



# AN EU HEALTH POLICY FOR RHEUMATIC AND MUSCULOSKELETAL DISEASES

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*Rheumatic and musculoskeletal diseases (RMDs) represent one of the more burdensome chronic diseases affecting around 25% of EU citizens of all ages.*

*The European League Against Rheumatism (Eular) says that, beyond the impact on individuals, RMDs impose an enormous burden on European societies, particularly in terms of productivity loss, as well as in terms of health care and social security costs.*

*“In order to address the enormous health and financial challenges imposed by RMDs and other chronic conditions, it is imperative that the EU and European countries further commit to finding effective, comprehensive solutions,” Eular recently said.*

*In this Event Report, EURACTIV will analyse how can we achieve a sustainable and effective EU health policy for citizens, focusing on chronic diseases and inclusion in social and economic life.*

# Contents

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New EU Commission should take on rheumatic and musculoskeletal diseases	4
Health research is where the EU can leave a mark, lawmakers agree	6
Opportunity in a crisis: European Union must enable people with chronic conditions to remain active in social and economic life	8

# New EU Commission should take on rheumatic and musculoskeletal diseases

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By Sarantis Michalopoulos | EURACTIV.com



Iain McInnes: "There are useful predictive models, keeping people at work and when they're at work, making sure that they're productive." [Eular]

The new European Commission should tackle "head-on" rheumatic and musculoskeletal diseases, the president of the European League Against Rheumatism (Eular) told EURACTIV in an interview, referring to chronic diseases that affect one-quarter of all Europeans, creating healthcare and social security costs.

Iain McInnes stressed that a society that ignores a major group of

ill health-related disorders is a society that is a little deficient in its cultural appreciation of the totality.

"Rheumatic and musculoskeletal diseases (RMDs) are a challenge which, once addressed, will bring value right across the whole range of social, economic, and, actually cultural content that is within the EU. RMDs is a really common cause of physical disability," McInnes said.

"We would argue that they really need to be taken head-on by this new

European Commission," he said. "We absolutely believe that the RMDs are sufficiently important and impactful at the individual family and societal level to merit a strategic initiative," he added.

RMDs represent one of the more burdensome chronic diseases affecting around 25% of EU citizens of all ages.

In its 2023 vision, Eular says that,

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Continued on Page 5

Continued from Page 4

beyond the impact on individuals, RMDs impose an enormous burden on European societies, particularly in terms of productivity loss, as well as in terms of health care and social security costs.

Referring to productivity loss, McInnes said in addition to social inclusion, which is the humanitarian element of the strategy, economic inclusion should also be taken into account.

“There are useful predictive models, keeping people at work and, when they’re at work, making sure that they’re productive. So, we have the problem of not only absenteeism, meaning that people don’t turn up, but also presenteeism: they are at work, but although present, they’re not really contributing to their maximum capability,” he said.

### A LONG-TERM STRATEGY

For Eular, in order for RMDs to be sufficiently addressed, EU policymakers should adopt long-term strategic planning. Asked about the usual focus of national governments on the short-term political benefits, he replied:

“In fact, we now have short term outcomes that are quite predictive of long-term function. So, we could work with member states, with the EU Commission, to identify the short-term gains that have to be achieved in the RMDs that will give good cause to believe that long term benefits will accrue,” he said.

This is important from the patient’s perspective, he said, as patients now often have to live with really disabling symptoms and signs, with little hope of a positive long-term outcome.

“It’s our contention that long-term strategy can be compatible with short-term politically achievable goals,

which will sustain the political process and sustain their interest in sustained long-term strategic planning,” he noted.

### REGULATING INNOVATION AND DATA

Referring to innovation in healthcare, he said it is by definition ahead of the curve.

“It’s extremely difficult to legislate in advance for something which you do not yet actually know exists. The conundrum of innovation, on the one hand, and regulation lagging behind is actually an ever-present problem. It’s that delay that is never going to go away,” he said.

McInnes, who is also a physician engaging in clinical trialling, added that a clinical trial means a “very significant ethical commitment” between the patient and the physician.

“There’s a great deal of trust, and it’s heavily regulated, and it should be,” he said, adding, though, that there are areas of regulation that could be simplified and made more efficient with the appropriate application of data management driven by the EU Commission.

“The application of electronic health, for example, across the board in Europe could revolutionise the sector,” he said.

As far as the GDPR regulation is concerned, he said it should definitely be respected but policymakers should be careful in its application.

“In an effort to be very protective, one can actually start to interfere or inhibit the flow of information that could be incredibly useful to society as a whole.”

He said it would be critical to have data about the impact of a given health intervention.

“If we, via electronic digital methodologies, are given sight of what the impact of a health intervention is,

how many people actually get back to work, start to participate in a sport or report a reduction in the feeling of isolation, depression, cognitive decline [...] it will give us outcomes,” he said.

### THE COST

Asked about the tough equation innovation, access to medicines and affordability, McInnes said if a middle ground is not found it will lead to an unsustainable healthcare system.

In the RMDs field, he said, some of the most spectacular innovations have occurred in the last decade, which have broadened the possibilities for people with immune mediated disorders across a range of disciplines.

“Remember that the innovations that occurred in rheumatology spread to dermatology to gastroenterology and so on and so forth.”

“As an investigator, most of our ideas and hypotheses turned out to be wrong. That’s the nature of science. And therefore, one should always take the lessons from those many failures to celebrate the successes when they come along,” he added.

McInnes emphasised that the next major success is to move from long term management to a prevention management approach.

“If we can truly move to the prevention of chronic disease, if you like, the redirection of chronic into acute manageable, then we will have a very persuasive economic argument. And then, I think our political friends will understand that a high-level of investment represents extremely good value for society,” he concluded.

# Health research is where the EU can leave a mark, lawmakers agree

By Gerardo Fortuna | EURACTIV.com



Roberta Metsola chairs European Parliament's interest group on RMDs. "I took over this function in 2014, because I wanted to contribute to improving the lives of the 120 million Europeans affected by one of these conditions," she said. [CUGNOT/EP]

Promoting medical research and innovation is the policy field where the European Union can really make a difference in tackling and preventing chronic diseases such as rheumatic and musculoskeletal diseases (RMDs), according to MEPs Roberta Metsola and Theresa Griffin.

In her capacity of chair of European Parliament's interest group on RMDs, the Maltese centre-right lawmaker Metsola spoke at a conference organised on World Arthritis Day by the European League Against Rheumatism (EULAR) on 16 October.

"The European Commission's

health programs run for a period of approximately six years, useful for long term planning and coordination which this sector currently regrettably lacks," she argued.

For Metsola, high-quality medical research is key to improve common understanding of chronic diseases, and the EU is playing an important role in promoting health innovation to a number of active research centres across Europe.

She pointed out that the EU executive has already supported research in this area through many initiatives, including the Innovative Medicines Initiative (IMI), the world's

largest public-private action, with an allocation of €3.2 billion between 2014 and 2024.

"This is good, but there's so much more that has yet to be done in RMDs, which represent 60% of health problems at work and is the main health-related cause of productivity loss, absenteeism and early retirement," she said.

According to Thomas Allvin from the pharmaceutical lobby EFPIA, the industry is trying to focus the research on unmet needs and the growing number of medicines dealing with

Continued on Page 7

Continued from Page 6

RMDs approved by the European Medical Agency (EMA) in the past five years clearly shows this trend.

“Medicines have not only allowed RMDs patients to live longer and healthier lives but also improved their financial status, as well their work productivity compared to earlier existing treatments,” he said.

For Alvin, it is worth to keep funding research to find even better treatments and maybe a cure at some point, also with the aim of improving the whole healthcare system avoiding, for instance, costly hospitalisation.

### LONG TERM RESEARCH NEEDED

John F. Ryan, Director of the Unit Public Health at DG Sante, explained at the EULAR conference why the EU can really leave a mark on the fight against chronic disease through research.

Two financial programs matter for health in the long-term budget which the EU is in the process of adopting.

The first one is the Health Program, which is part of the European Social Fund and will have an annual budget of about €65 million used to fund, for example, activities such as the national cancer registries or the European reference networks, specialised on rare diseases treatment.

But there’s a second financial program, the European Research Program under Horizon Europe, which is substantially more important from a financial point of view, as it has a yearly budget of €1.5 billion.

“What we’re trying to do now is to develop a long term strategic program for research and health, which has been discussed with member states and even with stakeholders and which is still open for public consultations on Commission’s website,” the EU official said.

On supporter of this long-term strategic program is Theresa Griffin, a British MEP in charge of the Horizon Europe dossier for the Socialists and Democrats (S&D) group.

“In order to get investment from the bank, you normally have to prove capitalisation in seven years. How can we find long term medicines, how can we have early diagnoses in seven years? We can’t, that’s why we need long term health research,” she said.

### ‘HEALTH IN ALL’ APPROACH

Griffin also stressed that health should be an important element of the entire R&D European budget, as she found health implications in every piece of legislation she was part of as a lawmaker.

On the same page is DG Sante’s John Ryan, who pushed for the ‘health in all’ approach: “Health is not only the business of the new Health Commissioner but is very often the business of everybody else,” he said, making the examples of reviewing the legislation on taxation of alcohol or sugary drinks.

“If we’re developing a policy on social welfare, helping the unemployed to reintegrate into the workforce, that obviously has a very strong health

component,” he pointed out.

In its long term vision, EULAR also put a particular focus on linking better health to other policy fields, for instance, making sure that European citizens can stay in work and return to work when they are affected by a chronic condition.

The principal administrator at DG EMPL, Antonio Cammarota, gave his point of view on the issue of the Commission’s service dealing with social policy, mentioning data from the ‘European working conditions survey’ by Eurofound, the Dublin-based EU agency for the improvement of living and working conditions.

According to one figure Cammarota showed, about 61% of EU workers reported exposure to economic risk, which is now becoming a real concern in Europe.

“Although RMDs can also occur outside of the workplace, the most relevant consequence of exposure to ergonomic risk are work-related musculoskeletal disorders, as the work-life can worsen, or in some cases be the origin of the problem,” Cammarota warned.

## OPINION / PROMOTED CONTENT

*DISCLAIMER: All opinions in this column reflect the views of the author(s), not of EURACTIV.COM Ltd.*

# Opportunity in a crisis: European Union must enable people with chronic conditions to remain active in social and economic life

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By Iain B. McInnes | EULAR



Iain B. McInnes. [EULAR]

The EU must be ambitious. It should demonstrate that it is contributing to concerns of its citizens; notably when people are asked what they expect from the EU, health appears as one of the main priorities. The EU should therefore play a key role in improving the health and wellbeing of people, including those with rheumatic and musculoskeletal diseases (RMDs) and other chronic, disabling conditions.

RMDs are placing a huge – and growing – strain on European societies and their taxpayers. This disease area includes well-known afflictions such as rheumatoid arthritis, osteoarthritis, low back pain and many others, making it the greatest cause of physical disability and impairment. RMDs together account for nearly 30% of years lived with a disability (YLDs) in the EU alone.

These are diseases with painful consequences, imposing enormous loss of quality of life for patients and their families, that affect 1 in 4 people, making them the main cause of work loss, absenteeism and premature

Continued on Page 9

**T**he election of the new Parliament and the establishment of the new Commission represent an opportunity to re-calibrate the role of the EU in improving the health of its citizens. This debate, however, cannot be disconnected from a more general debate on the future of the EU.

*Professor Iain B. McInnes is the President of the European League Against Rheumatism (EULAR).*

Today, the threat of Brexit and the growth of anti-EU movements should give us pause for thought about the value of the EU in our lives – and this includes the area of health.

Continued from Page 8

retirement. As a result, they are silently and negatively impacting on European economies. The estimated direct cost associated with such conditions stands at 2% of the EU's gross domestic product.

EU health policies should be designed to help people with chronic diseases remain active in social and economic life. The new Commission should demonstrate that it is committed to providing support to EU countries and people with chronic conditions, according to three key areas.

First, it should ensure that synergies are in place and a strong level of coordination exists between health and other policy areas. This is necessary to further reduce health risks, and to also cope with the socio-economic consequences of health conditions. This relates in particular to employment and social affairs policies, which could help to reducing work-related diseases, including a number of RMDs, while helping people with chronic, disabling conditions to remain active in the labour market, which would be beneficial for their health.

Second, the Commission should strengthen the impact of health policy. This could be done by promoting the use of Health Impact Assessments to define priority areas (prioritising the socio-economic impact of health interventions made). More concrete strategies on major chronic diseases such as RMDs could also be developed.

Finally, the EU should be more involved in improving equitable access to health care of the highest quality. Citizens in all regions have the right to enjoy equal rights when it comes to access to doctors and appropriate treatments. It should also strengthen its support to Member States to further develop integrated health care models and eHealth solutions to cope with the increasing burden that RMDs and

other chronic conditions place on societies – and the individual.

EULAR is convinced that these measures will enable the EU to become closer to its citizens' aspirations for the future, and will thereby reduce the seeming 'legitimacy crisis' that appears to affect the EU as a whole.

On 16 October, EULAR will release a vision paper that focuses on the future of health policies. The paper stresses the need to ensure proper coordination between the area of health and other policy areas such as employment and social affairs, as well as the environment. Coordination is crucial in order to better address health challenges and their consequences on the social and economic integration of people with chronic diseases; without effective integration, there is no opportunity to curb the growing strain that these diseases are placing on society and the individual taxpayer.

EULAR is committed to increasing the participation of people with RMDs in work by 2023 and the Time2Work campaign is an important part in achieving this goal – and contributing positively to the EU as a whole, including through individual tax relief. It is possible to identify solutions to enable those affected with RMDs to live a life that can be managed – and professionally productive.

Time2Work is part of EULAR's ongoing Don't Delay, Connect Today campaign which is committed to raising awareness of the importance of early diagnosis of RMDs. Early diagnosis, early referral to a rheumatologist and early access to effective treatments are known to improve outcomes, quality of life and the ability to work, but diagnosis is often delayed or never received.



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