

COCIR 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, 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.

The European Union has responded to the challenge posed by the pandemic with its historic 'Recovery and Resilience Facility (RRF)', which is set to make €672.5 billion in grants and loans available to EU Member States over the coming three years. National governments now have until 30 April to submit their 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 and digital transitions.

Healthcare projects benefitting from EU funding can substantially contribute to the resilience and sustainability of national and regional healthcare systems. Following up on our recent virtual event², COCIR has formulated recommendations for member states and the European Commission as the national plans are drafted and will be assessed.

COCIR recommendations to the European Commission and national governments

1. Ensure consistency between the national RRFs and adjacent EU programmes such as Structural and Cohesion Funds, Digital Europe, EU4Health and others.
2. 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.
3. 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.
4. 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.
5. 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

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](#)

level to exchange information between each other and with authorities in case of health emergencies.

6. Create a denser net of primary care providers that takes patient pressure from hospitals in times of crisis; consider the creation of pandemic competence centers that would become poles of excellence.
7. Address the backlog that Covid-19 has created for routine screening appointments or annual checkups, which will likely lead to a delayed incidence increase in other disease areas.
8. Use the RRF to start robust R&D and technology investments in support of other European flagship policy initiatives such as Europe's Beating Cancer Plan and the European Health Data Space.
9. Invest in the upskilling 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.

Detailed messages

Resilient healthcare systems: the key to 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 and pandemic preparedness. The EU's RRF 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 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 capacity to ensure uninterrupted access to the healthcare system for all patients.

For example, some EU Member States are in the process of investing into the creation of new hospitals, including the creation of regional pandemic centers 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 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 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.

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.

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 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. The effects of the large-scale implementation of digital clinical information management systems should be driven by healthcare recovery programmes. The objective is to increase transparency, visibility, and rapid information flow from the situation in the Emergency Room to the political decision-making bodies in Europe. 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

One of the main priorities of the European Union and the Member States is to recover the economies by making them more sustainable and greener. COCIR welcomes the efforts and believes that there is great potential to enable innovation and to strengthen healthcare infrastructure by promoting sustainable and environmentally friendly solutions.

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

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

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 \(cocir.org\)](#)



and circular economy for refurbished equipment used in advanced diagnostic and treatment technologies.

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 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.

Healthcare: a long-term investment

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 multilayered nature of these infrastructure projects.

The interplay between Recovery & Resilience Facility and other funding programmes

It is critically important to ensure consistency between the national RRF plans and possibly supportive planning from adjacent EU programmes such as Digital Europe Programme, EU4Health Programme and the Structural and Cohesion Funds, to enable cross-border cooperation and digitalization more effectively.

For oncology programmes in particular, the consistency between the different EU Funding Programmes and RRFs can ensure improvements in early detection and screening, and the encouragement of innovative treatment and technologies.