EU4health

Joint Position | April 2019

EUROPE, LET'S DO MORE FOR HEALTH!

7 #EU4Health campaign asks to the new European Commission to complement and support Member State actions on health

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

The EU should implement ambitious policies to meet all 17 UN Sustainable Development Goals (SDGs) to which it has committed, and in particular 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. There is significant and tangible added value of EU policy action and collaboration on health, in addressing common public health threats which no single Member State can tackle alone.

Who are we?

#EU4Health is a pan-European campaign which brings together European and national organisations active in the area of health, which share a common vision on the role which the EU institutions should play to ensure better health in Europe and in the world.

Our Shared Vision for Health in the European Union

We believe in a European Union which promotes health and well-being for all, and where people can live, work and age in sustainable and healthy environments. A Europe that supports timely access to affordable, safe, effective and high quality healthcare for all. A Europe that supports health and well-being abroad globally as well as at home.

Why are we asking for European leadership in the area of health?

We urgently need action from the European Commission to address European health challenges. Citizens are demanding more European action on health[1]. We have formulated 7 concrete asks on health for the next European Commission and which are within the EU competences, following the EU Treaties.

Ask 1 - DEDICATED HEALTH COMMISSIONER AND THE VICE PRESIDENT FOR SUSTAINABLE WELL-BEING

The structure of the new Commission does matter and it should reflect people's everyday concerns. This requires a Commission Vice-President for Sustainable Well-Being and a dedicated Health Commissioner echoing and implementing the health mandate in the Treaties, ensuring that health protection and promotion is guaranteed across all EU policies.

Why? The EU has a legally binding, horizontal health competence covering all, non-health policies, which are key for positive health outcomes: the protection of a high level of human health and well-being is entrenched in the Treaties of the European Union[2]. Mainstreaming the promotion of human well-being via a Vice President responsible for coordinating public interest portfolios (e.g. social, environment, climate, transport, consumer protection, health, food) for human well-being would avoid conflict of interest with other portfolios, including economic interests. A Vice President is also essential to reflect the political priority of public interest areas, including health, key for implementing the Sustainable Development Goals. Under the responsibility of the Vice President for Sustainable Well-Being, a Health-specific Commissioner is necessary to ensure that health-specific aspects are not sidelined throughout the development and implementation of complex policy actions.

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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.

ASK 2 – ADOPT EU-LEVEL ACTIONS TO PREVENT DISEASES AND PROMOTE HEALTHY LIFESTYLES

Prevention is better than cure: the EU should add value and a European dimension to Member States' efforts on disease prevention and promoting healthy lifestyles. Drawing on the available evidence, and in collaboration with the Organisation for Economic Cooperation and Development and the World Health Organization (WHO), the EU should propose actions, including legislation and policies as appropriate which effectively address the main risk factors for non-communicable diseases (tobacco use, unhealthy diets, physical inactivity, alcohol consumption, and harmful environmental factors such as polluted air)[3], to promote healthy lifestyles both today and in the long-term future, and to reduce the burden on European healthcare systems.

Why? Health is an area that delivers major returns on investments. 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]. Moreover, poor indoor air quality is responsible for the loss of 2 million healthy life years annually in the European Union[6]. European level health challenges need European level counter-actions.

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 (NCDs), the obesity epidemic, tackle mental health problems from an early age, and address the challenges related to an ageing population[7]. We call for an EU Framework to tackle Non-communicable Diseases (NCDs) to meet the target SDG3.4 by creating health-promoting living environments and lifestyles, by identifying good

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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 Jantunen M., Oliveira Fernandes E., Carrer P., Kephalopoulos S., Promoting actions for healthy indoor air (IAIAQ).(2011) European Commission Directorate General for Health and Consumers. Luxembourg

7 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].

practices for prevention and treatment of NCDs, which empower patients and put them at the centre of policy-making[8].

Why? The high and increasing prevalence of chronic, non-communicable – and largely preventable – conditions, along with demographic changes, put the sustainability of our healthcare systems at risk. 70-80% of healthcare budgets are spent on NCDs. This corresponds to €700 billion per annum in the European Union, with the figures projected to rise in the coming years[9]. NCDs are the number one cause of preventable death in the EU. The World Economic Forum and the Harvard School of Public Health predict that NCDs will result in a cumulative loss in global economic output of $47 trillion, or 5% of GDP, by 2030, in high and upper-middle income countries, principally through heart disease, stroke, alcohol misuse and depression[10]. They also represent the highest expenditure for health systems, not to mention the decrease in quality of life and productivity.

ASK 4 – SUPPORT NATIONAL HEALTH SYSTEMS WITH EXPERTISE AND EVIDENCE

The EU should play a key role in monitoring and benchmarking health systems in Member States. It should drive ambitious yet achievable goals and set milestones to reduce health inequalities in Europe. EU Heads of State have committed to delivering the European Pillar of Social Rights as well as the SDG target for Universal Health Coverage (SDG3.8, achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all). Both aims should be actively supported by the European Semester recommendations.

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 collaborative actions, such as the European Reference Networks, in ways that strengthen public health with adequate EU funding; as well as providing support to Member States in the form of expertise and exchange of data, evidence and good practice.

There are common Europe-wide health challenges where the EU can bring added value to complement national actions. Europe is not yet on track to meet SDG3.3. We call for increased and more closely coordinated efforts to fight communicable diseases[11]. The EU should continue to invest in innovative community-based approaches to tackle cross-border diseases such as HIV/AIDS, tuberculosis (TB) and viral hepatitis and promote a rights-based approach to

8 SDG3.4: by 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing.

9 United to reverse the rise in chronic disease, ECDA, http://www.alliancechronicdiseases.org/fileadmin/user_upload/ECDA-poster-web.pdf.

10 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.

11 SDG3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

poverty-related diseases which affect mostly marginalised and disadvantaged groups. Furthermore, the EU should step up its regional response to poverty-related diseases and put in place political strategies to eliminate them, in particular HIV/AIDS, TB and Hepatitis, in Europe and within the neighbourhood, given the cross-border nature of the three diseases.

As regards antimicrobial resistance (AMR), the EU has recently issued its One Health Action Plan. However, this plan lacks concrete targets, so we call on the EU to set targets which are measurable and ambitious.

Another example is vaccination. We call for strengthened cooperation at EU level on vaccination policies, programmes and communication campaigns for equitable access to vaccines and to enhance public trust in evidence-based immunisation programmes, by ensuring the highest safety standards and sharing clear, independent and transparent information[12].

The EU can further explore further means to support Member States on the European dimension of accessibility, whilst respecting the principle of subsidiarity. Affordability of access to safe and effective prevention measures and treatment is essential.

Why? Bacteria and drug-resistant infections cannot be stopped by borders. The impact of widespread Antimicrobial Resistance (AMR), if we fail to act, is unimaginable: 10 million deaths globally every year by 2050[13]. No single country can tackle this challenge alone, and even wealthier countries will not be immune.

Discussions about the need to improve vaccination coverage are intensifying throughout 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 for EU leadership to step up and launch a pan-European debate on this topic, involving all stakeholders, including patients, doctors and researchers, to ensure that EU vaccination policies protect both public health and its citizens[14].

Stimulating investment in health is beneficial to the European economy as a whole. 550,000 people of working age die from NCDs in the EU every year. This causes a largely avoidable loss to the EU economy of €115 billion per year, corresponding to 0.8% of GDP[15]. Health is a positive economic driver in itself, raising productivity, labour market participation, wellbeing, happiness and social cohesion.

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12 As mentioned at https://ec.europa.eu/health/sites/health/files/vaccination/docs/2018_factsheet_en.pdf 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

13 Review on Antimicrobial Resistance, AMR, https://amr-review.org/home.

14 https://ecdc.europa.eu/en/news-events/measles-eueea-current-outbreaks-latest-data-and-trends-october-2017, http://www.euro.who.int/en/countries/romania/news/news/2017/10/stopping-measles-in-romania

15 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.

ASK 5 – EMPOWER CITIZENS AND PATIENTS

As a means to implement the European Pillar on Social Rights, the EU should drive patients' and citizens' empowerment[16]. For now, the different dimensions of patient empowerment (health literacy, self-management, shared decision-making between patients and health professionals) are addressed through stand-alone projects and initiatives[17]. We need a framework to advance on the strategic issue of citizen and patient empowerment in a coherent, meaningful way, with a mechanism to ensure meaningful engagement of civil society in the implementation of health in all policies.

Why? Health is first of all a human right, and the EU has a duty to ensure the highest standard of protection and promotion. In addition, an EU population fully engaged in preserving and promoting health will contribute to improving health outcomes and increasing well-being – a distinct treaty objective (TEU Article 3). An additional benefit is increased productivity. Health policy strategy should empower individuals and communities to take actions for their own health, foster equality in public health, promote inter-sectoral action to build healthy public policies and sustainable health systems, and societies where all actors are fulfilled human beings, and unmet needs are addressed in compliance with fundamental human rights[18].

ASK 6 – 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 which allows regulators to identify potential risks to health in proposals for policies and actions. We call on the EU to develop and routinely deploy a robust HIA methodology to respect 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. In line with the EU Treaties, the EU has a duty to ensure that all policies and programmes make a positive contribution and do not harm public health or undermine health goals and commitments.

ASK 7 – ESTABLISH STRONG LEADERSHIP WITH A EUROPEAN GLOBAL HEALTH STRATEGY

Health in Europe is inextricably linked to global health. The EU should show strong leadership on health at global level, including by adopting a coherent European Global Health Strategy.

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16 Council of the European Union (2006) 'Council Conclusions on Common values and principles in European Union Health Systems' Official Journal of the European Union', (2006/C 146/01) http://eurlex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2006:146:0001:0003:EN:PDF where the Council declared that patient involvement is a common operating principle in the health systems of the EU.

17 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/

18 Policy brief prepared for the Rare Disease Joint Action: http://www.rd-action.eu/wp-content/uploads/2018/09/PATIENT-EMPOWERMENT.pdf

Why? EU action to improve health in third countries is underpinned by the Treaty on the Functioning of the European Union. It states that the EU and Member States shall foster cooperation with third countries and the competent international organisations in the sphere of public health, and that a high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities. Yet the EU has yet to adopt a coherent Global Health Strategy to coordinate the DGs working on global health such as DG Santé, DG Devco, DG NEAR and DG Research. Indeed, the Communication on the EU's role in Global Health predates the SDGs.

The EU has a responsibility within the global health agenda and has a leadership role to play, not only as a donor but as a policy influencer. Both the EU and all Member States have committed to implement the United Nations Sustainable Development Goals[19]. Policy coherence is needed between Trade, Climate Change and other UN level initiatives and the commitments Member States made within WHO. In addition, the EU is a leading health donor towards the Global South. Between 2007-2013, 3536.5 Million Euros of EU ODA went to health. Without a targeted approach, Universal Health Coverage (UHC) as a global goal will never be achieved. Ensuring coordination and coherence will position Europe as a Union of values, including on the right to health, which is also enshrined in the WHO Constitution. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. The health of all peoples is fundamental to the attainment of peace and security and is dependent on the fullest cooperation of individuals and States[20]. Adopting a strong Global Health Strategy which brings together the work of key Commission DGs and ensures policy coherence across its work is an important step towards achieving the SDGs and the right to health for all.

Signatories:

- **Alzheimer Europe**
- **EUROCAM**
- **European Aids Treatment Group**
- **European Alcohol Policy Alliance**
- **European Cancer Leagues**
- **European Cancer Patient Coalition**
- **European Federation of Allergy and Airways Diseases Patients' Associations**
- **European Heart Network**
- **European Patients' Forum**
- **European Public Health Alliance**
- **European Public Health Association**
- **European Respiratory Society**
- **EURORDIS-Rare Diseases Europe**
- **Global Health Advocates**
- **Health Action International**

19 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.

20 WHO Constituiton https://www.who.int/about/who-we-are/constitution

- **International Federation of Anthroposophic Medical Associations**
- **Mental Health Europe**
- **Smoke Free Partnership**