



Opening address Nicoline Tamsma, EuroHealthNet president

At Joint Action CHRODIS General Assembly 19 February 2015

Dear Mr Arevalo, Mr Riese, dear CHRODIS friends,

It is a pleasure for me to welcome you to this meeting on behalf of EuroHealthNet.

For those of you who are not yet familiar with our organization, we are a network of over 40 partners from 25 countries committed to promoting health and health equity. Our members include national and regional public health and health promotion institutes, academic and research centres, national and regional authorities and government departments.

Nine of our member and partner organisations are involved in the Joint Action CHRODIS, either as associated partner or as collaborating partner. This includes the institute I am affiliated to: the National Institute for Public Health and the Environment in The Netherlands.

Within the scope of the Joint Action CHRODIS, EuroHealthNet is leading the work on dissemination, and are co-leading the health promotion WP, together with BZgA, our member organization from Germany.

But ALL of our members - and their national, regional and local partners- have an interest in the outcomes of the Joint Action. They want to learn from your learning, so they can apply that knowledge to improve the health of their population.

As you will all know, the JA CHRODIS is to find new and effective ways forward in the fight against chronic diseases.

Last week, I attended a two-day event that showcased the results of European projects funded through the previous EU Health Programme.

The experts at that meeting, some of whom are also present there today, confirmed how essential it is to take and intersectoral and multidisciplinary approach if we are to fight chronic diseases effectively.

I also learnt that there are only a few EU countries where people can expect to reach retirement age without activity limitations due to health problems.





We know that people with lower socio-economic status have a higher risk of developing one or more chronic diseases, and to do so at an earlier age.

Ironically, these people are also more likely to encounter problems accessing good quality, affordable and responsive health and care services.

This may contribute to the fact that poverty and social exclusion increase the risks of complications and dying.

So how can we deliver results for everyone, and especially for people with lower socio-economic status? This is also a major challenge for the JA CHRODIS.

Sustainability of health systems is fast developing into a key issue in European policy. This may sound strange if you take into account that organization and funding of health care systems are entirely a matter for EU member states.

Yet our finance ministers want to curb public spending and are keen to maximize health outcomes per Euro. With the European Semester come country-specific recommendations for national reform, also on health systems.

The first EU work on health systems access, quality, and sustainability emerged from the social policy agenda. Active ageing, supporting independent living and providing long-term care are among the issues that are currently supported through the EU Social Investment Package, as is tackling health inequalities.

We know that sustainable systems are health promoting and empowering systems.

One of the many interesting aspects of the JA CHRODIS is that cuts across health system silo's and brings together so many different actors.

Its structure also allows for a lot of dialogue and learning. For building bridges between prevention, cure and care. For thinking out-of the-box and sharing innovations. For creating synergies and win- win situations.

In other words: for paving the way for a healthier tomorrow.

The outcomes of the JA can contribute to supporting integrated, whole-systems approaches that reduce the burden of chronic diseases and strengthening our governments' commitment to address those diseases in a coherent and consistent way.

I wish you a very fruitful and inspiring conference today.