

MEP Heart Group, the MEP Group for Kidney Health, the EU Diabetes Working Group and MEPs Against Cancer

Statement addressed to the Presidency of the EU

Chronic non-communicable diseases account for 86% of deaths in the WHO European Region¹. They include heart disease, stroke, hypertension, diabetes, kidney disease, cancers, respiratory and liver diseases. Because most are treatable but not always curable, they generate an enormous financial burden due to treatment costs, care costs and loss of productivity.

*The EU Diabetes Working Group,
MEPs Against Cancer,
the MEP Group for Kidney Health, and
the MEP Heart Group,*

- having regard to the WHO strategy for Prevention and Control of Non-Communicable Diseases (NCD), "Gaining Health", published in June 2006, whose objective is to combine integrated action on risk factors avoid premature death and significantly reduce the disease burden from NCD
- having regard to the European Commission's white paper entitled "Together for Health: A Strategic Approach for the EU 2008-2013" published in 2007, in which health is defined as important for the wellbeing of individuals and society, and as a prerequisite for economic productivity and prosperity
- having regard to the European Commission Communication on "Solidarity in health: reducing health inequalities in the EU" published in 2009, aiming at creating more equitable access to prevention to reduce health inequalities in the EU
- having regard to the European Commission Communication "Europe 2020 A strategy for smart, sustainable and inclusive growth" published in 2010, aiming at creating a productive European workforce

- A. whereas chronic non-communicable diseases affect more than a third of the population of Europe – over 100 million citizens
- B. whereas four major health determinants – tobacco, poor diet, alcohol, and lack of physical activity - account for most of chronic illness and death in Europe,
- C. whereas prevention costs less than disease management and treatment, but 97% of health expenses are presently spent on treatment, only 3% invested in prevention
- D. whereas risk factor modifications have been unequivocally shown to reduce mortality and morbidity,

addresses the following statement to the presidency of the EU:

¹ Gaining Health, The European Strategy for the Prevention and Control of Noncommunicable Diseases, WHO Regional office for Europe, 2006

We, EU Diabetes Working Group, MEPs Against Cancer, MEP Group for Kidney Health and the MEP Heart Group,

Welcome that the Presidency trio of the European Union has given priority to the prevention of chronic diseases

Support the initiative of the Belgium Presidency of the European Union to have given priority to Innovative prevention & treatment of Chronic Diseases as part of its health programme as a unique opportunity to raise awareness on the burden of chronic diseases to Member States

Encourage all Member States to combat non-communicable chronic diseases by tackling common risk factors, and in particular tobacco, unhealthy diet, lack of physical activity and consumption of alcohol

Underline the moral responsibility of Member States to commit to reducing the burden of chronic diseases, based on the strong evidence-based available knowledge

Welcome the United Nations' initiative to adopt a resolution on Chronic Diseases in 2011

Call on the competent authorities in the Member States and in particular that they:

- Urgently develop or improve policies aiming at tackling chronic diseases, according to on the evidence-based recommendations, including those mentioned in the paper "A Unified Prevention Approach" of the Chronic Diseases Alliance
- Invest in chronic disease prevention, in particular by raising awareness on common risk factors and promoting a healthy lifestyle
- Promote the availability of healthy choices in all aspects of daily life (diet, transport, work, leisure) and throughout the population life span
- Recognise non-communicable diseases in research programmes, whether at national or EU level, providing adequate funding