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International
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Population Attitude to Personal Health: Perception of Health, Understanding of Risk Factors, Morbidity and Mortality

Integrated Assessment of Desk Research
and Individual Interviews
with the Russian Population

Moscow, 2011



Dear Readers,

We hereby offer you the results of the research carried out by the Association of International Pharmaceutical Manufacturers (AIPM) as agreed with the Ministry of Health and Social Development of the Russian Federation with the support of the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) within the framework of supporting global initiative of the World Health Organization (WHO) and the Russian Government to fight the Non-Communicable Diseases (NCDs).

The problem of NCDs spreading is especially critical due to the ever-growing death rate cases from such diseases all over the world, including Russia. Considering the global nature of the problem and importance of the preventive measures, it was decided by IFPMA and AIPM to conduct a research aimed, primarily, at studying the perception of personal health by the population, their understanding of the seriousness of the risk factors, as well as morbidity and death rates related to these risk factors.

We have studied the attitude of the Russian population to its health and lifestyle, have described typical behavior models and mindset of the citizens, and have made a comparative analysis of the experience in fighting the risk factors in a relatively large number of countries. The value of the study is also that it allowed us to develop certain suggestions on how to effectively use the existing state-of-art practices of fighting against the main risk factors, as well as regarding the necessity of further measures to prevent the appearance and spread of NCDs and popularization of the positive practices in Russia and in other countries of the world.

We hope that this research will not only raise the awareness of a wide range of interested parties and allow the realization of the scale and depth of the stated problem, but will also serve as an accelerator for taking urgent preventive measures and implementation of programs aimed at the elimination of appearance of the risk factors for NCDs, programs aimed at a healthy lifestyle, and finally programs aimed at the increase of the lifespan and life quality.

Vladimir Shipkov
Executive Director, AIPM



The research-based pharmaceutical industry is following closely the important discussions taking place this year on Non-Communicable Diseases (NCDs). Discussions leading up to the UN High Level Meeting on NCDs are an unprecedented opportunity to put in motion a sustained global drive to slow the growing trend of NCDs, which according to WHO statistics are responsible for 60 per cent of all deaths globally. It is also a chance to address how to prevent the disability and deaths that ensue from heart disease, strokes, diabetes, cancers and chronic respiratory disease.

AIPM joined forces with IFPMA to conduct a study to better understand the attitudes of Russians to their personal health and their views on the impact of smoking, harmful drinking and obesity on their health. It is a timely piece of research, not only for Russian policy-makers and senior officials who will meet on 27-29 April 2011, in Moscow at the Global Forum and Ministerial meeting on Healthy Lifestyles and NCDs Control.

Many issues which have been highlighted by the AIPM-commissioned study are expected to be the focus of the Moscow Conference. First and foremost, there is a need to tackle effectively the four main unhealthy lifestyle choices which significantly increase the risk of NCDs - the use of tobacco, excessive alcohol intake, unhealthy diet and physical inactivity. By avoiding these behaviours, individuals can radically reduce their risk of developing NCDs.

Indeed, unlike with other diseases, the fight to prevent NCDs begins on the personal level. It is therefore extremely important to understand the Russian population's perceptions of health and how key risk factors play a role in developing effective prevention measures. It is estimated that 50% of deaths and disability from NCDs are preventable. It is for this reason that IFPMA strongly advocates that considerable focus should be put on prevention programmes. The benefits reaped would not limit themselves to improved health for individuals and avoiding the suffering that often accompanies NCDs. There would also be an alleviation of the mounting pressure on health care systems and the economic burden of such diseases on society as a whole. The experience of high-income countries in the European Union (EU) shows that basic tobacco and alcohol risk factor awareness-raising and prevention policies have been successful in reducing the consumption of these products.

The research-based pharmaceutical industry plays a key role in discovering and improving therapeutic options for patients for both prevention and treatment of NCDs. A key commitment of IFPMA member companies is to continue their engagement in partnerships to address NCDs in low and middle income countries. However, to deliver sustainable progress this engagement must also go hand in hand with the economic development of these countries. Combating NCDs needs to be a shared commitment, involving effective multi-stakeholder strategies at the global, regional and national levels. Not only governments but also health professionals, civil society including the media, and the pharmaceutical industry, all have their part to play. Last but by no means least, it requires each and every one of us to take our own health seriously and lead healthier lifestyles.

Eduardo Pisani
Director General, IFPMA

Report on research results

POPULATION ATTITUDE TO PERSONAL HEALTH: PERCEPTION OF HEALTH, UNDERSTANDING OF RISK FACTORS, MORBIDITY AND MORTALITY MOSCOW, 2011

This report is the result of a research conducted in January-April 2011.

Goals and objectives of the research included describing relevance of the problem of chronic Non-Communicable Diseases (NCDs) and prevalence of major NCD risk factors worldwide; estimating NCD-related mortality level, major risk factor level and dynamics in different groups of countries, including Russia.

The research was also focused on studying the perception by the population of Russia of personal health and attitude to health as a value among various socioeconomic and demographic groups; evaluating to which degree the population of Russia understands the link between major risk factors and development of NCDs; identifying attitudes and typical behavioural patterns of people's behaviour in relation to risk factors; finding out motivational factors that could stimulate people to change their behavioural patterns towards minimizing NCD risk factors.

Part of the research objectives was also to describe differences and similarities in attitude to personal health and behaviour in relation to NCD risk factors, in perception of government regulatory measures to control risk factors in Russia and in a number of countries that show positive dynamic in decreasing levels of one or several NCD risk factors. This research is based on results of a generalized analysis of secondary data as well as the results of the individual interviews conducted by way of a representative random sample frame among the Russian population aged between 18 and 59 years old.

In the course of the research, open sourced statistical data on mortality and morbidity with major NCDs, and data on prevalence/level of major NCD risk factors in most countries of the world were collected and analysed. The research used information resources, databases, research reports published by the World Health Organization (WHO) and its regional offices, data posted at websites of other international social and professional medical organizations, universities, reports and results of sociological surveys, including surveys among the population of various countries on the issues of this research.

The survey among the population of the Russian Federation was conducted by means of a semi-formal personal interview based on a structured questionnaire at respondents' place of residence. The survey sampling were set quotas for gender, age, level of income and place of residence. 2,000 respondents aged between 18 to 59 years old in 186 settlements in 29 regions of Russian Federation took part in the survey. Statistical error does not exceed 5%.

NON-COMMUNICABLE DISEASES

GLOBAL SITUATION

Non-Communicable Diseases (NCDs) are the main cause of deaths globally: over 60% of deaths are caused by major non-communicable diseases (page 12), such as cardiovascular, oncologic, respiratory diseases and diabetes. Today cardiovascular diseases rank first among NCDs in contribution into total mortality, causing 29% of deaths throughout the world.

According to WHO, 17.1 million people died from cardiovascular diseases globally in 2004. Oncologic diseases have a 13% share in total mortality, with 7.6 million deaths in the world in 2008. Respiratory diseases lead to 7% of all deaths globally, with over 4 million deaths in 2005, including 3 million deaths from chronic obstructive pulmonary disease (COPD). About 2% of deaths are caused by diabetes. According to the World Health Organization, in 2004, NCD caused 35 million deaths in the world, of which 9 million or 25% were people below 60 years of age. As of 2010, the global share of those who died from NCDs being under 60 years of age increased to 14 million. These deaths are premature and could have been prevented (page 13).

The major influence on NCDs development is caused by risk factors, such as: smoking, alcohol abuse, unhealthy food and low level of physical activity. Overall contribution of four main risk factors into mortality from NCDs varies from 35% for oncologic diseases to 61% for cardiovascular diseases (page 14), with a link clearly seen between prevalence of a certain risk factor and mortality from NCDs (page 15).

The higher the prevalence of smoking (high number of cigarettes smoked per person per year) in a country, the higher in this country is the mortality level from lung cancer and cardiovascular diseases. The higher the level of alcohol consumption, the higher the mortality from chronic liver disease. The more people in a country who suffer from excessive weight, the higher the prevalence of diabetes. The dominating role of risk factors and their contribution into NCD mortality in comparison with other risk factors clearly illustrates the degree of influence of smoking and air pollution on mortality from lung cancer (page 16). 71% of lung cancer deaths are caused by smoking and only 8% by emission of harmful substances into the atmosphere. A large share of these deaths can be prevented by way of just reducing prevalence of smoking.

According to WHO, 80% of chronic disease deaths in the world occur in low and middle income countries. Yet, it does not mean that NCDs constitute a more severe problem for these countries, and that high level countries are less affected. It should be borne in mind that over 85% of the world's population resides in low and middle income countries, making the share of deaths, including those caused by NCDs, in these countries much higher than in high income countries. As shown by an analysis of mortality structure within individual groups of countries, selected by level of income, the share of deaths from NCDs in total mortality increases as countries' income grows. In low income countries the share of deaths caused by NCDs amounts to 30%, in the middle income countries to 61%, and in the high income countries to 87% (page 17). Thus, mortality from NCDs is an important problem for all countries worldwide, but it is especially crucial for high income countries.

In order to prevent development of NCDs and to solve the problem of high death rate from NCDs in many countries with high level of income, at the legislative level, over the last 10 years special programs have been implemented, aimed to control the risk factors of NCDs development, primarily with smoking and alcohol abuse.

Within the framework of the programs conducted by different countries to control such risk factors, a general basic set of actions can be identified (page 18):

- Fiscal measures – price and excise tax increase on tobacco and alcohol products.
- Government control of production and sales of tobacco and alcohol products, licensing
- Prohibiting and limiting of tobacco and alcohol sales by time (hours/days), certain locations and age of consumers.
- Prohibiting and limiting smoking and consuming alcohol in public places (workplaces, restaurants, bars, entertainment locations, sport events)
- Prohibiting and limiting the promotion of alcohol and tobacco products, including advertising (in mass media, points of sales, etc.) and the sponsorship of sport and other events.

- Introducing limitation/banning of alcohol in driver's blood.
- Social and medical programs supporting people with alcohol and nicotine addiction as well as of those willing to quit smoking and alcohol consumption.

Implementation of these measures had already given positive results, particularly in the struggle against smoking (page 19). In high-income countries, over an 8-year period, cigarette consumption per capita has decreased by 14%. The struggle against alcohol abuse has demonstrated much less success: on the average, high-income countries show slow positive dynamics (+1%), i.e. alcohol consumption rate continues to rise.

The problem of overweight and obesity is still critical in all countries of the world: presently, no country demonstrates positive dynamics of weight index decrease (page 21).

Among high-income countries where programs to control main risk factors are being implemented, the leading countries, which have achieved the best results in this struggle, can be distinguished. The top 10 countries with the most significant reduction of consumed cigarettes is comprised of the Netherlands, Switzerland, USA, Germany, France, Ireland, United Kingdom, Portugal, Spain and Italy. Russia holds 42nd position in the rating, demonstrating reduction in tobacco consumption (page 20).

Despite the fact that in high-income countries the alcohol consumption rate has been showing increased dynamics, there are countries showing a decreased rate of consumption of raw spirits, per capita. The top 10 countries with the largest decrease in alcohol consumption is comprised of the Czech Republic, Germany, France, Slovakia, Ireland, Italy, Portugal, Netherlands, Switzerland and Denmark. Russia is ranked 40th in this rating with raw spirits consumption per capita rate reduction by 0.2 liter per year. The USA takes 96th position with rather low increase in alcohol consumption by 0.45 litres (page 20, Alcohol Consumption). Thus, the listed countries from the top 10 with the largest tobacco and alcohol consumption reduction rate can be considered as countries that implement efficient measures to fight these risk factors.

RUSSIAN POPULATION ATTITUDE TO PERSONAL HEALTH AND UNDERSTANDING OF RISK FACTORS

In Russia NCDs are a leading mortality cause amounting 80% of deaths in the country (page 24), infectious diseases – 15%, injuries – 5%. The mortality structure in Russia is similar to that of the countries with high income level. On average, a citizen of Russia smokes 2.3 thousand cigarettes and drinks 15.2 liters of raw spirits per year (page 24), which is much higher than in countries with high income level. Meanwhile, tobacco products and alcohol consumption level in Russia decreased in the 8 years (from 2000 to 2008) by only 4% and 1.2% correspondingly. The overweight problem is not so crucial in Russia – less than half the population has an overweight problem and this rate has not increased during the 8 years.

The population of Russia declares high value of health – 95% of citizens of Russia regard health as the most important value and place it first in their value hierarchy. The majority of respondents demonstrate understanding of the relation between risk factors and development of NCDs. Almost 90% of the population realize that smoking can cause CVDs and 89% and 70% of respondents know that alcohol influences germination of CVDs and oncological diseases. 89% of the population agrees that unhealthy food can cause diabetes and 76% relate unhealthy food to CVDs. Generally, 67% of respondents relate three basic risk factors to oncological diseases, 68% of respondents to CVDs, and 37% to diabetes.

The population of Russia is aware of an average life expectancy in the country. More than 80% of the population estimates an average life expectancy of men and women as 60 and 69 correspondingly (page 26). According to WHO data in 2003, it was 58 years for men and 68 years for women.

However, more than 90% of the population are exposed to one or more risk factors (page 27), 82% have 1 to 3 risk factors, more than 9% have all 4 risk factors. Only 8.7% of the population do not smoke, do not consume alcohol, try to keep a healthy diet and maintain necessary physical activity level (outdoor activities/regular physical exercises/sports).

The huge gap between declared high value of health, knowledge of risk factors and non-infectious diseases relation, and actual behavior/lifestyle is obvious. The greater part of the population consider themselves healthy, 65% of the population evaluate their health as good (page 28). Meanwhile, the higher income level, the higher the health evaluation. More than 80% of respondents who belonged to the high income group evaluated their health as good.

Only a quarter of the population sees a general practitioner timely (page 29). Meanwhile, this proportion is higher among the population with a high income level and amounts to 34%. All respondents regardless of income level pointed at lack of time as the main reason, based on the reply of 67% of respondents. Meanwhile the major part of population who pointed at this cause belongs to the group with a high income level (71%). With regard to a healthy lifestyle only 41% of respondents replied that withdrawal of tobacco products and alcohol is essential for a healthy lifestyle and just 24% pointed at healthy food as an attribute of a healthy lifestyle (page 30). For 48% of Russian citizens, sports and regular physical activity are associated with a healthy lifestyle.

Thus, the majority of the Russian population does not associate a healthy lifestyle with the control of major risk factors. On the contrary, those risk factors are considered attributes of the usual lifestyle. The majority of the population believes that having a healthy lifestyle requires much time (83% of responses), and that a healthy lifestyle is too expensive (64%) and difficult (60%) (page 30).

People's idea of a healthy lifestyle does not correspond to their knowledge about risk factors. A healthy lifestyle is perceived by them as something unachievable. This indicates a low level of personal responsibility for their own health. Yet, people do think about giving up bad habits. The majority of smokers and alcohol consumers (70%) said that being diagnosed with a NCD might encourage them to give up their bad habits (page 31).

60% of respondents consider a general practitioner's advice about the direct threat of the disease due to the behavior related to risk factors, as a motive for changing their behavior. A general practitioner's advice about the potential threat will be enough for 52%. Thus, the majority of alcohol consumers and smokers will think about the need to give up smoking or consuming alcohol if a general practitioner tells them to do it for medical reasons.

Only 37% of respondents will think about giving up bad habits in the event of starting to feel worse, 31% through the influence of family and friends, and only 25% due to negative feelings from smoking and consuming alcohol. Therefore, the medical community may become the most significant motivator in fighting against risk factors. A general practitioner's recommendation may be the key driver.

There is a crucial difference between the data on the prevalence of chronic diseases obtained in the course of the research and the official statistics of morbidity with NCDs in Russia (page 32). Prevalence of cardiovascular diseases among the population is more than 5% higher than people's awareness about it (13.1% against 7.5%). This indicates people's low awareness about their health and their chronic diseases. To a large extent this state of affairs can be explained by the fact that about half of the population (44%) did not visit a general practitioner and 79% did not pass a physical exam during the year of 2010 (page 33). It should be noted, that out of 21% of those who

passed a physical exam in 2010, only 4.5% did it on their own initiative, while others followed the regulations for compulsory health checks of individual categories of people or because of their doctors' recommendations.

Thus, a general practitioner's ability to influence people's behavior related to risk factors is strongly limited due to rare visits to a general practitioner. There are no significant differences in risk factors and lifestyles among all population groups, regardless of their economic status or place of residence: about 30% smoke and consume alcohol more than once a week, about 40% are overweight. There are differences only between men and women in tobacco consumption (47% and 18% respectively) and excessive weight is dependent on gender and age (from 16% for people under 25 to 57% for people over 40).

Summarizing the above, one can state that there is a significant gap between people's idea of health and a healthy lifestyle, of diseases and their link to risk factors, which, together with a low level of responsibility for their own health, are the major barriers for reducing the prevalence of risk factors and prevention of NCDs in Russia.

PROGRAMMES OF THE EUROPEAN UNION COUNTRIES ON PREVENTING THE EXPANSION OF NCDs, ASSESSMENT OF FEASIBILITY IN RUSSIA

Government measures against smoking and alcohol consumption (banning, administrative, legal, fiscal, etc.) have huge potential and are supported by the majority of the population. Meanwhile, the level of this support is similar to the level of support in the top 10 European countries with highest dynamics of risk factors reduction.

Most of the population in Russia and European countries supports banning and restrictive measures against risk factors (page 37). The highest level of advertising restrictions and warning measures against tobacco and alcohol can be seen in Ireland, Italy and Portugal (about 80%), and the lowest support in the Netherlands, Denmark and France (about 50-60%).

In Russia, about half of the population supports such measures as keeping tobacco products out of sight in shops/points of sale (57%), banning of tobacco and alcohol advertising (60% and 75% respectively) and placing warning labels on bottles (70%). There is an average level of public support of these measures in Russia, which is close to those of Spain, Czech Republic and Germany. In these countries, measures restricting tobacco advertising are supported by 57-65% (60% in Russia), banning on alcohol advertising by 75-80% of the population (75% in Russia). In general, the level of support of advertising restrictions and warning measures is rather high in all countries, including Russia.

Fiscal measures against tobacco and alcohol consumption are slightly less popular than restrictive measures. On average, 59-67% of the population of European countries supports fiscal measures, while 63-75% supports restrictive measures (page 38). The highest support of fiscal measures against smoking is seen in Denmark, Ireland, Italy and Spain: accordingly 68%, 66%, 64% and 56% of the population of these countries support an increase in excise rates on tobacco products and accordingly 70%, 73%, 70% and 75% approve extra fees on manufacturers. Compared with these countries, Russia demonstrates significantly less support of fiscal measures: only 39% have a positive attitude to an increase of excise taxes and 47% to the introduction of extra fees.

However, this level of support of fiscal measures is quite high in Russia, and that indicates their potential effectiveness. Fiscal measures aimed at reducing alcohol consumption can also be effective in European countries and Russia. The population of European countries and Russia is sensitive to prices increase for alcohol (page 40). The greatest readiness to reduce alcohol consumption with a 25% increase in its price is demonstrated in Czech Republic and Italy (46% and 38%). The share of the population that would reduce alcohol consumption with an increase

of its price in Russia, as well as in such countries as Spain, Portugal, Germany, France and Great Britain, varies between 24-31%.

Among the most popular measures against smoking and alcohol abuse, administrative and legal measures have the strongest support in European countries and in Russia. On average, 83-87% of European and Russian population support administrative and legal measures regulating alcohol consumption (page 39). Czech Republic is the country with the strongest support of banning on selling alcohol to people under the age of 18 (94%). Ireland and Portugal are the countries with the highest share of population that approve of random police alcohol checks on the road (93% and 91% respectively). These measures have the weakest support in the Netherlands. Compared to European countries, Russia has an average level of support of administrative and legal measures: 77% approve the checks on the roads and 85% support banning on selling alcohol to people under the age of 18. Generally, measures against smoking and alcohol consumption (fiscal, banning, administrative, legal) used in European countries have similar level of support among the population in European countries and Russia which indicates these measures may be effective in controlling risk factors in Russia.

However, despite the strong support by the population of government regulating measures today (fiscal, restrictive, administrative, legal), their potential is not fully used in European countries and in Russia. Meanwhile, in Russia, the impact of those measures on the population is less significant than in Europe (page 41). For example, an increase in costs on tobacco products made 45% of Europeans think of giving up smoking. In Russia, it was mentioned only by 26%. A basic general practitioner's advice and restrictions on smoking in public places were noted as significant drivers by 21% and 24% in Europe. In Russia, it is a much weaker factor: only 12% noted that a general practitioner's advice can influence their behaviour and only 5% noted restriction on smoking in public places as a serious stimulus of giving up smoking. Generally, the impact of price, restrictive and recommendation-based measures on people's behaviour related to risk factors is not strong enough.

The main goals in the fight against risk factors are awareness by people about their health, as well as opinion and health of immediate surrounding family and friends. Those two drivers are noted by Europeans and Russians as the main influential factors that may make them give up the risk factors (page 41). In European countries 72% of respondents think of giving up smoking because of their concern of their personal health, in Russia – 83%. Importance of family and friends' opinion was noted as an influential factor by 53% of Europeans and by 45% of Russians. However, these drivers will not work unless the population does not start feeling worse: the majority of Europeans and Russians consider themselves healthy and, therefore, do not change their usual lifestyle (page 42). Moreover, the influence of family and friends is not strong enough: more than one third of Europeans and Russians are tolerant to smoking at home (page 44). Nevertheless, the measures undertaken in European countries against smoking led to significant results. The average share of Europeans who quit smoking is 22%.

The highest rate is in the Netherlands (33%), the lowest is in Portugal (13%). Compared to European countries, the share of Russians who quit smoking is rather low (12%) (page 43). However, attempts to quit smoking are a common trend for both Europeans and Russians. On average, 6-9% of the population try to quit (page 43). However, in European countries those attempts are realized with more success than in Russia.

Despite those measures, the share of smokers in European countries is still rather high (page 43). On average, the share of smokers amounts to 28%. The Russian smoking profile is quite similar to the European one. The largest share of smokers is in Spain (35%), France (33%), Ireland (31%) and Russia (31%). Thus, despite relative effectiveness of anti-smoking actions, it is necessary to look for new measures and programs to reduce the share of smokers.

Government measures against alcohol abuse are supported by a significant share of the population in European countries as well as in Russia (page 45), with the highest level of support shown in Italy (66%) and Portugal (56%).

In comparison with the European countries, Russia demonstrates an average level of support of government intervention into alcohol consumption control: 44% think that the government should take measures to protect people from harm caused by alcohol. Current measures against alcohol abuse achieved significant results (page 46). In the top 10 European countries with best practices, alcohol consumption dynamics have shown a decrease by 12% on average over an 8-year period. Germany and Czech Republic are leading countries in reducing alcohol consumption (-22% and -21%). Russia also showed negative dynamics, but at a slower rate: consumption of alcohol in Russia fell by 1.2%. Despite the efficiency of current anti-alcohol measures, the share of the population which consumes alcohol more often than once a week is still high in all countries, including Russia: from 1/3 to 1/2 of the population (page 46). Meanwhile, Russia also demonstrates a higher quantity of alcohol consumed at one occasion in comparison to the European countries.

Average quantity of alcohol drinks in Russia is 4-5, against 2-3 servings in most European countries. Therefore, being similar to Europe in the share of the population consuming alcohol frequently, Russia displays a much higher alcohol consumption volume, which stresses even further the necessity to strengthen measures against this risk factor. Even though current measures against alcohol abuse are relatively efficient, new measures and programs need to be looked for in Europe and in Russia.

Thus, the following conclusions can be made:

- Current measures against tobacco and alcohol consumption carried out in European countries show positive results, meanwhile the anti-smoking programs are the most successful;
- Similar support of government measures among the population of European countries and Russia show that such measures against risk factors can be effective in Russia;
- The level of tobacco and alcohol consumption remains high, therefore new measures and programs need to be looked for;
- The lack of positive dynamics in excessive weight reduction among population shows the need for more effective measures to be undertaken;
- Awareness of the population about its health and influence of family on changing a person's lifestyle may become major goals in the fight against risk factors.



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Population Attitude to Personal Health: Perception of Health, Understanding of Risk Factors, Morbidity and Mortality

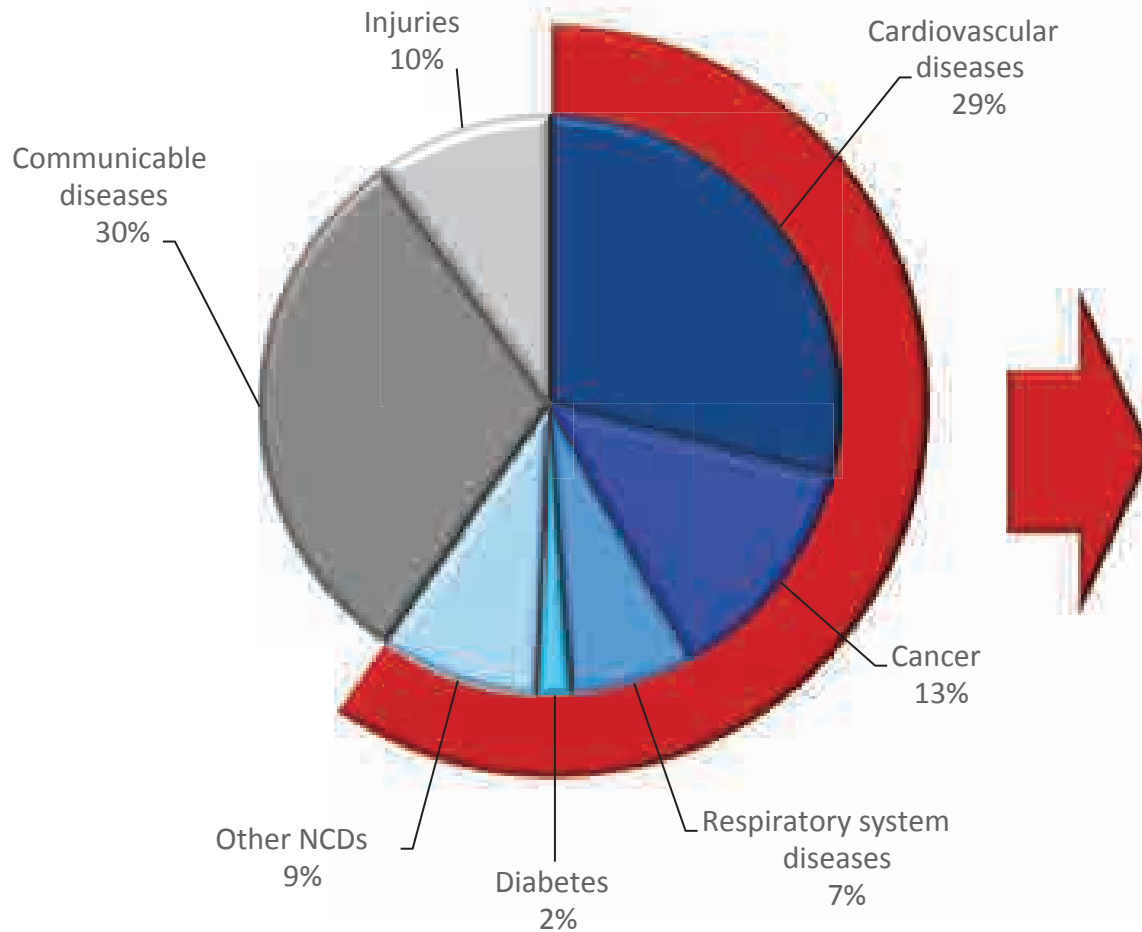
Integrated Assessment of Desk Research
and Individual Interviews
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Content

- Non-Communicable Diseases (NCDs) – global situation
- Russia: people's attitude to personal health and understanding of risk factors
- Experience of the European Union countries to prevent expansion of NCDs, assessment of feasibility in Russia
- Synthesis and suggestions

Non-Communicable Diseases Are the Main Cause of Mortality in the World

Mortality structure in the world¹



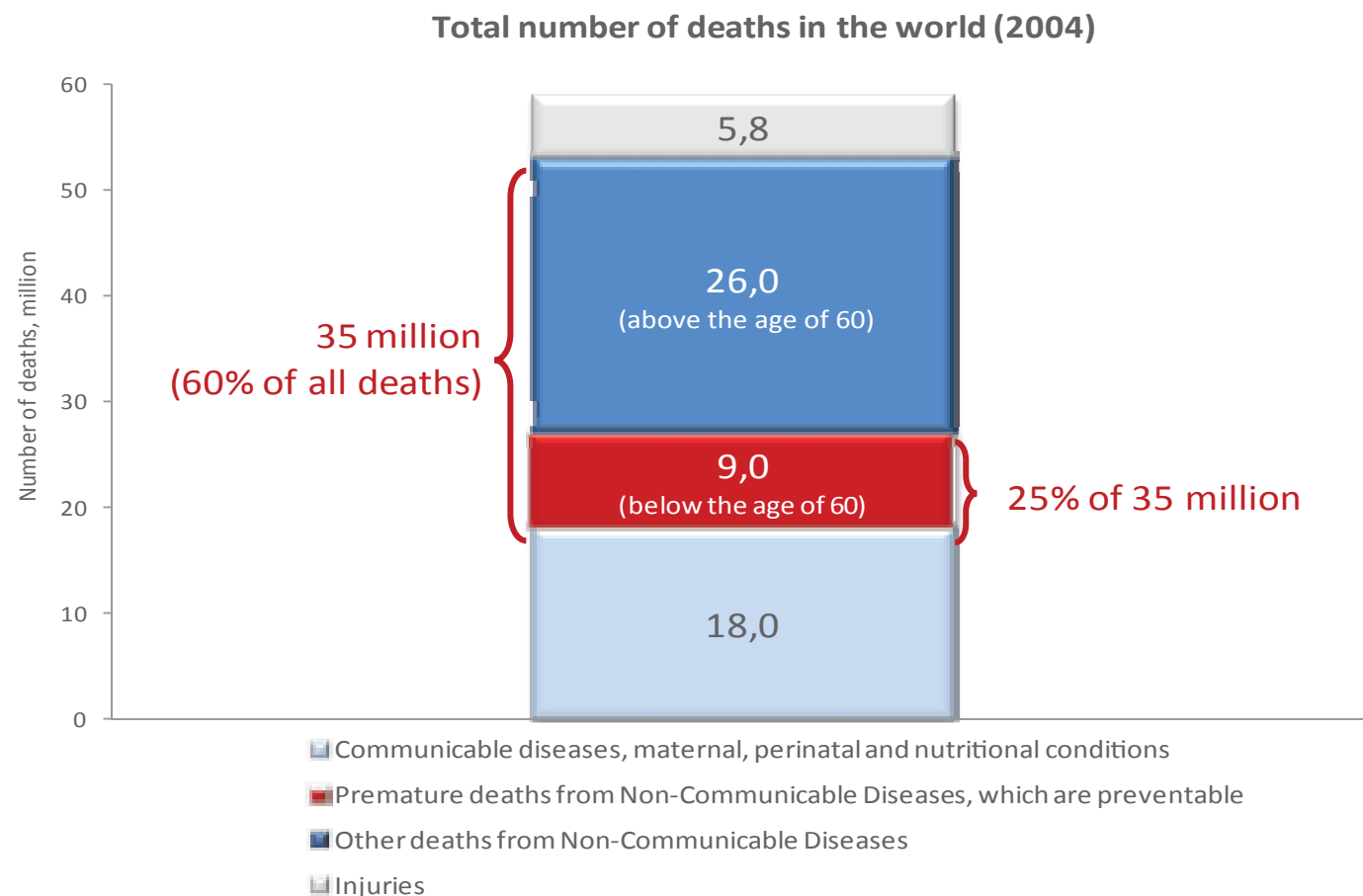
NCDs cause

60%

of all deaths in the world

¹ SOURCE: Global Health Observatory Database <http://apps.who.int/ghodata>

NCDs Cause 35 MLN of Deaths Annually

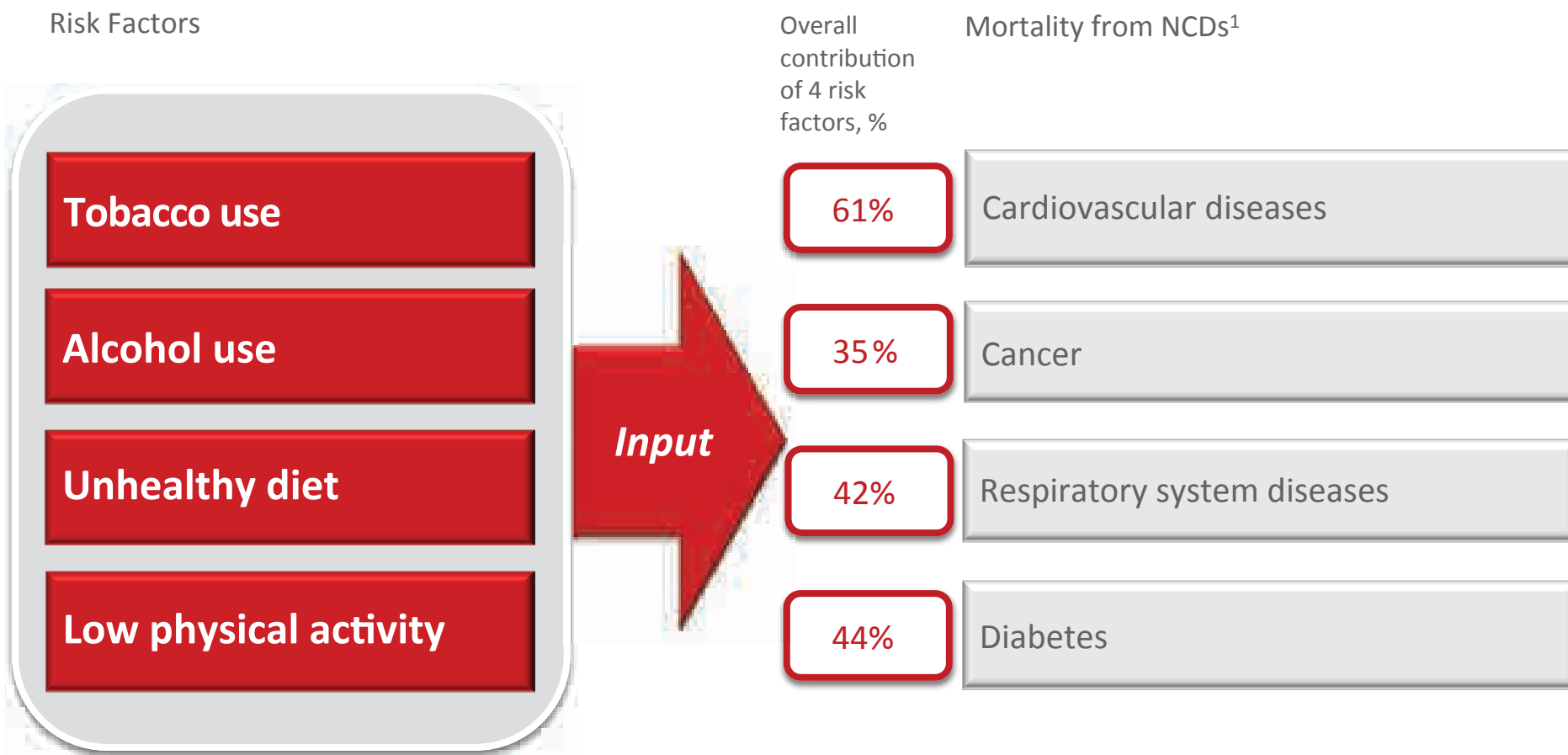


According to the latest data (2010) 14 MLN of NCDs deaths are premature and preventable² (increased from 9 MLN in 2004)

¹ SOURCE: THE GLOBAL BURDDEN OF DISEASE report by World Health Organization, 2004

² SOURCE: Calling the World to Action on Diabetes: An Advocacy Toolkit, 2010

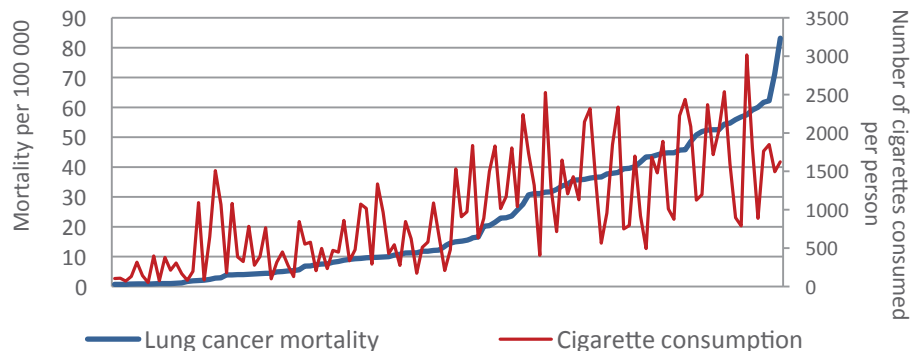
Mortality from NCDs is Mainly Due to 4 Risk Factors



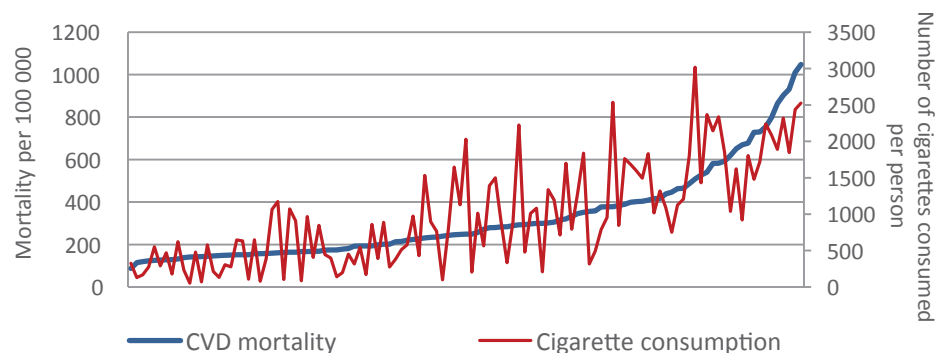
¹ SOURCE: GLOBAL HEALTH RISKS report by World Health Organization <http://www.who.int/whosis/whostat/2010>

Correlation between Prevalence of Risk Factors and Mortality from NCDs

Correlation between lung cancer mortality and cigarette consumption (by 120 countries)¹

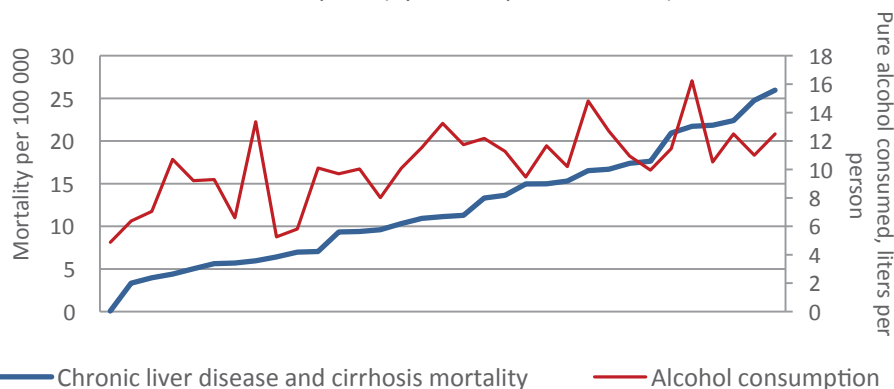


Correlation between CVD mortality and cigarette consumption (by 115 countries)³

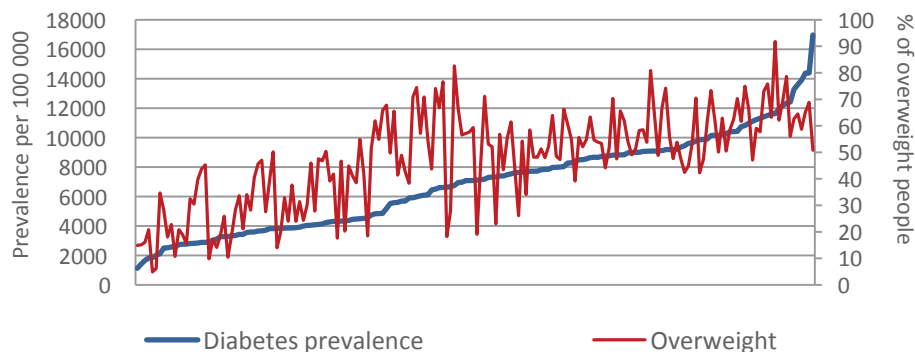


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Correlation between chronic liver diseases mortality and alcohol consumption (by 33 European countries)²



Correlation between diabetes prevalence and excessive weight (by 180 countries)⁴



¹ SOURCE: GLOBOCAN, <http://globocan.iarc.fr/>, 2008; The Tobacco Atlas <http://www.tobaccoatlas.org/consumption.html>

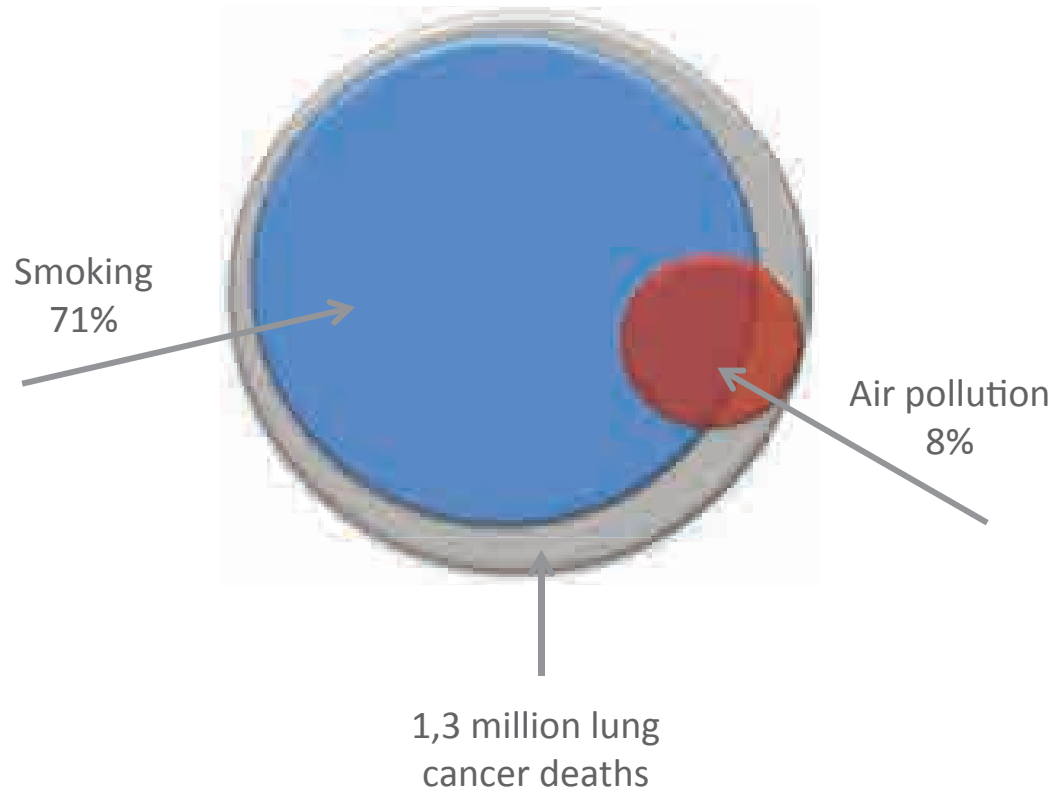
² SOURCE: WHO Global InfoBase <https://apps.who.int/infobase/Comparisons.aspx>

³ SOURCE: European health for all database <http://data.euro.who.int/hfad/>

⁴ SOURCE: IDF Diabetes Atlas <http://www.diabetesatlas.com/datatables>

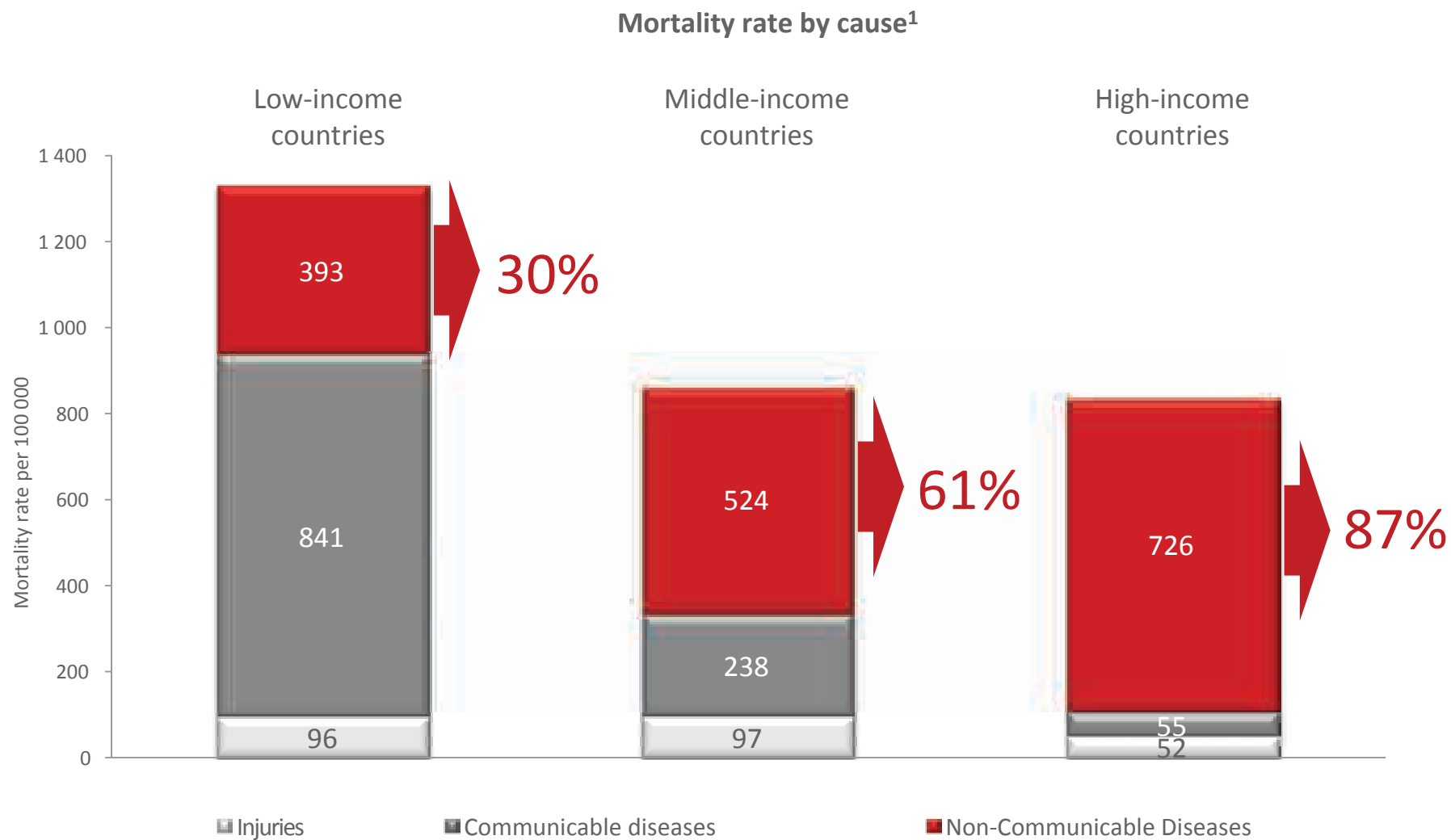
Influence of Risk Factors to Mortality is more Important vs. Influence of Environment – on example of smoking

Lung cancer death showing the proportion attributed to smoking and urban air pollution¹
Death that would have been prevented



¹ SOURCE: GLOBAL HEALTH RISKS report by World Health Organization, 2009

Contribution of NCDs to Mortality is Increasing with Growth of Countries' Income



¹ SOURCE: Global Health Observatory Database <http://apps.who.int/ghodata>

High-income Countries have Prevalent Experience in Risk Factors Prevention

Basic tobacco control policies¹

- High prices and taxes on cigarettes and other tobacco products
- Bans/restrictions on smoking in public and at the workplaces
- Restrictions on advertising and sponsorship
- Better consumer informing about harm from smoking
- Health warning labels on cigarette packs
- Creation of smoke-free environment
- Treatment to help smokers quit

Basic alcohol control policies²

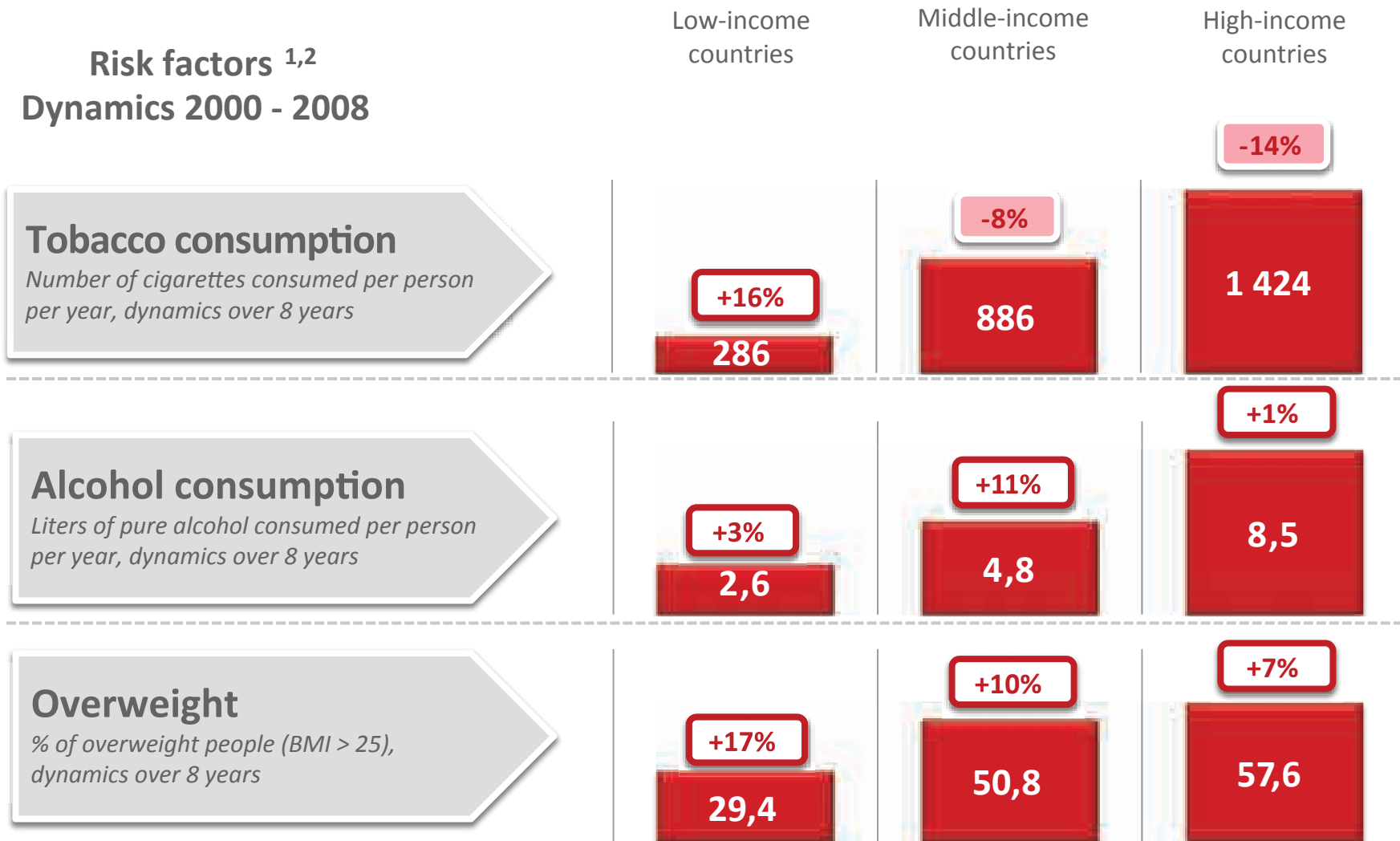
- National control of retail sale and production
- High prices and taxes on alcoholic beverages
- Bans/restrictions on alcohol consumption in public places
- Restrictions on advertising and sponsorship
- Off-premise sales restrictions
- Age limit for purchasing alcohol
- Maximum legal blood alcohol concentration when driving a vehicle
- Treatment policy for alcoholism

¹ SOURCE: WHO Report on the Global Tobacco Epidemic, 2009

² SOURCE: WHO Alcohol Policy Report, 2010

High-income Countries Demonstrate Significant Success in Reducing Tobacco Consumption only

Risk factors ^{1,2} Dynamics 2000 - 2008



¹ SOURCE: The Tobacco Atlas <http://www.tobaccoatlas.org/consumption.html>

² SOURCE: WHO Global InfoBase <https://apps.who.int/infobase/Comparisons.aspx>

Leading Countries in Control of Tobacco use and Harmful Use of Alcohol

Tobacco use, dynamics 2000 - 2008¹

Rank	Top -10 countries	Dynamics, number of cigarettes consumed per capita per year
1	Netherlands	-1 514
2	Switzerland	-638
3	United States of America	-442
4	Germany	-428
5	France	-427
6	Ireland	-423
7	United Kingdom	-333
8	Portugal	-312
9	Spain	-239
10	Italy	-171
...
42	Russia	-92

Alcohol use, dynamics 2000 - 2008²

Rank	Top -10 countries	Dynamics, liters of pure alcohol consumed per capita per year
1	Czech Republic	-3,15
2	Germany	-2,73
3	France	-1,70
4	Slovakia	-1,46
5	Ireland	-1,28
6	Italy	-0,86
7	Portugal	-0,85
8	Netherlands	-0,81
9	Switzerland	-0,80
10	Denmark	-0,60
...
40	Russia	-0,20
96	United States of America	+0,45

¹ SOURCES: The Tobacco Atlas <http://www.tobaccoatlas.org/consumption.html>

² SOURCES: WHO Global InfoBase <https://apps.who.int/infobase/Comparisons.aspx>

No country demonstrates positive BMI dynamics

Excessive weight, dynamics 2000 - 2008¹

Rank	Countries with best dynamics of tobacco and alcohol use	Share of the population with overweight
1	Russia	0
39	Italy	+2,65
44	Czech Republic	+2,85
54	Spain	+3,15
63	Germany	+3,50
64	Netherlands	+3,50
67	Slovakia	+3,55
73	France	+3,70
75	Ireland	+3,75
84	Denmark	+4,10
98	Portugal	+4,50
101	Switzerland	+4,60
108	United Kingdom	+5,15
125	United States of America	+7,60

¹ SOURCE: WHO Global InfoBase <https://apps.who.int/infobase/Comparisons.aspx>



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Attitude of the Russian Population to Personal Health and Understanding of Risk Factors:

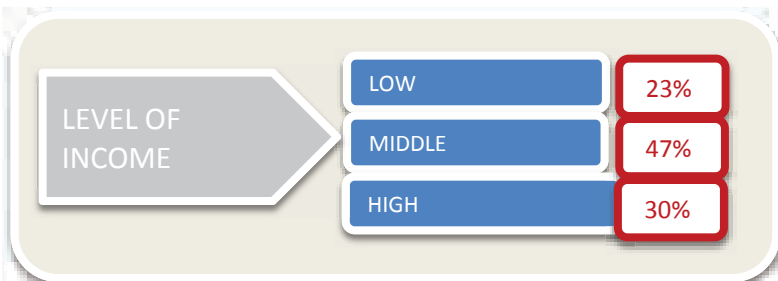
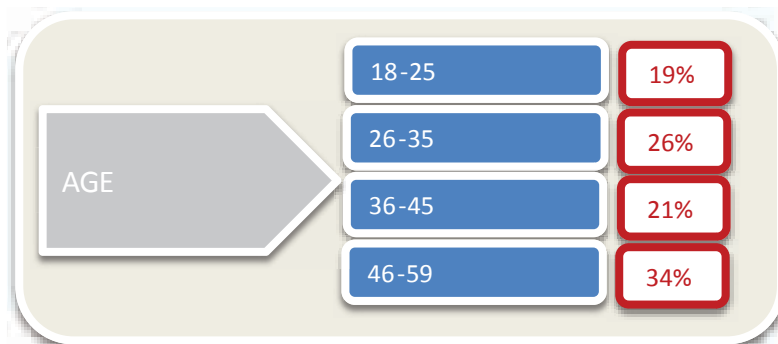
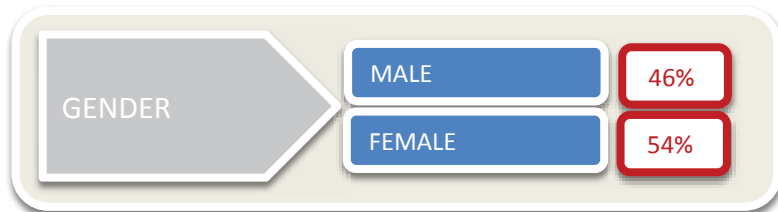
Understanding of Correlation between Risk Factors
and NCDs Development & Progress

Research Design

METHODOLOGY:
Individual Interview

SAMPLE SIZE:
2 000 respondents

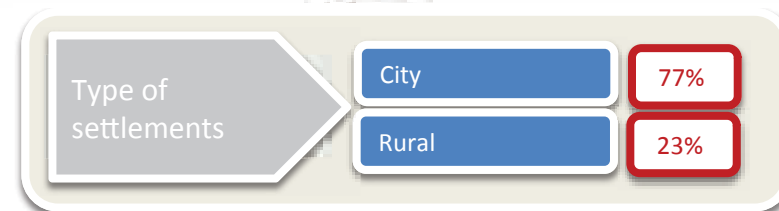
RESEARCH PERIOD:
March, 2011



7 Federal Territories of RF

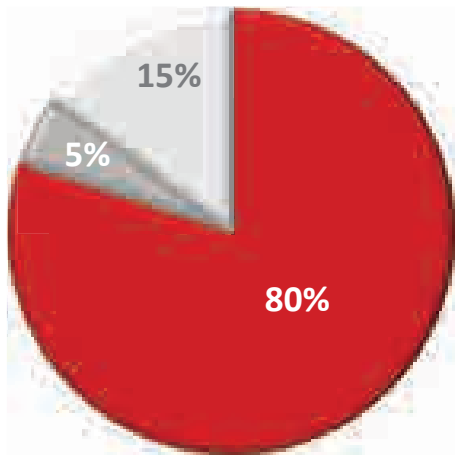
29 Regions

186 Settlements



Mortality Profile in Russia is Similar to High-Income Countries', but Risk Factors' Dynamics are Not Corresponding

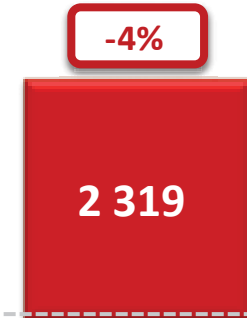
Mortality structure in Russia ¹



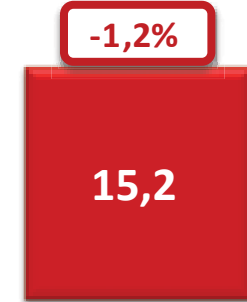
- Non-Communicable Diseases
- Communicable diseases
- Injuries

Risk factors ^{1,2,3,4}
Dynamics 2000 - 2008

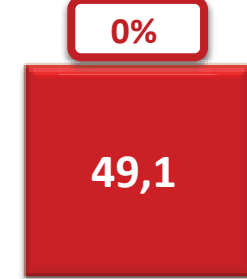
Tobacco consumption
Number of cigarettes consumed per person per year, dynamics over 8 years



Alcohol consumption
Liters of pure alcohol consumed per person per year, dynamics over 8 years



Overweight
% of population with overweight (BMI > 25), dynamics over 8 years



¹ SOURCE: Global Health Observatory Database <http://apps.who.int/ghodata/>

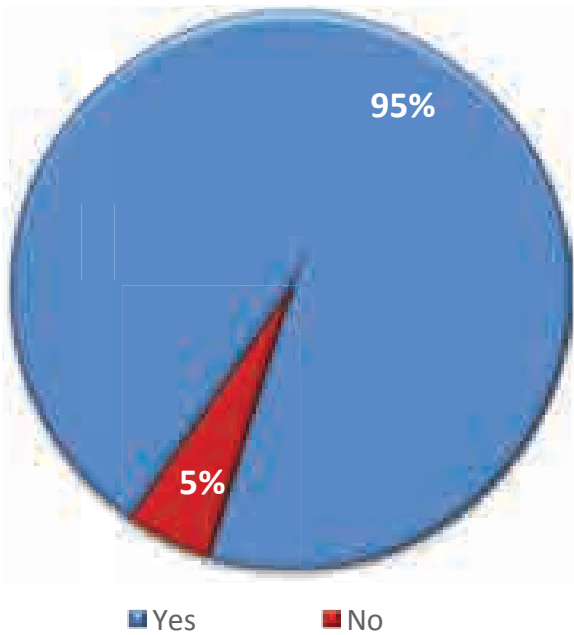
² SOURCE: WHO Global Infobase <https://apps.who.int/infobase/Comparisons.aspx>

³ SOURCE: The Tobacco Atlas <http://www.tobaccoatlas.org/consumption.html>

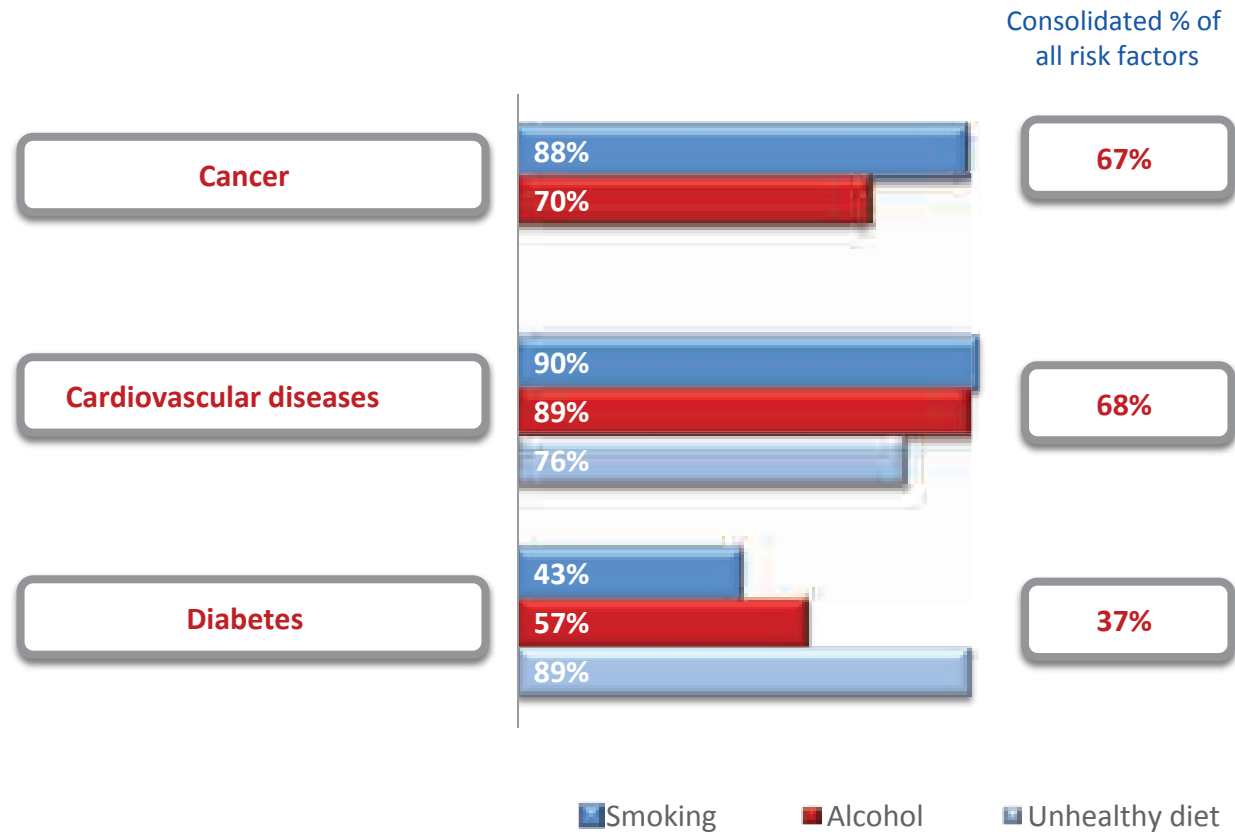
⁴ SOURCE: Atlas Goskomstat, 2011 <http://gks.ru>

Population Considers Health as a Value and Understands the Link between Risk Factors and NCDs

Health is declared as the highest value¹



Recognizing the link between risk factors and NCDs²

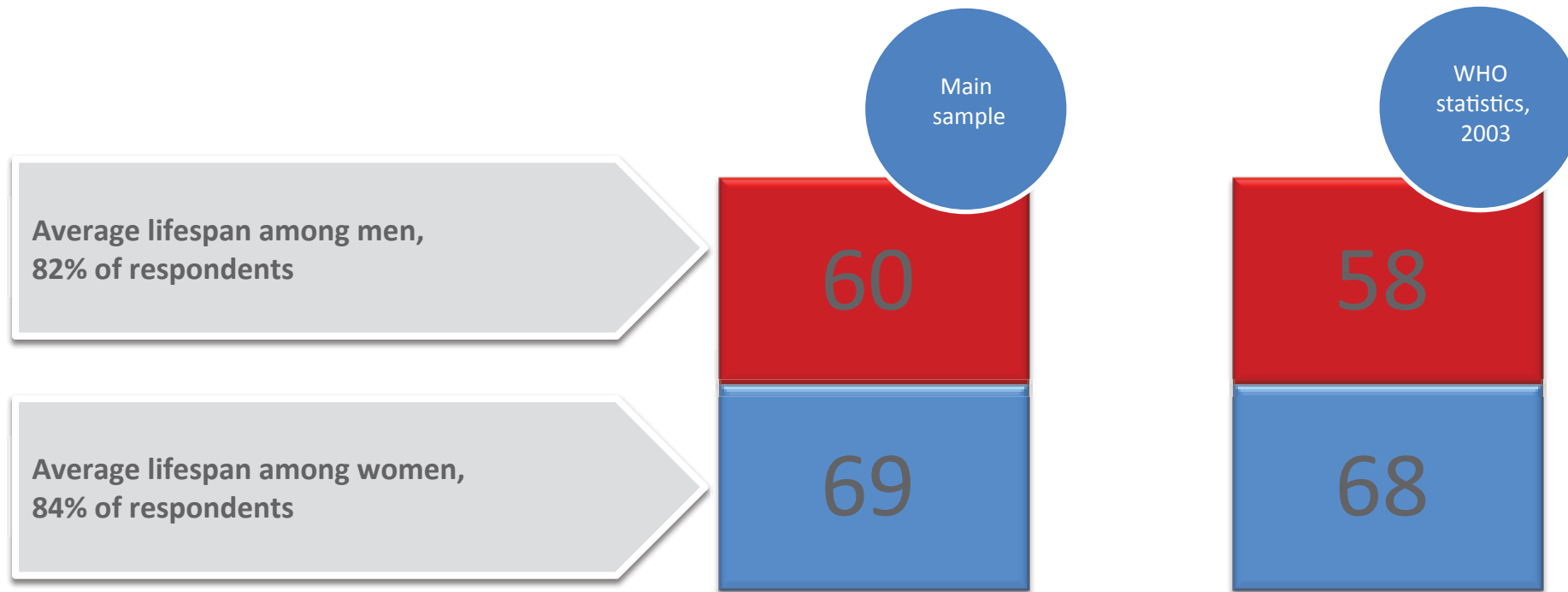


Base: 2 000 people

¹ QUESTIONS: Q1.1. In this list of values, please choose 9 options that are most significant for you.

² QUESTIONS: Q111. To what degree do you agree or disagree that smoking, alcohol consumption and unhealthy diet are factors behind the development of cardiovascular, oncologic diseases and diabetes?

People Are Well Informed about Short Lifespan in Russia¹

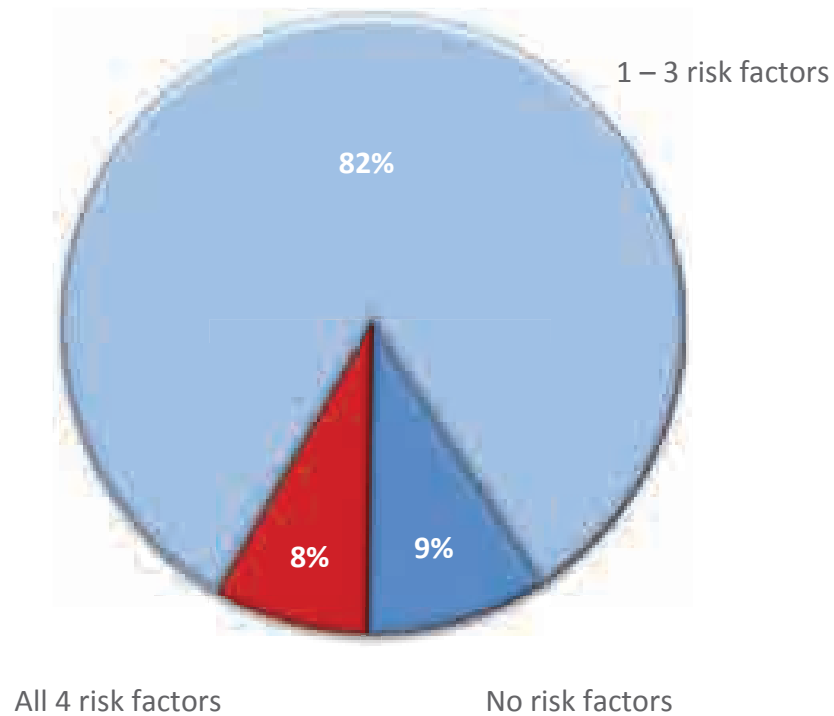


Base: 1 200 people

¹ SOURCE: Perception of the Population to Personal Health & Quality of Life. Market Research by the Fund "Quality of Life", 2004

The High Declared Value of Health is Not Supported by Actual Lifestyle

People's actual practices ^{1,2,3,4}



Base: 2 000 people

¹ QUESTIONS: Q50. Regarding smoking cigarettes, cigars or a pipe, which of the following applies to you:

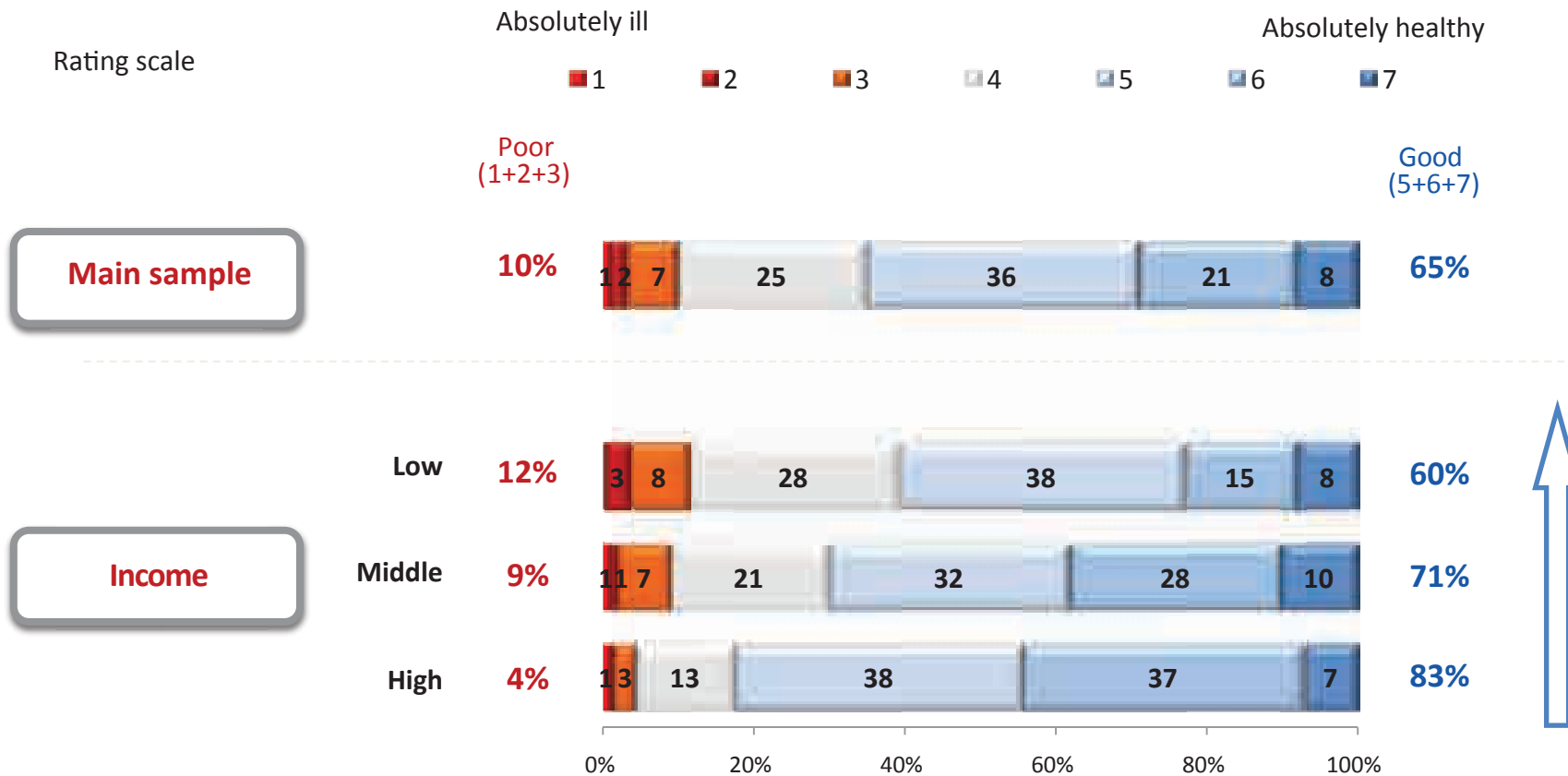
1) You smoke at the present time; 2) You used to smoke but you have stopped; 3) You have never smoked?

² QUESTIONS: Q75. During the past 12 months, did you drink any alcoholic beverage (beer, wine, sprits, cider or other alcoholic beverages)?

³ QUESTIONS: Q101/102. How often do you eat fruit/vegetables?

⁴ QUESTIONS: Q90. How often do you exercise or play sport?

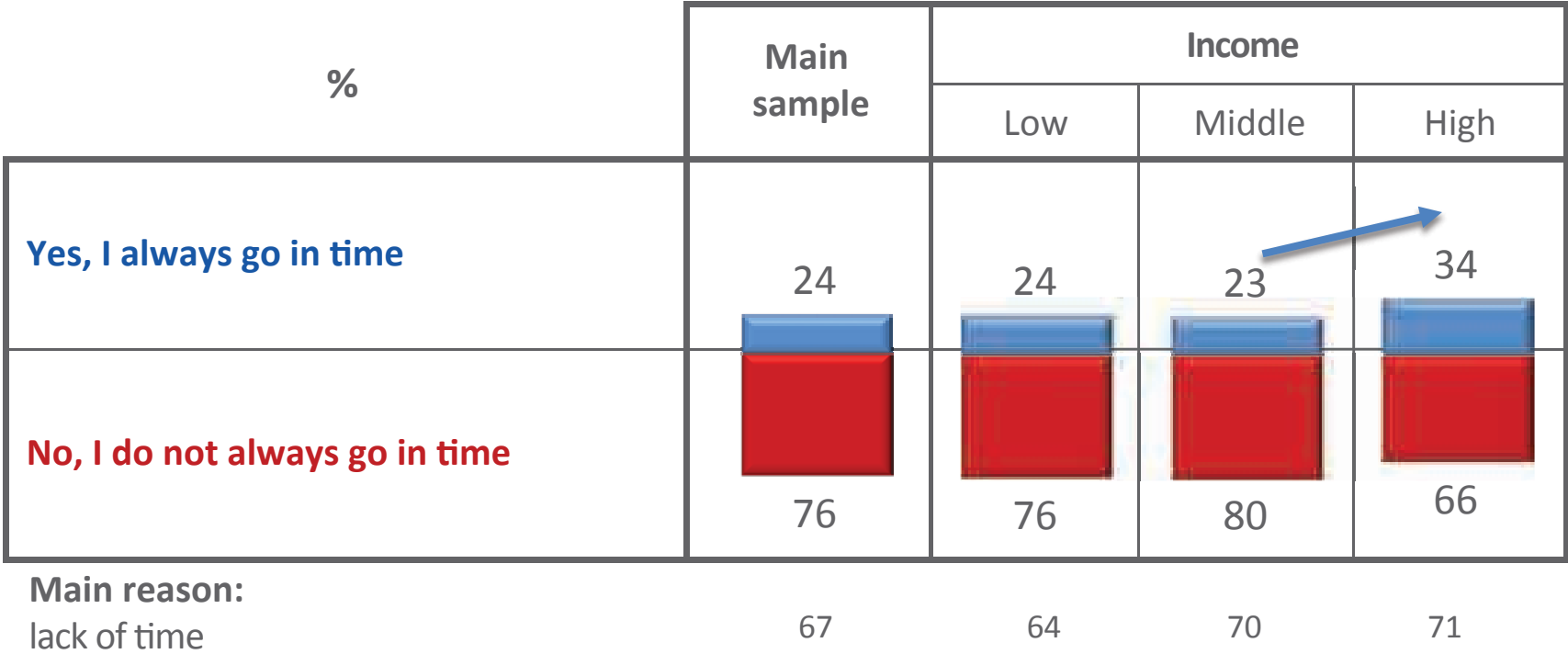
Majority of the Population Considers Themselves Healthy¹



Base: 1 200 people

¹ SOURCE: Perception of the Population to Personal Health & Quality of Life. Market Research by the Fund "Quality of Life", 2004

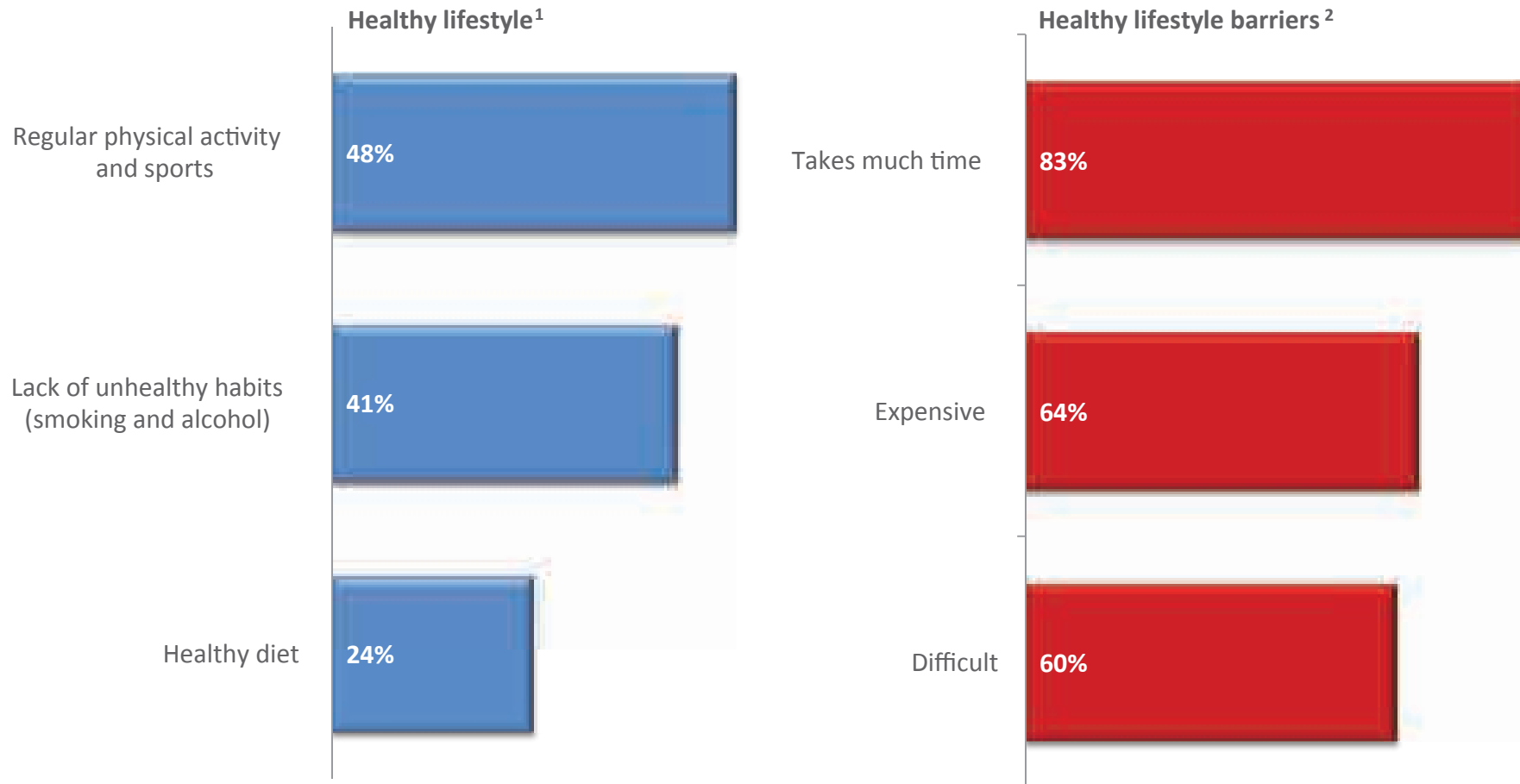
Only ¼ Respondents Visits a Physician at the Right Time¹



Base: 1 200 people

¹ SOURCE: Perception of the Population to Personal Health & Quality of Life. Market Research by the Fund "Quality of Life", 2004

People's Perception of Risk Factors & Healthy Lifestyle



Respondents consider risks factors as attributes of lifestyle

Base: 2 000 people

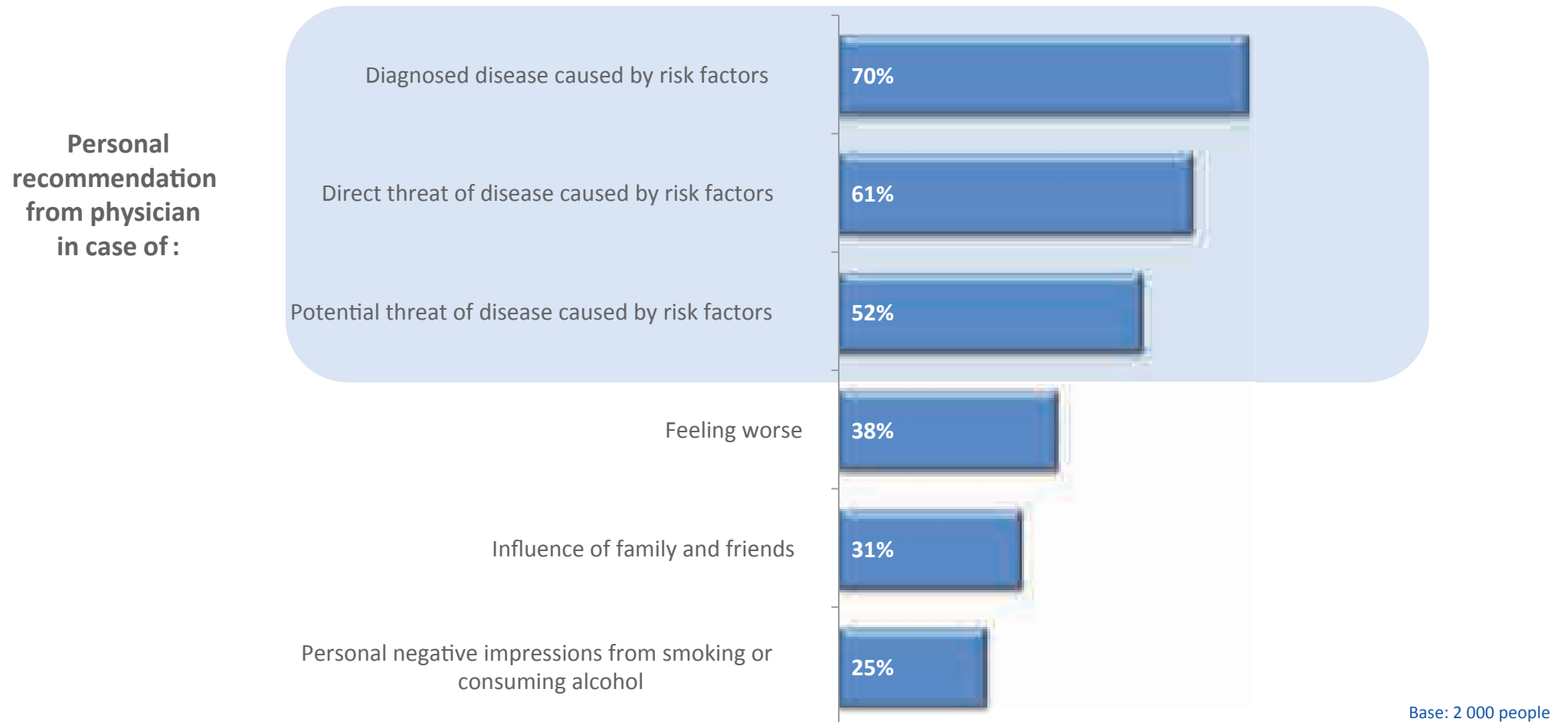
¹ QUESTIONS: Q8. Please, describe people who you think lead a healthy lifestyle.

² QUESTIONS: Q12. To what degree do you agree with the following statements: 1) healthy lifestyle is expensive; 2) healthy lifestyle is difficult;

3) healthy lifestyle is time-consuming?

Physicians Could Be the Most Significant Influencers on People's Behavior

Reasons to give up tobacco or alcohol consumption, unhealthy diet ^{1,2,3,4}



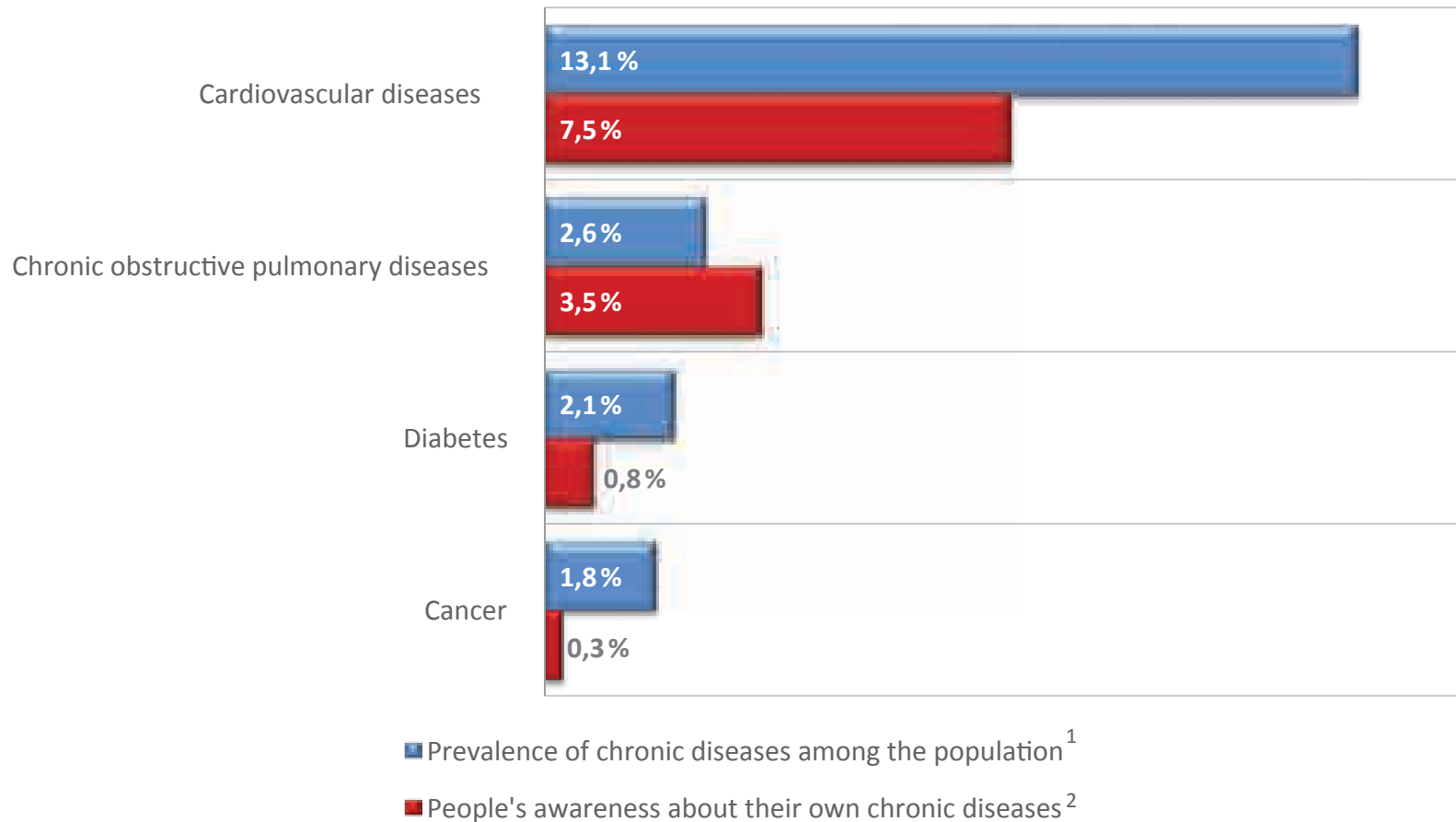
¹ QUESTIONS: Q120/125/130. To what degree can the following reasons cause you to give up smoking/consuming alcohol/unhealthy diet?

² QUESTIONS: Q122/127/131. Would you give up your current risk factors in the following situations?

³ QUESTIONS: Q112/113. Have you ever considered giving up smoking/consume less or give up alcohol/switch to a healthy diet/exercise or play sport more often? Why did you start thinking about that?

⁴ QUESTIONS: Q119/124/129. What could cause you to give up smoking/consuming alcohol/switch to a healthy diet?

Population is Underdiagnosed and Has Low Awareness about Their Own Diseases



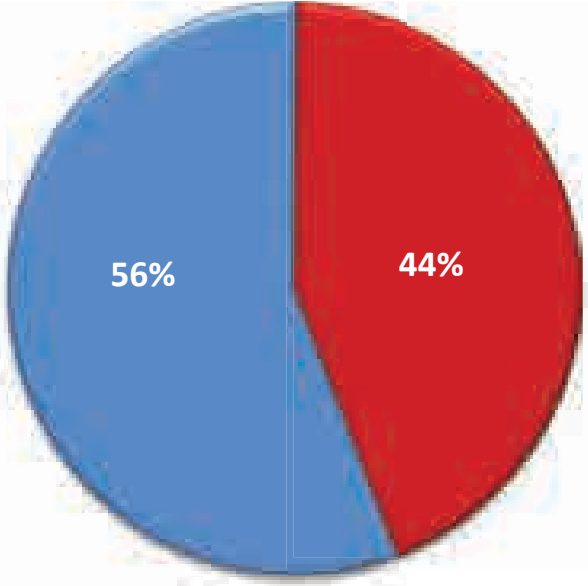
Base: 2 000 people

¹ SOURCE: Morbidity of the population by main classes, groups and separate diseases in 2008 // Federal State Statistics Service

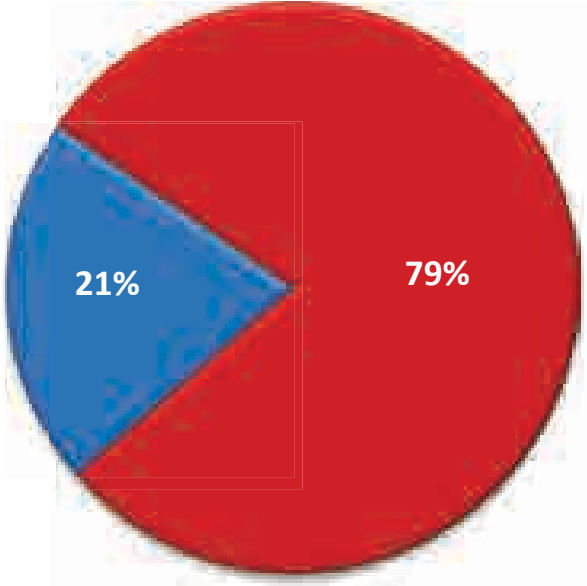
² QUESTIONS: Q18. Do you suffer from any of the following chronic diseases?

The Population Does NOT Visit Physicians Regularly

Visiting a physician last year¹



Physical exam last year²



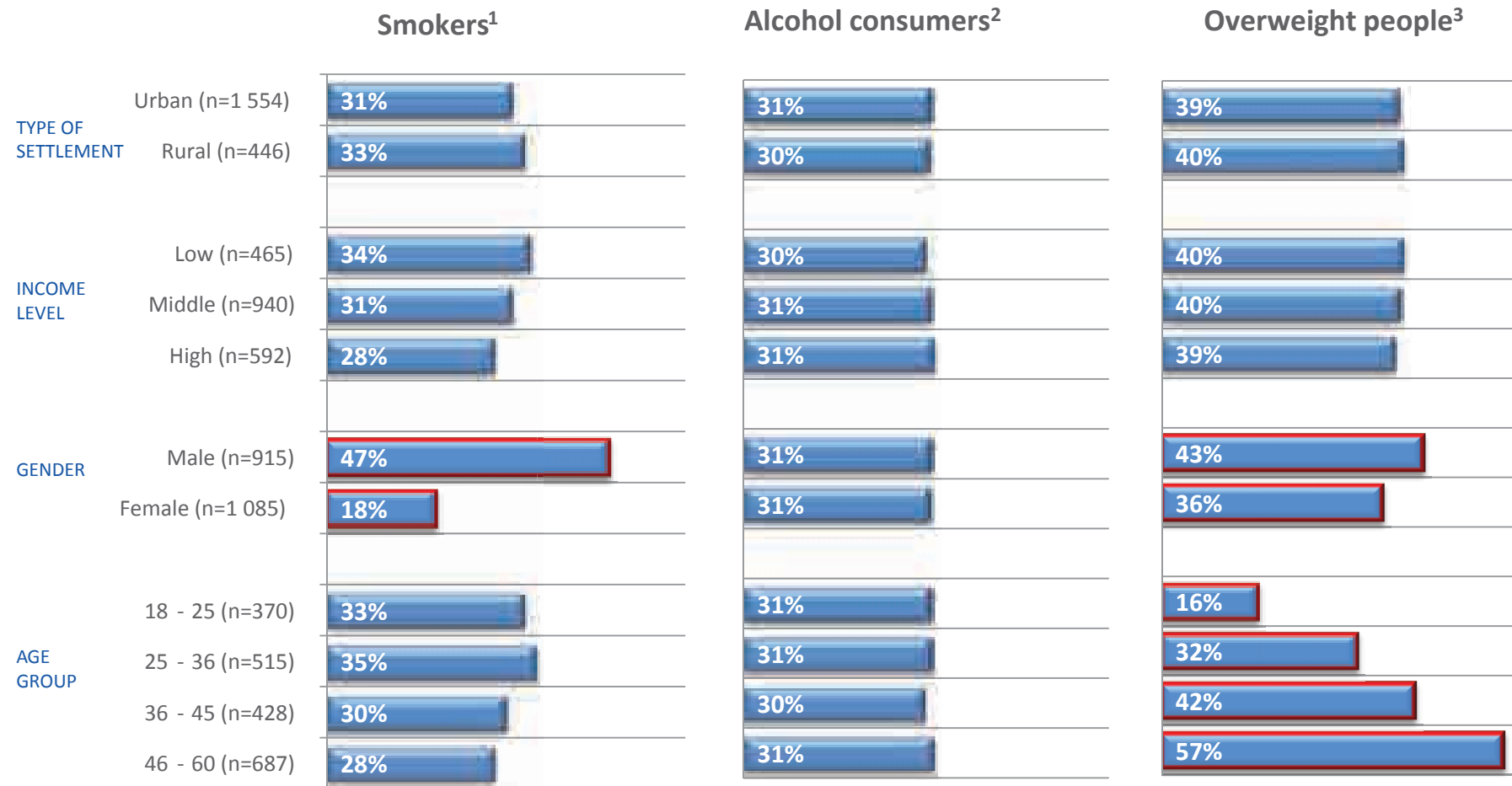
■ Yes
■ No

Base: 2 000 people

¹ QUESTIONS: Q30. In 2010, did you visit the following physicians of your own accord: GP, cardiologist, surgeon, oncologist, chemotherapist, endocrinologist, pulmonologist, hematologist, gynecologist, urologist, ophthalmologist?

² QUESTIONS: Q47/48. Did you undergo a physical examination in 2010 / Whom was the examination initiated by?

Discrepancy in People's Behavior Can Depend on Social & Economic Factors



¹ QUESTIONS: Q50. Regarding smoking cigarettes, cigars or a pipe, which of the following applies to you: 1) You smoke at the present time;

2) You used to smoke but you have stopped; 3) You have never smoked?

² QUESTIONS: Q78. During the past 30 days, how often did you drink any alcoholic beverage (beer, wine, sprits, cider or other alcoholic beverages)?

1) more often than once a week; 2) seldom than once a week

³ QUESTIONS: Q17. What is your height, weight?

Conclusions

- There is a significant gap between population's declaration of health as a value and the actual behavior
- People's behavior indicates low responsibility for the personal health
- Knowledge about link between risk factors and NCD's development is concealed by people's inadequate perception of lifestyle attributes, which jeopardizes will to fight against risk factors
- Russian population overestimates its health as good and fair
- In people's perception, physicians remain the most influential conductors in fighting against risk factors. This opportunity is not fully used due to rare visits to doctor
- Detected observations are relevant for most of the Russian population in different socio-economic groups



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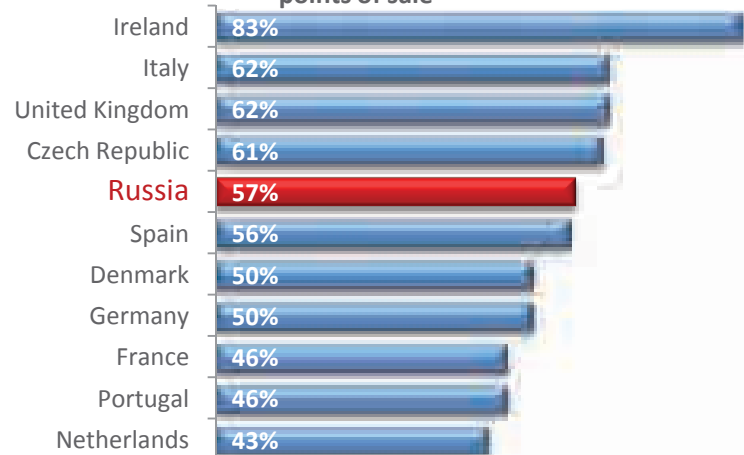


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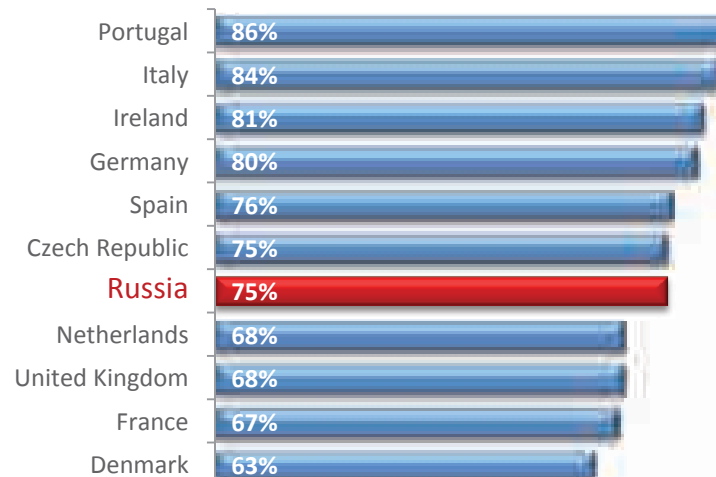
Governmental Measures against NCD risk factors in European countries and Russia

Advertising Restrictions & Warning Measures are Supported by the Population of the EU and Russia¹

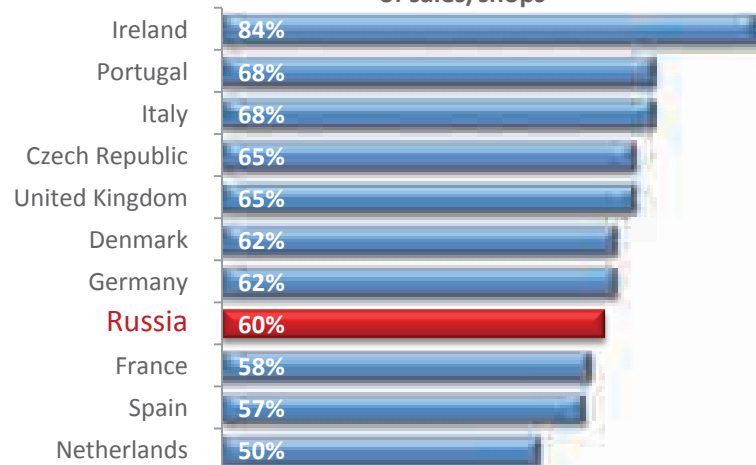
Keeping tobacco products out of sight in shop/
points of sale¹



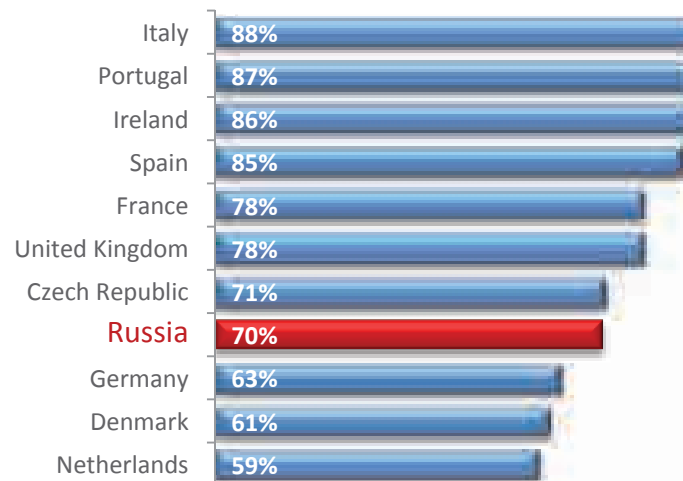
Banning on alcohol advertising²



Banning display and advertising of tobacco products in points
of sales/shops¹



Warning labels on bottles²

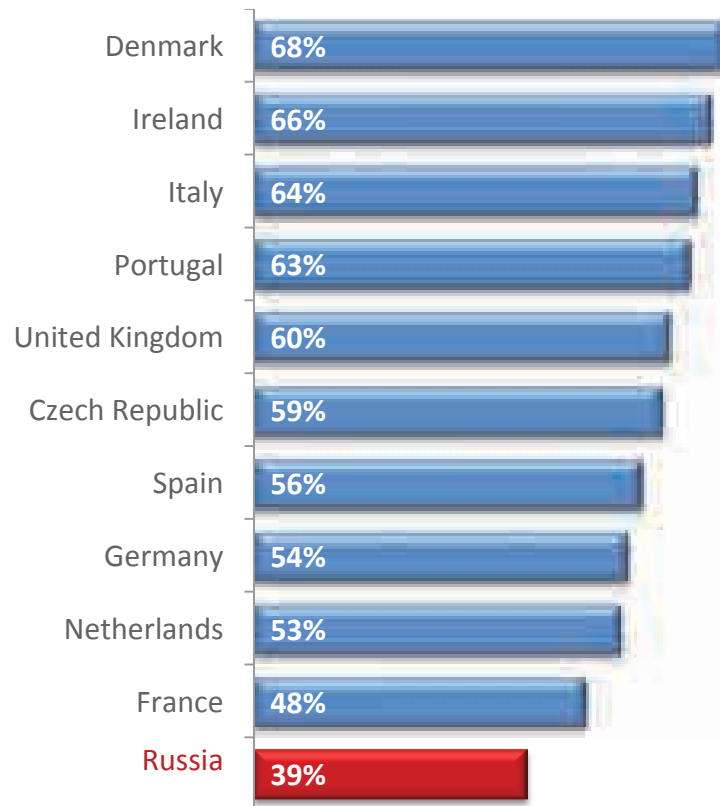


¹ QUESTIONS: Would you be in favor of or opposed to any of the following measures? According to Tobacco. Eurobarometer 72.3 (EU), 2009

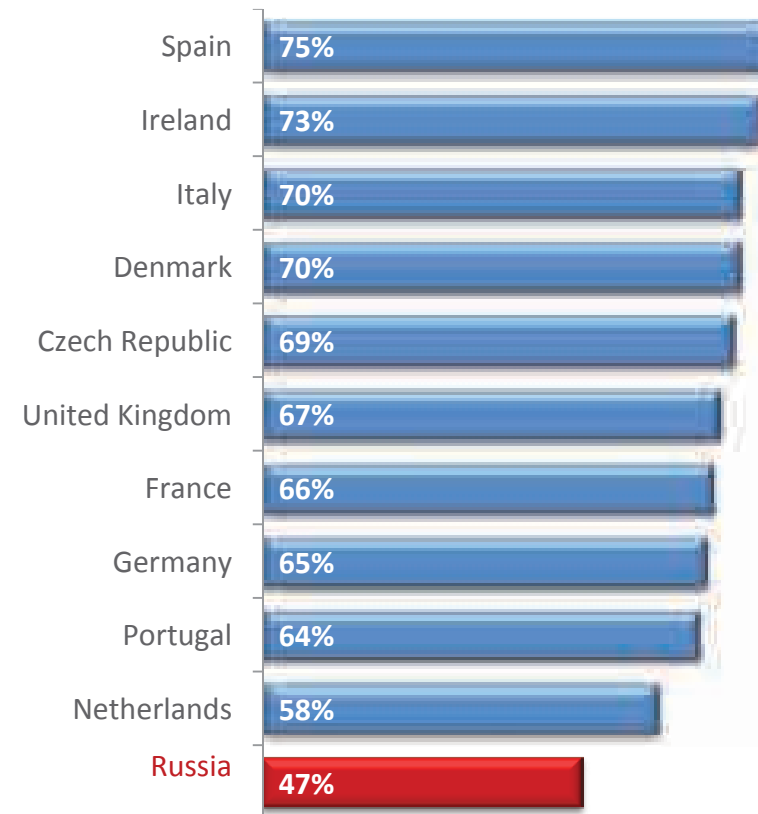
² QUESTIONS: To what extent do you agree or disagree that the following measures can reduce alcohol consumption? According to EU citizens' attitudes towards alcohol, 2009

Fiscal Measures Have Less Support in Russia than in Europe

Increase of excise taxes on tobacco products¹



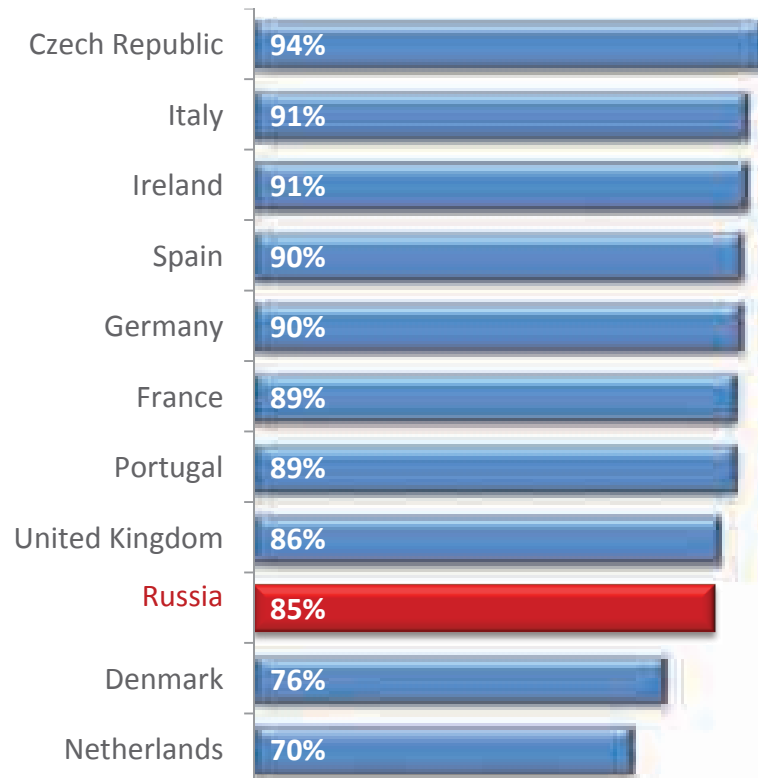
Introducing an extra fee on manufacturers¹



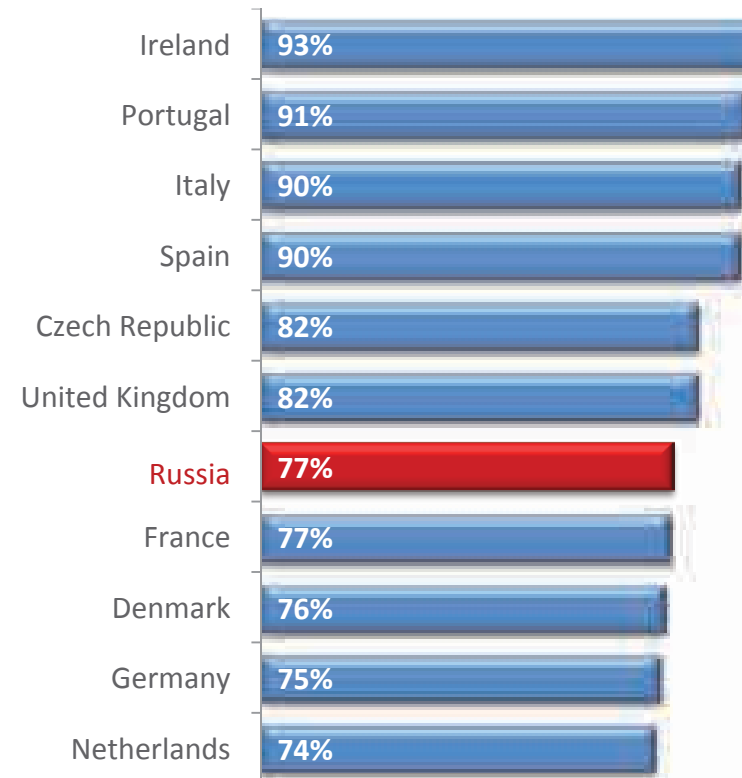
¹ QUESTIONS: Would you be in favor of or opposed to any of the following measures? According to Tobacco. Eurobarometer 72.3 (EU), 2009

Legal Measures Have the Highest Support in the EU and Russia

Banning on selling alcohol to people under the age of 18 years¹



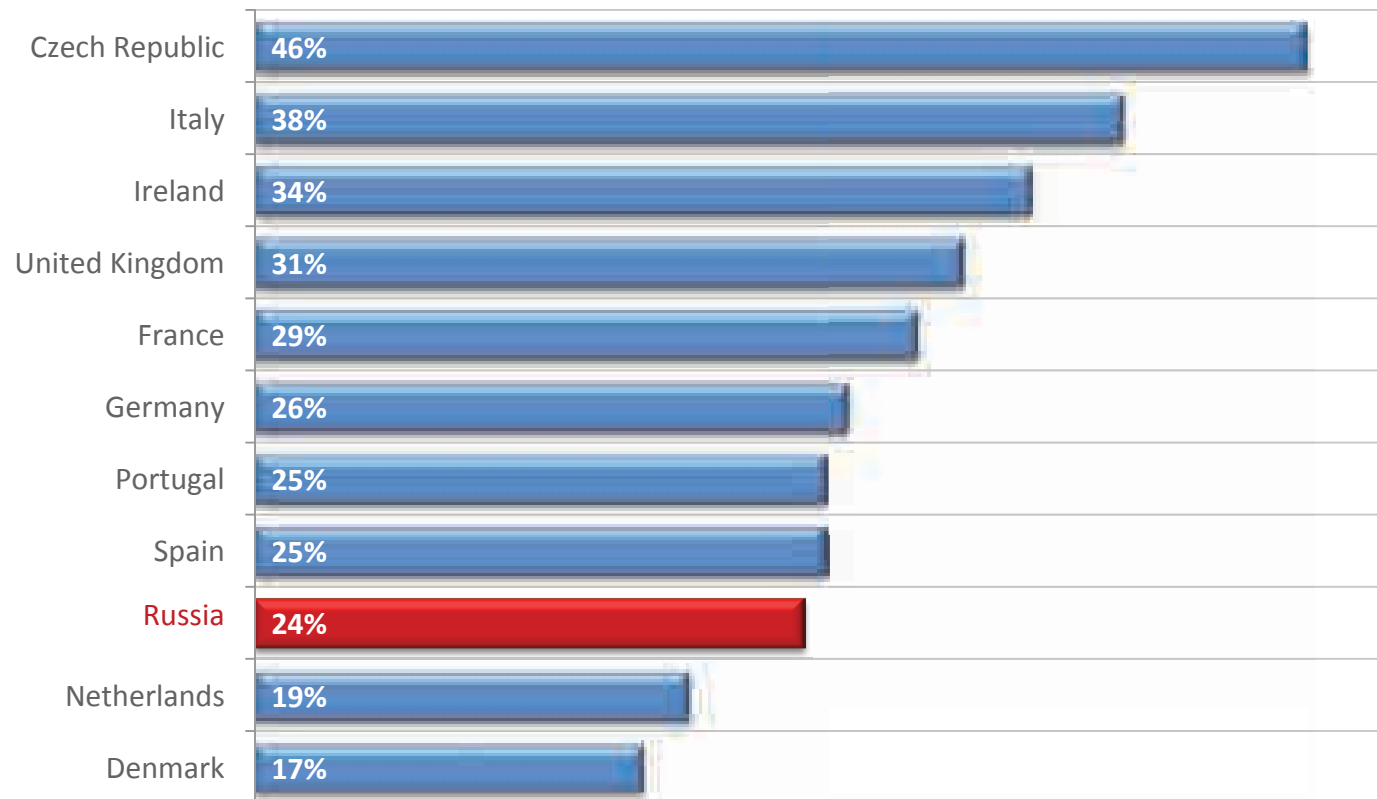
Random police alcohol checks on roads¹



¹ QUESTIONS: To what extent do you agree or disagree that the following measures can reduce alcohol consumption?
According to EU citizens' attitudes towards alcohol, 2009

Population is Sensitive to Alcohol Pricing

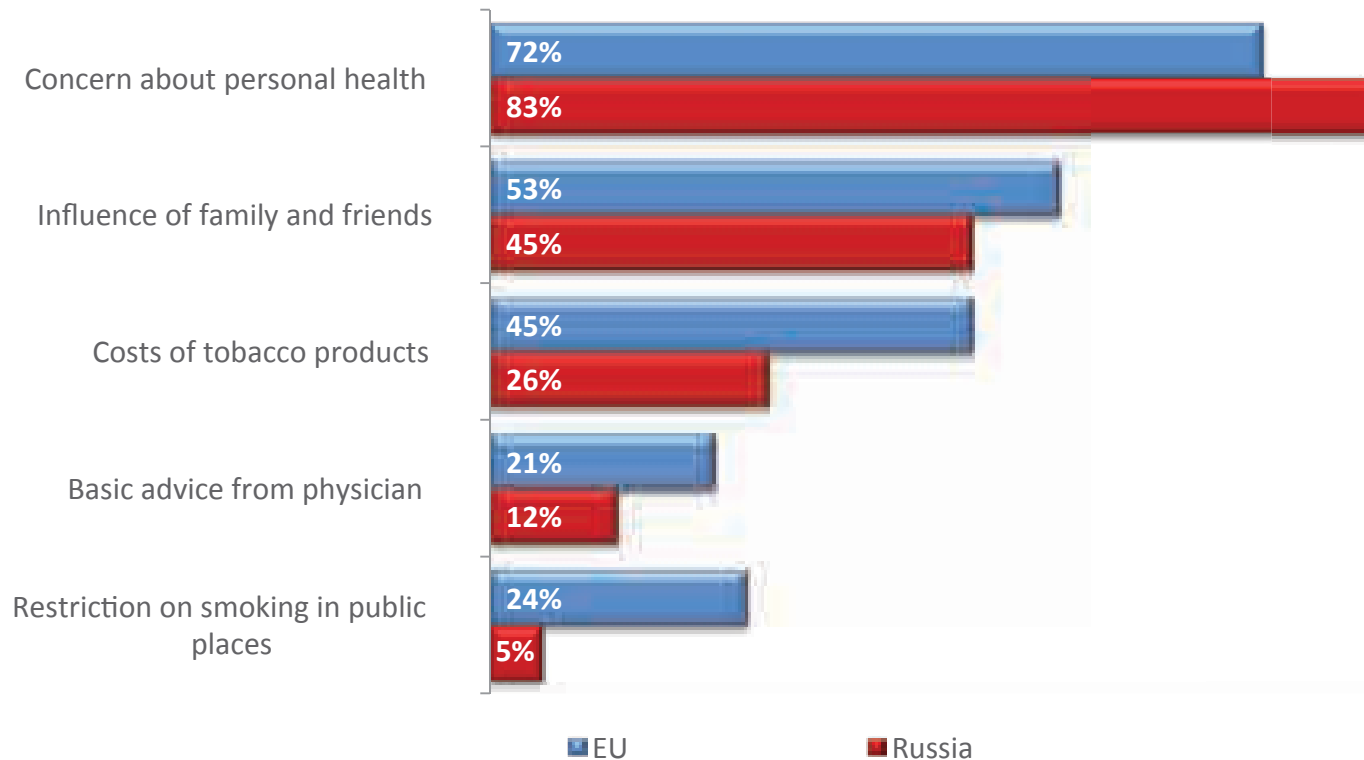
People's readiness to decrease alcohol consumption in case of a 25% growth of alcohol price ¹



¹ QUESTIONS: Would you buy less alcohol (beer, wine, spirits) if its cost increases by 25%? According to EU citizens' attitudes towards alcohol, 2009

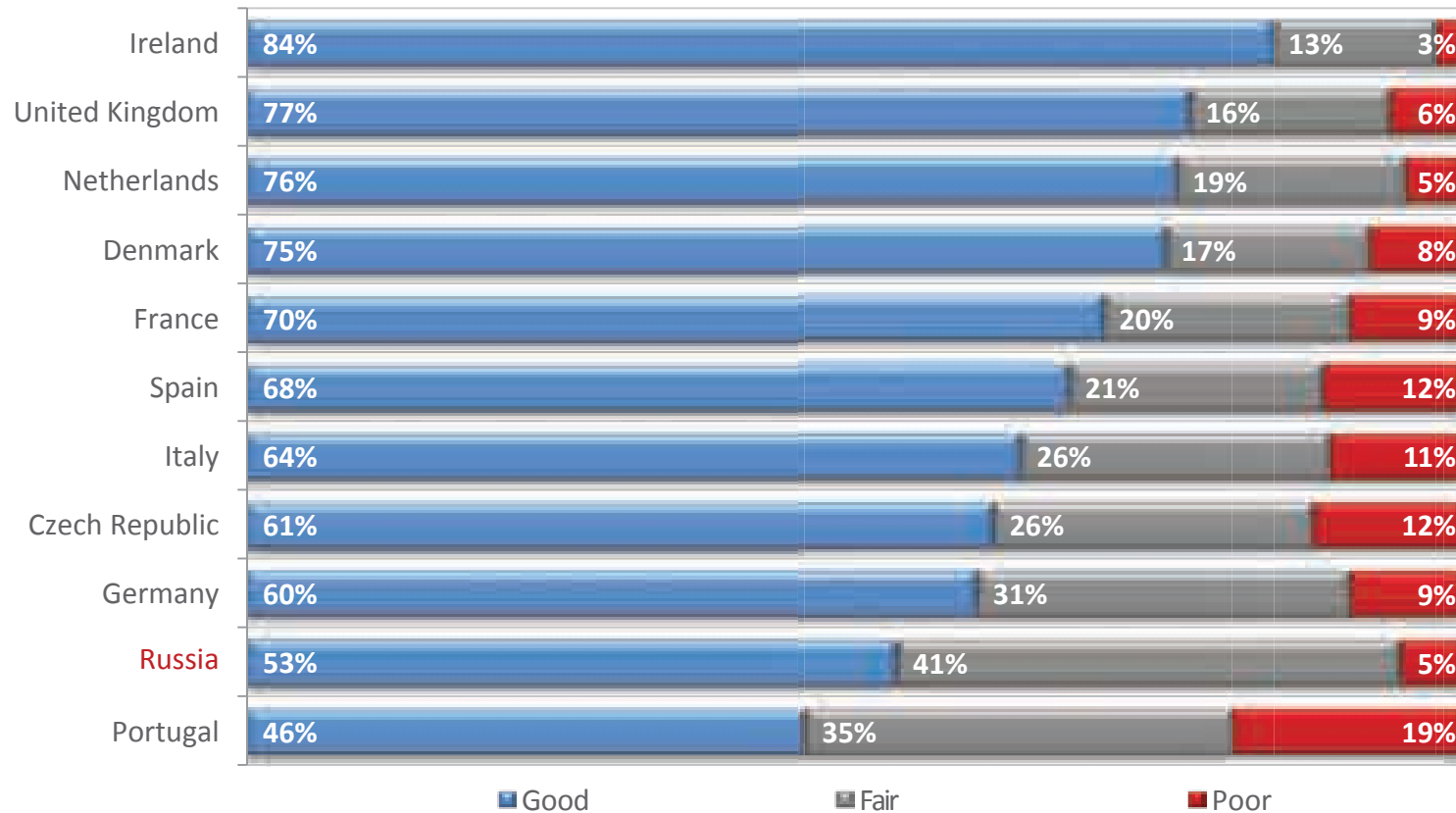
Family/Friends Could Strongly Influence People's Behavior in Relation to Risk Factors

Drivers for giving up smoking in Russia and the EU ¹



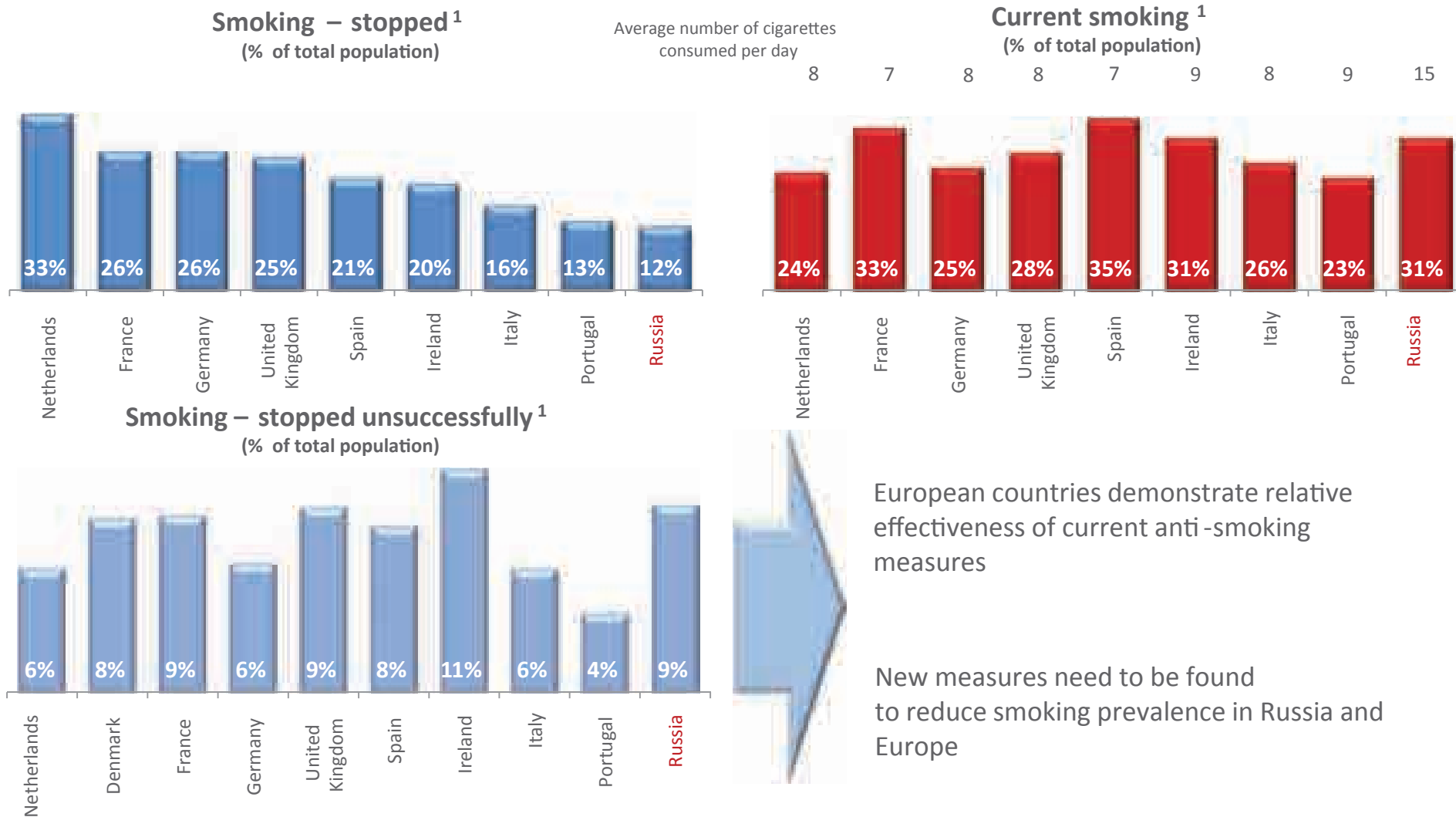
¹ QUESTIONS: Has any of the following things led you to think about quitting in the last 12 months? According to Tobacco. Eurobarometer 72.3 (EU), 2009

Population Health Status: Self Report¹



¹ QUESTIONS: How would you describe your state of health these days? According to Health at a Glance Europe (EU), 2010

Share of Smokers Remains High, Despite the Current Measures

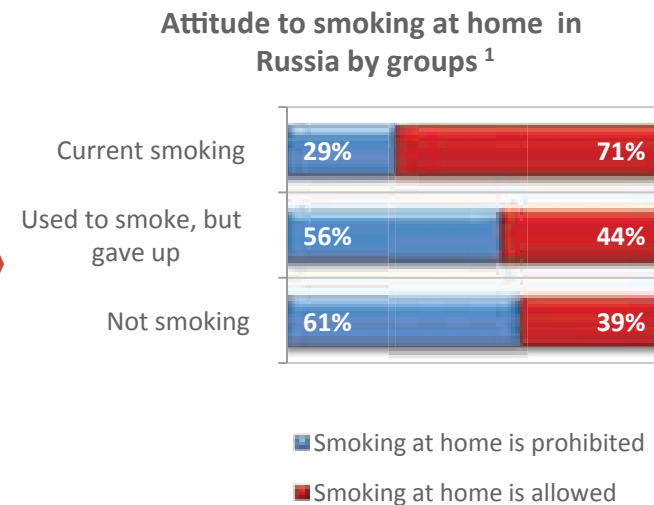
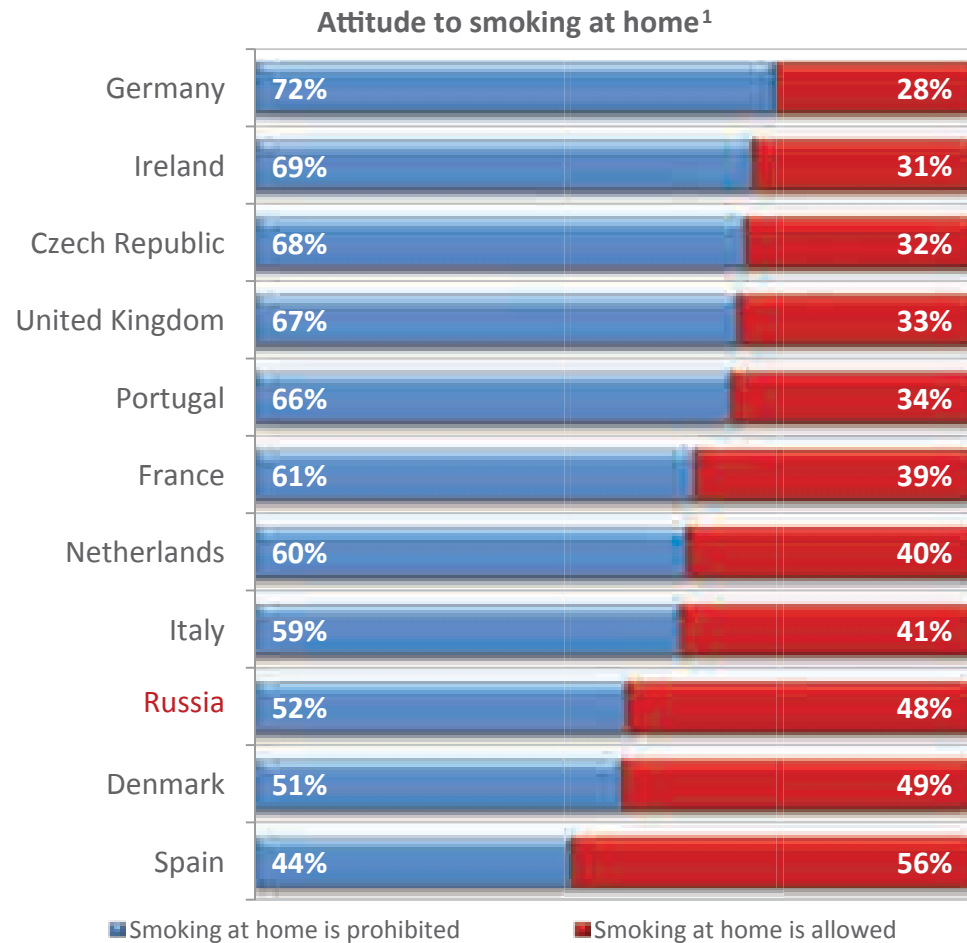


¹ QUESTIONS: Regarding smoking cigarettes, cigars or a pipe, which of the following applies to you:

1) You smoke at the present time; 2) You used to smoke but you have stopped; 3) You have never smoked?

According to Report "Attitude to personal health in Russia" Aston Consulting, 2011; Tobacco. Eurobarometer 72.3 (EU), 2009

Influence of Family is Currently Insufficient



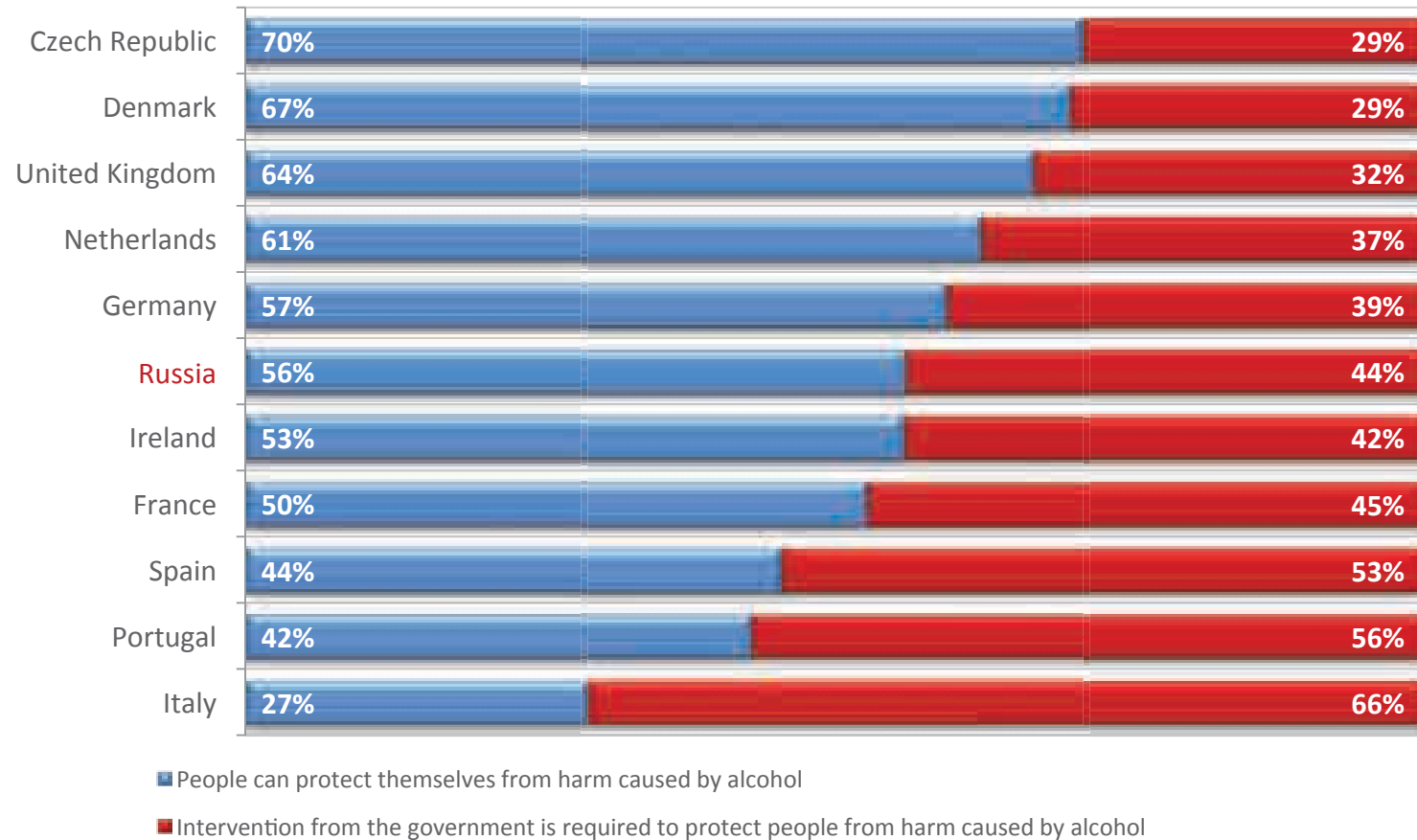
¹ QUESTIONS: Which statement best describes smoking situation inside your house:

1) smoking is not allowed at all inside the house; 2) Smoking is allowed only in certain rooms inside the house; 3) smoking is allowed everywhere inside the house?

According to Tobacco. Eurobarometer 72.3 (EU), 2009

Large Part of the Population Thinks that Government Must Intervene to Protect People from Harm Caused by Alcohol

People's attitude to solving alcohol-related problems ¹



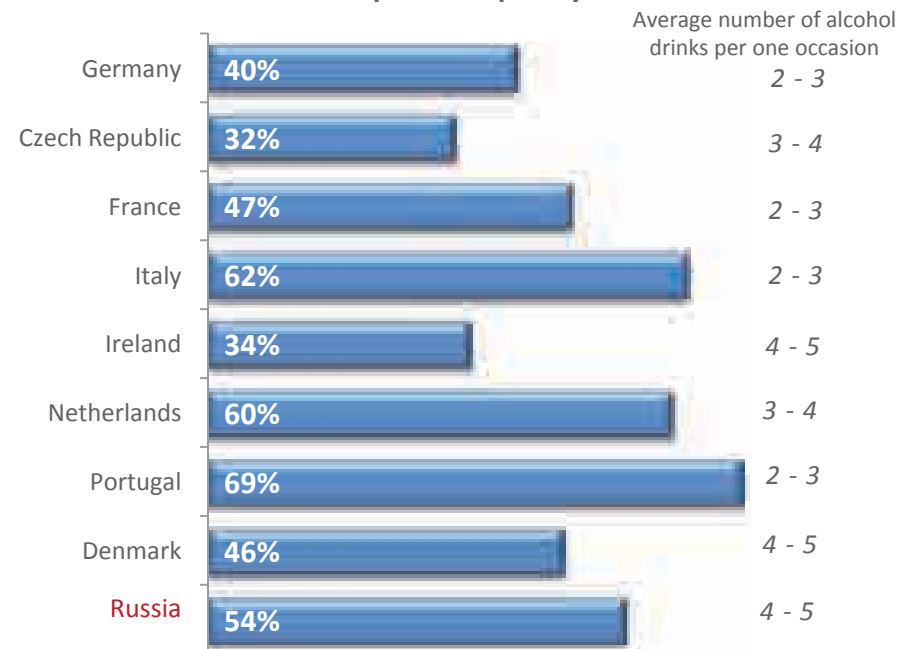
¹ QUESTIONS: With which of the following statements do you feel the closest: 1) People can protect themselves from harm caused by alcohol; 2) Intervention from the government is required to protect people from harm caused by alcohol? According to EU citizens' attitudes towards alcohol, 2009

Despite Current Measures against Harmful Alcohol Use, Most of the Population Still Frequently Consumes Alcohol

Top countries with best anti-alcohol practice ¹

Countries	Alcohol consumption dynamics over 8 years
Germany	-22%
Czech Republic	-21%
France	-12%
Italy	-10%
Ireland	-9%
Netherlands	-8%
Portugal	-7%
Denmark	-5%
Russia	-1,2%

Share of the population with high alcohol consumption frequency ²



*Consumption of alcohol over the last 30 days more often than once a week

European countries demonstrate relative effectiveness of current anti-alcohol measures

New measures need to be found to reduce alcohol consumption in Russia and Europe

¹ 1 SOURCE: WHO Global InfoBase

² QUESTION: During the past 30 days, how often did you drink any alcoholic beverage (beer, wine, sprits, cider or other alcoholic beverages)?

1) more often than once a week; 2) seldom than once a week // Report "Attitude to personal health in Russia" Aston Consulting, 2011; "EU citizens' attitudes towards alcohol", 2009

Conclusions

- Studies in European countries confirm that the population supports fiscal and legal measures against alcohol and tobacco, as well as sales and advertising restrictions
- Measures against tobacco and alcohol consumption show positive results in a number of countries, anti-smoking programs are most successful
- Comparative results of population surveys in European countries and Russia show that such measures against risk factors can be effective in Russia
- The level of tobacco and alcohol consumption remains high; therefore new measures and programs need to be found
- Not a single country demonstrates positive dynamics in excessive weight reduction; more effective measures need to be undertaken
- Personal health concern is the main motivator in managing risk factors. Appropriate self-evaluation of own health should be one of key factors for the development of new programs
- Family or friends may strongly influence behavior change in prevention of risk factors
- Government regulation measures (fiscal, legal, prohibitions) have further potential

Synthesis and suggestions

Since Russia's mortality structure is similar to high income countries', but measures against major NCD risk factors do not reduce their prevalence as significantly, as in a number of European countries, it is suggested:

- At governmental level
 - Strengthening of the governmental measures for regulation and control of major risk factors (tax increase, advertising bans, restricted access, etc.)
- At social level
 - Informational and educational programs to highlight that certain lifestyle attributes of the Russian population are direct threat to health (NCD risk factors)
 - Increasing the role of physicians in NCDs prevention
 - Direct involvement of physicians in educating the Russian population that certain lifestyle attributes are NCD risk factors and have a direct threat to their health
- At individual level
 - Developing individual responsibility for personal health, promoting understanding of the significance of healthy lifestyle for each person and his/her family



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