

**Prevention of Cardiovascular Disease**

# **Influencing National and European policies**

Policy-makers' perspective

16th november, 2109

## Influencing National and European policies

### Key facts

- CVDs are the number 1 cause of death globally.
- An estimated 17.9 million people died from CVDs in 2016, representing 31% of all global deaths. Of these deaths, 85% are due to heart attack and stroke.
- Over three quarters of CVD deaths take place in low and middle-income countries.

## Influencing National and European policies

### Key facts

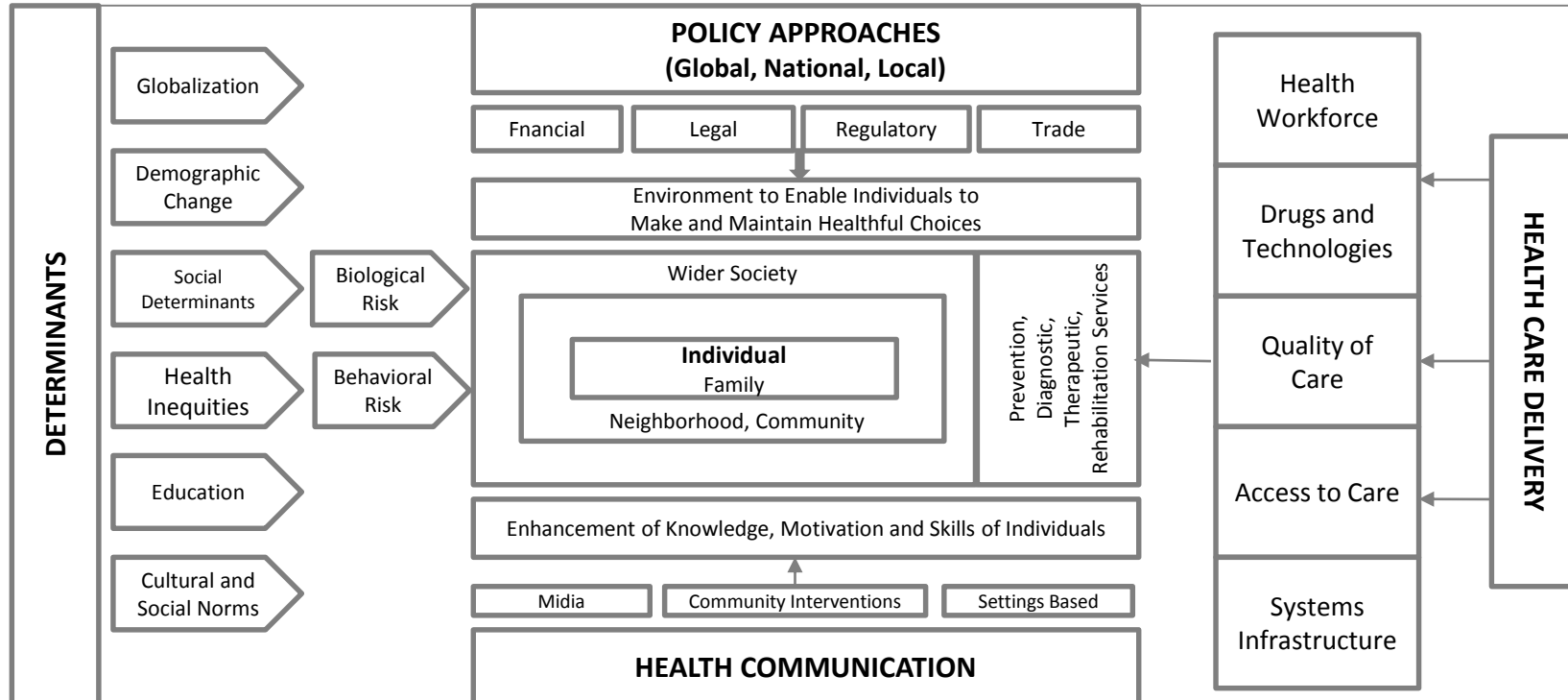
- 45% of all deaths in Europe and 37% of all deaths in the EU.
- 3.9 million deaths in Europe and over 1.9 million deaths in the European Union (EU).
- CVD is responsible for the loss of more than 64 million DALYs in Europe (23% of all DALYs lost) and 26 million DALYs in the EU (19%).

## Influencing National and European policies

### Key facts

- People with cardiovascular disease or who are at high cardiovascular risk need early detection and management using counselling and medicines, as appropriate.
- Most cardiovascular diseases can be prevented by addressing behavioural risk factors such as tobacco use, unhealthy diet and obesity, physical inactivity and harmful use of alcohol using population-wide strategies.

## Influencing National and European policies





## Health Policies Priorities

Health 2020: a European policy framework supporting action across government and society for health and well-being

Strategic objectives of Health 2020: stronger equity and better governance for health.

- Improving health for all and reducing health inequalities.
- Improving leadership and participatory governance for health.
- Working together on common policy priorities for health.

## Influencing National and European policies

### Health Policies Priorities

- Promotion of breastfeeding.
- Consider schools and pre-school facilities as health promoting environments.
- Controlling advertising of unhealthy foods aimed at children.
- Measures to enable people to make healthier choices.

## Influencing National and European policies

### Health Policies Priorities

- Improving the nutritional quality of food served and sold in public institutions.
- Improving access to affordable healthy food and physical activity opportunities.
- Use of the Common Agricultural Policy to promote a healthy diet across Europe Improving access to affordable healthy foodstuffs for vulnerable and disadvantaged groups.



## Influencing National and European policies

### Health Policies Priorities

- Actions in the workplace to improve diet and physical activity.
- Creation of environments that promote active living.
- Health service involvement in promoting healthy lifestyles.
- Media campaigns to increase demand for healthy foods and to promote physical activity.

## Influencing National and European policies

### Health Policies Priorities

- Salt reduction, saturated fat, and added sugar content of foods and portion size.
- Legislation to ban industrially produced trans fatty acids.
- The use of economic tools (taxes and subsidies) to make healthier foods more affordable and less healthy foods more expensive.
- Pricing strategies to promote healthier food choices.

## Influencing National and European policies

### Health Policies Priorities

- ...”The complexity of socioeconomic factors, other policies, and other contextual factors needs to be understood to increase confidence that public policies will be effective and efficient”...
- ...”The issues of cost-effectiveness and generalizability of results underscore the need for similar interventions tested for effectiveness in different settings”...

## Influencing National and European policies

### Health Policies Priorities

#### Universal Health Coverage

- Improve health and reduce and where possible eliminate inequalities in health.
- All people access to needed services.
- Provide quality assured clinical treatment and care appropriate to need and based on evidence.
- Support the role of people in promoting their health individually and collectively.

## Influencing National and European policies

### Health Policies Priorities

Common goal: *“the improvement of the health conditions of the populations”*.

To promote equity in health conditions, access and coverage of services and financing of services;

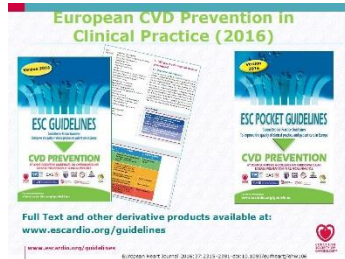
To improve quality of care from the technical standpoint and the user’s perspective;

To increase the efficiency of health financing, and allocation and management of resources;

To ensure sustainability

To promote social participation in planning, management, delivery and evaluation of health services.

Health Policies Priorities

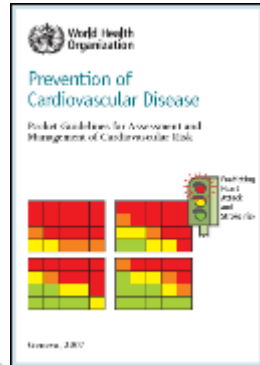


Institutional Cooperation - Multisectoral Action - Strategic Cooperation - Improving the quality of Health Policies - Ensuring better results in Health



Cardiovascular diseases: A European Commission Perspective

Michael Hübel  
European Commission, DG Health and Consumers



**The future of the sweetened beverages tax in Portugal**

In 2012, the Portuguese Government created the special consumption tax (SCT) on sweetened beverages. This tax is divided into two tiers: drinks with sugar contents below 5g/L of total product (priced at €0.20 per 100L) and the lower tier and those above 5g/L of total product (priced at €15.00 per 100L) and the upper tier. During the first year of implementation, this tax collected about 80 million Euros and all revenue was invested towards the Portuguese National Health Service funding.

To evaluate the effect of this tax, the Portuguese Government created an 'interministerial taskforce,' to study changes in consumption patterns, industry offering, reformulation of products, and consumer behavior.

The industry must collaborate to establish a flexible environment in which health policies can adapt to increasing health challenges effectively and flexibly.

ESC, DG-HEALTH and DG-CONSUMERS of the authors related to this Commission Perspective are: Francisco Gomes da Silva, David Cruz e Silva, Maria João Cagide, Filipa Almeida, Ana Sara, Fernando de Aguiar.

**Figure: Distribution of the sugar consumption (g/100 mL) in sweetened beverages consumed in Portugal**

Year	Lower tier (g/100 mL)	Upper tier (g/100 mL)
2012	~45%	~55%
2013	~45%	~55%
2014	~45%	~55%
2015	~45%	~55%
2016	~45%	~55%
2017	~45%	~55%

Source: Health Innovation (IC) and Health Policy (IP) of the Portuguese Government (2012-2017). Data from the Portuguese National Health Service (NHS) and the Portuguese National Institute of Statistics (INEC).

