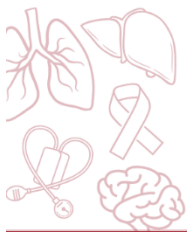


Policy debate outcomes report: Investing in chronic disease prevention and control for better health in Europe



Policy debate hosted by:

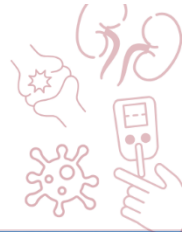
MEP Sara Cerdas



MEP Tilly Metz



MEP Sirpa Pietikäinen



Investing in chronic disease prevention and control for better health in Europe



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United to reverse the rise in chronic disease

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BACKGROUND

Momentum is growing on the importance of stepping up efforts to prevent and control chronic non-communicable diseases (NCDs) in Europe, notably learning from the lessons of the COVID-19 pandemic. The prevalence of the diseases continue to rise, with a profound impact on individuals' well-being as well as substantial economic and societal burdens. To tackle this growing crisis, a strategic and holistic approach centered around prevention is crucial.

The Healthier Together-EU NCD initiative (2022-2027) marks an important step at European level, offering structured support to EU countries in their response to the diseases. The European Parliament's Subcommittee on Public Health (SANT) has driven significant debate on NCDs over the past year. The report of the committee (adopted as a resolution in December 2023) provides valuable recommendations on the way forward, serving as a roadmap for future action on NCDs.

2024 marks a transitional year, with EU elections in June which will reshuffle the EU political landscape and policy directions. A year after, in 2025, the 4th High-level Meeting of the UN General Assembly on the Prevention and Control of on NCDs will be held. During this meeting, Member States, EU and international institutions will discuss progress on their commitments to provide strategic leadership for the prevention and control of NCDs (resolution 73/2, 2018) and reflect on a new, ambitious and achievable Political Declaration on NCDs to advance the global NCD response between 2025 and 2030.

This policy debate therefore comes as a timely opportunity to reflect on priorities for the coming years.

SUMMARY OF THE DISCUSSION

NCDs are the biggest killers in the EU. With a new political mandate approaching, between 1/3 and 1/2 of new MEPs will enter the European Parliament. This is a prime opportunity to engage with new MEPs and help direct them to the steps they can take to make important and lasting change in the EU. This debate has provided information on several aspects of NCDs that need to be taken into account in legislation.

I. The Economics of Chronic Disease Prevention & Data Gaps in Europe

Dr. Rachel Nugent spoke on health economics and their importance for priority setting in the political agenda. The economic impacts of NCDs are still largely unknown and as a result, it is difficult to decide what to prioritise in legislation.

Out of the global knowledge that is currently available and could inform EU developments, Dr. Nugent discussed the WHO best buys, pointing that the implementation of these best buys would cost €0.84 per person per year in low- and middle-income countries. However, that kind of information is not entirely available in all EU countries.

Prevention interventions are also shown to be the most cost-effective. Examples include:

- Health diet intervention – expected return on investment 12-1
- Tobacco control - expected return on investment 7-1
- Alcohol reduction - expected return on investment of over 8-1

Leveraging the findings of the Lancet NCDS 2030 Countdown, Dr. Nugent highlighted that a \$18 billion investment into NCD prevention global would prevent 39 million premature deaths and have a \$2.7 trillion net economic benefit.

While these estimates are very promising, there is still a large share of information that is missing to obtain the most accurate and representative economic modelling. There is a need for reliable and credible information about the wellbeing of the population. Dr. Nugent outlined two types of data that are fundamental to economic modelling and would significantly help policymakers in prioritising actions:

- **Longitudinal data:** NCDs are a long-term phenomenon, they develop over a lifetime and last for a long time. This requires having disease registries and surveys that provide epidemiological data. This epidemiological data should also be accompanied by economic data information on access to prevention and care, cost, and data on what influences health seeking and providing behavior. Data on the life-long effects of long-term exposures to air pollution is a good example.
- **Disaggregated data:** This puts emphasis on who is affected by NCDs and how much they are affected. Modelling necessitates having disaggregated data such as gender, ethnic, age-specific, socioeconomic status, among others to understand how population groups differ in disease incidence, morbidity, and mortality. This also needs to be accompanied by economic data. It is important to understand the granularity of NCDs and their costs, how much is being paid by each population, are there differences in health taxes, etc.

Europe is not alone and could be a leader in developing more health economic data – in particular, on the costs of delivering health services, the costs of health policy implementation (what are the costs of population level measures like good dietary policies, the costs of tobacco control policies etc), the costs of treating multiple chronic conditions and how we can achieve efficiencies in integrating care giving. Disease-specific and industry-specific measurements of the impact of NCDs on productivity in Europe are also missing, and so is data on out-of-pocket costs. Europe is also well placed to analyse the cost-effectiveness of harmonising health taxes or measuring the co-benefits of cross sectoral actions.

II. Panel Discussion: Better surveillance, prevention & management of chronic diseases in Europe: how do we head towards a chronic disease-free generation?

➤ The EU Context, Gaps & Opportunities to Achieve a Chronic Disease-Free Generation

The EU contributes to the prevention and management of NCDs in several ways. Stefan Schreck, Adviser for Stakeholder Relations at DG SANTE highlighted several key initiatives under the [Healthier Together Initiative](#).

One example is the Joint Action on Cardiovascular Diseases and Diabetes (JACARDI). This is a project in 21 countries aiming to reduce the burden of cardiovascular disease and diabetes. With a budget of €53 million, it is piloting 142 projects across Europe.

Another example is the Joint Action Prevent Non-Communicable Diseases and Cancer (JA PreventNCDs). This project aims to address the health determinants of cancer and NCDs. It has a €76 million budget to improve joint capacity of Member States to implement prevention policies

and activities. Additionally, objectives include improving the monitoring systems for NCDs and their risk factors, to obtain better data at the European and National levels.

In the area of primary prevention, the European Commission also aims to evaluate legislative frameworks on key risk factors for NCDs such as tobacco, alcohol, and diet. Some of these include revising baby food composition requirements and health claims targeting infants and young children, preparing actions to support sustainable procurement of food and catering services, launching a code of conduct for responsible food business and marketing practices, implementing joint research centres such as the food and beverage labels explorer to monitor food environment and success of national food reformulation initiatives.

Overall, Stefan Schreck noted that a holistic approach is needed to cover the wide range of parameters influencing NCDs.

➤ **Implementing Person-Centered and Integrated NCDs Care**

While research and health economics are crucial to help prioritisation, it is also necessary to consider the patient's perspective. Casja Lindberg, NCD advocate and IDF-Europe Advisor, highlighted that to improve care pathways for NCDs, we need to have them be person-centered and integrated, considering the physical, mental, emotional, and practical needs of a person in the management of their disease(s). This requires having strong and integrated healthcare systems. This is even more relevant in NCDs care as many patients may face multiple NCDs (co-morbidities and complications) and healthcare providers need to be prepared to provide holistic support. Casja also pointed that as a co-morbid or multi-morbid patient, you become a project manager of your own healthcare and your hospital-based care. For each one, you need different levels of care and need to coordinate primary and secondary care. This is time and energy consumption being compounded on the burden of living with multiple diseases. There is a very strong need to move from fragmented, episodic care to more coordinated, integrated care designed around the needs of the patient. This entails bringing together different sectors and aspects of care. From a policy perspective, this means involving patients, as experts, in the planning and design of NCDs care models, evaluations and revisions.

➤ **WHO's 'Best Buys' to Reduce Alcohol Related Harm and the Next Logical Step for the EU to Take**

Maria Neufeld, Technical Officer Alcohol, Illicit Drugs and Prison Health, World Health Organisation, gave an update on the status of alcohol consumption in Europe and insights on the European Framework for Action on Alcohol 2022-2025. In general, Europe is the largest consumer of alcohol globally with a significant alcohol-related harm. Alcohol is a key risk factor for European population health. However, across EU members, there has not been much progress between 2010-2019. In Europe alcohol remains too affordable, too available, and too advertised for a reduction in consumption to be observed. In 2022, the WHO European Region adopted the European Framework for action on alcohol 2022-2025 identifying 6 priority areas where action can be taken by member states. The EU should align as much as possible its actions to this framework. The EU alcohol strategy expired ten years ago and may require renewal to bring progress. The revision of alcohol taxation, planned under the Europe's Beating Cancer plan, is

one of the key untapped areas for action. Better labelling provisions and health warnings would also be game changers across Europe.

➤ **Fostering Secondary Prevention**

Prof. Vanholder, Chairman, European Chronic Disease Alliance, emphasised the importance of making progress on secondary prevention of NCDs, noting that many NCDs cause a lot of complications in other diseases. He called it a “spider-web of diseases” which all go together, and therefore health specialties should not stand on their own and work in silos, but rather need to have common approaches, for instance under which multiple diseases can be screened for at the same time – giving the example of diabetes, heart disease and kidney disease.

Raymond Vanholder emphasised the importance of early screening, notably in at-risk people, and using common markers which can apply to multiple diseases. One example is Albuminuria, which is a single test that is cost-effective and screens at-risk patients on a myriad of diseases.

He outlined how important it is to identify early who is at-risk, to move towards appropriate checks, and leverage most-efficient screening approaches, exploring combined methods. Addressing NCDs holistically is essential. Early screening should be followed by rapid action so that patients can be supported, and their quality of life be the least impacted.

III. The European Parliament’s vision and ambitions: SANT report on NCDs

The European Parliament’s SANT Committee Report on NCDs provides important recommendations on the way forward, serving as a roadmap for future action on NCDs. MEP Tilly Metz emphasised that there is still work to be done on prevention. Environmental stress factors contribute to 630,000 deaths annually and need to be tackled effectively. Approaches need to address specific populations who are the most exposed and vulnerable to determinants of health, as this drives health inequalities. 70% of NCDs are preventable, but we lack a holistic view with a Health in All Policies approach and a One Health approach addressing concomitantly water, air, soil pollution, chemicals etc. EU policies adopted in various sectors should incorporate all aspects of health and policy coherence should be ensured across legislative areas.

MEP Sara Cerdas added that although this report contributes to progress, it is crucial to remember that it is a political document which unfortunately does not necessarily capture the latest scientific information. One example is the provision on “harmful” alcohol consumption, which is not aligned with current scientific evidence pointing that there is no safe level of alcohol use. While much action has been taken in recent years on NCDs, the EU has competency to do more to support NCD prevention.

RECOMMENDATIONS

MEPs Tilly Metz stated that there is a need to realise that **the EU can take robust action even if it only has supporting competency in the field of health**. It is necessary to create a structured

and coordinated approach on NCDs to align policies, make them coherent, optimise resources, and ensure effective implementation. The EU also needs to provide a safety net to ensure access to medicines for patients.

MEP Sara Cerdas added that increasing health literacy is critical to empower citizens to take healthier, active choices and make informed decisions. It **is important to develop an EU-wide NCD plan and ensure adequate representation of all stakeholders in its formulation.** Protection of public health is a shared responsibility between the EU and member states, which NCDs prevention is integral to. The EU can legislate on the key risk factors for NCDs – examples include labelling of alcohol and unhealthy food, health warnings, novel tobacco products. Politicians are responsible for supporting citizens' health.

The following set of recommendations emanated from the exchange, with the view to inform future EU policy and legislative action, including a possible EU NCD plan:

1. Invest in NCDs prevention and management, establish adequate research and data collection mechanisms to inform action and investment cases.
2. Place people with NCDs at the centre of healthcare, involve patients in policy making and health decision making - and ensure that care is given based on their specific needs.
3. Roll-out people-centered and integrated NCDs care pathways across Europe.
4. Improve early screening and foster approaches that are cost-effective and accessible to ensure a maximum benefit for as many people as possible.
5. Use the new WHO and other health organisations' frameworks and guidelines to help formulate priority areas and orientate EU-level actions on prevention.
6. Adopt robust EU legislation on key NCD risk factors; leverage the EU competency to revise taxation frameworks, marketing and labelling rules for all alcohol and tobacco products, foods high in fat, salt and sugar (HFSS) and to address environmental risk factors.



ABOUT ECDA

The European Chronic Disease Alliance (ECDA) is a Brussels-based coalition of 12 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. Members of the Alliance:

- > European Academy of Allergy & Clinical Immunology (EAACI)
- > European Academy of Neurology (EAN)
- > European Association for the Study of the Liver (EASL)
- > European Cancer Organisation (ECO)
- > European Heart Network (EHN)
- > European Kidney Health Alliance (EKHA)
- > European Respiratory Society (ERS)
- > European Alliance of Associations for Rheumatology (EULAR)
- > European Society of Cardiology (ESC)
- > European Society of Hypertension (ESH)
- > International Diabetes Federation Europe (IDF Europe)
- > United European Gastroenterology (UEG)

For more information, please visit: www.alliancechronicdiseases.org



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