Dear European Commission President Dr. Von der Leyen,

Dear Commissioner Kyriakides,

Following on from our letter of 23rd March 2020 on EU action in light of the COVID-19 pandemic, the European Chronic Disease Alliance (ECDA) would like to share perspectives and suggestions for action to strengthen the EU’s capacity to promote and protect public health in Europe.

Firstly, we would like to highlight the Parliament’s support which seems to be emerging across political groups on the importance of reinforcing EU competences and tools, as shown in the recent Parliament Resolution. The S&D group calls for a “European Health Union” and developed concrete proposals to realise this vision. MEPs from the Renew Europe group have also advanced similar proposals, while members of the EPP group are asking for a renewed focus on health, including by dedicating a standalone and robust budget to health action. The Greens/EFA group calls for “a social Union that puts health and well-being at the heart of our society”.

Several member states are also in favour of building up a European Union of health, most notably France.

ECDA strongly supports these calls for further EU action in the field of health. Our organisation has continuously advocated for more European-level decision making in dealing with health issues. ECDA has also outlined the value of a standalone health programme since the start of the discussions on the next multiannual financial framework. We welcome yesterday’s announcement of a “new, dedicated Health Program”.

The current pandemic has shown the limits of the EU healthcare systems and of current EU capacities in the field. It has also shed light on the utmost importance of European cooperation; of a coordinated response to address major health challenges; and of the need to pool expertise and resources across Europe. No EU country can fight these challenges alone. This applies to the prevention and control of infectious diseases, but also to chronic diseases which, with an increasing prevalence, demand a concerted EU response.

Taking stock of the gaps that the crisis has revealed, ECDA would like to propose the following recommendations:

1. **Extending the role and capacities of the EU and international health advisory bodies:**

   a) **The mandate of the European Centre for Disease Prevention and Control (ECDC) should be extended to cover chronic non-communicable diseases.** Non-communicable and communicable diseases are frequently interlinked, as the pandemic has further shown. As chronic diseases are a major challenge in every EU country, providing the ECDC with the mandate to reinforce prevention and management makes sense. In particular, it would allow to:

   o centralise, analyse and interpret data on chronic diseases and risk factors across Europe via a common surveillance system; such data is currently missing.

   o provide scientific advice to EU governments and institutions to improve the response to the diseases. The prevalence of chronic diseases is growing across Europe. It is critical that prevention and control efforts are strengthened in all countries.

   With an extended capacity, the ECDC could take an active role in the implementation of Europe’s Beating Cancer Plan.

   b) **Further, the EU should empower WHO to become an even stronger advisory body** by embedding further WHO recommendations within EU policies and by encouraging member states to maintain WHO funding and implement WHO guidance at national level.
2. **Reinvigorating EU health action:**

- The crisis has demonstrated that EU cooperation and concerted action is crucial in the field of health. **Public health objectives must be further embedded into EU policies and prioritised.**

- **A standalone and much better funded health programme should be established.** The health funding strand currently part of the European Social Fund (ESF +) should be revisited as an independent and stronger programme within the 2021-2027 MFF. EU action in health should be supported by substantially increased financing.

- **An EU-level data collection system on chronic diseases and risk factors should be set up,** amalgamating in a uniformed way reliable data from governments, public health institutes, hospitals, learned societies, life science industry etc with comparable criteria and elements across countries. This could be a responsibility of the ECDC under an extended mandate.

- **European Semester Process country-specific recommendations should provide guidance to improve healthcare system delivery/organisation and steer health investment across Europe,** taking stock of the national healthcare systems challenges that have been highlighted by the COVID-19 crisis.

3. **Assessing and rethinking EU health competency:**

The EU should conduct a rapid assessment of where EU competencies in the field of health need to be re-considered; and where innovative EU mechanisms can be defined to further protect the health of European citizens.

Our organisation would be delighted to discuss these proposals with you. We remain fully committed to supporting the European Commission in responding and recovering from the crisis, working together for a European Union that provides a high level of protection from major health challenges.

Yours sincerely,

Prof. Em. Raymond Vanholder
Chairman, On behalf of the European Chronic Diseases Alliance (ECDA)

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**About the European Chronic Disease Alliance (ECDA):**

The European Chronic Disease Alliance (ECDA) is a Brussels-based coalition of 11 European health organizations representing major chronic diseases and sharing the same interests in combating preventable chronic diseases through European policies that impact health. Together, we represent over millions of patients and over 200,000 health professionals. ECDA plays a leading role in the prevention and reduction of chronic diseases by providing policy recommendations based on contemporary evidence. Its main priorities are primary and secondary prevention related to chronic diseases and the common risk factors - tobacco use, poor nutrition, physical inactivity, alcohol consumption, and environmental factors.

Members of the Alliance:
- European Academy of Allergy & Clinical Immunology (EAACI)
- European Association for the Study of the Liver (EASL)
- European CanCer Organisation (ECCO)
- European Heart Network (EHN)
- European Kidney Health Alliance (EKHA)
- European Respiratory Society (ERS)
- European Society of Cardiology (ESC)
- European Society of Hypertension (ESH)
- European Society for Medical Oncology (ESMO)
- International Diabetes Federation Europe (IDF Europe)
- United European Gastroenterology (UEG)

For more information, please visit: [www.alliancechronicdiseases.org](http://www.alliancechronicdiseases.org)