A JOINT DECLARATION BETWEEN THE MEP INTEREST GROUP ON OBESITY AND HEALTH SYSTEMS RESILIENCE, NATIONAL POLICYMAKERS AND STAKEHOLDERS

Towards Applying an NCD Framework for Obesity National Plans across Europe

Brussels, 4 March 2022

Under the auspices of the MEP Interest Group on Obesity and Health System Resilience a hybrid Study Trip was conducted to Belgium, France, Denmark, Italy and Spain in February 2022. The main objective of the Study Trip was to investigate what key components should be included in an EU level Non-Communicable Disease (NCD) Framework for Obesity as a Chronic Disease; namely for early diagnosis, treatment and long-term management.

The onsite visits, comprised of national stakeholders and policymakers, were followed up by a virtual working session on 1 March 2022 across all interested and participating parties to draw consensus across the EU as to which common components should be prioritised in such an NCD Roadmap for Obesity National Plans.

A. Whereas the **World Health Organisation classified obesity as a disease** in 1948[1].
B. Whereas the **European Commission categorised obesity as a chronic disease in 2021.[2]**
C. Whereas **obesity is defined** as abnormal and or excessive fat accumulation that may lead to ill health.[2]
D. Whereas **the International Disease Classification Index (ICD11)** entered into force on 1 January 2022, in which obesity is clearly described as a chronic disease.[3]
E. Whereas **Principle 16 of the European Pillar of Social Rights** provides that "Everyone has the right to timely access to affordable, preventive and curative health care of good quality."[4]
F. Whereas **Principle 18 of the European Pillar of Social Rights** provides that "Everyone has the right to affordable long-term care services of good quality, in particular home-care and community-based services."[4]
G. Whereas **59.3% of people living in the EU** already live with pre-obesity (overweight) or obesity.[5]
H. Whereas the conservative estimated financial cost of obesity-related care amounts to **7% of GDP** per annum in OECD countries.[5]
I. Whereas in accordance with **Article 35 of the European Charter of Fundamental Rights** everyone has the right of access to preventive health care and the right to

[1] James WP. WHO recognition of the global obesity epidemic. Int J Obes (Lond). 2008 Dec;32 Suppl 7:S120-6. doi: 10.1038/ijo.2008.247. PMID: 19136980.
[2] European Commission Knowledge4Policy
[3] WHO FIC Foundation
[4] The European Pillar of Social Rights in 20 principles | European Commission (europa.eu)
[5] European Commission. Knowledge for policy: Health Promotion and Disease Prevention Knowledge Gateway

benefit from medical treatment under the conditions established by national laws and practices. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities. [6]

J. Whereas, although **universal and equitable access to healthcare** and applying the **5As principles of (adequacy, accessibility, affordability, appropriateness, and availability)** are core to achieving the health chapters of the UN Sustainable Development Goals (specifically SDG 3.4)

CROSS CUTTING COMPONENTS

Education and health literacy across stakeholder groups are cross-cutting imperatives to ensure a clear understanding of obesity as an NCD and thereby properly implement it within the context of the NCD framework. We therefore call for:

a) Mandatory integration of **obesity as an NCD and the biology of obesity** for medical education as per the EU Mutual Recognition of Professional Qualifications Directive[7]. This should be integrated both for basic medical training as well as for specialist training across related disciplines.
b) **Specific education and training** for Primary Care health professionals.
c) **Public awareness campaigns** to understand the definition and scope of obesity as an NCD and its underpinning biological mechanisms at onset as well as how physical environmental factors can affect biology in the progression of the disease along the life course.

Underlying infrastructures that allow interoperability across geographies and related complications or pre-cursor medical conditions.

a) Ensuring that treatment pathway guidelines are in place, implemented in law, monitored, measured and evaluated.
b) To ensure that there is a primary and secondary data capture element to allow this to happen (National plan element).
c) Evaluation of data to help strengthen treatment options, shared decision-making and ultimately patient outcomes.

Funding mechanisms start with research programmes to better understand the disease. They continue with finding solutions to resourcing the implementation of obesity as an NCD in a joined-up manner when considering medical complications of obesity and a health outcomes-based approach.

a) Ensure that **funding instruments** are in place to take into account the needs of implementing at national, territorial and cross boarder levels in line with the EU Cross border Directive, EU Structural Funds as well as EU Research Programmes.
b) Consider ways in which health technology assessment and related reimbursement principles can be introduced equitably into health systems over

[6] Article 35 - Health care | European Union Agency for Fundamental Rights (europa.eu)
[7] EUR-Lex - 32005L0036 - EN - EUR-Lex (europa.eu)

the course of the duration of the National Plan and in line with national norms and competences.

EARLY DIAGNOSIS & SCREENING COMPONENTS

Early diagnosis of obesity can have a significant impact on limiting severity, the early secondary prevention of the complications of obesity and the general prognosis for the person living with obesity.

We therefore call for the following evidence-based components to be included in a National Plan framework in line with other major NCDs and in the **uptake of ICD11 chapters on obesity.**

a) Establishment of obesity screening **programmes[8] and related guidelines,** in particular**, biological and mental health screening** for those who are at high risk for onset **of different types of obesity** such as (mono-) genetic, hypothalamic, endocrine, or those who are at risk due to a known pre-existing obesity causing medical condition.
b) Broadening the set of obesity diagnosis tools moving **beyond BMI to** consider **early diagnosis biological disease markers** as well (including but not limited to insulin/insulin-like growth factor (IGF) axis and chronic low-grade inflammation which have been identified as major pathways as well as ghrelin and specific adipokines such as leptin, adiponectin and resistin).

TREATMENT COMPONENTS

Just as with other major NCDs implemented under the NCD policy framework, there is **no such thing as "one single form of obesity"**. The key components to be reflected within a National Plan Framework should reflect this fact:

a) Access to the full portfolio of appropriate physiological and psychological treatment options should be integrated within a National Plan Framework;
b) Integration and implementation of **regularly updated and referenced evidence-based clinical treatment guidelines** as part of the National Plan Framework.
c) EU accredited **Multidisciplinary Centers of Excellence in** all regions ensuring patients the possibility of ongoing interdisciplinary support and treatment. Pre-existing networks such as **the EASO Collaborating Obesity Management Centres** should be leveraged as a practical blueprint and upscaled.
d) EU accredited **Reference Networks** on obesity treatment and long-term management should be created and interconnected with other Reference Networks being developed under the NCD Roadmap Initiative as well as the EU Beating Cancer Plan.
e) **Registries** focussing on obesity management along the life course and along the disease progression continuum should be created and integrated or at a minimum be interoperable with plans under the European Health Data Space and Digital Services Act.

[8] Screening programmes should include family histories of obesity, and medical pre-cursors to obesity

LONG-TERM MANAGEMENT COMPONENTS

As a lifelong and relapsing NCD, obesity long-term management should be taken into account in any framework for national plans on obesity. Key components should include:

a) **Multidisciplinary case management[9] infrastructures and resources:** to include resources ringfenced for intake coordinators. Also, appropriately assigned specialised, psychotherapists, physiotherapists, endocrinologists, dermatologists, dieticians and other related disciplines for the type of obesity being managed.
b) **Regularly supported self-management:** to include access to increased regularity of health monitoring – to take into account nutrition (including appropriate nutritional supplementation, social prescribing and other recognised supported self-management interventions.
c) **Complementary services which support quality of life outcome measurements and adherence to long-term management pathways.**

PATHWAY TOWARDS AN NCD ROADMAP AT EU LEVEL

Given all of the above, participating stakeholders call for the European Commission's High Level Steering Group on NCD Prevention, treatment and Management to set in place a **timeline for developing a disease specific NCD Roadmap for Obesity in its own right**.

Supporters of this Joint Declaration further call on representatives from EU Member States participating on the European Commission's High Level Steering Group on NCD Prevention to open dialogue with all stakeholders – not least the European Parliament to discuss and set in place a timeline and scope for what will need to be put in place to implement obesity within an NCD framework

Just as with other major NCDs, it is imperative to engage across stakeholder groups and geographies in realising an NCD Roadmap for obesity in Europe.

We call on all stakeholders at national as well as EU and global levels to come together to find solutions to design, implement, monitor and evaluate an NCD framework for National Plans on Obesity namely for early diagnosis, treatment and long-term management along the life course.

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[9] Self-management interventions to reduce healthcare use and improve quality of life among patients with asthma: systematic review and network meta-analysis | The BMJ

CONTRIBUTING POLITICIANS

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1. MEP Pernille Weiss (EPP-DK)
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9. Liliana Pérez Pazo (ES)

CONTRIBUTING ORGANISATIONS

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