseases. **Providing the ECDC with the mandate to reinforce chronic disease prevention and management** makes sense: chronic (non-communicable) and communicable diseases are frequently interlinked, as further shown by the pandemic. Further, chronic diseases are a major challenge in every EU country and their prevalence is growing. It is critical that prevention and control efforts are strengthened in all countries. This would allow the ECDC to: 1) centralise, analyse and interpret data on chronic diseases and risk factors across Europe via a common surveillance system; such data is currently missing; 2) provide scientific advice to EU governments and institutions to improve the response.

Further, the EU should **empower WHO to become an even stronger advisory body** by embedding further WHO recommendations within EU policies and by encouraging member states to maintain WHO funding and implement WHO guidance at national level.

- *Setting up an interoperable and comprehensive EU-level data collection system on chronic diseases and risk factors including COVID-19 – in alignment with the plans for a European Health Data Space*

Such a system would amalgamate in a uniformed way reliable data from multiple sources, with comparable criteria and elements across countries. This could be a responsibility of the ECDC under an extended mandate, and contribute to the realisation of the European Health Data Space, to inform adaptations in healthcare systems and future research topics.

- *Supporting the expansion of the ERNs model to chronic diseases*

The ERNs for rare diseases are a successful model of EU cooperation and pooling of expertise to deliver outcomes for patients in an area of high unmet need. The high prevalence and mortality from chronic diseases, further increased by COVID-19, suggests that a similar approach be taken for this group of diseases. The European Commission already built on the ERNs model to develop rapidly the COVID-19 Data Portal, facilitating data sharing and analysis to accelerate coronavirus research. Further work is ongoing in the field of cancer.

Replicating the ERN model for chronic diseases would allow to further support cross border exchange of data, expertise and experiences to prevent and manage chronic diseases but also complications, which require extensive knowledge sharing due to the complexity of cases. It would also contribute to provide patients across Europe with the same chances of receiving high-quality medical care.

- *Prioritising and embedding further public health objectives and prevention into all EU policies*

The crisis has shown that EU cooperation and concerted action is crucial in the field of health. A mechanism should be set up within the Commission to identify the impact on public health of any policy or initiative, as proposed within the EU4Health programme.

All these actions would pave the way towards a “European Union of Health”, as desired by EU citizens and supported by the European Parliament and several EU Member States.

At Council level, it is crucial that Member States collaborate to build such a “European Union of Health”. Future EU Council Presidencies should continue the work of the Finnish Presidency on health promotion, disease prevention and the economy of wellbeing, in cooperation with the European Commission.

In the shorter term:

- **European Semester Process country-specific recommendations should provide guidance to improve healthcare systems and steer health investment**, taking stock of the national healthcare systems challenges that have been highlighted by the COVID-19 crisis.
- **The EU should conduct a rapid assessment of where EU competencies in health need to be re-considered; and where innovative EU mechanisms can be defined** to further protect the health of EU citizens.

Health is a human right and one of the main concerns of the European population. It is a fundamental element of sustainable, strong societies, and of growth. Citizens aspire for the EU to have more competences in health.

About the European Chronic Disease Alliance (ECDA):

The European Chronic Disease Alliance (ECDA) is a Brussels-based coalition of 11 European health organizations representing major chronic diseases and sharing the same interests in combating preventable chronic diseases through European policies that impact health. Together, we represent over millions of patients and over 200,000 health professionals. ECDA plays a leading role in the prevention and reduction of chronic diseases by providing policy recommendations based on contemporary evidence. Its main priorities are primary and secondary prevention related to chronic diseases and the common risk factors - tobacco use, poor nutrition, physical inactivity, alcohol consumption, and environmental factors.

Members of the Alliance:

- European Academy of Allergy & Clinical Immunology (EAACI)
- European Association for the Study of the Liver (EASL)
- European CanCer Organisation (ECCO)
- European Heart Network (EHN)
- European Kidney Health Alliance (EKHA)
- European Respiratory Society (ERS)
- European Society of Cardiology (ESC)
- European Society of Hypertension (ESH) – associate member
- European Society for Medical Oncology (ESMO)
- International Diabetes Federation Europe (IDF Europe)
- United European Gastroenterology (UEG)

For more information, please visit: www.alliancechronicdiseases.org