

Regional Committee for Europe Fifty-fourth session

Copenhagen, 6-9 September 2004

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Resolution

Prevention and control of noncommunicable diseases in WHO's European Region

The Regional Committee,

Recalling World Health Assembly resolutions WHA51.18 and WHA53.17 on the global strategy for the prevention and control of noncommunicable diseases, together with resolutions WHA55.23 and WHA57.17 on the global strategy on diet, physical activity and health and recent resolutions on health promotion (WHA57.16), road safety (WHA57.10), reproductive health (WHA57.12), implementing the recommendations of the World report on violence and health (WHA56.24), the International Conference on Primary Care, Alma-Ata, twenty-fifth anniversary (WHA56.6), mental health (WHA55.10) and child and adolescent health (WHA56.21), and aware of initiatives supported by the Executive Board in documents on cancer prevention and control (EB114.R2 and EB114/3) and disability, including prevention, management and rehabilitation (EB114.R3 and EB114/4);

Recognizing the considerable burden of disease and suffering imposed on Europe by noncommunicable diseases such as cardiovascular diseases, cancer, diabetes, chronic respiratory diseases and mental illness and disabilities, and the need for a response that takes account of the specificity and diversity of the European Region;

Mindful of the economic consequences of this burden, the increasing health inequalities between and within countries, and the resulting threat to the future health and prosperity of the Region;

Conscious that the most prominent noncommunicable diseases are linked to common preventable risk factors such as tobacco, alcohol, overweight and physical inactivity, and that these have economic, social, gender, political, behavioural and environmental determinants, with poverty, social exclusion and inequity being major underlying determinants behind the distribution of noncommunicable diseases in our populations;

Realizing that an integrated approach across the continuum of health promotion, disease prevention, rehabilitation and health care action is required to combat these diseases, with all sectors, and in particular the health system, having a role;

Acknowledging the extensive work already carried out within the European Region on the prevention and control of noncommunicable disease, as well as Member States' existing commitments on alcohol (as expressed in resolutions EUR/RC49/R8 and EUR/RC51/R4), tobacco (resolutions EUR/RC52/R12 and WHA56.1), environment (EUR/RC49/R4), food and nutrition (resolution EUR/RC50/R8), physical activity (resolution WHA57.17) and mental health (resolution EUR/RC53/R4), and including the experience gained through the countrywide integrated noncommunicable disease intervention (CINDI) programme;

Having reviewed the paper relating to a European strategy on noncommunicable diseases (document EUR/RC54/8);

1. URGES Member States to give high priority to addressing noncommunicable diseases, including supportive environments, meeting existing commitments and developing policies that provide multidisciplinary and intersectoral frameworks for comprehensive approaches at appropriate country levels;

2. REQUESTS the Regional Director:

- (a) to continue the process of preparing a comprehensive action-oriented European strategy on noncommunicable diseases, in particular based on common morbidity indicators, with a strong focus on implementation, in collaboration with Member States, intergovernmental agencies, nongovernmental organizations and other relevant partners, including industry, as an integral part of the updated HEALTH21 policy framework, and to present it to the Regional Committee at its fifty-sixth session;
- (b) to ensure that the outcomes of the ministerial conferences on environment and health (Budapest, 23–25 June 2004), on mental health in Europe (Helsinki, 12–15 January 2005) and on food and nutrition in 2006, as well as the ongoing work under the European Strategy for

Tobacco Control and European Alcohol Action Plan and the forthcoming strategy for the health of children and adolescents, are taken fully into account during that process.