



## [EVENT REPORT] Launch of the MEP Friends of the Liver Group

**27<sup>th</sup> May 2015 Seminar, hosted by Cristian-Silviu Buşoi  
organised by EASL and EPHA**

Participants included representatives of civil society organisations, EU Institution and Member States representatives, researchers and other stakeholders dealing directly and indirectly with chronic diseases and health related research and policy. The seminar aimed to:

- Raise awareness about liver disease and its links to other chronic conditions such as heart disease, cancer and diabetes.
- Promote effective prevention measures on obesity and alcohol to reduce and prevent liver disease.
- Advocate for EU policies to ensure that all patients have access to the best treatments and medicines.
- Ensure that Horizon 2020 provides funds for liver health research and related conditions.

The agenda of the event is available [here](#).

### Introduction to the group

In his opening remarks, MEP **Andrey Kovatchev** (EPP, BG) highlighted that unfortunately there is not a common EU health policy like there is in agriculture (CAP) and patients are paying the costs of it. Patients need to have access to the best

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healthcare across the EU. As Chair of the Access to Healthcare interest group in the Parliament he looked forward to working with the FOTL group to make progress on this issue.

**Dr Cristian-Silviu Busoi**, Chair of the Friends of the Liver Group, explained that there are some other interest groups in the EP working on health (MEPs Against cancer Interest Group, Friends of the Heart Interest group) and he called for more collaboration between them.

He pointed out that liver diseases are extremely high cost not only in economic terms, but also in human suffering. In addition, he added that a considerably large part of society is not aware of some liver conditions and this implies a double challenge when dealing with this disease. He advocated more prevention of liver diseases in order to decrease societal costs.

He continued by saying that the aim of the group is to strengthen the promotion of a healthy life and prevention of liver conditions. Thus, identifying the risk factors and the links between liver and other areas for diseases such as metabolic or chronic diseases is essential.

Liver disease is related to other conditions (cystic fibrosis, non-alcoholic fatty liver disease and cardiovascular diseases), and there is scientific evidence showing the growing burden of those conditions on our society. He added that although these diseases affect everyone, poor and young people are especially vulnerable and the number of children suffering from liver disease is increasing.

### **The Burden of Liver Disease in the EU and why we need an MEP group**

“The problem is not only the human suffering, but also the huge cost” said **Dr. Patrizia Burra**, EASL EU Councillor on the Governing Board. She also pointed out that due to the many medical specialties involved in liver diseases (hepatology, gastroenterology, infectious disease, endocrinology, cardiovascular disease, and oncology), multidisciplinary action is needed.

She explained that a paradigm change has happened in the past 10 years and liver disease tends to get interpreted in the context of other conditions. She also stressed that liver disease is a disease of young people and that this is causing a premature loss of productivity.

In 2013, 29 million people in the European Union were documented as suffering from a chronic liver condition; liver cirrhosis accounted for around 170,000 deaths; liver cancer accounted for around 47,000 deaths.

Patrizia Burra finished by warning the participants about the rising incidence of Non Alcoholic Fatty Liver Disease (NAFLD). The OECD estimates that 52% of the EU

population is overweight or obese, which is increasing in adolescents and that as many as a third of these people will also have NAFLD. This is an issue that has to be addressed, particularly because children are also starting to suffer from the condition.

### **Living with Liver Disease - a Patient's Perspective**

**Ms Tatiana Reic**, President of the European Liver Patients Association, gave a clear overview about patient's perspective. She explained that liver diseases are diagnosed too late and early diagnoses are exceptional.

She criticized the fact that Hepatitis C is on the radar of the EU, but not necessarily in a constructive way. She continued by saying that less than 50% of Hepatitis sufferers are diagnosed, despite calls from MEPs and at Member State level for a Council Recommendation by 2017. At the same time, she considered that the discussion on Hepatitis C should not be focused only on the high price of the new medications and high number of patients to be treated, but also on the amazing progress made in finding a cure. She asserted that the price needs to reflect the value of the drug and should also differ depending on the ability of countries to pay. She added that prices need to differ from one country to another according to the economic situation, if we want patients to have the same access to these drugs.

She continued by explaining that analyses show how increasing investment in the treatment is a cost effective investment (based on a research in France and Romania). This way, she explained, future costs are likely to be significantly reduced.

Regarding alcohol related liver diseases, she said that this is a stigmatized disease and welcomed the European Parliament's Resolution calling on the EU to deliver a new EU strategy on alcohol. However, she said that the EC has apparently decided to drop the new EU Alcohol Strategy, and while the anti-tobacco lobby succeeded to come up with a European solution, the situation is different for alcohol. An alternative approach to reduce alcohol consumption would be more legislation on labelling and limiting the access to alcohol. However, she pointed out that the main problem is that alcohol is generally accepted by new generations.

Finally, she called for working together in Europe for an early diagnosis of liver chronic diseases and in general for all chronic diseases joining forces in European, national and local level, which would ensure saving a lot of suffering to patients and would decrease Government's economic burn.

### **Alcohol and Liver Disease: The reasons for having a new EU Alcohol Strategy**

**Dr. Biljana Borzan**, Member of the European Parliament and co-chair of the Friends of the Liver Group, highlighted the importance of the discussing topics. She stated that

the European region is the biggest per capita consumer of alcohol in the world and illustrated the problem of alcohol in EU by facts:

- The average consumption per capita for European citizens over 15 years is 10.9 litres of pure alcohol per year.
- Alcohol dependence affects 14.6 million people in Europe but only 15% are diagnosed and only 8% are treated.
- More than 90% of alcohol related net deaths are due to three causes: cancers, liver cirrhosis and injuries.
- There are huge differences on liver cirrhosis between countries. The most cases of alcohol-attributable liver cirrhosis deaths in the EU are in the Central-Eastern countries.

She asserted that the EU has a key role to play in addressing alcohol related harm, as it is one of the most burdensome risk factors for chronic disease.

She explained that the Commission proposed a 2006-2012 EU Alcohol Strategy and established the European Alcohol and Health Forum with the aim of reducing alcohol related harm. This strategy was successful in coordinating Member States activities across different areas: raising awareness of alcohol harm, protecting children and unborn child, road safety and workplace drinking and improving evidence base. However, the Strategy was not successful in reducing alcohol related harm.

The 2006-2012 Strategy has been replaced by a 2 year Action Plan, which is mainly focused on youth and binge drinking. However, Member States, MEPs and public health organisations are calling on the Commission to bring forward a new and more ambitious EU Alcohol Strategy. Moreover, she highlighted that the European Parliament adopted a resolution in April, which calls on the Commission to update the EU Alcohol Strategy, which encourages prevention, health promotion and education, improve access to treatment and reduce traffic accidents caused by drink driving, among others. The resolution includes a call for legislation on mandatory labelling of calories in alcohol.

She was confident of achieving results at the end of this Parliamentary term.

### **An EU food policy for health / Alcohol and influencing factors**

**Paul Brannen**, Member of the European Parliament, explained that alcohol and alcohol related harms are affected by many factors, such as agriculture, trade agreements and employment.

Firstly, he explained that the Common Agriculture Policy (CAP) is the biggest budget line in the EU annual budget. He explained that being a member of Agricultural and Rural development Committee and a substitute member of Environment, Public Health

and Food Safety Committee, he realised that the attitudes of these Committees are completely different.

He welcomed the current focus on health and nutrition in EU discussions. He added that in food policy, geographical indicators are very relevant as EU exports food to all over the world. He stated that being exporters of food, quality food is needed in the EU market.

Secondly, MEP Paul Brannen also explained that the Transatlantic Trade and Investment Partnership (TTIP) negotiations are expected to be long. Moreover, he highlighted the huge differences in agriculture systems between US and Europe, specially referring to food standards. To conclude, he mentioned an experience from the United Kingdom: North-Eastern England is one of the poorest areas of the UK and the continuous debate is about how to improve health in these poor communities. He asserted that providing more good quality jobs is a very good measure to improve people's health. He also pointed out that one of the major problems currently in the EU is youth unemployment and that we need to do more to combat this.

#### **General Discussions – Questions and Answer time**

**Boris Azais (MSD)** congratulated members the MEPs Friends of the Liver Group for their work. He encouraged the group to discuss the new treatments for liver diseases. He mentioned the difficulties in the access to medicines in the case of Hepatitis C and he urged the Group to consider new treatments for combating it. He proposed an accelerated review of new treatments as being a good way to make the medicines more affordable, because it would lead to more treatments coming onto the market faster and hence more competition. He contended that market entry for Hepatitis C medicines is not easy. He said that having more drugs discoveries and more competition in the market would be translated into a better situation for the patients.

**Patrizia Burra**, EASL EU Councillor on the Governing Board mentioned that the first step to address the problem of the access to medicines of Liver diseases' patients is identifying the categories of the urgency of these diseases in the EU. She proposed that Member States approve guidelines in order to define these categories. She said that priorities should be given to patients with more advanced fibrosis and liver disease.

**Biljana Borzan** announced that a group of MEPs would host a big conference on access to medicines in July and the pharmaceutical industry, NGOs and stakeholders would be there.

**Cristian-Silviu Busoi** pointed out that the price of medicines within EU countries is very different therefore the EU should work on harmonisation. Additionally he added that

Finance Ministers of Member States should prioritise health care area in their budget because he defended that treating patients now would bring benefits in the future.

A discussion then took place on the need to link the members of MEPs Friends of the Liver Group with their respective national levels Parliaments and organisations. Cristian-Silviu Busoi explained that MEPs presented EU recommendations and contacted with national media, organisations to make the topic more visible. He said that as in EU there is a subsidiarity health system, EU measures in national level could not be imposed. However, he explained that there are many organisations aware of the problem of liver diseases and national governments are expecting EU Institutions Directives and laws. He gave the example of Tobacco Directive as a successful EU Directive that is being implemented in all Member States.

**Fiona Godfrey** said that the point raised by Paul Brannen on the close relationship between social inequalities and health was very important in liver disease. She also urged more discussion about health in the AGRI and other relevant Committee.

#### **Closing remarks:**

In her closing remarks, **Tatiana Reic** called for having more treatment, better drugs and less burden on countries.

**Patrizia Burra** highlighted the importance of having a picture of the urgency of treatment in all Member States in the next 4 - 5 years. She highlighted the key role of MEPs in disseminating the work and outcomes of scientific organisations to the public and to the press in order to put this topic on the top of the agenda.

**MEP Paul Brannen** highlighted the correlation between employment and liver diseases and that prevention is better than cure. He said that MEPs should do everything to improve Europeans' health, such as giving more money to the Sport budget and less to the CAP budget.

Finally, **MEP Biljana Borzan**, co-chair of Friends of Liver MEP interest group summed up saying that European Parliament could work on prevention of liver diseases, working on alcohol, Hepatitis, cancer... She proposed sending a writing question to the Commission to issue a new EU Alcohol Strategy.