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UEG Open Letter

Addressed to the President of the European Commission, the European Commissioner for Health and Food Safety, the European Commissioner for Research, the Health attachés of the 27 EU Member States, the President of the European Parliament and the Chairs of the ENVI & ITRE Committees.

Improving Digestive Health in Europe: Policy Recommendations

United European Gastroenterology (UEG) is Europe's umbrella association for multidisciplinary gastroenterology, uniting over 50,000 digestive healthcare professionals. **Alarming new data have arisen from a pan-European [study](#)** we commissioned on the burden and economic costs of digestive diseases and associated research gaps. A wide spectrum of digestive diseases were examined, including major diseases of the gastrointestinal tract, liver, pancreas and biliary system as well as digestive cancers.

Findings from the analysis revealed a **notable and concerning increase in the prevalence of several digestive diseases** since 2000, including a **rise in the incidence and mortality rates for all digestive cancers**. In addition, **health inequalities across Europe are widening** and predicted to be further exacerbated by emerging economic challenges.

There is an **urgent need for a stronger EU health policy environment** to reduce the burden of digestive diseases across Europe. In light of these new findings, we recommend the following policy interventions:

1. Start early: Promote health and prevent disease

Establishing healthy behaviours is more effective during childhood and adolescence. Healthy lifestyle behaviour promotion can be easily channelled through educational programmes, health systems and communities. The prevention and treatment of obesity, in particular, needs increased attention.

2. Focus on primary prevention: Target risk factors

Reducing exposure to the main risk factors – tobacco, unhealthy diet, sedentary lifestyle and harmful alcohol use – can increase healthy life expectancy and improve social and economic outcomes.

3. Support the vulnerable: Address health inequalities

As exposure to lifestyle-related risks factors for digestive diseases is largely determined by an individual's socioeconomic position, interventions must consider the social, economic, environmental, cultural and political factors that constrain people's choices and their ability to achieve healthy lifestyles.

4. Employ cancer screening: Identify high-risk populations

The results of individual risk-based assessments can highlight those at highest risk for developing cancer and who should, therefore, be targeted for screening. The EU should promote stronger national policies on the risk-based early detection of colorectal, liver and gastric cancer.

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5. Unlock statistics: Prioritise the collection of new data

The economic costs of digestive diseases are not known in the majority of European countries. The retrieval of further economic data at national levels is, therefore, required to better understand the associated costs and burden.

6. Dilute the disparity: Evaluate funding and priorities

There is a great disparity in the level of funding between different digestive diseases. Those affecting disadvantaged groups are underfunded despite their high burden, while other already well-researched topics attract more funding. These factors must be considered in funding programmes and priorities, with a particular focus placed on research in alcohol-related liver disease and irritable bowel syndrome.

Yours sincerely,

Helena Cortez-Pinto
UEG President

Patrizia Burra
UEG Public Affairs Group Chair

Silvio Danese
UEG Research Committee Chair

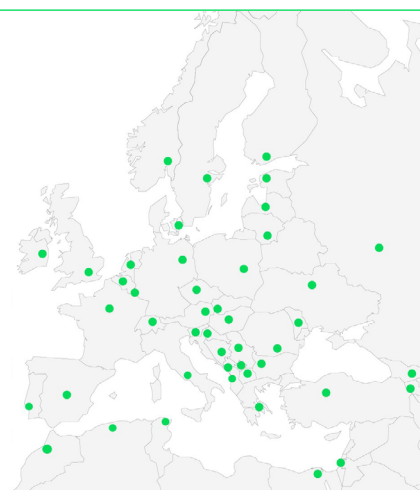
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Specialist Member Societies and National Member Societies
United for digestive health



Endorsing Associations

