



EFNA

EUROPEAN FEDERATION OF NEUROLOGICAL ASSOCIATIONS

Advocating for access to neurology treatment, services and support



February 2020

**These recommendations
define our way forward and are
a proactive framework for action**



This document is based on feedback from an EFNA workshop, held in Warsaw in October 2019, attended by approximately 50 representatives of patient and health professional organisations, industry partners and other experts. The contents of this paper reflect the insightful and lively debates and the arising conclusions and recommendations. The goal is to capture these outputs to inform EFNA's strategic plan for 2020-2025, particularly on its focus area of 'ensuring equitable access' to neurological care for all patients in need.

These recommendations define our way forward and are a proactive framework for action. Ensuring that the EFNA work programme is consistent and capable of impacting policy discussions throughout the 2019-2024 EU mandate is essential in order to make progress in the areas identified. And progress is contingent on coordinated advocacy conducted at EU, national and global level.

Foreword

Hundreds of millions of people of all ages, across Europe and globally, struggle with neurological disorders in their everyday lives, from Alzheimer's and Parkinson's disease, strokes, multiple sclerosis and epilepsy to migraines, brain injuries, brain tumours and neuro-infections. In Europe alone, the death and disease burden due to neurological disorders is staggering and ranks number three among all disease groups, according to recent studies.¹

While these conditions cause enormous suffering and disability – and the personal impact of neurological disorders cannot be overstated – this is often not fully, or at all, recognised. As Dr Elena Becker-Barroso, editor of *The Lancet Neurology*, put it, *“Brain health is the greatest challenge of societies in the 21st century... We need a wakeup call for healthcare systems and research funding agencies, as the data shows that neurology and neurosciences must be at the top of their agendas”*.

Aiming to improve the conditions of people living with neurological disorders, we – at the European Federation of Neurological Associations (EFNA) – will focus on three priority areas for 2020-2025:



**Access to treatment,
services and support**



**Stigma, isolation
and discrimination**



**Patient empowerment,
engagement and involvement**

As a value-based healthcare policy approach continues to evolve, it is evident that the individual and socioeconomic burden of neurological disorders is enormous and still growing. Furthermore, the treatment gap for many of these disorders remains high and needs to be promptly addressed. The role that EFNA and its members intend to play is all the more fundamental to ensure that the patient voice – our voice – is heard and becomes an indispensable part of the solutions that are needed.

Joke Jaarsma

President, European Federation of Neurological Associations

The burden of disease

A 2017 UN General Assembly report highlighted that progress in reducing the burden of non-communicable diseases, including neurological disorders, has been insufficient to meet the UN Sustainable Development Goal (SDG) targets by 2030.² Neurological disorders are the leading cause of disability and the second leading cause of death worldwide.³ Thus, strategies and programmes that reduce the burden from neurological disorders could potentially help achieve the UN SDG targets.

Globally, the burden of neurological disorders, as measured by the absolute number of Disability-Adjusted Life Years (DALY), continues to increase. As populations grow and age, and the prevalence of major disabling neurological disorders increases with age, governments (and healthcare systems) will face increasing demand for treatment, rehabilitation, and support services for neurological disorders. Current interventions have low effectiveness or are not sufficiently deployed, demonstrating that new knowledge is required to develop effective prevention and treatment strategies.



Approximately 1 in 3⁴ of the European population suffers from a neurological disease⁵



The number of DALYs has increased by about 15%⁷



The number of deaths from neurological disorders has increased by approximately 39% since 1990⁶



In 2016, neurological disorders represented the largest cause of DALYs (276 million) and the second-largest cause of global deaths (9 million), accounting for 16.5% of global deaths⁸

DEMENTIA

Dementia

Alzheimer's Disease International estimates that there are over 50 million people living with dementia globally, a figure set to increase to 152 million by 2050. There is a new case of dementia every three seconds and the current annual cost of this disorder is estimated at US \$1trillion, a figure set to double by 2030.¹⁰

The WHO recognises dementia as a public health priority and has published an action plan which aims to improve the lives of people with dementia, their carers and families, while decreasing the impact of dementia on communities and countries.¹¹

The need to advocate for access to neurology treatment, care services and support

The debate on universal access to effective and efficient healthcare is high on the agenda of all national and supranational institutions. The recent UN resolutions on non-communicable diseases and universal health coverage have highlighted the need to address health-related challenges in order to achieve the SDGs by 2030. The mandate of the World Health Organization (WHO) to design appropriate strategies to support their implementation confirms the centrality of health in sustainable development strategies and the interconnectivity between national, regional and global health policies.

For example, the WHO Mental Health Gap Action Programme (mhGAP) aims to scale up services for mental health and neurological disorders. The programme asserts that with proper care, psychosocial assistance and medication, tens of millions could be treated for these disorders, such as depression and epilepsy – even where resources are scarce.

However, the definition of ‘access’ has to be considered and adapted to the expectations and the issues facing neurological patients. In many cases, neurological disorders are not life-threatening and therefore patients’ access needs are different from other illnesses where there might be a cure – as outlined later in this document. This is also why neurological disorders are less of a priority than other illnesses, such as cardiovascular diseases or cancer. Yet, the reality is that patients often find the poor quality of life that results from living with a chronic disease is sometimes worse than death.

Additionally, access barriers are not just about cost. Other factors affecting access include lack of disease awareness, barriers to diagnostics, access to the right healthcare professionals and therapies, access to the right treatment, availability of clinical trials, treatment adherence, stigma and family/carer support.

Therefore, many factors that can improve access to care for neurological patients do not require significant structural investment and do not come at a high price. Political will is needed to ensure appropriate resourcing and implementation of different, evolutionary measures and transformative choices that keep patients’ expectations at the centre. A long-term public health vision and planning are needed beyond short-term political interests and budgetary constraints.

The EU should implement more guidance on cross-border access to healthcare, as well as on the convergence of standards of care that would reduce inequalities at national level. The new European Commissioner for Health and Food Safety, Stella Kyriakides, has been entrusted by President Ursula von der Leyen to ensure that Europe has the supply of affordable medicines to meet its needs.¹² Following the lead of the WHO, neurology should be part of any upcoming initiatives and the WHO’s regional committees can also do more in this area. The recent Council Conclusions (non-binding political agreements) adopted by EU Member States on the ‘economy of wellbeing’ also emphasise the importance of access for all to health services, long-term care, health promotion and disease prevention.¹³ Furthermore, the European Parliament’s MEP interest group on Brain, Mind and Pain will continue to advocate for the needs of those living with neurological disorders.

EFNA is committed to advocate for neurology-related action plans to be explicitly mentioned and integrated in the context of global health strategic frameworks, e.g. on Non-Communicable Diseases (NCDs), and to work with other brain health-focused groups to promote coordinated national strategies. Specifically, EFNA will consolidate partnerships with the WHO’s new brain health team and EU institutions to push for neurology to be more visible in their activities. The EFNA-driven Parliamentary Interest Group will provide a platform to reach out to policy makers on the key issues and asks on behalf of patients.

The Challenges

The challenges below are based on those identified at EFNA's workshop on *'Ensuring Equitable Access to Neurology Treatment, Services and Support'* held in Warsaw on 28 and 29 October 2019.

Increasing disease awareness

The word 'neurology', and what it entails, is usually not well understood by policymakers and the general public. There are over 600 types of neurological disorders, which can be categorised into sudden onset conditions (such as spinal injuries), unpredictable conditions (such as epilepsy), progressive conditions (such as Parkinson's disease) and stable neurological conditions (such as cerebral palsy).¹⁴ Consequently, the prevalence and impact of neurological diseases are often underestimated, and resource allocation in health and social services does not reflect the scale of disease burden.

This leads to fragmentation within the field and, in some cases, internal competition between specific diseases for the limited resources available. In some countries, individual diseases are prioritised to the exclusion of others. The neurology community must show a united front and call for more coordinated approaches and strategies, such as National Brain Plans.

EPILEPSY

WHO work on epilepsy

Recent work undertaken by the WHO on epilepsy helps illustrate the scale of the challenges to be addressed. Approximately 50 million people worldwide have epilepsy, making it one of the most common neurological diseases. It is estimated that up to 70% of people living with epilepsy could live seizure-free if properly diagnosed and treated. The risk of premature death in people with epilepsy is up to three times higher than for the general population. In many parts of the world, people with epilepsy and their families suffer from stigma and discrimination.

The WHO, the International League Against Epilepsy (ILAE) and the International Bureau for Epilepsy (IBE) have led the Global Campaign Against Epilepsy to bring the disease "Out of the Shadows" to provide better information, raise awareness, strengthen public and private efforts to improve care and reduce the disease's impact. This has resulted in the prioritisation of epilepsy in many countries, leading to regional declarations in all six WHO regions. Projects have been carried out in many countries to reduce the treatment gap and morbidity of people with epilepsy, to train and educate health professionals, to dispel stigma, to identify potential prevention strategies, and to develop models integrating epilepsy care into local health systems. Combining several innovative strategies, these projects have shown that there are simple, cost-effective ways to treat epilepsy in low-resource settings. While this case study is specific to epilepsy, the lessons learned can, and should, be expanded to many other neurological disease areas.

The evidence to support more prioritisation of neurology/brain health policies by governments can be found in major studies on the global burden of disease, both at international and European level. The WHO's contribution to developing a global action plan on brain health should be encouraged. Similarly, the EU should engage all relevant stakeholders to adopt a brain health plan for Europe.

Although it can be difficult to measure the results of awareness raising activities, there are numerous examples of successful and impactful campaigns that have benefitted patient communities.

Additionally, disease awareness can have an impact on reducing the stigma associated with neurological disorders. Although the social effects vary from country to country, the stigma and discrimination that surround neurological disorders are often more difficult to overcome than the symptoms themselves. Stigma can discourage people from seeking diagnosis and subsequent treatment and support to avoid becoming identified with the disease or being perceived negatively. Stigma requires more awareness raising to tackle misperceptions and address the impact it has on access.

People with neurological disorders can experience reduced access to educational opportunities, lack of opportunity to obtain a driving license, barriers to enter particular occupations, and reduced access to health and life insurance. In many countries legislation reflects centuries of misunderstanding about certain neurological conditions.

EFNA will develop and run awareness campaigns, informed by the needs of neurology patients (collated via regular surveys/consultations on such themes), which will also serve as platforms for sharing best practice and knowledge.

EFNA calls on the WHO and its newly formed brain health team to build on disease specific successes to push for a longer term, Global Strategy on Brain Health.

EFNA encourages the EU to use its work on cancer as a template for all Non-Communicable Diseases, including neurological disorders, to create a brain health plan for Europe, based on the priorities outlined in the template for National Brain Plans via the European Brain Council.



Embedding the neurology patient voice in decision-making to improve access

The voice of people affected by neurological disorders is a central component to the debate and must be an integral part of the decision-making processes. People-centred policies imply that direct, active and informed engagement of patient communities is at the core of any decision that may affect them.

Access issues in neurology are numerous and challenging. For example, access to equitable treatment, to psychosocial care and to meaningful patient engagement with regulators and health technology assessment authorities.

Against the background of a value-based healthcare system, patients must be actively involved in the design and delivery of healthcare services to ensure they are optimised to address patients' needs and allow for patient access at all entry points.

Policymakers should highlight the hidden and indirect costs to society of care, in an 'economy of wellbeing' approach which calls for a holistic perspective on healthcare. This is particularly important in the field of brain disorders, where at least 40% of the costs are indirect.¹⁵

BRAIN TUMOUR

International Brain Tumour Alliance collaboration

The International Brain Tumour Alliance (IBTA) is a global network founded in 2005 as a dynamic worldwide community for brain tumour patient organisations and others involved in neuro-oncology. Brain tumours intersect three major areas: cancer, neurological diseases and rare diseases. An effective advocacy tool used by the IBTA for access issues is collaboration.

A collaborative approach was taken by the IBTA in 2005/2006 when a negative HTA decision for England and Wales meant that a new drug for glioblastoma brain tumours - temozolomide - would not be reimbursed by the National Health Service. The IBTA helped form a strong collaborative consortium of UK brain tumour patient organisations, industry, neuro-oncologists and neuro-surgeons to campaign for a reversal of this negative HTA decision. This was ultimately achieved, resulting in temozolomide's availability for newly-diagnosed glioblastoma patients in England and Wales.

In 2014, the IBTA worked with Rare Cancers Europe (RCE) and other rare cancer patient organisations on the methodology of clinical trials for rare cancers. This collaboration addressed research methodologies and regulatory criteria that could limit access for rare cancer patients to new therapies, resulting in discrimination against this patient population.

The IBTA is part of a similar multi-stakeholder collaborative approach through their work with the European Reference Network for rare adult solid tumours, EURACAN. EURACAN provides improved access to second opinions, clinical expertise and support. Unlike some other neurological diseases, brain tumours are life-threatening and often patients have very short life expectancy. Access to second opinions and an enhanced level of support and expertise is not only crucial but also time-critical.

The IBTA says that: "Collaboration amplifies individual efforts far beyond anything which can be achieved on our own. Collaboration nurtures our small steps so they grow into giant leaps."

It is timely to see that recent Council Conclusions on the Economy of Wellbeing are furthering a people-centred healthcare vision. A people-centred approach involves a balanced consideration of the rights and needs as well as the responsibilities and capacities of all the constituents and stakeholders of the healthcare system. It promotes shared decision-making between patients, families and providers to design and manage an increasingly personalised care plan. This is of the utmost importance to those living with long-term, chronic neurological disorders – where the needs are often more focused on overall functionality, return to work, quality of life, etc. (rather than cure).

Moving beyond the level of the individual patient, increased transparency regarding the integration of the patient perspective and how patients can participate in decision-making processes is important. For example, simplified HTA processes with patient organisation involvement and right to vote must become a standard operating procedure in all countries. Earlier patient involvement in clinical R&D to discuss relevant endpoints, comparators and outcome measures should ensure that new medicines that are developed are addressing patients' needs and preferences which will ultimately improve their adherence.

The evolving definition and development of patient-reported outcome measures (PROMs) for use by regulators and payers to assess the real value of treatments for patients represents a new chapter in the collection and analysis of real-world data.

On the themes above, EFNA can play a valuable role in training patients to learn about engagement opportunities on specific issues and in specific domains e.g. R&D, HTA, policymaking, etc. – building a pool of active and informed neurology patient advocates. This can be done via EFNA's Training Initiatives for Neurological Advocates (TINA) workshops, which take place at least twice a year. TINA workshops aim to equip patient advocates to use theoretical knowledge in a practical way, through the development of communication, advocacy and campaigning skills and the generation of patient evidence or patient-reported outcomes.

In parallel, EFNA will continue to work with the European Academy of Neurology to ensure meaningful patient involvement in their guideline production and standards of care development etc. – and ensure that 'soft skills' such as shared decision-making are part of their training and education initiatives.

EFNA will continue to ensure the neurology patient voice is heard in policy and decision-making at the European (and global) levels, whilst providing support and resources to national groups to advocate for and leverage such initiatives in their own countries.

EFNA also calls for policymakers to encourage a holistic, patient-centred approach to policymaking in line with the paradigm shift towards an 'economy of wellbeing'.



Strengthening primary care and reconfiguring care pathways

Most people experiencing symptoms of a neurological disorder will present initially to their general practitioner. However, studies in many neurological disease areas consistently show delayed or misdiagnosis due to a lack of knowledge at primary care level.

DYSTONIA

Delayed and misdiagnosis in dystonia

Dystonia syndrome (DS) is a neurological disorder in which sustained and/or repetitive muscle contractions result in twisting and repetitive movements and abnormal posture. It is difficult to recognise due to its complex presentation. Although an under-diagnosed condition, DS is the third most common disorder in movement disorder centres. A lack of specific training in dystonia by general neurologists (GNs) and general practitioners (GPs) in Europe was shown in a study performed by the European Network for the Study of DS.¹⁶

A recent study (2017-2019) undertaken by Zagreb University Medical School and Dystonia Europe illustrates the challenges dystonia patients faced in obtaining correct diagnosis and treatment. Preliminary results were reported at the European Academy of Neurology's 5th Congress in Oslo, Norway, in 2019.¹⁷ Results showed that only 29% of patients obtained a correct diagnosis within one year after first symptoms, while 14% waited longer than 10 years. However, only 30% of patients are satisfied with their treatment. Dystonia affects family life in 69% of patients, working status in 59% and every aspect of their life in 34% of patients.

A long interval to diagnosis and treatment, and consequently poor quality of life, is compatible with the limited knowledge of dystonia and lack of training amongst GNs and GPs. The time taken to reach diagnosis and early interventions for dystonia makes it challenging to reduce complications and disabilities. For many patients, considerable barriers exist in terms of access to appropriate care, delayed diagnosis and treatment options.

The European Brain Council has included dystonia in a two-year research project (2019–2021) on 'the value of treatment'. It hopes to further analyse and/or confirm the benefits of coordinated, multidisciplinary care and the positive socio-economic impact of structured, accredited postgraduate movement disorders training on patient outcomes. Responses will assess the value of treatment of dystonia in Europe and should be important for planning healthcare and clinical training for dystonia in Europe.

Student doctors should be targeted at university to familiarise them with neurological diseases at an early stage and encourage them to specialise and improve their knowledge early on. This will ensure they know how to treat and diagnose these diseases properly to a high standard of care.

There is a need for more specialised neurologists and support workers, although it is not only the neurologist who is important, and the training of the broader healthcare workforce is necessary to optimise access to care.

Given the nature of neurological disorders, with a complex web of symptoms and, in many cases, co-morbidities, multidisciplinary care teams should be created to ensure a holistic approach to neurological care. This may include the neurologist, psychologist, rehabilitation/occupational therapist, specialist nurse, etc.

A continuing medical education programme could be created to find ways for HCPs to communicate and work together more effectively in the best interests of the patient.

There is a need for a standardised European referral system to ensure that concrete processes are in place to allow patients access to specialists. Many people living in remote areas do not have access to big city hospitals where specialists are most often located. The alternative is a strong primary health care system in these areas and/or the optimisation of digital solutions.

As outlined in the previous section, it is worth underscoring the need for shared decision-making: equipping healthcare professionals to elicit and respond to patients' needs via the development of 'soft skills'. Aligned to this, patients' involvement in the development of clinical guidelines and standards of care is critical to ensure that healthcare professionals have an understanding of what matters most to the patients they treat.

MULTIPLE SCLEROSIS

MS in the 21st Century

MS in the 21st Century first began as a group of MS healthcare experts aiming to standardise care worldwide. Recognising the importance of including the patient voice in their work, in 2016, the group also welcomed MS patients. Through their joint research, two things quickly became apparent:

- 1 There are considerable differences between what patients and healthcare professionals believe to be patients' greatest unmet needs in MS care
- 2 In order for the two groups to better understand and support each other, communication in MS care needs to be improved

The initiative is now proud to be an entirely collaborative group, with its primary objectives being to improve communication between healthcare professionals and people with MS, and to work together to develop practical educational resources based on real-world needs and data. This includes shared-responsibility agreements, a pre-appointment planner and various eLearning tools – as well as numerous evidence based manuscripts and publications.

For more information, visit www.msinthe21stcentury.com

A major risk for patients occurs when the health workforce leaves lower income countries for opportunities elsewhere, creating large gaps in healthcare provision and expertise in some countries. The EU has recognised its role in the 'brain drain' phenomenon, with former European Commissioner for Health and Food Safety Vytenis Andriukaitis calling for an 'intergovernmental agreement'.

EFNA is committed to work with the European Academy of Neurology (EAN) to run training for neurologists and associated health professionals with an embedded patient perspective (this approach can be expanded to various relevant medical societies). The EFNA 2020 TINA workshop will take place at the EAN congress and will explore shared decision-making.

EFNA also calls on the EU institutions to encourage Member States to take steps to retain specialised healthcare professionals in their countries to tackle the so-called 'brain drain'.

Improving access to social care and support services

Patients must have access to social care in the right setting at the right time. All health stakeholders, including healthcare and social care systems, need to work together to make this a reality. Doctors also need to understand carers' needs and take them into consideration, valuing their insights and understanding of the person they care for.

Carers should receive better support, given that they are most aware of what symptoms the patient has. A set of guidelines that incorporates social care/social support to address the needs of patients and their families is necessary.

An improved understanding of, and response to, the inequalities in social care between European countries should provide the foundation for an analysis to prove what interventions are working, and therefore what investments are worth making in light of patient outcomes.

Care should be built around individuals and tailored to their specific needs. For example, care budgets should be allocated to patients to employ their own carer, have more autonomy over their care, and decide on assisted-living arrangements where possible. Any financial burdens on family members should be addressed and compensation provided if they stop work to provide care.

Beyond carers, special attention should be given to access to employment, on which EFNA has already engaged in previous years. In practice, this means that people need access to services and support to allow them to maintain their overall functionality, stay at work, or go to school.

These social care considerations and the more indirect costs of care should be taken into account by regulators and payers, especially for neurological disorders given these are often chronic conditions without cure.

EFNA will enhance its partnerships with groups working on identified social care-related issues, e.g. associations representing informal carers and public health organisations.

EU policymakers must raise awareness of the indirect costs of social care and support services, and ensure that adequate funding and support is available for carers.

STROKE

Life after stroke

While stroke is often misconstrued as a cardiovascular issue, it affects the blood vessels of the brain and can lead to temporary or permanent damage. Every year, stroke affects 17 million people globally, causing over 435,000 deaths in Europe alone in 2017. For those who survive, quality of life is severely hampered and the ability to undertake activities which would previously have been normal is very difficult. The economic impact of stroke is also burdensome. Across Europe, direct health and social care expenditure related to stroke has been estimated at €31 billion per year.

In addition to healthcare costs, individuals who have suffered a stroke also incur social care costs, such as time spent in a nursing or residential care home. Other social consequences of stroke which require a need for additional support include being unable to return to work, social isolation and caretaking demands on friends and family. For example, spasticity is one of the most common conditions associated with stroke and causes disability such as impaired walking and muscle stiffness. Spasticity causes over 40% of stroke patients to work part time or not at all because of their condition. The total cost of stroke for European social care systems is approximately €4.7 billion annually.

Stroke recovery can be overwhelming. It is vital that society fully supports those affected to ensure that they can return to a good health-related quality of life.

For more information, visit <https://www.safestroke.eu/living-with-stroke/>

Using the digital revolution to accelerate access

Leveraging the opportunities of digital health can lead to faster diagnostics, better adherence and improved equity of access to care, e.g. through telemedicine devices and platforms for people living in remote areas where there is no neurologist available to help them. Distant medical education through eLearning platforms and other livestream channels can build peer-to-peer knowledge amongst specialised healthcare professionals, as well as a direct doctor-to-patient interaction to monitor and improve the management of a given condition.

New technology can speed up healthcare delivery and reduce waiting times, for instance by introducing electronic health records (EHRs) and intra-hospital collaboration, etc. The use of apps should be validated and quality controlled, to help patients track their symptoms. They should be made available as an add-on to care when appropriate. The challenges related to sustainable and interoperable data registries are still visible in most disease areas, and will require a long-term and sustainable approach by health authorities and policymakers.

MIGRAINE

Migraine Buddy

Migraine Buddy is an advanced migraine headache diary and tracking platform. It helps users record and identify triggers of migraines, symptoms, medication, migraine frequency and duration, pain intensity and location, and other lifestyle factors to help users improve their migraine condition. However, with its comprehensive network of one million users and 100 million migraine days tracked on the platform, Migraine Buddy contains patient reported data that generates real world evidence of the global burden of migraine worldwide. According to its creators, the analytics generated can also expedite therapy innovation while reaching the right patients for efficient clinical trials: “researchers can successfully execute high-quality and cost-effective clinical trials with nimble recruitment, minimal drop-out, and reliable reporting”.

For more information, visit www.migrainebuddy.com

Real world data can provide researchers with an invaluable source to further their knowledge of neurological disorders in pursuit of a, mostly elusive, cure. At the same time, there is a need for more basic, translational and clinical research, which is required to ensure that new treatments are developed, whilst also working to improve access to existing treatments. An adequate research budget for patient-relevant research at the EU level is an objective that EFNA urges to achieve.

In the context of value-based healthcare, this should be coupled with outcomes research on health and social care systems and service delivery.

EFNA will increasingly engage in the digital health arena to identify the best tools and platforms that can improve patients’ lives, while at the same time protecting their privacy and securing the appropriate management of aggregated health data.

EFNA will continue to advocate with partners like the European Brain Council for more investment in brain health research, and encourage the European Commission to make funding available through the EU’s next research and innovation programme (Horizon Europe).

Policy recommendations

In light of the challenges outlined above, it is imperative that all stakeholders come together to improve access to neurology treatment, services and support for all those living with neurological disorders across Europe. Better access to neurology treatment, services and support requires the following action over the course of the 2019-2024 EU mandate:

- Greater patient involvement along the R&D continuum and beyond to policy and decision-making
- Increased awareness around the prevalence, burden and cost of neurological disorders to all stakeholders
- A holistic, integrated approach to health and social care for neurology patients and their carers
- Further training of multi-disciplinary healthcare professionals – with a focus on primary care
- Optimisation of health data and digital tools
- Leadership from global and EU levels, coupled with a push for concrete actions nationally and regionally

These recommendations define our way forward and are a proactive framework for action



Summary of planned actions by EFNA

To recap on the planned actions highlighted throughout this paper, EFNA is committed to:



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