Proposed questions in view of the hearings of the Commissioners’ candidates
July 2019

ECON Committee

Question for Commissioner designate for Economy

- Health is interlinked with and a recognised factor of economic growth and sustainable development. Investment in health should therefore not only be desirable but a priority at EU level and in EU countries. Further, ensuring the sustainability of healthcare systems, including shifting from treatment-oriented to disease prevention-oriented systems, makes a positive contribution to macroeconomic performance.
  - Does the Commissioner designate agree that sustainable development in Europe can only happen if human and social dimensions are part and parcel of economic policies?
  - Can the Commissioner designate share views on how she/he will ensure that health considerations are further taken into account as part of the overall EU economic policies and priorities?
  - How will the Commissioner designate encourage member states increase investment in health, beyond the opportunity of the European Semester cycles?

- The Commission President-elects’ Political Guidelines include a priority on fair taxation. Alongside fair taxation, an important aspect is taxation which ensures a highest level of health protection. Raising taxes on health-harmful products, in particular tobacco, is proven to achieve health outcomes while increasing government revenues and is particularly effective in preventing uptake in young people and among people with a lower socio-economic status.
  - Will the Commissioner designate ensure that a revision of directives 92/83/EEC and 92/84/EEC related to excise duties on alcohol and alcoholic beverages is implemented to increase EU alcohol excise rates, while taking into account the highest level of health protection?
  - Will the Commissioner designate ensure that the upcoming revision of the excise duties applied on manufactured tobacco (Directive 2011/64/EU1), takes into account the highest level of health protection, considering that tobacco consumption is the single largest avoidable health risk and the most significant cause of premature death in the EU?
  - For instance, will the Commissioner designate consider setting an objective of 30% reduction in the prevalence of current tobacco use (existing EU commitment) within the Directive?
About ECDA

The European Chronic Disease Alliance (ECDA) is a Brussels-based coalition of 10 European health organizations representing major chronic diseases such as: liver disease, kidney disease, respiratory disease, COPD, allergic diseases, cardiovascular disease, hypertension, cancer, and diabetes; 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.

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Facts & figures on chronic disease

Prevalence

> The prevalence of chronic diseases and disabling conditions has been growing in the EU and the wider European region over the past decades.
> One third of the European population aged 15 and over, and 23.5% of the working age population in the EU lives with a chronic disease.
> The co-occurrence of two or more chronic conditions (multimorbidity) has become increasingly common in Europe.
> Two out of three people at retirement age have at least two chronic conditions.

Mortality

> Globally, Europe has the highest burden of chronic diseases, which are responsible for 86% of all deaths and a major cause of morbidity and disability estimated in disability-adjusted life-years (DALYs).
> 550 000 people of working age die from four major chronic diseases (CVD, cancers, respiratory diseases and diabetes) in the EU every year.

Socio-economic impact

> The premature death of more than 550 000 people of working age annually across the EU represents a loss of around 3.4 million potential productive life years and costs the EU economy euros 115 billion a year. This corresponds to 0.8% of the GDP in the EU.
> 70-80% of healthcare costs are spent on chronic diseases in Europe.
> Direct costs of healthcare to treat people with chronic diseases amount to €700 billion in the EU.
> Productivity losses are estimated at €54 billion per year for cardiovascular diseases alone.
> The employment rate of people who have one or more chronic condition, and particularly people aged 50-59, is much lower than for those who do not suffer from any disease.
> Prolonged sickness leave of one month or more is frequent among employed persons with circulatory problems, including heart disease or attack (29%) as well as stress, depression or anxiety (25%) and musculoskeletal problems (25%).
> On average only 3% of total health expenditure (for all age groups) in OECD countries including EU Member States goes towards population wide public prevention while 97% of health expenses are presently spent on treatment.

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1 Eurostat, 2010; Busse et al., 2010
3 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5923823/
4 Boyd & Fortin, 2010; Uijen & van der Lisdonk, 2008
9 Europe Heart Network paper on CVD and chronic diseases
10 Economist Intelligence Unit, 2012
11 Eurostat, 2010; Busse et al., 2010
13 European Heart Network paper on CVD and chronic diseases