

Brussels, 24 March 2014

## ECDA key messages for the EU Summit on Chronic Diseases

### 1) What can the EU do about the expanding burden of chronic diseases that affect the quality of life of its citizens, the competitiveness of its economies and the cohesion of its societies?

In view of the crushing burden of chronic diseases – 86% of all deaths in the European region are due to chronic diseases - which all EU Member States experience, the EU must adopt a **comprehensive framework on chronic diseases** that leverages the EU and Member States' regulatory competences and resources in all policies to achieve the best outcomes for the health and wealth of the EU and its citizens. **The Framework should be adopted by the end of 2017.**

### 2) How can the pressure of the expanding burden of chronic diseases on health systems be reduced and how can available resources be invested in the most efficient way?

The EU chronic disease framework must incorporate the **targets**<sup>1</sup> set out in the Global NCD Monitoring Framework, including the overarching target of a 25% reduction in premature mortality from chronic diseases by 2025 and include **key measures** to reduce chronic diseases in existing EU policies and legislation (e.g. tobacco products directive, food information to consumers) as well as policy recommendations at global level (e.g. the WHO Framework Convention on Tobacco Control; the WHO Global Strategy on Diet, Physical Activity and Health; and the WHO global strategy to confront the harmful use of alcohol).

The EU and its Member States must **invest in prevention**. At the moment, 97% of healthcare costs are spent on treatment and 3% on prevention. The evidence suggests that even a relatively minor increase in prevention funding will result in considerable health gains and potentially reduced future health care costs.. The EU should support Member States in designing and implementing screening and early diagnosis programmes that are targeted at hard to reach, vulnerable and marginalised communities.

<sup>1</sup> A global target of a 25% reduction in premature mortality from chronic diseases by 2025 – accompanied by specific targets:

- A 30% reduction in prevalence of current tobacco use in persons aged 15+ years
- A 10% reduction of insufficient physical activity
- At least a 10% relative reduction in the harmful use of alcohol
- A 30% relative reduction in mean population intake of salt (sodium)
- Adoption of the recent WHO recommendation that daily consumption of sugar should account for no more than 10% of the recommended daily allowance of calories to be consumed
- A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure according to national circumstances
- A halt in the rise in diabetes and obesity
- 80% availability of affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities
- At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes

The first step to implement the consensus with Member States is the launch under the 2013 Health Programme of a Joint Action (JA) among MS addressing chronic diseases and promoting healthy ageing across the life cycle. This JA addresses the challenge of the increased burden that chronic conditions and diseases place on the health systems and individuals in Europe, with a specific focus on multi-morbidity.

In addition, the EU must strengthen **monitoring and evaluation**. This necessitates, *inter alia*:

- establishing EU-wide surveillance and screening programmes,
- establishing EU registries on chronic diseases (aggregation of data and synchronisation of working approaches across the EU),
- financing research into effectiveness and cost-effectiveness of prevention and treatment of chronic diseases, including co-morbidities, e-health solutions, and innovative measures

### **3) Which prevention measures are the most cost-effective in the short and in the long term, and how could they be implemented? How should the EU and its Member States promote their implementation?**

Population-wide measures to reduce smoking, alcohol, salt, fat and sugar consumption and to increase physical activity are the most effective preventive actions.

- Using relevant Treaty provisions, the EU must:
  - o Ensure that taxation on tobacco and alcohol is harmonised at a high level in the EU, taking advantage of the upcoming review on tobacco excise duties,
  - o Proceed with EU-wide measures to eliminate all marketing of food high in fat, salt and sugar to children through broadcast and non-broadcast media and all alcohol advertising and promotion, as well as sponsorship of all sporting and cultural events with a cross-border impact,
  - o Remove industrially produced trans fatty acids from the food supply in the EU and reduce salt and saturated fats in the food supply in the EU,
  - o Promote and support programmes that encourage and facilitate increased physical activities.

### **4) How do the health and care systems need to change to respond to the ageing challenge and growing phenomena of frailty and multi-morbidity?**

The EU must support Member States in **adapting health care systems to respond to the growing burden of chronic diseases, demographic changes and the ageing population and the increasing prevalence of co-morbidities.**

Health ministries, administrators, insurers, trades unions, employers, health professionals and patients all need to work better together to improve the provision of services. There also needs to be much more joined-up thinking on how to provide prevention and treatment services and the patient needs to be placed at the centre of this. Medical professionals need to adopt a more multi-disciplinary approach to treatment. There should also be better implementation and monitoring of the implementation of existing professional best practice and treatment guidelines.

### **5) How to best reach, include and empower the most vulnerable and marginalised people successfully in prevention and care strategies?**

It is important to realise that when treating non-mainstream populations the experts in how to reach and effectively treat them may well be those populations themselves. They will have the best

experience of the barriers to receiving effective treatment and ideas as to how these obstacles can be removed or at least reduced. There are successful examples of how this might be done from EU-funded projects, such as Correlation II and the BORDERNET work that could be adapted and adopted.

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

**6) How could the European Union support Member States' attempts towards containing the chronic disease burden? Which EU action would provide most added value – in economic, social and political terms?**

According to Article 168 of the TFEU, the EU is fully entitled to encourage and support the cooperation of Member States in matters of public health. Very concretely, the EU should thus create a framework on chronic diseases encompassing at least prevention & health promotion, screening & early diagnosis, research cooperation & coordination, data collection and e-health. This would allow all stakeholders (Governments, health professionals, patients, etc) to streamline their efforts and guarantee a level playing field for tackling all chronic non-communicable diseases to the benefit of all citizens across the EU.

A key part of such a chronic diseases framework should be a commitment to be more proactive in the use of other legal bases and instruments available under the Treaty to improve public health and support Member State action. The EU's limited competence on health in Article 168 TFEU needs to be compensated by the use of the internal market, taxation and other relevant legal bases to enact legislation, as suggested under point 3. This would dramatically reduce levels of chronic disease in the EU and have the greatest impact in improving public health and the EU economy.

In addition, Member States that introduce targeted and evidence-based policies such as minimum unit pricing for alcohol products should be supported by the Commission and other Member States as long as they comply with the fundamental principles of the Treaties.