Health Policy Implementations Related to Unhealthy Lifestyle in WHO Regions

Csákvári T[1], Elmer D[2], Németh N[1], Kajos L[3], Márk K[4], Boncz I[1]
[1]University of Pécs, Pécs, Hungary, [2]University of Pécs, Pécs, PE, Hungary,
[3]University of Pécs, Pécs, BA, Hungary, [4]University of Pécs, Zalaegerszeg, ZA, Hungary

OBJECTIVES

Some non-communicable diseases can be linked to unhealthy habits. They could be prevented with health-awareness in many cases; however, they are still the cause of numerous deaths and DALYs worldwide. Our aim was to analyse the number of health policy interventions aimed to reduce unhealthy lifestyle within the population of the six WHO Regions.

METHODS

A quantitative, descriptive study was carried out based on data from the WHO Global Health Observatory database on years 2013, 2015, 2017 and 2019. The following indicators were analysed: numbers of operational policy/strategy/action plans against tobacco and alcohol use, physical inactivity, and unhealthy diet. Ratio and rate of growth were analysed among six WHO Regions: African (AFR), Americas (AMR), Eastern Mediterranean (EMR), European (EUR), South-East Asian (SEAR), and Western Pacific Regions (WPR).

RESULTS

Data of 194 countries were examined. Average response rate was between 87.63%-99,49% in the assessed years (n=170-193). Policy actions related to unhealthy diet were present in most member states (80.73%; n=155) in 2019, while actions against alcohols were present the least (75.39%; n=144). Only the number of policies to decrease tobacco use did not show a continuous increasing trend, their number decreased by 5,95% between 2017-2019 (due to WPR). When looking at 2019, 100% of SEAR used strategies for all analysed factors (100%; n=11), followed by EUR (90.57%; n=53) and WPR (88.89%; n=27). Policy actions that target physical inactivity increased the most between 2013-2019 (21.47%; n=53).

CONCLUSIONS

Most WHO member states have already implemented one or more operational policies to reduce or prevent unhealthy lifestyle. Differences were observed between WHO Regions regarding the number of these actions. It is important for governments to intervene with health policy tools to combat lifestyle-related chronic diseases.

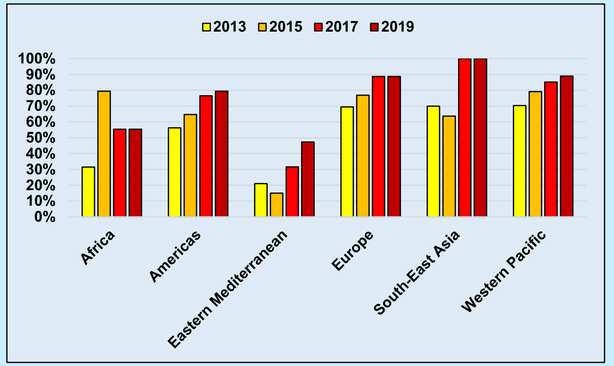

Figure 1.
Frequency of WHO Regions' health policy implementations on ALCOHOL between 2013-2019

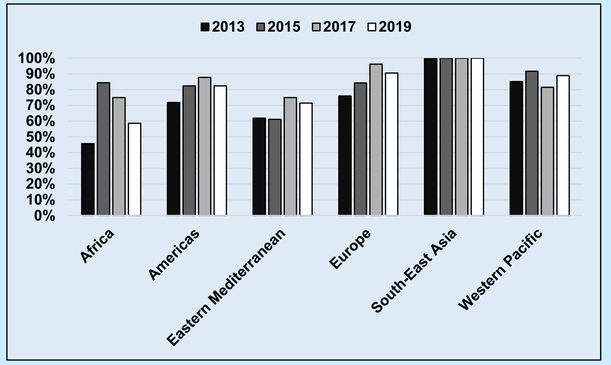

Figure 2.
Frequency of WHO Regions' health policy implementations on TOBACCO between 2013-2019

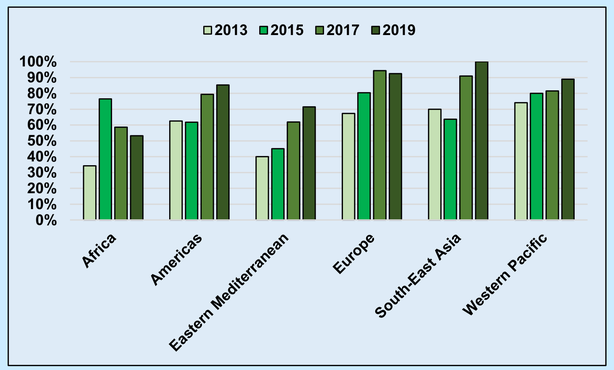

Figure 3.
Frequency of WHO Regions' health policy implementations on PHYSICAL INACTIVITY between 2013-2019

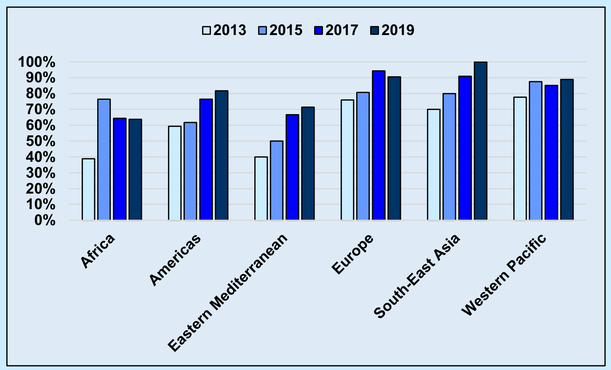

Figure 4.
Frequency of WHO Regions' health policy implementations on UNHEALTHY DIET between 2013-2019

ISPOR 2022
May 15-18, 2022
Washington, DC, USA Area and Virtual

PÉCSI TUDOMÁNYEGYETEM
UNIVERSITY OF PÉCS

Funding:
The research was financed by the Thematic Excellence Program 2021 Health Sub-programme of the Ministry for Innovation and Technology in Hungary, within the framework of the EGA-10 project of the University of Pécs.

Corresponding author:
Dr. Imre BONCZ, MD, MSc, PhD, Habil
University of Pécs, Faculty of Health Sciences, Hungary
Institute for Health Insurance
E-mail: imre.boncz@etk.pte.hu

HPR 52

SZÉCHENYI 2020
HUNGARIAN GOVERNMENT
European Union
European Social Fund
INVESTING IN YOUR FUTURE