Council conclusions 'Innovative approaches for chronic diseases in public health and healthcare systems'

(2011/C 74/03)

THE COUNCIL OF THE EUROPEAN UNION,

1. RECALLS that under Article 168 of the Treaty on the Functioning of the European Union, Union action is to complement national policies and be directed towards improving public health; it is also to encourage cooperation between the Member States in the field of public health and, if necessary, lend support to their action, and fully respect the responsibilities of the Member States for the organisation and delivery of health services and medical care;

2. RECALLS that under Article 168 of the Treaty on the Functioning of the European Union, the Member States, in liaison with the Commission, are to coordinate among themselves their policies and programmes;

3. UNDERLINES that the principles and overarching values of universality, access to good quality care, equity and solidarity, as endorsed in the Council conclusions on common values and principles in EU health systems of 2 July 2006, are of paramount importance for patients with chronic diseases;

4. RECALLS that, according to the World Health Organization (WHO), chronic diseases are diseases of long duration and generally slow progression. Chronic diseases are by far the leading cause of mortality in the world, representing 60% of all deaths worldwide and impose an enormous burden on the daily lives of patients and their relatives and on society as a whole. There will be in the next decade an increase of chronic diseases including due to the ageing of the European population;

5. RECALLS that the Commission, in its White Paper: Together for Health: A Strategic Approach for the EU 2008-2013 of 23 October 2007 (\(^1\)), which develops the EU Health Strategy, pointed out that fostering good health in an ageing Europe and supporting dynamic health systems and new technologies are key objectives for the coming years;


7. WELCOMES the Ministerial conference: Innovative Approaches for Chronic Illnesses in Public Health and Healthcare Systems, held in Brussels on 20 October 2010, which underlined the need to find innovative ways for cost-effective prevention of common risk factors, in order to create an environment that makes healthy choices easier for citizens, to take into account socio-economic inequalities in both health promotion and health care, to facilitate better coordination throughout the healthcare systems in order to ensure integrated patient-centred care and to stimulate integrated research into health promotion, primary prevention, secondary prevention (including early diagnosis), treatment and care of chronic diseases;

8. INVITES Member States to:

— further develop patient-centred policies for health promotion, primary prevention and secondary prevention, treatment and care of chronic diseases, in cooperation with the relevant stakeholders, especially patients’ organisations,

— ensure that these policies contribute to the reduction in health inequalities, taking into account a ‘Health in all Policies’ approach,

— identify and exchange good practices with regard to these policies and to existing comparable data on the incidence and prevalence of, and the clinical and social outcomes for, chronic disease;

9. INVITES Member States and the Commission to:

— initiate a reflection process aiming to identify options to optimise the response to the challenges of chronic diseases, the cooperation between Member States and summarise its outcomes in a reflection paper by 2012,

\(^1\) 14689/07.
\(^2\) 7110/10.
\(^3\) 14035/10.
— lead this reflexion process in close dialogue with relevant stakeholders, including patients, professionals, healthcare payers and providers, and take into account e-health and the potential contribution of other relevant policy areas, in particular employment, disability, education and housing,

— include in this reflexion process inter alia scope for action in the following areas,

— health promotion and prevention of chronic diseases: to facilitate healthy choices in life for all citizens, to establish health promotion communication messages and interventions for all chronic diseases, to integrate health into education programmes; to further develop quantitative analysis of the cost effectiveness and health gains of health promotion and prevention; to explore, based on scientific evidence, the scope for early detection of relevant risk factors for chronic diseases; to strengthen prevention by applying the principles of health in all policies;

— healthcare: to identify and share good practices regarding ways to enable patients with chronic diseases to maximise their autonomy and quality of life; on effective, proactive early interventions; on the secondary prevention; on the affordability and access of care for chronic diseases; on the implementation of innovative chronic care models, especially in primary and community health care, and on ways to reduce health inequalities in this field,

— research into chronic diseases: into how to base practical implementation of prevention, early interventions and care on existing scientific knowledge of chronic diseases, with the aim of improving strategies, technologies and support to allow active and healthy ageing,

— comparable information at European level on the incidence, the prevalence, the risk factors and the outcomes concerning chronic diseases, take account of different existing mechanisms such as the EHES, the development of morbidity statistics under ESTAT, existing registries and other sources, to enable benchmarking and evidence-based policy;

10. INVITES the Commission to:

— support Member States and stakeholders in the reflection process and summarise its outcomes in a reflection paper by 2012,

— integrate, where possible, chronic diseases as a priority in current and future European research and action programmes and take into account the outcome of the reflection process into the implementation of the EU 2020 initiative,

— further strengthen cooperation with the WHO and OECD on chronic diseases.