

Non-communicable diseases (NCDs) are responsible for 87% of the disease burden in the Member States (MS)

 Improved health promotion and disease prevention can reduce the prevalence of NCDs by as much as 70%

 UN SDGs: By 2030, reduce by 1/3 premature mortality from NCD through prevention and treatment and promote mental health and well-being

 The Commission supports the MS efforts to reduce the burden of NCDs to reach the UN SDGs

Co-funded by the European Union

A PreventNCD

### Aim and objectives of JA PreventNCD

**The aim** of this JA is to <u>reduce the burden</u> of <u>cancer and other NCDs</u> and common risk factors, both at a personal and societal level, and support MSs by taking a holistic, coordinated approach to prevention

#### The specific objectives are to:

- <u>improve joint capacities</u> of MSs to plan and implement prevention policies and activities both at a national, regional, and local level
- improve data and the monitoring system
- contribute to reduced social inequalities
- <u>engage with and support key actors</u>, including decision makers at all levels of government, civil society organizations, professionals, and the general population





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### JA PreventNCD

**Duration**: January 2024 - December 2027

Project Lead: The Norwegian Directorate of Health and the

Norwegian Institute of Public Health

**Number of beneficiaries: 25** 

**Total budget:** € 95.5 mill.; **EC contribution**: € 76.5 mill.

Beneficiaries: Public health authorities such as directorates of

health and ministries, public health institutes and universities. In

addition, > 75 affiliated entities and associated partners







# WHA (2023) A Best Bye to tackle noncommunicable diseases:



Protection, promotion and support of optimal breastfeeding practices

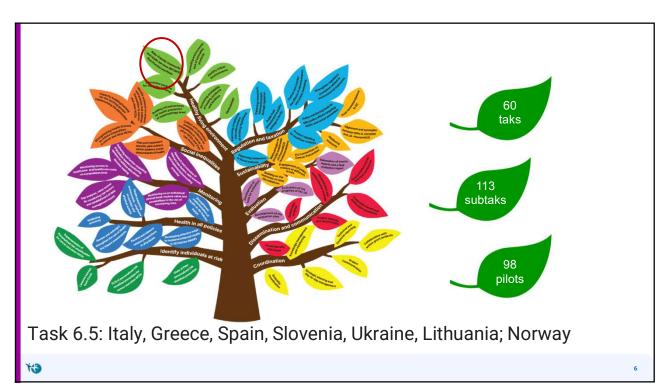
Moro ways, to save more lives, for less money: World Health Assembly (2023) adopts more Best Buys to tackle noncommunicable diseases

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JA PreventNCD

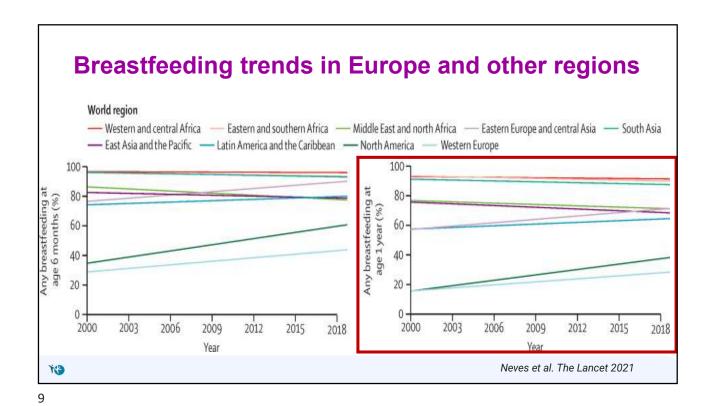
Joint Action Prevent Non-Communicable Diseases

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WP6 - Task 6.5

Baby-Friendly Community and Health Services (BFC&HS)

Create at Breastfeeding-friendly environment in all settings

Code

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# **EU Best Practice for the prevention of NCDs (2022): The Baby-Friendly Community Health services**

- strengthening breastfeeding support after hospital discharge

**Documented effectiveness** 

Possible replicability to other settings

Sustainability

Ethically soundness, relevance, stakeholder participation

Cost-effectiveness

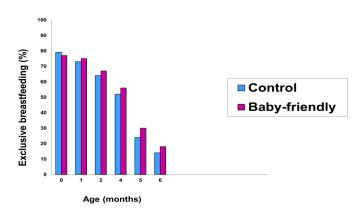


Stepien et al. European public health best practice protal – process and criteria for best practice assessment. Arch Pub Health (2022)

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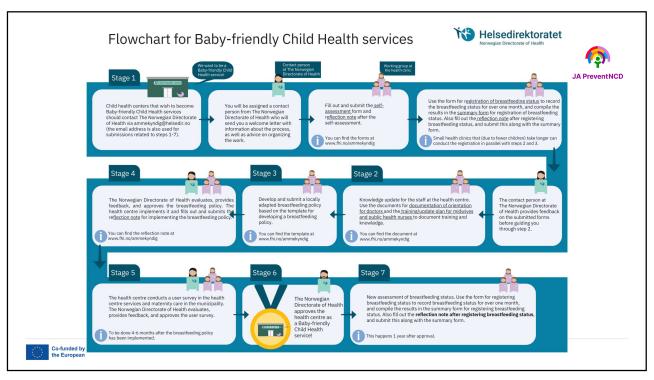
# The Baby-Friendly Community Health Services increased exclusive breastfeeding





Bærug et al. Effectiveness of *Baby-friendly community health services* on exclusive breastfeeding and maternal satisfaction: a pragmatic trial. Maternal & Child Nutrition 2016; 12: 428-39.

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## WP6 – Task 6.5 Baby-Friendly Community and Health Services (BFC&HS)



Specific objective →

to implement the Best Practice (BP) "Baby-friendly community health services" and pilot action in new settings (BFC&HS), to improve breastfeeding rates as a contribution to reducing the incidence of cancer and other NCDs later in life, starting from the first 1000 days of life (pregnancy to 0-2 years), with a focus on social and health inequalities.

### **Target groups:**

- Pregnant women, partners, mothers, fathers, babies and young children, families
- Health, social and educational professionals
- School and university students
- Emergency coordination teams and volunteers
- NGOs

### **Settings of implementation:**

- counties, municipalities, neighborhoods
- educational settings (day care, kindergartens and schools; university/college)
- workplace
- health and social services
- digital environment

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## Social inequalities in breastfeeding



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### Breastfeeding contributes to reduced social inequality

Bjerregaard et al. Public Health 2024 Victora et al. Lancet Glob Health 2015 Sacker et al. Arch Dis Child 2013

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