

**KALISZ**  
The oldest town in Poland!

## Towards a Declaration from the World Conference on Family Health, Calisia, 2019

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\*In collaboration with the Calisia Conference Declaration Committee

Cardinal Glemp led the Polish Church through years of democratic transition and through the difficult social transformation that accompanied this process. Through all this time, he tried to unify rather than divide, to compromise rather than highlight the differences, to indicate the way of dialogue and moderation rather than the way of emotion. ...

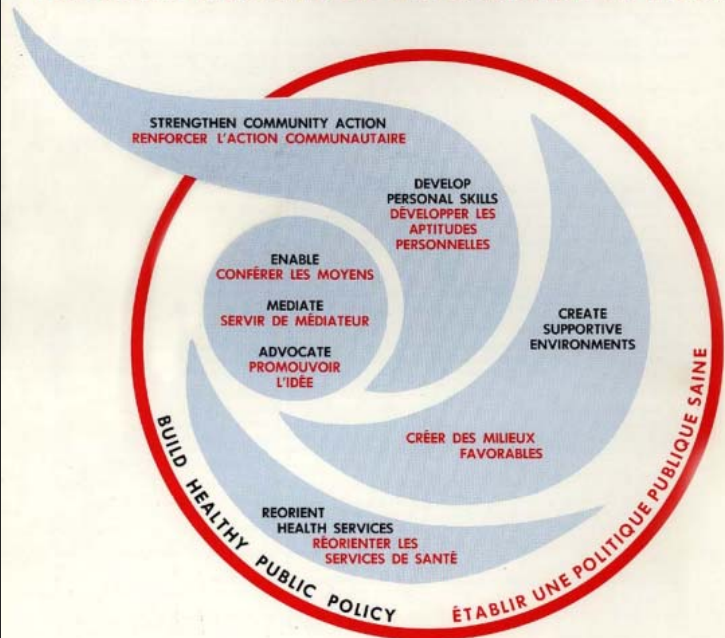
With his passing, Poland has lost a steady hand that helped the success of Polish transformation.

<https://www.eppgroup.eu/newsroom/news/poland-paying-tribute-to-cardinal-jozef-glemp>



Józef Glemp (1929-2013)  
Archbishop of Warsaw  
Cardinal of the Roman Catholic Church

## OTTAWA CHARTER FOR HEALTH PROMOTION CHARTRE D'OTTAWA POUR LA PROMOTION DE LA SANTÉ



AN INTERNATIONAL CONFERENCE  
ON HEALTH PROMOTION  
The move towards a new public health

November 17-21, 1986 Ottawa, Ontario, Canada

UNE CONFÉRENCE INTERNATIONALE  
POUR LA PROMOTION DE LA SANTÉ  
Vers une nouvelle santé publique

17-21 novembre 1986 Ottawa (Ontario) Canada

### PREREQUISITES FOR HEALTH

The fundamental conditions and resources for health are **peace**, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity.

# Closing the Gap in the European Region

**Prof. Witold Zatoński, M.D., Sc.D.**  
Maria Skłodowska-Curie Memorial,  
Warsaw, Poland



**CLOSING THE GAP –  
REDUCING PREMATURE MORTALITY  
BASELINE FOR MONITORING HEALTH EVOLUTION FOLLOWING  
ENLARGEMENT**

Agreement number – 2003121  
Acronym: HEM

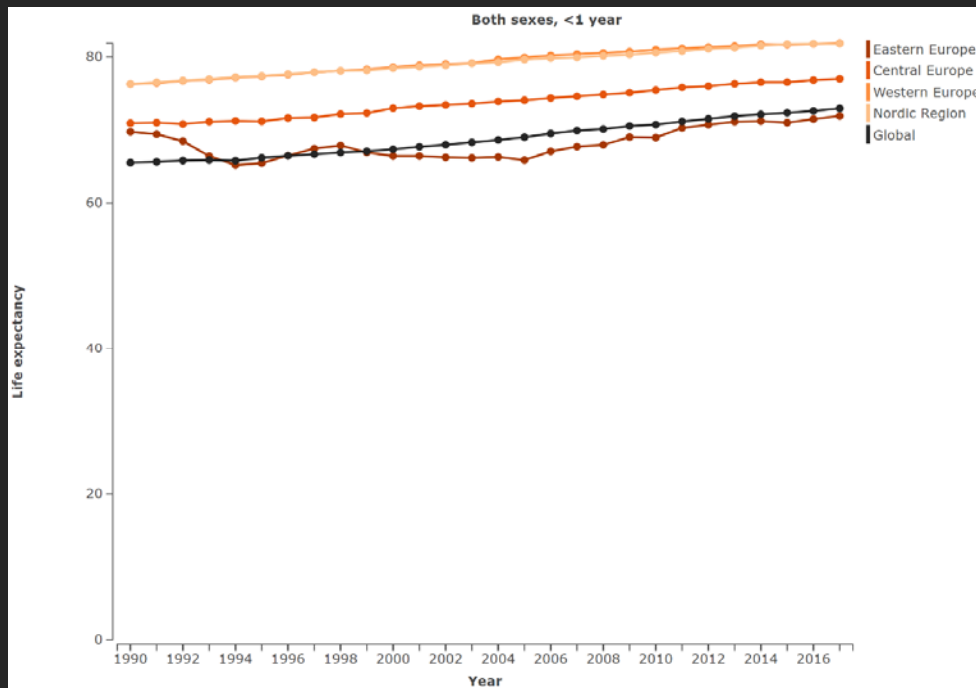
FINAL IMPLEMENTATION REPORT  
Study period: 01/12/2004 – 30/04/2008  
Technical report

**Project leader:**  
Professor Witold Zatoński, M.D., Ph.D.  
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# Life expectancy in Eastern, Central and Western Europe 1990-2017



Life expectancy in the three regions of Europe

	Western	Central	Eastern
1990	76,3	71,0	69,8
2017	81,9	77,0	71,9
Change	5,6	6,0	2,1

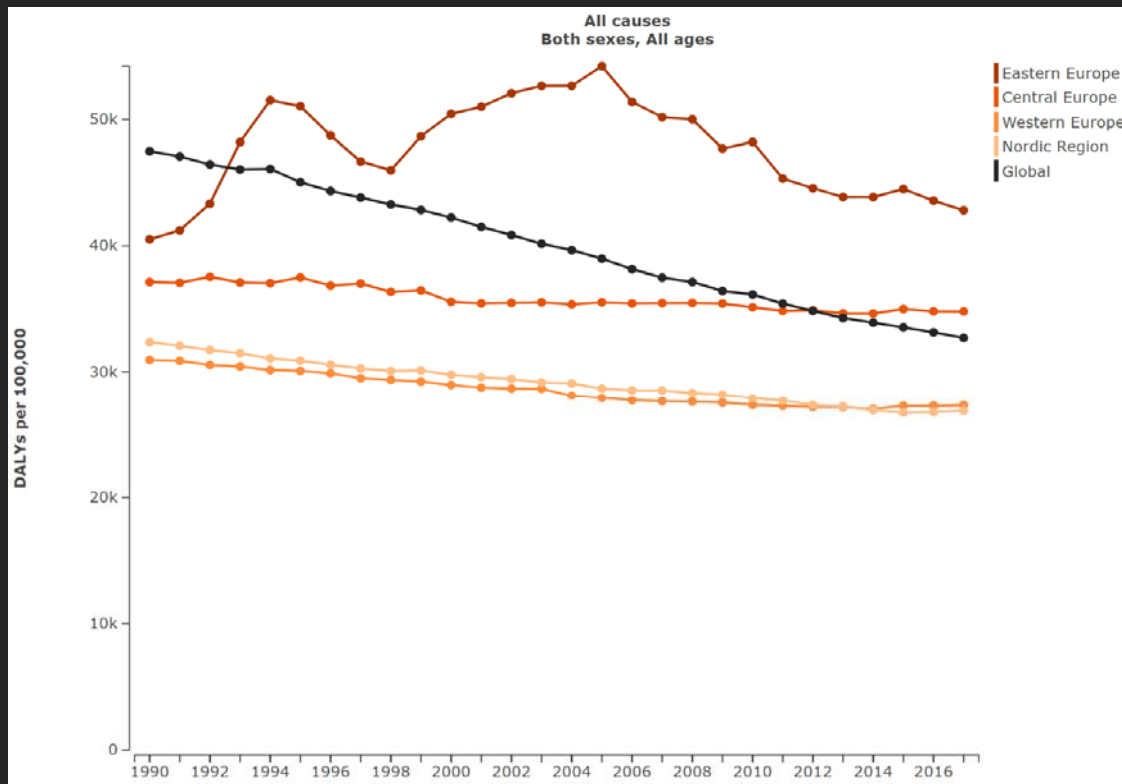
Source: Global Burden of Disease calculator.  
<https://vizhub.healthdata.org/gbd-compare/>

Western Europe: Andorra, Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Israel, Italy, Luxembourg, Malta, Netherlands, Norway, Portugal, Spain, Sweden, United Kingdom

Central Europe: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Hungary, Macedonia, Montenegro, Poland, Romania, Serbia, Slovakia, Slovenia.

Eastern Europe: Belarus, Estonia, Latvia, Lithuania, Moldova, Russian Federation, Ukraine

## Years lost per 100 000 due to premature mortality and disability in the three regions of Europe

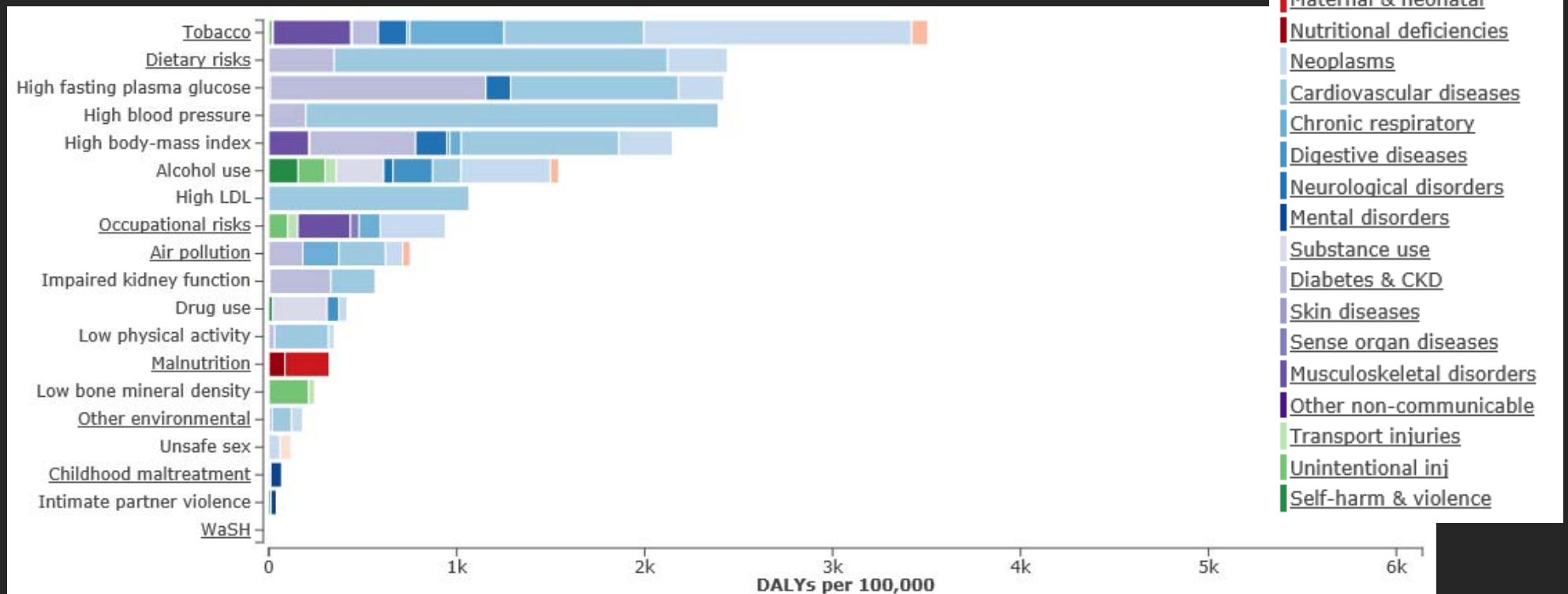


	Western	Central	Eastern
1990	30 965	37 147	40 511
2017	27 328	34 808	42 813
Change	-3 637	-2 339	2 302

Source: Global Burden of Disease calculator.  
<https://vizhub.healthdata.org/gbd-compare/>

Risk factors' contributions to reducing healthy years and years lost due to mortality  
(per 100 000) Western Europe, both genders, all ages, 2017

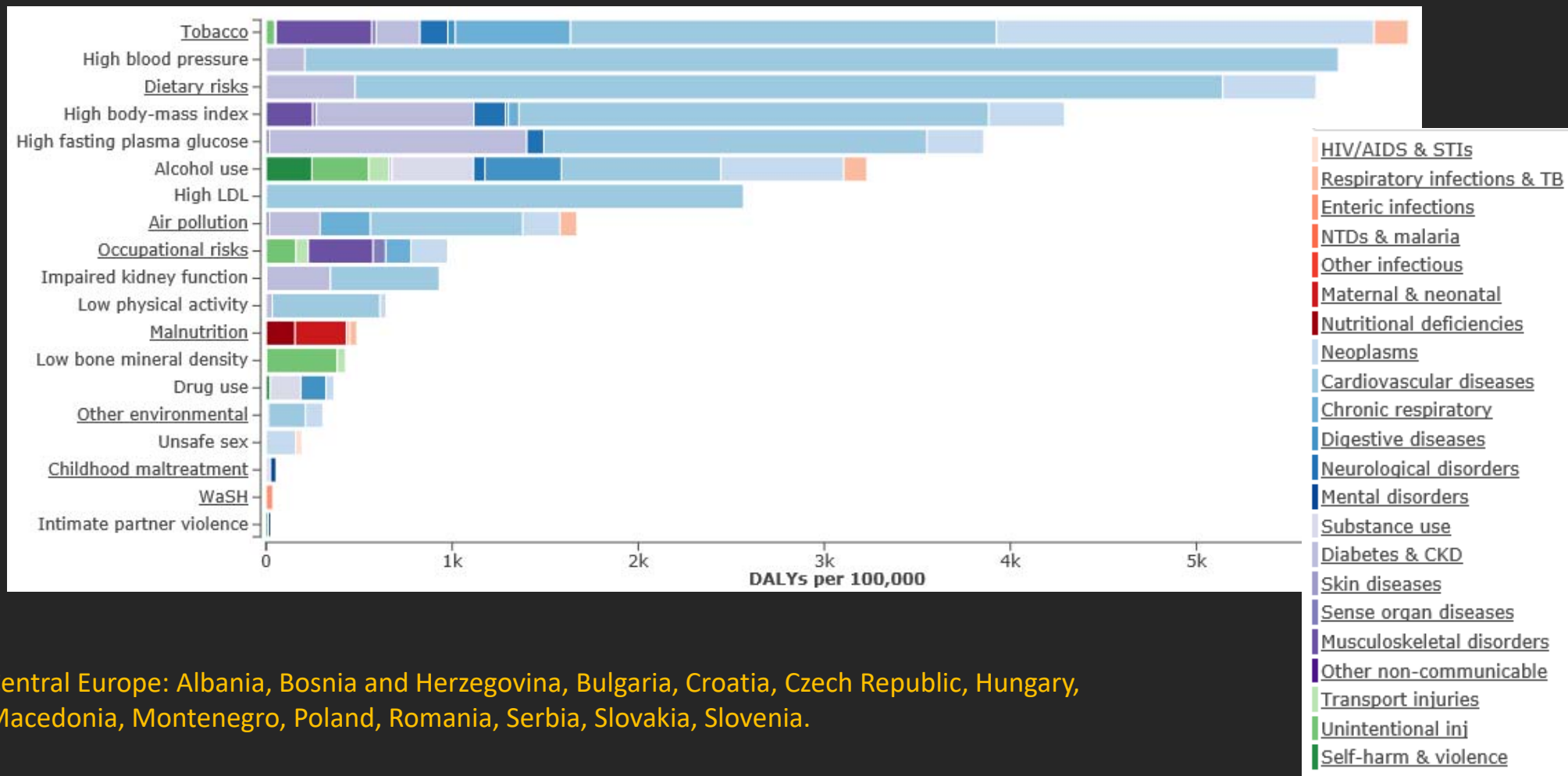
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Western Europe: Andorra, Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Israel, Italy, Luxembourg, Malta, Netherlands, Norway, Portugal, Spain, Sweden, United Kingdom

Risk factors' contributions to reducing healthy years and years lost due to mortality  
(per 100 000) Central Europe, both genders, all ages, 2017

<https://vizhub.healthdata.org/gbd-compare/>

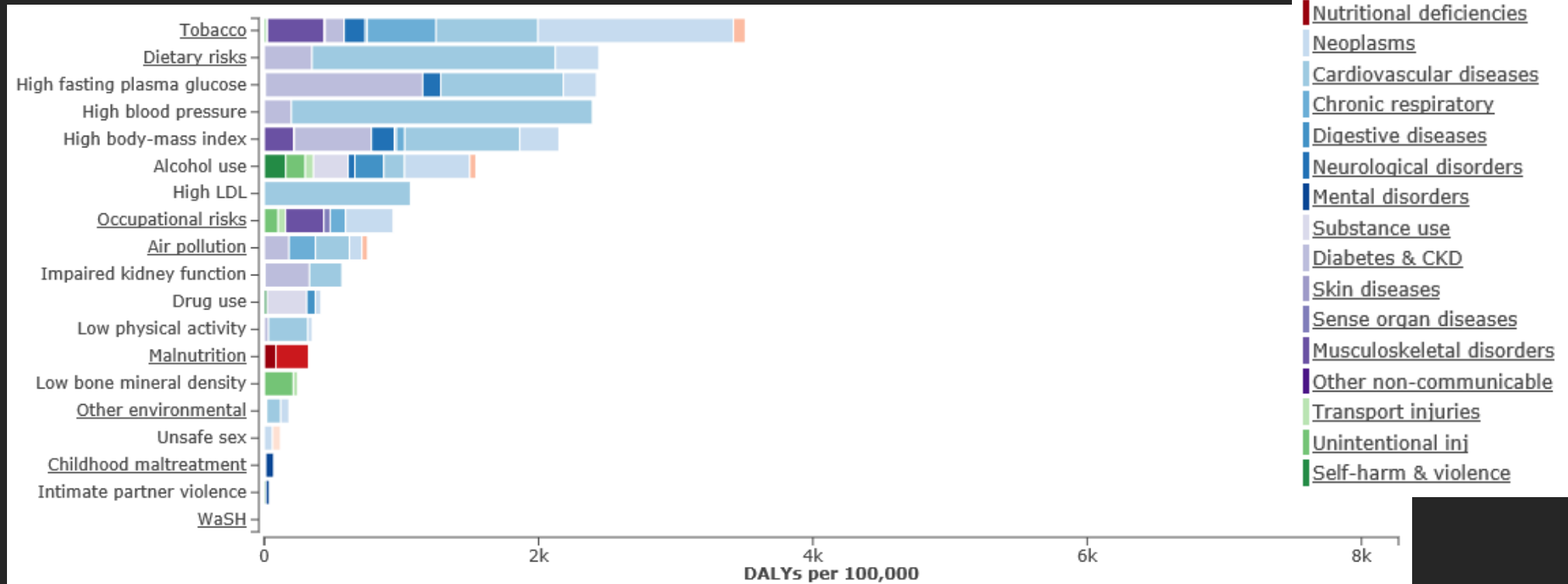


Central Europe: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Hungary, Macedonia, Montenegro, Poland, Romania, Serbia, Slovakia, Slovenia.



Risk factors' contributions to reducing healthy years and years lost due to mortality  
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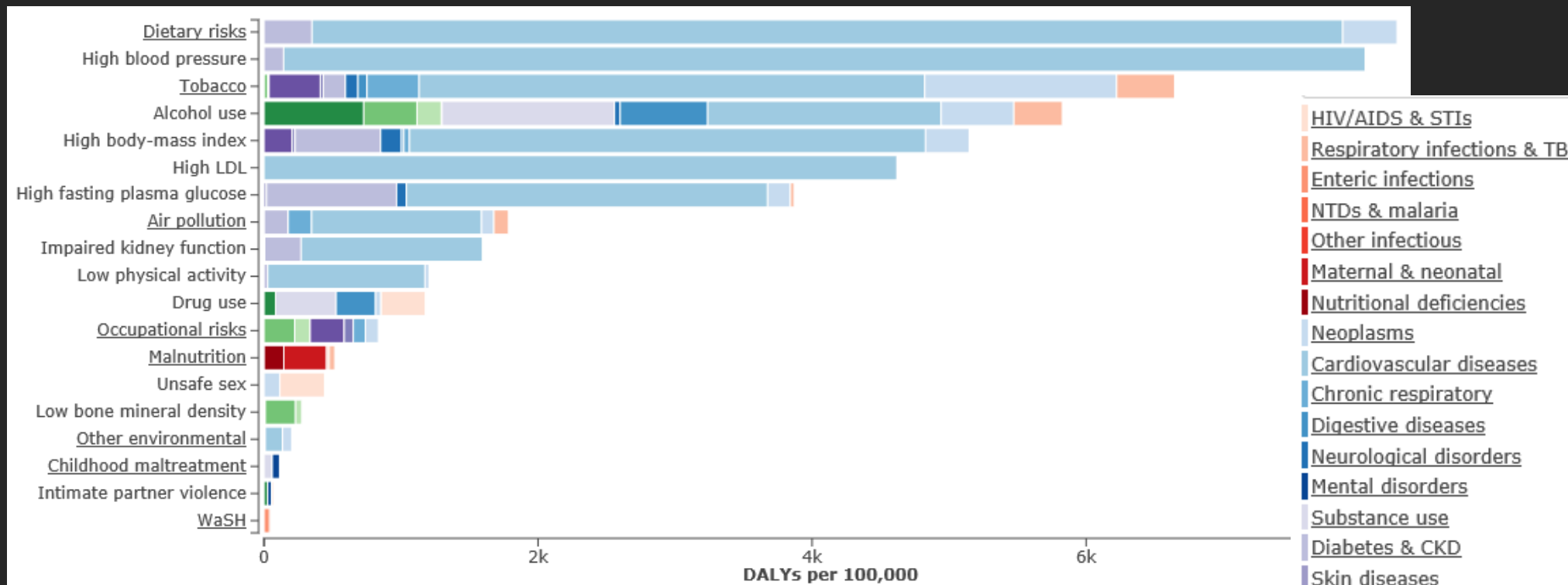
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Western Europe: Andorra, Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Israel, Italy, Luxembourg, Malta, Netherlands, Norway, Portugal, Spain, Sweden, United Kingdom

Risk factors' contributions to reducing healthy years and years lost due to mortality  
(per 100 000) Eastern Europe, both genders, all ages, 2017

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Eastern Europe: Belarus, Estonia, Latvia, Lithuania, Moldova, Russian Federation, Ukraine

## Review of social determinants and the health divide in the WHO European Region: final report



WHO (2013). Review of social determinants and the health divide in the WHO European Region: final report. (Review chair: Michael Marmot.) Copenhagen: World Health Organization, Regional Office for Europe. (Updated reprint 2014) [http://www.euro.who.int/\\_data/assets/pdf\\_file/0004/251878/Review-of-social-determinants-and-the-health-divide-in-the-WHO-European-Region-FINAL-REPORT.pdf](http://www.euro.who.int/_data/assets/pdf_file/0004/251878/Review-of-social-determinants-and-the-health-divide-in-the-WHO-European-Region-FINAL-REPORT.pdf)



## SUSTAINABLE DEVELOPMENT GOAL 3

Ensure healthy lives and promote well-being for all at all ages

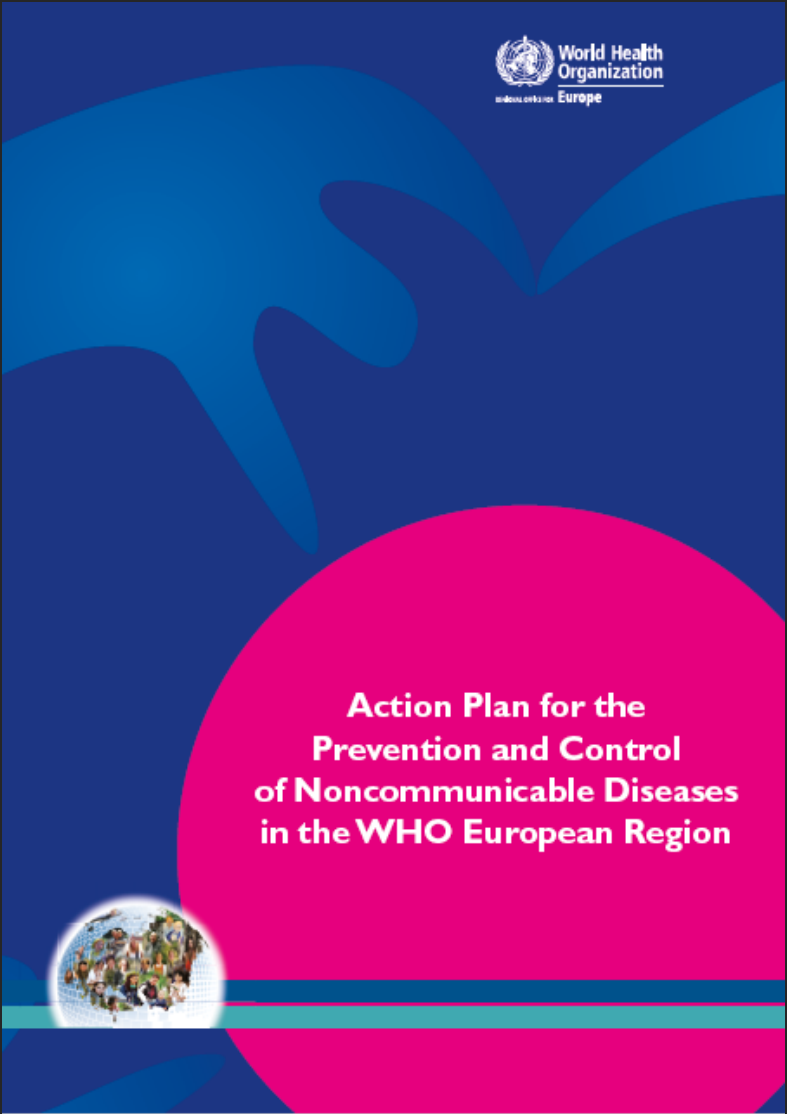
Target 3.4.: By 2030, **reduce by one third premature mortality from non-communicable diseases** through prevention and treatment and promote mental health and well-being.



## Challenges in Poland



- Excess mortality before 65
- Smoking causes 40,000 premature deaths every year
- Use of nicotine delivery devices among children and young women
- Alcohol-related diseases
- No further decline in CVD mortality in 20-64 year olds
- Stagnation in life expectancy since 2016





## Elements of national infrastructure

1. Political commitment
2. Legislation (Public Health Law)
3. Production of materials and programmes
4. Coordinating bodies at all levels including mechanisms for cross-sectoral collaboration
5. Surveillance, monitoring, research, evaluation
6. Orchestration of action
7. Public health education and training



**Highlights from the WHO Global Conference on NCDs:  
Enhancing policy coherence to prevent and control  
noncommunicable diseases**

**18–20 October 2017, Montevideo, Uruguay**

**Meeting Report**



# TIME TO DELIVER

Report of the WHO Independent High-Level  
Commission on Noncommunicable Diseases



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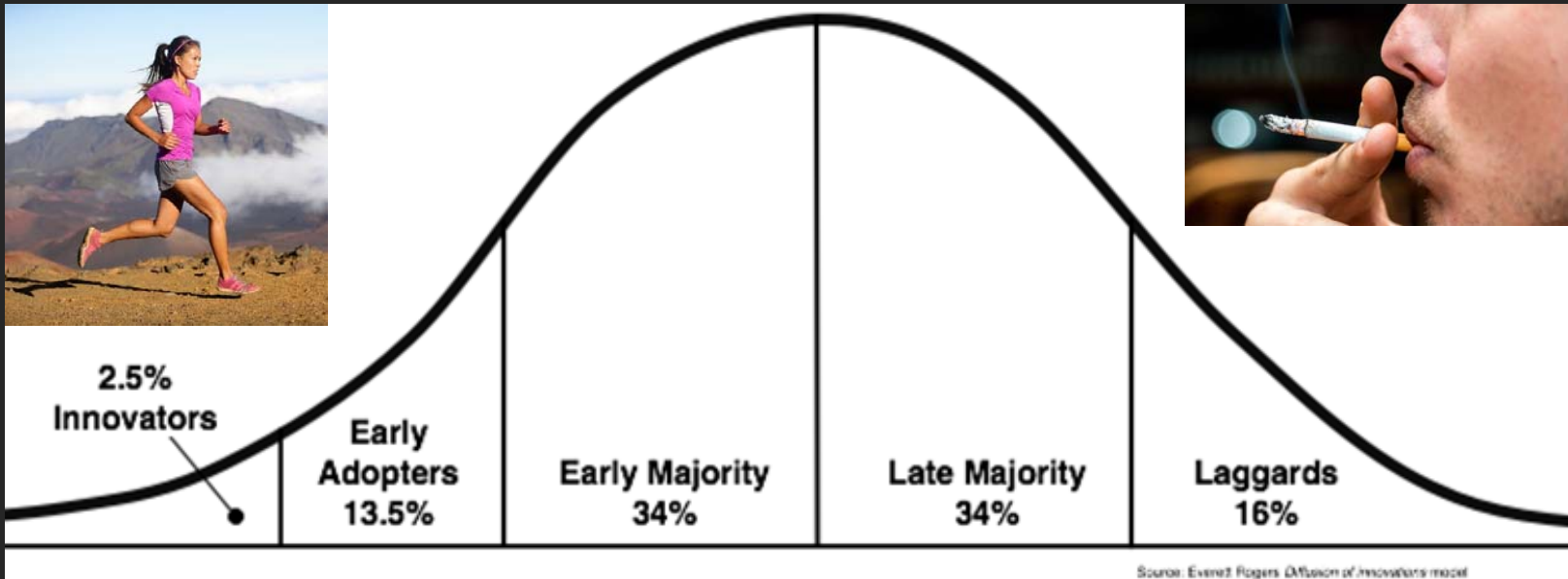
**Meeting Report**



**THE UNITED STATES GOVERNMENT STATEMENT ON  
THE MONTEVIDEO ROADMAP (October 18, 2017):**

- Universal health access must **not** imply primarily **government-centric solutions** or mandates
- Warning against use of **taxation** to advance public health beyond tobacco control
- Strategies must be consistent with Member States' **trade obligations**

<https://www.hhs.gov/about/news/2017/10/18/united-states-government-statement-on-the-montevideo-roadmap-at-the-who-global-conference-on-non-communicable-diseases.html>





## Structural and societal approaches



Health education and behaviour change approaches have produced inequalities in health.

Use of taxation on unhealthy products, and legislative measures (restrictions and regulations of products, marketing, sales, etc.) will reach more broadly and contribute to reducing SES inequalities in health!



Families, a resource for health, thriving and wellbeing.

Working with families and communities represent important approaches for reducing inequalities in health.

*... participants at the Calisia conference call on international organizations, governments, NGOs and all stakeholders to promote the establishment of strong infrastructures for public health and comprehensive action across sectors in all countries in order to prevent disease and promote health. Structural approaches such as taxation and legislation as well as community-based and family-based strategies are important tools in reducing inequalities and inequities in health.*

*Health must be for all, irrespective of location, gender, age, position, and circumstances.*

Thanks!

