

European Healthy Lifestyle Alliance EHLA

An Update from Brussels

May-June 2014

CONTENTS:

Editorial	2
1 News from Brussels	3
2 Scientific news	5
3 European projects	6
4 Calendar	8



RUSSCHEN CONSULTANTS

your key to Europe

Contact us

European Healthy Lifestyle Alliance
Rue de Trèves, 59-61
B-1040, Brussels
Belgium
Tel: +32 (0)2 512 3722
info@ehla-europe.eu
www.myhealthywaist.org

Editorial

Obesity is now reaching epidemic proportions and is becoming one of the leading causes of death and disability in the world. Poor nutrition and lack of physical activity cause obesity, particularly abdominal obesity, which is a key factor involved in the development of cardiovascular diseases, type 2 diabetes and cancer. Cardiovascular diseases alone are killing more people than AIDS, tuberculosis and malaria combined. Evidence now shows that our unhealthy lifestyle habits are largely responsible for these chronic societal diseases.

As an organisation established to raise awareness and provide decision-makers with evidence-based information on obesity, abdominal obesity, and their related risks, the European Healthy Lifestyle Alliance (EHLA) has seized the opportunity of the European election to call on the government to take action. 2014 is a crucial year of institutional changes, which will shape the European Union (EU) positions and policies on the road to 2020.

We believe that obesity-related diseases are largely preventable and we urge all governments to join in an effort to eradicate this epidemic. In line with this objective, EHLA proposes a series of actions to be undertaken by the governments and major stakeholders, but also by each and every one of us to overturn this situation and make Europe a healthier society. These actions were listed in a manifesto and can be found in this Newsletter.

This EHLA manifesto was sent to all European Parliament (EP) candidates prior to the elections. It highlights the causes and consequences of these societal diseases, which represent an expenditure of over 700 billion euros in Europe. The manifesto will also soon be sent to the new MEPs.

In this time of economic crisis, public health issues must be considered a priority as it not only threatens the lives of European citizens, but has also become a huge burden on the European budgets.

With these efforts, we wish to contribute to what EHLA stands for: advocating lifestyle changes for a healthier Europe. We wish the new Members of Parliament lots of (healthy) success!

Jean-Claude Coubard
Founder & Chairman
European Healthy Lifestyle Alliance
Executive Director
International Chair on Cardiometabolic Risk
Email: Jean-Claude.Coubard@criucpq.ulaval.ca

1 News from Brussels

1.1 EHLA policy recommendations

In its manifesto drafted for the 2014 EP election, the EHLA outlined its concern about how little attention was given to the public health issues by the past administration, and drew up a list of concrete actions addressed to the EU policy-makers:

- Promote the overall health benefits of regular physical activity, even in the absence of weight loss, in clinical practice, schools, workplaces, public life, etc.;
- Actively promote hydration with water;
- Regulate new food labelling that will highlight calories, added sugar and salt;
- Promote a EU-wide campaign focusing on nutritional quality and on healthy eating rather than on caloric restriction, and making hydration with water a component of nutritional quality;
- Actively implement the EU childhood obesity action plan;
- Promote both waist measurement and body mass index (BMI), as a routine medical evaluation across the EU: Launch a “Measure it!” campaign;
- Include scientific facts in integrated policy-making;
- Design a study to collect standardized data on biological and behavioural risk factors across the EU;
- Promote the exchange of best practices in the EU;
- Open up existing European research programmes and launch new ones that will coherently focus on the fight against obesity;
- Increase the investment in prevention: only 3% of the health budget is currently dedicated to prevention;
- Introduce EU-wide taxes on soda and/or added sugar;
- Appoint EU “Healthy Lifestyle Ambassadors” and promote a EU Healthy Lifestyle Week;
- Establish an informal healthy lifestyle group (physical activity, nutrition) in the EP (e.g. an EP Diabetes Group).

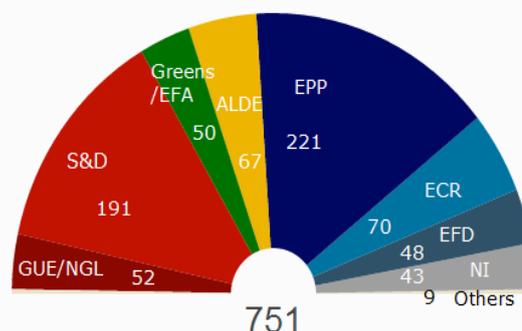
1.2 Overview of the European elections

Despite the rise in Eurosceptic votes—the far-right French *Front National* and English UKIP won the elections—the newly-elected EP is set for a grand coalition. The main two parties remain the EPP and the S&D, as shown in the graphic. EPP candidate for the Presidency of the Commission, Jean-Claude Juncker, already claimed the right to form the majority in keeping with the agreement reached with Martin Schulz (S&D) and Guy Verhofstadt (ALDE).

As healthcare falls predominantly under the jurisdiction of the Member States, it has not been on the priority agenda of the main European political parties. However, there are current and future challenges that need to be tackled jointly by the EU countries. Concrete actions were called for on different healthcare issues, notably through the eHealth Forum in Athens in mid-May,

Provisional results

24/06/2014 12:39 CEST



the European Summit on Chronic Diseases in April, or the Action Plan on Childhood Obesity released in February.

To access the results, please click [here](#).



1.3 eHealth Forum

The eHealth Forum organised by the European Commission (EC) and the Greek Presidency to the EU Council was held in Athens on 12-14 May. Commissioner for Digital Agenda, Mrs. Neelie Kroes, reminded that the Commission is willing to go further towards eHealth as over EUR 1 billion has been secured through the Horizon 2020 programme to support eHealth and ICT ageing for the next 6 years. eHealth is seen as a means to improve the European

economy and to save on healthcare costs. In Italy, for instance, eHealth tools have saved one euro in every 9 spent on healthcare. In Greece, since ePrescriptions were introduced, average costs fell by 30%. It "could make it easier to prevent disease and promote healthy and independent living", said Mrs. Kroes.

To access the Commissioner's speech, please click [here](#).

1.4 EuroPrevent forum 2014

On 8-10 May, the EuroPrevent conference, organised by the European Society of Cardiology was held in Amsterdam. The conference focused on global cardiovascular health. A study on obesity presented during the sessions "Hot debates in nutrition and globesity" and "Young Investigator Award II—Prevention & Epidemiology and Sports Cardiology" predicts an increase in obesity in most European countries by 2030. The study, which also involved different stakeholders such as the WHO/Europe, was presented by Dr. Laura Webber.

The study estimates that the number of noncommunicable diseases—the biggest cause of deaths in Europe—will explode in the coming years. It predicts that in 2030, 47% of men will be obese (BMI ≥ 30 kg/m²) in Ireland, this rate being the highest in

Europe. The lowest rate of obesity in men will be in The Netherlands and Belgium (15%). For women, the highest prevalence of obesity will be in Ireland (47%) and the lowest in Romania (10%). The rates of obesity-related diseases such as coronary heart disease (CHD) and stroke were also calculated. According to the study, the rates of CHD and stroke will reach over 1600 cases per 100 000 people across Europe, with the greatest increases in Austria, Latvia, and Turkey (>2500 cases per 100 000 people).

To access EuroPrevent 2014 press release, please click [here](#).

To access Dr. Webber's presentations, please click [here](#) and [here](#).

1.5 Informal meeting on Economic Crisis, migration and eHealth at the EU Council

On 28-29 April, a two-day informal meeting of the EU Health Ministers chaired by Greek Health Minister Spyridon-Adonis Georgiadis was held in Athens. The meeting focused on the consequences of the economic crisis on health. In his opening remarks, Mr. Georgiadis pointed out that "As Europeans respecting human rights, we should aim at finding the way to provide health services for all citizens in the best possible way, even during the present economic crisis, which we are determined to overcome [...]. He also highlighted the unanimous interest

of health ministers about ehealth, stating that "eHealth solutions contribute to cost containment and better healthcare provision". It was also mentioned that a new reality was introduced by the economic environment and that our health systems should be adapted accordingly. For Tonio Borg, Commissioner for Health, "no health care system in Europe is sustainable unless it is reformed".

To access the press release and videos, please click [here](#).



1.6 The costs of obesity

On behalf of the EC, Commissioner for Health Tonio Borg answered MEP Angela Werthmanns' (ALDE, Germany) written question of 25 April on the costs of obesity and its financial impact on the Member States budgets and the European budget. The Commission estimates that the EU spends 7% of its health budgets on diseases linked to obesity each year and that there are additional costs resulting from the loss of productivity due to illnesses and premature deaths (2.8 million deaths each year are from causes associated with obesity and overweight). Like the MEP, the Commission agrees that

prevention is needed and necessary to minimize the impact of obesity on our society. The Commission has co-financed "Obesity and the Economics of Prevention: Fit not Fat", a publication examining the cost-effectiveness of prevention strategy, and is currently undertaking a study entitled "Life-table analysis: health system cost-effectiveness assessment across Member States" which should be released in November 2014.

To access Tonio Borg's answer, please click [here](#).

2 Scientific news

2.1 Beneficial effects of yogurt consumption in the risk of developing type 2 diabetes

The consumption of dairy products has been associated with a reduced risk of type 2 diabetes. In a subcohort of the EPIC-Norfolk study, the relationship between total and types of dairy products and the risk of developing type 2 diabetes was investigated. There was no association between total dairy, high-fat dairy ($\geq 3.9\%$ fat), milk, cheese and high-fat fermented dairy ($\geq 3.9\%$ fat) product intakes and the risk of incident type 2 diabetes. However, a higher intake of low-fat dairy products was

associated with a lower risk of diabetes, but this association was no longer significant after adjusting for several confounders. Moreover, low-fat fermented dairy and yogurt intakes were inversely associated with the risk of diabetes even after multivariate adjustments. These findings suggest that the consumption of specific dairy products may help in the prevention of type 2 diabetes.

To access the article, please click [here](#).

2.2 Physical inactivity outweighs obesity as a risk factor for heart disease

As the burden of risk factors for cardiovascular diseases varies substantially across countries, this study aimed to examine the population attributable risk (proportion of disease in a population that would not appear if the factor was eliminated) of heart disease attributable to an elevated BMI, smoking, high blood pressure and physical inactivity across the adult lifespan in Australian women. The analyses were conducted on the Australian Longitudinal Study on Women's Health where women were classified according to

15 age groups ranging from 22-27 years to 85-90 years. Among women aged 22-27 years, the highest population attributable risk for heart disease was smoking. From approximately age 30 and through the rest of the adult lifespan, physical inactivity had the highest population attributable risk. Thus, programs for the promotion and maintenance of physical activity should be a priority in Australian women across the adult lifespan.

To access the article, please click [here](#).



2.3 Contribution of metabolic complications of overweight and obesity in its relationship with coronary heart disease and stroke

This pooled analysis of 97 prospective cohorts gathering 1.8 million participants quantified to what extent the effects of BMI on CHD and stroke were mediated by blood pressure, cholesterol and glucose. Together, these three metabolic mediators accounted for 50% of the excess risk of overweight on CHD and 44% of the excess risk of obesity. The same metabolic factors also mediated excess risk of overweight and obesity on stroke with 98% and 69% for overweight and obesity, respectively. Additional

analyses revealed that excess risk was 1-8% higher for waist circumference than BMI. Thus, appropriate interventions to target elevated blood pressure, cholesterol and glucose are needed not only in obese patients, but also in overweight individuals. Moreover, the achievement of an optimal body weight and waist circumference should also be considered in order to further reduce the cardiovascular risk.

To access the article, please click [here](#).

3 European projects

3.1 Third Health Programme 2014-2020 (update)

The Third Health Programme was adopted by the Council on 26 May.

Funding will be provided through:

- Grants for projects: EUR 12.3 million allocated for the following actions:
 - Potential of innovation for the prevention and management of major chronic diseases (diabetes, cardiovascular diseases, etc.);
 - Promotion of early diagnosis and screening of preventable chronic diseases;
 - Development of innovative approaches to promote the professional reintegration of people with chronic diseases and improving their employability;
 - Support in areas related to adherence, frailty, integrated care and multi-chronic conditions;
 - Financial support for statistical data in the area of medicinal product pricing in Member States;
 - Sustainable health monitoring and reporting system; and
 - Healthcare associated infections via prevention and control in nursing homes and long-term facilities.
- Grants for actions co-financed with Member States: EUR 18,5 million for:
 - Facilitation of sharing of best practices in the field of nutrition and physical activity;
 - Improvement of HIV and co-infection prevention;
 - Improvement of the situation of people with dementia;
 - Response to highly dangerous and emerging pathogens in the EU;
 - Improved coordination and resource sharing for medical devices;
 - Support to eHealth Network;
 - Support to an EU wide rare diseases information database; and
 - Strengthening the Member States' capacity of monitoring and control in the field of blood transfusion, and tissue and cell transplantation.
- Financial contribution to the functioning of NGOs: EUR 4.6 million for activities linked to rare diseases, smoking prevention, and the prevention and management of chronic diseases.

- Procurement: EUR 12.2 million for activities such as: evaluation and monitoring of actions and policies, studies, provision of advice, data and

information on health, awareness-raising and dissemination of results.

To access the work plan, please click [here](#).

3.2 Erasmus+ 2014-2020 (update)

Erasmus+ is the first EU programme to fund sport activities. In its total budget of EUR 14.7 billion, more than EUR 33 million per year is allocated to contribute to developing the European dimension in sport. There is one open call for 2014 in the field of sport:

- Collaborative partnerships in the sport field and not-for-profit European sport events: deadline postponed to 26 June 2014. The electronic application is now available.

To access the call for proposal, please click [here](#).

3.3 Horizon 2020

Horizon 2020 is the new fund for research launched in January 2014. The programme is divided into three pillars: Excellent Science; Industrial Leadership and; Societal

Changes. The biggest budget, EUR 1 200 million, is dedicated to health under "Health, Demographic Change and Wellbeing" (Societal Changes).

Please find in the table below the calls for proposals for Health, Demographic Change and Wellbeing for 2014-2015:

Area of focus	Topics	Deadline	Link
Personalising Health and Care, two stages	<ul style="list-style-type: none"> • Rare diseases • Technologies for therapies • Mental wellbeing • Personalised medicine • In vivo medical imaging technologies • Effectiveness in paediatric • Improve human safety testing • Comorbidity 	<p>October 14, 2014 (1st stage)</p> <p>February 24, 2015 (2nd stage)</p>	
Health Coordination Activities, single stage	<ul style="list-style-type: none"> • Support for European Reference Network • Brain-related diseases • Antimicrobial resistance • Cardiovascular disease • Global Alliance for Chronic Diseases: 2015 priority 	April 21, 2015	
Personalising Health and Care, single stage	<ul style="list-style-type: none"> • Regenerative medicine • Active and healthy ageing with ICT • Advanced ICT systems • Self-management of health • Innovative eHealth services • Digital representation of health data • HIV/AIDS • Self-management of health and disease 	April 21, 2015	

4 Calendar

EHLA

Date	Event	Link
September 4	EHLA opening reception	
November 5	EHLA meeting	

Other Events

Date	Event	Link
May 31-June 3	European Atherosclerosis Society Congress including an ICCR Symposium	
June 5	Council of the EU: Public Health Attachés Meeting	
June 19	The European mHealth Conference	
June 19-20	Meeting of the Employment, Social Policy, Health and Consumer Affairs Council (EPSCO) (Health)	
July 1	Start of Italian Presidency	
July 1-3	First Strasbourg Plenary session of the new Parliament, including ENVI and CULT Committees preparatory meetings	
July 7	First ENVI Committee of the new European Parliament	
July 14-17	Strasbourg Plenary session, including ENVI and CULT Committees preparatory meetings	
July 23-24	ENVI Committee in the European Parliament	
September 4-5	European Public Health Alliance 5th Annual Conference	
September 22-23	Informal Health meeting (EPSCO)	
October 1-3	European Health Forum Gastein	
November 1	New European Commission	
November 24	European Parliament Plenary session on Sport	
December 1	Meeting of the Employment, Social Policy, Health and Consumer Affairs Council (EPSCO)	