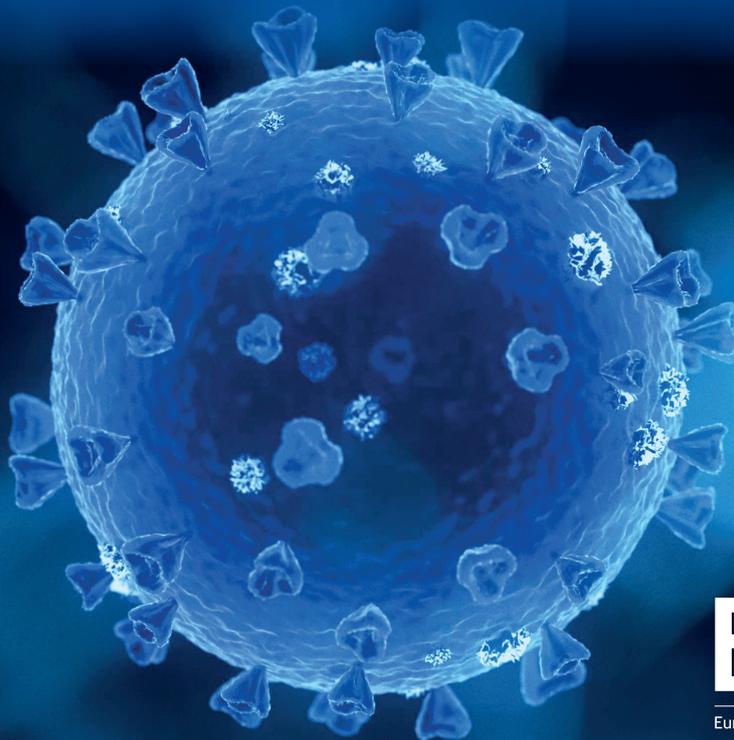


EASO Policy Position Statement

Obesity in Europe in the context of Covid-19: strategies for the “new reality” and resilient health systems



EASO
European Association for the Study of Obesity

The European Association for the Study of Obesity welcomes the EU's renewed focus on obesity as a key area to be addressed in a post COVID-19 world as we move towards the new Multiannual Financial Framework (MFF). We are encouraged by the EU4Health Programme and are eager to ensure that an accurate narrative, based on the complex science of obesity, is the basis for policy making and implementation.

The purpose of this Policy Position Statement is to provide evidence-based policy recommendations to EU Institutions (Commission, Council, Economic and Social Committee), the ECDC, the WHO and OECD which will allow future EU health systems at transborder and national levels opportunities to address the obesity pandemic.

- Obesity is a **complex chronic relapsing disease defined as “dysfunctional or excessive adiposity that impairs health”¹**.
- Effectively treating obesity significantly contributes to lowering prevalence and severity of over 230 complications of obesity notably **prevention of other major NCDs, including type 2 Diabetes, cardiovascular diseases and 20% of cancers**.
- Obesity treatment, long term clinical management and prevention strategies should be **integral to COVID-19 Recovery Plans and as part of the “new reality”**.
- 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**)².
- Obesity scientific and patient communities should be included in COVID-19 **treatment and vaccines development and discovery**.
- The EU should facilitate development of a **harmonised framework of National Plans for obesity**, as is the case with other major NCDs.

¹ The ABCD of Obesity: An EASO Position Statement on a Diagnostic Term with Clinical and Scientific Implications Obes Facts 2019;12:131-136

² 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: Obesity is integral

A summary of evidence to date confirms that obesity in adults is associated with a higher risk of developing severe symptoms and complications of COVID-19 independent of other chronic conditions, such as type 2 diabetes, certain cancers and cardiovascular diseases.^{3,4}

Obesity should be recognised as an underlying chronic disease that presents a higher risk for severity of COVID-19 symptoms, complications and hospitalisation, as is the case in Italy, France the UK and Sweden⁵. EASO therefore recommends:

- **Formally include people with obesity (PwO) as a high risk** group, and where appropriate, identify PwO within the “shielded category” of vulnerable people.
- **Prioritise PwO for COVID-19 PCR and antibodies testing** in line with emerging scientific evidence within the ECDC and other EU Agency prioritisation guidelines.
- **Facilitate measures to ensure primary care, hospitals and ancillary healthcare delivery sites are equipped** to accommodate the physical and mental health needs of people with severe obesity, including beds, scanning equipment, hospital garments and PPE, diagnostic equipment, exercise therapy equipment, dietary and psychological support. The **EU Public Procurement Directive, the Medical Devices Regulation implementation and revised funding instruments of European Social Fund Plus (ESF+), European Regional and Development Fund, and Digital Europe Programme** could be a starting point to implement these actions.
- Obesity prevention and treatment should **be a priority area to provide emergency crisis stockpiling packages** under **rescEU**, as an integral element of the next Multiannual Financial Framework (MFF), in synergy with **EU4Health Programme** and the COVID-19 Recovery Package.
- The challenge of delivering obesity care during the pandemic and in the “new reality” for children and adults with obesity should not be underestimated. Multidisciplinary **obesity clinics should be supported with additional resources for staffing and education, equipment, infrastructure and research** and ringfenced support providing specialised professional and academic 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**⁶.
- Systematic 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, so that in the event a second wave or similar public health crisis emerges, evidence based decisions can be taken from both clinical and policy perspectives, preferably as part of the **European health dataspace**.
- **The EU Mental Health Action Plan** should take into account the impact of the current crisis on PwO, with strategies and measures to mitigate the impact, particularly for the most vulnerable in society.

Research demonstrates that overweight or obesity can adversely influence efficacy of certain drug therapies. There is some evidence indicating that this may also have an impact on the response to vaccination and immunity-modulating treatments developed in the fight against COVID-19. It is therefore imperative to ensure:

- PwO are given the opportunity to participate in clinical trials for vaccines to identify appropriate dose responses for people with obesity.
- Guidance is provided in ICU and other hospital wards around how to avoid physical deterioration in the immunological status of patients with obesity under care.

³ Huang C WY, Li X, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. Lancet. 2020;395:497-506.

⁴ Features of 16,749 hospitalised UK patients with COVID-19 using the ISARIC WHO Clinical Characterisation Protocol

⁵ <https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/dokument-webb/ovrigt/identifiering-av-riskgrupper-covid19.pdf>

⁶ <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

Implementing a “One Health” approach: a new reality for obesity diagnosis, treatment, and prevention of gateway diseases, tertiary prevention of type 2 diabetes and several cancers, and management in light of COVID-19

As we move towards a “new reality,” a renewed urgency and key opportunities for addressing obesity have emerged. We have an opportunity to:

- **Address inequalities and discrimination⁷** in access to obesity care pathways. The ongoing review and transformation of health systems and governance surveillance infrastructures at EU, national and regional levels makes this timely.
- Develop pathways which enable earlier intervention for **prevention of complications of obesity, including type 2 diabetes, cardiovascular diseases and 20% of cancers**. We are poised to leverage the **EU Digital Transformation agenda** as part of more comprehensive **disease surveillance and management**.
- **Embed changes made during the crisis which have had a positive impact on infrastructure and supply chains to support local, sustainable, nutritious dietary patterns which address food insecurity and promote access to healthy food** via personalised nutrition pathways. These changes are in line with the forthcoming implementation of the **Farm2Fork strategy** in the wider context of the **EU Green Deal**.

Once obesity is formally recognised as a major risk factor for severity of symptoms and complications from COVID-19 in adults, citizens living with obesity could be officially diagnosed and hence access earlier interventions for treatment (including secondary and tertiary preventative measures for other chronic diseases such as type 2 diabetes, cardiovascular diseases and some cancers).

EASO recommends that the EU, supported by multi-disciplinary experts societies with clear linkages to all stakeholders:

- **Facilitates the multi-stakeholder development of holistic guidelines 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, during the current and future pandemics or public health crises.
- **Prioritise access to, implementation, funding and uptake of innovative obesity prevention and care pathways for children and adults** as lockdowns are eased and general health care delivery enters the “new reality”.

These Guidelines should include **mental and physical** aspects related to the **onset, management and relapse of obesity in line with aspirations of the EPSCO Council Conclusions of December 2019 where it was agreed to develop and implement an EU Mental Health Strategy and the Economy of Wellbeing**. Guidelines should include protections against false information and preying on the vulnerable.

- As healthcare delivery enters the “new reality”, **teleconsultations and related telemedicine and pharmacy** should be enabled for patients with obesity. This can be implemented with support from and as part of a broader effort to upscale and connect interdisciplinary **EASO Centres of Obesity Management (COM)**.
- Legal sanctions should be put in place **for discrimination on the grounds of health status**, including obesity. Discriminatory practices and policies in obesity treatment are the result of bias on the part of all actors, including health professionals, structural challenges embedded within the health system and self-stigmatisation by PwOs themselves⁸.

More research is needed to clarify the impact of bias and COVID-19 on people with obesity, but it is clear that bias may lead people to delay seeking medical treatment, whereby PwO have faced immense prejudice during the entire COVID-19 crisis due to a lack of understanding of the actual causes of the onset of obesity and its disease progression drivers (both biological and Human Exposome).

- **EU Reference Networks** should be established for obesity along with the other chronic diseases, building on the extensive **COM Network** created by EASO, which already exists across most EU Member States.

^{7,8} Velázquez, Verónica. (2018). Awareness, Care & Treatment In Obesity Management - An International Observation, ACTION-IO.



About EASO (European Association for the Study of Obesity)



Established in 1986, EASO is a federation of professional membership associations from 36 countries, with a network of over 130 specialist Collaborating Centres for Obesity Management across the region. EASO's mission is to reduce the burden of unhealthy weight, and it promotes action through collaboration in research, education and policy. EASO is in official relations with the WHO Regional Office for Europe, and represents scientists, health care practitioners, physicians, public health experts and patients.

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