



13.9.2011

B7-0488/2011 }
B7-0489/2011 } RC1/rev.

JOINT MOTION FOR A RESOLUTION

pursuant to Rule 110(4) of the Rules of Procedure

replacing the motions by the following groups:
ALDE, S&D, Verts/ALE, ECR, GUE/NGL (B7-0488/2011)
PPE (B7-0489/2011)

on European Union position and commitment in advance to 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

Linda McAvan, Glenis Willmott

on behalf of the S&D Group

Antonyia Parvanova, Sarah Ludford, Liam Aylward, Frédérique Ries

on behalf of the ALDE Group

Michèle Rivasi, Raül Romeva i Rueda

on behalf of the Verts/ALE Group

Marina Yannakoudakis, Milan Cabrnoch

on behalf of the ECR Group

Marisa Matias, Bairbre de Brún, João Ferreira, Nikolaos Chountis

on behalf of the GUE/NGL Group

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

The European Parliament,

- having regard to the 2008-2013 World Health Organisation (WHO) Action Plan for the Global Strategy for the Prevention and Control of Non-Communicable Diseases¹,
- having regard to the WHO'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 of 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 2008 WHO report 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 the WHO in March 2011⁸,
- having regard to the WHO's 2011 Asturias Declaration⁹,
- having regard to the European Charter on Counteracting Obesity adopted in November 2006¹⁰,
- having regard to Articles 168 and 179 of the Treaty on the Functioning of the European Union (TFEU),
- having regard to Article 35 of the Charter of Fundamental Rights of the European Union,

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>

¹⁰ http://www.euro.who.int/_data/assets/pdf_file/0009/87462/E89567.pdf

- having regard to its resolutions of 1 February 2007 on ‘Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases’¹ and of 25 September 2008 on the White Paper on Nutrition, Overweight and Obesity-related Health Issues² ,
- having regard to its resolutions of 12 July 2007 on action to tackle cardiovascular disease³ and of 10 April 2008 on combating cancer in the enlarged European Union⁴ , and to its declaration of 27 April 2006 on diabetes⁵ ,
- having regard to its resolution of 4 September 2008 on the mid-term review of the European Environment and Health Action Plan 2004-2010⁶ ,
- having regard to Decision 1600/2002/EC of the European Parliament and of the Council laying down the Sixth Community Environment Action Programme⁷,
- having regard to its resolutions of 11 November 2010 on the demographic challenge and solidarity between generations⁸ and of 8 March 2011 on reducing health inequalities in the EU⁹,
- having regard to its resolutions of 6 May 2010 on the Commission communication on Action Against Cancer: European Partnership¹⁰ and on the Commission White Paper: ‘Adapting to climate change: Towards a European framework for action’¹¹,
- having regard to Council Decision 2004/513/EC of 2 June 2004 concerning the conclusion of the WHO Framework Convention on Tobacco Control¹²,
- having regard to the Council Conclusions on Heart Health of 2004¹³,
- 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 (2008-2013)¹⁴,
- 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)¹⁵,

¹ OJ C 250E, 25.10.2007. p. 93.

² OJ C 8E, 14.1.2010. p. 97.

³ OJ C 175E, 10.7.2008, p. 561.

⁴ OJ C 247E, 15.10.2009, p. 11.

⁵ OJ C 296 E, 6.12.2006, p. 273.

⁶ OJ C 295E, 4.12.2009, p. 83.

⁷ OJ L 242, 10.9.2002, p. 1.

⁸ Texts adopted, P7_TA(2010)0400.

⁹ Texts adopted, P7_TA(2011)0081.

¹⁰ OJ C 81E, 15.3.2011, p. 95.

¹¹ OJ C 81E, 15.3.2011, p. 115.

¹² <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2004:213:0008:0024:EN:PDF>

¹³ www.consilium.europa.eu/uedocs/NewsWord/en/lisa/80729.doc

¹⁴ <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2007:301:0003:0013:en:PDF>

¹⁵ <http://cordis.europa.eu/documents/documentlibrary/90798681EN6.pdf>

- having regard to the Council conclusions on ‘Innovative approaches for chronic diseases in public health and healthcare systems’ of 7 December 2010¹ ,
 - 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 2011² ,
 - having regard to the Council conclusions on ‘The EU role in global health’ of 10 May 2010³ ,
 - having regard to Rule 110(4) of its Rules of Procedure,
- A. whereas, according to the WHO, 86% of deaths in Europe are caused by non-communicable diseases (NCDs);
 - B. whereas the four most common NCDs are cardiovascular diseases, respiratory diseases, cancer and diabetes; whereas other important NCDs should not be neglected;
 - C. whereas cardiovascular diseases are the largest cause of death, killing more than 2 million people every year; whereas the most common cardiovascular diseases are coronary heart disease and strokes, which account respectively for over a third (i.e. 741 000) and just over a quarter (i.e. 508 000) of all cardiovascular disease-related deaths;
 - D. whereas cancer is the second-largest cause of death, with a population prevalence of 3-4%, which increases to 10-15% among the elderly; whereas every year an estimated 2.45 million people in the EU are diagnosed with cancer and 1.23 million deaths from the disease are recorded; whereas the prevalence of 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), affect millions of people in Europe;
 - F. whereas there is no EU-wide strategy or initiative comprehensively targeting diabetes (Type 1 and Type 2), which is estimated to affect more than 32 million EU citizens, with a similar number suffering from impaired glucose tolerance and facing a very high probability of progressing to clinically manifest diabetes; whereas these figures are 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 on which more research is needed;
 - G. whereas four risk factors together account for a majority of chronic NCDs: tobacco consumption, unbalanced diets, alcohol intake and lack of physical activity; whereas exposure to environmental contaminants is the fifth important factor to be considered;
 - H. whereas tobacco consumption 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 a lack of physical activity can contribute

¹ http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lisa/118282.pdf

² http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lisa/122395.pdf

³ http://www.consilium.europa.eu/uedocs/cms_Data/docs/pressdata/EN/foraff/114352.pdf

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 NCDs;
- K. whereas the majority of chronic NCDs 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 enforcement of existing legislation and standards, offers major prevention opportunities;
- L. whereas the majority of NCDs have common symptoms, such as chronic pain and mental health problems, which directly affect sufferers and their quality of life and should be addressed by means of a common, horizontal approach, so that healthcare systems can tackle these diseases more cost-effectively;
- M. whereas opportunities for disease prevention remain underexploited, even though it has been demonstrated that population-wide NCD-prevention strategies consistently reduce costs;
- N. whereas 97% of health expenditure currently goes on treatment, but only 3% on investment in prevention, and whereas the cost of treating and managing NCDs is increasing dramatically owing to the wider availability of diagnostics and treatments;
- O. whereas the WHO regards the increase in NCDs as an epidemic and estimates that it will claim the lives of 52 million people by 2030;
- P. whereas the World Economic Forum and the Harvard School of Public Health have published data estimating that NCDs will cause a €25 trillion global economic output loss over the period from 2005 to 2030;
- Q. whereas NCDs could hamper the Europe 2020 strategy and deprive people of the right to live healthy and productive lives;
- R. whereas the EU has a central role to play in speeding up progress on global health challenges, including the health-related Millennium Development Goals and NCDs, as stated in the Council conclusions on the EU's role in global health;
- S. whereas pre-natal conditions, including exposure to environmental pollution, have a lifelong impact on many aspects of health and well-being, in particular the likelihood of developing respiratory diseases, and may make people more likely to contract cancer and diabetes;
- T. whereas, although on average people are living longer and healthier lives than previous generations, the EU is faced, in the context of an ageing population and the new phenomenon of the 'oldest old', with an epidemic of chronic diseases and multi-morbidities, and with a resulting threat to or increased pressure on the sustainability of national healthcare systems;
- U. whereas socio-economic factors are also important health determinants, and health

inequalities exist both between and within Member States;

- V. whereas it is estimated that by 2020 the shortfall in healthcare workers in Europe, which includes physicians, nurses, dentists, pharmacists and physiotherapists, will have reached 1 million;
- W. whereas social and environmental factors should be clearly identified as determinants of health, given that, for example, indoor air pollution is responsible for the deaths of 1.6 million people every year, making it a major environmental health threat in Europe and leading to significant reductions in life expectancy and productivity;
- X. whereas EU citizens are concerned about the potential impact of the environment on their health, with the potential effects of hazardous chemicals being the greatest concern; whereas, for example, particulate pollution is linked to more than 455 000 deaths from cardio-respiratory ailments every year in the 27 EU Member States;
1. Calls for a strong political commitment from the Commission and EU Member States which reflects the significance and severity of the global NCD epidemic;
 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 as compared with 2010 rates;
 3. Calls on the EU and its Member States to endorse the following five key commitments and include them in the political statement to be issued at the UN High-Level Meeting on NCDs in September 2011:
 - the reduction of preventable NCD mortality by 25% by 2025, as proposed by the WHO,
 - the implementation of cost-effective and cost-saving interventions, including the speedier implementation of the WHO Framework Convention on Tobacco Control, better access to and the promotion of healthy diets, including action to reduce salt, sugar, saturated fat and transfat intakes, effective measures to combat the harmful use of alcohol, and access to and the promotion of physical activities, as well as a population-wide reduction in exposure to environmental pollution,
 - the monitoring of trends in NCD mortality and the common risk factors for NCDs,
 - the development of global and national accountability mechanisms for all key stakeholders involved,
 - the establishment in 2012 of a high-level partnership to foster the implementation of the recommendations and the organisation in 2014 of a high-level meeting to review the degree to which commitments have been honoured;
 4. Calls on the EU and its Member States actively to implement the Political Declaration to be issued following the high-level meeting, 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 of, research into and early diagnosis and management of the four most common NCDs, i.e. cardiovascular diseases, respiratory diseases, cancer and diabetes, without neglecting other important NCDs, such as mental and neurological disorders, including Alzheimer's disease; emphasises the importance of the early identification of individuals who are at high risk of contracting or dying from these diseases or are suffering from pre-existing dispositions, chronic and severe illnesses and risk factors that aggravate NCDs;
6. 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, as well as public awareness campaigns on risk factors, pre-existing conditions and unhealthy lifestyles (tobacco consumption, poor diet, lack of physical activity and alcohol intake) and the coordination of hospital and community care;
7. Calls for preventive strategies for NCDs to be implemented from an early age;
8. Notes that policies addressing behavioural, social, economic and environmental factors associated with NCDs should be rapidly and fully implemented to ensure the most effective possible responses to these diseases, whilst increasing quality of life and health equity;
9. 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 the ultimate goal of not merely managing diseases, but also improving the prognosis for sufferers from chronic disorders; emphasises, at the same time, the importance of palliative care;
10. Welcomes the emphasis previous EU presidencies have placed on prevention and control of chronic NCDs, 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';
11. Calls for clear protocols and evidence-based guidelines to be established for the most common NCDs in order to ensure appropriate patient management and treatment across healthcare professions, including specialists, primary-care physicians and specialist nurses;
12. Stresses the need for chronic-disease research and education at all levels, in particular on the four most common NCDs, without neglecting other important NCDs, and on risk-factor 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;
13. Strongly urges Member States to comply with EU air-quality standards and to implement the WHO's air-quality guidelines for outdoor and indoor air and the 2010 Parma Declaration and Commitment to Act, which refers to the need to tackle the health effects of climate change;
14. Emphasises the need for an immediate, effective revision of the Tobacco Products Directive;
15. Emphasises the importance for the EU and the Member States, with a view to achieving NCD-related objectives and addressing public health, social and economic challenges, of

further integrating prevention and risk-factor reduction into all relevant legislative and policy fields, and in particular into their environmental, food and consumer policies;

16. 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 NCDs, to be followed by a Council recommendation, with individual sections dealing with the four most common NCDs and also taking gender specificities into account, in cooperation with relevant stakeholders, including patients and healthcare professionals;
17. Recommends that the Member States establish national NCD plans, in particular on the four most common NCDs, by 2013, with resources commensurate with the significance of the NCD burden, and set up a global high-level coordination mechanism for action on NCDs;
18. Notes that the implementation of national NCD plans, associated with the more effective prevention, diagnosis and management of NCDs and risk factors such as pre-existing conditions and chronic and severe illnesses, could significantly reduce the overall burden of NCDs and thus contribute positively to maintaining the sustainability of national healthcare systems;
19. Calls on the Commission to continuously monitor and report on progress across the EU as regards the Member States' implementation of their 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;
20. Calls on the Member States to take action to increase the numbers of health personnel trained and actually employed in healthcare systems so as to confront the NCD burden more effectively;
21. Stresses the need for consistency and a joined-up approach encompassing the UN Political Declaration and the ongoing actions of the EU Council and Commission, i.e. the Reflection Process called for on chronic diseases;
22. Asks the Commission to consider and assess the possibility of extending the remit of the European Centre for Disease Prevention and Control (ECDC) to encompass NCDs and using it as a centre for data collection and recommendation development on NCDs, thus providing policy-makers, scientists and doctors with details of best practices and greater knowledge on NCDs;
23. Emphasises the need to establish priorities for centralised data collection with a view to obtaining comparable data that will make better planning and recommendations possible across the EU;
24. Calls for a comprehensive review of the implementation of the UN Political Declaration by 2014;
25. 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;

26. Instructs its President to forward this resolution to the Council, the Commission, the Vice-President of the Commission/High Representative of the Union for Foreign Affairs and Security Policy, the governments and parliaments of the Member States, the EU Ambassador to the UN, the UN Secretary-General and the Director-General of the WHO.