

2016 EU KIDNEY FORUM  
“MOVING FROM DISEASE CARE TO HEALTH CARE -  
A PARADIGM SHIFT THAT FOCUSES ON PREVENTION”  
with the MEP Group for Kidney Health  
Brussels, 19<sup>th</sup> April 2016



## Summary and Context

On the 19th of April, the **European Kidney Health Alliance** organised its annual multi-stakeholder meeting, co-hosted by the **MEP Group for Kidney Health**. The event was the occasion to debate the need for an overhaul in healthcare systems in Europe, in order to shift from disease care to prevention. Participants discussed prevention measures to reduce the prevalence of chronic diseases, in particular chronic kidney disease, and on the related potential impact these actions can have in terms of health spending.

This year's edition of the Kidney Forum took place two days before a long-awaited **EU Conference on Chronic Diseases** organised by the European Commission to present its forthcoming set of actions to address the issue at EU level. It also followed the launch of the **Roadmap for Action on Food Product Improvement by the Dutch EU Council Presidency**, to which EKHA is a signatory, and thus allowed discussions to further reflect on ways to enhance political action, building on the Netherlands' Presidency approach.



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## Welcome

### *MEP Karin Kadenbach, Chair of the MEP Group for Kidney Health*



In her function as Chair of the **MEP Group for Kidney Health**, **Karin Kadenbach** welcomed the audience gathering patients, EU policy-makers, representatives from the scientific community as well as members of kidney health advocacy organisations.

She firstly reminded the importance of preserving citizens' good health, stressing the related **need to coordinate care in a way that focuses on the prevention of diseases**.

Highlighting the widely acknowledged additional benefits of prevention for the economics of healthcare systems, she pointed at the **overall lack of financial resources dedicated to prevention in EU and national health programmes**.

Welcoming the European Commission's actions to address the risk-factors of the disease including tobacco use, poor diet and lack of physical activity, she called for greater EU response to the challenges of prevention, to effectively enhance the change and design sustainable healthcare systems in Europe.

## The EU's role in supporting Member States to prioritise prevention

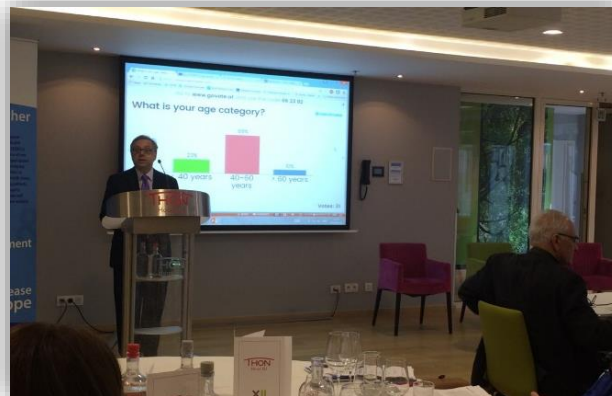
### *DG SANTE Deputy Director General Martin Seychell*

**Dr Martin Seychell** introduced the role of the **European Commission** in supporting national Governments to put prevention at the forefront of their national public health policy approach. Speaking ahead of the Chronic Disease conference of the European Commission, which aimed to present EU intended action to respond to the

burden of chronic diseases in Europe, he outlined that emphasis would be placed on concerted approach to prevention. Dr Seychell especially explained that the bottom line of the EU approach will be to direct all existing instruments at EU

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level to address chronic diseases, including policy and financial tools; and foment synergies amongst them to set a “package of tools” that can be used by stakeholders. This will include optimising the use of health networks to tackle the disease triggers amongst which social inequalities, working conditions, and lifestyle risk factors, in order to promote changes which will have a long-term impact on citizen’s health.



## The Economics of Prevention

### *Prof. Gérard De Pourville*

**Prof Gérard de Pourville’s** focused his talk on the ways in which prevention decrease the societal cost of chronic disease. He started by explaining the distinction between primary prevention and secondary prevention, which covers actions and services provided once the disease has occurred in a patient, in contradiction with primary prevention which aims at preventing the occurrence and development of the disease.

Prof de Pourville particularly highlighted the **cost-effectiveness of primary prevention** in light with the related economic savings for healthcare systems. Underlining that prevention is global and multi-target because it addresses risk-factors that are common to multiple conditions, he particularly pointed at the main obstacle to an effective implementation of primary prevention programs being the public stakeholders’ belief that promoting healthy lifestyles is difficult.

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**An example of Policy in Action: Tangible action on Prevention  
Dutch Presidency’s Roadmap for Food Product Improvement**

***Mrs Jonneke Reichert***

In her capacity as officer in the Netherlands Ministry of Health, Welfare and Sport, **Mrs Janneke Reichert** presented the Dutch EU Presidency priority on food product improvement, aimed at **making the healthy choice, the easy choice for EU citizens**. The Presidency’s priority, which comes in line with the overall goal of enhancing disease prevention at EU level, aims at developing concerted action at EU level between all interested parties and further build on the support of Member States and national experiences, to move towards a healthier product offer with reduced levels of salt, saturated fats and added sugars in food products.

She particularly stressed how greater product competition and less salt, fat and sugar content in food would help make the healthy choice the easy choice.

Mrs Reichert gave an overview of the Presidency plans, which include strengthening the close cooperation with the European Commission in the field and aim for the adoption of Council Conclusions at the Health Minister meeting on the 17<sup>th</sup> of June, in addition to working in close coordination with the EU Council trio Presidencies to establish sustainable and long-term actions.



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## How to Move from Concept to Reality? EKHA's Policy Recommendations for Prevention

**Prof Em. Raymond Vanholder, Chair, EKHA**

**Prof Em. Raymond Vanholder** is the Chairman of EKHA, the organiser of the EU Kidney Forum. Building on EKHA's 2015 Policy Recommendations for Sustainable Kidney Care, Prof Vanholder explained that **increasing screening of the at-risk population, promoting healthy diets and life-style modifications, working with industry to develop healthier food products and easier to understand food labelling, and starting early in schools to improve health literacy** amongst the European

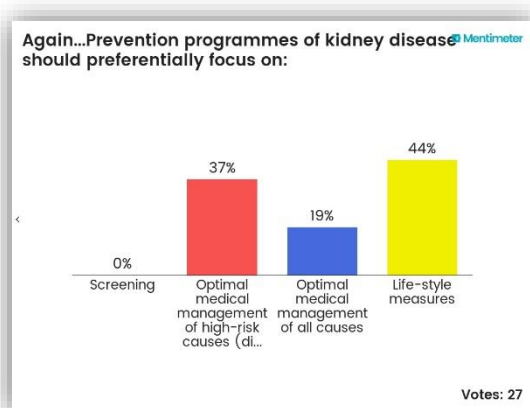
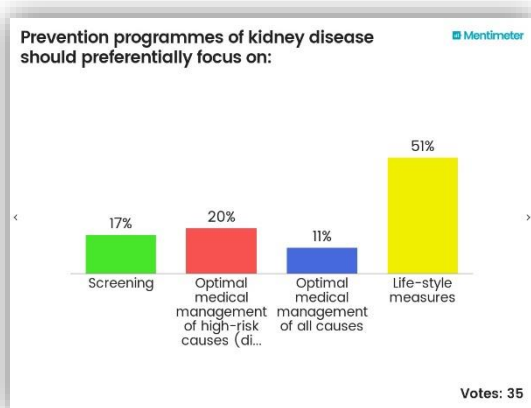
population would have significant impacts in terms of public health and lead to a sustainable reduction of the prevalence of chronic diseases in Europe.

He especially accentuated the need to define such preventive actions to address chronic diseases main factors including smoking, obesity and physical inactivity.

### Debate & Electronic voting

After lively debates in between the presentations, participants were invited to vote electronically to define priorities for prevention programmes of kidney disease on several aspects including screening, lifestyle measures, and education. They were also asked to provide their vision on the EU's role and national health ministries' responsibilities in promoting healthy diets; as well as their views on secondary prevention priorities to prevent disease progression.

Following questions to the speakers and interaction between participants, **the audience overall voted for increased regulation on industry to do its part in helping citizens to choose healthier diets, and supporting the population with improved life-style measures and optimal management of high-risk causes as the focal points needed for prevention programmes of kidney disease.**



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## Acknowledgments

EKHA is grateful to the following sponsors who have helped make this event possible

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