

# TEN YEAR PROGRAM OF HEALTH PROMOTION IN HUNGARY



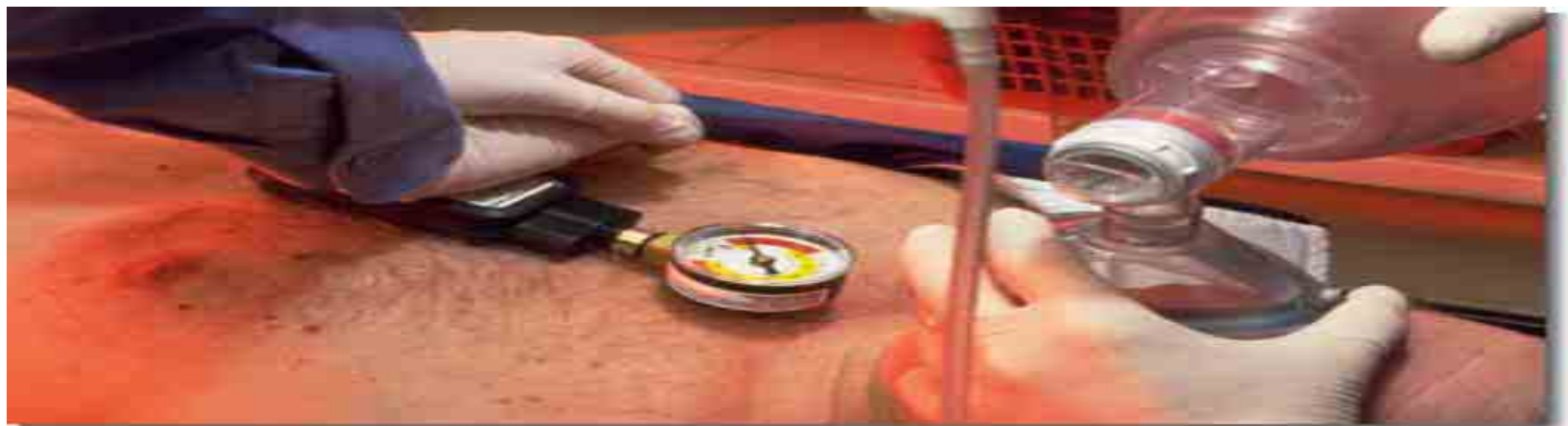
**„FOR A HEALTHIER  
NATION”**

*András Jávor, MD.*

# BASELINE FOR PUBLIC HEALTH TARGETS (2001)

- ⌘ Number of live birth:  
**97 047**
- ⌘ Number of death:  
**132 183**
- ⌘ Natural reproduction:  
**- 35 136**
- ⌘ Life expectancy at birth:  
**M: 67 F: 75**
- ⌘ Difference in life expectancy between men living in 2nd vs. 7th districts of Budapest is  
**five years**





## Mortality/ 10,000 due to selected diseases and life expectancy in 1995\*

	CAD, all ages	CAD, age 0-64	Stroke, all ages	Cancer, all ages	Life expectancy
EU Average	115	29	75	19	77
UK	180	46	70	21	77
CEE Average	190	61	150	21	71
Poland	110	52	79	21	72
<b>Hungary</b>	<b>250</b>	<b>82</b>	<b>160</b>	<b>28</b>	<b>69</b>

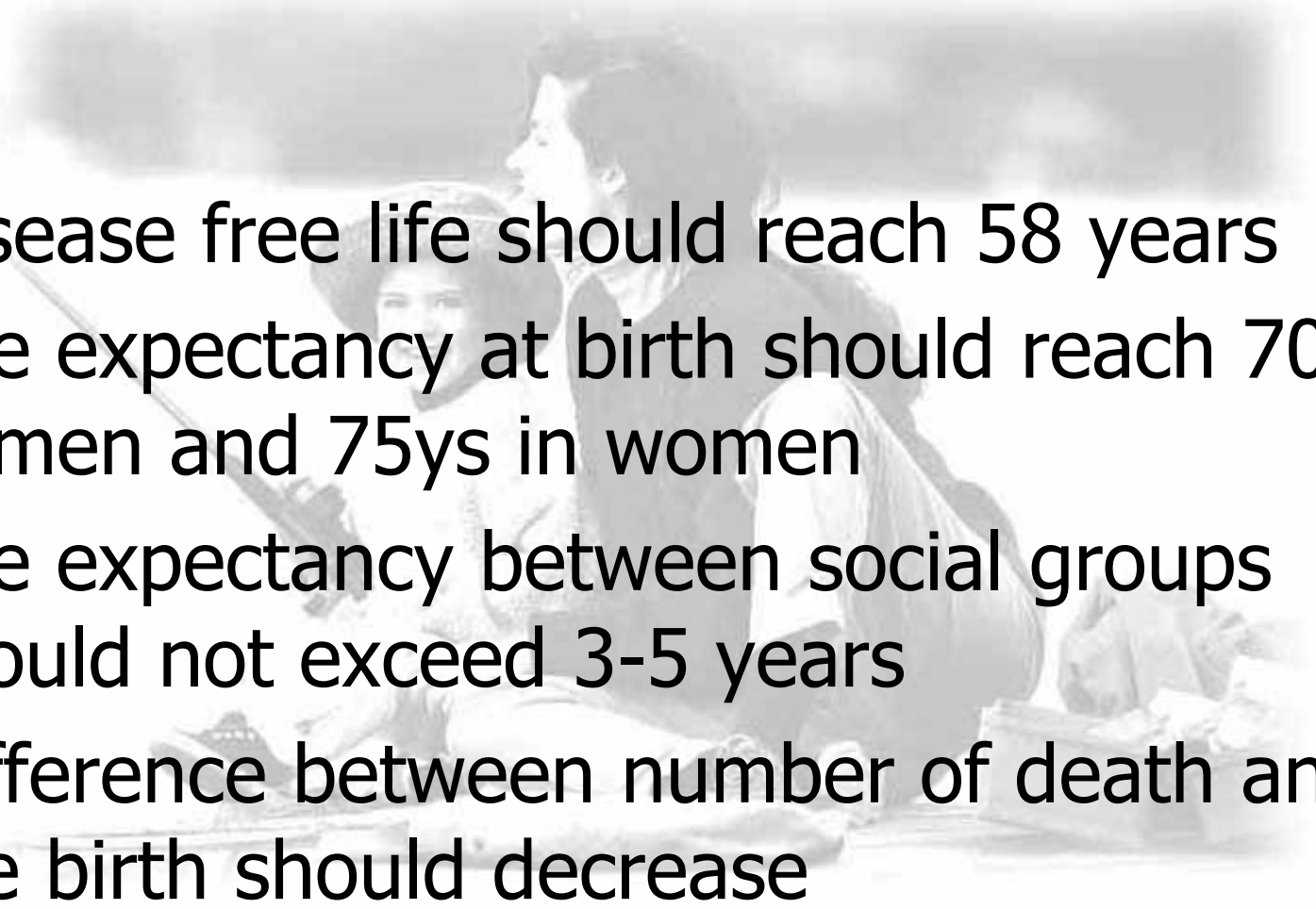
\*WHO Health for All Database, 1997

# **PUBLIC HEALTH PROGRAM HUNGARY - 2001**

- ⌘ Government Decree (2001) on the basic principles of long-term public health policy: priorities until the year 2010
- ⌘ Five National Health Targets
- ⌘ Ten National Tasks
- ⌘ 17 National Programmes



# **PUBLIC HEALTH TARGETS HUNGARY 2001 -2010**

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- ⌘ Disease free life should reach 58 years
  - ⌘ Life expectancy at birth should reach 70ys in men and 75ys in women
  - ⌘ Life expectancy between social groups should not exceed 3-5 years
  - ⌘ Difference between number of death and live birth should decrease

# HEALTHY NATION HISTORY



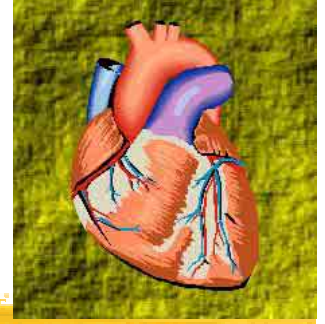
- ⌘ 1996-2000 awareness raising HT seminars
- ⌘ 2001 spring: HT initial meetings
- ⌘ July 2001 – Governmental decree
- ⌘ 2001 fall: Program Office started
- ⌘ 2001 winter: detailed planning of the sub-projects

# HUNGARIAN PUBLIC HEALTH INITIATIVE

- ⌘ Concerted action
- ⌘ Widest possible range of stakeholders
- ⌘ Develop partnership and intersectoral collaboration among government agencies, profit and non-profit civic organisations



# PRINCIPLES OF THE PROJECT DEVELOPMENT



- ⌘ Situation analysis
  - International trends
  - Hungarian situation
- ⌘ Prognosis without intervention
- ⌘ Basic target setting
- ⌘ Milestones (dead-lines, indicators, monitoring)
- ⌘ Action plan (dead-lines, responsibility, budgeting)
- ⌘ Target audience
- ⌘ Key messages
- ⌘ Detailed description of actions
- ⌘ Chronological order
- ⌘ Leadership and co-ordination
- ⌘ Stakeholders/Participants



# The program focuses on five quantitative targets



- ⌘ Reduce mortality from coronary heart disease in the under-65 population by 20 percent by 2010;
- ⌘ Reduce mortality from cerebrovascular disease in the under-65 population by 20 percent;
- ⌘ Reduce mortality from cancer by 10 percent in the under-65 population by 2010;
- ⌘ Improve mental health and quality of life, including reducing the suicide rate among minors by 20 percent by 2010;
- ⌘ Improve prevention and treatment of mobility disorders, including reducing days of acute pain by 10 percent by 2010.

# KEY STAKEHOLDERS FOR NATIONAL CONSENSUS

- ⌘ Government, Governmental Institutions
- ⌘ Health- and Economic Policy decision makers
- ⌘ Patient Organisations
- ⌘ National Health Service, Private insurance companies
- ⌘ Business sector
- ⌘ Civil Organisations
- ⌘ Media
- ⌘ Teachers, instructors
- ⌘ Labour Organisations
- ⌘ Citizens



# HHI HEALTH TARGETS BY 2010

- ⌘ Reduce proportion of smokers above age 15 in the population by **8%**
- ⌘ Reduce blood cholesterol level:  
attain **5.3 mmol/L** in adults
- ⌘ Increase regular physical activity in adults:  
reach **35%**
- ⌘ Reduce lethality of AMI in hospitals:  
attain **14%**
- ⌘ **30%** of hypertension patients controlled  
(BP below 140/90 mmHg)

# TARGETS OF ANTI- SMOKING PROGRAM

- ⌘ Reduce proportion of smokers in the population above age 15 (37%) by **8%**
- ⌘ Increase proportion of smokers who quit smoking by **20%**
- ⌘ Reduce the number of smokers between the age of 14-18 by **20%**



# TARGETS OF DIET AND NUTRITION PROGRAM

- ⌘ Reduce calorie intake delivered from fat from 41% to **30%** by 2010
- ⌘ Reduce saturated fat consumption of total calorie intake to **10%** by 2010
- ⌘ Reduce blood cholesterol level of adult population from 5.7 mmol/l to **5.3 mmol/l** by 2010



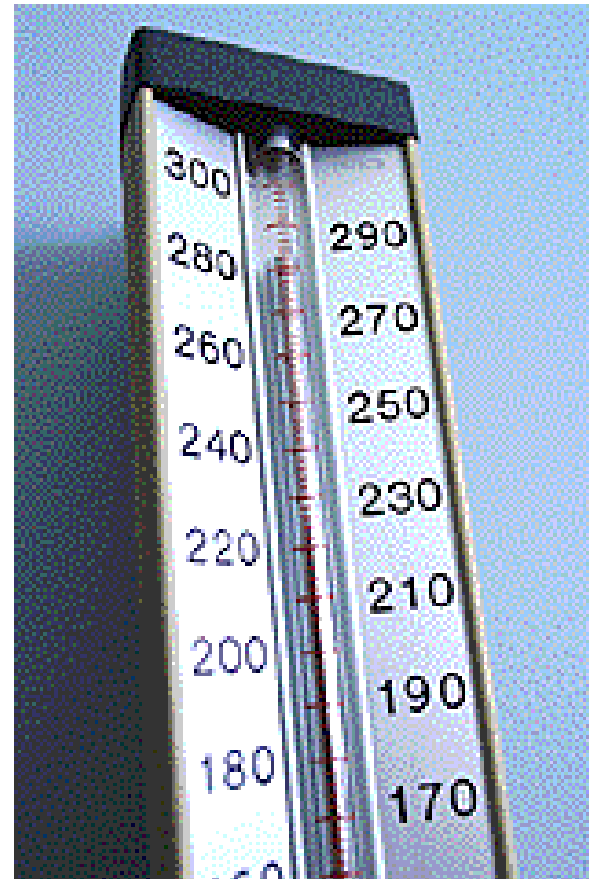
# TARGETS OF PHYSICAL ACTIVITY PROGRAM

- ⌘ Increase number of people, aged 15 - 65, who engage in regular physical activity to **35%** of population.



# TARGETS OF HYPERTENSION PROGRAM

- ⌘ **75%** of the hypertension patients should be aware of their condition
- ⌘ **60%** should be treated
- ⌘ **30%** should be controlled (BP below 140/90 mmHg)



# PRECONDITION

- ⌘ Existence of an appropriate and applicable national database
  - To set up baselines
  - To follow up / monitor

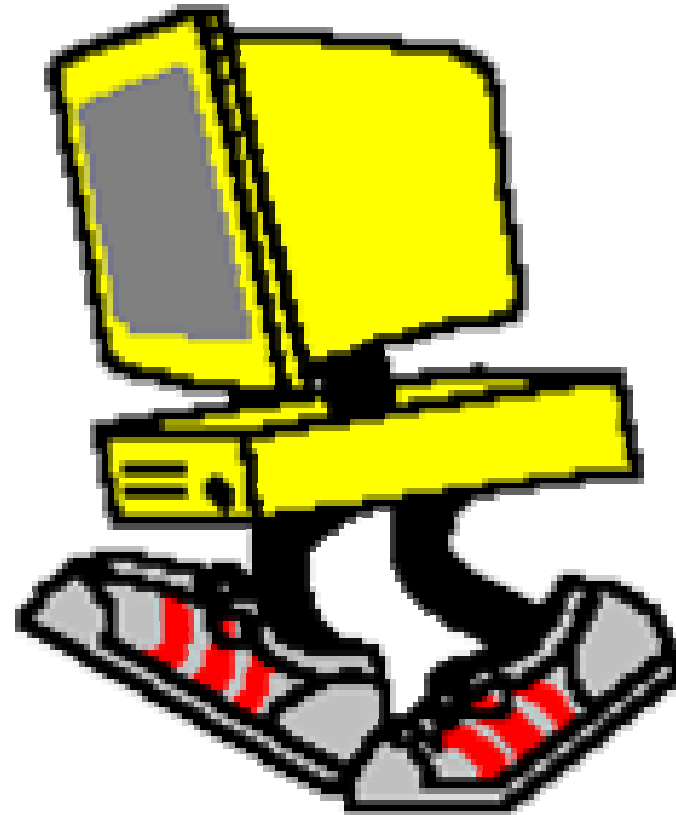




# INFORMATION SYSTEM AND MONITORING

## Tasks of IT

- ⌘ Develop up-to-date database
- ⌘ Create key indicators
- ⌘ Monitor actions
- ⌘ Evaluate the program
- ⌘ Strengthen partnership through communication (e.g. web site)



# CLOSE INVOLVEMENT OF ALL STAKEHOLDERS IN HHI



- ⌘ Ministry of Health
- ⌘ Ministries of Finance, Economy, Agriculture, Education
- ⌘ Social Security
- ⌘ Institute of State Public Health & Health Officers Service

# OBJECTIVE

## - NEXT STEP -

- ⌘ Develop the Healthy Nation HT initiative
  - ☑ Implement the national program
  - ☑ Be subsidized by central budget
  - ☑ Launch country-wide in 2003.

