Towards an EU strategic framework for the prevention of non-communicable diseases (NCDs)

Contents

Foreword 2
I. Why an EU Strategic Framework for Action on NCDs? 3
Setting the scene: NCDs matter 3
The economic case for tackling NCDs 4
II. A Strategy that Builds on Existing Initiatives 7
Key international and European commitments 7
Principles from the WHO Global Action Plan on NCDs 7
Ongoing EU processes 8
III. NCD Strategy: Main Priorities 10
A. Implement the WHO 'Best Buys' 10
B. Tackle health inequalities 10
C. Address the commercial determinants of health 10
D. Create health-enabling environments 11
E. Adopt a rights-based approach 11
F. Accord equal status to mental health 11
IV. NCD Strategy: Specific Actions 13
Action X: Elaborate WHO Best Buys implementation guidance 13
Action X: Conduct a 'health check' study to identify EU barriers to the implementation of national NCD prevention policies 13
Action X: Design EU financial instruments to support national investment in prevention programmes and measures 14
Action X: Pursue EU flagship initiatives in areas that can deliver co-benefits for NCDs and other societal challenges 14
Action X: Ensure inter-institutional coordination on health and well-being and a policy home for health within the Commission structure 15
Action X: Advance an effective EU regulatory system for NCD prevention... **Error! Bookmark not defined.**
Action X: Elaborate a pan-European system for data collection and policy evaluation 15

Foreword

I. Why an EU Strategic Framework for Action on NCDs?

Setting the scene: NCDs matter

Non-communicable diseases (NCDs), or chronic diseases undermine people's well-being, the sustainability of healthcare systems and Europe's economic and social prosperity. Today, approximately one third of the European population aged 15 and over[1], and nearly a quarter of the working age population in the European Union (EU) lives with a chronic disease[2]. More than half a million people under the age of 65 die of NCDs in the EU each year[3]. While progress is made on reducing premature mortality from NCDs, longer lives do not necessarily translate into healthy lives: too often people live longer but burdened by one or several chronic conditions. A significant gap exists between *life* expectancy and *healthy life* expectancy in the EU – on average, people in the EU spend between a fifth and up to nearly a quarter of their life with a disability[4].

Good health is not just the absence of disease, but a state of complete physical, mental and social well-being, the attainment of which is a basic human aspiration[5]. Health and social security are the second most important national concerns across Europe[6]. 70% of the population wants to see more EU action on health[7]. Yet the prevalence of chronic diseases and disabling conditions has been growing in the EU and the wider European region over the past decades, driven among others by an ageing population and unaddressed risk factors[8] [9][10]. People in disadvantaged households are disproportionately affected by NCDs and suffer from a greater share of life lived in ill-health[11]. This aligns NCD prevention closely with the social justice agenda. NCDs often also share drivers and solutions with many environmental threats. Climate change, air and chemicals pollution and ecosystem degradation connect the well-being of people and planet[12].

Healthcare is the second largest area of public spending in the EU, with over €1 trillion, or between 7-10% of EU GDP[13] [14] spent by governments annually. In addition, 1.7% of GDP in the EU is spent on disability and paid sick leave each year, which is more than expenditure on unemployment benefits[15]. Yet many NCDs are to a considerable degree preventable or their onset can be delayed. The World Health Organization (WHO) estimates that at least 80% of all heart disease, stroke and diabetes, and 40% of cancer could be prevented[16]. This is why public health interventions are such high-yielding investment opportunities, showing median rates of return to investment of 14 to 1[17].

The EU has a strong commitment to protect and promote people's health and well-being. The Union's founding Treaties stipulate that the EU's main aims are to promote "peace", "its values" and "the well-being of its peoples" [18]. The internal market is established to work for the "sustainable development of Europe"[19]. Crucially, the EU is also obliged to pursue a high level of health protection and promotion in all its policies[20]. Faced with common, European health challenges, there is urgent need for more ambitious European collaboration and action in the field of public health. Europe-wide action offers significant opportunities to deliver added value to citizens, which is indispensable for rebuilding trust in the EU.

This document calls on the EU Institutions, the European Commission especially, to advance firm action on NCDs by establishing an **EU Strategic Framework on NCDs towards 2030** early in its 2019-2024 mandate. The overarching aim of such framework would be to support EU Institutions and Member States in responding to citizens' concerns and achieving their commitments towards Europe's peoples. More in particular, this strategic framework should provide a solid base to expand on the EU Strategy on Nutrition, Overweight, and Obesity-related health issues published in 2007[21] and the EU Reflection Process on Chronic Diseases 2010-2014. Furthermore, it should complement and provide coherence, structure and direction to existing instruments and mechanisms, including the work of the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (EU Steering Group on NCDs)[22].

This document proposes a set of basic principles, priorities and actions for such EU strategic framework. It follows on the Political Declaration of the Third UN High Level Meeting on NCDs of September 2018[23], in which governments worldwide, as well as the EU, strongly reaffirmed their commitment to accelerate action on NCD prevention and control, stressing the primary role and responsibility of governments, acting individually at national or local level or collectively at EU level, in responding to the challenge.

What are non-communicable or chronic diseases?

NCDs, also known as chronic diseases, are diseases that encompass a wide variety of physical and mental medical conditions that are not caused by infectious agents. According to the WHO, NCDs "tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioural factors"[24].

In Europe, 86% of all deaths and 77% of all diseases are attributable to NCDs[25]. More than 40% of chronic disease deaths occur prematurely[26]. Cardiovascular diseases (CVD), diabetes, cancers, chronic respiratory diseases and mental disorders are the five major NCDs. Yet many more types of NCDs are affecting Europeans, including endocrine, neurological and musculoskeletal diseases and disorders, as well as injuries. Obesity is a 'gateway' to many NCDs and has been recognised as a chronic disease in its own right in some countries, but not all[2728]. On *this web portal* you will find more information on specific NCDs and their individual and societal burdens.

The terms "chronic disease" and "NCDs" generally denote a similar range of conditions and are often used interchangeably. This document uses NCDs as the default terminology, but refers to chronic diseases as well.

A number of themes are shared across the diversity of NCDs:

- **Chronicity:** many chronic diseases develop over time in response to a prolonged exposure to risk factors. Chronicity also refers to the long-lasting or recurring nature of a disease or condition. NCDs are however not necessarily irreversible, as for instance shown by recovery-based approaches to mental health.
- **Common risk factors:** in addition to genetic determinants, the vast majority of NCDs are caused by only a limited number of common, modifiable risk factors. The five main NCD risk factors are: tobacco use, harmful levels of alcohol consumption, unhealthy diets, low physical activity and exposure to environmental stresses and contaminants, foremost air pollution.
  The impact of these risk factors is to an important degree mediated by economic activities. Tobacco, food and alcohol are marketed products. Exposure to outdoor air pollution is driven by exhausts from vehicles, energy generation, industrial activities and agriculture. Sedentary lifestyles are influenced among others by factors related to screen time, the urban and transport environments and the wider socio-economic employment context.
  In addition, major NCDs are linked by common and preventable biological risk factors, notably high blood pressure, high blood cholesterol and overweight[29].
- **Driven and exacerbated by socio-economic inequalities:** NCDs are closely associated with poverty and socio-economic inequalities. People in lower socio-economic groups consistently show a higher incidence of NCDs and are more strongly impacted by them[30]. To stress the socio-economically contagious nature of these diseases the term "socially transmitted conditions" (STCs) has been proposed as an alternative, or parallel description for NCDs[31].

The economic case for tackling NCDs

NCDs impair EU's economic development

Europe's greatest resources are its people. However, epidemic levels of NCDs are undermining this source of prosperity and lead to major direct and indirect costs to national budgets and the economy. EU member states spend €700 billion each year on treating NCDs[32]. Premature mortality from NCDs results in a loss of €115 billion per year to the economy, or 0.8% of EU GDP, and a loss of 3.4 million productive life years[33].

NCDs significantly affect the labour market, including work participation, productivity, hours worked, job turnover, retirement and career progression[34]. Absenteeism, presenteeism, and sick leave impose a major macroeconomic impact. Work-related annual direct costs of NCDs to the European economy add up to €610 billion per year, including costs to employers, lost economic output and costs to social welfare systems[35]. At the same time, people living with NCDs suffer from reduced productivity, reduced employment, earlier retirement, and lower income. They face barriers to employment and stigma, with consequences for earnings and prospects for professional growth[36].

A healthy workforce is essential to support an ageing population. In addition to the impacts on the employed workforce are the impacts on the health, quality of life and work participation of caregivers. A large number of people report acting as a voluntary caregiver for family members with a chronic condition, which has limited their own work participation, productivity and opportunities for job advancement, and often takes a toll on physical and mental health[37].

The cost saving potential of NCD prevention

A significant proportion of abovementioned direct and indirect costs could be saved through preventative policies and actions[38]. The WHO, for instance, estimates that at least 80% of all heart disease, stroke and diabetes, and 40% of cancer could be prevented.[39] Improving public health could also dramatically reduce national social protection bills, which currently account for over 19% of public spending in the EU[40]. Tackling health inequalities would also bring major economic benefits for the public purse, as they have been calculated to account for one-fifth of the total cost of health care and 15% of the total costs of social security benefits.[41]

The NCD epidemic is a global phenomenon. 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.[42] The predicted cumulative losses would be significantly larger if the economic value and utility that people attribute to health were adequately captured.[43]

Public health prevention policies offer a targeted and cost-effective way to improve the health and well-being of Europeans by creating health-enabling environments[44]. Such interventions not only offer a significant cost saving potential to strained budgets across the EU, but are a high-yielding public investment. A recent meta-study shows that the median rate of return on investment for public health interventions is 1 to 14, meaning that every Euro invested in public health gives an average return of €14 to the economy[45]. Despite this, less than 3% of health expenses today are invested in prevention[46].

Three stages of prevention

Primary prevention aims to prevent diseases before they occur. Primary prevention is the 'purest' form of prevention and the primary focus of this document. Tobacco use, harmful levels of alcohol consumption, unhealthy diets with high intakes of fat, sugar and salt, low physical activity and air pollution (both indoor and outdoor) are the five primary risk factors responsible for the main NCDs. Primary prevention policies aim to create living environments that are conducive to good health and that minimise the prevalence of these risk factors. Such policies create the contexts that enable and empower people to select healthier options and to prevent exposure to health-harming effects beyond individual control.

Examples include: the WHO Framework Convention on Tobacco Control (FCTC) which promotes a comprehensive set of measures to reduce the attractiveness of smoking and reduce consumption; regulations that limit the exposure of youth to the marketing of alcoholic beverages and unhealthy food products, including online; legislation setting limits to trans fats in food or encouraging food reformulation; physical activity-friendly urban planning policies; pollution limits for vehicles.

Secondary prevention aims to reduce the impact of a disease or injury after it occurs. Secondary prevention is about detecting and treating disease or injury as soon as possible to halt or slow its progress. It is about managing patients and about encouraging personal strategies to prevent recurrence, and implementing programs to return people to their original health and function to prevent long-term problems.

Examples include: screening tests to detect disease in its earliest stages (e.g. mammograms to detect breast cancer); diet and exercise programs to prevent further heart attacks or strokes as well as overweight or obesity; suitably modified work so injured or ill workers can return safely to their jobs.

Tertiary prevention aims to soften the impact of an ongoing illness or injury that has lasting effects. This is done by helping people manage long-term, often-complex health problems and injuries, such as NCDs, in order to improve as much as possible their ability to function, their quality of life and their life expectancy.

Examples include: cardiac or stroke rehabilitation programs; NCD management programs (e.g. for diabetes, arthritis, and depression); support groups; vocational rehabilitation programs.

For secondary and tertiary prevention to succeed, effective healthcare systems are required to which all people have equitable access, and a well-trained, staffed and organised health work force. Primary, secondary and tertiary prevention also cover workplace settings, where organisational change and occupational health measures can prevent or reduce the impact of both physical and mental illnesses, including stress and musculoskeletal diseases.

II. A Strategy that Builds on Existing Initiatives

Key international and European commitments

Countries worldwide, including all EU member states, have adopted numerous commitments explicitly addressed at tackling NCDs. These include commitments in the framework of the WHO, the three United Nations (UN) High Level Meetings on NCDs held between 2011 and 2018[47][48][49] and those linked to the adoption of the Sustainable Development Goals (SDGs) [50]. Important commitments have also been made in the context of WHO Europe and the EU.

Yet governments' duties to tackle NCDs and improve people's well-being go deeper than commitments made in dedicated political fora. These duties are engrained in international human rights law which define the fundamental relations between individuals and governments and establish the duties of governments towards peoples and citizens.

Spotlight: main international, European and EU commitments on NCDs

List of main commitments, divided by global, WHO European region and EU.

Principles from the WHO Global Action Plan on NCDs

The WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020[51] envisions a world "free of the avoidable burden of noncommunicable diseases" and sets out nine global NCD reduction targets. Adopted by WHO member states it is the main reference work for action on NCDs worldwide. The future EU strategic framework on NCDs should link up to this action plan and especially take on board its main principles.

Life-course approach: policies need to take into account health and social needs at all stages of the life course, starting with maternal health, continuing through proper infant feeding practices, health promotion for children, adolescents and youth, followed by promotion of a healthy working life, healthy ageing and care for people with NCDs diseases in later life.

Evidence-based strategies: NCD prevention strategies and practices need to be based on latest scientific evidence and/or best practice, be cost-effective and affordability and based on public health principles.

Human rights approach: it should be recognised that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, as enshrined in the Universal Declaration of Human Rights.

Equity-based approach: NCD prevention efforts should recognise that the unequal distribution of NCDs is ultimately due to the inequitable distribution of social determinants of health, and that action on these determinants should be an integral part of the NCD response.

Universal health coverage: all people should have access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative and rehabilitative basic health services and essential, safe, affordable, effective and quality medicines.

Empowerment of people and communities: people and communities should be empowered and involved in NCD prevention activities, including advocacy, policy, planning, legislation, service provision, monitoring, research and evaluation.

National action and international cooperation and solidarity: the primary role and responsibility of governments in responding to the challenge of NCDs should be recognised, together with the important role of international cooperation.

Multi-sectoral action: an effective NCD response requires leadership, coordinated multi-stakeholder engagement for health both at government level, such as through health-in-all policies and whole-of-government approaches, and at the level of a wide range of actors.

Management of real, perceived or potential conflicts of interest: public health policies, strategies and multi-sectoral action on NCDs must be protected from undue influence by any form of vested interest. Real, perceived or potential conflicts of interest must be acknowledged and managed.

Ongoing EU processes

The EU chronic disease reflection process 2010-2014
In response to the EU Lisbon Strategy[52], which contained the commitment to achieve two additional Healthy Life Years (HLY) at birth by 2020 in the EU[53], the European Commission launched a reflection process to identify options for optimising the response to chronic diseases[54]. This reflection process resulted in a report identifying two main priorities for EU action on chronic diseases: (1) prevention and health promotion, and (2) disease management, with an emphasis on patient empowerment[55]. It also recognised that Europe should be steering the response to NCDs and other chronic conditions.

The final report was endorsed by the EU Council's Working Party on Public Health in 2013, committing to the continuation of actions on specific diseases and risk factors. This was followed by a major EU chronic disease summit in April 2014[56]. The latter did however not result in significant and specific political commitments.

The European Commission's 2016 'new approach'
In 2016 the European Commission recognised that only two of the nine WHO targets for the European Region would be met by 2025 with current actions and presented a "new approach" to NCDs at a meeting of interested organisations[5758].

Under this new approach the Commission dismantled various expert groups, including on cancer, dementia, rare diseases, health and social inequalities, and established a Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (NCD Steering group)[59]. This Steering Group was set up to advice the Commission on the development and implementation of NCD-related activities, and to foster exchanges of relevant experience, policies and practices between Member States. The Steering Group became a formal expert group of the European Commission in July 2018 with membership limited to government representatives.

For civil society, the European Commission set up the "EU Health Policy Platform", an online forum aimed at enabling health-related discussions and facilitating joint statements between various organisations. The platform however lacks a meaningful link to policy decision-making processes, which raises questions about the effectiveness of this 'approach' in advancing positive change.

The era of the Sustainable Development Goals
In September 2015, the European Union and all Member States adopted the UN Sustainable Development Goals (SDGs), committing to their transposition into national and European policy. In the Conclusions of the EU General Affairs Council of 20 June 2017[60] Member States called on the Commission to define an SDG implementation strategy by 2018. The EU Multi-Stakeholder Platform on SDGs, established to consult the Commission on its SDG agenda, produced an input document to this strategy, which included focus on the prevention and control of NCDs[61].

In January 2019 the Commission published its reflection paper "Towards a sustainable Europe by 2030", which includes reference to the NCD agenda and a strong commitment to develop coherent, cross-cutting policy agendas[62].

Joint Actions

Joint Actions are public health programmes carried out by EU Member States in collaboration with the Commission, funded under the EU Health Programme. Joint actions aim to exchange best practices and improve operational capacity to tackle health challenges and make use of health promotion opportunities.

Key joint actions relevant for tackling NCDs include:

- Joint action on Chronic Diseases (JA-CHRODIS)[63] which started in 2014 and ran until 2017. It was succeeded by a second Joint Action CHRODIS+ (2017-2020) with work streams on health promotion, multimorbidity care, quality of care and employment of people with chronic diseases.
- Joint action on European Partnership for Action Against Cancer (JA-EPAAC) and on Comprehensive Cancer Control (JA-CANCON)
- Joint action on Mental Health and Wellbeing
- Joint action on Reducing Alcohol Related Harm (JA-RARHA)

III. NCD Strategy: Main Priorities

The proposed strategic priorities should inform the creation, implementation, monitoring and evaluation of the future EU strategic framework on NCDs. These priorities, which are a mix of principles and approaches and often draw on the WHO principles discussed above, should not be seen as exhaustive, but rather as strategic focus points that should always be at the 'top of the mind' in all decision-making processes involving NCDs, as well as health promotion and disease prevention more widely.

A. Implement the WHO 'Best Buys'

Many evidence-based policies exist for tackling the drivers of NCDs[64]. The "WHO Best Buys and other recommended interventions" are a collection of the most promising policies, evaluated for cost-effectiveness or recommended in other ways[65]. The 'Best Buys' feature a list of policy options for each of the four key NCD risk factors – tobacco, harmful use of alcohol, unhealthy diet and low physical activity, and for four disease areas – cardiovascular disease, diabetes, cancer and chronic respiratory disease. The NCD Alliance has recently proposed an update of the 'Best Buys' to also include interventions on air quality.

The 'Best Buys' recommendations have been endorsed by countries at successive World Health Assembly meetings, with the latest update in 201766. However, despite these endorsements progress on the implementation of policies has, at best, been patchy and often less ambitious than required. The future EU strategic framework on NCDs should focus on rekindling political leadership and providing pathways for an ambitious implementation of the policies recommended in the WHO 'Best Buys'.

B. Tackle health inequalities

NCDs are a health challenge closely linked to poverty and socio-economic inequalities. Health inequalities are the avoidable, and therefore unfair, differences in health status across different socio-economic groups in society. Health inequalities most acutely affect the poorest section of the population as well as particular groups facing disadvantage and discrimination, including recent immigrants and refugees, ethnic minorities, homeless people, drug and alcohol abusers, children, the elderly, people living with disabilities or mental ill health, prisoners, sex workers.

A major 'health gap' persists within and across countries and regions[67]. There is over 20 years' difference in healthy life years between leading countries and those that fall behind[68]. Opportunities available from birth are reflected in life expectancies: for example, the average life expectancy of Roma people is between 5 and 20 years lower than national averages[69]. For homeless people, the picture is the bleakest with homeless women dying on average at just 43 and homeless men at 47 due to multiple health disadvantages[70]. The clearest causes of shorter life expectancies and fewer healthy life years are explained by differences in income and education[71].

Despite the EU being one the of the world's most economically developed regions, in 2016, 118 million people lived in households at risk of poverty or social exclusion, equivalent to nearly a quarter of the entire population[72]. The future EU strategic framework on NCDs should realise the synergies involved in pursuing a social justice and NCD prevention. It should also acknowledge that population-based disease prevention measures can have significant positive impacts on redressing health inequalities[73].

C. Address the commercial determinants of health

The "commercial determinants of health" can be defined as "strategies and approaches used by the private sector to promote products and choices that are detrimental to health"[74]. Such strategies include the adoption of self-regulation to pre-empt and delay regulation, public relations portraying industry as socially responsible, undermining and contesting the strength of scientific evidence, financing self-serving academic studies, promoting governance arrangements that legitimise industry participation, using

economic leverage to sway politicians as well as the direct lobbying of policy-makers. While industries do not intentionally set out to make people unhealthy, a large body of accumulated evidence shows that vested commercial interests often obstruct efforts to create health-enabling living environments[75].

A fresh relationship should be explored with the private sector, based on the realisation that conflicts of interests do exist and can have negative consequences for public interest policies. In order to ensure the integrity of the policy process and regain public trust, the future EU strategic framework on NCDs should take concrete steps to free policy-making from undue influence by vested commercial interests. This includes among others re-evaluating how multi-stakeholder public governance and ensuring enhanced lobbying transparency.

D. Create health-enabling environments

The health of individuals is shaped by the contexts – the environments – within which people live. For instance, living in poverty significantly reduces one's capacity to make health-promoting decisions. Overweight is a predictable outcome of interacting with obesogenic environments. Physical activity-friendly environments, on the reverse, enhance physical activity[7677]. Food environments shape people's consumption decisions and eating habits. Pollution of the natural environment, for instance of the air, affects everyone breathing within a particular area. Other impacts on the living world, such as climate change, pollution of waters and soil and the degradation of ecosystems is a severe threat to human well-being and the future of human civilisation.

Acknowledging the centrality of living environments is an important conceptual break from the still-dominant 'individual choice' narrative which places on individuals the entire responsibility for their health. Not only is this perspective flawed, it can lead to stigma and create a sense of personal failing. Individuals continuously interact with their environments, be they natural or man-made, and the resulting choices cannot be isolated from these surroundings. The future EU strategic framework on NCDs should focus on creating health-enabling environments that empower and enable people to make healthy choices, for instance by making the healthy options the easiest and default options. Public health interventions, such as the ones contained in the WHO 'Best Buys', are exactly aimed at creating such health-enabling and empowering environments, rather than restricting individual choice.

E. Adopt a rights-based approach

The Constitution of the WHO reads that "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"[78]. International human rights law recognises different human rights relevant to NCDs prevention, including the rights of the child, the right to health, the right to an adequate standard of living, the right to food and the right to a healthy environment.

These basic human rights make states into duty bearers, imposing the legal obligation to respect, protect, and fulfil each of these rights, and people into rights holders. The future EU strategic framework on NCDs should be grounded in a rights-based approach to NCD prevention and start any policy development initiative with asking which actions are necessary to allow each right to be attained.

F. Accord equal status to mental health

Mental health problems are estimated to account for up to 30% of the burden of ill-health across Europe[79]. Suicide is one of the ten most common causes of premature death[80]. Mental ill-health and neurodegenerative conditions such as depression, dementia and Alzheimer's disease are often considered to be 'comorbid' with other chronic diseases: at least 45% of people with psychological challenges also develop chronic physical conditions. Recent studies show that the care of individuals with co-occurring physical and mental problems costs 45% more to the healthcare providers than treating patients with the physical illness alone.[81] Caring responsibilities can also have an impact on physical and mental health, particularly if carers do not receive adequate support.[82]

For mental health to be appropriately addressed in any health framework, it must have parity of esteem with physical health and be dealt with through a comprehensive bio-psychosocial approach which is not considered in isolation from physical health. The future EU strategic framework on NCDs should tackle the mental health aspects of NCDs in an inclusive way, while acknowledging current shifts in mental healthcare including towards the recovery model and the move towards provision of peer support and a range of interventions, including psychosocial, which are not limited to the provision of psychiatric medications.[83]

IV. NCD Strategy: Specific Actions

Drawing on the EU's competences in the area of health and referring to the role of the Commission as initiator of action and as guardian of the EU Treaties, this paper proposes a number of concrete activities that should form the backbone of the future EU Framework on NCDs. These actions can be characterised by three underlying themes: **facilitate**, **synergise** and **regulate**.

The future EU Framework on NCDs should **facilitate** Member State-led initiatives to address NCDs and advance people's well-being. The framework needs to focus on **synergies** to reap the added value of linking the NCD prevention agenda with other societal agendas, in particular in areas where clear co-benefits can be reaped. It should also advance an effective and appropriate EU-wide **regulatory** system for health, which includes a clear commitment to fill gaps in regulation, mainstream health in regulatory initiatives under other policy areas following the "Health in All Policies" principle, and to ensure effective enforcement, including complaint mechanisms and appropriate sanctions

Action X: Elaborate WHO Best Buys implementation guidance

The WHO Best Buys contain best-practice policies covering most areas relevant for NCD prevention. While the Best Buys are straightforward, implementing them may not always be. There are lots of choices to be made in terms of policy design. Also, different designs can have different repercussions and different levels of effectiveness.

Compiling guidance to Member States on implementing such policies, including on communicating measures and dealing with stakeholders with potential conflicts of interests, is key. A structural process to this end should be initiated with the core participation of the WHO Regional Office for Europe. This would respond to the Union's mandate to support Member States in their efforts to reduce NCDs, to improve the health of citizens, to contribute to economic development and reduce the financial strain on health systems.

In parallel to addressing implementation, the Commission should propose impact indicators that Member States can use to support the monitoring of progress, drawing on and synthesising the various, often overlapping international commitments. These activities deserve to become a priority for the EU Steering Group on NCDs.

Deliverables:

- On an ongoing basis, elaborate and publish Guidance for Member States for each policy measure included under the WHO Best Buys.
- Co-create a list of indicators that Member States can use to support progress monitoring.

Action X: Conduct a 'health check' study to identify EU barriers to the implementation of national NCD prevention policies

There may be instances where EU legislation, particularly on the single market, has in practice contradicted the subsidiarity principle by limiting or reducing the scope for Member States to introduce measures to protect public health.

The European Commission services, including the Secretariat-General and Legal Service, should undertake a comprehensive legal analysis with the objective to establish an EU inventory of legislative barriers to the implementation of prevention policies at national, regional and local level.

Based on this inventory an action plan should be drawn-up to remove the identified barriers, and in cases where there is an inherent tension between different legal objectives contained in the EU Treaties, propose

legal guidance to Member States for framing policies and to issue clarifications on legal precedence, based on case-law of the European Court of Justice.

Deliverables:

- The Commission will publish a comprehensive legal 'Health Check' inventory of EU barriers to implementation of effective prevention policies at national, regional and local level.
- Based on the health check the Commission will propose an action plan to remove barriers or clarify the 'safe operating space' for the introduction of national NCD prevention policies.

Action X: Design EU financial instruments to support national investment in prevention programmes and measures

Recognising the excellent rates of return on investment of public health measures, a process should be initiated under the future Framework on NCDs to design innovative financial support instruments and incentives to overcome the current barriers to investing in prevention. The Commission should convene expertise, including from the European Investment Bank and World Bank, as well as stakeholders to identify barriers and explore tools to unleash additional investment in prevention.

This process, which could draw on the High-Level Expert Group on Sustainable Finance[84], should also explore options under the European Semester process, such as increasing space for national investments in prevention measures and health systems, and improving possibilities under the Structural and Cohesion funds to finance public health programmes.

Deliverables:

- Establish a cross-sectoral expert group on Financing for Health, which will assess and propose different options to enhance societal returns on investment by increasing programmes for NCD prevention funding.

Action X: Pursue EU flagship initiatives in areas that can deliver co-benefits for NCDs and other societal challenges

NCDs are closely interlinked with other policy areas, sharing both drivers and solutions with other major societal challenges. In order to maximise the efficiency in the use of policy resources, the future Framework on NCDs should define areas where policy synergies can be exploited and should identify strategic approaches maximising co-benefits. Co-benefits have been described as the additional benefits of tackling multiple issues simultaneously, for instance across health, economy and environment[85].

Areas where clear co-benefits can be reaped should be pursued as EU flagship initiatives that could help the EU communicate its pursuit of a positive agenda focused on public goods for Europe's peoples:

- Transitioning towards healthy diets from sustainable food systems, while ensuring the food, retail and agricultural sectors are able to fully realise their contribution to a healthy and sustainable future[86];
- Redesigning urban mobility and public spaces to tackle air quality and climate change and create physical activity-friendly environments;
- Advancing universal health coverage to address health inequalities and social justice;
- Moving towards a toxic-free circular economy to maximise resource use efficiency and reduce the risk of exposure to hazardous chemicals, while improving the long-term competitiveness of EU industry;

- Reshaping the marketing environment to ensure children and youth can safely navigate communications channels without exposure to health-harming products and services, while creating a level-playing field for business in Europe.

Deliverables:
- Define areas where clear synergies exist across different policy and societal areas and identify policy pathways that allow to maximise co-benefits.
- Create action plans to pursue each identified area as a 'flagship initiative'.

Action X: Ensure inter-institutional coordination on health and well-being and a policy home for health within the Commission structure

Considering the strong interconnections between the NCD prevention agenda and other policy areas, adequate institutional coordination at a high level in the EU needs to be ensured. For this purpose, establishing a Vice-President for Health and Well-being, under the leadership of a Directorate General specifically responsible for health issues, who would have the role of ensuring inter- and intra-institutional coordination, would allow the operationalisation of the new Framework on NCDs.

Deliverables:
- A Vice-President on Health and Well-being the role of ensuring inter- and intra-institutional coordination to ensure health and well-being act as focal points policy processes.

Action X: Elaborate a pan-European system for data collection and policy evaluation

The insufficient availability of comparable data across the EU remains a barrier to assessing the full burden and cost of NCDs on individuals, communities, healthcare systems and economies in Europe. The lack of data disaggregated by sex, age and social status prevents researchers and governments from assessing the impact and effectiveness of national chronic diseases policies, programmes and treatment. Also, often data on health proxies, such as trends in risk factors (e.g. consumption levels for various products) is insufficiently available at a comparable scale.

The Commission should therefore financially support and host an EU-wide registry for incidence, prevalence, health outcomes and key indicators on risk factors in order to better understand the scale of the problem and collect quality data that are comparable across countries. In synergy with the establishment of such registries, effort should go into elaborating new policy evaluation tools, such as complex and system evaluation methodologies, to assist researchers and countries in evaluating what works and why[87].

Regarding research funding the Commission should undertake an evaluation to investigate which programmes and projects brought the highest gains in terms of disease prevention. The evaluation should highlight areas where research has been duplicated, so as to avoid future double-funding of the same research questions. Conclusions should be drawn and indicators proposed on how in future to define research needs to tackle major societal challenges, including prevention of the range of chronic diseases and how to ensure better uptake of research outcomes to inform policy decision-making both at EU and national level. The conclusions shall consider to use of ex-ante conditionalities in the area of health relevant projects and funding, as appropriate. [88]

Deliverables:

- Support health data collection through the establishment of an EU-wide interoperable health data system.
- Fund the elaboration of concrete new policy evaluation tools
- Evaluate the added value of past research funding and consider proposing ex-ante conditionalities in the area of health relevant projects and funding.

Co-funded by
the Health Programme
of the European Union

The European Public Health Alliance has received funding under an operating grant from the European Union's Health Programme (2014-2020). The content of this publication represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

[1] OECD/EU (2016), Health at a Glance: Europe 2016 – State of Health in the EU Cycle, OECD Publishing, Paris. https://ec.europa.eu/health/state/glance/editions/health_glance_2016_en
[2] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5923823/
[3] OECD/EU (2016) Health at a Glance: Europe 2016 – State of Health in the EU Cycle
[4] https://ec.europa.eu/eurostat/web/products-eurostat-news/-/DDN-20190204-1
[5] http://www.who.int/about/mission/en/
[6] Eurobarometer 89 (2018) Spring 2018
[7] http://www.europarl.europa.eu/external/html/eurobarometer-052017/default_en.htm
[8] Reference
[9] http://www.euro.who.int/en/data-and-evidence/european-health-report/european-health-report-2018/european-health-report-2018.-more-than-numbers-evidence-for-all-2018
[10] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32858-7/fulltext?dgcid=raven_jbs_etoc_email
[11] https://ec.europa.eu/health/state/glance_en (2018)
[12] The Lancet Commission on Planetary Health
[13] Eurostat, 25 August 2017 : http://ec.europa.eu/eurostat/web/products-eurostat-news/-/DDN-20170825-1?
[14] OECD/EU (2018) Health at a Glance: Europe 2018 – State of Health in the EU Cycle
[15] http://www.oecd.org/health/europe-paying-a-heavy-price-for-chronic-diseases-finds-new-oecd-ec-report.htm
[16] WHO Regional Office for Europe (2016) Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region 2016–2025
[17] Masters, Anwar, et al, *Return on investment of public health interventions: a systematic review*, BMJ Journal of Epidemiology and Community Health, http://jech.bmj.com/content/early/2017/03/07/jech-2016-208141
[18] Article 3 Treaty on European Union
[19] Article 3 Treaty on European Union
[20] Articles 9 and 168(1) Treaty on the Functioning of the European Union
[21] https://ec.europa.eu/health/nutrition_physical_activity/policy/strategy_en
[22] https://ec.europa.eu/health/non_communicable_diseases/steeringgroup_promotionprevention_en
[23]
[24] http://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases
[25] http://www.euro.who.int/en/health-topics/noncommunicable-diseases
[26] REFERENCE
[27] https://www.thelancet.com/journals/landia/article/PIIS2213-8587(17)30191-2/fulltext
[28] https://www.worldobesity.org/about/about-obesity
[29] https://www.who.int/chp/about/integrated_cd/en/
[30] http://www.euro.who.int/en/publications/abstracts/review-of-social-determinants-and-the-health-divide-in-the-who-european-region.-final-report
[31] https://www.thelancet.com/journals/langlo/article/PIIS2214-109X%2817%2930200-0/fulltext
[32] https://ec.europa.eu/health/sites/health/files/major_chronic_diseases/docs/ev_20140403_mi_en.pdf
[33] http://www.oecd.org/health/europe-paying-a-heavy-price-for-chronic-diseases-finds-new-oecd-ec-report.htm
[34] https://ec.europa.eu/health/sites/health/files/state/docs/health_glance_2016_rep_en.pdf
[35] http://ec.europa.eu/health//sites/health/files/mental_health/docs/matrix_economic_analysis_mh_promotion_en.pdf
[36] OECD/EU (2016), Health at a Glance: Europe 2016 - State of Health in the EU Cycle, OECD Publishing, Paris. DOI:10.1787/9789264265592-en
[37] ECDA. November 2017. Joint Statement “Improving the employment of people with chronic diseases in Europe”. Framing paper
[38] The Council Conclusions on modern, responsive and sustainable health systems summarise evidence of the link between investment and prevention https://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lsa/122395.pdf
[39] WHO Regional Office for Europe (2016) Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region 2016–2025
[40] Eurostat, 25 August 2017 : http://ec.europa.eu/eurostat/web/products-eurostat-news/-/DDN-20170825-1?
[41] Mackenbach JP, Meerding WJ, Kunst AE (2011). *Economic costs of health inequalities in the European Union*. J Epidemiol Community Health 2011;65:412-19.
[42] Bloom, David 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
[43] Bloom et al. (2011).
[44] F. Sassi: Obesity and the economics of prevention: Fit not fat”, OECD 2010
[45] Masters, Anwar, et al, *Return on investment of public health interventions: a systematic review*, BMJ Journal of Epidemiology and Community Health, http://jech.bmj.com/content/early/2017/03/07/jech-2016-208141
[46] Together for Health: A Strategic Approach for the EU 2008-2013, White paper, European Commission, COM(2007) 630 final
[47] resolution A/RES/68/271 http://www.who.int/nmh/events/2014/a-res-68-300.pdf?ua=1
[48] https:// www.un.org/en/ga/ncdmeeting2011
[49] http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/73/2
[50] https://www.un.org/sustainabledevelopment/sustainable-development-goals/
[51] https://www.who.int/nmh/events/ncd_action_plan/en/

[52] http://ec.europa.eu/europe2020/pdf/lisbon_strategy_evaluation_en.pdf
[53] https://ec.europa.eu/info/strategy/european-semester/framework/europe-2020-strategy_en
[54] http://www.consilium.europa.eu/uedocs/cms_Data/docs/pressdata/en/lsa/118282.pdf
[55] Reflection process: Innovative approaches for chronic diseases in public health and healthcare systems https://ec.europa.eu/health/sites/health/files/major_chronic_diseases/docs/reflection_process_cd_final_report_en.pdf
[56] European Commission, materials from Chronic Diseases Summit, April 2014 : https://ec.europa.eu/health/major_chronic_diseases/events/ev_20140403_en
[57] European Commission, summary of new approach on chronic disease, December 2016: https://ec.europa.eu/health/sites/health/files/strategy/docs/ev_20161206_co07_en.pdf
[58] 25% reduction in premature mortality from CVD, cancer, diabetes and respiratory diseases, and 25% relative reduction in the prevalence of raised blood pressure, or contain the prevalence of raised blood pressure, according to national circumstances http://www.euro.who.int/en/health-topics/disease-prevention/nutrition/news/news/2017/07/reducing-premature-deaths-from-ncds-by-45-a-bold-vision-discussed-by-ncd-programme-directors-in-moscow
[59] https://ec.europa.eu/health/non_communicable_diseases/steeringgroup_promotionprevention_en
[60] http://www.consilium.europa.eu/en/press/press-releases/2017/06/20-2030-agenda-sustainable-development/
[61] https://ec.europa.eu/info/sites/info/files/sdg_multi-stakeholder_platform_input_to_reflection_paper_sustainable_europe2.pdf
[62] https://ec.europa.eu/commission/files/reflection-paper-towards-sustainable-europe_en
[63] http://chrodis.eu
[64] See for instance NOURISHING Framework for a collection of policies implemented around the world, with evaluations when available.
[65] http://www.who.int/ncds/management/best-buys/en/
[66] http://apps.who.int/gb/e/e_wha70.html
[67] Marmot, 2015
[68] Reference
[69] European Commission Roma Health Report Health status of the Roma population Data collection in the Member States of the European Union https://ec.europa.eu/health//sites/health/files/social_determinants/docs/2014_roma_health_report_es_en.pdf
[70] FEANTSA (2016), Homelessness & health factsheet
[71] Bambra C, Gibson M, et al. (2010) *Tackling the wider social determinants of health and health inequalities: evidence from systematic reviews.* J Epidemiol Community Health 2010;64:284-91.
[72] https://ec.europa.eu/eurostat/statistics-explained/index.php/People_at_risk_of_poverty_or_social_exclusion#Number_of_people_at_risk_of_poverty_or_social_exclusion
[73] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30531-2/fulltext
[74] Kickbusch, Allen and Franz, The commercial determinants of health. Lancet Glob Health. 2016; 12: e895–e896 http://thelancet.com/journals/langlo/article/PIIS2214-109X(16)30217-0/fulltext
[75] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32822-8/fulltext?utm_campaign=tlobesity19&utm_content=83639620&utm_medium=social&utm_source=twitter&hss_channel=tw-27013292
[76] https://www.ncbi.nlm.nih.gov/pubmed/28054953
[77] https://www.ncbi.nlm.nih.gov/pubmed/28987751
[78] WHO Constitution - http://www.who.int/governance/eb/who_constitution_en.pdf
[79] WHO 2014
[80] European Commission 2010
[81] Naylor at al. (2012): Long-term conditions and mental health. The cost of co-morbidities. The King's Fund and Center for Mental Health.
[82] www.caringformentalhealth.org Vermeulen, B., Lauwers, H.,Spruytte, N., Van Audenhove, C., Magro, C, Saunders, J. & Jones, K. (2015) Experiences of family caregivers for persons with severe mental illness: an international exploration. Leuven: LUCAS KU Leuven/EUFAMI
[83] W Anthony : 'Towards a Vision of Recovery': http://mha.ohio.gov/Portals/0/assets/Supports/RecoverytoWork/toward-a-vision-of-recovery.pdf
[84] https://ec.europa.eu/info/publications/180131-sustainable-finance-report_en
[85] http://www.euro.who.int/en/about-us/partners/observatory/publications/policy-briefs-and-summaries/connecting-food-systems-for-co-benefits-how-can-food-systems-combine-diet-related-health-with-environmental-and-economic-policy-goals
[86] EAT-Lancet Commission
[87] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31267-9/fulltext
[88] A Prioritized Research Agenda for Prevention and Control of Noncommunicable Diseases, WHO 2011, http://apps.who.int/iris/bitstream/10665/44569/1/9789241564205_eng.pdf