ENVI Committee

Questions for Commissioner-designate for Health

- Non-communicable chronic diseases (NCDs) - diabetes, cardiovascular diseases, cancer, chronic respiratory diseases and mental disorders - account for over 86% of all deaths in Europe and represent a tremendous burden to the EU economy and society. European citizens place their health as a priority concern and 70% of them favour more EU action on health according to a recent Eurobarometer.
  o Beyond action on cancer, what will the Commissioner designate do to foster action on chronic diseases as a whole, notably prevention?
  o In particular, will the Commissioner designate develop an EU Strategic Framework for the Prevention of Chronic Diseases, as recommended by health organisations to provide a direction and coordination of efforts across sectors?

- Could the Commissioner designate outline her/his ambition, objectives and plans to ensure the European Union and Member States reach their commitments from the UN High-Level Meeting on Non-Communicable Diseases in September 2018?

- Disease prevention is a fundamental component of sustainable development, economic growth, and a healthy society. Which steps will the Commissioner designate propose for the European Union to address the main, common preventable risk factors of chronic disease, such as tobacco consumption, physical inactivity, harmful use of alcohol, and unhealthy diets?

- European Union member states dedicate 97% of their health budget to care and only 3% to prevention. However, prevention and early detection remain areas where cost-effective, evidence-based strategies can bring major impacts in terms of public health and for the society and economy. Would the Commissioner designate commit to work with this Parliament to encourage member states to increase investment in health and in preventing the onset of preventable chronic diseases?

- Tobacco control is one of the most cost-effective public health policies that can prevent and reduce unnecessary diseases and deaths across the European Union. How will the Commissioner designate ensure that new tobacco products, including heated tobacco products, are properly regulated and that citizens are protected against claims that heated tobacco products reduce the risk of tobacco-related diseases? In particular, in the context of the upcoming Commission evaluation of the Tobacco Products Directive due by May 2021, which will give special attention to e-cigarettes, can you confirm that contacts with the tobacco industry will be limited, in line with FCTC article 5.3 and its guidelines?

- Will the Commissioner designate ensure that further legislative action is taken in the fields of health information labelling on alcohol products, and front-of-pack nutrition labelling on food products? Can the Commissioner designate confirm that those topics will be fully part of the European Commission agenda for the 2019-2024 mandate?
Does the Commissioner designate consider that voluntary measures are adequate to reach the targets agreed on reducing the harmful use of alcohol and to address unhealthy diets in Europe, reaching overall public health objectives?

Questions for Commissioner-designate for Environment and Oceans

- Today 9 in 10 people die of chronic diseases. Air pollution is one of the major environmental cause of premature death. For decades evidence has shown that airborne particulate matter (PM) and ground level ozone (O3) are of particular concern; but current EU limit values for PM exceed the WHO air quality guidelines and offer no protection from adverse effects on public health. Will you commit to address those gaps during your term as Commissioner, as part of the ongoing evaluation of the EU Air Quality Directives? Given that EU member states have committed to achieving clean air in Europe, how will you strengthen the enforcement of existing air quality legislation in Member States, and how will you address pollutants of most concern for human health i.e. particulate matter (PM) and ground level ozone (O3)?

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
Follow us: @EU_CDA11
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\(^1\).
> One third of the European population aged 15 and over\(^2\), and 23.5% of the working age population in the EU lives with a chronic disease\(^3\).
> The co-occurrence of two or more chronic conditions (multimorbidity) has become increasingly common in Europe\(^4\).
> Two out of three people at retirement age have at least two chronic conditions\(^5\).

**Mortality**

> Globally, Europe has the highest burden of chronic diseases, which are responsible for 86% of all deaths\(^6\) 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\(^7\).

**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\(^8\) and costs the EU economy euros 115 billion a year. This corresponds to 0.8% of the GDP in the EU\(^9\).
> 70-80% of healthcare costs are spent on chronic diseases in Europe\(^10\).
> Direct costs of healthcare to treat people with chronic diseases amount to €700 billion in the EU\(^11\).
> Productivity losses are estimated at €54 billion per year for cardiovascular diseases alone\(^12\).
> 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\(^13\).
> 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%)\(^14\).
> 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\(^15\).

---

\(^1\) 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
\(^9\) European Heart Network report on CVD and chronic diseases
\(^10\) Economist Intelligence Unit, 2012
\(^11\) Eurostat, 2010; Busse et al., 2010
\(^13\) European Heart Network report on CVD and chronic diseases