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REPORT

on non-communicable diseases (NCDs)
(2023/2075(INI))

Committee on the Environment, Public Health and Food Safety

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CONTENTS

	Page
MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION.....	3
EXPLANATORY STATEMENT	31
ANNEX: LIST OF ENTITIES OR PERSONS FROM WHOM THE RAPPORTEUR HAS RECEIVED INPUT	32
OPINION OF THE COMMITTEE ON DEVELOPMENT	33
INFORMATION ON ADOPTION IN COMMITTEE RESPONSIBLE.....	42
FINAL VOTE BY ROLL CALL IN COMMITTEE RESPONSIBLE	43

MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

on non-communicable diseases (NCDs) (2023/2075(INI))

The European Parliament,

- having regard to Article 168 of the Treaty on the Functioning of the European Union,
- having regard to Regulation (EU) 2021/522 of the European Parliament and of the Council of 24 March 2021 establishing a Programme for the Union’s action in the field of health (‘EU4Health Programme’) for the period 2021-2027¹,
- having regard to Regulation (EU) 2022/123 of the European Parliament and of the Council of 25 January 2022 on a reinforced role for the European Medicines Agency in crisis preparedness and management for medicinal products and medical devices²,
- having regard to Regulation (EU) 2022/2371 of the European Parliament and of the Council of 23 November 2022 on serious cross-border threats to health and repealing Decision No 1082/2013/EU³,
- having regard to its resolution of 15 January 2020 on the European Green Deal⁴ and the Commission communication of 11 December 2019 on the European Green Deal (COM(2019)0640),
- having regard to its resolution of 10 July 2020 on the Chemicals Strategy for Sustainability⁵ and the Commission communication of 14 October 2020 entitled ‘Chemicals Strategy for Sustainability – Towards a Toxic-Free Environment’ (COM(2020)0667),
- having regard to its resolution of 24 November 2021 on a pharmaceutical strategy for Europe⁶ and the Commission communication of 25 November 2020 entitled ‘Pharmaceutical Strategy for Europe’ (COM(2020)0761),
- having regard to its resolution of 16 February 2022 on strengthening Europe in the fight against cancer – towards a comprehensive and coordinated strategy⁷ and the Commission communication of 3 February 2021 entitled ‘Europe’s Beating Cancer Plan’ (COM(2021)0044),
- having regard to its resolution of 23 November 2022 on prevention, management and

¹ OJ L 107, 26.3.2021, p. 1.

² OJ L 20, 31.1.2022, p. 1.

³ OJ L 314, 6.12.2022, p. 26.

⁴ OJ C 270, 7.7.2021, p. 2.

⁵ OJ C 371, 15.9.2021, p. 75.

⁶ OJ C 224, 8.6.2022, p. 47.

⁷ OJ C 342, 6.9.2022, p. 109.

- better care of diabetes in the EU on the occasion of World Diabetes Day⁸,
- having regard to its resolution of 12 July 2023 on the COVID-19 pandemic: lessons learned and recommendations for the future⁹,
 - having regard to the Commission communication of 12 May 2021 entitled ‘Pathway to a Healthy Planet for All-EU Action Plan: ‘Towards Zero Pollution for Air, Water and Soil’ (COM(2021)0400),
 - having regard to the Commission initiative from December 2021 entitled ‘Healthier together – EU non-communicable diseases (NCD) initiative’¹⁰,
 - having regard to the Commission communication of 7 June 2023 entitled ‘A comprehensive approach to mental health’ (COM(2023)0298),
 - having regard to the Commission Decision of 16 September 2021 establishing the Health Emergency Preparedness and Response Authority¹¹,
 - having regard to the Commission proposal of 3 May 2022 for a regulation on the European health data space (COM(2022)0197),
 - having regard to the Commission proposal of 26 April 2023 for a regulation laying down Union procedures for the authorisation and supervision of medicinal products for human use and establishing rules governing the European Medicines Agency (COM(2023)0193) and for a directive on the Union code relating to medicinal products for human use (COM(2023)0192),
 - having regard to the Commission communication of 30 November 2022 entitled ‘EU Global Health Strategy – Better Health for All in a Changing World’ (COM(2022)0675),
 - having regard to the UN Sustainable Development Goals (SDGs), in particular SDG 3, targets 4 and 8,
 - having regard to the European Pillar of Social Rights,
 - having regard to the 2014-2020 EU Action Plan on Childhood Obesity,
 - having regard to the EU Global Health Strategy of 30 November 2022,
 - having regard to the World Health Organization (WHO) framework of 18 May 2023 entitled ‘Health service delivery framework for prevention and management of obesity’,
 - having regard to the WHO plan of 2022 entitled ‘Acceleration plan to support Member States in implementing the recommendations for the prevention and management of

⁸ OJ C 167, 11.5.2023, p. 36.

⁹ Texts adopted, P9_TA(2023)0282.

¹⁰ European Commission, ‘[Healthier together – EU non-communicable diseases initiative](#)’, December 2021.

¹¹ OJ C 393 I, 29.9.2021, p. 3.

obesity over the life course’,

- having regard to the European Environment Agency (EEA) report of 8 December 2022 entitled ‘Zero pollution monitoring assessment’,
 - having regard to the EEA report No 21/2019 of 8 September 2020 entitled ‘Healthy environment, healthy lives: how the environment influences health and well-being in Europe’,
 - having regard to the Commission study of 17 January 2023 entitled ‘Scoping study on evidence to tackle high-burden under-researched medical conditions’¹²,
 - having regard to the WHO study of 8 December 2021 entitled ‘Monitoring non-communicable disease commitments in Europe 2021’,
 - having regard to the Council Recommendation of 13 June 2023 on stepping up EU actions to combat antimicrobial resistance in a One Health approach,
 - having regard to the WHO Global Monitoring Framework for the prevention and control of non-communicable diseases (NCDs),
 - having regard to the WHO global action plan of 14 November 2013 for the prevention and control of non-communicable diseases 2013-2030,
 - having regard to the WHO report of 29 June 2022 entitled ‘A Health Perspective on the role of the environment in One Health’,
 - having regard to the Organisation for Economic Co-operation and Development/European Union (OECD/EU) report of 5 December 2022 entitled ‘Health at a Glance: Europe 2022: State of Health in the EU Cycle’,
 - having regard to Rule 54 of its Rules of Procedure,
 - having regard to the opinion of the Committee on Development,
 - having regard to the report of the Committee on Environment, Public Health and Food Safety (A9-0366/2023),
- A. whereas non-communicable diseases (NCDs) are diseases that are not passed from person to person; whereas NCDs cause 90 % of all deaths in the EU¹³, account for 80 % of the health burden in EU countries¹⁴ and their prevalence continues to grow across the EU; whereas NCDs put a great burden on people living with NCDs and their families, healthcare systems, national economies and national budgets;
- B. whereas premature deaths as a result of cardiovascular diseases (CVDs), cancers,

¹² European Commission, ‘[Scoping Study on evidence to tackle high-burden under-research medical conditions](#)’, 17 January 2023.

¹³ World Health Organization, ‘[Monitoring noncommunicable disease commitments in Europe 2021](#)’, 8 December 2021.

¹⁴ European Commission, ‘[Non-communicable diseases](#)’.

diabetes and chronic respiratory diseases account for 68 % of all premature deaths in Europe; whereas other NCDs include mental health problems and neurological disorders, liver and gastrointestinal diseases, kidney diseases, allergy and auto-immune diseases, oral diseases, rheumatic and musculoskeletal diseases (RMDs) and endometriosis, among other conditions; whereas data gaps in specific disease areas can result in the misjudgement of the prevalence of these diseases and their burden;

- C. whereas CVDs are the leading cause of death in the EU, accounting for 37 % of annual deaths; whereas there is a significant gap between Member States and CVDs affect women and people with poorer socio-economic conditions more; whereas the probability of premature NCD mortality (the unconditional probability of dying between ages 30-69) from CVDs was 8 % and 7.2 % for cancer in Europe in 2018¹⁵;
- D. whereas diabetes is one of the most common NCDs; whereas there are more than 33 million people in the EU living with diabetes; whereas the number of people living with diabetes in the EU is predicted to rise to 38 million by 2030; whereas NCDs such as type 2 diabetes, obesity and endocrine disorders increasingly affect children, which requires a dedicated approach to prevention and management¹⁶; whereas many people living with NCDs such as diabetes are often undiagnosed or diagnosed very late, thus leading to complications;
- E. whereas obesity is the fourth largest cause of premature deaths globally, with an estimated 4.7 million deaths¹⁷; whereas there are over 200 medical complications related to obesity;
- F. whereas there are about 20 million people who have survived cancer in Europe¹⁸; whereas only seven EU countries recognise the ‘right to be forgotten’ for former cancer patients who, therefore, continue to experience difficulties in accessing financial services, such as insurance or mortgages, years after successfully completing treatment;
- G. whereas NCDs account for the largest share of Member States’ healthcare expenditures, resulting in an estimated cost of EUR 115 billion, or 0.8 % of GDP annually;
- H. whereas these costs could be reduced by the implementation of ambitious prevention measures, early and joint detection schemes, and optimal management of the diseases; whereas, in 2018, no more than 2.8 % of total healthcare expenditure in the EU was spent on prevention; whereas the costs of treating NCDs remain high¹⁹;
- I. whereas investment in health promotion and NCD prevention and management should be further strengthened;

¹⁵ World Health Organization, ‘[Monitoring noncommunicable disease commitments in Europe 2021](#)’, p. 13, 8 December 2021.

¹⁶ Abbasi, A. et al., ‘Body Mass Index and Incident Type 1 and Type 2 Diabetes in Children and Young Adults: A Retrospective Cohort Study’, *Journal of the Endocrine Society*, Volume 1, Issue 5, 1 May 2017, p. 524-537.

¹⁷ Global Burden of Disease 2017 Risk Factor Collaborators, ‘Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks for 195 countries and territories, 1990-2017: a systematic analysis for the Global Burden of Disease Study 2017’.

¹⁸ European Cancer Patient Coalition, ‘[Right to be Forgotten for Cancer Survivors](#)’.

¹⁹ European Commission, ‘[Healthier together – EU non-communicable diseases initiative](#)’, p. 15, June 2022.

- J. whereas, according to Article 168 TFEU, the EU can play a cooperative and complimentary role with regard to healthcare, while health at its core constitutes a national competence;
- K. whereas the Commission's 'Healthier together – EU non-communicable diseases (NCD)' initiative emphasises the need for a more coordinated, integrated and transversal action on NCDs, through ambitious targets, in order to provide a stronger response to the increasing burden of NCDs;
- L. whereas the 'Health in All Policies' and 'One Health' approaches should be further promoted, and efforts to fight NCDs should be integrated into all relevant EU policies;
- M. whereas the approval of the 2022 Council Recommendations on cancer screening in Europe include comprehensive strategies for the earlier detection of breast, cervical and colorectal cancers;
- N. whereas WHO has set a goal to reduce premature deaths from NCDs by 25 % by 2025, and world leaders reaffirmed their commitment, at the G20 Health Ministers meeting, to achieving UN SDG 3.4 on reducing premature deaths from NCDs by one third by 2030²⁰;
- O. whereas the increasing burden of NCDs on individuals, societies and the health needs of ageing populations, 40 % of whom live with multimorbidity, represent challenges to the healthcare systems of the Member States, which require the development of specific NCD prevention, detection and treatment policies;
- P. whereas a number of Member States are experiencing a shortage of specialists in certain areas of medical care, leading to delays in the provision of necessary health care, which can have serious individual and societal impacts;
- Q. whereas the majority of informal care work in the EU is performed by women, like other forms of unpaid care and domestic work²¹; whereas women's disproportionate share of unpaid work has a negative impact on their ability to participate in the labour market;
- R. whereas most NCDs are impacted by several preventable risk factors: tobacco use, unhealthy diet, lack of physical activity and harmful use of alcohol; whereas behavioural risk factors lead to certain biological risk factors, the most common being overweight and obesity, high blood pressure, high blood glucose and high blood cholesterol²²; whereas these risk factors often overlap, giving rise to severe complications and increased risk of developing other NCDs and communicable diseases (CDs);
- S. whereas access to and use of services, exposure to risk factors, morbidity and mortality differ according to gender; whereas these differences also occur depending on place of residence, type of employment and age, as well as on a host of other social,

²⁰ World Health Organization, '[On the road to 2025: The global NCD deadline](#)'.

²¹ OECD iLibrary, '[Supporting informal carers of older people](#)', 2022.

²² World Health Organization, '[Monitoring noncommunicable disease commitments in Europe 2021](#)', p. 13, 8 December 2021.

demographic and cultural factors; whereas NCDs are a cause of poor health in both women and men, but men are almost twice as likely to die prematurely as a result of NCDs²³;

- T. whereas not all NCDs can be prevented as some factors are not modifiable, such as age, family history, genetics, gender and auto-immunity, and/or not known, such as some neurological disorders;
- U. whereas the development of NCDs and the resulting health outcomes are linked to social and economic determinants of health, which reflect the health inequities within and across EU countries;
- V. whereas unhealthy diets are often characterised as being high in sugars, salt, saturated and trans fats, and low fibre foods, and are a risk factor for disease and mortality;
- W. whereas a shift to a more balanced and plant rich diet would benefit both health and the environment;
- X. whereas tobacco use is the leading preventable risk factor for NCDs;
- Y. whereas smoking is associated with a 250 % increased risk of being hospitalised with a mental illness²⁴;
- Z. whereas, according to a WHO study, the safest level of alcohol consumption is none when it comes to the risk of developing cancer; whereas the harmful use of alcohol has been linked to a large number of diseases and disorders including CVDs, cancers, diabetes and mental health disorders; whereas the risk increases the more alcohol is consumed;
- AA. whereas poor sleep habits, such as lack of sleep and sleeping less than six hours or more than nine hours a day, are associated with lower cognitive functions and poorer brain health²⁵;
- AB. whereas chronic inflammation plays a role in contributing to the development and progression of NCDs, including CVDs, RMDs, diabetes and cancer, among other conditions;
- AC. whereas food labelling can support consumers in making healthier food choices and, thereby, preventing unhealthy consumption of food high in salt, fat and sugar;
- AD. whereas dental caries is the most common NCD worldwide²⁶;
- AE. whereas NCDs are impacted by several environmental risk factors such as indoor and outdoor air pollution and chemical exposure as well as food, water and soil pollution;

²³ World Health Organization, 'Gender and noncommunicable diseases in Europe: analysis of STEPS data', , p. 6, 8 December 2020.

²⁴ Aarhus University, '[Do smoking significantly increases the risk of mental illness?](#)'.

²⁵ Namsrai, T., Ambikairajah, A. & Cherbuin, N., '[Poorer sleep impairs brain health at midlife](#)', Sci Rep 13, 1874 1 February 2023.

²⁶ World Health Organization, '[Sugars and dental caries](#)', 9 November 2017.

whereas a good quality environment, plenty of green spaces in cities and spending time outdoors can improve physical and mental well-being;

- AF. whereas, according to WHO estimations on the environmental burden of disease, annually, 13 % of deaths (630 000) in the WHO European Region are attributable to environmental stressors²⁷; whereas an EEA report concluded that 90 % of deaths attributable to the environment result from NCDs; whereas, according to EEA Report No 21/2019, cancer is the top NCD attributable to the environment, with more than 250 000 deaths from cancer being attributable to the environment in 32 high-income European countries in 2016; whereas, in 2020, air pollution led to a significant number of premature deaths in the EU; whereas about 30 000 premature deaths per year and a significant number of NCDs, such as asthma, cardiovascular problems and lung cancer, are attributed to air pollution²⁸;
- AG. whereas the Dutch National Institute for Public Health and the Environment has compiled an overview of national occupational exposure limits, with around 1 400 substances included in this list, for which legal national health-based occupational exposure limits (OELs) have been set in one or more EU Member State and for which no harmonised OEL has been set or is planned to be set at EU level (EU OELs)²⁹;
- AH. whereas NCDs are impacted by pervasive chemical exposure from endocrine disruptors, which are present in the environment and consumer products;
- AI. whereas noise pollution continues to harm health, with further progress needed to reduce noise pollution in the EU³⁰; whereas noise pollution is more than just a nuisance, it can cause serious health effects, such as ischaemic heart disease, obesity and diabetes, among other conditions;
- AJ. whereas improved evidence-based health promotion, harm reduction policies and primary and secondary disease prevention can reduce the prevalence of NCDs by as much as 70 %;
- AK. whereas there is a firmly established scientific link between certain CDs and NCDs, and especially types of cancer, caused by either viral or bacterial infections;
- AL. whereas the COVID-19 pandemic shed light on the serious phenomenon of comorbidity and comortality when CDs reach patients with NCDs; whereas the interconnections between CDs and NCDs have been poorly studied in recent decades, mainly as a result of insufficient funding for research and a lack of systematised epidemiological, statistical and other scientific data;
- AM. whereas people living with one or more NCD were one of the most severely affected

²⁷ EEA, 'Healthy environment, healthy lives: how the environment influences health and well-being in Europe' 2019 (Data is from the World Health Organization 2012).

²⁸ Soares J, González Ortiz A, Gsella A, et al., 'Health risk assessment of air pollution and the impact of the new WHO guidelines', Eionet Report – ETC HE 2022/10, European Topic Centre on Human Health and the Environment, 2022.

²⁹ Dutch National Institute for Public Health and the Environment, '[Overview of national occupational exposure limits for substances without a European occupational exposure limit](#)', 2022.

³⁰ EEA, '[Are you noticing the harmful noise around you?](#)', 21 June 2023.

population groups during the COVID-19 pandemic³¹ and access to care and essential screening and diagnosis of complications were severely disrupted during the COVID-19 pandemic, potentially leading to severe long-term complications;

- AN. whereas such interconnections between CDs and NCDs might exist in many other cases and there is still much to be learned about the effect of CDs on NCDs, including severe post-viral conditions such as post-COVID-19 conditions; whereas new studies on the interconnection of CDs and NCDs will greatly improve both prevention and diagnosis of NCDs;
- AO. whereas antimicrobial resistance (AMR) significantly disrupts medical procedures such as surgeries, dental implants, cancer treatments and organ transplants; whereas AMR also complicates the management of prevalent NCDs, including CVDs, dementia and tumours³²; whereas AMR has repercussions on disease incidence, mortality rates, hospital stays and healthcare expenses³³;
- AP. whereas the implementation of evidence-based practices, innovation with regard to technologies, medicines and healthcare practices, and harm reduction policies are crucial to ensure the prevention, elimination or reduction of risk factors, early detection, improved disease management, integration of care and new, accessible and better treatments for NCDs³⁴;
- AQ. whereas, thanks to research, knowledge about the biology of many types of NCDs, such as neurodegenerative diseases, has grown exponentially, but has yet to be translated into decisive therapeutic interventions, and is still limited to purely symptomatic interventions;
- AR. whereas the Member States should provide adequate incentives and sustainable budgets to prevent, treat and reduce the burden of NCDs as well as to mitigate and reduce preventable risks;
- AS. whereas suboptimal therapeutic adherence and therapeutic inertia can lead to worse health outcomes, irreversible complications, increased mortality and higher costs;
- 1. Highlights that NCDs account for 90 % of all deaths in the EU³⁵, many of which are characterised by a high degree of preventability; considers, therefore, NCDs as one of the most crucial public health challenges in the EU, which makes NCDs account for the largest share of countries' healthcare expenditures; highlights that NCDs represent a major burden on the quality of life of citizens living with NCDs as well as their families and carers; calls on the Member States to continue investing in innovation in NCD care, in order to reduce overall morbidity and mortality and to improve the quality of life of patients; recalls the need to also consider, together with the health challenges, the socio-

³¹ World Health Organization, '[Invisible numbers: the true extent of noncommunicable diseases and what to do about them](#)', 15 September 2022.

³² Luisa Antunes, '[Tackling antimicrobial resistance: From science to pharmaceuticals policy](#)', European Parliamentary Research Service, March 2023.

³³ Christopher J L Murray, et al., '[Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis](#)', The Lancet, Volume 399, Issue 10325, p. 629-655, 2022.

³⁴ European Commission, '[Healthier together – EU non-communicable diseases initiative](#)', p. 15, June 2022.

³⁵ European Commission, '[Non-communicable diseases: overview](#)'.

economic impact of NCDs, which affects the workforce and overall productivity;

2. Stresses that it is important to prevent and reduce the prevalence of NCDs through early diagnosis and screening, including through the implementation of integrated health checks, especially for at-risk individuals, at the primary care level, through better access to public healthcare, and through better disease management and treatment; believes that enhanced health promotion, harm reduction and disease prevention can substantially reduce the prevalence of NCDs by 70 %³⁶, in conjunction with investment in preventing, reducing and mitigating environmental pollution, and in research, clinical studies and trials, health innovation and technologies, as well as their accessibility and affordability;
3. Welcomes the Healthier together – EU non-communicable diseases (NCD) initiative, Europe’s Beating Cancer Plan, the EU4Health work programme, the Commission communication entitled ‘A comprehensive approach to mental health’ and the EU global health strategy; calls on the Commission to strengthen the ‘Healthier together – EU NCD’ initiative by introducing a holistic and integrated EU strategy on NCDs, complemented by action plans for specific NCDs including benchmarks, indicators and mechanisms to monitor the progress in a transparent and accessible way;
4. Encourages the Member States to develop, implement and monitor national NCD plans and strategies, in particular for the most prevalent diseases with high mortality and morbidity rates, with comparable milestones and targets; notes that these plans and strategies should include a risk reduction and screening/early detection component to target, among other things, the socio-economic determinants of health, the promotion of health-enabling environments and health and digital literacy, education and awareness-raising, aimed at both the population at large and at-risk groups in particular, and should be designed to reduce inequalities and optimise healthcare resources; welcomes the national plans and actions already taken against NCDs by the Member States; asks the Member States to include in their national plans ambitious measures to address all stages of NCDs, from early detection to disease management, and to tailor these national plans to specific NCDs; stresses that national NCD plans should not only aim to revert the rising number of people living with NCDs, but also to improve the quality of life and well-being of people affected by NCDs; calls on the Commission to facilitate knowledge sharing and the scale up of good practices introduced by existing national plans across other Member States;
5. Acknowledges that social, economic and environmental determinants of health, and health inequities increase the risk of NCDs; underlines the need to address these factors in policies and actions, as they also affect individual choices that impact the risk of many NCDs; emphasises the importance of a more robust implementation of the ‘Health in All Policies’ principle, in dialogue with the public health community, and with thorough consideration of the health impacts of sectoral policies;

NCD prevention

6. Acknowledges that tobacco use, physical inactivity, the harmful use of alcohol, unhealthy diets and environmental factors such as air, food, water, noise and soil

³⁶ European Commission, ‘[The EU ‘Healthier Together’ Non-Communicable Diseases Initiative](#)’, 2022.

pollution, UV radiation, chemical exposure and socio-economic determinants of health substantially increase the risk of NCDs³⁷;

7. Stresses that prevention is key in combating NCDs; strongly believes that comprehensive preventive actions against NCDs, through measures supporting the elimination or reduction of harm caused by preventable risk factors, are important and should be implemented across all relevant EU policies; calls on the Commission and the Member States to introduce public awareness-raising campaigns about NCD prevention; strongly believes that preventive actions should be evidence-based; calls on the Commission and the Member States to strengthen scientific research into the causes of NCDs and the efficiency and implementation of preventive measures;
8. Stresses that access to public health and social protection systems is crucial in preventing NCDs; deplors the significant health inequalities and inequities across the EU in NCD prevention; insists on the need to identify and pay attention to vulnerable, marginalised and socially-excluded populations and people living in rural areas and the outermost regions far from medical centres, in order to ensure their access to healthcare and prevention programmes;
9. Acknowledges the complex and multifactorial causes of NCDs and the fact that NCDs cannot always be prevented, and that, even among preventable NCDs, there are cases that cannot be explained by preventable risk factors and that many NCDs display a high degree of hereditary risk;
10. Highlights the environmental risks that increase the risk of NCDs and stresses the importance of viewing NCDs from a position that acknowledges that human, animal and environmental health are intrinsically linked and that, therefore, actions to combat NCDs should be rooted in the ‘One Health’ approach; highlights the increased vulnerability of people living with NCDs to extreme weather events and other impacts of climate change and therefore calls for targeted measures in climate change mitigation and adaptation policies³⁸;
11. Stresses that AMR significantly disrupts medical treatments and procedures and that it also complicates the management of prevalent NCDs; underlines that the ‘One Health’ approach should guide the reduction and use optimisation of antimicrobials to prevent and fight AMR; calls for the implementation of the current action plans and specific global mechanisms for AMR surveillance, research and innovation, and antimicrobial stewardship to be accelerated; highlights the need to support the development of novel antimicrobial agents, and to ensure their availability and affordability;
12. Acknowledges that tobacco use was responsible for 1.6 million deaths in Europe in 2019 and is a high risk factor for developing NCDs such as cancer, CVDs and chronic respiratory diseases; acknowledges that adults and children exposed to second-hand smoke inhale many of the same carcinogens as smokers do; recalls that second-hand smoke may increase the overall risk for all cancers by up to 16 % in never smokers³⁹; highlights that 60 % of children are exposed to second-hand smoke at home

³⁷ The Pan American Health Organization, ‘[Noncommunicable Diseases](#)’.

³⁸ The Lancet Oncology, ‘[Climate change and non-communicable diseases](#)’, January 2016.

³⁹ Kim et al., 2018.

which can lead to sudden infant death syndrome, lower respiratory infections, ear infections and more severe asthma; calls for the EU and the Member States to ensure greater protection of non-smokers from second-hand smoke and to develop campaigns in order to create a smoke-free environment and to raise the first tobacco-free EU generation by 2040;

13. Supports Europe's Beating Cancer Plan, which aims to achieve a tobacco-free generation and prevent tobacco use by reducing tobacco consumption to 5 % of the population by 2040; supports the Commission proposal to review the Tobacco Products Directive⁴⁰ and the Tobacco Taxation Directive⁴¹ and the proposal to update the Council recommendation of 30 November 2009 on smoke-free environments⁴²; calls for the full implementation of the WHO Framework Convention on Tobacco Control (FCTC) and the WHO Protocol to Eliminate Illicit Trade in Tobacco Products (the Protocol); calls for the currently used measurement methods for tar, nicotine and carbon monoxide in tobacco and related products to be evaluated and reviewed, based on independent and recent scientific research; calls on the Commission and the Member States to:
- a. promote smoking cessation and implement measures to help tobacco users quit, in line with the WHO FCTC;
 - b. follow up on the scientific research and evaluations by public health authorities on the health risks related to electronic cigarettes, heated tobacco products and novel tobacco products, including the assessment of the risks of using these products compared to consuming other tobacco products, particularly taking into consideration the threat posed to non-smokers, children and youth⁴³;
 - c. introduce an increase and upward convergence in minimum excise duties for tobacco products; stresses that this can improve prevention by reducing tobacco uptake and use, notably among current smokers, and prevent young people from taking up smoking;
 - d. introduce a requirement for standardised plain packaging and the obligation to include health warnings on 80 % of the front and back of tobacco and smoking product packaging, including pictorial warnings;
 - e. ensure the strict enforcement of the ban on characterising flavours in tobacco products to reduce the appeal of these products to smokers, non-smokers and young people;
 - f. further enhance the protection of consumers, especially children, from the advertisement of tobacco products and smoking devices;

⁴⁰ Directive 2014/40/EU of the European Parliament and of the Council of 3 April 2014 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products, OJ L 127, 29.4.2014, p. 1.

⁴¹ Council Directive 2011/64/EU of 21 June 2011 on the structure and rates of excise duty applied to manufactured tobacco, OJ L 176, 5.7.2011, p. 24.

⁴² OJ C 296, 5.12.2009, p. 4.

⁴³ Centers for Disease Control and Prevention, '[Quick Facts on the Risks of E-cigarettes for Kids, Teens, and Young Adults](#)'.

- g. publish annual reports on the progress towards achieving a tobacco-free generation by 2040;
14. Calls for the Member States to fully implement the obligation under Directive (EU) 2019/904⁴⁴ (the Single-Use Plastics Directive), as regards filters in tobacco products containing plastics, to address the environmental and health concerns related to these filters;
 15. Urges the Commission to implement specific rules of conduct for all of its officials and other servants when interacting with the tobacco industry, in line with the European Ombudsman's decision in case 852/2014/LP;
 16. Supports the Commission proposal to update the Council recommendation of 30 November 2009 on smoke-free environments⁴⁵ to expand its coverage to emerging products, such as e-cigarettes and heated tobacco products, and to expand smoke-free environments to include outdoor spaces;
 17. Considers that e-cigarettes could allow some smokers to progressively quit smoking; considers, at the same time, that e-cigarettes should not be made attractive to minors and non-smokers;
 18. Highlights that one in ten deaths in the WHO European Region results from alcohol use, or about 1 million deaths every year⁴⁶; acknowledges that the harmful use of alcohol is a risk factor for multiple NCDs and underlines that the lower the amount of alcohol consumed, the lower the risk of developing NCDs is⁴⁷; recalls that ethanol and acetaldehyde from the metabolism of ethanol in alcoholic beverages are classified as carcinogenic to humans by the International Agency for Research on Cancer; recalls the study referred to by WHO⁴⁸, which recognises that the safest level of alcohol consumption is none when it comes to prevention, notably of cancer;
 19. Acknowledges the Commission's efforts to support the Member States in reducing the burden of NCDs, with the launch of the 'Healthier together – EU non-communicable diseases initiative (NCD)' in December 2021; calls for more coordinated ambitious action at EU level not only to revert the rising number of people living with NCDs, but also to improve the quality of life and well-being of people affected by NCDs;
 20. Welcomes the Commission's objective to achieve a reduction of at least 10 % in the harmful use of alcohol consumption by 2025; calls on the Commission and the Member States to:
 - a. protect minors from commercial communications on alcohol consumption, as well

⁴⁴ Directive (EU) 2019/904 of the European Parliament and of the Council of 5 June 2019 on the reduction of the impact of certain plastic products on the environment, OJ L 155, 12.6.2019, p. 1.

⁴⁵ OJ C 296, 5.12.2009, p. 4.

⁴⁶ World Health Organization, '[European framework for action on alcohol, 2022–2025](#)'.

⁴⁷ GBD 2016 Alcohol Collaborators, '[Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016](#)'.

⁴⁸ World Health Organization, '[No level of alcohol consumption is safe for our health](#)', 4 January 2023.

as product placement and sponsorship of alcohol brands, including in the digital environment, as advertising must not be aimed specifically at minors or encourage alcohol consumption; prohibit alcohol advertising and sponsorship at sports events when those events are mainly attended by minors;

- b. increase the protection of minors from the negative effects of alcohol use, including the adoption of educational measures aimed at reducing the attractiveness of alcohol use in these age groups;
 - c. promote evidence-based, proportionate measures aimed at reducing and preventing alcohol-related harm within the revised EU alcohol strategy;
 - d. support the provision of better information to consumers by improving the labelling of alcoholic beverages, in particular by including moderate and responsible drinking information and introducing the mandatory indication of the list of ingredients and nutritional information, following on from Europe's Beating Cancer Plan, especially regarding recommendations on alcoholic beverages;
21. Notes that an unhealthy diet, often characterised as being high in sugars and salt, saturated and trans fats and low fibre foods, is one of the major risk factors for NCDs, including obesity, CVDs, oral diseases, cancer, diabetes, kidney diseases and liver, pancreas and other gastrointestinal diseases⁴⁹; emphasises the role of a healthy diet in preventing and limiting the incidence and recurrence of NCDs, and stresses that individual risks can be reduced by a diet based on proper proportions of carbohydrates, fibre, fats, proteins, vitamins and minerals, including more vegetables, fresh fruits, wholegrain food and legumes; acknowledges that obesity is considered a risk factor for several NCDs and is itself recognised as an NCD; underscores the essential role of a healthy food environment in preventing NCDs; calls on the Commission and the Member States to:
- a. encourage and help consumers to make informed and healthy choices about food products, empowering them to follow healthy, varied and balanced diets; promote behavioural changes via communication and mass media campaigns for healthy diets; encourage public food procurement and service policies for healthy, sustainable and more plant-based diets; encourages the Member States to consider the use of food labelling to inform consumers about food products;
 - b. implement a comprehensive strategy to combat eating disorders, through the allocation of resources, data collection, prevention campaigns as well as support systems and coordination with existing bodies in individual Member States;
 - c. propose a new, comprehensive and integrated EU action plan for obesity with benchmarks, indicators and mechanisms to monitor and guarantee results; calls on the Member States to actively fight against obesity by making available healthy dietary choices and the practice of sports, not only by educating and encouraging citizens to make the right choices, but also by including integral programmes in primary healthcare that help patients suffering from obesity to lose weight in a

⁴⁹ World Health Organization Regional Office for the Eastern Mediterranean, '[Non-communicable diseases](#)'.

- healthy way; calls on the Commission and the Member States to support research and innovation on obesity, aimed at describing the influence of genetic factors, the human microbiota or psychological status, among other things, on body weight, and exploring the most effective interventions;
- d. adopt the WHO guidelines on a healthy diet as part of a shared commitment to address the burden of NCDs;
 - e. enhance the availability, affordability and accessibility of nutritional care provided by dietitians and nutritionists;
 - f. promote behavioural changes via communication and media campaigns for healthy diets and encourage public food procurement and service policies for healthy and sustainable diets;
 - g. tackle the presence of carcinogenic contaminants in food; urges the Commission to swiftly come forward with regulatory proposals;
22. Calls on the Commission to heed Parliament's various calls in its resolution of 16 January 2019 to improve the EU's authorisation procedure for pesticides;
23. Highlights the role of physical activity in NCD prevention and health promotion at population level for all major NCDs and welcomes the Commission's HealthyLifestyle4All⁵⁰ initiative; calls on the Commission and the Member States to promote physical activity and the practice of sports in urban planning as an accessible and widely available means of reducing the risk factors for NCDs and to organise awareness campaigns to prevent NCDs and put an increased emphasis on physical activity in schools; recognises that improving population lifestyle choices is not enough to tackle the burden of NCDs, and while primary prevention plays a crucial role in reducing the incidence of many types of NCDs, secondary prevention is key for the optimal management of chronic diseases and contributes to reducing the risk of complications, comorbidities and death;
24. Stresses the role of health education in the prevention of NCDs and encourages the Commission and the Member States to promote health education and to introduce health education as a compulsory subject for study in primary and secondary education institutions;
25. Stresses the direct link between environmental factors and numerous NCDs; recalls the importance of protecting people from exposure to environmental hazards in both their daily lives and their working environments; underlines the need to streamline the 'One Health' approach in order to better protect human health; considers the European Green Deal and the 'Farm to Fork' strategy to be instrumental in preventing NCDs in the EU by reducing air, food, water and soil pollution and chemical exposure; calls on the Commission and the Member States to reduce the use of pesticides; encourages research to be conducted into the use and development of products such as medicines and sustainable plant protection products that are safer for the environment; encourages the implementation of efficient waste removal mechanisms that avoid polluting the

⁵⁰ European Commission '[Sport](#)'.

environment, in line with the objectives of the pharmaceutical strategy for Europe; highlights that the prevention of chronic respiratory diseases besides through tobacco cessation also includes the prevention of exposure to fine particulates, dust, dangerous chemicals, gases such as radon, hazard materials such as asbestos and other indoor pollutants; calls on the Commission and the Member States to adopt an EU asbestos elimination plan;

26. Recalls Parliament's ambitions towards the EU air quality standards as adopted in its first reading on the recast of the Directive on ambient air quality and cleaner air for Europe⁵¹, notably on fully aligning with the WHO air quality guidelines;
27. Acknowledges the impact that some NCD treatments can have on the environment and highlights that early prevention and detection of NCDs can significantly reduce that impact; calls on the Commission and the Member States to implement measures to lower the environmental footprint of the healthcare sector and to accelerate the transition to sustainable healthcare without compromising the efficiency and quality of treatment for the patient;
28. Points out that radiation from the sun contains invisible ultraviolet (UV) radiation, which can lead to skin cancer; supports the strengthening of protection against exposure to UV radiation at EU level through safety legislation for outdoor workers;
29. Notes that, in 2011, the International Agency for Research on Cancer classified radiofrequency electromagnetic fields as being possibly carcinogenic to humans, based on an increased risk of glioma associated with mobile phone use; notes that further studies are needed to establish these associated risks;
30. Calls on the Commission and the Member States to accelerate the transition to sustainable energy and transport sectors and to ensure a shift towards sustainable agriculture and sustainable food systems;
31. Highlights the importance of NCD prevention and early intervention; acknowledges that many NCDs have their origins in early life⁵² as well as the importance of investing in strategies and programmes that promote maternal health and children's healthy growth and development, from infancy and early years;
32. Stresses that some perfluorinated and polyfluorinated alkyl substances (PFAS) can lead to serious medical conditions such as obesity, diabetes⁵³ and cancer⁵⁴; calls on the Commission to urgently implement the PFAS restriction proposal, submitted to the European Chemicals Agency on 13 January 2023⁵⁵, according to a risk-based approach;
33. Reiterates that chemical exposure is linked to several NCDs; supports, therefore, the measures planned in the chemicals strategy for sustainability and the zero-pollution

⁵¹ Directive 2008/50/EC of the European Parliament and of the Council of 21 May 2008 on ambient air quality and cleaner air for Europe, OJ L 152, 11.6.2008, p. 1; 2022/0347(COD).

⁵² UNICEF, '[Non-communicable diseases](#)', December 2023.

⁵³ Clinical Trials Arena, '[High exposure to PFAS more than doubles risk of developing diabetes in women](#)', April 2022.

⁵⁴ European Environment Agency, '[What are PFAS and how are they dangerous for my health?](#)'.

⁵⁵ European Chemicals Agency, '[ECHA publishes PFAS restriction proposal](#)', 2023.

action plan to reduce citizens' exposure to harmful chemical products, such as carcinogenic, reprotoxic, mutagenic and endocrine-disrupting substances, through all the different exposure pathways; stresses the need to ensure occupational health for all workers in the EU;

34. Regrets the slow implementation of the chemicals strategy for sustainability, and, in particular, reiterates its call for a revision of the REACH Regulation⁵⁶, including in line with the Better Regulation principles in order to be able to identify all substances of concern manufactured or imported in the EU; calls on the Commission to address chemicals that have an adverse effect on citizens' health when revising relevant consumer product legislation, such as Regulation (EC) No 1935/2004 on food contact materials⁵⁷ and Regulation (EC) No 1223/2009 on cosmetic products⁵⁸ in order to ensure that consumer products do not contain chemicals that cause cancer or affect the endocrine system in line with the chemicals strategy for sustainability; fully supports the Commission's proposal to amend Regulation (EC) No 1272/2008 on the classification, labelling and packaging of chemicals⁵⁹ in order to introduce new hazard classes on, inter alia, endocrine disruptors, including suspected endocrine disruptors, and to update the information requirements in all relevant legislation to allow for their identification;
35. Calls on the EEA to produce a report, together with the European Chemicals Agency, on chemicals in the environment in Europe; notes that the report should assess the systemic nature of harmful chemicals in the environment and human health, focusing on carcinogenic, mutagenic and/or reprotoxic endocrine-disrupting chemicals within Europe's production and consumption systems, as well as their use in products, their occurrence in the environment in Europe and the harm they cause to human health, especially concerning NCDs;
36. Recalls that the Commission communication entitled 'Chemicals strategy for sustainability towards a toxic-free environment' highlighted the need to protect workers from these substances; calls on the Commission to evaluate expanding the scope of Directive 2004/37/EC⁶⁰ to endocrine disruptors; welcomes the 'Vision Zero' approach to work-related deaths of the EU strategic framework on health and safety at work for the 2021-2027 period; regrets, however, the limited number of substances addressed in the strategy;
37. Notes that, with the current working method, only five substances are submitted to the

⁵⁶ Regulation (EC) No 1907/2006 of the European Parliament and of the Council of 18 December 2006 concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH), establishing a European Chemicals Agency, OJ L 396 30.12.2006, p. 1.

⁵⁷ Regulation (EC) No 1935/2004 of the European Parliament and of the Council of 27 October 2004 on materials and articles intended to come into contact with food and repealing Directives 80/590/EEC and 89/109/EEC, OJ L 338 13.11.2004, p. 4.

⁵⁸ Regulation (EC) No 1223/2009 of the European Parliament and of the Council of 30 November 2009 on cosmetic products (recast), OJ L 342, 22.12.2009, p. 59.

⁵⁹ Regulation (EC) No 1272/2008 of the European Parliament and of the Council of 16 December 2008 on classification, labelling and packaging of substances and mixtures, amending and repealing Directives 67/548/EEC and 1999/45/EC, and amending Regulation (EC) No 1907/2006, OJ L 353, 31.12.2008, p. 1.

⁶⁰ Directive 2004/37/EC of the European Parliament and of the Council of 29 April 2004 on the protection of workers from the risks related to exposure to carcinogens or mutagens at work, OJ L 158, 30.4.2004, p. 50.

European Chemicals Agency Risk Assessment Committee each year; encourages continuous analysis and research on new substances suspected of being carcinogenic, mutagenic and/or reprotoxic, the establishment of OELs for chemical agents for which they do not yet exist and periodic revisions whenever necessary in the light of the latest scientific data and technical developments; calls on the Commission to increase its ambition through regular updates of Directive 2004/37/EC on the protection of workers from the risks related to exposure to carcinogens or mutagens at work; calls on the Commission to follow the consultation of the Advisory Committee on Health and Safety at Work to revise its action plan in order to achieve OEL values for more substances, groups of substances or process-generated substances by 2024; stresses, in this regard, the need for the Commission to increase the capacity for reviewing OELs and adding new ones;

38. Calls for sufficient public funding and clear and proportionate incentives for private investment in scientific research on the interconnection between CDs and NCDs, as a result of the failure to ensure the systematisation of scientific data on these interconnections and promote prevention, early diagnostics, vaccination and/or treatment of CDs, leading to NCDs;
39. Encourages the Commission and the Member States to cooperate in view of achieving the UN SDGs that target CDs in order to promote the prevention of NCDs, such as cancer, related to infectious diseases; welcomes vaccination programmes, in this regard, such as in the fight against human papillomavirus (HPV) transmission; calls on the Member States to introduce gender-neutral HPV vaccinations in their vaccination programmes; stresses the need for coordinated actions targeting carcinogenic viruses, such as HPV and the hepatitis B virus (HBV), in order to prevent their transmission; stresses the need for increased harmonisation of HPV and HBV vaccination within Member States' national programmes, while ensuring the provision of information about vaccination and promoting equal access for vulnerable and at-risk adult groups; encourages the regular monitoring of current HPV and HBV vaccination at EU level using a tracking system similar to the COVID-19 vaccine tracker developed by the European Centre for Disease Prevention and Control (ECDC), that will also encourage Member States to adopt best practices and maintain momentum;
40. Calls for cooperation with Member States and international organisations to combat the impact of misinformation on vaccinations and to address vaccine hesitancy; recommends a strengthened application of the EU's Code of Practice on Disinformation, particularly with regard to vaccine misinformation;
41. Stresses the need to further promote health literacy on NCD risks and determinants, as well as digital literacy, in order to develop educational tools for prevention; calls for particular attention be paid to disadvantaged, vulnerable, socially-excluded and marginalised people; underlines that specific awareness-raising campaigns for groups with particular health literacy needs are essential; calls for the implementation of prevention programmes to be made inclusive by involving regions and municipalities, citizens, the social partners, civil society and patient organisations at all steps of the decision-making process;

Link between communicable diseases and non-communicable diseases

42. Notes that CDs can have non-communicable, chronic consequences; stresses that multimorbidity, including HIV infection, diabetes, hypertension, cancers and chronic respiratory conditions, was a particular risk factor during the COVID-19 pandemic; considers that siloed health programmes have not been helpful for people already suffering from NCDs; stresses that specialised treatments should be integrated into primary and national health care systems in order to be fit for future pandemics and their chronic consequences; underlines the bidirectional relationship between CDs and NCDs, as seen during the COVID-19 pandemic, particularly in countries with a high prevalence of HIV/AIDS;
43. Supports further research on the development of vaccines and innovative treatment options against other viruses such as the hepatitis C virus and HIV, as risk factors for NCDs; considers that, in the meantime, therapeutic solutions should be heavily used to reach the WHO's goal of eradicating hepatitis C by 2030; considers that greater political commitment and strong partnership and collaboration between authorities and all concerned actors are needed to reach the WHO's goal of ending the HIV/AIDS epidemic by 2030, including in Europe; calls on the Member States to step up their support to ensure that all citizens, including vulnerable communities more at risk, can be tested, diagnosed and have rapid access to and retain the best innovative care options; encourages the Member States to invest in and support high-impact innovative combination prevention approaches as a key additional tool to end the HIV epidemic in Europe; notes that people with HIV/AIDS are at considerable risk of contracting long COVID (a 4-fold higher odds);
44. Emphasises the surge in post-acute infection syndromes (PAIS) following COVID-19 infections, that are in this case also called long COVID; notes that PAIS also occur following other bacterial, viral and parasitic infections, including, among other conditions, mononucleosis, Lyme disease, Ebola, polio and influenza; underlines that the pathogenesis of PAIS is linked to myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS); is concerned that, despite 65 million people suffering from long COVID to date, and despite reinfection pressure and upcoming pandemics, the 2022 global health strategy addressed neither the post-acute sequelae of SARS-CoV-2 nor PAIS in general; calls for the EU to develop a PAIS strategy;
45. Recalls that global health security not only has to take the immediate threat of infectious disease into account, but also has to deal with chronic long-term suffering as a consequence thereof; notes that interactions between CDs and NCDs are complex and often mediated by shared risk factors; considers that the co-existence of NCDs and CDs leads to increased morbidity, in particular in lower- and middle-income countries;
46. Reiterates that financing for new research and studies and ensuring the systematisation and study of comprehensive epidemiological, statistical and other scientific data on NCDs and their interconnection with CDs can shed new light on the causes of various NCDs, including by defining new behavioural and environmental risks;

Identification of high-risk populations and early diagnosis of NCDs

47. Points out that many people living with NCDs in Europe are undiagnosed and unaware of their illness, and, thus, fail to get proper, timely treatment; highlights, therefore, the

importance of identifying people with a high risk of developing NCDs and diagnosing people as early as possible, for instance, through the implementation of early detection programmes and health checks at primary care level, with an emphasis on advocating for consistent and efficient treatment approaches in order to improve disease management, prevent complications and save downstream costs for healthcare systems, especially for at-risk individuals; stresses, in this context, the importance of caring for children and adolescents, including with regard to their mental health;

48. Calls on the Commission to collect examples of best practices regarding screening for and early detection of NCDs; welcomes the updated Council recommendation on cancer screening and calls on the Member States to implement it diligently;
49. Calls on the Commission to support the Member States in reviewing their national models of care, with a focus on prevention-oriented primary care systems and the upskilling of primary care professionals;
50. Welcomes Europe's Beating Cancer Plan; stresses the importance of early detection and the fact that 25 Member States introduced population-based screening programmes for breast cancer, 22 for cervical cancer and 20 for colorectal cancer in their national cancer control plans in 2020⁶¹; welcomes the 2022 Council recommendation entitled 'Strengthening prevention through early detection: A new EU approach on cancer screening'; welcomes the planned establishment, as announced in Europe's Beating Cancer Plan, of an EU network linking recognised national comprehensive cancer centres (reference centres) in every Member State to facilitate the uptake of quality-assured diagnosis and treatments, including through training in, research on and the promotion of clinical trials across the EU;
51. Calls for a holistic and systemic perspective on NCDs that acknowledges the interconnected challenges faced by high-risk populations, such as limited access to education, green spaces, healthy foods, physical activity opportunities, healthcare facilities, proper air quality and suitable housing;
52. Invites the Member States to work together, especially in cross-border regions and isolated areas, to reduce social and geographical inequalities in NCD early diagnosis services; encourages the Member States to provide regular information to the public on the risk of NCDs and on the need for regular checks and examinations to be conducted to detect them as early as possible;
53. Emphasises that NCD prevention and management can help lighten the burden of NCDs on healthcare systems and strengthen their resilience in the face of health crises;
54. Encourages the Member States to improve access to social and healthcare services for vulnerable populations; encourages the Member States to tackle the health disparities rooted in administrative barriers, socio-economic factors and language and cultural challenges; encourages the Member States to reduce undiagnosed NCDs by introducing targeted health checks for high-risk individuals and by promoting self-sampling where appropriate and recommended by public health authorities, addressing the main shared metabolic risk factors such as high blood pressure, high blood glucose, high BMI and

⁶¹ European Commission, '[Europe's Beating Cancer Plan](#)', p.14.

high LDL cholesterol; calls on the Commission and the Member States to support the development and use of accessible, affordable and novel tools to diagnose NCDs in at-risk populations;

55. Encourages the Member States to ensure timely access to high quality care and to support NCD patients' self-management; calls for the implementation of accessible and equitable self-management tools, including peer support networks, collaborative care platforms and mental health services, taking into account factors such as the availability of digital services and technologies;
56. Points out that people with NCDs are more likely to suffer from other diseases; notes that some NCDs are highly interconnected such as diabetes, oral diseases and renal diseases, obesity and CVDs, and cancer and depression, and that the interlinks between these conditions exacerbate their respective morbidity and mortality; notes that there are important synergies to be achieved by improving diagnosis, early detection, screening and integrated care⁶², in collaboration with local social and community services, as health and social needs are often intertwined;
57. Calls on the Member States to pay greater attention to addressing the physical and psychological impacts of NCDs and their treatment, including pain management and patient and carer access to psychological support and palliative and supportive care, in their national health plans;
58. Stresses that functioning, efficient, accessible and appropriately funded public healthcare systems in all Member States are vital in the fight against NCDs; underlines the need to ensure equal access to primary care and healthcare; stresses the need to tackle regional disparities in access to basic healthcare services, prevention services, screening programmes and continuous care and treatments, striving for equitable availability of quality NCD management across diverse geographical areas within Member States; calls on the Commission to consider proposing recommendations on standards for healthcare services, while respecting the responsibilities of Member States to define their own health policies and to manage, organise and fund their healthcare systems;

Improving NCD healthcare

59. Stresses that healthcare professionals, patient organisations and the third sector at large play a significant role in referring patients for early diagnostic tests and treating NCDs; encourages the Member States to ensure continued patient access to primary and secondary care, and to offer inter-professional training to healthcare professionals in order to better recognise at-risk individuals and to better prevent, identify and treat NCDs;
60. Highlights the fact that scientifically recognised integrative medicine approved by public health authorities can bring benefits to patients in relation to the parallel effects of several diseases, such as cancer, and their treatment; stresses the importance of developing a holistic, integrative and patient-centred approach and of encouraging, where appropriate, the complementary use of these therapies under the supervision of

⁶² European Commission, '[Healthier Together EU Non-Communicable Diseases Initiative](#)', 2022.

healthcare professionals;

61. Emphasises the need to deploy person-centred, continuous and fully integrated care across the entire chronic disease care pathway and to strengthen community and priority care, with a focus on NCDs requiring access to care across specialties and care levels; encourages the Member States to review and, as appropriate, to advance their national models of care to this end; welcomes the ‘patient-centricity’ approach of Europe’s Beating Cancer Plan, and, in particular, the flagship initiative under the 2021-2027 EU4Health programme to develop a smart card for cancer survivors, in the form of a mobile app, to improve the health and well-being of cancer survivors across Europe;
62. Stresses the importance of accessible and cost-effective healthcare, so that limited resources are put to the best use and provided to the patients in most need;
63. Encourages the Member States to embed engagement with patient organisations and people living with NCDs into activities and initiatives related to the design and implementation of prevention and care activities;
64. Highlights the valuable role of community pharmacies in continuously providing essential services to support the treatment of NCDs and to keep the general public informed; stresses that pharmacists are a reliable and trustworthy source of information; suggests that pharmacists should play a more active role in pharmacovigilance activities to assess and monitor the effectiveness of medicines and invites the Member States to include them in their health, care and research programmes; calls for pharmacies in rural areas to receive greater recognition, as they enable such areas to retain their populations and ensure the well-being of citizens;
65. Stresses that strategies and policies to address NCDs must take into consideration the fundamental importance of healthcare workers; underlines that the issue of healthcare workforce shortages in the EU should be one of the strategic priorities to be addressed, with policies and support at the appropriate level; is concerned about the unprecedented healthcare staff shortages in the EU and calls on the Commission and the Member States to provide support on the ground in response; invites the Commission to produce a study on the current status and impact of the EU’s healthcare workforce shortage; stresses that functioning and efficient healthcare systems cannot exist without appropriate levels of personnel with the required training and expertise; highlights the importance of leveraging the use of digital services to support work-life balance measures for health and care staff in the EU;
66. Believes that every patient is different and that no NCD is the same; calls for NCDs to be prevented and treated as effectively as possible with a personalised, integrated and evidence-based approach tailored to the patient and the disease; encourages the Member States to prioritise the training of healthcare professionals in order to enable them to support patients in engaging in their own treatments and in improving therapeutic adherence;
67. Notes that NCDs can have a significant negative impact on mental health and stresses the need for integrated healthcare for concerned patients; stresses that negative stereotypes related to certain NCDs can be counterproductive in healthcare and prevention; considers that each patient faces different obstacles in adhering to their

treatment for NCDs; calls on the Member States to offer a range of training courses to healthcare professionals on providing patients with therapeutic education; encourages the Member States to provide training to healthcare professionals on the social and environmental determinants of health and on patient therapeutic education and intersectoral collaboration, and to integrate service provision and ensure they have the necessary resources to provide appropriate guidance to their patients; underlines the importance of ongoing training for healthcare professionals to keep them updated on new treatment options;

68. Calls for the adoption of an EU strategy to anticipate and monitor the impacts of serious health threats on people affected by CDs and NCDs, and other diseases or conditions; proposes exploring the possibility of creating an emergency reserve of European NCD specialists, composed of voluntary NCD experts trained and ready to be deployed to provide care to people living with NCDs in any Member State or neighbouring country in times of crisis;
69. Strongly welcomes digital health solutions, such as telemedicine, which can enable better access to healthcare in rural areas and protect immunosuppressed NCD patients from exposure to infectious diseases; highlights that digital health technologies and telemedicine are beneficial in the management and follow-up of many NCDs;
70. Encourages, in view of the upcoming review of the ECDC's mandate, new tasks to be granted to the ECDC, including monitoring the impact of serious health threats on major NCDs, including mental disorders, and assessing the continuity of screening, diagnosis, monitoring, treatment and care in the healthcare system, in coordination with existing data sets, tools and registers;
71. Asks for enhanced communication between healthcare professionals, patients, survivors, caregivers, parents and public authorities on the effectiveness and safety of health interventions, in particular the diagnosis and treatment of NCDs, and for increased awareness campaigns on prevention in times of crisis;
72. Stresses the need to recognise the pivotal role of informal carers, to integrate them into health and care teams and to empower them with the possibility of making informed choices regarding available supportive measures, with the support of healthcare professionals; recognises that the COVID-19 pandemic has exacerbated the crucial role of informal carers, who provide most of the daily care to NCD patients and who face a clear lack of practical and policy support; notes the high percentage of informal carers among the EU population and the disparities regarding the way in which they are supported and how their rights are recognised across Member States;
73. Highlights that the COVID-19 pandemic had serious consequences for the health of patients with NCDs owing to delays and disruptions in diagnostics and treatments; highlights how serious health threats can put severe pressure on the capacities of healthcare systems, with a negative impact on the provision of healthcare for patients with NCDs, including the continuity of healthcare and a delay in or interruption to treatment for patients and people with mental health issues⁶³; stresses the need for Member States to anticipate and monitor the impact of public health emergencies on the

⁶³ World Health Organization, 'Invisible numbers: the true extent of NCDs and what to do about them', 2022.

provision of healthcare services for other diseases and conditions; stresses the reduced survival chances, complications and further deterioration in quality of life for patients resulting from delayed access to care; calls on the Commission and the Member States to prioritise NCD prevention and management as this would strengthen the resilience of healthcare systems and prepare them for future shocks;

74. Recalls that, notwithstanding the lifting of most of the COVID-19-related restrictions, NCD patients are still at higher risk in the event of any coronavirus infection; stresses that these patients must be protected in their day-to-day lives and, particularly, during access to public health services for their treatment and care; underlines the need to maintain a high level of surveillance for new variants and the potential trends of COVID-19 and any other CDs that could affect NCD patients;

Patient empowerment

75. Recalls that patient empowerment, health literacy and treatment adherence are crucial for a European NCD strategy and that prevention, reduction of behavioural risk factors, early detection, treatment and care should be patient-centred; encourages the promotion of well-informed patients who are actively involved in their own preventive care, the reduction of behavioural risk factors and treatment, and calls for the therapeutic training of caregivers and patients and for their empowerment in the care programmes, including those focusing on risk reduction; underlines the importance of therapeutic adherence in order to lower hospitalisation and mortality rates, and to optimise the impact of medical investments; encourages the Member States to provide healthcare professionals with training on patient therapeutic education; encourages the Member States to take actions to improve adherence to treatment in order to ensure greater health benefits from investments in NCD treatments;
76. Calls for participatory decision-making, with personalised and understandable evidence-based information to be provided to patients, and calls for the support of such initiatives and actions to empower patients; notes that, for some NCDs, patient stigma in healthcare settings remains one of the biggest barriers to early diagnosis and the provision of timely care and management, and that such stigma should be counteracted and mitigated; highlights that patient-centredness and participatory decision-making must be at the heart of treatment and care development processes; encourages the development of an approach that allows for well-informed patients who are actively involved in their own treatment;
77. Notes that there is a need to focus on the quality of life for NCD patients whose illnesses cannot be cured, but may be stabilised; emphasises the importance of specific EU recommendations to improve the quality of life of NCD patients, including by integrating comprehensive supportive psychological care into comprehensive healthcare, starting with the diagnosis and continuing throughout the course of the disease, and by providing access to specialised supportive centres and tools to encourage persistence with treatments, by setting up comprehensive NCD centres with multidisciplinary professional teams, for example;
78. Supports modern solutions, including digital ones, aimed at patients with NCDs; emphasises that such solutions – such as helplines or mobile applications that are

available to patients and their families to help them obtain the necessary information on procedures and what to do when the disease is detected, as well as treatments and dates of examinations – are extremely useful tools that simplify the treatment process and make life easier for patients;

79. Considers that regional disparities in access to healthcare must be addressed; stresses the need to look into innovative methods of improving access to healthcare, such as mobile clinics, trauma-informed teams and peer advocates, with a view to fostering a personalised, patient-centred approach to NCD prevention and treatment;
80. Stresses that NCD patients should not suffer further in other aspects of their daily lives due to their illness, as this would amount to a ‘double punishment’; calls, therefore, for the fair implementation of directives on financial services, such as the Consumer Credit Directive⁶⁴, without discrimination against NCD patients and survivors;
81. Encourages the Member States to take into account the frequent exhaustion of the families and relatives of NCD patients and to provide them with assistance, especially to the most vulnerable, throughout the course of the disease, and with bereavement support; encourages workplaces to create opportunities for rest in the workplace; encourages, furthermore, the development of integrated, adequate and accessible support schemes for NCD patients and their families, that take health, community and social services into account;
82. Stresses the pivotal role of informal caregivers, who provide patients with NCDs with the majority of their day-to-day care and who are lacking in support; calls on the Member States to set up training courses and therapeutic care programmes for caregivers, granting qualifications and recognising their skills;
83. Acknowledges the central role of independent patients’ and carers’ associations in relation to patient advocacy and accompaniment, the services provided to NCD patients and their caregivers, the dissemination of health literacy, awareness-raising and ongoing support; calls on the Commission and the Member States to take into account the expertise and formal participation of these associations, as well as their recommendations, when formulating NCD policies and legislation;

Fostering innovation to accelerate the development of effective, accessible and affordable technology and medicines

84. Welcomes the Commission proposal on the pharmaceutical package; calls for the European medicines market to be strengthened to ensure equal and affordable access to medicines and innovative treatments, including personalised medicines, all across the EU, alleviate medicine shortages, overcome the problem of high prices for innovative technologies and treatments, encourage the use of generic and biosimilar medicine, ensure that all patients across the EU have timely and equitable access to safe, effective and affordable medicines, and reduce barriers to cross-border business, while strengthening incentives for investments in research and innovation; underlines that intellectual property rights and regulatory data protection are tools, among other things,

⁶⁴ Directive 2008/48/EC of the European Parliament and of the Council of 23 April 2008 on credit agreements for consumers and repealing Council Directive 87/102/EEC, OJ L 133, 22.5.2008, p. 66.

to uphold competitiveness in the EU by incentivising innovators to develop new products and ongoing research efforts; recalls that the use of public funding must be aligned with the public interest and must include conditionality such as transparency, traceability and accessibility; notes that a narrow definition of ‘unmet medical needs’ can harm the development of important therapies for people living with NCDs;

85. Calls on the Commission to submit a proposal for the revision of Council Directive 89/105/EEC⁶⁵ on the transparency of measures regulating the prices of medicinal products in order to ensure effective scrutiny and transparency of the procedures used to determine the price of and reimbursement amount for medicines, while respecting confidential commercial information and intellectual property rights;
86. Calls on the Commission and the Member States to contribute to the implementation of the 2019 WHO resolution on improving the transparency of markets for medicines, vaccines, and other health products;
87. Welcomes the creation of the Important Projects of Common European Interest (IPCEI) on Health to support innovation and improve the quality of and access to care for European patients; considers that the IPCEI on Health should facilitate the development of innovative and greener technologies, AMR gene and cell therapies, and innovation in strategic treatments;
88. Calls on the Member States to identify and remove policy barriers to optimal NCD care, improving adherence to clinical guidelines and reducing the risk of complications;
89. Notes that NCD patients are affected by medicine shortages and that severe disruptions in the supply of their treatments are highly detrimental to them, their carers and their families; stresses the need to work together to prevent and manage shortages of all medicines and medical products and of NCD medicines in particular, including shortages of inexpensive, essential NCD medicines;
90. Calls on the Commission to assess the need for a Critical Medicines Act to support the European green and digital manufacturing of critical medicines, active pharmaceutical ingredients and intermediate ingredients to diversify the EU pharmaceutical supply chains and to secure the strategic autonomy of critical medicines, alongside the review of EU pharmaceutical legislation;
91. Calls for the supply chain of medicines to be reinforced and diversified, and for supply tensions and shortages to be closely monitored; stresses the importance of the role of sustainable procurement practices in preventing medicine shortages;
92. Encourages further investment in research and development aimed at addressing objectives of public interest, by increasing the resources of the EU framework programme for research and innovation to make medical products available; reiterates its position, adopted in previous resolutions⁶⁶, that joint procurement procedures could

⁶⁵ Council Directive 89/105/EEC of 21 December 1988 relating to the transparency of measures regulating the prices of medicinal products for human use and their inclusion in the scope of national health insurance systems, OJ L 40, 11.2.1989, p. 8.

⁶⁶ European Parliament resolutions of 12 July 2023 on the COVID-19 pandemic: lessons learned and recommendations for the future, P9_TA(2023)0282; of 16 February 2022 on strengthening Europe in the fight

serve as a tool to counter shortages and improve affordability of and access to treatments at EU level; recalls that joint procurement agreements should be carried out in a transparent, timely and effective way; underlines, in this respect, that clear and transparent stages for the process, scope, tender, specifications, timelines and formalities should be defined;

93. Welcomes public-private partnerships to strengthen innovation in healthcare; highlights the European Health Innovation Collaborative, which promotes entrepreneurship and innovation in the healthcare sector and brings together academia, research and industry to foster collaboration and investment in health technologies; encourages the Commission and the Member States to foster and accelerate public-private partnerships; highlights the potential of the private health sector, notably regarding its complementary role with respect to disease control and healthcare;
94. Stresses the importance of innovations to improve the detection, diagnosis, management and treatment of NCDs and highlights that the development of high-quality medical technologies has improved clinical and procedural outcomes and the quality of life of people living with NCDs;
95. Calls on the Commission and the Member States to create a European Medicines research and development infrastructure hub that would work based on priorities set by the scientific communities and public health authorities to research, develop and manufacture medicinal products of strategic importance for healthcare, in order to support the EU in overcoming market failures, with a focus on improving NCD treatments and care;
96. Calls on the Commission and the Member States to look into the possibility of creating one or more European non-profit pharmaceutical undertaking, which would operate in the public interest to manufacture medicines of strategic importance for healthcare, in the absence of existing industrial production, in order to complete and guarantee security of supply and prevent possible shortages of medicines in emergency situations;
97. Stresses the need to ensure access to existing medical devices and strengthen support for and investment in unmet medical needs as well as the development of and access as soon as possible to innovative medical devices, medicinal products, health services and diagnostic and treatment solutions; stresses the need to support the digitalisation of national healthcare services that contribute to better quality, efficiency and accessibility for the patients that need them; believes that technologies and digitalisation can contribute to new and better management and treatments for NCDs as well as improved quality of life for people living with NCDs; notes, however, the slow uptake of medical devices under the current Medical Devices Regulation⁶⁷ and the In Vitro Diagnostic Devices Regulation⁶⁸ and welcomes the postponement of the application of certain provisions; calls on the Commission to evaluate the specific needs of the paediatric and

against cancer — towards a comprehensive and coordinated strategy, OJ C 342, 6.9.2022, p. 109; , of 24 November 2021 on a pharmaceutical strategy for Europe, OJ C 224, 8.6.2022, p. 47; , of 17 September 2020 on the shortage of medicines — how to address an emerging problem, OJ C 385, 22.9.2021, p. 83.

⁶⁷ Regulation (EU) 2017/745 of the European Parliament and of the Council of 5 April 2017 on medical devices, OJ L 117, 5.5.2017, p. 1.

⁶⁸ Regulation (EU) 2017/746 of the European Parliament and of the Council of 5 April 2017 on in vitro diagnostic medical devices, OJ L 117, 5.5.2017, p. 176.

orphan medical devices sectors and to propose any legislative amendments necessary to ensure continuous supply for these patient groups;

98. Calls on the Member States to continuously invest in innovation aimed at addressing NCDs; calls for the incorporation of an equitable approach for digital healthcare strategies; notes, in this regard, that the quality and safety of technology should be ensured and that inequities in access should be addressed;
99. Notes the significant potential of the use of artificial intelligence, ‘big data’ algorithmic analysis and other modern technologies in NCD diagnosis and decision-making in the coming years; underlines that the combination of real-world data, mathematical modelling, artificial intelligence and digital tools will significantly help to develop innovative treatments in a more cost-efficient way; urges all implementation partners to be ever mindful of the principles of data protection and security, trust, transparency, patient-centricity and patient involvement at all times;

Awareness, research and knowledge sharing

100. Believes that the sharing of expertise, data, training programmes, communication tools and evidence-based best practices among Member States is needed to accelerate effective prevention measures and innovative practices and to improve the management of NCDs, the quality of care and health outcomes, including digital solutions;
101. Stresses that good quality data and evidence are crucial to support the development of evidence-based and targeted policies for improved health; notes that correlating health data with social, economic and environmental data, and strengthening elements, including the equity elements⁶⁹ of existing health monitoring systems will support the development of evidence-based and targeted policies;
102. Sees the forthcoming European Health Data Space as a tool that could contribute to strengthening the underlying data for evidence-based public health policy and health equity; recognises that data collection efforts must target every NCD through a wide range of common indicators, such as prevalence, incidence, mortality, health burden and health economics; believes that further economic data collection at national level is needed in order to achieve a better understanding of the associated costs and burdens in the Member States;
103. Encourages the Member States to implement or improve e-health technologies, telemedicine and telecare services to ensure the continuity of inpatient and outpatient care as well as community care; highlights that Horizon Europe research funding could support the use of telemedicine and assist with the establishment of evidence-based guidelines; calls for actions to ensure access to telemedicine services, and notes that Digital Europe funding could support an increase in digital literacy for patients and healthcare professionals;
104. Calls on the Commission to establish EU NCD partnerships, as appropriate; believes that such partnerships could bring together Member States and national authorities to draft roadmaps and innovative proposals to ensure effective and targeted actions against

⁶⁹ European Commission, ‘[Healthier Together EU Non-Communicable Diseases Initiative](#)’.

NCDs;

105. Calls on the Commission to support the European Health Knowledge Centre to improve research on NCDs, including the interconnections between CDs and NCDs and the collection of comparable, robust data on NCDs at EU level, to outline the cost-effectiveness of prevention strategies and to stimulate investment in the area, ensuring synergies and the optimal use of the forthcoming European Health Data Space; encourages the Member States to exchange best practices on prevention, management and care of NCDs in relevant forums; stresses the need for further research on NCD comorbidities and management; calls on the Member States to put in place NCD-specific data registries, and notes the need for open data on NCDs;
106. Welcomes the Commission Expert Group on Public Health and the sub-group on NCDs; calls on the Commission to expand the group to patient experts; calls on the Commission to establish a European expert network for the prevention and control of NCD comorbidities and complications, including patient experts, based on the model of the European Reference Networks;
107. Recognises that the EU plays a role in supporting global health, including in respect of the international rise in NCDs; urges, therefore, the EU's global health strategy to include objectives such as supporting the WHO's global strategy to eliminate cervical cancer, in line with the EU's goal of eliminating HPV cancers;

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108. Instructs its President to forward this resolution to the Council and the Commission.

EXPLANATORY STATEMENT

Non-communicable diseases (NCD's) are diseases, which not are passed from person to person and cause 90% of all deaths in the EU¹. The burden of NCD's will increase because of health needs of aging population and will be a major challenge to the European health systems, the labour market due to productivity loss which can increase labour shortage. We need to take action to prevent premature deaths, improve quality of lives of citizens and ensure EU's competitiveness.

Premature mortality deaths, the unconditional probability of dying between ages 30–69, due to cardiovascular diseases (CVDs), cancers, diabetes and chronic respiratory diseases (CRD) accounts for 68% of all premature mortality deaths in Europe.

Improved health promotion and disease prevention can reduce the prevalence of NCDs by as much as 70%². Preventable factors such as tobacco use, physical inactivity, the harmful use of alcohol, unhealthy diets and environmental factors such as air, food, water and soil pollution as well as chemical exposure increase the risk of NCDs. It is therefore important to encourage strengthen actions towards prevention as well as acknowledge poor sleeping habits and oral health as preventable factors.

It is important to identify people with high risk of developing NCD's and diagnosing

people as early as possible to improve disease management, prevent complications and save costs for healthcare systems. Member States should therefore be encouraged to reduce undiagnosed NCD's by raising awareness and introduce targeted health checks of high-risk individuals. It is also important to note that some NCD's are closely linked such as diabetes and CVDs and there are important synergies to achieve by improving diagnosis and integrated care. It is therefore important to ensure improved data and research in NCD especially in NCD co-morbidities and management as well as train primary care professionals to better identify high-risk individuals and treat NCD's.

Furthermore, it is very important to strengthening incentives for investments in innovation regards to development of technologies, medicines and healthcare practises, which is crucial to ensure the elimination or reduction of harm caused by preventable risk factors and new and better treatments of NCDs. It is also important to improve knowledge and sharing of best practises between Member States to accelerate effective prevention measures and innovative practices. The Commission should in this regard establish EU NCDs partnerships.

¹ <https://www.who.int/europe/publications/i/item/WHO-EURO-2021-4479-44242-62494>.

² https://health.ec.europa.eu/system/files/2022-06/eu-ncd-initiative_publication_en_0.pdf: page 15.

ANNEX: LIST OF ENTITIES OR PERSONS FROM WHOM THE RAPPORTEUR HAS RECEIVED INPUT

The following list is drawn up under the exclusive responsibility of the rapporteur. The rapporteur has received input from the following entities or persons in the preparation of the [draft report / report, until the adoption thereof in committee]:

Entity and/or person
Novo Nordisk A/S
International Diabetes Federation European Region
Platform for Better Oral Health
The European Society of Intensive Care Medicine
European Cancer Organisation
European Federation of Pharmaceutical Industries Associations
EUROCARE
The Health Policy Partnership
The Heart Failure Policy Network
European Hearth Network
European Chronic Disease Alliance
The European Brain Council
Insightec Ltd.
Haleon
Nobody Left Outside Initiative
Transforming Breast Cancer Together
Mental Health Europe
European Public Health Alliance
European Thrombosis and Haemostasis Alliance

22.9.2023

OPINION OF THE COMMITTEE ON DEVELOPMENT

for the Committee on the Environment, Public Health and Food Safety

on non-communicable diseases
(2023/2075(INI))

Rapporteur for opinion: Karsten Lucke

SUGGESTIONS

The Committee on Development calls on the Committee on the Environment, Public Health and Food Safety, as the committee responsible, to incorporate the following suggestions into its motion for a resolution:

- having regard to Article 208 of the Treaty on the Functioning of the European Union (TFEU), which states, in part, that the Union must take account of the objectives of development cooperation in the policies that it implements which are likely to affect developing countries,
- having regard to the joint statement of 30 June 2017 by the Council and the representatives of the governments of the Member States meeting within the Council, the European Parliament and the European Commission on ‘The new European consensus on development’⁷²,
- having regard to the United Nations 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs),
- having regard to its resolution of 15 June 2023 on the implementation and delivery of the Sustainable Development Goals⁷³,
- having regard to its resolution of 12 July 2023 on the COVID-19 pandemic: lessons learned and recommendations for the future⁷⁴,
- having regard to its resolution of 14 March 2023 on Policy Coherence for Development⁷⁵,
- having regard to its resolution of 6 October 2021 on the role of development policy in

⁷² OJ C 210, 30.6.2017, p. 1.

⁷³ Texts adopted, P9_TA(2023)0250.

⁷⁴ Texts adopted, P9_TA(2023)0282.

⁷⁵ Texts adopted, P9_TA(2023)0071.

the response to biodiversity loss in developing countries, in the context of the achievement of the 2030 Agenda⁷⁶,

- having regard to its resolution of 27 October 2015 on the Ebola crisis: the long-term lessons and how to strengthen health systems in developing countries to prevent future crises⁷⁷,
- having regard to its resolution of 20 May 2021 on accelerating progress and tackling inequalities towards ending AIDS as a public health threat by 2030⁷⁸,
- having regard to the opinion of the Committee on Development on the proposal for a regulation of the European Parliament and of the Council of 22 June 2022 on the sustainable use of plant protection products and amending Regulation (EU) 2021/2115 (COM(2022)0305),
- having regard to its resolution of 14 June 2023 on ensuring food security and the long-term resilience of EU agriculture⁷⁹,
- having regard to the proposal for a regulation of the European Parliament and of the Council of 22 June 2022 on the sustainable use of plant protection products and amending Regulation (EU) 2021/2115 (COM(2022)0305),
- having regard to the Commission communication of 30 November 2022 entitled ‘EU Global Health Strategy – Better Health for All in a Changing World’ (COM(2022)0675),
- having regard to the Commission communication of 20 May 2020 entitled ‘A Farm to Fork Strategy for a fair, healthy and environmentally-friendly food system’ (COM(2020)0381),
- having regard to the Commission communication of 11 December 2019 entitled ‘The European Green Deal’ (COM(2019)0640),
- having regard to UN Resolution 68/300 of 17 July 2014 entitled ‘Outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases’,
- having regard to the World Health Organization (WHO) Global Action Plan 2013-2020 of 27 May 2013 that has been extended until 2030,
- having regard to UN Political Declaration 66/2 of 24 January 2012 of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (NCDs),
- having regard to the WHO report of 16 February 2023 entitled ‘A clinical case

⁷⁶ OJ C 132, 24.3.2022, p.2.

⁷⁷ OJ C 355, 20.10.2017, p. 2.

⁷⁸ OJ C 15, 12.1.2022, p. 1.

⁷⁹ Texts adopted, P9_TA(2023)0238.

definition of post COVID-19 conditions in children and adolescents by expert consensus’,

- having regard to the WHO report of 6 October 2021 entitled ‘A clinical case definition of post COVID-19 conditions by a Delphi consensus’,
 - having regard to UN Report 49/43 of the Special Rapporteur on the right to food, Michael Fakhri, of 30 December 2021 entitled ‘Seeds, right to life and farmers’ rights’,
 - having regard to UN Report 46/33 of the Special Rapporteur on the right to food, Michael Fakhri, of 24 December 2020 entitled ‘Right to food’,
 - having regard to UN Human Rights Council Resolution 39/12 of 28 September 2018 on the Rights of Peasants and Other People Working in Rural Areas,
 - having regard to UN Resolution 61/295 of 2 October 2007 on the Rights of Indigenous Peoples,
- A. whereas the right to enjoy the highest attainable standard of physical and mental health is a fundamental human right which is in line with the provisions of Article 25 of the Universal Declaration of Human Rights; whereas this right is being denied to over a fifth of the world’s population; whereas Article 35 of the Charter of Fundamental Rights of the European Union calls for a high level of human health protection in the definition and implementation of all Union policies and activities; whereas NCDs, or chronic diseases, are the cause of death of 41 million people every year and account for 74 % of all deaths globally; whereas people in the Global South are disproportionately affected, and according to WHO estimates, 77 % of all premature deaths from NCDs occur in low- and middle-income countries (LMICs); whereas NCDs are often linked to chronic illness-related disability; whereas SDG 3 calls for ensuring healthy lives and promoting well-being for all, at all ages; whereas SDG target 3.4 on non-communicable diseases and mental health, which is interlinked with the SDGs beyond SDG 3, aims for a reduction by one third in premature mortality from the four major NCD clusters: cardiovascular disease, cancer, chronic respiratory disease and diabetes;
- B. whereas communicable diseases can have non-communicable, chronic consequences, which is why there is a need to enhance access to the diagnosis, treatment and care of NCDs in developing countries; whereas multimorbidity, including HIV-infection, diabetes, hypertension, cancers and chronic respiratory conditions, was a particular risk factor during the COVID-19 pandemic; whereas siloed health programmes have not been helpful for people already suffering from NCDs; whereas specialised treatments should be integrated in primary health care and national healthcare systems in order to be fit for future pandemics and their chronic consequences; whereas people with HIV/AIDS are at considerable risk of contracting long COVID (four times greater risk), in particular those with neurocognitive impairment; whereas global health security not only has to take the immediate threat of infectious disease into account, but it also has to address chronic long-term suffering as a consequence thereof; whereas interactions between communicable and non-communicable diseases are complex and often mediated by shared risk factors; whereas the co-existence of NCDs and communicable diseases leads to increased morbidity, in particular in LMICs;

- C. whereas developing countries face serious constraints in the financing of healthcare, particularly with regard to NCDs; whereas post-infectious illnesses, or post-acute infection syndromes (PAIS), have been known about for a long time and cause chronic disability following influenza, Ebola, dengue, polio, chikungunya, Epstein-Barr virus or mononucleosis, borreliosis or Lyme disease, giardiasis or lambliaisis and others; whereas all PAIS, despite being caused by different infectious agents, have similar symptom profiles in common; whereas the overlap of symptoms in all these PAIS, in particular the development of myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), suggests a common pathogenesis; whereas attention and funding for research into these chronic consequences are under-recognised and under-researched; whereas malaria also leads to post-infectious illness that can be described as a chronic inflammatory state with similarities to ME/CFS; whereas some patients develop post-neurological malaria syndrome; whereas Zika causes chronic symptoms by persisting in latent forms, causing post-infectious illness; whereas PAIS have gained even more relevance since the COVID-19 pandemic, as long COVID, or post-acute sequelae of SARS-CoV-2 (PASC), is a post-infectious illness affecting at least 65 million people globally; whereas a significant number of long COVID patients also develop ME/CFS and display similarities with other PAIS patients; whereas long COVID alone adds a substantial burden to global healthcare systems and national economies; whereas although upcoming pandemics are likely to be followed by PAIS, the EU's 2022 global health strategy addresses neither long COVID nor PAIS in general; whereas PAIS cannot account for 'rare diseases' due to the overall prevalence of ME/CFS alone and certainly not since the start of the high prevalence of long COVID; whereas the EU's development cooperation policy should focus on a comprehensive and integrated approach that addresses the multiple risk factors and determinants of NCDs in partner countries, while also considering social, economic and environmental factors that are relevant to each specific context; whereas universal health coverage is an important factor in preventing and treating NCDs;
- D. whereas NCDs are linked to poverty as they impede poverty reduction initiatives by increasing the share of household costs for health care; whereas treatments for NCDs tend to involve long-term treatment that can be hard to access and have a significant impact on household budgets; whereas NCDs are not only linked to excess mortality, but also to suffering from morbidity, chronic-illness-related disability and increased socio-economic burdens on individuals and families, including poverty due to long-term treatment and care costs and loss of productivity; whereas this considerably threatens household incomes and impairs national economies, making NCDs a contributing factor to poverty and hunger;
- E. whereas providing adequate care, prevention and treatment for patients with NCDs means that many challenges have to be addressed, such as inadequate access to medical care, healthcare facilities and healthcare professionals, as well as deficits in healthcare structures, particularly in developing countries; whereas the COVID-19 pandemic has exposed insufficient investment in the healthcare workforce and shown how unprepared health systems were to respond to a global health crisis; whereas LMICs' health systems focus on acute illness because of their weaknesses; whereas, as a result, a patient's journey is often characterised by gaps, whether at the diagnostic phase, during treatment or due to a lack of adherence to therapy; whereas prevention is often missing in those systems; whereas the COVID-19 pandemic placed an increasing strain on mental health,

especially among young people and those already suffering from mental illness;

- F. whereas the Global Goals for Sustainable Development include combating poverty, including access to the basic human needs of health, zero hunger, including establishing sustainable food production, and well-being, including better and more accessible health systems to increase life expectancy; whereas food security and education have a significant impact on health in the area of NCDs; whereas, in general, next to infections and behavioural risk factors interlinked with socio-economic factors and according to the WHO, climate change, air pollution and NCDs represent some of the most serious threats to global health, which is why the One Health approach needs to become a central determinant in preventing and combating health risks;
1. Is deeply concerned about the high prevalence of NCDs as a cause of excess mortality and morbidity; underlines the fact that NCDs do not receive adequate attention globally and lead to particularly dire consequences in LMICs; underlines the fact that health in general and global health security need more political attention and financial support with a special focus on NCDs, in particular as more pandemics with post-infectious chronic illnesses can be expected; calls for the EU to actively work together with the WHO and other relevant international organisations and to become active at international level in this regard, in order to guarantee an appropriate and coordinated approach; calls on the Commission to continue supporting the Member States in their efforts to achieve the nine voluntary UN and WHO targets by 2025, as well as sustainable development target 3.4, which aims to reduce premature mortality from non-communicable diseases by one third by 2030 and to promote mental health and well-being;
 2. Welcomes the Commission's 2022 global health strategy entitled 'Better Health for All in a Changing World', highlighting in particular Guiding Principle 2 that promotes a comprehensive approach, including equitable access to health services, disease prevention, affordable quality treatment, rehabilitation and palliative care to fight communicable and non-communicable diseases; notes that a unified and integrated approach is needed to reduce the burden of NCDs; underlines the fact that the prevalence of NCDs can be reduced by as much as 70 % through healthcare and disease prevention alone;
 3. Underlines the bi-directional relationship between communicable diseases and non-communicable diseases, as seen during the COVID-19 pandemic, particularly in countries with a high prevalence of HIV/AIDS; calls on the Commission for siloed programmes to be integrated into primary health care, as suggested by the NCD Countdown 2030 report published in 2022⁸⁰; emphasises, therefore, the important role of and the need for interdisciplinary points of care; calls for the EU and its Member States to support developing countries in research and data collection efforts to better understand the prevalence, risk factors and impact of NCDs in different populations, in order to enable evidence-based decision-making and design targeted interventions; underlines the need to design and scale up solutions for high risk, resource-limited and marginalised populations;

⁸⁰NCD Countdown 2030 is a collaborative effort from the WHO, NCD Alliance, Imperial College and *The Lancet*. NCD Countdown publishes biannual reports.

4. Emphasises the surge in PAIS following COVID-19 infections, which in this case are also called long COVID; notes that PAIS also occur following other bacterial, viral and parasitic infections, including, among others, mononucleosis, Lyme disease, Ebola, polio and influenza; underlines that the pathogenesis of PAIS is linked to ME/CFS; is concerned that despite the fact that 65 million people have suffered from long COVID to date and despite reinfection pressure and the risk of future pandemics, the 2022 global health strategy neither addresses the post-acute sequelae of SARS-CoV-2 nor PAIS in general; calls for the EU, on the basis of lessons learned from the pandemic, to make PAIS a priority and to develop an EU strategy for PAIS comparable to Europe's beating cancer plan and the EU strategy on mental health and to extend the PAIS strategy to global health security, including in the implementation of the global health strategy;
5. Stresses that the human and financial costs of NCDs are expected to rise, owing to the fact that those who suffer from them are also more likely to be affected by other diseases; calls on the WHO to provide more funding for the research and development of vaccines and medicines for NCDs and to facilitate access to affordable, essential pharmaceuticals; recalls that Neighbourhood, Development and International Cooperation Instrument resources can also be used in healthcare; urges the EU to establish programmes to address chronic and severe NCDs by ensuring that essential medicines, technologies and diagnostics are both available and accessible in district hospitals;
6. Underlines the need for technological and organisational innovation, as well as lasting, coordinated multilateral cooperation; notes that Guiding Principle 2 of the global health strategy aims to ensure that innovative vaccines, treatments and diagnostics for new, prevalent or neglected infectious and non-communicable diseases are developed and used, including through funding from Horizon Europe and the EU-Africa Global Health European and Developing Countries Clinical Trials Partnership (EDCTP3) for research, capacity-building and strengthening the regulatory environment in sub-Saharan Africa; calls for Team Europe to implement this approach, with a focus on NCDs;
7. Recalls the high prevalence of PAIS in countries of the Global South; calls for supporting cooperation partnerships in pharmaceutical research and innovation and the creation of networks to exchange data and research results on PAIS and for supporting the development of medication for all PAIS; welcomes long-term partnerships such as between the Institut Pasteur de Dakar in Senegal and the Coalition for Epidemic Preparedness Innovation (CEPI) and calls for Team Europe to enable these partnerships also for NCDs and in particular PAIS through Global Gateway initiatives; draws attention to the need for knowledge-sharing and data collection, screening and early detection of diseases and for managing diagnoses and treatment; emphasises that innovative business models provide the opportunity to create incentives for patients and service providers to complete prevention programmes; calls for cooperation with developing countries in this area; calls also for support for local and public pharmaceutical production capacity in developing countries;
8. Recalls that health is a prerequisite for human development; stresses the need to strengthen healthcare systems in partner countries and provide support for the integration of NCD programmes into modernised national public health systems,

including by investing in capacity-building programmes to strengthen the skills and knowledge of healthcare professionals, researchers and policymakers in addressing NCDs; underlines that, in particular, the education and training of healthcare professionals in developing countries and particularly in least developed countries (LDCs) can play a role in improving health outcomes; calls, therefore, for the EU to support investment in health education and skills in developing countries;

9. Recalls that priority 2 of the European global health strategy is to ‘strengthen health systems and advance universal health coverage’, which is why additional public funds need to be mobilised and particular attention should be paid to preventive action and diagnostic, while community-centred approaches can facilitate these aspects;
10. Stresses that poverty is one of the root causes and one of the consequences of long-term, chronic disease, suffering and stigma, which excludes those affected from employment opportunities and leads to social isolation; highlights, therefore, the need to put more emphasis on NCDs in development assistance for health and on supporting horizontal primary health care systems in an equitable way that ensures financial risk protection; stresses that primary health care should be accessible and affordable to all people, which also implies improving health infrastructure and tackling restrictions on access to medicines and vaccines; is concerned about investing in for-profit hospitals in the Global South and calls for Team Europe to develop safeguards that ensure equitable access to healthcare in cases where EU development funds are involved; underlines the fact that support for primary health care in order to ensure NCD management is not sufficient, but given the high prevalence of NCDs, more awareness, training of medical personal and a greater share of development assistance has to be dedicated to NCDs;
11. Calls for facilitating access to essential health services and for global health policy to be strengthened in the areas of early warning, prevention and awareness, with the aim of achieving the Sustainable Development Goals relating to health and in line with the global health strategy that follows a human-rights based approach in order to ensure access to health by vulnerable groups also in the context of natural or man-made disasters and the impacts of climate change; calls for this human-rights based approach to be implemented, including by addressing NCDs and thus far neglected post-infectious syndromes;
12. Highlights the importance of preventing NCDs; stresses the need to support developing countries in educating communities about the risk factors and prevention strategies for NCDs by disseminating information through various credible channels;
13. Recalls the scale of the problem of health misinformation and the potential danger to human lives caused by this, as became apparent during the COVID-19 pandemic; calls on the Commission to support projects, tools and policies that seek to combat health misinformation; calls, further, on the WHO to promote further awareness and information in the fight against NCDs such as cancer and diabetes, as well as in the further prevention of substance abuse;
14. Underlines the impact of the living environment on health and on the prevention of NCDs; recalls that the One Health approach lies at the interface between ecological, animal and human health; calls for the EU to commit to a feasible design and

implementation of the One Health approach at European and international level through the WHO, regional organisations and Member States, in particular in negotiations relating to the planned pandemic treaty and the global health strategy; urges Team Europe to recall, in this regard, the principle of policy coherence for development as enshrined in Article 208 TFEU and to take the One Health approach into account in health programming and action, including in intersectional fields such as biodiversity, agriculture and a healthy living environment;

15. Stresses that delivering ‘horizontal health’ through a holistic and rights-based approach entails fully addressing the multidimensional nature of health on the basis of the One Health approach; notes with deep concern that pollutants in the environment have a massive impact on global health, especially in LMICs; calls for the EU to assist developing countries, in particular LMICs and LDCs, in prioritising disease prevention through investment in the management of pollution, including through strategies on access to clean energies, clean and efficient transport, control of industrial emissions and the sound use of chemicals; notes that this is a highly cost-effective strategy for enhancing population health, reducing the burden on limited health resources and advancing national development.

INFORMATION ON ADOPTION IN COMMITTEE ASKED FOR OPINION

Date adopted	20.9.2023
Result of final vote	+: 14 -: 1 0: 4
Members present for the final vote	Hildegard Bentele, Stéphane Bijoux, Dominique Bilde, Christophe Clergeau, Ryszard Czarnecki, Mónica Silvana González, György Hölvényi, Rasa Juknevičienė, Karsten Lucke, Erik Marquardt, Janina Ochojska, Michèle Rivasi, Miguel Urbán Crespo, Bernhard Zimniok
Substitutes present for the final vote	Frances Fitzgerald, Marlene Mortler, Patrizia Toia, Carlos Zorrinho
Substitutes under Rule 209(7) present for the final vote	Róza Thun und Hohenstein

FINAL VOTE BY ROLL CALL IN COMMITTEE ASKED FOR OPINION

14	+
ECR	Ryszard Czarnecki
PPE	Hildegard Bentele, Frances Fitzgerald, György Hölvényi, Rasa Juknevičienė, Marlene Mortler, Janina Ochojska
Renew	Stéphane Bijoux, Róza Thun und Hohenstein
S&D	Christophe Clergeau, Mónica Silvana González, Karsten Lucke, Patrizia Toia, Carlos Zorrinho

1	-
ID	Bernhard Zimniok

4	0
ID	Dominique Bilde
The Left	Miguel Urbán Crespo
Verts/ALE	Erik Marquardt, Michèle Rivasi

Key to symbols:

+ : in favour

- : against

0 : abstention

INFORMATION ON ADOPTION IN COMMITTEE RESPONSIBLE

Date adopted	7.11.2023
Result of final vote	+: 63 -: 2 0: 5
Members present for the final vote	João Albuquerque, Catherine Amalric, Mathilde Androuët, Maria Arena, Margrete Auken, Marek Paweł Balt, Traian Băsescu, Aurélie Beigneux, Hildegard Bentele, Sergio Berlato, Alexander Bernhuber, Malin Björk, Michael Bloss, Delara Burkhardt, Pascal Canfin, Sara Cerdas, Mohammed Chahim, Tudor Ciuhodaru, Nathalie Colin-Oesterlé, Maria Angela Danzi, Esther de Lange, Christian Doleschal, Bas Eickhout, Cyrus Engerer, Pietro Fiocchi, Emmanouil Fragkos, Helène Fritzson, Malte Gallée, Gianna Gancia, Andreas Glueck, Catherine Griset, Teuvo Hakkarainen, Anja Hazekamp, Martin Hojsík, Pär Holmgren, Jan Huitema, Adam Jarubas, Karin Karlsbro, Petros Kokkalis, Athanasios Konstantinou, Ewa Kopacz, Joanna Kopcińska, Peter Liese, Sylvia Limmer, Javi López, César Luena, Marian-Jean Marinescu, Fulvio Martusciello, Lydie Massard, Liudas Mažylis, Marina Mesure, Tilly Metz, Silvia Modig, Dolors Montserrat, Alessandra Moretti, Ville Niinistö, Ljudmila Novak, Grace O'Sullivan, Nikos Papandreou, Jutta Paulus, Francesca Peppucci, Stanislav Polčák, Jessica Polfjård, Erik Poulsen, Nicola Procaccini, Frédérique Ries, María Soraya Rodríguez Ramos, Sándor Rónai, Maria Veronica Rossi, Silvia Sardone, Christine Schneider, Günther Sidl, Ivan Vilibor Sinčić, Maria Spyraiki, Nils Torvalds, Edina Tóth, Achille Variati, Anders Vistisen, Petar Vitanov, Alexandr Vondra, Mick Wallace, Pernille Weiss, Emma Wiesner, Michal Wiezik, Tiemo Wölken, Anna Zalewska
Substitutes present for the final vote	Matteo Adinolfi, Stefan Berger, Biljana Borzan, Mercedes Bresso, Milan Brglez, Martin Buschmann, Cristian-Silviu Buşoi, Catherine Chabaud, Asger Christensen, Dacian Cioloş, Christophe Clergeau, Deirdre Clune, Gilbert Collard, Antoni Comín i Oliveres, Rosanna Conte, Beatrice Covassi, Gianantonio Da Re, Ivan David, Margarita de la Pisa Carrión, Anna Deparnay-Grunenberg, Estrella Durá Ferrandis, Giuseppe Ferrandino, Laura Ferrara, Cindy Franssen, Claudia Gamon, Jens Gieseke, Sunčana Glavak, Nicolás González Casares, Robert Hajšel, Martin Häusling, Romana Jerković, Irena Joveva, Radan Kanev, Karol Karski, Billy Kelleher, Ska Keller, Martine Kemp, Ondřej Knotek, Kateřina Konečná, Stelios Kypouropoulos, Danilo Oscar Lancini, Norbert Lins, Marisa Matias, Sara Matthieu, Radka Maxová, Dace Melbārde, Nuno Melo, Marlene Mortler, Dan-Ştefan Motreanu, Ulrike Müller, Dan Nica, Max Orville, Demetris Papadakis, Aldo Patriciello, Piernicola Pedicini, Lídia Pereira, Sirpa Pietikäinen, João Pimenta Lopes, Rovana Plumb, Manuela Ripa, Michèle Rivasi, Robert Roos, Marcos Ros Sempere, Massimiliano Salini, Christel Schaldemose, Andrey Slabakov, Vincenzo Sofo, Tomislav Sokol, Susana Solís Pérez, Nicolae Ştefănuţă, Annalisa Tardino, Hermann Tertsch, Róza Thun und Hohenstein, Grzegorz Tobiszowski, Marie Toussaint, István Ujhelyi, Inese Vaidere, Idoia Villanueva Ruiz, Nikolaj Villumsen, Sarah Wiener, Jadwiga Wiśniewska
Substitutes under Rule 209(7) present for the final vote	Marie Dauchy, Nicolaus Fest, Juan Ignacio Zoido Álvarez

FINAL VOTE BY ROLL CALL IN COMMITTEE RESPONSIBLE

63	+
ECR	Pietro Fiocchi, Joanna Kopcińska, Alexandr Vondra
NI	Maria Angela Danzi, Edina Tóth
PPE	Traian Băsescu, Hildegard Bentele, Nathalie Colin-Oesterlé, Christian Doleschal, Stelios Kypouropoulos, Esther de Lange, Peter Liese, Marian-Jean Marinescu, Ljudmila Novak, Stanislav Polčák, Massimiliano Salini, Tomislav Sokol, Maria Spyrali, Pernille Weiss, Juan Ignacio Zoido Álvarez
Renew	Catherine Amalric, Pascal Canfin, Catherine Chabaud, Andreas Glueck, Jan Huitema, Irena Joveva, Karin Karlsbro, Erik Poulsen, Susana Solís Pérez, Nils Torvalds, Emma Wiesner, Michal Wiezik
S&D	João Albuquerque, Maria Arena, Marek Paweł Balt, Biljana Borzan, Delara Burkhardt, Sara Cerdas, Mohammed Chahim, Estrella Durá Ferrandis, Cyrus Engerer, Hélène Fritzon, Javi López, César Luena, Alessandra Moretti, Nikos Papandreou, Achille Variati
The Left	Anja Hazekamp, Petros Kokkalis, Kateřina Konečná, Marina Mesure, João Pimenta Lopes, Mick Wallace
Verts/ALE	Michael Bloss, Bas Eickhout, Malte Gallée, Pär Holmgren, Ska Keller, Lydie Massard, Tilly Metz, Ville Niinistö, Jutta Paulus, Michèle Rivasi

2	-
ECR	Robert Roos
ID	Nicolaus Fest

5	0
ECR	Teuvo Hakkarainen
ID	Aurélia Beigneux, Marie Dauchy, Catherine Griset
NI	Ivan Vilibor Sinčić

Key to symbols:

+ : in favour

- : against

0 : abstention