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Commissioner Dalli addresses a meeting of the MEP Heart Group on "Learning from the UN Summit on non-communicable diseases"

*Check Against Delivery
Seul le texte prononcé fait foi
Es gilt das gesprochene Wort*

John DALLI, European Commissioner for Health and Consumer Policy, attends a meeting of the MEP Heart Group at the European Parliament

Brussels, Belgium, 12 October 2011

MEETING OF THE MEP HEART GROUP
FOLLOW UP ON THE UN SUMMIT ON NON-COMMUNICABLE DISEASES
BRUSSELS
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SPEECH

Honourable Members,

I am delighted to be here with you today to speak about action to address non communicable diseases, in the aftermath of the United Nations' Summit.

These diseases are the main cause of death and poor quality of life in Europe. 4 million EU citizens die every year because of such a chronic disease.

And, as we know too well, cardiovascular diseases are at the very top (as the most common cause of death and illness in the EU).

Chronic diseases represent a major health, societal and economic burden. They are responsible for much suffering; for many lives cut short; and for the loss of people's capacity to work in the prime of their lives.

For example, Europe loses 650,000 citizens every year to smoking related diseases alone.

The United Nations General Assembly meeting on Non Communicable Diseases last month, reminded the world of the magnitude of the global challenge.

Non communicable diseases are not a problem limited to affluent countries. 63% of deaths worldwide are caused by these diseases; and four out of five such deaths occur in low and middle income countries.

The World Economic Forum and the Harvard School of Public Health have just published a study estimating that non-communicable diseases worldwide will cause an output loss of 47 trillion dollars over the next two decades; with cardio vascular disease as a major contributor.

The United Nations' meeting last month has shown that world leaders are engaged in finding global solutions to reduce this burden.

The two main take-home messages from this meeting that remain uppermost in my mind are:

First, that non-communicable diseases affect rich and poor countries and citizens alike.

Second, that this is a global societal challenge. Non communicable diseases are no longer a problem for Ministers of Health to tackle alone. There is now political recognition that a 'whole-of-government' approach is needed to address non communicable diseases.

The question is, now that we have the United Nations Declaration, what next?

What will we do concretely to fight non communicable diseases?

A great deal of these diseases are, as we know too well, largely preventable. Non communicable diseases are closely linked to what people eat and drink; whether or not they smoke; their living conditions; the air they breathe.

They are also linked with our responsibility to ensure health care for prevention, through measures such as treating high blood pressure, or cancer screening.

I am convinced that the United Nations Declaration is an important step in the right direction. It establishes a broad consensus across the world that prevention must be the cornerstone of our action to fight these diseases.

European Union countries spend less than 3% of their health budgets on prevention; and I understand that the same is true in many other parts of the world.

Our priority must be to keep people well. To keep people OUT of hospital beds.

If we do not act on prevention now, the burden caused by these diseases will only grow bigger; as the population grows older.

The time has come to put our money where our mouth is. We must push more and more resources, and more and more political gumption towards prevention.

Europe must invest on promoting good health; rather than spending on ill health.

To do so, we need an innovative approach; a real change of mind set; to dedicate more time and more efforts to prevention.

The European Union is keen to play its part.

And this is why we are channelling our effort towards action on common risk factors such as smoking, diet, physical activity and harmful alcohol consumption; as well as social, economic and environmental determinants.

We are not starting from scratch here. We are already taking forward work on tobacco; nutrition and physical activity; and on alcohol-related harm.

On tobacco, the Commission intends to bring forward a proposal by summer 2012 to revise the EU tobacco products Directive.

We are considering strengthening health warnings and measures to make tobacco products less attractive, particularly to young people.

We are also strengthening our activities, together with Member States, to support the modernisation and adaptation of health systems; to address the challenges of chronic diseases – including the innovation platform on healthy and active ageing.

Making healthier food options available is also a priority. Reformulation is already taking place through an agreement to reduce salt; and we are working on strategies to reduce sugars, fats and other nutrients.

All Member States have drawn up policies on alcohol. We are working together, putting particular emphasis on children and young people; and on issues such as advertising and the potential role for health professionals in prevention.

Our action does not stop here.

In addition to prevention, we also need to help Member States tackle healthcare. Addressing the challenges of non communicable diseases requires major adjustments in the way health and social systems operate and interact.

This involves looking at cost-effectiveness of different approaches, such as early interventions, secondary prevention, chronic care, innovative applications such as e-Health, and care in the community.

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Furthermore, we also need targeted, applied research on effective prevention, early intervention and care models. We need to be able to quantify what works and make sure that new ideas can see the light of day.

Finally, information. We need to base our actions on a good understanding of the prevalence and incidence of chronic diseases; for this we need a solid evidence base.

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This Monday, the European Commission and the Member States have started a reflection process to identify innovative and efficient ways to address chronic diseases in the EU.

The aim is to develop a coherent approach to address chronic diseases at EU and national level, as set out in Council conclusions adopted last year.

Over the next few weeks, we will be launching a consultation to bring all stakeholders on board in this process.

I very much hope that Member States, and stakeholders across Europe will engage in this process, so that we can agree on a meaningful and forward looking agenda for action.

In this regard, we are counting on organisations such as the European Heart Network, and the European Society of Cardiology, as well as the European Parliament Heart group, to help ensure that we meet the needs of patients and health professionals.

Ladies and gentlemen,

I am encouraged by the Parliament's concern to addressing non communicable diseases, as set out most recently in the Parliament's resolution adopted ahead of the summit, and in its resolution on cardiovascular diseases of 2007.

I am further encouraged by civil society's commitment and determination to act.

Thank you.