NCDs and H2020
The Big Shift

Gauden Galea
Paris, June 2012
Health 2020

Inequity
Governance
Whole of society
Public health capacity
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
Circulatory Mortality – EU
Source: WHO HFA Database
Cardiovascular Mortality – CIS
Source: WHO HFA Database
Renew Health Governance

Global Commitments

- Overall societal goals
- Interconnected forms of government
- New strategic relationships
- Citizens voice and participation

SOCIAL DETERMINANTS EQUITY
SUSTAINABILITY
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
Link to Global Processes
Oslo → Moscow → Baku → New York
Milestones
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

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

- 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

* All indicators should be disaggregated by gender, age, socioeconomic position, and other relevant stratifiers
Voluntary global targets for preventing and controlling NCDs (2010-2025)

Outcomes
- Cancer incidence by type
- Mortality between ages 30 – 70 due to CVD, cancer, diabetes, or CRD (25% relative reduction)

Exposures
- Adult alcohol per capita consumption
- Heavy drinking occasions
- Insufficient physical activity (10% relative reduction)
- Low fruit and vegetable consumption
- Overweight/obesity
- Raised blood glucose/diabetes
- Raised blood pressure (25% relative reduction)
- Raised total cholesterol
- Salt/sodium intake (30% relative reduction)
- Tobacco smoking (30% relative reduction)

Health systems response
- Access to palliative care
- Availability of basic diagnostics and medicines
- Cervical cancer screening
- Multidrug therapy for CVD risk reduction
- Policies to eliminate trans fats
- Policies to reduce marketing of unhealthy foods to children
- Vaccination for Hepatitis B
- Vaccination for HPV

* 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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- Cardio-metabolic risk assessment and management
- Early detection of cancer
• CVD deaths
• Smoking Rates
• Low birth weight babies
• Early childhood development scores
• Aspirin after myocardial infarct
• Tobacco prices
• Marketing of food
• Safe and decent work
• Disaggregate
• Link
• Over time
• Disaggregate
• Link
• Over time

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

• Aspirin after myocardial infarct
• Tobacco prices
• Marketing of food
• Safe and decent work
Prevalence of overweight, incl. obesity – boys %
Based on the 2007 WHO growth reference for children and adolescents 5-19 years

[Bar chart showing prevalence of overweight and obesity for boys in various countries and age groups.]
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

Difference in prevalence (%) between LOW and HIGH affluence groups

- Armenia
- Russian Federation
- Estonia
- Denmark
- Italy
- Scotland
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

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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

- Food Based Dietary Guidelines
  - Guideline
  - Physical Activity

- Subsidized School Fruit Scheme

- School Vending Machines

- Promote Active Travel

- Initiatives to reduce Salt

- Increase healthier processed foods

- Measures to affect food prices

- Legislation labelling energy

- Signposting Food Products

- Regulation Marketing
- Baby Friendly Hospital
- Promotion Breastfeeding
Policy development at national level

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

- Monitoring and research
- Workplaces
- Community actions
- Advice and treatment
- Harm reduction in environment
- Drink-driving policies
- Regulation of marketing
- Public awareness-raising
- Illegal alcohol
- Affordability
- Availability

- Stronger
- Unchanged
- Weaker

*a Data missing from one country.
*b Data missing from two countries.
Matrix for fiscal policy

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<thead>
<tr>
<th></th>
<th>Evidence</th>
<th>Current Practice</th>
<th>Social Impact</th>
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<tbody>
<tr>
<td>Tobacco</td>
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<td>Alcohol</td>
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<td>Foods</td>
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Tobacco Control: Ukraine
Rising revenue, Falling consumption

<table>
<thead>
<tr>
<th></th>
<th>Average monthly revenues (x 100 mln UAH)</th>
<th>Average monthly production (bln cigarettes)</th>
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<tbody>
<tr>
<td>Jan-Aug 2008</td>
<td>2.57</td>
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<tr>
<td>Sep 2008-April 2009</td>
<td>4.83</td>
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<td>May-December 2009</td>
<td>9.15</td>
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<td>January-June 2010</td>
<td>9.49</td>
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<td>July-December 2010</td>
<td>10.37</td>
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<td>12.31</td>
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Annual Cigarette Consumption, Turkey (per capita)

Tobacco Control in Turkey
Story of Commitment and Leadership
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;
“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
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
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
## NCD Action Plan

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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
WHO/ISH Risk Prediction Charts
(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

Source: http://www.bmj.com/content/suppl/1999/03/31/318.7188.904.DC1/ppr904.pdf
Cervical Cancer Mortality – EU
Source: WHO HFA Database
Cervical Cancer Mortality

Source: WHO HFA Database
Best buys
Controversy
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