Noncommunicable diseases in the context of health policy: Lithuanian experience

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Presentation structure

- **Lessons learned from Lithuanian Health Programme (LHP) for the period 1998-2010**

- **Strategic direction for implementation of LHP 2020 – working together with all socio-economic sectors of the society to meet health needs**

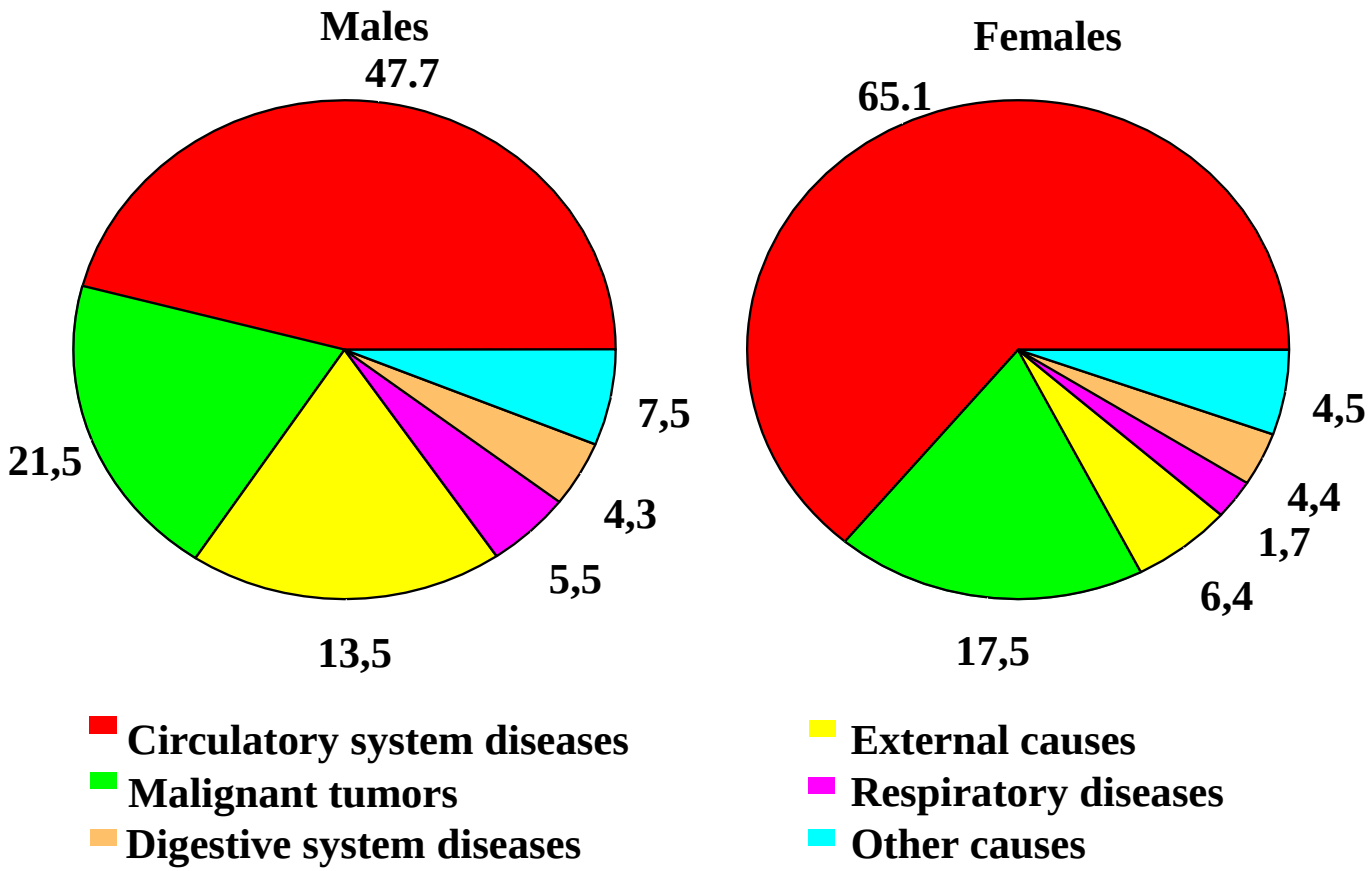
Data used for this presentation

- **Lithuanian Department of Statistics DB**
- **Institute of Hygiene health information DB**
- **CINDI - Lithuania DB (LSMU)**
  - **NCD risk factor population surveys (each 5 yr.)**
  - **CINDI Health Behaviour Monitor (each 2 yr.)**
- **WHO European HFA DB (July 2012 version)**

Reminding strategic objectives of LHP for the period 1998-2010

- **Increase in life expectancy by decreasing mortality**
- **Coping with health inequalities through equity based action**
- **Increasing quality of life**

Cause-specific mortality structure of Lithuanian population in 2011 (in percent)



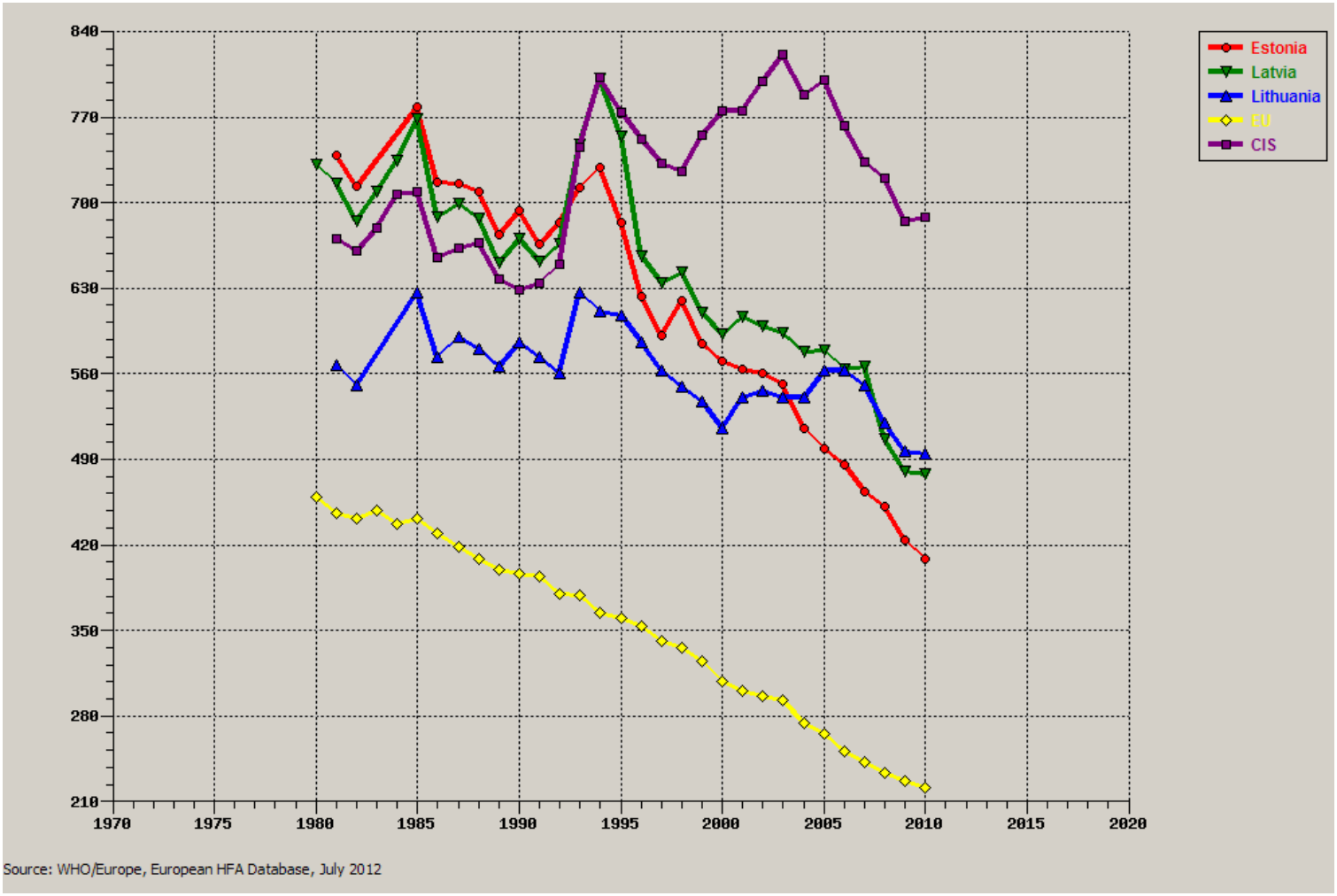
Source: Lithuanian Health Information Centre, 2012

Qualitative targets for major noncommunicable diseases and level of their achievement as a result of LHP 1998-2010 implementation

Cause of death	Age	LHP target	Change	Result
Circulatory system disease	Under 65	- 15 %	- 6,3 %	Not achieved
	Entire population	(- 10 %)	- 20,2 %	Achieved
Ischaemic heart disease	Under 65	- 15 %	- 2,9 %	Not achieved
	Entire population	(- 10 %)	- 17,7 %	Achieved
Cerebrovascular diseases	Under 65	- 15 %	- 15,5 %	Achieved
	Entire population	(- 10 %)	- 9,4 %	Close to projected
Malignant neoplasms	Under 65	- 15 %	- 14,4 %	Close to projected
	Entire population	- 10 %	- 6,6 %	Not achieved
Lung cancer in males	Entire population	- 15 %	- 19,4 %	Achieved
Cervical cancer	Entire population	- 15 %	- 10,2 %	Not achieved
Breast cancer	Entire population	- 15 %	- 16,8 %	Achieved
External causes	Under 65	(- 30 %)	- 28,4 %	Close to projected
	Entire population	- 30 %	- 26,2 %	Close to projected
Transport accidents	Under 65	(- 30 %	- 62,0 %	Achieved
	Entire population	(- 30 %)	- 64,0 %	Achieved

Trends in age standardized cardiovascular disease mortality in Lithuanian population

/100 000



Trends in age standardized ischaemic heart disease mortality in Lithuanian population

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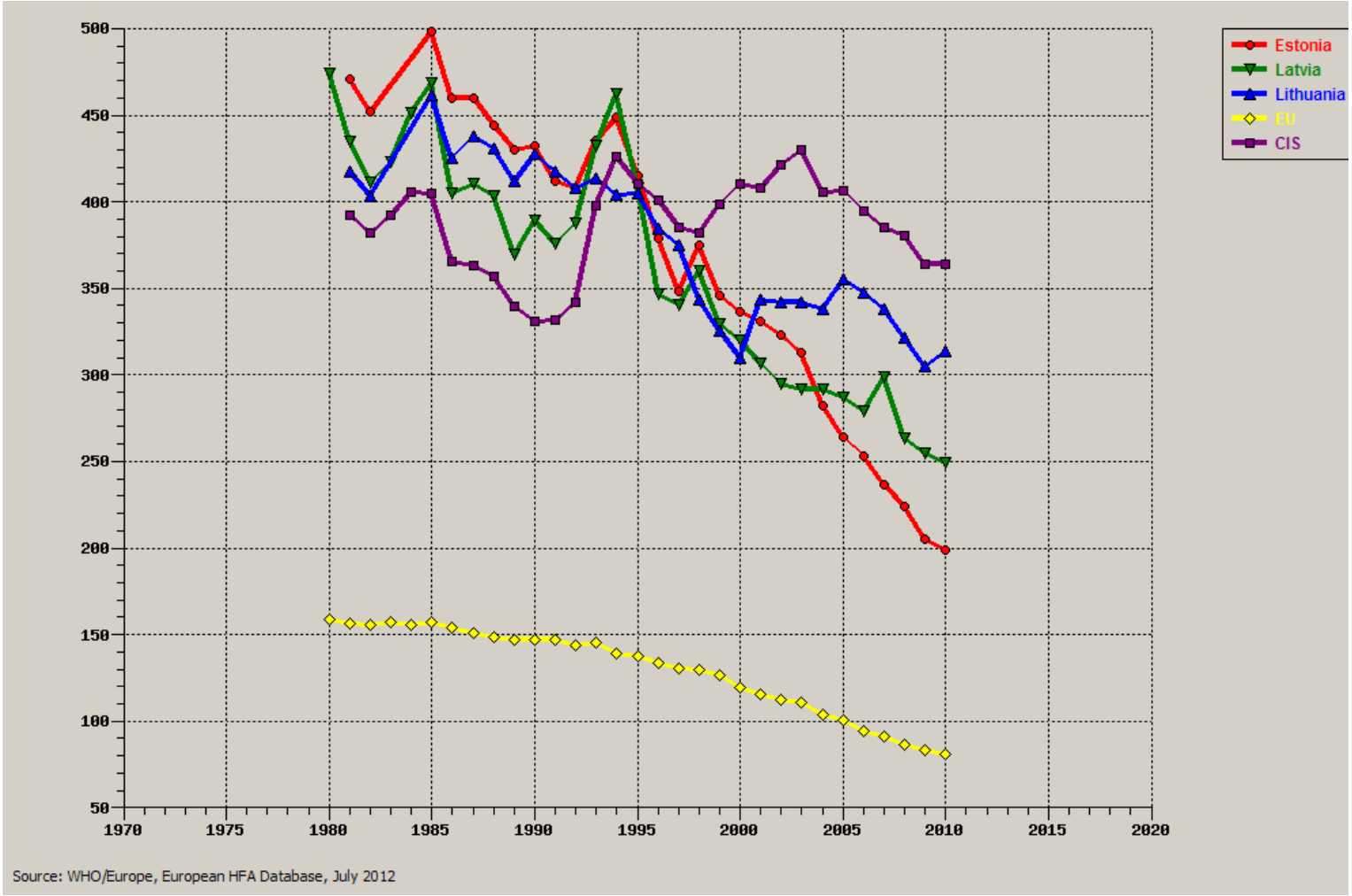

Trends in age standardized malignant neoplasm mortality in Lithuanian population

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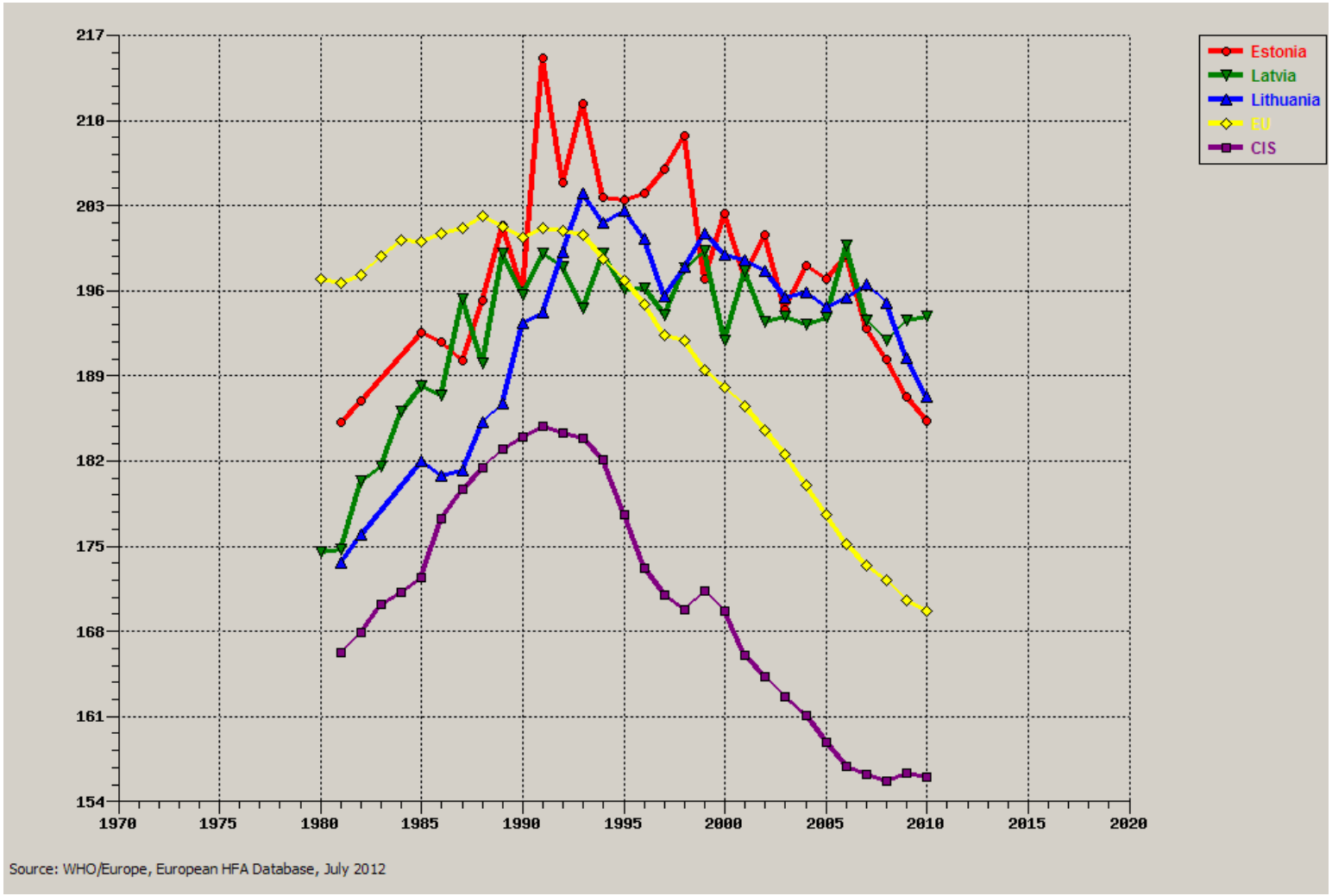

Trends in age standardized lung cancer mortality in Lithuanian male population

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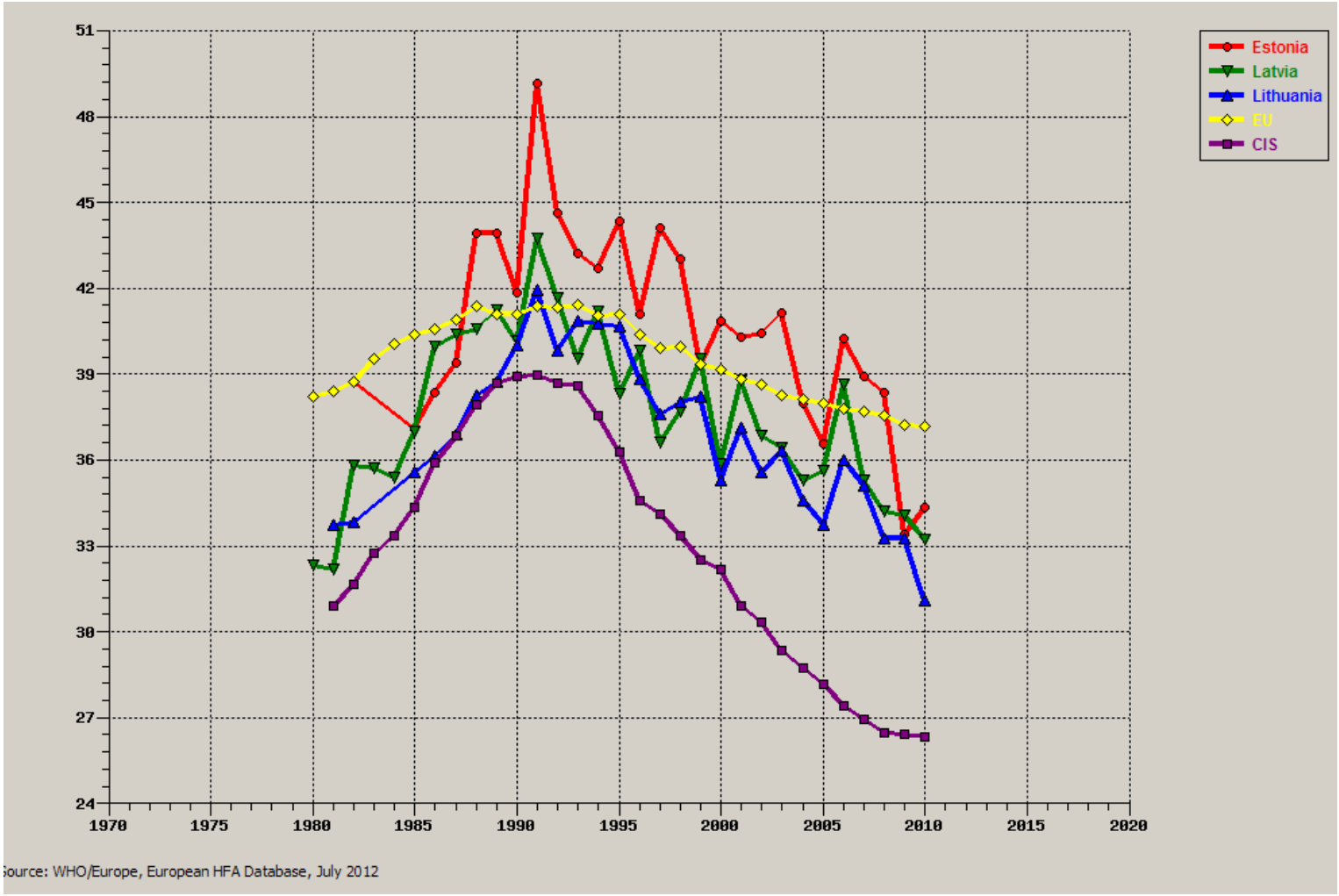

Trends in age standardized diabetes mortality in Lithuanian population

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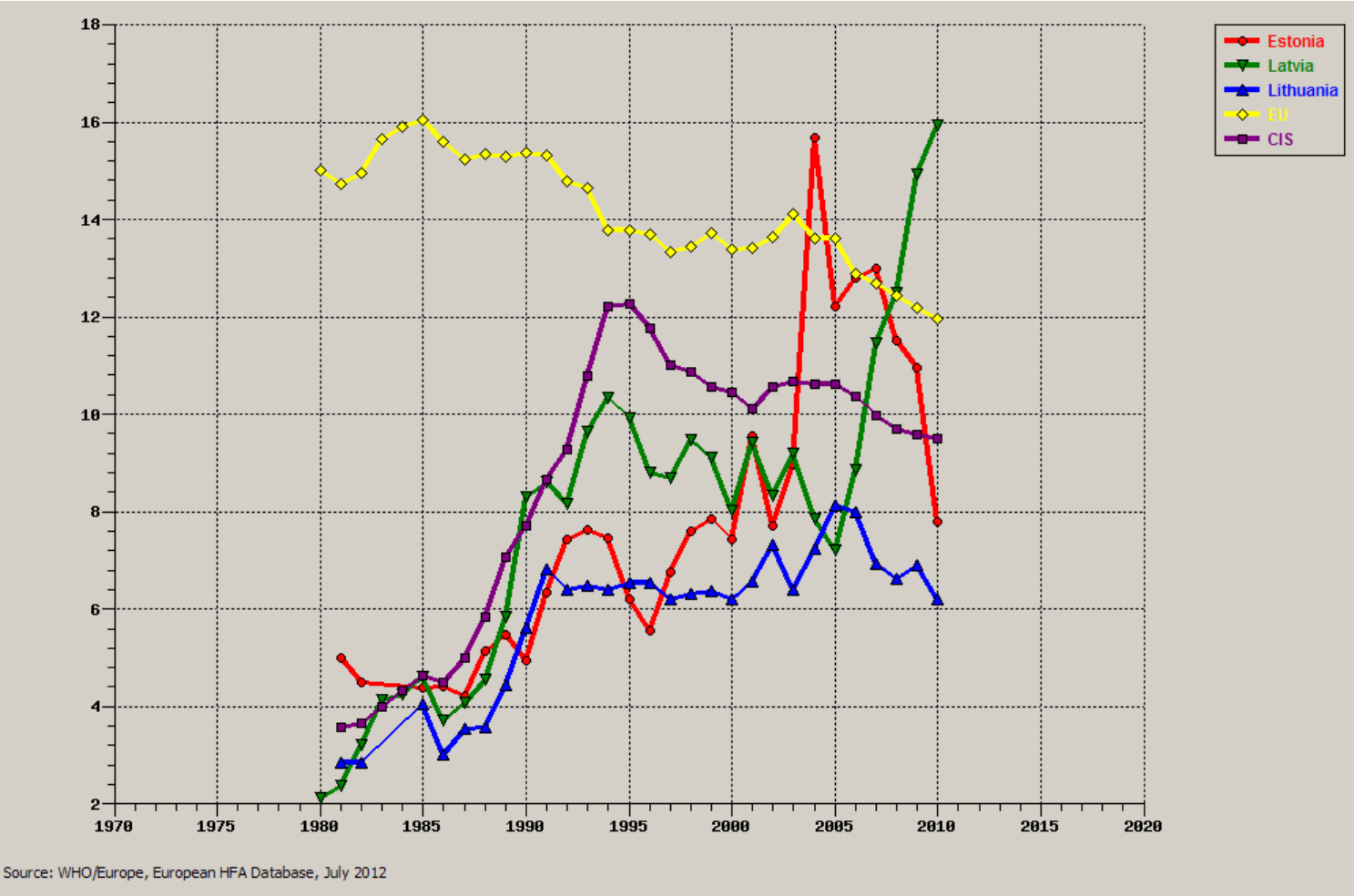

Trends in age standardized external cause mortality in Lithuanian population

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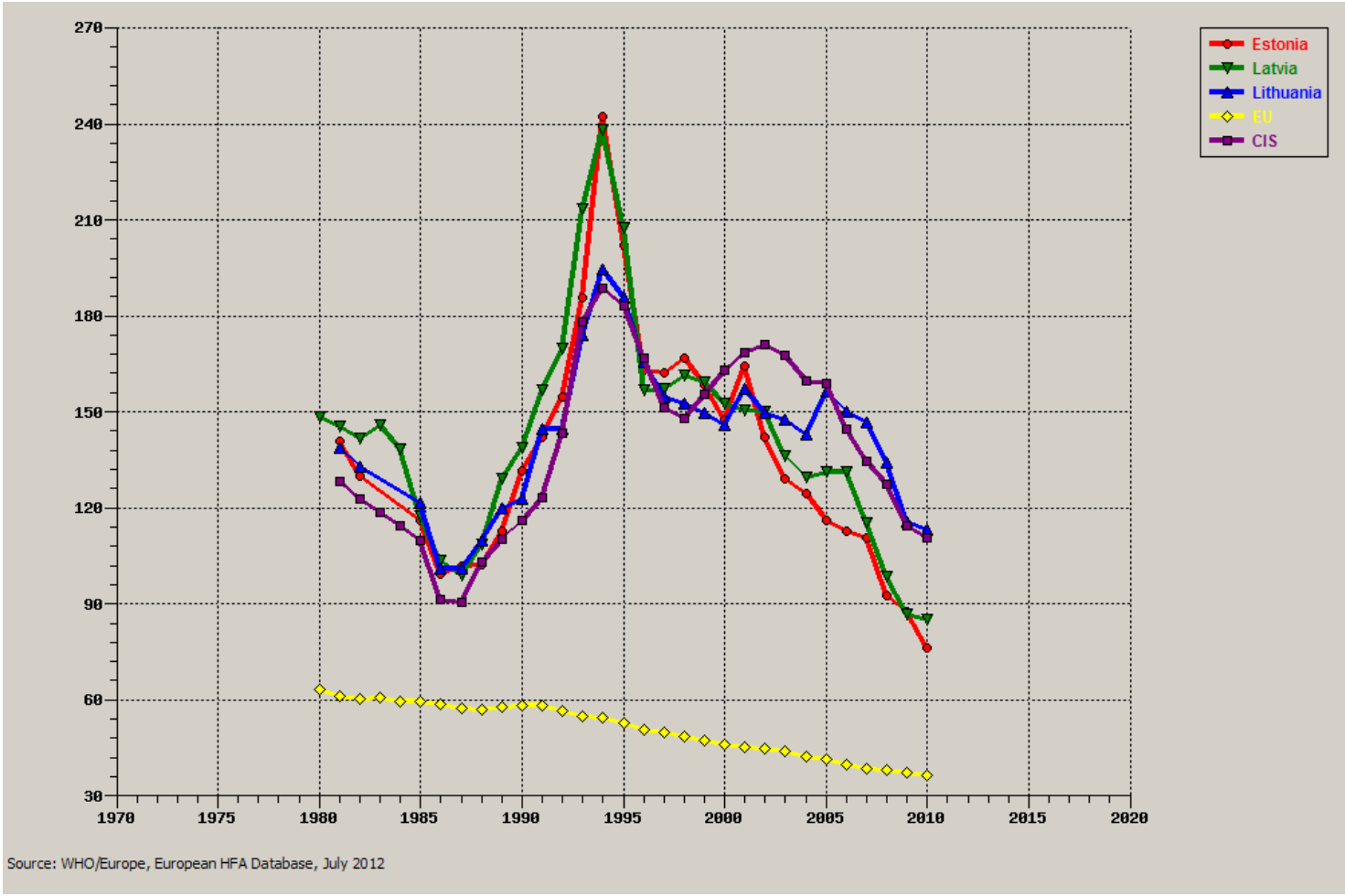

Trends in age standardized motor vehicle traffic accidents mortality in Lithuanian population

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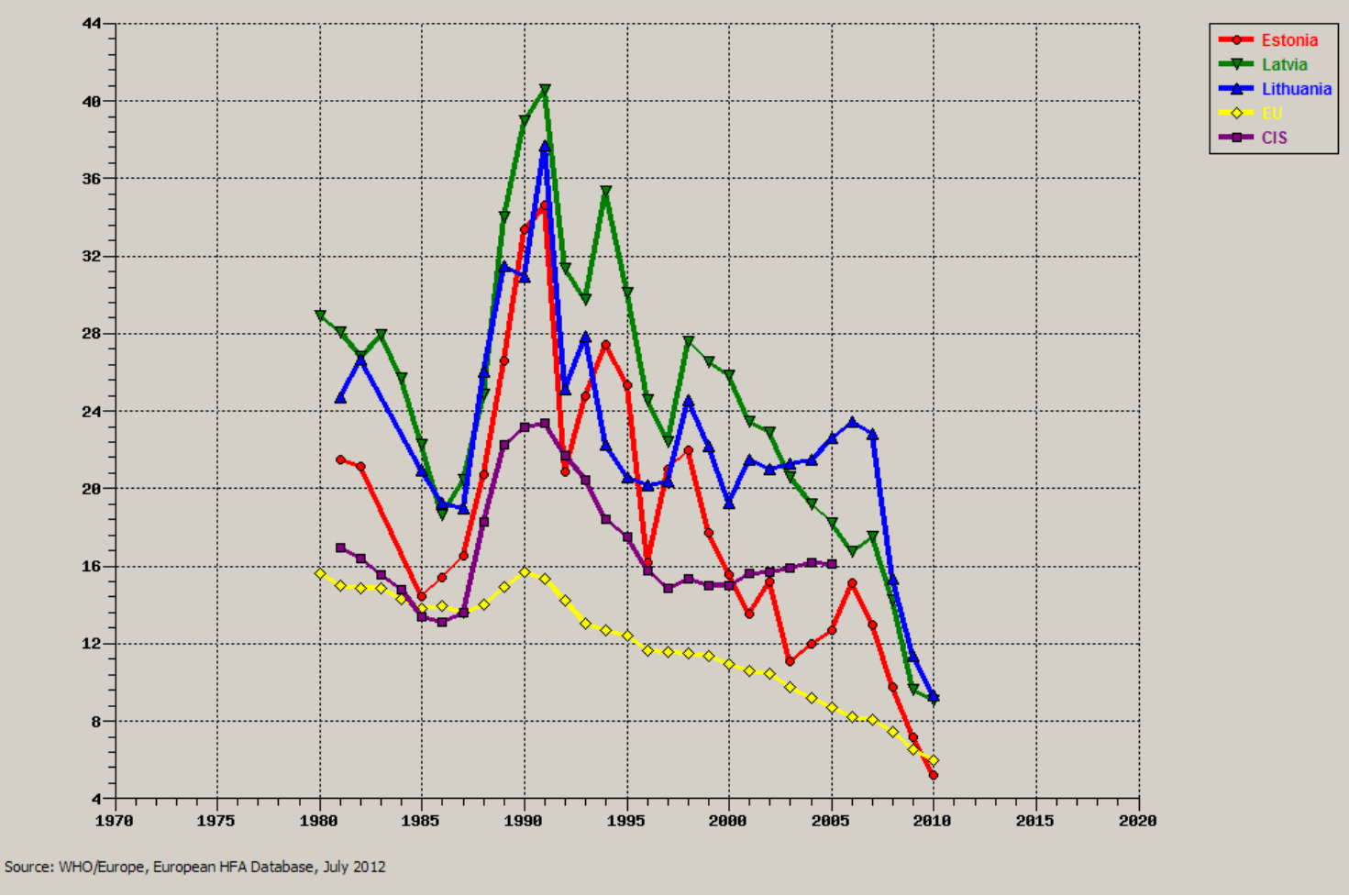

Trends in age standardized total mortality in Lithuanian population

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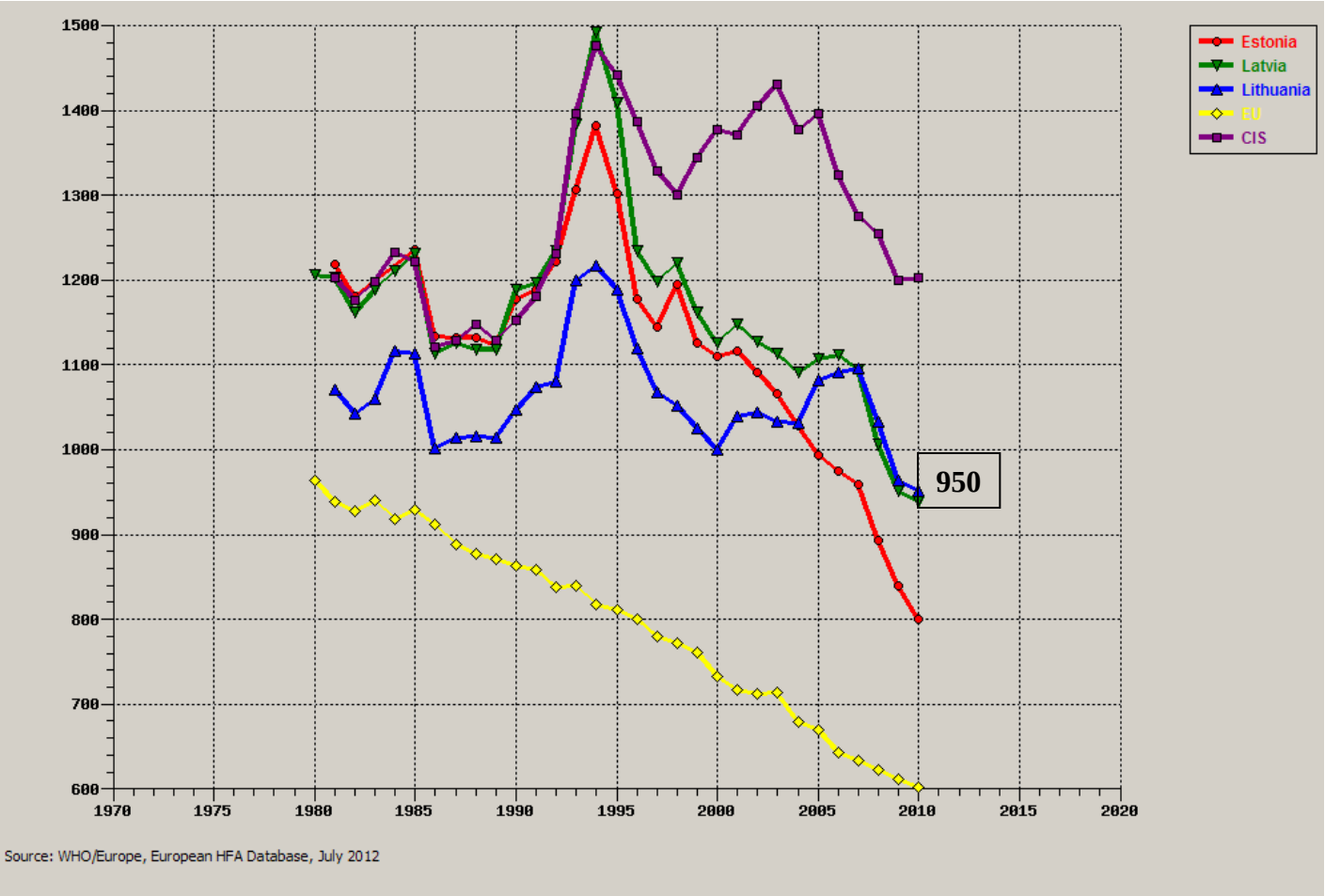
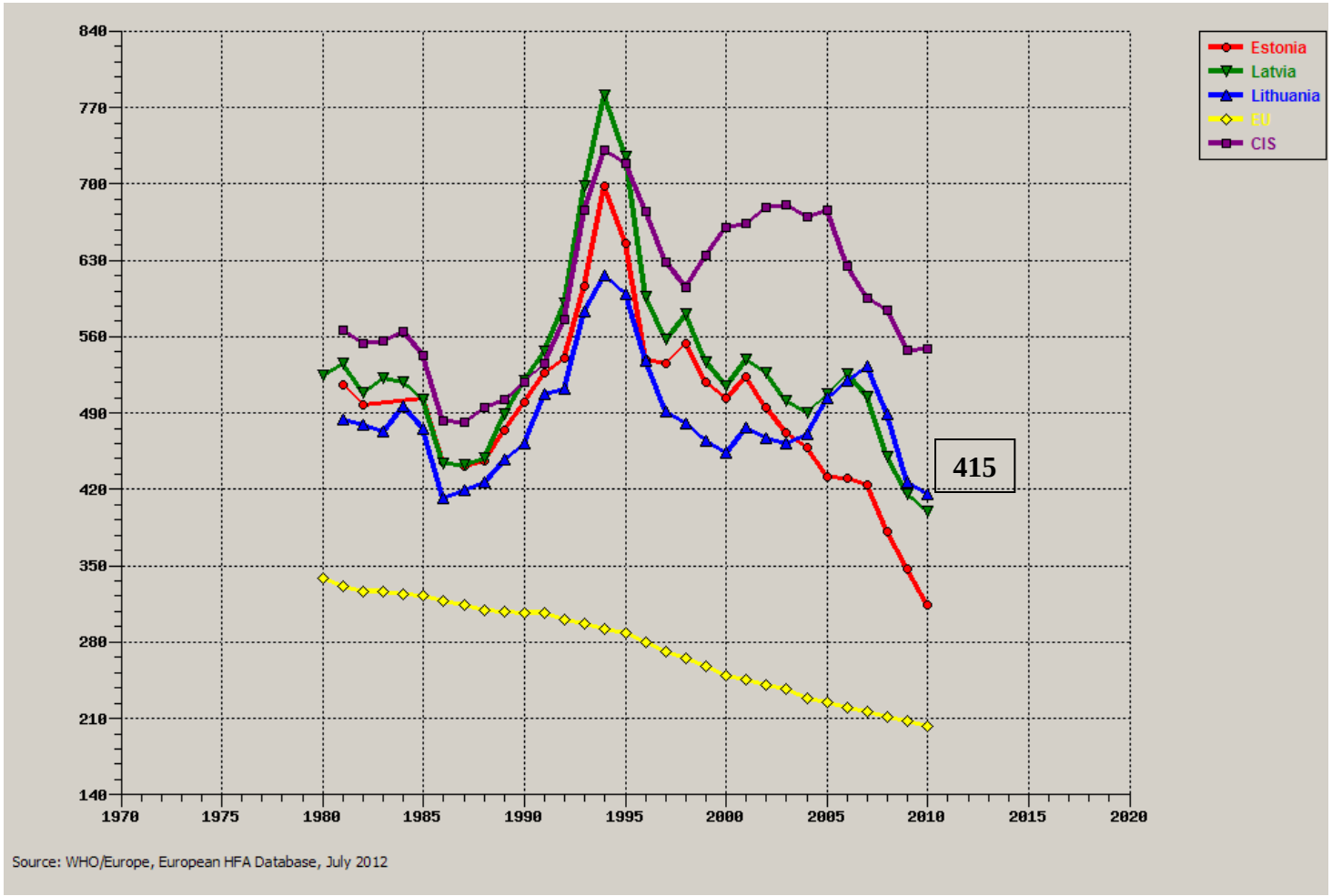


Trends in age standardized total mortality in Lithuanian population aged 0-64

/100 000



Trends in age standardized smoking related mortality in Lithuanian population

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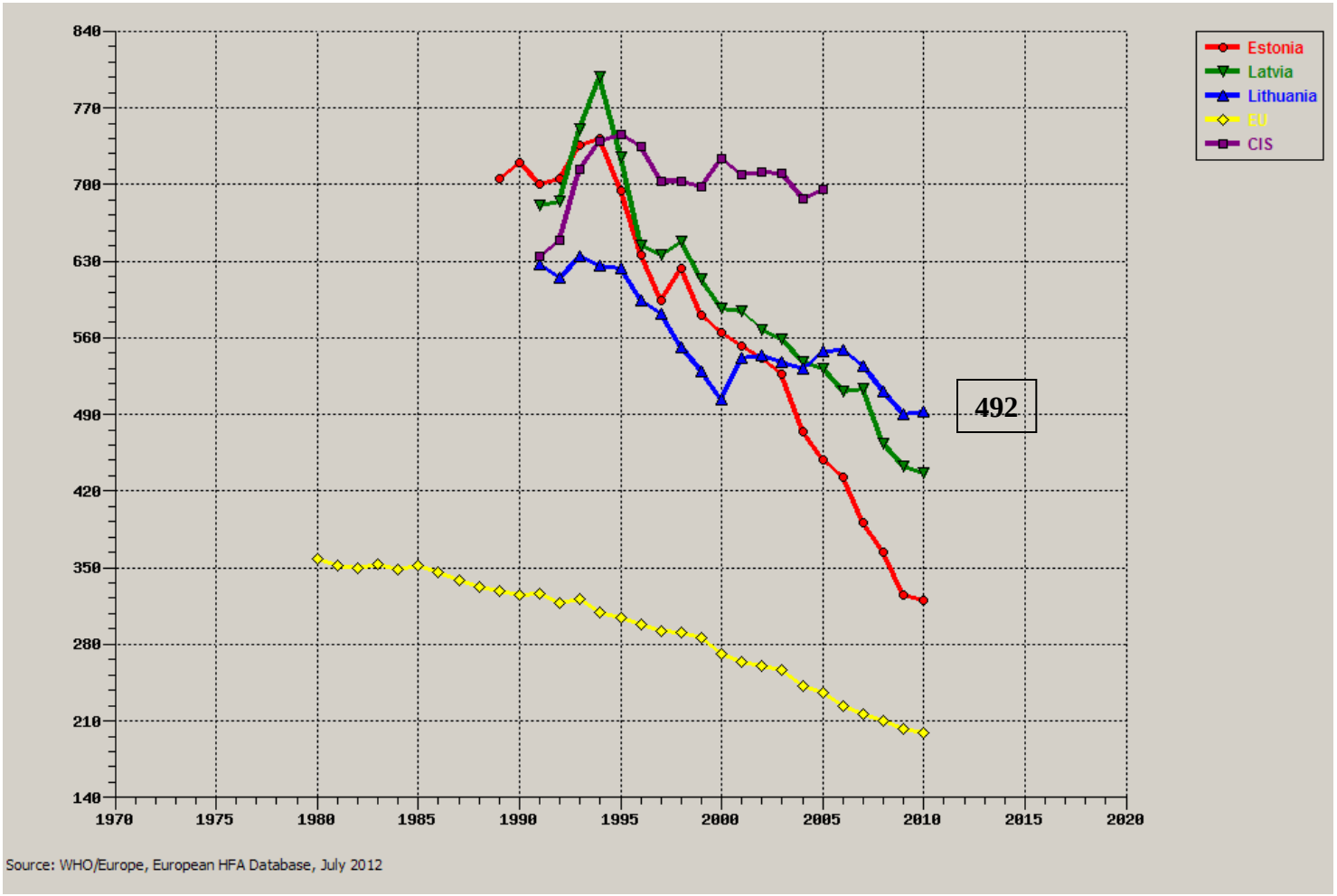
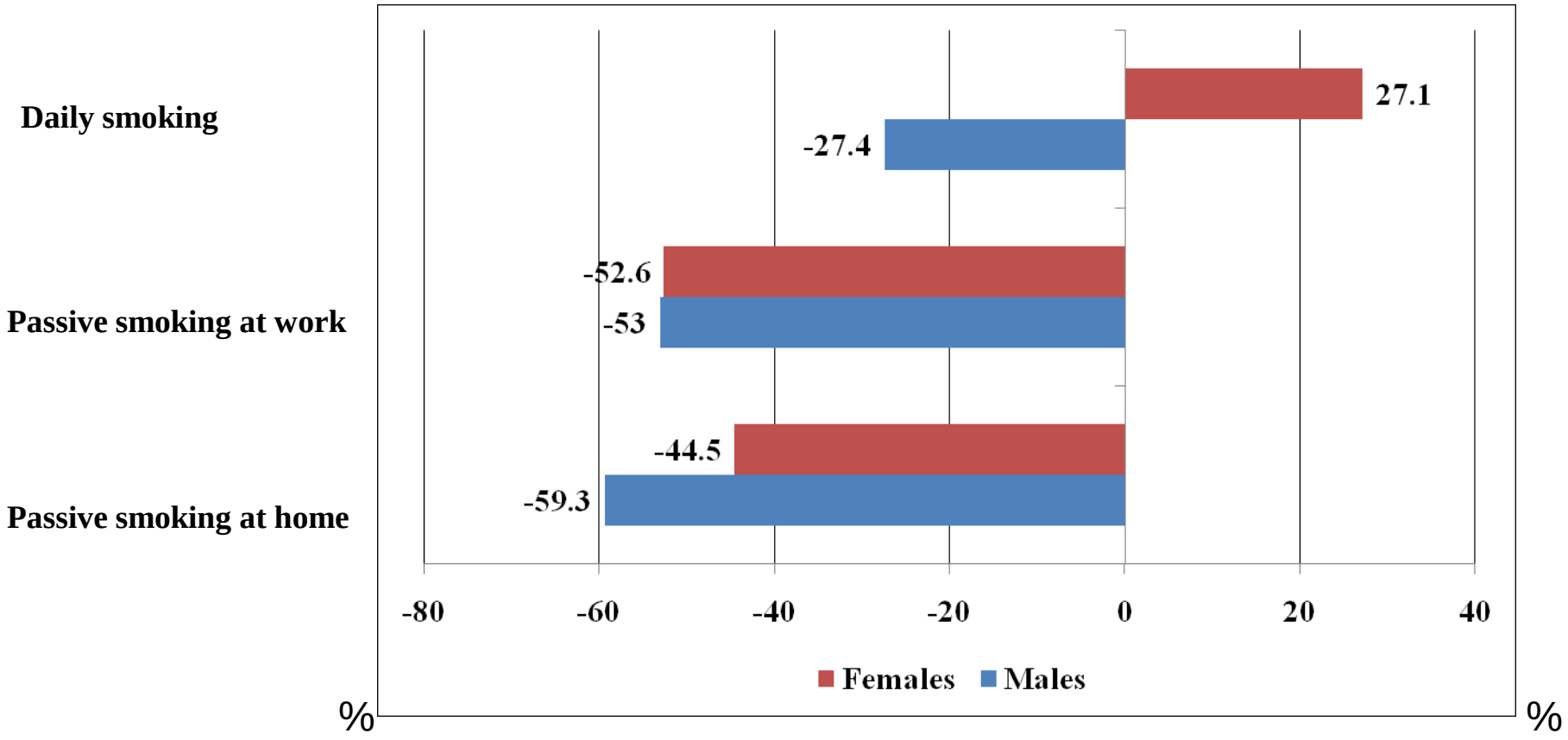
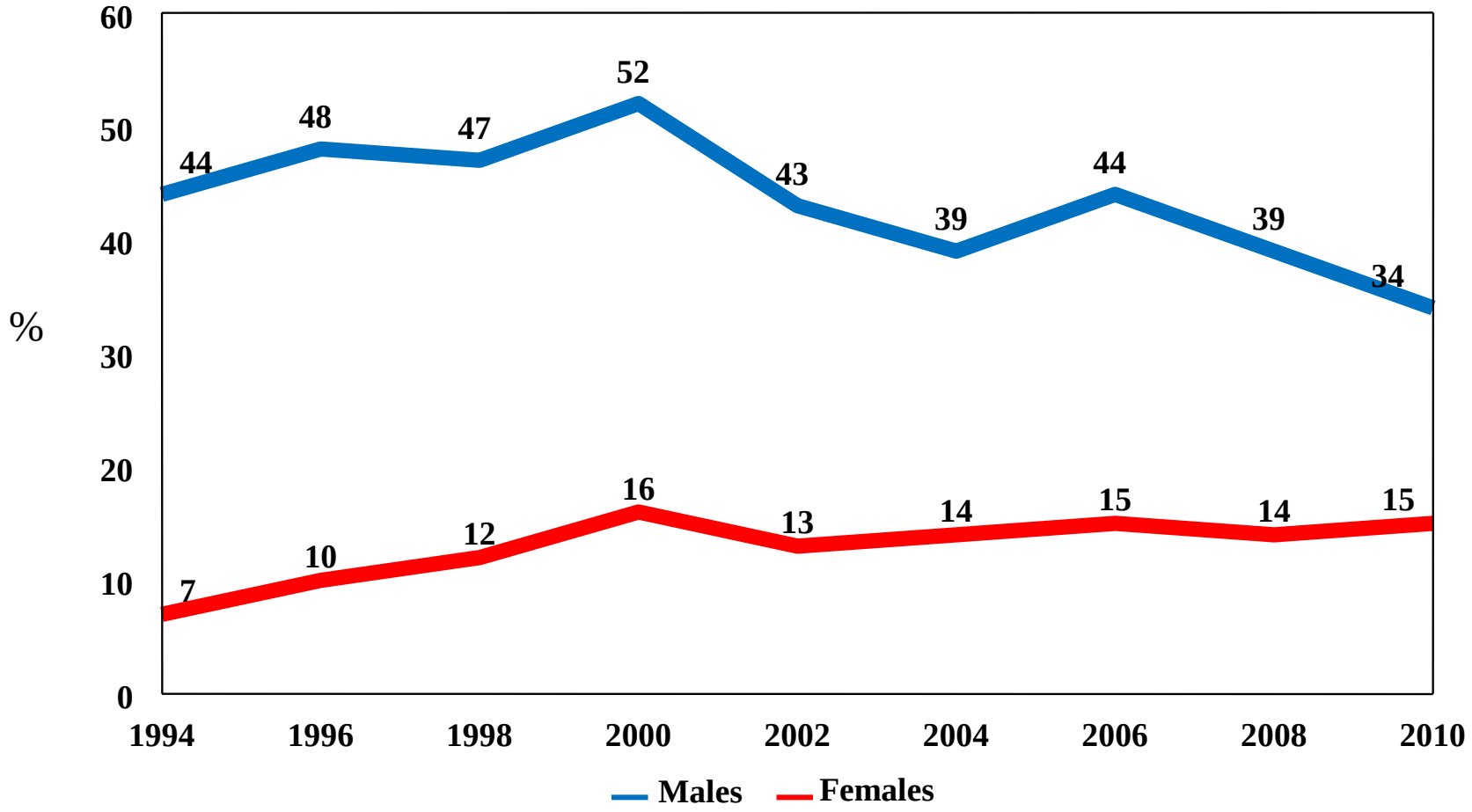


Changes in prevalence of smoking habits during LHP 1998-2010 implementation documented for Lithuanian rural population aged 0-64



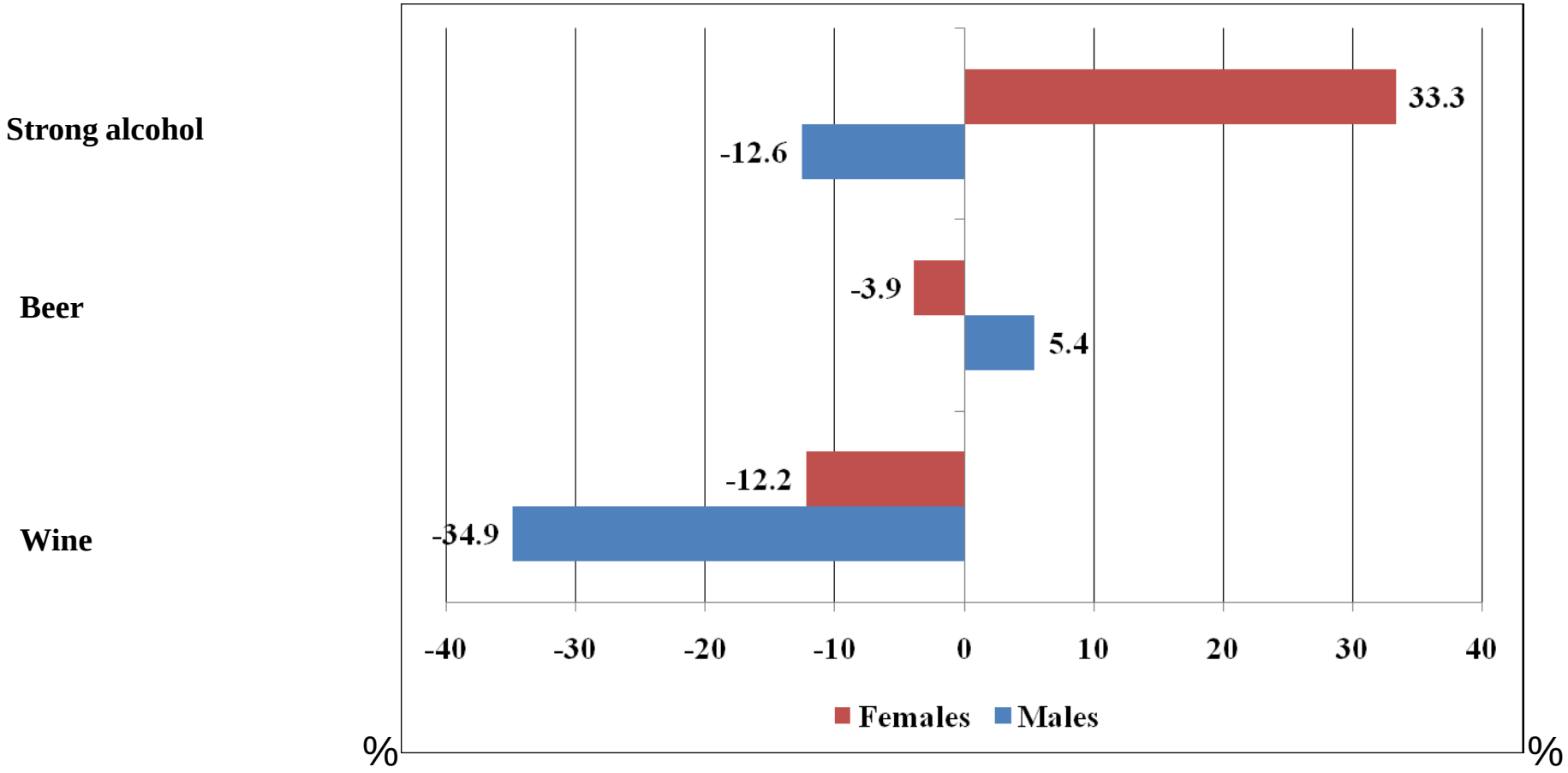
Source: WHO CINDI-Lithuania DB

National trends of the proportion of daily smokers of Lithuanian population aged 0-64



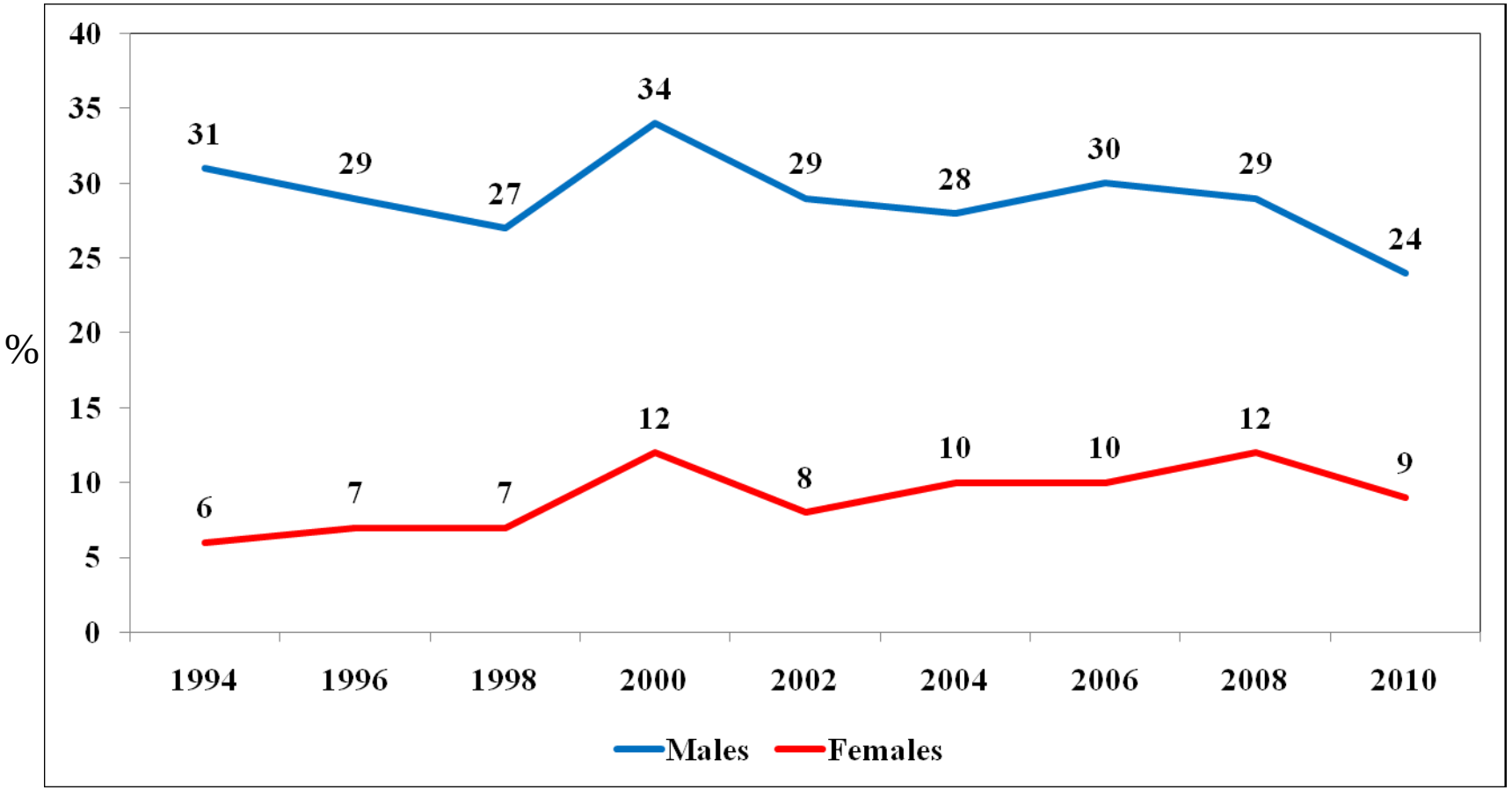
Source: WHO CINDI-Lithuania DB

Changes in prevalence of alcohol cosumption habits during LHP 1998-2010 implementation documented for Lithuanian rural population aged 0-64



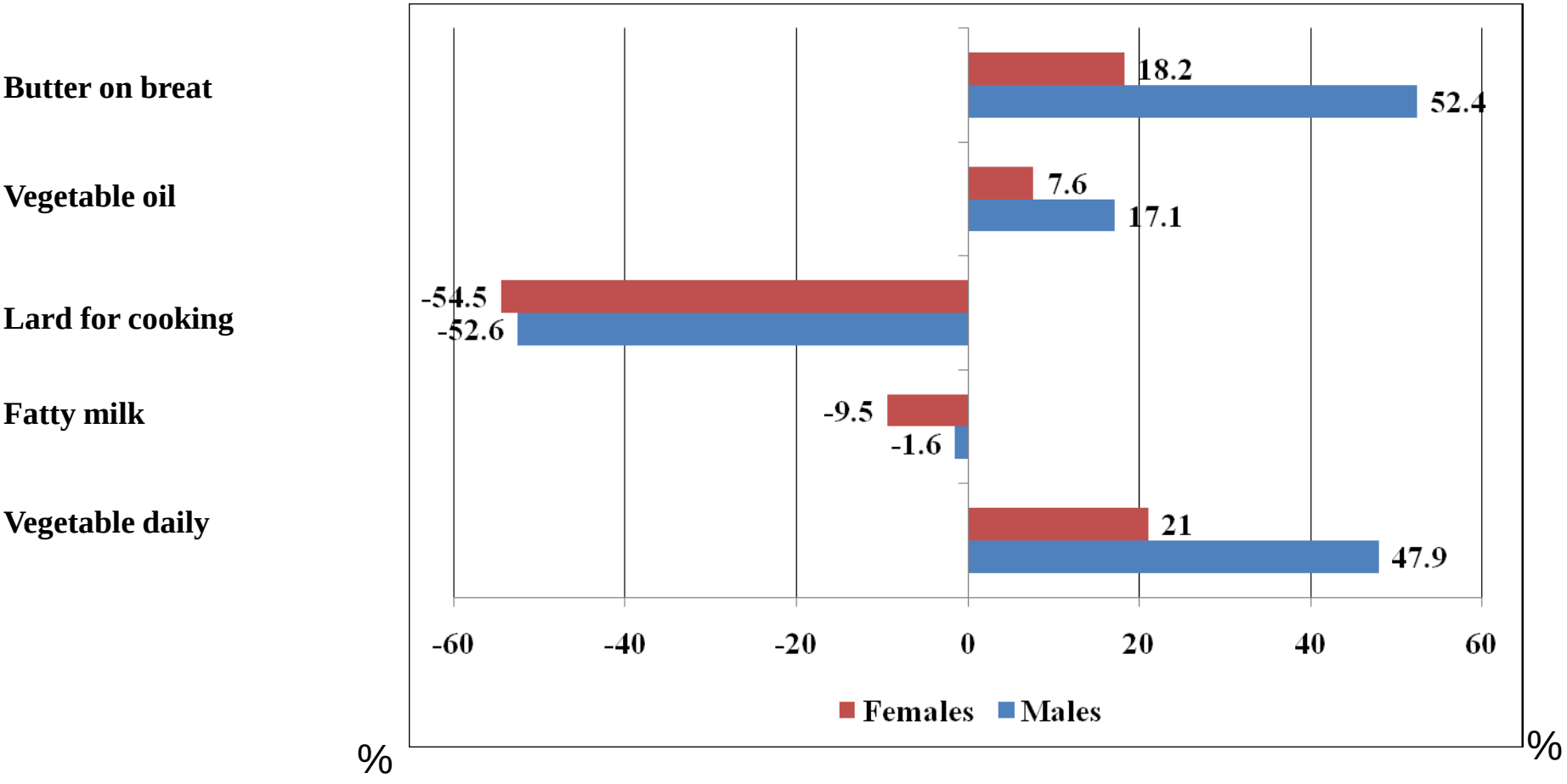
Source: WHO CINDI-Lithuania DB

National trends in strong alcohol consumption habits in Lithuanian population aged 0-64



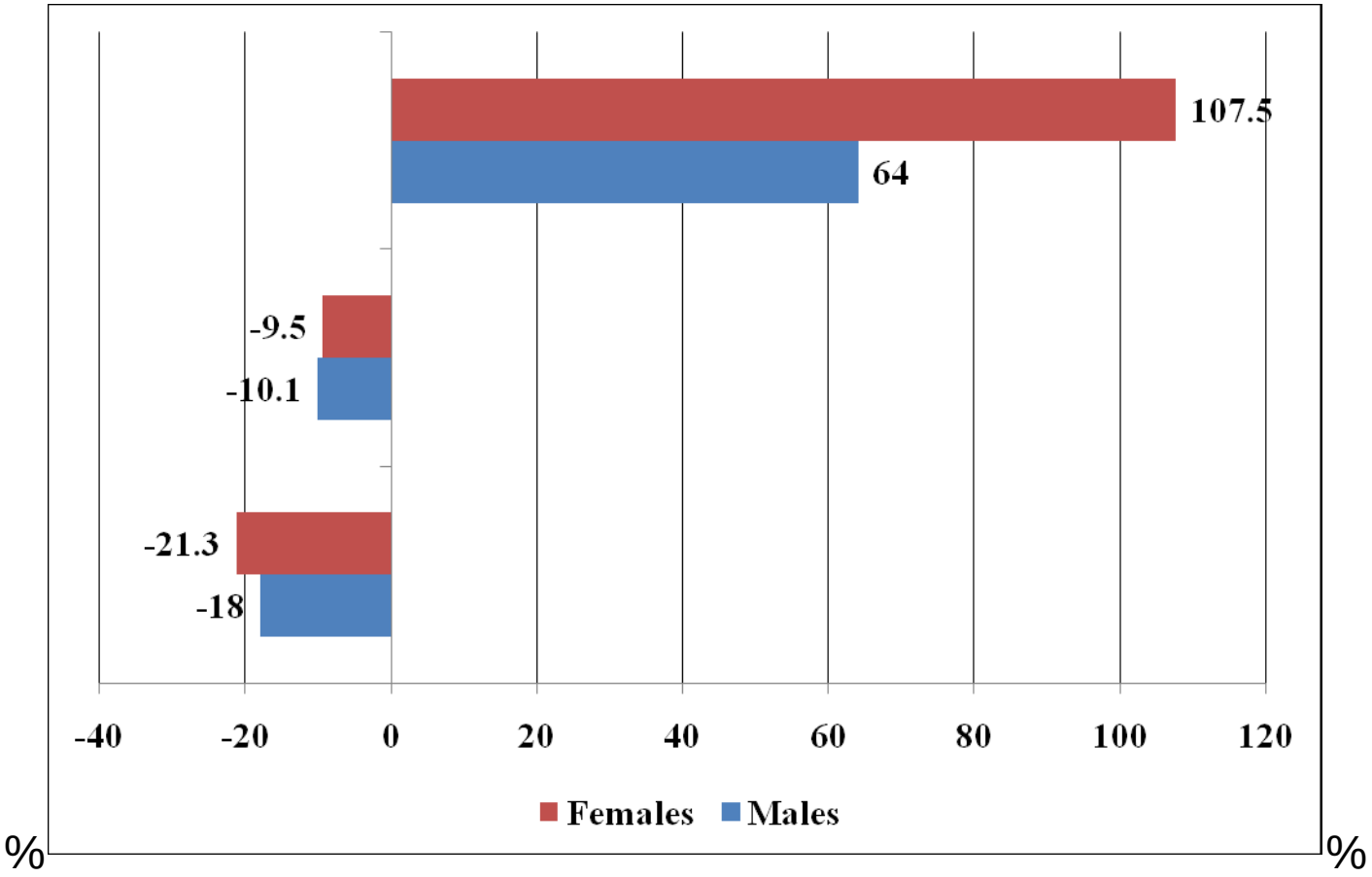
Source: WHO CINDI-Lithuania DB

Changes in prevalence of some dietary habits during LHP 1998-2010 implementation documented for Lithuanian rural population aged 0-64



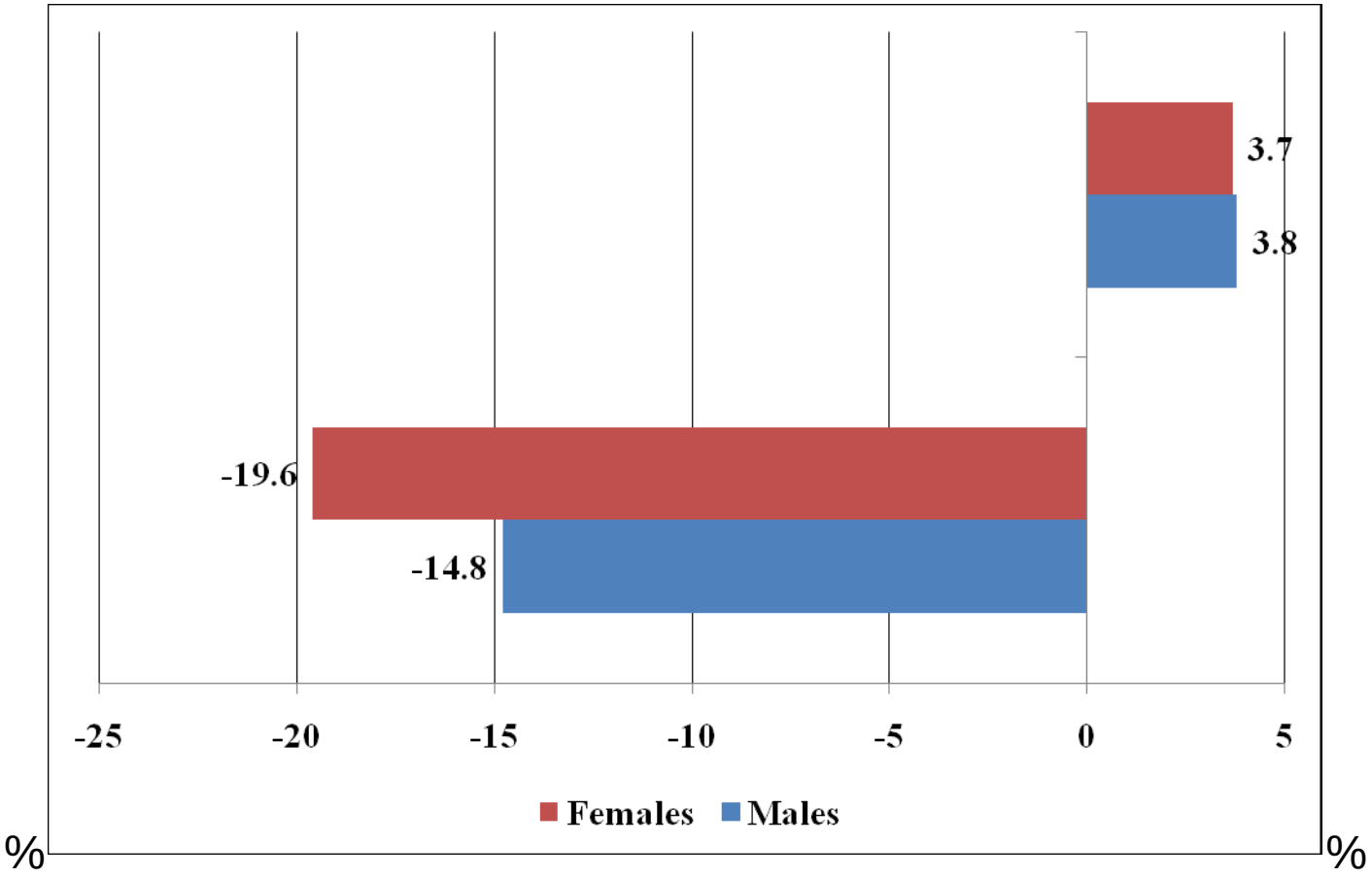
Source: WHO CINDI-Lithuania DB

Changes in prevalence of physical activity and body mass during LHP 1998-2010 implementation documented for Lithuanian rural population aged 0-64



Source: WHO CINDI-Lithuania DB

Changes in prevalence of hypertension and hypercholesterolemia during LHP 1998-2010 implementation documented for Lithuanian rural population aged 0-64

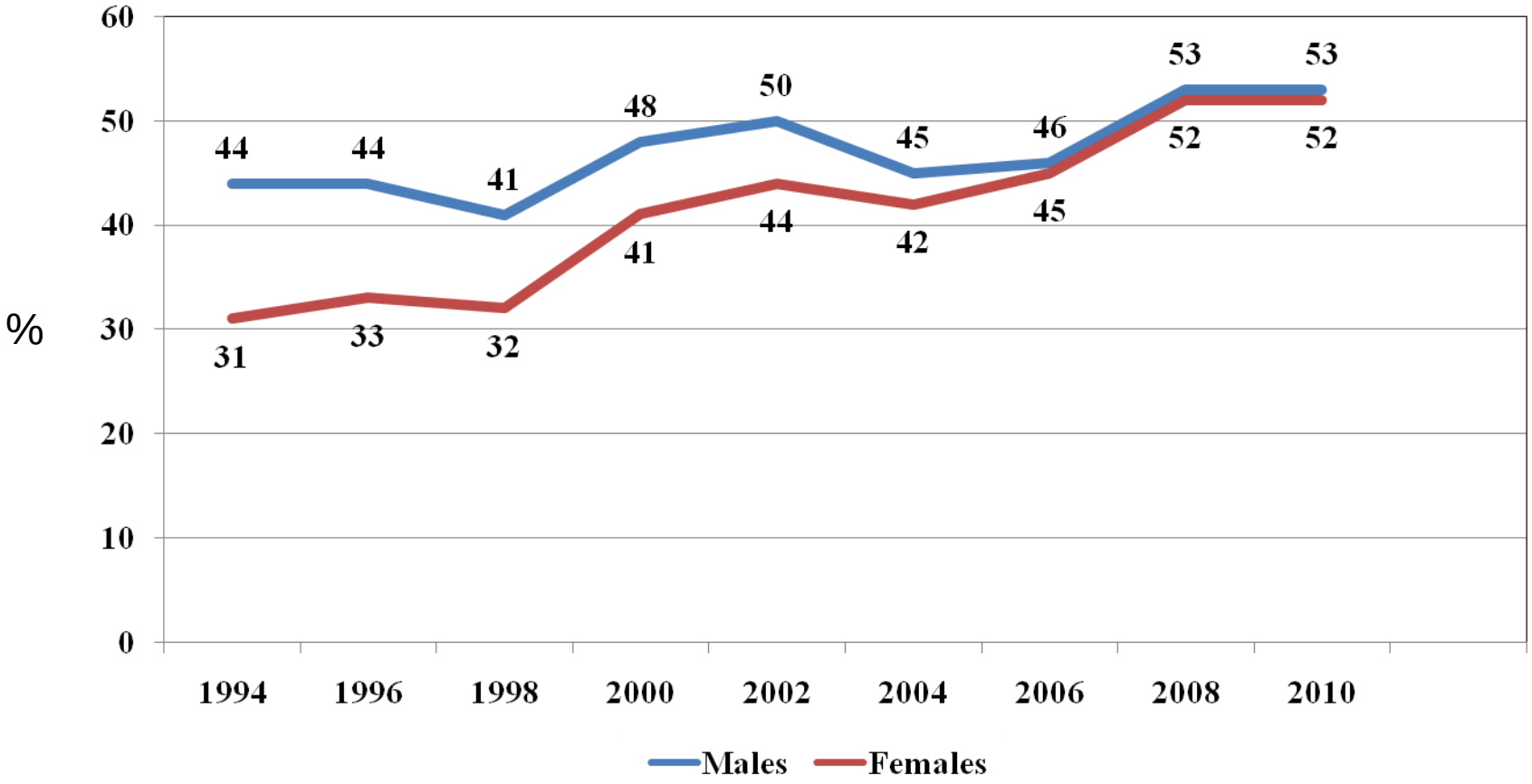


Source: WHO CINDI-Lithuania DB

Achievement of strategic objectives as an outcome of LHP 1998-2010 implementatiom

Strategic objectives	Baseline indicators 1998	Qualitative targets	Change compared to 1998	Result 2010
1. Increasing life expectancy by decreasing mortality				
• Life expectancy	72,45	73,00	+ 2,12	Achieved (73,57 m.)
• Total mortality /100000	1052	Not defined	- 9,7 %	950
• Intant mortality / 1000	9,3	- 30 %	- 214 %	Achieved (4.3)
2. Coping with health inequalities through equity based action	Not monitored			
3. Increasing quality of life (monitored subjective health changes only)	M ⟶ 41 % F ⟶ 32 %	Not defined	+ 22,7 % + 38,5 %	M⟶ 53 % F ⟶ 52 %

National trends in subjective health assesment (good and fairly good) in Lithuanian population aged 0-64



Source: WHO CINDI-Lithuania DB

General assessment of LHP 1998-2010 implementation might be formulated as follows: majority of NCD related health indicators have been changing the direction that was projected for the planned period

How it could be explained that positive trends of large proportion of NCD related health indicators in some cases did not catch up the level of our Baltic neighbors?

Prevalence of major cardiovascular risk factors (in %) in Lithuanian urban and rural population aged 35-64

Risk factors	Urban		Rural	
	Males	Females	Males	Females
Hypertension (BP≥140/90 mmHg or under treatment)	49,8	39,6	68,9	51,5
Hypercholesterolemia (CHOL≥5.0 mmol/1	80,7	82,7	69,8	70,7
Overweight (BMI≥25)	70,7	70,5	70,0	73,8
Smoking (1 cig/day at least)	41,4	11,3	41,8	9,0
Lack of physical activity (national figures)	Males:~ 20 proc.		Females: ~ 25 proc.	

What lessons learned from the LHP 1998-2010 implementation could be kept in mind for the advancement and more effective implementation of LHP 2020 thus also leading to more substantial decrease of NCD burden in the country?

Strategic direction of an action plan for the prevention and control of NCDs

Goal

To avoid premature death and significantly reduce the disease burden from NCD by taking integrated action, improving the quality of life and making healthy life expectancy more equitable.

Objectives

- ***To take integrated action on risk factors and their underlying determinants across sectors;***
- ***To strengthen health systems for improved prevention and control of NCD.***

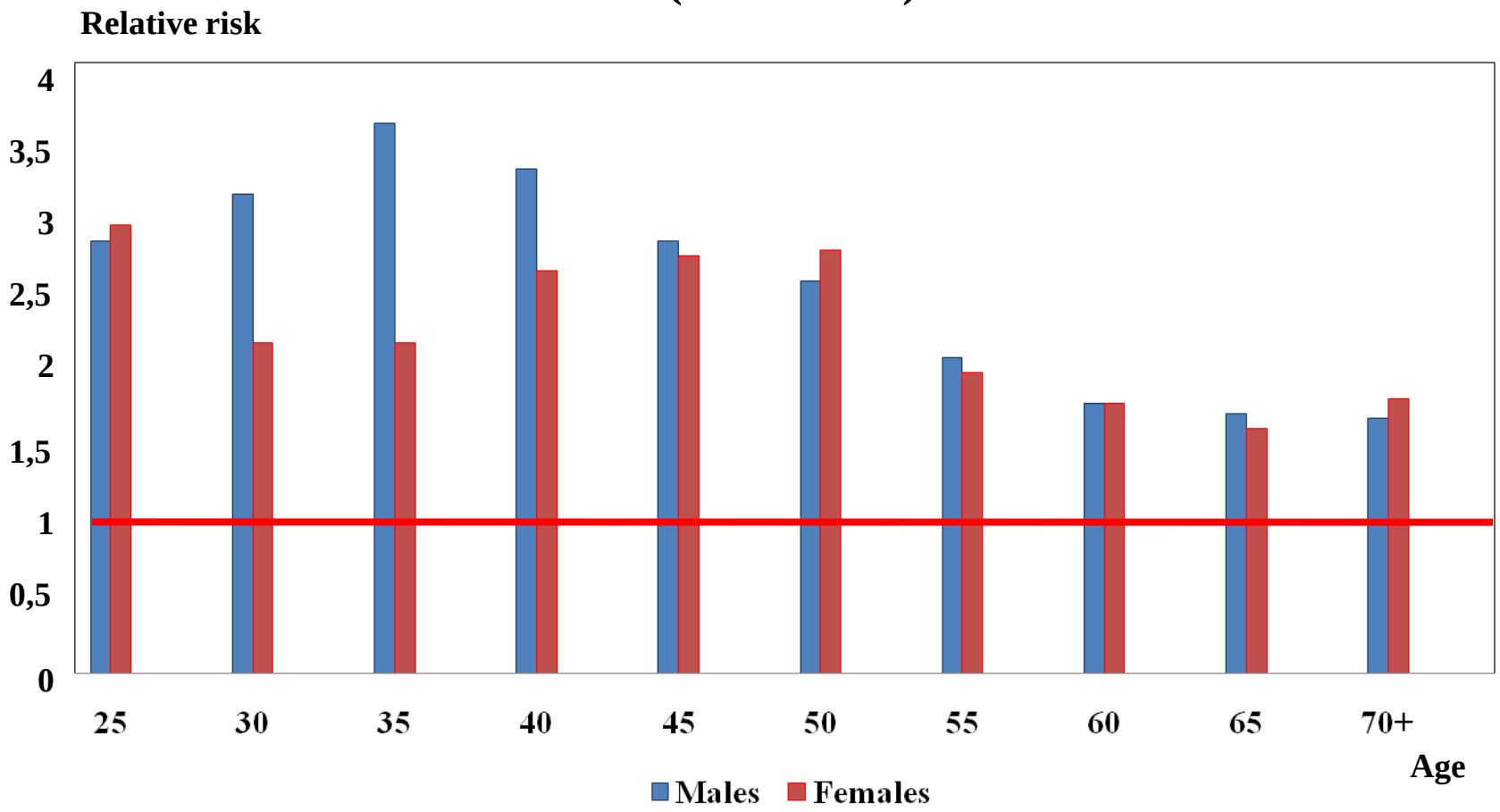
Strategic approach

A comprehensive approach that systematically integrates policy and action to reduce inequalities in health and tackles NCDs by simultaneously:

1. ***Promoting population-level health promotion and disease prevention programmes;***
2. ***Actively targeting groups and individuals at high risk; and***
3. ***Maximizing population coverage with effective treatment and care.***

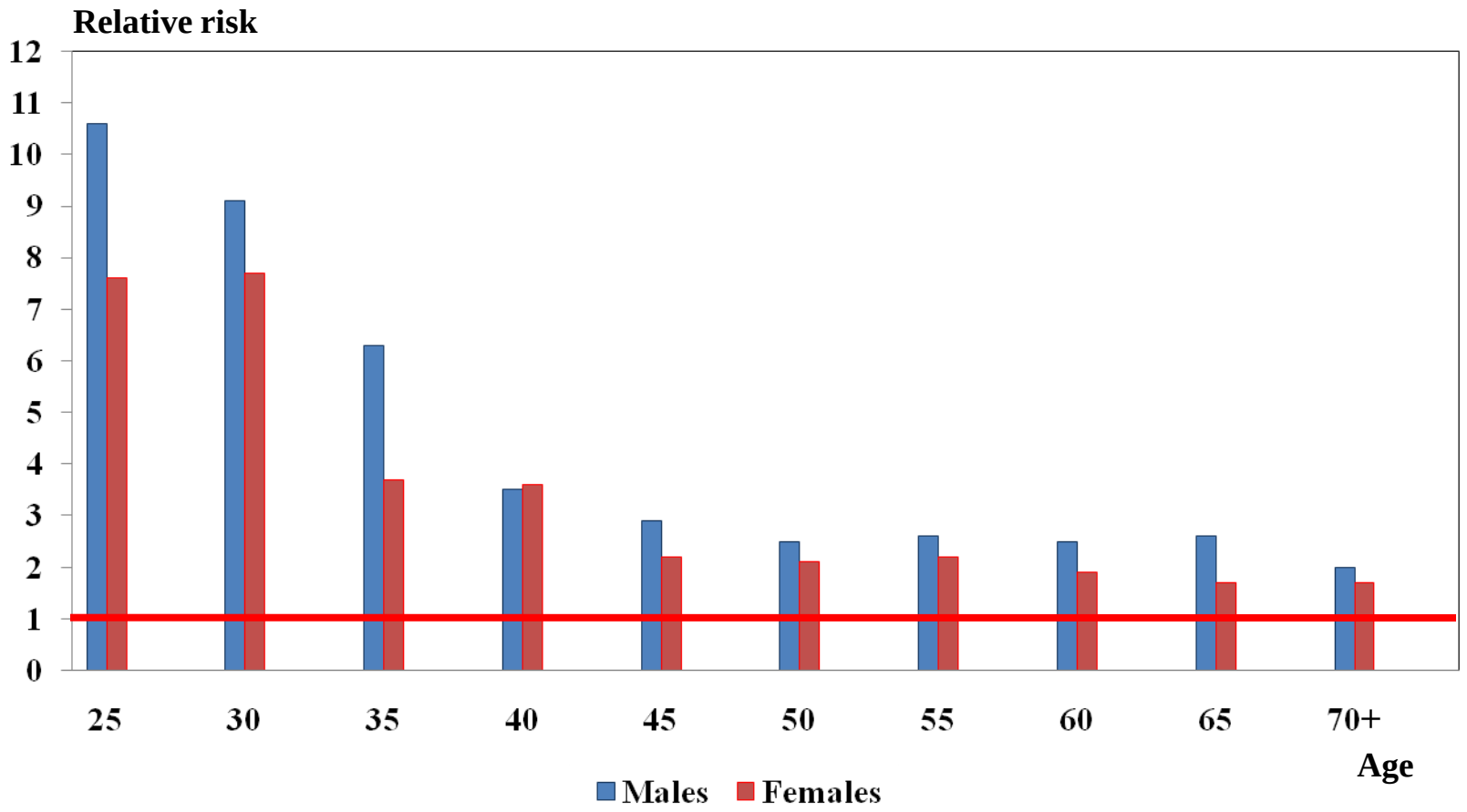
Source: WHO Regional Committee for Europe, doc. EUR/RC61/12

Relative risk of death for unmaried Lithuanian population by age as compared to maried (maried = 1)



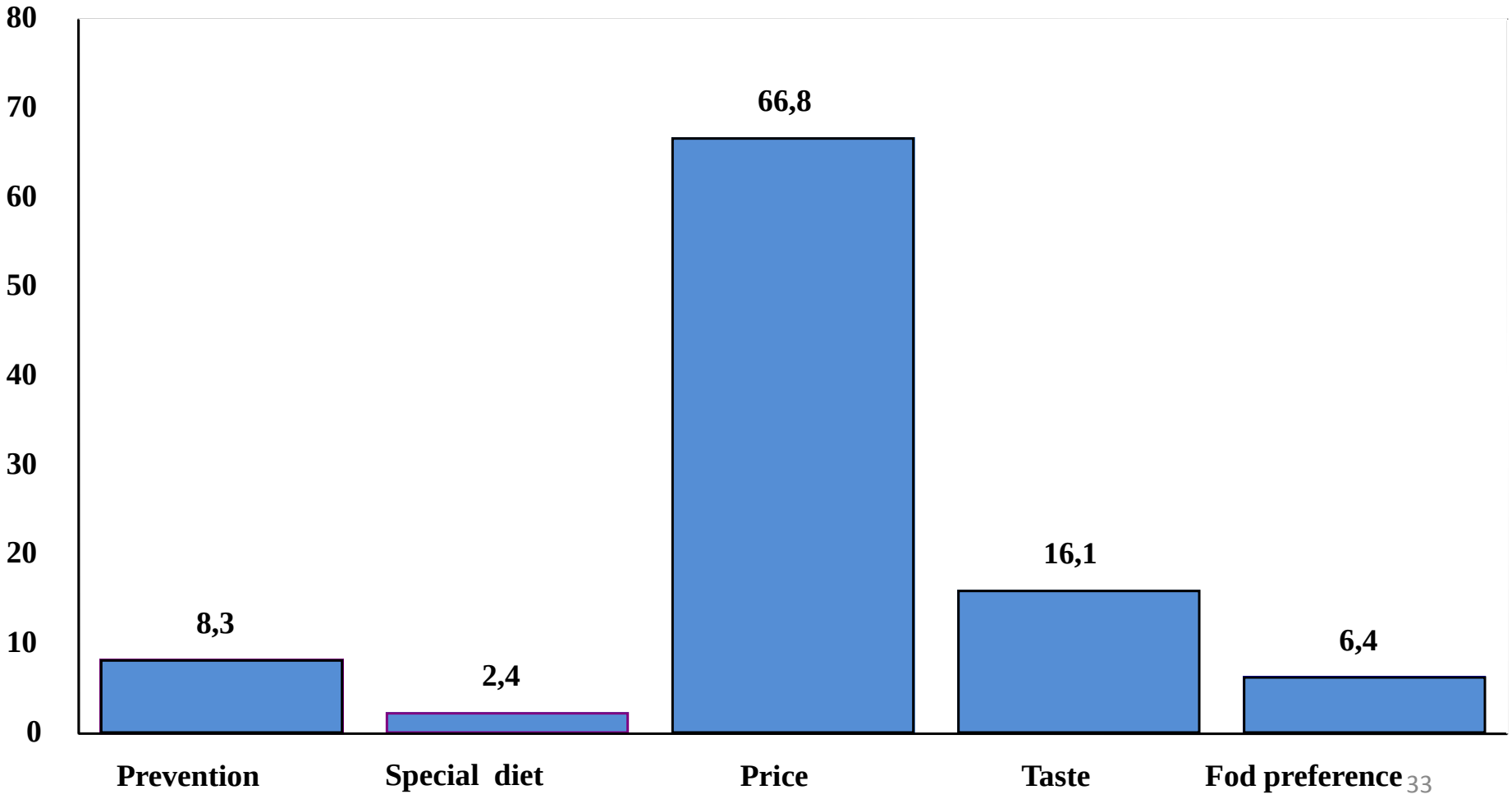
Source: LSMU data base

Relative risk of death for Lithuanian population having primary educational level as compared with that of university education by age (mortality for group of university education= 1)



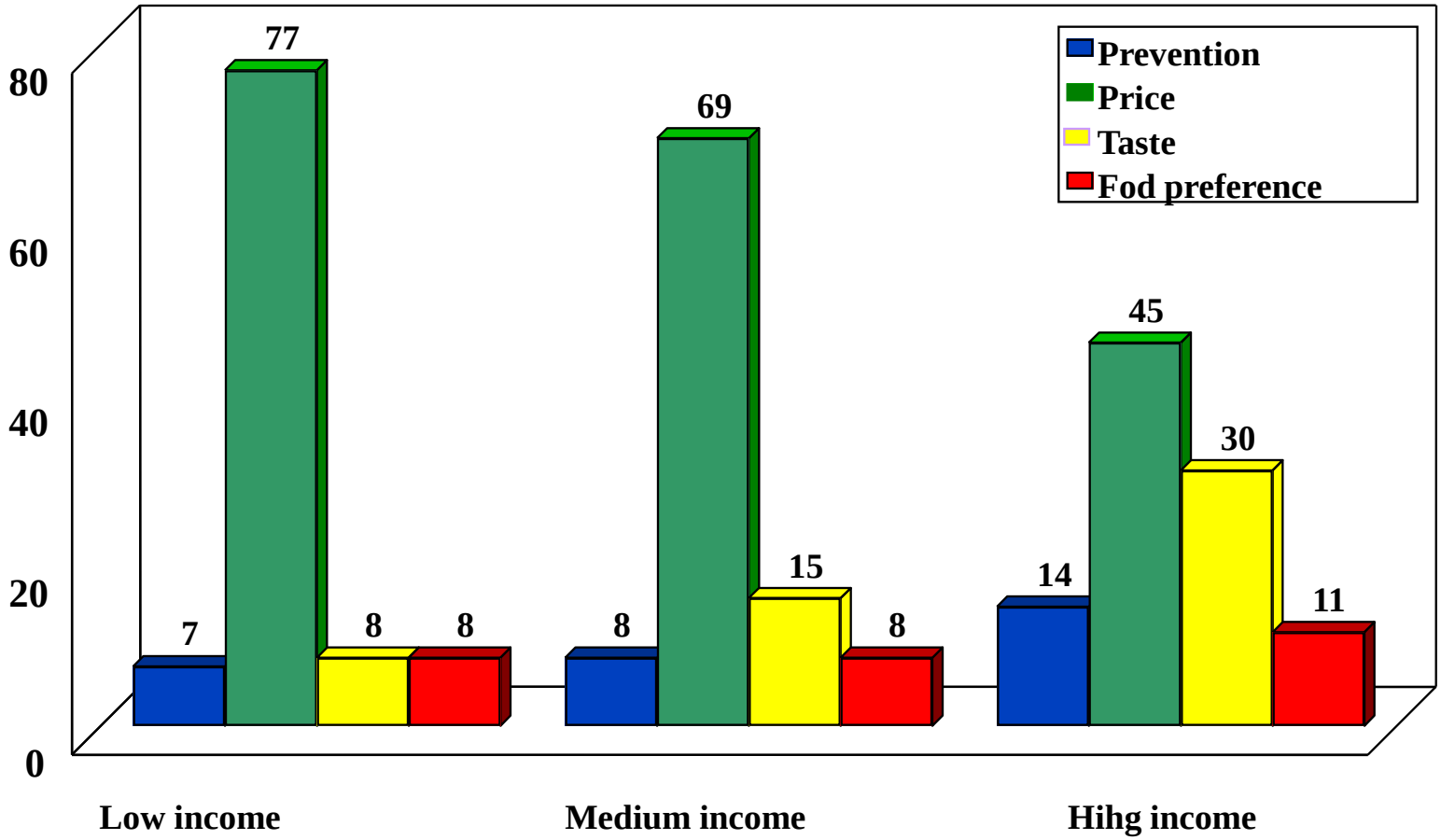
Source: LSMU data base

Selection criteria for purchasing food products by Lithuanian population (Baltic study on nutrition and health)



Source: LSMU data base

Selection criteria for purchasing food products in Lithuanian population in relation to family income (Baltic study on nutrition and health)



Source: LSMU data base

Example of "Best Buy" interventions for the prevention and control of NCDs

Risk factors/ disease	Interventions
Tobacco use	•Tax increases • Smoke-free indoor workplaces and public places • Health information and warnings • Bans on tobacco advertising promotion and sponsorship
Harmful alcohol use	•Tax increases • Restricted access to retailed alcohol • Bans on alcohol advertising
Unhealthy diet and physical inactivity	• Reduced salt intake in food • Replacement of trans fat with polyunsaturated fat • Public awareness through mass media on diet and physical activy
Cardiovascular disease (CVD) and diabetes	• Counselling and multi-drug therapy for people with a high risk of developing heart attacks and strokes (including those with established CVD) • Treatment of heart attacks with aspirin
Cancer	• Hepatitis B immunization to prevent liver cancer (already scaled up) • Screening and treatment of pre-cancerous lesions to prevent cervical cancer

Source: From burden to "Best buys", WHO and WEF, October 2011

Increase of Taxes on Tobacco Reduces Disease and Death

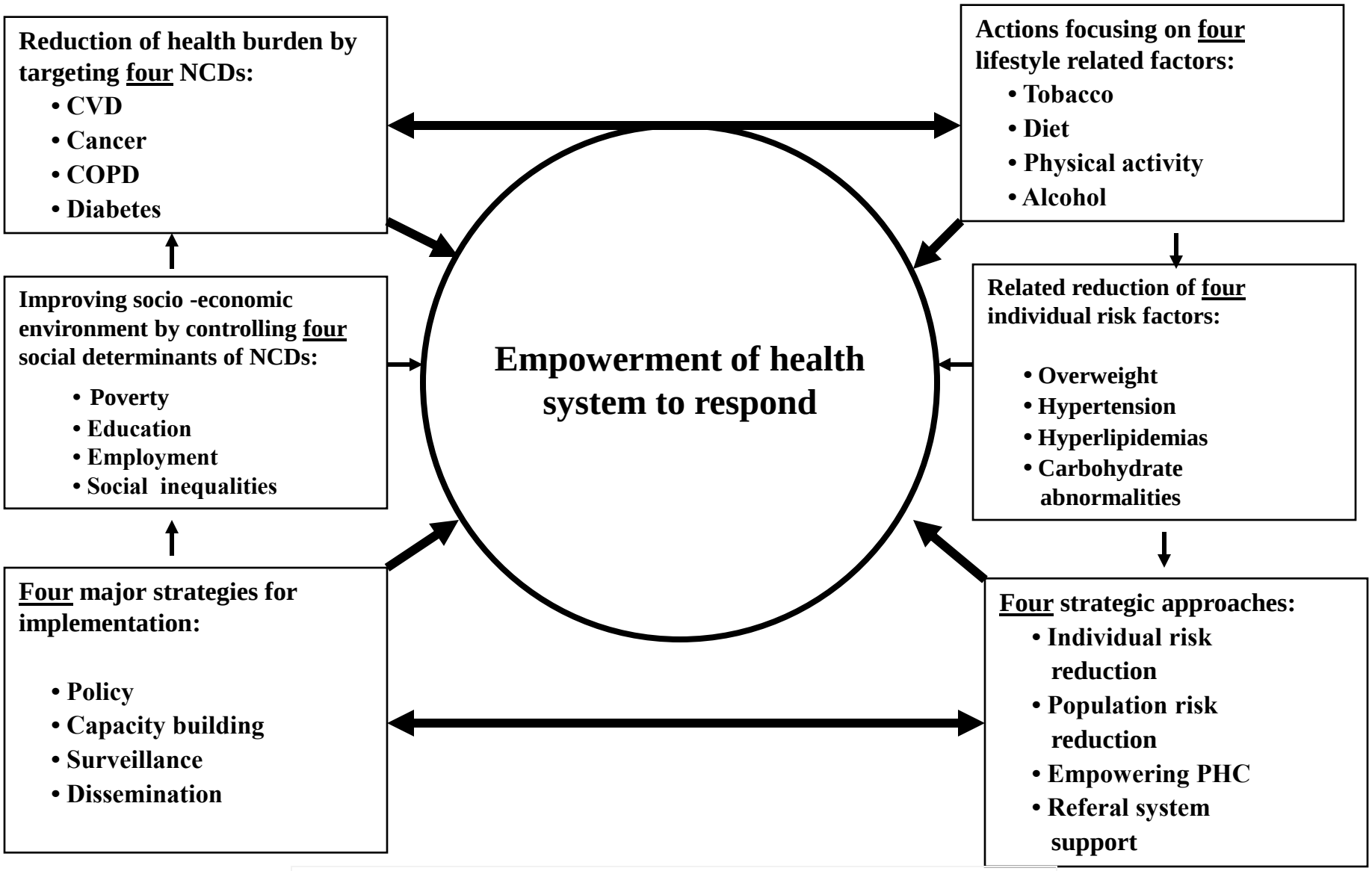
- **Increasing cost of tobacco products is single most effective intervention**
- **10% increase in the price can be expected to reduce tobacco consumption by 4-8%**
- **Decrease of consumption has positive impact on health, both smokers and non-smokers**

Source: WHO/EURO Tobacco control programme

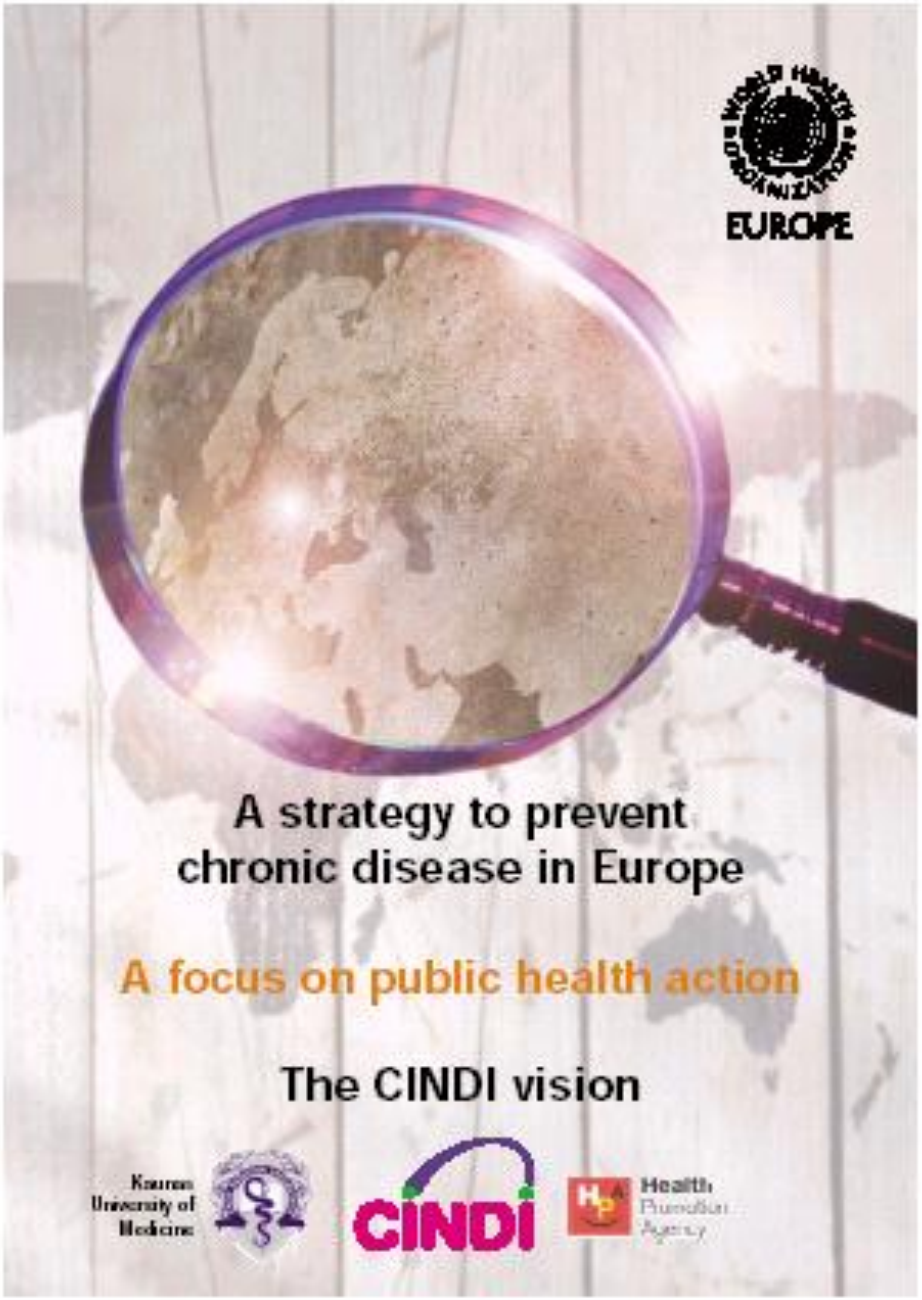
Proper state fiscal policy decisions increase revenues from tobacco taxes (Baltic countries experience)

Country	2004	2010
Estonia	60 mln. Euros	115 mln. Euros
Latvia	41 mln. Euros	130 mln. Euros
Lithuania	63 mln. Euros	161 mln. Euros

Source: WHO/EURO Tobacco control programme



Action oriented chronic disease strategy


EUROPE
A strategy to prevent
chronic disease in Europe
A focus on public health action
The CINDI vision
Kaunas
University of
Medicine
CINDI
Health
Promotion
Agency

Concluding remarks

- **Positive changes in a number of NCD related health indicators over LHP 1998-2010 period demonstrate the presence of a serious potential of the country to cope with priority health problems.**

- **However, it is evident that this potential is not fully used-even actions in health promotion and disease prevention were assigned to health sector alone.**

- **Taking into account lessons learned from LHP 1998-2010 and aiming at more effective implementation of LHP 2020 (especially as related to NCDs) it is evident that addressing social determinants of ill-health the "whole-of-government" approach should be explored by mobilizing entire society and all socio-economic sectors to work together for health.**

- **The action of health sector itself would be substantially strengthened by enabling primary health care structures in collaboration with public health services, mass media and entire society to improve interventions in the prevention and early detection of some NCDs through screening procedures.**

THANK YOU !