
MEPs from the European Parliament Osteoporosis Interest Group and EU Osteoporosis Consultation Panel members who are experts and policy makers from EU countries participated. The meeting was chaired by Professors Juliet Compston and Socrates Papapoulos, Chair and Vice Chair of the EU Osteoporosis Consultation Panel respectively. Professor Papapoulos welcomed the participants.

MEP Mary Honeyball, Chair of the EP Osteoporosis Interest Group spoke on EU Osteoporosis Interest Group - 10 Years of Advocacy. She gave an overview of work that was carried out by the Interest Group over the years. Following discussions with other chronic disease Interest Groups in the European Parliament, it remains even more important to collaborate in order to have a stronger voice at the EU level.

She pointed out the importance of focusing on chronic disease at the EU level as well as at the international level. Her main points were:

- It is widely acknowledged that the most serious obstacle to treatment of osteoporosis is a lack of awareness of the disease, also at the political level. Osteoporosis still does not attract the same degree of interest amongst policy-makers as other diseases.
- Too few epidemiological studies on osteoporosis are being carried out, so governments don't have the evidence they need to justify policy changes.
- The different bodies involved in osteoporosis need to learn how to work together if progress is to be made. MEPs in the European Parliament will then be in a better position to support our proposals.
She informed the audience that the European Commission has designated 2012 as the "European Year for Active Ageing" and it is designed:

- To serve as a framework for raising awareness, for identifying and disseminating good practice and, most importantly, for encouraging policymakers and stakeholders at all levels to promote active ageing.
- To create more opportunities for older people to continue working, to stay active and healthy for longer and to continue to contribute to society. For example, volunteering needs to be supported by a wide range of policies at all levels.

**Patrice McKenney CEO, IOF** looked at the burden that osteoporosis imposes from the viewpoint of an individual who suffers from the disease. She shared the personal story of one of her close relatives and showed very clearly what it means if the ‘fracture cascade’ is not stopped in time.

**Judy Stenmark, COO, IOF** presented the IOF Policy Vision, which aims to ‘Actively work towards a European Commission resolution to make osteoporosis a health priority in all 27 member states’.

She also stated the objectives of this meeting:

- Communicate the link between osteoporosis and chronic disease to MEPs and other key stakeholders.
- Continue to identify chronic disease, including osteoporosis, as a topic of the utmost public health importance and work towards getting the support of national governments.
- Accelerate the efforts of the chronic disease community through collaboration - in order to have a stronger voice at the EU level.

She then outlined IOF policy work for 2011 and the strategic objectives:

1. Continue with existing policy activities at the EU level
2. Collaborate with other disease groups to put chronic disease on the EU Member States health agenda
3. Participate in joint chronic disease initiatives to have a stronger voice in the EU, UN, WHO and other IOs
4. Aim for Council Conclusions/Recommendations around chronic disease, including bone health
5. Build on the audit reports ‘Osteoporosis in the European Union in 2008’ and ‘Eastern European and Central Asian Region 2011’ to strengthen policy and advocacy activities in EU countries
7. Replicate best practice in policy development to other IOF regions as appropriate
Professor John Kanis, IOF President, spoke on Osteoporosis in the Chronic Disease context: The EFPIA Study - overview.

He presented current statistics on burden, health care provision and opportunities for the future with regard to osteoporosis in the European Union. He said that the EFPIA study could be used by policy makers to lobby their governments in order to make osteoporosis a priority on the national agendas. He gave the 2010 highlights from 5 EU countries (Germany, Spain, Italy, Spain and the UK) and from Sweden.

Some of the 2010 statistics given for the EU5+:

- People with osteoporosis 17.8 million
- People with new fragility fractures 2.2 million
- Deaths due to fracture 34,000
- QALYs lost due to fracture 1,000,000
- Cost of care 31 billion Euros
- Cost of QALYs 55.6 billion Euros
- Fractures saved by closing a treatment gap 750,000 by 2025

“Collaboration is key: the more we work together the more can be achieved” said Dr. Silke Collins-Tracey, IOF Policy Manger, in her presentation on Collaboration in the Chronic Disease arena.

- She presented the key facts, data and common risk factors of non-communicable diseases and spoke about the formation of Non-Communicable Disease Alliance (NCD Alliance). This alliance is made up of the four major groups of chronic diseases (Cardiovascular Disease, Chronic Respiratory Disease, Cancer and Diabetes) and the organisations concerned with these disease groups: World Heart Federation, International Union against Tuberculosis and Lung Disease, International Diabetes Federation, and the Union for International Cancer Control.

- The NCD Alliance called on the UN to hold a UN-summit on NCDs similar to the UN Summit on HIV/Aids ten years ago. This High Level UN-Summit on Non-Communicable Diseases will take place from 19-20 September 2011 in New York with the participation of Heads of State, Ministers and NGOs.
She called on participants to get involved in order to make the Summit a success:
- To take immediate action by lobbying governments to be present at this Summit.
- To have evidence-based data including the cost/burden factor of the disease
- To mobilize the young
- To disseminate the information nationally

**Discussion**
Participants discussed the advantages and disadvantages of collaborating with other chronic disease organizations and groups. They discussed how osteoporosis could be included as one of the chronic diseases, also in a possible outcome statement following the Summit. IOF needs to be prudent with which organisations and groups it collaborates. Participants showed interest in having more information about the NCD Alliance and the forthcoming Summit in New York.

**Professor Juliet Compston, Chair, EU Osteoporosis Consultation Panel** spoke on moving forward in collaboration with other disease groups and asked that the IOF prepare a two-page summary outlining information about the NCD Alliance, and circulate this to the panel members. She added that the IOF should continue to collaborate with other disease groups in a thoughtful way.

The meeting closed at 12 noon.