



To: Members of the ENVI Committee

Re: ENVI vote on the draft report of Mrs. Grossetête MEP on the third multi-annual programme of EU action in the field of health for the period 2014-2020

Brussels, the 13th of June 2012

Dear Member of the ENVI Committee,

Next Wednesday, the 20th of June, you will be voting on the draft report on the proposal for a regulation of the European Parliament and of the Council establishing a Health for Growth Programme, the third multi-annual programme of EU action in the field of health for the period 2014-2020 – [2011/0339\(COD\)](#) – *rapporteur* Mrs. Grossetête MEP.

The European Federation of Allergy and Airways Diseases Patients' Associations ([EFA](#)) welcomed the [Commission proposal](#) with enthusiasm, which features an increased budget compared to the previous health programme for the period 2008-2013, from 321 to 446 million EUR, and the subsequent draft report. We would like to draw your attention and ask for your support on a number of important amendments that significantly strengthen the document.

Shifting from “Health for Growth” to “Health for All”

Although it is evident that the title of the programme has a mere formal character and it does not influence the content of the proposal, it is also true that it has a strong political impact. The rationale behind the Commission proposal was to avoid cuts in the health budget due to the crisis, emphasising the aspects related to the creation of jobs and the contribution to a smart, inclusive and sustainable growth in line with the [Europe 2020 strategy](#). In times of austerity, it may seem natural that everything, including health, is seen in terms of economic outcomes. However, it should be clear health should NEVER be subordinated to economic development. The new title, “Health for All” does not mention the economic growth aspect, is inclusive and in a way it may recall the approach of Health in All Policies ([HIAP](#)).

Support the following amendment:

23

Health as a fundamental right of the EU

Mentioning the [Charter of Fundamental Rights of the European Union](#), and in particular Article 35, will give health the value of a fundamental right and, as such, access to preventive health care and the right to benefit from medical treatment need to be respected and guaranteed to everyone.

Support the following amendments:

33, 35

Reduce health inequalities

The promotion of equity and solidarity and the reduction of health inequalities within and between Member States of the European Union is one of the general objectives the programme should

achieve. This would be in line with the Commission communication "[Solidarity in health: reducing health inequalities in the EU](#)" as well as with the [Treaties](#)' objectives of greater cohesion and social solidarity. Indeed, it is proven that differences in life expectancy at birth between lowest and highest socio-economic groups within the same Member State reach 10 years for men and 6 years for women. Between different Member States such gap is even greater: 12 years is the difference for men and 8 for women.¹ In addition, as EFA member organisations made clear in the "[EFA book on respiratory allergies – Raise awareness, relieve the burden](#)," the access to reliable information about allergies and appropriate environmental control measures, as well as to specialist treatments for these diseases, differs significantly across Member States.

Support the following amendments:

43, 84, 113

Strengthen health literacy and patients' empowerment

One of the specific objectives of the programme should be the promotion of health literacy with reliable, independent and user-friendly information to patients on the management of their disease, and patient-centred healthcare activities and systems. Both entail cost-effectiveness and quality of life: patients who know more about their conditions are more willing to participate in the decision-making process so the results will be tailored to patients' needs. In addition, being able to make more informed choices and to take better decisions, patients seek early diagnosis and recover faster, in most cases avoiding emergency visits and hospitalisations as well as their related costs for the healthcare systems. A recent study estimates that low health literacy for patients may account for 3-5% of the total healthcare costs per year.² As an example of best practice, the successes of the Finnish national programmes on EFA's disease-areas (COPD, asthma and allergy national programmes) are based on the capacity of patients empowered to monitor their situation via guidelines issued by healthcare professionals.³ With your vote, you can underline the urgency of empowering patients to take an active role in managing their health.

Support the following amendments:

37, 51, 69, 98, 107, 140, 141, 156, 157

Focus on health promotion and disease prevention

We greatly appreciate the focus on health promotion and disease prevention by mentioning the main risk factors, which is key in allergy and respiratory diseases. In particular, we value the effort to consider primary, secondary and tertiary prevention as a continuum as well as the need to protect people from second-hand tobacco smoke at their workplaces. In fact, it was demonstrated that 7,300 adults, including 2,800 non-smokers, died as a result of environmental tobacco smoke exposure at their workplace in the European Union in 2002.⁴ Increasing attention upon prevention is fundamental, as in Europe only 3% of health expenses are dedicated to it, while the remaining 97% are spent for treatments and care.⁵ Together with the necessity for an early diagnosis, a better disease management, and the introduction of e-health, this would limit the burdensome costs for the healthcare systems and the economy in general.

¹ Charles Price, European Commission Directorate General for Health and Consumer, presentation "EU action on health inequalities" at the European Respiratory Society (ERS) Summit "Bridging the health divide in Europe", Tallinn, the 8th-9th of June 2012.

² Klaus Eichler, Simon Wieser, Urs Bruegger, *The costs of limited health literacy: a systematic review*, in International Journal of Public Health, 2009, available at: <http://www.springerlink.com/content/n7327r1t181665t3/fulltext.pdf>.

³ Erkka Valovirta, *EFA Book on Respiratory Allergies – Raise Awareness, Relieve the Burden*, 2011, available at: <http://www.efanet.org/documents/EFABookonRespiratoryAllergiesFINAL.pdf>. EFA COPD Newsletter, *COPD – The epidemic of the working population – Workshop 2*, the 9th of November 2011, available at: <http://www.efanet.org/enews/documents/EFANewsletterCOPDWorkshop2.pdf>.

⁴ Council of the European Union, *Recommendations on smoke-free environments*, the 24th of November 2009, available at: <http://register.consilium.europa.eu/pdf/en/09/st15/st15937.en09.pdf>.

⁵ European Commission, *White Paper "Together for Health: A Strategic Approach for the EU 2008-2013"*, the 23rd of October 2007, available at: http://ec.europa.eu/health/ph_overview/Documents/strategy_wp_en.pdf.

**Support the following amendments:
50, first part of 54, 61, 76, 132, 160**

Enhance the link with environmental factors underlying chronic diseases

The link between environmental factors and health is well-documented: it is estimated that 450,000 people in the EU die prematurely due to exposure to air pollutants each year. These premature deaths account for 1.5-4% of the EU Gross Domestic Product (GDP).⁶ Therefore, we welcome the attempt to clarify this correlation, and in particular we support amendment 63, which gives the example of atmospheric pollution increasing the prevalence of respiratory problems and cardiovascular disease among others. The necessity to tackle indoor and outdoor air pollution is made clear in other proposed amendments that we strongly endorse.

**Support the following amendments:
58 second part, 63, 109, 143, 151**

Support the involvement of patients and their representatives

The proposal to involve patients and their representatives in the implementation of the programme and in the process of monitoring its successes and failures is a crucial step-forward towards the patients' empowerment and the strengthening of the programme itself. Patients know better than others what they need and where simple things can be improved.

**Support the following amendments:
78, 176, 180**

Finally, we support the approach that no specific attention should be paid to one disease rather than to others. Chronic diseases should be considered with a comprehensive strategy. Putting the spotlight on a specific disease, despite its seriousness, social, human and economic burden, would weaken others and this is not the *rationale* behind the Commission's proposal.

In conclusion, as representatives of people with allergy and respiratory diseases in Europe, we believe that the HIAP approach should be developed: all EU policies should contribute to, and certainly not counter-act, the protection and improvement of the health of the European citizens. We hope that this third health programme will open the door to an **EU strategy on chronic diseases which will tackle their incidence, the determining risk factors, the negative consequences for the health of affected people, their families and the economies of the EU and its Member States. This strategy should include disease specific best practices and national programmes.**

We urge you to take the above-mentioned concerns into account for your vote next Wednesday. We thank you in advance for your availability and support.

Yours sincerely,



Breda Flood
EFA President EFA

⁶ Data available at: http://www.env-health.org/IMG/pdf/110913_HEAL_fact_sheet_-_Chronic_disease_and_environmentfinal.pdf.

The European Federation of Allergy and Airways Diseases Patients' Associations (EFA) is a non-profit network of allergy, asthma and COPD patients organisations, representing 35 national associations in 22 countries and over 400,000 patients. EFA is dedicated to making Europe a place where people with allergies, asthma and COPD have the right to best quality of care and safe environment, live uncompromised lives and are actively involved in all decisions influencing their health.
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