



# A whole-of-society approach to addressing noncommunicable diseases (NCDs)



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Всемирная организация здравоохранения

Европейское региональное бюро

Zsuzsanna Jakab  
WHO Regional Director  
for Europe

15 December 2014, Valletta, Malta



# HEALTH 2020

A European policy framework  
supporting action across government  
and society for health  
and well-being



# ЗДОРОВЬЕ 2020

Основы европейской политики  
в поддержку действий  
всего государства и общества  
в интересах здоровья  
и благополучия



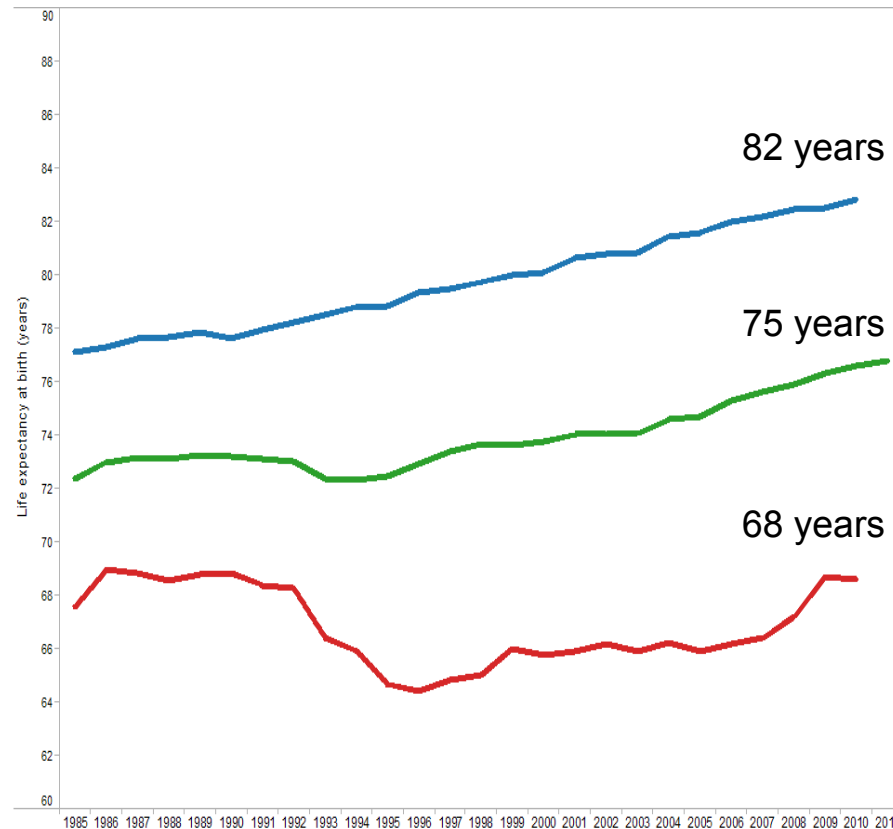
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# Building on the 2010 vision

Life expectancy increased by 5 years but inequities persist



- Highest rate in WHO European Region
- Regional average
- Lowest rate in Region

Source: European Health for All database (HFA-DB). Copenhagen: WHO Regional Office for Europe; 2014.

# Facing the future

Health higher on the political agenda



Croatia: World Health Day

# Responding to the challenges: renewed policy environment

Regional Committee for Europe  
Sixty-second session  
Malta, 10-13 September 2012

World Health Organization  
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Implementation of the European Strategy for the Prevention of Noncommunicable Diseases

European Action Plan for Strengthening Public Health Capacities and Services

REGIONAL COMMITTEE FOR EUROPE  
SIXTY-THIRD SESSION  
Cesme Icmis, Turkey, 16-19 September 2013

World Health Organization  
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Strategic action plan on antibiotic resistance

The European Mental Health Action Plan

Regional Committee for Europe  
Sixty-second session  
Malta, 10-13 September 2012

World Health Organization  
Regional Office for Europe

The European action plan for HIV/AIDS 2012-2015

European action plan for the harmful use of alcohol 2012-2020

# Health 2020: overarching policy framework

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## Two strategic objectives

Working to improve health for all and reducing the health divide

Improving leadership, and participatory governance for health

## Four common policy priorities for health

Investing in health through a life-course approach and empowering people

Tackling the Region's major health challenges of NCDs and communicable diseases

Strengthening people-centred health systems, public health capacities and emergency preparedness, surveillance and response

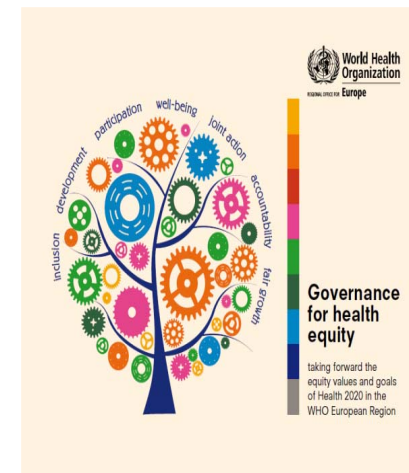
Creating resilient communities and supportive environments

# Public health at the heart of Health 2020 implementation



# Investing in public health interventions

- Clear policy frameworks and supporting strategies
- Strong public health infrastructure
- Cohesion in health sector, and better coordination across sectors





# Health 2020: counting on strong leadership



**Montenegro:** Zsuzsanna Jakab with Milo Đukanović, Prime Minister of Montenegro

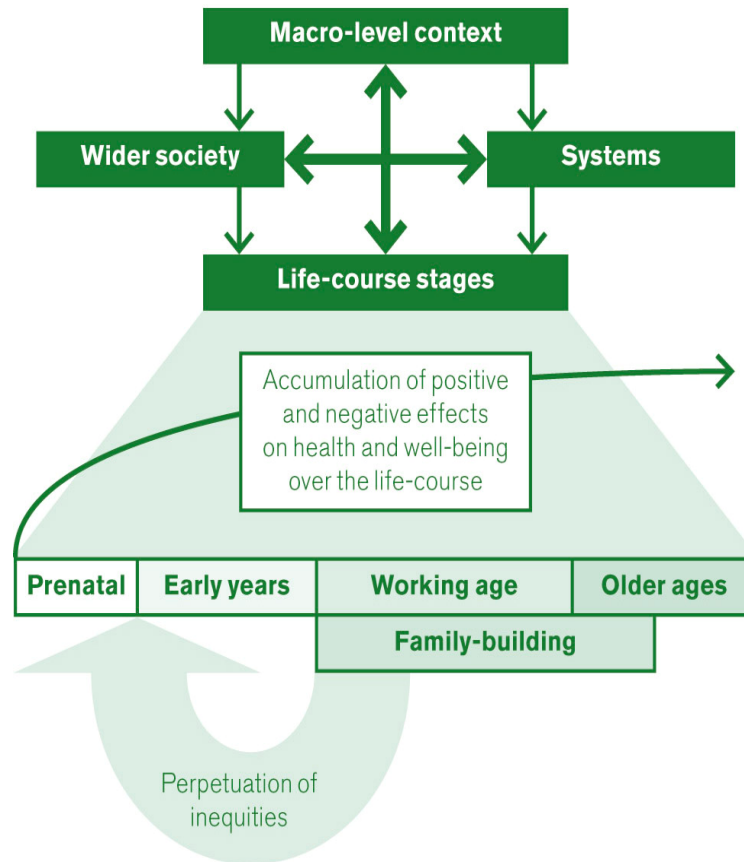


**San Marino:** Zsuzsanna Jakab with the Captains Regent of San Marino



**Kyrgyzstan:** Health 2020 launch with the Prime Minister of Kyrgyzstan and ministers

# Key areas for action to address health inequalities



# Tangible results from European action plan on NCDs




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**Regional Committee for Europe**  
 Sixty-first session

EUR/RC61/12  
 + EUR/RC61/Conf.Doc.4  
 + EUR/RC61/Conf.Doc.5

**Baku, Azerbaijan, 12-15 September 2011**

20 June 2011  
 111360  
 Provisional agenda item 8(c) ORIGINAL: ENGLISH

## Action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016

Investing in prevention and improved control of noncommunicable diseases (NCD) will 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 show an epidemiological distribution with great inequalities reflecting a social gradient, while they are linked by common risk factors, underlying determinants and opportunities for intervention.

The attached document contains an action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases. Taking account of Members States' existing commitments, it focuses on priority action areas and interventions for the next five years (2012–2016) within a comprehensive and integrated framework.

It has been developed through a consultative process, guided by the Standing Committee of the Regional Committee, and including meetings of NCD focal points and of the European Health Policy Forum for High-Level Government Officials. Its formulation has taken place against a backdrop of development of the new European health policy (Health 2020) and the Public Health Framework for Action, as well as the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control (Moscow, April 2011) and the United Nations High-Level Meeting on Noncommunicable Diseases (New York, September 2011) and takes account of these processes.



## Health System Barriers and Innovations for Better NCD Outcomes

Country Assessment Guide

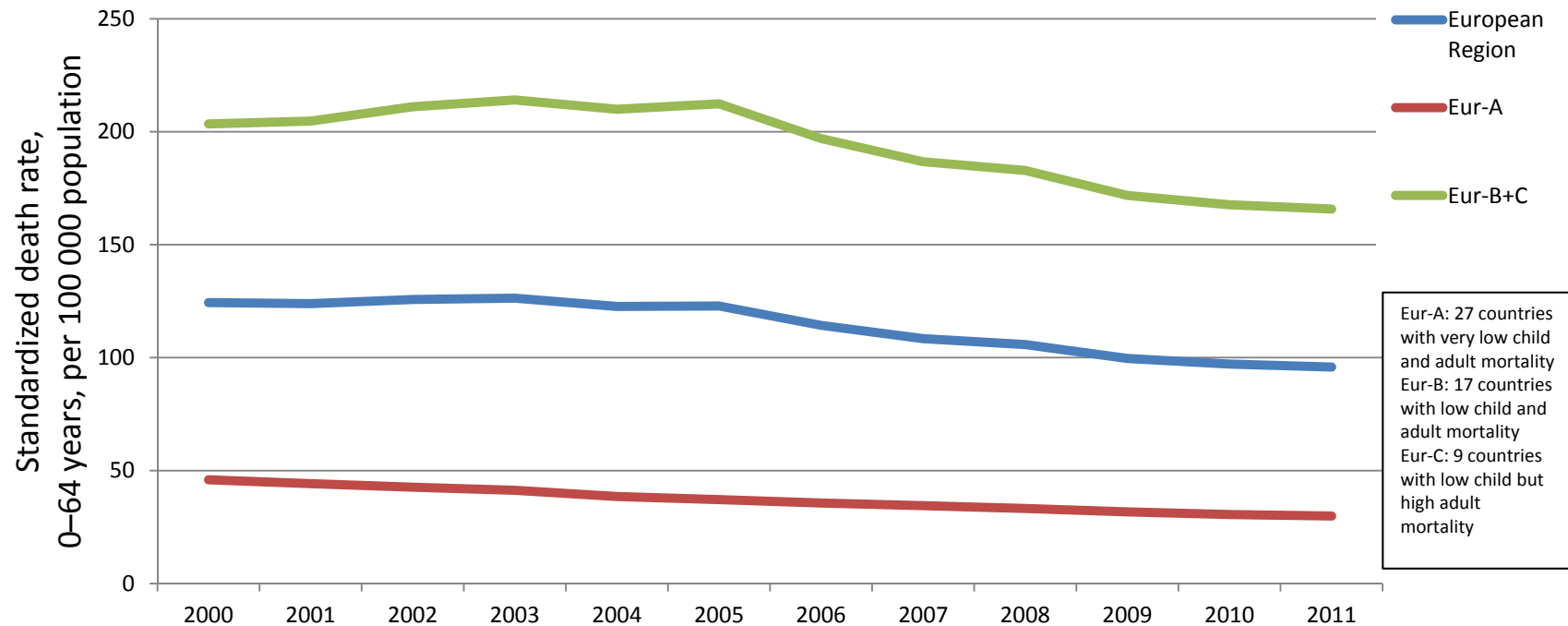
WHO Regional Office for Europe  
 DSP & DNP

VERSION 6  
 May 4, 2013



# Decreasing premature mortality from NCDs

Declining premature mortality from circulatory diseases, 2000–2011



# Investing in health promotion and disease prevention

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Investments bring returns in short and medium terms



**Turkey:** health promotion event in Ankara with Dr Mehmet Müezzinoğlu, Minister of Health

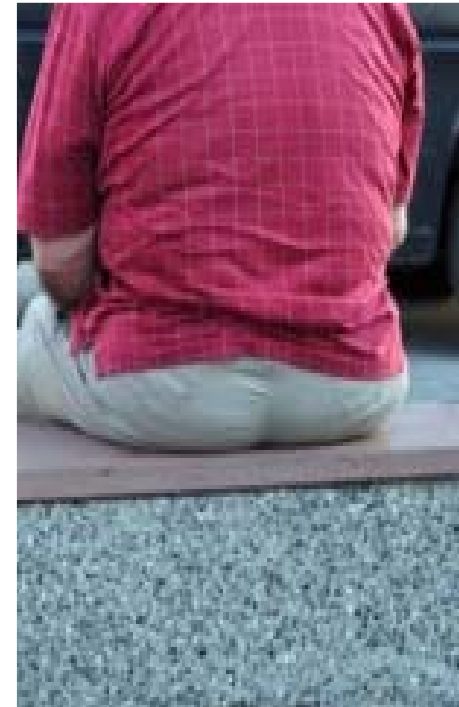
# Management of NCDs

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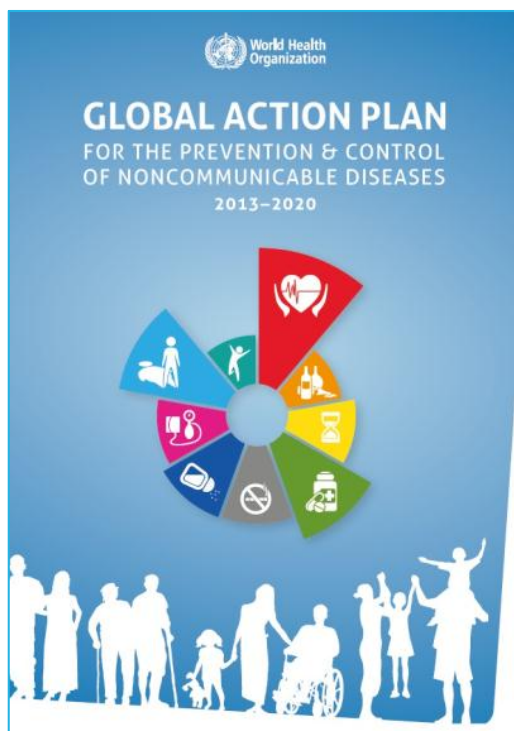
# Addressing risk factors

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# Global NCD action plan: uniting governments, international partners and WHO around a common agenda

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## Vision

A world free of the avoidable burden of NCDs

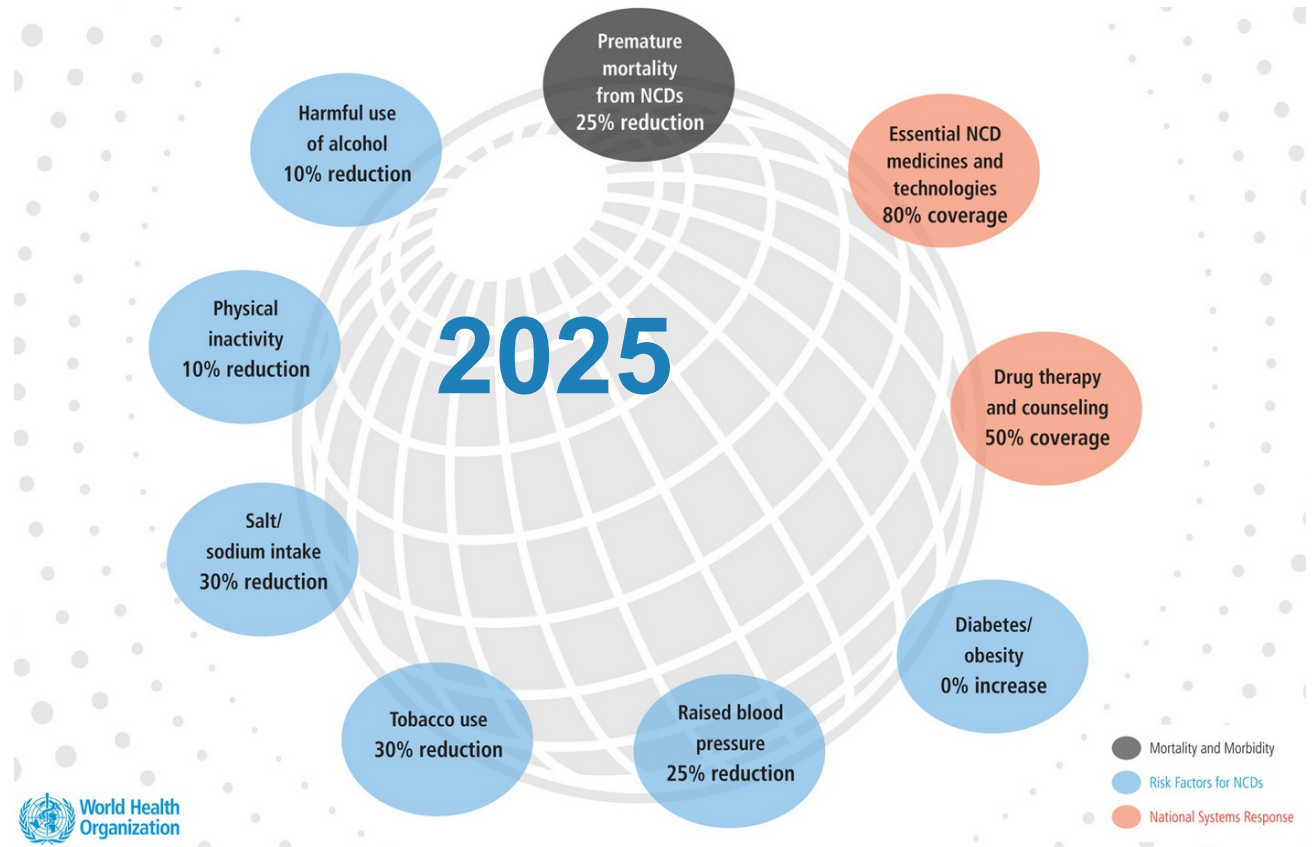
## Goal

To reduce the preventable and avoidable burden of morbidity, mortality and disability due to NCDs through multisectoral cooperation at the national, regional and global levels

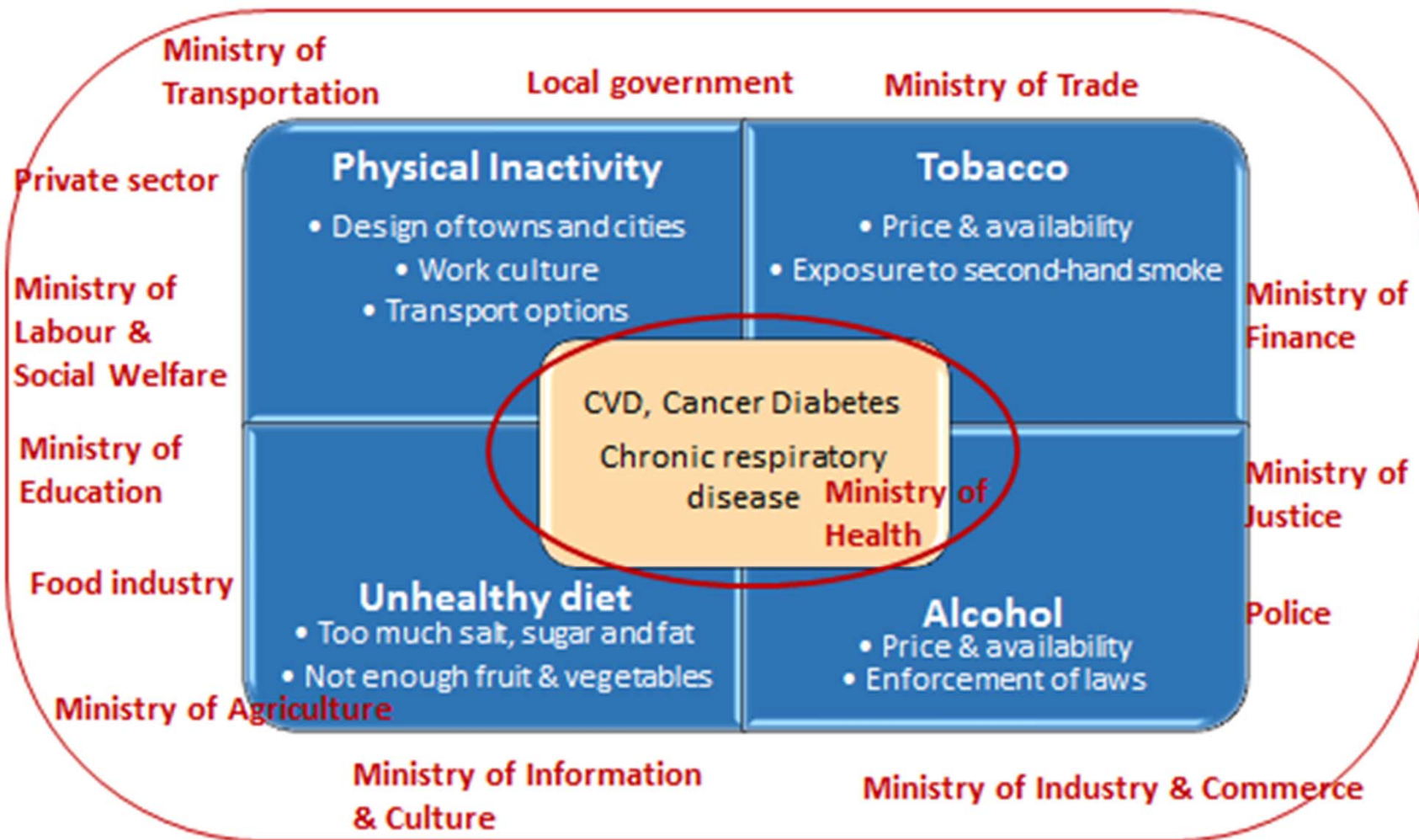


# Global targets for NCDs

To be attained by 2025



# NCDs: causes lie outside health sector



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# Whole-of-government and -society approaches needed



The 21st century approach to governance for health



# What can this look like?

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# National-level action

## Ministerial or interdepartmental committees

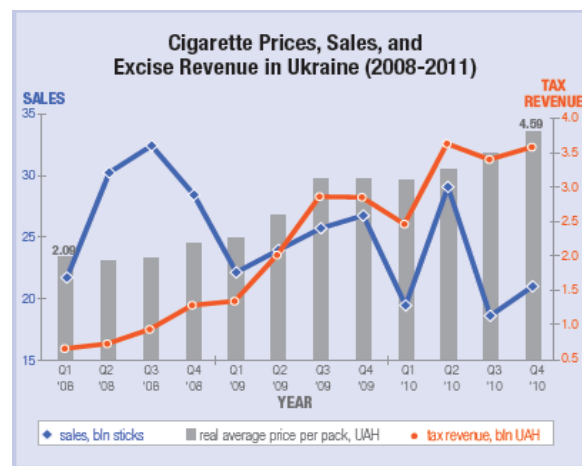
- Hungary's intersectoral public health committee

## Regulation

- Tobacco taxation
- Minimum unit price for alcohol
- Trans-fat ban

## Health impact assessment as a tool

- Slovenia's food and nutrition plan



# Working with communities

## Citizen health conferences

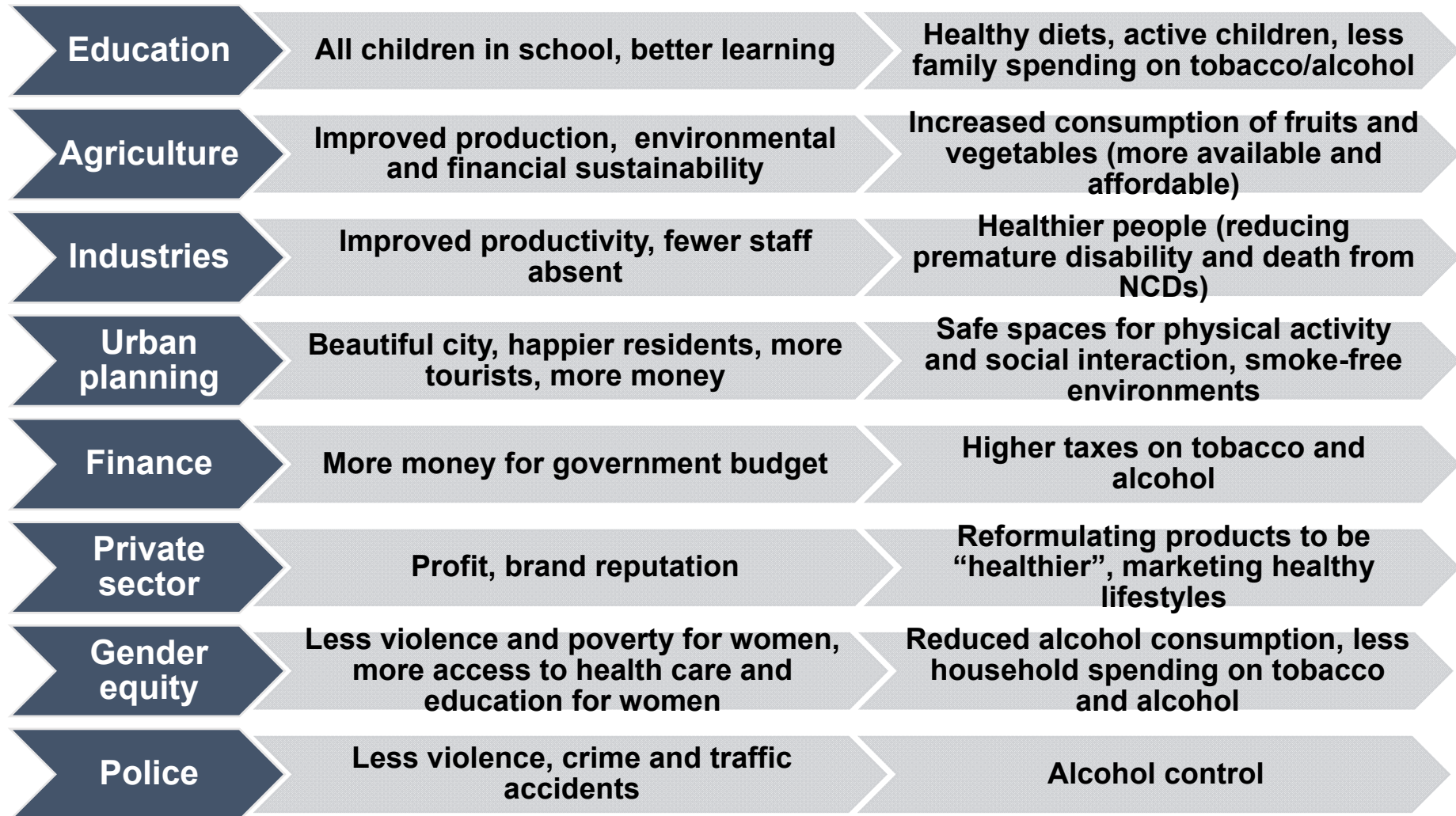
- Germany's state health conferences
- Resolutions must be considered by government

## Building community resilience

- Belgium "community diagnosis" leading to subsidized housing improvements and skills training for poor and ethnic minorities

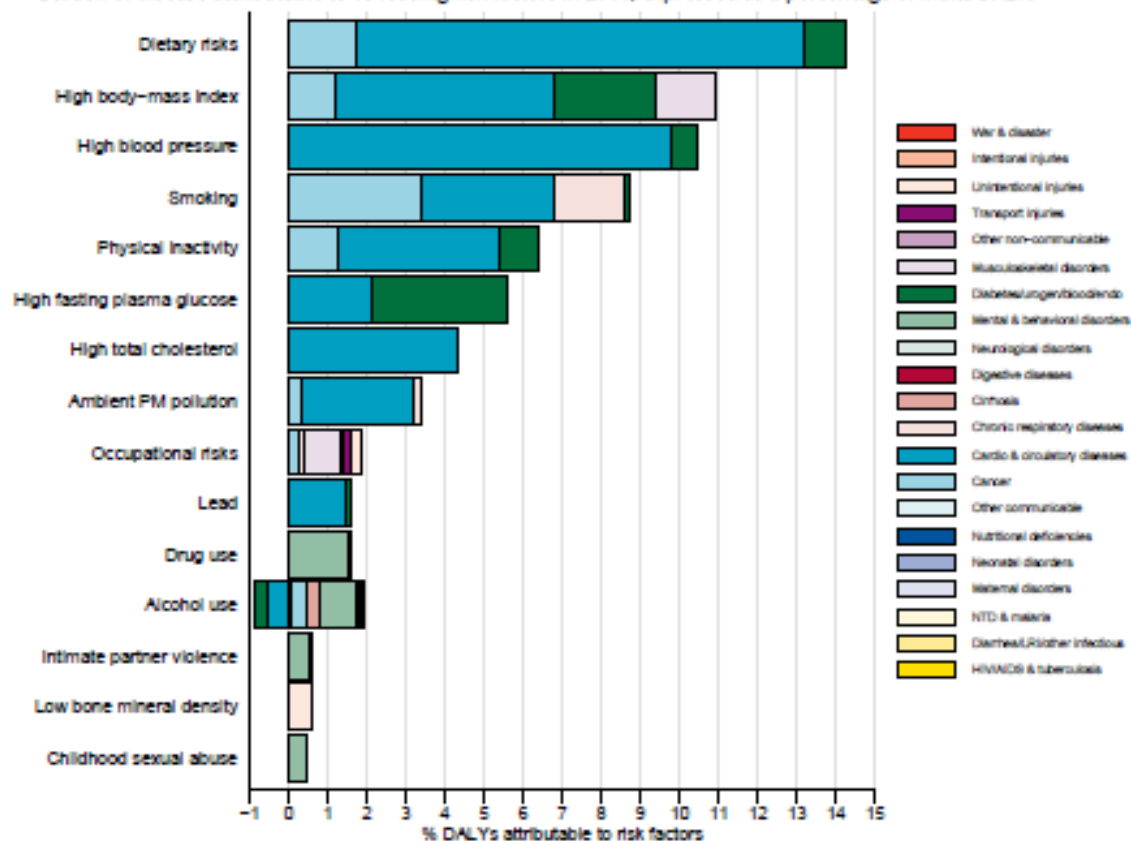
## What do other sectors care about?

## How can actions to promote health help?



# Burden of Disease – Malta

Burden of disease attributable to 15 leading risk factors in 2010, expressed as a percentage of Malta DALYs



Source: GBD 2010, IHME

## Nutrition, Physical Activity and Obesity Malta



This is one of the 12 country profiles covering developments in nutrition, physical activity and obesity in the WHO European Region. The full set of individual profiles and an overview report including background and summary can be downloaded from the WHO Regional Office for Europe website: <http://www.euro.who.int/en/health-topics/nutrition>

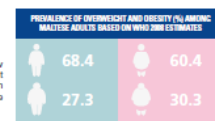
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DEMOGRAPHIC DATA	
Total population	417 000
Median age (years)	38.5
Life expectancy at birth (years) female/male	82.3 / 77.6
GDP per capita (EUR)	17 988.6
GDP spent on health (%)	8.6

### Monitoring and surveillance

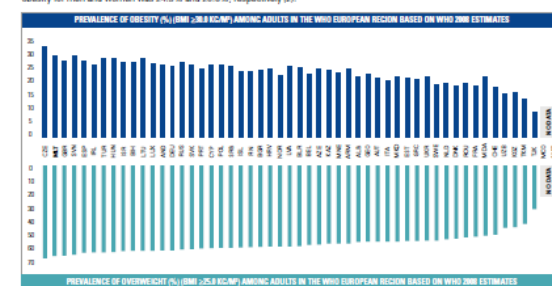
Overweight and obesity in three age groups

**Adults (15/20 years and over)**  
 Intercountry comparable overweight and obesity estimates from 2008 (f) show that 64.3% of the adult population (≥ 20 years old) in Malta were overweight and 20.8% were obese. The prevalence of overweight was higher among men (69.4%) than women (60.4%). The proportion of men and women that were obese was 27.3% and 20.3%, respectively.



According to a nationally representative survey carried out in 2008 among individuals aged 15 years or over, 58.5% were overweight and 22.3% were obese (based on self-reported weight and height). Overweight prevalence estimates for men and women were, respectively, 69.0% and 49.0%. The prevalence of obesity for men and women was 24.3% and 20.6%, respectively (2).

Source: WHO Global Health Observatory Data Repository (2)



Note: The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data ranking for obesity is intentionally the same as for the overweight data. BMI: body mass index. Source: WHO Global Health Observatory Data Repository (2)

The Regional Office is grateful to the European Commission (EC) for its financial support for the production of this country profile and the development of the nutrition, obesity and physical activity databases and associated data tools.



# Overweight and Obesity in WHO European Region

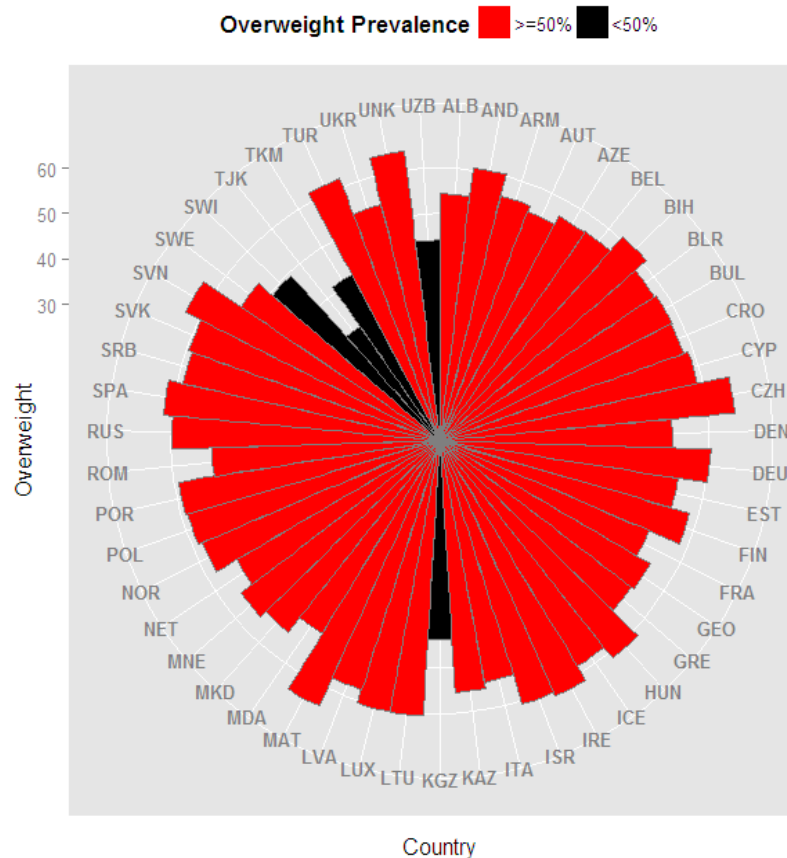
In **46** countries in the European Region



over **50%** of the population is **overweight**



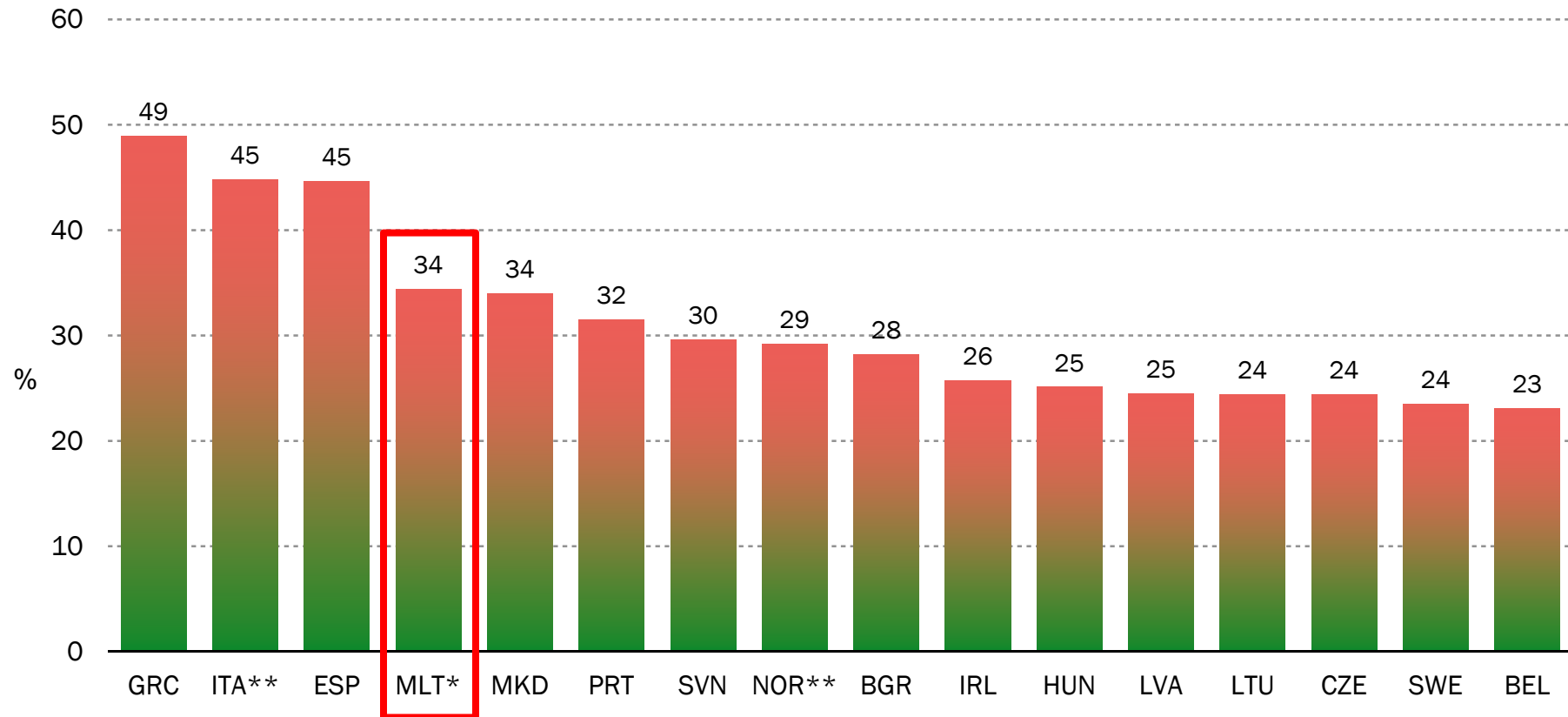
over **20%** the population is **obese**



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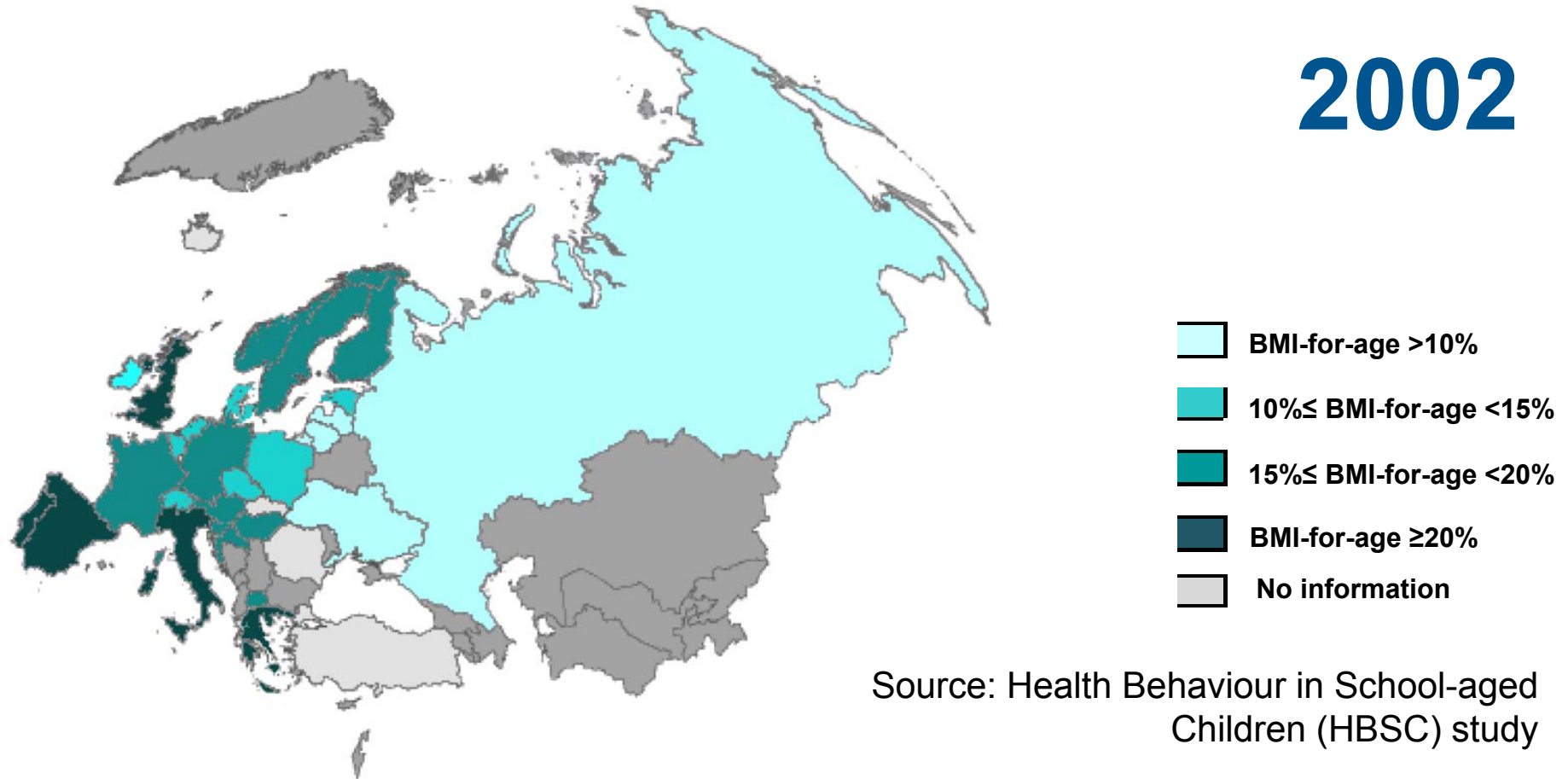
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# Prevalence of overweight among boys aged 7 years in Europe, data from Childhood Obesity Surveillance Initiative (COSI), 2010, by country



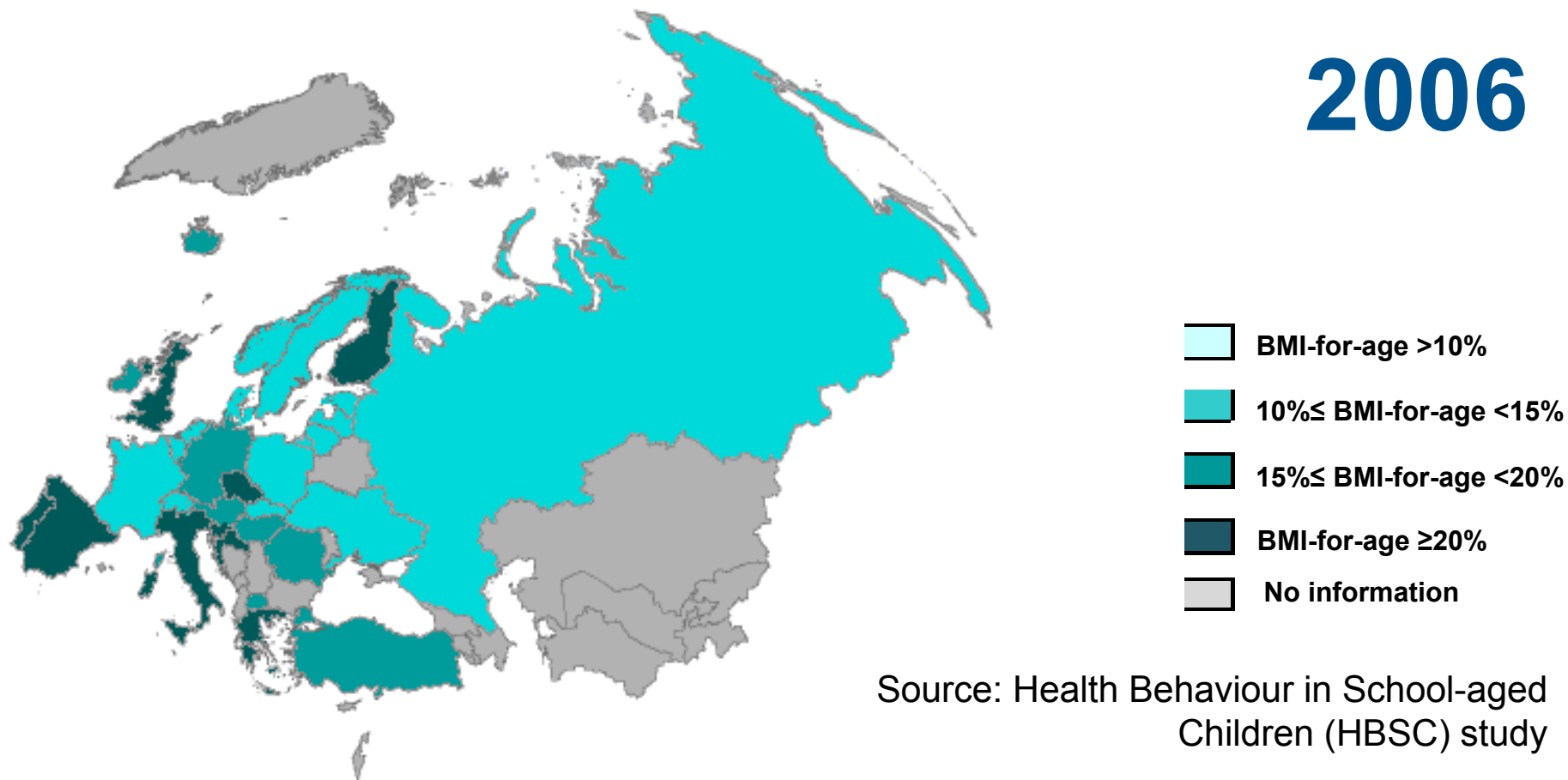
# Prevalence of overweight among European 11-, 13- and 15-year-old boys and girls

## 2002



# Prevalence of overweight among European 11-, 13- and 15-year-old boys and girls

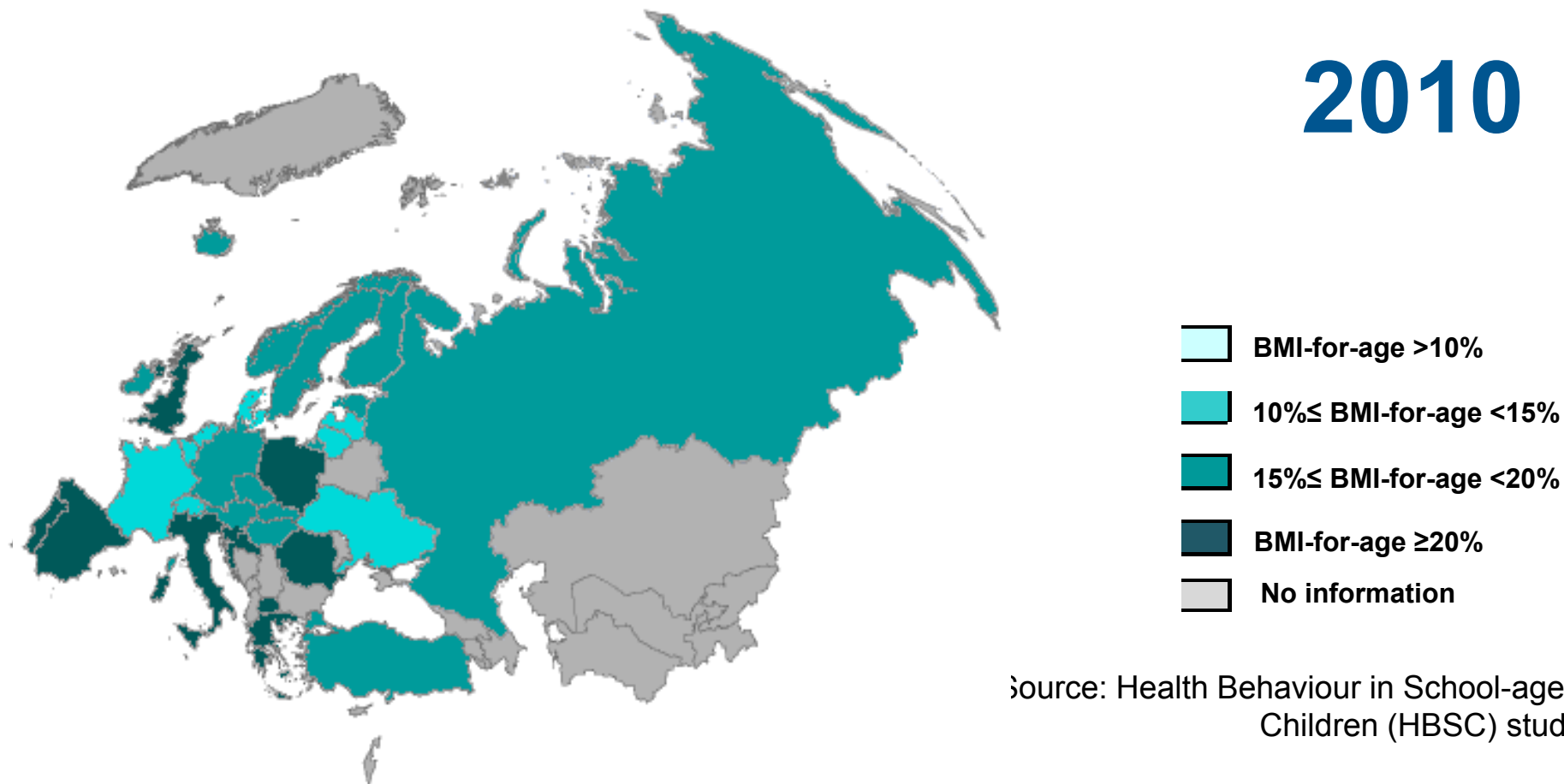
## 2006



Source: Health Behaviour in School-aged Children (HBSC) study

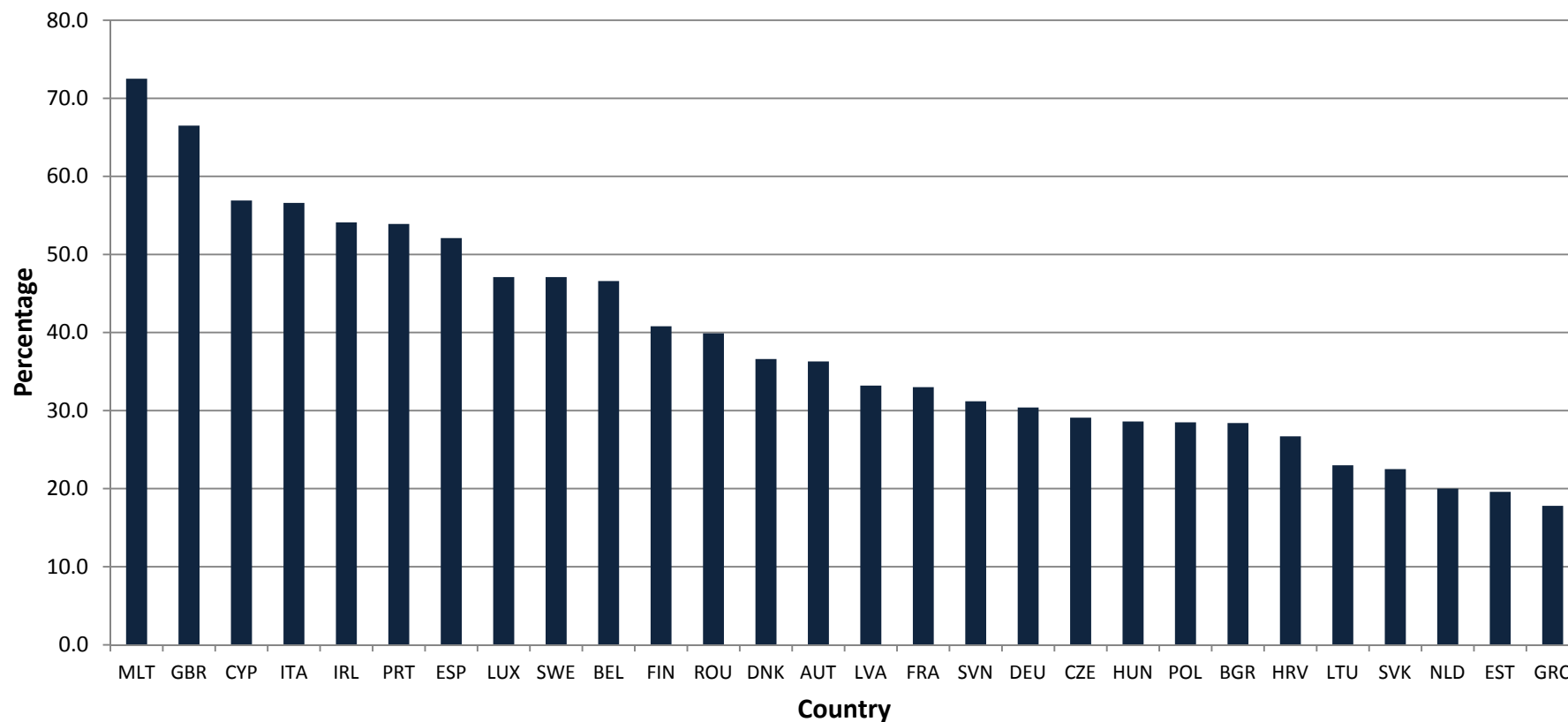
# Prevalence of overweight among European 11-, 13- and 15-year-old boys and girls

## 2010



Source: Health Behaviour in School-aged Children (HBSC) study

# Physical inactivity – WHO estimates 2008



# In Europe: high exposure, high burden of mortality and disease

**Deaths caused by alcohol in people aged 15–64** (clearly premature deaths, given the life expectancy in Europe):

- **1 in 7 for men**
- **1 in 13 for women**

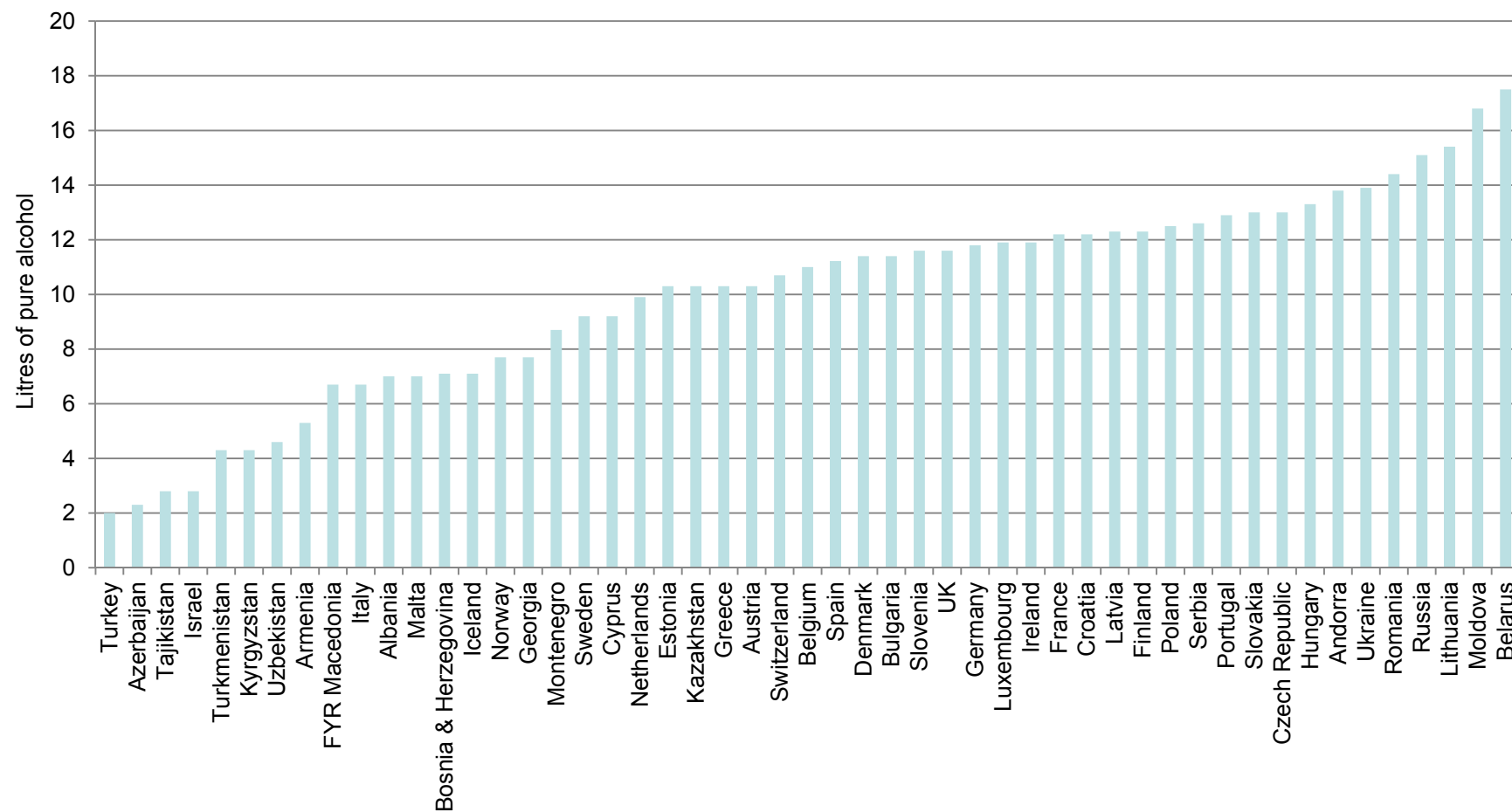


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# Total average alcohol consumption per capita, recorded and unrecorded, 2008–2010, men and women





# Country examples – changes in total alcohol consumption from 2005 to 2010

- Italy: **decrease** from 10.5 to 6.7 L (36%)
- Moldova: **decrease** from 18.2 to 16.9 L (8%)
- Serbia: **increase** from 9.2 to 12.6 L (37%)
- Georgia: **increase** 5.6 to 7.7 L (38%)

# Current mortality attributable to tobacco in Europe

No room for complacency

WHO region	Deaths attributed to tobacco (%)
<b>Europe</b>	<b>16</b>
Americas	16
Western Pacific	13
South East Asia	10
Eastern Mediterranean	7
Africa	3
<b>Global</b>	<b>12</b>



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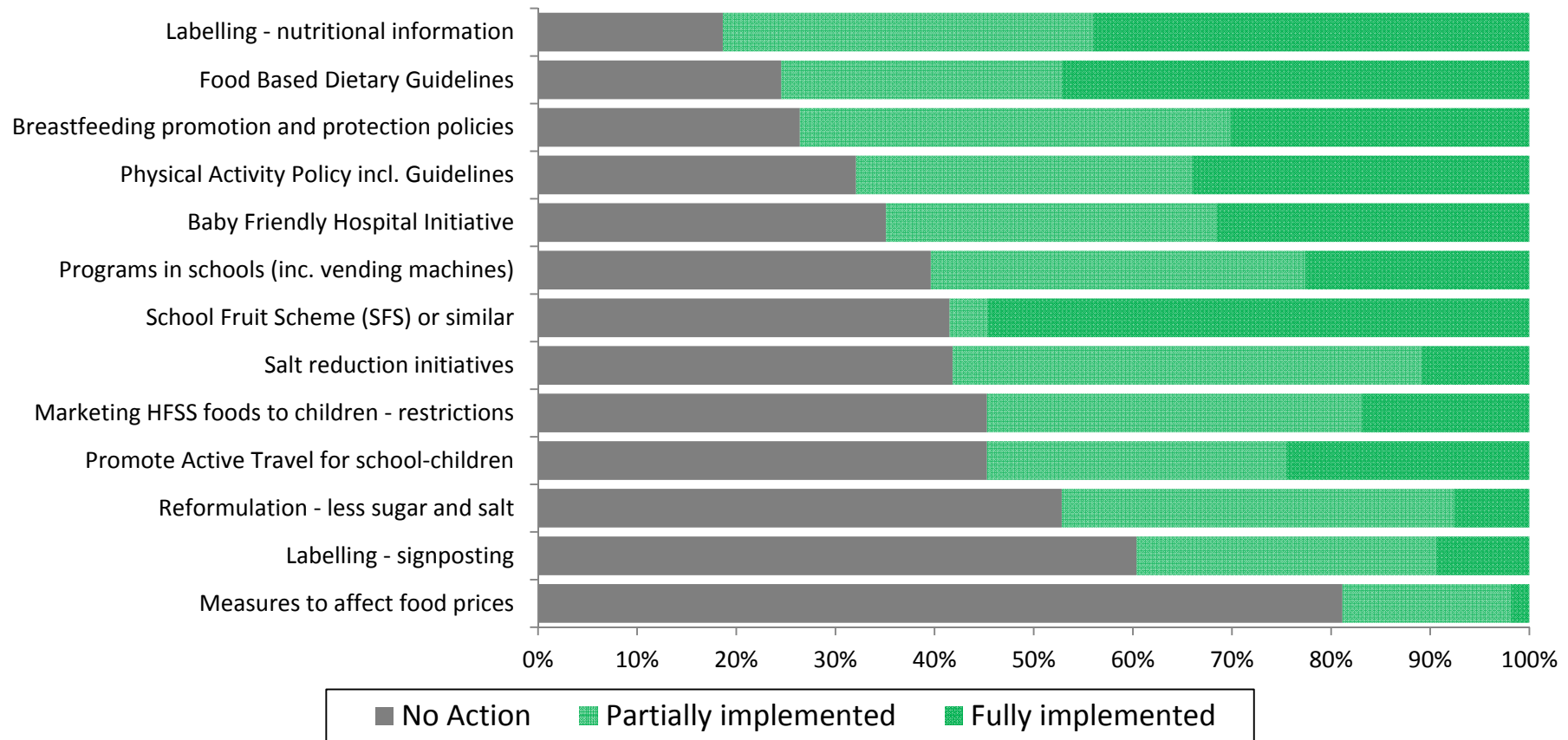
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# Current mortality attributable to tobacco in Europe

No room for complacency

WHO region	Male prevalence (%)	Female prevalence (%)	Both sexes (%)
<b>Europe</b>	<b>38</b>	<b>19</b>	<b>28</b>
Western Pacific	47	3	25
Eastern Mediterranean	38	4	22
Americas	26	16	20
South East Asia	34	4	19
Africa	22	7	15
<b>Global</b>	<b>36</b>	<b>8</b>	<b>22</b>

# Overview policy actions implementation in the 53 WHO European Member States, 2012–2013



# Diet as a major risk factor in Europe



## SALT

WHO recommends less than  
5 grams per day

**53 countries exceed this recommendation**

## SATURATED FAT

WHO recommends maximum  
10% of total calories consumed per day

**48 countries exceed this recommendation**



## SUGAR

WHO recommends less than 5% of total  
calories consumed per day

**in 24 countries, 25% of 15 year old boys  
consume sugary drinks on a daily basis**

**Trans fats, low fruit  
and vegetable  
consumption**



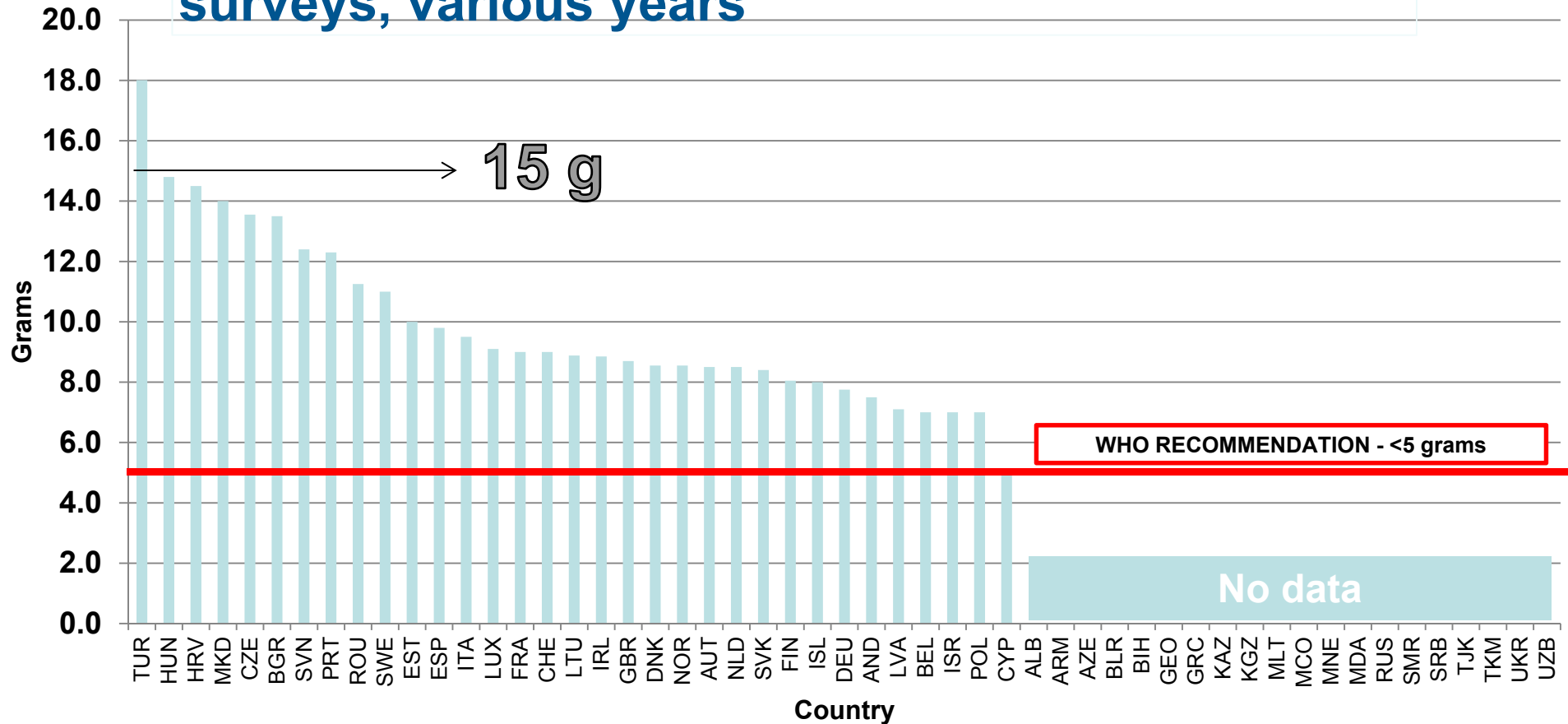
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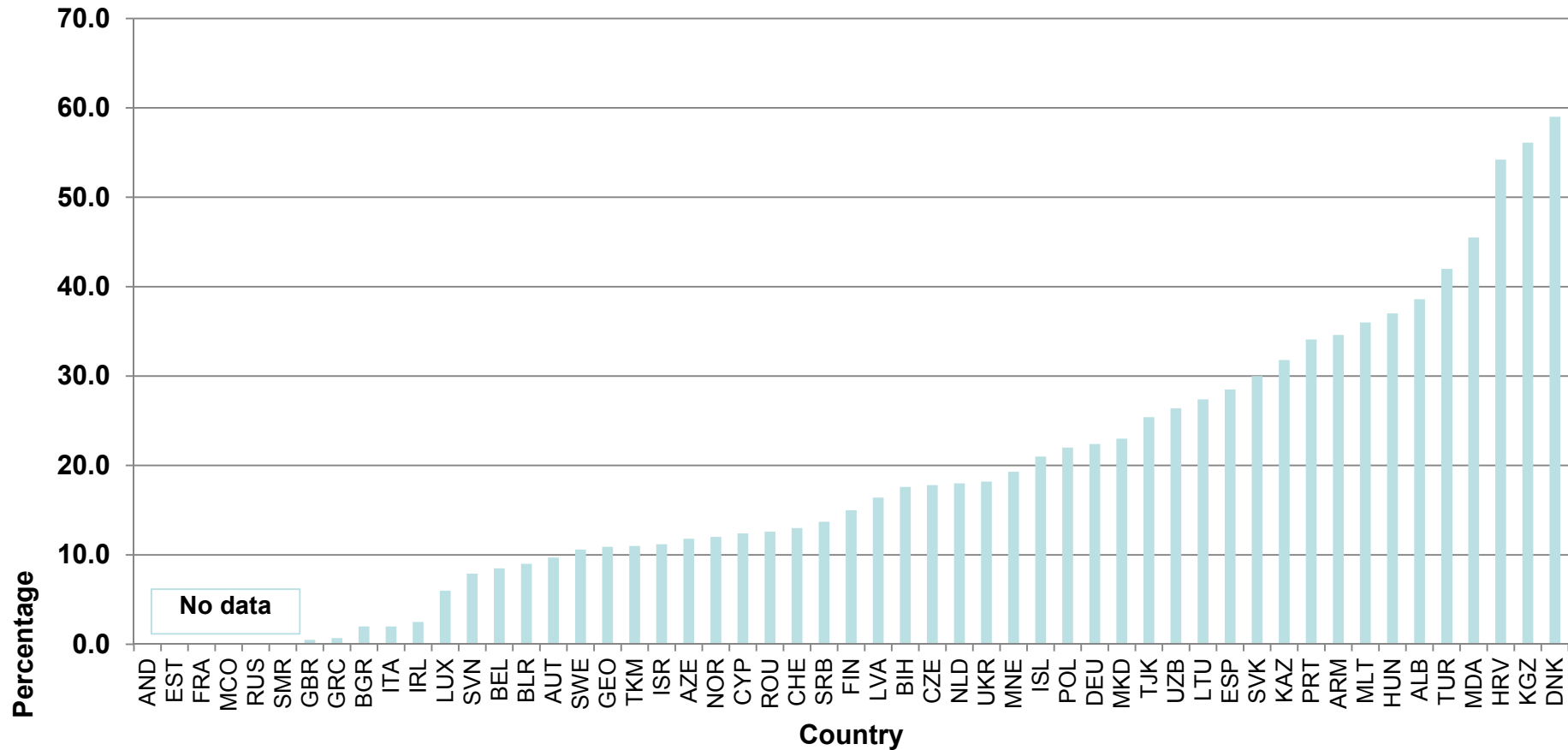
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HEALTHY DIETS  
SAVE LIVES

# Salt intake per person per day for adults in the WHO European Region, individual country-based surveys, various years



# Prevalence of exclusive breastfeeding $\leq 6$ months of age in the WHO European Region, individual country-based surveys, various years





*A snapshot from across Europe*

## Successful nutrition policies - country examples



Successful nutrition policies - country examples  
A snapshot from across Europe





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# European Food and Nutrition Action Plan 2015–2020



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# Selected examples of policy options in new Food and Nutrition Action Plan

Priority policy options	Objective
<b>Strong controls on marketing, including television advertising</b>	Reduce exposure of children to marketing of foods high in fat, salt and sugar, including foods high in free sugars; use of nutrient profile for marketing (WHO)
<b>Fiscal measures and price policies</b>	Explore policies that affect the price of foods for consumers at point of purchase
<b>Consumer-friendly front-of-pack labelling</b>	Identify foods whose consumption should be limited or promoted through interpretative labelling, including foods high in free sugars; encourage product reformulation
<b>Calorie reduction and smaller portion sizes</b>	Reformulate food products; introduce smaller portion sizes to prevent over-consumption
<b>Healthier food retail environment, including in schools</b>	Improve availability and affordability of healthier food products

# 5 priority areas

- Create healthy food and drink environments
- Promote the gains of a healthy diet throughout life, especially for the most vulnerable groups
- Reinforce health systems to promote healthy diets
- Support surveillance, monitoring, evaluation and research
- Strengthen governance, alliances and networks to ensure a health-in-all-policies approach

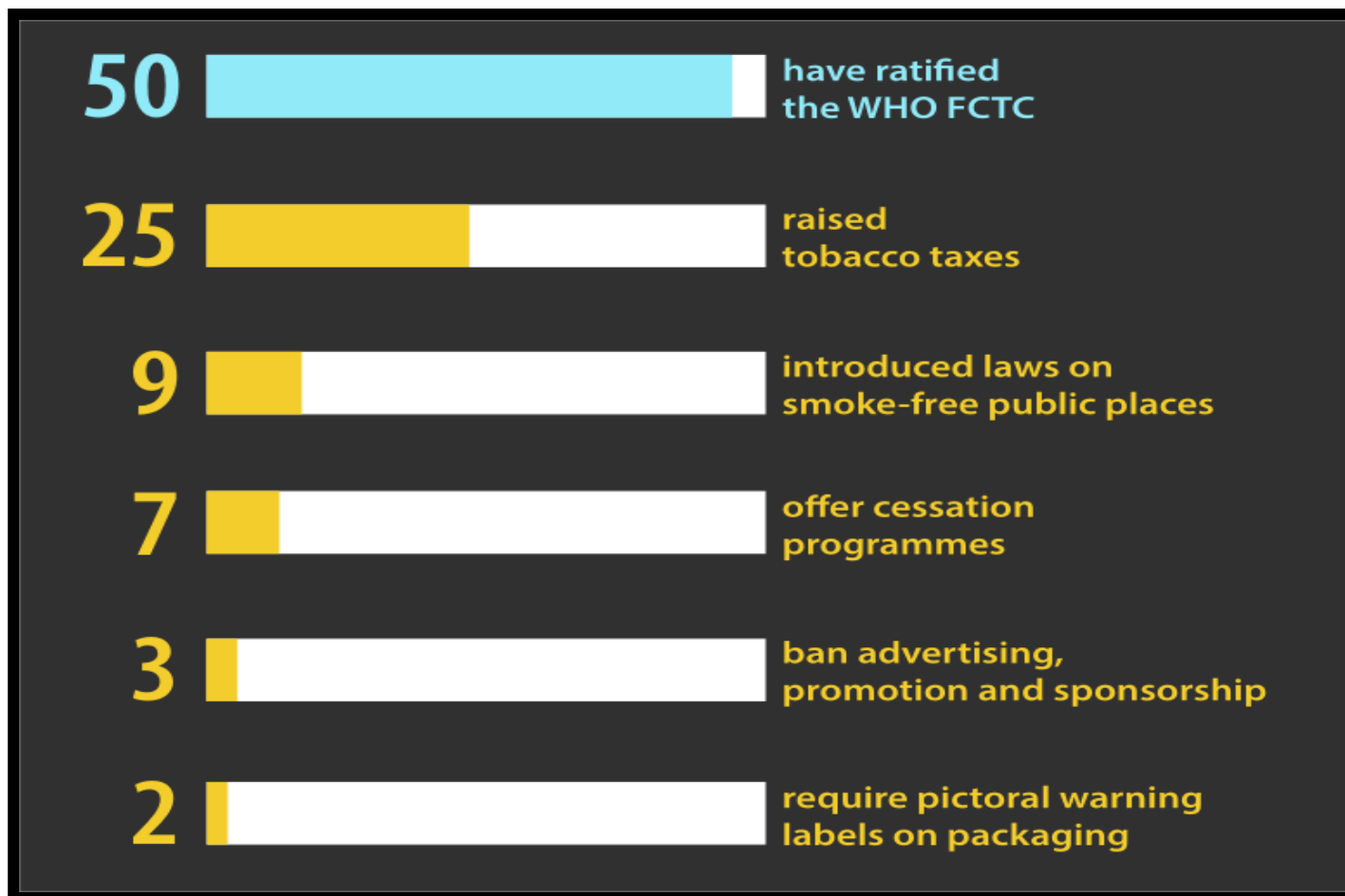


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# 11 years since adoption of the WHO Framework Convention on Tobacco Control



# Tobacco policy in Europe: countries moving in the right direction

Action	2007	2008	2012
Ratification	42	45	50
Taxes	0	15	25
Smoke-free places	4	4	9
Smoking cessation	4	7	7
Ban on advertising	1	1	3
Large pictorial warnings	0	0	2

Tobacco taxes:  
win–win for health and the economy

European action plan  
to reduce the harmful use of alcohol  
2012–2020



Европейский план действий  
по сокращению вредного  
употребления алкоголя,  
2012–2020 гг.



# Alcohol policy implementation in Europe

- 51 Member States have a blood–alcohol-concentration limit of 0.5 g/L or less for driving
- 47 Member States have a legally binding regulations on alcohol advertising
- 46 Member States are using random breath-testing
- 43 Member States have a minimum 18-year age limit for off-premise sales of alcohol
- 38 Member States have a written national or subnational alcohol policy



# Alcohol policy implementation in Europe

- 36 Member States have a legally binding restrictions on alcohol product placement
- 15 Member States require health warnings on alcohol advertising
- 13 Member States adjust taxation for inflation
- 9 Member States require product information on alcohol containers

# To summarize: interventions for better NCD outcomes

- Political will
- Enlightening policy frameworks
- Evidence
- Management
- Training and capacity building
- Investment (particularly in children)
- Tangible, effective actions
- Surveillance and better data
- Interventions that work (innovation and technology)
- Collaboration with stakeholders
- Reaching the most difficult groups
- Intersectoral coordination
- Sustainability
- Inspiring guidelines

# Thank you



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