Towards an EU Strategic Framework for the Prevention of Non-communicable Diseases (NCDs)

Joint Paper

ecda
United to reverse the rise in chronic disease
european chronic disease alliance

epha european public health alliance

NCD Alliance

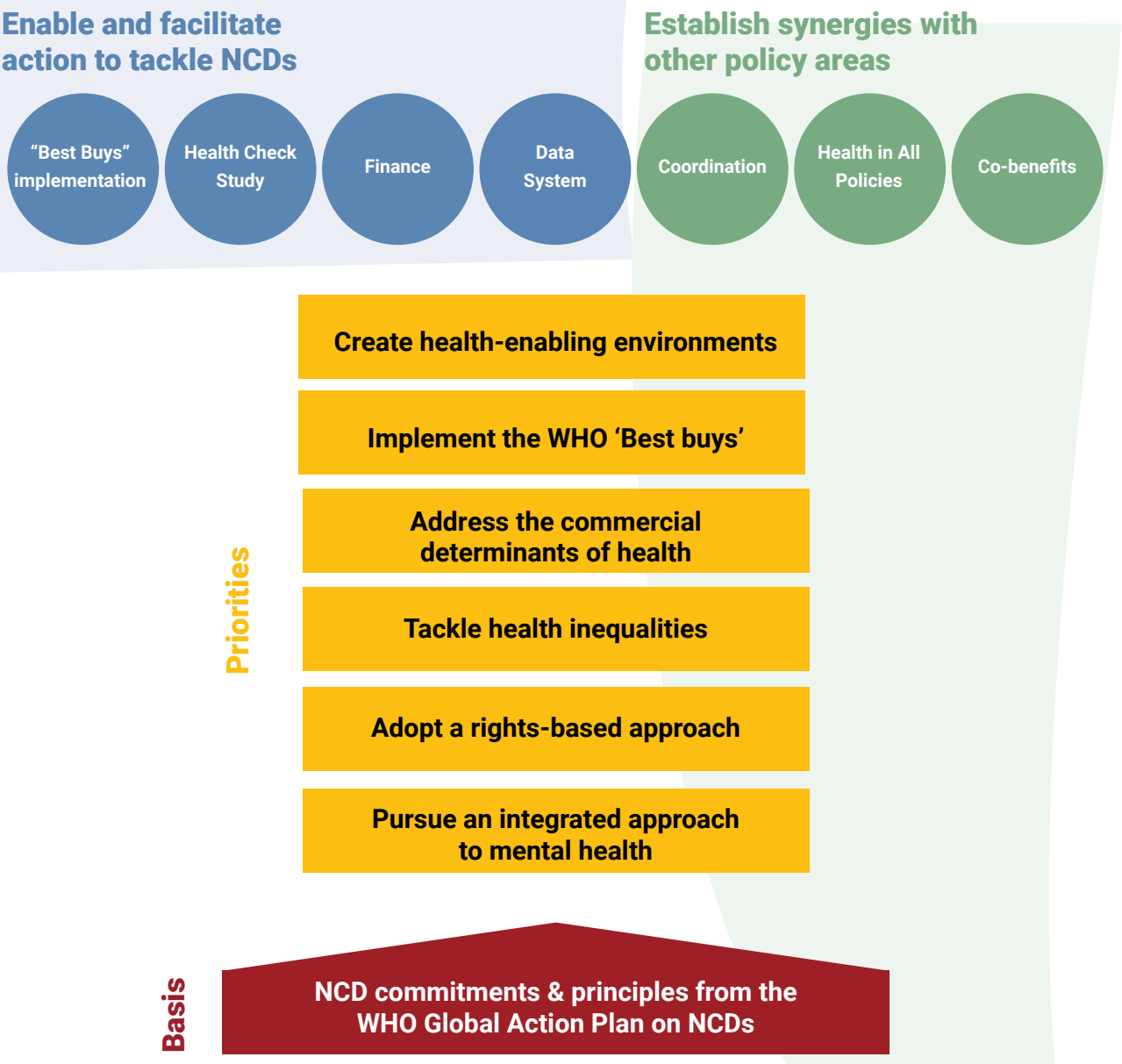
Tackling the 21st century's biggest health threat

This document calls on the European Union (EU) Institutions, especially the European Commission, to advance firm action on non-communicable diseases (NCDs) by establishing an EU Strategic Framework for the Prevention of NCDs towards 2030.

It sets out basic principles, priorities and actions to maximise EU's added value in tackling one of the 21st century's foremost threats to health and well-being.

With epidemic levels of chronic diseases undermining people's well-being, healthcare systems, and Europe's economic and social prosperity, preventing NCDs should be a main priority for the European Commission.

EU Strategic Framework for the Prevention of NCDs



Action 1: Support the implementation of WHO 'Best Buys'

DELIVERABLES:

- A set of **technical toolkits** setting out different design options for the national implementation of each of the policy measures included in the WHO 'best buys', tailored to the EU context.
- A list of **'impact indicators'** that Member States can use to support progress monitoring.
- A **mechanism** for periodically analysing gaps in NCD policy at EU level and initiating legislative procedures where needed, possible and appropriate.
- A **risk assessment** on the occurrence of conflicts of interest across EU institutions and an action plan with measures to prevent undue influence by vested interests over policy-making processes.

Action 2: Conduct a 'health check' study to identify EU barriers to the implementation of national NCD prevention policies

DELIVERABLES:

- A comprehensive **legal 'health check' inventory** of EU and international barriers to the implementation of effective NCD prevention policies at national and local levels.
- An **action plan** to alleviate these barriers or guidance for designing national NCD prevention policies in a way to enhance their chance to be upheld under legal scrutiny.

Action 3: Design EU financial instruments to support national investment in prevention programmes and measures

DELIVERABLES:

- A **cross-sectoral expert group on Financing for Health,** which will assess and propose different options to enhance societal returns on investment by increasing programmes to fund NCD prevention.

Action 4: Elaborate a pan-European system for data collection, policy evaluation and accountability

DELIVERABLES:

- An **EU-wide system for health data collection and information sharing** containing registries for key NCD indicators.
- An **extensive study** putting forward methodologies for new health policy evaluation tools.
- A process of **'shadow reporting'** where civil society can contribute with their assessments on the progress made towards fulfilling NCD-related commitments.
- An **assessment** of how health systems can better address primary prevention.
- An **evaluation of the added value of past research funding** and possible a proposal for ex-ante conditionalities in the area of health-relevant projects and funding.

Action 5: Ensure inter-institutional coordination on health and well-being and a policy home for health within the European Commission structure

DELIVERABLES:

- A new **EU high-level coordination mandate,** such as a European Commission vice-president, that will ensure inter- and intra-institutional policy coordination for health and well-being.

Action 6: Launch a 'Health in All Policies' online policy portal

DELIVERABLES:

- A **'Health in All Policies' online policy portal,** which should:
  - Present an overview of ongoing, health relevant initiatives in all policy areas;
  - Publish the results of all health impact assessments and provide the opportunity for continuous improvements in methodology;
  - Monitor national implementation of health-related policies to promote better compliance with EU health-related policies;
  - An updated methodology for health impact assessment and a process for regular updates to the methodology.
- An **analysis of compliance** with a select number of key policy files, in particular those related to the national implementation of policies focused on children and youth.

Action 7: Pursue 'EU flagship initiatives' in areas that can deliver co-benefits for NCD prevention and other SDGs

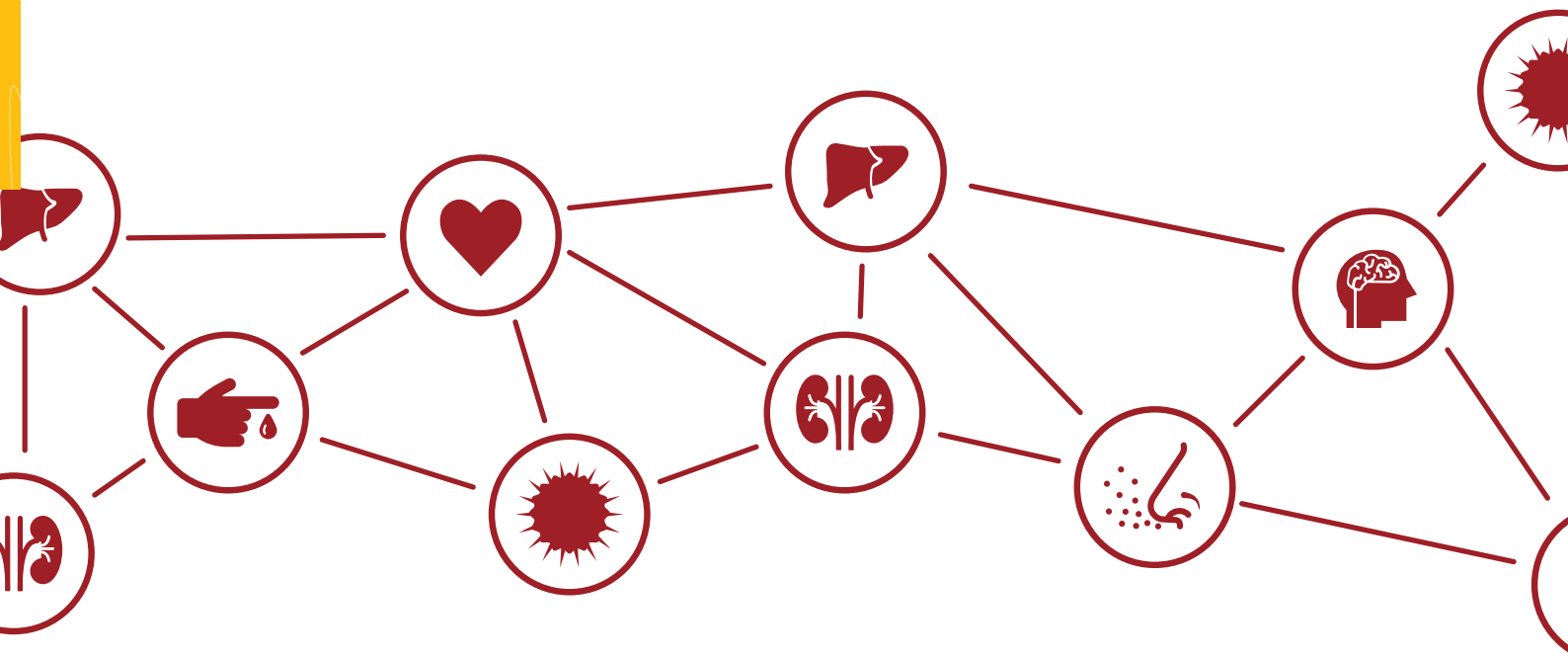
DELIVERABLES:

- A series of **action plans to pursue EU 'flagship initiatives'** in areas where clear co-benefits can be achieved between NCD prevention and other policy areas.

Contents

Contents

1. Why an EU Strategic Framework for the Prevention of NCDs?



Non-communicable diseases matter

Non-communicable diseases (NCDs), or chronic diseases, undermine people's health and well-being, the sustainability of healthcare systems, and Europe's economic and social prosperity. Today, approximately one third of the European Union (EU) population aged 15 and over[1], and nearly a quarter of the working age population lives with a chronic disease[2]. More than half a million people under the age of 65 die of NCDs in the EU each year[3].

While progress is made on reducing premature mortality from NCDs[4], longer lives do not necessarily translate into healthy lives. Too often people live longer but are burdened by one or more chronic conditions: a significant gap exists between life expectancy and healthy life expectancy. It is estimated that, on average, women in the EU spend almost a quarter (23%) of their lives in ill health; for men this figure is almost a fifth (19%)[5].

Good health is not just the absence of disease, but a state of complete physical, mental and social well-being, the attainment of which is a basic human right and aspiration[6]. Health and social security are the second most important national concerns across Europe[7]. Indeed, 70% of the population wants to see more EU action on health[8]. Yet the prevalence of chronic diseases has been growing in the EU and the wider European region over the past decades[9]. People in disadvantaged households are disproportionately affected by NCDs and suffer from a greater share of life lived in ill-health[10].

The EU has a strong mandate to protect and promote people's health and well-being. The Union's founding Treaties provide that the EU's main aims are to promote "peace", "its values" and "the well-being of its peoples"[11]. The internal market is established to work for the "sustainable development of Europe"[12]. The EU is furthermore obliged to pursue a high level of health protection and promotion in all its policies[13]. Faced with common, European health challenges, there is urgent need for more ambitious European collaboration and action in the field of public health. EU-wide action offers significant opportunities to deliver added value to citizens[14], which is indispensable for rebuilding trust in the Union's ability to act where it matters.

This document calls on the EU Institutions, and in particular the European Commission, to advance firm action on NCDs by establishing an **EU Strategic Framework for the Prevention of NCDs** towards 2030 early in its 2019-2024 mandate. The overarching aim of such framework would be to support EU Institutions and Member States in responding to citizens' concerns and achieving their international and European commitments, notably the World Health Organization (WHO) Global Action Plan for the Prevention and Control of NCDs[15] and the United Nations (UN) Sustainable Development Goals (SDGs)[16].

In particular, the EU Strategic Framework for the Prevention of NCDs should provide a solid base to expand on the EU Strategy on Nutrition, Overweight, and Obesity-related health of 2007[17] and the EU Reflection Process on Chronic Diseases 2010-2014[18]. Furthermore, it should complement and provide coherence, structure and direction to existing instruments and mechanisms, including the work of the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases[19] and the European Social Fund Plus[20].

This document sets out a series of basic principles, priorities and actions for this future strategic framework. It follows the Political Declaration of the Third UN High Level Meeting on NCDs of September 2018[21], in which governments worldwide, as well as the EU, strongly reaffirmed their commitment to accelerate action on NCD prevention and control, stressing the primary role and responsibility of governments acting individually at national or local level, or collectively at EU level, in responding to the challenge.

What are non-communicable or chronic diseases?

Non-communicable diseases (NCDs), also known as chronic diseases, encompass a wide variety of physical and mental medical conditions that are not caused by infectious agents. According to the WHO, NCDs "tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioural factors" [22].

Cardiovascular diseases (CVD), diabetes, cancers, chronic respiratory diseases [23] and more recently also mental disorders, are considered the five 'major' NCDs [24]. Yet many more types of NCDs are affecting Europeans, including liver, endocrine and musculoskeletal diseases and disorders [25]. Obesity is a 'gateway' to many NCDs and has been recognised as a chronic disease in its own right in some countries, but not all [26] [27].

NCDs are the major health issue of the 21st century. Over 85% of all deaths and 75% of all diseases in Europe are attributable to NCDs [28].

A number of themes are shared across the range of NCDs:

- **Chronicity:** many chronic diseases develop over time in response to a prolonged exposure to risk factors. Chronicity also refers to the long-lasting or recurring nature of a disease or condition. NCDs are however not necessarily irreversible, as for instance shown by recovery-based approaches to mental health. Common risk factors: in addition to genetic determinants, the vast majority of NCDs share a limited number of common, modifiable risk factors. The five main NCD risk factors are: tobacco use, harmful levels of alcohol consumption, unhealthy diets, low physical activity and exposure to environmental contaminants, foremost air pollution.

  Economic activities, or 'commercial determinants' (see below), influence to a large extent the level of impact of these main risk factors. Tobacco, food and alcohol are marketed products. Exposure to outdoor air pollution is driven by exhausts from vehicles, energy generation, industrial activities and agriculture. Sedentary lifestyles are influenced by many factors including screen time, the urban and transport environments and the wider socio-economic employment context.

  Mental health disorders are associated with an even wider range of risk factors [29].

- **Socio-economic inequalities:** NCDs are driven and exacerbated by socio-economic inequalities and are closely associated with poverty and underdevelopment. People in lower socio-economic groups consistently show a higher incidence of NCDs and are more strongly impacted by them [30] [31].

- **High degree of preventability:** Many NCDs are preventable to a considerable degree, or their onset can be delayed. The WHO estimates that at least 80% of all heart disease, stroke and diabetes, and 40% of cancer cases could be prevented if the main risk factors for NCDs were addressed [32].

- **Prevalence of multimorbidity:** Multimorbidity is the co-occurrence of chronic conditions and is the norm for people living with NCDs [33]. The drivers of multimorbidity are poorly understood, but research is advancing on why certain conditions cluster together and what effective prevention and management strategies can be adopted.

The economic case for tackling NCDs

NCDs impair the EU's economic development

Europe's greatest resources are its people. However, epidemic levels of NCDs are undermining this source of prosperity and leading to major direct and indirect costs to national budgets and the economy [34]. Healthcare is the second largest area of public spending by EU Member States, with over €1 trillion, or between 7-10% of EU GDP spent by governments annually [35] [36]. €700 billion is spent on treating NCDs in the EU each year [37]. This is the same amount as InvestEU intends to mobilise over the next 7-year budget period to boost investment, innovation and job creation [38]. Premature mortality from NCDs results in a loss of €115 billion per year to the economy, or 0.8% of EU GDP [39].

The NCD epidemic is a global phenomenon with worldwide repercussions. The World Economic Forum and the Harvard School of Public Health predicted in 2011 that, in a "business as usual" scenario, NCDs would result in a cumulative loss in global economic output of $47 trillion, or 5% of GDP, by 2030. [40] The predicted cumulative losses would be significantly larger if the economic value and utility that people attribute to health were adequately captured.

NCDs significantly affect the labour market, including work participation, productivity, hours worked, job turnover, retirement and career progression [41]. Absenteeism, presenteeism, and sick leave impose a major macroeconomic impact. Work-related annual costs of NCDs to the European economy add up to €610 billion per year, including costs to employers, lost economic output and costs to social welfare systems [42]. Overall, 1.7% of GDP in the EU is spent on disability and paid sick leave each year, which is more than the expenditure on unemployment benefits [43]. This while a healthy workforce is essential to support an ageing population.

At the same time, people living with NCDs suffer from reduced productivity, reduced employment, earlier retirement, and lower income. They face barriers to employment and stigma, with consequences for earnings and prospects for professional growth [44]. NCDs also have a substantial impact on the health, quality of life and work participation of caregivers. A large number of people report acting as a voluntary caregiver for family members with a chronic condition, which has limited their own work participation, productivity and opportunities for job advancement, and often takes a toll on physical and mental health [45].

NCDs furthermore impair the participation of older persons in society. For instance, many retired people act as caregivers for family members, such as grandchildren or their own older parents, or engage in volunteering activities [46] [47]. Supporting healthy ageing across the lifespan is also key to support autonomy and independent living among older persons, and thus reducing the need for care and support [48].

The cost saving potential of NCD prevention

A significant proportion of the direct and indirect costs of NCDs in Europe could be saved through preventative policies and actions [49]. For instance, the WHO estimates that at least 80% of all heart disease, stroke and diabetes, and 40% of cancer could be prevented. [50] Improving public health could dramatically reduce national social protection bills, which currently account for over 19% of public spending in the EU [51]. Tackling health inequalities would also bring major economic benefits for public finances, as these have been calculated to account for one-fifth of the total cost of healthcare and 15% of the total costs of social security benefits. [52]

Public health prevention policies offer a targeted and cost-effective way to improve the health and well-being of Europeans through the creation of health-enabling environments. Such interventions not only offer a significant cost saving potential to strained budgets across the EU, but are a high-yielding public investment. A recent meta-study shows that the median rate of return on investment for public health interventions is 1 to 14, meaning that every Euro invested in public health gives an average return of €14 to the economy[53]. Despite this, less than 3% of health expenses today are invested in prevention[54].

Three stages of prevention

Primary prevention aims to prevent diseases before they occur. Primary prevention is the 'purest' form of prevention and the primary focus of this document. Tobacco use, harmful levels of alcohol consumption, unhealthy diets with high intakes of fats, sugars and salt, low physical activity and air pollution are the five primary risk factors responsible for the main burden of NCDs. Primary prevention policies aim to create living environments that are conducive to good health and well-being and that minimise the prevalence of these risk factors. Such policies create the contexts that enable and empower people to select healthier options, and to prevent exposure to health-harming influences beyond individual control.

Examples include: the WHO Framework Convention on Tobacco Control (FCTC) which promotes a comprehensive set of measures targeting both demand and supply of tobacco products; pricing policies which are among the most effective NCD prevention measures[55]; regulations that limit the exposure of youth to the advertising of alcoholic beverages and unhealthy food products; legislation setting limits to trans fats in food; physical activity-friendly urban planning policies; and pollution limits for vehicles.

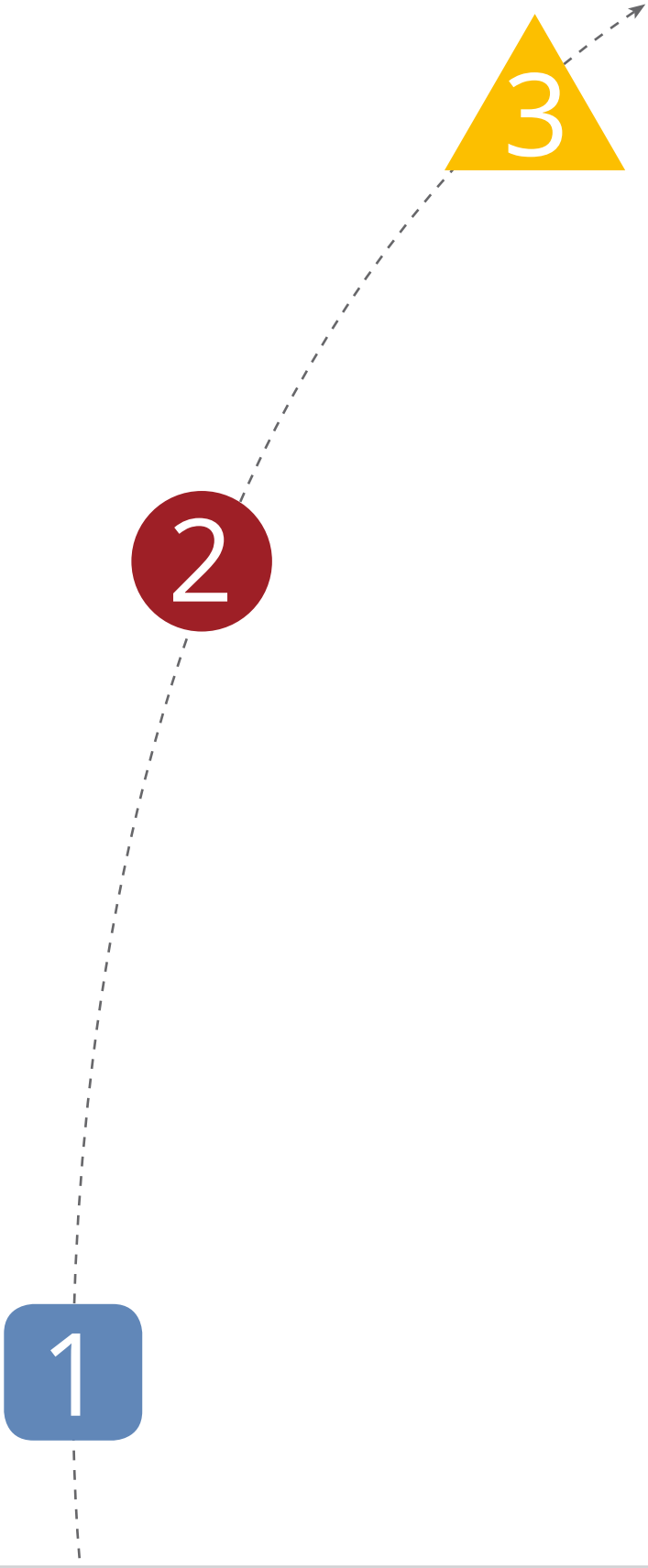
Secondary prevention aims to reduce the impact of a disease or injury after it occurs. Secondary prevention is about detecting and treating disease or injury as soon as possible to halt or slow its progress. It is about managing patients, encouraging personal strategies to prevent recurrence, and implementing programs to return people to their original state of health and functionality in order to prevent long-term health issues.

Examples include: screening tests to detect and treat disease in its earliest stages (e.g. mammograms to detect breast cancer); diet and exercise programs to prevent further heart attacks or strokes as well as overweight or obesity; work modifications that allow injured or ill workers to return safely to their jobs.

Tertiary prevention aims to soften the impact of an ongoing illness or injury that has lasting effects. This is done by helping people manage long-term, often-complex health problems and injuries, such as NCDs, in order to improve as much as possible their ability to function, their quality of life and life expectancy.

Examples include: cardiac or stroke rehabilitation programs; prevention of relapse or metastatic disease for cancer; NCD management programs (e.g. for diabetes, arthritis, and depression); support groups; and vocational rehabilitation programs.

For prevention to succeed, effective and well-funded healthcare systems are required to which all people have equitable access and which are delivered by a skilled, well-staffed health workforce. Health professionals with appropriate training in primary prevention can provide a major contribution to the NCD prevention agenda given their direct contact with people in a wide variety of settings. Primary, secondary and tertiary prevention also cover workplace settings, where organisational change and occupational health measures can prevent or reduce the impact of both physical and mental illnesses, including stress and musculoskeletal diseases[56][57].



2. A Strategy that Builds on Existing Initiatives

The future EU Strategic Framework for the Prevention of NCDs should not reinvent the wheel, but rather should build on the extensive work already done by numerous institutions and civil society organisations at global, European, national and local levels. As a primary objective it should contribute to the effective implementation of already existing NCD prevention commitments. While doing so, it should raise the bar and attain a higher level of effectiveness and ambition in preventing NCDs across the EU.

The WHO Global Action Plan on NCDs

The WHO Global Action Plan for the Prevention and Control of NCDs envisions a world "free of the avoidable burden of noncommunicable diseases" [58] and sets out nine voluntary global NCD reduction targets to be achieved by 2025 [59]. Unanimously adopted by WHO member states, it is the main reference work for action on NCDs worldwide.

Nine voluntary global targets

Target 1: A 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases.

Target 2: At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context.

Target 3: A 10% relative reduction in prevalence of insufficient physical activity.

Target 4: A 30% relative reduction in mean population intake of salt/sodium.

Target 5: A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years.

Target 6: A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances.

Target 7: Halt the rise in diabetes and obesity.

Target 8: At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes.

Target 9: An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities.

The future EU Strategic Framework for the Prevention of NCDs should explicitly refer to the WHO action plan and undertake to support Member States in achieving the commitments made therein. In particular, the EU Strategic Framework should be guided by the same overarching principles as adopted under the action plan, which are summarised below.

Life-course approach: NCD prevention strategies should take account of the health and social needs at all stages of the life course, starting with maternal health, continuing through proper infant feeding practices, health promotion for children, adolescents and youth, followed by promotion of a healthy working life, healthy ageing and care for people with NCDs diseases in later life. Particular attention is required for the 'first 1000 days of life', roughly the period between conception and a child's second birthday, a foundational period for future health and well-being [60].

Evidence-based strategies: NCD prevention strategies should be based on latest scientific evidence, be cost-effective and affordable, and based on public health principles.

Human rights approach: NCD prevention strategies should take the fundamental right of every human being to the highest attainable standard of health as a starting point for all activities.

Equity-based approach: NCD prevention strategies should recognise that the unequal distribution of NCDs is closely linked to the inequitable distribution of social determinants of health, and that action on these determinants should be an integral part of the NCD response.

Universal health coverage: NCD prevention strategies should ensure that all people have access to nationally determined sets of the needed promotive, preventive, curative and rehabilitative basic health services and essential, safe, affordable, effective and quality medicines.

Empowerment of people and communities: NCD prevention strategies should involve and empower people, communities and health professionals to engage in prevention activities, including in advocacy, policy, planning, legislation, service provision, monitoring, research and evaluation.

National action and international cooperation and solidarity: the primary role and responsibility of governments in responding to the challenge of NCDs by implementing effective prevention strategies should be recognised, together with the importance of international cooperation.

Multi-sectoral action: NCD prevention strategies require strong leadership and coordinated multi-sectoral engagement for health, such as through the 'health in all policies' and 'whole-of-government' approaches.

Management of real, perceived or potential conflicts of interest: NCD prevention strategies should be protected from undue influence by any form of vested interest, in particular when engaged in multi-stakeholder approaches. Real, perceived or potential conflicts of interest must be acknowledged, prevented and managed. Private sector actors have a role to play in policy implementation, but policy decisions and policy design must be free from influence of (potentially) health-incompatible vested interests.

Other key international and European commitments

Countries worldwide, including all EU member states, have adopted different commitments explicitly intended to prevent and control NCDs. These include commitments in the framework of the WHO (see above), the three United Nations (UN) High Level Meetings on NCDs held between 2011 and 2018[61/62/63] and those linked to the adoption of the Sustainable Development Goals (SDGs)[64]. Important commitments have also been made in the context of the WHO Regional Office for Europe and the EU.

Yet states' duties to tackle NCDs and improve people's health and well-being go beyond the commitments made in specifically dedicated political fora. These duties are ingrained in international human rights law, which recognises individuals as rights holders and states as duty bearers, and which defines a range of universal and inalienable rights that states have a duty to protect, respect and fulfil, including the right to the enjoyment of the highest attainable standard of health[65].

Spotlight: main international and European commitments on NCDs

Global

Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases[66]

WHO Global Monitoring Framework on NCDs with 9 voluntary targets on NCDs for 2025[67]

WHO Global action plan for the prevention and control of NCDs 2013-2020[68]

Outcome Document of the 2nd UN High Level Meeting on NCDs in 2014[69]

Outcome Document of the 3rd UN High Level Meeting on NCDs in 2018[70]

Sustainable Development Goals (SDGs), especially Goal 3: Ensure healthy lives and promote well-being for all at all ages[71]

WHO European region

WHO Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region 2016–2025[72]

WHO Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016[73]

In addition to commitments specifically related to chronic diseases, a number of risk-factor specific commitments and legal obligations exist, including the Framework Convention on Tobacco Control and its protocols.

Ongoing EU processes

The EU chronic disease reflection process 2010-2014

In response to the 2010 EU Council Conclusions on chronic diseases[74], the European Commission launched a reflection process to identify options for optimising the response to NCDs. This reflection process resulted in a report identifying two main priority areas for EU action: (1) prevention and health promotion, and (2) disease management, with an emphasis on patient empowerment[75]. It also recognised that Europe should be steering the response to chronic diseases.

The final report from the reflection process was endorsed by the EU Council Working Party on Public Health in 2013, committing to the continuation of actions on specific diseases and risk factors. This was followed by a major EU chronic disease summit in April 2014[76]. The latter did not, however, result in any significant and specific political commitments.

The European Commission's 2016 'new approach'

In 2016 the European Commission recognised that, with current actions, only two of the nine WHO global NCD targets would be met by 2025, and presented a so-called 'new approach' to NCDs at a meeting of relevant interest groups[77]. Under this 'new approach' the European Commission dismantled various expert groups, including those on cancer, dementia, rare diseases, health and social inequalities, and established a Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases[78]. This Steering Group was set up to advise the European Commission on the development and implementation of NCD-related activities, and to foster exchanges of relevant experience, policies and practices between Member States. The Steering Group became a formal expert group of the European Commission in July 2018 with its membership limited to government representatives.

The European Commission also set up the "EU Health Policy Platform" for civil society organisations and other non-governmental interest groups. This online forum aims to enable health-related discussions and facilitate joint statements between various organisations[79]. The platform however lacks a meaningful link to policy decision-making processes, raising questions about its effectiveness and policy relevance.

Agenda 2030 and the European Social Fund Plus

In September 2015, the European Union and all Member States adopted the UN Sustainable Development Goals (SDGs) and committed to their implementation into national and European policy. In 2017, the EU General Affairs Council called on the European Commission to define an SDG implementation strategy[80]. The EU Multi-Stakeholder Platform on SDGs, established to consult the European Commission on its SDG agenda, produced an input document to this strategy, which included focus on the prevention and control of NCDs[81]. In January 2019 the European Commission published its reflection paper "Towards a sustainable Europe by 2030", including reference to the NCD agenda and a strong commitment to develop coherent, cross-cutting policy approaches[82].

Another major development is the merging of the EU Health Programme, the EU's main funding mechanism for action on health, into the "European Social Fund Plus" (ESF+). The repercussions of this merger, which will be implemented as part of the EU budget cycle 2021-2027, remain unclear at the time of writing, but could signal a closer integration between health and social policies.

Joint actions

Joint actions are public health programmes carried out by EU Member States in collaboration with the European Commission, funded by the EU. Joint actions aim to facilitate the exchange of best practice, enhance operational capacity to tackle health challenges and improve the take-up of health promotion opportunities.

Key joint actions relevant for tackling NCDs include:

> Joint action on Chronic Diseases (JA-CHRODIS) which ran between 2014-2017 and was succeeded by joint action CHRODIS+ (2017-2020)

> Joint action on European Partnership for Action Against Cancer (JA-EPAAC)

> Joint action on Comprehensive Cancer Control (JA-CANCON)

> Joint action on Innovative Partnership for Action Against Cancer (JA-IPAAC)

> Joint action on Mental Health and Wellbeing

> Joint action on Tobacco Control (JATC)

> Joint action on Reducing Alcohol Related Harm (JA-RARHA)

> Joint action on Nutrition and Physical Activity (JA-NPA)

> Joint action on Health Workforce Planning and Forecasting

EU powers to prevent NCDs

The question of whether and to what extent the EU can act on NCDs is critical for establishing the scope of the future EU Strategic Framework for the Prevention of NCDs. Understanding EU competence is fundamental in that it circumscribes EU intervention and determines its legality in all areas of policy-making[83].

Article 5(1) of the Treaty on European Union (TEU) provides that "the limits of Union competences are governed by the principle of conferral", whereas their use "is governed by the principles of subsidiarity and proportionality". The EU's power to act therefore is subject to the competences it has received[84].

Extensive soft law powers to act for health

In the field of health policy, the EU derives extensive 'soft law' powers from Article 168 of the Treaty on the Functioning of the European Union (TFEU). The EU can provide research funding, draw-up guidelines and indicators, establish fora for best-practice exchange and debate, adopt non-binding recommendations, promote cooperation with organisations like the WHO and so forth. This is uncontroversial.

Duty to mainstream public health in all policies

By requiring that "a high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities", Article 168(1) TFEU acknowledges that public health should not be pursued only via earmarked, distinct policies, but must be incorporated in all other EU policy areas. Such a 'mainstreaming' provision is all the more relevant in an area like NCD prevention that requires a coordinated, multi-sectoral response.

Article 9 TFEU and Article 35 of the EU Charter of Fundamental Rights contain similar obligations. While mainstreaming obligations do not extend the competences of the Union, they do increase the pressure on the EU to ensure consistency between its policies and activities. The EU's strong regulatory powers in the field of internal market, environmental and consumer protection, health and safety at work, and agricultural policy and, to a lesser extent taxation, could, and should, all be used more effectively to prevent NCDs and promote better health for all.

Limited competence to introduce legislation on a health legal basis

While Article 168 TFEU allows the EU to engage in a wide range of non-binding, supportive actions and mandates the pursuit of a high level of health protection in all EU policies, paragraph 5 of the same provision excludes the adoption of "any harmonisation of the laws and regulations of the Member States". Consequently, the EU does not have the authority, on the basis of this provision, to adopt common EU-wide harmonising legislation for many actions related to the prevention of NCDs.

This limitation has too often been misinterpreted to mean that the EU has no powers at all to adopt legally binding measures to promote health and prevent diseases. In reality it does. However, the EU must rely on a legal basis which allows the harmonisation of national laws

Extensive powers to ensure the functioning of the internal market with a high level of health protection

Most of the EU legislative measures regulating the markets for tobacco, alcohol and unhealthy food – associated with the major NCD risk factors – have been adopted on the basis of Article 114 TFEU which empowers the EU to adopt legislative measures for the establishment and functioning of the internal market.[85] Article 114(3) TFEU mandates the EU to take "as a base a high level of protection" of health while proposing policy under this provision.

The Court of Justice of the European Union (ECJ) has delivered a range of high profile rulings which delineate the scope of EU powers under this provision. In particular, while Article 114 TFEU cannot be used to circumvent the limitations of Article 168 TFEU, it can be relied upon as a legal basis for action even when public health considerations are "a decisive factor in the choices to be made"[86].

Article 114 TFEU can be used if three conditions are fulfilled:

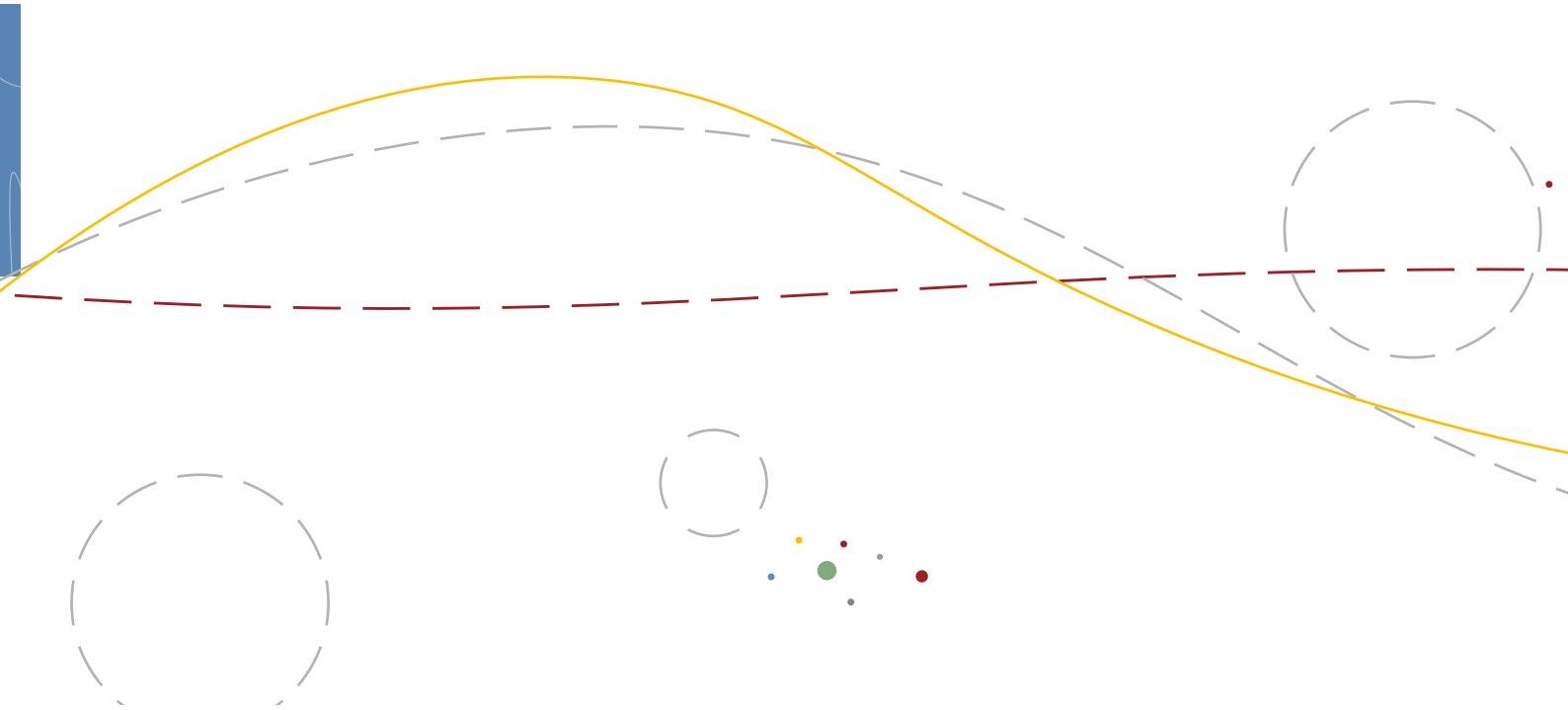
- there must exist an "internal market barrier" resulting from the disparities in the legal systems of the Member States;
- this market barrier must not consist of an "abstract risk of obstacles", but should be "such as to obstruct the fundamental freedoms" or create "distortions of competition" within the internal market; and
- the intended harmonisation should "genuinely have as its object the improvement of the conditions for the establishment and functioning of the internal market".[87]

The ECJ has interpreted these conditions generously.[88]

This leads to the conclusion that there is significant, though not unlimited, scope for the EU to regulate for the prevention of NCDs, and in particular to address the commercial determinants of health through the adoption of legally binding rules.[89]

3. Strategic Priorities

The strategic priorities proposed in this document should inform the development, implementation, monitoring and evaluation of the future EU Strategic Framework for the Prevention of NCDs. These priorities are not exhaustive, but their pursuit is necessary to ensure an effective response. In other words, they should be at the forefront in all decision-making processes involving the prevention of NCDs, as well as those related to health promotion and disease prevention more widely.



A. Create health-enabling environments

The health of individuals is shaped by the contexts – the environments – within which they live [90]. Overweight, for instance, is a predictable outcome of interacting with an obesogenic environment [91]. Physical activity-friendly environments, on the reverse, enhance physical activity [92] [93]. Food environments, by shaping the availability, accessibility, affordability and attractiveness of foods, affect people's consumption decisions and eating habits [94]. Living in poverty, for multiple reasons, significantly reduces one's capacity to lead a healthy life [95].

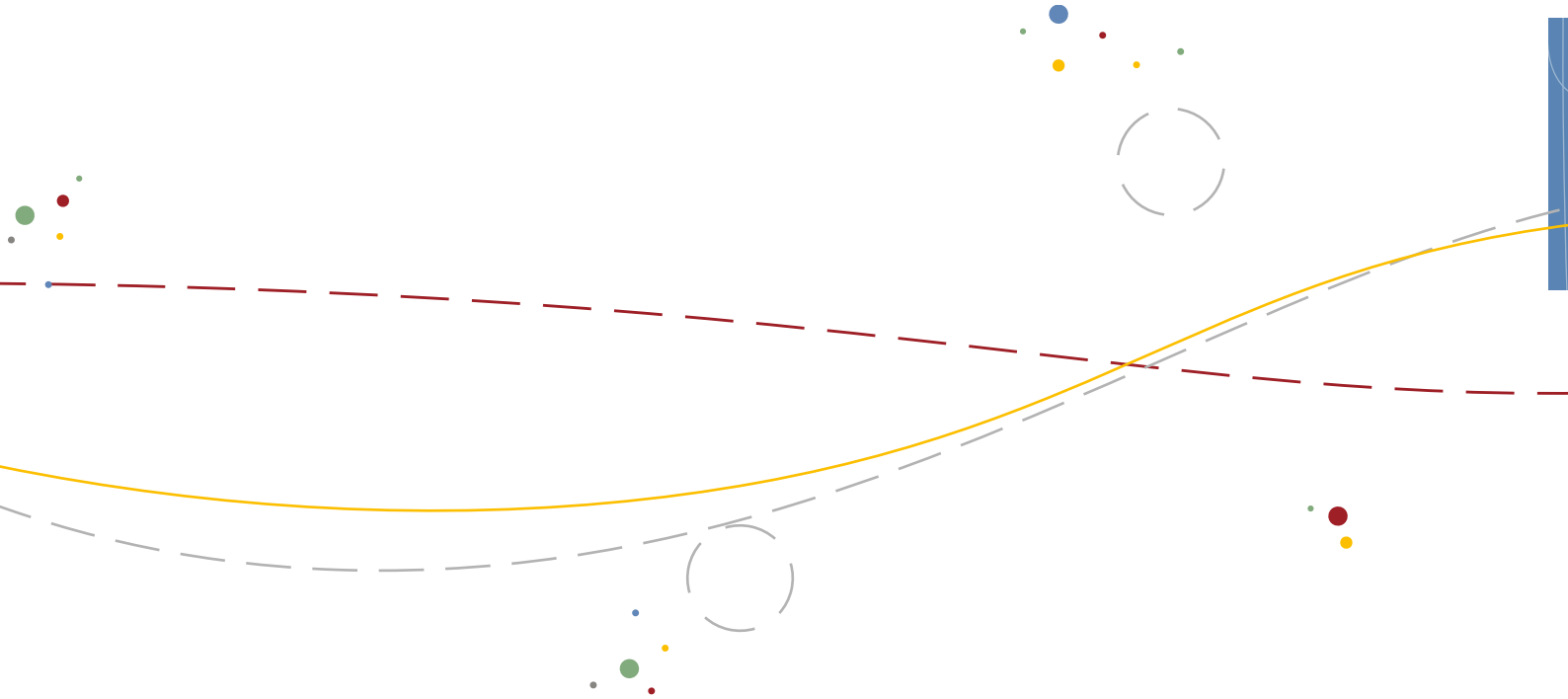
At the same time, we share our common natural environment, the biosphere, with humans worldwide and other living beings. Pollution of the natural world, such as the air, affects everyone breathing within a particular area [96]. Other major man-made environmental impacts, such as climate change, water and soil pollution, depletion of biodiversity and degradation of ecosystems are severe threats to human well-being and the future of human civilisation [97] [98].

Acknowledging the centrality of living environments is an important conceptual break from the still-dominant 'individual choice' narrative which places on individuals the entire responsibility for their health and well-being, and the planet's future. Not only is this 'free choice' perspective flawed, it can lead to stigma, create a sense of personal failing and result in victim blaming. The future EU Strategic Framework for the Prevention of NCDs should therefore focus on creating health-enabling environments that empower and enable people to make healthy choices, for instance by making the healthy and sustainable options the easiest, most affordable and default options. It should also align closely with strategies to protect and enhance the quality of the natural environment.

B. Implement the WHO 'Best Buys'

Many evidence-based policies exist to tackle the drivers of NCDs. The WHO "Best Buys and other recommended interventions" are a collection of the most promising policy types, evaluated for cost-effectiveness or recommended on the basis of other evidence [99]. The 'best buys' provide a list of policy options for four key NCD risk factors – smoking, harmful use of alcohol, unhealthy diet and low physical activity, and for four disease areas – cardiovascular disease, diabetes, cancer and chronic respiratory disease. Addressing the four key risk factors will help tackle a wide range of other NCDs as well. The recommended measures include policies on price, advertising, labelling, availability and public awareness and are targeted at creating health-enabling environments. The WHO projects that over 1.8 million lives of people between the ages of 30 and 70 could be saved in the EU by 2025 if all 'best buys' are implemented [100].

The 'best buys' recommendations have been endorsed by countries at successive World Health Assembly (WHA) meetings, with the latest update in 2017 [101] and an upcoming update at the 2019 WHA [102]. For the 2020 WHA, the WHO will propose a further expansion of the 'best buys' with cost-effective policy options on mental health and air quality. However, despite endorsements progress on the implementation of these policies has, at best, been patchy and often less ambitious than required [103] [104]. The future EU Strategic Framework for the Prevention of NCDs should focus on rekindling political leadership and providing pathways for an ambitious and comprehensive implementation of the types of policies recommended by the WHO 'best buys'.



C. Address the commercial determinants of health

The "commercial determinants of health" can be defined as "strategies and approaches used by the private sector to promote products and choices that are detrimental to health" [105]. These strategies cover activities such as marketing, lobbying, public relations and the expansion of supply chains for products associated with the main risk factors for NCDs. Overall, commercial determinants are closely linked to an economic model that prioritises wealth creation over health creation.

A fresh approach is needed towards the private sector. This approach should be based on the realisation that commercial determinants are key drivers of NCDs, and that effective policies are needed to curb detrimental impacts. At the same time, preconditions should be generated for the uptake of 'pro-health' business models [106]. This fresh approach should furthermore draw on the reality that conflicts of interest in policy-making do exist and that they negatively affect the adoption of public interest policies. While industries do not intentionally set out to make people unhealthy, a large body of accumulated evidence indicates that vested commercial interests often obstruct efforts to create health-enabling environments [107] [108] [109] [110] [111].

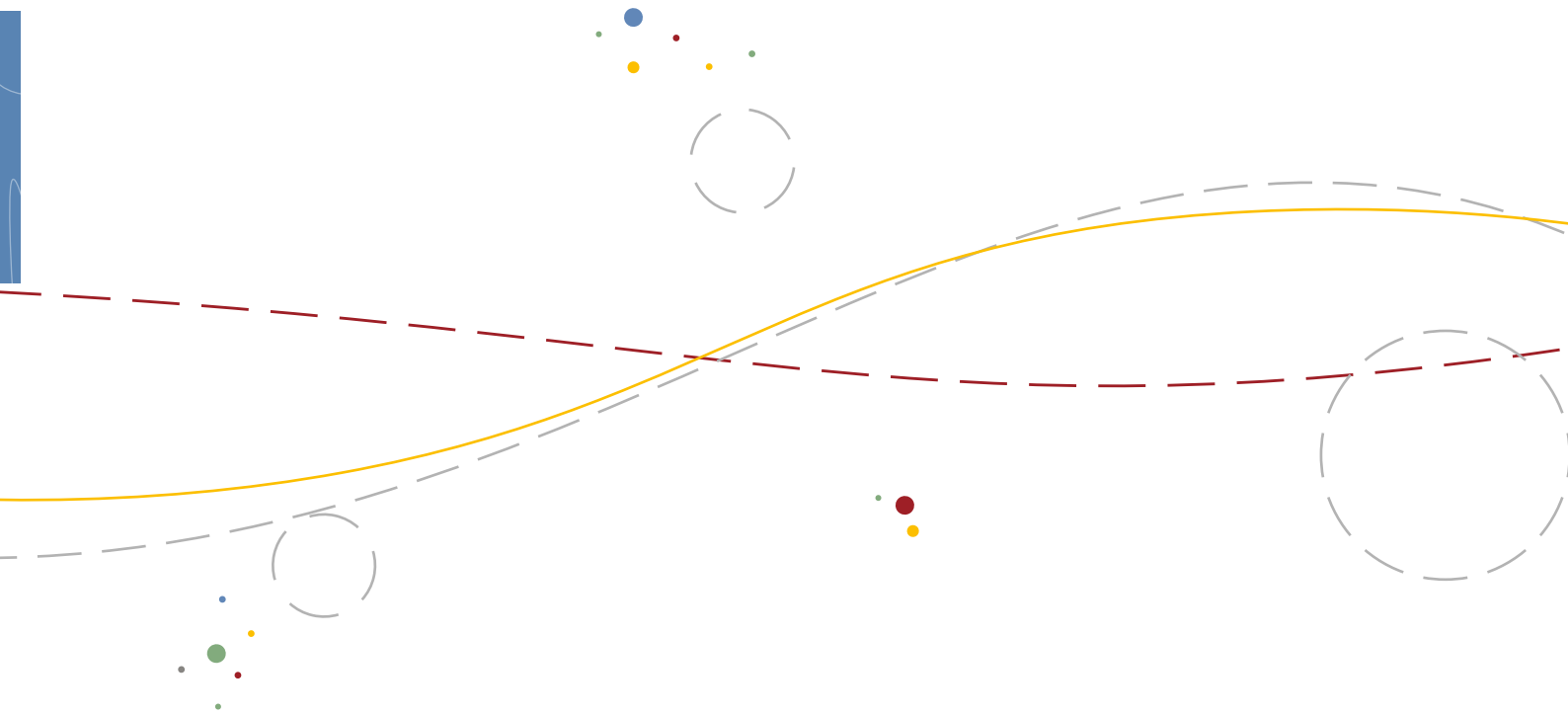
The future EU Strategic Framework for the Prevention of NCDs should effectively address the commercial determinants of health, both through the implementation of appropriate policies and by improving the policy-making environment itself. This includes taking concrete steps to free policy-making processes from undue influence by vested commercial interests, which will facilitate the introduction of evidence-based public health policies and help regain public trust in government [112].

D. Tackle health inequalities

NCDs are a health challenge closely linked to poverty and socio-economic inequalities. Health inequalities are avoidable, and therefore unfair, and contribute to the variances in health status across different socio-economic groups in society. Health inequalities most acutely affect the poorest section of the population as well as particular groups facing disadvantage and discrimination, including women, recent immigrants and refugees, ethnic minorities, homeless people, people suffering from alcohol or drug addiction, children, older persons, persons with disabilities or mental ill-health, prisoners and sex workers.

Major 'health divides' by socio-economic status persist within and across countries and regions in the EU [113] [114]. There is over 20 years' difference in healthy life years between leading countries and those that fall behind [115]. Opportunities available from birth are reflected in life expectancies: for example, the average life expectancy of Roma people is between 5 and 20 years lower than national averages [116]. For homeless people, the picture is the bleakest with homeless women, on average, dying at just 43 years of age and homeless men at 47 due to multiple health disadvantages [117]. Inequalities in healthy life years are even more pronounced than inequalities in life expectancy: women and men from lower socio-economic groups are more likely to be burdened by limiting health conditions [118]. The clearest causes of shorter life expectancies and fewer healthy life years are explained by differences in income and education [119].

Despite the EU being one the of the world's most economically developed regions, in 2016, 118 million people lived in households at risk of poverty or social exclusion, equivalent to nearly a quarter of the entire population [120]. The future EU Strategic Framework for the Prevention of NCDs should realise the synergies involved in pursuing social justice and NCD prevention. It should also acknowledge that population-based disease prevention measures can have significant positive impacts on redressing health inequalities [121].



E. Adopt a rights-based approach

The Constitution of the WHO declares that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being" [122]. Several international human rights conventions, notably the International Covenant on Economic, Social and Cultural Rights [123] and the Convention on the Rights of the Child [124], lay down legally binding obligations on states to uphold human rights relevant to NCD prevention, not least the fundamental right to the enjoyment of the highest attainable standard of health (the right to health), the right to an adequate standard of living, the right to food and the right to a clean environment [125].

Human rights create entitlements for individuals and obligations for states to respect, protect, and fulfil these rights [126]. A rights-based approach aims to strengthen the capacities of rights-holders – people – to realise their rights, and that of duty-bearers – states – to meet their legally binding obligations [127] [128]. A human rights approach offers a robust rationale for action, based on fundamental and inalienable human values, rather than temporal policy priorities. It also encourages the creation of a strong accountability framework for government action. The future EU Strategic Framework for the Prevention of NCDs should therefore work towards implementing a rights-based approach to NCD prevention.

F. Pursue an integrated approach to mental health

Mental ill-health and neurodegenerative conditions such as depression, dementia and Alzheimer's disease have recently been integrated into the WHO response to NCDs as a priority disease group [129]. Across the EU, over 84.000 people died of mental health problems in 2015, while the costs of mental ill-health are estimated at €600 billion or 4% of GDP annually [130]. Mental distress is often considered to be 'comorbid' with other chronic diseases: almost every second person with psychological challenges also develops chronic physical conditions. Recent studies show that the care of individuals with simultaneous physical and mental health issues cost healthcare providers 45% more than treating patients with the physical illness alone. [131] Caring responsibilities can also have an impact on physical and mental health, particularly if carers do not receive adequate support. [132]

For mental health to be appropriately addressed in any health framework, it must have parity of esteem with physical health and be dealt with through a comprehensive bio-psychosocial approach which is not considered in isolation from physical health. The future EU Strategic Framework for the Prevention of NCDs should tackle the mental health aspects of NCDs in an inclusive and integrated way, while taking a life course perspective. It should acknowledge current shifts in mental healthcare including those towards the recovery model and the move towards the provision of peer support and a range of interventions, which are not limited to the provision of psychiatric medications, but also include psychosocial services. [133]

4. Specific Actions

Bearing in mind the significant powers the EU has to promote a high level of public health and referring to the European Commission's right of initiative and its role as guardian of the EU Treaties, this document proposes a number of concrete actions that should form the backbone of the future EU Strategic Framework for the Prevention of NCDs.

The actions referred to below can be organised under two broad themes, namely to enable and facilitate the implementation of adequate measures for the prevention of NCDs at both national and EU levels, and to seek synergies and coherence with other policy areas to reap the added value of linking the NCD prevention agenda with other societal agendas where co-benefits can be achieved.

Enable and facilitate action to tackle NCDs:

> Action 1: Support the implementation of WHO 'Best Buys'

> Action 2: Conduct a 'health check' study to identify EU barriers to the implementation of national NCD prevention policies

> Action 3: Design EU financial instruments to support national investment in prevention programmes and measures

> Action 4: Elaborate a pan-European system for data collection, policy evaluation and accountability

Establish synergies with other policy areas:

> Action 5: Ensure inter-institutional coordination on health and well-being and a policy home for health within the European Commission structure

> Action 6: Launch a 'Health in All Policies' online policy portal

> Action 7: Pursue 'EU flagship initiatives' in areas that can deliver co-benefits for NCD prevention and other SDGs

Action 1: Support the implementation of WHO 'Best Buys'

The WHO "Best Buys and other recommended interventions" are a collection of best-practice policies to tackle key NCD risk factors, featuring measures on price, advertising, labelling, availability and awareness raising[134]. The future EU Strategic Framework for the Prevention of NCDs should promote the appropriate implementation of 'best buys' policies, both in terms of ambition – to ensure policy design is proportionate to the issue at stake and effective for reaching desired aims, and level of implementation – either at national or EU level.

In terms of national implementation, the European Commission should, with the core participation of the WHO Regional Office for Europe, compile, and where relevant adapt for the EU context, a set of technical toolkits laying-out the various options linked to the implementation of 'best buys' policies in Member States[135]. These toolkits should also include considerations on ways to communicate these measures to maximise public support, and on ways to minimise and deflect potential opposition from vested interests.

In terms of EU implementation, it should be more explicitly acknowledged that EU regulation can be a powerful tool for promoting health and well-being for large numbers of people at the same time. It can also establish a level playing field for businesses within the internal market, allowing the pursuit of 'pro-health' competition and the flourishing of new business models. The European Commission should periodically analyse gaps in NCD policy at the EU level and initiate legislative procedures where needed, possible and appropriate. It should also carry out a risk assessment across EU institutions on the occurrence of conflicts of interest in policy-making and propose an action plan with rectifying measures to prevent undue influence by vested interests.

In parallel to addressing implementation, the European Commission should work with Member States and the WHO Regional Office for Europe to elaborate a set of 'impact indicators' that Member States can use to support progress monitoring and evaluation. The entire set of activities related to promoting the implementation of 'best buys' deserves to become the leading priority for the EU Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases.

Deliverables:

- A set of technical toolkits setting out different design options for the national implementation of each of the policy measures included in the WHO 'best buys', tailored to the EU context.
- A list of 'impact indicators' that Member States can use to support progress monitoring.
- A mechanism for periodically analysing gaps in NCD policy at EU level and initiating legislative procedures where needed, possible and appropriate.
- A risk assessment on the occurrence of conflicts of interest across EU institutions and an action plan with measures to prevent undue influence by vested interests over policy-making processes.

Action 2: Conduct a 'health check' study to identify EU barriers to the implementation of national NCD prevention policies

There may be instances where EU legislation, particularly EU internal market law, can limit or reduce the scope for Member States to introduce health promotion and NCD prevention measures. Under the future EU Strategic Framework for the Prevention of NCDs the European Commission, including the Secretariat-General and the Legal Service, should undertake a comprehensive legal analysis to establish an EU inventory of legislative barriers to the implementation of prevention policies at national and local levels.

Based on this inventory, which should also provide a review of potential barriers resulting from international law, an action plan should be drawn-up to alleviate the identified barriers and, in cases where there is an inherent tension between different objectives contained in the EU Treaties, propose guidance to Member States for designing policies in a way to enhance their quality and chance to be upheld under legal scrutiny.

Deliverables:

- A comprehensive legal 'health check' inventory of EU and international barriers to the implementation of effective NCD prevention policies at national and local levels.
- An action plan to alleviate these barriers or guidance for designing national NCD prevention policies in a way to enhance their chance to be upheld under legal scrutiny.

Action 3: Design EU financial instruments to support national investment in prevention programmes and measures

Recognising the excellent rates of return on investment of public health measures, a process should be initiated under the future EU Strategic Framework for the Prevention of NCDs to design innovative financial support instruments and incentives to overcome the current barriers to investing in prevention. The European Commission should convene expertise, including from the European Investment Bank and World Bank, as well as other relevant organisations to identify barriers and explore tools to unleash additional investment in prevention.

This process, which could draw on the High-Level Expert Group on Sustainable Finance[136], should also explore options under the European Semester process, such as increasing opportunities for national investments in prevention measures and health systems, and improving possibilities under the Structural and Cohesion funds to finance public health programmes.

This process should be closely linked to the work of the EU Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases and synergies be ensured. However, while the activities of the Steering Group focus on the exchange of experiences, policies and practices to prevent, manage and control chronic diseases and facilitate the implementation of evidence-based best practices by EU countries; the process would be specifically aimed to explore funding and new financial schemes to support Member States invest in prevention.

Deliverables:

- A cross-sectoral expert group on Financing for Health, which will assess and propose different options to enhance societal returns on investment by increasing programmes to fund NCD prevention.

Action 4: Elaborate a pan-European system for data collection, policy evaluation and accountability

Although significant efforts are made to collect health data in the EU[137], the existing gaps in the availability of relevant and comparable data remains a barrier to assessing the full implications of NCDs for individuals, communities, healthcare systems and economies. The lack of data prevents researchers and governments from assessing the impact and effectiveness of NCD policies, programmes and treatment on different population groups. Also, data on health proxies, such as trends in risk factors like consumption levels of various products, is often not available in sufficient detail in a standard, comparable and accessible format.

The European Commission, drawing on expert advice, should identify gaps in existing data and data collection methods, financially support data collection and host an EU-wide health data system with registries for NCD incidence, prevalence, health outcomes, costs and key indicators on risk factors. The option to ensure accessibility to industry sales data for research purposes should be considered as a low-cost option to improve data availability. In synergy with the establishment of such healthy data system, effort should be made to elaborate new policy evaluation tools, such as complex and system evaluation methodologies, in order to assist researchers and governments in better evaluating what policies and actions work and why, and especially to better assess the combined effects of multiple interventions[138].

As a further step, a process of 'shadow reporting' should be established where civil society organisations are invited to provide their assessment of the progress made towards NCD-related commitments across the EU. Such shadow reporting will contribute to a more multifaceted understanding of the progress made towards fulfilling commitments and ensure enhanced accountability. It may also serve as an additional source of information and highlight further gaps in data and knowledge.

Regarding research funding, the European Commission should undertake an evaluation to investigate which programmes and projects brought the highest gains in terms of disease prevention. The evaluation should highlight areas where research has been duplicated, so as to avoid future double-funding of the same research questions. Conclusions should be drawn, and indicators proposed on how to define future research needs to tackle major societal challenges, such as NCD prevention. The conclusions and indicators should address how to ensure better uptake of research outcomes to inform policy decision-making both at the EU and national level. The conclusions should consider the use of 'ex-ante conditionalities' (conditions which must be met in order to access funds) in the area of health-relevant projects and funding, as appropriate. [139]

Deliverables:

- An EU-wide system for health data collection and information sharing containing registries for key NCD indicators.
- An extensive study putting forward methodologies for new health policy evaluation tools.
- A process of 'shadow reporting' where civil society can contribute with their assessments on the progress made towards fulfilling NCD-related commitments.
- An assessment of how health systems can better address primary prevention.
- An evaluation of the added value of past research funding and possible a proposal for ex-ante conditionalities in the area of health-relevant projects and funding.

Action 5: Ensure institutional coordination on health and well-being and a policy home for health within the European Commission structure

Considering the strong interconnections between the NCD prevention agenda and other policy areas, adequate institutional alignment needs to be ensured. Fully operationalising the future EU Strategic Framework for the Prevention of NCDs therefore requires a new coordination mandate high-up in the EU institutional structure, such as the position of a European Commission vice-president.

This role should ensure inter- and intra-institutional coordination, and create co-ownership of cross-cutting policy files between public health and other areas [140]. To ensure a strong basis for action a dedicated health directorate should be maintained as part of the European Commission structure.

Deliverables:

- A new EU high-level coordination mandate, such as a European Commission vice-president, that will ensure inter- and intra-institutional policy coordination for health and well-being.

Action 6: Launch a 'Health in All Policies' online policy portal

Health in All Policies (HiAP) is an approach to policy-making that systematically takes into account the health and health-system implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity [141]. The obligation to mainstream a high level of human health protection in all policies, effectively the HiAP approach, is an integral part of the EU's mandate. Based on the founding Treaties, the EU is obliged to ensure "a high level of human health protection" in the "definition and implementation of all Union policies and activities" [142].

The future EU Strategic Framework for the Prevention of NCDs needs to renew and strengthen commitment to HiAP. To operationalise this commitment an online portal should be launched introducing several strategic tools for the benefit of policy-makers, researchers and civil society. In particular, this portal should provide an overview of ongoing health-relevant policy files, promote improved impact assessment methodologies and practices, and ensure compliance after EU policies are adopted.

The 'Health in All Policies' online portal should contain at least the following components:

1. A tracking tool providing an overview of all ongoing EU-level policy initiatives with potentially significant impacts on health and well-being, in particular NCDs. The tool should cover both health-specific policies and policies from other domains affecting health, such as international trade, agriculture, environment, consumer protection, digital, development, internal market, industry and so forth;

2. An online directory where all impact assessments conducted for the policy initiatives identified in the first point are gathered and published. This directory should also contain guidance documents on conducting health impact assessment, which should be subject to regular methodological updates [143]. This directory should furthermore provide an interface with academic researchers and health organisations allowing them to comment on the conducted health impact assessments so as to ensure a continuous improvement in their methodologies.

3. A tool to track the implementation status and impact of finalised policy files. This tool should allow the European Commission to step-up its role as guardian of the EU Treaties by providing a clearer overview of potential bottlenecks in national implementation and enforcement, and allowing it to take the necessary steps to redress deficiencies, including, when necessary, infringement procedures. The tool should contain a mechanism for civil society organisations to report issues related to national implementation. In this way creating a hub for cross-border learning and expanding the evidence-base about which measures work and why. It could have a special focus on policies with a strong impact on children and youth, to ensure the future generation throughout the EU is equally protected and empowered from their early age onward.

Deliverables:

- A 'Health in All Policies' online policy portal, which should:
  - > Present an overview of ongoing, health relevant initiatives in all policy areas
  - > Publish the results of all health impact assessments and provide the opportunity for continuous improvements in methodology;

> Monitor national implementation of health-related policies to promote better compliance with EU health-related policies.

- An updated methodology for health impact assessment and a process for regular updates to the methodology.
- An analysis of compliance with a select number of key policy files, in particular those related to the national implementation of policies focused on children and youth.

Action 7: Pursue 'EU flagship initiatives' in areas that can deliver co-benefits for NCD prevention and other SDGs

NCDs frequently share both drivers and solutions with other major societal challenges. This offers significant opportunities to achieve positive, cross-sectoral synergies (or 'co-benefits'), described as the "additional benefits of tackling multiple issues simultaneously"[144].

A process should be established under the future EU Strategic Framework for the Prevention of NCDs to define areas where policy synergies can be achieved between NCD prevention and other policy areas, and to elaborate action plans for 'EU flagship initiatives' that spell-out policy pathways to maximise co-benefits. This process should be based on consultations with relevant experts and organisations with due attention to managing potential conflicts of interest. Apart from maximising efficiency in the use of policy resources, flagship initiatives will help communicate the EU's pursuit of a positive public goods agenda for Europeans.

A number of areas where co-benefits can be achieved:

> Advancing universal health coverage to improve NCD prevention, tackle health inequalities and contribute to social justice

> Transitioning towards healthy diets from sustainable food systems, allowing to tackle diet-related NCDs, climate change and other drivers of environmental and health harm, while building a future-proof European agri-food sector[145]

> Reshaping the marketing environment to ensure children and youth can safely navigate communications channels without exposure to the marketing of health-harming products and services, while creating a level playing field for business in Europe

> Redesigning urban mobility infrastructures and public spaces to tackle air quality and climate change, while simultaneously creating physical activity-friendly environments

> Moving towards a toxic-free circular economy to maximise resource use efficiency and reduce the risk of exposure to hazardous chemicals, while improving the long-term competitiveness of EU industry

> Ensuring increased government revenues while reducing NCD prevalence and health inequalities through effective taxation policies[146].

Deliverables:

- A series of action plans to pursue EU 'flagship initiatives' in areas where clear co-benefits can be achieved between NCD prevention and other policy areas.

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The European Chronic Disease Alliance (ECDA) is a coalition of 10 European health organisations sharing the same interests in combating preventable chronic diseases through European policies that impact health. The Alliance represents millions of chronic disease patients and over 200 000 health professionals.

www.alliancechronicdiseases.org

The European Public Health Alliance (EPHA) is a change agent, Europe's leading NGO alliance advocating for better health in EU policies.

We are a dynamic member-led organisation made up of public health NGOs, patient groups, health professionals and disease groups, working together to improve health and strengthen the voice of public health in Europe.

www.epha.org

The NCD Alliance is a unique civil society network, dedicated to improving NCD prevention and control worldwide. Today, our network includes NCDA members, national and regional NCD alliances, over 1,000 member associations of our founding federations, scientific and professional associations and academic and research institutions. NCD Alliance is widely recognised as a convenor of the NCD civil society community, providing thought leadership on global policy, setting priorities for the global NCD response, and mobilising civil society.

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