

Progress made since 2010 Joint Declaration

Priority Area: 6b

Chronic and noncommunicable Diseases

RATIONALE FOR PARTNERSHIP

Chronic and non-communicable diseases represent a major burden of disease across Europe, and impact heavily on health and social systems. The situation is aggravated by the effects of ageing, by multi-morbidity, and the coincidence of physical and mental disease. Many of the diseases are preventable, by taking action on major risk factors and tackling the wider determinants of health.

The EC and WHO/Europe agreed to:

- *Support Member States, Regions and other stakeholders to develop policies and activities to address the chronic disease challenge through*
 - *action on addressing determinants of health across the life course– including social and environmental determinants and health related behaviours particularly diet, physical activity, alcohol and tobacco use*
 - *work on mental health and well-being*
 - *disease prevention*
 - *and management of chronic diseases.*
- *Capacity building, technical assistance, information sharing and monitoring to address chronic diseases.*

1. KEY PROGRESS MADE SINCE 2010

1.1 Addressing health determinants: The EU and WHO/Europe work closely together in the development and implementation of policies and actions to address key risk factors.

1.1.1 On tobacco, a big recent achievement, which will impact on the whole European Region, is the new EU Tobacco Products Directive, which entered into force in May 2014. Enhanced efforts are needed for the full implementation of the WHO Framework Convention on Tobacco Control (FCTC) by parties, and further development of tobacco control policies and activities in the WHO European Region. The recent Sixth session of the Conference of the Parties to the WHO FCTC (COP6) has shown some very positive results. In 2014, the 64th WHO Regional Committee has tasked the WHO Regional Director for Europe, inter alia, to develop, a roadmap of actions to contribute to the achievement of the global target on non-communicable diseases related to tobacco use; to this end, collaboration between WHO Regional Office for Europe and DG SANTE is a useful tool to address the EU countries of the WHO European Region in a structured manner. Further issues of cooperation include trade, and illicit trade.

1.1.2 On alcohol, WHO/Europe has received direct grants for monitoring development in Member States to ensure a good knowledge base. WHO/Europe is observer of the Committee on National Alcohol Policy and Action and the European Alcohol and Health Forum. WHO/Europe is a collaborating partner to the Joint Action on reducing alcohol related harm. WHO/Europe will monitor the

EC action plan on Youth Drinking and on Heavy Episodic Drinking (Binge Drinking) 2014 – 016 as part of a new direct grant agreement.

- 1.1.3 On nutrition and physical activity**, WHO/Europe has received direct grants for monitoring the development of the situation in the Member States, so as to ensure a good knowledge base, including the social inequalities dimension. It is collaborating on the development of the monitoring plan of the Action Plan on Childhood Obesity. WHO is also an observer of the High Level Group on Nutrition and Physical Activity and of the EU platform for action on diet, physical activity and health.
- 1.2 As regards mental health and well-being**, WHO/Europe takes part in the meetings of the EU expert group and cooperates with the Joint action. Further synergies can be explored in relation to working with stakeholders, monitoring and dissemination of actions, notably through the EU Mental Health Compass.
- 1.3 On chronic diseases policy** – WHO/Europe took part in the EU Chronic Diseases summit in April 2014. The EU played a key role in the UN NCD process, and the successive special sessions of the UN General Assembly. Synergies were developed between the NCD approach for Europe and EU action. WHO/Europe is also a partner in the chronic disease joint action, CHRODIS.
- 1.4 On integrated surveillance of NCDs**, the WHO/Europe and the EC have started collaboration through the iNCD project which is co-financed with the EC. The main aim of this project is to describe how Member States of the European Union can optimise their use of the European Core Health Indicators (ECHI) shortlist to report on progress towards reaching the nine voluntary global targets of the Global Monitoring Framework on NCDs.
- 1.5 On disease prevention and management:**
 - 1.5.1** In the case of cancer the EU and the International Agency for Research on Cancer (IARC/WHO) have worked from 2010 on the implementation of the recommendations on cancer screening. Concerning the prevention of cancer, IARC coordinated the scientific preparation and final adoption of the European Code Against Cancer. During the period 2010-2012 the IARC/WHO has ensured the secretariat and hosting of the European Network of Cancer Registries (ENCR), now transferred to the European Commission/Joint Research Centre. IARC/WHO has also participated in the European Partnership Action Against Cancer Joint Action and in some of the public actions in this context (e.g. European Week Against Cancer, screening training, etc.)
 - 1.5.2** As regards ageing and dementia, WHO/Europe is a partner in the European Innovative Partnership on Active and Healthy Ageing. For dementia, partners work towards developing synergies between their respective actions, and the G7 process on dementia.
 - 1.5.3** The Commission provides support for actions on additional chronic diseases – such as cardiovascular diseases, diabetes and musculoskeletal diseases.
 - 1.5.4** A specific area for further cooperation could be palliative care and pain management which were highlighted as a priority under the Italian EU Presidency.

2. KEY CHALLENGES

- 2.1. A key challenge in the area of integrated NCD surveillance is the streamlining of surveillance to avoid duplication of efforts among international organizations and to provide Member States with a common framework, definition and instruments. Work is needed to take forward the agenda for all risk factors: tobacco, the harmful use of alcohol, physical inactivity, and nutrition.
- 2.2. Health and social systems across Europe are threatened by increasing costs, diminishing resources, inequalities in access to and quality of care, and ageing of the populations. There is a need for better integration of services and the development of innovative prevention work, to address inequalities, as well as a shift of resources from treatment to prevention. New work is needed on how to generate good practice and guidance on chronic diseases prevention and management that are evidence based, efficient and cost effective.
- 2.3. Recent economic constraints faced by many countries have led to reduced attention to the intersectoral nature of the determinants of health.