EUROPEAN STROKE ORGANISATION

THE VOICE OF STROKE IN EUROPE

eso-stroke.org

European Stroke Organisation Statement
Submission to the 71th Session of the WHO Regional Committee for Europe

Referring to agenda Item 8 – European Programme of Work, 2020–2025
"United Action for Better Health in Europe"

Additionally referring to the WHO Global Strategy on Digital Health 2020-2025[1] and the WHO list of priority medical devices for management of cardiovascular diseases and diabetes[2].

THE IMPACT OF DIGITAL HEALTH EQUITABLE ACCESS TO STROKE SERVICES, INTERVENTIONS AND CARE

Cerebrovascular diseases are a leading cause of premature mortality and cognitive and physical disability in the European region and worldwide, affecting families and with a growing economic and societal costs[3].

Timely access to dedicated and expert attention in all settings of care – from primary prevention to post-stroke rehabilitation – are critical to improve the control of modifiable cardio- and cerebrovascular risk factors, quality of life, and disease prognosis/outcome. They are further needed to reduce the burden of cerebrovascular consequences on health and social well-being.

The European Stroke Organisation (ESO) prepared a **Stroke Action Plan for Europe** **(SAP-E)**[4] for the years 2018 to 2030, in cooperation with the Stroke Alliance for Europe (SAFE). The **SAP-E** reviews available scientific evidence and the state of current services across the whole pathway, identifies priorities for research and development and outlines recommendations and targets for the development of stroke care for 2030. It provides a roadmap to drive and direct policies towards a complete and full implementation of multi-sectorial public health interventions and actions to prevent and treat stroke reducing its burden in Europe.

The SAP-E overarching goals are:

- to reduce the absolute number of strokes in Europe by 10%
- to treat 90% or more of all patients with stroke in Europe in a dedicated stroke unit as the first level of care
- to have national plans for stroke encompassing the entire chain of care from primary prevention to life after stroke.
- to fully implement national strategies for multisector public health interventions to promote and facilitate a healthy lifestyle, and reduce environmental socioeconomic and educational factors that increase the risk of stroke.

Within the SAP-E document, **digital health tools and their implementation**[1] could be suggested for their potential to strengthen equitable access to stroke care and prevention.

The need for re-allocation of resources and re-arrangements of hospital services due to the **COVID 19 pandemic** as well as social distancing measures have affected stroke care in many ways. A survey conducted globally by WHO in May 2020 showed that prevention and treatment services for

NCDs have been severely disrupted since the pandemic began. In these challenging conditions **Digital Health** tools such as tele advice and supportive calls – where present – have facilitated access to population-level public services for hypertension monitoring and treatment, cardiovascular disorders, diabetes and diabetes-related complications.

Tele-stroke in acute settings has notably increased the access to expert evaluation and appropriate acute stroke interventions/treatments. **Tele-stroke services** may support in the follow-up of in- and outpatients via telemedicine consultation, overcoming geographical barriers and providing e-consultation across **multiple network hospitals.**

Tele-rehabilitation is a promising area that could produce substantial gains for patients with stroke and deserves proper evaluation and further development.

Digitally based stroke self-help information and assistance systems with therapeutic exercise program, adherence to prescribed therapy, digital food environments, and interventions for lifestyle modification such as tobacco cessation programs, flexible to individual needs and preference may contribute to make healthy and informed decisions[5].

These innovative platforms are potentially useful tools although not yet supported by a strong body of evidence and therefore require further studies, evaluation and research.

The European Stroke Organisation (ESO) calls upon the WHO European Regional Committee to support its member states to increase their efforts to scale-up evidence-based Digital Health solutions in Stroke Care and to achieve the SAP-E targets.

About ESO

The European Stroke Organisation (ESO) is a pan-European society of stroke researchers and physicians, national and regional stroke societies and lay organisations. The aim of ESO is to reduce the burden of stroke by changing the way that stroke is viewed and treated. This can only be achieved by professional and public education, and by making institutional changes. ESO serves as the voice of stroke in Europe, taking action to reduce the burden of stroke regionally and globally. www.eso-stroke.org

References

1. WHO Global Strategie on Digital Health, https://www.who.int/health-topics/digital-health#tab=tab_1
2. WHO list of priority medical devices for management of cardiovascular diseases and diabetes. Geneva: World Health Organization 2021, https://www.who.int/publications/i/item/9789240027978
3. The Economic Impact of Stroke in Europe https://www.safestroke.eu/wp-content/uploads/2020/10/03.-At_What_Cost_EIOS_Full_Report.pdf
4. Norrving B, Barrick J, Davalos A, et al. Action Plan for Stroke in Europe 2018–2030. *European Stroke Journal*. 2018;3(4):309-336. doi:10.1177/2396987318808719
5. https://www.euro.who.int/en/health-topics/disease-prevention/nutrition/publications/2021/digital-food-environments-factsheet-2021
   https://www.who.int/news-room/spotlight/using-ai-to-quit-tobacco
   Khoong, E.C., Olazo, K., Rivadeneira, N.A. et al. Mobile health strategies for blood pressure self-management in urban populations with digital barriers: systematic review and meta-analyses. *npj Digit. Med*. 4, 114 (2021)