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# **Will European Heart Health Charter Reach It's Objectives?**

European Society of Cardiology - EuroPrevent 2009



NATIONAL INSTITUTE FOR HEALTH AND WELFARE

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# AIM

**”To substantially reduce the burden of CVD in the EU and and the WHO European Region and to reduce inequities and inequalities in disease burden and between countries.”**

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# PREAMBLE

## MORTALITY > MORBIDITY

- **CVD: Deaths: Europe 4,4 mill, EU 1,9 mill per year**
  - **Disability and quality of life**
- **Inequality: Between and within countries**

## COSTS:

- **EU economy 169 bill euros per year**



# RISK FACTORS

## BIOLOGICAL

- Blood pressure
- Blood cholesterol
- Blood sugar
- Overweight/obesity

## LIFESTYLE

- Unhealthy diet
- Physical inactivity
- Tobacco use
- Alcohol abuse



# MULTISECTORAL ACTION/COMMITMENTS

- **European Commission / EU**
- **WHO / EURO**
- **National Government**
- **Others**

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# EUROPEAN UNION

- **EU Public Health Strategy (2007)**
- **Health in All Policies (tobacco, diet/nutrition, alcohol)**

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# WHO

## WHO / EURO:

- **NCD Strategy**

## WHO / HQ:

- **FCTC** European Society of Cardiology - EuroPREvent 2009
- **Global Strategy on Diet , Physical Activity and Health**
- **NCD Action Plan**



# POTENTIAL OF PREVENTION

- **WHO:**

Over 80% of CHD can be prevented to late in life through healthy diet, physical activity and avoidance of smoking

- **Trials** European Society of Cardiology - EuroPREvent 2009

- **Populations:**

Finland, other countries

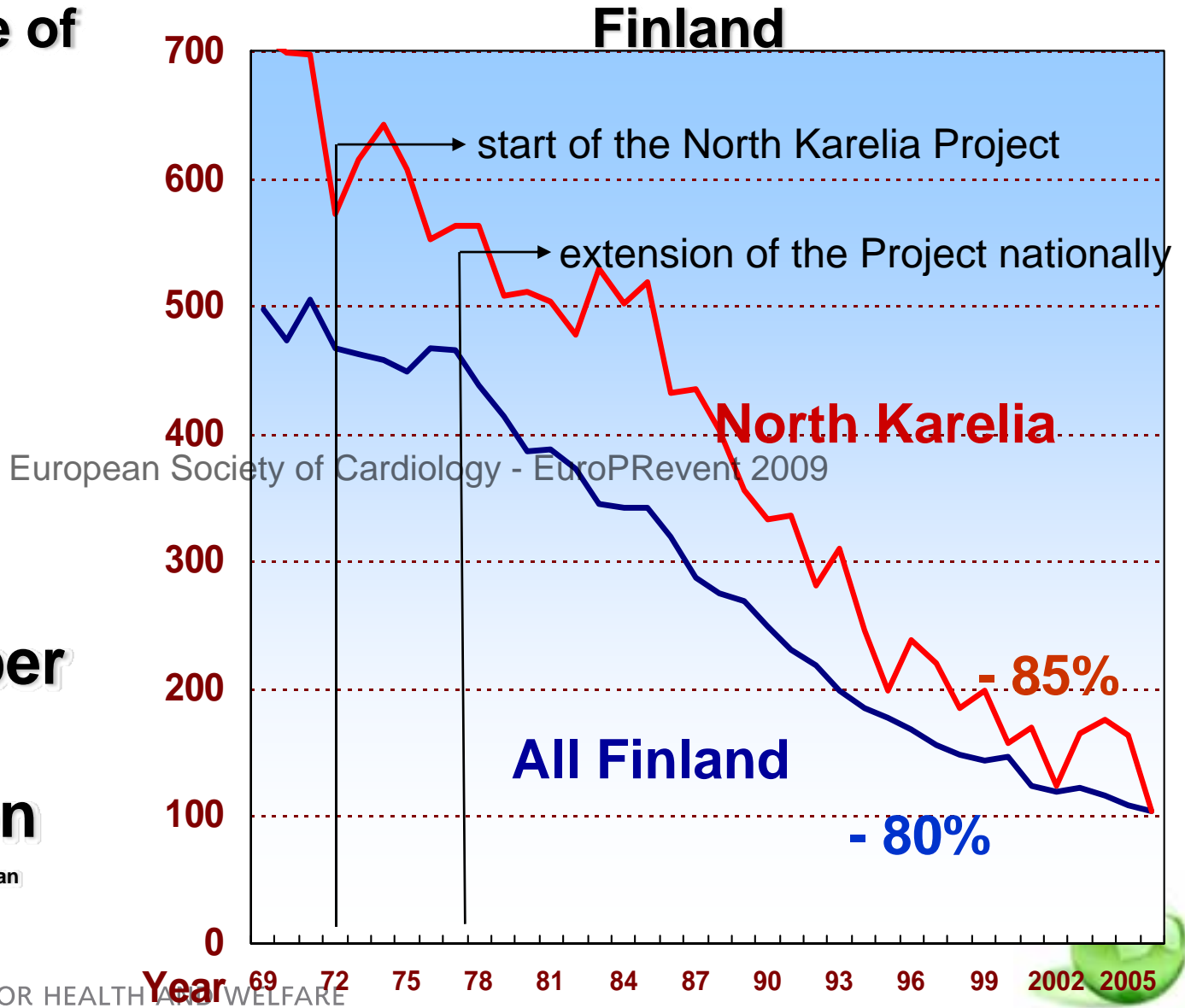


# Age-adjusted mortality rates of coronary heart disease in North Karelia and the whole of Finland

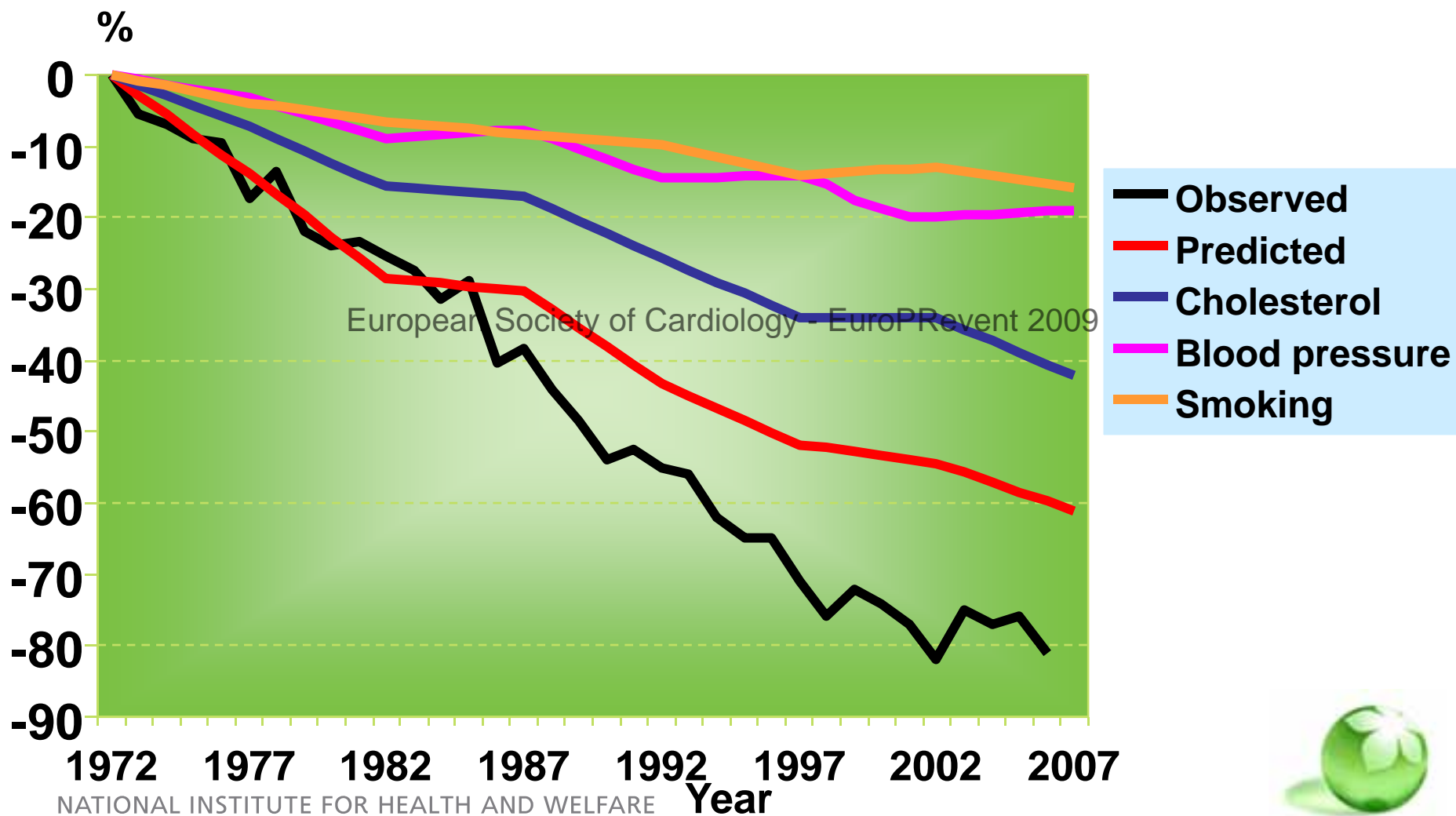
among males aged 35–64 years from 1969 to 2006.

**Mortality per 100 000 population**

Age-standardized to European population



# Observed and Predicted Declines in Coronary Mortality in Eastern Finland, Men



# Mortality Changes in Finland from 1969–71 to 2006 (Men 35–64 Years, Age Adjusted)

	Rate (per 100.000)		Change from 1969–71 to 2006
	1969–71	2006	
All causes	1328	583	- 56%
All cardiovascular	680	172	- 75%
Coronary heart disease	489	103	- 79%
All cancers	262	124	- 53%

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# COMMENT ON "AIM"

## "Reduce the burden of CVD"

- reduce "premature" mortality
- shift the CVD burden to older age groups
- increase healthy years
- "compression of morbidity"

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## "Reduce inequities..."

- health in all policies
- social determinants of health



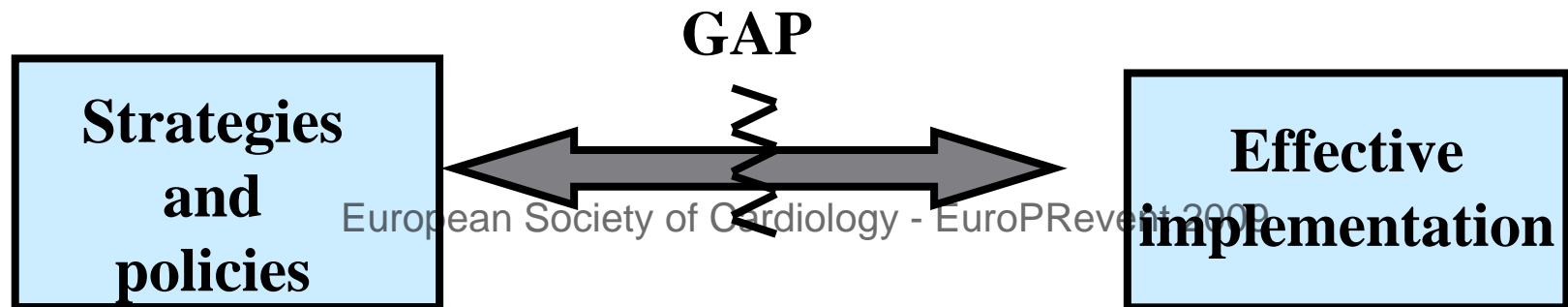
# CRITICAL ISSUES: EU/NATIONAL GOVERNMENTS

- Common agricultural policy (CAP)
- Food labeling, health claims, marketing regulation
- WHO global strategy on diet, physical activity on health principles
- Tobacco policy (FCTC principles)
- Support to heart health work in EU public healthstrategy (Health in All Policies) and national work (NGO coalitions)
- support to heart health related research and monitoring

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# IMPLEMENTATION GAP

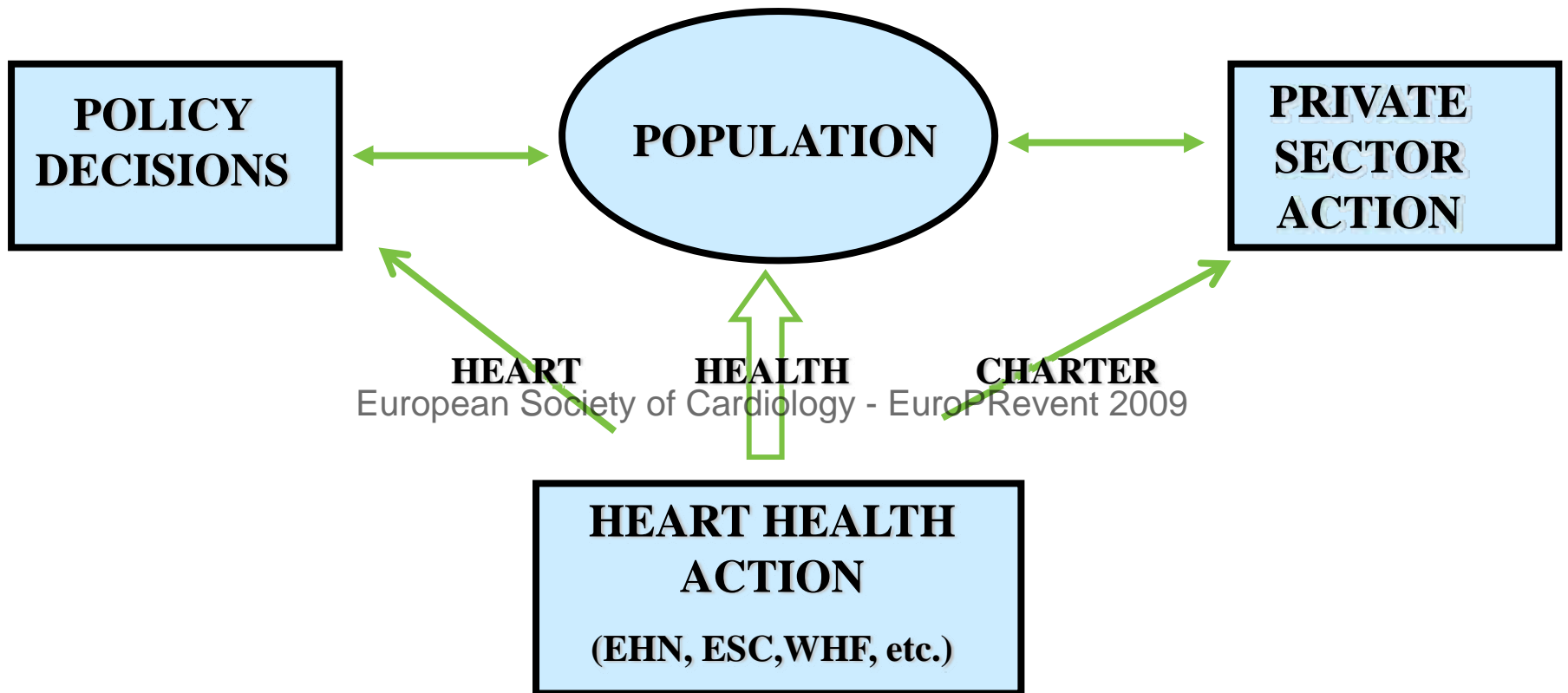


# HOW TO INFLUENCE POLICY?

- **Evidence (medical, social, financial)**
- **Communication for Policy**
- **Advocacy**
- **Partnership**
- **Leadership**

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# EUROPEAN HEART HEALTH CHARTER WILL REACH ITS OBJECTIVES, IF:

”HEART HEALTH MOVEMENT” CAN CATELYZE A SOCIAL CHANGE PROCESS, IN WHICH PEOPLE´S INTENTIONS AND ACTIONS, POLICY DECISIONS AND PRIVATE SECTOR ACTIVITIES INTERRELATE FOR HEART HEALTHY ENVIRONMENT AND HEALTHY LIFESTYLES.

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# THANK YOU

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