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05/09/2023

Amendments proposed by the European Heart Network (EHN) to the DRAFT REPORT on non-communicable diseases (NCDs) ([2023/2075\(INI\)](#)) from the Subcommittee on Public Health (SANT)

Rapporteur: Erik Poulsen

Text proposed by the SANT Subcommittee	Amendment proposed by EHN
A. Whereas non-communicable diseases (NCDs) are diseases, which are not passed from person to person; whereas non-communicable diseases (NCDs) cause 90% of all deaths in the EU.	B. Whereas non-communicable diseases (NCDs) are diseases, which are not passed from person to person; whereas non-communicable diseases (NCDs) cause 90% of all deaths in the EU and their prevalence continues to grow across the EU.
<p>Justification:</p> <p>It is important to highlight that the number of people living with NCDs continues to grow. This has an important impact on their health and quality of life. NCDs cause 90% of all deaths, but it is important to highlight that there is a growing number of people living (relatively long years) with one or more chronic diseases, due to an increase in life expectancy, but also because of increased exposure to the well-known major risk factors and ‘newer’ determinants and increased complications. Cardiovascular events – mainly myocardial infarction (heart attack) and stroke – remain, by far, the leading cause of death in the EU. In addition, in the EU, more than 60 million people now live with, and in the aftermath of, cardiovascular diseases and close to 13 million new cases of CVD occur every year</p>	
C. whereas NCDs account for the largest share of countries’ healthcare expenditures, costing EU economies EUR 115 billion, or 0.8 % of GDP annually as well as entail other societal costs such as loss of productivity and workforce; whereas in 2018, no more than 2.8 % of total health expenditure in the EU was spent on prevention, whereas the cost of treating NCDs remains high;	C. whereas NCDs account for the largest share of countries’ healthcare expenditures and are predicted to lead to the severe loss of potential productive years among workers affected by these conditions, resulting in a cost of at least costing EU economies EUR 115 billion to the EU economy , or 0.8 % of GDP annually as well as entail other societal costs such as loss of productivity and workforce ¹ ; whereas in 2018, no more than 2.8 % of total health expenditure in the EU was spent on prevention, whereas the cost of treating NCDs remains high;
<p>Justification:</p> <p>There is an urgent need to revise economic data on the economic influence of NCDs on European economies. The existing data used in the report (EUR 115 billion) originates from the 2016 Health at</p>	

¹ [Health at a Glance: Europe | OECD iLibrary \(oecd-ilibrary.org\)](#)



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a Glance publication (now referred in the main text²). This number is based on an estimate of potential productive years of around 3.4 million workers afflicted by NCDs. It assumes that these individuals would have matched the employment rate of the general population, thereby resulting in an approximate annual economic setback of EUR 115 billion for EU economies. However, this figure has not been updated recently and it is not indicative of the expenses incurred by healthcare systems due to NCDs. The true cost is much higher than the € 115 billion, as the single cost for CVD alone was estimated to be € 210 billion in 2017 (€111 billion healthcare costs, € 54 billion cost of productivity loss and € 45 billion cost of informal care for people living with CVD)

D. whereas the increasing burden of NCDs and the health needs of ageing populations represent challenges to the healthcare systems of the Member States;

D. whereas the increasing burden of NCDs **on individuals and societies** and the health needs of ageing populations represent challenges to the healthcare systems of the Member States;

Justification:

NCDs tend to impact underprivileged communities and those from lower socio-economic backgrounds more severely². It's crucial for the EU to acknowledge the influence of NCDs not just on economic aspects, but also on individual lives and societal groups. The economic effects of NCDs are evident in the loss of potential years of productive life. Thus, the repercussions of NCDs extend beyond just individual health, affecting the broader economy and the fabric of society.

E. whereas most NCDs are impacted by four preventable risk factors: tobacco use, unhealthy diet, lack of physical activity and harmful use of alcohol; whereas behavioural risk factors lead to biological risk factors, the most common being overweight and obesity, high blood pressure, high blood glucose and high blood cholesterol;

E. whereas most NCDs are impacted by four preventable risk factors: tobacco use, unhealthy diets, lack of physical activity and ~~harmful use of alcohol~~ **consumption**; whereas behavioural risk factors lead to biological risk factors, the most common being overweight and obesity, high blood pressure, high blood glucose and high blood cholesterol;

Justification:

There is no safe level of alcohol consumption: there is now a greater body of evidence that clearly indicates that any amount of alcohol increases the risk of heart disease. There is strong evidence that alcohol intake increases the risk of high blood pressure (hypertension), a major risk factor for heart disease and stroke. Alcohol also increases the risk of atrial fibrillation and haemorrhagic stroke and may also increase the risk of heart failure and ischaemic heart disease. Even moderate use of alcohol already increases the risk of various cardiovascular problems. Drinking alcohol does not protect against coronary heart disease; it does not prevent heart disease.

F. whereas most NCDs are impacted by environmental risk factors, such as air pollution;

F. whereas most NCDs are impacted by environmental risk factors, such as **indoor and**

² [Noncommunicable diseases \(who.int\)](https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases)



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	<p>outdoor air pollution, and multiple global environmental changes, including climate change and biodiversity loss³;</p>
<p>Justification:</p> <p>In the 2021 EP resolution on the implementation of the Ambient Air Quality Directives, the EP calls for the Commission to consider regulating indoor air quality independently or as a part of sustainable buildings legislation, covering indoor air quality in confined spaces at least in public and commercial real estate. This amendment brings the report in line with the above mentioned EP Resolution.</p>	
<p>New Point</p>	<p>whereas the development of NCDs and resulting health outcomes are to a large extent the result of commercial^{4,5} and social^{6,7} determinants of health.</p>
<p>Justification:</p> <p>Commercial determinants (e.g all forms of marketing and advertising) have a strong impact on consumption patterns. They affect vulnerable groups (e.g. people with lower purchasing power) more severely and lead to health inequalities. These disparities are evident both among different social groups and between and within EU Member States. Inequalities in mortality from CVD account for almost half of the excess mortality in lower socio-economic groups in most European countries. Geographical inequalities are significant and persistent in CVD. CVD is responsible for 27 million disability adjusted life years (DALYs) in the EU (18%). The rates of DALYs lost due to CVD are higher in Central and Eastern Europe than in Northern, Southern and Western Europe. In line with the prevalence data, death rates from both heart disease and stroke are higher in Central and Eastern Europe than in Northern, Southern and Western Europe</p>	
<p>New point</p>	<p>whereas the COVID-19 pandemic has lead to excess deaths from CVD, even after the first peaks of the pandemic; whereas people living with CVD were among the most severely affected population groups during the COVID-19 pandemic⁸;</p>
<p>Justification:</p> <p>Excess deaths from heart and circulatory diseases in people under 65 remained disturbingly high even after the first peak - with rates almost 13% higher than usual. We believe that delays in people</p>	

³ [Global Environmental Change and Noncommunicable Disease Risks \(annualreviews.org\)](https://www.annualreviews.org/)

⁴ [Defining and conceptualising the commercial determinants of health - The Lancet](#)

⁵ [Conceptualising commercial entities in public health: beyond unhealthy commodities and transnational corporations - The Lancet](#)

⁶ [Social determinants and non-communicable diseases: time for integrated action \(bmj.com\)](https://www.bmj.com/)

⁷ [Social determinants of health \(who.int\)](https://www.who.int/)

⁸ [Invisible numbers: the true extent of noncommunicable diseases and what to do about them \(who.int\)](#)



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seeking care, coupled with a reduced access to routine tests and treatments during the pandemic, have likely contributed to the rise in excess deaths.

2. Welcomes the ‘Healthier together – EU non-communicable diseases (NCD)’ initiative, Europe’s Beating Cancer Plan, the EU4Health work programme and the Commission communication entitled ‘A comprehensive approach to mental health’; calls on the Commission to strengthen the ‘Healthier together – EU NCD’ initiative by introducing a holistic EU strategy on NCDs complemented by action plans for specific NCDs; welcomes the national plans and actions already taken against NCDs by Member States;

2.a Welcomes the ‘Healthier together – EU non-communicable diseases (NCD)’ initiative, Europe’s Beating Cancer Plan, the EU4Health work programme and the Commission communication entitled ‘A comprehensive approach to mental health’; calls on the Commission to strengthen the ‘Healthier together – EU NCD’ initiative by introducing a holistic EU strategy on NCDs complemented by action plans for specific NCDs, welcomes the national plans and actions already taken against NCDs by Member States;

2.b Calls upon the Commission and member states to adopt a Cardiovascular Health Plan, which is crucial to address the biggest health challenge and the leading cause of death in Europe and to reduce premature and preventable deaths from CVD related causes by one third by 2030, in line the Sustainable Development Goal Target 3.4

Justification:

Cardiovascular diseases remain the main cause of death in the EU and the fight against this disease should benefit from a specific EU Plan on cardiovascular disease prevention and cardiovascular health promotion.

Whereas prevention measures mentioned in the Beating Cancer Plan can help in the prevention other chronic diseases, the measures do not take into account that not all CVDs are preventable (e.g. congenital or inherited heart diseases, which may manifest themselves later in life) and that there is a need for specific CVD patient treatment and specific CVD research. Cardiovascular disease is the biggest comorbidity and consequence of cancer treatment. Cancer treatment can cause cardiovascular disease, which reduces treatment options and accounts for up to 57% of comorbidities in cancer cases. Children with cancer have an eight times greater chance of developing cardiovascular disease as adults

3. Acknowledges that tobacco use, physical inactivity, the harmful use of alcohol, unhealthy diets and environmental factors such as air, food, water and soil pollution and chemical exposure increase the risk of NCDs;

3. Acknowledges that tobacco use, **unhealthy diets**, physical inactivity, **alcohol consumption**, ~~the harmful use of alcohol, unhealthy diets,~~ and environmental risk factors



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	such as air, food, water and soil pollution and chemical exposure increase the risk of NCDs;
<p>Justification:</p> <p>There is no safe level of alcohol consumption: there is now a greater body of evidence that clearly indicates that any amount of alcohol increases the risk of heart disease. There is strong evidence that alcohol intake increases the risk of high blood pressure (hypertension) , a major risk factor for heart disease and stroke. Alcohol also increases the risk of atrial fibrillation and haemorrhagic stroke and may also increase the risk of heart failure and ischaemic heart disease. Even moderate use of alcohol already increases the risk of various cardiovascular problems. Drinking alcohol does not protect against coronary heart disease; it does not prevent heart disease.</p>	
<p>5. Supports the Commission’s proposals to review the Tobacco Products Directive and the Tobacco Taxation Directive and the proposal to update the Council recommendation of 30 November 2009 on smoke-free environments; calls for the full implementation of the World Health Organization Framework Convention on Tobacco Control; calls on the Commission and the Member States to:</p> <p>(a) implement measures to help tobacco users quit;</p> <p>(b) follow up on the scientific evaluations of the health risks related to electronic cigarettes, heated tobacco products and novel tobacco products, including the assessment of the risks of using these products compared to consuming other tobacco products;</p>	<p>5. Supports the objective to achieve a tobacco free generation and prevent tobacco use by reducing tobacco consumption to 5% by 2040; Urges the Commission’s proposals to review the Tobacco Products Directive and the Tobacco Taxation Directive and the proposal to update the Council recommendation of 30 November 2009 on smoke-free environments and prevent any delays in revision of these legislations; calls for the full implementation of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC); calls on the Commission and the Member States to:</p> <p>(a) implement measures to help tobacco users quit, in line with WHO FCTC guidelines for Article 14;</p> <p>(b) follow up on the scientific evaluations of the health risks related to electronic cigarettes, heated tobacco products and novel tobacco products, including the assessment of the risks of using these products compared to consuming other tobacco products; decisions of the Conference of the Parties to the WHO FCTC to which the EU and Member States are Parties, particularly Decisions of the FCTC COP9⁹ and upcoming COP10 regarding regulation of the</p>

⁹ [FCTC/COP9 Draft report \(untobaccocontrol.org\)](https://untobaccocontrol.org/)



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	<p>novel and emerging tobacco products, depiction of tobacco in entertainment media, protection of public health policies from commercial or other vested interest of the tobacco industry;</p> <p>(c) implement measures to ban advertising and promotion of novel tobacco products, including the promotion on social media;</p> <p>(d) Implement the European Ombudsman recommendations ‘a whole-of-Commission approach to complying with the obligations stemming from the FCTC constitutes maladministration’; to keep and make available minutes on all of the Commission’s meetings with tobacco interest representatives constitutes maladministration; ensuring implementation of the guidelines for Article 5.3 of the FCTC that state “Parties should interact with the tobacco industry only when and to the extent strictly necessary to enable them to effectively regulate the tobacco industry and tobacco products”¹⁰;</p>
<p>6. Acknowledges that the harmful use of alcohol is a risk factor for multiple NCDs and underlines that the lower the amount of alcohol consumed, the lower the risk is of developing NCDs;</p>	<p>6. Acknowledges that the harmful use consumption of alcohol is a risk factor for multiple NCDs and underlines that there is no safe level of alcohol consumption that lower the amount of alcohol consumed, the lower the risk is of developing NCDs; calls for the urgent implementation of evidence-based measures, such as raising minimum excise duties on alcoholic beverages to the highest possible level; introducing mandatory, front-of-pack energy labelling on alcohol; introducing mandatory ingredients list on alcoholic beverages;</p>
<p>Justification:</p> <p>There is no safe level of alcohol consumption: there is now a greater body of evidence that clearly indicates that any amount of alcohol increases the risk of heart disease. There is strong evidence</p>	

¹⁰ [Preliminary findings in the OI/6/2021/KR on the European Commission’s interactions with tobacco interest representatives | Correspondence | European Ombudsman \(europa.eu\)](#)



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that alcohol intake increases the risk of high blood pressure (hypertension) , a major risk factor for heart disease and stroke. Alcohol also increases the risk of atrial fibrillation and haemorrhagic stroke and may also increase the risk of heart failure and ischaemic heart disease. Even moderate use of alcohol already increases the risk of various cardiovascular problems. Drinking alcohol does not protect against coronary heart disease; it does not prevent heart disease.

8. Notes that an unhealthy diet is one of the major risk factors for NCDs, including cardiovascular diseases, cancer, diabetes and other conditions linked to obesity; acknowledges that obesity is considered a risk factor for several NCDs; calls on the Commission and the Member States to:

(a) encourage and help consumers to make informed, healthy choices about food products; promote behavioural changes via communication and mass media campaigns for healthy diets; encourage public food procurement and service policies for healthy and sustainable diets;

(b) propose a new action plan for child obesity;

8. Notes that an unhealthy diet is one of the major risk factors for NCDs, including cardiovascular diseases, cancer, diabetes, and other conditions linked to obesity; acknowledges that obesity is considered a risk factor for several NCDs; calls on the Commission and the Member States to:

(a) encourage and help consumers to make informed, healthy choices about food products **by setting nutrient profiles to restrict promotion of food high in salt, sugars and/or fat; by adopting a proposal for a harmonised mandatory front-of-pack nutrition labelling to enable consumers to make health conscious food choices;** ~~promote behavioural changes via communication, and mass media campaigns for healthy diets;~~ encourage public food procurement and service policies for healthy and sustainable diets; **implement considerable restrictions on marketing and advertising of ultra-processed foods, particularly those aimed at children;**

(b) propose a new **comprehensive and integrative** action plan for child obesity, **with clear binding targets, benchmarks, indicators and mechanisms to monitor and ensure advancements;**

(c) **propose the implementation of taxation on unhealthy foods and drinks, while subsidizing access to minimally processed nutritious foods so that they become affordable and accessible to all, in particular to socioeconomically disadvantaged populations;**

(d) **establish and nurture food environments that which by default promote**



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	<p>the selection of healthy and sustainable food options, ensuring they become the default choices; counter industry-driven narratives and foster a broader understanding of the commercial and social determinants of dietary behaviour.</p>
<p>Justification:</p> <p>Unhealthy diets are associated with over 800 000 deaths from CVD each year, accounting for over 40% of all CVD deaths – 417 000 in men and almost 400 000 in women. Dietary risks are responsible for almost 45% of all the years lost to CVD death or disability in the EU. Achieving a CVD health-promoting diet requires moving away from an animal-based diet to a more plant-based diet. CVD-specific nutrients, where target goals at a population level should be reached, are saturated fats (less than 10% of calories), salt (less than 5 g of salt per day) and fibre (at least 12.6 g of dietary fibre per 1000 kcal = 3 g per MJ energy).</p> <p>The European Commission announced in 2020 (Farm to Fork Strategy) the introduction of nutrient profiles (already announced in the 2006 directive on nutrition and health labelling) and of an EU front of pack nutrition labelling system, under the Farm to Fork strategy, and these proposals are still not published. Harmonisation of systems across the EU towards a model that better protects population health is a key measure to prevent NCDs</p> <p>The European Commission should spearhead the creation and execution of policies that foster food environments where healthy, sustainable options are the default in terms of both accessibility and affordability.</p>	
<p>11. Calls on the Commission and the Member States to accelerate the transition to sustainable energy and transport sectors and to ensure a shift towards sustainable food systems;</p>	<p>11. Calls on the Commission and the Member States to accelerate the transition to sustainable energy and transport sectors and to ensure a shift towards sustainable food systems through an ambitious proposal for the Framework for Sustainable Food Systems (FSFS);</p>
<p>New Point</p>	<p>Encourages the adoption of EU-specific targets aimed at significantly reducing the prevalence of NCDs (in particular of CVD) by 2030, and by 2040 .</p>
<p>Justification;</p> <p>Focusing solely on reducing mortality from NCDs, as guided by the "Healthier Together" initiative and the UN Sustainable Development Goals (SDGs), falls short. A longer life doesn't necessarily mean a healthier one. The EU's goal should extend beyond reducing deaths and encompass fewer people</p>	



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living with chronic diseases. This demands prioritising prevention by safeguarding against disease development, complications, and co-morbidities.

In the European Union (EU), the burden of CVD remains greater than that of any other disease. Cardiovascular events – mainly myocardial infarction (heart attack) and stroke – remain, by far, the leading cause of death in the EU. In addition, millions of people now live with, and in the aftermath of, CVD.

Data from the Global Burden of Disease database estimate that, in the EU, more than 60 million people live with CVD, and that close to 13 million new cases of CVD occur every year. More patients survive heart attack or stroke, and the pattern of CVD has changed – in particular, nowadays many patients with CVD are co-morbid (that is, have co-existing renal failure, cognitive decline, diabetes or other conditions). This combination has significant adverse effects on patients and puts substantial strain on health care systems across the EU.

<p>15. Encourages the Member States to reduce undiagnosed NCDs by introducing targeted health checks for high-risk individuals, addressing the main shared metabolic risk factors, ensuring quality care and supporting NCD patients' self-management;</p>	<p>15. Encourages the Member States to reduce undiagnosed NCDs by introducing targeted health checks for high-risk individuals, addressing the main shared metabolic risk factors, ensuring quality care and supporting NCD patients' self-management; calls for the implementation of accessible and equitable self-management tools, including peer support networks, collaborative care platforms, and mental health services, considering factors like technology access; Recommends EU funding support for pan-European public health literacy initiatives.</p>
<p>19. Believes that every patient is different and that no NCD is the same; calls for NCDs to be prevented and treated as effectively as possible, with a personalised approach tailored to the patient and the disease;</p>	<p>19. Believes that every patient is different and that no NCD is the same; calls for NCDs to be prevented and treated as effectively as possible, with a personalised and integrative approach tailored to the patient and the disease and in compliance with human rights obligations, which include meaningful engagement of users in every decision that impacts on them;</p>
<p>24. Calls on the Commission to strengthen support and investment in the development of new innovative medical devices; believes that</p>	<p>24. Calls on the Commission to ensuring access to existing medical devices¹¹ and strengthen support and investment in the development of new innovative medical devices;</p>

¹¹ [Barriers and facilitators of patient access to medical devices in Europe: A systematic literature review - PubMed \(nih.gov\)](#)



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<p>new technologies can lead to new and better treatments for NCDs;</p>	<p>believes that new technologies can lead to new and better treatments for NCDs;</p>
<p>New point</p>	<p>N12. Calls for the incorporation of an equitable approach for digital healthcare strategies: quality and safety of technology should be ensured and inequities in access be addressed, technology as an option should be discussed and agreed upon by the main healthcare professional and the patient in a process of shared decision-making.</p>
<p>26. Calls on the Commission to establish five EU NCD partnerships: 'beating NCDs – children', 'beating NCDs – young people, 'beating NCDs – adults', 'beating NCDs – elderly people' and 'beating NCDs – vulnerable groups'; believes that such partnerships should bring together Member States and national authorities to draft roadmaps and innovative proposals to ensure effective and targeted actions against NCDs;</p>	<p>26. Calls on the Commission to establish five EU NCD partnerships: 'beating NCDs – children', 'beating NCDs – young people, 'beating NCDs – adults', 'beating NCDs – elderly people' and 'beating NCDs – vulnerable groups'; believes that such partnerships should bring together Member States and national authorities to draft roadmaps and innovative proposals to ensure effective and targeted actions against NCDs;</p>
<p>Justification:</p> <p>While we acknowledge the intent to address the significant challenge of tackling NCDs through targeted initiatives, this approach of segmentation appears to deviate from the core nature of NCDs. These conditions often impact individuals across all age groups, sometimes well before diagnosis, spanning the entirety of their lives and posing a higher burden on vulnerable populations. This segmentation strategy may impede the seamless integration of care throughout one's life journey and inadvertently foster siloed approaches. At this juncture, our stance remains aligned with the idea of an encompassing NCD prevention plan supplemented by an NCD management plan. We advocate for the inclusion of disease-specific chapters/priorities for action to ensure a comprehensive approach that effectively addresses the diverse challenges posed by NCDs.</p>	
<p>27. Calls on the Commission to create a European NCD health knowledge centre to improve data collection and research on NCDs; stresses the need for further research on NCD co-morbidities and management;</p>	<p>27. Calls on the Commission to create a European NCD health knowledge centre to improve data collection and research on NCDs; stresses the need for further research on NCD co-morbidities and management; calls for an EU NCDs registry to be set up and operational in the next decades to allow a harmonised, centralized mechanism for the collection, monitoring and analysis of data for each NCD at EU level.</p>



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Justification

Major data gaps exist in the EU on chronic diseases and their risk factors, including health economic data (notably on the impact of comorbidities and complications). Yet, such data is critical to improve disease knowledge, understand the scale of the challenge, the real (financial) burden of NCDs and the cost of inaction, inform NCD prevention and management plans, to ensure cost-efficient health systems responses to chronic diseases and investment.

Data systems and indicators are not harmonized and interoperable across the EU, meaning that data is often disparate and not comparable across member states and between types of NCDs. This underscores the need for further EU collaboration in the field.