



To the attention of the Ministers of health for the Informal EPSCO Council and discussion on “What do EU Member States need from the EU health policy?”

Brussels, 17 April 2015

Dear Minister,

In view of the informal Employment, Social Policy, Health and Consumer Affairs Council (EPSCO) in Riga 20-22 April 2015, EuroHealthNet would like to take the opportunity to highlight facts about health promotion, disease prevention and health inequalities in the European Union.

EuroHealthNet commends the Latvian Presidency for its recognition that *“health promotion and prevention is the most cost-effective and efficient way of eradicating the causes of diseases and thus should be of common interest for all Member States.”* This reinforces the message from health ministers in the 2015 Annual Growth Survey and Joint Employment Report: political guidance on employment and social policies conclusions that innovations in health should *“include strengthening of health promotion and disease prevention in all relevant policy sectors, while ensuring integrated health care, enhancing primary health care”*.

The discussion at the informal EPSCO Council was timely. People in Europe are living longer, but their chances of spending later years in good health and wellbeing vary greatly within and between countries. At the very same time, Europe is experiencing an increase in chronic diseases which affect 8 out of 10 people aged over 65. For this reason, EuroHealthNet encourages you to reflect on the importance of health promotion, disease prevention, and tackling health inequalities in the discussions at the June EPSCO Council on the role of health in the European Semester. This should also form the basis for future discussions on any review of the EU Health Strategy, the policy framework on non-communicable diseases, and Health System Performance Assessment – health promotion, disease prevention, and tackling health inequalities are crucial to improving health outcomes. With this in mind, we include in annex our *Policy Précis* on the Economics of Prevention.

As you will know, the consensus is that cost-effective disease prevention and health promotion throughout the life course can benefit societies and their economies. This message has even been advanced by those who might not normally be considered the ‘usual suspects’ in the health policy debate, for example, the Organisation for Economic Co-operation and Development (OECD), which launched a project in 2007 on “The Economics of Prevention”. Moreover, in 2010 this message was stated clearly and prominently in the Joint Report on Health Systems prepared by the European Commission (DG EC FIN) and the Economic Policy Committee<sup>1</sup>. During your discussions, we encourage you to bear the following in mind:

- Each 10% rise in non-communicable diseases (NCDs) associated with 0.5%<sup>2</sup> lower economic growth.
- [Inequality-related losses to health amount 980 billion per year or 9.4% of GDP](#)
- Inequalities are widening across the WHO Europe region with a 10–15 year gap in life expectancy

<sup>1</sup> [http://europa.eu/epc/pdf/joint\\_healthcare\\_report\\_en.pdf](http://europa.eu/epc/pdf/joint_healthcare_report_en.pdf)

<sup>2</sup> Stuckler, D., *Population causes and consequences of leading chronic diseases: a comparative analysis of prevailing explanations*. Milbank Quarterly, 2008, 86:273–326. Available at: <http://onlinelibrary.wiley.com/doi/10.1111/j.1468-0009.2008.00522.x/abstract;jsessionid=F7C98329153D38F68C9ADC3C983B03C9.f01t02?deniedAccessCustomisedMessage=&userIsAuthenticated=false>.

- NCDs cause 85 of the disease burden in Europe. and account for 70 to 80% of all healthcare costs – more than €700 billion every year<sup>3</sup>Cancer costs EU countries over EUR 50 billion in lost productivity and EUR 20 billion in family care spending<sup>4</sup>
- Cardiovascular diseases cost EU countries EUR 35 billion in lost productivity and EUR 30 billion in informal health care costs<sup>5</sup>.
- Seven per cent of EU health budgets are spent each year directly on diseases linked to obesity.
- The World Economic Forum estimated that the cumulative loss of output due to chronic diseases would increase by up to 4% of annual global GDP by 2030.
- 97% of health budgets are devoted to treatment, whilst a mere 3% are spent on prevention.

EU actions, such as joint actions have proven to be useful to exchange best practices, create momentum and generate evidence. For example, the evaluation of the Joint Action Equity Action<sup>6</sup> found that it had been a success in raising awareness of the need to adopt an equity focus in policies and in developing inter-sectoral collaborations to explore strategies to effect change at national, regional and local levels. The Joint Action has elevated the issue of the need to address health inequalities to be included on political agendas across Member States.

We wish you fruitful discussions on this subject. EuroHealthNet urges you to incorporate health promotion, disease prevention and reducing inequalities within 1) the European Semester process, 2) any review of the EU Health Strategy, 3) a policy framework on non-communicable diseases, and 4) Health System Performance Assessment. We hope this letter and our *Policy Précis* on the Economics of Prevention prove useful. We reiterate our support in helping deliver on the Europe 2020 strategy and providing our knowledge and expertise towards this aim. We invite the Luxemburgish Presidency and the future Presidency trio of the Netherlands, Slovakia and Malta to continue these discussions, in order to ensure Member States have the right tools to properly address rising incidences of chronic disease and health inequalities.

Yours Sincerely,



Caroline Costongs  
Managing Director

EuroHealthNet is a not for profit partnership of organisations, agencies and statutory bodies working to contribute to a healthier Europe by promoting health and health equity between and within European countries. EuroHealthNet achieves this through supporting members' work in EU and associated states through policy implementation and project development, networking and communications.

<sup>3</sup> The 2012 Ageing Report: Economic and budgetary projections for the 27 EU Member States (2010-2060), European Economy 2 | 2012. European Commission. (available [here](#))

<sup>4</sup> Luengo-Fernandez, Ramon, Leal, Jose, Gray, Alastair and Sullivan, Richard, *Economic burden of cancer across the European Union: a population-based cost analysis*. Published Online on 2013. (available [here](#))

<sup>5</sup> Leal J, Luengo-Fernandez R, Gray A. *Economic Costs*. In: Nichols M, Townsend N, Scarborough P, Rayner M et al. *European Cardiovascular Disease Statistics 2012*. European Heart Network, Brussels, European Society of Cardiology, Sophia Antipolis.

<sup>6</sup> <http://www.equityaction-project.eu/wp-content/uploads/2013/11/Equity-Action-Final-Evaluation-February-2014-FINAL-REPORT.pdf>