



EUROPE, LET'S DO MORE FOR HEALTH!

JOINT STATEMENT

OUR VISION FOR HEALTH IN THE EUROPEAN UNION

We believe that a Europe where all people are as healthy as they can be throughout their lives is possible. A Europe which promotes well-being for all people of all ages, and where people can live, work and age in sustainable and healthy environments. A Europe which supports timely access to affordable, high quality healthcare for all.

OUR COMMON ASKS FROM THE EUROPEAN COMMISSION

The Lisbon Strategy includes a target of adding two healthy life years across the EU by 2020 - a target that still needs to be met. We need strong political leadership from the European Commission to achieve this goal. This entails having a Commissioner and a Directorate General dedicated to health, to ensure that health protection and promotion is guaranteed across all European Commission portfolios. Strong leadership on health will resonate with European citizens¹ and bring them closer to the European institutions, restoring trust between 'Brussels' and the people.

KEY ASK 1 - ESTABLISH STRONG LEADERSHIP ON HEALTH

We call for targeted and effective EU action to ensure people can enjoy healthy lives in healthy environments. We call for an EU leadership that respects EU treaty provision on health, as well as its international commitments. The EU should enable Member States to address the unprecedented health challenges they are facing.

WHY? The EU has a health competence. Protection of a high level of human health and well-being is entrenched in the Treaties of the European Union.² There is a European added value of EU policy action on health and collaboration by addressing common public health threats which no single Member State can tackle alone.

KEY ASK 2 – ADOPT EU-LEVEL LEGISLATION TO PREVENT DISEASES

Prevention is better than cure: the EU should add value and a European dimension to the Member States' efforts on disease prevention. Drawing on available evidence, and in collaboration with the OECD and the WHO, the EU should step up its efforts to propose legislation and policies that address effectively the main risk factors for non-communicable diseases (tobacco use, unhealthy diets, physical inactivity, alcohol consumption, environmental factors),³ to protect European citizens and to reduce the burden on European healthcare systems.

WHY? Health is an area that brings a major return on investment. Every euro invested in public health gives an average return of 14 euros to the economy.⁴ Every additional average year of life expectancy is worth a boost to GDP of up to 4%.⁵

KEY ASK 3 – DEVELOP A FRAMEWORK FOR TACKLING NON-COMMUNICABLE DISEASES

Following requests from Member States and the European Parliament, the EU should support the fight against non-communicable diseases, the obesity epidemic, mental health conditions; and address the challenges related to an ageing population.⁶

WHY? The high and increasing prevalence of these conditions along with demographic changes put the sustainability of our healthcare systems at risk- 70 to 80% of healthcare budgets are spent on non-communicable diseases. This corresponds to €700 billion per annum in the European Union, with the figures expected to rise in future years.⁷

KEY ASK 4 – SUPPORT NATIONAL HEALTH SYSTEMS

The EU should play a key role in the monitoring and benchmarking of health systems in Member States. It should drive ambitious yet achievable goals, set milestones and reduce health inequalities in Europe.

Europe needs a robust next-generation health programme which also addresses cross-border issues by introducing innovative solutions for healthcare delivery including digital health, maintaining and further developing the European Reference Networks, as well as providing support to Member States in the form of expertise and exchange of data, evidence and good practice.

WHY? 550,000 people of working age die from non-communicable diseases in the EU every year, causing a loss to the EU economy of €115 billion per year, corresponding to 0.8% of GDP.⁸ Health is a positive economic driver in itself, raising productivity, labour market participation, wellbeing, happiness and social cohesion.

KEY ASK 5 – HELP MEMBER STATES TACKLE COMMON CHALLENGES

There are common, European-wide health challenges where the EU can bring added value to complement Member States' actions. For example, the EU has recently issued its One Health Action Plan on tackling Antimicrobial Resistance (AMR). However, this plan lacks concrete and measurable targets, so we call on the EU to set targets that are measurable and achievable. We emphasise the urgency of doing so in order to meet the targets on AMR set by the United Nations.

Vaccination is another example. We also call for strengthened cooperation at EU level on vaccination policies, programmes and communication campaigns for equitable access to vaccines and enhanced public trust in evidence-based immunisation programmes.⁹

There is a European dimension of accessibility where the EU can explore further means to support Member States in the principle of subsidiarity, as affordable access to safe and effective prevention measures and treatment is essential for the protection of public health.

WHY? Drug-Resistant bacteria cannot be stopped by borders. The alternative, if we fail to act, is unimaginable: 10 million deaths globally every year by 2050.¹⁰ No single country can tackle that challenge alone, and even wealthier countries will not be immune.

Indeed, discussions about the need to improve vaccination coverage are intensifying in the EU. Alongside other factors, supply shortages and the decrease of public confidence in vaccination programmes are increasingly identified as barriers to immunisation. There is an urgent need to step up EU leadership of collaborative efforts that will ensure adequate vaccination coverage for the protection of public health.¹¹

KEY ASK 6 – EMPOWER CITIZENS AND PATIENTS

As a means to implement the European Pillar on Social Rights, the EU should drive patients' and citizens' empowerment. For now, the different dimensions of patient empowerment¹² (health literacy, self-management, shared decision-making between patients and health professionals) are addressed through stand-alone projects and initiatives. We need a strategic framework to advance citizen and patient empowerment in a coherent, meaningful way.

WHY? A population fully engaged in preserving and promoting health will contribute to improved health outcomes and increased well-being of people in the EU – a distinct treaty objective (TEU Article 3). Increased productivity of the European workforce is an additional benefit.

KEY ASK 7 – ASSESS THE IMPACT ON HEALTH OF EU POLICIES

All actions and policies must ensure a high level of human health protection. Health Impact

Assessment (HIA) is an instrument allowing regulators to identify potential risks to health in proposals for policies and actions. We call on the EU to develop and deploy an effective HIA methodology which will operationalise Article 168 of the TFEU. In a first phase, the focus could be on research, environment, agriculture, trade, transport, urban planning and cohesion policy.

WHY? Population health is a precondition for economic prosperity. The World Economic Forum and the Harvard School of Public Health predict that non-communicable diseases will result in a cumulative loss in global economic output of \$47 trillion, or 5% of GDP by 2030, principally through heart disease, stroke, alcohol misuse and depression in high and upper-middle income countries.¹³

KEY ASK 8 – BE A GLOBAL LEADER IN HEALTH

The EU should implement ambitious policies to meet its commitments towards the UN Sustainable Development Goals (SDGs), particularly on SDG 3 “Ensure healthy lives and promote well-being for all at all ages.” The achievement of the UN Agenda 2030 for Sustainable Development is predicated on good health; it is a necessary precondition, as well as an outcome.

WHY? The EU has a responsibility to play a leading role in setting and implementing the global health agenda. Moreover, both the EU and Member States have committed to implement the United Nations Sustainable Development Goals,¹⁴ including SDG3 “Ensure healthy lives and promote well-being for all at all ages”.

SIGNATORIES:

Alzheimer Europe

Association of European Cancer Leagues (ECL)

European Alcohol Policy Alliance (Eurocare)

European CanCer Organisation (ECCO)

European Cancer Patient Coalition (ECPC)

European Federation of Allergies & Airways Disease (EFA)

European Heart Network (EHN)

European Network for Smoking Prevention (ENSP)

European Patients' Forum (EPF)

European Public Health Alliance (EPHA)

European Public Health Association (EUPHA)

Health Action International Europe (HAI Europe)

NOTES

1. Public Opinion, European Commission, <http://ec.europa.eu/commfrontoffice/publicopinion/index.cfm/Survey/getSurveyDetail/instruments/STANDARD/surveyKy/2143> Would you like the EU to intervene less than at present or more than at present for the following policy areas? European Parliament, http://www.europarl.europa.eu/external/html/eurobarometer-052017/default_en.htm
2. Article 168(1) TFEU requires that “A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities.” This ‘mainstreaming’ obligation can also be found in Article 114(3) TFEU, and has been further reinforced following the entry into force of the Lisbon Treaty, by Article 9 TFEU and Article 35 of the EU Charter.
3. *As an example, concrete proposals such as the EU setting mandatory maximum levels of trans-fatty acids in the area of food, or mandatory labelling requirements of alcoholic beverages would be feasible within the competences and mandate of the Commission, based on the EU treaties.*
4. Masters R, Anwar E, Collins B, et al., Return on investment of public health interventions: a systematic review, J Epidemiol Community Health, <http://jech.bmj.com/content/early/2017/03/07/jech-2016-208141>
5. Diseases and development: Does life expectancy increase income growth?, CEPR’s Policy Portal, <http://voxeu.org/article/disease-and-development-does-living-longer-raise-economic-growth> Bloom E.D., Canning D., Population Health and Economic Growth, https://siteresources.worldbank.org/EXTPREMNET/Resources/489960-1338997241035/Growth_Commission_Working_Paper_24_Population_Health_Economic_Growth.pdf
6. *The use of term ‘Chronic Disease’ which is the terminology for NCDs in the EU context shall be revised as it does not reflect the complexity of conditions (e.g. mental health, obesity). There is limited scientific evidence for the categorisation of those conditions as ‘diseases’ or ‘disorders’. Likewise there is no clear distinction between some communicable diseases which become chronic, [such as HIV and Hepatitis].*
7. United to reverse the rise in chronic disease, ECDA, http://www.alliancechronicdiseases.org/fileadmin/user_upload/ECDA-poster-web.pdf
8. Europe paying a heavy price for chronic diseases, finds new OECD-EC report, OECD, <http://www.oecd.org/health/europe-paying-a-heavy-price-for-chronic-diseases-finds-new-oecd-ec-report.htm>
9. Recent measles outbreaks are an example of the threat we face. About 19.000 cases were reported in the EU between January 2016 and October 2017, including 44 deaths. The highest number of cases in 2017 were reported in Romania (7.570), Italy (4.617) and Germany (891). https://ec.europa.eu/health/vaccination/overview_en
10. Review on Antimicrobial Resistance, AMR, <https://amr-review.org/home>. <https://ecdc.europa.eu/en/news-events/measles-eueea-current-outbreaks-latest-data-and-trends-october-2017>
11. <http://www.euro.who.int/en/countries/romania/news/news/2017/10/stopping-measles-in-romania>
12. Empowerment is defined as a “process that helps people gain control over their own lives and increases their capacity to act on issues that they themselves define as important”. See European Patients’ Forum, <http://www.eu-patient.eu/whatwedo/Policy/patient-empowerment/>
13. Bloom D.E., David B. et al. (2011), The Global Economic Burden of Non-communicable Diseases, World Economic Forum, Geneva, http://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf
14. Next steps for a sustainable European future, European Commission, https://ec.europa.eu/europeaid/sites/devco/files/communication-next-steps-sustainable-europe-20161122_en.pdf