NDPHS 8TH PARTNERSHIP ANNUAL CONFERENCE SIDE-EVENT

HEALTHY LIFESTYLE – THE CORNERSTONE OF PUBLIC HEALTH

24 NOVEMBER 2011, ST. PETERSBURG, RUSSIA

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NON-COMMUNICABLE DISEASES: AN EU PERSPECTIVE

Dear Chair, Distinguished Participants,

- Thank you for inviting me to speak at the NDPHS PAC Side event on NCDs. I would like to take this opportunity to share with you the views of the EU on NCDs
- The prevalence of NCDs – such as cardiovascular diseases, cancer and diabetes and respiratory diseases, is increasing worldwide, particularly in low and middle income countries.
- A substantial part of premature morbidity and mortality from NCDs is preventable through action on common risk factors including tobacco, nutrition and physical activity and harmful consumption of alcohol
- NCDs are responsible for much of the growing health inequalities that have been observed in many countries, showing a strong socio-economic gradient, and important gender differences. The same is true for the widening health gap between countries in Europe. Moreover, there has recently been much concern that NCD risk factors increasingly affect younger age groups.
- In the EU chronic NCDs are responsible for over 4 million deaths a year, representing over 86% of all deaths. They are the main cause of loss of healthy life years.
- We have been observing rapid increases in the main NCD risk factors in low and middle countries - smoking, overweight sedentary living and harmful alcohol consumption. To prevent and control this 'epidemic' requires actions to reduce these risk factors. It also requires a change in health systems - with a greater focus on prevention and long term disease management.
- Following calls for greater attention to NCDs in international cooperation, the UN agreed to organise a high level special session on NCDs, which took place in New York on 19-20 September. (High-Level Meeting of the UN General Assembly on the Prevention and Control of NCDs).
- The European Commission was represented at this event by Commissioner Dalli, indicating the importance given to the topic of NCDs by the EU. It also shows the importance given to NCDs by the U.N., as shown the fact that this was the second-ever special session to be dedicated to a specific disease, after the high-level special session on HIV/AIDS in 2000.

ONGOING EU ACTIONS ON CHRONIC DISEASES

- At the EU level, we have several ongoing parallel actions related to chronic diseases. We address in particular:
  - determinants which are risk factors for a large number of chronic diseases (smoking, nutrition, physical activity, alcohol, and psychological, social and environmental factors);
  - disease specific initiatives (cancer, Alzheimer's disease, mental health, rare diseases);
  - Innovation Partnership on healthy and active ageing;
  - health systems (screening, health care, pharmaceuticals and devices, indicators and information systems);
  - legislation on tobacco control;
  - projects funded through the Health Programme 2008-2013.
- Council Conclusions on chronic diseases, adopted on 7 December 2010, on 18 March 2011 invited Member States and the Commission to initiate a reflection process aiming to identify options to optimize the response to the challenges of chronic disease.
- The Commission very much welcomes this invitation and intends to play a full role in the process.

ALCOHOL

- Alcohol consumption has been decreasing in most EU countries over the past decades, however the decrease is levelling and in several countries there is even an increase. Overall, alcohol consumption in the EU is still at a high level, higher than in any other region of the world, causing substantial harm to health and the EU economy.
- Binge drinking among young people is increasing practically across the EU.
- In 2006 the Commission adopted an EU strategy to support Member States in reducing alcohol related harm. The EU Alcohol Strategy is running till the end of 2012.
- The Committee on National Alcohol Policy and Action (CNAPA) has been established as a mechanism to foster further development and coordination of government-driven policies to reduce alcohol related harm.
- The European Alcohol and Health Forum has been set up by the Commission to step up voluntary action by stakeholders. Stakeholders who join the Forum – from alcohol producers to public health NGOs – commit to concrete action to reduce alcohol related harm. The Forum has currently 65 members.
- In 2009 a progress report on the implementation of the EU Alcohol Strategy indicated that:
  - there is steady convergence of Member State actions and policies (for example age limits and drink-driving), but still several differences;

- ostakeholder action is being generated at EU and national level;
- o the evidence base has been strengthened, for example regarding the impact of marketing and affordability of alcoholic beverages.

- In 2009 the Council adopted Conclusions on Alcohol and Health in which it invited the Commission to "define priorities for the next phase of the Commission's work on alcohol and health after the end of the current strategy in 2012". We are working to in this direction.

NUTRITION AND PHYSICAL ACTIVITY

- In relation to Nutrition and Physical Activity, the Commission committed to a 6 years' Strategy for Europe on Nutrition, Overweight and Obesity-related health issues in May 2007.
- This strategy aims to contribute to the reduction of the risks associated with poor nutrition and limited physical activity in the European Union.
- The Commission and member States developed action in six priority areas: better informed consumers; making the healthy option available; encouraging physical activity; develop the evidence base to support policy making; develop monitoring systems, and putting children and low socio-economic groups as priority.
- Developing effective partnerships is one of the main tools of the European Strategy. This has been put in place through the High Level Group for Nutrition and Physical Activity, and the Platform for action on Diet, Physical Activity and Health (which consists of representatives from all Member States and seeks to ensure the exchange of policy ideas and best practises between Member States as well as the implementation of coordinated measures.)

Examples of action by the EU:

Food reformulation

- One of the first priorities for the High Level Group was salt reduction, on the basis of a jointly agreed EU framework which set an EU benchmark of 16 percent salt reduction over 4 years.

EU Platform for action on Diet, Physical Activity and Health

- The EU Platform for action on Diet, Physical Activity and Health was established in 2005. The purpose of the Platform was to provide an example of action-oriented cooperative process to help reversing the obesity trend.
- The EU Platform is a forum for European-level umbrella organisations, ranging from the food industry to consumer protection NGOs, willing to commit to tackling current trends in diet and physical activity with concrete actions. The platform members have delivered so far about 300 commitments.
- The Platform operates under the leadership of the European Commission.

Advertising/marketing to children

- The Audio-Visual Media Services Directive (AVMSD) and its Article 9.2 sets an obligation on Member States and the Commission to encourage media service providers to set up codes of conduct on audiovisual commercial communications to children regarding food high in fat, salt and sugar.
- In this area of self-regulation of food and beverage advertising/marketing to children, the EU Pledge is the largest commitment from Platform members. In force since January 2009, it covers advertising to children under twelve across the EU and represents approximately 75% of food and beverage advertising spent in the EU.

EU TOBACCO CONTROL

- Tobacco consumption remains the major single cause for premature deaths in the EU.
- Efforts in the EU to reduce the burden of tobacco related deaths and illness consist of:
    1. binding legislation (Tobacco Products Directive and Tobacco Advertising Directive);
    2. supporting and co-ordinating Member States action (e.g. smoke-free environments);
    3. international co-operation and
    4. EU wide communication campaigns.

SOCIAL AND ECONOMIC IMPACT

In relation to the social and economic impact of NCDs, it is important to note the following:

- Chronic non-communicable diseases are responsible for 78 % of premature deaths under the age of 65s (a total of 730,000 in 2009).
- NCDs are also the most important cause of loss to the labour market for health reasons from chronic sickness and disability.
- Death and disability from NCDs are much commoner in poorer segments of the population.
- In the EU 80% of health care expenditure is estimated to be spent on NCDs
- Average expenditure on all forms of prevention in EU countries is less than 3% of total health care budgets.

PREVENTION

- Coming back to the topic of this side-event, healthy lifestyles play an important role in determining chronic diseases and lifestyle changes are likely to be responsible for a significant proportion of their increase over times.
- There exist gaps in the situation in different EU Member States. Main challenges are:
    - Relative balance of prevention and treatment.
    - Research priorities.
    - How to get more evidenced based care into practice – both primary and secondary prevention.
    - Balance between action and behavioural and social/environmental determinants.
- Aware of these challenges, we, at the EU, continue to work in order to address the issue of NCDs.
- We are currently in a period of "EU Chronic Disease Reflection", which will last until the end of 2012. This process, where we aim to identify options to optimise the response to chronic diseases, involves the Commission, EU Member States and Stakeholders

CONCLUDING REMARKS

- In conclusion, allow me to repeat that a great deal of the burden of non-communicable diseases is preventable through action on common-risk factors, such as smoking, diet, physical activity and harmful alcohol consumption, as well as by addressing underlying social economic and environmental determinants.
- The EU has had some success in our work on risk factors related to chronic diseases. We are taking forward strategies on tobacco, nutrition and physical activity and on alcohol-related harm, with a partnership approach involving all 27 EU Member States and relevant stakeholders.
- We are actively working with other EU polices, such as agriculture, regional development, and environment, which have important impact on health and health inequalities.
- In closing, I would like to note that in our joint struggle towards better health for all citizens, we have a lot to learn from one another. Sharing of good practices at local, regional, national and European levels can save and improve lives. In this context we believe that the NDPHS has an important contribution to make.
- Thank you.