

NCDs and H2020

The Big Shift

Gauden Galea
Paris, June 2012

Health 2020

Inequity

Governance

Whole of society

Public health capacity



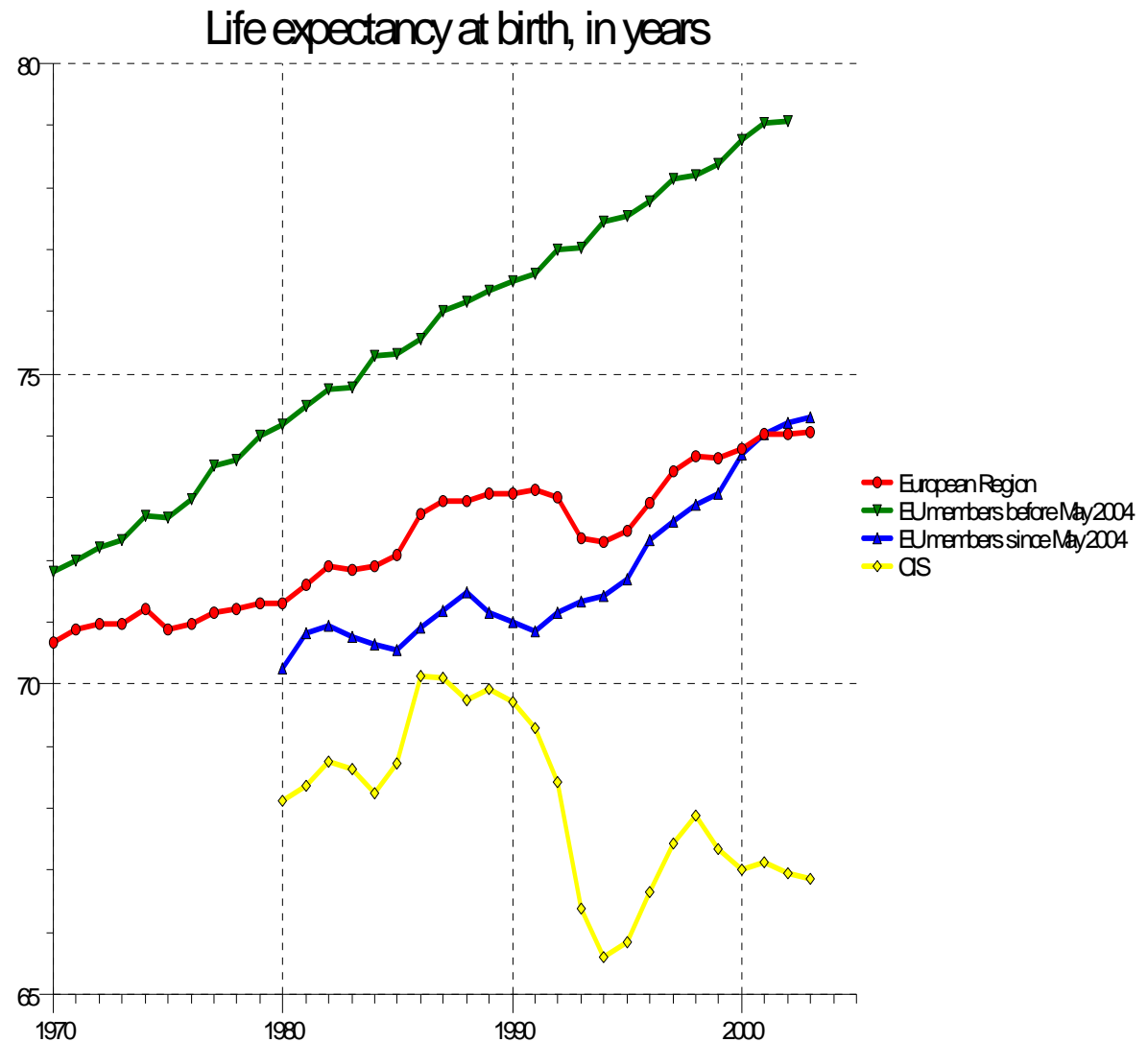
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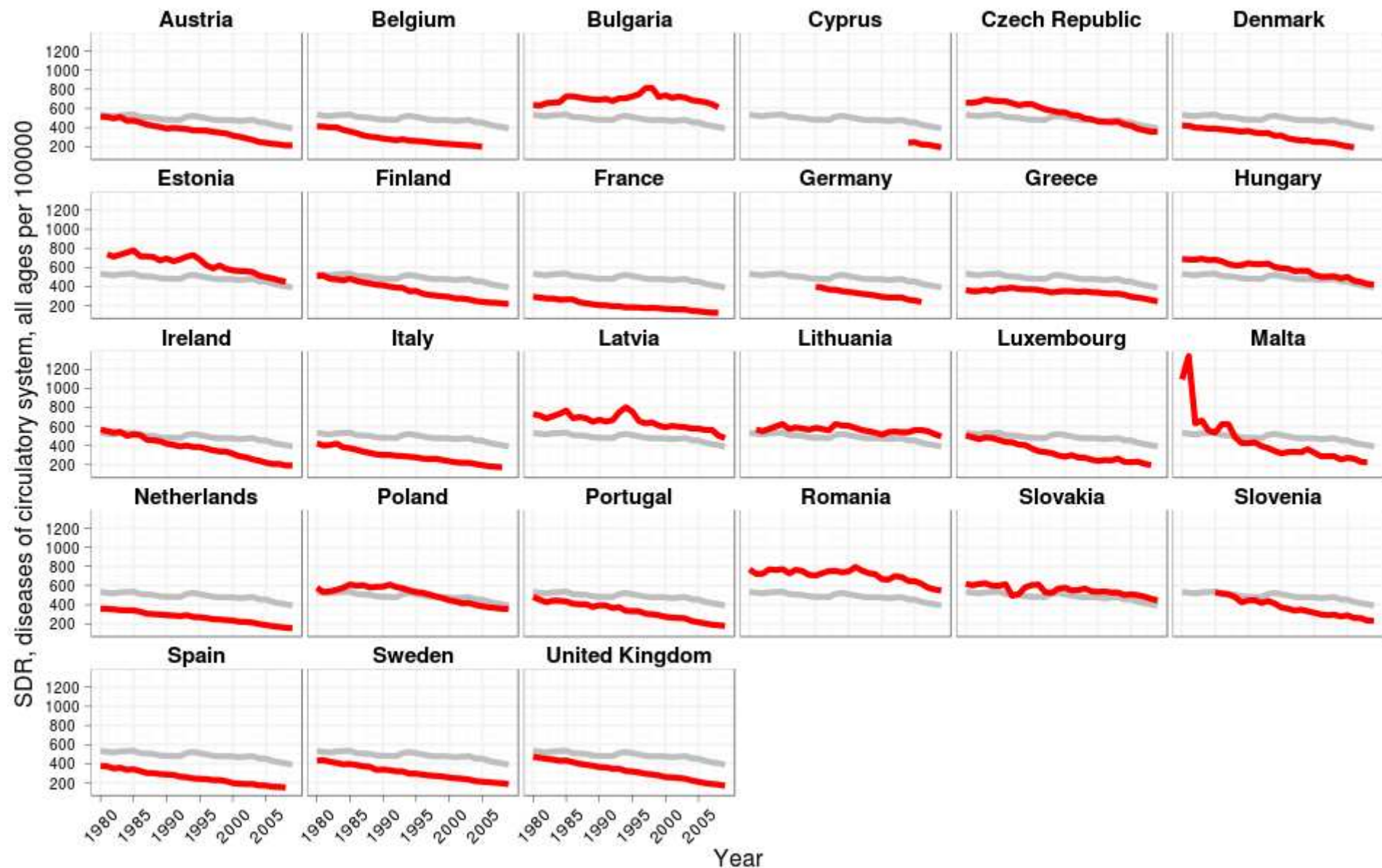
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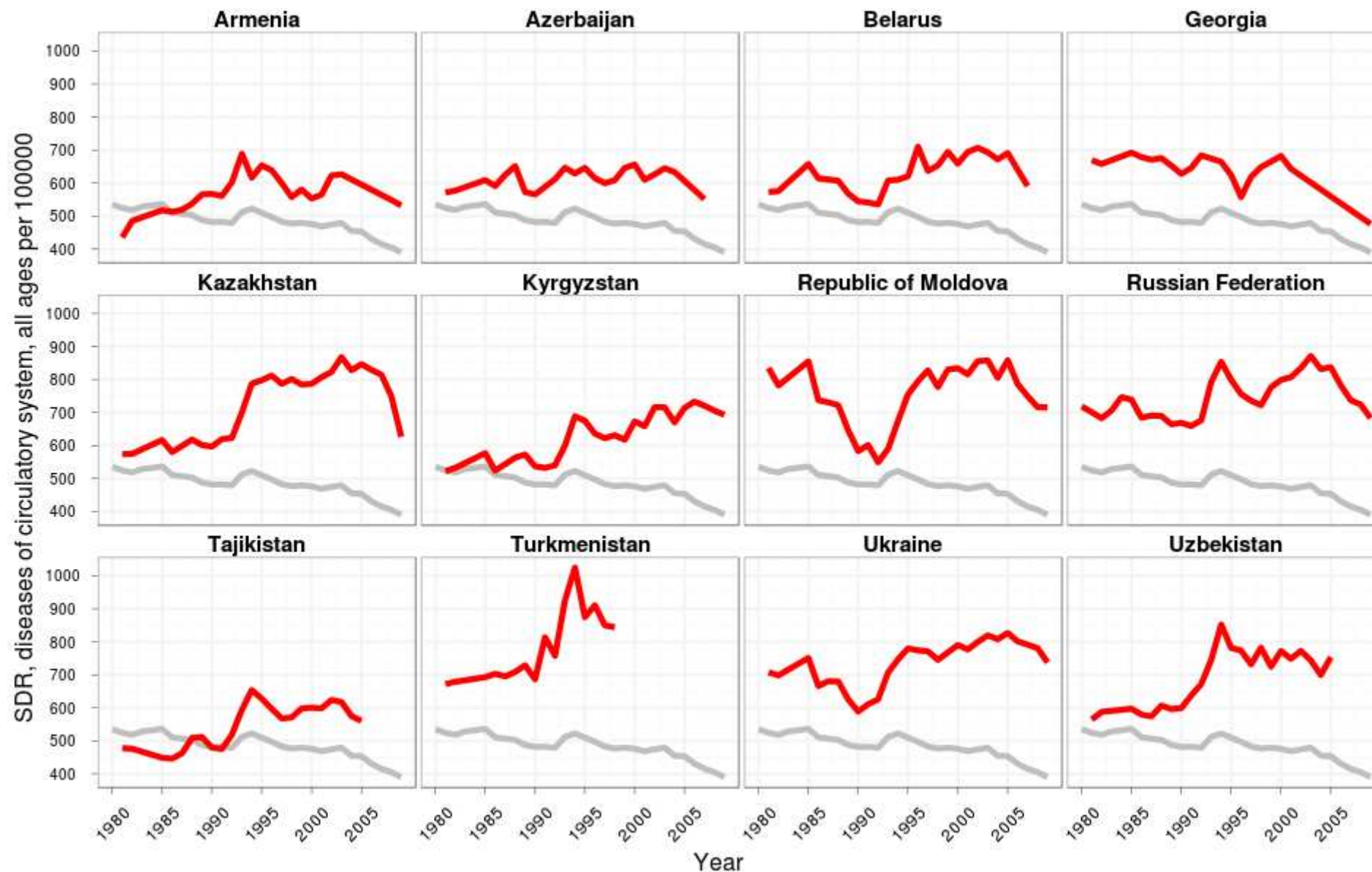
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Address Inequity

- Address the social determinants of health
- Redress patterns of health inequities
- Ensure that continuous reduction of health inequities become a criteria assessing health systems performance







Renew Health Governance



Act across the whole of society

e.g. Para 44 of the UNHLM Declaration calls on 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
- Healthy workplaces
- Reducing salt
- Improve access and affordability for medicines and technologies

Best buys

Efficiency <why> Social justice

State <who> Individual

Market <where> Regulation



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Link to Global Processes

Oslo → Moscow → Baku → New York



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Milestones



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Global monitoring framework, including indicators (paragraph 61) and voluntary global targets (paragraph 62)

Indicators with targets

**Mortality between ages 30 and 70 due to
CVD, cancer, diabetes, or chronic respiratory disease**
25% relative reduction

Raised Blood Pressure
25% relative reduction

Tobacco
30% relative reduction

Salt/sodium
*30% relative
reduction
until 5gm/day*

**Physical
inactivity**
*10% relative
reduction*

Other WHO core indicators

Overweight/obesity (adult, child, adolescent)

Raised total cholesterol

Raised blood glucose/diabetes

**Adult per capita consumption of alcohol and heavy
episodic drinking**

Low fruit and vegetable intake

Cancer incidence, by type

**Policies to virtually eliminate trans fats and to reduce
marketing of unhealthy foods to children**

Cervical cancer screening

Vaccination: HPV, Hepatitis B

Availability of basic technologies and medicines

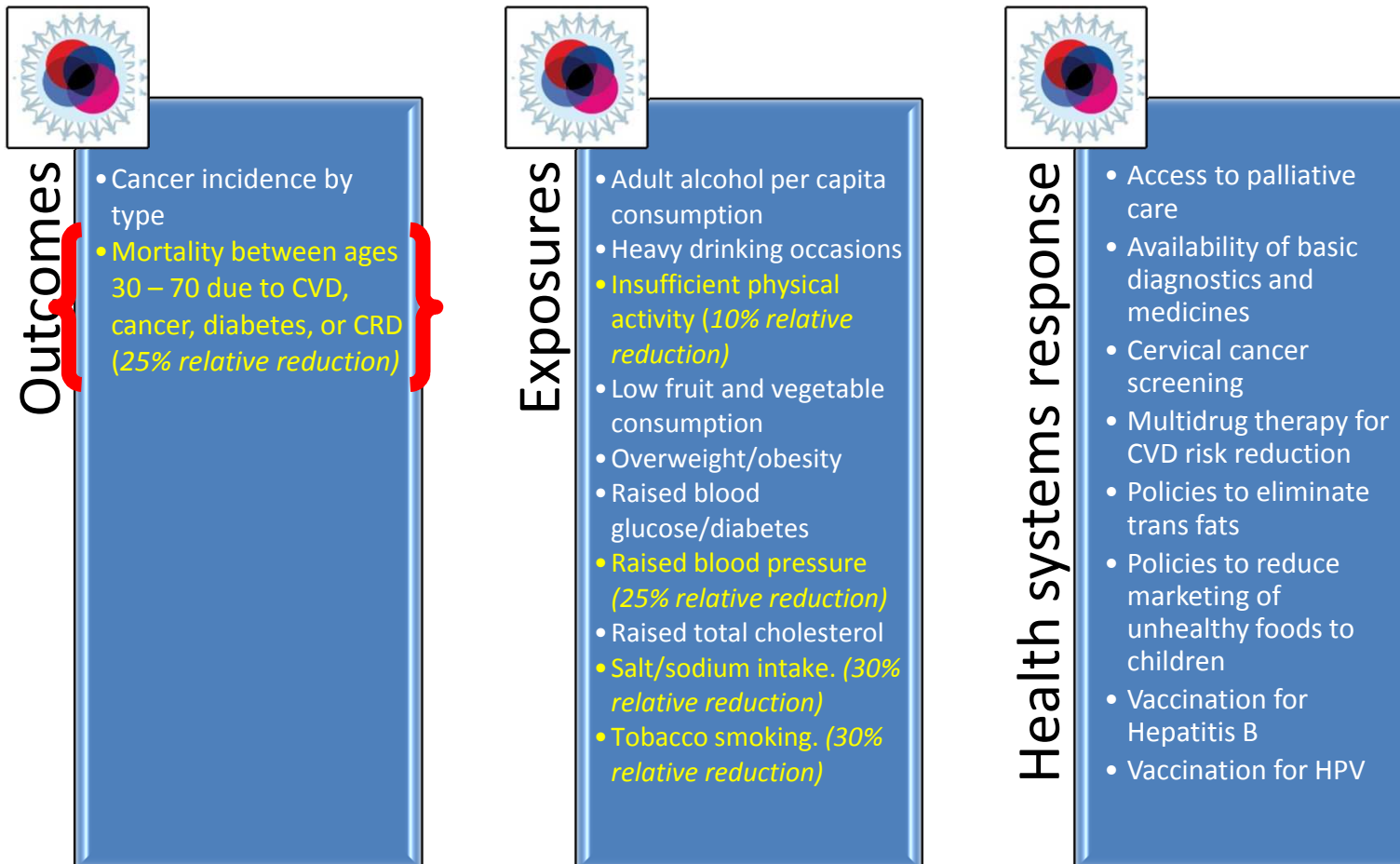
Access to palliative care

Multidrug therapy for CVD risk reduction

Other country-specific indicators of NCD and related issues including social determinants of health

* All indicators should be disaggregated by gender, age, socioeconomic position, and other relevant stratifiers

Voluntary global targets for preventing and controlling NCDs (2010-2025)



* All indicators should be disaggregated by gender, age, socioeconomic position, & other relevant stratifiers

NCD Action Plan

Planning and oversight

National plan

Health information system with social determinants disaggregation

Health in all policies

Fiscal policies

Marketing

Salt

Trans-fat

Healthy settings

Workplaces and schools

Active mobility

Secondary prevention

Cardio-metabolic risk assessment and management

Early detection of cancer

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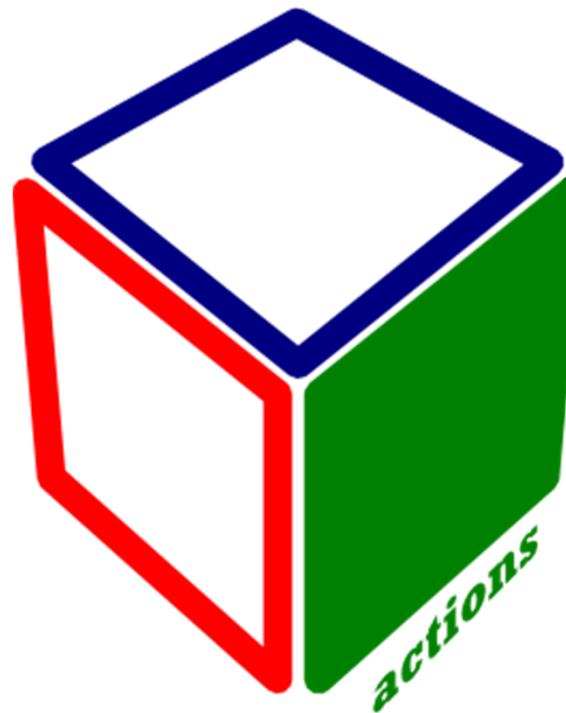
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- CVD deaths
 - Smoking Rates
 - Low birth weight babies
 - Early childhood development scores



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- Aspirin after myocardial infarct
- Tobacco prices
- Marketing of food
- Safe and decent work

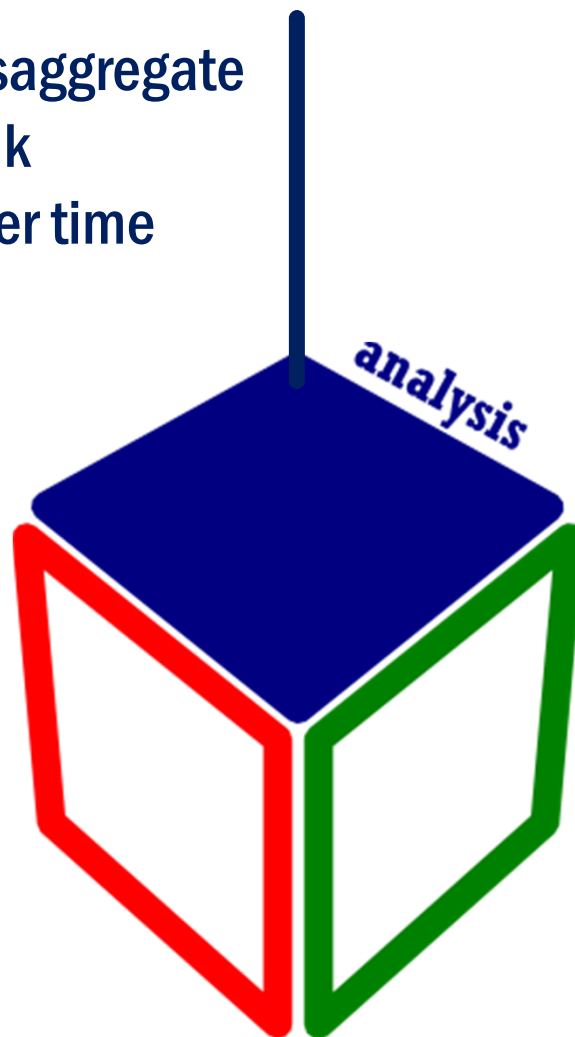


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- Disaggregate
- Link
- Over time

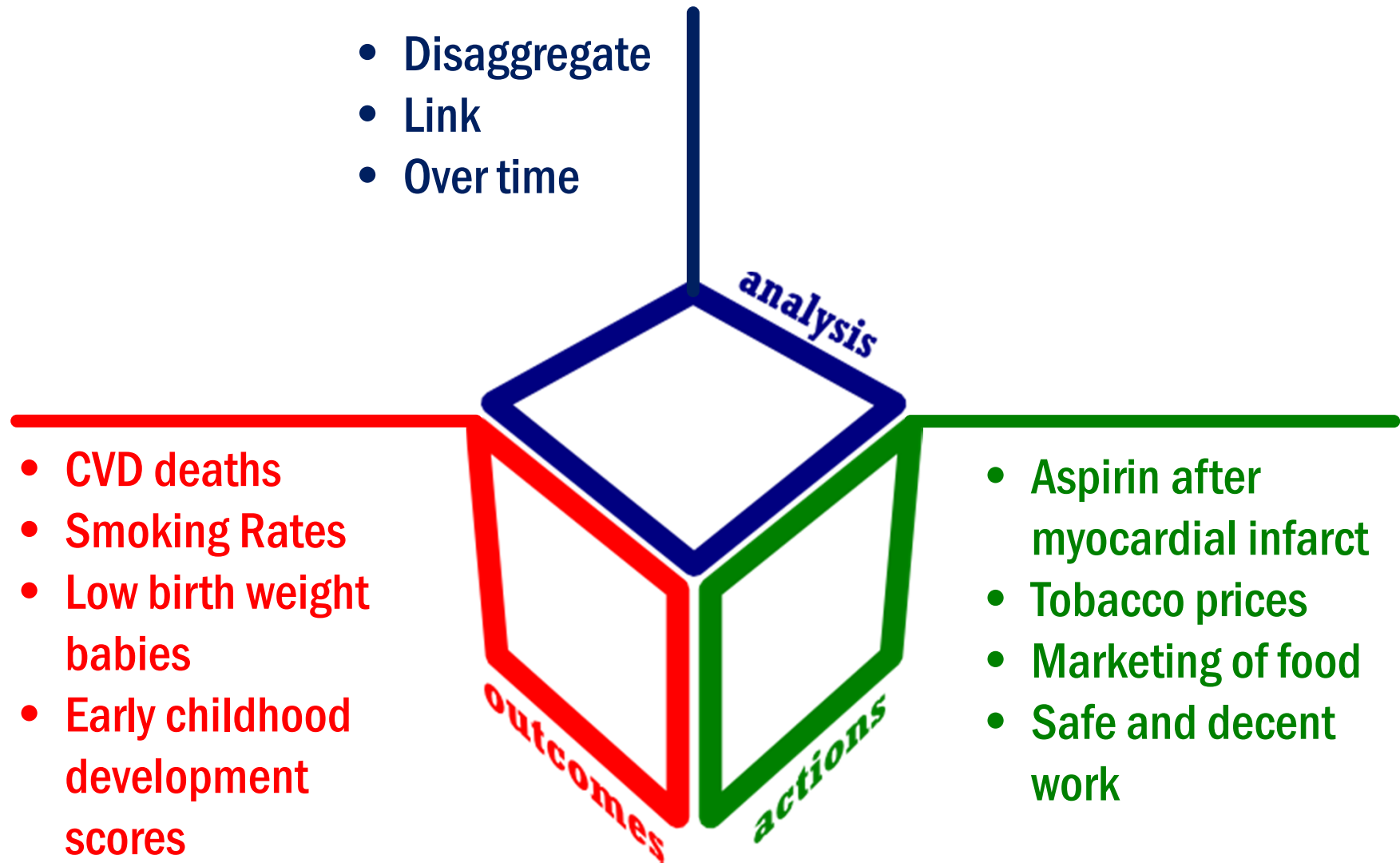


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- Disaggregate
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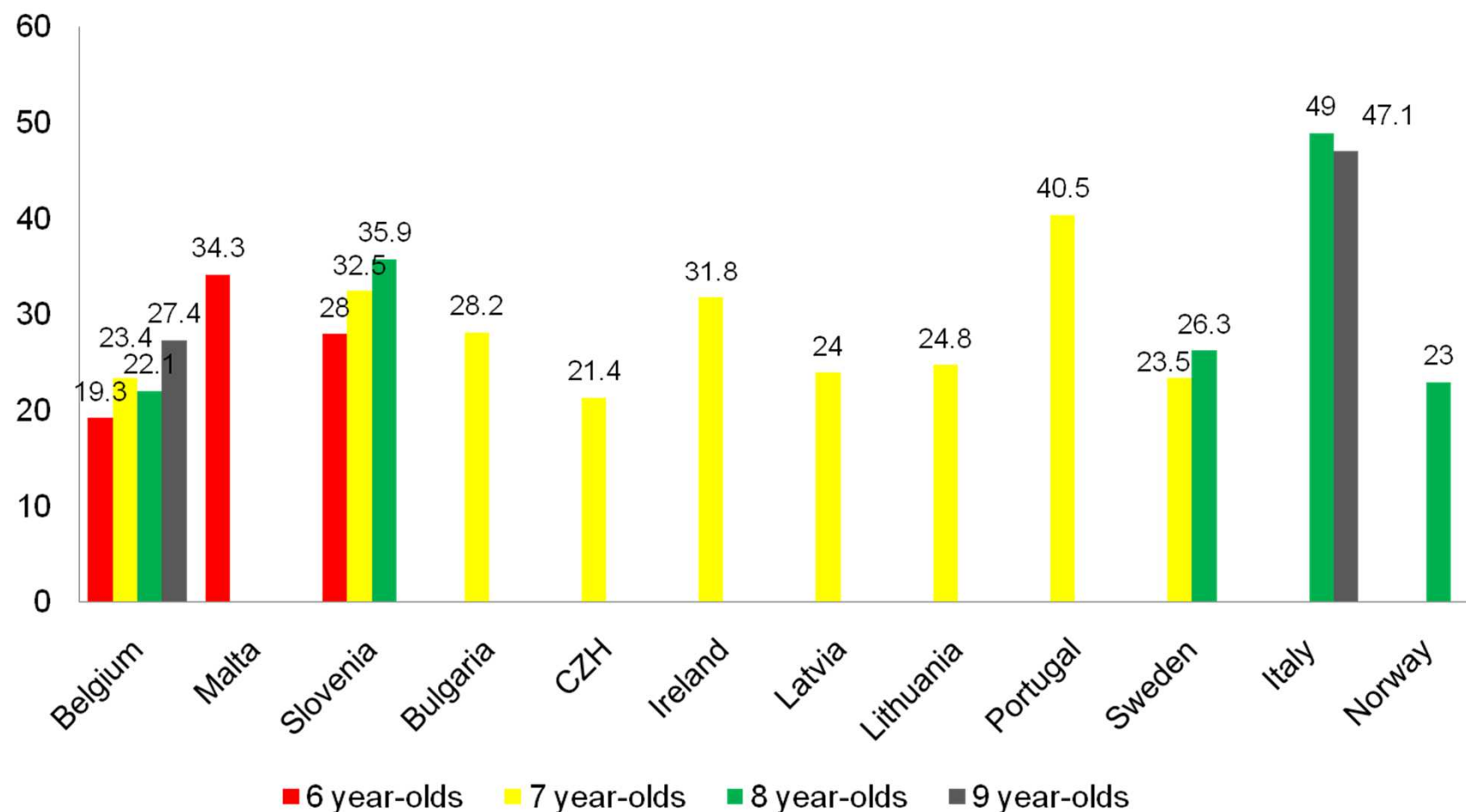
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Prevalence of overweight, incl. obesity – boys %

Based on the 2007 WHO growth reference for children and adolescents 5-19 years



Key findings: Understanding FAS charts

ARMENIA*

Proportion of boys taking soft drinks daily higher among those from higher affluence families

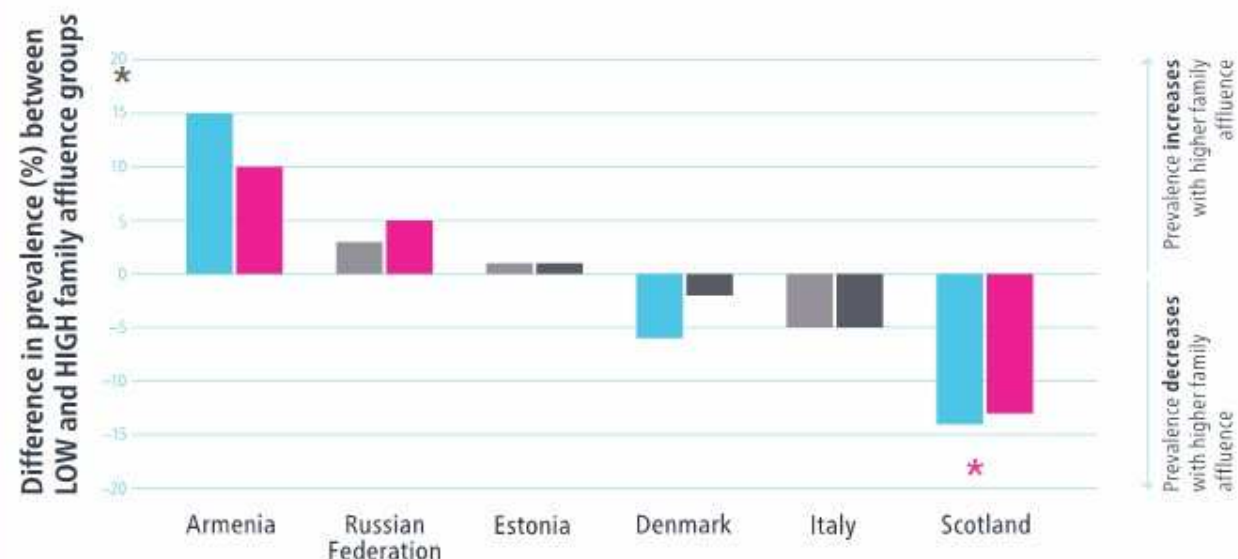
SCOTLAND*

Proportion of girls taking soft drinks daily higher among those from lower affluence families

Sample FAS bar chart
PREVALENCE OF DRINKING SOFT DRINKS DAILY

BOYS
GIRLS

SIGNIFICANT
TRENDS



Key findings: gender differences

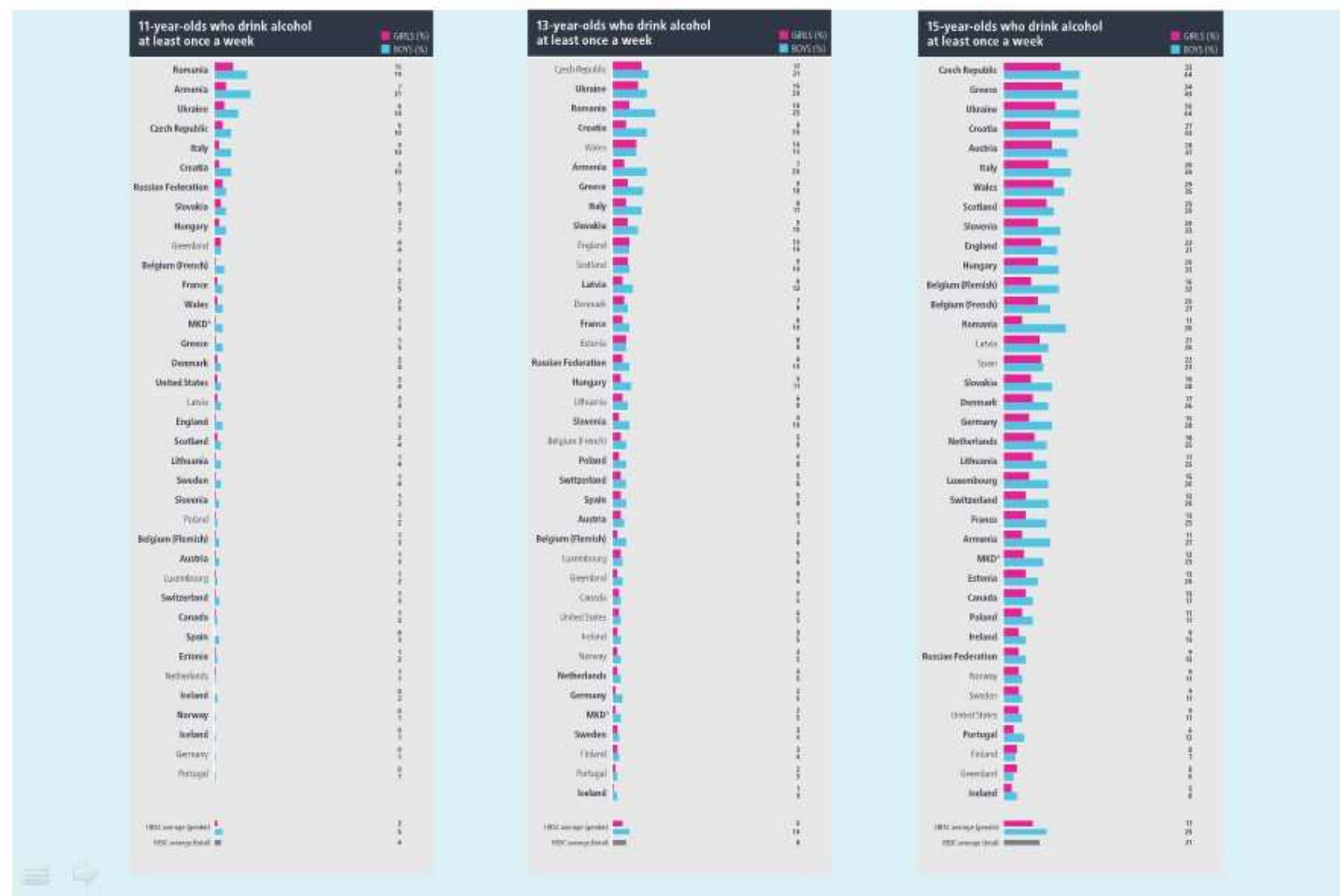
Girls do better:

- *injuries, overweight/obese, fruit, soft drinks, oral health*
- *early tobacco initiation, weekly drinking, drunkenness, sexual health, fighting, bullying*
- *electronic media communication with friends, liking school, perceived school performance*

Boys do better:

- *self-rated health, life satisfaction, health complaints, body image, breakfast, physical activity*
- *Easy communication with father, 3+ close friends, evenings out with friends, feel less pressured by schoolwork*

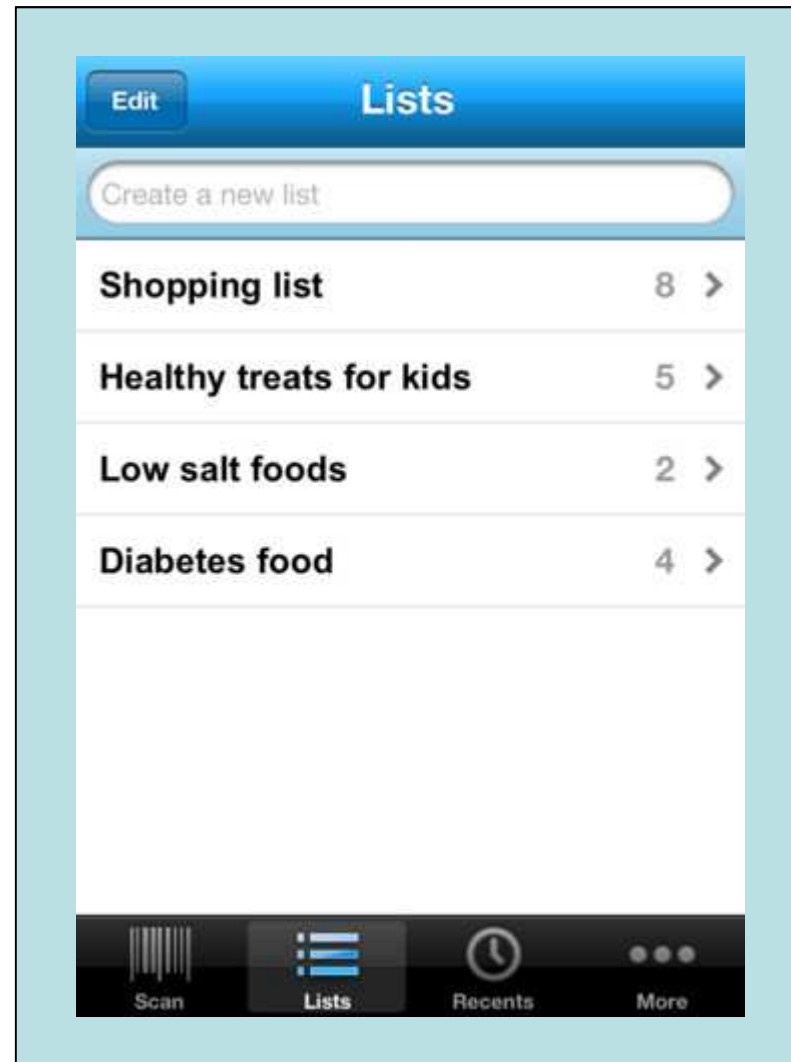
Drink alcohol weekly: 11, 13 and 15 years



Enabling Choice

Food Switch App

BUPA and The George
Institute



<http://itunes.apple.com/au/app/foodswitch/id478225318?mt=8>

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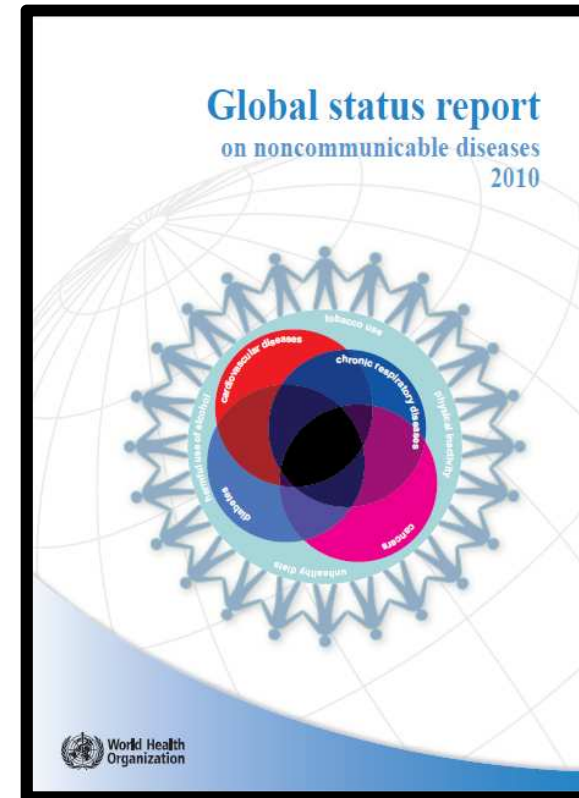
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Best Buys Package

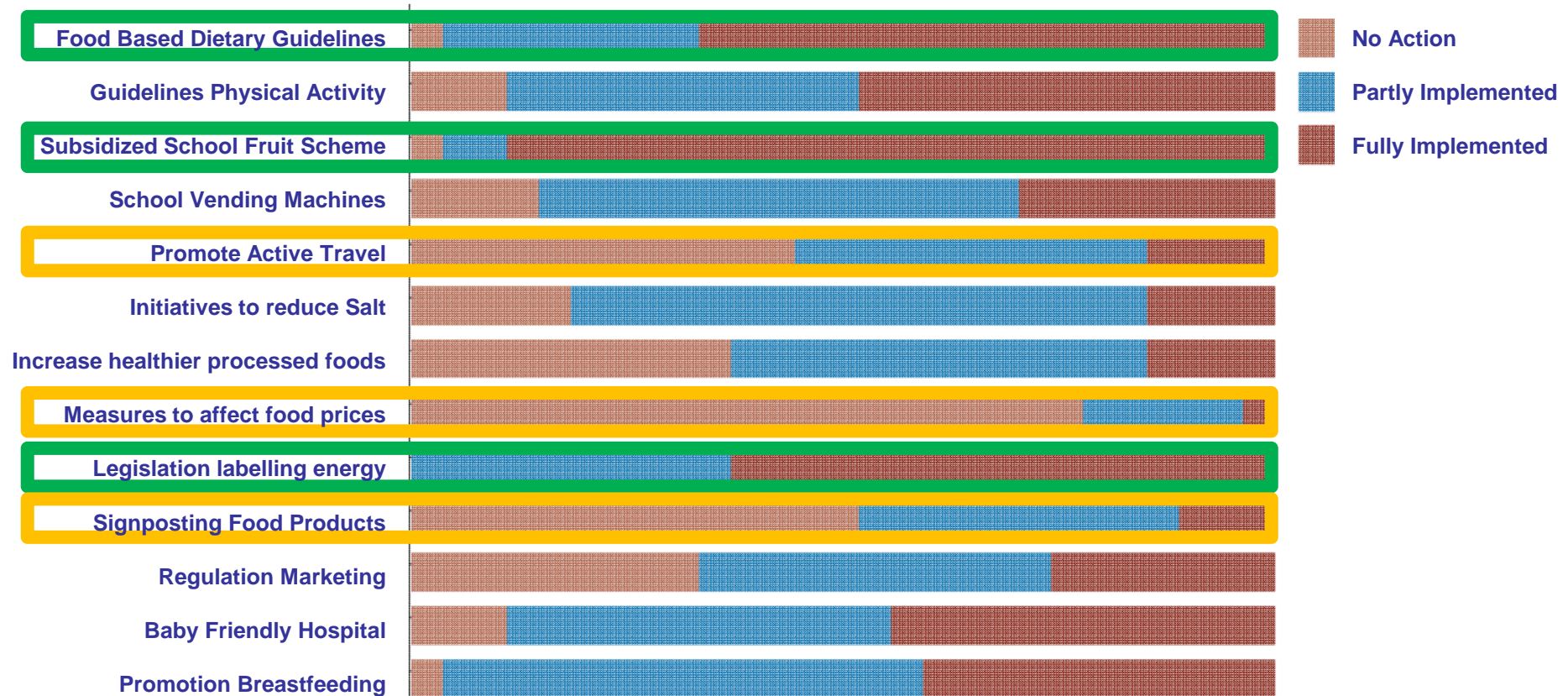
population-based interventions

- 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 retail 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



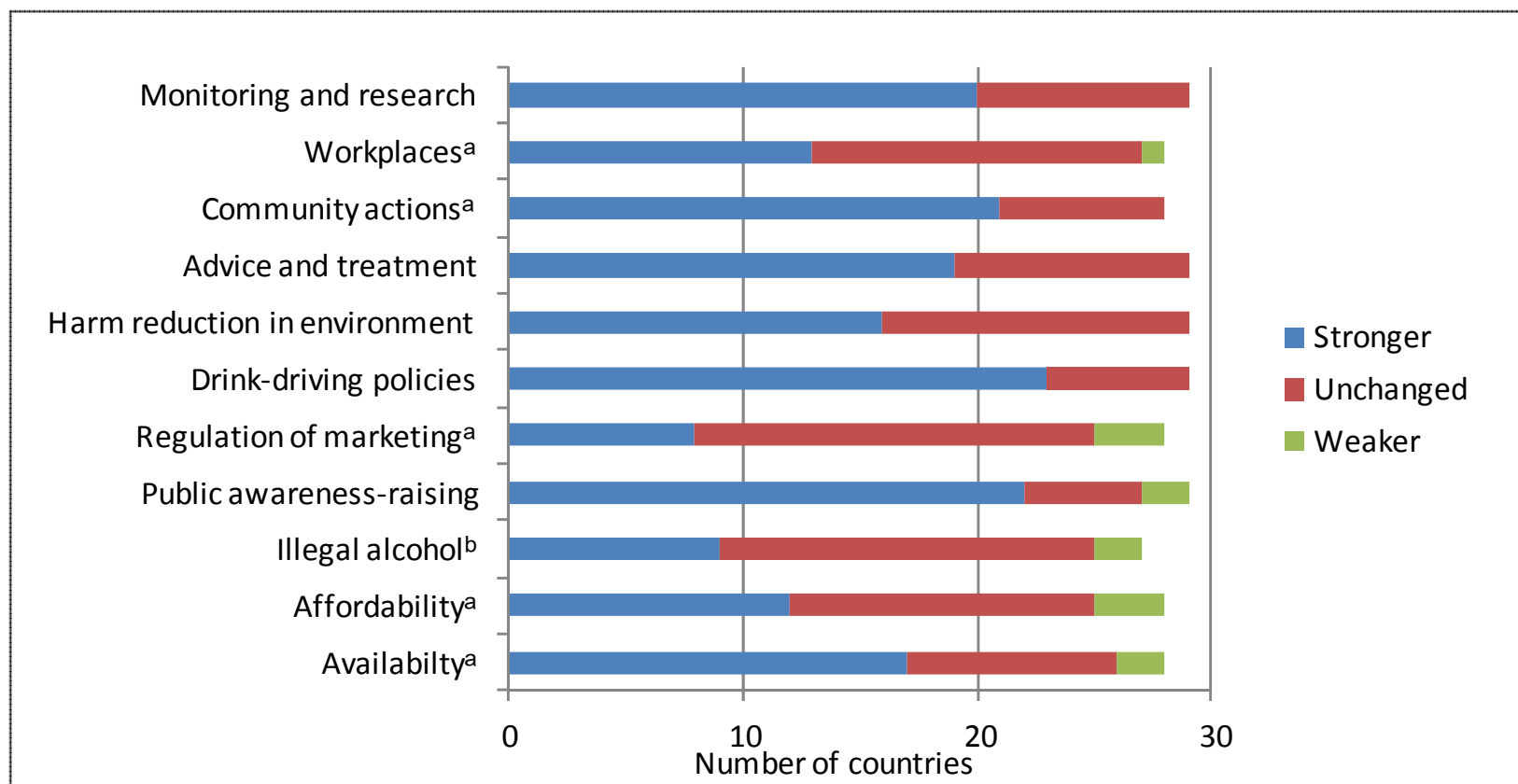
Overview Policy Actions

Implementation 27 EU Member States



Policy development at national level

Changes in alcohol policy areas over the five years since 2006 (N=29)



^a Data missing from one country.

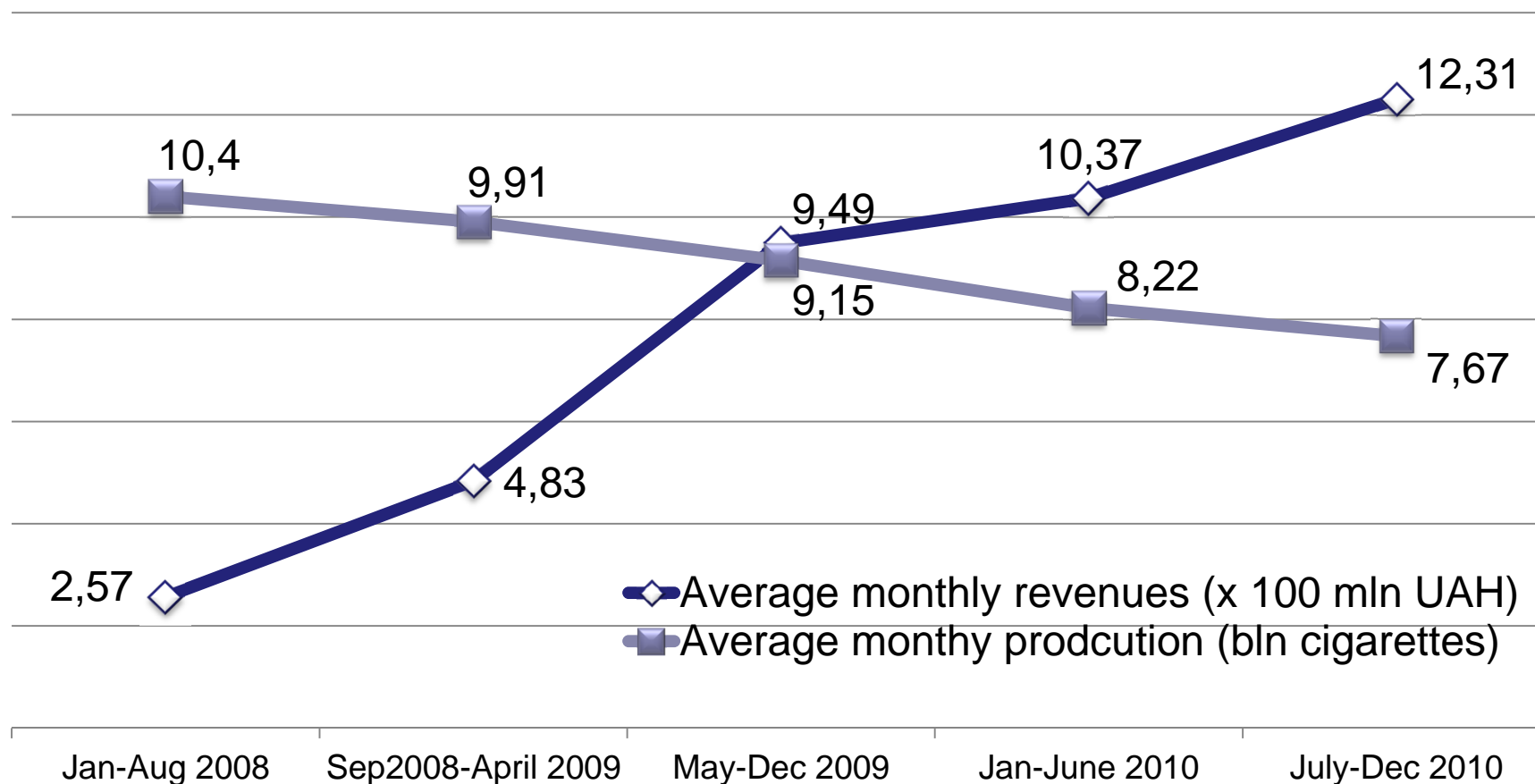
^b Data missing from two countries.

Matrix for fiscal policy

	Evidence	Current Practice	Social Impact
Tobacco			
Alcohol			
Foods			

Tobacco Control: Ukraine

Rising revenue, Falling consumption

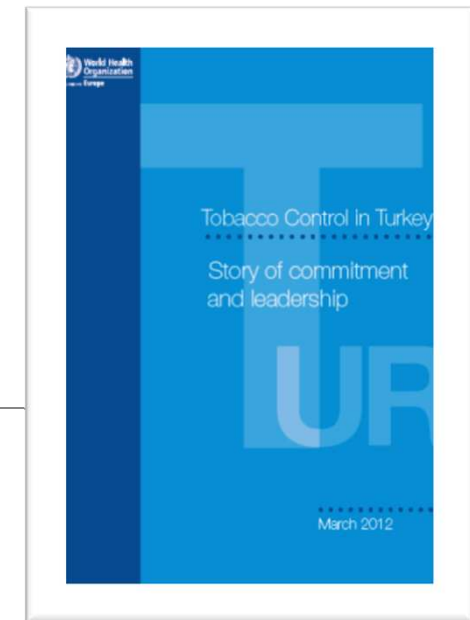
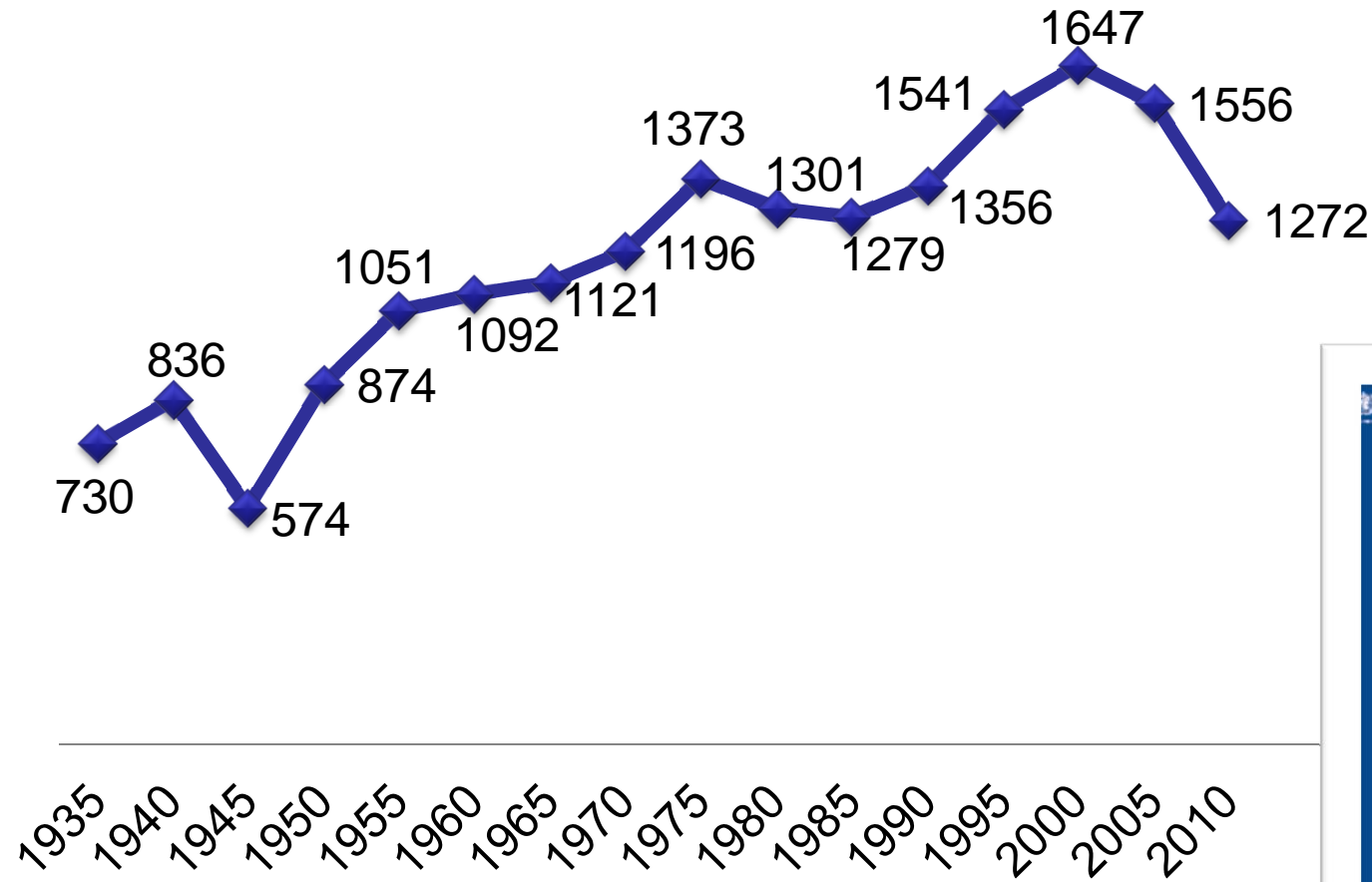


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Annual Cigarette Consumption, Turkey (per capita)



UNHLM Political Declaration (2011)

32. **Express deep concern at** the ongoing negative impacts of the financial and economic crisis, **volatile energy and food prices and ongoing concerns over food security**, as well as the increasing challenges posed by climate change and the loss of biodiversity, and their effect on the control and prevention of non-communicable diseases, and emphasize, in this regard, the need for prompt and robust, coordinated and multisectoral efforts to address those impacts, while building on efforts already under way;

UN Special Rapporteur

The Right to Food

“Governments have been focusing on **increasing calorie availability**, but they have often been indifferent to **what kind of calories are on offer, at what price, to whom they are accessible, and how they are marketed.**”

“Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development”, at the UN Human Rights Council General Assembly on 6 March 2012

UN Special Rapporteur: The Right to Food

Five Priority Actions

- Five priority actions are needed for placing nutrition at the heart of food systems:
 - **taxing unhealthy products;**
 - regulating foods high in saturated fats, salt and sugar;
 - cracking down on junk food advertising;
 - overhauling misguided agricultural subsidies;
 - supporting local food production so that consumers have access to healthy, fresh and nutritious foods.

Food taxes: what type of evidence is available to inform policy development?

C. Hawkes

Centre for Food Policy, City University, London, UK

Summary

Once dispatched to the bottom draw of policy options to address unhealthy eating, food taxes now seem back in the out tray of European policy makers. Even David Cameron made an offhand quip recently suggesting that this is something the British Government might explore. While the purpose of developing food taxes is likely their potential to raise money for national treasuries, governments have justified them on health grounds. But, what evidence is available that can inform policy development in this area from a health perspective? Most obvious are the studies that model different scenarios for taxes. Yet these studies form a relatively small part of the potential evidence-base. The largest proportion of existing research on food prices has simply measured food prices in the marketplace and drawn hypotheses about the dietary implications. Other studies have estimated the costs of actually consumed diets. Another set of studies have quantified an association between price of specific foods and diet from real world data. Others have likewise taken a quantitative approach, but in experimental settings. A particularly large group of studies are qualitative – those asking consumers if and/or how their food choices are influenced by prices. The final type of study combines qualitative and quantitative methods. This paper examines the relevance of these different types of evidence as information for policy development in this area.

Keywords: affordability, food costs, food policy, food prices, food taxes, value



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Good practice in food taxes is likely to include:

- Nutrient profiling as a basis for fiscal intervention
- Taxation in combination with subsidies
- Close monitoring of:
 - ‘Pass-through’ of price changes to consumers
 - Consumption trends across socio-economic groups

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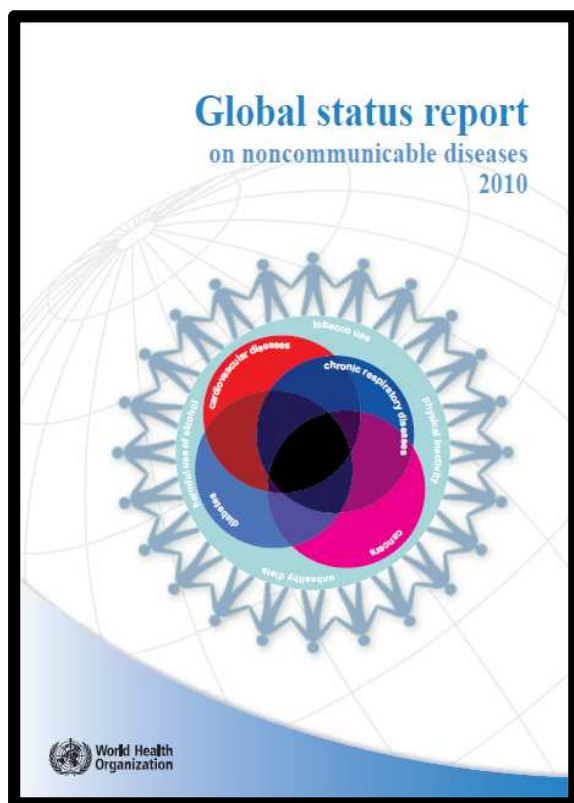
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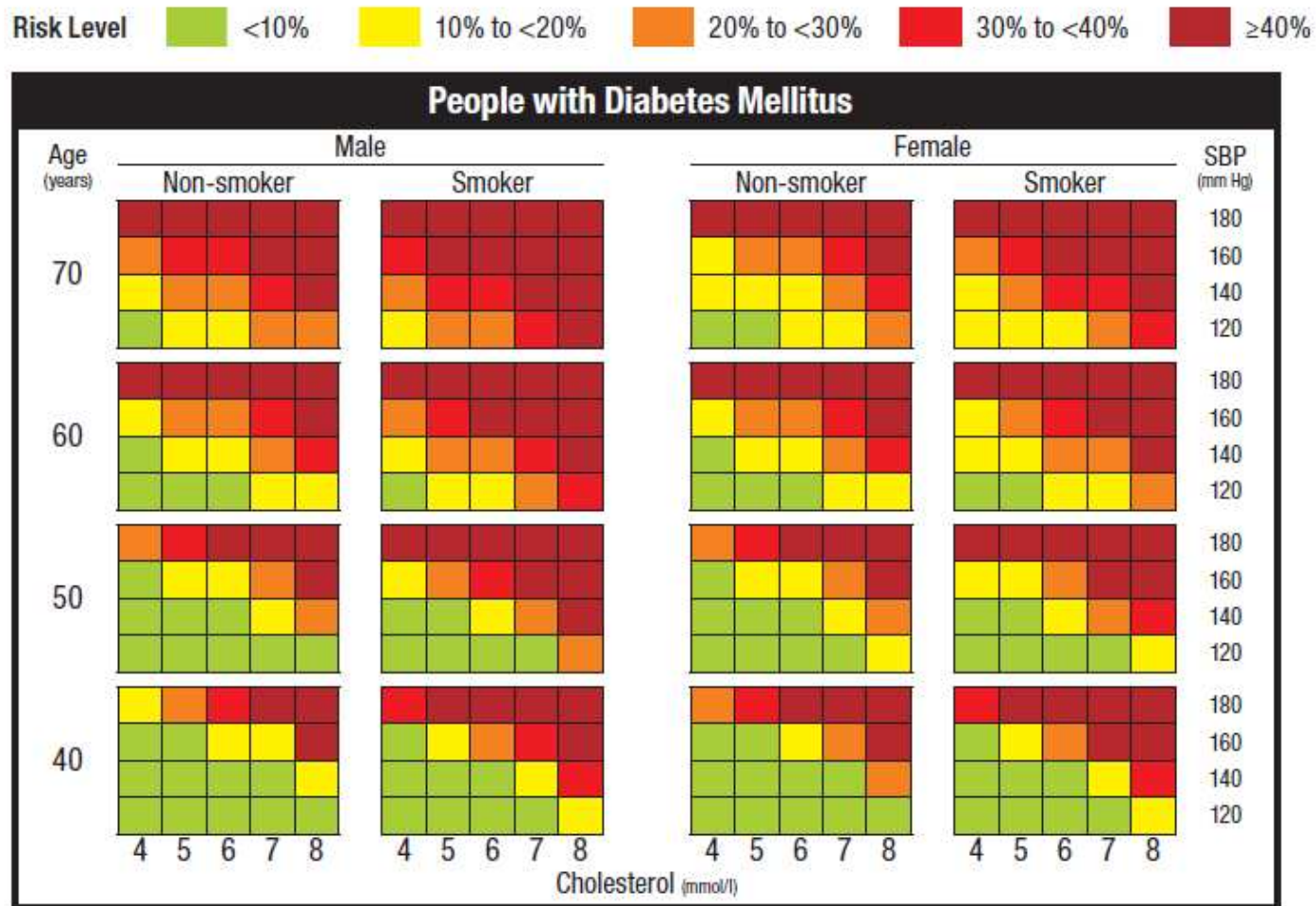
Best Buys Package

High-risk approaches



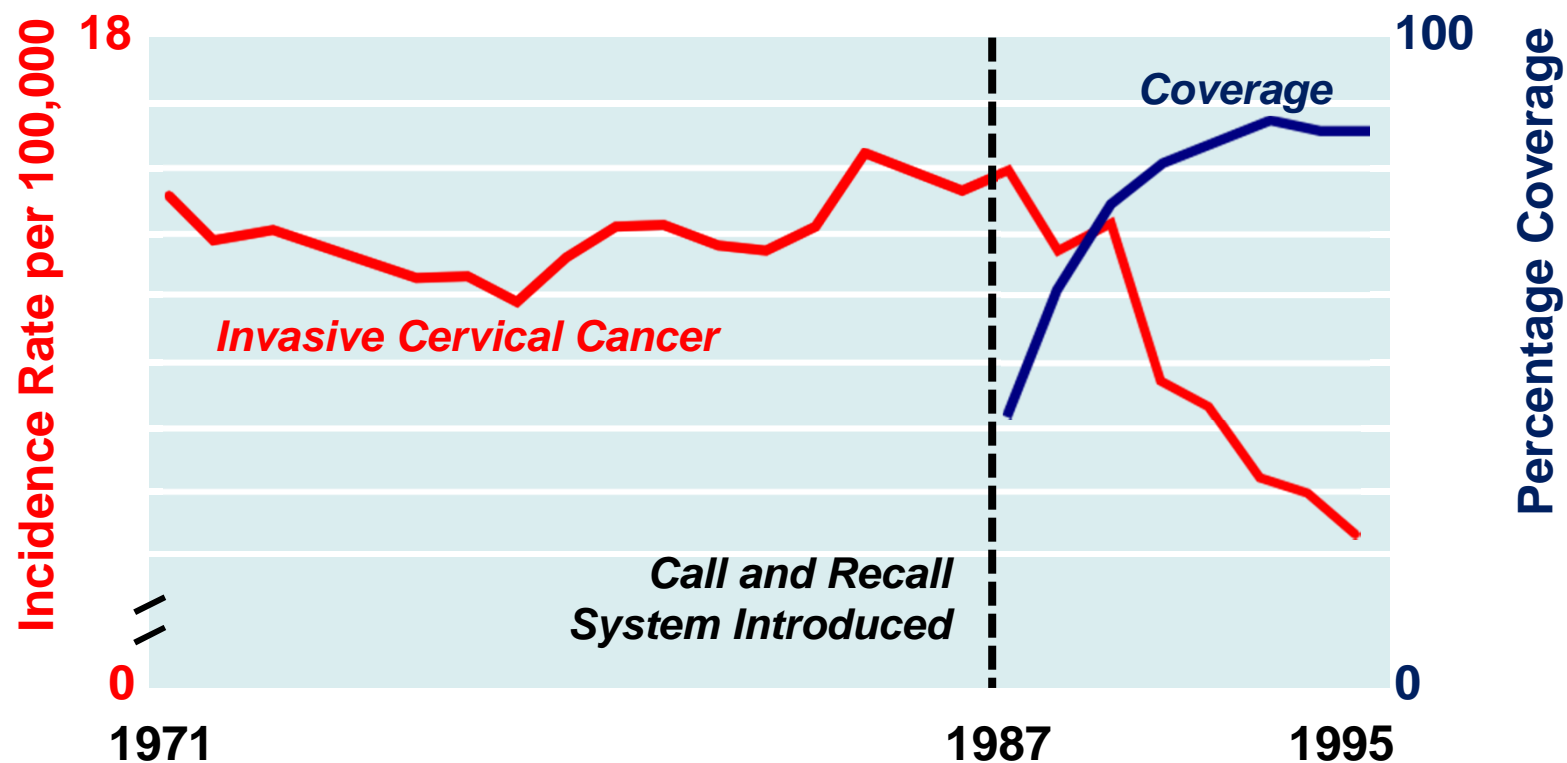
- Counselling and multidrug therapy, including glycaemic control for diabetes for people > 30 years old with a 10-year risk of fatal or nonfatal cardiovascular events
- Aspirin therapy for acute myocardial infarction
- Screening for cervical cancer, once, at age 40, followed by removal of any discovered cancerous lesion;
- Early case finding for breast cancer through biennial mammographic screening (50–70 years) and treatment of all stages
- Early detection of colorectal and oral cancer
- Treatment of persistent asthma with inhaled corticosteroids and beta-2 agonists

(Example below for situations where serum cholesterol is measurable)



Effective Public Health Strategies:

Effect of Organised Cervical Cancer Screening on Age-Standardised Incidence of Invasive Cervical Cancer in the UK



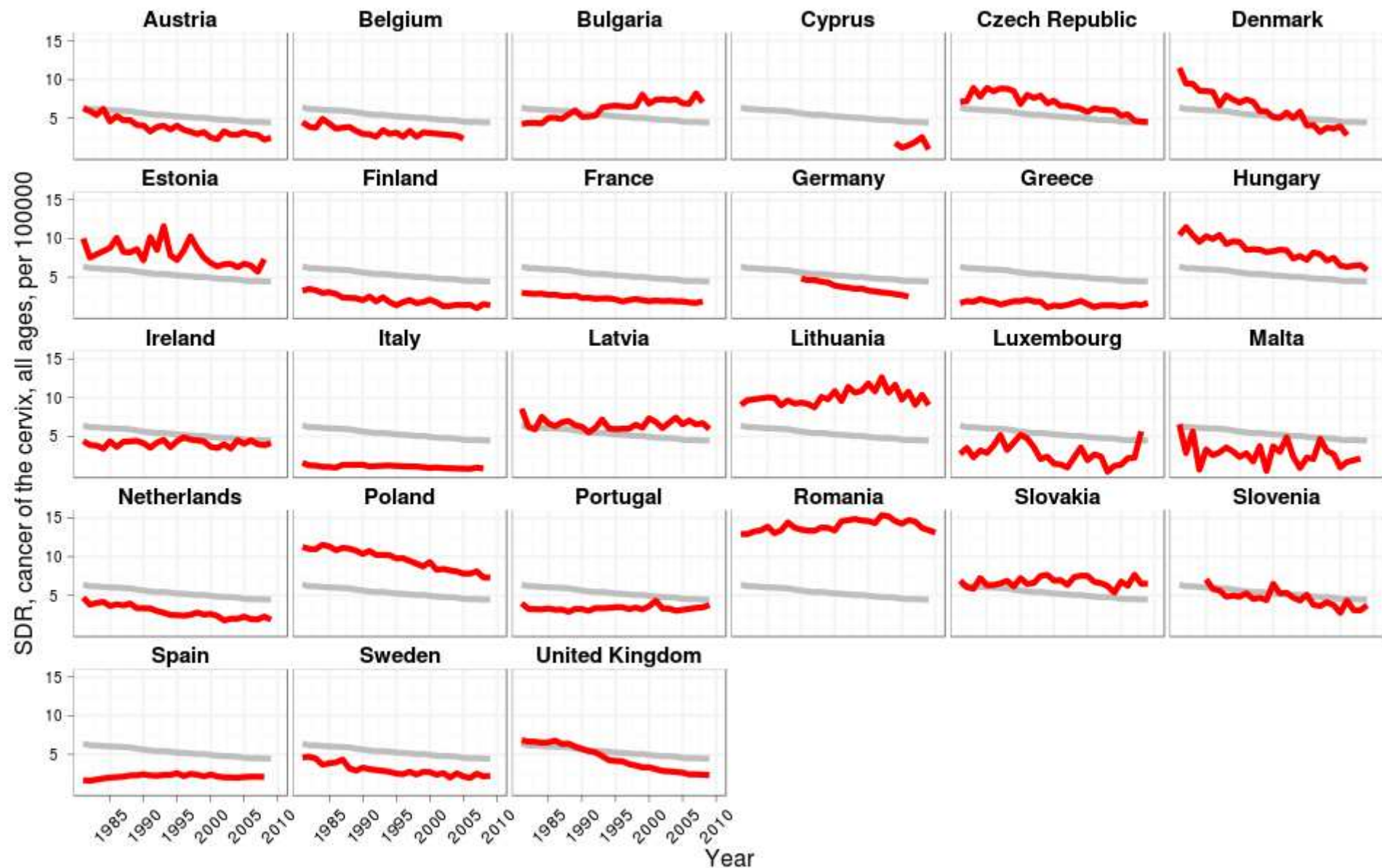
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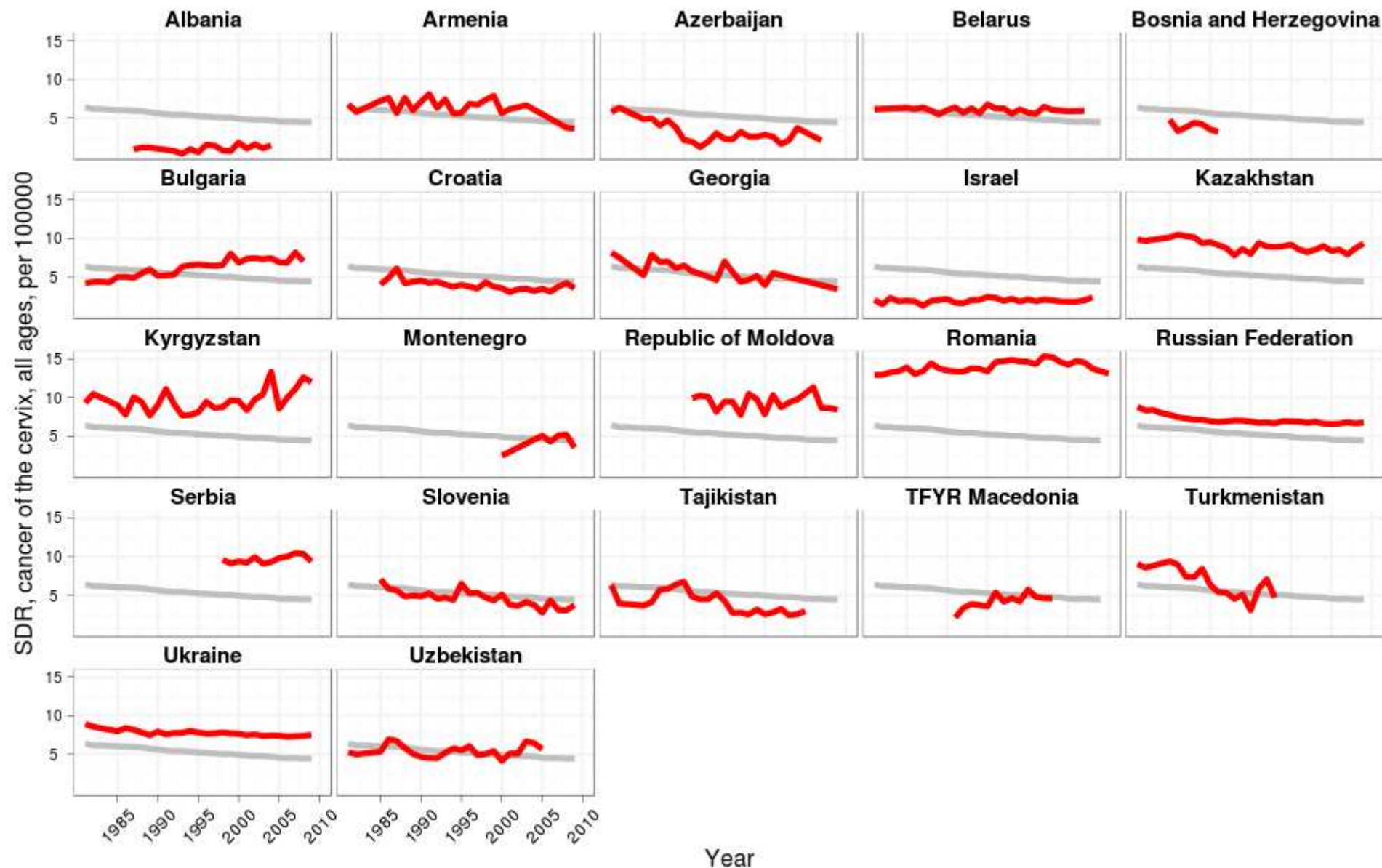


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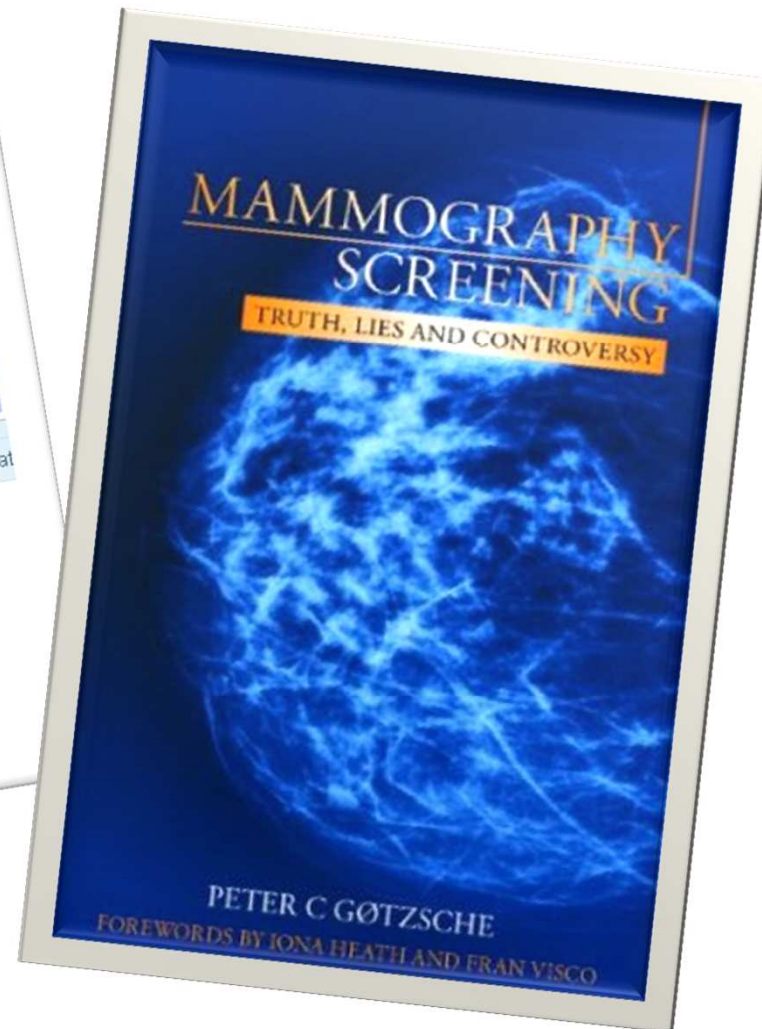
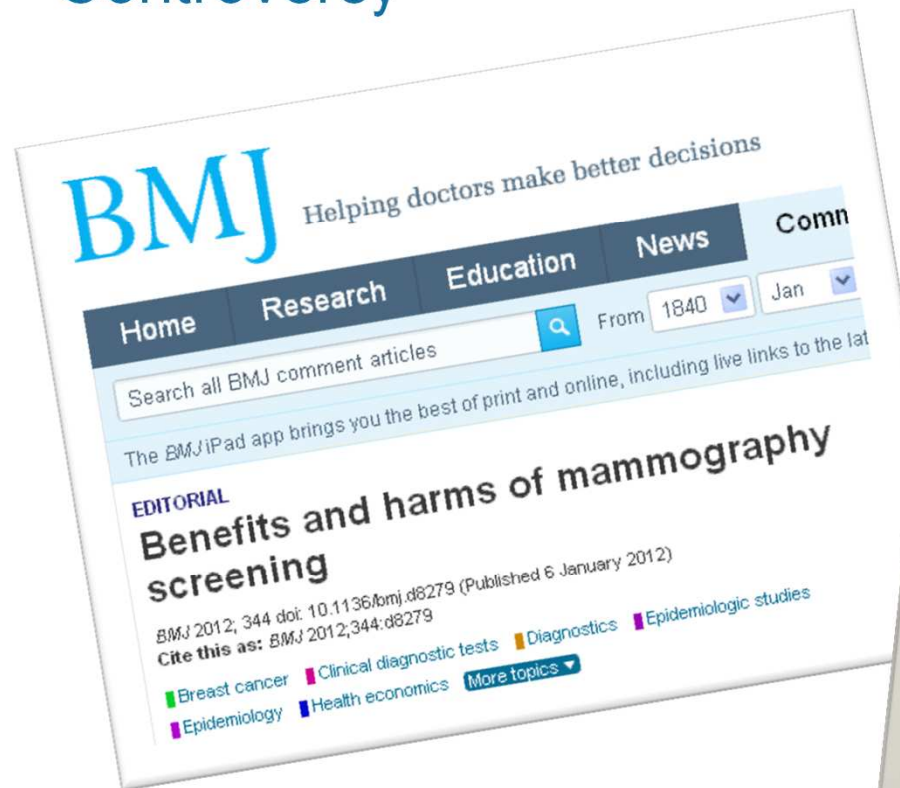
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Best buys

Controversy



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Essential Public Health Operations

1. Surveillance of population health and wellbeing
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. Assuring governance for health and wellbeing
7. Assuring a competent public health workforce
8. Assuring organizational structures and financing
9. Advocacy, communication and social mobilization for health
10. Advancing public health research to inform policy and practice



Thank You



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