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MOTION FOR A RESOLUTION

further to Question for Oral Answer B6-0134/2007

pursuant to Rule 108(5) of the Rules of Procedure

by Miroslav Ouzký, Georgs Andrejevs and John Bowis

on behalf of the Committee on the Environment, Public Health and Food Safety

on action to tackle cardiovascular disease

European Parliament resolution on action to tackle cardiovascular disease

The European Parliament,

- having regard to Article 152 of the EC Treaty,
- having regard to the conclusions of the Employment, Social Policy, Health and Consumer Affairs Council meeting on 1-2 June 2004¹,
- having regard to the Commission Proposal for a Public Health Action Programme 2007-2013²,
- having regard to the European Parliament's Resolution on the Commission legislative and work programme for 2006, which called on the Commission to '*ensure a proper follow-up to its communications on the fight against obesity, heart diseases, diabetes, cancer, mental disorders and HIV/AIDS*'³,
- having regard to the World Health Organisation's 'European Strategy for the Prevention and Control of Noncommunicable Diseases'⁴,
- having regard to the conclusions and strategic objectives on women and health of the Beijing Declaration and Platform for Action, 4th UN World Conference on Women,
- having regard to the European Guidelines on cardiovascular disease prevention⁵,
- having regard to the June 2005 Luxembourg Heart Health Conference⁶,
- having regard to the March 2006 Women's Health at Heart Conference⁷,
- having regard to the Finnish Presidency's Health in All Policies initiative⁸,
- having regard to the Seventh Research Framework Programme⁹,
- having regard to Rule 108(5) of its Rules of Procedure,

¹ http://www.consilium.europa.eu/ueDocs/cms_Data/docs/pressData/en/lisa/80729.pdf

² COM(2006) 234 final

³ P6_TA(2005)0524

⁴ EUR/RC56/R2

⁵ Eur J Cardiovasc Prev Rehabil 2003 Dec;10(Suppl 1):S1-78

⁶ <http://www.worldheartday.com/articulos/LuxembourgDeclaration.pdf>

⁷ www.cvhconference.org

⁸ <http://www.stm.fi/Resource.phx/eng/subj/inter/eu2006/hiap/index.htx.i1153.pdf>

⁹ COM (2006) 364 final

- A. whereas, according to the European cardiovascular disease statistics 2005, cardiovascular disease is the largest cause of death of men and women in the European Union, accounting for 1.9 million deaths; whereas women and men are affected differently by cardiovascular disease; whereas women are more likely than men to die from stroke or heart attack; whereas cardiovascular diseases in women are often not diagnosed and treated properly¹,
- B. whereas cardiovascular disease causes nearly half of all deaths, 42%, in the EU²,
- C. whereas cardiovascular disease is the second main cause of disease burden (illness and death) in the EU, amounting to 18% of the burden³,
- D. whereas the total cost of cardiovascular disease amounts to € 169 billion in the EU, of which € 105 billion is spent on treating the disease in the EU and € 64 billion is due to lost productivity and the cost of informal care⁴,
- E. whereas health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,
- F. whereas the changing demographic structure of the EU requires longer working lives and whereas debilitation from high blood pressure and cardiovascular diseases have a negative effect on the labour force⁵,
- G. whereas the OECD 2005 Indicators⁶ state that *‘only around 3% of current health expenditure is spent on prevention and public health programmes’*,
- H. whereas major risk factors for developing a cardiovascular disease are notably consumption of tobacco and alcohol, an excess of visceral fat, which may lead to metabolic disorders, a high level of glucose, lipids and cholesterol in the blood and high blood pressure,
- I. whereas the majority of cardiovascular disease can be prevented by a change in lifestyle together with early identification of high-risk individuals and proper diagnosis,
- J. whereas the WHO recognises that *‘the most cost-effective methods of reducing risk among an entire population are population-wide interventions, combining effective policies and broad health promotion policies’*⁷,
- K. whereas a tangible European strategy to address cardiovascular disease is non-existent,

¹ Study: Discrimination against Women and Young Girls in the Health Sector, Policy Department C, PE 378.295

² *Ibid.*

³ *Ibid.*

⁴ *Ibid.*

⁵ High Blood Pressure and Health Policy, Kanavos/Östergren/Weber et al., 2007.

⁶ Health at a Glance – OECD Indicators 2005. November 2005.

⁷ WHO Information sheet - Cardiovascular diseases: prevention and control, WHO, 2003, available at http://www.who.int/dietphysicalactivity/media/en/gsfcs_cvd.pdf

- L. whereas the March 2006 Women's Health at Heart conclusions called for the Member States to adopt an EU Recommendation on a tangible EU-wide cardiovascular health strategy on the basis of a Commission proposal encompassing cardiovascular health promotion, mechanisms in support of the Member States' strategies and activities, guidelines on risk assessment, optimal preventive methods, treatment, rehabilitation and screening, and education of doctors by doctors,
- M. whereas there are major discrepancies in cardiovascular disease prevalence, prevention and care between Member States and it is the role of the EU to combat such inequalities and close the gap,
- N. whereas gender is a crucial factor in the development, diagnosis, treatment and prevention of cardiovascular disease; whereas not enough attention is being paid to gender in the health sector, which is having a negative effect on the treatment of women for cardiovascular diseases,
- O. whereas other major diseases received overwhelming support from the European Parliament in 2006 in the form of a Written Declaration on diabetes¹ and the Motion for a Resolution on breast cancer in the enlarged European Union², while none currently exists on cardiovascular disease, the number 1 killer in Europe,
1. Calls on the Commission to propose a Recommendation on cardiovascular disease including high blood pressure and on early identification of high-risk individuals and prevention strategies in Europe, taking into account gender differences so as to ensure gender equality in the health sector;
 2. Calls on Member States to develop and strengthen their risk factor surveillance systems;
 3. Calls on Member States to adopt or review national public health strategies to include health promotion, population and early high risk management strategies on cardiovascular health, and develop health impact assessments to measure the burden on national healthcare systems, taking into account gender differences so as to ensure gender equality in the health sector;
 4. Calls on Member States to establish national guidelines for the prevention of cardiovascular disease, including standard guidelines for best practice to identify high-risk individuals;
 5. Calls on the Commission and the Member States to establish a consensus in setting targets for managing high blood pressure screening and control;
 6. Encourages Member States to develop and implement cardiovascular health promotion, early identification of high-risk groups and prevention strategies, as the most cost-effective methods of combating cardiovascular disease;
 7. Urges Member States to adopt a multisectoral approach to cardiovascular health

¹ P6_DCL(2006)0001

² B6-0528/2006

promotion and preventive strategies in consultation with all relevant stakeholders;

8. Calls on Member States to further develop their action plans on lifestyle-related health determinants to promote healthy lifestyles;
9. Calls for continued financial support for further research into preventing cardiovascular disease and promoting cardiovascular health at local, national and European level, including research on cardiovascular disease risk factors, prevalence and genetic factors;
10. Calls on Member States to implement public education programmes to raise awareness of the risk factors relating to cardiovascular disease and specialist programmes for the further education of health professionals;
11. Calls on the Member States to measure the prevalence of cardiovascular disease among their population and evaluate their national programmes to identify benchmark figures that will enable national health authorities to set tangible goals when implementing dedicated initiatives;
12. Calls on the Member States and the Commission to support the implementation of the most recent European Guidelines on cardiovascular disease prevention produced by the Joint European Task Force;
13. Calls on the Commission to encourage initiatives and collaborations with interested stakeholders who aim to promote better cardiovascular health through further controls on tobacco and alcohol and improved diet and physical activity as a means of preventing obesity and high blood pressure and their related complications;
14. Urges the Commission to follow up on its earlier initiatives on exchange of best practice of cardiovascular disease prevention between Member States;
15. Calls on the Commission to promote regular exchange of experience, information and data on cardiovascular health between all stakeholders involved in cardiovascular disease prevention;
16. Calls on the Commission to increase the comparability of data by fostering the establishment of a database monitoring cardiovascular disease prevalence, mortality, morbidity and risk factors across Member States;
17. Urges the Commission to develop health impact assessments to measure the burden of cardiovascular disease and high blood pressure on European economic productivity across Member States, further to the Council's conclusions on Health in all Policies;
18. Welcomes the Commission's recently announced plan to develop a Health Strategy and urges the Commission, in this plan, to focus on the need for equity of access to prevention, treatment, diagnosis and control of disease for all Europeans regardless of nationality;
19. Calls on the Commission to point out to Member States the funding opportunities available for cardiovascular disease and high blood pressure screening and prevention methods as well as for further research into cardiovascular disease such as through the 7th

Research Framework Programme, Structural Funds and the European Development Fund;

20. Instructs its President to forward this resolution to the Council, the Commission and the Member State parliaments.