SUMMARY REPORT

Towards the SDGs: What place for chronic diseases in the EU agenda post 2019?

WEDNESDAY 16TH MAY 2018

EUROPEAN PARLIAMENT
On the 16th of May 2018, the European Chronic Disease Alliance (ECDA) and several Members of the European Parliament (MEPs) launched a manifesto calling for greater EU investment in chronic disease prevention and management in the next European Commission's agenda. The manifesto was launched during the event "Towards the Sustainable Development Goals (SDGs) : What place for chronic diseases in the EU agenda post 2019?", hosted by MEP Sirpa Pietikäinen (EPP, Finland), MEP Daciana Sârbu (S&D, Romania) and MEP Karin Kadenbach (S&D, Austria) in the European Parliament. The event was supported by the European Parliament Interest Group on Allergy and Asthma, the MEPs Against Cancer Group (MAC), MEPs Friends of the Liver Group, MEP Group for Kidney Health and the MEP Heart Group, and was held in the context of the upcoming Third UN High-Level Meeting (HLM) on non-communicable diseases (NCDs) on 27th of September 2018.

The meeting reflected on concrete measures that can be taken at the European level in order to achieve SDG 3 on good health and wellbeing, especially target 3.4 on reducing by one-third premature mortality from NCDs.
Daciana Sarbu MEP, co-host of the event, welcomed the approximatively 50 participants. She reminded of the commitment of all EU Member States and the EU to achieve the SDGs by 2030; and underlined the importance of the UN HLM on NCDs to discuss progress and action to meet the specific objective of the target 3.4. She emphasized prevention as the key aspect of the response to chronic diseases, being the only solution to reverting the rise in the prevalence of chronic diseases in Europe. Socio-economic and lifestyle-related determinants of chronic diseases such as smoking, harmful alcohol consumption, unhealthy diets, lack of physical activity; overweight/obesity and exposure to poor air quality can be tackled by targeted policy measures, she continued.

ECDA Chairman Prof. Em. Raymond Vanholder, gave an opening address on the need for European investments in chronic disease prevention and management. He stressed the major burden of chronic diseases in Europe not only from a health and quality of life perspective, but also from an economic point of view. Many prevalent chronic diseases share several common risk factors. Investing in the prevention of these risk factors will not only have a positive impact on the prevalence of one chronic condition, but many. While both prevention and NCD control are essential, prevention offers a higher return on investment, as demonstrated by a recent study of the Lancet Taskforce on NCDs and economics. NCDs are an economical problem which requires targeted action and dedicated funding.

Dr. Gregor Smith, Deputy Chief Medical Officer at the Scottish Government, introduced the Minimum Unit Pricing (MUP) for alcohol policy which entered into force in Scotland on May 1st, 2018. It is the first alcohol pricing policy worldwide to link a minimum price to the number of alcohol units in an alcoholic product. There is strong evidence that tackling price can help reduce alcohol consumption and related harm, as part of a package of measures including also education and diversion. Price interventions such as MUP are far more effective interventions than for example taxation, since they directly tackle harmful drinkers which tend to drink cheap and strong alcohol, he outlined. A minimum price of 50 pence per unit provides a proportionate response to tackling alcohol misuse,
striking a balance between public health and social benefits, and intervention in the market. Giving further insight on the rationale for this policy decision, he pointed that the majority of Chronic Liver Disease (CLD) mortality and morbidity in Scotland is due to alcoholic liver disease, and the proportion of mortality associated with alcoholic liver disease has increased from 37% in 1979 to 82% in 2015. A recent NHS Health Scotland report analysing 2015 data has shown that 28% of the 3,705 alcohol attributable deaths in 2015 were due to cancer. At present, on average, alcohol misuse causes about 697 hospital admissions each week and an average of 22 deaths each week in the country, with a high cost to individuals, families and societies including to the National Health Service and the wider Scottish economy. MUP will impact most on harmful drinkers: those who regularly drink more than the lower-risk drinking guidelines. Ireland and Wales are progressing towards MUP and there is worldwide interest in the initiative. Before concluding, Dr Smith highlighted that Scotland stands ready to support any Member State on MUP, now and in future. He also stressed the importance that Scotland remains part of the European community when it comes to learning and sharing clinical practice and policy development.

For more information on MUP, please visit:

> [www.minimumunitpricing.scot](http://www.minimumunitpricing.scot) : providing up to date information and practical guidance on MUP

> [www.healthscotland.scot/MUPevaluation](http://www.healthscotland.scot/MUPevaluation) : setting out the evaluation programme of MUP. It will be updated as data become available

Following the keynote address, **MEP Sârbu** presented the manifesto “Europe’s health deserves the EU’s attention: Investing in chronic disease prevention and management”. The aim of the manifesto is to send a strong signal to the next European Commission to take leadership in health, in particular in terms of chronic disease prevention and control, and to provide support with EU level measures in order to help achieve the SDGs in the EU. The manifesto calls on the EC to recognise health as an objective in its own right in its 2019-2024 strategy, with specific targets on chronic diseases and to allocate the necessary resources to meet the 2030 goals. It outlines four priority actions to deliver
on the SDGs in the EU and to ensure robust, effective and innovative EU leadership in health. We need to prevent the rise in chronic diseases and protect the next generations, stressed Ms Sârbu, particularly referring to childhood obesity.

A panel discussion on “how can the EU further support chronic disease prevention, management & control in Europe to advance the SDGs?”, moderated by Catherine Hartmann, followed the launch of the manifesto.

Marion Devaux, health economist and policy analyst at the Organisation for Economic Co-operation and Development (OECD), discussed the work of the OECD in the prevention of NCDs. Mentioning the Health at a Glance report and the Country Health Profiles (developed as a joint cooperation between the European Commission, the OECD and the European Observatory on Health Systems and Policies; and part of the European Commission's State of Health in the EU cycle), she pointed that smoking and alcohol consumption - main risk factors of NCDs - are on a slight decline in most OECD countries. Regarding alcohol however, harmful drinking behaviors such as binge drinking are becoming more prominent. Obesity rates are also rising, as shown in the recent OECD Obesity Update, and are often linked to social inequalities, especially affecting woman with a lower socioeconomic status. To prevent behavioral risk factors, governments can implement different policy options. These can be grouped into four main areas: policy options that try to increase the choices of people (e.g. encourage physical activity); education and information (e.g. food labelling such as “traffic-light systems”); taxation of less healthy choices; and regulation (e.g. ban on advertising to children of unhealthy products). The OECD work demonstrates that a comprehensive set of policies, combining different policy tools, is the most effective means to tackle NCDs. In terms of environmental health, Mrs Devaux referred to OECD’s policy insight Healthy people, healthy planet which provides a set of recommended policy actions that authorities can put in place to improve population health, while at the same time decreasing the human footprint on the environment.
**Martin Seychell**, Deputy Director General for Health at DG SANTE, highlighted how such meetings are essential to keep the topic high on the political agenda and to recognize the political problem at stake. The top priority of the current Commission is to increase jobs, growth and competitiveness, for which health is an essential prerequisite, he pointed, further underlining the strong relationship between economic performance, social wellbeing and health. Health and chronic diseases should be kept high on the political agenda. All Member States have clear commitments to reach the UN targets by 2030. The Commission has been successful so far in supporting many projects and Joint Actions that have been effective in identifying best practices and solutions. Though, progress needs to be made on the implementation of these good practices and tools. To this end, the Member States’ Steering Group on health promotion, disease prevention and management has been set up with the task to provide political and strategic support to the Commission. The newly launched best practice portal, the work of the Joint Research Centre are also aimed to ensure the upscale and implementation of good practices in Europe. The Commission’s support to decision-makers to implement good practices will be prioritized, while ensuring that existing strategies and policies are kept updated.

**Francois Wakenhut**, Head of Unit “Clean Air” in DG ENV, focused on the environmental issues related to health, such as air pollution and the burden of premature death linked to air pollution. The EU has a good regulatory framework (e.g. the EU ambient air quality directives, the national emission ceilings directive, source legislation), however improvement is needed when it comes to the implementation of those policies. Air pollution is a problem which can be best tackled through coordinated action from and between the local, regional, national and EU levels. Integrated policy making, cross-cutting sectors but also at vertical level is needed to tackle air pollution and its impacts on people’s health.

Joining the discussion, several participants brought up issues such as the risk of leaving certain vulnerable groups behind with the promising developments in the digitalization of healthcare. Other topics raised during the exchange of views included whether the Commission would take any EU legislative action to ensure the implementation of recommended measures in the alcohol policy field. M. Seychell noted that Member States have many powerful instruments at their disposal to tackle the harmful use of alcohol, which however require political will, and the Commission will continue to fully support Member States in their efforts to reduce alcohol-related harm.

**MEP Alojz Peterle**, concluded the event with the words “health first”: making health a political priority is the only way to succeed. We cannot make progress and get a more social Europe without enough attention to health. The value of disease prevention should be integrated directly with economic considerations and policy debates, he pointed.
In the EU, 550 000 people in working age die from four major chronic diseases (cardiovascular disease, cancers, respiratory diseases and diabetes) every year\(^1\). This carries a significant societal and economic cost. Indeed, OECD has estimated that losing 550 000 productive lives costs the EU economy € 115 billion a year\(^2\). This corresponds to 0.8% of GDP in the EU.

http://www.oecd.org/health/health-at-a-glance-europe-23056088.htm
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For more information on the manifesto, please refer to the background document here.

To endorse the manifesto, please contact the ECDA Secretariat at info@alliancechronicdiseases.org