



The 2014 EU SUMMIT ON CHRONIC DISEASES

Brussels, 3 and 4 April 2014

CONFERENCE CONCLUSIONS

Today, chronic diseases represent the major share of the burden of disease in Europe and are responsible for 86% of all deaths¹. They affect more than 80% of people aged over 65 and represent a major challenge for health and social systems. 70 to 80% of health care budgets, an estimated € 700 billion per year are spent on chronic diseases in the European Union^{2 3 4}.

The sustainability of our health and social systems is at stake. In response to the call of the 2011 UN High Level Meeting on Non Communicable Diseases⁵, we need new approaches to investing in health, moving beyond limiting expenditure to addressing the demand for health and social services, much of which is related to chronic diseases. Investing in health⁶ implies

- Investing in sustainable health systems
- Investing in people's health as human capital, and
- Investing in reducing health inequalities

through evidence based, targeted and outcome oriented actions.

Europe should recognise the value of health as an opportunity and investment, as well an important trigger for job creation, not merely as a public cost.

We need a coalition across society towards more effective and smarter approaches to the prevention of chronic diseases, the preservation of the best possible health status, and the sustainability of modern health systems, to maximise the healthy life years enjoyed by EU citizens and to trigger economic and social development.

¹ http://www.euro.who.int/__data/assets/pdf_file/0008/96632/E93736.pdf

² <http://www.euro.who.int/en/what-we-do/event/regional-high-level-consultation-on-non-communicable-diseases>.

³ The 2012 Ageing Report: Economic and budgetary projections for the 27 EU Member States (2010-2060), European Economy 2|2012. European Commission.
http://ec.europa.eu/economy_finance/publications/european_economy/2012/pdf/ee-2012-2_en.pdf

⁴ <http://www.oecd.org/dataoecd/43/9/48245231.pdf>

⁵ <https://www.un.org/en/ga/ncdmeeting2011>

⁶ Commission staff working document 'Investing in Health', SWD (2013) 43 final of 20.2.2013

Close to 500 participants at the “EU summit on chronic diseases” discussed on 3 and 4 April 2014 the added value of EU action towards reaching these goals and identified the following key issues as the most important elements in a comprehensive response to chronic disease:

A. Strengthen political leadership to address chronic diseases

1. Consistent and coordinated approaches are needed to address major chronic diseases. Activities should be targeted, evidence based and tangible, contributing to the long-term sustainability of health and social systems
2. Integrate health considerations across policies – including in education, employment, environment, youth and social policies - and strengthen inter-sectoral approaches. An effective strategy needs support and commitment across government and society.
3. Ensure a broad involvement of civil society in health and social policy development and implementation.
4. Prevention is key. Strengthen effective action on the key major risk factors, in particular:
 - a. On tobacco, the proper implementation of the Tobacco Product Directive and all provisions of the Framework Convention on Tobacco Control⁷.
 - b. Decisive measures to reduce alcohol related harm⁸, in particular by reinforcing activities to tackle low alcohol prices and effectively reduce underage drinking.
 - c. On nutrition and physical activity⁹, addressing childhood obesity, malnutrition among older people and promoting healthy environments, for example by incentivising local authorities to implement urban planning measures aimed at maximising physical activity.
 - d. Exploring all possible instruments, including stakeholder initiatives, self-regulation, regulatory and fiscal measures, in line with the Treaty on the Functioning of the European Union, to address the attractiveness of unhealthy food and to tackle other common risk factors of major chronic diseases.
 - e. Development of effective health promotion and prevention messages in the above areas.

B. Target key societal challenges

5. Ageing societies faced with the expansion of chronic diseases need modern and flexible health and social systems. More investment and innovation are needed to redesign and adapt care systems, especially by fostering better integration of services and ensuring the continuity of care.

⁷ http://ec.europa.eu/health/tobacco/policy/index_en.htm

⁸ http://ec.europa.eu/health/alcohol/policy/index_en.htm

⁹ http://ec.europa.eu/health/nutrition_physical_activity/policy/index_en.htm

6. Actions should address the health, social and equity dimension of chronic diseases, which often affect the most vulnerable, and help overcome health inequalities.
7. Public health measures and policies should as a first priority concentrate on chronic diseases with the highest burden and impact on health and social systems and on how diseases and conditions are linked (multi-morbidity, and the link between physical and mental health). This could build upon experiences of cooperation on diseases such as cancer.

C. More efficient use of available resources

8. Modern, targeted and effective prevention is essential. The imbalance between prevention and treatment spending needs to be addressed. Work on risk factors and prevention measures should prioritise vulnerable people and most at-risk groups. Schools and workplaces are key settings for prevention. Access to medical and non-medical prevention and treatment options must be ensured, with a focus on early and timely intervention and, where useful, on screening programmes.
9. Offer incentives to trigger behaviour and lifestyle change. Make full use of behavioural and neuroscience to better understand and address behaviours, attitudes and addictions.
10. Effective funding is vital. National and EU programmes should help trigger sustainable support towards policy development and implementation, and research and development, with regard to major chronic diseases. The use of structural, research and other EU funds for this purpose should be improved. Investments in health should focus better health outcomes and improved health status of populations, and on innovation.
11. Integration of health objectives into other policies is paramount. Health, social, employment, environmental and research policies need to work hand in hand. People with chronic diseases need the necessary support to remain in or to reintegrate the labour market. Economic operators also have a primary role to play.
12. Fully exploit e-health, m-health and other IT solutions for out-of-hospital care and remote monitoring and management, drawing upon the experience of initiatives such as the European Innovation Partnership on Active and Healthy Ageing and the eHealth Action Plan 2012-2020.

D. Strengthen the role and the involvement of citizens, patients and the health and social sector in policy development and implementation

13. Promote citizen and patient empowerment to enable people to take their share of responsibility for their health.
14. Concentrate on mechanisms for citizen empowerment (in particular targeting the young generation), the use of social media and networks, and developments towards innovative models of health promotion, and disease prevention where mobile health solutions provide new opportunities.

15. Help and support patients in managing their own disease, and to lead active lives in every phase of their disease.
16. Promote the participation of patients and patient organisations in health policy development.
17. Health and social professions have a key role to play in the prevention and management of chronic diseases, including in patient empowerment.
18. Strengthen outreach using innovative approaches to reach target groups in a more effective way.
19. Fully take into account equity issues, as well as the social and gender dimension.

E. Strengthen evidence and information

20. Strengthen efforts into research and development of medicines, medical technologies, treatment and prevention methods for all important non-communicable and communicable diseases.
21. New technologies enable the collection, analysis and use of vast datasets (opportunities of Big Data).
22. Better and comparable data on the medical, economic and social dimension of major chronic diseases should be collected, analysed and used for effective and evidence based policy development. The use of the European Core Health Indicators¹⁰ can provide a tracking tool for health status developments on a comparable level across Europe.
23. Stimulate the evaluation and dissemination of information for cost-effective interventions in prevention and management of chronic conditions, and concentrate on evidence based interventions. Activities to tackle chronic diseases should be monitored and evaluated for their effectiveness.
24. Develop a comprehensive strategy responding to demographic change and population ageing, streamlining actions in the health, care, employment, consumer and environment areas, specifically supporting the transfer between regions and countries and scaling up of innovative practices for active and healthy ageing.

The Chronic Diseases Summit calls for a coalition involving all relevant sectors across society, patients and citizens, to address chronic diseases. By acting together, the needed reinforcement of resources and efforts is possible.

¹⁰ http://ec.europa.eu/health/indicators/echi/index_en.htm