



Obesity Policy Engagement Network - EU (OPEN-EU) Policy Position Statement: Obesity and Covid-19 exit strategies and towards a “New Normal” for resilient health systems

Obesity Policy Engagement Network - EU (OPEN-EU) welcomes the European Commission’s Proposal for a REGULATION OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL on the establishment of a Programme for the Union’s action in the field of health (EU4Health Programme). We are particularly encouraged by the emphasis on doing as much as possible to forge **resilient health systems across the EU with a focus on better health outcomes**.

This document sets out to provide policy-driven recommendations to promote a more holistic and connected consideration of all people living with chronic diseases within the EU and especially those living with obesity and its complications as well as empower all stakeholders and infrastructures which can make a positive impact on stemming the tide of obesity in Europe. Meeting this challenge will go a long way to building a fairer and more resilient society¹ and realising an **Economy of Wellbeing**.

- The EU should actively align scientific evidence base with policies by acknowledging obesity as a **chronic relapsing disease defined as “dysfunctional or excess adiposity that impairs health”². The underlying causes of obesity onset range from genetics, mental health disorders and how external environments impact the biology of people living with obesity.**
- **An outcomes-based approach** to obesity treatment, long term management and prevention strategies should be **integral to COVID-19 Recovery Plans and as part of the “new reality”**. Effectively treating obesity significantly contributes to lowering prevalence and severity of over 230 complications of obesity notably **prevention of other major NCDs including 80% type 2 diabetes, cardiovascular diseases and 20% of cancers - and severity of symptoms for COVID-19.**
- Obesity should be **formally recognised** as a high-risk pre-existing condition for severity of COVID-19 complications and included in the European Centre for Disease Prevention and Control (**ECDC**) **Guidelines**.³
- The **European Commission should adopt obesity as the next health mission** as an integral element of the “One Health” approach to resilient health systems, with a view to facilitating the development of a **harmonised framework for National Plans for obesity for COVID-19 Preparedness as well as more generally as part of the EU Recovery Plan and MFF 2021-2027** as with other major NCDs
- The **digital transformation agenda** should be leveraged to ensure access to care and ongoing management for PoWs, health professionals and infrastructure services with a key focus on interoperability with other NCDs for which obesity is a gateway disease (EU Health Dataspace)

¹ European Commission Report on the Impact of Demographic Change Published 17 June 2020 (https://ec.europa.eu/info/files/report-impact-demographic-change_en)

² The ABCD of Obesity: An EASO Position Statement on a Diagnostic Term with Clinical and Scientific Implications Obesity Facts 2019;12:131–136

³ COVID-19: review of disparities in risks and outcomes, Public Health England 2 June 2020 (<https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes>)

COVID-19 Preparedness Plans should include obesity treatment & long-term management as a chronic relapsing disease (not a “lifestyle choice”)

A summary of the evidence confirms that obesity in adults is associated with a higher risk of developing severe symptoms and complications of coronavirus disease 19 (COVID-19), independent of other chronic conditions, such as cardiovascular diseases.^{4 5}

Obesity should be included as an underlying chronic disease that presents a higher risk for severity of COVID-19 symptoms and hospitalization. This is already the case in EU Member States France and Sweden⁶ as well as other countries in geographic Europe (e.g. United Kingdom). OPEN-EU calls for the **EU4Health Programme Strand 1** to:

- a. **Formally include people with obesity (PwO) as a high-risk group**, and where appropriate, identify PwO within the “shielded category” of vulnerable people.
- b. **Prioritise PwO for COVID-19 PCR and antibodies testing** in line with emerging scientific evidence within the ECDC and other EU Agency prioritisation guidelines.
- c. **Facilitate measures at EU, national and regional levels and related financial as well as other resources to enable primary, secondary and tertiary healthcare delivery sites are equipped** to accommodate the physical and mental health needs of people with severe obesity from beds to scanning equipment, hospital garments (including appropriate PPE), diagnostic equipment, exercise therapy equipment, psychological support and dietary needs. **The EU Public Procurement Directive, the Medical Devices Regulation implementation** as well as revised funding instruments of European Social Fund Plus (ESF+), **European Regional and Development Fund**, and **Digital Europe Programme** could be leveraged to this effect.
- d. Include **guidance for all types of health professionals to access education** on how to treat obesity patients with COVID-19 and specifically when faced with post COVID-19 syndrome and specific psychological and dietary needs.⁷
- e. **Enable COVID-19 preparedness plans** to take a system-wide staggered replenishment approach to stockpiling across all supply chains, not only for delivery of clinical treatments. This should include consideration of specialised nutrition for people living with chronic diseases including obesity, access to personalised nutrition pathways in alignment with the **Beat Cancer Plan**, the **Farm2Fork Strategy**, the new **Pharmaceutical Strategy**, and as part of the implementation of the **Mental health strategy**.
- f. Consider the realities of (self-) managing obesity and potential related complications such as **type 2 diabetes and certain cancers along the life course** during the pandemic and within the context of a “New Normal”. **Multidisciplinary obesity clinics and connected community-based services (such as stepped care⁸) should be supported with additional resources** for staff number and education, equipment, infrastructure and research as well as ringfenced support to provide professional and academic specialised education for a diverse group of health professionals and trainees in line with Article 21.6 of **the EU Directive on the recognition of professional qualifications**.⁹

⁴ Huang C WY, Li X, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *Lancet*. 2020;395:497–506.

⁵ Features of 16,749 hospitalised UK patients with COVID-19 using the ISARIC WHO Clinical Characterisation Protocol

⁶ <https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/dokument-webb/ovrigt/identifiering-av-riskgrupper-covid19.pdf>

⁷ NUTRITIONAL GUIDANCE DURING RECOVERY FROM COVID-19 (<http://www.efad.org/media/1991/nutritional-guidance-during-recovery-from-covid-19.pdf>)

⁸ <http://www.efad.org/en-us/specialists-networks/obesity/statement-paper/>

⁹ <https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:02005L0036-20140117#tocId34>

DIRECTIVE 2005/36/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 7 September 2005 on the recognition of professional qualifications

- g. Embed efforts to **enshrine multi-stakeholder health literacy** and cross morbidity communications in the EU4Health Programme. Lessons can be learned from platforms developed by the European Coalition for People living with Obesity or European Cancer Patients' Coalition to this end.
- h. Efforts should be urgently initiated to **collect and connect health and disease progression data** between obesity, other chronic diseases and COVID-19 in children and adults in a systematic manner so that when similar or resurgent situations emerge, decisions can be taken clinically and from a policy perspective with reliable information, preferably as part of the **European health dataspace and more specifically international Patient Summary**.
- i. Ensure that **the EU Mental Health Action Plan** takes into account the impact of such public H=health crisis situations on PwO with measures to effectively mitigate the impact, particularly for those most vulnerable in society (e.g. children and adolescents, those with intellectual or physical disability, pregnant women or new parents, those from Black, Asian and other ethnic minority groups, immigrants, people with lower socio-economic status, women and children impacted by domestic violence).

Research demonstrates that levels of overweight or obesity can adversely influence **efficacy of certain drug therapies**. There is strong evidence indicating that this will also have an impact on the response to vaccination as well as immune-modulating treatments developed in the fight against COVID-19. It is therefore imperative to ensure:

- a. PwO are given the opportunity to participate in the clinical trials for vaccines due to the need to ensure that the dosing works for people with obesity (uncontrolled or not) in line with the **European Commission's Communication on the EU Strategy for COVID-19 vaccines**¹⁰
- b. Guidance is provided in ICU and other hospital wards on how to avoid physical **deterioration in the immunological status of PwO** when receiving treatment / care due to their level of obesity.
- c. Obesity health status is considered when developing guidelines for post-COVID syndrome (especially in relation to dietetics, ongoing chronic diseases and mental health disorders).

Applying an outcomes-based healthcare approach to treating obesity can prevent 80% of type 2 diabetes and 20% of cancers

OPEN-EU partners **welcome the proposed move towards an outcomes-based healthcare approach** across the EU as it provides a major opportunity to address the obesity pandemic from both a biological onset and eventual tertiary preventative perspective.

Obesity is the 4th major cause of premature death in the EU¹¹ as well as globally without taking into account mortality via type 2 diabetes or 20% of cancers which could have been significantly lowered by early intervention in treating overweight and obesity as a chronic disease. To provide concrete answers it is crucial to consider people within the context in which they live - their social influences and networks, cultural and societal norms and context, as well as the physical environment and physiological factors, and bring together a range of partners from the health, social sector and beyond.

¹⁰ https://ec.europa.eu/info/files/communication-eu-strategy-covid-19-vaccines_en

¹¹ Hannah Ritchie (2017) - "Obesity". Published online at OurWorldInData.org. Retrieved from: 'https://ourworldindata.org/obesity' [Online Resource]

In adopting an **outcomes-based healthcare approach OPEN-EU recommends:**

- a. **Facilitating the multi-stakeholder development of outcomes-based healthcare holistic guidelines (National Plans) including related key performance indicators** to ensure that the European Commission, Member States, and Regions design and implement policies to enable the effective management of obesity as a chronic disease along the life course with clear alignment and connectivity with other major chronic diseases.
 - i. Such Guidelines should include **mental and physical** aspects related to **the onset, management and relapse of obesity in line with the aspirations of the EPSCO Council Conclusions of December 2019 where it was agreed on the need to develop and implement an EU Mental Health Strategy as well as the Economy of Wellbeing**. It should also include protections against false information and preying on the vulnerable.
 - ii. Such guidelines should also be integrated into the key performance indicators for resilient economies (European Semester process). Indicators such as the cost benefit analysis of consistent **dietary consultations**¹² (creates social benefits of € 0.4 to € 1.9 billion over a period of five years), **self-management interventions** and

Reinforcing and upscaling Obesity Centres of Management to the level of **Reference Networks (or Centres of Excellence)** which can leverage multi-morbidity research and treatment centres as well as virtual data connectivity. The **EU Digital Agenda** is key to success in ensuring long term resiliency of health systems and especially to stem the tide of prevalence and severity of obesity and its complications. **OPEN-EU recommends:**

- a. As healthcare delivery services are brought back to a new normal level of functioning, **teleconsultations and related telemedicine and pharmacy** should be enabled for patients with obesity. This can be conducted as part of a broader effort to upscale and connect interdisciplinary **Centres of Obesity Management (COM) with community-based services**.
- b. A **harmonisation of metadata and related coding** for all health professionals which is person-first, non-stigmatising or using discriminatory language.
- c. **EU Reference Networks** should also be established for obesity, building on the **COM Network** created by EASO, which already exists in most EU Member States.
- d. Legal sanctions should be put in place **for discrimination on the grounds of health status** (including obesity) in line with **Commissioner Dalli's Mission** to bring new antidiscrimination legislation during her mandate to support minimisation of physical and mental health impact as well as related economic inequalities

¹² Cost-benefit analysis of dietary treatment Version 22 November 2012 Marloes Lammers Lucy Kok

About OPEN - Obesity Policy Engagement Network (www.obesityopen.org)

Originally founded in 2018, OPEN is a global initiative focussed on ensuring policies support and enable access to holistic obesity care to ensure sustainable health outcomes for people living with obesity. A key element of OPEN is the acknowledgment that sustainable progress cannot be made by one stakeholder or one sector acting alone. As such,

OPEN welcomes a wide range of stakeholders willing to make a difference:

- Patient representatives
- Policy makers at all levels
- Payers
- Employers
- Health care and public health professionals
- Research and innovation communities
- Economic actors from all sectors who can impact the health outcomes of people living with obesity

OPEN-EU acts as a collaborative policy coalition, which seeks to ensure that all relevant European institutional strategies and policies integrate measures that effectively help support people living with obesity at EU, national and Regional levels and that the treatment of obesity as a gateway disease to type 2 diabetes, certain cancers and over 230 other complications of obesity

OPEN has identified four key pillars of action which are common across world regions:

1. **Awareness** of obesity as a chronic, relapsing disease
2. **Education** on obesity for health professionals, people living with obesity and all other actors who can have an impact on outcomes
3. Sufficient **resources** to sustainably achieve better outcomes for people living with obesity and hence stem the epidemic
4. Establishment of and access to **multidisciplinary centres of excellence and care**

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