



Moving towards 2020 – priorities for Public Health for the years 2013-20

Health in the MFF 2014-2020

Commission proposal for the Health for Growth Programme 2014-2020

http://ec.europa.eu/health/programme/policy/index_en.htm

Adopted in November 2011

7 years, proposed budget of €446 million

Other Programmes for health: Horizon 2020, Structural funds

THE CHALLENGES

- increasingly **challenging demographic context** threatening the sustainability of health systems
- **fragile economic recovery** limiting the resources available for investment in healthcare
- **increase of health inequalities** between/within Member States
- **increase in chronic diseases prevalence**
- **pandemics and emerging cross-border health threats**
- **rapid development of health technologies**



The future Health Programme, a tool for investing in health, aligned with

*the **Europe 2020** Strategy for an intelligent, sustainable and inclusive growth, and*

for spending smarter but not necessarily more in sustainable health systems

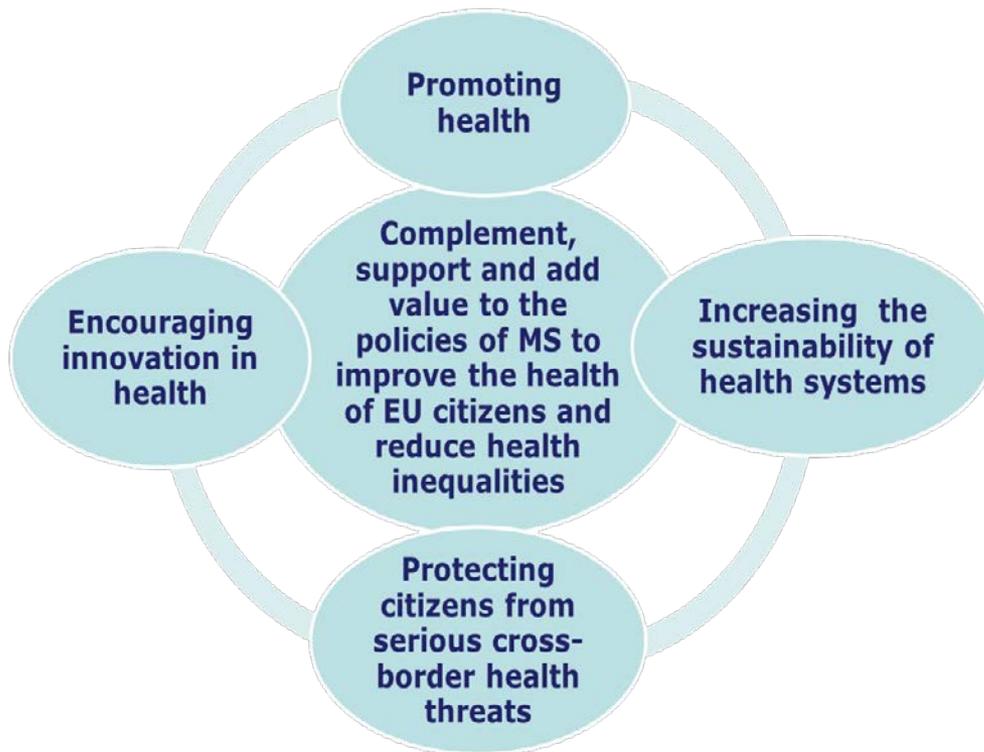
for investing in people's health, particularly through health-promotion programmes

for investing in health coverage as a way of reducing inequalities and tackling social exclusion

*the **EU Health Strategy "Together for Health"** and its shared principles and objectives*

***Taking forward work already started** in the current Health Programme 2008-2013, and **supporting EU health legislation** including legislation on medicinal products and medical devices*

The scope and objectives of the Programme



1) Promote health, prevent disease and foster supportive environments for healthy lifestyles

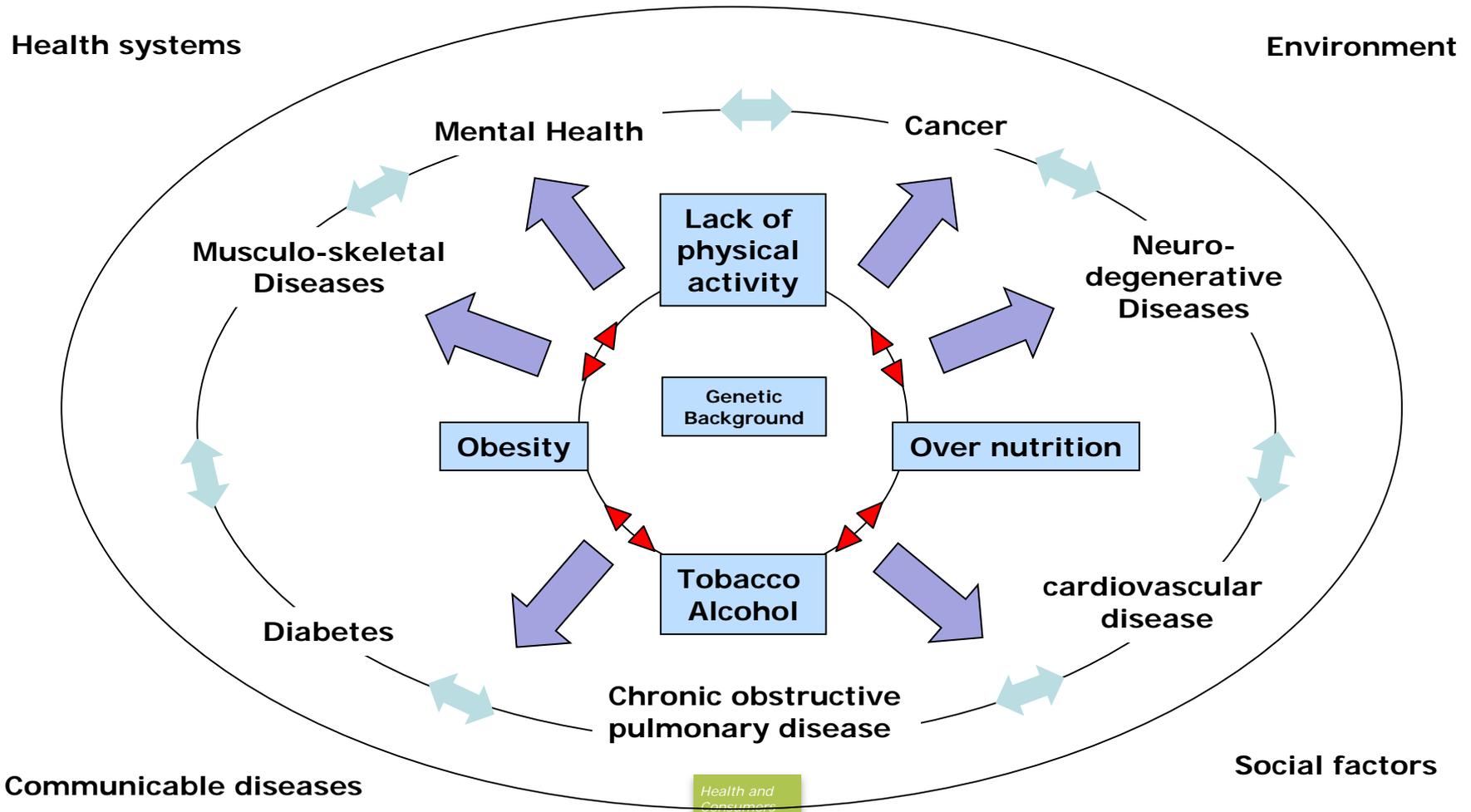
2) Protect citizens from serious cross-border health threats

3) Contribute to innovative, efficient and sustainable health systems

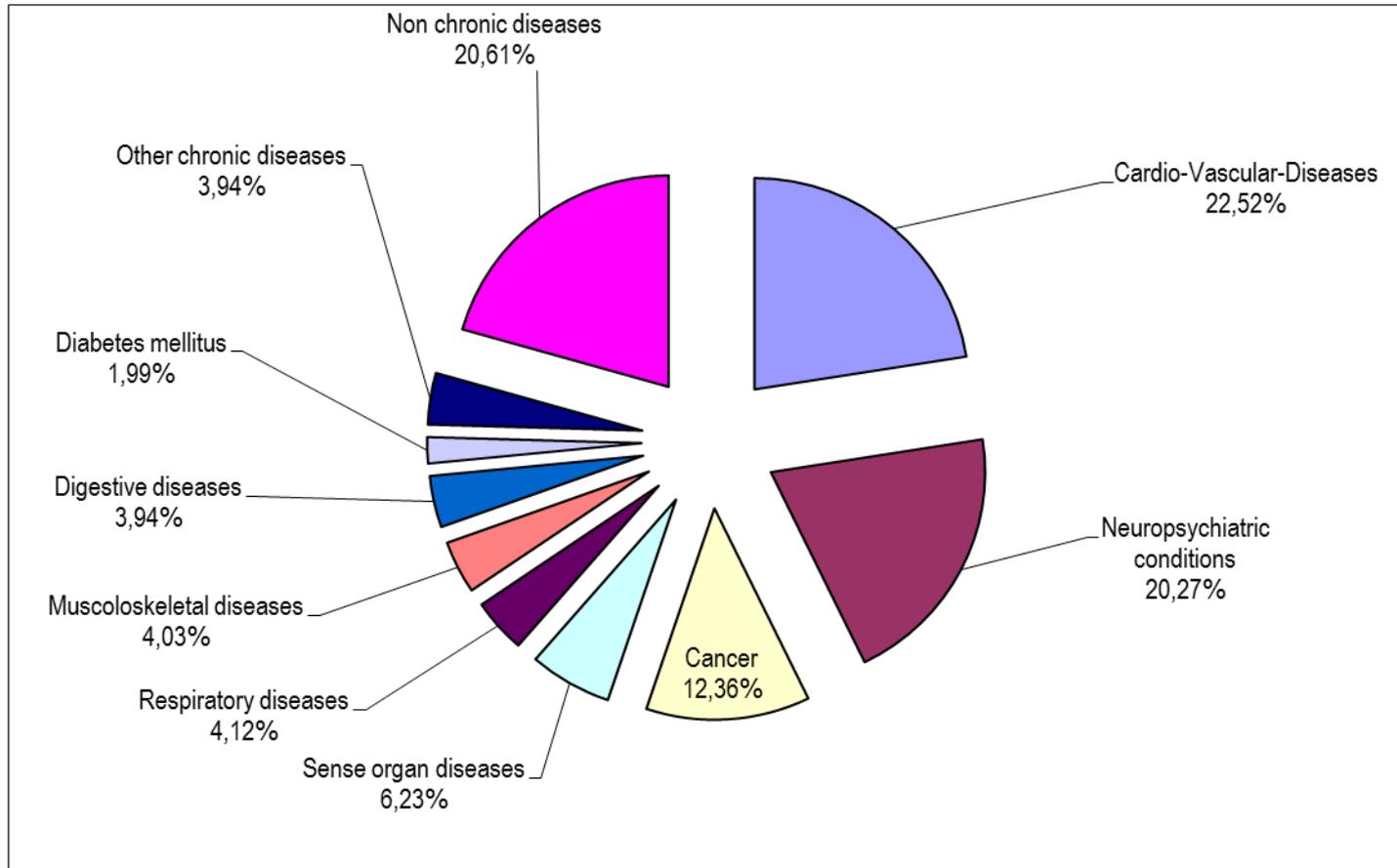
4) Facilitate access to better and safer healthcare for Union citizens

Negotiations are still on going; the content of this presentation does not preempt the final text of the Programme Regulation expected to be adopted by the end of 2013

Major chronic diseases



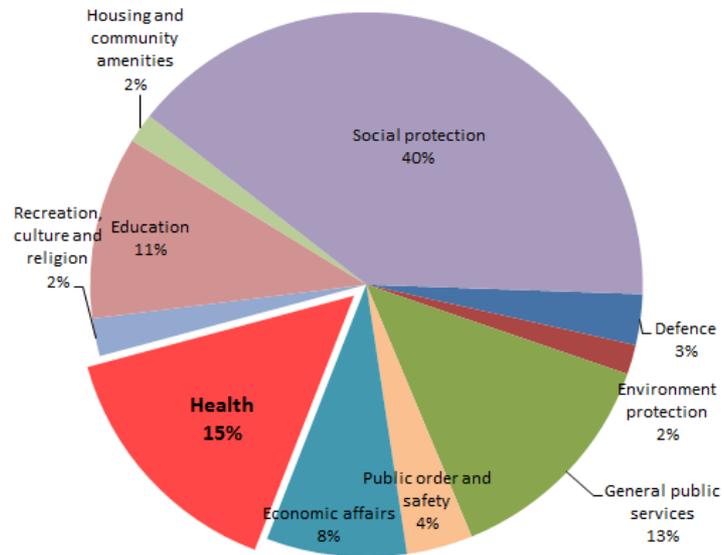
DALYs: WHO-EURO (projections for 2015)



- Disease burden in the WHO-EURO Region, Projections for 2015. DALYs: Standard DALYs (3% discounting, age weights) - Baseline scenario. Source: WHO

Economic impact of chronic diseases

General government expenditure by function - 2011



source: Eurostat, COFOG [gov_a_exp]

In 2011, public health expenditure amounted to 15% of total government expenditure, according to Eurostat. 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.



EU work on chronic diseases

- **Action on risk factors and health determinants**
 - Nutrition and physical activity strategy
 - Alcohol related harm strategy
 - Tobacco legislation and campaigns
 - EU strategy on health inequalities
- **Disease specific initiatives**
 - Cancer, Alzheimer...
- **Health systems**
 - European Innovation Partnership on active and healthy ageing
 - Reflection process on sustainable health systems
- **Reflection process on Chronic disease**
- **Support through financial mechanisms (EU Health Programme, Research)**

Disease Specific Actions

- CVD: The EC supported the European Society of Cardiology and the European Heart Network, to develop the first **European Heart Health Charter** designed to prevent CVD)
- 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
- Health workforce: Joint action for the EU workforce for health
- European initiative on Alzheimer's disease and other dementias
- Large range of Health Programme funded activities



European response – an example initiative

European Innovation partnership on Active and Healthy Ageing



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

specific actions

- 

Improving prescriptions and adherence to treatment
- 

Better management of health: preventing falls
- 

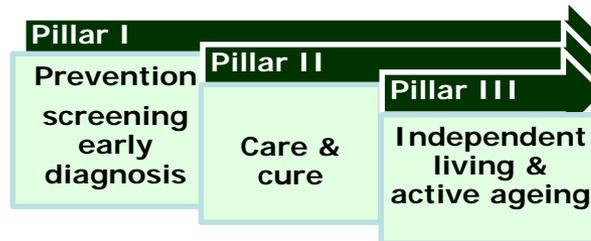
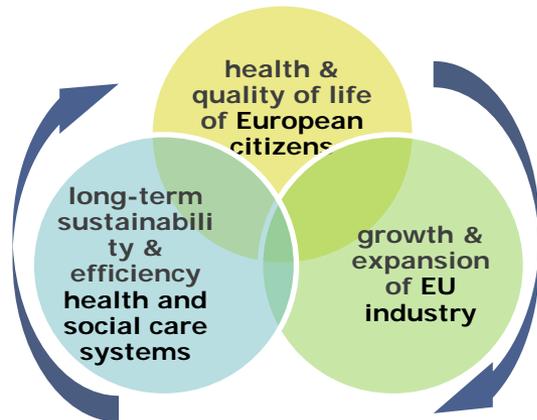
Preventing functional decline & frailty
- 

Integrated care for chronic conditions, inc. telecare
- 

ICT solutions for independent living & active ageing
- 

Age-friendly cities and environments

+2 HLY by 2020
Triple win for Europe



Issues to be considered

Issues and challenges

- Balance of prevention (3%) and treatment (97%)
- Demographic change: ageing
- Innovation – new technologies and processes

Role of the EU and added value

- Address risk factors – building on established action
- A role in better prevention? Support Member States in modernising health systems?
- Develop the evidence base, improve information, collect and exchange good practice



EU Chronic Disease Reflection Process

- Consultation of stakeholders 2011-2012 (80 submissions); HPF input (May 2012)
- Interim report agreed with the Council's Senior Level Working Party on Public Health in September 2012
 - ➔ Identified 2 main priorities for EU action on chronic diseases:
 - Prevention & health promotion
 - Disease management with an emphasis on patient empowerment.



EU Chronic Disease Reflection Process first outputs

- ***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

- ***Study on empowering patients with chronic diseases***



The reflection process on chronic diseases: next steps

Report discussed in Council Senior Level Working party, 8 October 2013 – Input into Health Council considerations

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

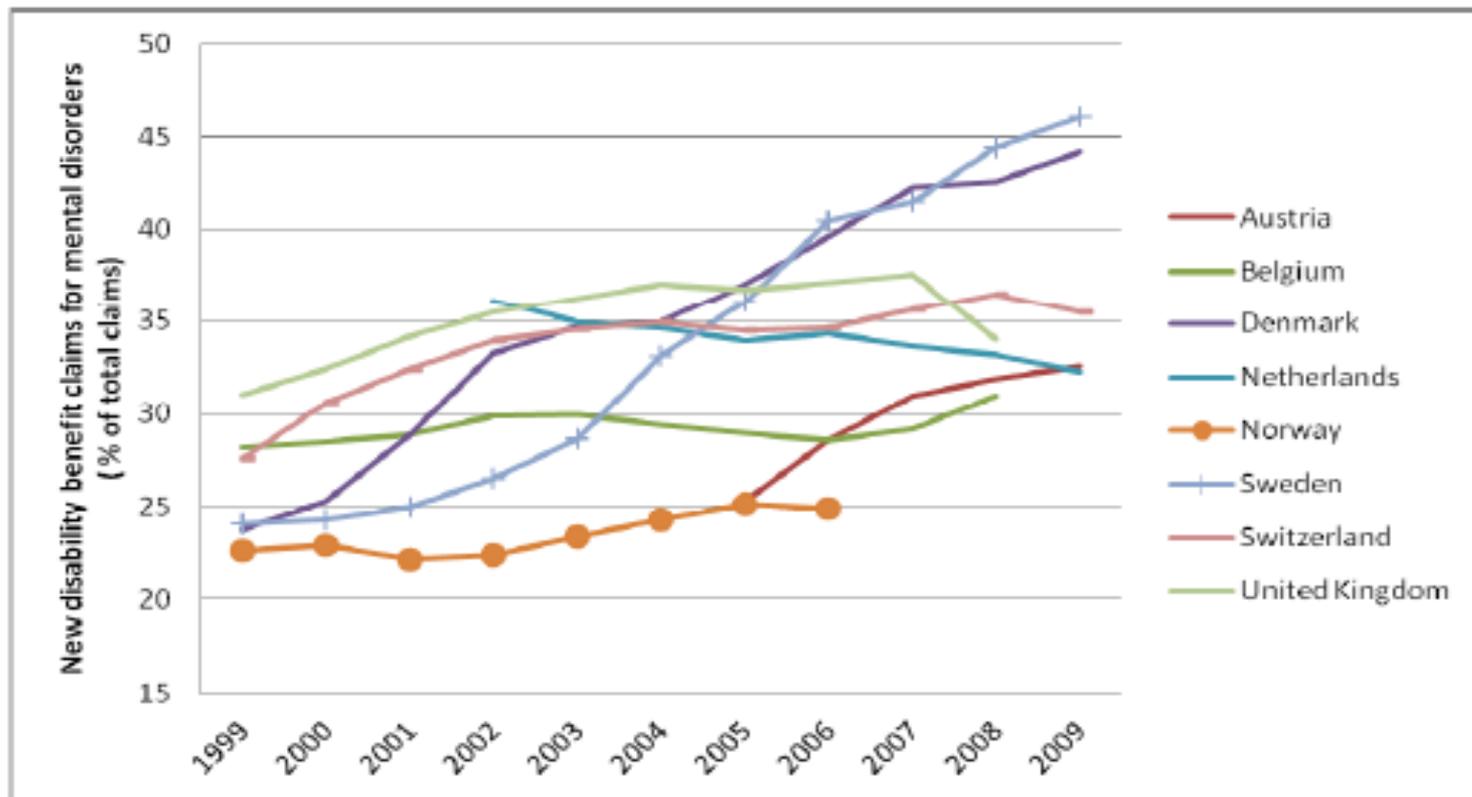
EU summit on chronic diseases in 2014



Further challenges – Some thoughts

- **Make health promotion more effective**
 - Targeted
 - New insights – behavioural economics
 - New technologies
 - Better win-win and integration across policies
- **Link better health promotion/prevention/screening**
- **Health integrated services (health/social, hospitals/community, public/private)**
- **Healthy ageing, involvement in the second half of life**

Increase of disability benefit claims due to mental disorders



Percentage of new disability benefit claims per year for mental disorders for selected European countries (OECD, 2011)



Joint Action on Mental Health and Well-being including Work Package "Mental Health at the Workplace"

- Co-financed from EU-Health Programme and by participating Member States (associated partners), 26 Member States plus Iceland and Norway**
- Joint Action lead: Portugal (coordinator: Prof José Miguel Caldas de Almeida, NOVA University of Lisbon), Duration: three years (2013-2016), financial volume: €3 million (EU 50%)**
- Objective: to establish a common framework for action on mental health, and to:**
 - Assess scientific knowledge**
 - Analyse situations in participating Member States**
 - Identify and exchange good practices**
 - Develop policy recommendations**



Study for DG SANCO into "Economic benefits of workplace mental health promotion and mental disorder prevention interventions" (Matrix Insight UK)

- The study's results suggest that the net economic benefits generated by such programmes can range between €0.81 to €13.62 for every €1 of expenditure in the programme.
- The net economic benefits (reduced costs and lost output) generated by these programmes range from -€3 billion to €135 billion.
- From the perspective of employers, some of the interventions do not generate sufficient benefits to outweigh the costs.
- Measures put in place to combat the impact of mental health disorders in the labour market do not fall under one specific public department; rather they are a collaborative effort between departments and government agencies.

Study available as download under:

http://ec.europa.eu/health/mental_health/docs/matrix_economic_analysis_mh_promotion_en.pdf

The Strategy for Europe on Nutrition, Overweight and Obesity-related Health Issues

The Strategy relies on a **voluntary, partnership based approach** using two key tools of implementation:

The **High Level Group for Nutrition and Physical Activity (HLG)**: Member States coordinated activities

The **EU Platform for Action on Diet, Physical Activity and Health**: EU Stakeholder commitments

→ efficient action on dietary and physical activity habits requires a concerted response across society.



Physical activity promotion

Health-enhancing physical activity is a priority of the Strategy for Europe on Nutrition, Overweight and Obesity-related Health Issues

The EU Physical Activity Guidelines (2008)

- Recommending a minimum of 60 minutes of daily moderate-intensity physical activity for children and young people.

30 Platform commitments in the area of physical activity

'Now We Move' campaign is an excellent way of raising awareness about the health benefits of sports and physical activity (7-13 October 2013)

Physical activity promotion (II)

The Commission proposal for a Council Recommendation on health-enhancing physical activity (HEPA) - In order to address the high rates of physical inactivity in Europe

- Milestone: the first ever Recommendation in the field of sport.
- One key element of the proposal is a monitoring framework to help Member States to trace developments and identify trends regarding their national efforts to promote sport and physical activity.
- Council will start discussing the Recommendation and could possibly adopt it in 2013.





Health and work place

- Workplace health is a priority in the Strategy for Europe on Nutrition, Overweight and Obesity-related Health Issues.
- 18 Platform commitments on health at workplace.
- Research projects funded by EU Health Programme on Obesity and workplace – e.g. the FOOD project.

Next steps

More inter-Commission coordinated action with other DGs and cooperation with services

Evaluation of the Strategy results:

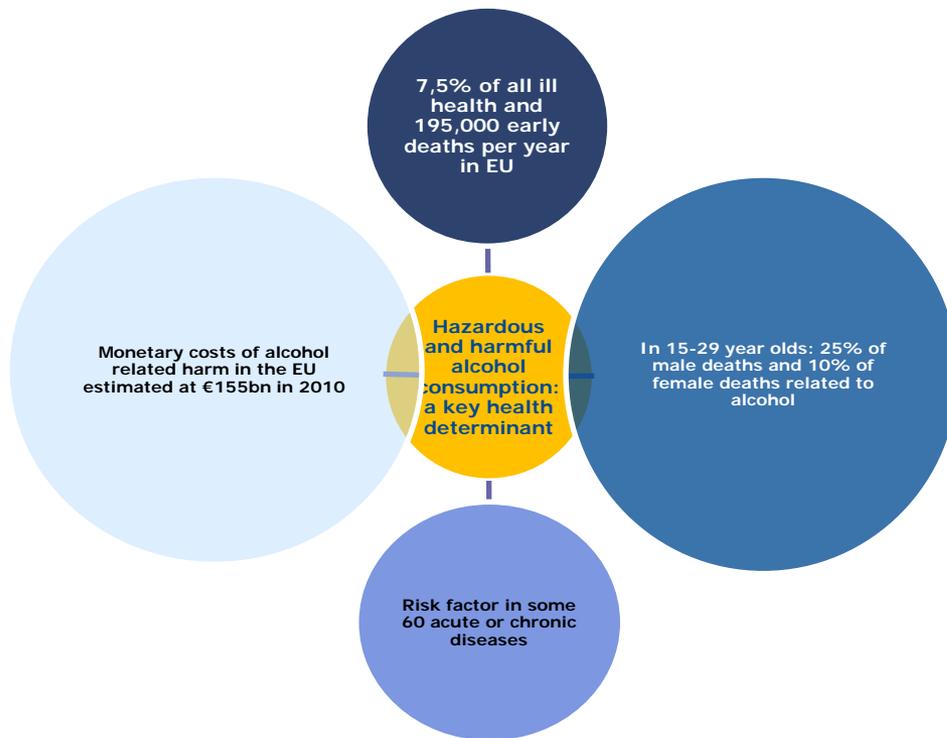
- Greater focus on physical activity
- A careful consideration of the effects of actions on lower socio-economic groups



High level Group: Action Plan on childhood obesity

Platform: monitoring working group to improve the reporting of the commitments

Alcohol and Health – the European Union Strategy



- Protect **young people, children and the unborn child**
- Reduce injuries and deaths from alcohol related road traffic accidents
- Prevent **alcohol related harm** among adults and reduce impact on **workplace**
- Inform, educate and raise **awareness**
- Develop **common evidence base**

The three pillars of the strategy

- *European Alcohol and Health Forum*
- *Committee on National Alcohol Policy and Action*
- *Work across other policies*

The way forward:

- *Strategy still running*
- *Joint Action to support Member States to take forward work on common priorities in line with the EU alcohol strategy*

Alcohol and the work place

Priority theme in the strategy

Two projects under the EU Health Programme in 2007-2011:

- **FASE project**
- **EWA project (still running)**



European Agency for Safety and Health at Work

Promoting good health is an integral part of the smart and inclusive growth objectives of Europe 2020.

Keeping people healthy and active for longer has a positive impact on productivity and competitiveness. Healthy and safe working conditions has a positive impact on productivity and competitiveness.



Workplace health and safety - Priorities for research

- Work organisation and health
- Effort - reward imbalance
- Locus of control
- How to incentivise employers
- Implementation (focus on SMEs)

Workplace health and safety - Priorities for research

- Adapting work to meet the needs of an ageing population, people with chronic disease
- Emerging risks – new technologies, biological hazards, complex human-machine interfaces



Council Recommendation on seasonal influenza (2009/1019/EU)

MS are encouraged

- To take measures in order to reach by 2015 a vaccination rate of 75 % for older people
- To improve vaccination coverage among healthcare workers
- To analyse the reasons why some people do not wish to receive vaccination
- To foster education, training, and information exchange on seasonal influenza and vaccination

Proposed steps of improvement at the EU level

- To **strengthen coordination of initiatives related to the socioeconomic impact of seasonal influenza vaccination** in order to demonstrate the **cost-effectiveness** of this **preventive intervention**
- To **strengthen coordination of research initiatives** in order to **identify reasons for vaccination refusal** and develop mechanisms that can **improve coverage of seasonal influenza vaccination**, also among **healthcare workers**
- To **strengthen initiatives to improve the quality** of the seasonal influenza **vaccine** as the quality of the vaccine is a basic argument against vaccination



Proposed improvement at the MS level

To engage with healthcare workers more directly and actively on critical vaccination issues, fostering education, training and information exchange, particularly focusing on strengthening the role of health care professionals in advocating vaccination.



HproImmune

(Promotion of Immunisation for Health professionals in Europe)

- HproImmune is a three-year project funded by EAHC, launched in September 2011. The three-year budget is € 603,900.
- To promote vaccination coverage of healthcare workers for Vaccine Preventable Diseases (VPDs) in different healthcare settings.
- To add to European knowledge about the effects of immunisation practices among healthcare workers on the development of successful immunisation activities in public and private healthcare sectors.



HproImmune

(Promotion of Immunisation for Health professionals in Europe)

- To increase awareness among healthcare workers and policymakers about the importance of vaccinations against Vaccine Preventable Diseases (VPDs) and contribute to the development of informed national strategy goals for increasing vaccination coverage among healthcare workers, especially for seasonal influenza.
- Key output of the project is a comprehensive toolkit for the promotion of immunisation among healthcare workers. It is designed to help increase vaccine coverage rates and improve resilience and the response capacity of the European health sector.