## EHFG 2013: LIFESTYLE DISEASES POSE THREAT TO HEALTH SYSTEMS AND NATIONAL ECONOMIES

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*For health systems to become crisis-proof and sustainable, they must face up to the challenges presented by the rise of non-communicable diseases (NCDs), according to experts at the European Health Forum Gastein. An UN political declaration has set the target of a 25 % reduction in deaths due to NCDs by 2025.*

**Bad Hofgastein, 3 October 2013** – “Our ability to make our health and social security systems to be sustainable and resilient to crises depends in no small part on how successful we can be in stemming the global epidemic of non-communicable diseases,” said Prof Martin McKee of the London School of Hygiene and Tropical Medicine today at the European Health Forum Gastein (EHFG). “Non-communicable diseases such as diabetes, cancer, cardiovascular disease and chronic lung conditions place a considerable burden on national economies. Yet the implementation of cost-effective priority interventions, backed by the necessary political will, requires few additional financial resources.” Individual countries will have to implement multisectoral packages of measures that go beyond health policy if they are to reach the UN goal of a 25 % reduction in premature mortality due to NCDs by 2025 (the 25 by 25 goal), Prof McKee went on to say.

“Resilient and Innovative Health Systems for Europe” is the slogan for this year's EHFG. More than 550 participants from some 45 countries are attending Europe's most important health policy conference in Bad Hofgastein to exchange views on key issues affecting European health systems.

NCDs account for 77 % of all illnesses in the 53 countries that make up the WHO European Region, and they are the cause of 86 % of all deaths. According to the WHO Global Status Report, lifestyle diseases are responsible for 63 % of the 57 million deaths worldwide each year. The European Commission forecasts that in the European Union alone, the annual number of deaths caused by cancer will rise from 1.12 million in 2000 to 1.4 million in 2015. And by 2030, an estimated 66 million people in the EU will suffer from diabetes.

**Economic risk factor**

“It is precisely at these times of economic and social strain and instability resulting from the financial crisis that governments need to make this issue a high priority,” said Prof McKee. Due to the negative impact on economic activity, a 10% increase in cases of NCDs in a country can shave 0.5 % off economic growth, according to calculations by the World Bank.

Prof McKee believes that national action plans based on a three-stage approach offer an answer, with the three important phases being planning, implementation and accountability. “It is vital that actions are planned, driven and implemented across all parts of government, with strong political leadership from the top – this is definitely not just a task for health policy alone,” Prof McKee added. “And the success of such measures will ultimately depend on the extent to which civil society, academia and the private sector can be mobilised in support of the 25 by 25 goal.”

**Reduce consumption of tobacco and salt, minimise heart attack risk**

Experts recommend prioritising interventions in three major problem areas - namely to limit smoking, reduce salt consumption and provide preventive treatment for people at high risk of heart attack and stroke.

“We have many examples of success in tobacco control in Europe, but also many countries that have lagged behind,” Prof McKee stated. “The key elements of an effective anti-tobacco strategy are strong political commitment, combined with clear of responsibility and sufficient resources. The key elements of a successful strategy are action on prices, with steep tax rises, on where people can smoke, enforcing bans on smoking in indoor places, and on marketing, with plain packaging and bans on point of sales displays. It is also essential to counteract the growing presence of the tobacco industry on social media and in movies where they exploit product placement”. He also called for action to regulate electronic cigarettes as medicines and bans on advertising them, “given how the industry is using them to glamorise smoking once again.”

Another key challenge is to reduce salt consumption. “18% of deaths worldwide are attributable to raised blood pressure, which is often due to excess dietary salt intake,” Prof McKee explained. “A 15% reduction in salt intake over ten years could prevent 8.5 million deaths in the 23 countries that account for 80 % of the global NCD burden. This is not a question of encouraging individuals to use less salt; the key responsibility lies with food manufacturers as most of the salt people consume comes from processed foods.”

At the EHFG, Professor McKee identified the third priority as systematic, guideline-based treatment for people with a high risk of cardiovascular disease. Drugs that can prevent heart attacks and strokes need to be made easily accessible and as easy as possible to administer, for instance in fixed-dose combination pills for high blood pressure.

In addition to these three priorities, countries should implement a raft of other simple, cost-effective measures in order to achieve the 25 by 25 goal. These include policies and laws to reduce alcohol abuse and to encourage physical activity and a healthy diet, as well as the introduction of purposeful controls on food advertising and food prices.

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