

MANIFESTO

Improving citizens' well-being

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Manifesto Summary

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For the full manifesto document with further information, please visit <u>healthyeurope.eu/manifesto</u>.



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The health and well-being of people must be central to any model of inclusive growth and sustainable development. If Europe cares about sustainable development, it should care about health and well-being.

Lieve Wierinck MEP, ALDE

> The Commission's multi-stakeholder platform on the Sustainable Development Goals has demonstrated that we can reconcile diverse opinions, learn from each other, and jointly develop practical ideas and solutions for the wellbeing of our present and future generations.

> > Jyrki Katainen Vice-President of the European Commission





INTRODUCTION

New ways of defining economic and societal goals are emerging.

The old GDP-centric model is giving way to approaches that place human and environmental well-being at the heart of government policy. The Sustainable Development Goals are a crucial example of this, as is the growing emphasis on the need to ensure 'inclusive growth' and reduced inequalities. If the EU is to respond to the needs and concerns of its citizens, it is vital that the new European institutions should embrace the paradigm shift. Citizens' well-being must be at the centre of EU policies.

Health and well-being are intrinsically linked. The World Health Organisation considers them inseparable: health is 'a state of complete physical, mental, and social well-being'. At European level, however, 'health' is too often interpreted narrowly – as meaning the treatment and care of people with chronic diseases or other health conditions.

All Policies for a Healthy Europe champions a broader vision: one which takes seriously Europe's role in addressing



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1.2 million people die prematurely every year in EU countries

see more on p.16)

Public expenditure on health and long-term care is on

the rise. Projections suggest it could reach 12.5% of GDP in 2060.

INTRODUCTION



the multi-dimensional determinants of health and well-being – economic, social, environmental, commercial and political.¹

While life expectancy continues to rise, each year in the EU chronic diseases lead to the premature death of more than half a million people aged between 25 and 64.² Significant health inequalities persist between countries, regions, and across socio-economic groups (based on gender, income, ethnicity). Chronic diseases carry a significant economic burden for Member States – from reduced employment and earlier retirement to higher healthcare and social spending. Europe has a vital role to play in supporting Member States to address these challenges.

In the framework of an EU sustainable development strategy and enhanced efforts to ensure inclusive growth, cross- and inter-sectoral action on health and well-being must be at the heart of EU priorities for the next five years and beyond. That

> means health and well-being considerations should inform policies and decision-making across sectors – in the interest of citizens.

Public expenditure on health and longterm care is on the rise. Projections suggest it could reach 12.5% of GDP in 2060.

(see more on p.16)

The Sustainable Development Agenda in particular is a key framework for advancing inter-sectoral action on health and well-being, and the core themes of the European

 On the determinants of health see: WHO: 'The Determinants of Health': https://www.ho.int/hia/evidence/doh/en/; I. Kickbusch et al. 'The Commercial Determinants of Health', The Lancet 4, I2 (2016); M. Bekker et al. 'Public Health and Politics: Towards a Public Health Political Science', European Journal of Public Health 28, Issue Supplement_3 (2018)
 J DECD, European Commission, Health at a Glance: Europe 2016



INTRODUCTION



Commission's 'Towards a Sustainable Europe by 2030' Reflection Paper also feature prominently in this manifesto.³ They include: circular economy, clean energy, sustainable food, and social fairness, including in relation to health and health systems.

EU action on health and well-being should be guided by strong equity principles, so that all sections of society benefit (especially those at greatest risk of poor health and social exclusion), and so that no one is left behind.

The new European institutions should encourage and facilitate multi-level governance – with cities, regions, national governments, and civil society organisations at European and at grassroots level working collaboratively with EU bodies in different contexts and formats. In doing so, the EU can become a global leader in innovating new approaches to social investment, the circular economy, and the digital transformation of health systems.

To deliver on this approach, *All Policies for a Healthy Europe* makes the following key recommendations:

- Support cross-sectoral and inter-sectoral action within health and well-being 'clusters'
- Create governance mechanisms that facilitate inter-sectoral action and multi-level cooperation on health and well-being

^{3 |} European Commission, 'Towards a Sustainable Europe by 2030' Reflection Paper (2018)



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Health and well-being are not a cost, but an investment in our citizens and in the economy.

Brian O'Connor Chair of the European Connected Health Alliance

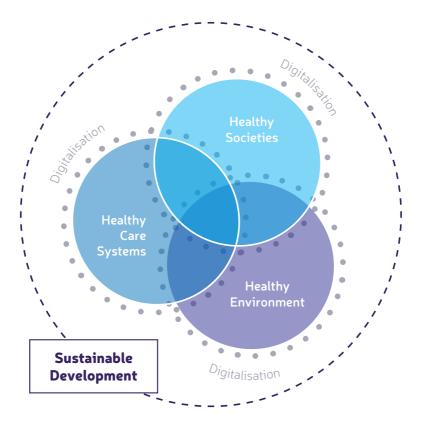
> We must take charge of change. We must harness globalisation, the digital revolution, and the greening of our economies. We must enable and protect our people. So that we can all together reap the rewards of progress.

Marianne Thyssen European Commissioner for Employment, Social Affairs, Skills and Labour Mobility





All Policies for a Healthy Europe proposes three main clusters within which the major determinants of health and well-being would be addressed:





HEALTH AND WELL-BEING CLUSTERS

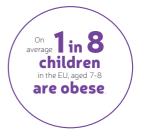


I. Healthy Societies

Encompasses health promotion, primary prevention, and enabling structures that contribute to physical and mental

well-being, including regulatory measures that incentivise healthy choices and protect against harmful ones.

Key focus areas include: diet and nutrition, physical activity, smoking cessation, reducing alcohol-related harm, health promotion in schools and workplaces, work-life bal-



ance, active and healthy ageing, poverty reduction, housing, social inclusion and social protection, and the international dimension of EU policies. Reducing health inequalities between socio-economic groups must also be prioritised.

> Relevant policy areas: Economic & Financial Affairs, Education, Employment, Social Affairs & Inclusion, Digital, Food & Agriculture, Health, Internal Market and Industry, Taxation, International Cooperation & Development, Regional & Urban Policy, Research & Innovation, Trade.



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HEALTH AND WELL-BEING CLUSTERS



II. Healthy Environment

Environmental health and human health are intrinsically linked.

Building on the EU's 7th Environment Action Programme, the WHO Draft Strategy on Health, Environment and Climate Change, and in line with the Sustainable Development Agenda, this cluster should encompass air and water quality, noise pollution, hazardous chemicals, food systems sustainability, clean energy, urban planning (for example, by strengthening public transport services and access to green spaces), and the role of corporate actors in improving environmental and human health including in the context of the EU's Urban Agenda and in accordance with Circular Economy principles.



74% of the EU urban population are exposed to concentrations of particulate matter exceeding WHO guidelines (see more on p.16)

Relevant policy areas: Agriculture, Climate Action, Digital, Food, Environment, Health, Internal Market and Industry, Mobility and Transport, Regional and Urban Policy, Rural Development.



HEALTH AND WELL-BEING CLUSTERS



III. Healthy Care Systems

Supporting the modernisation and sustainability of health and long-term care systems.

Action within this cluster should ensure universal health coverage without discrimination and measures to address inequalities in access to care and health outcomes. Efforts are needed to strengthen prevention (secondary/tertiary), patient-centred chronic disease management (including patient empowerment, health literacy, self-care, and patient-reported outcome/experience measurement), health

workforce sustaina-

Only 3% of health budgets are spent on prevention.

bility, and the digital transformation of care. Improving vaccination coverage and actions to combat antimicrobial resistance and other cross-border health threats must also be included in this cluster.

Relevant policy areas: Economic & Financial Affairs, Health, Digital, Education, Employment, Justice, Regional & Urban Policy, Research & Innovation, Social Affairs & Inclusion, Structural Reform.





Digital for all policies & digital inclusion

Within each cluster, data-driven tools and technologies present tremendous opportunities for improving health and well-being – including Big Data analytics in public health, smart systems for energy efficiency, artificial intelligence, learning healthy systems (LHS), early detection of disease, research, and the use of digital tools to strengthen economic and social inclusion. Europe has a key role in fostering a vibrant health data ecosystem underpinned by trust. Adoption of new digital tools in health care must go hand-in-hand with equity principles, so that all sections of society can enjoy the benefits that new technologies provide. Enhancing digital health literacy is crucial in this regard.



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The Zeitgeist is now. We have everything we need to power health and wellness. We just need the right leadership and investments.

Rachel Dunscombe CEO NHS Digital Academy

> The EU treaties already state that people's health should be 'ensured in the definition and implementation of all Union policies and activities'.

The question is why does this not happen already?

Karin Kadenbach MEP. S&D

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GOVERNANCE MECHANISMS

Cross-and inter-sectoral action doesn't need to be complicated, but does require political commitment and mechanisms that facilitate cooperation between policy areas and different levels of governance (regional, national, European) to improve health as a shared objective.⁴ *All Policies for a Healthy Europe* recommends that the next Commission should:

> Mandate a senior European Commissioner to oversee cross- and inter- sectoral action on health and well-being, supported by the Commission health services and the Secretariat-General. This could fall within the remit of a Vice-President for Health and Well-being or Sustainable Development.

Strengthen Health and Well-being Impact Assessment

including health equity, by further developing the 'health toolbox' and supporting evidence/information systems. Health impact assessment should be carried out at an early, formative stage in the policy making process, drawing upon internal and external health expertise.



4 | Wismar et al., 'Intersectoral Governance for Health in All Policies', Eurohealth 18, 4 (2012), p.3-7





Align resources with inter-sectoral priorities:



Opportunities to facilitate inter-sectoral collaboration and support local level initiatives on health and well-being should be identified within all policy clusters of the next Multi-annual Financial Framework.

Embed well-being in European economic governance:

Ensuring effective implementation of the European Pillar of Social Rights via the European Semester would be an important step in this direction. The EU's Open Method of Coordination can also provide a framework for coordinated action at Member State level.

Maintain a 'Home for Health' within the Commission:



a centre of knowledge and expertise that would support cross-sectoral action and inter-sectoral collaboration, deliver on health-specific priorities (such as the EU Health Programme), and cooperate with other international organisations (such as the WHO and OECD). In the context of cross-sectoral action, there should be a unit within the Commission's health directorate(s) responsible for coordination between other sectors and the dedicated health services.







Ensure systematic citizen and stakeholder participation – for example, through the creation of thematic Forums and 'Dialogues' that feed into policy development. The EU's Urban Agenda provides a positive, recent example of cooperation between different levels of governance.

Other European institutions can support inter-sectoral action on health and well-being by exploiting existing inter-sectoral synergies within EU Council configurations and European Parliament committees, as well as through a more prominent role for Parliamentary intergroups dedicated to specific inter-sectoral themes.

Alignment with other health and well-being initiatives

This manifesto is complementary to other campaigns and initiatives calling for citizen-centred policies to enhance human and environmental health and well-being. These include EU4Health, the EU Health Summit, and the Patient Access Partnership.

The critical feature of *All Policies for a Healthy Europe* is a multi-stakeholder consensus, within and beyond the health sector, on the need for cross-sectoral and inter-sectoral action. It builds upon past work in the area of Health in All Policies, and updates it to align with and strengthen wider EU agendas on sustainable development and inclusive growth.





KEY FACTS

In 2018, the OECD surveyed people in 19 counties about the economic and social risks that matter most. **People's greatest concern** (on average) in the next two years was 'becoming ill or disabled'. Among people from low-income households, 'securing and/or maintaining adequate housing' was also seen as a major risk

In Belgium, Estonia, Finland, France, Germany, Greece, Ireland, Portugal, Slovenia, Lithuania, more than half of respondents said that becoming ill or disabled was among their top three concerns.

Across the EU, total costs associated with mental ill-health are estimated to be 600 billion Euro.

Health care spending : **190 billion Euros**

> Lower employment rates and productivity loss: **240 billion** Euros

Every year, mental health problems affect more than **1 in 6** people across the EU.

Sources

OECD, European Commission, 'Health at a Glance': Europe 2016

European Commission, 'State of Health in the EU', Companion Report, 2017

OECD, 'Risks that Matter', 2018 Survey



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1.2 million people die

prematurely every year in EU countries But still, **public** expenditure on health and longterm care is on the rise. Projections suggest it

could reach 12.5% of GDP in 2060. On **1 in 8** children in the EU, aged 7-8 **are obese**

Only 3% of health budgets are spent on prevention

790. 000 EU citizens die prematurely each year

from tobacco smoking, alcohol consumption, unhealthy diets and lack of physical activity

On average across the EU, **30-year-old** men with a low level of education can expect to live about 8 years less than those with a

university degree.

74% of the EU urban population are exposed to concentrations of particulate matter exceeding WHO guidelines In 2017 there were **32.7 million diabetics** in Europe, a significant increase from 18.2 million in 2000. A further **12.8 million are estimated**

> to have undiagnosed diabetes

Air pollution,

including particulate matter, nitrogen dioxide, and ground level ozone, **is the leading** environmental cause of early mortality in the EU, causing about 400.000 premature deaths

For the full manifesto document with further information, please visit healthyeurope.eu/manifesto.





or get in touch at secretariat@healthyeurope.eu