Cardiovascular and chronic diseases

The importance of EU engagement and opportunities for investment

Disease burden and socio-economic impact: key facts and figures

- In the European Union (EU), more than 1.8 million people die from cardiovascular disease (CVD) every year. Around 192,000 of these deaths occur in people aged under 65 years.¹

- 550,000 people of working age die from four major chronic diseases (CVD, cancers, respiratory diseases and diabetes) in the EU every year.²

- The total cost of CVD is estimated at euros 210 billion. Of this amount, euros 111 billion represent the cost to the healthcare systems in the EU. Production losses amount to euros 54 billion and the cost of informal care amounts to euros 45 billion.³

- The cost of chronic diseases to the EU healthcare budgets has been estimated at euros 700 billion.⁴ The OECD has estimated that losing 550,000 productive lives costs the EU economy euros 115 billion a year. This corresponds to 0.8% of the GDP in the EU.⁵

- In most cases, people of working age do not die from chronic diseases, but continue to live with them for several years. For example, it is estimated that about 49 million people live with CVD in the EU.⁶

- People with chronic diseases have reduced employment prospects. This is in part because they leave employment earlier or have greater difficulties re-entering the job market. In turn, this carries a significant cost to the EU economy. The production losses of CVD due to illness amount to euros 23 billion annually (42% of total production losses).⁷

Why the EU must engage with the prevention and management of cardiovascular and chronic diseases

The subsidiarity principle dictates that, in areas where the EU does not have exclusive competence, it shall act only if the objective of such action cannot be achieved, or better
achieved, at Member-State level. The EU does not have an exclusive competence in health matters. However, according to Article 168 of the Treaty on the Functioning of the European Union (TFEU), the EU has well-defined obligations as well as duties to support its Member States in areas pertaining to health.

An essential obligation is set out in Article 168.1 of the TFEU. This obligation requires that the EU ensures a high level of human health protection in the definition and implementation of all its policies and activities. Article 168.1 should translate into a systematic assessment of EU legislation and policies to identify if they have negative impacts on population health; such assessment has not been put into operation.

Article 168 of the TFEU also calls upon the EU to complement Member States’ national public health policies, notably by preventing illness and diseases. It specifies that EU action shall include promoting research into their causes, as well as health information and education, and monitoring. Such action shall cover the fight against the major health scourges.

In addition, Article 168 calls upon the EU to encourage cooperation between the Member States and lend support to their action; and Member States shall, in liaison with the Commission, coordinate among themselves their policies and programmes. The Commission may take any useful initiative to promote such coordination, in particular initiatives aiming at establishing guidelines and indicators, exchange of best practice, and the preparation of the elements for periodic monitoring and evaluation.

 Basically, Article 168 sets out how the EU can provide added value to its Member States.

What Article 168 does not specify is that with a scourge such as chronic diseases – described as being of epidemic proportions in the 2011 UN Declaration on the Prevention and Control of Non-communicable Diseases – EU action on these diseases is needed to support its economic goals. Or, in other words, health adds value to the EU.

The figures presented above speak for themselves. Momentum for the EU to act on chronic diseases was added by Agenda 2030 on sustainable development and the Sustainable Development Goals (SDGs), which were adopted by the United Nations in 2015. One of the 17 goals is on good health and well-being – Goal 3; it includes a target on chronic diseases: by 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment, and promote mental health and well-being.

**How EU policies and programmes can address cardiovascular and chronic diseases**

1. **Develop a world-class methodology to perform systematic health impact assessment (HIA)**

   The new multi-annual financial framework (MFF) must provide funds to ensure policy coherence throughout its policy areas. It is essential that all EU legislation and policies are subjected to a process that can identify their potential impact on public health, in particular chronic diseases. This process (HIA) should take place systematically as part of the general impact assessment.
This would operationalise Article 168.1 in the TFEU.

2. **Continue the EU research framework programme and make substantial funds available for health research, in particular cardiovascular and chronic diseases**

   The Horizon 2020 successor must target cardiovascular and chronic diseases in all their aspects. This entails funding a) basic, clinical and translational research; b) research into effectiveness of policy measures addressing whole populations to limit the development of risk factors for chronic diseases (prevention) as well as programmes to identify individuals at high risk of developing chronic diseases; and c) research into patient support and empowerment.

3. **Upgrade substantially the EU Health Programme to allow for sustainable projects**

   So far, the programme has received minimal funding which likely has hampered it from fulfilling its potential. Additional funding should be made available, inter alia, to a) support high-quality national disease registries that can deliver comparable data on diseases and risk factors, especially chronic diseases and their risk factors; and b) evaluate Member States’ programmes and health care systems; and c) fund pilot projects run by non-governmental and not for profit organisations active in health.

   This would help reach the objectives set out in Article 168 in the TFEU.

4. **Support civil society organisations to allow them to interact effectively with EU policy making and thereby ensure that citizens’ and patients’ voices are heard**

   Drawing on their network of national organisations, European health and civil society organisations can contribute tremendously to the development and implementation of policies, programmes and projects that support a healthy EU population. Many organisations struggle to find funding which enables them to stay independent of economic interests. The EU should ensure funding streams to such organisations to a) enable them to enrich EU health policy; b) participate in EU health-related platforms and fora; and c) counterbalance the representations made by economic operators during legislative processes.

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Notes


ii http://www.oecd.org/health/health-at-a-glance-europe-23056088.htm


v http://www.oecd.org/health/health-at-a-glance-europe-23056088.htm


viii http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf?ua=1