

European Chronic Diseases Alliance

Preventing chronic diseases using evidence based knowledge



The European Chronic Disease Alliance’s request to European Heads of States on the occasion of the UN Summit on NCDs on 19 and 20 September in New York

Too big to fail!

No, we are not talking about banks – although this would probably, and sadly, be more likely to catch your attention. We are talking about the cataclysmic effects of chronic non-communicable diseases (NCDs) on people’s health and lives but also the global economy. And the need for the UN High-Level Meeting on 19/20 September on NCDs to be a resounding success. NCDs include heart disease, stroke, diabetes, cancer diseases, and chronic respiratory, kidney and liver diseases.

Some figures:

- chronic non-communicable diseases cause 86% of all deaths in Europe
- upto 40% of the EU population aged over 15 report a long-standing health problem related to chronic non-communicable diseases
- upto 80% of health-care expenses are allocated to chronic diseases – in other words cost of chronic non-communicable diseases are in the billions of euros every year; cardiovascular diseases alone are estimated to cost the EU economy over 192 billion euros every year
- 4 factors account for a majority of the burden of chronic non-communicable diseases: tobacco, poor diets, alcohol and lack of physical activity
- the majority of chronic non-communicable diseases can be prevented
- Population wide NCD prevention is consistently cost-saving

With only weeks to go before the UN High-Level Meeting on NCDs, time has come for our European heads of states to get their heads around one of the largest current and future global challenges: NCDs.

European heads of states – we call upon you to show leadership. This will not be an emergency bail-out but a long-term investment in the most valued primary resource: people.

To make the UN Summit a success, we need:

Targets

By 2025, reduce preventable deaths from cardiovascular disease, cancer, diabetes, chronic respiratory kidney and liver diseases by 25%

- By 2015, develop and implement cost-effective interventions such as fiscal policies, regulatory and legislative measures, to eliminate industrially-produced trans-fats and to achieve substantial reductions in levels of saturated fats, salt and refined sugars in processed foods
- This means discouraging the production of unhealthy foods and protecting children from exposure to marketing of alcohol, unhealthy foods and sweetened beverages
- By 2025, reduce prevalence of current daily tobacco smoking by 40%. (And, by 2040, reduce prevalence of tobacco use to less than 5% of global population)
- By 2013, develop a national tax strategy (to serve both public health and fiscal purposes) to achieve a continual and substantial reduction in tobacco consumption
- By 2025, reduce salt intake to less than 5g per person per day
- By 2025, reduce per capita consumption of alcohol by 10% and the prevalence of heavy episodic drinking by 10%
- By 2025, reduce prevalence of insufficient physical activity by 10%
- By 2015, develop and introduce strategies to integrate health-system management of NCDs, especially at primary health care levels
- By 2015, develop and introduce strategies to ensure universal access to affordable, quality-assured essential medicines (including for palliative care), vaccines and technologies for people at high risk of and people living with cancer, cardiovascular disease, chronic respiratory disease, diabetes, kidney and liver disease

Commitments

- to establish national NCD plans by 2013 with resources that are commensurate to the enormity of the NCD burden & a global high-level coordination mechanism for action on NCDs
- conduct a comprehensive review in 2014