



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health promotion, disease prevention, financial instruments

Healthier Together – EU NCD Initiative

The EU NCD Initiative addresses five strands: a) cardiovascular diseases, b) diabetes, c) chronic respiratory diseases, d) mental health and neurological disorders, e) health determinants.

Contribution from health stakeholders is essential to gather:

1. **priorities for action** in each of the above-mentioned strands;
2. **examples of effective policies, best practices, promising approaches**, innovative actions (to be put for consideration of Member States) to effectively address priorities;
3. the **field of work of stakeholders** and actions that stakeholders can do in collaboration with public health authorities and other parties.

Stakeholders may also wish to provide general comments (on the structure of the approach, information gaps, recommendations for better supporting stakeholders, etc.).

How to contribute

You can provide input –or revise and add to your previous input– at any time until the end of the drafting process of the EU NCD Initiative, expected by June 2022.

However, contributions will be particularly appreciated before the webinars, to feed the debate.

When you are ready to do so,

1. Download the document from the Health Policy Platform;
2. Introduce your input; please be concise;
3. Save and send the document to contact@euhealthsupport.eu;
4. Revise and resend the document in case you wish to update your input. The previous version will then be replaced.

We may contact member of the Health Policy Platform NCD Stakeholder Group for clarifications. Unless you disagree, responses will be uploaded to the Health Policy Platform and thus readable by other network members. For that reason, please do not include personal information (e.g. names and contact details) in your document.

Calendar

Stakeholders' webinars

- 3 February
- 17 March
- 27 April
- 3 June

Member States' webinars

- 28 January
- 3 March
- 8 April
- 19 May

You will receive a notification when new materials are available at the Health Policy Platform, including summaries and drafts of the EU NCD Initiative and/or new questions for stakeholders.

https://ec.europa.eu/health/non_communicable_diseases/overview_en

Stakeholder input

1. Please provide the **name of the organisation** you represent.*

Individual names will not be disclosed; the list of responding organisations may be published.

This document is filled in by the Medical Nutrition International Industry (MNI).

EU Transparency Register No.: 021098528481-42.

MNI's vision is to achieve better care through better nutrition, across all ages and healthcare settings. Its mission is to support the quality of nutritional interventions and services to best serve the interests of patients, healthcare professionals and healthcare providers. MNI strives to put nutrition at the heart of patient care and aims at an environment that provides fair access to medical nutrition products, supporting the nutritional needs of patients throughout the world.

Input will be considered from organisations listed in the EU Transparency Registry and granted access to the EU NCD Initiative Stakeholder Network at the Health Policy Platform.

2. On which strands of the EU NCD Initiative would you like to comment? Please select all that apply.

- Health determinants
- Cardiovascular diseases
- Diabetes
- Chronic respiratory diseases
- Mental health and neurological disorders

You can then fill in the relevant sections below. If you only fill in one section, please add any general comments you may have in the closing section.

Health determinants

1. Please indicate your **priorities for EU-supported action** in this strand.

Please select up to five priorities and be as specific as possible. You may provide a short clarification on why these priorities rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

Introduction

Malnutrition - in this context also called disease-related malnutrition - is a condition where patients are not getting the right nutrition in the right amount to sustain their health. Malnutrition occurs when patients are not able to meet their nutritional needs via the normal diet due to diseases, ageing and/or side-effects of medical treatment (e.g. cancer). Malnutrition is a condition characterized by inadequate intake of energy, protein, and/or micronutrients as a result of a diverse number of diseases; it is common across a variety of patient groups, e.g. in patients with gastrointestinal, respiratory and neurological disease; and it impacts individuals at all stages of life, from infancy to old age.

Malnutrition is a condition that affects 33 million people in Europe¹.

Malnutrition can affect everyone, including:

- **1 in 3 patients in care homes²**
- **1 in 3 older people living independently³**
- **1 in 4 patients in hospitals²**
- **1 in 3 cancer patients⁴**

Malnutrition is associated with higher complications rate and risk of infections, longer hospital stays and increased mortality.

Furthermore, malnutrition costs an estimated **€170 billion a year** to European countries¹.

MNI will focus in the answer to this consultation on addressing malnutrition as a health determinant, as well as a consequence of a NCD.

¹ Ljungqvist O, de Man F. Under nutrition - a major health problem in Europe. *Nutr Hosp* 2009; 24(3): 368-70.

² Russell C, Elia M. Nutrition Screening Week in the UK and Republic of Ireland in 2011. Hospitals, care homes and mental health units. Redditch, 2012.

+ Suominen MH, Sandelin E, Soini H, et al. How well do nurses recognize malnutrition in elderly patients? *EurJ Clin Nutr* 2009; 63(2): 292-6.

+ Parsons EL, Stratton RJ, Elia M. An audit of the use of oral nutritional supplements in care homes in Hampshire. *Proc Nutr Soc* 2010; 69: E197.

³ Kaiser MJ, Bauer JM, Ramsch C, et al. Frequency of malnutrition in older adults: a multinational perspective using the mini nutritional assessment. *J Am Geriatr Soc* 2010; 58(9): 1734-8.

⁴ Pressoir M, Desne S, Berchery D, Rossignol G, Poiree B, Meslier M et al. Prevalence, risk factors and clinical implications of malnutrition in French Comprehensive Cancer Centres. *Br J Cancer* 2010; 102(6):966-971.

+ Renshaw GL, Barrett RA, Chowdhury S. The incidence of the risk of malnutrition in adult medical oncology outpatients and commonly- associated symptoms. *J Hum Nutr Diet* 2008; 21(4):399. Ref Type: Abstract

	Priorities	Rationale	References
1	<p>Early detection/identifying malnutrition: Primary and secondary prevention: screening and assessment tools for detection of malnutrition in community and hospital settings. Secondary prevention will entail interruption of any disease process before the emergence of recognised signs or diagnostic findings of the disorder. Stronger EU guidance is required to address persistent inconsistencies in malnutrition screening across Europe.</p> <p>EU role: 1/(co) finance tools and means to insure early detection, 2/publish guidelines on the subject matter, 3/invite Member States (MS) to include nutrition in relation with NCD in medical studies; 4/fund further research in the field through its various instruments (e.g Horizon Europe); 5/support a yearly pan-European campaign on the importance of adequate nutrition; 6/include malnutrition into its health indicators to be included into its Health at Glance bi-annual report, the European Semester and Eurostats so as to found further endeavours in this subject matter on robust and validated data.</p>	<p>As per the old saying, “Prevention is better than cure”, the vast majority of NCD cases could be prevented acting on health determinants. If an impairment has happened, it becomes most important to detect it as early as possible, so that mitigating measures could be taken and the impact of the illness could be reduced, to avoid it becomes a full blown disability/handicap.</p> <p>Nutritional screening identifies individuals who:</p> <ul style="list-style-type: none"> • Are already malnourished or at risk of malnutrition across the spectrum of nutritional status; • Are at risk of adverse outcomes and; • May benefit clinically from nutritional support. <p>Practical, validated tools are available to screen for risks of malnutrition but lack of routine use means the diagnosis of malnutrition is often missed.</p> <p>Screening a patient for malnutrition takes only a few minutes. Healthcare professionals can be trained to perform malnutrition screening – using tools validated by scientific societies – in a short period of time.</p>	<ul style="list-style-type: none"> • Global Leadership Initiative on Malnutrition (GLIM): Guidance on validation of the operational criteria for the diagnosis of protein energy malnutrition in adults • GLIM criteria for the diagnosis of malnutrition – A consensus report from the global clinical nutrition community • ESPEN Guidelines for Nutrition Screening

2	<p>Early nutritional care intervention EU role: 1/(co) finance tools and means to insure early detection, 2/publish guidelines on the subject matter, 3/invite Member States (MS) to include nutrition in relation with NCD in medical studies; 4/fund further research in the field through its various instruments (e.g. Horizon Europe); 5/support a yearly pan-European campaign on the importance of nutrition; 6/support financial instruments to allow for equal access to medical nutrition to all patients across the EU.</p>	<p>Medical nutrition is part of the patient’s overall assessment on the advancement of his/her disease. Identifying and providing effective early support to people who are at risk of poor outcomes and the process of assessment and therapy provided to prevent (further) developmental or impairment or disability included his/her nutritional abilities and intake.</p>	<ul style="list-style-type: none"> • Early nutrition intervention in cancer patients: A systematic review and meta-analysis.
3	<p>Adequate nutritional care: right treatment/intervention, route, dose, and time – implemented as soon as possible so as to avoid complications. EU role: 1/(co) finance tools and means to insure equal availability of medical nutrition treatment, 2/Invite MS to include in their reimbursement schemes evidence-based medical nutrition treatment/interventions, 3/invite Member States (MS) to include nutrition in relation with NCD in medical studies and to implement a multi-stakeholder approach; 4/fund further research in the field through its various instruments (e.g. Horizon Europe); 5/support a yearly pan-European campaign on the importance of nutrition; 6/for medical nutrition falling in the category of</p>	<p>Getting the right nutritional care in a timely manner can help reduce medical complications, support recovery and independence, and lower healthcare resource use. Medical complications in relation with NCDs include greater risks of infections, poor quality of life, and increased mortality.</p> <p>Medical Nutrition products – that are to be used under medical supervision - have specific nutritional compositions for disease intervention that effectively contribute to the therapeutic regimen by improving a patient’s general condition.</p> <p>The nutritional status of patients should be monitored during treatment, to ensure patients are not malnourished throughout their treatment</p>	<ul style="list-style-type: none"> • Individualised nutritional support in medical inpatients at nutritional risk: a randomised clinical trial - PubMed (nih.gov) – (In medical inpatients at nutritional risk, the use of individualised nutritional support during the hospital stay improved important clinical outcomes, including survival, compared with standard hospital food. These findings strongly support the concept of systematically screening medical inpatients on hospital admission regarding nutritional risk, independent of their medical condition, followed by a nutritional assessment and introduction of individualised nutritional support in patients at risk.) • Muscle mass monitoring for assessment of malnutrition in patients with complex chronic disorders (with Ref. to:

	pharmaceutical products, ensure that the EMA provides timely recommendations.	<p>journey. Patients with a normal body mass index (BMI) or a healthy weight history should not be excluded from this screening, because all patients can be at risk of malnutrition.</p> <p>Malnutrition does not necessarily refer to undernutrition only; it also occurs in overweight and obese patients.</p>	<p>Malnutrition according to GLIM criteria in stable renal transplant recipients Reduced muscle mass as predominant phenotypic criterion.pdf</p>
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2. Please provide your selection of **effective policies, best practices, promising approaches** and innovative actions (to be put for consideration of Member States) to effectively address the priorities.

Please list up to ten suggestions and be as specific as possible. You may provide a short clarification on why these suggestions rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

Please indicate if the action has been evaluated or piloted, whether there is information on (cost/effectiveness, or why it should be tried as a novel option with high impact).

	Effective policies, best practices, promising approaches or innovative actions	Rationale	References
1	<p>Therapeutic approaches should be delivered by a multidisciplinary team, including a dietitian or a nutritionist.</p>	<p>The care for NCDs patients is complex and needs expertise from several disciplines. The close collaboration of physicians, nurses, dietitians, pharmacists, and other healthcare professionals is crucial in the management of NCDs patients. This will allow timely diagnosis of disease-related malnutrition and initiation of tailored nutritional care to improve patients' nutritional status, their QoL and reduce the risks of complications. While it represents the cornerstone of an integrated</p>	<p>The Europe's Beating Cancer should be used a benchmark for the NCDs Initiative. They strictly interlinked and this is also the reasons the cancer and NCDs subgroup of the Steering Committee have interactions on common grounds.</p> <ul style="list-style-type: none"> • Europe's Beating Cancer Plan (Feb 2021): "(5.2.) Europe's Beating Cancer Plan will use training and continuous education, including on digital skills, AI, genomics, and personalised medicine to build a stronger multidisciplinary cancer workforce.

		<p>patient care, this is not the reality of care delivery in the EU today.</p> <p>Multidisciplinary teams should be an integral part of disease management:</p> <ul style="list-style-type: none"> • They are vital in order to deliver optimal care for any chronic patients. • Ensuring nutrition specialists are part of such teams will integrate nutritional care into any NCD patient pathways, enabling improve responses to their treatments (as it is in the case of cancer). <p>Routine monitoring linked to regular outpatient visits may further enable early and adequate detection of patients at risk and in need of multidisciplinary interventions.</p>	<ul style="list-style-type: none"> • European Parliament resolution of 16 February 2022 on strengthening Europe in the fight against cancer – towards a comprehensive and coordinated strategy (Feb 2022): “Calls on the Commission to promote, and on the Member States to strengthen, the role of general practitioners, paediatricians, nurses, primary care professionals and specialist physicians, given the important role they play in referring patients for diagnostic tests and to oncology specialists, as well as the role of specialised nutritionists or dieticians, psychologists and rehabilitation specialists during cancer treatment and follow-up care, in order to ensure access to the right treatment and care at the right time via an optimal care pathway; calls for the development of multidisciplinary teams to manage cancer patients throughout their treatment journey, and multidisciplinary decision-making in the framework of dedicated cross-discipline concertation meetings (consilium) bringing together various cancer specialists and primary care professionals;
2	<p>Awareness training and medical education on nutritional support to patients</p>	<p>Healthcare professionals and patients are often unaware of malnutrition and the importance of nutritional care during treatment.</p> <p>Adherence to existing nutritional guidelines is currently inconsistent between EU Member States.</p>	<p>The Europe’s Beating Cancer should be used a benchmark for the NCDs Initiative here again:</p> <p>Europe’s Beating Cancer Plan (Feb 2021):“(5.2.) High-quality cancer care depends on a high-quality workforce. Patients deserve the best care possible, and health professionals need support to ensure they can receive training and keep updating their skills during their professional lives. ... Europe’s Beating Cancer Plan will use</p>

		<p>MNI believes that nutritional care as part of disease management should be a core element of healthcare professionals’ training curricula. To implement this action consistently across the EU, it is necessary to establish harmonised minimum standards for training on nutritional care, building on the work of the clinical nutrition societies.</p>	<p>training and continuous education, including on digital skills, AI, genomics, and personalised medicine to build a stronger multidisciplinary cancer workforce. The Commission will launch an ‘Inter-specialty cancer training programme’ in 2021. Focusing on oncology, surgery and radiology, the programme will set out to deliver a more skilled and mobile cancer workforce through cross-border training and information-sharing. The training will also include a focus on patients’ quality of life and well-being, including mental, psychosocial and nutritional support, along with patient empowerment. It will help Member States address skills gaps and equip their health workforce with personnel trained in cancer prevention, early detection, diagnosis, treatment, rehabilitation and survivorship.</p> <ul style="list-style-type: none"> • European Parliament resolution of 16 February 2022 on strengthening Europe in the fight against cancer – towards a comprehensive and coordinated strategy (Feb 2022): “underlines the importance of constant training for health professionals to keep them updated on new cancer treatment options; calls for the role of treatment coordinator to be made more widespread in order to ensure that patient treatment is appropriately coordinated, and to give patients easy access to updated information related to cancer diagnosis and advice on how to use the health system;”
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3	Integration and effective implementation of scientific guidelines in clinical practice in inpatients and outpatients	Existing clinical guidelines on nutritional care for patients with NCDs should be implemented in routine treatment protocols, including timely use of medical nutrition. Guidelines developed by academia and scientific societies - such as ESPEN in the case on clinical nutrition - should become commonplace in the education and clinical practice for healthcare providers.	<p>ESPEN guidelines: https://www.espen.org/guidelines-home/espen-guidelines</p> <ul style="list-style-type: none"> • ESPEN guideline on clinical nutrition and hydration in geriatrics • ESPEN guidelines on nutritional support for polymorbid internal medicine patients • ESPEN endorsed recommendations: Protein intake and exercise for optimal muscle function with aging: Recommendations from the ESPEN Expert Group • ESPEN guideline on home parenteral nutrition. Clin Nutr 2020; 39: P1645-1666
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3. What could be **role of stakeholders** for achieving the priorities, and the actions that the stakeholders can do in collaboration with public health authorities and other parties?

Please list up to five suggestions and be as specific as possible.

You may provide a short clarification on why these suggestions rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

	Roles	Rationale	References	Other concerned parties
1	Provide expertise	Be part of consultative/expert bodies at all levels (regional, national, EU) to advise on policies,		

		programmes, research on medical nutrition for NCD patients		
2	Provide evidence-based information	Through scientific guidelines, timely clinical trials, data/literature reviews, field research		
3	Be the liaison with actors on related subject matters, e.g. patients, healthcare professionals, payers, etc.	To ensure exchanges, communication and dissemination of appropriate and relevant information among all parties involved in patient care, and including patients		
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Cardiovascular diseases

4. Please indicate your **priorities for EU-supported action** in this strand.

Please select up to five priorities and be as specific as possible.

You may provide a short clarification on why these priorities rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

	Priorities	Rationale	References
1	Early malnutrition screening	Ensuring malnutrition screening means limiting further risks and negative health outcomes in the future.	<ul style="list-style-type: none"> Teh R, Wham C, Kerse N et al. How is the risk of undernutrition associated with cardiovascular disease among individuals of advanced age? <i>J Nutr Health Aging</i>. 2010; 14: 737-743. Lapillonne A, Griffin IJ. Feeding preterm infants today for later metabolic and cardiovascular outcomes. <i>J Pediatr</i>. 2013; 162: S7-S16.
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5. Please provide your selection of **effective policies, best practices, promising approaches** and innovative actions (to be put for consideration of Member States) to effectively address the priorities.

Please list up to ten suggestions and be as specific as possible.

You may provide a short clarification on why these suggestions rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

Please indicate if the action has been evaluated or piloted, whether there is information on (cost-)effectiveness, or why it should be tried as a novel option with high impact.

	Effective policies, best practices, promising approaches or innovative actions	Rationale	References
1	Implementation of clinical guidelines	To ensure appropriate follow-up of the nutritional status of patients with cardiovascular conditions	<ul style="list-style-type: none"> Anker SD, John M, Pedersen PU et al. ESPEN Guidelines on Enteral Nutrition: Cardiology and pulmonology. Clin Nutr. 2006; 25:311-318. Anker SD, Laviano A, Filippatos G, John M, Paccagnella A, Ponikowski P, Schols AM; ESPEN. ESPEN Guidelines on Parenteral Nutrition: on cardiology and pneumology. Clin Nutr. 2009 Aug;28(4):455-60. doi: 10.1016/j.clnu.2009.04.023. Epub 2009 Jun 9. PMID: 19515464.
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6. What could be **role of stakeholders** for achieving the priorities, and the actions that the stakeholders can/should lead and can/should do in collaboration with public health authorities?

Please list up to five suggestions and be as specific as possible.

You may provide a short clarification on why these suggestions rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

	Roles	Rationale	References
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Diabetes

7. Please indicate your **priorities for EU-supported action** in this strand.

Please select up to five priorities and be as specific as possible.

You may provide a short clarification on why these priorities rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

	Priorities	Rationale	References
1	Adequate nutritional care	Diabetes is strictly linked to insulin and food intake. The nutritional status is very important for diabetic patients, especially in advanced status of the disease. Therefore, it is of paramount importance	<ul style="list-style-type: none"> Meijers JM, Schols JM, van Bokhorst-de van der Schueren MA, Dassen T, Janssen MA, Halfens RJ. Malnutrition prevalence in The Netherlands: results of the annual Dutch national prevalence

		that the patient receives the appropriate nutritional support needed at all stages.	measurement of care problems. Br J Nutr 2009; 101(3):417-423.
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8. Please provide your selection of **effective policies, best practices, promising approaches** and innovative actions (to be put for consideration of Member States) to effectively address the priorities.

Please list up to ten suggestions and be as specific as possible.

You may provide a short clarification on why these suggestions rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

Please indicate if the action has been evaluated or piloted, whether there is information on (cost-)effectiveness, or why it should be tried as a novel option with high impact.

	Effective policies, best practices, promising approaches or innovative actions	Rationale	References
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9. What could be **role of stakeholders** for achieving the priorities, and the actions that the stakeholders can/should lead and can/should do in collaboration with public health authorities?

Please list up to five suggestions and be as specific as possible.

You may provide a short clarification on why these suggestions rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

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Chronic respiratory diseases

10. Please indicate your **priorities for EU-supported action** in this strand.

Please select up to five priorities and be as specific as possible.

You may provide a short clarification on why these priorities rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

	Priorities	Rationale	References
1	Early malnutrition screening	If an impairment has happened, it becomes most important to detect malnutrition as early as possible, so that mitigating measures could be taken and the impact of the illness could be reduced, to avoid it becomes a full blown disability/handicap, or to avoid the increase of mortality rate.	<ul style="list-style-type: none"> Collins PF, Elia M, Smith TR, Kurukulaaratchy R, Cawood AL, Stratton RJ. The impact of malnutrition on hospitalisation and mortality in outpatients with chronic obstructive pulmonary disease. Proc Nutr Soc 2010; 69:E148. Ref Type: Abstract.
2	Early nutritional care intervention	Identifying and providing effective early support to people who are at risk of poor	<ul style="list-style-type: none"> Vermeeren MA, Creutzberg EC, Schols AM et al. Prevalence of nutritional depletion in a large out-

		outcomes and the process of assessment and therapy provided to prevent (further) developmental or impairment or disability included his/her nutritional abilities and intake.	patient population of patients with COPD. Respir Med. 2006; 100:1349-1355.
3	Adequate nutritional care	It is well established that nutritional status, and in particular abnormal body composition, is an important independent determinant of COPD outcome. Nutritional intervention is probably effective in undernourished patients and probably most when combined with an exercise programme. Providing evidence of cost-effectiveness of nutritional intervention is required to support reimbursement and thus increase access to nutritional intervention.	<ul style="list-style-type: none"> Schols AM, Ferreira IM, Franssen FM et al. Nutritional assessment and therapy in COPD: a European Respiratory Society statement. Eur Respir J. 2014; 44:1504-1520. Collins PF, Stratton RJ, Elia M. An economic analysis of the costs associated with weight status in chronic obstructive pulmonary disease (COPD). Proc Nutr Soc 2011; 70(OCE5): E324. Ref Type: Abstract
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11. Please provide your selection of **effective policies, best practices, promising approaches** and innovative actions (to be put for consideration of Member States) to effectively address the priorities.

Please list up to ten suggestions and be as specific as possible.

You may provide a short clarification on why these suggestions rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

Please indicate if the action has been evaluated or piloted, whether there is information on (cost-)effectiveness, or why it should be tried as a novel option with high impact.

	Effective policies, best practices, promising approaches or innovative actions	Rationale	References
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12. What could be **role of stakeholders** for achieving the priorities, and the actions that the stakeholders can/should lead and can/should do in collaboration with public health authorities?

Please list up to five suggestions and be as specific as possible.

You may provide a short clarification on why these suggestions rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

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Mental health and neurological disorders

13. Please indicate your **priorities for EU-supported action** in this strand.

Please select up to five priorities and be as specific as possible.

You may provide a short clarification on why these priorities rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

	Priorities	Rationale	References
1	Early nutritional interventions	The nutritional care of those who are neurologically impaired is a big challenge for the multidisciplinary approach and it should be addressed since the early stages of the disease.	<ul style="list-style-type: none"> • Mascarenhas MR, Meyers R, Konek S. Outpatient nutrition management of the neurologically impaired child. Nutr Clin Pract 2008; 23(6):597-607. • Sullivan PB, Juszczak E, Lambert BR, Rose M, Ford-Adams ME, Johnson A. Impact of feeding problems on nutritional intake and growth: Oxford Feeding Study II. Dev Med Child Neurol 2002; 44(7):461-467.
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14. Please provide your selection of **effective policies, best practices, promising approaches** and innovative actions (to be put for consideration of Member States) to effectively address the priorities.

Please list up to ten suggestions and be as specific as possible.

You may provide a short clarification on why these suggestions rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

Please indicate if the action has been evaluated or piloted, whether there is information on (cost-)effectiveness, or why it should be tried as a novel option with high impact.

	Effective policies, best practices, promising approaches or innovative actions	Rationale	References
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1	Implement existing scientific guidelines in clinical practice and the community, as well as good practices	There is a discrepancy on how European/International guidelines agreed by the scientific community are applied at national level in the EU and in the different healthcare settings. The most up-to-date guidelines should be implemented across the EU with no distinction to ensure all EU citizens and patients receive the best and most recent available care equally across the board.	<ul style="list-style-type: none"> • ESPEN guideline clinical nutrition in neurology • ESPEN guidelines on nutrition in dementia • Nelson KE, Lacombe-Duncan A, Cohen E, Nicholas DB, Rosella LC, Guttman A, et al. Family Experiences With Feeding Tubes in Neurologic Impairment: A Systematic Review. Pediatrics. 2015; 136(1):e140-51.
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15. What could be **role of stakeholders** for achieving the priorities, and the actions that the stakeholders can/should lead and can/should do in collaboration with public health authorities?

Please list up to five suggestions and be as specific as possible.

You may provide a short clarification on why these suggestions rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

	Roles	Rationale	References
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Closing section

16. You may wish to add other comments (e.g. on the structure of the approach, information gaps, recommendations for better supporting stakeholders).

Comments

(maximum 500 words)

Please be clear with deadlines since the start of requesting input to stakeholders and do not change to earlier date in the course of the process.

Please check the boxes that apply:

- I agree that a PDF of this document is uploaded to the Health Policy Platform NCD Stakeholder Group
- I confirm that the document does not include personal information (e.g. names and contact details)

Thank you for your contribution