



Comments on behalf of the European Heart Network in the context of the reflection process and in particular to the paper 'Partnership for Health in Europe'

October 2004

Introduction

The European Heart Network (EHN) is a Brussels-based alliance of heart foundations and like-minded non-governmental organisations throughout Europe. EHN has 30 member organisations in 26 countries.

EHN plays a leading role in the prevention and reduction of cardiovascular disease through advocacy, networking and education so that it is no longer a major cause of premature death and disability throughout Europe.

Cardiovascular disease (CVD) - heart disease, stroke and other atherosclerotic vascular diseases - is the largest cause of death of men and women in the European Union and the heaviest disease burden expressed in DALYs (disability adjusted life years) in Europe. CVD causes almost half of all deaths in Europe (48%) and 8 million DALYs are lost in the EU-15 alone due to CVD every year. CVD has been estimated to cost around 180 billion euros every year in the EU-15, 74 billion on treating and 106 billion incurred in indirect cost due to lost productivity.

The need for action to promote cardiovascular health and prevent cardiovascular disease was recognised by the European Union's 25 Ministers of Health, gathering in the Council of Ministers, who at their meeting on 2 June 2004 in Luxembourg adopted Conclusions on promoting heart health.

General Comments

On 15 July Commissioner David Byrne launched a reflection process to help define the future EU health strategy.

EHN wholeheartedly supports David Byrne's and his team's philosophy that good health must become a driving force behind all policy-making, that the time has come for a change of emphasis from treating ill health to promoting good health and that to achieve this it is essential to demonstrate that good health is a prerequisite for a strong

economy. As such, EHN welcomes the development of a structural indicator to monitor the evolution of ‘healthy life years’ and check it against economic development and the integration of health into the Lisbon agenda.

Specific Comments to Part II: The way ahead: Good health for all

EHN’s comments will focus mainly on section 1 of Part II.

1. PUTTING HEALTH AT THE CENTRE OF EU POLICY

1.1 Positioning health as a driver for economic development

Objective: To promote health as a driver of economic growth, sustainable development and quality of life, and to contribute to promoting the optimal use of resources in health.

EHN supports the clear objective and the actions proposed.

1.2 Bridging the health gap

Objective: To make measurable progress in bridging the health gap between the Member States in the enlarged EU.

EHN agrees that bridging the health gap between the EU-15 countries and the EU-10 countries is urgent and supports this objective. This is particularly relevant in terms of CVD, where the incidence is considerably higher in the EU-10 countries than in the EU-15.

If the objective ‘to make measurable progress in bridging the gap’ is to be reached within the lifetime of the current programme of Community action in the field of public health (2003-2008), the Commission should set some realistic short-term goals. One specific action should be to allocate the highest possible Commission support (80%) to organisations from the EU-10 countries which participate in projects funded under the public health programme.

1.3 Protecting the population against *certain* health threats

Objective: To protect the health of EU citizens by developing capacity to prevent and react to health threats that cannot be adequately tackled by individual Member States.

EHN agrees that the EU has a vital role to play in coordinating efforts in relation to communicable diseases, deliberate releases of biological, chemical or radiological agents and food safety.

The EU has set up a European Food Safety Authority and a European Centre for Disease Prevention and Control and EHN would argue that these bodies are best placed to develop the capacity to tackle the health threats that are constituted by communicable diseases and food safety issues.

EHN would recommend that the expression ‘health threats’ not be limited to communicable diseases, deliberate releases and food safety. These are only a part of the socio-economic and environmental determinants that ‘threaten’ public health. In order to ensure a proper interpretation of health threats, for instance in the new Treaty text on health (Art. 179), it is essential that health threats are understood to include *all* threats and in particular those that influence lifestyle choices and which in many cases can only be addressed by EU action/legislation.

This is so much the more important as 75% of the disease burden in Europe stems from non-communicable diseases mainly caused by unhealthy lifestyles. In that context, EHN would like to see a breakdown of resources allocated to tackling 75% of the disease burden in Europe compared to tackling the specific health threats represented by communicable diseases, deliberate releases of biological, chemical or radiological agents and food safety.

1.4 Enabling good health and promoting health through all policies

Objectives: To increase healthy life and reduce the burden of disease by addressing behavioural, social and environmental factors which determine health and by mobilizing instruments in different policy areas

EHN supports the objective with one addition:

To increase healthy life and reduce the burden of disease by addressing behavioural, social, *economic* and environmental factors which determine health and by mobilizing instruments in different policy areas.

EHN Emphasises that the most effective measures to promote health are policy interventions which can shift whole populations’ risk profiles and believes that the most important contribution the European Commission can make to public health in the EU is through promoting health in all Community policies by carrying out state-of-the-art health impact assessments.

EHN agrees that evidence on the effectiveness of interventions, guidelines on prevention and treatment can support Member States actions. EU-wide initiatives can help to put the focus on particular determinants or diseases. The piloting of innovative strategies in different Member States can shed light on the transferability of social innovations.

EHN is most surprised that the Commission, in its response to tackling major diseases, proposes to start with HIV/AIDS. Notwithstanding the seriousness and the consequences of HIV/AIDS, EHN argues that a health strategy must prioritise actions according to the burden of disease. As the vast majority of the disease burden comes

from non-communicable diseases, this is where the Commission should start. According to the WHO European health report 2002, cardiovascular diseases are the heaviest burden both in terms of mortality and morbidity – every percentage drop in mortality from CVD translates into tens of thousands of lives saved.

EHN is stunned that nutrition does not figure amongst the key health determinants to address in particular. In its white paper on food safety published in January 2000, the Commission committed to adopt a communication on an action plan on nutrition policy by December 2000. This communication would develop a comprehensive and coherent nutrition policy, including population-based dietary goals. As of September 2004, the Commission has not adopted such a communication, it has not developed a comprehensive and coherent nutrition policy and it has not presented an EU nutrition action plan. This deplorable situation exists in spite of the fact that blood pressure, cholesterol, fruit and vegetable intake and high body mass index (BMI) – all diet-related conditions – figure amongst the 10 leading risk factors in the world – and in Europe. It is also in spite of several calls from the Health Council – most recently through Council Conclusions on promoting heart health – and despite the dramatic increase in overweight and obesity among children and young people.

Consequently, EHN finds the actions proposed under section 1.4 inadequate and recommends that the Commission focuses on:

- Tackling non-communicable diseases NCDs (see also the WHO European Regions plan to develop a strategy agreed on the meeting of the Regional Committee in September 2004), starting with CVD which is eminently preventable and where measures to tackle it will have a positive impact on other NCDs
- Drawing up strategic plans on tobacco, nutrition and alcohol which will guide coherent and consistent policy developments in these areas and thus tackle the causes of the majority of the NCDs
- Developing state-of-the-art health impact assessments to ensure that Commission proposals do not have a negative effect impact on health
- Mainstreaming health in all policies to ensure that Commission proposals contribute to public health
- Establishing mechanisms to ensure that individual experts that are appointed to the EU Scientific Committees are truly independent of commercial interests
- Supporting European associations and networks with a view to establish and disseminate best practice, carry out EU-wide initiatives and piloting innovative approaches strategies in different Member States

2. POOLING EUROPE’S CAPACITY: PARTNERSHIP FOR HEALTH

EHN agrees with the objectives and most of the actions set out in subsections 2.1, 2.2, 2.3 and 2.4.

Of actions proposed under 2.1, EHN particularly welcomes surveying the EU citizens as outcome of such surveys can be of major importance in shaping political developments. Under 2.4 EHN recommends to include WTO amongst the international bodies with whom to dialogue and cooperate to support the objective to respond to the globalisation of health.

List of recommendations:

- Allocate the highest possible Commission support (80%) to organisations from the EU-10 countries which participate in projects funded under the public health programme
- Consider the balance between budget allocations to tackle communicable diseases, deliberate releases of biological, chemical or radiological agents and food safety and budget allocations to tackle non-communicable diseases (75% of the disease burden in Europe)
- Do not limit the expression ‘health threats’ to communicable diseases, deliberate releases and food safety but ensure that health threats are understood to include *all* threats and in particular those that influence lifestyle choices
- Tackle non-communicable diseases NCDs (see also the WHO European Regions plan to develop a strategy agreed on the meeting of the Regional Committee in September 2004) as a priority, starting with CVD which is eminently preventable and where measures to tackle it will have a positive impact on other NCDs
- Drawing up strategic plans on tobacco, nutrition and alcohol which will guide coherent and consistent policy developments in these areas and thus tackle the causes of the majority of the NCDs
- Developing state-of-the-art health impact assessments to ensure that Commission proposals do not have a negative effect impact on health
- Mainstreaming health in all policies to ensure that Commission proposals contribute to public health
- Establishing mechanisms to ensure that individual experts that are appointed to the EU Scientific Committees are truly independent of commercial interests
- Supporting European associations and networks with a view to establish and disseminate best practice, carry out EU-wide initiatives and piloting innovative approaches strategies in different Member States
- Include WTO amongst the international bodies with whom to dialogue and cooperate