



BUILDING A STRONGER EU HEALTH UNION: WHERE TO START?

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The European Union is committed to scaling up its role on public health, at the time when well-known diseases such as cancer and obesity intertwine with new cross-border health threats.

Drawing lessons from this year's pandemic, which exposed flaws in the EU's health systems, European Commission President Ursula von der Leyen highlighted the need to build a stronger European Health Union in her first State of the Union address.

The Commission president also relaunched the idea of rethinking health competence, which is currently in the hands of member states.

However, the renewed ambition has been undermined by the heavy cuts to the proposed €9.4 billion EU4Health Programme, which has been reduced to a mere €1.7 billion after pressure from the so-called frugal countries – Austria, Denmark, Netherlands, Sweden – at July's EU summit.

In this context, underlining EU priorities on diseases prevention and effective treatment becomes crucial to better design this EU Health Union to come.

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INTERVIEW

MEP Patriciello: Strengthening EU powers on health is a must, COVID has shown

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By Gerardo Fortuna | EURACTIV.com



Italian MEP Aldo Patriciello. [SHUTTERSTOCK]

Setting ambitious health targets at the European level after the COVID crisis is not only necessary but also dutiful, particularly to combat those diseases that have a negative impact on the life expectancy of citizens, centre-right wing lawmaker Aldo Patriciello told EURACTIV in an interview.=

Aldo Patriciello is an Italian MEP for Europe's People Party (EPP). He spoke to EURACTIV's Health Editor Gerardo Fortuna.

In her State of the Union speech, Commission President Ursula von der Leyen promised to support the European Parliament in its attempt to restore the EU4Health fund. What would the

disappearance of this fund mean in practical terms?

It is certainly a leap into the unknown, an act of political short-sightedness that need be avoided because it would mean giving up our ability to face and manage other health crises in the future.

I am thinking of either the current inequalities in access to healthcare or the obstacles to be removed for the dissemination and use of digital innovations, as well as the impact of environmental degradation, pollution and demographic change on public health. All these things need common answers.

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How is the Parliament's stance different from the one of the Council, when it comes to health?

Parliament has already shown in the past that it can look beyond the interests of individual member states. It is our duty, therefore, to ensure that the EU remains the healthiest region in the world and that it has all the tools to best tackle any new health threats that may endanger European citizens.

If there is one thing this pandemic should have taught us, it is that nobody can do it alone. If each country tries to overcome the COVID-19 problem on its own, the weakness of the EU will be equal to that of its weakest link. And that is a risk we cannot take.

What should be the priorities for health spending in the coming years?

We face major challenges. And the ongoing pandemic is just one of them. I believe that setting ambitious health targets is not only necessary but also dutiful.

We must work to improve key policies for health systems, such as those that condition the access to care, good quality of services, transparency of management and the efficiency of the organisation in general.

And then, we must focus on the fight against those diseases that have a very negative impact on the life expectancy of European citizens, such as cardiovascular diseases and cancer. From this point of view, much has been done but there is still much more to do.

The additional funds for the new Horizon have also been scaled down after the European summit.

It is clear that a reduction in funding for Horizon Europe means undermining our capacity for innovation. At the same time, it must be remembered that the EU's great effort to get the continent's entire economy back on its feet represents a historic turning point.

I am certain that the whole of Europe will emerge stronger from it. There will be time and way to make up for the Council's downward agreements.

What do you think of the debate on increased EU competence in public health?

The COVID-19 crisis is the biggest challenge the European Union has faced since World War II. And it has shown that the way to strengthen EU powers on health is a must. Every national health system struggled to cope with this crisis and this affected all citizens in one way or another. One cannot just turn a blind eye.

The fight against cancer seems out of the spotlight although it was one of the von der Leyen Commission's main objectives. How do you see the Parliament's work on the issue?

I think it is normal that in recent months media attention has been focused on the health emergency and its impact on our economies. This does not mean, however, that we are not working on policies to combat cancer.

In recent weeks I have participated

in several thematic webinars in which the need to increase EU attention on the fight against cancer has been discussed. In addition, on 1 July we officially presented the first European Parliament intergroup dedicated to cancer.

It is a fundamental step forward: for the first time, Parliament has decided to provide itself with a dedicated forum where MEPs from all political parties will be able to dialogue and confront each other and their stakeholders. The goal is ambitious but within our reach: to double the amount invested in cancer research by 2024.

Do you think that the nutritional care aspect – a topic which will be treated in a digital event organised by the European Nutrition for Health Alliance (ENHA) – is becoming increasingly important when it comes to health after the unveiling of the EU food policy, the Farm to Fork Strategy (F2F)?

Having a more sustainable agri-food system is certainly an important factor. If it is true that we are what we eat, it is undeniable that reducing the use of pesticides will have a positive impact on the quality of what we put on the table and on the health of citizens in general.

Having said that, I believe it is important to work on an integrated approach, covering both production and consumption and distribution methods. The nutritional aspect is becoming increasingly important with regard to its effects on health. The EU's commitment is a tangible sign of this increased awareness.

Undernutrition needs a seat at the EU health policy table

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By Gerardo Fortuna | EURACTIV.com



Health competence is currently in the hands of member states, which means that the implementation of the inputs coming from Brussels might be lacking. [SHUTTERSTOCK]

A real strategy to tackle undernutrition, and not only obesity and overweight, should be implemented in the EU policy agenda in the wake of the revived cancer fight and COVID-crisis, several lawmakers have stressed in a recent virtual [event](#).

Nutrition for Health Alliance, the event intended to look at how to better establish the concept of integrated nutritional care both at the EU level and in national health care systems. The ambition on health was recently restored by the Commission's pivotal food policy,

the Farm to Fork strategy, and Europe's Beating Cancer Plan, which is being finalised. This new enthusiasm could pave the way for the concept of integrated nutrition to be considered as key for better healthcare, the Belgian lawmaker stressed.

Organised by the European

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Another socialist MEP, the Portuguese Sara Cerdas, who is also a medical doctor, mentioned the EU4Health programme, which sees nutrition as a tool to tackle risk factors for many of the diseases that are affecting EU citizens at this moment.

NUTRITIONAL CARE

Health competence is currently in the hands of member states, which means that the implementation of the inputs coming from Brussels might be lacking.

“Sometimes I regret that we decide some rules at European level, and then they are diluted in each country,” Tarabella complained.

He added that the Commission should monitor which country makes progress on nutritional care and favour the exchange of good practices among member states.

Multi-stakeholders platforms are also considered crucial to bridge the EU and the national policymaking on health.

In this sense, the Optimal Nutritional Care for All (ONCA) initiative was mentioned as an example for putting different stakeholders together trying to ensure high-quality nutritional care for all European citizens through nutritional screening

Laurence Doughan from the Belgian Ministry of Health explained why the country joined the campaign, saying it was a logical continuation of the 2006 national nutrition and

health plan strategy.

According to her, it is not easy to convince other member states that nutrition is more serious than it appears and she appreciated the use of the word nutritional care instead of undernutrition. “The perception is much better,” she added.

Although the multi-stakeholder approach proved to work, she also stressed the importance of ‘hard’ law: “A set of recommendations is good, but regulation is also very important.”

ADDRESS CANCER CARE HOLISTICALLY

Nutrition plays a central role in cancer care, which is at the core of the EU agenda, as a plan for beating cancer is among the priorities of the European Commission and its president, Ursula von der Leyen.

Centre-right MEP Aldo Patriciello spoke about the link between oncological diseases and malnutrition, which represents both a burden on the health budget and an obstacle to the prevention and good treatment of cancer.

“In cancer patients, malnutrition can seriously compromise the success and continuation of cancer therapies, surgery, radiotherapy, chemotherapy, as well as the lives of the patients themselves,” he said.

He added that EU institutions should strengthen their commitment to promote nutritional screening for people at risk and patients, in order

to ensure equal access of patients to nutritional care and to support education and study programmes on prevention.

“It is now scientifically proven that malnutrition is neither a consequence of the disease nor a side effect of anticancer therapies, but is at least partly predictable through adequate nutritional support that must be taken as an integral part of the patient’s therapeutic pathway.”

Matthias Schuppe, cancer team leader in the European Commission’s Directorate-General for health (DG SANTE), agreed that nutrition and nutritional care are important components of the EU executive’s approach to cancer.

“We try to address cancer holistically, which means starting from prevention through early diagnosis, treatment, and then follow up to survivors,” he said.

In this sense, nutrition plays an important role in the prevention part as healthy diets avoid obesity, with the potential to become together with physical activity a factor in reducing cancer risk.

But also the new patient-centred approach could integrate nutrition as a tool in providing optimal care.

“A better nutritional status means for these patients and their chemotherapy regimens a better quality of life and longer survival benefit,” Schuppe said.

PROMOTED CONTENT

DISCLAIMER: All opinions in this column reflect the views of the author(s), not of EURACTIV Media network.

If you are serious about health, you should be serious about nutrition

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By *Frank de Man and Olle Ljungqvist*



The EU4Nutrition LIVE event takes place on 1 October 2020, between 9:45 and 12:30 (Brussels time). [ENHA]

Nutrition and nutritional care are eminently (cost) effective interventions and should therefore be a key component and integral part of any EU health initiative that strives for disease prevention, effective treatment and improved patient outcomes.

Olle Ljungqvist is Professor of

Surgery, Nutrition & Metabolism, Örebro University, Sweden.

Frank de Man is the Executive director of the [European Nutrition for Health Alliance](#).

In her State of the Union on 16 September, European Commission president Ursula von der Leyen stated

that 'For me, it is crystal clear – we need to build a stronger European Health Union. And to start making this a reality, we must now draw the first lessons from the health crisis. We need to make our new EU4Health program future proof. This is why I had proposed to increase funding and I am grateful that this Parliament is ready to fight for more funding and

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remedy the cuts made by the European Council.'

September 11, MEP Sara Cerdas, MD (S&D) [stated](#): "Needless to say, the EU health program budget is but a fraction in terms of funding, making it totally inadequate to answer the colossal health challenges we are facing at a European level."

We strongly support a full fledged and well funded EU4Health programme. However, we do believe the desired health benefits and patient outcomes of a stronger European Health Union can only be achieved by including nutrition and nutritional care in every health programme.

Malnutrition and undernutrition affect over 30 Million European citizens and place an unacceptable burden on European citizens and health care budgets. Ample scientific evidence shows that optimizing nutritional care is a very (cost-) effective measure in both disease prevention and treatment.

EU4Nutrition aims to secure optimal nutritional care for all EU citizens by integrating nutrition in all EU programs and EU recommendations for national health policies. It was launched by the European Nutrition for Health Alliance (ENHA) and partners and complements the national level Optimal Nutritional Care for All campaign, already implemented in 18 European countries.

Let us look at cancer, one of the key pillars of the EU4Health program is the Europe's Beating Cancer Plan, as

an example.

MEP Aldo Patriciello (EPP, Italy), Co-Chair of the Challenge Cancer Intergroup states: 'Extensive scientific evidence shows that nutrition is one of the decisive elements for the prevention and good treatment of oncological diseases.'

But in reality, we do not act upon this scientific evidence. It is estimated that the deaths of 10-20% of patients with cancer can be attributed to malnutrition rather than to the malignancy itself. Thus, nutrition is an important aspect of multimodal cancer care. Yet, recent studies in European hospitals found that only 30%-60% of patients with cancer who were at risk of malnutrition actually received nutritional support.

This is why the European Cancer Patient Coalition ([ECPC](#)) and a wide range of European health stakeholders recently published a [joint statement](#) requesting to make cancer related complications and comorbidities an EU health priority, while emphasizing the importance of nutritional care. 'Equitable access to nutrition and nutritional care as an integral part of comprehensive care for all cancer patients with a focus on ageing patients, is a key condition to reduce complications and comorbidity, maintaining optimal health and quality of life.'

Another example is the importance of nutrition in COVID. In their article in the [Journal of Clinical Nutrition](#), June 2020, Rocco Barrazonni, chair of the European Society for Clinical Nutrition and Metabolism ([ESPEN](#)) and

colleagues provide recommendations for effective nutritional management of COVID-19 patients.

In summary: 'The COVID-19 pandemic is posing unprecedented challenges and threats to patients and healthcare systems worldwide. (...) ICU stay, poly-morbidity and older age are all commonly associated with high risk for malnutrition, representing a relevant risk factor per se for higher morbidity and mortality in chronic and acute disease. (...) Prevention, diagnosis and treatment of malnutrition should therefore be routinely included in the management of COVID-19 patients.'

We call on anyone working on or deciding on EU health initiatives:

IF YOU ARE SERIOUS ABOUT HEALTH, YOU SHOULD BE SERIOUS ABOUT NUTRITION.

The EU actively works on EU4Health, the Farm to Fork strategy, the Europe's beating Cancer plan and the EU plan for health workers, initiatives that provide plenty of opportunity to include nutrition and nutritional care.

How? Join our EU4Nutrition LIVE [event](#).



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