

European Commission Initiative on NCDs “Healthier Together”

Input from the European Chronic Disease Alliance (ECDA)

ecda

United to reverse the rise in chronic disease

European
chronic
disease
alliance



BACKGROUND

Chronic diseases represent a **major health challenge** across Europe, in every EU country – they account for 80% of the disease burden in EU member states. Their high prevalence has continued to exponentially grow over the past decades, fuelled by under-investment in the area of health promotion and disease prevention. It is expected to keep growing as a result of an ageing population and **increased exposure to the well-known major risk factors and ‘newer’ determinants**, without proper political and financial attention.

The COVID-19 pandemic continues to have a significant, unprecedented impact on patients with chronic diseases, while it also affects people without any pre-existing conditions, resulting in the onset of chronic diseases and complications. It has underscored the **clinical links between communicable and non-communicable diseases; and the need for holistic responses**. In the current situation, a longer term collateral damage at individual, public health and socio-economic levels is no longer questioned. This “syndemic” has further exacerbated the need for **political prioritisation of prevention and control of chronic diseases** with significant commitment in the area through comprehensive strategies.

Against this background and building on the EU4Health programme, the European Chronic Disease Alliance (ECDA) welcomes the EU NCDs initiative “Healthier Together”, aimed to address major chronic diseases in Europe in a systematic and ambitious way; and its dedicated strand on health determinants. **ECDA supports the shift to a unified, structured and comprehensive EU approach** to tackle chronic diseases in Europe, which it has encouraged since the 2011 EU reflection process on chronic diseases.

GENERAL RECOMMENDATIONS FOR ‘HEALTHIER TOGETHER’

➔ Scope:

- Add value to and include other prevalent chronic diseases, such as kidney, liver, gastro-intestinal diseases, allergy and auto-immune diseases
- Address the links between chronic diseases (beyond disease-specific strands): disease-disease interactions, co-morbidities and complications
- Respond to the specific needs of certain population groups, including children and older populations (multi-morbid) as well as other vulnerable groups, with dedicated actions

➔ Goals:

- Reduce the prevalence of NCDs in Europe towards 2030 (beyond mortality), with indicators for various age groups and at-risk populations; better protect citizens from co-morbidity
- Help achieve the UN SDGs targets for NCDs in Europe and exceed them, taking stock of the important learnings from COVID-19

PRIORITY AREAS

Priority 1:

Collection of comparable, robust data on NCDs at EU level

Build an integrated EU NCD registry fully operational by 2030 within the European Health Data Space

Currently, there is no harmonised, centralised mechanism for the collection, monitoring, and analysis of data on NCDs at EU level. The recently launched WHO European NCD dashboard provides important evidence, but additional indicators are needed to substantiate the data collected (see below). In addition, an EU-level system is desirable to bring together the disjointed data, available from various existing tools/registries that, at present, use different indicators. Such a registry should be set up once clear indicators and data sets have been co-defined at EU level, in partnership with relevant stakeholders (e.g. medical societies, WHO, ECDC etc) and based on previous work and studies carried out in the area.

Recommendation:

An EU-funded project to map existing data collection tools, identify information gaps on NCDs at EU level and agree indicators/data sets to **develop interoperable registries across Europe by the horizon 2030**. For the project to be successful, a preliminary phase should allow to identify all relevant partners who can help integrate data, as well as most efficient data collection routes and methods. This exercise should build on existing monitoring systems and registries developed and managed by WHO, efficient registries developed by leading medical societies and frameworks in place at national level.

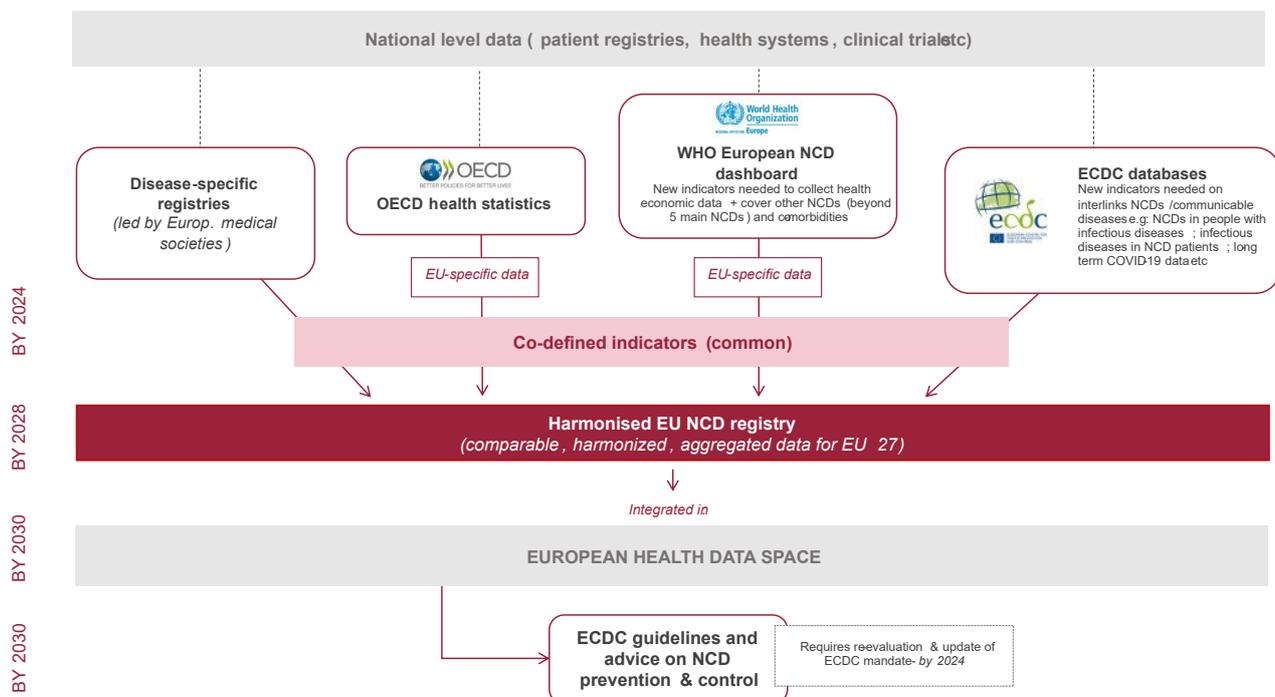
The project should lead to the development of a roadmap for how to collect and join datasets/data collections efforts of the various stakeholders and a mapping of organisations/stakeholders who can provide additional support to address identified gaps, taking stock of challenges linked to data sharing. As part of this phase, **attention should be placed on the role and potential resulting from the expertise, existing systems and networks of the European Centre for Disease Prevention and Control (ECDC)**, to define specific data sets which the Centre could support with (e.g. on the links between infectious/communicable diseases and NCDs).

Further the registry should **support collection and analysis of health economic data related to NCDs** (new data sets), currently missing at EU level. Such data is critical to improve NCD prevention and management plans in Europe and ensure cost-efficient health systems responses to chronic diseases. The **results of the project should allow to build a uniformed EU NCD registry – integrated under the European Health Data Space (EHDS)** – pooling together in a coherent and coordinated way data collected by WHO and other organisations – who will be tasked with feeding into the registry based on the robust, uniform indicators developed.

An integrated registry providing aggregated and comparable data is key to evaluate the effectiveness of strategies, policies and actions to address NCDs, **inform decisions at all levels and adapt existing/new disease management guidelines. It would help improve the efficacy and impact of NCD prevention and control activities**, develop better and more targeted screening programmes, fight health inequalities.

Building on the evidence generating from such a registry and with an extended mandate, ECDC could take a far greater role in public health acting as an advisory body formulating recommendations to member states to continuously adjust and upgrade their plans in the field of NCD prevention and control – based on the specificities and situation of each country and national health system yet supporting better harmonization across Europe.

Schematic overview – proposed EU NCDs registry



Priority 2:

Primary prevention

Summary of suggested focus areas:

- Co-occurring NCD risk factors
- Creating healthier living environments through “whole system” approaches
- Alcohol consumption prevention and control, addressing inequalities
- Social and socio-economic determinants of health in children - including marketing of unhealthy food/drinks and alcohol beverages
- NCD educational/awareness initiatives that build on intergenerational collaboration

1. Targeted risk reduction strategies / primary prevention programmes that focus on co-occurring risk factors to impact multiple NCDs (to complement efforts to address single risk factors)

With an ageing population and the rising prevalence of NCDs, it is important to focus efforts on preventing disease resulting from concomitant risk factors and addressing the impact of exposure to multiple risk factors on people’s health – in parallel to efforts and legislation to address the main single risk factors (common to all major NCDs). Therefore, developing primary prevention programmes for targeted risk reduction to simultaneously impact multiple NCDs areas should be prioritised.

Recommendations:

- EU-level support for the development of harmonised frameworks for national primary prevention programmes that focus on co-occurring risk factors

- Development of an “EU NCDs prevention code”: Such a code would act as a base line for all NCDs, and focus on the overlap between risk factors/co-occurring risk factors, to prevent the onset of multiple NCDs/co-morbidities and support multi factorial risk reduction (hence refrain progression, complications and improve quality of life and outcomes).

It would therefore complement the updated European Code Against Cancer, that describes actions that individuals can take to reduce their risk of developing cancer (focusing on common risk factors of cancer and other chronic diseases). Such an EU NCD code could provide a general framework to harmonise the response to NCDs across Europe. It is necessary to align practices across Europe - beyond cancer, and would provide relevant information to help fight health inequalities, notably socio-economic determinants of health.

2. Creating healthier living environments through “whole system” approaches - shift towards prevention strategies that address broader environmental factors (the exposome)

National primary prevention/public health plans should embrace a “systems” approach, rather than framing NCD risk factors as lifestyle related (e.g putting the blame on individuals). Such an approach requires to look at the whole environmental (organisational, structural) factors that may influence one’s exposure to the main NCDs risk factors and determinants of health (alongside novel approaches to raise awareness of risk factors). These include for instance accessibility of fruits/vegetables (e.g price) and their availability in shops (eg display) versus pre-packed food products and/or sugar-sweetened beverages; availability of healthy food and drinks options in distributors in public areas (e.g schools, hospitals etc) and encourage similar options to be available in private settings e.g workplace; urban air quality, car-free cities, access to sports facilities, efficiency and accessibility of public transportation systems, availability of green areas in urban environments, noise quality etc.). EU actions should support member states to embed in primary prevention plans the outcomes of ongoing research into the exposome, namely biological responses to a variety of environmental triggers that lead to the onset of NCDs. Further, increasing focus on environmental change and its impact on health and the incidence of NCDs is desired at EU level and should trigger coordinated EU action to support member states.

3. A robust EU strategy on alcohol consumption prevention and control, addressing inequalities

Europe has the highest level of alcohol consumption in the world. For example, the majority of deaths from liver disease are due to alcohol, obesity or both, where no drug therapy has proven to reduce mortality. Measures should be put in place to regulate alcohol availability, including restrictions in the hours of alcohol sales, on the numbers of outlets selling alcohol, and rigorous enforcement of legislation prohibiting sale of alcohol to young people. It also requires consideration of cultural and societal aspects (e.g traditions, dietary patterns) and how to reduce their impact on disease onset. Further, alcohol harm exacerbates existing health inequalities in society: the risk of becoming alcohol dependent is higher in less advantaged social groups. Evidence shows that similar levels of alcohol consumption are associated with a more damaging impact on the health of more deprived individuals and their families compared to wealthier drinkers. Public health policies and interventions to reduce the use of alcohol should aim to reduce health inequalities and protect people in different groups (across social, biological, economical, demographical or geographical divides).

Recommendation:

The evidence for equitable public health policies is remarkably strong and consistent, summarised by the WHO (best buys): **tax increase on alcohol-containing beverages, comprehensive restrictions on the availability** of retailed alcohol. The most effective and cost-effective way to reduce alcohol related harm is to increase the price of alcohol through taxation or a minimum unit price or both.

4. Social and socio-economic determinants of health in children (health inequalities)

In order to support a forward-looking, sustainable approach to prevention, it is important to focus efforts on the earliest prevention modality aimed at children, with a view to decrease as much risk exposure as possible in early childhood development and early life. This requires to target the underlying social conditions that promote disease onset or have long-lasting health effects and are often linked to important health inequalities later in life. These determinants are various, complex but most often related to how easily one can access healthcare, education, safe housing (including free from exposure to pollutants), and nutritious food; alongside household income level or economic stability of family/parents. As such, they affect children disproportionately and are mostly observed in those who are socioeconomically disadvantaged, including migrants populations.

» **Accessibility of healthy food options**

Making essential, healthy food more available and affordable is a key area of action recommended by WHO where the EU can efficiently support member states. The EU school fruit, vegetables and milk scheme is a great example of EU added-value in supporting children's access to healthy food products.

Recommendation:

Expansion of EU level actions aimed at improving accessibility of healthy food products and options to children including expanding the scope of the EU school fruit, vegetables and milk scheme to high school establishments and other age groups.

» **Prevention of tobacco use in children and young people**

Another focus area for EU-level action should be the prevention of tobacco use in school-age children and adolescents. Smoking rates remain high amongst the young population in Europe, and the increasing popularity of alternative tobacco products and e-cigarettes is creating new challenges. While efforts are being taken to update EU legislation on tobacco products and their accessibility (e.g taxation) as well as advertising, the EU can support member states with the development and improvement of school-based multi-modal programs in smoking prevention (vs information-only programmes) as they are effective in reducing long-term smoking rates and preventing initiation.

Recommendation:

Set-up of a European Youth Tobacco Cessation Network comprising school teachers, tobacco prevention specialists, medical experts as well as youth 'ambassadors' to define innovation actions for EU level support in the area, notably how to 'normalise' non-smoking. Reflections should consider the potential of peer-led intervention schemes as well as multimedia and interactive programmes that aim to "analyse" marketing strategies used by commercial operators to promote tobacco products, to help young people and adolescents understand the approaches used and not "fall into the trap".

» **Prevention of alcohol consumption in children and young people**

Alcohol consumption rates are alarming among adolescents, while the level of alcohol-attributable deaths in adolescents and young adults has remained unacceptably high throughout Europe. The majority of those deaths could be preventable. Beyond, alcohol is still a leading cause of working years of life lost in adults and of lost economic productivity and development. Policies and interventions should support greater societal understanding of the impact of alcohol consumption on health, and allow a shift in mindsets to prevent alcohol use; with targeted approaches towards young Europeans.

Recommendation:

EU level support for the implementation of alcohol consumption prevention programmes with school, family, community, and web-based fields of action, which have greater clinical relevance and are proven to be more effective in increasing attitudes toward alcohol prevention behaviour, while decreasing social norms and acceptance of alcohol, and increasing perceptions with regards to the negative consequences of drinking.

» **Countering the marketing of unhealthy foods/drinks and alcohol beverages, with coordinated action**

Primary prevention/public health programmes in the majority of EU countries are faced with the challenge of aggressive marketing from commercial operators promoting unhealthy foods and drinks, and alcohol beverages.

Recommendation:

- **Development of a coordinated EU public health campaign to “de-glamourize” these products** (similar to graphic health warnings on cigarette boxes and plain packaging) and respond to the arguments advanced by commercial operators, via catchy messaging tailored to different population groups, based on facts and focusing on mediums/platforms where marketing initiatives are the most aggressive. The EU can help develop a uniform framework that can be adapted locally by countries building on relevant national data and in local language; and provide innovative approaches/delivery platforms to distribute such campaigns e.g working with “public health influencers” on social media.

- **Implementing a complete EU-level ban on the marketing of alcohol and ultra-processed, high fat, sugar, and salt (HFSS) foods** targeting children and young people operated on digital and social media. Attention needs to be placed on the currently unregulated narrowcasting of marketing messages to mobile phones via digital and social media channels; as well as on bans on the advertising of alcohol at sports event and sports’ sponsorship by the alcohol sector.

5. Awareness/education about NCDs and risk factors based on intergenerational collaboration

Innovative approaches are necessary to educate about health determinants and disease risk factors, notably for children and younger generations. Initiatives based on intergenerational collaboration/solidarity have proven successful in certain countries e.g France and should be further explored in the field of NCDs, for roll out across Europe.

Recommendation/innovative action:

Building an EU network of “NCDs ambassadors” to operate at national level to support education and awareness raising of NCD risk factors towards specific population groups e.g children/young adults, as well as other at-risk/vulnerable groups.

Example of good practice: French « Services Civiques Solidarité Seniors ». Based on the experience of France, a similar model could be developed at European level as an educational/awareness initiative for younger generations on NCD risk factors and prevention, while helping to improve the management of co-morbid patients in middle-aged or older populations. A specific component could be developed for medical students and allied healthcare professional/para medical professional across NCD areas and disciplines, to connect with adolescents and young adults.

Priority 3:

Secondary prevention, early detection and screening of NCDs and co-morbidities

1. Support for early detection and screening of co-morbidities/complications in vulnerable groups

Screening and early detection followed by early action can help tackle disease progression and prevent or delay the onset of disease and life-threatening complications.

Recommendation(s):

-Targeted screening and preventive health checks – focus on most vulnerable groups and at-risk population groups e.g Ireland national health services. As an example, targeted screening for liver disease in people with obesity, type 2 diabetes mellitus (T2DM), or a hazardous alcohol consumption should be prioritised, since people living with type 2 diabetes mellitus (T2DM) and/or obesity are recognised as being at high risk for NAFLD-related complications and while alcohol consumption increases drastically the risk of developing liver disease including cirrhosis.

-EU support for the use of novel tools to diagnose NCDs in at-risk populations, including by leveraging the potential of artificial intelligence. Example: In gastroenterology, automation can significantly improve procedures such as endoscopy. AI-guided image interpretation has successfully facilitated endoscopic detection of early malignant lesions and improved risk stratification before and during therapy. Therefore, to maximise the life-changing opportunities offered by novel technologies, allocation of more funding for AI-related research projects to support early detection is essential.

2. Support for harmonised screening strategies to detect early-on complications resulting from COVID-19 infection or 'long' COVID-19

The synergistic relationship between COVID-19 and NCDs ("syndemic") requires strategies to prevent the long term, collateral damage of COVID-19 on Europeans' health. Many studies have already reported NCD symptoms/complications and longer-term consequences of COVID-19 in individuals without pre-existing conditions who recover from infection; and showed that they are more likely to develop long-term chronic conditions. This requires to establish adequate screening programmes and follow-up strategies that focus on patients who suffered from serious COVID-19 infection and/or severe complications (both with and without pre-existing conditions).

Recommendation:

EU support for the **harmonisation of protocols and implementation of uniform screening programmes** for such at-risk individuals across Europe.

Priority 4:

Integrated, multi-disciplinary collaboration to prevent and manage co-morbidities as well as multi morbidity and complications

Recent years have seen increased collaboration and joint work across medical disciplines to establish protocols and care pathways to prevent and manage co-morbidities in NCD patients. However, further work is needed in the area to foster multidisciplinary, integrated care and ensure all patients receive equal access to specialist services across Europe.

Recommendation:

Building NCD networks of excellence/European expertise networks for prevention and control of co-morbidities and complications, based on the model of the ERNs. Pilots could start with a focus on specific population groups, e.g multi-morbid patients of working-age and older people where the prevalence of co-morbidities is the highest and comes with a significant individual, societal and economic impact. Such networks would help respond to inequalities (geographic, socio economic) in NCD patients' access to specialist care by stepping up expertise in the management of co-morbidities across Europe.

Priority 5:

NCD management plans as part of crisis planning to ensure continuity of care

The COVID-19 pandemic and recent conflicts in Eastern Europe have painfully demonstrated that the majority of health care systems in the EU region are not adequately suited to provide continuity of care for people with NCDs in times of prolonged uncertainty. The EU NCDs initiative can be an opportunity to develop at EU level, adaptable frameworks/approaches for member states to improve and/or setup crisis preparedness and management plans for healthcare systems to avoid future disruptions in NCD care delivery and be better equipped to respond to future crises. These should also take stock of good practices identified in the context of the COVID-19 pandemic e.g telemedicine.

While it is difficult to predict such events and as crises can be of different types, scenario modelling and response plans and/or 'template' risk management and response plans can be developed to give tools for member states to quickly adapt responses and offer adapted services according to different scenarios - based on the specificities of their national health care systems. These plans should include education and training modules for healthcare professionals.

Recommendation:

- **EU support for "scenarios" development and "model" response planning**, to support member states anticipate and integrate NCD management plans as part of future crisis planning efforts – alongside toolbox of identified good practices in providing continuity of care for people living with NCDs.

- **Set-up of an "EU NCD specialists emergency reserve"** comprising voluntary experts in various NCD areas from across Europe, trained and ready to be deployed to provide care for people living with NCDs in any EU member state or neighboring country in crisis time of any nature (humanitarian crisis, war, pandemic, environmental disaster e.g earthquake, nuclear accidents etc).

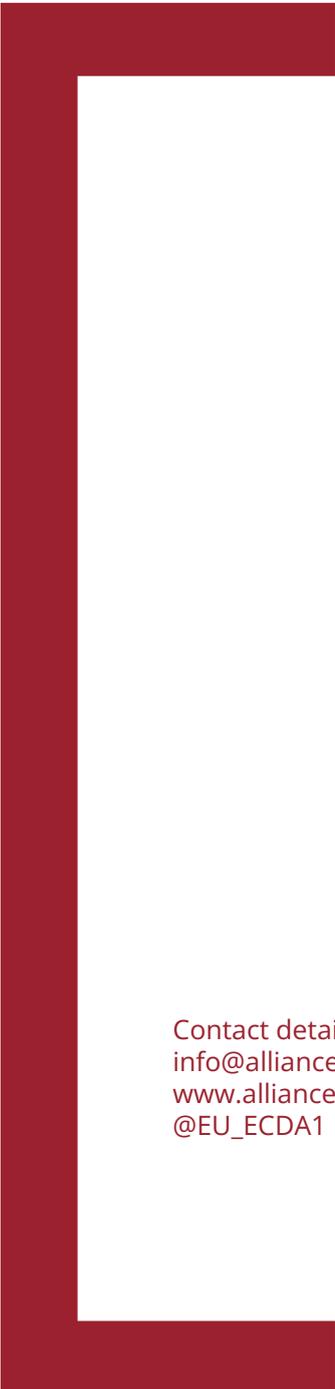
¹ European Commission. EU NCDs initiative. https://ec.europa.eu/health/non-communicable-diseases/overview_en

² WHO Europe. Noncommunicable diseases. <https://www.euro.who.int/en/health-topics/noncommunicable-diseases/noncommunicable-diseases>

³ European Commission. EU NCDs initiative. https://ec.europa.eu/health/non-communicable-diseases/overview_en

⁴ Optimising the response to the epidemic of chronic diseases. ECDA input to the Reflection Process on chronic diseases.

⁵ Sánchez-Puertas R., Vaca-Gallegos S., López-Núñez C., Ruisoto P. Prevention of Alcohol Consumption Programs for Children and Youth: A Narrative and Critical Review of Recent Publications. *Frontiers in Psychology*. Volume 13. 2022. DOI: 10.3389/fpsyg.2022.821867



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