



**2023/2075(INI)**

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’<sup>1</sup>,
- 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 Goals<sup>2</sup>,
- having regard to its resolution of 12 July 2023 on the COVID-19 pandemic: lessons learned and recommendations for the future<sup>3</sup>,
- having regard to its resolution of 14 March 2023 on Policy Coherence for Development<sup>4</sup>,
- having regard to its resolution of 6 October 2021 on the role of development policy in the response to biodiversity loss in developing countries, in the context of the achievement of the 2030 Agenda<sup>5</sup>,
- 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 crises<sup>6</sup>,
- having regard to its resolution of 20 May 2021 on accelerating progress and tackling inequalities towards ending AIDS as a public health threat by 2030<sup>7</sup>,
- having regard to the opinion of the Committee on Development on the proposal for a

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<sup>1</sup> OJ C 210, 30.6.2017, p. 1.

<sup>2</sup> Texts adopted, P9\_TA(2023)0250.

<sup>3</sup> Texts adopted, P9\_TA(2023)0282.

<sup>4</sup> Texts adopted, P9\_TA(2023)0071.

<sup>5</sup> OJ C 132, 24.3.2022, p.2.

<sup>6</sup> OJ C 355, 20.10.2017, p. 2.

<sup>7</sup> OJ C 15, 12.1.2022, p. 1.

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 agriculture<sup>8</sup>,
- 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 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,

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<sup>8</sup> Texts adopted, P9\_TA(2023)0238.

- 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 lambliasis 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 2022<sup>9</sup>; 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;
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

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<sup>9</sup> NCD Countdown 2030 is a collaborative effort from the WHO, NCD Alliance, Imperial College and *The Lancet*. NCD Countdown publishes biannual reports.

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

<b>Date adopted</b>	20.9.2023
<b>Result of final vote</b>	+ : 14 - : 1 0 : 4
<b>Members present for the final vote</b>	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
<b>Substitutes present for the final vote</b>	Frances Fitzgerald, Marlene Mortler, Patrizia Toia, Carlos Zorrinho
<b>Substitutes under Rule 209(7) present for the final vote</b>	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