



April 14th, 2012

Subject : **WECF contribution to EU Consultation on Chronic diseases reflection process**

WECF, Women in Europe for a Common Future, is a European network of feminine and environmental NGOs working towards a healthy environment for all. WECF was created in 1994 and now has more than 110 members acting in 40 countries of Western, Eastern and Central Europe, Central Asia and the Caucasian region. WECF advocates at national, EU and international level and implements projects in the fields of water/sanitation, chemicals and health, sustainable agriculture and energy/climate policies, in a global gender perspective. WECF is official partner of UNEP and has ECOSOC status.

1. What further information and evidence should be taken into account by National Governments and the EU regarding chronic disease situation?

The definition of chronic diseases must encompass the reality of existing health conditions qualifying as such

It should be noted that the definition of chronic diseases, or “non-communicable diseases” under the WHO (World Health Organization) and UN terminology is a broad definition which encompasses a variety of health conditions, namely diabetes, cardiovascular diseases, cancer, chronic respiratory diseases and mental disorders. Some other health conditions, such as allergies, or obesity, a metabolic disorder, of the same category than diabetes, which is more and more prevalent among children¹, should also be added to the list of chronic diseases considered under forthcoming EU developments, in order to reflect the broad spectrum of health conditions qualifying as chronic diseases.

The increase of the incidence of chronic diseases in Europe calls for swift action

As stated by WHO: “A relatively small group of health conditions is responsible for a large part of the disease burden in Europe. Of the six WHO regions, the European Region is the most affected by noncommunicable diseases, and their growth is startling. The impact of the major noncommunicable diseases (diabetes, cardiovascular diseases, cancer, chronic respiratory diseases and mental disorders) is equally alarming: taken together, these five conditions account for an estimated 86% of the deaths and 77% of the disease burden in the Region”².

¹ Across Europe, on average 1 in 4 (24%) of the children aged between 6-9 years are overweight or obese. Source: EU Platform on Diet, Physical Activity and Health, 2011 Annual report, page 1.

² Source: WHO, <http://www.euro.who.int/en/what-we-do/health-topics/noncommunicable-diseases>

2. Health Promotion and Diseases prevention: what more should be done?

2.1. What additional actions and developments are needed to address key risk factors to prevent chronic diseases?

Lessons learnt from the tobacco story

As underlined in the document reflecting the current stage of EU reflection on chronic diseases, the tobacco story can be taken as a model to underline the necessity of primary prevention in the decrease of certain health conditions linked to a specific/well identified risk factor. Based on this example, further actions promoting primary prevention of existing preventable risk factors, and applying the precautionary principle, should be undertaken at EU level. Indeed, the tobacco story shows that investing in primary prevention is the only way to efficiently tackle a public health challenge, whereas corrective measures fail not contribute to the objective of reducing the incidence of related health conditions.

Give environmental pollution adequate attention among risk factors

It should be noted that environmental pollution from our everyday environment should be given an equal attention than already identified risk factors such as tobacco use, low physical activity and harmful alcohol consumption, which are all linked to individual behaviors, whereas prevention of environmental exposures linked to the increase of chronic diseases deserve an action at EU/national policy level. Therefore, given the existence of a body of scientific evidence showing the role of exposure to certain environmental factors in the development of chronic diseases (endocrine disrupters role in reproductive and other disorders, indoor and outdoor pollution contribution to respiratory diseases and affections, etc.), existing EU legislative tools, such as REACH, the Plant Protection Product regulation, Biocides regulation, Cosmetics Directive, Toys Safety Directive, Water Framework Directive, General Products Safety Directive, only to name a few, should better implement primary prevention measures from these exposures, especially targeting vulnerable populations such as pregnant women, infants and young children.

In March 2011, at international level, the Asturias Declaration³ called for action on reducing environmental and occupational exposures linked to the development of cancer worldwide. This approach should be adopted and adapted to target other chronic diseases. Similarly, the EEA European environment State and Outlook 2010 (SOER 2010) concludes that environmental factors may play a role in the increasing incidence of chronic diseases⁴.

2.2. How can exiting actions on primary prevention be better focused and become more effective?

Existing actions on primary prevention could be reinforced as follows:

- An effective exchange of good and best practices between EU Member States on successful measures of primary prevention would be both a gain of time and resources,

³ Asturias Declaration: a Call to Action, adopted during International Conference on Environmental and Occupational Determinants of Cancer: Interventions for Primary Prevention, 17-18th March 2011, http://www.who.int/phe/news/events/international_conference/Call_for_action_en.pdf

⁴ The European environment State and Outlook 2010, Page 91, <http://www.eea.europa.eu/soer/synthesis/synthesis/chapter5.xhtml>



- A further reduction of inequalities, strengthening actions taken under the current national health and environment action plans based on EU Strategy SCALE and its Action Plan,
- A better training of health professionals in the field of environmental health would contribute to address these factors,
- A better integration of environmental health in sectoral policies should take place. As an illustration, since road traffic very much contributes to outdoor air pollution and consequently respiratory diseases, transport and trade policies as well as employment policy should aim at substantially reduce the amount of road transportation and create new models,
- An appropriate integration of environmental health factors in existing regulations (see 2.1).

2.3. What potential is there for broad based early detection action?

After primary prevention, early detection measures should be made a usual practice in the EU.

- A better training of health professionals on environmental risk factors is necessary, to enable them to cope with (for example) the growing incidence of various allergies, asthma, respiratory diseases, with the ultimate aim of reducing exposure to risk factors.
- Moreover, warning signals on trends in development of certain health conditions, not yet recognized, but emerging slowly among certain members of the society (such as hypersensitivity to electromagnetic fields) should be better addressed.
- One should be careful not to interpret “early detection action” as measures focusing on detecting genetic susceptibility to certain diseases. Preventable (such as environmental exposures, behavioral and lifestyle), rather than non preventable risk factors should be addressed under “early detection action”.

2.4. In what areas is there a particular need for additional action at EU level?

- Better regulation of chemicals and pollutants linked to chronic diseases,
- Acceleration of substitution processes of certain identified harmful chemicals used in everyday consumer products,
- Exchange and spread of good practices identified in Member States (see question 2.2).

2.5: In what areas is there a particular need for additional action at national level?

National authorities should better address the reality of national and local specificities which may contribute to specific trends of chronic diseases. In particular, more attention should be paid to geographic factors (industrial history of a specific area contributing to increased exposures to environmental pollutants), socio-economic factors (poverty, poor housing, poor access to water, quality food, healthcare infrastructures, etc.) and other local factors.

2.6: What will you/your organization contribute to address this challenge?

WECF will contribute to address this challenge by:

- Awareness raising activities (publications, workshops, events, etc.) to the general public, in particular vulnerable groups such as women in childbearing age, pregnant women, parents to



be, young parents on the existing risks of certain chemical/physical exposures which (may/might) play a role in the development of chronic diseases within a prevention and precautionary approach,

- Awareness raising among multipliers (health professionals, etc.) about environmental health,
- Advocacy activities at UN, EU and national level for the integration of environmental risk factors in public health policies dedicated to chronic diseases.

3. Healthcare

3.1. What changes could be made to enable health care systems to respond better to the challenges of prevention, treatment and care of chronic diseases?

3.2. What changes could be important to better address the chronic disease challenge in areas such as: financing and planning, training of health workforce, nature and location of health infrastructures, better management of the care across chronic diseases?

The health workforce should be trained on environmental health.

Health infrastructures should be nearer to inhabited areas to enable an easier access.

3.3. How much emphasis should be given to further development of innovations, including eHealth and Telemedicine in prevention and treatment of chronic disease such as remote monitoring, clinical decision support systems, e-health platforms and electronic health records?

European electronic health records, based on a standardized collection mechanism of national data, i.e. chronic diseases registries (cancer, respiratory diseases, diabetes, obesity, etc.) should be created.

4. Research:

4.1. How should research priorities change to better meet the challenges of chronic disease?

Support to a multidisciplinary approach of chronic diseases in the research area should be strengthened. Research methodologies and protocols should evolve to reflect concerns among the scientific community about the incapacity of long-adopted research methods to deal with the chronic disease challenge.

Toxicology: Research priorities should focus on assessing effects of exposures to multiple chemicals/substances through multiple routes of exposures, taking into account new elements identified by a growing body of scientific evidence, namely: the timing of exposure, combined exposures, non-linear dose-response curves, etc. which challenge classic toxicology.

Epidemiology: More epidemiological data should be generated.

Biomonitoring: More biomonitoring studies should be generated.



5. Information, and information technology:

- 5.1. What more needs to be done on the development of information and data on chronic disease?
- 5.2. In what areas is there a particular need for additional action at EU level?
- 5.3. In what areas is there a particular need for additional action at national level?
- 5.4. What will you/your organisation contribute to address this challenge?

EU registries of chronic diseases should be developed.

6. Roles of Member States, the EU and stakeholders:

6.1. What additional activities on chronic disease beyond the four areas described above should be considered at EU level?

As noted above, environmental prevention opportunities should be adequately addressed.

6.2. How can the EU engage stakeholders more effectively in addressing chronic diseases?

Strengthen the participation and involvement of stakeholders from the very beginning to the implementation phase of EU actions on chronic diseases.

6.3. How can EU Member States engage stakeholders more effectively in addressing chronic diseases? (see point 6.2).

Enclosed : Open letter to UN Secretary General and WHO Director on Non-Communicable Diseases, September 2011

