



# **European Heart Network contribution to Health in Europe: A Strategic Approach - a European Commission discussion document for a Health Strategy**

*February 2007*

## **Introduction**

The European Heart Network (EHN) is a Brussels-based alliance of heart foundations and other concerned 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 is the number one cause of death among women and men in Europe. It accounts for almost half of all deaths in Europe causing over 4,35 million deaths each year in the 52 member states of the World Health Organization (WHO) European Region and more than 1,9 million deaths each year in the European Union. Cardiovascular disease is also a major cause of disability and a reduced quality of life.

Cardiovascular disease is estimated to cost the EU economy €169 billion/year. This represents a total annual cost per capita of €372. Per capita costs vary over tenfold between Member States – from less than €50 in Malta to over €600 per capita/year in Germany and the UK respectively. Production losses due to cardiovascular disease mortality and morbidity cost the EU over €35 billion, representing 21% of total cost of those diseases, with around two thirds of this cost due to death (€24.4 billion) and one third due to illness (€10.8 billion) of people of working age. Cardiovascular diseases cost 500 million lost work days in work related health problems and accidents.

## **Background**

In the early 1990s, a public health provision was introduced into the EU Treaty for the first time. A number of action programmes in specific areas of health were adopted and implemented during this decade.

In 2000, the European Commission adopted a first health strategy introducing one single health action programme. In 2002, the European Parliament and the Council adopted a programme on action in the field of public health (2003-2008) with three general objectives (i) to improve information and knowledge; (ii) to enhance the capability of responding rapidly and in a coordinated fashion to threats to health; and (iii) to promote health and prevent disease through addressing health determinants across all policies and activities.

In 2005, the Commission adopted a proposal for a new programme on action on health and consumer protection. The 2006 inter-institutional agreement on the Community Financial Framework 2007-2013 cut the budget for action on health to about 37% of the budget originally foreseen by the Commission. Following this budget-cut, the Commission adopted an amended proposal, after the European Parliament had adopted its legislative opinion in first reading. In December 2006, The Council reached a political agreement on the health action programme 2007-2013. The political agreement has three main objectives: (i) improve citizens' health security; (ii) promote health; and (iii) generate and disseminate health information and knowledge.

## General Comments

The European Commission's discussion document seeks to establish for the first time an overarching health strategy for the EU. In its document, the Commission outlines the focus for the strategy which is on a few core issues, on health in all policies and on global issues.

The core issues will include actions to improve patient information, reduce health inequalities, promote health and address key health determinants, making more healthy choices available and complement the work of national health systems in providing better quality and safety in healthcare and addressing cross border issues.

The context in which the new strategy is brought forward is new developments in:

- Health services
- Health threats
- Health in all policies

Acknowledging the need to address new developments, EHN urges the Commission to remain dedicated to the promotion of health ensuring that its new Health Strategy has a strong emphasis on the creation of supportive environments as the broader environment is vitally important in addressing whole populations and inequalities.

EHN also urges the Commission to ensure that its new Strategy has a strong emphasis on noncommunicable diseases (NCDs). NCDs represent 77% of the entire disease burden and 86% of deaths in the European Region of the WHO. 60% of deaths from NCDs are caused by cardiovascular diseases and almost 30% of the noncommunicable disease burden is caused by cardiovascular diseases. In this region, seventy to eighty per cent of health care expenses are allocated to chronic diseases.<sup>1</sup>

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<sup>1</sup> Gaining Health – the European Strategy for the Prevention and Control of Noncommunicable Diseases [http://www.euro.who.int/InformationSources/Publications/Catalogue/20061003\\_1](http://www.euro.who.int/InformationSources/Publications/Catalogue/20061003_1)

## Specific Comments

### Health services

In its discussion document, the Commission emphasises that high-quality health services are a key issue for the new Health Strategy. The Commission particularly stresses cross border implications of health services, such as cross border care, patient mobility, mobility of health professionals as areas where the EU can provide added value.

Efficient, effective, accessible and affordable health services are an essential element of a health strategy. With the demographic changes that most EU Member States face, in terms of ageing of the population, there is no doubt that an EU Strategy should consider the impact of health services.

Under this key issue, EHN recommends setting objectives that will allow an analysis of the health services' ability to address prevention and early detection of diseases, including their ability to identify individuals and groups at high risk or living with diseases.<sup>2</sup>

### Health threats

The Commission states that protecting EU citizens from health threats, such as HIV/AIDS, re-emergence of tuberculosis, the variant of Creutzfeldt Jacobs Disease, the potential risk of bioterrorist threats as well as the threat caused by avian influenza, make addressing them a key issue.

The creation of the European Centre for disease Prevention and Control (ECDC) has provided the platform for developing EU-wide disease surveillance and early warning systems.

It is clear that the mandate of the ECDC must be key in the new EU Health Strategy. However, EHN would like to point out that cardiovascular disease (CVD) causes 46 times the number of deaths and 11 times the disease burden caused by AIDS, tuberculosis and malaria combined in Europe.<sup>3</sup>

### Health in all policies

The Commission calls for developing impact assessment to ensure the systematic scrutiny of the impact on new policies on health. The EU is now developing a tool related specifically to health systems impact assessment looking at health infrastructure rather than at population health status.

EHN believes that health impact assessment must be a comprehensive tool for judging the potential effects of a policy, programme or project on the health of the EU populations and the distribution of those effects within the population. The tool should not only target health infrastructure.

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<sup>2</sup> see also Council Conclusions on Heart Health, June 2004

<sup>3</sup> Gaining Health – the European Strategy for the Prevention and Control of Noncommunicable Diseases [http://www.euro.who.int/InformationSources/Publications/Catalogue/20061003\\_1](http://www.euro.who.int/InformationSources/Publications/Catalogue/20061003_1)

## Strategy

EHN agrees with the Commission that the strategy should cover a 10-year period with a mid-term review after five years and interim, possible annual, reports and stocktaking in accordance with agreed milestones.

Below are EHN's recommendations for aims, objectives, actions and milestones. EHN believes that they reflect the areas where EU action is indispensable (because action can only be taken at EU level) and/or desirable. EHN's recommendations do not include actions on communicable diseases as this is not EHN's area of expertise.

## Aim

*The European Union will promote health, avoid premature death and disability, and make healthy life expectancy more equitable within and between Member States in cooperation with the Member States and international organisations and through the definition of and implementation through all Community policies.*

## Objectives

- *Increase healthy life years*
- *Reduce avoidable morbidity and mortality from major diseases (such as cardiovascular diseases)*
- *Reduce gaps in average life expectancy across the EU*

EHN believes that in addition to the three objectives listed above, objectives on dietary intake, smoking prevalence and levels of physical activity should also be included. It may be useful for the European Commission to set specific targets for the objectives in order to be able to measure achievements. Any specific targets should be achievable.

## Actions – short to medium term

Below are listed a number of actions that EHN believes are relevant for achieving the objectives.

### *Health and health systems*

- Adopt Council Recommendations on the prevention of major diseases
- Analyse the efficacy of health services across the EU in terms of their ability to promote prevention and early detection of diseases

### *Information*

- Adopt EU legislation on mandatory comprehensible nutrition labelling
- Adopt EU legislation to protect children from audiovisual commercial communication of unhealthy foods and beverages
- Establish quality standards for information to patients

### *Nutrition*

- Agree EU-wide population dietary goals
- Ensure that the objectives of the Common Agriculture Policy respect the EU-wide population goals
- Adopt legislation prohibiting the addition of industrially produced trans fats in food stuffs marketed in the EU

### *Tobacco*

- Increase tobacco excise duties including gradual increases in the minimum tax for fine cut tobacco to the same level as cigarettes
- Encourage actively legislation banning smoking in all public and workplaces throughout the EU according to the highest standards
- Establish a European tobacco and nicotine products regulatory agency
- Encourage actively an expenditure for tobacco control of minimum 3 euros/per capita throughout the EU

### *Physical Activity*

- Condition financial support from the European Funds, Structural and Cohesion Funds, for development of regional infrastructure projects upon such projects' aptitude to enhance physical activity

### *EU Forums*

#### EU health policy forum

- Review the inclusion of the promotion of healthy lifestyles as well as disease prevention in the curricula of health professionals across EU

#### Nutrition and Physical Activity Network

- Review quality standards across the EU for food provided in institutions visited by children, whether as part of a meal or from vending machines, tuck shops etc.
- Establish protocols in relation to the physical environment conducive to active living for example with supportive transport planning and systems, improved urban and housing planning with green and play spaces properly managed and supervised, and integrated school infrastructure support and development i.e. a minimum statutory 2 hours for physical education in all schools and appropriate open play areas

### *International cooperation*

- Support the development of an international code to reduce substantially the extent and impact of commercial promotion of unhealthy foods and beverages, particularly to

- children, as agreed by Health Ministers, in the WHO European Region, in the European Charter on Counteracting Obesity, under the auspices of the WHO and in conformity with best practice for voluntary multi-stakeholder codes including full monitoring
- Identify models of good practice in relation to active living as well as cost effectiveness (numbers of lives saved) in association with the WHO
  - Review and agree physical activity recommendations for different populations: obese, overweight, older persons, children etc., in association with the WHO
  - Support the implementation of the Framework Convention of Tobacco Control (FCTC) including through the development of effective protocols

## **Milestones – by midterm**

### **Between 2008 and 2012**

- Council Recommendations on:
  - Cardiovascular diseases
  - Diabetes

### **By 2008**

- Commission proposal for a Directive/Regulation to protect children from audiovisual commercial communication of unhealthy foods and beverages adopted
- Minimum quality standards for information to patients adopted
- EU-wide population dietary guidelines adopted
- Commission proposal for a Regulation prohibiting the addition of industrially produced trans fats in foods marketed in the EU adopted
- Legislation adopted setting the required tax incidence on the retail selling price of cigarettes at 71% and the overall minimum tax at not less than 120 € per 1000 and setting the minimum tax for fine cut tobacco to same level as cigarettes by imposing the overall tax levied on fine-cut smoking tobacco intended for the rolling of cigarettes at minimum 60 % of the retail selling price inclusive of all taxes and the overall minimum tax at 60 € per 1kg<sup>4</sup>
- Protocols established in relation to the physical environment conducive to active living
- International physical activity recommendations for different populations: obese, overweight, older persons, children etc., agreed

### **By 2009**

- Report on the status of promotion of healthy lifestyles as well as disease prevention in the curricula of health professionals across the EU published
- Report on quality standards across the EU for food provided in institutions visited by children, whether as part of a meal or from vending machines, tuck shops etc, published
- WHO code on commercial promotion of unhealthy foods and beverages, particularly to children, adopted
- Protocol on illegal tobacco trade adopted; other protocols under the FCTC to be adopted within two years of approval by the Conference of the Parties

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<sup>4</sup> for more detail see also <http://www.ehnheart.org/files/Tax%20position%20paper-094002A.pdf>

**By 2010**

- Evaluation report on the efficacy of health services across the EU in terms of their ability to promote prevention and early detection of diseases published
- Legislation banning smoking in all public and workplaces according to the highest standards in place in all EU Member States
- Rules for allocation of Structural and Cohesion Funds to regional infrastructure projects to include assessment of impact on enhancement of physical activity in place
- Minimum expenditure of 3 euros/per capita for tobacco control in place throughout the EU
- International models of good practice in relation to active living as well as cost effectiveness (numbers of lives saved) identified

**By 2011**

- Directive on mandatory comprehensible nutrition labelling adopted and in force
- EU-wide population goals included in the objectives of the Common Agriculture Policy

**By 2012**

- Commission proposal for an EU regulatory regime for tobacco and nicotine products adopted