UK NCDS and Development Task Force – Response to EU reflection paper on chronic diseases

April 2012

About the Task Force

The UK NCDs and Development Task Force is an informal network of 15 established NGOs and academic institutions with a track record of advocacy, research, public policy development and service delivery relating to the prevention and treatment of chronic diseases. This paper has been supported by Cancer Research UK; the Faculty of Public Health; HelpAge International; International Network for Cancer Treatment and Research; National Heart Forum; and World Cancer Research Fund International. As an alliance of a number of different NGOs, we are particularly well placed to comment on chronic diseases. We welcome the opportunity to provide our comments on this area. We have kept the response concise but would be happy to discuss or provide further information if requested.

Summary

In this response, we make the following recommendations:

• Governments need to urgently factor in the prevention and control of chronic diseases into their longer term health planning alongside other pressing health challenges.

• The leading preventable cause of many chronic diseases is smoking. As part of the ongoing review of the Tobacco Products Directive (TPD), a stronger Directive would protect young people in particular from starting smoking in the first place.

• We also believe that more attention must be paid to the long-term health risks associated with alcohol consumption with due consideration given to policy to address it at the population level.

• Children and adults both deserve a healthier diet, including the elimination of industrial trans fats and reducing salt consumption below 5g per day.

• Given the impact of chronic diseases on people in Europe and elsewhere, research into this area should be given more importance. Research and innovation are at the heart of the Europe 2020 agenda and will help people in Europe to live better and longer, as well as support growth in a time of economic difficulty.

• We would strongly support further activities to encourage the increased participation of organisations, including academia and NGOs, to help them to better understand, and apply for, EU funding.

• Greater coordination of research funding is needed between ministries of research and ministries of health at the national level, in terms of funding, to prevent duplication. EU level coordination and funding should focus on areas where research would not otherwise be undertaken and ensuring there is comparative research across the EU.

• Following the UN High Level Meeting on non-communicable diseases (NCDs) in September 2011, we believe it is crucial that Governments deliver on their commitments to address the rising threat of cancer, cardiovascular disease, chronic respiratory disease and diabetes.

• We also believe for all levels of Government to properly address the issues relating to chronic diseases, a Code of Conduct and Ethical Framework is vital to help protect the integrity of, and to ensure transparency in, public policy decision-making, by safeguarding against, and identifying and managing conflicts of interest.
The current situation on chronic diseases in the European Union

What further information and evidence should be taken into account by National Governments and the EU regarding the chronic disease situation?

For too long, chronic diseases – cancer, cardiovascular disease, chronic respiratory diseases and diabetes – have been a hidden epidemic. Non-communicable diseases (NCDs) are currently the leading global cause of death worldwide. In 2008, of the 57 million deaths that occurred globally, 36 million – almost two-thirds – were due to NCDs, comprising mainly of cardiovascular diseases, cancers, diabetes and chronic lung diseases.1

A recent study by the World Economic Forum and Harvard University estimates that NCDs will cost the world economy $47 trillion over the next 20 years, representing 75 percent of global GDP and surpassing the cost of the global financial crisis.2 The EU can take a lead in implementing solutions for Europe.

A large proportion of NCDs are preventable. Elimination, or significant reduction, of major risk factors, such as tobacco use, obesity and overweight, unhealthy diet, lack of physical activity, and the excessive consumption of alcohol could help to reduce people’s risk of developing NCDs. For example, research shows that around one-third of all cancers are preventable.3,4

Because of the size of the epidemic, the diverse causes, and the universal impact, chronic diseases are everyone’s problem. The epidemic is too big for governments to solve alone. Tackling the chronic disease crisis head on requires a concerted and coordinated multi-sectoral response, committed to by decision makers, driven by a global civil society movement and those affected by or living with these conditions and involving the business sector where appropriate. As a group we also advocate a health in all policies approach, recognising the central responsibility of government departments to protect and promote health.

Health promotion and disease prevention: what more should be done?

What additional actions and developments are needed to address key risk factors to prevent chronic diseases?

As the reflection paper notes, “together tobacco use, poor diet, low physical activity and harmful alcohol consumption are the major risk factors for chronic diseases”. Much of the chronic disease burden in Europe, particularly at younger ages is preventable.5,6 In some parts of Europe, this is already happening to a great extent as a large proportion of people live into old age without experiencing chronic disease.

Governments need to urgently factor chronic diseases into their longer term health planning alongside other pressing health challenges. The good news is we have more political momentum and we have cost-effective solutions for addressing both the risk factors, such as tobacco use and salt intake, and the diseases themselves. It is vital that we continue to build on this momentum, to identify and implement concrete and complementary, commitments and actions from between governments, the UN, NGOs and the private sector, to tackle the very preventable causes of this global epidemic.

2 The Global Economic Burden of Non-communicable Diseases, A report by the World Economic Forum and the Harvard School of Public Health, September 2011
3 Parkin M, Boyd L, Darby S, Mesher C et al The Fraction of Cancer Attributable to Lifestyle and Environmental Factors in the UK in 2010, British Journal of Cancer, 2011 105: S1-S81
5 Parkin M, Boyd L, Darby S, Mesher C et al The Fraction of Cancer Attributable to Lifestyle and Environmental Factors in the UK in 2010, British Journal of Cancer, 2011 105: S1-S81
To date, the WHO and many other organisations have engaged policy- and decision-makers in setting out the evidence in favour of population-level strategies by clarifying risk factors, the causal pathways and modeling the impact of policy interventions that are plausible and sustainable. We now need to implement these population-level strategies to enhance our understanding and expand practice-based evidence.

This would best be supported with evidence-based policies and legislation in key areas. In particular, there are legislative steps that can be taken in the areas of tobacco, alcohol and food that would have a major impact on chronic disease prevention.

**Tobacco**

According to the European Commission’s own data, tobacco causes 650,000 deaths each year in Europe. Effective tobacco control is crucial if we are to make rapid progress in the reduction of non-communicable diseases. Tobacco use accounts for a sixth of the deaths caused by NCDs.

As part of the ongoing review of the Tobacco Products Directive (TPD), a stronger Directive would protect young people in particular from starting smoking in the first place. This requires, in particular, larger warnings (including pictures) on both sides of the packet and plain packaging. Regulation of flavourings and additives is also needed to protect children and young people from the marketing of this highly addictive and seriously harmful product.

**Alcohol**

Alcohol has been identified as one of the leading risk factors for death and disability globally, accounting for 3.8% of death and 4.6% of disability adjusted life years (DALYs) lost in 2004. Harmful use of alcohol is well accepted as a major risk factor for NCDs; there is a strong link between alcohol and several non-communicable diseases, particularly cancer, cardiovascular disease, liver disease, pancreatitis and diabetes.

The EU region has the highest alcohol consumption in the world. In 2009, average adult (aged 15+ years) alcohol consumption in the EU was 12.5 litres of pure alcohol – more than double the world average. Research consistently shows that the more alcohol an individual consumes, the more they are increasing their risk of a range of cancers including oral, pharyngeal, oesophageal, laryngeal, breast, liver and bowel, as well as cardiovascular disease and liver disease.

The UK NCDs and Development Task Force believes that more attention must be paid to the long-term health risks associated with patterns of excessive alcohol consumption. The use of guidelines to inform consumers can be helpful, but we are concerned that many individuals are unaware of what these guidelines are and what these mean in terms of different drinks. We urge the EU and national Government to make every effort to ensure that there is widespread recognition of drinking information across the EU.

Due to the size of the problem and the universal social and health-related impact, harmful alcohol consumption is too big for governments to solve alone. It requires a comprehensive, coordinated response from policy and decisions makers at the European and national levels as well as all stakeholders concerned.

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11. A number of research reports are available online: http://www.heartforum.org.uk/prevention/alcohol/
We therefore call on the European Commission to:

- Develop a comprehensive alcohol policy framework for the EU
- Ensure the implementation of the WHO Global Strategy to reduce the Harmful use of alcohol

The Task Force believes that more attention must be paid to the long-term health risks associated with alcohol consumption. The use of guidelines to inform consumers can be helpful, but we are concerned that many individuals are unaware of what these guidelines are and what these mean in terms of different drinks. **We urge the EU and national Government to make every effort to ensure that there is widespread recognition of drinking information across the EU.**

Additional measures the EU and member states should put in place include:

- Minimum pricing or increased taxation and bans on below-cost selling (loss-leading) and restrictions on price promotions. Price is a major determinant of levels of alcohol consumption. In recent years, alcohol has become much more affordable (in relative and absolute terms) in Europe as consumption has increased.13
- Implement restrictions to reduce the impact of promotion and marketing on levels of alcohol consumption.14 The “Loi Evin” in France is an excellent example, which should be enacted elsewhere.
- Novel approaches to ‘reformulate’ alcoholic products so that their alcohol content is reduced. Action, including on price, should be taken to encourage a consumer shift from high to low alcohol-content drinks.

**Nutrition and diet**

Between 20% and 50% of NCDs are due to poor diets, for example, 51% of strokes and 45% of ischaemic heart disease are due to high blood pressure, whose primary driver is excess salt consumption, worsened by alcohol use. Half of the top 10 global risk factors for both deaths and disability are related to poor diet and nutrition.15

**We urge the advanced implementation of the WHO Global Strategy on Diet, Physical Activity and Health,** in line with the Political Declaration. In the EU, several measures can be taken to assist this goal:

1. Ensure that all EU policies and programmes, including the Common Agricultural Policy (CAP) and Structural Funds undergo a health impact assessment to ascertain that they, at the very least, do not obstruct availability of and access to nutritious food and environments that are conducive to everyday physical activity. As part of this, the EU should consider the removal of subsidies that create an artificial price imbalance and can drive consumption and contribute to increased risk of certain diseases (e.g. subsidies for the production of red meat, which is a risk factor for certain cancers).

2. Adopt legislation that minimises the level of industrially produced trans fatty acids that can be present in foodstuffs to maximum 2 g per 100 g of oil or fat.

3. Allow only health claims that can be easily understood by consumers and relevant to public health.

4. Adopt, as a matter of urgency, a nutrient profile scheme that will ensure that health and nutrition claims can only be put on foods that are genuinely healthier.

5. Consider further harmonisation, at the EU level, of nutrition labelling schemes that help consumers understand nutrition values. As members of the UK Task Force on NCDs and Development, we recommend the traffic light scheme which has been tested in the UK as well as several other countries and found to be helpful and useful to people and in encouraging manufacturers and retailers to reformulate their products.

6. Improve the availability of, and access to, healthier food choices among low-income groups. This would involve population-wide interventions such as reducing salt, the elimination of trans fats and comprehensive approaches to the reformulation of saturated fat and sugar in products to produce low energy-dense products, in addition to the introduction or expansion of subsidies on fresh fruits and vegetables and relatively unprocessed cereals and pulses.

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14 World Health Organization (2011) Global Status Report on Alcohol and Health

Geneva: WHO
7. If a significant reduction in prevalence and mortality from NCDs is to be achieved, this will involve **significant** reduction in risk factors such as overweight and obesity. Population-based prevention strategies to tackle overweight and obesity are likely to have a major impact on population health that is not confined to a reduction in levels of overweight and obesity.

8. Ensure that recommendations on breastfeeding, as set out by the United Nations, are incorporated into law.

We urge full implementation of the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children, including foods which are high in saturated fats, trans-fatty acids, sugars or salt.

The European Commission and Member States can specifically assist this goal by implementing the Audio Visual Media Services Directive, and working to strengthen the directive to ensure that audiovisual commercial communications for foods and drinks that do not respect specific nutrient profiles may not be broadcast between 06:00 am and 09:00 pm.

The review of the CAP offers a superb opportunity to develop an integrated European Food and Agriculture Policy which works towards improving European diets in a sustainable way; it should provide for, an increased supply of and access to affordable fresh fruit and vegetables.

**Physical activity**

Physical activity is also an important issue in terms of preventing chronic diseases. We support the European Chronic Disease Alliance’s comments on this topic:

- There is a need to create and develop healthy and sustainable places and communities with a role and action from both central and local governments.
- It will be important to promote physical activity also as a normal part of health care, and actions should be taken to include guidance on how to translate general public health recommendations on physical activity into levels that correspond to the capacity of a patient.
- Physical activity not only delays onset of chronic diseases but is also important for reducing severity of disease.

In addition, the National Institute for Clinical Excellence (NICE) has provided guidance on cardiovascular disease including recommendations on active travel. In particular, these outline that travel offers an important opportunity to help people become more physically active. To support this, the European Commission and governments should ensure funding supports physically active modes of travel.

Such measures should include:

- Ensure guidance for local transport plans supports physically active travel. This can be achieved by allocating a percentage of the transport funding to schemes support walking and cycling as modes of transport.
- Create an environment and incentives which promote physical activity, including physically active travel to and at work.
- Consider and address factors which discourage physical activity, including physically active travel to and at work. An example of the latter is subsidised parking.

**Healthcare – early diagnosis and screening**

**What changes could be made to enable health care systems to respond better to the challenges of prevention, treatment and care of chronic diseases?**

Improvements over the years mean more people are surviving cancer but cancer survival in the UK, and in many other EU countries, is still some way off the best in Europe. By diagnosing cancer at an earlier

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16 UNICEF Declaration on the Protection, Promotion, and Support of Breastfeeding
17 WHO International Code on the Marketing of Breast Milk Substitutes
18 [http://www.ehnhearth.org/alliances.html](http://www.ehnhearth.org/alliances.html)
stage, and ensuring access to optimum treatment, it’s hoped that significant improvements in survival can be made.

Cancer screening involves testing apparently healthy people for signs that could indicate cancer is developing. Screening can help doctors find cancer early, before any symptoms develop. Screening can also be used to prevent cancer from developing in the first place. In the UK, we have national screening programmes, for breast, cervical and bowel cancers. Cancer screening may save thousands of lives each year, but it can also have unintended harmful consequences. Patients should therefore be informed of the known benefits and risks before undergoing screening.

We recommend that the EU puts further pressure on ALL member states to develop and implement evidence based screening programmes, including older people, for cervical, breast and bowel (colorectal) cancer including the EU screening guidelines. There should also be greater support – at EU and national and regional levels – to better inform people of the signs and symptoms of cancer and other chronic diseases and of the effects of screening.

Research

How should research priorities change to better meet the challenges of chronic disease?

Given the impact of chronic diseases on people in Europe and elsewhere, research into this area should be given more importance.

In what areas is there a particular need for additional action at EU level?

Research is vital for understanding disease and how best to prevent and treat it. We support measures to support research and innovation in Europe. Research and innovation are at the heart of the Europe 2020 agenda and will help people in Europe to live better and longer, as well as support growth in a time of economic difficulty.

EU Research Funding, through ‘Health for Growth’ and Horizon 2020, should aim to create efficiencies in research by leveraging the expertise and intellectual property of other European research institutions through collaboration. It is important that the terms of the Common Strategic Framework remain acceptable to research institutions in the UK so that they continue to utilise this important source of funding to achieve these objectives.

Based on discussions with our researchers and funding managers, there appears to be a mixed picture of EU funding. While some research groups are familiar and comfortable with EU funding processes, others do not have such a good understanding and will actively choose not to apply for it. We would therefore strongly support further activities to encourage the increased participation of organisations, including academia and NGOs, to help them to better understand, and apply for EU funding.

The members of the Task Force also believe that the current level of funding should be maintained and there should be greater measures to support the participation of academia and not-for-profit organisations. This will help the EU to meet the Europe 2020 strategy in supporting research across Europe, particularly in areas that might not otherwise be undertaken.

Multidisciplinary collaboration should be readily supported. Medical research is increasingly an international endeavour, and requires the cooperation of EU Member States with other countries, such as the United States and Japan, as well as low to middle income countries. As befits Framework Programme funding, such cooperation enables the sharing of understanding, reduces duplication, and pushes innovative research, enabling leading scientists in related fields to work together. Cooperation with countries within, and outside of, the EU is particularly necessary for clinical trials and in–depth epidemiological studies, especially where such work involves understanding the specific circumstances affecting low to middle income countries.
With better prevention, screening and treatments, more European citizens could survive chronic diseases – or not even get cancer at all. Since active and healthy ageing is a priority area for DG Research, specific cancer projects must be identified for opportunities for research funding – including basic research, and research on prevention and treatment for both older and younger age groups. **We believe there needs to be continued support for key areas such as particular disease areas, as well as greater support for related areas of health research, such as prevention, early diagnosis and personalised medicine.**

It is also important that this research continues to feed into the development of norms, standards and guidelines at the national and international level. The European Commission needs to ensure that the best available evidence informs all its policies. Processes to narrow any potential gap between researchers and policy-makers are needed, to ensure the transfer of knowledge and adoption of evidence-based policy. This should include open and transparent consultation mechanisms and independent expert advisory committees.

Greater focus should also be given to funding evaluation, monitoring and surveillance activities relating to ongoing and/or innovative public health policies – not only local and micro-scale interventions, but also population-based interventions. A major obstacle to the adoption of public health policy – particularly in the case of obesity – continues to be the absence of evidence to demonstrate effectiveness in practice or achievability. The EU Public Health Programme is well placed to provide support, but this should also be a key pillar in ongoing programmes at DG Research.

In addition, there are key public health research projects that would assist our understanding of chronic disease:
1) to update the EC funded ASPECT report which was a summary of tobacco control policies already in place and needing to be introduced across the EU;
2) to implement EU wide monitoring of smoking prevalence (currently the different surveys do not match up and we do not have an EU-wide picture so it's hard to measure progress and
3) to set up a collaborative network of academic centres based on the model of the UK Centre for Tobacco Control Studies (UKCTCS) but at EU level, engaged in tobacco control and public health research and translating the findings into policy recommendations

The EU should also put pressure on member states to support research through the 3% GDP target and also have targets that are more binding in the future.

**In what areas is there a particular need for additional action at national level?**

Greater coordination is needed between ministries of research and ministries of health at the national level, in terms of funding, to prevent duplication. EU level coordination and funding should focus on areas where research would not otherwise be undertaken and ensuring there is comparative research across the EU. This includes supporting academia and NGOs who undertake research which has a societal benefit but where a monetary benefit may not exist, or may not be clear at the outset, and therefore would not be undertaken by industry, such as basic research.

**What will you/your organisation contribute to address this challenge?**

Our organisations will continue to undertake a wider range of information provision, research and advocacy work.

**Information and information technology**

Like research, data is crucial and an area where the EU can play a crucial role, through the Eurobarometer and other studies in providing useful data, especially comparative data across Europe.
Other areas

What additional areas for action should be considered? Which of these should be addressed by activities within EU Member States? Which should be addressed through activities involving cooperation at EU level?

At the UN High Level Meeting on prevention and control of NCDs in September 2011, world leaders unanimously adopted the Political Declaration on NCDs, agreeing that “the global burden and threat of NCDs constitutes one of the major challenges for development in the twenty-first century, which undermines social and economic development through the world”.

As UK NGOs, we support the global NCD Alliance and believe it is key that Governments now deliver on their commitments to address the rising threat of cancer, cardiovascular disease, chronic respiratory disease and diabetes. NCDs must be integrated into national goals, as well as the Millennium Development Goals (MDGs) and into any successor framework after 2015 when the MDGs expire.

We are concerned that there have been some significant changes in the goals on NCDs including:
1. The number of proposed targets has gone down from 10 to 5
2. Two of the original targets are still in: mortality and blood pressure, but both have 25% relative reductions
3. Two of the original targets have been changed:
   ➢ tobacco down from 40% to 30% relative reduction
   ➢ salt from 5gms per day to 30% relative reduction with aim to achieve 5gms per day
4. Gone are the targets on diabetes, alcohol, transfats, obesity, multi-drug therapy, cancer screening.

The global targets need to be realistic, with a process and timeline for additional targets. The EU and member states should therefore call for the WHO to reinstate the original ten targets and extend the range of indicators – at the World Health Assembly in May. These should include:

**Alcohol:** We recommend a target of 10% relative reduction in persons aged 15+ alcohol per capita consumption (APC) with an indicator (per capita consumption of litres of pure alcohol among persons aged 15+ years).

**Obesity:** We call for the reintroduction of a strengthened target to reduce obesity and overweight in recognition of the specific role of body weight in driving the NCD epidemic. A focus on childhood obesity would be particularly effective in reducing the disease burden for future generations.

**Diet:** We call for the reintroduction of the target to eliminate industrially produced trans fats. Include a broader set of dietary targets and indicators in line with WHO and independent expert recommendations.
- A saturated fat indicator of less than 10% total energy intake and sugar indicator of less than 10% total energy intake are essential, and will ensure trans fats are not substituted with these equally harmful nutrients.
- Plant-based food (including fruit and vegetable) indicators are needed to support improvements in micronutrient and fibre intakes and reductions in energy density.

We also call on the EU and Member States to invest time and resources to this and invite civil society into this process.

**Conflicts of interest**

We also believe for all levels of Government to properly address the issues relating to chronic diseases, a Code of Conduct and Ethical Framework is vital to help protect the integrity of, and to ensure transparency in, public policy decision-making, by safeguarding against, and identifying and managing conflicts of interest.
The Task Force supports the Conflict of Interest Coalition (COIC’s) Statement of Concern\textsuperscript{20} which was sent to the President of the United Nations General Assembly and the co-facilitators of the United Nations High Level Meeting on the Prevention and Control of Non-Communicable Diseases.

The Statement of Concern was developed by the Conflicts of Interest Coalition and was submitted to the President of the UN General Assembly in September. It has now been endorsed by over 160 national, regional and global networks and organisations working in different fields of public health, including medicine, nutrition, cancer, diabetes, heart disease, lung disease, mental health, infant feeding, food safety and development.

In addition to the submissions made by individual organisations to this consultation, we request that the principles and recommendations are applied to all areas of the WHO’s public health policy setting, but in particular to its work on NCDs.

The Statement focuses on the lack of clarity regarding the role of the private sector in public policy-making and calls for the development of a Code of Conduct and Ethical Framework to help protect the integrity of, and to ensure transparency in, WHO’s public policy decision-making, by safeguarding against, identifying and managing conflicts of interest.

The Statement calls for:

• a clear distinction to be made between business-interest not-for-profit organisations (BINGOs) and public interest non-governmental organisations (PINGOs)
• a clear differentiation between policy and norms and standards development and appropriate involvement in implementation.

Since the major causes of preventable death are driven by diseases related to tobacco, poor diet, physical inactivity and alcohol drinking, the endorsers of the Statement are concerned about the overuse of the term ‘partnerships’ – without any clarification of what this term means. We remain concerned that public-private partnerships in these areas can counteract efforts to protect and improve public health.

We call on the WHO to develop guidance for member states to identify conflicts and eliminate those that are not permissible. For obvious reasons, the process of developing this guidance should not involve the private sector. We to also ask the WHO perform thorough risk/benefit analyses on partnerships and provide surveillance on those considered acceptable.

Transparency, although an essential requirement and first step, is not a sufficient safeguard in and of itself against negative impacts of conflicts of interest.

\textsuperscript{20} \url{http://www.babymilkaction.org/pdfs/COIC%2011Jan2012.pdf}