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

EMPL Committee

Question for the Commissioner-designate for Equality and the Commissioner-designate for Jobs

One-third of the European population aged 15 and over, and 23.5% of working-age Europeans live with a chronic disease. Stigma and limited public knowledge on chronic diseases prevent people from seeking treatment and cause social exclusion, including on the labour market. 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. The employment, retention and reintegration into work of people with chronic diseases is therefore an important issue in the EU.

- Can the Commissioner designate outline his/her ambition in this area?
- Can the Commissioner designate commit to collaborate with the European Parliament to progress work, further to the European Parliament report of 2018 on “Pathways for the reintegration of workers recovering from injury and illness into quality employment”?

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.

For further information contact the Secretariat:
ECDA Secretariat- 22-24 rue du Luxembourg – 1000 Brussels, Belgium
E-Mail: info@alliancechronicdiseases.org
Website: www.alliancechronicdiseases.org
Tel.: + 32-2 213 13 42
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.