



2023/2075(INI)

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COMPROMISE AMENDMENTS

1 - 8

Draft opinion
Karsten Lucke
(PE751.578v02-00)

Non-communicable diseases
(2023/2075(INI))

AM_Com_NonLegCompr

Amendment 1
Karsten Lucke

Compromise amendment replacing Amendment(s): 25, 28, 29 part A, 35, 36 part A, 38, 44, 46 part A, 48, 49

Draft opinion
Recital A

Draft opinion

A. whereas non-communicable diseases, 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 World Health Organization estimates, 77 % of all premature deaths from non-communicable diseases occur in low- and middle-income countries;

Amendment

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 non-communicable diseases, 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 World Health Organization estimates, 77 % of all premature deaths from non-communicable diseases occur in low- and middle-income countries; 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 target 3.4 on non-communicable diseases and mental health, which is interlinked with SDGs beyond SDG 3, aims for a 30% reduction in premature mortality from the four major NCDs clusters: cardiovascular disease, cancer, chronic respiratory disease and diabetes;***
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 non-communicable diseases in developing countries; whereas multimorbidity, including HIV-infection, diabetes, hypertension, cancers and chronic respiratory conditions, has been a particular risk-factor during the Corona Pandemic; whereas siloed health programmes have not been helpful for people suffering from NCDs already; whereas specialized treatments should be integrated in primary health care and national health care 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 (a 4-fold higher odds) in particular with neurocognitive impairment; whereas global health security not only has to take the immediate threat of infectious disease into account, but also to deal with chronic long-term suffering as a consequence thereof, whereas interactions between communicable and non-communicable diseases (NCDs) are complex and often mediated by shared risk factors; whereas the co-existence of NCDs and communicable diseases lead to increased morbidity, in particular in lower- and middle income countries;

Or. en

Amendment 2

Karsten Lucke

Compromise amendment replacing Amendment(s): 26, 32, 46 part B, 47, 50

Draft opinion

Recital A a (new)

Draft opinion

Amendment

A a. whereas developing countries face serious constraints in the financing of healthcare, particularly with regard to

non-communicable diseases; whereas post-infectious illnesses, the so-called post-acute infection syndromes (PAIS), are known since a long time, causing chronic disability after Influenza, Ebola, Dengue, Polio, Chikungunya, EBV or Mononucleosis, Borreliosis or Lyme disease, Gardiasis 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 encephalomyelitis/chronic fatigue syndrome (ME/CFS), suggest a common pathogenesis; whereas attention and funding for research into these chronic consequences are under-recognized and under-researched; whereas also Malaria knows post-infectious illness that can be described as chronic inflammatory state with similarities to ME/CFS; whereas some patients develop a post-neurological malaria syndrome; whereas Zika causes chronic symptoms by persisting in latent forms, causing post-infectious illness; whereas PAIS gain even more relevance since the Corona 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 also a significant number of Long Covid patients develops myalgic encephalomyelitis/ chronic fatigue syndrome (ME/CFS) and show similarities with other PAIS; whereas Long Covid alone adds a substantial burden on global healthcare systems and national economies; whereas although upcoming pandemics are likely to be followed by PAIS, the EU Global Health Strategy of 2022 neither addresses Long Covid nor PAIS in general; whereas PAIS cannot count for “rare diseases” due to their overall prevalence of ME/CFS alone and certainly not since the high prevalence of Long Covid; whereas the

EU development cooperation policy should emphasize 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;

Or. en

Amendment 3
Karsten Lucke

Compromise amendment replacing Amendment(s): 27, 29 part B, 31, 33, 34, 36 part B, 40, 45

Draft opinion
Recital A b (new)

Draft opinion

Amendment

A b. whereas non-communicable diseases are linked to poverty, as they impede poverty reduction initiatives by increasing the share of household costs for health care; whereas treatments of non-communicable diseases tend to involve long-term treatment that can be hard to access to and have a significant impact on household economy; 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 from long-term treatment and care costs, loss of productivity that considerably threatens household income and impairs national economies, making non-communicable diseases a contributing factor to poverty and hunger;

whereas providing adequate care, prevention and treatment for patients with non-communicable diseases 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 the healthcare structure, particularly in developing countries; whereas the COVID-19 pandemic has exposed insufficient investment in the Health Care Workforce and shown how unprepared health systems were to respond to a global health crisis; whereas low- and middle-income countries' health systems focus on acute illness because of their weaknesses; whereas, as a result, the patient's journey is often characterised by gaps, whether at the diagnostic phase, treatment or lack of adherence to therapy; whereas prevention aspects are 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;

Or. en

Amendment 4
Karsten Lucke

Compromise amendment replacing Amendment(s): 30, 37, 38, 41, 42, 51

Draft opinion
Recital A c (new)

Draft opinion

Amendment

A c. whereas the Global Goals for Sustainable Development comprise combatting poverty, including the access to basic human needs of health, zero hunger, including establishing sustainable food production and good health and wellbeing, 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 non-communicable diseases; whereas in

general, next to infections and behavioural risk factors interlinked with socio-economic factors and according to the World Health Organisation, climate change, air pollution and non-communicable diseases represent some of the most serious threats to global health; which is why One Health needs to become a central determinant in the prevention of health risks and in combatting them;

Or. en

Amendment 5
Karsten Lucke

Compromise amendment replacing Amendment(s): 52, 73, 74, 77, 78, 86, 87, 88 part A

Draft opinion
Paragraph -1 (new)

Draft opinion

Amendment

-1 Is deeply concerned about the high prevalence of non-communicable diseases (NCDs) as cause for excess mortality and morbidity; underlines that NCDs do not get adequate attention globally and lead to particular dire consequence in low- and middle-income countries; underlines that health in general and global health security need more political attention and financial support with a special focus on NCDs, certainly as more pandemics with post-infectious chronic illnesses can be expected; calls on 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 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;

Welcomes the Commission's 2022 Global Health Strategy "Better Health for all in a Changing World", highlighting in particular Guiding Principle 2 that addresses a comprehensive approach, including equitable access to health services, disease prevention, affordable quality treatment and 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 non-communicable diseases; underlines that the prevalence of non-communicable diseases can be reduced by as much as 70% through healthcare and disease prevention alone;

Underlines the bidirectional relationship between communicable diseases and non-communicable diseases as has been seen during the Corona pandemic, particularly in countries with high prevalence of HIV/AIDS and calls on the Commission for siloed programmes to be integrated within primary health care, as suggested by the 2022 NCD Countdown 2030 report^{1a}; (and therefore emphasises the important role of and the need for interdisciplinary points of care; Calls on 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 view of enabling evidence-based decision-making and designing targeted interventions; underlines the need to design and scale up solutions for high risk, resource-limited, and marginalized populations;

^{1a} *The NCD Countdown 2030 is a collaborative effort from WHO, NCD Alliance, Imperial College and The Lancet. The NCD Countdown publishes*

Amendment 6
Karsten Lucke

Compromise amendment replacing Amendment(s): 53, 54, 55, 57, 62, 66, 68, 75, 76, 80, 83, 88 part B

Draft opinion
Paragraph 1

Draft opinion

1. *Notes* the surge in post-acute infection syndromes (PAIS) following COVID-19 infections; *recalls* that PAIS also occur following other bacterial, viral and parasitic infections, including mononucleosis, Lyme disease, Ebola, polio *and* influenza; *recalls* that the pathogenesis of PAIS is linked to chronic fatigue syndrome (ME/CFS), *in the context of* 65 million people suffering from long COVID to date, *as well as* reinfection pressure and upcoming pandemics; *is concerned that the* global health strategy addresses *neither* the post-acute sequelae of SARS-CoV-2 nor PAIS in general; calls for the EU, with a view to 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;

Amendment

1. *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, *amongst others*, mononucleosis, Lyme disease, Ebola, polio, 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 *neither* addresses the post-acute sequelae of SARS-CoV-2 nor PAIS in general; calls for the EU, with a view to 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;

Stresses that the human and financial costs of non-communicable diseases are expected to rise, owing to the fact that those who suffer from non-communicable diseases 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 non-communicable diseases and to facilitate access to affordable essential pharmaceuticals; recalls that NDICI resources can also be used in the area of healthcare; urges the EU to establish programs to address chronic and severe non-communicable diseases by ensuring that essential medicines, technologies, and diagnostics are both available and accessible at district hospitals;

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 non-communicable diseases;

Recalls the high prevalence of PAIS in countries of the Global South; calls for supporting cooperation partnerships on 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 management of diagnosis 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; and to support local and public pharmaceutical production capacity in developing countries;

Or. en

Amendment 7

Karsten Lucke

Compromise amendment replacing Amendment(s): 56, 59, 60, 61, 63, 64 part A, 65, 66, 69, 70, 72, 81, 82, 84

Draft opinion

Paragraph 2 a (new)

Draft opinion

Amendment

2 a. *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 programs into modernised national public health systems, including by investing in capacity building programs 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 can play a role in improving health outcomes; calls therefore on the EU to support investment in health education and skills in developing countries; Reminds that the priority 2 of the*

European Global Health Strategy is to "strengthen health systems and advance universal health coverage"; which is why mobilization of additional public funds is needed and particular attention should be put on preventive action and diagnostic, while community-centred approaches can facilitate those aspects;

Stresses that poverty belongs to the root-causes as well as to the consequences of long-term, chronic disease and suffering and stigma, that excludes affected persons from employment opportunities and leads to social isolation; highlights therefore the need to put more emphasis on NCDs in the development assistance for health and to support horizontal primary healthcare systems in an equitable way that ensures financial risk protection and are accessible and affordable to all which also comprises improving the 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 on Team Europe to develop safeguards that ensures equitable access to healthcare in cases where EU development funds are involved; underlines that support to primary healthcare in order to ensure the management of non-communicable diseases 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;

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 to achieve 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 implementing this human-rights based approach including addressing NCDs and the so far neglected post-infectious syndromes;

Or. en

Amendment 8
Karsten Lucke

Compromise amendment replacing Amendment(s): 58, 63, 67, 69, 71, 79, 85, 89, 90, 91

Draft opinion
Paragraph 2 b (new)

Draft opinion

Amendment

2 b. Highlights the importance of preventing non-communicable diseases, 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;

Reminds the scale of the problem of health misinformation and the potential danger to human lives that has become apparent with the COVID-19 pandemic; calls on the Commission to support projects, tools and policies that seeks to fight the health misinformation topic; and calls on the WHO to promote further awareness and information in the fight against non-communicable diseases such as cancer or diabetes, as well as further prevention of substance abuse;

Underlines the impact of the living environment on health and on the prevention of non-communicable diseases; recalls that 'One Health' lies at the interface between ecological, animal and human health; calls on 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 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 (PCD) as enshrined in Article 208 TFEU and to take the One Health approach in health programming and action into account, including in intersectional fields such as biodiversity, agriculture and a healthy living environment;

Stresses that the delivering of “horizontal health” through an holistic and rights-based approach entails i.a. to fully address the multidimensional nature of health along the line of “One Health” approach; Notes with deep concern that pollutants in the environment have a massive impact on global health, especially for low- and middle-income countries (LMICs); calls on the EU to assist developing countries, notably the LMICs and LDCs, to prioritize 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, the sound use of chemicals, as it is a highly cost-effective strategy for enhancing population health, reducing the burden on limited health resources and advancing national development;

Or. en