

EU Joint Action on Chronic Diseases and promoting healthy ageing across the life-cycle



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Background - Situation

- Cancer, diabetes, cardiovascular disease, chronic respiratory diseases and mental disorders account for **86% of deaths in Europe**. They affect 8 out of 10 of people aged over 65 in Europe;
- **70% to 80% of healthcare budgets** are spent on chronic diseases;
- **Undermine quality of life** of millions of Europeans / biggest challenge to the EU EIP-AHA target of 2 more **HLY** by 2020;
- **Growing costs of health care / ageing societies**;


Background - Needs

- **4 /5 deaths of people < 75** in the UK are estimated to be **preventable**, with a total annual cost of 187 billion GBP, or 19% of total GDP (NSMC, 2010);
- In Scotland, it has been estimated that as much as **40% of all spending on public services** is accounted for by interventions that **could have been avoided by prioritising a preventative approach**;

Need shift from costly hospital based interventions.

Characteristics of a high-performing chronic care programme: **focus on prevention, self-management, primary health care and population management.**

Role of the EU

The EU Council Conclusions (December 2010)  Reflection process on chronic diseases, to identify ways to optimise the response to chronic diseases and the cooperation between EU countries.

The work undertaken was summarised in a ***Final Report on the Reflection Process on Chronic Diseases*** (September 2013).

Follow up =

CHRODIS-JA + EU Chronic Disease Summit (2-3 April, 2014)

European Innovation Partnership on Active and Healthy Ageing (EIP-AHA)

- One of the flagship initiatives of the EU 2020 Strategies.
- Target of increasing the healthy lifespan of EU citizens by two years by 2020.
- The EIP-AHA focuses on action developed around three pillars:
 - Prevention
 - Screening and early diagnosis, care and cure (integrated care)
 - Active ageing and independent living

Some facts about CHRODIS -JA:

- Joint Action: *co-financed by the **competent authorities that are responsible for health** in the Member States or by public sector bodies and non-governmental bodies, mandated by those competent authorities*
- **36 Associated Partners in 26 countries**
From Italy: Agenzia Italiana Del Farmaco (AIDF) -WP6 leader, Istituto Superiore Di Sanita (ISS) -WP7 leader, Ministry of Health
- **23 Collaborating Partners** in the original proposal
From Italy: Universita di Napoli
- Duration: **3 years** (2014 -2016)
- **Led by the Spanish Ministry of Health, Social Services and Equity with the Health Institute Carlos III**

CHRODIS-JA

Aim

- ***To draw on existing experience*** in countries and regions of its partners ***to identify the best approaches to prevent and treat chronic disease.***
- **Focus on:** cardiovascular diseases, stroke, type-2 diabetes + multi-morbid conditions (how to provide a more holistic, rather than disease-specific care path.)

Approach – work strands

- **Good practice** in health promotion and primary prevention across the life cycle
- Development of common guidance and methodologies for **care pathways for multi-morbid patients**
- **Diabetes: a case study** on strengthening health care for people with CD



Work package leads

- | | |
|---------------------------|--|
| I. Coordination | ISCII, MoH (ES) |
| II. Dissemination | EuroHealthNet |
| III. Evaluation | European Health Management Association |
| IV. Knowledge Platform | IACS (ES) |
| V. Health Promotion | BZgA, EuroHealthNet |
| VI. Multi-morbid diseases | AIFA (IT), VULKS (LI) |
| VII. Diabetes | ISS (IT), IVZ (SL) |

Good practice in health promotion and primary prevention (WP5)

Aim:

To identify highly promising, cost-effective and evaluated health promotion and chronic disease prevention practices (among the elderly) and to promote the exchange, scaling up and transfer of effective approaches to different regions and countries.

Focus:

Activities that address major avoidable social and behavioural risk factors (poor diets, physical inactivity, smoking and alcohol abuse + wider determinants)

Health inequalities, older and disadvantaged groups

CHRODIS WP 5 Tasks

1. Country + EU-level Reviews / Situation Analysis



2. Identification of Good Practice Criteria

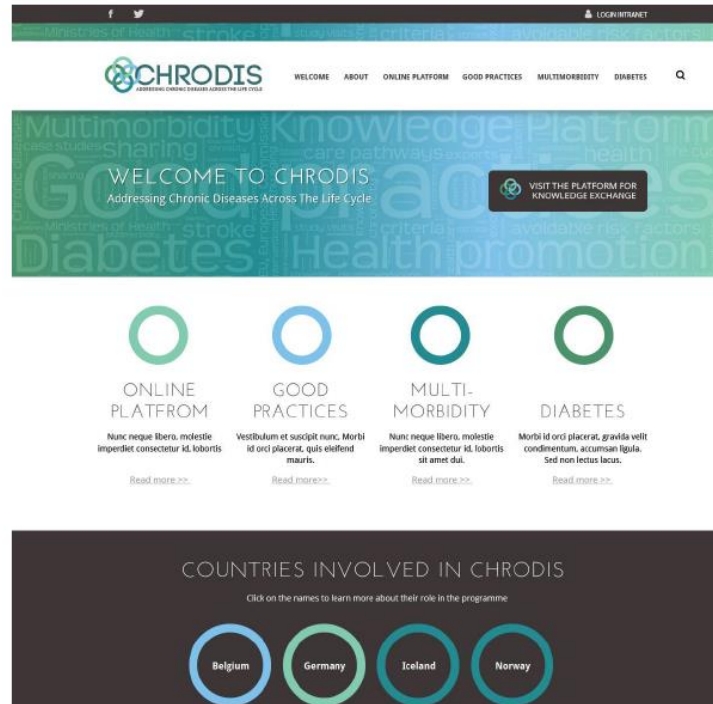
3. Identification of Good Practice

4. Conference(s?) to exchange

5. Study visits / Transferability



Website (July 2014) + 1st Newsletter



For more information

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***Thank
You!***