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GREETINGS FROM FINLAND
NCDs are preventable

• From a medical point of view NDCs are to a great extent preventable diseases until late in life
• Prevention is based on the elimination of lifestyle-related risk factors (tobacco, diet, physical activity, alcohol)
• Lifestyles are greatly influenced by social and physical environments

  Amenable to policies
Change in age-adjusted mortality rates
Finland, males aged 35–64 (per 100 000 population)

<table>
<thead>
<tr>
<th></th>
<th>Rate per 100 000</th>
</tr>
</thead>
<tbody>
<tr>
<td>All causes</td>
<td>1328</td>
</tr>
<tr>
<td>All cardiovascular</td>
<td>680</td>
</tr>
<tr>
<td>Coronary heart disease</td>
<td>489</td>
</tr>
<tr>
<td>All cancers</td>
<td>262</td>
</tr>
</tbody>
</table>

Gain of some 10 healthy years in Finnish population
Cornerstones of NCD prevention and control (WHO global strategy, 2000)

• Attention to behavioural risk factors
  – Tobacco use
  – Unhealthy diet
  – Physical inactivity
  – Harmful use of alcohol

• Monitoring and surveillance of
  – Risk factors and diseases
  – Preventive actions

• Redirection of health services
  – Prevention
  – Chronic care model
World Health Assembly in 2000: There is a strategic vision on how to address NCDs

*Surveillance*
Mapping the epidemic of NCDs

*Prevention*
Reducing the level of exposure to risk factors

*Management*
Strengthen health care for people with NCDs
Entry points for NCD prevention & control

• Diseases
  – Vertical, clinical, limited public health impact

• Risk factors/lifestyles
  – Direct impact on many NCDs, cost-effective at a population level

• Determinants
  – Basic, general political decisions for health promoting conditions and possibilities
Four types of non-communicable diseases are largely preventable by means of effective interventions that tackle shared modifiable risk factors.

<table>
<thead>
<tr>
<th>Non-communicable diseases</th>
<th>Causative risk factors</th>
<th>Tobacco use</th>
<th>Unhealthy diets</th>
<th>Physical inactivity</th>
<th>Harmful use of alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease and stroke</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Chronic lung disease</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Lifestyle changes – whose responsibility?

Individual responsibility is important but:

- people’s behaviours are significantly related to socioeconomic determinants
- national lifestyles are deeply rooted in national, social and physical environments
- And are amenable to policy interventions

Public responsibility

Policy actions

“Make the healthy choice the easy one” (Ottawa charter)
Intersectoral work towards prevention
- ”Health in all policies”

- People’s lifestyles are influenced by decisions in different sectors of society (much of them beyond the health sector)
- Health in general and NCD prevention in particular should be taken into account in decisions made by different sectors (health impact assessment)
- Identification of possibilities for “win-win” situations
Examples of intersectoral work 1.

Development of Finnish Rapeseed oil

Change in fat content of Finnish cow milk

Fen: $y = -0.16x + 362$

Gen: $y = -0.16x + 358$
Examples of intersectoral work 2.

Biscuit example:
- Leading Finnish biscuit manufacturer (LU Finland Ltd) has removed some 80,000 kg of SAFA by changing the fats used.
- All trans fats removed and major transfer to rapeseed oil.

Meat product example:
HK (Leading Finnish meat company) since 2007 annually:
- 40,000 kg less salt
- 10,000 kg less saturated fat in their products.
Comprehensive action and partnership for national NCD prevention

- Health services
- Governments (national, local)
- Civil society (NGOs)
- Private sector
- Media
- International collaboration

The World Health Report 2006
During the last few years a great number of strategies and plans for evidence-based, effective prevention and health promotion have been produced.

Many important priorities have been identified

-> From priorities to implementation
## Priorities for investment: best buys

<table>
<thead>
<tr>
<th>Risk factor / disease</th>
<th>Interventions</th>
</tr>
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</table>
| **Tobacco use**                                            | – Raise taxes on tobacco  
– Protect people from tobacco smoke  
– Warn about the dangers of tobacco  
– Enforce bans on tobacco advertising |
| **Harmful use of alcohol**                                 | – Raise taxes on alcohol  
– Restrict access to retailed alcohol  
– Enforce bans on alcohol advertising |
| **Unhealthy diet and physical inactivity**                 | – Reduce salt intake in food  
– Replace trans fat with polyunsaturated fat  
– Promote public awareness about diet and physical activity (via mass media) |
| **Cardiovascular disease and diabetes**                   | – Provide counselling and multi-drug therapy (including blood sugar control for diabetes mellitus) for people with medium-high risk of developing heart attacks and strokes (including those who have established CVD)  
– Treat heart attacks (myocardial infarction) with aspirin |
| **Cancer**                                                 | – Hepatitis B immunization beginning at birth to prevent liver cancer  
– Screening and treatment of pre-cancerous lesions to prevent cervical cancer |
"Best buys” for NCD prevention”

Top priority

• National **tobacco** policy (FCTC implementation)
• Reduction of **salt** intake (industry collaboration & regulation)

Others

• Reduction of saturated & **transfats** (industry collaboration & regulation)
• Promotion of availability & affordability of **fruits & vegetables**
• Promotion of daily **physical activity** (increased PA possibilities)
• National **alcohol** policy (taxes, availability – in many countries)

Preventative practices in primary health care
Redirection of health services

- Reorientation and strengthening of health systems
- Primary health care:
  "Now more than ever"
  (WHR 2008)
- Special emphasis for NCDs
  - Chronic care model
  - Preventive practices
A framework for national NCD surveillance

**Exposures:**
- Behavioural risk factors: tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diet.
- Physiological and metabolic risk factors: raised blood pressure, overweight/obesity, raised blood glucose, and raised cholesterol.
- Social determinants: educational level, household income, access to health care.

**Outcomes:**
- Mortality: NCD-specific mortality.
- Morbidity: Cancer incidence and type.

**Health system response:**
- Interventions and health system capacity: infrastructure, policies and plans, access to key health-care interventions and treatments, partnerships.
Surveillance

- Monitoring of
  - Diseases
  - Risk factors/behaviours
  - Determinants
  - Prevention & control process

- "Best buys":
  - NCD mortality trend
  - Core risk factor trends

- National institutional base for surveillance and links with national health monitoring
- International standardization and collaboration
- Active use of surveillance results: Feed-back, communication
Global level action

- Increasing burden of NCDs in the developing world is a consequence of globalisation of unhealthy lifestyles – related to urbanization, global communication and marketing etc.
- WHO’s leadership
- WHO’s global Action Plan 2007-12
World Health Assembly in 2008: There is a long-term roadmap for all countries and partners

Six objectives:

1. Raising the priority accorded to NCDs in development work at global and national levels, and integrating prevention and control of NCDs into policies across all government departments
2. Establishing and strengthening national policies and programmes
3. Reducing and preventing risk factors
4. Prioritizing research on prevention and health care
5. Strengthening partnerships
6. Monitoring NCD trends and assessing progress made at country level
Global instruments for influencing NCD lifestyles

- Alcohol: global strategy (2010)

Global instruments and actions – supported by necessary resources - needed for counteracting negative social consequences of globalization. Focus on low and middle income countries.
WHO’s ministeral conference on NCDs

• Moscow April 2011
• Ministry of Health of Russian Federation, together with WHO
• Global ministerial platform for raising advocacy on NCD prevention and control
UN high-level summit on NCDs 
New York Sept 2011

“Unprecedented opportunity” for high-level political support and action on global NCD prevention and control”
Thank you