Next steps for driving change in the prevention and management of chronic diseases in Europe

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on behalf of European Chronic Disease Alliance

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The European Chronic Disease Alliance (ECDA)

• Coalition of 11 European health organisations representing millions of chronic disease patients and over 200,000 health professionals

• Allergic diseases, Cancers, Cardiovascular Diseases, COPD, Diabetes, Hypertension, Kidney Diseases, Liver Diseases, Respiratory Diseases

• Our mission
  To reverse the alarming rise in chronic diseases by providing leadership and policy recommendations based on contemporary evidence

• Our priorities
  - Primary and secondary prevention related to chronic diseases
  - Common risk factors: tobacco use, poor nutrition, physical inactivity, alcohol consumption, environmental factors
ECDA – a key stakeholder that brings value

• Unique health coalition representing a wide range of CDs in Europe
• Wealth of expertise and resources to support the Commission in developing concrete actions on CDs
• Great network across Europe, providing valuable access to data and information about CDs
• Strong commitment to actively contribute in shaping policies addressing health risk factors to secure the best outcome for the European citizens
• Open to dialogue and keen to engage with all relevant stakeholders to protect and improve the health of European citizens
What ECDA does

• **Position Papers** – Call for EU Action on Salt, Alcohol, and Trans Fats (February-March 2015)
• **Manifesto** – Common Sense on Chronic Diseases (November 2014)
• **Questions Hearings of Commissioner designates** (August 2014)
• **Input on Green Paper on mHealth apps** (July 2014)
• **Joint Statement** - Tackling alcohol related harm requires better actions (March 2014)
• **EU-funded Project** addressing Economics of Chronic Diseases – EConDA (April 2013-April 2015)
• **Input to Consultation** on the Reflection Process on Chronic Disease (February 2012)
• **White Paper** - ‘Chronic Disease Alliance – A unified Prevention approach’ (October 2010)
Chronic non-communicable diseases (NCDs) account for 88% of deaths in the WHO European Region. They are the number one killer in Europe, as 9 out of 10 people die of a chronic disease. Major chronic diseases include cardiovascular disease, cancer, respiratory diseases, diabetes, allergies, hypertension, kidney and liver diseases.

In Europe, 77% of the total disease burden measured in DALYS is accounted for by chronic diseases and disease burden is due to common risk factors, including tobacco, poor diet, alcohol, environmental factors, and physical activity.

In OECD countries, on average only 3% of total health expenditure goes towards population-wide public prevention and 97% of health expenses are spent on treatment. It is estimated that chronic diseases cost the EU € 700 billion annually. By investing additional funds in prevention the EU can promote good health for its people and reduce the socio-economic burden of chronic diseases.

ECDA MANIFESTO
COMMON SENSE ON CHRONIC DISEASE

ECDA calls on the European Union to develop by the end of 2017 a comprehensive European Framework on Chronic Disease.

For decades, the EU has been addressing risk factors common to all NCDs. This approach has proven to be insufficient as NCDs remain the #1 killer in Europe as well as one of the primary causes of health expenditure. At the same time, some EU disease-specific strategies e.g. cancer and HIV/AIDS have been implemented and the extremely positive outcomes of such enhanced frameworks are widely recognized.

Further to the policy and legal framework that has emerged from the UN Political Declaration on the Prevention and Control of NCDs adopted in September 2011 and the related European Parliament’s Resolution of 15 September 2011, the EU has a fundamental duty to establish a strategy and create a European Framework for Chronic Diseases to address them in a holistic manner.

A comprehensive European Framework for Chronic Diseases will contribute to achieving the best outcomes for the health and wealth of the EU and its citizens. It will leverage the EU and Member state regulatory competences and resources. In most chronic diseases are largely preventable, many of their complications can be either delayed or prevented. Yet, chronic diseases impose an economic toll on European citizens and treatment care are unsustainable for healthcare systems.

This is why the focus of the European NCD Framework must be to tackle the risk factors. Whether these are caused by smoking, environment, or other factors.

The Framework calls on the EU to address at an earlier diagnosis. It needs to emphasise the importance of multidisciplinary, multi-sectoral, and multi-country initiatives to address the root causes of chronic diseases such as tobacco, alcohol, poor eating habits, and inequitable access to health care.

In Europe, 77% of the total disease burden measured in disability-adjusted life-years (DALYs) is accounted for by chronic diseases and 97% of the disease burden is explained by health risk factors common to all chronic diseases, including tobacco, poor diet, alcohol, lack of physical activity and environmental factors.

Chronic non-communicable diseases are the number 1 killer in Europe, as 9 out of 10 people die of a chronic disease. Major chronic diseases include cancer, cardiovascular diseases, respiratory diseases, diabetes, allergies, hypertension, kidney and liver diseases.

In OECD countries, on average, only 3% of total health expenditure goes towards population-wide prevention and 97% of health expenses are spent on treatment. It is estimated that chronic diseases cost the EU economy € 700 billion annually. Chronic diseases are interrelated and comorbidities are common. They are also among the most preventable diseases and can be effectively controlled.

Don’t Pass the Salt!’

ECDA calls on the European Union to take action on the need for public health efforts to reduce excessive salt intake.

Chronic Disease Alliance position on the need for public health efforts to reduce excessive salt intake.

Salt is linked to hypertension, stroke, heart failure, kidney disease, lung disease and colon cancer. Population-wide salt reduction is therefore a top public health priority to address these major threats.

Many EU countries recommend a daily intake of no more than 5 grams of salt. However, in all EU countries the current daily salt consumption is between 8
Position papers

• **Don’t Pass the Salt!** – ECDA’s position on the need for EU action to help Europeans reduce excessive salt intake

• **Don’t bottle out** – why the EU needs a comprehensive alcohol strategy

• **The good, the bad and the ugly** – why the EU should eliminate industrially produced trans fat

*The position papers will be available soon on the ECDA website*
Many CDs are inter-related w/ common co-morbidities
Many prevalent CDs share common Risk Factors

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<th>Risk Factor</th>
<th>CVD</th>
<th>Hypertension</th>
<th>Diabetes</th>
<th>Cancers</th>
<th>CKD</th>
<th>Liver Diseases</th>
<th>Respiratory Diseases</th>
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A huge socio-economic toll on the EU citizen

- Chronic Diseases are interrelated, have common risk factors and are largely preventable.

- Yet, in Europe, 9 people out of 10 die of a Chronic Disease.

- Chronic diseases carry significant human costs (human suffering, reduced workforce, social exclusion, health inequalities etc.)

- 70% to 80% of healthcare costs are spent on chronic diseases. This corresponds to €700 billion in the European Union and this number is expected to rise in the coming years.*

- 97% of health expenses are presently spent on treatment, only 3% is invested in prevention.**

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* ‘Never too early: tackling chronic diseases to extend health life years’ The Economist Intelligence Unit Limited 2012
Current situation of CD care in the EU

- Great variations among Member States in terms of quality of care, reimbursement of treatment and investment in prevention
- Health inequalities widely recognized but not sufficiently tackled at political level
- Insufficient co-ordination of actions among Member States
- Weak coordination between stakeholders at country level
- Lack of adequate targets on health determinants
- Insufficient monitoring and evaluation of current programs
Current situation of CD care in the EU

Cardiovascular diseases:
• The main cause of death in the European Union accounting for more than 1.9 million deaths every year – equivalent to 40% of all deaths
• CVD is the main cause of death in women in all countries of Europe and is the main cause of death in men in all but 6 countries
• Annual costs of healthcare and lost productivity in the EU: €196 billion

Main risk factors
• Tobacco use, alcohols use, high blood pressure, high body mass index, high blood cholesterol, high blood glucose, low fruit and vegetable intake and insufficient physical activity
Current situation of CD care in the EU

Cancer:

• Cancer is the 2nd most common cause of death in the European Union
• Estimated number of cancer-related deaths in the EU is 1.3 million
• Estimated cancer costs in the EU are €126 billion, where healthcare accounts for €51,0 billion (40%)
• About 2/3 of cancers are preventable as per WHO

Main risk factors

• Tobacco use, physical inactivity, dietary factors, obesity and being overweight, alcohol use

Current issues include

• Cancer survival varies widely between European countries
• Cancer incidence of cancer is set to increase due to the ageing European population
• Need for enhanced translation of scientific evidence into policy and practice
Current situation of CD care in the EU

**Liver Disease:**
- Recent estimates suggest 100 million EU citizens likely to suffer from Nonalcoholic Fatty Liver Disease
- Up to 8.8 million infected with chronic hepatitis C (HCV) in the EU and 15 million living with hepatitis B in the Euro region
- Very little screening; only two EU countries have adequate hepatitis strategies, new drugs which offer a cure for HCV too expensive for most patients in most EU countries
- Liver disease is not adequately detected in many EU countries and patients often present too late for treatment
- It is a growing contributor to the CVD and diabetes epidemics in the EU

**Main risk factors**
- High body mass index, alcohol, poor diet, little exercise, intravenous drug use, poverty
Current situation of CD care in the EU

**Kidney Diseases:**

- In Europe **1 in 10 have some stage of kidney failure**

- **Screening/secondary prevention is a missed opportunity:**
  - CKD screening is simple and inexpensive while therapy at later stages is expensive
  - Yet broad screening programmes are rare
  - Early diagnosis and treatment would slow progression to ESRD and result in saved lives and saved costs.

- **Best-outcome care is something of a postcode lottery:**
  - For ESRD transplantation gives the best outcomes
  - Yet access varies enormously between Member States.
Current situation of CD care in the EU

Respiratory Diseases:

• Asthma
  • In Europe, **30 million** children and adults less than 45 years old have asthma
  • **13%** of carers of asmathic children, give up their work to care for the child
  • Annual costs of healthcare and lost productivity in the EU: **€33.9 billion**

• COPD
  • The **4th most common cause of death** in 2008, with 3.3 million deaths Worldwide
  • **5-10%** of adults aged over 40 years have COPD
  • Annual costs of healthcare and lost productivity in the EU: **€48.4 billion**

• Main risk factors
  • Exposure to tobacco smoke, poor air quality & lack of physical activity
Current situation of CD care in the EU

Allergic Diseases

The figures
• 150 million EU citizens suffer from chronic allergic disease
• By 2025 more than 50% of all Europeans will suffer from allergy
• 45% of allergy patients are likely to be misdiagnosed in the EU
• 100 million Europeans suffer from allergic Rhinitis; 70 million from asthma; 7 million live with food allergy – 8% of which produce acute anaphylaxis and are potentially fatal
• Asthma and allergic rhinitis alone lead to more than 100 million lost workdays and missed school days by year in EU
• €142 billion per annum could be saved if allergic patients were diagnosed and managed appropriately

Opportunities
• Proven effective holistic measures to prevent and manage allergies exist and need to be implemented across Europe. They include measures to:
  • increase allergen tolerance in the population
  • Improve allergy diagnostics
  • Reduce work-related allergies
  • Enhanced focus on sever allergies to reduce exacerbations and attacks and reduce the healthcare costs caused by allergies
ECDA Call for a coordinated approach

• Urgent political action is needed to reduce the human, social and economic burden of chronic diseases.

• We, as ECDA, representing millions of chronic disease patients and over 200,000 health professionals call for:

  **A EU Framework on Chronic Diseases**

• With a focus on the **EU added-value** in order to successfully tackle chronic diseases

• To be developed by the European Commission by 2017
in collaboration with relevant stakeholders
An EU Framework on Chronic Diseases needs to:

• **Include the targets** set out in the WHO Global Non-Communicable Disease Monitoring Framework

• **Implement key primary prevention measures** aimed at effective population-wide reductions in smoking, alcohol use, salt, saturated and trans fats and sugar intake and to promote physical activity throughout the life-cycle;

• **Incorporate interventions on other health determinants** such as harmful exposure to various environmental factors, and socio-economic gradients.

• **Focus on early diagnosis and prompt treatment** in addition to primary prevention. The EU must engage in actions for early detection and diagnosis and population-based screening.
An EU Framework on Chronic Diseases needs to:

• **Improve and strengthen cooperation among all stakeholders**, including health authorities, insurers, health professionals, researchers, trade unions, employers and patients.

• **Encourage citizens to make healthy choices** and build an environment that promotes health and individual responsibility.

• **Set up EU registries** for incidence, prevalence and health outcomes.

• Address any persisting **health inequalities**

• **Identify gaps in research** such as on shared risk factors and co-morbidities.
ECDA 5 key recommendations to drive change in CDs care:

1. The EU must adopt a comprehensive framework on chronic diseases that leverages EU and MS regulatory competences and resources in all policies.

2. The focus of the European Framework for Chronic Diseases must be to tackle the prevention of diseases, whether these are caused by behavioural, social, environmental, or other factors.

3. The Framework needs to:
   3.1 Address screening and earlier diagnosis
   3.2 Emphasise the crucial importance of multidisciplinary management of chronic diseases such as long-term follow up and investment in research
   3.3 Keep the patients at the centre and healthcare professionals involved in all policy initiatives

The Framework will finally contribute to achieving the best outcomes for the health and wealth of the EU and its citizens!
Joint Action CHRODIS, a Key Instrument for Chronic Diseases

The work of CHRODIS synergises well with the ECDA’s recommendations

1) We call for an EU Framework on Chronic Diseases, including:
   - Stronger cooperation between stakeholders across the EU
   - Focus on prevention and health promotion
   - Enhanced exchange of information

2) Adapting healthcare systems to the reality of CDs: CHRODIS’ approach addresses multi-morbidity from the perspective of multi-disciplinary and integrated care.

3) Effective policies: the CHRODIS platform for exchange of good practices should become an essential tool for policy-makers in designing successful health policy.
Thank you