

Winning Hearts

Actions and Policies for a Healthier Europe

Table of contents

I. INTRODUCTION	2
II. CONFERENCE DECLARATION	3
IV. CARDIOVASCULAR DISEASE: THE FACTS	6
V. CARDIOVASCULAR DISEASE: THE CAUSES	8
a. Smoking	8
b. A poor diet	10
c. A sedentary lifestyle	12
d. Poverty	13
VI. A ROLE FOR EUROPE'S FOOD INDUSTRY?	14
VII. THE PAST AND FUTURE ROLE OF THE EU	14
VIII. THE EUROPEAN HEART NETWORK: WHAT DOES IT DO?	17
IX. CVD: A WORLD HEALTH ORGANISATION APPROACH	18
X. HOW CAN EUROPE'S POLITICIANS MAKE A DIFFERENCE?	19
XI. CONCLUSIONS: AN ACTION PLAN FOR SOLVING EUROPE'S CVD CRISIS	22

I. Introduction

A conference “*Winning Hearts: Actions and Policies for a healthier Europe*” took place in Brussels on 14 February 2000. The event, organised by the European Heart Network with the help of Forum Europe, brought together over 200 experts from Europe’s health sector, non-governmental organisations, the European Commission, the European Parliament and national parliaments and government departments. The conference was organised in association with the European Society of Cardiology and with the support of the European Commission and was held in the much wider context of the European Heart Health Initiative.

The aim of the event, aptly held on St Valentine’s day, was to raise awareness about cardiovascular disease among Europe’s healthcare policy makers and policy shapers. Speakers detailed the scale of the problem and reviewed Europe’s track record on fighting CVD. There was also a real attempt to define what action Europe’s policy makers, health professionals and others must

now take if they are really to make a difference.

Keynote addresses were made by José Miguel Boquinhas, the Secretary of State for Health of Portugal, as the conference was held during the first weeks of that country's presidency of the EU, and by Robert Coleman, director general of the European Commission's Health and Consumer Protection Directorate, who explained the Commission's activities in the area of CVD prevention and its plans for a future health programme.

The conference was moderated jointly by a physician and a politician; Professor David Wood, Professor of Cardiology, National Heart and Lung Institute, Imperial College School of Medicine, University of London, and Clive Needle, a public policy advisor and former MEP.

Important elements of an action plan for solving Europe’s CVD crisis, designed to ensure that every child born in the new millennium can live until the age of 65 without suffering from avoidable heart disease, emerged. All speakers supported the conference declaration that was issued on the day.

II. Conference Declaration

DECLARATION

Made at the conference “Winning Hearts “ – Actions and Policies for a Healthier Europe,

The signatories of this Declaration ask the European Commission and all European and national policy-makers to share a common vision, namely that:

Every child born in the new millennium has the right to live until the age of at least 65 without suffering from avoidable cardiovascular disease

In support of this vision, the signatories,

WELCOME the recent creation of the European Commission’s Directorate-General of Health and Consumer Protection and call for the Commission to give maximum emphasis to health considerations in all its policies, through an efficient and effective health impact audit, to reflect the true spirit of Article 152 of the Amsterdam Treaty;

URGE the European Commission to give cardiovascular disease prevention a high priority in the European Union’s forthcoming framework programme on public health, and to propose a common strategy to the Member States to tackle this disease, which should aim at an average reduction of at least 40% in deaths from cardiovascular disease in people under 65 years of age by 2020;

ENCOURAGE European and national decision-makers to cooperate closely with non-governmental organisations and alliances concerned with the prevention of cardiovascular disease, in support of a common strategy to promote cardiovascular health and to create a healthy environment in which children can grow up;

ASK all health professionals to communicate effectively the benefits of a healthy lifestyle to individuals at high risk of developing cardiovascular disease and to the public in general.

This is a Declaration of the members of the European Heart Network, listed below, and supported by the European Society of Cardiology.

Italian Association against Thrombosis - ALT

Belgian Heart League

British Heart Foundation

Coronary Prevention Group (UK)

Cyprus Heart Foundation

Czech Heart Association – VITASTYL

Danish Heart Foundation

Estonian Heart Association

Finnish Heart Association

French Federation of Cardiology

Georgian Heart Foundation

German Heart Foundation

Hellenic Heart Foundation

Hungarian Heart Foundation

Brussels, 14 February 2000

Icelandic Heart Association

Irish Heart Foundation

Italian Heart Foundation

National Heart Forum (UK)

Netherlands Heart Foundation

Northern Ireland Chest, Heart & Stroke Association

Norwegian Council on Cardiovascular Disease

Portuguese Heart Foundation

Slovak Heart to Heart League

Slovenian Heart Foundation

Spanish Heart Foundation

Swedish Heart Lung Foundation

Swiss Heart Foundation

Turkish Heart Foundation

III. Executive Summary

Cardiovascular disease (CVD) is Europe's number one killer. And yet it emerged it is preventable to a very large degree. Its incidence varies sharply across Europe. In Eastern Europe the problem is more serious than Western Europe where people can expect to live three years longer thanks to a lower rate of incidence. There are also marked differences between CVD rates in Northern and Southern Europe.

Globally speaking the picture is inconsistent. Certain countries have seen CVD rates fall dramatically in the last 20 years, while CVD-linked deaths have soared in other countries such as Russia. This uneven outlook means there is no room for complacency in Europe where lifestyles will have to change if an epidemic is to be avoided. However, there is room for optimism. Finland for example has shown that if the political will to tackle the problem exists together with a high level of public awareness real progress is possible.

The facts are clear. Smoking dramatically increases the risk of contracting CVD and powerful publicity campaigns must go hand in hand with strong government anti-smoking measures to make a difference. The current situation is

unacceptable. Tobacco is about death and disability.

Diets high in saturated fats and low in fresh fruit and vegetables are also bad news for heart health. And yet people's ability to cook for themselves is in decline and obesity is on the increase. Healthier eating needs to be encouraged therefore since it can transform the health of a country when it comes to CVD. Better nutritional labelling should also be introduced and the Common Agricultural Policy reformed to promote a healthier diet. In short people need to make sure they eat more fresh fruit and vegetables.

Europeans also need to become more physically active. A clear consensus has emerged that the impact of encouraging sedentary Europeans to do a little bit of activity will be greater than that of getting those who are already active to do a bit more. Just 30 minutes a day in 10-minute chunks would make a big difference. And it is up to policy makers to create an environment conducive to greater physical activity. Amsterdam is, in this respect, a model for Europe. More parks, green spaces, cycle paths and footpaths throughout Europe would all help.

Delegates agreed that Europe's poor are particularly at risk from CVD and that heart disease in developed countries varies according to social strata. The

message is therefore clear: There can be no effective health policy without a broader social policy which tackles poverty and lifestyle risk factors at source.

The conference also heard how different organisations plan to take on CVD. The European Commission said it recognised that the main obstacle to forging a healthy Europe was CVD. It hoped, it said, to reflect this in its forthcoming proposal for an EU action plan on health. The World Health Organisation agreed that CVD was not an insurmountable problem and the European Heart Network explained what its members were doing to organise public heart health information campaigns and make sure policy makers were better informed and equipped to fight CVD.

Speaker after speaker urged Europe's politicians to take the initiative and use their power to help and encourage people to improve their lifestyles and suggested how they might best achieve this. What is needed, it was agreed, is a concerted European strategy to fight CVD which will address the problem at all levels of society. There needs to be close collaboration between all the relevant sectors and policy makers for this to work. Health promotion must also be the task of the entire European Commission and not just its Directorate-General on Health. And the time to act is now. A well-funded European

Heart Health Initiative must therefore be a pressing priority.

The day's discussion was summarised by Björn Lilliehöök, Chairman of the European Heart Health Initiative, who picked some quotations from the debate:

- Fight the roots of the disease.
- Social policy is health policy.
- Prevention is an investment in health.
- More fruit and vegetables – for all.
- A regulation that makes the tobacco industry scream is a good regulation.
- Physical activity is the best buy.
- It's never too late!

IV. Cardiovascular disease: The facts

CVD causes more deaths in Europe than any other ailment. And yet speakers agreed it is to a large degree preventable and its causes well documented and relatively easy to avoid. Its incidence varies sharply across Europe and globally. But public awareness about CVD and its associated risk factors is, speakers agreed, depressingly low.

However, a view emerged that there was considerable cause for optimism if Europe could follow in the footsteps of countries such as Finland and Sweden which have made real progress in tackling heart disease.

Portugal's Secretary of State for Health, Jose Miguel Boquinhas, told the conference just how serious the problem was. Heart attacks and strokes were, he said, among the leading causes of mortality in Europe and he issued a stark warning: "If we consider the high rate of incidence of the risk factors we can conclude that, should current lifestyles not change, we are looking at an epidemic at a European level."

Robert Coleman, Director General of the European Commission's Health and Consumer Protection Directorate, also painted a bleak picture of the current situation. CVD remained, he said, the

biggest global epidemic and a major cause for deaths and disability in Europe. It is the root of much of human suffering, killing people of all ages, sexes and social backgrounds.

Leslie Busk of the European Heart Network told the conference that the real tragedy was that heart disease was not inevitable and could be fought. "The situation is very serious. CVD is a major cause of disability and illness across Europe and yet much of it is eminently preventable."

Alan Lopez of the World Health Organisation (WHO) presented the results of a WHO study on the global burden of disease. In 1990 CVD had, he said, killed some 14.3 million people around the world and most of these deaths did not occur in wealthier regions as expected.

However, there had been "a huge decrease" in CVD deaths in the United States to 200 deaths per 100,000 people and death rates had also fallen in Britain, albeit more slowly. UK CVD mortality rates had, he said, decreased by 50 percent over 20 years. "So there are hints of optimism but also a need to remain cautious."

Some regions had, however, seen CVD death rates soar and practically explode before falling back to their pre-crisis levels. CVD mortality rates in Russia for example shot up to 800 per

100,000 people from 500 in a couple of years followed by a dramatic decline. Other countries had also seen significant trend swings over periods of just 5 or 6 years.

The global outlook for CVD deaths was, Lopez said, patchy. In the 1960s an American male had a 20 percent chance of dying from CVD before he was 65 but that figure had now fallen back to 10 percent. Conversely in Hungary the same figure has rocketed to 20 percent from 10 percent.

Lopez said that the ratio of non-communicable disease deaths (such as CVD and cancer) to deaths of communicable diseases was likely to increase by a factor of between two and seven over the next 20 years in India, Latin America and the Caribbean. This trend would be witnessed everywhere except sub-Saharan Africa.

Coronary heart disease and strokes were, Lopez said, the main global causes of death in 1990. By 2020 that would still be the case although the number of deaths from these conditions would, he said, rise to 20 million a year from 14 million now. "The leading cause of disease burden will be coronary heart disease."

According to Michael Marmot of the UK International Centre for Health and Society, CVD was also having a major impact upon life expectancy rates. If heart

disease was eradicated it would add an extra four years to average life expectancy.

Marmot said there was a three years gap in life expectancy rates between Western and Eastern Europe because of CVD. "25 percent of women can be expected to be widowed by 65 because their husbands will have died of heart disease."

Susana Sans of the Spanish Institute of Health Studies concurred there were marked differences in CVD rates across Europe. "There is an east-west and north-south gradient within Europe," she said. Attack rates of coronary heart disease could vary by as much as a factor of four in men and a factor of eight in women and CVD was on the rise in some European countries while in others it was on the retreat. This shows the potential for prevention. Central European countries waiting to join the EU had far higher rates of CVD and coronary heart disease than Western Europe, Sans said. Regardless of the difference in trends CVD remains the most important cause of death in all European countries. Furthermore, international epidemiological studies have shown that the distribution of adverse risk factors and lifestyles is very prevalent in all European populations.

Sweden's Annika Rosengren told the conference that CVD claimed millions of lives and

killed more men over 45 and women over 65 than anything else. "We know what causes it and it is almost entirely preventable but we have not been successful in eradicating it or introducing the necessary changes." Nor, she said, was it an inevitable part of ageing.

Western industrialised nations had, she said, registered important decreases in CVD rates in recent years. In Sweden CVD levels begun to fall in 1980 and CVD mortality rates had dropped by 35 percent in the last 10 years. This was, she said, mainly due to a falling number of smokers, reduced salt intake and lower cholesterol levels.

However, Lars Rydén of the European Society of Cardiology warned that the number of deaths from CVD was set to increase in the next few decades. Medical progress and economic progress had made CVD rarer in the second half of the last century but rates were, he warned, now creeping up in Eastern Europe and developing countries.

V. Cardiovascular disease: The causes

a. Smoking

Speakers agreed that smoking dramatically increased the risk of contracting a CVD and decided that only well

organised national anti-smoking campaigns could make a difference. However, such campaigns would only have a maximum effect if accompanied by legislative measures including raising tobacco taxes, banning tobacco advertising, clamping down on tobacco smuggling and forcing manufacturers to put stronger health warnings on cigarette packs.

However, delegates pointed out that tobacco growing was important for the Greek economy and argued that ways would have to be found to encourage tobacco farmers to diversify into other crops.

The WHO's Lopez told the conference that eliminating tobacco-linked CVD risk was realistic. Studies had shown, he said, that a smoker was 5-6 times more likely to have a heart attack than a non-smoker in the 30-39 age group. If a smoker had a heart attack in their 30s or 40s it was 80 percent certain to have been caused by tobacco.

Jussi Huttunen of the Finnish Public Health Institute said his own country had made incredible progress in cutting smoking rates. Almost 70 percent of Finnish males used to be smokers but an anti-smoking campaign launched in the 1970s had, he said, really paid off. Finland now had the lowest prevalence of smoking in Europe. Just 24 percent of the adult population smoked.

As a result CVD had, he said, decreased by 75 percent in the Finnish population under 64 years of age. "The key for success was the role of a nationwide policy and collaboration between all stakeholders." The Finnish government had, he explained, taxed cigarettes at a high level, ploughing 0.5 percent of revenues into anti-smoking ads.

Stephen Woodward of the UK Health Education Authority suggested how governments should go about regulating the tobacco industry. "What is good for the industry is bad for public health. A regulation which makes them scream is a good regulation."

Slovenia's Josip Turk told the conference how his own government had also enjoyed a measure of success in discouraging smoking. The proportion of Slovenian smokers had fallen to 28 percent of the population from 42 percent previously. Public opinion had, he said, turned against smoking.

Another speaker warned delegates that young people were starting to smoke earlier and earlier because they were attracted to the image of risk and escapism. A proportion of youngsters would, he said, always take it up. However, on the plus side recent research had shown that more young

people were giving up smoking before the age of 20 and 25.

Speakers were divided on the issue of taxing tobacco sales. The UK's Marmot argued that taxes served to penalise the poor and distribute income upwards. It was, he argued, a way of taxing the poor and reducing taxes on the rich.

Poorer people were more likely to smoke and tobacco taxes were, Marmot said, regressive. "A tobacco tax is fine but we should have other policies which look at the living standards of the less well off. It is too easy for governments to pocket the cash and do nothing to improve people's lot."

However, Ireland's Patrick Doorley argued that tobacco taxes were often used to fight CVD and therefore did benefit the poor. Woodward also said he thought taxes were a good idea. They only became a problem for the poor, he said, when they reached levels similar to those in the UK, Denmark and Australia. And there was a long way to go before that happened in most European countries.

Woodward told the conference that tobacco taxes must be ploughed into preventive action against CVD. "We must campaign for higher taxes and use the cash for preventive programmes."

Governments also needed to clamp down on tobacco

smuggling and keep the focus of the smoking debate on health issues not on tobacco growers. "It is about deaths and disability and evidence shows the tobacco industry is economically speaking bad for the world," Woodward said.

More strongly worded health warnings on cigarette packs would also help in Europe where industry had, he said, succeeded in watering them down in several European countries. But above all the public should, Woodward said, be lobbying politicians to ban tobacco advertising.

John Godfrey of Consumers in Europe group said that tobacco growers in Greece should be given incentives and encouragement to diversify into other agricultural areas. "Money used to subsidise tobacco growing should be used to help them grow something else." But Clive Needle retorted that the European Parliament voted on this issue every year and unfortunately proponents of such an approach always lost.

b. A poor diet

Eating too much of the wrong kind of foods -- namely fatty, high-cholesterol salty products -- increases the risk of heart disease. And yet people's ability to cook for themselves is, speakers agreed, in decline. However, However, the key to a heart-healthy diet lies in the

greater consumption of fruit and vegetables.

Europeans therefore need to ensure they eat breakfast and think carefully about what they consume. Better nutritional labelling and reforming the EU's Common Agricultural Policy (CAP) to promote healthy eating will also help.

Several delegates also made the point that although high-profile food safety scandals such as mad cow disease or dioxin poisoning inevitably attracted greater publicity, heart disease caused by poor diets claimed far more lives than food poisoning. A poor diet can result in obesity which heightens the risk of contracting heart disease and many other chronic conditions.

And according to the WHO's Lopez, obesity as a CVD risk factor is vastly underestimated. Studies have proved, he said, that there is an alarming increase in CVD risk as people's body mass index increases. In other words overweight people have a greater risk of having a heart attack than people who are not overweight. More than a fifth of the European population has a body mass index of 30 or greater which, according to Lopez, is too high. That figure is set to rise.

Finland's Huttunen told the conference that his own country had enjoyed considerable success in improving people's diets. Government and non-

governmental campaigns had seen the proportion of people using butter on bread fall from 60 percent to less than 10 percent and fruit and vegetable consumption was also higher. Average cholesterol levels had also fallen.

But David Richardson of the UK Food and Drink Federation told the conference that culinary skills and knowledge of preparing healthy foods was in decline. As well as greater consumption of fruit and vegetables both fresh and preserved, low and reduced fat foods were, he argued, a useful way forward. Many people did not, he said, have the time to prepare fruit and vegetables and their availability was far from widespread. Convenience is also a major determinant of food choice.

Imogen Sharp of the UK's National Heart Forum made a strong case in favour of greater fruit and vegetable consumption. "Fruit and vegetables are the best example of a functional food which can protect against heart disease." And yet consumption rates among children were low and falling in southern Europe. It was also wrong, Sharp stated, that just 3-4 percent of the CAP budget was spent on the fruit and vegetable sector and that much of this money went on destroying surplus stocks.

Philip James of the International Obesity Task Force agreed. The entire CAP was, he said, ripe for

reform and the allocation of funds had been completely inappropriate in the last 40 years. It needed to promote healthy eating over and above supporting farmers and looking at issues such as rural development.

James said the key to promoting fruit and vegetable consumption was to make sure it formed a major part of children's diets early on. Research in Wales had shown, he said, that if it was introduced early on it became a reflex later. "We also have to look at how we can transform the understanding of doctors and nurses to educate women how to breast feed properly and eat fruit and vegetables."

However, nurseries, schools, restaurants and canteens had to get their act together because many had, he warned, failed to understand the importance of fruit and vegetables. "Pre-school nurseries don't have a clue," James said, adding that children under 12 years of age were not really able to make their own choices when it came to food.

In inner city areas the less well off and the elderly also found it difficult to gain access to fresh fruit and vegetables. The problem called, he said, for innovative schemes. James said the traditional English breakfast was a "bizarre relic of the 19th century" which should be consigned to the bin. He also told the conference that too

many children went to school without eating breakfast which, if consumed, had been proven to enhance their attention spans.

Richardson backed this up saying that all the evidence suggested the concept of breakfast was in rapid decline. He suggested that improved labelling to allow the consumer to see exactly what they were eating would be beneficial. The UK manufacturing retail industry was, he said, providing comprehensive nutritional labelling information on pack including on a per serving basis.

Another problem, according to James, was that people all too often deluded themselves about what they were eating. In Scotland for example 70 percent of people claimed to be eating more fruit and vegetables and yet just 7 percent of those people were consuming 5 portions of fruit and vegetables a day.

David Wood complained that politicians did not serve the public well by focusing on food safety issues at the expense of nutritional questions. Clive Needle, agreed. Politicians were, he said, pressured into responding to safety issues and there was “a knowledge gap on health.”

However, James said there was cause to be optimistic. European Consumer Affairs Commissioner David Byrne had, he said, been

taken aback when told that EU food poisoning deaths accounted for just one percent of deaths from diet-related afflictions. “There is a perception that industries are not being responsible while nutrition is a personal matter. But nutrition can actually transform the health of a country when it comes to CVD,” James said.

c. A sedentary lifestyle

A lack of physical activity is another crucial CVD risk factor which is often underestimated, according to Nick Cavill of the UK Health Education Authority. Cavill said an inactive lifestyle doubles the risk of contracting CVD and warned that a recent survey had shown that about 60 percent of Europeans were not meeting recommended exercise targets. A third of Europeans admitted, he said, that they did absolutely nothing.

Public policy makers have in the past shied away from tackling the problem because it was too confusing but, Cavill said, they no longer had that excuse. A new approach of encouraging people to do a little bit of activity rather than getting people who are already active to do a bit more was, he said, gaining ground. “It is never too late to start.”

People should, Cavill argued, be encouraged to do at least 30

minutes of moderate physical activity a day in chunks of 10 minutes or more. Examples of how this could be achieved included walking more often and using the stairs instead of the lift. "Activity should be a normal part of everyday life."

"We have a clear consensus and can now move forward. Responsibility is now in the hands of a large group of professionals." Health professionals must, he said, link up with the transport, tourism and town planning sectors to forge an integrated global approach to physical activity.

Cavill cited Amsterdam as an example of best practice where changes to the environment have encouraged people to cycle more often. "That is where we should concentrate. We need more parks, green spaces, cycle paths and footpaths."

Jacques Vanfraechem of the Université Libre de Bruxelles told the conference that research showed that the causes of a sedentary lifestyle needed to be tackled early on. Schools needed, he said, to organise more physical activity and sports for pupils to get them into the habit of being active.

Josip Turk agreed. People needed, he said, to try to use their free time better but he cautioned that modern technology was taking people away from nature and exercise. "We should not only look ahead

but also look back at previous experience."

d. Poverty

Europe's poor are, it was agreed, particularly at risk from CVD and only an integrated social policy aimed at raising their standard of living can put this right.

Heart disease should, the UK's Marmot said, no longer be considered as a disease of affluence. "The major problem now is the social distribution of coronary heart disease." Marmot said that heart disease in developed countries varied according to social strata.

The poor had the most heart disease, followed by those "in the middle" and finally "those at the top." The gap in heart disease between the poorest and the richest across Europe was, he warned, growing. CVD incidence in Eastern Europe was, he said, perhaps double that of Western Europe.

The consumption of fruit and vegetables was a key factor in this equation since the poor were sometimes unable to afford them. Unemployment, job insecurity, long hours and having little control over one's life, high crime rates and low social cohesion were, he argued, also responsible.

Communities which suffered from high CVD rates inevitably

also suffered from high murder rates. “So action against heart disease must be social action. You can’t just tell people how to lead their lives. You need a social and health policy.”

VI. A role for Europe’s food industry?

The UK’s David Richardson told the conference that contrary to popular belief the food industry could help reduce CVD incidence by creating imaginative healthy new food products incorporating the latest nutrition research findings. “Innovation is about food safety and meeting consumer needs such as choice and variety.”

Scientists and the food industry must, he said, get together to share their ideas on nutrition so that new products such as those rich in folic acid, wholegrain cereals and vegetables with nutrient antioxidants and other phytoprotective substances can be developed. “Interaction between science and industry is crucial. The food industry needs scientific validity to show the benefits of its health claims.”

In the UK, Richardson explained that the food industry was working closely with consumer groups to develop a code of practice on health claims to allow consumers to make informed choices, assure that any claim was based on sound scientific evidence. If people were to buy foods with added health benefits,

they also needed to be tasty, convenient, safe and good value for money, he added.

“Healthy eating and the expectation of a longer and happier life and putting off ageing are high in consumer priorities.” The food industry therefore had to recognise this fact and develop food products accordingly.

However, John Godfrey of the UK’s Consumers in Europe Group, argued that this research into healthier foods was likely to primarily benefit people with higher incomes. It was, he said, being driven by the desire to add value and inevitably poorer people had less influence on the market.

Godfrey also attacked the CAP saying the quality of Europe’s food needed to be improved. “It is shameful that most of the money goes into increasing prices above world market price levels and not into nutrition.”

VII. The past and future role of the EU

Robert Coleman, Director General of the European Commission’s Health and Consumer Protection Directorate, gave an overview of the European Commission’s work in relation to CVD.

The Amsterdam Treaty had, he said, given a new prominence to

health issues. Health was now one of the European Commission's key priorities. The Commission was currently finalising its proposal for a new EU Health Strategy.

The drafting was in an advanced stage and the Commission hoped to adopt the proposal near the end of March. "There is no doubt that CVD remain a major concern and thus a main challenge for a healthier EU. CVD." As CVD diseases may also be caused by inequality in health, he was pleased to note that the Portuguese Presidency of the EU has taken the initiative to hold a conference on that subject in March.

Robert Coleman explained how the Commission in the past had contributed to the fight against CVD. He stated that the Commission would continue to do so, but also that the Commission will strengthen its actions whenever possible. The Amsterdam Treaty – with the reinforced provisions on Public Health - placed an obligation on all EU institutions to ensure a high level on health protection in the definition and implementation of community policies. Thus, a key challenge for the Commission was to assure that health policy aspects were taken due account of in sectors that have a powerful influence on factors affecting health. These sectors are many such as agriculture, the internal market,

consumer protection and research.

Up till now Public Health Policy actions had been carried out through 8 specific EU programmes. However, the Commission had revised this approach and had arrived at the conclusion that the disadvantages connected to this approach outnumbered the advantages. The Commission would therefore propose one over-arching coherent programme for public health. The European Parliament and the Council of Ministers have, said Coleman, already indicated that they support such an approach.

The new programme will focus on three main themes.

- 1) Improving information on health issues by interacting with all relevant players.
- 2) Fighting health threats through a strengthening of the capacity to respond rapidly to threats to health and surveillance mechanisms covering different health hazards.
- 3) Tackling the roots of illness through health promotion and disease prevention.

Coleman said the Commission would complement the programme whenever possible with legislative measures. The recently tabled proposal on an up dating and broadening of the

scope of previous directives on tobacco was one example; others were the proposals contained in the White Paper on Food Safety.

But the Commission did not, he stressed, intend to concentrate solely on food safety issues despite their importance. The Commission would likewise initiate information campaigns to promote appropriate dietary habits and would seek to improve nutritional information and labelling.

Coleman said the Commission aimed to step up European co-operation in order to promote effective and evidence-based actions and interventions and, by doing so, to contribute to a reduction of the incidence of CVD. He expected that the European Heart Initiative and today's conference would deliver clear guidelines on how best to fight against CVD.

He concluded that the new Public Health Strategy should create a solid basis for continuing efforts to combat CVD.

MEP Catherine Taylor provided further information on the EU's approach to CVD and told the conference that the European Parliament now had a competence over health issues. Commission President Romano Prodi, Environment Commissioner Margot Wallström and Consumer Affairs

Commissioner David Byrne were, she said, all committed to tackling health issues.

Taylor said the Commission's new Communication on health would focus on better information systems and suggest the inception of a new rapid response facility. Funding was also, she said, likely to be streamlined into one public health body. Health lobby groups and NGOs should, Taylor told the conference, be getting their act together now and lobbying the Parliament which was growing in power. "You can influence policy making if you get in from the beginning."

According to the EC's Gottfried Thesen, the European Commission's scope to tackle CVD was, in the past, limited. However, the Maastricht Treaty and - more explicitly - the Amsterdam Treaty have enlarged its competence in this respect.

NGOs and health lobby groups now, he said, had a unique opportunity to influence the Commission's new health policy. "The message is that the lobbying and discussion is not over and that now is the time to influence the definition of future policy."

The European Parliament would, he argued, have a crucial role to play in defining the EU's health policy. But there was only so much the Commission itself could do. "The European

Commission does its best and will continue to actively support actions but we must be aware of practical limits with staff and money," Thesen told the conference.

The challenge was, he said, to transform all the good ideas into concrete policy action. "I hope that the talks which are starting now will give a chance to put CVD high on the priority list. Common action is the way forward to success."

VIII. The European Heart Network: What does it do?

Susanne Løgstrup of the European Heart Network (EHN) briefed the conference on the work of EHN across Europe.

EHN groups members in 24 countries and its activities vary from one country to another. However, the majority of its members are involved in educational campaigns to prevent CVD and actively contribute to the public health debate.

Løgstrup said the EHN often put up major funds for research into heart disease and sometimes even provided cardiovascular care. EHN members' programmes would often, she said, target children and inject a sense of fun into these activities rather than adopt a "thou shalt not do" approach.

The Swedish EHN member had recently kicked off a campaign in Sweden called "The Great Fruit Chase" and EHN members also ran anti-smoking and breakfast campaigns. The Spanish EHN member for example ran a healthy breakfast campaign every year targeting children between the ages of 6 and 12.

Løgstrup said the French EHN member had begun an anti-smoking campaign in France called "Jamais le premier" which targeted children of between 10 and 13 years of age. The children carried out their own surveys and EHN used video clips were used in cinemas to persuade kids of the folly of smoking.

It was difficult, however, to measure EHN's success rate. "But since the 1970s there are falling rates of CVD and we can take some credit for that. We were not the only factor but we contributed to it."

EHN members also worked hard to pass on the necessary information to politicians and a recent EHN survey of European parliamentarians in 13 countries plus the European Parliament had revealed a good level of knowledge about CVD. The vast majority were, she said, aware that CVD is the number one cause of death in Europe.

Løgstrup said the EU now had a unique opportunity to make a

difference since it did not have to worry about the treatment of CVD. Instead it could concentrate on promoting health and adding value. "EHN tries to help members be better by being a forum where members can review programmes and try to improve them and be critical of them," she explained.

EHN regularly published consensus papers on heart disease and its remedies and risk factors, packing in a massive amount of information which could be useful to policy makers. But Løgstrup warned there was no room for complacency. "We have been successful but we cannot rest on our laurels. If we do nothing the gains we have made so far could be reversed."

IX. CVD: A World Health Organisation Approach

Anna Ritsatakis of the WHO European Centre for Health Policy in Brussels addressed the conference on how the WHO thought the problem of CVD should be tackled. "We feel that it is not a mission impossible. It is very difficult but it can be done."

However, Ritsatakis said she thought the problem required more perseverance and greater imagination. It was not, she said, useful to just look at CVD in isolation and what was needed instead was an overall approach

to promoting and protecting health.

In 1989 she said 17 of the then 32 WHO member countries had formulated health policies and although some of these were serious attempts to bring about change, others amounted to little more than glossy books on the shelf. Since then 27 of the WHO's current 51 member countries have plumped for an overall approach to health and there has, she said, been a change in emphasis. Previously the focus had been on disease but it had now shifted to tackling the causes of disease and CVD risk factors. The WHO was, she said, following what was happening in Sweden, for example, very closely. "It may be the first country in the world to set targets related to the determinants of health and all the major political parties are working together."

It was not, she said, possible to bring about profound changes in the health of European hearts in a week or even a year and the problem required perseverance. "But heart health must be above party politics and it looks like Sweden is really on the way to achieving this."

Ritsatakis said the WHO is presently developing a Framework Convention on Tobacco Control (FCTC), which will be an international legal instrument to circumscribe the global spread of tobacco. And

while there was no legal requirement for countries to adhere to a framework on tobacco control, Ritsatakis said she hoped peer pressure and regular reviews of progress would force countries to introduce some kind of legislation on the issue. At the present time, most of the tobacco produced in Europe was, she said, dumped in the developing world.

The WHO Regional office for Europe was also in the throes of developing its first food and nutrition action plan which would look at the food chain from farm to fork. It consulted its member states on this last November and hoped, she said, to send a proposal to the Regional Committee by September this year.

Ritsatakis said that in examining the health impact of policies in other sectors, the ECHP had begun to work on health impact assessment issues with the European Commission at an informal level in an attempt to pool expertise and knowledge. "We know what we have to do and we have most of the information. We just need more passion in getting it moving," she concluded.

X. How can Europe's politicians make a difference?

Europe's politicians must take the initiative and use their position of influence to encourage people to improve

their lifestyles, according to EHN's Leslie Busk. "Every child born in the new millennium has the right to live to 65 without developing avoidable heart disease."

David Wood agreed. While medical specialists were able to do a great deal to treat CVD they were, he said, unable to address the fundamental causes of heart disease. But politicians could make a difference in this respect.

However, Clive Needle said the efforts of politicians to combat CVD were not, on their own, sufficient. "Politicians need good advice, expertise and support from the medical profession." Health professionals must, he said, work with the European Parliament and member states to ensure decision-makers receive the right advice. A dedicated EU health directorate would also be a good idea.

According to Portugal's Boquinhas what was really needed was a concerted European strategy for fighting CVD. The way of life in different EU countries was, he said, increasingly similar making such a strategy particularly apt. A collective EU strategy would also bring cost benefits.

But that on its own would not be enough. "Individuals must also be responsible for fighting CVD. There needs to be a commitment from families, professionals, scientific bodies

and member states.” The task of politicians was, he said, to keep spending under control, maintain access to health care and keep standards high.

Boquinhas told the conference that patients needed to be viewed as consumers and that health systems would need to be modified accordingly. “Patients have rights but they also have responsibilities. We need to keep an eye on very scarce resources.”

Change was, he said, already starting to occur and more humane market-oriented healthcare systems were starting to appear. “Prevention is important as is health education and a multi-pronged strategy which takes human and social aspects into account.”

Healthcare professionals were, Boquinhas said, part of the solution but politicians also had a role in fostering healthier lifestyles. They also had the power to educate the young in the benefits of a better diet and more physical activity and publicise the dangers of smoking and a sedentary way of life. National programmes designed to fight CVD and other diseases such as cancer should, he argued, be integrated so that shared risk factors can be targeted.

“The mission of promoting health through the prevention of chronic diseases is a high priority as we

start a new millennium. We must have an environment favourable to good CVD health within Europe,” Boquinhas told the conference.

Finland’s Huttunen concurred that close collaboration between different sectors was the way forward. But he said only strong national anti-CVD policies would yield results. “You need to identify the problem, make everyone aware of the situation and then formulate and implement a national policy.”

The UK’s Marmot urged the different European Commission directorates to talk to one another more about CVD policy and health promotion. “The task of promoting health must be the job of all divisions not just the consumer health division.”

Sans told the conference that ensuring education and full employment initiatives were prerequisites for health and that initiatives on transport and nutrition policies which would encourage routine physical activity and balanced diets as well as an antismoking policy were essential for the European population to be healthy and fit. And the WHO’s Lopez urged governments to look best practice across the world where smoking rates had been cut and obesity tackled.

According to the UK’s Clive Needle the EU now had a golden opportunity to make health its

next big idea but he warned it would miss the bus if it did not act swiftly. "There is a momentum and the time has come for health to be the next big idea for the EU."

Philip James agreed and said health needed to be put at the top of the EU agenda. There was, he said, a need for a new strategy and a European centre of disease control comparable to the one in Atlanta. There also needed to be closer policy collaboration between the European Commission, the European Parliament and member states.

The Commission's food safety white paper was, James said, an opportunity for NGOs to force change and try to persuade politicians of the need for a more coherent and precise approach. NGOs should, he argued, be far more involved with policy formulation because most of the analysis up to now had been carried out within government or the European Commission and was always tempered by political validity. "We need more open debate. The unthinkable can be done and we can get round the problems."

The UK's Imogen Sharp called for a European heart health initiative involving people from different sectors and disciplines. Public health policy was, she said, increasingly decided in Europe and European countries were converging. "A pan-

European approach is vital if we are to learn from one another."

Rounding up the day's discussion, Björn Lilliehöök, Secretary General and Chief Executive Officer of the Swedish Heart Lung Foundation and Chairman of the Management Committee of the European Heart Health Initiative, said he was optimistic the conference would result in concrete action to fight CVD. Politicians appreciated, he said, that CVD was the number one killer in Europe and recognised the value of preventive action.

It was therefore essential, he argued, to target and educate young people. Never before had so many CVD experts come together, he added, and this was an opportunity not to be wasted. "Today is the first St Valentine's day of the new millennium. Don't let this conference be just another one. The time to act is now and what we need is a wide-ranging policy initiative."

XI. Conclusions: An action plan for solving Europe's CVD crisis

- Craft a pan-European approach to tackling CVD
- Promote the concept of regular physical activity as part of everyday life
- Encourage a balanced diet and the frequent consumption of fruit and vegetables and non-fatty foods
- Step-up anti-smoking measures and try to persuade Europeans to give up smoking
- Reform the Common Agricultural Policy to shift the emphasis to healthy eating and the quality of food
- Boost research and monitoring into CVD and the determinants of cardiovascular health.
- Increase investment in health promotion
- Take a “multi-factorial and multi-level approach” to CVD tackling social issues at source