The perspective of public health stakeholders in disease prevention and early intervention and their role in ensuring sustainable healthcare systems

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Acting chairman of the European Chronic Disease Alliance

ESG Roundtable on ‘Disease prevention and early intervention’ – 5 June 2014

United to reverse the rise in chronic disease
The European Chronic Disease Alliance (ECDA)

- Alliance of 11 European health organisations representing millions of chronic disease patients and over 100,000 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 organization 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
Benefits of Stakeholders involvement in response to Chronic Diseases

• For the EU policymakers:
  • Allows for interactive decision-making
  • Ensures openness and inclusiveness through a consensus-oriented approach
  • Demonstrates accountability towards final users and EU stakeholders community at large
  • Increases legitimacy of policy measures taken

• For the EU stakeholders:
  • Increases likelihood that consensus positions are taken up by decision-makers
  • Allows for health policies to better meet the needs of EU citizens
What ECDA does

- Drafting **white papers** and **statements**, providing input to **consultations**, sending **letters**, taking part in an **EU Funded project**, press **articles** – **advocacy tools** are numerous.
What ECDA does (cont’d)

- **Meeting with key EU officials** - and in particular, directors & heads of unit at DG SANCO, Health Cabinet
- **Keynote speaker** - opening plenary of EU Summit on CDs (April 4, 2014)

- ECDA received **EU Health Award at Gastein 2010**
Many CDs are inter-related w/ common co-morbidities

- Diabetes
- Cardiovascular Diseases (CVD)
- Kidney Diseases (CKD)
- Respiratory Diseases (Asthma, COPD etc.)
- Hypertension
- Allergic Diseases
- Cancers
- Liver Diseases
Age-standardized rates of death from any cause (A) or cardiovascular events (B) in CKD population

Clinical Impact of Diabetes Mellitus

The leading cause of new cases of ESRD

A 2- to 4-fold increase in cardiovascular risk

The leading cause of new cases of blindness in working-age adults

The leading cause of nontraumatic lower extremity amputations

The opening of Mac Donald’s in Tokyo is a terrible revenge for Pearl Harbour

Y. Hayakawa
Many prevalent CDs share common Risk Factors

<table>
<thead>
<tr>
<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>
<th>Allergic 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
ECDA Call for Action

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

• We, as ECDA, representing millions of patients and over 100,000 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 EC by 2017 in collaboration with relevant stakeholders
An EU Framework on Chronic Diseases needs to:

• **Incorporate targets** as set out in the Global NCD Monitoring Framework

• **Intervene on health determinants** such as tobacco, nutrition, alcohol, environment, health inequalities and physical inactivity

• **Invest in prevention** such as early detection and diagnosis; population-based screening; and population-wide measures to reduce smoking, alcohol, salt, fat and sugar consumption, and increase physical activity

• **Encourage citizens to make healthy choices** and build an environment that promotes health and individual responsibility
An EU Framework on Chronic Diseases needs to:

• **Strengthen cooperation** between health ministries, insurers, health professionals, trade unions, employers and patients to improve health services

• **Ensure availability of comparable data** by setting up EU registries for incidence, prevalence and health outcomes

• **Enhance cooperation on research** to overcome existing fragmentation and duplication of research in Europe

• **Strengthen monitoring and evaluation** by establishing EU-wide surveillance and screening programmes, and financing research into effectiveness of prevention and treatment for chronic diseases
To recap – a Key Political Momentum for CDs

ECDA five key Recommendations

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 EU must support MS in adapting health care systems to respond to the growing burden of chronic diseases, ageing population and increasing prevalence of co-morbidities.

3. The EU should introduce population-wide measures to reduce the key risk factors.

4. Successful and proven harm reduction policies should also remain in place in the MS and be properly resourced.

5. Monitoring and evaluating actions for chronic diseases should encompass establishing EU-wide surveillance and screening programmes (EU registries).
Thank you