

IV

(Notices)

NOTICES FROM EUROPEAN UNION INSTITUTIONS, BODIES, OFFICES AND AGENCIES

COUNCIL

Council conclusions on closing health gaps within the EU through concerted action to promote healthy lifestyle behaviours

(2011/C 359/05)

THE COUNCIL OF THE EUROPEAN UNION,

RECALLS that under Article 168 of the Treaty on the Functioning of the European Union, a high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities. Union action, which shall complement national policies, shall be directed towards improving public health, preventing illness and disease, and obviating sources of danger to physical and mental health. The Union and Member States shall foster cooperation with third countries and the competent international organisations in the sphere of public health,

RECALLS:

— the Rio Political Declaration on Social Determinants of Health adopted on 21 October 2011 at the World Conference on Social Determinants of Health held in Rio de Janeiro,

— the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases adopted by the United Nations General Assembly on 19 September 2011 ⁽¹⁾,

— the WHO Framework Convention on Tobacco Control and guidelines for its implementation,

— the 2011 Annual report of the EU Platform for action on diet, physical activity and health ⁽²⁾;

⁽¹⁾ United Nations A/RES/66/2 (A/66/L.1).

⁽²⁾ 28 July 2011. http://ec.europa.eu/health/nutrition_physical_activity/docs/eu_platform_2011frep_en.pdf

— the Council conclusions of 8 June 2010 on equity and health in all policies: Solidarity in health ⁽³⁾,

— the Council conclusions of 7 December 2010 on innovative approaches for chronic diseases in public health and healthcare systems ⁽⁴⁾,

— the Communication from the Commission — ‘Europe 2020: A strategy for smart, sustainable and inclusive growth’ ⁽⁵⁾,

— the Council conclusions of 1 December 2009 on alcohol and health ⁽⁶⁾,

— the Council Recommendation of 30 November 2009 on smoke-free environments ⁽⁷⁾,

— the Communication from the Commission of 20 October 2009 on solidarity in health: reducing health inequalities in the EU ⁽⁸⁾,

— the Final report of the Commission on Social Determinants of Health ‘Closing the gap in a generation: health equity through action on the social determinants of health’, CSDH (2008),

⁽³⁾ 9947/10.

⁽⁴⁾ OJ C 74, 8.3.2011, p. 4.

⁽⁵⁾ 7110/10 (COM(2010) 2020).

⁽⁶⁾ OJ C 302, 12.12.2009, p. 15.

⁽⁷⁾ OJ C 296, 5.12.2009, p. 4.

⁽⁸⁾ 14848/09 (COM(2009) 567 final).

- the World Health Assembly Resolution (WHA62.14) on reducing health inequities through action on the social determinants of health, and Resolution (WHA61.18) on monitoring of the achievement of the health-related Millennium Development Goals (MDG), both adopted, among others, by the EU Member States,
- the Resolution EUR/RC61/R1 'The new European policy for health — Health 2020: Vision, values, main directions and approaches' adopted at the meeting of the WHO Regional Committee for Europe on 14 September 2011,
- the Commission White Paper on Sport ⁽¹⁾,
- the Council conclusions of 6 December 2007 on putting the EU strategy on nutrition, overweight and obesity-related health issues into operation ⁽²⁾,
- the Commission's White Paper 'Together for health: Strategic approach for the EU 2008-2013' ⁽³⁾,
- the Green Paper 'Towards a Europe free from tobacco smoke: policy options at EU level' ⁽⁴⁾,
- the Council conclusions of 30 November 2006 on health in all policies ⁽⁵⁾,

RECOGNISES THAT:

1. The size of the health gaps within the EU is inconsistent with EU core values such as solidarity, equity and universality.
2. Health gaps are understood as being population differences in premature mortality, morbidity and disability between and within Member States, as well as between EU regions. These arise in part from the major unhealthy lifestyle behaviours (i.e. tobacco use, alcohol related harm, unhealthy diet and lack of physical activity) which are often linked to social determinants ⁽⁶⁾ ⁽⁷⁾.
3. Health gaps within the EU remain after the first decade of the new millennium, some of which may be reinforced by adverse economic circumstances as well as the demographic challenge of an increasingly aging EU population.

⁽¹⁾ 11811/07 (COM(2007) 391 final).

⁽²⁾ 15612/07.

⁽³⁾ 14689/07 (COM(2007) 630 final).

⁽⁴⁾ 5899/07 (COM(2007) 27 final).

⁽⁵⁾ 15487/06 (Presse 330).

⁽⁶⁾ CSDH (2008). 'Closing the gap in a generation: health equity through action on the social determinants of health'. Final report of the Commission on Social Determinants of Health. Geneva, World Health Organisation.

⁽⁷⁾ 'Social determinants' are taken as defined by the WHO, Rio de Janeiro Conference Declaration of 21 October 2011.

4. Poor health also has a human impact, as well as social, economic and financial costs.
5. The reinforcement of public health policies, and in particular health promotion and disease prevention, should favour raising health awareness and development of pro-health attitudes in the population (to reduce 'health illiteracy' and empower citizens in making healthy choices).
6. A 'Health in all policies' approach with an equity focus should be used in specific policy areas and coordinated activities that have the greatest health impact contributing to reducing the persisting health gaps. This might include health, education, research, environment, agriculture, economy, employment and social policies.
7. Improved evaluation and assessment can help determine whether strategies and policies are effective for addressing health inequities and the health needs of populations. It can thus support Member States to develop and implement effective public health strategies and appropriate infrastructure,

EXPRESSES ITS COMMITMENT TO:

8. Promote strategies for addressing health determinants using population — wide intervention complemented by actions focusing on vulnerable groups in order to reduce health gaps, especially those arising from preventable unhealthy lifestyle behaviours.
9. Accelerate progress on combating unhealthy lifestyle behaviours, such as tobacco use, alcohol related harm, unhealthy diet and lack of physical activity, leading to increased incidence of non-communicable chronic diseases, such as cancer, respiratory diseases, cardiovascular diseases, diabetes and mental illnesses, which are recognised to be important causes of premature mortality, morbidity and disability in the European Union,

WELCOMES:

10. The initiatives contributing to closing health gaps through tackling lifestyle behaviours which have been taken at EU level, the EU health programme, the Joint Action (Equity Action) on health inequalities ⁽⁸⁾ and the work of the EU Expert Group on Social Determinants and Health Inequalities.

⁽⁸⁾ Decision No 1350/2007/EC of the European Parliament and of the Council of 23 October 2007 establishing a second programme of Community action in the field of health (2008-2013) (OJ L 301, 20.11.2007, p. 3).

11. The EU strategy to support Member States in reducing alcohol-related harm as an important step towards a comprehensive approach to tackle alcohol-related harm at EU and national levels, stressing that health inequities between population groups within Member States and health gaps between Member States are often linked to, among other factors, harmful alcohol consumption ⁽¹⁾.
12. The continued efforts at national and EU levels to tackle tobacco consumption through legislation on tobacco products ⁽²⁾ and tobacco advertising ⁽³⁾, coordination with Member States, awareness-raising campaigns and international cooperation and thus addressing one of the major risk factors for premature mortality, morbidity and disability.
13. Progress in the implementation of the 'Strategy for Europe on nutrition, overweight and obesity-related health issues' and in particular the reinforced focus on vulnerable groups in the priorities of members of the EU Platform for action on diet, physical activity and health and also the work of the High Level Group on Nutrition and Physical Activity which amongst other issues includes work on product reformulation.
14. The European Innovation Partnership on Active and Healthy Ageing ⁽⁴⁾, which aims to increase the number of healthy years of life on EU citizens.
15. The outcomes of the following events:
 - Expert-level Conference on Member States' Activities on Nutrition, Physical Activity and Smoking-related Health Issues held in Budapest (Hungary) on 30 and 31 May 2011,
 - expert meeting on alcohol 'Alcohol policy in Poland and around Europe: medical and economic disadvantages of alcohol use' held in Poznan (Poland) on 11 and 12 October 2011,
 - ministerial conference 'Solidarity in health: closing the health gaps within the EU' held in Poznan (Poland) on 7 and 8 November 2011,

⁽¹⁾ E.g. Communication from the Commission of 24 October 2006, 'An EU strategy to support Member States in reducing alcohol-related harm' (COM(2006) 625 final).

⁽²⁾ Directive 2001/37/EC of European Parliament and of the Council of 5 June 2001 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco products (OJ L 194, 18.7.2001, p. 26).

⁽³⁾ Directive 2003/33/EC of the European Parliament and of the Council of 26 May 2003 on the approximation of the laws, regulations and administrative provisions of the Member States relating to the advertising and sponsorship of tobacco products (OJ L 152, 20.6.2003, p. 16).

⁽⁴⁾ Commission staff working paper: Guidance paper for the steering group of the pilot European innovation partnership on active and healthy ageing, 13.5.2011; SEC(2011) 589 final.

CALLS ON MEMBER STATES TO:

16. Continue, intensify and/or develop policies and actions promoting healthy lifestyle behaviours and addressing social determinants in order to contribute to closing health gaps.
17. Make optimal allocation of available resources especially in relation to health promotion and prevention activities.
18. Support and share existing best practices on policies and actions dedicated to reducing the health gaps within the EU.
19. Follow the Council Recommendation on smoke-free environments,

CALLS ON MEMBER STATES AND THE EUROPEAN COMMISSION TO:

20. Further support the Joint Action ⁽⁵⁾ so as to better address the health and health equity issues of policies and strategies.
21. Maintain and strengthen, as appropriate, those actions and policies shown to be effective in reducing health gaps, as well as creating new ones as and when required including: assessing health and behavioural indicators to monitor progress resulting from interventions focused on the aforementioned lifestyle behaviours and health determinants; disease prevention and health promotion measures; promoting healthy choices.
22. Promote the effective implementation of 'Health in all policies' approach with an equity focus, to encourage and coordinate all relevant sectors in playing their part in reducing health gaps within the EU.
23. Strengthen cooperation and make better use of existing networks and existing public health and related institutions, which investigate, monitor and research the impact of the health determinants, thereby supporting the above measures.
24. Develop health inequality audit approaches so as to better address the health and health equity issues of politics and strategies.

⁽⁵⁾ Equity Action Joint Action: Grant agreement for action; agreement number 2010 22 03. Executive Agency for Health and Consumers 2010.

25. Reinforce and continue action to support healthy lifestyle behaviours including:
- promoting effective tobacco control at national, EU and international levels in accordance with relevant EU legislation and the WHO Framework Convention on Tobacco Control and its guidelines, and consider its strengthening,
 - supporting the quantitative and/or qualitative reformulation of food to reduce total fat content, saturated fats, trans fats, salt, sugars and/or energy value,
 - promoting the implementation of the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children and adults concerning foods that are high in saturated fats, trans-fatty acids, free sugars or salt. In this respect also encouraging further voluntary and effective agreements with the food industry within the framework of the aforementioned EU Platform for action on diet, physical activity and health,
 - implementing effective alcohol policies and programs to address alcohol related harm, including exposure to alcohol advertising, information, early education and intervention to discourage harmful alcohol consumption,
 - encouraging the development of urban and social environment policy conducive to physical activity for all, assessing and taking into account the needs of different groups in the population.
26. Explore ways to optimise the use of EU financial programmes with equity focus, including inter alia the Cohesion Fund and Structural Funds, which can contribute to reducing health gaps and inequities within the EU at all appropriate levels, without prejudice to the future financial framework,
- CALLS ON THE EUROPEAN COMMISSION TO:
27. Reinforce actions to promote health and to reduce health gaps and focus attention on the health gaps between and within Member States as well as between different regions and social groups of the EU and include this aspect in the report due for publication in 2012 as set out in the Commission communication on solidarity in health: reducing health inequalities in the EU.
28. Consider the need for the better deployment of existing data and additional comparative data and information on unhealthy lifestyle behaviours, social health determinants and non-communicable chronic disease. This should be obtained from sustainable health monitoring systems already in place or which might be established at EU level.
29. Prioritise support for the assessment of the cost-effectiveness of activities and policies to promote health and prevent diseases and for dissemination of the results, to provide a better information and evidence base for implementation of policies and activities in Member States to address health inequities.
30. Provide further support to existing mechanisms for policy coordination and exchange of good practice on health inequities between Member States, such as the Council Working Party on Public Health at Senior level, EU Expert Group on Social Determinants of Health and Health Inequalities and Social Protection Committee, as set out in the Commission communication on solidarity in health: reducing health inequalities in the EU to ensure optimal deployment and synergy.
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