

Summary of European Commission Conference:

"Towards better prevention and management of chronic diseases", 21st April, Brussels

The full conference can be viewed online [here](#)

The long-awaited conference hosted by the European Commission to reveal its approach to preventing and managing chronic diseases in the next years gathered a full house of representatives from Member States, NGOs and other health stakeholders in Brussels this week. EKHA attended alongside our 10 partners from the European Chronic Disease Alliance.



In his opening speech, **EU Commissioner for Health, Dr Vytenis Andriukaitis** invited all stakeholders to build a solid and committed alliance in the pursuit of the common objectives on the chronic disease agenda: his 3 Ps of Prevention, Promotion, Protection, and he added a 4th – Participation of all stakeholders, from governments, health professionals, patients, and even industry. He also highlighted the benefits of eHealth in the management of chronic diseases and particularly noted that cooperation with DG CONNECT needed to be increased exponentially to meet the needs of healthcare delivery in the future.

Familiar themes were recited: “Cooperation and coordination is needed, more work should be done in the Member States”.

The Commissioner’s introduction was followed by the **European Chronic Disease Alliance presentation, into which EKHA had contributed.**

ECDA Chair Prof Johan De Sutter said: “Chronic diseases are posing an urgent and increasing burden on our society. Only a comprehensible framework on chronic disease, which involves all policy areas, all stakeholders, and takes into account the specific realities and needs of the different regions within Europe, will successfully curb the threat that they pose to our health and our future.” His presentation was met with support and applause and was referred back to throughout the course of the day.

To reduce the burden of chronic diseases on citizens and society, the ECDA calls for an EU framework including:

- Clear objectives on prevention & early diagnosis, which can be taken from existing WHO objectives;
- Measures to empower patients;
- Measures to tackle inequality, and;
- Measures to address risk factors.

The ECDA elaborates on this last point by commenting on a number of risk factors, arguing that:

- Voluntary measures has not been enough to reduce the amount of salt put in foods;
- Industrially-produced trans fatty acids are easily replaced, and so should be;
- Current policies on alcohol misuse are “soft” and self-regulation has not been effective. A new comprehensive alcohol strategy is therefore needed, and it should include labelling, revise marketing subsidies, and restrict advertising;
- Air quality had been demonstrated to considerably increase the chances of developing cancer, COPD, and other NCDs, and so the EU should adopt regulations for both emission sources and ambient air using WHO guidelines for air quality.



DG Sante Deputy Director General Martin Seychell

showcased the many activities the Commission is running on chronic diseases, including the funding of new Joint Actions and invited all stakeholders to get involved via their national governments.

The commission’s new approach he described it consists of four pillars:

1. **Systematic review** of existing EU groups, structures and instruments to come up with a list of effective actions which can be streamlined and which will give comprehensive and cross-cutting approach.
2. **New Joint Action and related Pilot Actions** to be launched as a part of the [2016 Annual Work Plan for Health](#). The call to participate in the over-arching Joint Action will be launched later in the year and all stakeholders are encouraged to seek involvement through their national competent authority. Joint Actions are co-financed with Member State Authorities. The Commission’s contribution to this Joint Action is currently set at 5,000,000 EUR. Commission would also support the development and refinement of national plans. For 2017 and beyond, pilot actions with “high demonstration capacity” would be considered in three potential areas: the early detection of atrial fibrillation, better diagnosis and treatment of depression, or guidance for the management of type-2

diabetes. Ultimately, the intention is to “overcome the myth that prevention is only a long-term investment,” and that it is useless in the short and medium term. The Commission is seeking recommendations for other areas of focus.

3. **Support to Member States** to implement national strategies on chronic diseases. This will be implemented through a call for proposals for projects which identify or develop evidence-based measures that can be shared across Member States. The budget



allocated to this call is 2,500,000 EUR.

4. **Collaboration across sectors** to ensure going forward that work is carried out with a cross-cutting approach, for instance incorporating eHealth into actions.



The general impression from Seychell's presentation was that Commission was delivering more of the same and that no new strategy was put forward, despite the expectation and strong appetite for one. stakeholders after Martin

The only truly new element was the launch of a **European Health Policy Forum (online) Platform**, which is meant to improve communication between DG SANTE and health interest groups to facilitate the work of the Commission and its multiple health working groups. The platform provides an opportunity to launch discussion, events, share documents, etc online. The Commission hopes that this will become a powerful tool for communicating and working collaboratively between the Commission and EU and national health ministries but also amongst health stakeholders themselves. Whether it will be useful in practice was a concern voiced several times in response. For more information, please see: <http://bit.ly/1SvTSdE> EKHA has already been registered in this platform and will endeavour to be a part of discussions as they unfold.

Heated discussions on regulation (or lack thereof)

During the open forum, a number of Member States, particularly Luxembourg, Finland, Austria and Latvia all spoke out about the growing frustration on the lack of action where the EU had competencies and where it could have impact, particularly by introducing regulation to address the obvious risk factors - alcohol policy, food labelling, tobacco control. "We have a unique legal base and we don't use it? We would like to see it fully used in this area" said the representative from Finland. The Austria delegate said: "We are calling on the Commission to please, go after the big things". Their call was applauded by the majority of participants.

However, after criticism of the failed attempt in place the proposed alcohol policy last autumn, Commission Andriukaitis lost his cool against the NGOs with harsh words, asking how did they expect a lone push from his Cabinet to change current excise duties on alcohol in all the 28 EU countries to work, when such a decision can only be passed through total unanimity in the Council.

Speaking aside his prepared speech the Commissioner did not mince his words: "Most of the health care costs related to chronic diseases are created by the industry who is earning money off risk factors."

Clear about his frustration with the current situation, he called on stakeholders to put their actions where their mouths were and to exert pressure on their national governments to agree to stronger regulation at EU level: "Further taxation would be best instrument to fight alcohol abuse," he said, and he is personally behind this approach.

"Please send letters to Prime Ministers of countries which have the lowest level of excise duties; please send letters to the Presidents, please encourage Member States together with me to introduce taxation instruments at home, this is the way forward," he said.

Wrap-up

At the end of the day, a weary **John Ryan, the DG's Acting Director on Public Health**, acknowledged that there has been much talk and many conferences but too little progress. "It's the third event on chronic diseases in as many years that I have participated, we really have to do something now," he stated in agreement with stakeholders.

Opportunities for EKHA members:

The call is clear for the Commission to do more on chronic diseases and although the impression of relative disregard of this important health area persists, there are indeed a few important opportunities in what the Commission presented:

1. **Draft an advocacy statement to national member societies** to deliver to their health ministries about the **need for national action on chronic disease** and the necessity of putting public health interests ahead of economic interests now.
2. **Encourage participation in the New Joint Action and related Pilot Actions** - we recommend to watch the calls closely and when appropriate to help national societies to reach out to their national competent authorities to participate where possible
3. **Encourage participation in the call for proposals for Projects** which identify or develop evidence-based measures – we will share the calls when launched.
4. Participate in the new **European Health Policy Forum Platform**.