

Environmental factors

The EU must help spread the message that environmental policy can be used to prevent chronic diseases, writes **Genon Jensen**

The EU should put the spotlight on environmental prevention. The special summit of the UN general assembly on non-communicable diseases recently in New York was prompted by new recognition of the growing burden of cancer, cardiovascular disease, respiratory illnesses, and diabetes around the world. These chronic, non-communicable diseases are mainly preventable, and the summit therefore rightly focused on tackling the four main risk factors: tobacco, poor diet, alcohol and lack of physical activity.

The problem was that the summit failed to include environmental pollution in this list of priorities. Smog hangs over many cities, especially in middle and low income countries, and simple air quality measures could dramatically help reduce respiratory and heart conditions. Yet, they have hardly featured in the debate.

A European parliament resolution immediately prior to the summit called for environmental policy measures to be on the agenda. It recommended this risk should be added as a fifth factor and that reducing chronic diseases such as cancer or asthma must include reducing environmental exposures, such as hazardous chemicals and air pollution.

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In parallel, a group of more than 100 leading international scientists, health professionals and civil society stakeholders wrote to the heads of the UN and World Health Organisation about the robust evidence documenting the role that environmental factors play in chronic diseases' causation, and urging them to include reducing people's exposure to environmental contaminants as an important strategy of disease prevention, particularly in low and middle income countries. But neither prompted enough of the necessary response.

In an open letter to EU health commissioner John Dalli, the health and environment alliance (Heal) urged the commission to take its achievements in using environmental policy to reduce chronic disease to the UN summit. The EU's strong backing for smoke-free public places legislation in member states has been a huge success. The World Health Organisation announced earlier this year that studies from European countries that enforce bans on smoking in public places are finding reductions in heart attacks, with associated reductions in hospitalisation of 20–40 per cent. Although it is too early to assess the impact of the EU's chemical safety legislation, a commission assessment of Reach prior to its introduction stated that if it succeeded in reducing chemical-related diseases by only 10 per cent, the health benefits would be an estimated at €50bn over 30 years.

Greater focus on the environmental dimension of chronic disease, and the policy action that can reduce ill-health at the UN summit, could have highlighted, for example, the potential improvements in the health of those suffering from respiratory diseases, while also promoting fiscal savings as countries across Europe and elsewhere as governments struggle to reduce their healthcare bills.

Responding to our letter to him before the meeting, commissioner Dalli told us that he shared our concern about the important role that environmental factors play in determining chronic diseases. Although during the summit, this life-saving and highly cost-effective tool did not receive the attention it deserved, the EU can and should include environmental factors as it develops its own targets to reduce non-communicable diseases. It can also include this approach in its position for the Rio+20, United Nations conference on sustainable development in 2012. ★

