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

ITRE Committee

Questions for the Commissioner designate for Innovation & Youth

– Chronic diseases represent a major challenge in Europe – causing 86% of all deaths in Europe with important economic and societal costs. Does the Commissioner designate agree that EU funding for health and medical research must include a focus on addressing unmet research needs in the field of chronic diseases? How will he/she ensure that sufficient funds are allocated to health?

– The impact on health of air pollution, tobacco consumption, harmful alcohol use, unhealthy diets, and exposure to carcinogenic substances are irrefutable. Will the Commission designate stand for independent, evidence-based research as the unique source for policy-making and public information? Which actions will he/she take to prevent any conflicts of interest?

– At present, data collection systems across Europe for diseases and their determinants are not standardised, and data are, therefore, not comparable. Availability of comparable, quality data is crucial for monitoring and evaluation, including assessment of the economic impact of diseases. Can the Commissioner designate commit to stimulating joint data collection by developing an EU registry, gathering quality and comparable data across Europe?

– Evidence shows that disease prevention efforts bring most value in vulnerable population groups (such as migrants, low-income and less-educated populations), who are at higher risk of developing diseases. Can the Commissioner designate share views on supporting research to identify investment models for the implementation and scale up of evidence-based prevention and screening strategies in vulnerable population groups?

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 decades1.
> One third of the European population aged 15 and over2, and 23.5% of the working age population in the EU lives with a chronic disease3.
> The co-occurrence of two or more chronic conditions (multimorbidity) has become increasingly common in Europe4.
> Two out of three people at retirement age have at least two chronic conditions5.

Mortality
> Globally, Europe has the highest burden of chronic diseases, which are responsible for 86% of all deaths6 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 year7.

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 years8 and costs the EU economy euros 115 billion a year. This corresponds to 0.8% of the GDP in the EU9.
> 70-80% of healthcare costs are spent on chronic diseases in Europe10.
> Direct costs of healthcare to treat people with chronic diseases amount to €700 billion in the EU11.
> Productivity losses are estimated at €54 billion per year for cardiovascular diseases alone12.
> 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 disease13.
> 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 treatment15.

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1 Eurostat, 2010; Busse et al., 2010
3 http://dx.doi.org/10.1787/9789264265592-en
4 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5923823/
5 Boyd & Fortin, 2010; Uijen & van der Lisdonk, 2008
6 Europeans of retirement age: chronic diseases and economic activity. RIVM. December 2012
http://www.euro.who.int/__data/assets/pdf_file/0008/96632/E93736.pdf
10 European Heart Network paper on CVD and chronic diseases
11 Economist Intelligence Unit, 2012
12 Eurostat, 2010; Busse et al., 2010
14 European Heart Network paper on CVD and chronic diseases