

## **Background note**

### **Session III: Challenges for preventive healthcare**

#### **Introduction**

Health should be viewed as one of the pillars of security for individuals, for the Member States, and for the EU as a whole. Simultaneously, health is an investment. Preventive healthcare, understood as actions aimed at preventing diseases, minimising the impact of a disease and disability on the functioning of individuals or at delaying their progress, is the most effective investment in the health of the population to ensure a high living standards and quality of life for EU citizens. As such, it corresponds to the functioning of healthcare and social security systems as well as the general efficiency of the economy. Despite this, preventive measures remain underfunded in some EU Member States.

Effective prevention requires consolidating healthy lifestyle patterns and preventing disease by controlling risk factors, averting the consequences of diseases thanks to early detection and treatment as well as reducing disease-related harm, and measures to reduce the chance of disease recurrence.

Preventive healthcare is an essential tool to implement the EU's principle of including health in all policies, which is a response to the intersectoral nature of public health issues and aims to integrate health aspects into all relevant policies to ensure population health and equitable access to healthcare.

Preventive measures are envisaged by the Treaty on the Functioning of the European Union, which states that 'A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities.' Furthermore, EU measures are intended to complement national policies and focus on improving public health, preventing diseases and disorders and removing threats to physical and mental health.

#### **Current context**

The preventive measures implemented by the EU in recent years cover various areas. The initiatives to prevent both communicable and non-communicable diseases, cancer, addictions, as well as protective vaccinations and combating antibiotic resistance deserve special attention.

The 'Healthier Together' initiative is one of the most noteworthy measures taken. It aims to support EU Member States in defining and implementing effective policies and actions to reduce the burden of major non-communicable diseases, and to improve the health and well-

being of citizens. The initiative concerns health determinants, cardiovascular diseases, diabetes, chronic respiratory diseases, neurological and mental health disorders.

EU measures also cover issues pertaining to nicotine and alcohol and drug use, which have a significant impact not only on the health of EU citizens, but also on public safety. Particularly noteworthy are the measures concerning nicotine products, including in particular increasing protection against passive smoking and banning the sale of heated flavoured tobacco products with a characteristic flavour (e.g. menthol). Committed to combating illegal drugs, the Union has adopted the 'EU Drugs Strategy 2021–2025', which identifies drug supply reduction, demand reduction, and the prevention of drug-related harm as key measures. On the other hand, when it comes to counteracting the negative effects of alcohol consumption, some changes are advisable. The EU argues that efforts to revise the EU's alcohol strategy are currently at an impasse.

As far as communicable diseases and cross-border health threats are concerned, the EU operates an early warning and response system and coordinates responses to disease outbreaks and epidemics. While vaccination policy is a mandate of national authorities, the EU supports its Member States in coordinating their strategies and programmes, and the most prominent example of this was the COVID-19 vaccination campaign and ensuring Member States access to vaccination. Recognizing the importance of antibiotic resistance, the EU is stepping up efforts to combat this phenomenon as part of its 'One Health' approach.

## **Challenges**

Preventive healthcare is currently facing a number of challenges. EU Member States are currently tackling the issue of ageing populations, population decline, and a reduction in the number of working age citizens. The challenges concerning disease prevention in individual Member States are convergent, although they differ in scale.

In the case of cancer, early detection allows treatment to be started early, which significantly reduces mortality rates. In terms of cancer prevention, the implementation of population-based screening is seen as important. EU Member States have implemented screening programmes for breast cancer (mammography), cervical cancer (cytology), and colorectal cancer, among others. In addition, screening programmes for lung cancer, prostate cancer and stomach cancer are being implemented in selected groups. There are significant differences in terms of the percentage of population covered by screening between EU Member States. In the case of mammography (based on 2021 data), screening rates for women aged 50–69 range from 83% in Denmark to 20.6% in Bulgaria. Ensuring early diagnosis of cancer and increasing the effectiveness of nationwide screening programmes is a challenge in many EU Member States.

The second major challenge, which concerns health education and prevention, is improving health literacy and promoting health-oriented lifestyles. Lifestyle, which can be thought of as

a totality of everyday behaviours which may or may not be conducive to maintaining and protecting one's own biological, psychological and social health, plays a key role in the development of many diseases, including those that are major causes of death, such as cardiovascular diseases, cancers, and respiratory diseases. It is estimated that maintaining a healthy lifestyle can reduce the risk of chronic disease by nearly 80%, including reducing the risk of type 2 diabetes by more than 90%, myocardial infarction by 80%, stroke by half and cancer by nearly 40%. Meanwhile, in the EU, two-thirds of the population are not physically active, 40% rarely eat fruit and vegetables, while 20% smoke and abuse alcohol. Furthermore, more than a third of the population experience loneliness and some 25% suffer from insomnia. Changes in these areas could contribute not only to improving people's health and quality of life, but also to enhancing the functioning of the healthcare and social security systems.

Interventions by public health institutions aimed at changing the lifestyles of the population can include measures in two key areas – legislative and health education interventions. Legislative interventions comprise measures aimed at developing infrastructure and healthy behaviours, including shaping space in a way that encourages regular movement – both in the context of sport and recreation and active transport. In addition, regulations concerning the availability of healthy meals at educational institutions and workplaces, along with proper nutritional standards, play a role in shaping lifestyles. An increasing number of countries are also taking advantage of fiscal interventions by taxing products that negatively affect health (sin taxes), such as alcohol, cigarettes, sweetened beverages, highly processed foods and foods high in specific nutrients (e.g. fats).

Health education interventions include cross-sectoral activities aimed at encouraging the general public to make healthy choices and develop their own health competences. The systemic implementation of health education and health competence building can involve the adoption of a lifestyle medicine perspective – a field of medicine that employs evidence-based comprehensive changes in everyday behaviour to not only prevent diseases, but also to reverse their effects and support healing processes. Desired behavioural changes should comprise six key areas: nutrition, physical activity, stress management, sleep, social support, and avoidance of harmful substances (e.g. alcohol, tobacco). However, lifestyle medicine can only become a viable tool for improving the health of the population if it is seen not only as a set of recommendations for patients/citizens, but also as a set of skills and competencies for healthcare professionals. This requires systemic changes in the organisation of the healthcare system so that interventions based on lifestyle medicine are reimbursable, accessible, and effectively implemented within the system. It is also crucial to educate healthcare professionals on how to effectively implement interventions based on modifying lifestyle habits to better integrate them into clinical practice and health policy. At the same time, it should be emphasised that to a large extent, lifestyles are determined socially and environmentally, which is why we need measures – including regulatory ones – at the level of individual states and the EU for such interventions to be successful.

Another challenge for preventive measures concerns health inequalities that exist not only between groups of individuals, but also between regions and states. This includes the apparent

differences between the countries of northern and western Europe and central and eastern Europe, with the latter being characterised by shorter life expectancy and higher mortality rates due to chronic diseases. It seems reasonable to support international initiatives and cooperation in this area.

New opportunities for preventive healthcare are emerging with the development of digital tools, especially artificial intelligence and big data; however, the opportunities for the development of so-called e-health are accompanied by challenges in protecting sensitive data from unauthorised access and from being used for purposes other than supporting healthcare systems. It is worth considering a debate on how states can develop a common approach to these issues.

Effective preventive healthcare requires an adequate funding framework to ensure that, as part of total healthcare spending, this area is not marginalised in favour of restorative medicine.

### **Points for discussion**

1. How to improve the effectiveness of cancer screening programmes and increase screening uptake – key actions and sharing experiences from EU Member States.
2. Legislative interventions and sin taxes – should we seek to increase the fiscal burden on products that are harmful to health and allocate these funds to prevention?
3. Creating the conditions for healthy lifestyles as part of EU-level action – how to implement lifestyle medicine at the EU level?