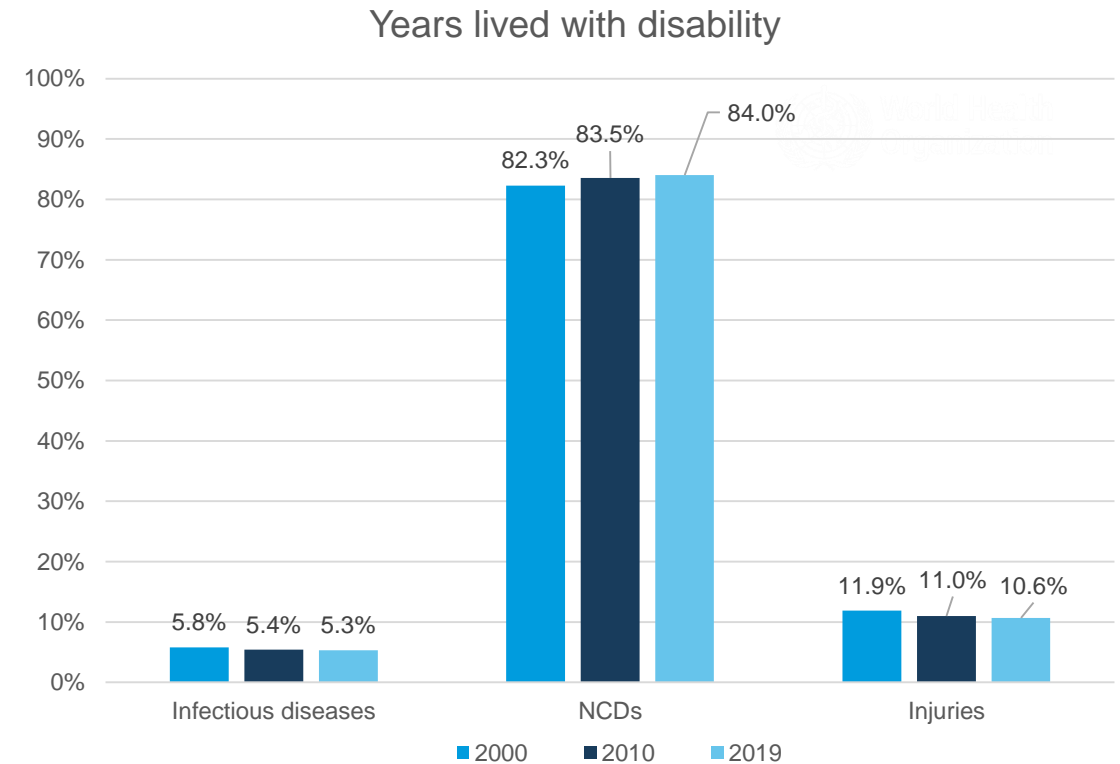
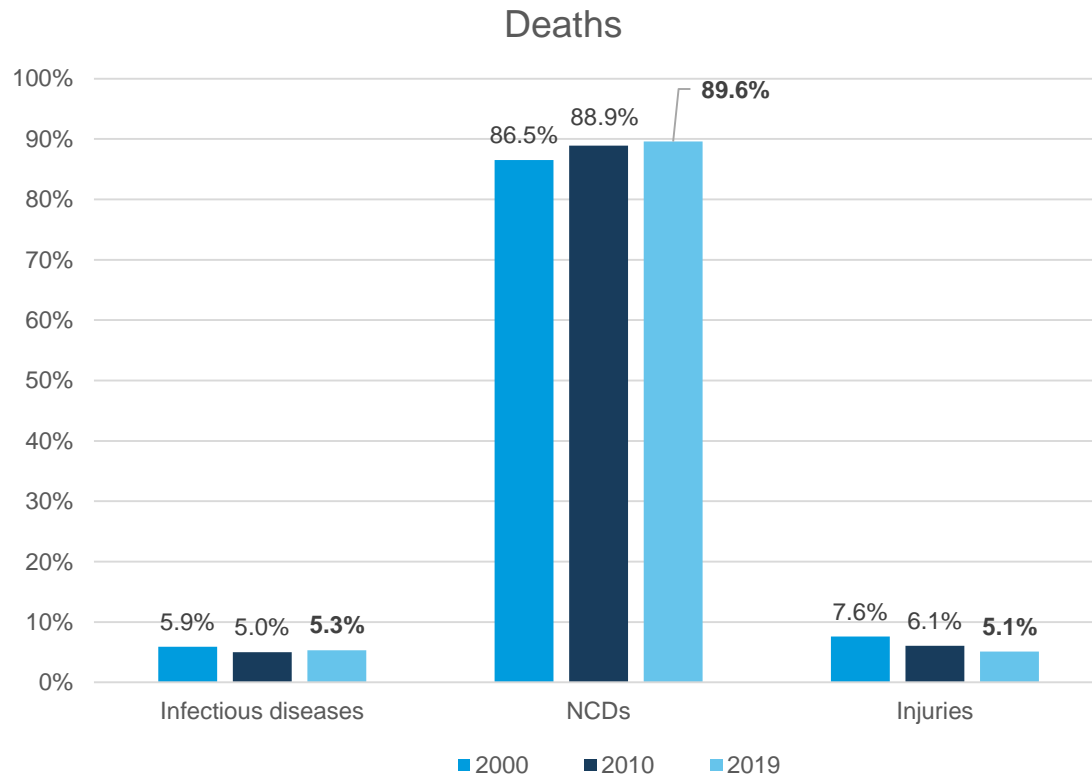


WHO European Office for the Prevention and Control of Noncommunicable Disease

Dr Carina Ferreira-Borges, Head of the Office

Mandate and mission

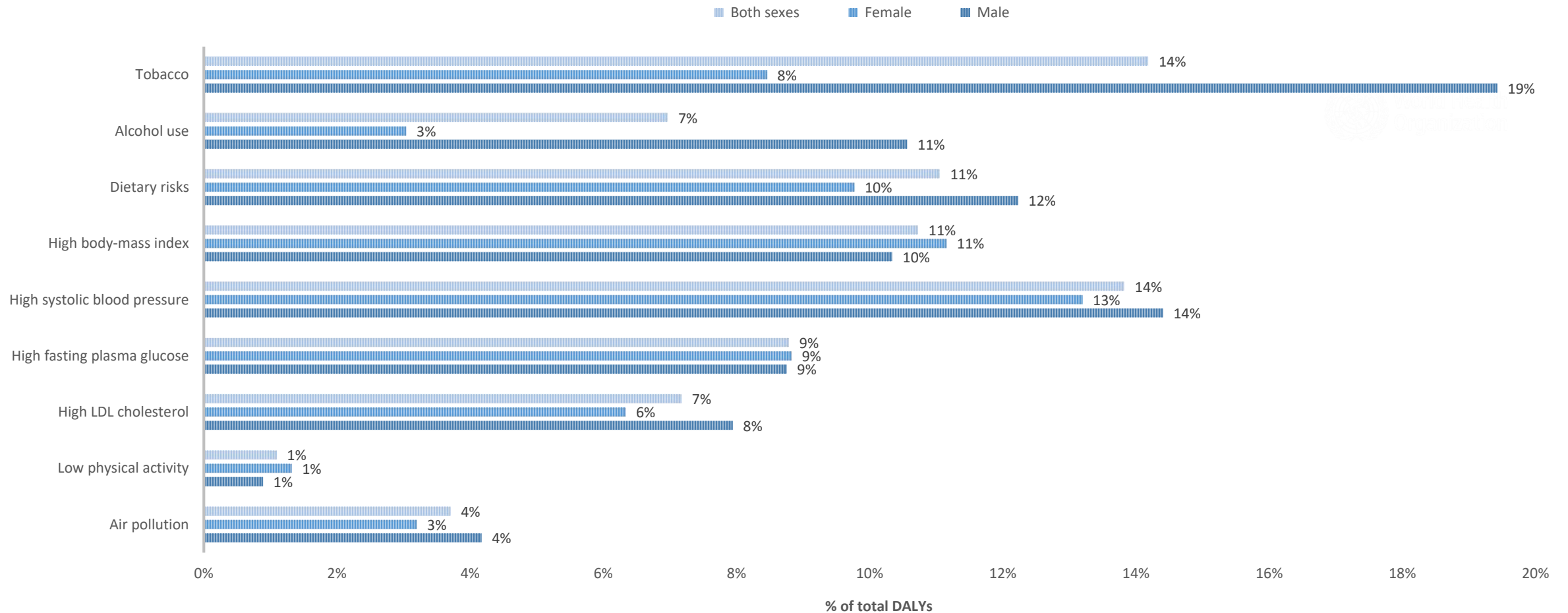
Background - Burden of disease in the WHO European Region by broad disease group, 2000, 2010 and 2019



Source: WHO Global Health Estimates 2020

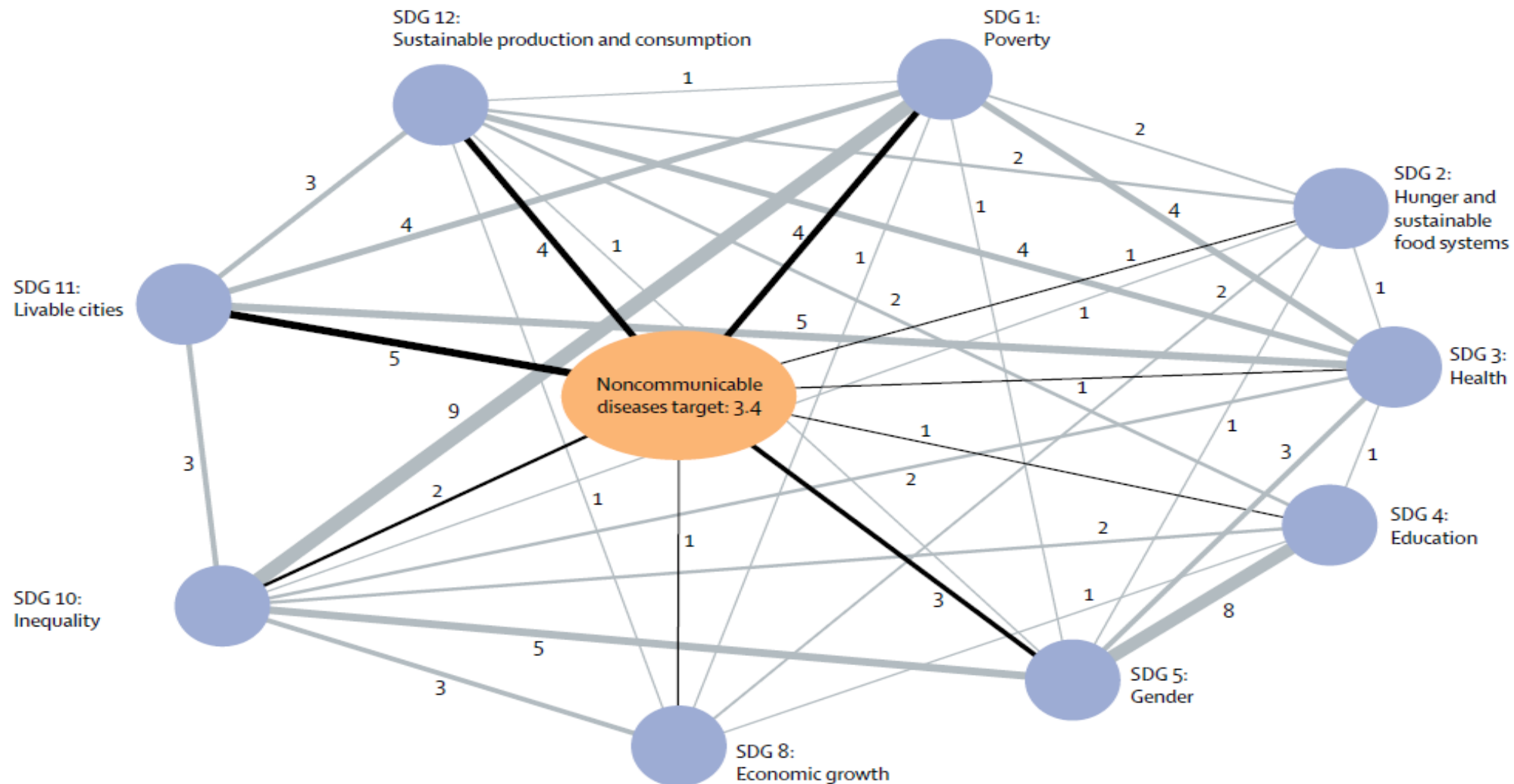
Mandate and mission

Background - Burden of disease in the WHO European Region attributable to selected risk factors, 2019



Source: Global Burden of Disease (GBD 2019) | Institute for Health Metrics and Evaluation

NCDs are at the center of SDGs

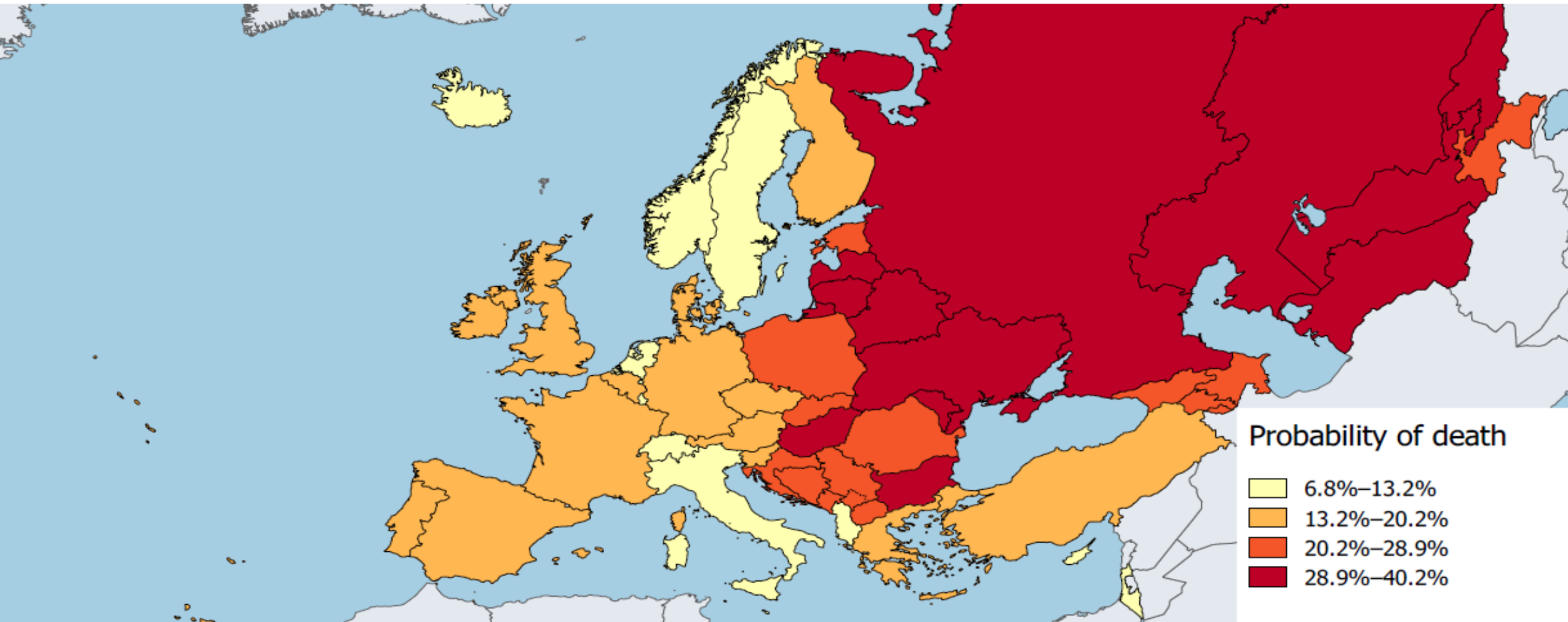


Global Monitoring Framework Scoreboard for Europe

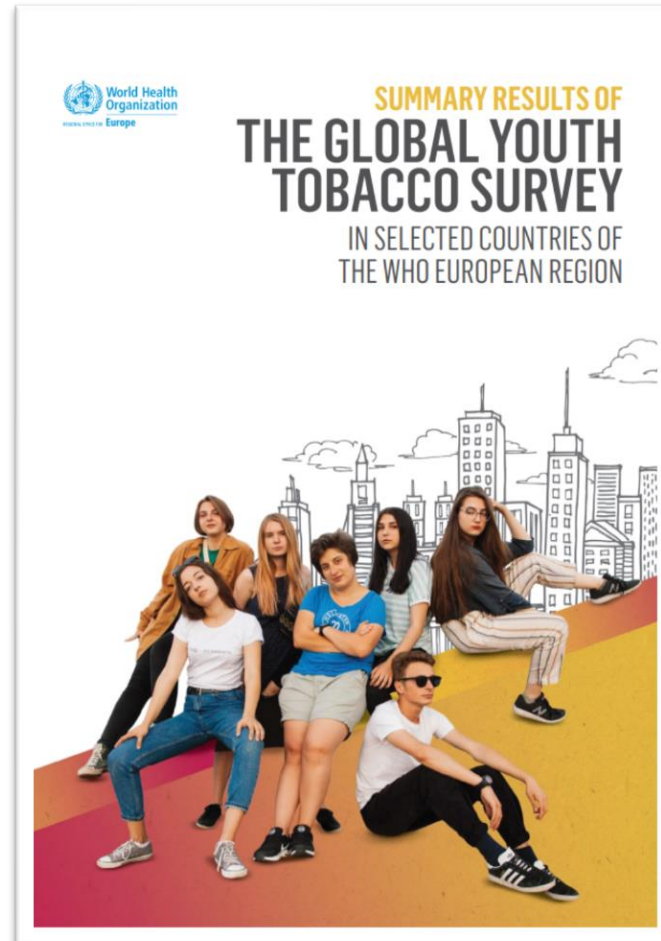
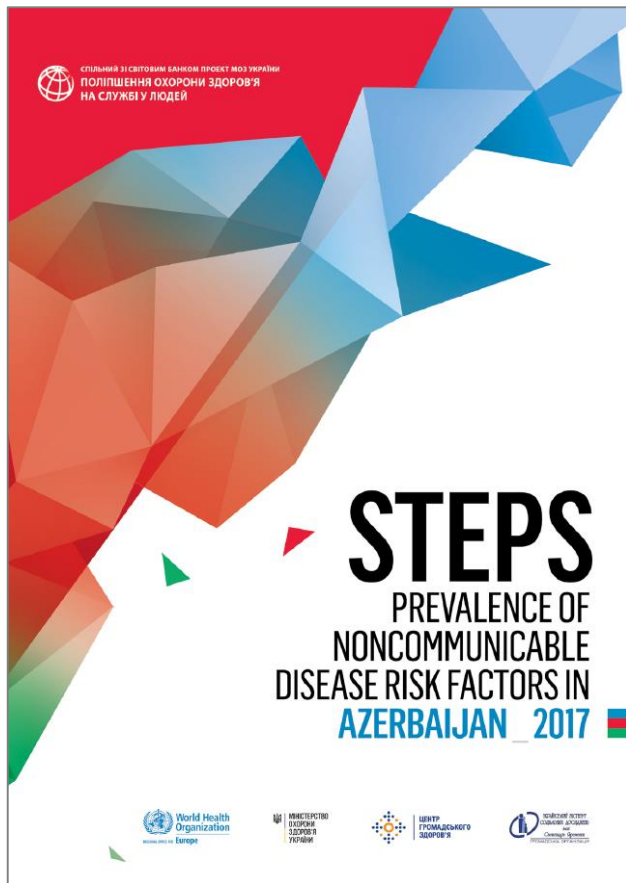
Major scope for accelerating achievement by 2025-2030





Unconditional probability of dying between ages 30 and 69 years from four major NCDs in the WHO European Region, males, latest available data



NCD Risk Factors Surveillance






Innovation to tackle childhood obesity







World Health Organization
REGIONAL OFFICE FOR Europe

Childhood Obesity Surveillance Initiative (COSI)

Protocol



Severe obesity among children aged 6-9 years

This factsheet presents the prevalence of severe obesity in school-aged children from 21 countries participating in the first three rounds of COSI (2007/2008 – 2009/2010 – 2012/2013). Severe obesity in children is defined by WHO using reference growth curves. The details of the analysis are described in a peer-reviewed paper by Spinelli et al, published in Obesity Facts.^{1*}

Results from 636,933 children (323,648 boys and 313,285 girls) indicate that the prevalence of severe obesity varied greatly among countries, and was highest in Southern Europe. Severe obesity prevalence ranged from 1.0% in Swedish and Moldovan children, to 5.5% in Maltese children. In many countries, one in four obese children was severely obese.

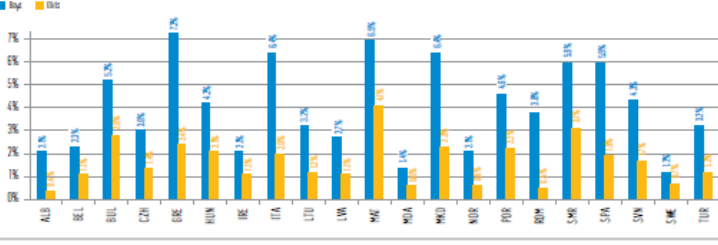
Prevalence of pre-obesity, obesity (not including severe obesity) and severe obesity

| Country | Severe obesity | Obesity (not including severe obesity) | Overweight (not including obesity) |
|---------|----------------|--|------------------------------------|
| ALB | 1.0% | 6.0% | 16.2% |
| BEL | 1.2% | 6.0% | 16.2% |
| BUL | 4.2% | 8.0% | 16.4% |
| CZH | 2.2% | 8.2% | 18.2% |
| GRE | 4.0% | 8.0% | 18.0% |
| HUN | 3.2% | 9.2% | 16.2% |
| IRE | 3.0% | 6.0% | 16.0% |
| ITA | 4.2% | 8.2% | 16.2% |
| LTU | 3.2% | 8.2% | 16.2% |
| LVA | 3.0% | 6.0% | 16.0% |
| MAT | 5.5% | 8.0% | 16.0% |
| MDA | 1.0% | 4.0% | 14.0% |
| MKD | 4.4% | 6.0% | 16.0% |
| NDR | 3.4% | 6.2% | 16.4% |
| POR | 3.4% | 8.0% | 18.0% |
| ROM | 2.2% | 6.0% | 16.0% |
| SMR | 4.0% | 8.0% | 16.0% |
| SPA | 4.0% | 8.2% | 16.2% |
| SVN | 3.0% | 6.0% | 16.0% |
| SWE | 1.0% | 6.0% | 16.0% |
| TUR | 3.2% | 6.2% | 16.2% |

Legend: Severe obesity (red), Obesity (not including severe obesity) (blue), Overweight (not including obesity) (yellow)

Prevalence of severe obesity based on WHO definitions among boys and girls

The prevalence of severe obesity was generally higher among boys compared to girls. The trend between 2007 and 2013 and the analysis by child's age did not show a clear pattern. Severe obesity was more common among children with a lower maternal education level.

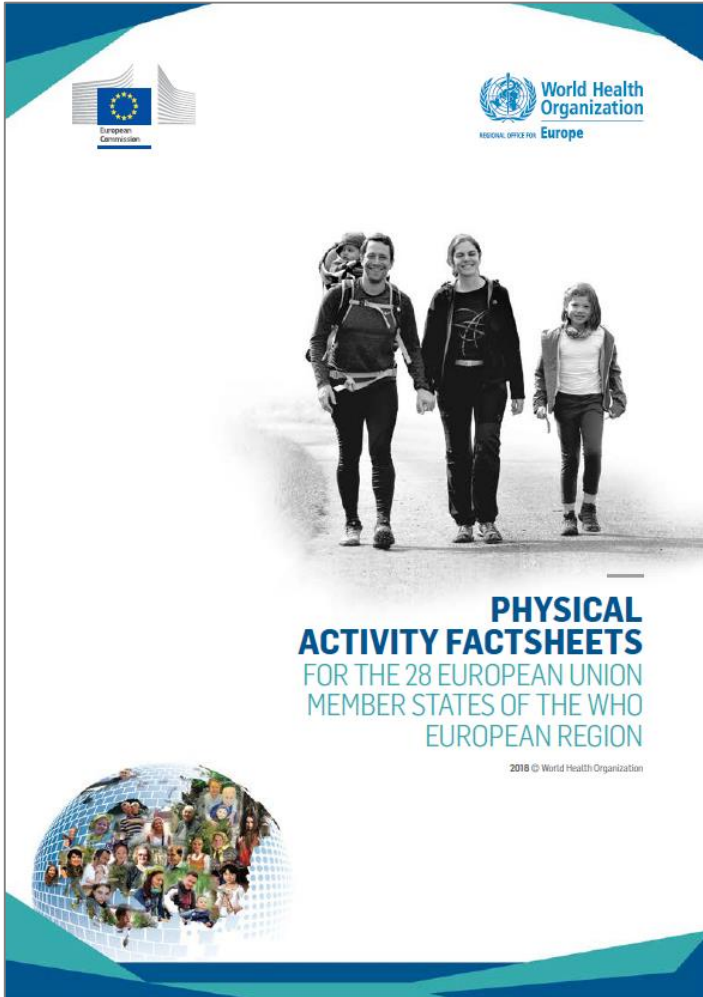


Legend: Boy (blue), Girl (yellow)

*Spinelli A, et al. Prevalence of severe obesity among primary school children in 21 European countries. Obesity Facts (in Press).


*The following age groups were included in the analysis: 6-year-olds in Belgium (BEL), Malta (MAL) and Slovenia (SLO); 7-year-olds in BEL, Bulgaria (BUL), Czechia (CZH), Greece (GRE), Hungary (HUN), Ireland (IRE), Latvia (LAT), Lithuania (LIT), Republic of Moldova (MDA), Portugal (POR), Spain (SPA), Sweden (SWE), North Macedonia (MKD) and Turkey (TUR); 8-year-olds in Albania (ALB), BEL, Italy (ITA), Norway (NOR), Romania (ROM), San Marino (SMR); 9-year-olds in BEL, IRL, ITA and SLO.

Monitoring and Surveillance - Physical Activity




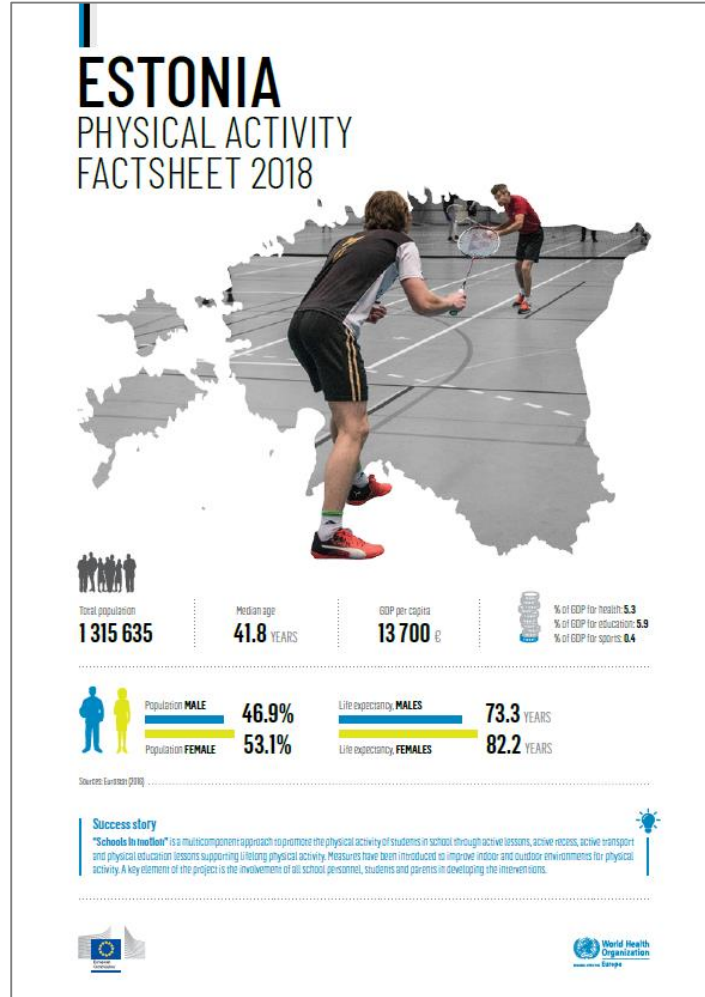
European Commission

World Health Organization
REGIONAL OFFICE FOR Europe

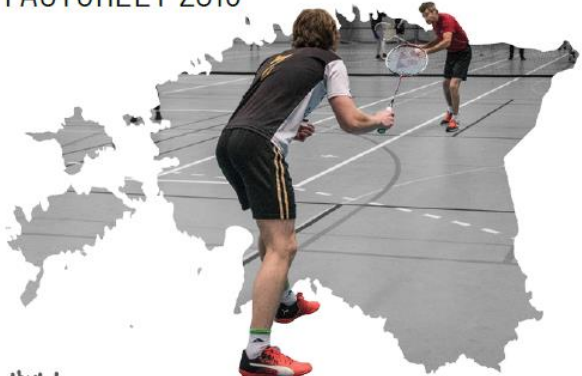


PHYSICAL ACTIVITY FACTSHEETS
FOR THE 28 EUROPEAN UNION MEMBER STATES OF THE WHO EUROPEAN REGION

2018 © World Health Organization



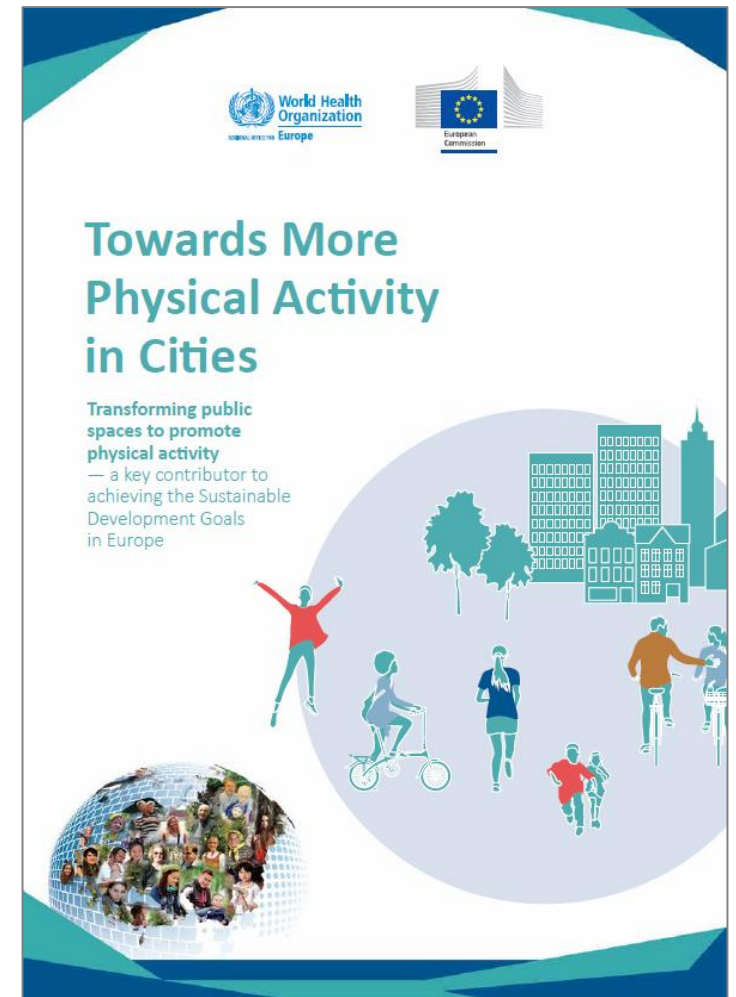
ESTONIA
PHYSICAL ACTIVITY
FACTSHEET 2018



| | | | |
|--|--|-----------------------------------|--|
| Total population 1 315 635 | Median age 41.8 YEARS | GDP per capita 13 700 € | % of GDP for health: 5.3 % of GDP for education: 5.9 % of GDP for sports: 0.4 |
| Population MALE 46.9% Population FEMALE 53.1% | Life expectancy MALES 73.3 YEARS Life expectancy FEMALES 82.2 YEARS | | |

Sources: Eurostat (2018)

Success story
"Schools in motion" is a multicomponent approach to promote the physical activity of students in school through active lessons, active recess, active transport and physical education lessons supporting lifelong physical activity. Measures have been introduced to improve indoor and outdoor environments for physical activity. A key element of the project is the involvement of all school personnel, students and parents in developing the interventions.







World Health Organization
REGIONAL OFFICE FOR Europe

European Commission

Towards More Physical Activity in Cities

Transforming public spaces to promote physical activity — a key contributor to achieving the Sustainable Development Goals in Europe

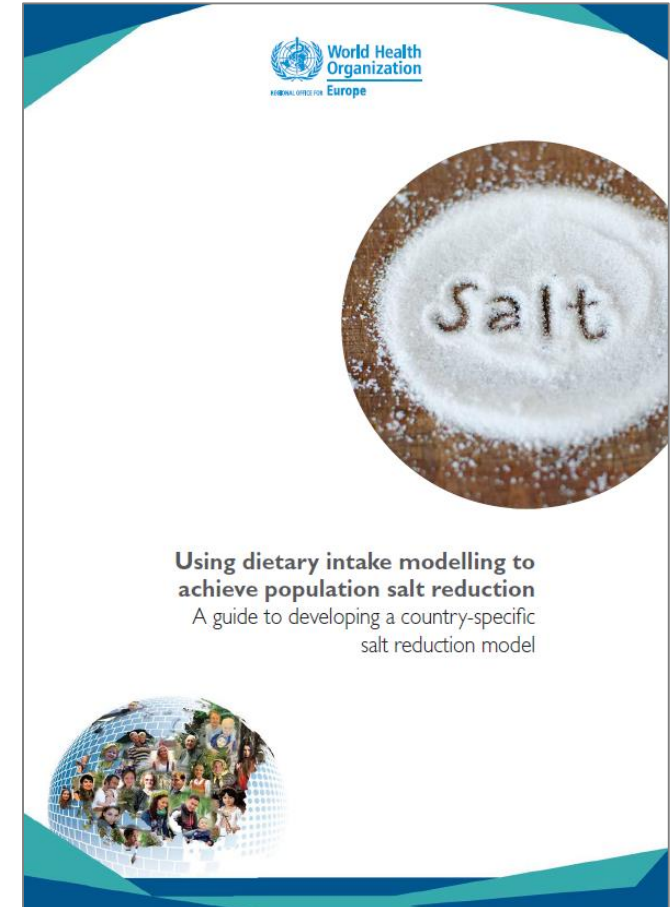
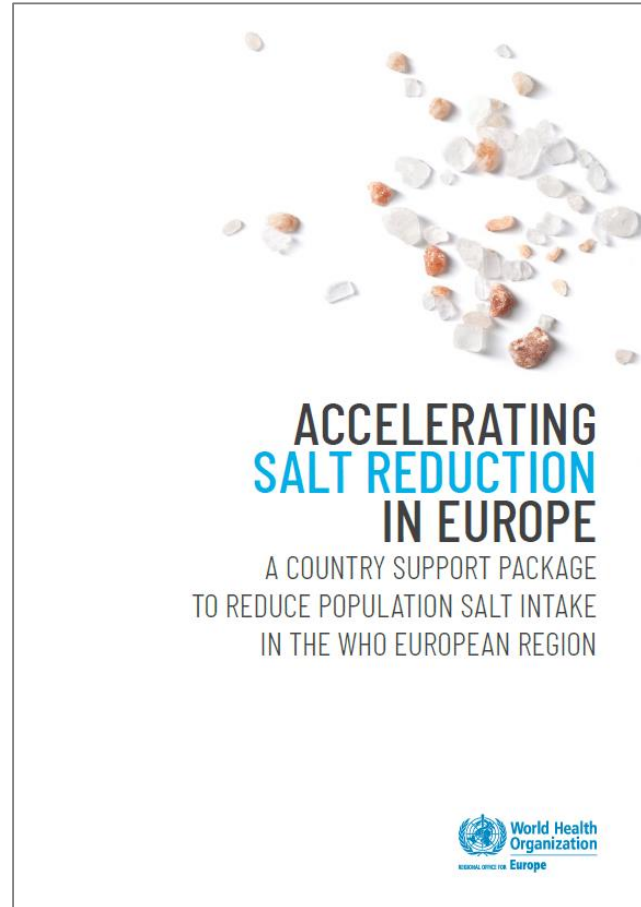
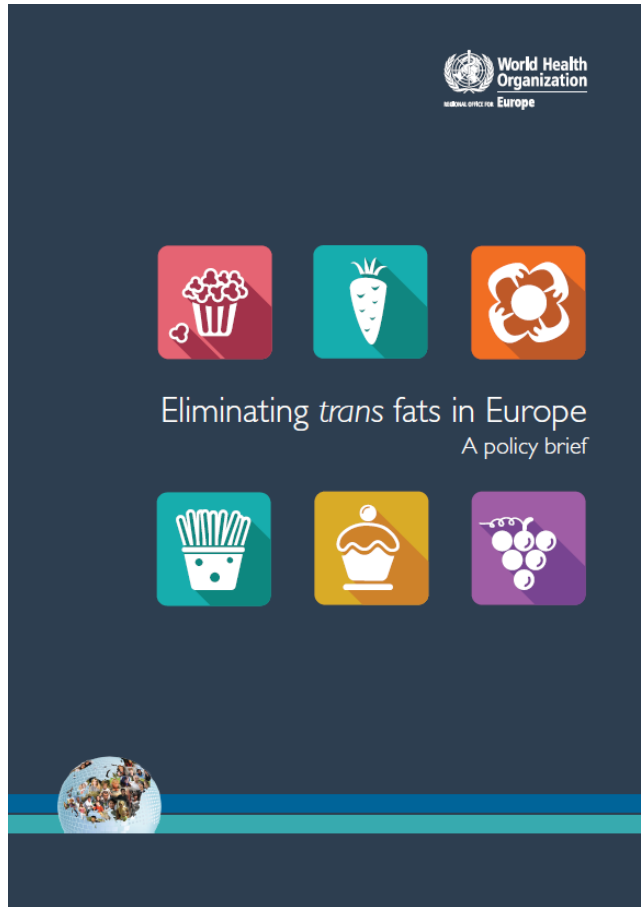



Feedcities – Monitoring food environments

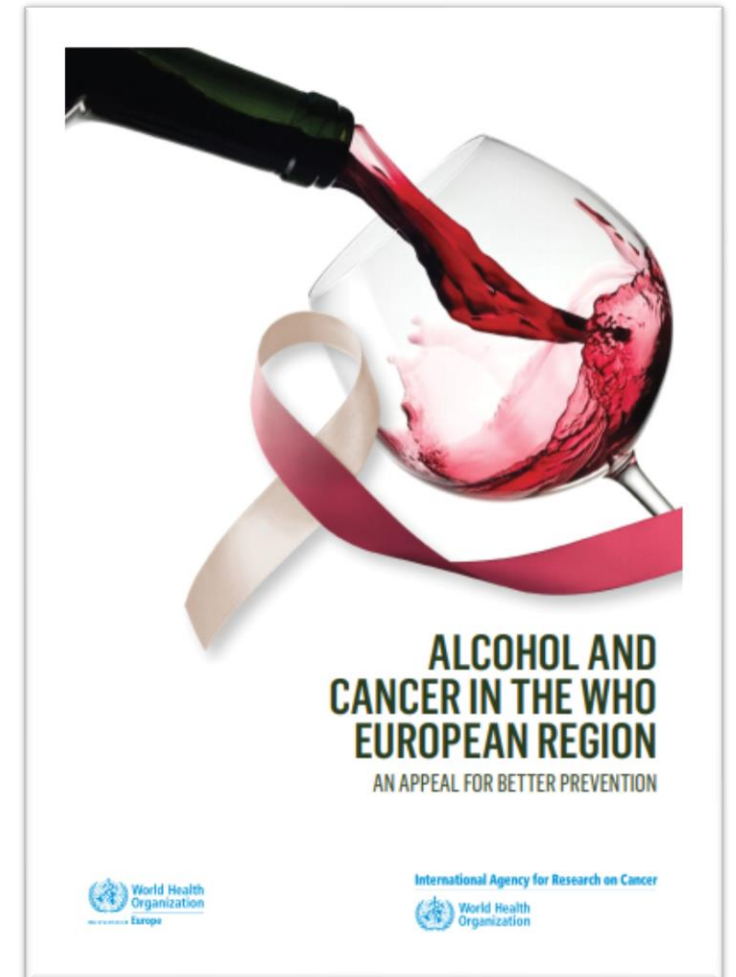
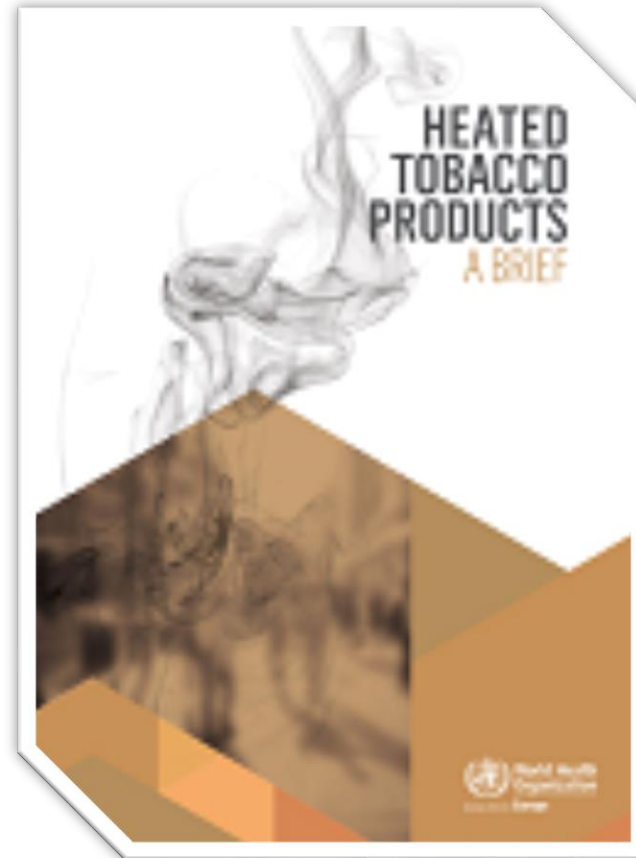
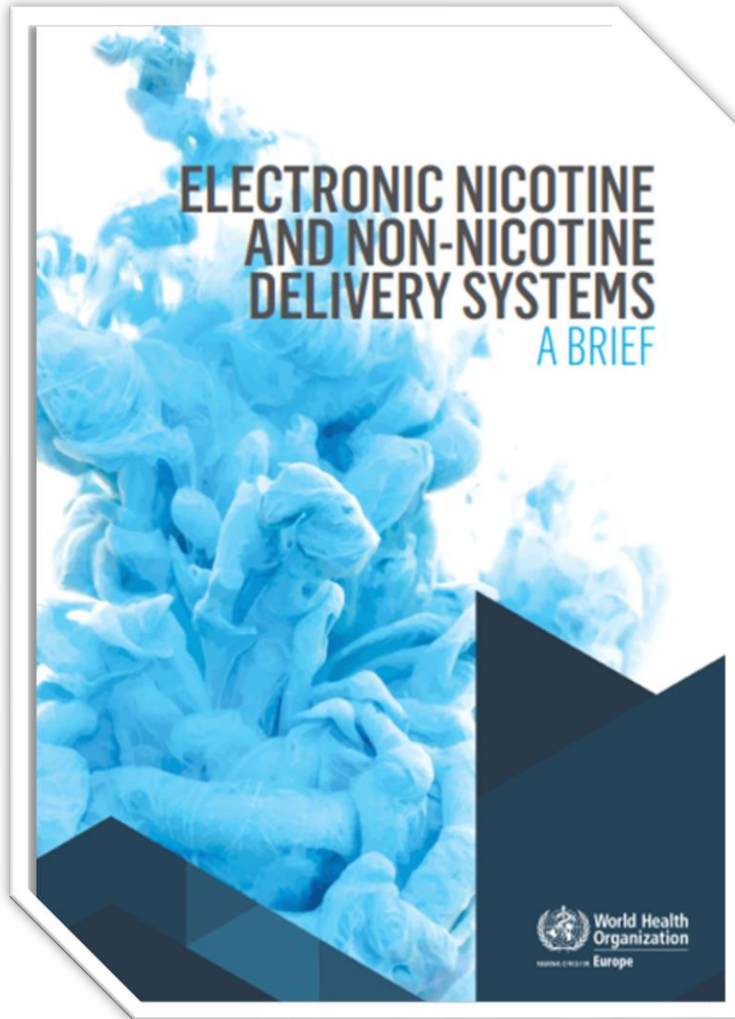


Risk factors – Reducing trans fats and salt

t



Alcohol and tobacco use



Conducting impact case studies with countries

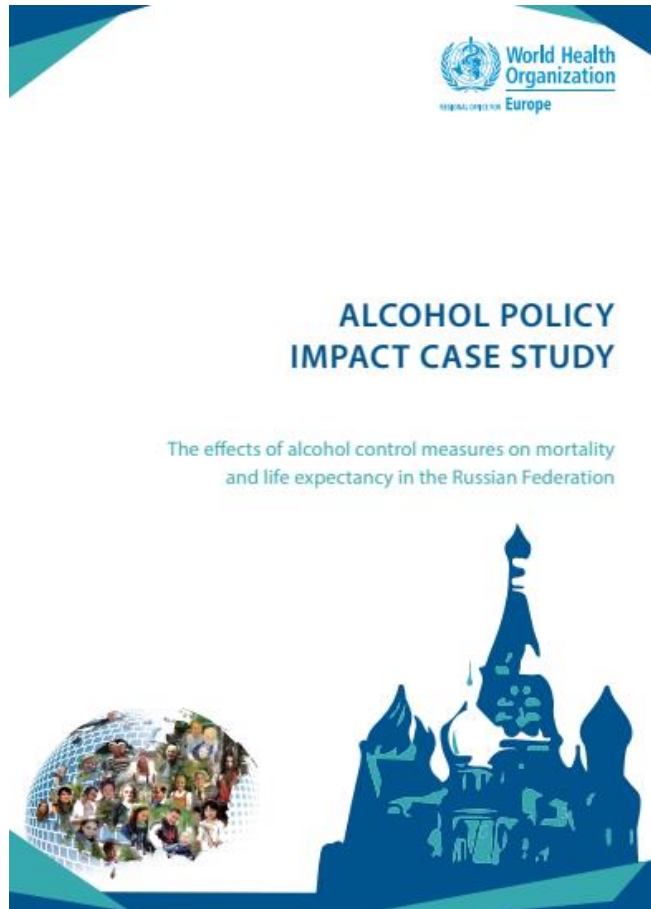
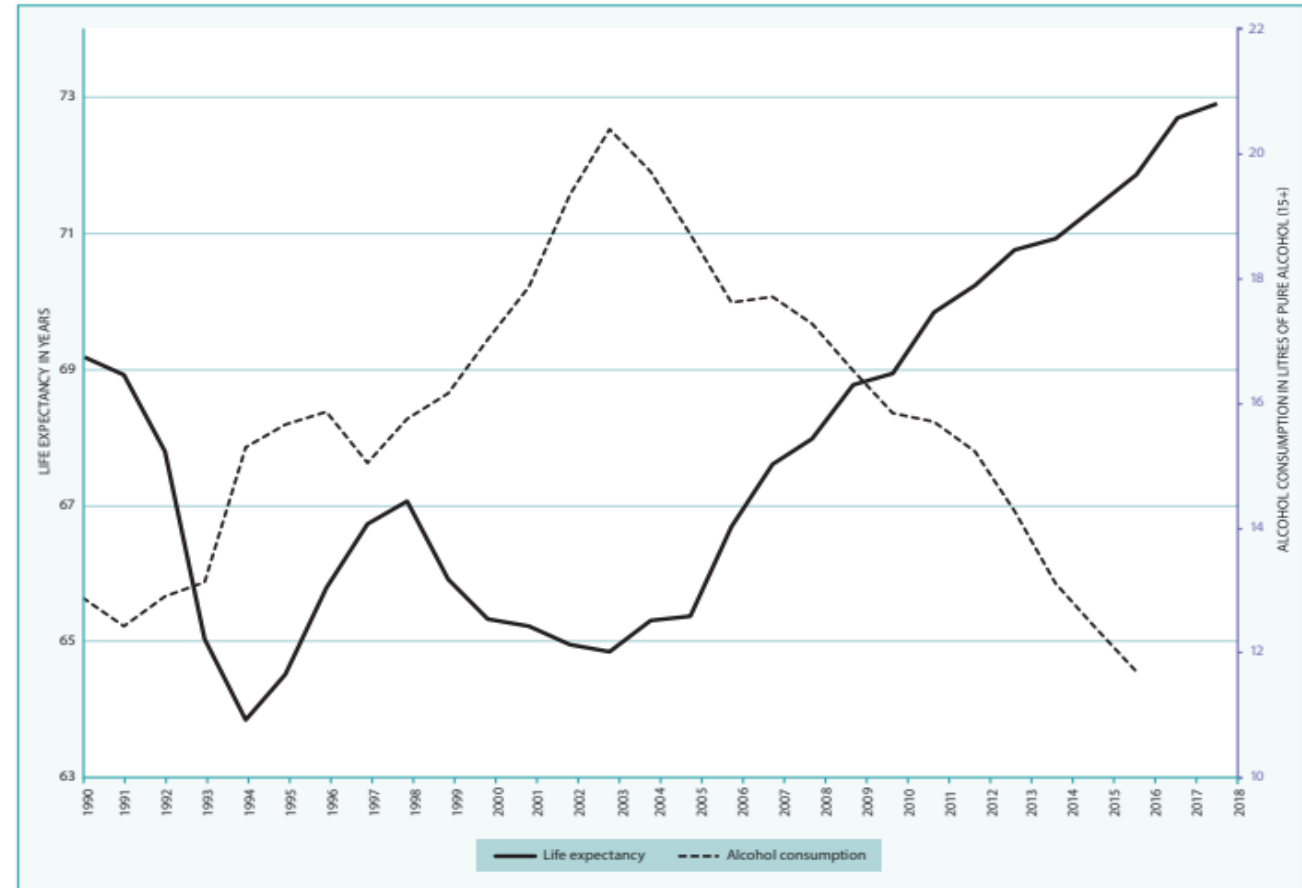
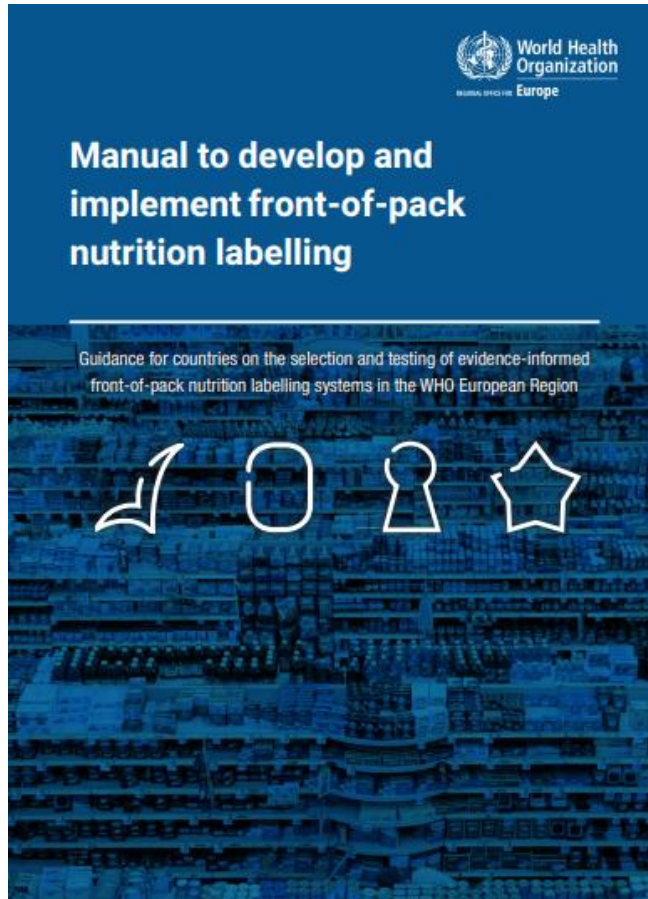


Fig. 12. Relationship between alcohol consumption and life expectancy*

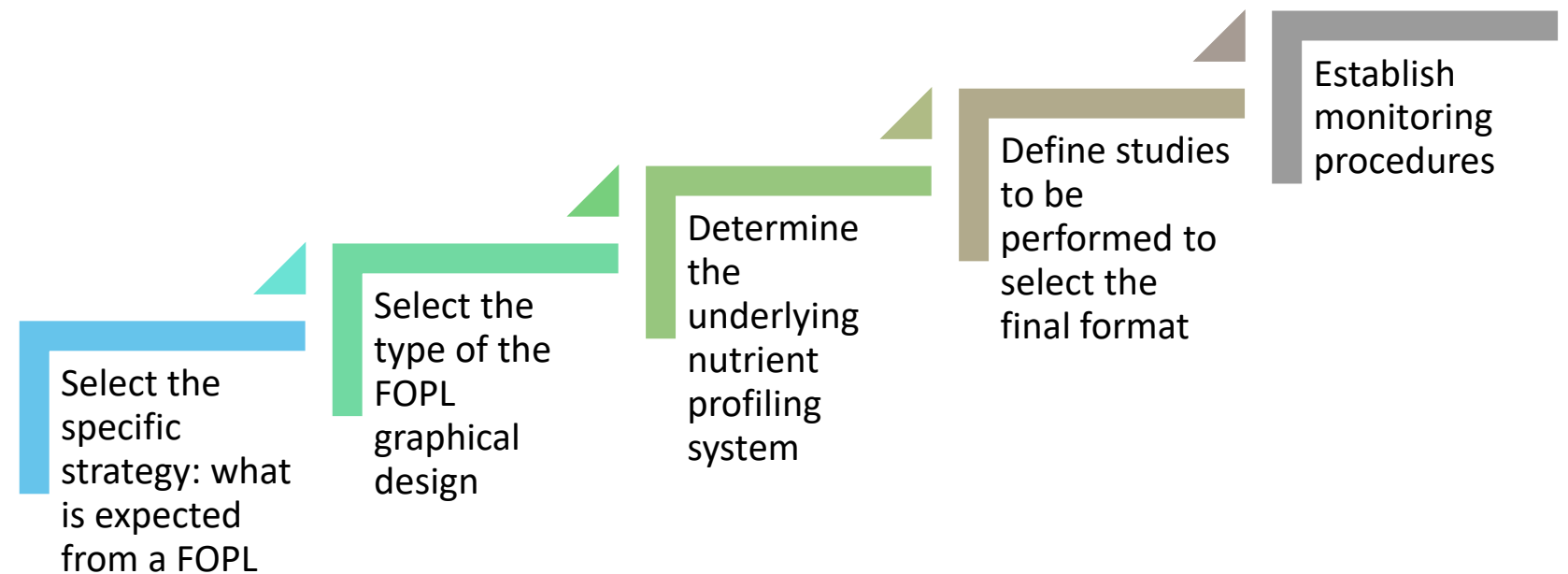


* Left scale: life expectancy in years.
Right scale: total alcohol consumption per capita in litres.
Source: Global status report on alcohol and health, 2018;²⁴ Manthey et al. (2019);²⁵ Federal State Statistics Service.²⁶
Adapted from Nemtsov, Neufeld & Rehm (2019).³⁷

Manual to develop and implement front-of-pack nutrition labelling



Five-step approach that countries can follow to develop and implement an evidence-based FOPL scheme



<https://apps.who.int/iris/bitstream/handle/10665/336988/WHO-EURO-2020-1569-41320-56234-eng.pdf?sequence=1&isAllowed=y>

CLICK framework

CLICK

A tool for monitoring children's exposure to marketing of unhealthy products online



C Comprehend the digital ecosystem

Map the global, regional and national digital marketing ecosystem and children's website/app usage; alongside this work, set up focus groups to gauge children's and parents/guardians' experience and awareness of marketing techniques and campaigns.

L Landscape of campaigns

Assess campaigns run by leading national brands by collecting information from advertising agencies and by sampling whole-country social media for relevant content to ascertain what is viewed by different age groups.

I Investigate exposure

Map exposure to some paid-for digital marketing experienced by a panel of children in each age bracket using an installed smartphone app that (with consent) monitors and aggregates data on children's interaction with advertisements in some websites and social media.

C Capture on-screen

Use real-time screen capture software on a panel subgroup to assess what a representative sample of children actually sees online on their devices, in order to better understand wider marketing techniques, including user-generated content and product placement.

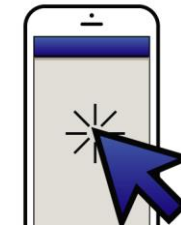
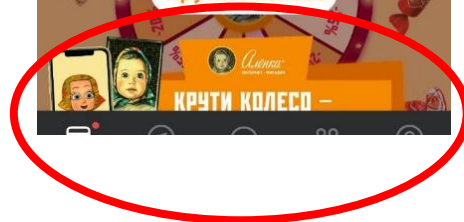
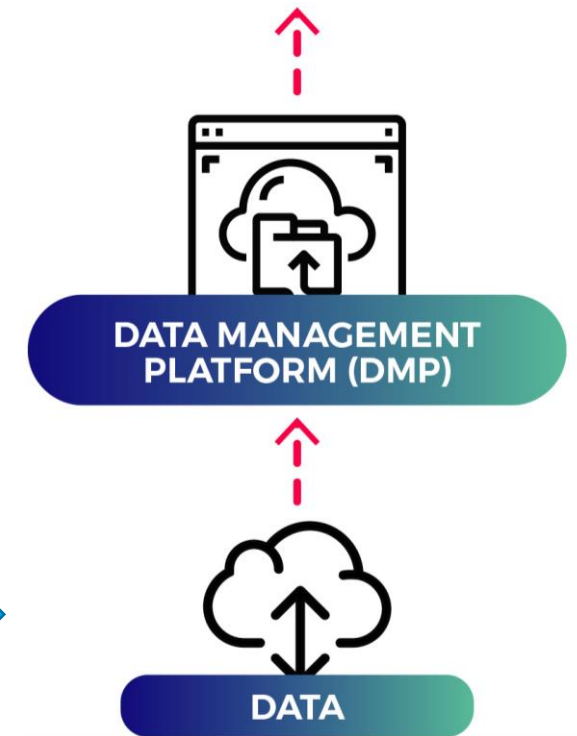
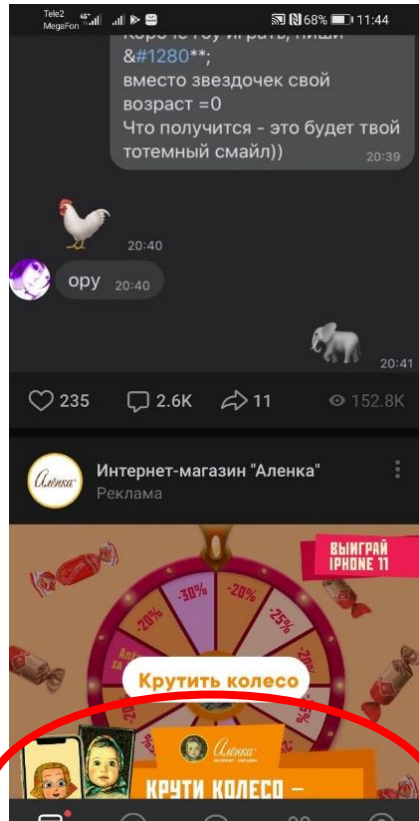
K Knowledge sharing

Create user-friendly materials from the research data and develop partnerships with young people, parents, policy-makers and civil society, who together can advocate change, raise awareness and influence policy.

Innovation and Collaboration

KidAd – a smartphone App to monitor digital marketing

Artificial Intelligence
tool to identify
Brand Logos



Country support

Capacity Building of Health Care Professionals



Physical Activity Prescription for Pregnant Women



Brief Interventions for Alcohol

Country support

Country Action Networks, Implementation research, Capacity Building of Health Care Professionals



Health Literacy Network



CIS Alcohol Policy Network



Systems-based approach for Physical Activity promotion

Innovation and Collaboration

Partnerships with Russian Institutions and Organizations



Partnership with Centres of Excellence in the Russian Federation (2014–2016)

Policy-makers have to apply a large body of knowledge and expertise on the prevention and control of diseases such as cardiovascular diseases, cancer, chronic respiratory diseases and diabetes: all these conditions threaten health, livelihoods and lives. Since its launch in 2014, the WHO European Office for the Prevention and Control of Noncommunicable Diseases (NCD Office), based in Moscow and funded by a voluntary contribution from the Government of the Russian Federation, has been working closely with experts from the Russian Federation to provide technical support to Member States of the WHO European Region. These experts

make a crucial difference to the task of combatting noncommunicable diseases (NCDs) throughout Europe.

Between 2014 and 2016 more than 40 Russian experts from leading scientific institutions of the Russian Federation joined the NCD Office team in a wide range of activities, either in missions to individual countries or in meetings, conferences and workshops that bring countries together. These institutions are regarded as leaders in their field in the Russian Federation: they all conduct fundamental and applied research and provide scientific, academic and medical training, while at the same time also providing treatment.

Some of the institutions have previously collaborated with WHO; others, in their work with the NCD Office, are collaborating for the first time.



Dr Anna Kontsevaya

Head of the Laboratory of Economic Analysis of Epidemiology Surveys and Preventive Technologies, National Research Centre for Preventive Medicine



Credit: LTD Vidoks/Vitaliy Volohovsky.

“

“Assessing the economic burden of NCDs and the economic effect of preventive measures in several WHO projects in Belarus and Kyrgyzstan, we worked with different governmental sectors at a high level, to justify investments in population health. This experience will be valuable for similar health economics analyses and evaluations on NCDs and other public health issues, which I am planning to conduct in the Russian Federation.”

”



Dr Artyom Gil

of the Higher School of Health Administration, I.M. Sechenov First Moscow State Medical University, helped to organize and deliver STEPS survey training sessions in Armenia, Belarus, Georgia and Tajikistan in 2016. He also provided technical support to the implementation and monitoring of the survey in Tajikistan.

“

“Before joining the WHO international team working on the STEPS surveys in the WHO European Region, I had already had experience of conducting epidemiological surveys at subnational level in the Russian Federation. But through the NCD Office team I gained experience of training STEPS interviewers in Armenia, Belarus and Georgia, and implementing this nationwide survey in Tajikistan. This experience will be invaluable for the successful organization of STEPS and similar population-based surveys on NCD risk factors in the Russian Federation and abroad.”

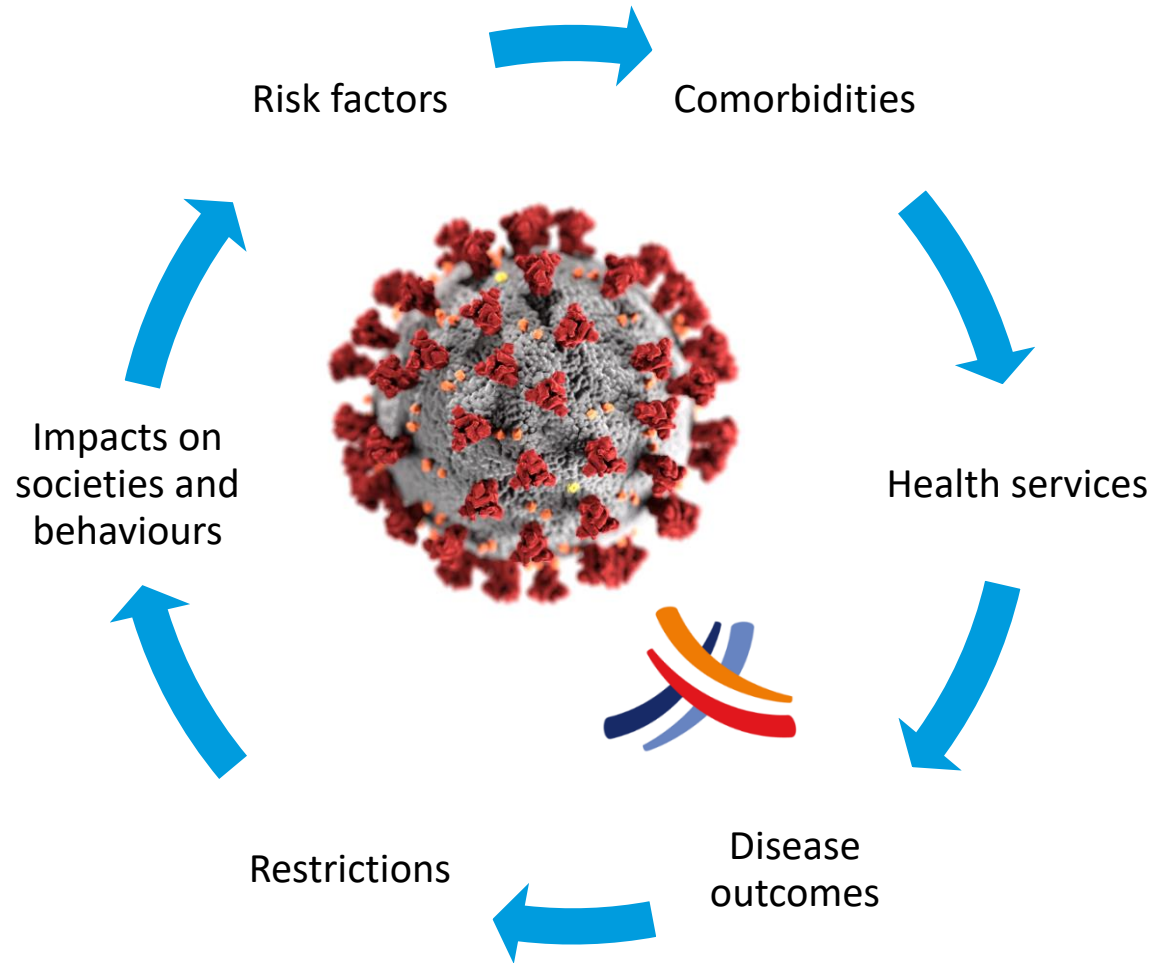
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Young Russian Experts



COVID-19 and NCDs: complex interplay



THE LANCET

COMMENT | VOLUME 395, ISSUE 10238, P1678-1680, MAY 30, 2020

Prevention and control of non-communicable diseases in the COVID-19 response

Hans Henri P Kluge • Kremlin Wickramasinghe • Holly L Rippin • Romeu Mendes • David H Peters • Anna Kontsevaya • Joao Breda • [Show less](#)

Published: May 08, 2020 • DOI: [https://login.research4life.org/tacsgr1doi_org/10.1016/S0140-6736\(20\)31067-9](https://login.research4life.org/tacsgr1doi_org/10.1016/S0140-6736(20)31067-9)

COVID-19 response

Promoting Healthy Diet during quarantine

Best Food Buys during self-quarantine

ALWAYS PRIORITIZE FRESH, UNPROCESSED FOODS.
IF THESE ARE NOT AVAILABLE, CHOOSE PREFERABLY:

1. Long-lasting fruits and vegetables

Like citrus fruits, apples, bananas, carrots, beets and cabbage

2. Frozen fruits

3. Frozen vegetables

4. Dried and canned pulses

Like beans, lentils and chickpeas

5. Whole grains and starchy roots

Like wholegrain rice, pasta and bread, oats, potato and cassava

6. Dried fruits, nuts and seeds

Unsalted and unsweetened

7. Canned vegetables

Prefer low-sodium options

8. Eggs

9. Canned fish

In water, rather than oil or brine

10. Reduced-fat, shelf stable milk

For detailed information, consult the full piece on eating healthy during self-quarantine

Healthy Eating during self-quarantine

USE THE FOLLOWING TIPS FOR BETTER HEALTH DURING QUARANTINE:

1. Plan your meals

Assess what you have and buy only what you need

2. Be strategic about the use of ingredients

Use fresh foods and those with shorter expiration dates first, and consider freezing foods

3. Prepare home-cooked meals

If this is not possible, explore "contact-less" food delivery options in your area

4. Be aware of portion sizes and avoid overeating

5. Follow safe food handling practices

Only safe food is healthy food

6. Limit your intake of fat, salt and sugar

7. Eat enough fiber

Prioritize fruits, vegetables, pulses and whole grains

8. Stay hydrated

Drink plenty of water and avoid sugar-sweetened beverages

9. Avoid or reduce your alcohol consumption

If no one is sick or under special quarantine

10. Enjoy meals with your family or housemates

If no one is sick or under special quarantine

For detailed information, consult the full piece on eating healthy during self-quarantine



COVID-19 response

Promoting Physical Activity during quarantine



Stay healthy at home!


Consider making your own standing desk using a high table or safely stacking books on a surface.



Warning: This guidance is intended for people in self-quarantine without any symptoms or diagnosis of acute respiratory illness. It should not replace medical guidance in case of any health condition.



Stay healthy at home!



Find time to relax. Consider meditation, deep breathing and other relaxation techniques to reduce stress.

Warning: This guidance is intended for people in self-quarantine without any symptoms or diagnosis of acute respiratory illness. It should not replace medical guidance in case of any health condition.



Stay healthy at home!



Take short, active breaks throughout the day by playing, dancing or even doing chores like cleaning or gardening.

Warning: This guidance is intended for people in self-quarantine without any symptoms or diagnosis of acute respiratory illness. It should not replace medical guidance in case of any health condition.



Stay healthy at home!

Online exercise classes can be a great way to stay active while in self-quarantine.



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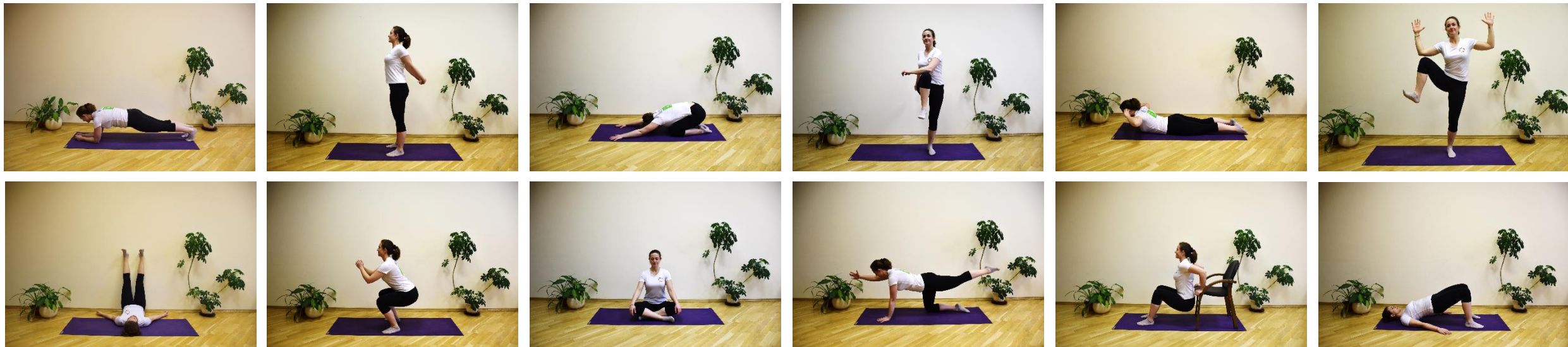


Stay healthy at home!

Try to take a break from sitting every 30 minutes, especially if you're working from home.



Warning: This guidance is intended for people in self-quarantine without any symptoms or diagnosis of acute respiratory illness. It should not replace medical guidance in case of any health condition.



Thanks! Спасибо!

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