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Health 2020, European Diabetes Leadership Forum

25 April 2012, Copenhagen, Denmark

Slide 1



Health 2020

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WHO Regional Director for Europe

TODAY, WE CAN CHANGE TOMORROW
EUROPEAN DIABETES LEADERSHIP FORUM
COPENHAGEN 2012

UNDER THE AUSPICES OF:

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MINISTRY OF HEALTH

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Diabetes

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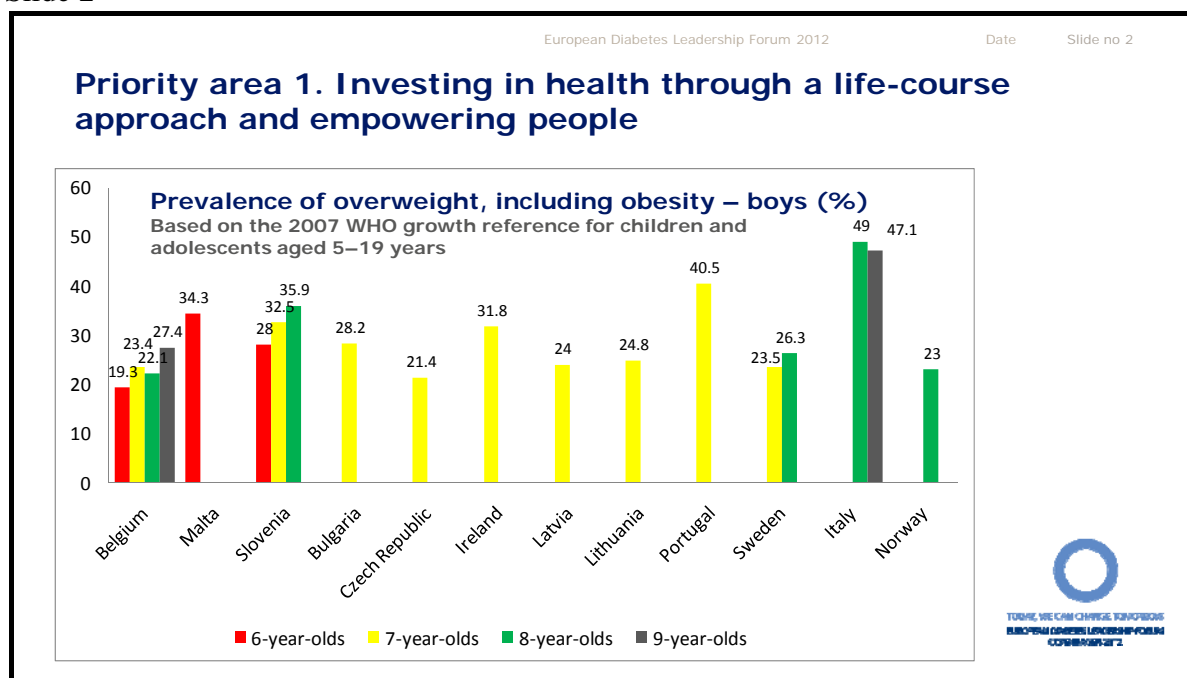
Diabetes Commission for Health Education

Thank you for inviting me to open this Forum. It is an important occasion, addressing one of the key health issues for the European Region, and indeed the world.

The key point I would like to make here is that chronic diseases will not be effectively addressed unless we are able to mobilize the whole of government, and indeed the whole of society. For that reason the European Region is working to develop a health policy for today's world, a policy that we are hoping will be endorsed at the next session of the WHO Regional Committee for Europe, to be held in Malta in September 2012.

The shared goals of the Member States in developing this policy, called Health 2020, are to “significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure sustainable people-centred health systems”.

I will briefly illustrate the four priority areas of Health 2020 as they refer to this Forum.



Supporting good health throughout the life-span leads to increasing healthy life expectancy and a longevity dividend, both of which can yield important economic, societal and individual benefits. The demographic transformation requires an effective life-course strategy that gives priority to new approaches to promoting health and preventing disease. Healthy children learn better; healthy adults are more productive, and healthy older people can continue to contribute actively to society. Healthy and active ageing, which starts at birth, is a policy priority and a major research priority.


In Europe, there are many signs of the increasing burden of NCDs and of diabetes in particular. None is more distressing than the rate at which childhood obesity is increasing. This slide shows the prevalence of overweight and obesity in pre-adolescent boys in 12 European Member States. In countries such as Belgium and Slovenia, where we have data for more than one age group, we find obesity increasing from one year to the next, even among 6–9-year-old boys. It is clear to us that, across Europe, around one fourth to one third of our children are already overweight.

Given that obesity is a key driver for the diabetes epidemic, leading to the coining of the term “diabesity”, this trend in young people is indeed a distressing concern for all public health practitioners.

European Diabetes Leadership Forum 2012 Date Slide no 3

Diabetes: a simplified framework for action

General Population	Overweight or Obese	Impaired Glucose Balance	Not Diagnosed	Diagnosed Diabetes	With Complications
Without Diabetes			With Diabetes		




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European Diabetes Leadership Forum 2012 Date Slide no 4

Diabetes: a simplified framework for action

General Population	Overweight or Obese	Impaired Glucose Balance	Not Diagnosed	Diagnosed Diabetes	With Complications
<ul style="list-style-type: none"> -- Laws, norms, standards -- Maintain or reduce weight -- Promote healthy diet and activity 	<ul style="list-style-type: none"> -- Maintain or reduce weight -- Social marketing; Supportive environments; Personal programmes 	<ul style="list-style-type: none"> -- Reduce incidence of diabetes, such as by intensive personal advice and support (as in Finland) 	<ul style="list-style-type: none"> -- Reduce unknown diabetes -- Screening and case-finding 	<ul style="list-style-type: none"> -- Reduce incidence of complications -- Strict clinical management of cardio-metabolic risk 	<ul style="list-style-type: none"> -- Maximize normal function -- Rehabilitation and prosthetic services
Without Diabetes			With Diabetes		



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We can control the marketing of foods to children and help create environments where the pressure to consume energy-dense foods is relieved at all stages of life.

Minimal interventions for people at risk of diabetes have been shown to reduce the risk of progression and the incidence of diabetes, as well as probably having a long term impact on the risk of death.

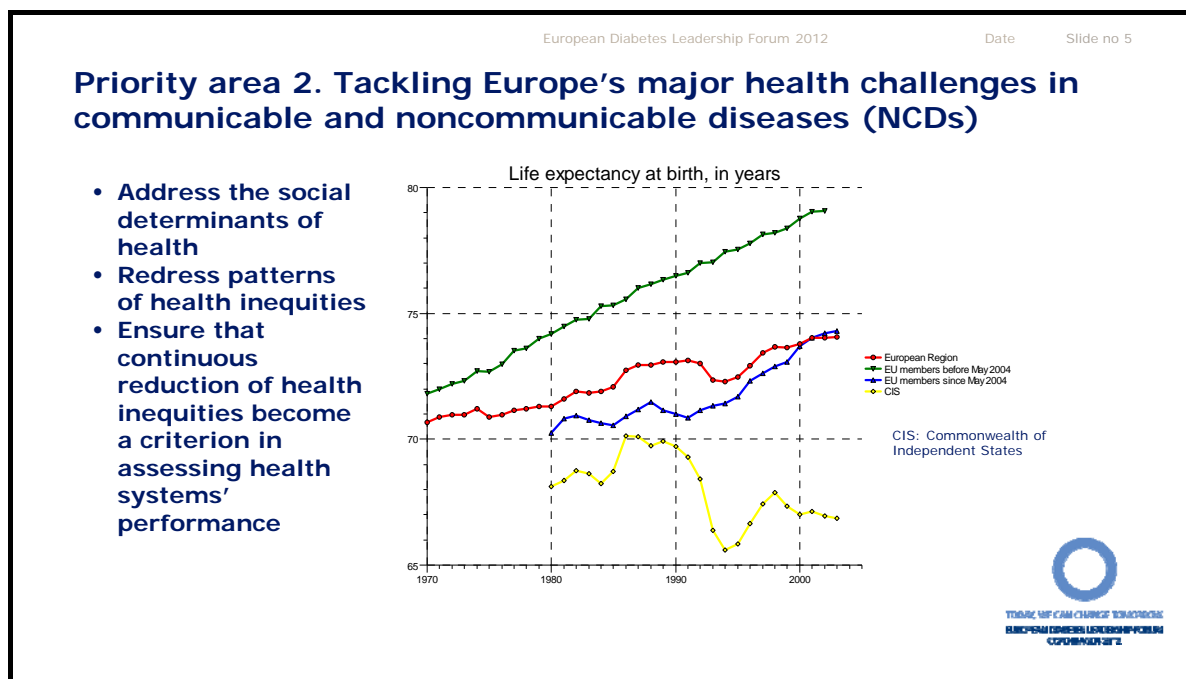
Most people with diabetes do not know that they have the condition, thus missing an essential first step in the ability to access treatment. We can ensure that more attention is paid to recognizing the condition and preparing clinical staff to effectively use all techniques for reducing complications, from blood glucose monitoring through to appropriate foot care.

We know that there is a high risk of diabetes in pregnancy and that this can be minimized with appropriate care, leading to safer outcomes for both mother and child.

We know that empowered people with diabetes are able to access more information, to ensure better services for themselves and their loved ones, and to lead more fully functional lives.

Most importantly, the evidence leads us to two further conclusions:

1. We know that diabetes care and diabetes programmes are only one part of the picture. The clinical management of diabetes should be seen and delivered in the context of full assessment and management of cardio-metabolic risks if it is to achieve the desired outcomes.
2. The ultimate determinants of diabetes – the global and national drivers, the social determinants, the laws, policies and social norms that lead to increased risk – are not unique to diabetes and must be addressed through an integrated approach, with strength in numbers and unity of purpose across the chronic diseases. This power has been amply demonstrated in the past year, as we shall discuss.



Such an approach requires action on social determinants, action that reduces inequity and action that extends across the roles of other sectors to create supportive environments, and to ensure universal access to care. I want to show how such a coordinated approach could look like under Health 2020 and the Action Plan for the Implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016.

It is clear that mortality differs greatly between different parts of Europe. On this slide you can see the vast and growing divergence in life expectancy between, on the top end, the Members of the European Union (EU) prior to 2004, and, at the lower end, the experience of the newly independent states.

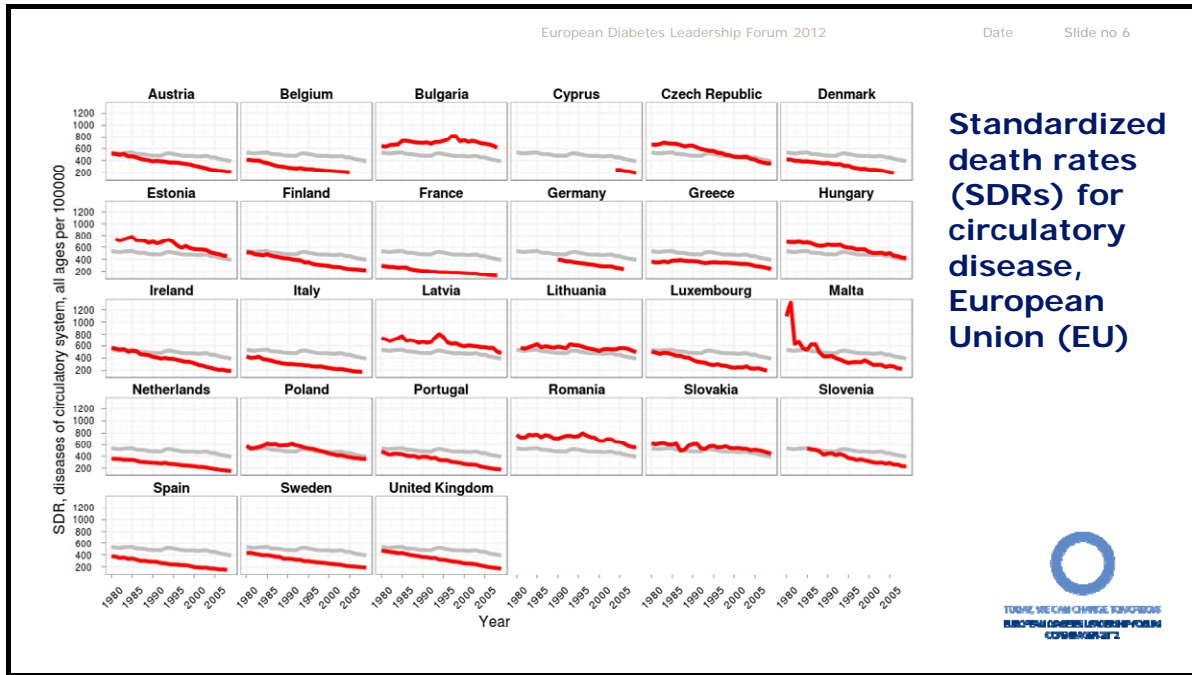
It is clear that, in our Region, the major cause of these burdens and disparities lies in the problem of noncommunicable diseases (NCDs).

The burden of NCDs is the predominant public health challenge in each of the Member States in the WHO European Region. The launch, in Moscow last year, of new WHO estimates within the global status report on NCDs illustrates the size of our challenge.

Among the six WHO regions, Europe and the Americas share the dubious honour of having the highest proportion of deaths from NCDs and injuries. Furthermore, Europe, compared to all other WHO regions has the highest:

- overall smoking rate;
- per capita consumption of alcohol;
- proportion of dietary energy arising from fat; and
- rate of raised total cholesterol.

Slide 6



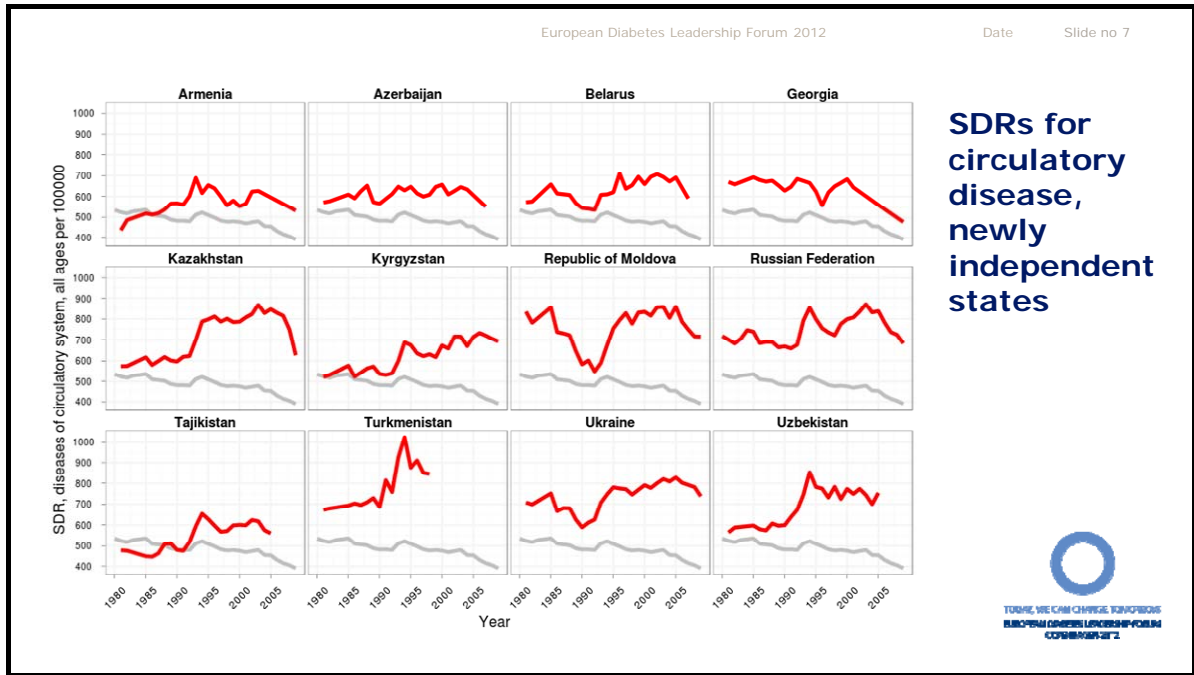
While diabetes data are sparse in many countries, we have excellent data on mortality from cardiovascular disease, the major killer of most people with diabetes. The fate of these two groups of diseases is interwoven.

And it is heartening to observe that, in many countries of Europe, we have recorded some of the fastest declines in circulatory mortality in the world.

The graph illustrates the rapid fall in age-standardized circulatory mortality seen in many European countries in the last three decades. For each country, the red line on the graph shows the declines of circulatory mortality compared to the average for the whole of the WHO European Region (shown by a light-blue line). I highlight one striking example: the rapid decline in Poland where coronary mortality fell by 25% within five years after 1991.

The burden of NCDs represents a major challenge for Europe, but we are also a Region that has shown that these diseases **can** be brought under control, and even rapidly so.

Slide 7



Unfortunately, this is not happening in many European Member States. This slide illustrates the same thirty- year trend in circulatory mortality in eastern Europe and, when seen on the same axis as the previous slide and against the same comparator, the European average, the experience is much worse.

The decade of upheaval after the mid-1980s was also marked in the mortality experience and it is clear that social and economic determinants are fundamental to the causation as well as the solution to the problem of NCDs in Europe.

Health 2020 seeks to find models that are appropriate not only to apply to the whole spectrum of causation of ill health (from determinants to risk factors) but also to bolster public health capacity and advocate solutions that are applicable across the diversity of Europe.

Priority area 3. Strengthening people-centred health systems, public health capacity and emergency preparedness

- Increasing importance of care integrated across all levels
- Primary care at the centre
- Redefine the role of hospitals in a better balanced health system
- WHO/Europe started to develop guidance on vision and clinical strategy on integrated care, in close collaboration with EU reflection process



At the same time, the health systems of Europe are straining under a perfect storm: growing chronic diseases as people live longer with these conditions, rising costs of care and the pressure of the financial crisis.

Business as usual is no longer an option. The reduction of the disease burden in the European Region requires health systems that are financially viable, fit for purpose, people centred and evidence-informed.

Countries need to adapt to changing demography and technology, and shifts in expectations and patterns of disease, particularly mental health challenges, chronic diseases and conditions related to ageing. They need to reorient their health care systems to prioritize prevention, foster continuous quality improvement and integrated service delivery, ensure continuity of care, accelerate improvement in health outcomes in all areas, support self-care by patients and relocate care as close to home as is safe and cost-effective.

Essential public health operations

1. Surveillance of population health and well-being
2. Monitoring and response to health hazards and emergencies
3. Health protection, including environmental, occupational, food safety and others
4. Health promotion, including action to address social determinants and health inequity
5. Disease prevention, including early detection of illness
6. Ensuring governance for health and wellbeing
7. Ensuring a competent public health workforce
8. Ensuring organizational structures and financing
9. Advocacy, communication and social mobilization for health
10. Advancing public health research to inform policy and practice



Most European countries require a significant investment in strengthening their public health functions and capacities. Countries are encouraged to adapt their public health acts to reflect the necessary institutional arrangements to strengthen health protection and promotion and disease prevention. This includes traditional as well as new public health functions; it requires legislative and regulatory approaches, as well as collaborative activities. It also includes cooperation on global health, cross-border health challenges and coordination within countries that are characterized by devolved and decentralized public health responsibilities.

I will present the proposed WHO European Action Plan for Strengthening Public Health Capacities and Services to the Regional Committee in Malta this year. It is centred on 10 essential public health operations, which have recently been revised to reflect the state of the art in public health.

European Diabetes Leadership Forum 2012 Date Slide no 10

Priority area 4. Creating supportive environments and resilient communities

The map shows the WHO European Healthy Cities network across Europe. A legend on the right lists 60 cities and their countries, categorized by status:

- 12 Designated cities:** 1. Helsinki (FI), 2. Oslo (NO), 3. Coimbra (PT), 4. Oulu (FI), 5. Turku (FI), 6. Åbo (SE), 7. Ålborg (DK), 8. Copenhagen (DK), 9. Gdansk (PL), 10. Helsinki (FI), 11. Luxembourg (LU), 12. Tallinn (EE).
- 12 Applicant cities:** 13. Åbo (SE), 14. Bratislava (SK), 15. Bucharest (RO), 16. Coimbra (PT), 17. Copenhagen (DK), 18. Gdansk (PL), 19. Helsinki (FI), 20. Helsinki (FI), 21. Helsinki (FI), 22. Helsinki (FI), 23. Helsinki (FI), 24. Helsinki (FI), 25. Helsinki (FI), 26. Helsinki (FI), 27. Helsinki (FI), 28. Helsinki (FI), 29. Helsinki (FI), 30. Helsinki (FI), 31. Helsinki (FI), 32. Helsinki (FI).
- 36 Designated cities:** 33. Helsinki (FI), 34. Helsinki (FI), 35. Helsinki (FI), 36. Helsinki (FI), 37. Helsinki (FI), 38. Helsinki (FI), 39. Helsinki (FI), 40. Helsinki (FI), 41. Helsinki (FI), 42. Helsinki (FI), 43. Helsinki (FI), 44. Helsinki (FI), 45. Helsinki (FI), 46. Helsinki (FI), 47. Helsinki (FI), 48. Helsinki (FI), 49. Helsinki (FI), 50. Helsinki (FI), 51. Helsinki (FI), 52. Helsinki (FI), 53. Helsinki (FI), 54. Helsinki (FI), 55. Helsinki (FI), 56. Helsinki (FI), 57. Helsinki (FI), 58. Helsinki (FI), 59. Helsinki (FI), 60. Helsinki (FI).

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The health of populations arises in the contexts and settings in which they live, work, and play. In that sense, building resilience is a key factor in protecting and promoting health at both the individual and community levels. People’s health chances are closely linked to the conditions in which they are born, grow, work and age. Resilient communities respond proactively to new or adverse situations, prepare for economic, social and environmental change and deal better with crisis and hardship.

The WHO Healthy Cities movement provides extensive examples of how to build such resilience, particularly by involving local people and generating community ownership of health issues. Other settings-based networks provide similar experiences – such as those for health-promoting schools and workplaces. In view of rapidly changing environments, a focus on continually improving living and working conditions is key to supporting health.

Emerging from fora such as this one should be the drive to get local governments involved in supportive action, ranging from promoting physically active recreation, public transport and active mobility through to promoting the consumption of local produce and healthy foods.

European Diabetes Leadership Forum 2012 Date Slide no 11

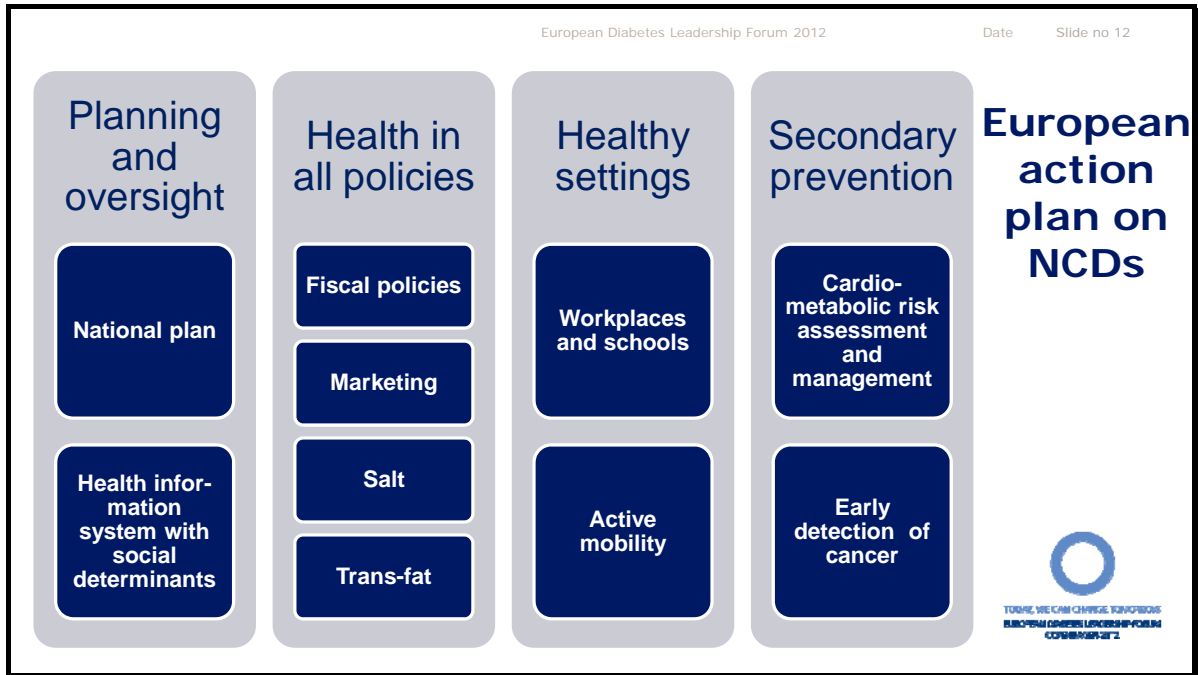
The Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases



And now I mark the grand milestone achieved last year. I go from local, national and regional action to the global level.

Last September, the issue of NCDs rose to unprecedented levels of attention at the United Nations high-level meeting. This meeting set the context for your Forum, and for our work in Europe on the area of NCDs within Health 2020.

I know that the drafting of your roadmap is being done in line with the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, and I would like to highlight some elements that you may want to consider.



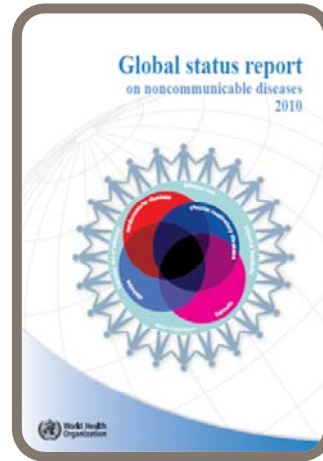
In Europe, as we were drafting the Health 2020 documents, we were also consulting Member States on our joint NCD Action Plan. This was eventually adopted by the Regional Committee just a week before the United Nations high-level meeting. It addresses diseases, risk factors, and social and environmental determinants in an integrated and comprehensive way.

The Action Plan identifies specific action areas and deliverables to which Member States, WHO and partners can commit themselves over the five years from 2012 to 2016. The Action Plan takes a comprehensive and integrated approach to tackling NCDs, in line with the European Strategy for the Prevention and Control of Noncommunicable Diseases. The Action Plan focuses on health governance, evidence-based interventions for health promotion and disease prevention, and the strengthening of health systems to increase their capacity to prevent and control NCDs.

In particular you will note that an effort is made to focus on specific action that will make a difference across disease groups, trying to model the ideal of an integrated approach to NCDs.

“Best buys” package: population-based approaches

- Smoke-free environments
- Warning about the dangers of tobacco use
- Bans on tobacco advertising
- Raising taxes on tobacco
- Raising taxes on alcohol
- Restricting access to retailed alcohol
- Bans on alcohol advertising
- Reducing salt intake and salt content of food
- Replacing trans-fat in food with polyunsaturated fat
- Promoting public awareness about diet and physical activity



Many of the actions in the Plan have been deemed to be “best buys” in a WHO review launched in Moscow in 2011 in the first global status report on NCDs. These priority interventions include:

- promoting healthy consumption via fiscal and marketing policies;
- replacing trans fats in processed foods with polyunsaturated fats;
- reducing salt;
- cardio-metabolic risk assessment and management; and
- early detection of cancer.

The population-based “best buys” in particular highlight the need for mobilization of the whole of society in the fight against NCDs.



For this reason, we believe that a new understanding of governance is needed in the health sector.

Faced with the enormity of the NCD problem and its potential solutions, faced with the need to reconcile global commitments with universal values, such as a concern for equity and sustainability, and with societal aspirations, we conducted a study on health governance in the development of Health 2020 and within it, we propose the idea of smart governance, which involves governing through:

1. collaboration
2. citizen engagement
3. a mix of regulation and persuasion
4. independent agencies and expert bodies
5. adaptive policies, resilient structures and foresight.

These concepts are being incorporated as both a philosophical and a practical underpinning for Health 2020 and should form a basic ingredient in the roadmap that your Forum is discussing.

Call on the private sector to address

- Marketing to children, while taking into account existing national legislation and policies
- Reformulating and labelling food products to provide healthier options
- Promoting healthy workplaces
- Reducing salt
- Improving access to and affordability of medicines and technologies



And I would highlight one particular sector, in the context of this meeting: the private sector. In particular Article 44 of the Political Declaration sets an agenda for action and constitutes a call on the private sector to take five actions, four of which are particularly relevant to diabetes:

- (a) Take measures to implement the WHO set of recommendations to reduce the impact of the marketing of unhealthy foods and non-alcoholic beverages to children, while taking into account existing national legislation and policies;
- (b) Consider producing and promoting more food products consistent with a healthy diet, including by reformulating products to provide healthier options that are affordable and accessible and that follow relevant nutrition facts and labelling standards, including information on sugars, salt and fats and, where appropriate, trans-fat content;
- (c) Promote and create an enabling environment for healthy behaviours among workers, including by establishing tobacco-free workplaces and safe and healthy working environments through occupational safety and health measures, including, where appropriate, through good corporate practices, workplace wellness programmes and health insurance plans;
- (d) Contribute to efforts to improve access and affordability for medicines and technologies in the prevention and control of NCDs;

Slide 16



Finally, I conclude with these images from the four successful NCD meetings of the past year:

- Oslo, where we held the European regional consultation;
- Moscow, where we held the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control;
- Baku, where the European Action Plan was agreed; and
- New York, where the Political Declaration was adopted.

I thank you for your attention and wish that your Forum may be as successful as the meetings represented here.