

RECIPES FOR CHANGE: HOW TO BREAK THE DEADLOCK TO TACKLE CHRONIC DISEASES

13 RECOMMENDATIONS FROM EPHA'S 2017 ANNUAL CONFERENCE

A challenge to European governments, EU Institutions and civil society

Thanks to the evidence base compiled by the World Health Organisation (WHO)¹ and the Organisation for Economic Co-operation and Development (OECD),² European policy makers are well aware of WHAT types of policies are effective in reducing the growing burden of non-communicable chronic diseases (NCDs).

Policy-makers also know WHY action is needed:

- Prosperity, economic development and well-being cannot be achieved without addressing chronic diseases.³
- NCDs have devastating individual and economic impacts: they are Europe's biggest killers; they are responsible for €700 billion in EU healthcare spending annually;⁴ and attributable premature deaths result in a 0.8% loss in EU GDP per year.⁵
- Effective public health policies could prevent the onset of many chronic diseases. The WHO estimates that up to 80% of all heart disease, stroke and type-2 diabetes and 40% of cancers could be prevented.⁶
- Public health policies also have excellent rates of return on investment. With a median rate of 14 to 1, one Euro invested yields 14 in return for the economy.⁷ Overall, policies which lead to a gain in life expectancy also bring huge macroeconomic gains: every additional average year of life expectancy is worth a boost to GDP of up to 4%.⁸
- 70% of Europeans want the EU to do more for health, according to the most recent Eurobarometer survey.⁹

Despite the clear economic case for action, awareness is not being converted to policy action and Europe is no longer a global leader in terms of implementing innovative and ambitious policies to prevent NCDs. As a result of inaction, chronic diseases in Europe continue to rise.¹⁰

This is why EPHA's 2017 annual conference set out to discuss **HOW** to enable change and break the deadlock to tackle chronic diseases. Here are the resulting recommendations.

This statement is EPHA's interpretation of key messages from its annual conference: "Make Health Your Business: People, Power, Money and Policies" held on 7 September 2017 in Brussels. It does not necessarily reflect the view of speakers, and cannot in any way be attributed to them. www.ephah.org/ephah-2017

Note on definitions: non-communicable diseases and chronic diseases are used interchangeably in this document.



RECOMMENDATIONS TO EUROPEAN GOVERNMENTS

1. Meet national commitments to the Sustainable Development Goals for 2030, publish implementation plans for Goal 3 and specifically a plan to meet Target 3.4 *to reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health*

and well-being, including strengthening the implementation of the WHO Framework Convention on Tobacco Control (Target 3a). Implement WHO 'Best Buy' population-level measures¹¹ and learn from policies and experiences shown to be successful in other parts of the world.

JOINT RECOMMENDATIONS TO EUROPEAN GOVERNMENTS & THE EUROPEAN UNION

2. Realise effective international coordination to tackle chronic diseases, in particular by supporting efforts of the to-be established WHO high-level commission on noncommunicable diseases.¹²

3. Strengthen financial capacities to improve prevention. Establish new financial instruments and structures to support effective implementation, including loans and bonds, to encourage public and private investment in prevention and to capitalize on the high rates of return of investing in public health. Ensure transparency and accountability via independent monitoring.

4. Take a new and coherent approach to commercial determinants of health,¹³

recognising the role played by stakeholders seeking to protect their vested interests in promoting health-harmful products. Assess more critically the drivers behind consumption of certain health-harmful products. Counteract the advocacy strategies to block, delay and weaken policy action which are deployed by producers and other actors with potential conflicts of interest. Adopt a more realistic approach to voluntary initiatives and public-private partnerships in certain policy areas, including alcohol and food.¹⁴

5. Identify legislative barriers from other policy areas which hinder the introduction of effective measures to protect and improve health. Review blocking legislation and phase out all health-harmful subsidies.

RECOMMENDATIONS TO THE EUROPEAN COMMISSION

6. Maintain a high level of ambition in setting EU standards. Well-conceived European legislative efforts to date have saved countless lives. For instance, smokefree

policies and environmental regulation to improve water and air quality have brought huge savings to health services and benefits to (local) authorities who could not tackle



RECOMMENDATIONS TO THE EUROPEAN COMMISSION

these health threats alone. Put health first in policy design – ahead of internal market and trade objectives – and if health protecting legislation is challenged in court.

7. Bring the EU closer to citizens by facilitating funding application processes for smaller municipalities and reviewing legislation and practices that may prevent regional and local governments from acting effectively to

protect and improve health, including in the area of public procurement.

8. Establish methodologies to identify the external costs of health-harmful products, which are currently borne by patients and health systems, building on the wealth of evidence provided by international organisations (OECD, WHO, UN etc.).

RECOMMENDATIONS TO LOCAL AUTHORITIES

9. Maximise opportunities to create the healthiest local environment across all policy areas, including planning, transport, housing, energy, waste, education, social care, etc.

10. Step up pressure on national governments and EU institutions to tackle broader challenges requiring legislative change and programme support.

RECOMMENDATIONS TO PUBLIC HEALTH CIVIL SOCIETY ORGANISATIONS

11. Prepare for new windows of opportunity at local, national and European levels following the achievement of putting NCDs on the UN global political agenda. Use the wealth of available evidence of effective policies to advocate for policy action at all levels to meet national NCD reduction commitments for 2025 and 2030.

12. Renew the story on NCD prevention. Tailor the narrative on disease prevention and

health promotion to become more succinct, more positive and clear for policy-makers outside health.

13. Build impactful cross-sectoral alliances, including with the private sector where appropriate, increase media awareness and deploy a wide array of advocacy tools, including litigation, actions with local politicians and the financial sector including investors.

NOTES

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13. World Health Organisation (2017) WHO to establish high-level commission on noncommunicable diseases. <http://www.who.int/mediacentre/news/statements/2017/ncd-commission/en/>
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