



EUROPEAN PARLIAMENT

2009 - 2014

Plenary sitting

12.9.2011

B7-0489/2011

MOTION FOR A RESOLUTION

to wind up the debate on the statement by the Commission

pursuant to Rule 110(2) of the Rules of Procedure

on the European Union position and commitment in advance of the UN high-level meeting on the prevention and control of non-communicable diseases

Corien Wortmann-Kool, Peter Liese, Simon Busuttil
on behalf of the PPE Group

B7-0489/2011

European Parliament resolution on the European Union position and commitment in advance of the UN high-level meeting on the prevention and control of non-communicable diseases

The European Parliament,

- having regard to the 2008-2013 WHO Action Plan for the Global Strategy for the Prevention and Control of Non communicable Diseases¹,
- having regard to the World Health Organization’s Resolution of 11 September 2006 on the Prevention and control of non-communicable diseases in the WHO European region²,
- having regard to UN resolution 64/265 on the prevention and control of non-communicable diseases of October 2010³,
- having regard to the Moscow Declaration on healthy lifestyles and non-communicable disease control in April 2011⁴,
- having regard to the World Health Assembly resolution on non-communicable diseases of May 2011⁵,
- having regard to the Report of the UN Secretary General on prevention and control of non-communicable diseases⁶,
- having regard to the WHO report of 2008 on the Global surveillance, prevention and control of chronic respiratory diseases⁷,
- having regard to the Parma Declaration and the Commitment to Act adopted by the Member States of the European Region of WHO in March 2011⁸,
- having regard to the WHO Asturias declaration 2011⁹,
- having regard to the European Charter on Counteracting Obesity adopted in November

¹ http://whqlibdoc.who.int/publications/2009/9789241597418_eng.pdf

² http://www.euro.who.int/_data/assets/pdf_file/0004/77575/RC56_eres02.pdf

³ http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/64/265&Lang=E

⁴ http://www.un.org/en/ga/president/65/issues/moscow_declaration_en.pdf

⁵ http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_R11-en.pdf

⁶ http://www.un.org/ga/search/view_doc.asp?symbol=A/66/83&Lang=E

⁷ <http://www.who.int/gard/publications/GARD%20Book%202007.pdf>

⁸ http://www.euro.who.int/_data/assets/pdf_file/0011/78608/E93618.pdf

⁹ <http://www.iarc.fr/en/media-centre/iarcnews/2011/asturiasdeclaration.php>

2006¹ ,

- having regard to Articles 168 and 179 of the Treaty on the Functioning of the European Union,
- having regard to Article 35 of the Charter of Fundamental Rights of the European Union,
- having regard to its resolution of 1 February 2007 on Promoting Healthy Diets and Physical Activity² : a European Dimension for the Prevention of Overweight, Obesity and Chronic Diseases and its resolution of 25 September 2008 on the White Paper on Nutrition, Overweight and Obesity-related Health Issues³ ,
- having regard to its resolution of 12 July 2007 on action to tackle cardiovascular disease⁴, its resolution of 10 April 2008 on combating cancer in the enlarged European Union⁵, and having regard to its declaration of 27 April 2006 on diabetes⁶,
- having regard to its resolution of 4 September 2008 on the mid-term review of the European Environment and Health Action Plan 2004-2010,
- having regard to decision 1600/2002/EC of the European Parliament and of the Council laying down the Sixth Community Environment Action Programme,
- having regard to its resolution of 11 November 2010 on the demographic challenge and solidarity between generations⁷ and its resolution on reducing health inequalities in the EU⁸ of 6 May 2010,
- having regard to its resolution of 6 May 2010 on the Commission communication on Action Against Cancer: European Partnership⁹ and its resolution of 6 May 2010 on the Commission White Paper: ‘Adapting to climate change: Towards a European framework for action’¹⁰,
- having regard to Council Decision 2004/513/EC of 2 June 2004 concerning the conclusion of the WHO Framework Convention on Tobacco Control¹¹,
- having regard to the Council Conclusions on Heart Health in 2004¹²,

¹ http://www.euro.who.int/_data/assets/pdf_file/0009/87462/E89567.pdf

² Texts adopted, P6_TA(2007)001

³ Texts adopted, P6_TA(2008)0461

⁴ Text adopted P6_TA(2007)0346

⁵ Text adopted P6_TA(2008)0121

⁶ OJ C 296 E, 6.12.2006, p. 273.

⁷ Texts adopted P7_TA(2010)0400

⁸ Text adopted P7_TA(2011)0081

⁹ Text adopted P7_TA(2010)0152

¹⁰ Text adopted P7_TA(2010)0154

¹¹ <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2004:213:0008:0024:EN:PDF>

¹² www.consilium.europa.eu/uedocs/NewsWord/en/lisa/80729.doc

- having regard to Decision No 1350/2007/EC of the European Parliament and of the Council of 23 October 2007 establishing a second programme of Community action in the field of health (2008-13)¹ ,
 - having regard to Decision No 1982/2006/EC of the European Parliament and of the Council of 18 December 2006 concerning the Seventh Framework Programme of the European Community for research, technological development and demonstration activities (2007-2013)² ,
 - having regard to Council conclusions on ‘Innovative approaches for chronic diseases in public health and healthcare systems’ of 7 December 2010³ ,
 - having regard to the Council conclusions on ‘Common values and principles in European Union Health Systems’ of 22 June 2006 and to the Council conclusions ‘Towards modern, responsive and sustainable health systems’ of 6 June 2011⁴ ,
 - having regard to the Council conclusions on ‘the EU role in Global Health’ of 10 May 2010⁵,
 - having regard to Rule 110(2) of its Rules of Procedure,
- A. whereas according to the WHO, 86% of deaths in Europe are caused by non-communicable diseases;
 - B. whereas the four most common non-communicable diseases are cardiovascular diseases, respiratory diseases, cancer and diabetes, without neglecting other important non-communicable diseases;
 - C. whereas cardiovascular diseases are the first cause of deaths accounting for more than 2 million deaths every year; the most common cardiovascular diseases are coronary heart disease and stroke, which account respectively for over a third (i.e. 741,000) and just over a quarter (i.e. 508,000) of all cardiovascular deaths;
 - D. whereas cancer is the second largest cause of death and has a population prevalence of 3-4% which increases to 10-15% at old age, and whereas every year an estimated 2.45 million people in the EU are diagnosed with cancer and 1.23 million deaths are registered, whereas Childhood cancer is increasing at a rate of more than 1% per year in Europe;
 - E. whereas preventable chronic respiratory diseases, such as asthma and chronic obstructive pulmonary disease (COPD) impose a burden affecting millions in Europe;

¹ <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2007:301:0003:0013:en:PDF>

² <http://cordis.europa.eu/documents/documentlibrary/90798681EN6.pdf>

³ http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lisa/118282.pdf

⁴ http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lisa/122395.pdf

⁵ http://www.consilium.europa.eu/uedocs/cms_Data/docs/pressdata/EN/foraff/114352.pdf

- F. whereas there is no EU-wide strategy or initiative targeting comprehensively diabetes (Type 1 and Type 2), estimated to affect more than 32 million EU citizens with a similar number suffering from impaired glucose tolerance and with a very high probability of progressing to clinically manifest diabetes; these numbers being expected to increase by 16% by 2030 as a result of the obesity epidemic, the ageing of the European population and other factors yet to be determined and for which more research is needed;
- G. whereas four factors account for a majority of the burden of chronic non-communicable diseases: tobacco, unbalanced diets, alcohol and lack of physical activity, whereas exposure to environmental contaminants is the fifth important factor to be considered;
- H. whereas tobacco is the leading cause of preventable deaths and kills up to one in every two long-term tobacco users;
- I. whereas alcohol intake, poor nutrition, and lack of physical activity, can contribute significantly to the risk of developing certain types of cardiovascular diseases, cancers and diabetes;
- J. whereas physical exercise is increasingly recognised as playing an important role in the prevention of non communicable diseases;
- K. whereas the majority of chronic non-communicable diseases can be prevented, more particularly by reducing or avoiding key risk factors such as smoking, unbalanced diets, physical inactivity, alcohol consumption and exposure to certain chemical substances; whereas an effective environmental policy, including the implementation of existing legislation and standards, offers big prevention opportunities;
- L. whereas the majority of non-communicable diseases have common conditions such as chronic pain and mental health problems, which directly affect the patient and their quality of life, and should be addressed through a common, horizontal approach, leading to better cost-effectiveness of healthcare systems in tackling these diseases;
- M. whereas opportunities for disease prevention remain underexploited, even though it has been demonstrated that population-wide NCD prevention strategies are consistently cost-saving;
- N. whereas 97% of health expenses are presently spent on treatment but only 3% invested in prevention and whereas the costs of treatment and management of non-communicable diseases are increasing dramatically due to the wider availability of diagnostics and treatments;
- O. whereas the WHO considers the rise in non-communicable diseases an epidemic and estimates that this epidemic is projected to claim the lives of 52 million people by 2030;
- P. whereas data from the World Economic Forum and the Harvard School of Public Health estimates that a €25 trillion global economic output loss from 2005 to 2030 will be due to

NCDs¹;

- Q. whereas non-communicable diseases could hamper the Europe 2020 strategy and infringe people's right to live healthy and productive lives;
- R. whereas the EU has a central role to play in accelerating progress on global health challenges, including the health MDGs and non-communicable diseases as stated in the Council conclusions on EU's role in global health;
- S. whereas some factors of non-communicable diseases are without doubt linked to global problems like environmental pollution and should therefore be addressed on global level, whereas other aspects can be addressed at national or regional level according to the principle of subsidiarity;
- T. whereas prenatal conditions, including exposure to environmental pollution, have lifelong effects on many aspects of health and well-being, in particular the risk for developing respiratory diseases, and may be contributing to cancer and diabetes;
- U. whereas, while people live on average longer and healthier lives than previous generations, the EU is faced, in the context of an ageing population and the rise of the 'oldest old', with an epidemic of chronic diseases and multi-morbidities, as well as with a consequent threat or increased pressure on the sustainability of national healthcare systems;
- V. whereas socio-economic factors are also important health determinants and health inequalities exist both between and within Member States;
- W. whereas it is estimated that by 2020 the estimated shortage of healthcare workers in Europe, which includes physicians, nurses, dentists, pharmacists and physiotherapists will amount to 1 million;
- X. whereas social and environmental factors should be clearly identified as determinants of health, with for example every year indoor air pollution being responsible for the death of 1.6 million people, representing a major environmental health threat in Europe and leading to significant reductions of life expectancy and productivity;
- Y. whereas European citizens are concerned about the potential impact of the environment on their health, with the potential effect of hazardous chemicals being the greatest concern², while for example pollution from fine particles is associated with more than 455,000 deaths due to cardio-respiratory effects every year in the 27 EU Member States;
- 1. Calls for a strong political commitment from the European Commission and EU Member States reflecting the significance and severity of the global NCD epidemic;

¹ <http://www.hsph.harvard.edu/news/features/coverage-in-the-media/global-health-noncommunicable-diseases-bloom/index.html>

² Special Eurobarometer 347, 2010; http://ec.europa.eu/public_opinion/archives/ebs/ebs_347_en.pdf

2. Urges the EU to advocate a bold goal for reducing preventable mortality from NCDs, such as the WHO goal of a 25% reduction in national mortality rates by 2025 based on 2010 rates;
3. Calls on the EU and the EU Member States to endorse the following five key commitments and include them in the political statement from the UN High-Level Meeting on NCDs in September 2011:
 - the reduction of preventable NCD mortality by 25% by 2025 as proposed by WHO,
 - the implementation of cost effective and cost-saving interventions, including an accelerated implementation of the WHO Framework Convention on Tobacco Control, better access to and the promotion to healthy diet, effective fight against abuse of alcohol and access to and promotion of physical activities , as well as population-wide reduction of exposure to environmental pollution,
 - monitoring of trends in NCD mortality and the common shared risk factors for NCDs,
 - development of global and national accountability mechanisms for all key stakeholders involved,
 - establishment in 2012 of a high level partnership to assist the implementation of the recommendations and the organisation of a high level meeting in 2014 to review the achievement of the commitments;
4. Calls on the EU and EU Member States to actively implement the Political Declaration following the High Level Summit, involving all relevant EU agencies and institutions in order to address NCD related challenges;
5. Calls on the EU and its Member States to scale-up primary prevention, research, early diagnosis and management of the four most common NCDs i.e. cardiovascular, respiratory, cancer and diabetes without neglecting other important non-communicable diseases , including early identification of individuals who are at high risk of contracting or dying from these diseases;
6. Recognize that mental and neurological disorders, including Alzheimer's disease, are an important cause of morbidity and contribute on the global NCD burden for which there is a need to provide equitable access to effective programmes and health care interventions;
7. Emphasises the need for an integrated and holistic patient-centred approach to long-term conditions encompassing disease prevention and health promotion, early diagnosis monitoring and education, and coordination of hospital and community care;
8. Calls for preventive strategies for non-communicable diseases to be implemented from an early age;
9. Notes that policies addressing behavioural, social, economic and environmental factors associated with NCDs should be rapidly and fully implemented to ensure the most effective responses to these diseases, while increasing quality of life and health equity;

10. Acknowledges that the focus of chronic care models on advanced chronic conditions needs to be shifted toward addressing people in the early stages of non-communicable disorders, with an ultimate goal of not solely managing diseases, but also improving the prognosis of chronic disorders;
11. Welcomes the emphasis of previous EU presidencies on prevention and control of chronic non-communicable diseases including the Spanish Presidency priority on cardiovascular diseases and the Polish Presidency conferences on ‘childhood chronic respiratory diseases’ and ‘Health Solidarity – closing the gap in health among the EU member states’;
12. Urges the creation of clear protocols and evidence-based guidelines for the most common non-communicable diseases to ensure appropriate patient management and treatment across healthcare workers, including specialists, primary care physicians and specialist nurses;
13. Stresses the need for chronic disease research and education at all levels, in particular on the four most common NCDs (cardiovascular, respiratory, cancer and diabetes) without neglecting other important non-communicable diseases, as well as on risk-factors reduction, public health interventions in general, and interactions between sources of pollution and health effects, with multidisciplinary collaboration on NCDs as a research priority in those regions and countries with adequate resources;
14. Strongly urges Member States to comply with EU air quality standards, and implement the WHO recommended air quality guidelines for outdoor and indoor air, and the Parma Declaration and Commitment to Act 2010 which mentions the need to tackle health effects of climate change;
15. Underlines the need for an effective revision of the Tobacco Products Directive, without any delay;
16. Underlines the importance for the EU and Member States, in order to implement NCD related objectives and to overcome the public health, social and economic challenges, to further integrate prevention and risk factor reduction in all relevant legislative and policy fields, and in particular in their environment, food and consumer policies;
17. Recognises that, under Article 168 TFEU, actions relating to health-care matters are primarily the responsibility of the Member States, but stresses the importance of establishing an EU Strategy on chronic non-communicable diseases, followed by a EU Council Recommendation, with individual sections on the four most common NCDs, e.g. cardiovascular, respiratory, cancer and diabetes, and taking into account gender specificities, in cooperation with relevant stakeholders, including patients and health professionals;
18. Calls on the Commission to continuously monitor and report on progress across the EU as regards the Member States’ implementation of national NCD plans, particularly on the four most common NCDs, with a focus on progress made in terms of prevention, early

detection, disease management and research;

19. Calls on the Member States to take action so as to increase the numbers of health personnel trained and effectively employed in health systems so as to more effectively confront the NCD burden;
20. Stresses the need for coherence and a linked up approach between the UN Political Declaration and the ongoing actions of the European Council and European Commission i.e. the Reflection Process called for on chronic diseases;
21. Asks the Commission to consider and assess the possibility of extending the European Centre for Disease Prevention and Control (ECDC) mandate, adding non-communicable diseases to its responsibilities, and using it as a centre for data collection and recommendation development on NCDs; thus providing policy-makers, scientists and doctors with best practices and greater knowledge on non-communicable diseases;
22. Emphasises the need to establish priorities for data to be centrally collected to obtain comparable data that will allow better planning and recommendation across the EU;
23. Calls for the conduct of a comprehensive review of the implementation of the UN Political Declaration by 2014;
24. Calls on the Member States and the Commission to ensure that a high level delegation attends and presents an ambitious and coordinated EU position at the UN meeting on 19-20 September 2011;
25. Instructs its President to forward this resolution to the Council, Commission, HR/VP Lady. Ashton, the governments and parliaments of the Member States, the EU Ambassador to the UN, the UN Secretary-General, the Director-General of the WHO.