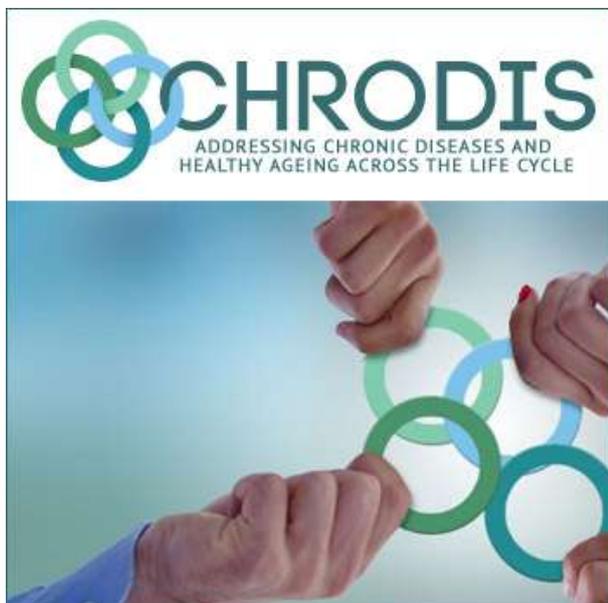


Joint action addressing chronic diseases and healthy ageing across the life cycle (JA-CHRODIS)



Tobacco use, unhealthy diet, physical inactivity, alcohol abuse are the main risk factors for chronic diseases. These diseases are therefore largely preventable modifying unhealthy behaviors, but this objective needs strategies and policies that not only act favoring of citizens' empowerment, but also make possible changes in environmental, social, economic and cultural contexts, impacting heavily on the individual choices.

To respond effectively and efficiently to the prevention, care and control of chronic diseases,

to share experiences and good practice and improve the strategic approach in each country, a greater cooperation among member countries is necessary

According to World Health Organization data, in Europe 86% of deaths and 77% of the loss of years of healthy life are caused by chronic diseases (cardiovascular disease, cancer, diabetes type II, chronic respiratory diseases, problems mental health and musculoskeletal disorders).

The European Region has the highest burden of chronic non-communicable diseases globally. Cardiovascular diseases and cancer are responsible of nearly three-quarters of the mortality in the Region the three major groups of diseases - cardiovascular diseases, cancer and mental disorders - produce more than half of the disease burden (measured in "DALYs", the years of life lived in conditions of disability).

In addition, between 70% and 80% of health care budgets across the EU are spent on treating chronic diseases. Therefore, for some years the European Union recognized the prevention of chronic non-communicable diseases and the promotion of healthy lifestyles as priorities, considering the health as an opportunity and an investment, as well as a tool for social and economic development and defined strategic documents, issued Directives or shared recommendations, aimed at achieving the highest level of health for all citizens.

The European Union through the Health Program 2014-2020 is co-financing initiatives to support countries in a comprehensive approach to health promotion and control of chronic diseases.

The Consumers, Health, Agriculture and Food Executive Agency (CHAFEA), which operates independently but under the supervision of the Directorate General of Health of the European

Commission (DG SANTE), provides financing under the European Program for Health, according to the rules established by the program.

The Joint Actions, in particular, are the main instruments of support on which the European Union relies to work directly with the governments of the member states on the priorities of public health. They have a clear added value and are co-financed by the authorities responsible for the health of the Member States (or by third countries participating in the program) or by public and non-governmental bodies, mandated by these authorities.

Italy is a partner of several Joint Actions, promoted in recent years, including, in particular, the JA-CHRODIS (Joint action addressing chronic diseases and healthy ageing across the life cycle), coordinated by Spain, that, with 63 partners, is the largest joint action co-funded under the EU Health Program to date.

The goal of CHRODIS is to promote and facilitate the exchange and transfer of "best practices" between the partner countries, identifying the best approaches for the prevention and treatment of chronic diseases, particularly cardiovascular disease, stroke and type 2 diabetes, with a specific focus on health promotion, the multi-morbidity and diabetes management.

The search for the "best practice" regards intervention on behavioral risk factors, social determinants for health promotion and prevention, using an approach "life course" aimed at a healthy aging. Regarding diabetes and multi-morbidity, the JA addresses the aspects of integrated and multidisciplinary care, patient safety and professional training, verifying the existence in the different countries of National Plans for Prevention and Control of diabetes.

CHRODIS, therefore, aims to improve the effectiveness of the actions taken for the prevention of chronic diseases, providing a significant contribution to promoting health and reducing health inequalities, to increase the years of healthy life and promote healthy and active aging.

The JA is divided into seven Work packages (WP) and is governed by an Executive Board, composed of all the leaders of the WPs and also supported by a forum of representatives of the Ministries of Health of EU Member States and by an Advisory Board of experts.

The first three WPs are horizontal (WP1 Coordination, WP 2 Dissemination, WP 3 Evaluation) and the other WPs are thematic. In particular, the WP 4 aims at the creation of a European web platform for the exchange of knowledge and experiences on chronic diseases. The WPs 5, 6 and 7 are intended to define the criteria and the identification of best practices in the areas of study, identified respectively in the primary prevention of chronic diseases, with particular reference to cardiovascular, the multi-morbidity and diabetes type II. The work started in these WPs is the basis for the construction of the Web platform (WP4).

Italy participates in the JA with the Ministry of Health, the National Institute of Health (ISS - Istituto Superiore di Sanità) , the Italian Drug Agency (AIFA- Agenzia Italiana del Farmaco) and the Catholic University of the Sacred Heart (Università Cattolica del Sacro Cuore). In particular, the ISS is leader of WP 7 and the AIFA is leader of WP 6.

Of particular interest to the Ministry of Health is the participation in the WP 5: Health promotion and disease prevention.

In the field of health promotion and prevention of chronic diseases, the fifth work package includes a review of policy options and mechanisms in the different partner countries, in order to identify best practices validated and gaps and needs that exist in this area.

Partner countries, based on a common questionnaire, have developed their own national profile and contributed to the identification of common criteria for the selection of good practices. During 2015 it is expected the selection of good practices in each country and the possibility of exchanging knowledge and experiences through in-depth meetings and study visits.

The expected result of the WP5, therefore, in addition to the criteria to identify and assess good practices of primary prevention and to establish a set of best practices validated, is the preparation of a document of recommendations for effective health promotion and primary prevention, including a description of the success factors and barriers to the transfer of a promising practice in a new context.