

CONFERENCE NUTRITION, PHYSICAL ACTIVITY AND CARDIOVASCULAR
DISEASE PREVENTION: A CHALLENGE FOR EUROPE
HOTEL SILKEN BERLAYMONT, BRUSSELS
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SPEECH

Ladies and Gentlemen, dear Colleagues,

This conference is dealing with topics which are the core of activities of my Directorate General and of the European Health Policy Agenda. Cardiovascular diseases are the most common single cause of death in the EU, and a major cause of premature mortality and morbidity.

Together with other chronic diseases, they represent a major burden of diseases, ill health and contribute to a loss of quality of life among our citizens.

But moreover, tackling chronic diseases effectively is vital for the sustainability of our health systems, and also to our overall efforts to achieve the social and economic goals of Europe 2020.

The High Level Meeting of the United Nations General Assembly in New York two month ago reminded the world of the magnitude of the global challenge.

63% of all deaths globally stem from NCDs – and while NCDs impose a major burden on high income countries, four out of five NCD deaths worldwide already occur in low and middle income countries.

NCDs represent a major economic burden which has been estimated (by the World Economic Forum and the Harvard School of Public Health) to amount to an incredible 47 trillion dollars over the next two decades, with cardio vascular disease and mental health conditions being the major contributors.

In the EU, chronic NCDs are responsible for over 4 million deaths each year, representing over 86% of all deaths. They are the main cause of loss of healthy life years.

An additional challenge is the fact that in the EU risk factors of non-communicable diseases increasingly play a role in younger age groups, which has severe implications for public health trends in the future.

In this context, we must consider what further EU action is needed to support the chronic disease agenda. The good news of course is that most major chronic diseases – and many heart disorders – are preventable. Without any doubt, prevention is the most cost effective measure we got.

Here, the Commission does not start from scratch. We have been taking forward substantial strategies on main risk factors, which are tobacco; poor or unhealthy nutrition, lacking of physical activity; and on alcohol-related harm.

The EU Parliament supports further action on these strategies as set out most recently in the EP resolution of 15 September on the UN NCD summit, and previously in the Parliament's 2007 resolution on cardiovascular disease.

On tobacco, the Commission intends to bring forward a proposal next year to revise the EU tobacco products legislation. We are considering strengthening health warnings and measures to make tobacco products less attractive, particularly to young people.

Through our strategy on alcohol-related harm, all Member States have drawn up policies on alcohol. We are working together putting particular emphasis on children and young people, and issues such as marketing and advertising.

We have made nutrition and physical activity a central priority of our health policy.

The obesity epidemic is related to the main changes in food supply and consumption during the past four decades with the broad availability of highly processed food with added sugar,

fats, and salt in combination with much reduced physical activity levels in our daily lives.

We take forward work on both sides of the energy equation; on the food intake side as well as on the physical activity side.

Let me give you some specific examples of what we do.

The EU has established effective cooperation with EU Member States under the leadership of the High Level Group on Nutrition and Physical Activity.

We also actively engage the private sector and civil societies with the EU Platform for Action on Diet, Physical Activity and Health. The European Heart Network is an active member of the Platform.

One major focus of our strategy has been on food reformulation actions, to improve people's diets by improving the nutritional value of the foods they eat. Cooperation of the food industry is crucial to succeed here, which is why reformulation is an important topic both in our cooperation with Member States and with stakeholders in the EU Platform.

Already back in 2008, the High Level Group agreed a common framework for 16% salt reduction over 4 years at European level.

In February of this year, the High Level Group agreed a similar framework for other nutrients such as fat, saturated and trans fat, energy, sugars, portion sizes and consumption frequency.

It is important that consumers can make informed choices when buying foods and enable them to make healthier dietary choices. The regulation revising the general food and nutrition labelling legislation was published yesterday. In the future consumers will be provided with more information on energy and nutrients such as fat, saturated fats, carbohydrate, sugars, protein and salt.

In addition, consumers will be provided with information about the presence of allergens, not only on prepacked foods, but also on foods sold loose and in restaurants.

In fact, the objective of many Platform commitments is to reinforce consumer understanding of the role of nutrients within the overall context of food and energy intake and to help consumers making choices for balanced diets.

One concrete example is the 'Nutrition Labelling Scheme', a voluntary labelling system with nutrition information per serving from the Food Drink Europe companies adopted in 2006.

The Platform Monitoring from 2010 showed that the major EU manufacturers had GDA labels on 100% of their eligible product portfolios by December 2009.

An additional successful initiative is the EU School Fruit Scheme combining fruits distribution in schools and awareness-raising educational measures to teach children the importance of healthy eating.

These are only examples of the actions we are implementing, related on the food part of the equation.

But we are equally pursuing the physical activity agenda, in cooperation with our colleagues in charge of youth, education and transport policy, and with stakeholders such as the associations of sports organisations and clubs.

The EU Physical Activity Guidelines confirmed by the Sport Ministers in 2008 have served as an inspiration for the formulation and adoption of action-oriented national Physical Activity Guidelines.

The report of the Strategy implementation in 2010 showed that almost all EU Member States have indicated that guidelines for physical activity are in place and nearly half of them have fully implemented their guidelines.

We support in collaboration with the WHO the Health-Enhancing Physical activity (HEPA) network which aims to strengthen and support efforts to increase participation on physical activity and improve the healthy lifestyles.

Some of the commitments are targeting to young people by holding running events, nationwide swimming contest within schools or encouraging children and young people to learn core athletics skills. A representative example of those commitments is the 'Testing aerobic fitness in Danish schools' programme by the Danish Heart Foundation.

Other commitments are addressed to the public such as the 'Let's Dance With Change4Life' which is promoting the core message "Eat Well, Move More, Live Longer", by organising free opening of gyms and leisure centres to the public.

Let me say a few words on our strategy to tackle the challenges in the future.

The Council Conclusions on chronic diseases agreed under the Belgian Presidency called on the Commission and Member States to launch a process of reflection on how the response to the chronic disease challenge can be optimised.

We discussed the scope and the structure of the Process with the Senior Level Council Health Group.

Over the coming weeks and months we will be initiating a consultation process and setting out our intentions for the next steps.

I hope that through this exercise we will fully engage Member States, and in particular stakeholders across Europe, in order to identify and agree a meaningful and forward looking agenda for action.

The Council Conclusions already identify four dimensions on which we need to focus:

- First, health promotion and prevention. This is the area we want to start the reflection on.
- Second, healthcare.
- Third, research.
- And finally, information.

While every Member State has to decide how best to address this huge challenge, we in the Commission are willing to play our part in developing the best responses to the health, social and economic challenge.

In this regard we are counting on the European Heart Network for their input in years to come in order to ensure that what is developed is relevant and useful in a practical way to address chronic diseases, through an approach based on prevention and tackling common risk factors of not only cardiovascular diseases, but also chronic diseases as a whole.

I am confident that your report which will be issued today, contains policy recommendations, that can and will be used to develop new and innovative actions for the future in close collaboration with all relevant stakeholders.

Thank you.

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