



Universität
Zürich^{UM}

Institut für Sozial- und Präventivmedizin

Die Bedeutung der nicht-übertragbaren Krankheiten und ihrer Risikofaktoren für Public Health

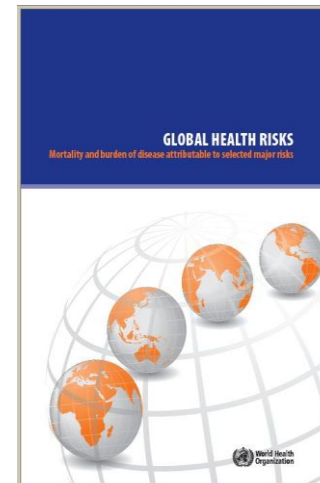
PD Dr. med. Brian Martin, MPH
Arbeitsbereich Bewegung und Gesundheit

Mitgliederversammlung Public Health Schweiz
Bern, 16.04.14

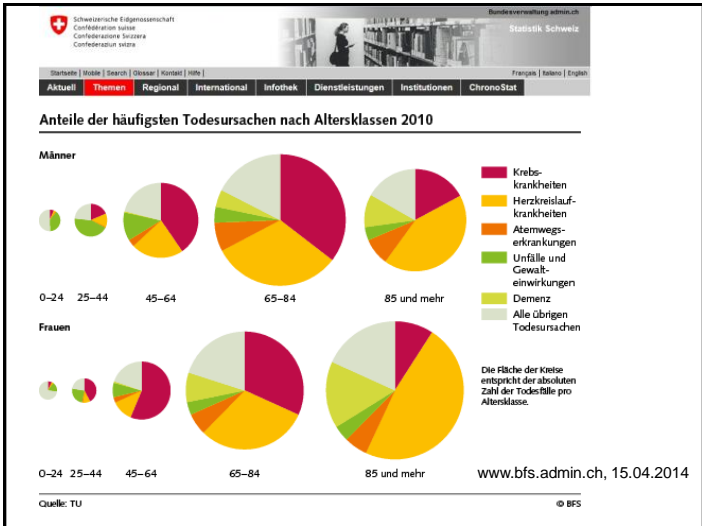
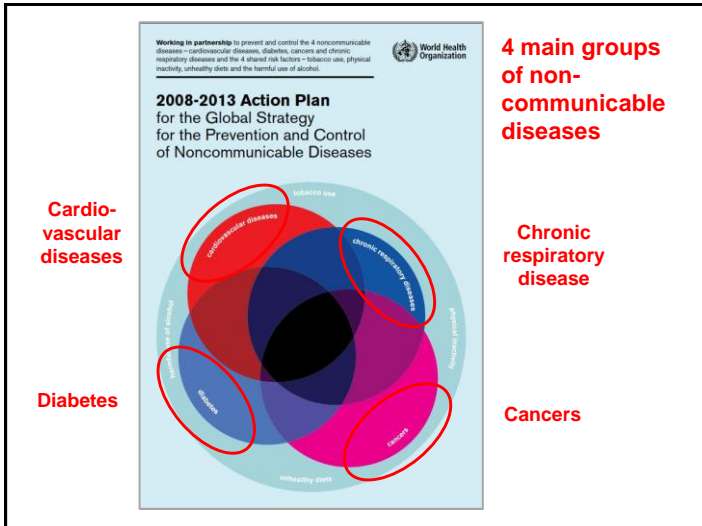
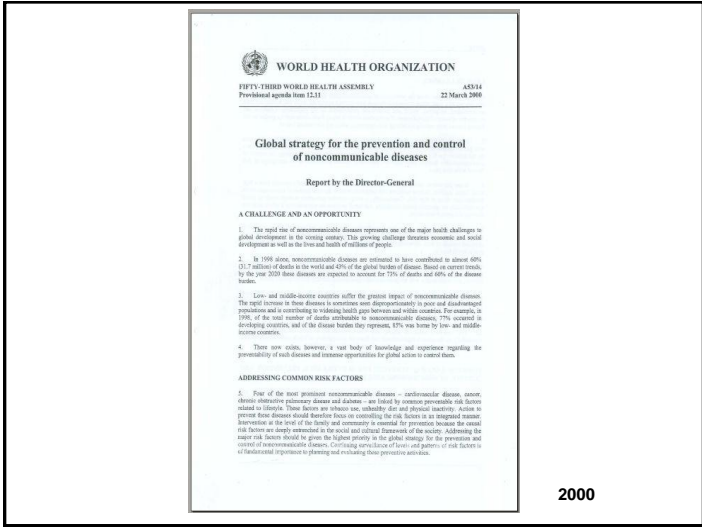
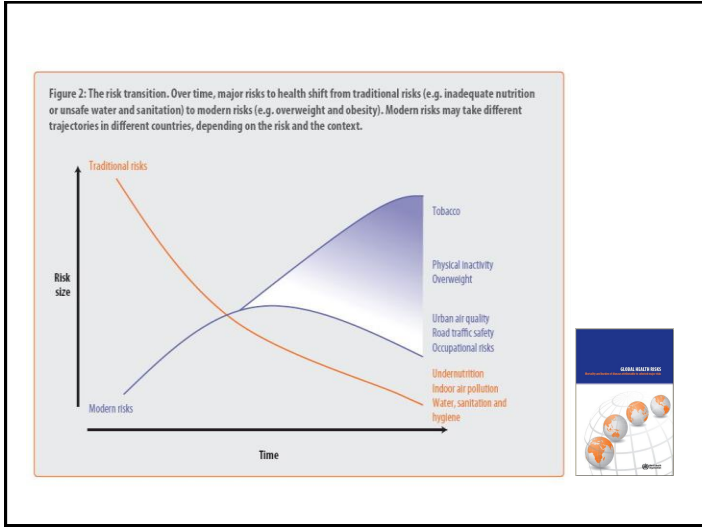
„Gegenwärtig ist die Lebenserwartung bei Geburt in der Schweiz eine der höchsten der Welt, was vor allem auf den starken Anstieg im Laufe des 20. Jahrhunderts zurückzuführen ist. Seit 1900 hat sie sich fast verdoppelt: von 46,2 auf 80,5 Jahre für die Männer und von 48,9 auf 84,7 Jahre für die Frauen. Trotzdem ist in jüngster Zeit eine Abschwächung dieses Anstieges zu erkennen. Der Unterschied zwischen den beiden Geschlechtern verringert sich seit Jahren und beträgt im Jahr 2012 noch 4,2 Jahre.“

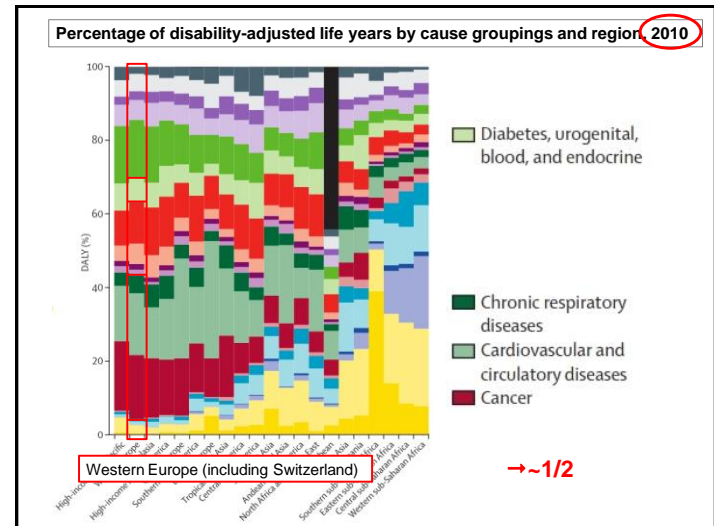
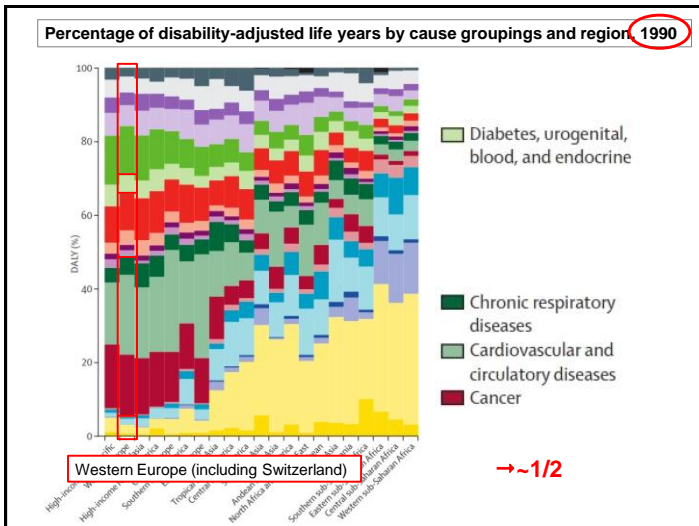
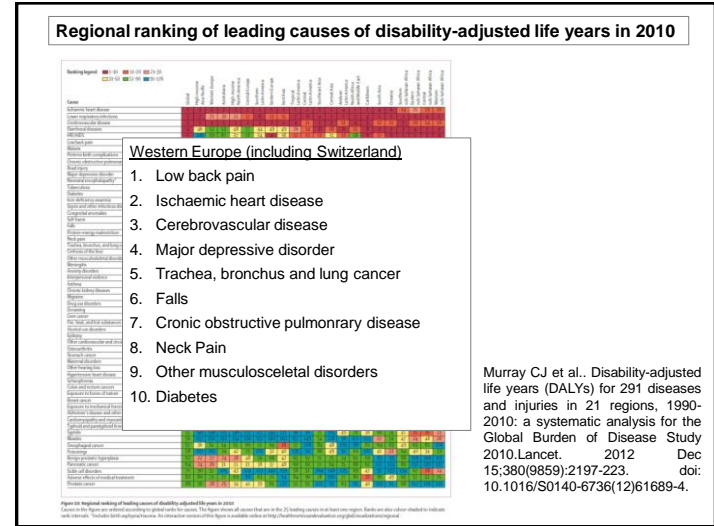
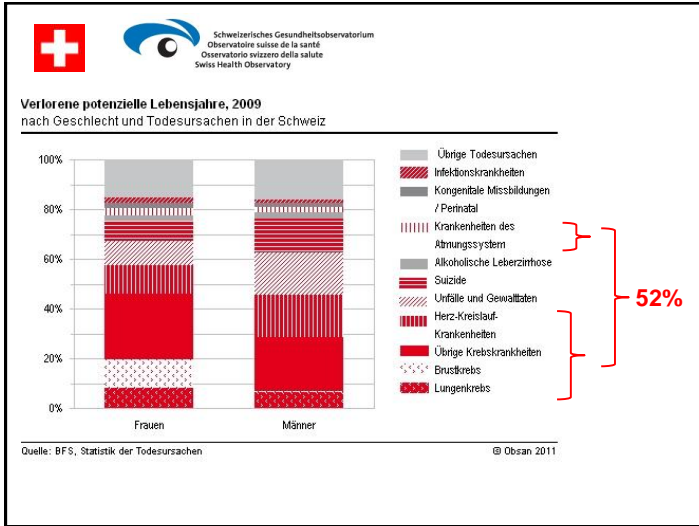
www.bfs.admin.ch, 15.04.2014

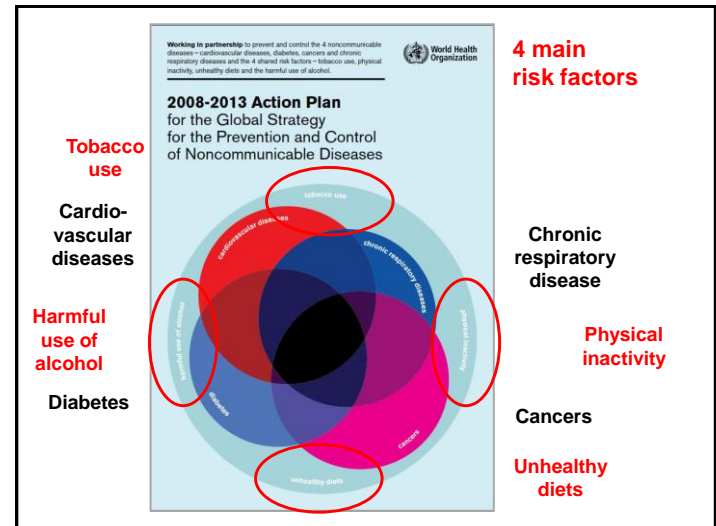
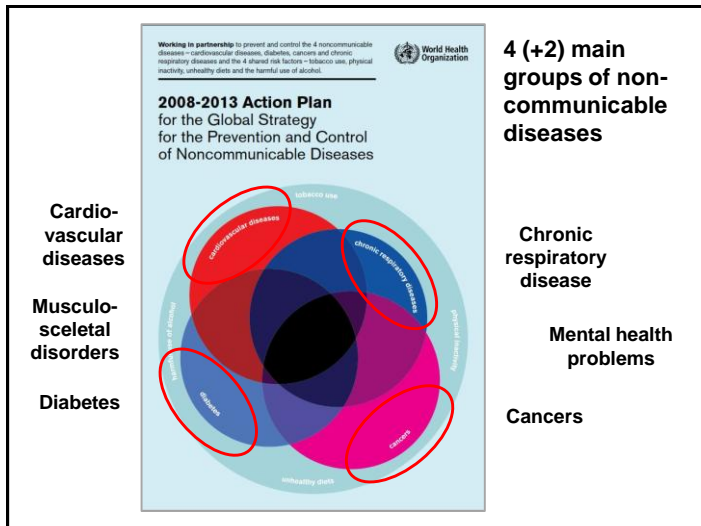
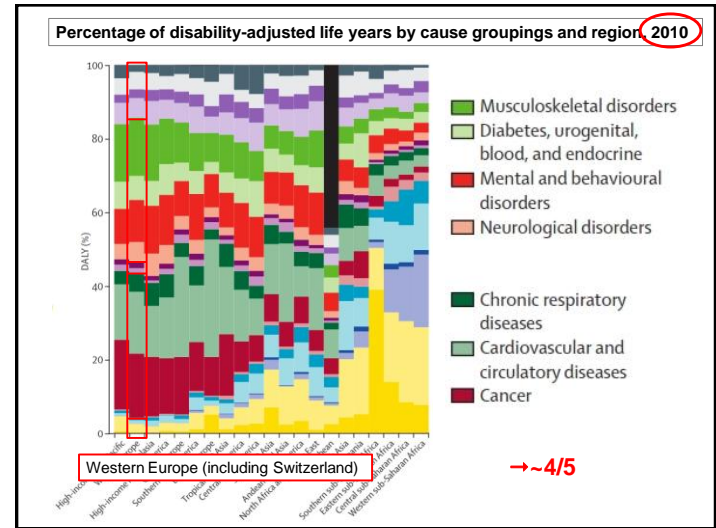
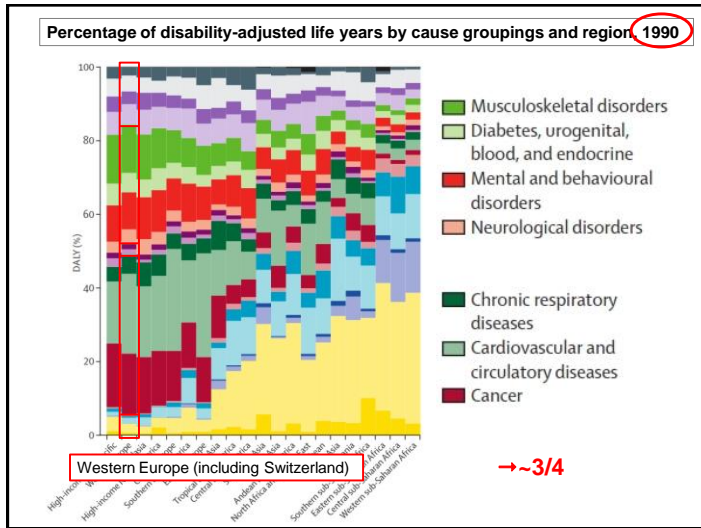
- Nicht-übertragbare Krankheiten
- Risikofaktoren für nicht-übertragbare Krankheiten
- Internationale Strategieentwicklung für NCDs
 - Ausgeführt am Beispiel der körperlichen Aktivität

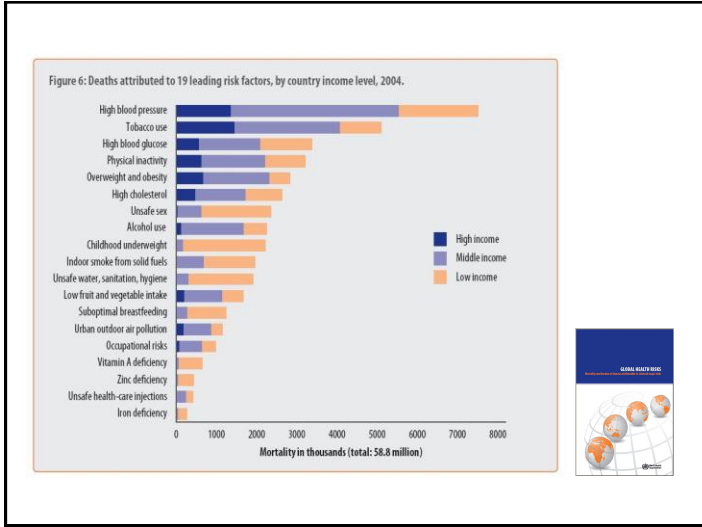


2009









Risk factors described in WHO's World Health Statistics

5. Risk factors

Member State	SDG 7 Population using improved drinking-water sources* (%)	SDG 7 Population using improved sanitation** (%)	Population using solid fuels* (%)	Preterm birth rate* (per 100 live births)	Infants exclusively breastfed for the first 6 months of life** (%)	Children aged <5 years* (%)
	1990 2000 2011	1990 2000 2011	2010	2010	2005-2012	Wasted 2005-2012, Stunted 2005-2012, Underweight 1990-2012, Overweight 2005-2012

Member State	SDG 3 Prevalence of raised fasting blood glucose among adults aged ≥25 years* (%)	SDG 3 Prevalence of raised blood pressure among adults aged ≥25 years* (%)	SDG 3 Adults aged ≥20 years who are obese* (%)	SDG 3 Alcohol consumption among adults aged ≥15 years* (litres of pure alcohol per person per year)	SDG 3 Prevalence of smoking any tobacco product among adults aged ≥15 years* (%)	SDG 3 Prevalence of current tobacco use among adolescents aged 13-15 years* (%)	SDG 3 Prevalence of condom use by adults aged 15-49 years during highest risk sex* (%)	SDG 3 Prevalence of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS* (%)
Male | Female	Male | Female	Male | Female	Male | Female	Male | Female	Male | Female	Male | Female	Male | Female	Male | Female
2008	2008	2008	2008	2009	2005-2010	2005-2011	2005-2011	2005-2011

(→~5/17)

Risk factors described in WHO's World Health Statistics

5. Risk factors

Member State	Alcohol consumption among adults aged ≥15 years ¹ (litres of pure alcohol per person per year)		Prevalence of smoking any tobacco product among adults aged ≥15 years ¹ (%)		Prevalence of current tobacco use among adolescents aged 13-15 years ⁴ (%)	
	Male	Female	Male	Female	Male	Female
2008	2009		2005-2010		Switzerland	
11.4	31	21	...	...	Austria	
12.4	47	45	...	...	France	
12.5	36	27	...	...	Germany	
12.1	33	25	...	...	Italy	
9.7	33	19	...	...

Research aims

- Quantifying combined effects of the four behavioural risk factors for NCD on mortality
- Developing respective risk charts for communication

Methods

- Record linkage study: MONICA Study & Swiss National Research Programme 1A with Swiss National Cohort
- 16'721 Participants (16-90 years)
- Up to 32 years of mortality follow-up

RESEARCH ARTICLE | Open Access

Establishing a follow-up of the Swiss MONICA participants (1984-1993): record linkage with census and mortality data

Martin Diener, Julia Braun, David Fahn, Felix Czuppon, Swiss National Cohort Study Group

COHORT PROFILE

Cohort Profile: The Swiss National Cohort—a longitudinal study of 6.8 million people

Heartline Study¹, Action Sports², Mental Disability³, Police Surveillance⁴, First Respond⁵, Characterisation of Individuals⁶, Adult Biogenesis⁷ and Healthline Study⁸

Martin-Diener E, Meyer J, Braun J, Tarnutzer S, Fäh D, Rohrmann S, Martin BW. Manuscript under revision. Project funded by the Swiss Heart Foundation and Swiss Cancer League, also supported by the Swiss National Science Foundation.

Prevention – a cost-effective way to fight the non-communicable disease epidemic

An academic perspective of the United Nations High-Level NCD Meeting

Nicole Probst-Hensch^{1,2}, Marcel Tanner^{2,3}, Claudia Kessler^{1,2}, Christian Burri^{2,3}, Nino Künzli^{1,2,3}

¹ Swiss Tropical and Public Health Institute, Basel, Switzerland

² University of Basel, Switzerland

“Air pollution is a relevant risk factor for many NCDs, most importantly respiratory and cardiovascular diseases and lung cancer with novel findings indicating a possible role in type 2 diabetes and mental development.”

“In addition to personal factors, societal factors such as social network, peer-pressure, religious beliefs or cultural perceptions also influence disease occurrence.”

Physical environment

Social environment

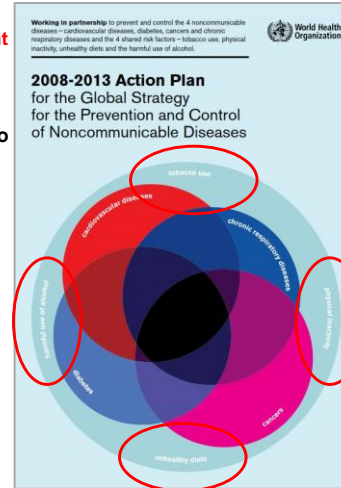
Tobacco use

Cardiovascular diseases

Musculo-skeletal disorders

Diabetes

Harmful use of alcohol



4 (+2) main risk factors

(direct and through influence on behaviour)

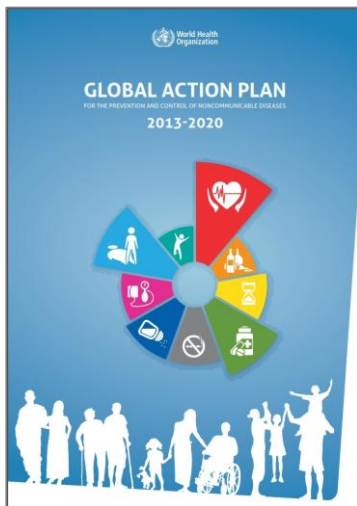
Physical inactivity

Chronic respiratory disease

Mental health problems

Cancers

Unhealthy diets



VISION:

A world free of the avoidable burden of noncommunicable diseases.

GOAL:

To reduce the preventable and avoidable burden of morbidity, mortality and disability due to noncommunicable diseases by means of multisectoral collaboration and cooperation at national, regional and global levels, so that populations reach the highest attainable standards of health and productivity at every age and those diseases are no longer a barrier to well-being or socioeconomic development.

OVERARCHING PRINCIPLES:

- Life-course approach
- Empowerment of people and communities
- Evidence-based strategies
- Universal health coverage
- Management of real, perceived or potential conflicts of interest
- Human rights approach
- Equity-based approach
- National action and international cooperation and solidarity
- Multisectoral action

OBJECTIVES

- 1 To raise the priority accorded to the prevention and control of noncommunicable diseases in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy.
- 2 To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.
- 3 To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.
- 4 To strengthen and orient health systems to address the prevention and control of noncommunicable diseases and the underlying social determinants through people-centred primary health care and universal health coverage.
- 5 To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.
- 6 To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.

 WHO Global NCD Action Plan
2013-2020

VOLUNTARY GLOBAL TARGETS

-  A **25%** relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases.
-  At least **10%** relative reduction in the harmful use of alcohol, as appropriate, within the national context.
-  A **10%** relative reduction in prevalence of insufficient physical activity.
-  A **30%** relative reduction in mean population intake of salt/sodium.
-  A **30%** relative reduction in prevalence of current tobacco use in persons aged 15+ years.
-  A **25%** relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances.
-  **Halt the rise** in diabetes and obesity.
-  At least **50%** of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes.
-  An **80%** availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private facilities.

 WHO Global NCD Action Plan
2013-2020



The NCD Alliance was founded by:

- International Diabetes Federation
- WORLD HEART FEDERATION
- UICC
- International Union Against Tuberculosis and Lung Disease

Home Contact Us

Search this site

WHO WE ARE | NCD FACTS | WORK STREAMS | RESOURCES | GET INVOLVED | NEWSROOM | EVENTS

Sign Up to Receive the Latest Updates on the NCD Alliance and Global NCD Campaign

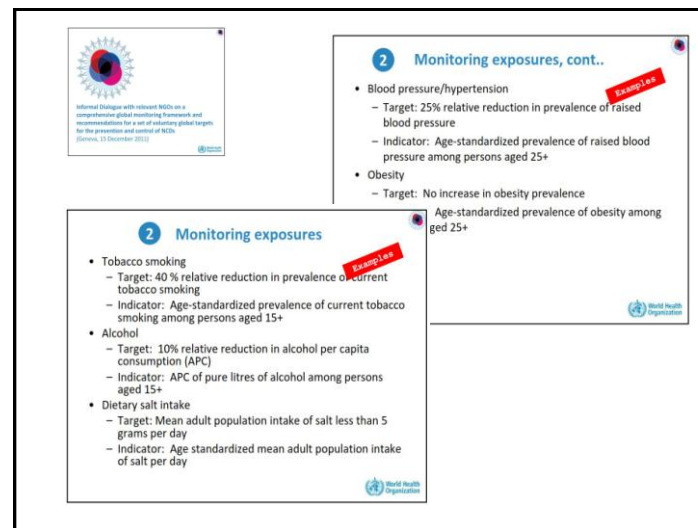
WORK STREAMS

- Advocacy Campaigns
- Global NCD Targets
- NCD Alliance Policy Series
- Working Groups
- A United Nations Summit on NCDs
- FAQ: Learn More about the UN Summit
- Pour en savoir davantage sur le Sommet de l'ONU sur les maladies non transmissibles

FAQ: Learn More about the UN Summit on NCDs

19.-20.09.2011

Martin BW, Kahlmeier S. Physical activity and health at the population level – the role of international networks. Res Exerc Epidemiol, in press



2 Monitoring exposures, cont..

- Blood pressure/hypertension
 - Target: 25% relative reduction in prevalence of raised blood pressure
 - Indicator: Age-standardized prevalence of raised blood pressure among persons aged 25+
- Obesity
 - Target: No increase in obesity prevalence
 - Age-standardized prevalence of obesity among aged 25+

2 Monitoring exposures

- Tobacco smoking
 - Target: 40% relative reduction in prevalence of current tobacco smoking
 - Indicator: Age-standardized prevalence of current tobacco smoking among persons aged 15+
- Alcohol
 - Target: 10% relative reduction in alcohol per capita consumption (APC)
 - Indicator: APC of pure litres of alcohol among persons aged 15+
- Dietary salt intake
 - Target: Mean adult population intake of salt less than 5 grams per day
 - Indicator: Age standardized mean adult population intake of salt per day



WHO Monitoring framework and targets for the prevention and control of NCDs

Why we need a global target on physical inactivity

We commend WHO for developing the Political Declaration on the Prevention and Control of NCDs, adopted at the UN High Level Meeting in September 2011 and Member States on their support for the Political Declaration. Halting the NCD epidemic requires timely implementation of the commitments in the Political Declaration and taking clear decisions at the 65th World Health Assembly this May.

Fiona Bull
Fiona Bull
Chair Global Advocacy for Physical Activity (GAPA)

Victor Matsudo
Victor Matsudo
Chair Physical Activity Network Americas (RAFA-PANA)


Adrian Bauman
Adrian Bauman
Chair Asia Pacific Physical Activity Network (APPAN)

Brian Martin
Brian Martin
Chair Agita Mundo, Global physical activity network

Willem van Mechelen
Willem van Mechelen
Chair HEPA Europe, European network for HEPA promotion

Vicki Lambert
Vicki Lambert
Secretariat African Physical Activity Network (AFPAN)

February 8 2012



SECOND WHO DISCUSSION PAPER
(Version issued 12 March 2012)

A COMPREHENSIVE GLOBAL MONITORING FRAMEWORK INCLUDING INDICATORS AND A SET OF VOLUNTARY GLOBAL TARGETS FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

Indicators and targets for 2025 for the global monitoring framework for NCDs

Indicators with targets	Mortality between ages 30 and 70 due to CVD, cancer, diabetes, and chronic respiratory disease			
	25% reduction			
Hypertension	Tobacco	Salt	Physical inactivity	
25% reduction	30% reduction	30% reduction	10% reduction	

Other WHO core indicators	Goals to virtually eliminate from food and to reduce marketing of unhealthy foods to children	
	Overweight/obesity (adult, child, adolescent)	Raised total cholesterol	Cardinal cancer screening
Raised blood glucose/diabetes	Adult per capita consumption of alcohol and heavy episodic drinking	Vaccination (HPV, Hepa B, B)
Low fruit and vegetable in take	Cancer incidence, by type	Access to 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



WHO Monitoring framework and targets for the prevention and control of NCDs

POSITION STATEMENT #2

SUPPORT FOR THE INCLUSION OF A GLOBAL TARGET ON PHYSICAL INACTIVITY

We call upon Member States, WHO and other interested partners, to endorse the inclusion of the global target and indicator on physical inactivity in the core set of the NCD monitoring framework

Fiona Bull
Fiona Bull
Chair Global Advocacy for Physical Activity (GAPA)

Victor Matsudo
Victor Matsudo
Chair Physical Activity Network Americas (RAFA-PANA)


Adrian Bauman
Adrian Bauman
Chair Asia Pacific Physical Activity Network (APPAN)

Brian Martin
Brian Martin
Chair Agita Mundo, Global physical activity network

Willem van Mechelen
Willem van Mechelen
Chair HEPA Europe, European network for HEPA promotion

Vicki Lambert
Vicki Lambert
Secretariat African Physical Activity Network (AFPAN)

March 27 2012



The NCD Alliance
Putting non-communicable diseases on the global agenda

Home Contact Us

WHO WE ARE | NCD FACTS | OUR CAMPAIGNS | RESOURCES | GET INVOLVED | NEWSROOM | EVENTS

Sign Up to Receive the Latest Updates on the NCD Alliance and Global NCD Campaign

A Major Victory at the World Health Assembly for NCDs
27.05.2013

27 May 2013
This years World Health Assembly (WHA) was a major moment for NCDs, marking the end of several ongoing consultation processes and putting in place the strong foundations of a global

Martin BW, Kahlmeier S. Physical activity and health at the population level – the role of international networks. Res Exerc Epidemiol, in press

The NCD Alliance
Putting non-communicable diseases on the global agenda

Today, countries unanimously adopted and supported an omnibus resolution on NCDs. This groundbreaking resolution fulfills commitments made in the UN Political Declaration on the Prevention and Control of NCDs, and signals consensus on the three pillars of the global NCD architecture - action, accountability and coordination.

The key decisions in the resolution are:

- To endorse the **WHO global action plan for the prevention and control of NCDs 2013–2020**;
- To adopt the **global monitoring framework on NCDs**, including the 9 global targets and 25 indicators;
- To develop a **global coordination mechanism** by the end of 2013 to coordinate activities and promote engagement of all actors in the global NCD response.

Including 1 target and 2 indicators on physical inactivity

27 May 2013
This year's World Health Assembly (WHA) was a major moment for NCDs, marking the end of several ongoing consultation processes and putting in place the strong foundations of a global

August 2012 (1)
July 2012 (1)

Martin BW, Kahlmeier S. Physical activity and health at the population level – the role of international networks. Res Exerc Epidemiol, in press

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE
WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA

ORGANISATION MONDIALE DE LA SANTÉ
BUREAU RÉGIONAL DE L'EUROPE
ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

WHO Ministerial Conference on Nutrition and Noncommunicable Diseases in the Context of Health 2020
Vienna
4–5 July 2013

5 July 2013

Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020

“9. We urge the WHO Regional Committee for Europe to mandate the development of a physical activity strategy, alongside the new food and nutrition action plan.”

Martin BW, Kahlmeier S. Physical activity and health at the population level – the role of international networks. Res Exerc Epidemiol, in press

SPORT
Supporting fair play and cooperation in sport
European Commission > Sport > News > 2013

News

“On 26 November [2013] the [EU] Council adopted the first ever Council Recommendation in sport, notably on promoting health-enhancing physical activity (HEPA) . [...] There was a shared understanding that more can be done together to address the high rates of physical inactivity in the EU and the economic and social costs related to it.”

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE
WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA

ORGANISATION MONDIALE DE LA SANTÉ
BUREAU RÉGIONAL DE L'EUROPE
ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

WHO European Region Informal Meeting on a Road Map for a Strategy on Health Enhancing Physical Activity
Erlangen, Germany
25-26 March 2014

03 March 2014
Original: English

Starting point for the development of a European Physical Activity Strategy

EU Council adopts the first ever recommendation in sport (HEPA) and concludes on the contribution of sport to the EU economy. It also debates “Good governance in sport”

WHO Ministerial Conference on Nutrition and Noncommunicable Diseases in the Context of Health 2020
Vienna
4–5 July 2013

5 July 2013

Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020

World Health Organization
REGIONAL OFFICE FOR Europe

EXPERT MEETING ON PHYSICAL ACTIVITY PROMOTION
IN HEALTH CARE SETTINGS: EUROPE IN 2013 AND IN THE FUTURE
ZURICH, 12-13 NOVEMBER 2013

HEPA Europe
European network for the promotion of Health-Enhancing Physical Activity

13 November 2013
ORIGINAL: ENGLISH

KOL-E-13 (Senatzimmer)
University main building
Rämistrasse 71, Zürich

World Health Organization
REGIONAL OFFICE FOR Europe

EXPERT MEETING ON PHYSICAL ACTIVITY PROMOTION
IN HEALTH CARE SETTINGS: EUROPE IN 2013 AND IN THE FUTURE
ZURICH, 12-13 NOVEMBER 2013

HEPA Europe
European network for the promotion of Health-Enhancing Physical Activity

Reason for meeting

Overview of the current state and ongoing developments

Lessons learned and remaining challenges

Basis for the definition of priorities for future action in the European region

World Health Organization
REGIONAL OFFICE FOR Europe

EXPERT MEETING ON PHYSICAL ACTIVITY PROMOTION
IN HEALTH CARE SETTINGS: EUROPE IN 2013 AND IN THE FUTURE
ZURICH, 12-13 NOVEMBER 2013

- WHO Meeting report including „Zurich Statement“
- Thematic issue 2/2014 of Swiss Journal for Sport Medicine and Sport Traumatology with manuscripts from meeting
- Presentation and follow-up at HEPA Europe Conference 2014
- Integration of conclusions in development of WHO's European Physical Activity Strategy

University of Zurich
Institute of Social and Preventive Medicine – HEPA Europe 2014

10th Annual Meeting and 5th Conference of HEPA Europe

Dates: August 27–29, 2014
Location: University of Zurich, Switzerland

This year's main conference theme "Physical Activity Promotion in Health Care Settings" will be explored through the lenses of research, policy, and practice in addition to keynote speakers, the conference will feature plenary sessions on health care, research and policy, parallel sessions on current topics, and two poster sessions. The event will also include the visit to local physical activity and sport projects as well as a reception and conference dinner.

Don't miss summer in Zurich, where you can enjoy impressive lake and mountain scenery!

Zurich - the River Limmat, the Lake and the Alps © jannich.com

www.ispm.uzh.ch/hepaeurope2014

