

Amendments proposal by the European Public Health Alliance (EPHA) to the DRAFT REPORT on non-communicable diseases (NCDs) ([2023/2075\(INI\)](#)) from the Subcommittee on Public Health (SANT)

Rapporteur: Erik Poulsen

Text proposed by the SANT Subcommittee	Amendment proposed by EPHA
Preamble	
<p>B. whereas premature deaths as a result of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases account for 68 % of all premature deaths in Europe; whereas other NCDs include mental and neurological disorders, kidney diseases, oral diseases, osteoporosis, osteoarthritis and endometriosis, among other conditions;</p>	<p>B. whereas premature deaths as a result of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases account for 68 % of all premature deaths in Europe; whereas other NCDs include mental and neurological disorders, liver diseases, kidney diseases, oral diseases, osteoporosis, osteoarthritis and endometriosis, among other conditions;</p>
<p>Justification: Chronic liver disease and liver cancer were the second leading cause of years of working life lost in the WHO European region in 2019, more than either stroke or lung and bronchus cancer and more than four times greater than either diabetes, chronic kidney disease, neurological disease or chronic obstructive airways disease. Primary liver cancer is a complication of chronic liver disease and has increased by 70% since 1990. Alcohol consumption is responsible for most of these deaths¹.</p>	
<p>C. whereas NCDs account for the largest share of countries' healthcare expenditures, costing EU economies EUR 115 billion, or 0.8 % of GDP annually as well as entail other societal costs such as loss of productivity and workforce; whereas in 2018, no more than 2.8 % of total health expenditure in the EU was spent on prevention, whereas the cost of treating NCDs remains high⁵;</p>	<p>C. whereas NCDs account for the largest share of countries' healthcare expenditures and are predicted to lead to the forfeiture of potential productive years among workers afflicted by such conditions, resulting in a cost of costing EU economies EUR 115 billion, or 0.8 % of GDP annually as well as entail other societal costs such as loss of productivity and workforce²; whereas in 2018, no more than 2.8 % of total health expenditure in the EU was spent on prevention, whereas the cost of treating NCDs remains high⁵;</p>
<p>Justification: The portrayal of the economic influence of NCDs on European economies requires revision. The existing data utilized in the report (EUR 115 billion) originates from the 2016 Health at a Glance publication (now referred in the main text²). This number pertains to the forfeited potential productive years of around 3.4 million workers afflicted by NCDs. It assumes that these individuals would have matched the employment rate of the general population, thereby resulting in an approximate annual economic setback of EUR 115 billion for EU economies. However, this figure is not indicative of the expenses incurred by healthcare systems due to NCDs, as might be misconstrued from the present phrasing.</p>	

¹ [The EASL-Lancet Liver Commission: protecting the next generation of Europeans against liver disease complications and premature mortality \(thelancet.com\)](#)

² [Health at a Glance: Europe | OECD iLibrary \(oecd-ilibrary.org\)](#)

<p>D. whereas the increasing burden of NCDs and the health needs of ageing populations represent challenges to the healthcare systems of the Member States;</p>	<p>D. whereas the increasing burden of NCDs on individuals and societies and the health needs of ageing populations represent challenges to the healthcare systems of the Member States;</p>
<p>Justification: NCDs tend to impact underprivileged communities and those from lower socio-economic backgrounds more severely³. It's crucial for the EU to acknowledge the influence of NCDs not just on economic aspects, but also on individual lives and societal groups. The economic effects of NCDs are evident in the loss of potential years of productive life. Thus, the repercussions of NCDs extend beyond just individual health, affecting the broader economy and the fabric of society.</p>	
<p>E. whereas most NCDs are impacted by four preventable risk factors: tobacco use, unhealthy diet, lack of physical activity and harmful use of alcohol; whereas behavioural risk factors lead to biological risk factors, the most common being overweight and obesity, high blood pressure, high blood glucose and high blood cholesterol⁶;</p>	<p>E. whereas most NCDs are impacted by four preventable risk factors: tobacco use, unhealthy diet, lack of physical activity and harmful use of alcohol consumption; whereas behavioural risk factors lead to biological risk factors, the most common being overweight and obesity, high blood pressure, high blood glucose and high blood cholesterol⁶;</p>
<p>Justification: In this text "tobacco use" is not being articulated as "Harmful use of tobacco". According to the World Health Organization (WHO), both alcohol and tobacco are recognized as carcinogens and have the potential to lead to cancer. The International Agency for Research on Cancer (IARC) classifies both tobacco and alcohol as Group 1 carcinogens in humans⁴. Importantly, WHO states that no level of alcohol consumption is safe for our health⁵. Therefore, it is essential to acknowledge that alcohol consumption itself carries inherent harm. The report should explicitly emphasize this aspect rather than leaving room for ambiguity. Moreover, the language in this report should align with language in recent WHO Framework for action on alcohol document⁶. This was agreed by all member states in WHO Europe region.</p>	
<p>F. whereas most NCDs are impacted by environmental risk factors, such as air pollution;</p>	<p>F. whereas most NCDs are impacted by environmental risk factors, such as indoor and outdoor air pollution, and multiple global environmental changes, including climate change and biodiversity loss⁷;</p>
<p>Justification: 2021 EP resolution on the implementation of the Ambient Air Quality Directives: "[the EP] Calls for the Commission to consider regulating indoor air quality independently or as a part of sustainable buildings legislation, covering indoor air quality in confined spaces at least in public and commercial real estate"⁸</p>	
<p>H. whereas innovation with regard to development of technologies, medicines and healthcare practices is crucial in ensuring the elimination or reduction of harm caused by preventable risk factors and new and better treatments for NCDs;</p>	<p>H. whereas innovation with regard to development of technologies, medicines and healthcare practices is crucial in ensuring the elimination or reduction of harm caused by preventable risk factors, early detection,</p>

³ [Noncommunicable diseases \(who.int\)](https://www.who.int/news-room/fact-sheets/detail/non-communicable-diseases)

⁴ [World Cancer Day: know the facts – tobacco and alcohol both cause cancer \(who.int\)](https://www.who.int/news-room/fact-sheets/detail/world-cancer-day)

⁵ [No level of alcohol consumption is safe for our health \(who.int\)](https://www.who.int/news-room/fact-sheets/detail/alcohol)

⁶ [EUR/RC72/12: European framework for action on alcohol 2022–2025 \(who.int\)](https://www.who.int/news-room/fact-sheets/detail/european-framework-for-action-on-alcohol)

⁷ [Global Environmental Change and Noncommunicable Disease Risks \(annualreviews.org\)](https://www.annualreviews.org/annals-of-the-new-york-academy-of-sciences/2021)

⁸ [TA MEF \(europa.eu\)](https://ec.europa.eu/health/ta_mef/)

	integration of care, improved disease management, and new and better treatments for NCDs;
	X1. whereas the development of NCDs and resulting health outcomes are significantly based on commercial^{9,10} and social^{11,12} determinants of health, including racism¹³. These underlying factors correspond to substantial and transversal health inequities within and across EU countries¹⁴, which include prevention and access to care. These inequities are beyond individual control and can accumulate along one's life-course, affecting their health behaviours and choices¹⁵.
<p>Justification:</p> <p>The health outcomes and disparities observed in the EU are strongly shaped by social, economic, and environmental factors, as well as commercial determinants of health. While overall life expectancy and health outcomes have improved within the EU, notable health disparities remain. These disparities are evident both among different social groups and between and within EU Member States. This includes variations in access to healthcare, encompassing coverage, cost, and the availability of medical services. A clear example of these disparities is the unequal access to cancer screening technologies across different Member States¹⁴.</p>	
	X2. whereas people living with one or more NCDs were one of the most severely affected population groups during the COVID-19 pandemic¹⁶; whereas investment in NCD prevention and management remains limited, despite disrupted access to care, essential complications screening and diagnosis during the COVID-19 pandemic, potentially leading to severe complications over the longer term¹⁷;
	X3. recognising the critical impact of conflict of interest between public health objectives and the interests of industries producing alcohol, tobacco, and poorly nutritious and ultra-processed foods. The undue influence of these industries on health policies and strategies can hinder effective NCD prevention efforts. Just as transparency is vital in maintaining the integrity of public health, it

⁹ [Defining and conceptualising the commercial determinants of health - The Lancet](#)

¹⁰ [Conceptualising commercial entities in public health: beyond unhealthy commodities and transnational corporations - The Lancet](#)

¹¹ [Social determinants and non-communicable diseases: time for integrated action \(bmj.com\)](#)

¹² [Social determinants of health \(who.int\)](#)

¹³ [Advancing racial and ethnic equity in health - The Lancet](#)

¹⁴ [Addressing health inequalities in the European Union \(europa.eu\)](#)

¹⁵ [eu-ncd-initiative_publication_en_0.pdf \(europa.eu\)](#) page 59

¹⁶ [Invisible numbers: the true extent of noncommunicable diseases and what to do about them \(who.int\)](#)

¹⁷ [Addressing backlogs and managing waiting lists during and beyond the COVID-19 pandemic \(who.int\)](#)

	is equally essential to implement stringent measures to mitigate conflicts of interest ¹⁸ .
	X4. Whereas antimicrobial resistance (AMR) significantly disrupts medical procedures like surgeries, dental implants, cancer treatments, and organ transplants; AMR also complicates the management of prevalent NCDs, including cardiovascular diseases, dementias, and tumours ¹⁹ ; whereas the repercussions of AMR on disease incidence, mortality rates, hospital stays, and healthcare expenses ²⁰ ;
2. Welcomes the ‘Healthier together – EU non-communicable diseases (NCD)’ initiative, Europe’s Beating Cancer Plan, the EU4Health work programme and the Commission communication entitled ‘A comprehensive approach to mental health’; calls on the Commission to strengthen the ‘Healthier together – EU NCD’ initiative by introducing a holistic EU strategy on NCDs complemented by action plans for specific NCDs; welcomes the national plans and actions already taken against NCDs by Member States;	2. Welcomes the ‘Healthier together – EU non-communicable diseases (NCD)’ initiative, Europe’s Beating Cancer Plan, the EU4Health work programme and the Commission communication entitled ‘A comprehensive approach to mental health’; calls on the Commission to strengthen the ‘Healthier together – EU NCD’ initiative by introducing a holistic and integrative EU strategy on NCDs complemented by action plans for specific NCDs with clear targets, benchmarks, indicators and mechanisms to monitor progress ; welcomes the national plans and actions already taken against NCDs by Member States;
NCD prevention	
	N1. Acknowledges that social, economic, cultural, and commercial determinants of health, and health inequities increase the risk of NCDs and underlines the need to create favourable conditions that address these factors; emphasizes the importance of a more robust implementation of the Health in All Policies principle, in dialogue with the public health community, and with thorough consideration of the health impacts of sectoral policies;
	N2. Acknowledges the efforts of the European Commission to support Member States in reducing the burden of NCDs with the launch of the ‘Healthier together – EU non-communicable diseases initiative (NCD)’ in December 2021; but calls for more ambitious action at EU level not only to revert the rising number of people living with NCDs but also to improve quality of life and well-being of people affected by NCDs;

¹⁸ [Commercial determinants of health: future directions - The Lancet](#)

¹⁹ [Tackling antimicrobial resistance: From science to pharmaceuticals policy \(europa.eu\)](#)

²⁰ [Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis - The Lancet](#)

<p>3. Acknowledges that tobacco use, physical inactivity, the harmful use of alcohol, unhealthy diets and environmental factors such as air, food, water and soil pollution and chemical exposure increase the risk of NCDs¹⁰;</p>	<p>3. Acknowledges that tobacco use, alcohol consumption, physical inactivity, the harmful use of alcohol, unhealthy diets and environmental factors such as air, food, water and soil pollution and chemical exposure increase the risk of NCDs¹⁰;</p>
<p>4. Acknowledges that tobacco use was responsible for 1.6 million deaths in Europe in 2019 and is a high risk factor of developing NCDs such as cancer, cardiovascular diseases and chronic respiratory diseases;</p>	
<p>Comment: Are these numbers referring to EU or WHO European region? What is the source of this information? It should be specified.</p>	
<p>5. Supports the Commission's proposals to review the Tobacco Products Directive¹¹ and the Tobacco Taxation Directive¹² and the proposal to update the Council recommendation of 30 November 2009 on smoke-free environments¹³; calls for the full implementation of the World Health Organization Framework Convention on Tobacco Control; calls on the Commission and the Member States to:</p> <p>(a) implement measures to help tobacco users quit;</p> <p>(b) follow up on the scientific evaluations of the health risks related to electronic cigarettes, heated tobacco products and novel tobacco products, including the assessment of the risks of using these products compared to consuming other tobacco products;</p>	<p>5. Supports the Europe's Beating Cancer Plan to achieve a Tobacco-Free Generation and prevent tobacco use by reducing tobacco consumption to 5% by 2040 and urges the Commission's proposals to review the Tobacco Products Directive¹¹, and the Tobacco Taxation Directive¹² and the proposal to update the Council recommendation of 30 November 2009 on smoke-free environments¹³, and prevent any delays in revisions of the legislation; calls for the full implementation of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC); calls on the Commission and the Member States to:</p> <p>(a) implement measures to help tobacco users quit, in line with WHO FCTC guidelines for Article 14;</p> <p>(b) follow up on the scientific evaluations of the health risks related to electronic cigarettes, heated tobacco products and novel tobacco products, including the assessment of the risks of using these products compared to consuming other tobacco products; decisions of the Conference of the Parties to the WHO FCTC to which the EU and Member States are Parties, particularly Decisions of the FCTC COP9²¹ and upcoming COP10 regarding regulation of the novel and emerging tobacco products, depiction of tobacco in entertainment media, protection of public health policies from commercial or other vested interest of the tobacco industry;</p>

²¹ [FCTC/COP9 Draft report \(untobaccocontrol.org\)](https://untobaccocontrol.org)

	<p>(c) Implement the European Ombudsman recommendations ‘a whole-of-Commission approach to complying with the obligations stemming from the FCTC constitutes maladministration’; to keep and make available minutes on all of the Commission’s meetings with tobacco interest representatives constitutes maladministration; ensuring implementation of the guidelines for Article 5.3 of the FCTC that state “Parties should interact with the tobacco industry only when and to the extent strictly necessary to enable them to effectively regulate the tobacco industry and tobacco products”²²;</p>
<p>6. Acknowledges that the harmful use of alcohol is a risk factor for multiple NCDs and underlines that the lower the amount of alcohol consumed, the lower the risk is of developing NCDs¹⁴;</p>	<p>6. Highlights that the WHO estimate 1 million deaths annually in European Region²³; acknowledges that the harmful—use consumption of alcohol is a risk factor for multiple NCDs and underlines that there is no safe amount that does not affect health²⁴; recognizes that lower the amount of alcohol consumed, the lower the risk is of developing NCDs¹⁴; calls for the urgent implementation of evidence-based methods, such as increase prices through taxation or price thresholds, to reduce alcohol consumption in Europe;</p>
<p>Justification: The number of alcohol-related deaths in Europe should be stated, as has been done for tobacco in point 4. Importantly, the highest levels of per capita alcohol consumption in the world are observed in the WHO European Region²⁵. As highlighted in the rationale for amendment E., there isn't a level of alcohol consumption that is completely free from adverse health effects. Current evidence does not suggest a clear point where the carcinogenic properties of alcohol become active and begin to show in the human body²⁶. Just as with tobacco the most effective way to reduce alcohol related mortality is to increase price through taxation or price thresholds.</p>	
<p>7. Welcomes the Commission’s objective of achieving a 10 % reduction in harmful alcohol consumption by 2025; calls on the Commission and the Member States to:</p> <p>(a) enact restrictions on alcohol advertising targeting minors;</p>	<p>7. Welcomes the Commission’s objective of achieving a 10 % reduction in harmful alcohol consumption by 2025; calls on the Commission and the Member States to:</p> <p>(a) enact restrictions on alcohol advertising targeting minors to ensure they are not seen by minors, as evidenced by the impact of alcohol marketing targeting youth on consumption²⁷;</p>

²² [Preliminary findings in the OI/6/2021/KR on the European Commission’s interactions with tobacco interest representatives | Correspondence | European Ombudsman \(europa.eu\)](#)

²³ [european-framework-for-action-on-alcohol-2022-2025-cheat-sheet-en.pdf \(who.int\)](#)

²⁴ [No level of alcohol consumption is safe for our health \(who.int\)](#)

²⁵ [18105 Global status report on alcohol and health 2018 For Web \(who.int\)](#)

²⁶ [Health and cancer risks associated with low levels of alcohol consumption - The Lancet Public Health](#)

²⁷ [Effects of Alcohol Advertising Exposure on Drinking Among Youth | Adolescent Medicine | JAMA Pediatrics | JAMA Network](#)

<p>(b) promote measures aimed at reducing and preventing alcohol-related harm within the revised EU alcohol strategy;</p>	<p>(b) promote measures aimed at reducing and preventing alcohol-related harm within the revised EU alcohol strategy;</p> <p>(c) recommend the Commission to elaborate a proposal on the introduction of health warnings to alcohol labelling requirements, as Ireland did in Section 12 of the Public Health (Alcohol) Act 2018.</p> <p>(d) recommend the Commission to welcome the introduction of the list of ingredients and the nutrition declaration on all alcoholic products, as announced in 2021, with the adoption of the Europe’s Beating Cancer Plan²⁸.</p>
<p>Justification:</p> <p>Talking about reducing harmful alcohol consumption by 10% is vague. It is much more useful to talk about reducing alcohol use by 10% as measured by alcohol use per capita over the age of 15 years which is the standard way of referring to alcohol.</p> <p>On section (a), The alcohol industry will always claim that they are not targeting minors, yet their advertising is seen by children. The onus on the industry should be to prove that their ads are not being seen by children.</p> <p>On section (c), On 22 May 2023, the Irish Minister of Health formally approved the Public Health (Alcohol) (Labelling) Regulations 2023 and the outstanding clauses of Section 12 from Ireland’s Public Health (Alcohol) Act 2018. With the introduction of the 2023 regulations, Irish law now requires that all alcoholic products feature key health details on their labels. This encompasses information like calorie count, grams of alcohol, and health risk warnings. This place Ireland as the pioneer in mandating alcohol labelling, potentially serving as a model for other nations.</p>	
<p>8. Notes that an unhealthy diet is one of the major risk factors for NCDs, including cardiovascular diseases, cancer, diabetes and other conditions linked to obesity¹⁵; acknowledges that obesity is considered a risk factor for several NCDs; calls on the Commission and the Member States to:</p> <p>(a) encourage and help consumers to make informed, healthy choices about food products; promote behavioural changes via communication and mass media campaigns for healthy diets; encourage public food procurement and service policies for healthy and sustainable diets;</p> <p>(b) propose a new action plan for child obesity;</p>	<p>8. Notes that an unhealthy diet is one of the major risk factors for NCDs, including cardiovascular diseases, cancer, diabetes, oral diseases, and other conditions linked to obesity¹⁵; acknowledges that obesity is considered a risk factor for several NCDs and is itself recognized as an NCD²⁹; calls on the Commission and the Member States to:</p> <p>(a) encourage and help consumers to make informed, healthy choices about food products; promote behavioural changes via communication, and mass media campaigns for healthy diets; encourage public food procurement and service policies for healthy and sustainable diets; implement considerable restrictions on advertising of ultra-processed foods, particularly those aimed at children, and</p>

²⁸ [eu_cancer-plan_en_0.pdf \(europa.eu\)](#); page 28

²⁹ [European Commission classifies obesity as a chronic disease - The Lancet Diabetes & Endocrinology](#)

	<p>encouraging obligatory front-of-pack food labelling;</p> <p>(b) propose a new comprehensive and integrative action plan for child obesity, with clear bidding targets, benchmarks, indicators and mechanisms to monitor and ensure advancements;</p> <p>(c) propose the implementation of taxation on unhealthy foods and sugary beverages, while subsidizing affordable access to minimally processed nutritious foods for socioeconomically disadvantaged populations;</p> <p>(d) enhance the availability, affordability, and accessibility of nutritional care provided by dietitians and nutritionists;</p> <p>(e) establish and nurture food environments that seamlessly promote the selection of healthy and sustainable food options, ensuring they become the default choices due to their ease of access and affordability; enable a shift in focus from individual responsibility to enhancing the environments where choices are made; counter industry-driven narratives and foster a broader understanding of the commercial and social determinants of dietary behaviour.</p> <p>(f) drive transformative shifts in nutritionally poor food availability through limiting the density of fast-food outlets, especially in proximity to schools and underserved areas. Acknowledge that encouraging behavioural change is intrinsically linked to an individual's socioeconomic status, geographical location, and available opportunities;</p>
<p>Justification:</p> <p>The European Commission should spearhead the creation and execution of policies that foster food environments where healthy, sustainable options are the default in terms of both accessibility and affordability. This not only ensures that healthier choices are the most straightforward for individuals but also emphasizes promoting minimally processed, nutritious foods over those high in fat, sugar, salt, and processed meats. This strategy transitions the emphasis from personal responsibility to enhancing choice environments, challenging industry narratives, and highlighting the broader commercial and social factors influencing health behaviours. Increased sugar intake, often from processed foods and drinks, is linked to overweight and obesity, significant risk factors for NCDs like diabetes and cardiovascular diseases. Given the surge in sugar consumption over recent years,</p>	

implementing taxes on sugar-sweetened beverages can bolster national initiatives to encourage healthy nutrition and combat diet-related NCDs ³⁰ .	
11. Calls on the Commission and the Member States to accelerate the transition to sustainable energy and transport sectors and to ensure a shift towards sustainable food systems;	11. Calls on the Commission and the Member States to accelerate the transition to sustainable energy and transport sectors and to ensure a shift towards sustainable food systems through an ambitious proposal for the Framework for Sustainable Food Systems (FSFS);
12. Regrets the slow implementation of the Chemicals Strategy for Sustainability, and in particular, expects the REACH Regulation ¹⁸ to be revised in order to be able to identify all substances of concern manufactured or imported in the EU;	12. Regrets the slow implementation of the Chemicals Strategy for Sustainability, and in particular, expects the REACH Regulation ¹⁸ to be revised in order to be able to identify all substances of concern manufactured or imported in the EU, including endocrine disruptors; calls for the need for more comprehensive identification and regulation of these substances that can interfere with the hormonal system and have been associated with adverse health effects³¹.
14. Encourages the Commission and the Member States to achieve the UN Sustainable Development Goals that target communicable diseases in order to promote the prevention of NCDs, such as cancer, related to infectious diseases; welcomes vaccination programmes, in this regard, such as in the fight against human papillomavirus transmission;	14. Encourages the Commission and the Member States to achieve the UN Sustainable Development Goals that target communicable diseases in order to promote the prevention of NCDs, such as cancer, related to infectious diseases; welcomes vaccination programmes in this regard, including the adoption of gender-neutral human papillomavirus (HPV) vaccinations for all adolescents and young adults, in the fight against human papillomavirus transmission HPV;
<p>Justification:</p> <p>A recent study from The Lancet revealed that nearly one in three men globally have at least one type of genital HPV. This emphasizes the need to include adolescent boys in HPV vaccination efforts. About 31% of men above 15 have such an infection, and 21% carry a high-risk, potentially carcinogenic HPV strain. Additionally, HPV causes roughly 30% of oropharyngeal cancers, primarily affecting the tonsils and base of the tongue. This form of cancer is likely linked to persistent, sexually acquired oral HPV infections that develop into neoplastic lesions³².</p>	
	N3. Highlights the importance of NCD prevention and early intervention; acknowledges that many NCDs have their origins in early childhood and the importance of investing in strategies and programmes that promote children's healthy growth and development, from infancy and early years.
	N4. Regrets the delay in the publication of the revision of the Food Information to

³⁰ [Guideline: sugars intake for adults and children \(who.int\)](https://www.who.int/dietphysicalactivity/sugars)

³¹ [TA MEF \(europa.eu\)](https://ec.europa.eu/food/food/food_quality_and_safety/chemicals_strategy/chemicals_strategy_en)

³² [Global and regional estimates of genital human papillomavirus prevalence among men: a systematic review and meta-analysis - The Lancet Global Health](https://www.thelancet.com/journal/S0140-6736(22)00438-8)

	Consumers Regulation (1169/2011), foreseen under the Farm to Fork Strategy for the fourth quarter of 2022.
Identification of high-risk populations and early diagnosis of NCDs	
15. Encourages the Member States to reduce undiagnosed NCDs by introducing targeted health checks for high-risk individuals, addressing the main shared metabolic risk factors, ensuring quality care and supporting NCD patients' self-management;	15. Encourages the Member States to reduce undiagnosed NCDs by introducing targeted health checks for high-risk individuals, addressing the main shared metabolic risk factors, ensuring quality care and supporting NCD patients' self-management; calls for the implementation of accessible and equitable self-management tools, including peer support networks, collaborative care platforms, and mental health services, considering factors like technology access;
	N5. Recommends EU funding support for pan-European public health literacy initiatives, such as the suggestion of creating a European Atlas of Early Warning Signs for Cancer, building on the model for cancer prevention created by the European Code Against Cancer.
	N6. Recognizing that NCDs operate within a broader context, calls for a systemic perspective that acknowledges the interconnected challenges faced by high-risk populations, such as limited access to education, green spaces, healthy foods, physical activity opportunities, healthcare systems, proper air quality, and suitable housing.
Improving NCD healthcare	
18. Stresses that nurses, doctors, general practitioners and other primary care professionals have a significant role in referring patients for diagnostic tests and treating NCDs; encourages the Member States to offer training to healthcare professionals so that they can better identify high-risk individuals and treat NCDs;	18. Stresses that nurses, doctors, general practitioners, dietitians and nutritionists, dental health professionals , and other primary healthcare professionals have a significant role in referring patients for diagnostic tests and treating NCDs; encourages the Member States to offer training to healthcare professionals so that they can better identify high-risk individuals and treat NCDs;
Justification: Dietitians and nutritionists play a pivotal role in identifying early signs of several NCDs, such as diabetes, obesity, and cardiovascular diseases, through dietary patterns and nutritional assessments. Meanwhile, dentists and dental health professionals are the first point of contact for the detection of suspected oral cancer cases.	
19. Believes that every patient is different and that no NCD is the same; calls for NCDs to be prevented and treated as effectively as possible, with a personalised approach tailored to the patient and the disease;	19. Believes that every patient is different and that no NCD is the same; calls for NCDs to be prevented and treated as effectively as possible, with a personalised and integrative approach tailored to the patient and the disease and in compliance with human rights obligations ,

	which include meaningful engagement of users in every decision that impacts on them;
	N7. Recommend urgent actions, including a Commission level study on the current status and impacts of the EU's health workforce shortage and increased investment in its availability measuring and mapping exercises at the EU level;
	N8. Calls on the Commission to support Member States in reviewing national models of care with a focus on prevention-oriented primary care systems and the upskilling of primary care professionals, through the Recovery and Resilience Facility, guided by the European Semester process, to reduce inequities across Member States, and improve the resilience of national health systems;
	N9. Urges Member States to provide training to healthcare professionals on the social and environmental determinants of health, including racism and mental health, as well as on intersectoral collaboration, integrated service provision, and human rights.
	N10. Highlights the increased vulnerability of people living with NCDs to extreme weather events and other impacts of climate change and therefore calls for targeted measures in climate change mitigation and adaptation policies.
Patient empowerment	
21. Notes the need to focus on the quality of life of NCD patients whose illnesses cannot be cured but may be stabilised for a number of years; emphasises the importance of specific EU recommendations to improve the quality of life of patients, including by integrating comprehensive supportive care into care starting with the diagnosis and continuing over the course of the disease and by granting access to specialised support centres;	21. Notes the need to focus on the quality of life of NCD patients whose illnesses cannot be cured but may be stabilised for a number of years; emphasises the importance of specific EU recommendations to improve the quality of life of patients, including by integrating comprehensive supportive care into care starting with the diagnosis and continuing over the course of the disease and by granting access to specialised support centres;
	N11. Address the urgent need to tackle regional disparities in healthcare access, striving for equitable availability of quality NCD management across diverse geographical areas within Member States. Explore innovative methods to enhance access to NCD healthcare, such as mobile clinics, trauma-informed teams, and peer advocates. This strategy aims to not only bridge gaps in healthcare access but also to

	foster a patient-centred and personalized approach to NCD prevention and treatment³³.
Fostering innovation in technology and medicines	
23. Welcomes public-private partnerships as a way of strengthening innovation in healthcare; highlights the European Health Innovation Collaborative, which promotes entrepreneurship and innovation in the healthcare sector and brings together academia, research and industry to foster collaboration and investment in health technologies; encourages the Commission and the Member States to foster and accelerate public- private partnerships;	23. Welcomes public-private partnerships as a way of strengthening innovation in healthcare; highlights the European Health Innovation Collaborative, which promotes entrepreneurship and innovation in the healthcare sector and brings together academia, research and industry to foster collaboration and investment in health technologies; encourages the Commission and the Member States to foster and accelerate public- private partnerships with the caveat of measures to protect public interest³⁴;
24. Calls on the Commission to strengthen support and investment in the development of new innovative medical devices; believes that new technologies can lead to new and better treatments for NCDs;	24. Calls on the Commission to ensuring access to existing medical devices³⁵ and strengthen support and investment in the development of new innovative medical devices; believes that new technologies can lead to new and better treatments for NCDs;
	N12. Calls for the incorporation of an equitable approach for digital healthcare strategies: quality and safety of technology should be ensured and inequities in access be addressed, technology as an option should be discussed and agreed upon by the main healthcare professional and the patient in a process of shared decision-making.
	N13. Support the proposed actions by the European Commission to address the pan-European problem of medicines shortages, encourage re-shoring of production, and specific examination in respect to generic medicine shortages.
Data, awareness, research, and knowledge sharing	
26. Calls on the Commission to establish five EU NCD partnerships: ‘beating NCDs – children’, ‘beating NCDs – young people, ‘beating NCDs – adults’, ‘beating NCDs – elderly people’ and ‘beating NCDs – vulnerable groups’; believes that such partnerships should bring together Member States and national authorities to draft roadmaps and innovative proposals to ensure effective and targeted actions against NCDs;	26. Calls on the Commission to establish five EU NCD partnerships: ‘beating NCDs – children’, ‘beating NCDs – young people, ‘beating NCDs – adults’, ‘beating NCDs – elderly people’ and ‘beating NCDs – vulnerable groups’; believes that such partnerships should bring together Member States and national authorities to draft roadmaps and innovative proposals to ensure effective and targeted actions against NCDs;
Justification:	

³³ [The patient at the centre: evidence from 17 European integrated care programmes for persons with complex needs | BMC Health Services Research | Full Text \(biomedcentral.com\)](#)

³⁴ [Public-private partnerships for health care infrastructure and services: policy considerations for middle-income countries in Europe \(who.int\)](#)

³⁵ [Barriers and facilitators of patient access to medical devices in Europe: A systematic literature review - PubMed \(nih.gov\)](#)

<p>While we acknowledge the intent to address the significant challenge of tackling NCDs through targeted initiatives, this approach of segmentation appears to deviate from the core nature of NCDs. These conditions often impact individuals across all age groups, sometimes well before diagnosis, spanning the entirety of their lives and posing a higher burden on vulnerable populations. This segmentation strategy may impede the seamless integration of care throughout one's life journey and inadvertently foster siloed approaches. At this juncture, our stance remains aligned with the idea of an encompassing NCD prevention plan supplemented by an NCD management plan. We advocate for the inclusion of disease-specific chapters/priorities for action to ensure a comprehensive approach that effectively addresses the diverse challenges posed by NCDs.</p>	
<p>27. Calls on the Commission to create a European NCD health knowledge centre to improve data collection and research on NCDs; stresses the need for further research on NCD co-morbidities and management;</p>	<p>27. Calls on the Commission to create a European NCD health knowledge centre to improve data collection and research on NCDs; stresses the need for further research on NCD co-morbidities and management, and the need for open and FAIR (findable, accessible, interoperable, and reusable) data, as well as the promotion and implementation of existing initiatives, including the European Open Science Cloud, to foster research;</p>
	<p>N14. Believes that good quality data and evidence are important and that correlating health data with social, economic, and environmental data, and strengthening the equity elements of existing health monitoring systems, such as European Health Data Space, will support development of evidence-based and targeted policies and interventions for improved health equity³⁶.</p>
<p>Justification: Reliable data and evidence are essential for pinpointing health disparities and recognizing impacted groups. They highlight how socio-economic factors influence health and aid in forming solutions alongside those affected. National statistical bodies, in partnership with pertinent organizations, should possess the ability to produce, gather, and interpret this data. This ensures accurate evaluation of the health effects of policies and initiatives and enables effective communication and integration of this knowledge both with the general public and in policy-making contexts.</p>	
	<p>N15. Express support for EU level exercises and projects such as the European Cancer Inequities Registry and recommend its expansion into further areas of attention such as inequities related to race-ethnicity, age, gender, LGBTIQ+, vulnerable groups, such as people living with a disability, impairment or (multiple) chronic conditions, and concerns about medical deserts.</p>
	<p>N16. Acknowledging the shared risk factors among numerous NCDs and the potential advantages of a comprehensive strategy; understanding the dynamic progression of NCDs over the course of an individual's life,</p>

³⁶ [eu-ncd-initiative_publication_en_0.pdf \(europa.eu\)](#), page 60

	<p>necessitating tailored management strategies at different stages, urges the Commission to formulate an inclusive NCD prevention and management blueprint. This approach should be reinforced by dedicated sections outlining targeted measures and priorities for action concerning diabetes, cardiovascular diseases, renal disorders, obesity, and mental health.</p>
<p>EXPLANATORY STATEMENT</p>	
<p>Non-communicable diseases (NCD's) are diseases, which not are passed from person to person and cause 90% of all deaths in the EU1. The burden of NCD's will increase because of health needs of aging population and will be a major challenge to the European health systems, the labour market due to productivity loss which can increase labour shortage. We need to take action to prevent premature deaths, improve quality of lives of citizens and ensure EU's competitiveness.</p> <p>Premature mortality deaths, the unconditional probability of dying between ages 30–69, due to cardiovascular diseases (CVDs), cancers, diabetes and chronic respiratory diseases (CRD) accounts for 68% of all premature mortality deaths in Europe.</p> <p>Improved health promotion and disease prevention can reduce the prevalence of NCDs by as much as 70%2. Preventable factors such as tobacco use, physical inactivity, the harmful use of alcohol, unhealthy diets and environmental factors such as air, food, water and soil pollution as well as chemical exposure increase the risk of NCDs. It is therefore important to encourage strengthen actions towards prevention as well as acknowledge poor sleeping habits and oral health as preventable factors.</p> <p>It is important to identify people with high risk of developing NCD's and diagnosing people as early as possible to improve disease management, prevent complications and save costs for healthcare systems. Member States should therefore be encouraged to reduce undiagnosed NCD's by raising awareness and introduce targeted health checks of high-risk individuals. It is also important to note that some NCD's are closely linked such as diabetes and CVDs and there are important synergies to achieve by</p>	<p>Non-communicable diseases (NCD's) are diseases, which not are passed from person to person and cause 90% of all deaths in the EU1. The burden of NCD's will increase because of health needs of aging population and will be a major challenge to the European health systems, the labour market due to productivity loss which can increase labour shortage. We need to take action to prevent premature deaths, improve quality of lives of citizens and ensure, promote health equity among citizens, and ensure a fair, just, and healthy Europe, while also considering EU's competitiveness.</p> <p>Premature mortality deaths, the unconditional probability of dying between ages 30–69, due to cardiovascular diseases (CVDs), cancers, diabetes and chronic respiratory diseases (CRD) accounts for 68% of all premature mortality deaths in Europe.</p> <p>Improved health promotion and disease prevention can reduce the prevalence of NCDs by as much as 70%2. Preventable factors such as tobacco use, physical inactivity, the harmful use of alcohol consumption, unhealthy diets, and environmental factors such as air, food, water and soil pollution as well as chemical exposure increase the risk of NCDs. These factors can also adversely impact mental health and overall well-being. It is therefore important to encourage strengthened actions towards prevention as well as acknowledge poor sleeping habits and oral health as preventable factors prevention efforts, which should extend beyond addressing individual behaviours like poor sleep patterns, consumption of unhealthy food, alcohol, and tobacco, and ensuring good oral hygiene. These efforts must also encompass factors central to primordial prevention, including social and commercial determinants of health that significantly influence health</p>

improving diagnosis and integrated care. It is therefore important to ensure improved data and research in NCD especially in NCD co-morbidities and management as well as train primary care professionals to better identify high-risk individuals and treat NCD's.

Furthermore, it is very important to strengthening incentives for investments in innovation regards to development of technologies, medicines and healthcare practises, which is crucial to ensure the elimination or reduction of harm caused by preventable risk factors and new and better treatments of NCDs. It is also important to improve knowledge and sharing of best practises between Member States to accelerate effective prevention measures and innovative practices. The Commission should in this regard establish EU NCDs partnerships.

outcomes. A holistic approach addressing both modifiable risk factors and overall health determinants is vital for significant advancements in NCD prevention and promoting health equity.

It is important to identify people with high risk of developing NCD's and diagnosing people as early as possible to improve disease management, prevent complications and save costs for healthcare systems. Member States should therefore be encouraged to reduce undiagnosed NCD's by raising awareness and introduce targeted health checks of high-risk individuals. It is also important to note that some NCD's are closely linked such as diabetes and CVDs and there are important synergies to achieve by improving diagnosis and integrated care. It is therefore important to ensure improved data and research in NCD especially in NCD co-morbidities and management as well as train primary care professionals to better identify high-risk individuals and treat NCD's.

~~Furthermore, it is very important to strengthening incentives for investments in innovation regards to~~ **Beyond the aforementioned factors, a crucial element of a holistic NCD prevention strategy is addressing health equity and emphasizing the importance of the determinants of health. It is also essential to foster is to facilitate the adoption of existing and the development of innovative technologies, medicines and healthcare practises practices**, which is crucial to ensure the elimination or reduction of harm caused by preventable risk factors and new and better treatments of NCDs. It is also important to improve knowledge and sharing of best practises between Member States to accelerate effective prevention measures and innovative practices. The Commission should in this regard establish EU NCDs partnerships.