The European Union and Health - new challenges for health promotion

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EU public health context

Fragile economic recovery

Increase in chronic diseases prevalence

Ageing population

Pandemic and Bioterrorism Threats

Expanding EU

Rapid development of health technologies

Health inequalities

Lifestyle Related Diseases

Globalisation

Migration and Cross-border Healthcare
Healthy life years are not increasing in line with life expectancy

EU Healthy life years at birth, males - Eurostat
• Disease burden in the WHO-EURO Region, Projections for 2015. DALYs: Standard DALYs (3% discounting, age weights) - Baseline scenario. Source: WHO

• The disability-adjusted life year (DALY) is a measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death

DALYs*: WHO-EURO (projections for 2015)
Major chronic diseases

Health systems

- Musculo-skeletal Diseases
- Lack of physical activity
- Obesity
- Tobacco Alcohol
- Genetic Background
- Mental Diseases

Environment

- Cancer
- Neuro-degenerative Diseases
- Over nutrition
- Cardiovascular disease

Socioeconomic factors

- Communicable diseases
In 2011, public health expenditure amounted to 15% of total government expenditure, according to Eurostat data. Health is the second biggest sector of spending after Social protection (which includes pensions, unemployment and other social benefits), and before General public services.

**Chronic diseases** are responsible for **78%** of health care expenditure in Europe. To give an example, the management of **diabetes** and related complications accounted for **89 billion Euros** only in 2011 across Europe.
Demographic change in the EU

Population age structure 2010-2060 (EU27)

65+: increase of 71.8%
80+: increase of 157.4%

Life expectancy at birth 2010-2060

Source: Demography report 2010.

Source: Data based on Ageing Report 2012.
International context

UN General Assembly High Level Meeting on Non-communicable Diseases 2011 – review 2014

- Integrated approach across diseases
- Behavioral risk factors
- Environmental factors
- Health systems response, primary care
- Overall socio-economic development
“A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities.

Union action, which shall complement national policies, shall be directed towards improving public health, preventing physical and mental illness and diseases, and obviating sources of danger to physical and mental health.

Such action shall cover the fight against the major health scourges, by promoting research into their causes, their transmission and their prevention, as well as health information and education, and monitoring, early warning of and combating serious cross-border threats to health.

The Union shall complement the Member States' action in reducing drugs-related health damage, including information and prevention.”
The EU Health Strategy
Together for Health:
A Strategic Approach for the EU 2008 - 2013

4 Principles

- Shared EU health values: universality, access to good quality care, equity and solidarity
- Health as the greatest wealth
- Health in all policies
- Strong EU voice in global health

3 Strategic objectives

- fostering good health in an ageing Europe
- protecting citizens from health threats
- supporting dynamic health systems and new technologies
First Challenge: Health in EU economic governance
Europe 2020: A European Strategy for Smart, Sustainable, and Inclusive Growth

Improving health is one objective because:

With a projected 45% increase in the number of people aged 65 and over in the next 20 years, financing rising healthcare costs and access to a dignified and independent life for the aging population will be central to the political debate.

Keeping people healthy and active for longer has a positive impact on productivity and competitiveness.
European Semester

Europe 2020

- Health as the greatest wealth
- Europe's growth strategy (smart, sustainable, inclusive)
- Five key objectives: employment, innovation, education, social inclusion and climate/energy
- Seven "Flagship initiatives" including the Innovation Union with the European Innovation Partnership on Active and Healthy Ageing
- Member States to translate the objectives into national targets and implement necessary reforms at national level to boost growth

Economic Governance (coordination of economic policies)

- Priorities at EU level: Annual Growth Survey
- National Reform Programmes
- Country Specific Recommendations
- Key areas include health and health systems
European Semester: timeline

<table>
<thead>
<tr>
<th>Month</th>
<th>Event</th>
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<tr>
<td>November</td>
<td>The Commission publishes the <strong>Annual Growth Survey</strong></td>
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<td>Until Feb/Mar</td>
<td>Debate and orientation in Council and Parliament</td>
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<td>April</td>
<td>Member States present to the Commission their <strong>National Reform Programmes</strong> and <strong>Stability and Convergence Programmes</strong></td>
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<td>April / May</td>
<td><strong>Commission Staff Working Documents</strong> to analyse National Reform Programmes and Stability and Convergence Programmes</td>
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<td>May</td>
<td>Commission Proposal for Council Recommendations on National Reform Programmes</td>
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<td>June / July</td>
<td><strong>Council Recommendations</strong> on National Reform Programmes (Country Specific Recommendations - CSR) adopted by the European Council</td>
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European Semester

Annual Growth Survey 2013

"[...] reforms of healthcare systems should be undertaken to ensure cost-effectiveness and sustainability, assessing the performance of these systems against the twin aim of a more efficient use of public resources and access to high quality healthcare."

"tap the job potential of expanding sectors, such as the green economy, healthcare and ICT [...]"

"remove unjustified double regulation in sectors such as construction, business services and tourism, and ensuring transparent pricing in healthcare services"

Active inclusion strategies should be developed, encompassing [...] broad access to affordable and high-quality services, such as social and health services, childcare, housing and energy supply"
European Semester

Country Specific Recommendations on health

2013: Austria, Bulgaria, Czech Republic, Germany, Spain, Finland, France, Malta, Poland, Romania, Slovakia

Member States under Economic adjustment programme (Ireland, Portugal, Greece, Cyprus)

- **Ireland**: 85 bln € from 2010 to 2013
- **Portugal**: 78 bln € from 2011 to mid-2014
- **Greece**: 240 bln € from 2010 to 2014
- **Cyprus**: 10 bln € from 2013 to 2016
Investing in Health

*Commission Staff Working Document adopted on 20 February 2013 as part of the "Social Investment Package"

**Key Messages:**
- Extends the Health Strategy establishes the role of health as part of Europe 2020
- Health is a value in itself and also a growth-friendly type of expenditure
- A healthy population and sustainable health systems are decisive for economic growth
## Investing in health

**Commission Staff Working Document – February 2013**

### Investing in

<table>
<thead>
<tr>
<th>Sustainable health systems</th>
<th>Reducing unnecessary hospital care</th>
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<td>Strengthening primary care</td>
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<td>Use of less expensive equivalent medicines</td>
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<td>Using health technology assessment</td>
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<th>People's health</th>
<th>More participation in social and work life</th>
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<td>More production at the workplace</td>
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<td>Lower financial impact on national healthcare systems</td>
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<th>Reducing inequalities in health</th>
<th>Avoidable diseases and deaths attributable to inequalities in health are a waste of human capital and must be reduced</th>
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<td>Breaks the vicious circle of poor health/poverty/exclusion</td>
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Second challenge – Prevention and health promotion to address Chronic diseases and ageing
EU work on chronic diseases

- Action on risk factors and health determinants
- Health systems
  - European Innovation Partnership on active and healthy ageing
  - Reflection process on sustainable health systems
- Specific initiatives
  - Cancer, Mental health, Dementia
- Reflection process on Chronic disease
EU action on health determinants

- Tobacco
- Nutrition and physical activity
- Alcohol and drugs
- Mental health
- Environment and health
- Social determinants and health inequalities
Disease Group Specific Actions

- **CVD:** The EC supported the European Society of Cardiology and the European Heart Network, to develop the *European Heart Health Charter*
- **Cancer:** Guidelines on screening, *European Partnership for Action Against Cancer*
- **Mental health:** *European Pact for Mental Health and Well-being*
- **HIV/AIDS:** EC Communication on HIV/AIDS (2009) and accompanying action plan
- **European initiative on Alzheimer’s disease and other dementias**
European response – a flagship initiative

European Innovation partnership on Active and Healthy Ageing

crosscutting, connecting & engaging stakeholders across sectors, from private & public sector

+2 HLY by 2020

*Triple win for Europe*

**Pillar I**
Prevention
screening
early diagnosis

**Pillar II**
Care & cure

**Pillar III**
Independent living & active ageing

**Specific actions**

- Improving prescriptions and adherence to treatment
- Better management of health: preventing falls
- Preventing functional decline & frailty
- Integrated care for chronic conditions, inc. telecare
- ICT solutions for independent living & active ageing
- Age-friendly cities and environments
The reflection process on chronic diseases: the way forward

- **Final report** endorsed by the Council's Senior Level Working party and the Council (Dec 2013)
- Risk factor and disease specific action will continue
- Innovative preventive actions based on social media, behavioural science and new technologies
- Innovation Partnership
- More streamlined health information
- More efficient use of EU funding and policies in the context of the chronic disease prevention and management
EU Summit on Chronic Diseases
3-4 April 2014

Conference conclusions:
A. Strengthen political leadership to address chronic diseases
B. Target key societal challenges
C. More efficient use of available resources
D. Strengthen the role and the involvement of citizens, patients and the health and social sector in policy development and implementation
E. Strengthen evidence and information

Coalition on chronic diseases
EU Chronic Disease Reflection Process and follow-up

• **Joint action on chronic diseases**
  - Collection, validation and dissemination of good practises to address chronic conditions
  - **Diabetes**: a case study on barriers to prevention, screening and treatment of diabetes and improvement of cooperation among Member States to act on diabetes
  - Development of common guidance and methodologies for care pathways for multimorbid patients
Third challenge – address health inequalities
Investing in Reducing Inequalities in Health

Health outcomes vary considerably within and between Member States (poorer, less educated groups)

- Low income groups up to twice the level of chronic illness - heart disease and depression
- Life expectancy gap between Member States up to 11.6 (men) and 7.9 (women) years
- Potential economic loss: 1.5% to 9.5% of GDP
- Hepatitis
  - Migrants = 5 to 90 times more frequently affected by Hepatitis B
- Tuberculosis (TB)
  - TB rates in Prison 10–100 times higher
- Other examples in some MS
  - Infectious disease mortality ~ 2.8 times higher in people with elementary school education
Investing in Reducing Inequalities in Health

Healthcare coverage can help reducing poverty and fighting social exclusion
- Universal access to healthcare services

Health promotion and intersectoral action - health in all policies
- addressing the social determinants of health

- Age, sex and genetic factors
- Lifestyle
- Healthcare system
- Environment and socio-economic factors
Solidarity in Health - EU Strategy on health inequalities

- Support: Member States, Regions and stakeholders
- Inclusive social and economic policy = EU2020
- Action on vulnerable groups – eg. Roma,
- Use EU Structural funds to close gaps
- Health inequalities in Health Policy .....and other policies
- Research, measurement, audit
Report - 2013
Work across silos

- **Leadership:** Secure and develop the place of promotion/prevention (only 3% of EU health investment today)
- **Make health promotion more effective**
  - Link health promotion – prevention – screening – health system interventions
  - Healthy settings, in particular **workplaces**
  - Targeted – risk factors, priority conditions, priority groups
  - New insights – behavioural economics and technologies
- **Integrate care/services** (health/social, physical/mental, hospitals/community, public/private)
Public health research challenges

Make evidence available and accessible
Impact assessments for policy development
Economics of prevention/promotion
Timely availability of data
Help provide technical assistance, support and advice – e.g. joint actions
Health Programme 2014-2020: scope and objectives

1) Promote health, prevent disease and foster supportive environments for healthy lifestyles
2) Protect citizens from serious cross-border health threats
3) Contribute to innovative, efficient and sustainable health systems
4) Facilitate access to better and safer healthcare for Union citizens

Support MS to improve the health of EU citizens and reduce health inequalities

Promoting health

Increasing the sustainability of health systems

Protecting citizens from serious cross-border health threats

Encouraging innovation in health

Budget for 2014-2020: €449.4 million
Thank you!