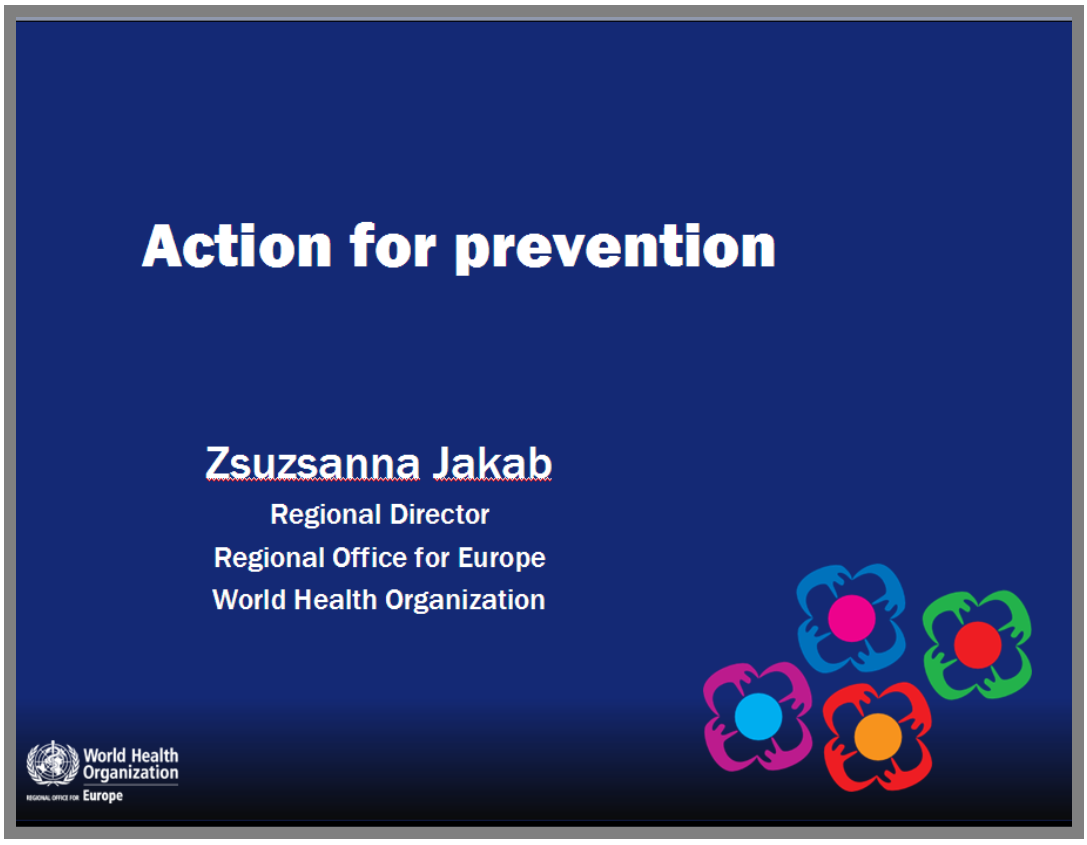
Presentation 'Action for Prevention' by Zsuzsanna Jakab,
WHO Regional Director for Europe
at the conference of the Hungarian Presidency of the European Union
on the prevention of noncommunicable diseases

30 May 2011, Budapest, Hungary

Slide 1



Ladies and gentlemen,

Noncommunicable diseases are the main killers in the WHO European Region. Region-wide, cardiovascular diseases are by far the leading killer, with more than 5 million deaths estimated to take place annually from these causes alone.

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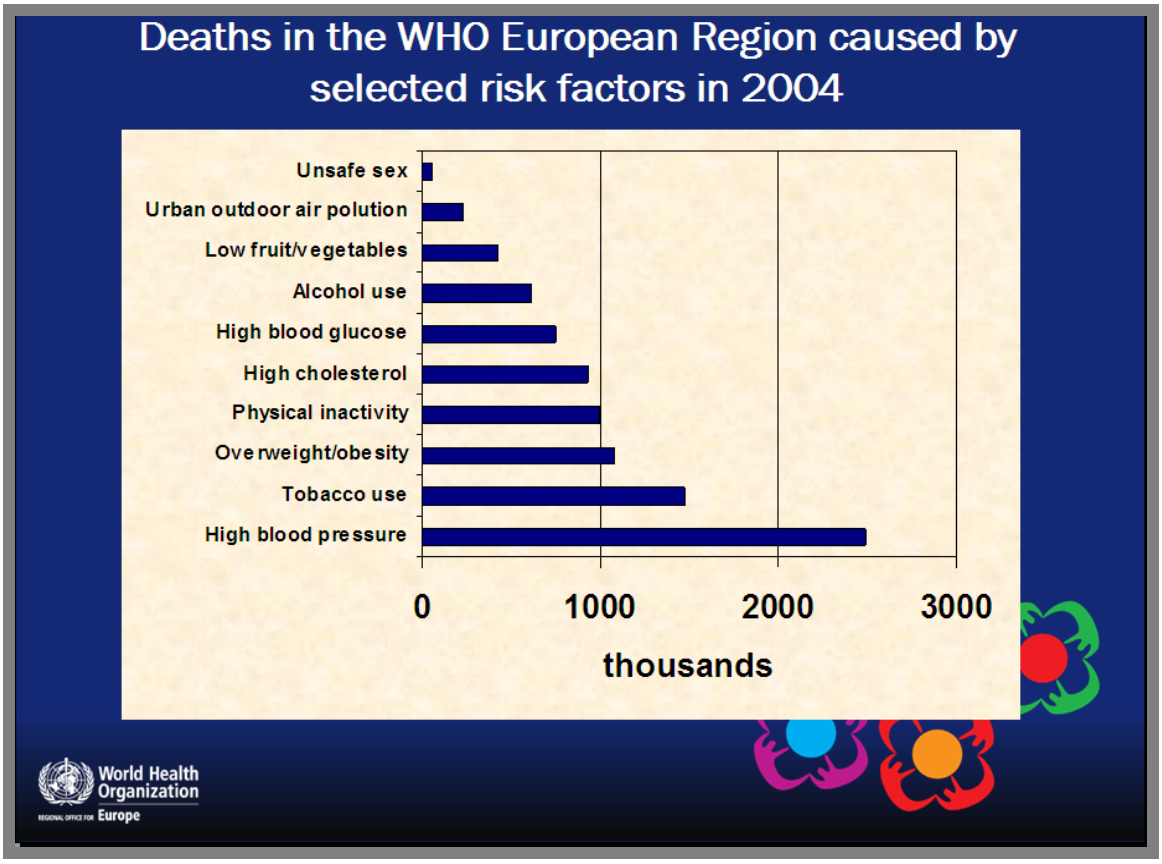

Tackling noncommunicable diseases in Europe begins by acknowledging that they are linked by common determinants and opportunities for shared policy intervention. Indeed, almost 60% of the disease burden in the European Region is attributable to seven leading risk factors: high blood pressure, tobacco use, harmful use of alcohol, high blood cholesterol, overweight, low fruit and vegetable intake and physical inactivity. Tobacco smoking leads the behavioural risk factors as a cause of death and disease in this Region, but the European Region has the highest alcohol intake in the world per person, twice as high as the world average.

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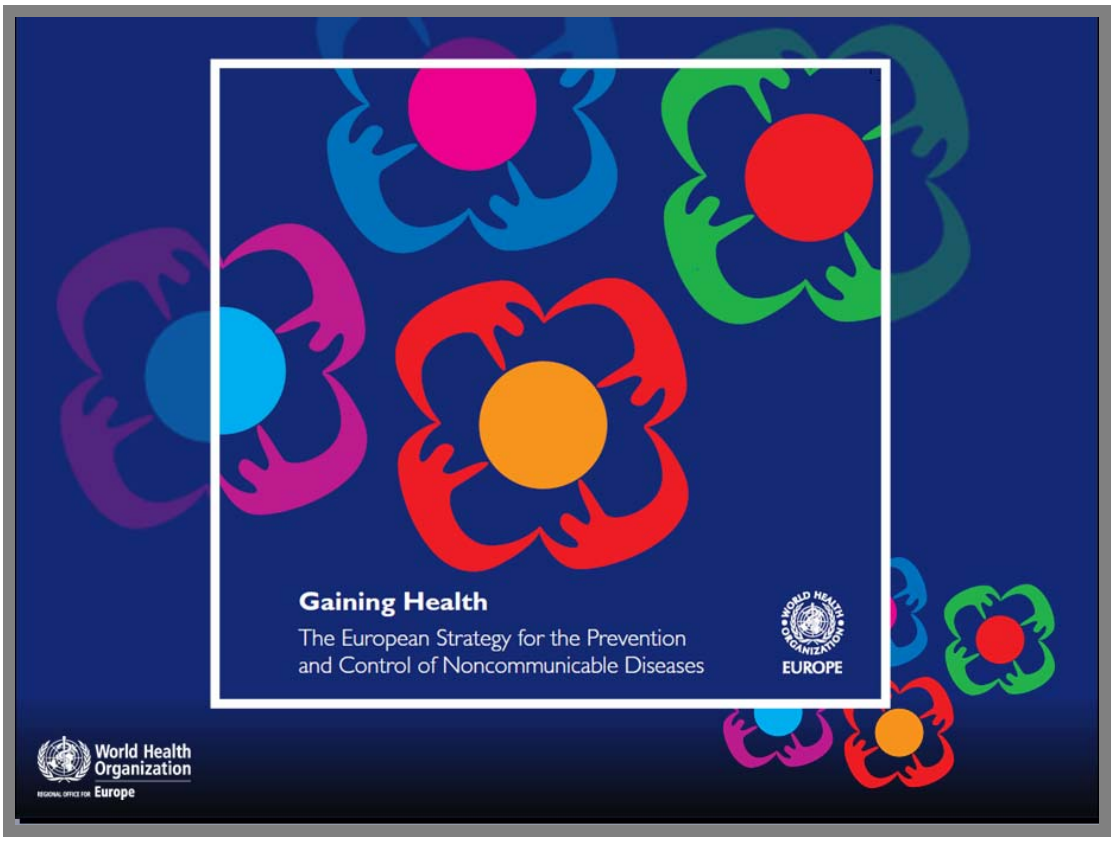

Investing in prevention and improved control of noncommunicable diseases (NCD) would reduce premature death and preventable morbidity and disability and improve the quality of life and well-being of people and societies. No less than 86% of deaths and 77% of the disease burden in the WHO European Region are caused by this broad group of disorders, which are linked by common risk factors, underlying determinants and opportunities for intervention.

In Europe, there is good understanding of the wider societal approaches to addressing the noncommunicable disease epidemic. We have strong collective experience on the use of price as an incentive or disincentive for behaviour, on the control of advertising of unhealthy goods, on the reduction of salt by reformulating food products and on the planning of urban environments to facilitate the use of active transport, among others. Healthy choices are easier when the fiscal, physical and policy environments make them the automatic choices.

This approach was enshrined in the integrated regional strategy on noncommunicable diseases the WHO Regional Committee for Europe adopted in 2006. In accordance with the Action Plan for the Implementation of the Global Action Plan for the Prevention and Control of Noncommunicable Diseases, WHO is finalizing a European action plan, which the Regional Committee will discuss in September 2011 in Baku, Azerbaijan.

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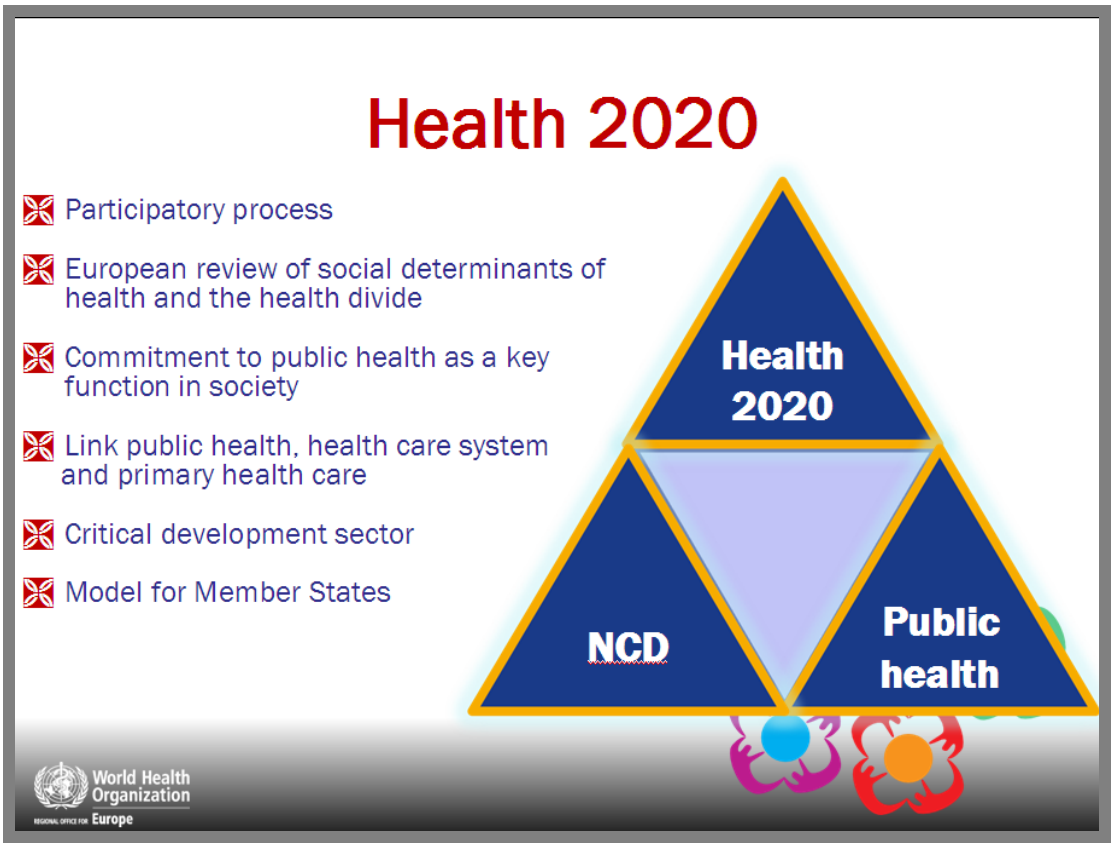

Addressing the epidemic of noncommunicable diseases, finding ways of addressing the social determinants of health, strengthening our public health capacity and reaching out from our comfort zone and engaging in meaningful policy discourse with other sectors require a driver, the force of a united vision, a unifying message.

We are developing such a grand vision of health to drive the work of WHO, of Member States and of collaboration with our partners. We believe that a strong European health policy, mandated by the Member States, can be a strong catalyst for success in the fight against the epidemic of noncommunicable diseases.

This policy is being developed through a participatory process with Member States, sectors and partners. It will look for new innovative approaches toward public health action, the exchange of best practices and expertise. It will be informed and underpinned by a European review on the social determinants of health and the health divide. It will integrate policy areas and renew the commitment of the Regional Office to public health.

It will position health as a critical development sector and make links with the other sectors to promote health as a government responsibility under the health ministry. It will inspire Member States to develop, renew and update their national health policy and strategies.

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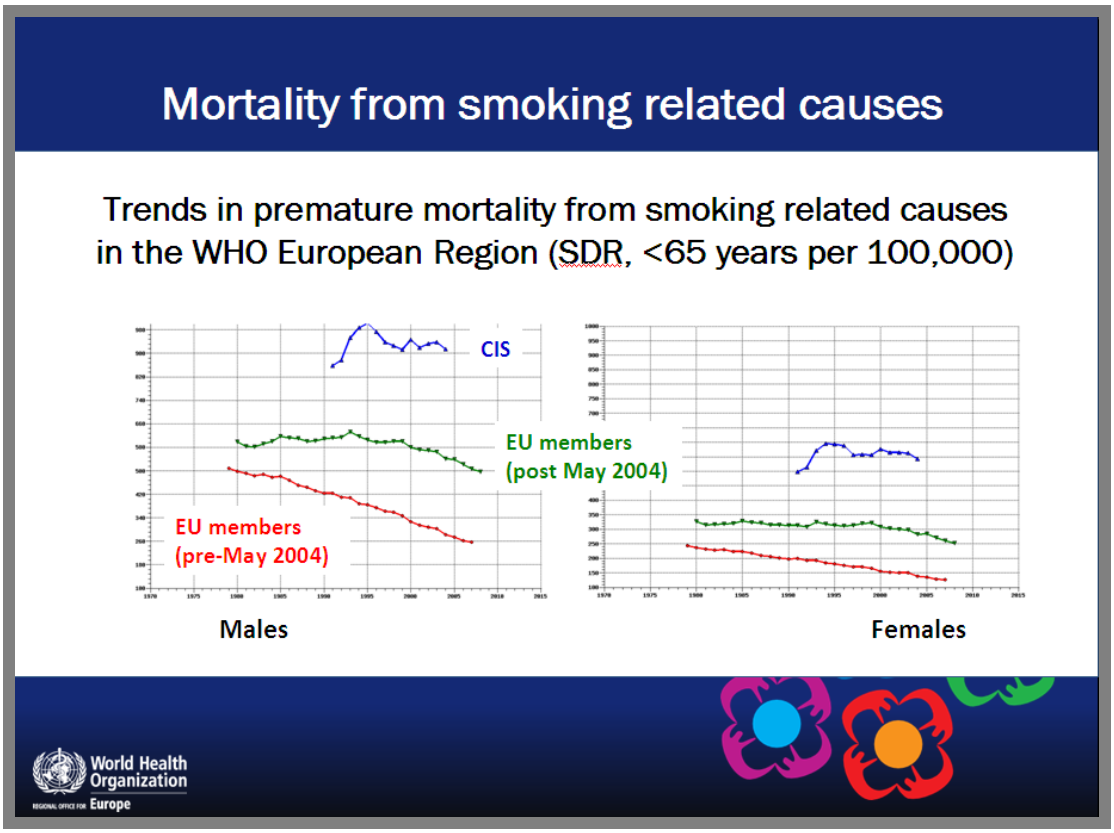

This and the next slides will illustrate in more depth the harm associated with the four leading risk factors and the priorities for action for each of them.

This slide shows the trends in tobacco-attributable mortality among people younger than 65 years by sex for different parts of the WHO European Region. The good news is that smoking-related premature mortality is declining among both males and females in the EU.

The bad news is that the CIS countries (shown in blue) are not showing such a decline and have a far worse problem than the EU. Within the EU itself, there are major disparities between the burden among the countries in the EU before May 2004 (shown in red) and the countries that joined since than (shown in green). Clearly, much scope remains for action on reducing this eminently preventable cause of premature death.

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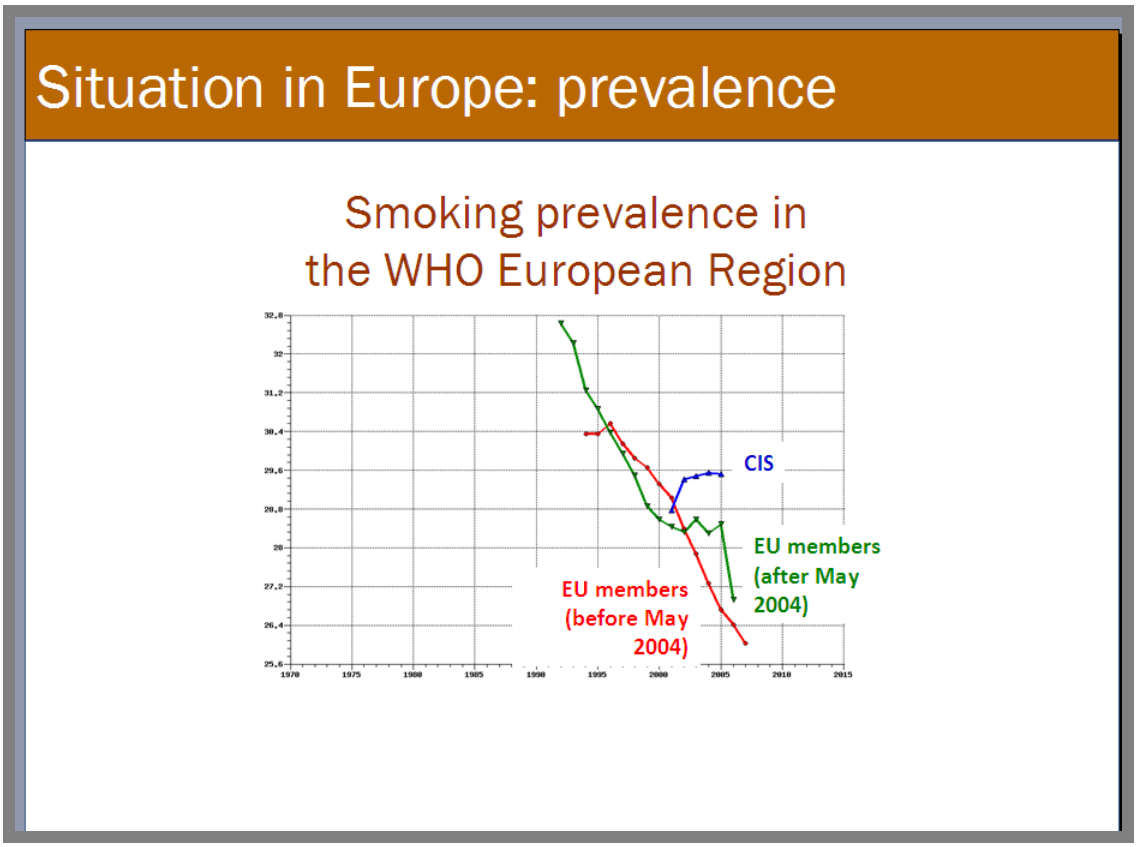

Underlying this picture on tobacco mortality is the actual prevalence of smoking itself.

The good news is that there has been a sharp decrease in the prevalence of smoking in all EU countries, and this bodes well for the risk of death from cardiovascular disease in the next few years and cancer-related deaths in a couple of decades.

The opposite is the case for the CIS countries, where the rise in smoking prevalence is alarming.

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Although significant progress has been made in Europe, a high proportion of the population is not yet covered by the evidence-informed and cost-effective interventions outlined in the WHO Framework Convention on Tobacco Control, either because their country has not ratified it or the translation of commitment to action has been weak, such as with smoke-free environments. The Hungarian parliament very recently passed legislation that will make public places, restaurants, bars and other workplaces in the country smoke free starting in January 2012. WHO greatly welcomes this initiative and offers full support toward its implementation. WHO also welcomes the accession of Turkmenistan to the WHO Framework Convention on Tobacco Control.

Whole-of-government interventions are needed to achieve measurable successes in tobacco control, especially since implementing the WHO Framework Convention on Tobacco Control involves several political actors outside health ministries such as the ministries responsible for education, transport, finance and agriculture. As the burden of tobacco grows, health services have a key role both in prevention and in ensuring equitable access to cessation services and medication.

Among the actions needed to curb tobacco are:

- actively using fiscal policies and marketing controls to full effect to influence the demand for tobacco; and

- restricting exposure to direct and second-hand smoking by increasing tobacco prices, health warnings, smoke-free environments and a complete ban on all forms of tobacco promotion.

Public health departments in health ministries need to acquire the skills to develop the business case for fiscal and marketing interventions, to draft and advocate for appropriate legislation and to promote the adoption and enforcement of legal and voluntary agreements as appropriate. These skills cut across the risk factors for noncommunicable diseases and are a focus for action in the period of this Action Plan.

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Although alcohol is not a major theme at this conference, it is essential to note the harmful use of alcohol, a cause of mortality that is more important than tobacco in many parts of the Region. Following the endorsement of the global strategy to reduce the harmful use of alcohol by the World Health Assembly in May 2010, we have planned to develop a European Alcohol Action Plan 2012–2020, for the implementation of regional and global alcohol policies. It will also be on the agenda for the WHO Regional Committee for Europe in its session in Baku, Azerbaijan this year.

The priorities of this Action Plan are:

- to increase technical support to Member States – including in the coming years – to implement the European Alcohol Action Plan 2012–2020;
- to collect best practices on preventing the harmful use of alcohol; and
- to improve the information system on consumption, harm and responses.

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Diet and physical activity, the other two risk factors for noncommunicable diseases, are linked with obesity, and WHO, in collaboration with the European Commission, is running a system for surveillance of overweight and obesity.

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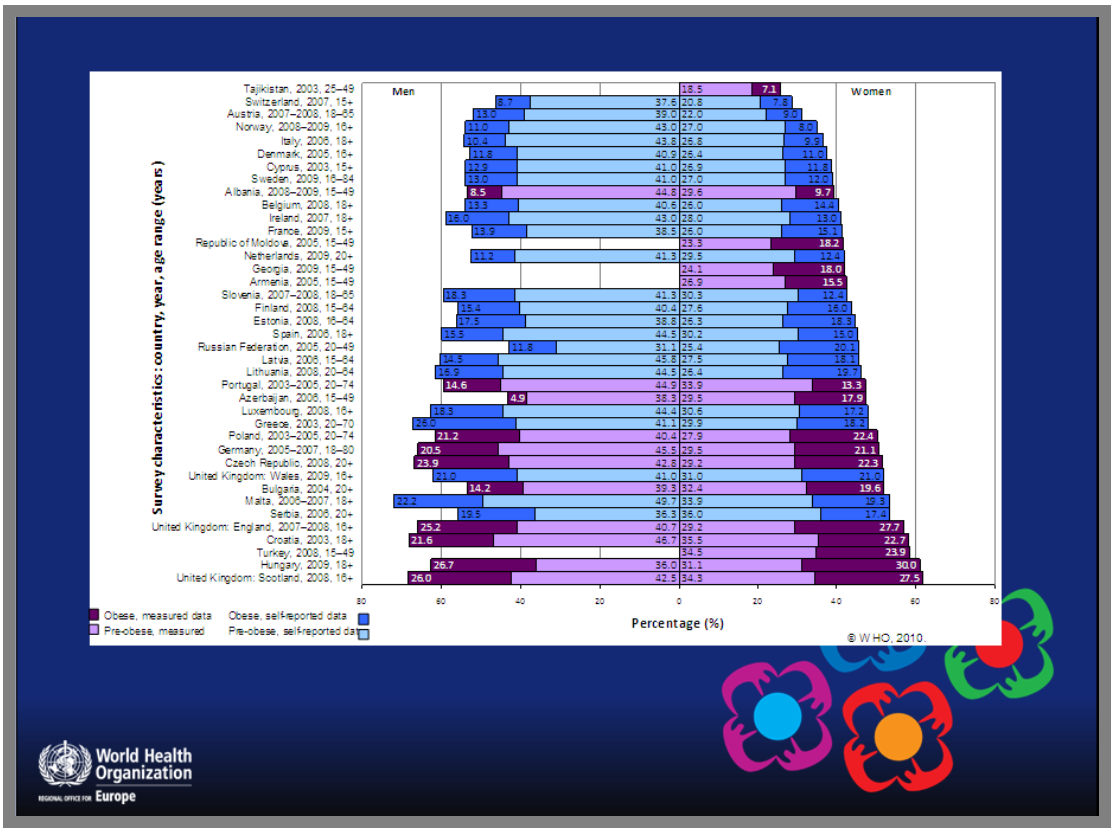

The picture is not improving in most countries of the Region. On the contrary, figures for about one third of the European Region countries show that:

- between 25% and 70% of individuals are overweight; and
- between 5% and 30% of adults are obese.

Malta had the highest prevalence of overweight among men. Scotland among women.

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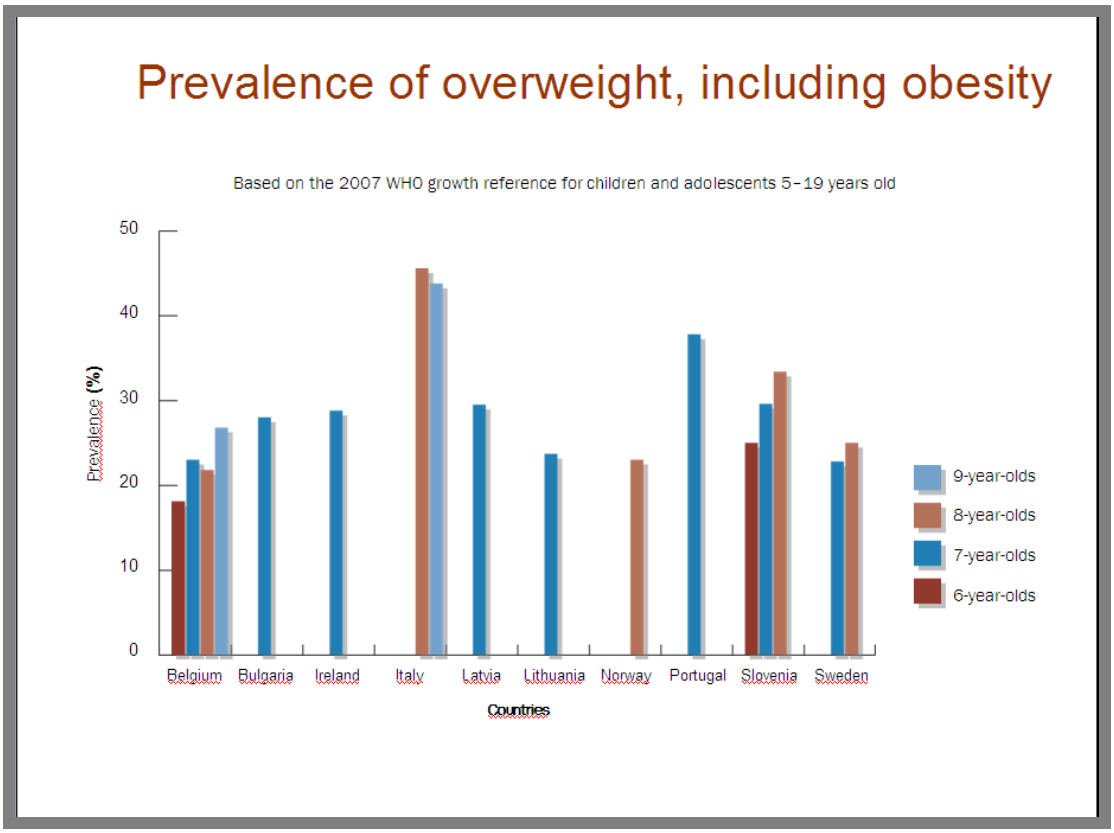

The figures for children show that, on average, 24% of children aged 6–9 years are overweight or obese. These preliminary findings from our surveillance system show a range of 18% to 45% among 6- to 9-year-old children.

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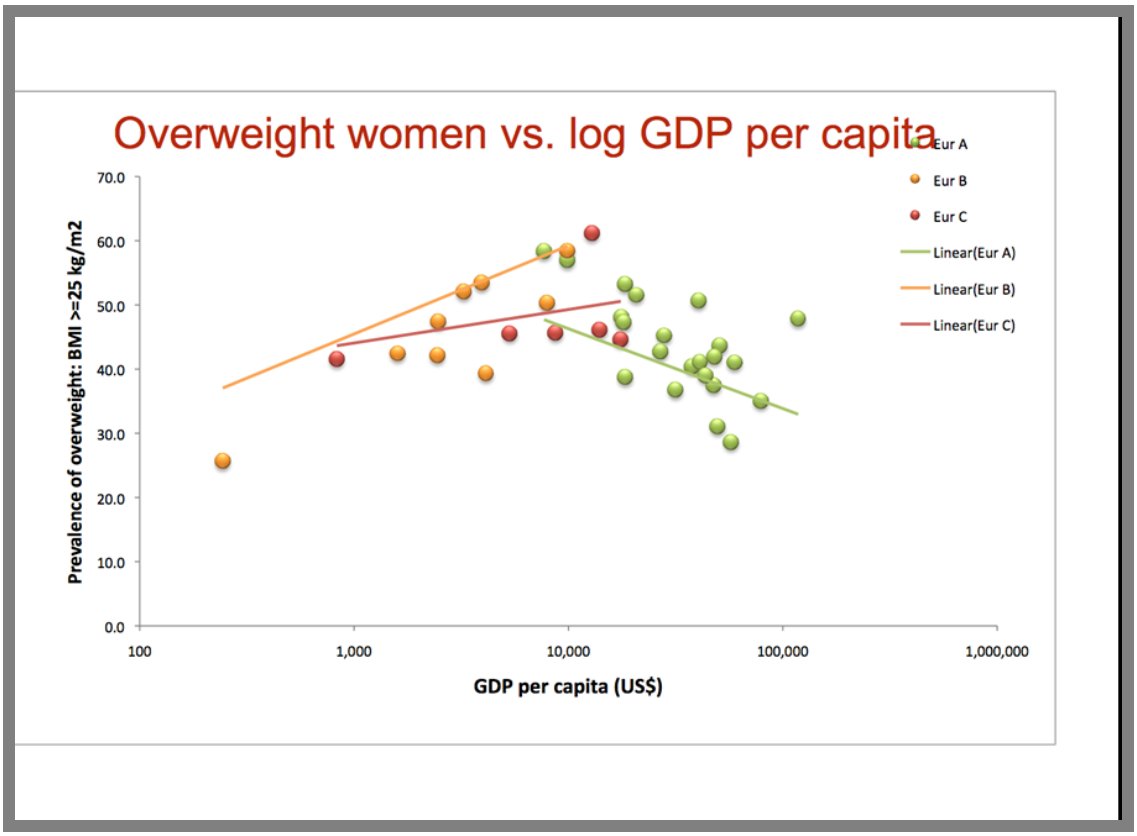

It is also clear that there is a social gradient in obesity, illustrated here by the prevalence of overweight among women according to gross domestic product (GDP).

In the WHO European Region the general trend is that countries with higher income (GDP exceeding US$ 10 000) have lower obesity rates. Among countries with lower income, overweight appears to increase with increasing GDP. We face the double challenge of controlling the overall rise in overweight in parts of our Region and reducing inequities within the more affluent parts of Europe.

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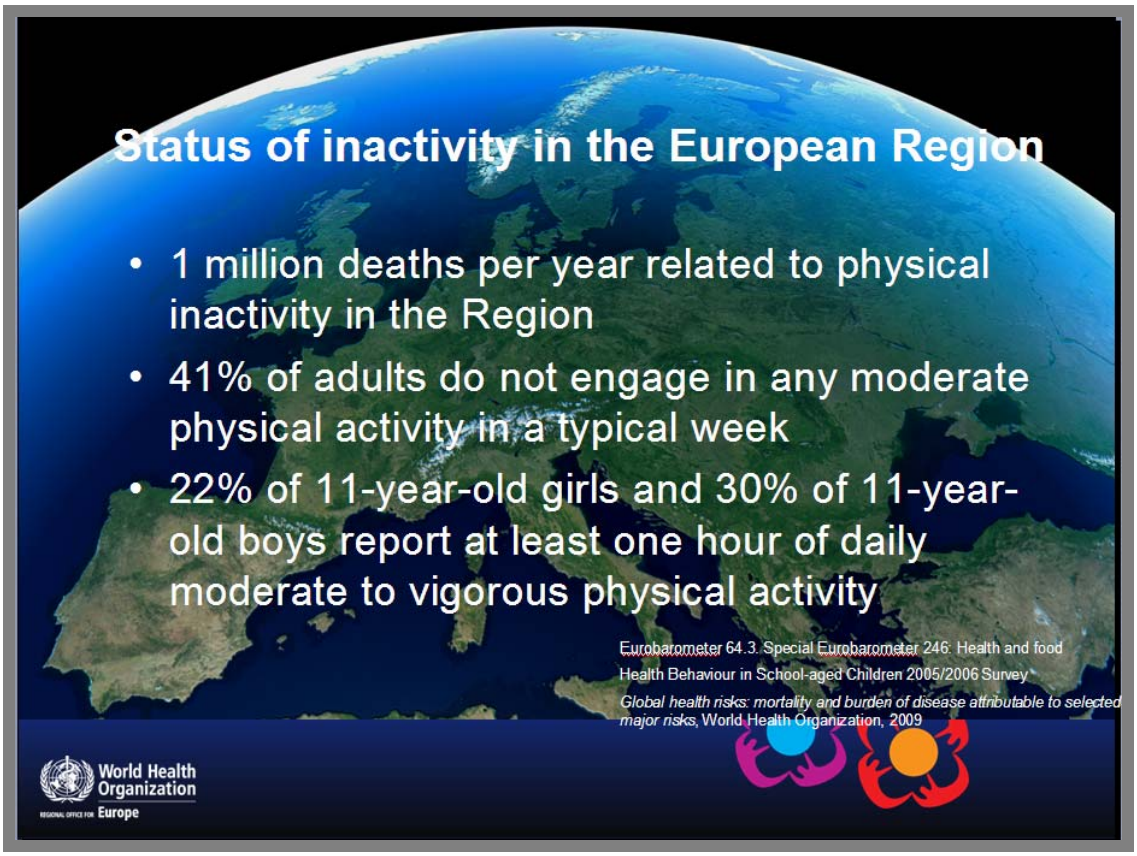

Physical inactivity is also undermining Europe's health.

Every year there are 1 million deaths related to physical inactivity in the European Region.

Four of 10 adults do not engage in any moderate physical activity in a typical week. More than 8 of 10 adolescent girls do not engage in enough physical activity.

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In response to these disturbing trends, WHO is working on:

- monitoring and surveillance of nutritional status, physical activity levels, dietary habits and policy developments;
- implementing the European Charter on Counteracting Obesity commitments and the WHO European Action Plan on Food and Nutrition Policy 2007–2012; and
- developing tools and programmes for promoting physical activity in Member States.

Our priorities are:
1. coordinating regional and national action on:

- implementing salt reduction strategies
- tools and programmes for promoting physical activity
- eliminating *trans*-fat
- promoting active transport policies

2. supporting Member States in developing, implementing and evaluating the WHO European Action Plan on Food and Nutrition Policy 2007–2012 with a focus on reducing inequities;
3. implementing obesity prevention and control mechanisms based on the principles of the European Charter on Counteracting Obesity.

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I thank you for your attention and I wish you every success in making this conference another step in fostering a whole-of-society, pan-European effort to prevent and control noncommunicable diseases, with a focus on the control of the underlying common risk factors: tobacco, alcohol, physical activity and nutrition.