Chronic disease management requires EU leadership

Written by Petru Luhan MEP on 3 April 2014 in Feature

The EU and member states 'must increase investment' in disease prevention to achieve the UN goal for reducing premature mortality, argues Petru Luhan.

The European commission is organising an EU summit on chronic diseases this week, as part of its commitment to tackling the burden of enduring conditions, such as cardiovascular diseases, cancer, chronic respiratory diseases, diabetes, liver disease and multiple-sclerosis.

As a genuine believer in the benefits of EU actions in health, I welcome this initiative and hope that it is a step towards further action to allow the EU to make a significant impact in reaching the United Nations goal of a 25 per cent reduction in premature mortality from chronic diseases by 2025. A European framework on chronic diseases is the way to achieve this target: adopting a patient centred holistic approach to the issue of chronic diseases, the EU would complement the work of member states while reaffirming some of its core values: equality, the rule of law and the respect for human rights.
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The framework must incorporate the targets set out in the global non-communicable disease monitoring framework and key measures to reduce chronic diseases in existing EU policies and legislation, such as the tobacco products directive and food information to consumers, as well as policy recommendations at global level. Global level action can be achieved through platforms, such as the WHO framework convention on tobacco control, the WHO global strategy on diet, physical activity and health and the WHO global strategy to confront the harmful use of alcohol.

This would allow all stakeholders – governments, health professionals, and patients – to streamline their efforts and guarantee a level playing field for tackling all chronic non-communicable diseases to the benefit of all citizens across the EU.

Member states and the EU must increase their investment in disease prevention, as it represents only three per cent of health budgets at present, when there is substantial evidence that even a relatively minor rise in prevention funding will result in considerable health gains and potentially reduced future health care costs. The joint action on chronic diseases launched at the beginning of the year will bring key recommendations that we should all follow. I fully support population-wide measures, such as those tackling marketing of unhealthy food, advertising or sponsorship, to reduce smoking, alcohol, salt, fat and sugar consumption and to increase physical activity as the most effective preventive actions.

Monitoring and evaluating actions targeting chronic disease are essential in this framework. It should encompass establishing EU-wide surveillance and screening programmes, establishing EU registries on chronic diseases, financing research into effectiveness of prevention and treatment of chronic diseases, to name just a few recommendations.

The EU must support member states in adapting healthcare systems to respond to the burden of chronic diseases, ageing populations and increasing prevalence of co-morbidities, and adopt a more multidisciplinary approach to treatment.

Health ministries, administrators, insurers, trade unions, employers, health professionals and patients all need to work better together to improve the provision of services.

I wish for a European Union commitment to be more proactive in the use of legal bases and instruments available under the Lisbon treaty to improve public health and support member state action. The EU's limited competence on health in the treaty on the functioning of the EU needs to be compensated by the use of the internal market, taxation and other relevant legal bases to enact legislation. This and better use of the EU structural funds in health would considerably reduce levels of chronic disease and have the greatest impact in improving public health and the EU economy.

About the author

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