

CINDI (Countrywide Integrated Non-communicable Disease Intervention) – JA-CHRODIS

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on behalf of the Joint Action on Chronic Diseases and Promoting Healthy Ageing Across the Life Cycle (JA-CHRODIS)

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BACKGROUND

- Bulgaria was included in CINDI Program in 1985
- After 2000, in compliance with the national health policy, intervention measures were developed and implemented in 9 demonstration zones.
- **Objective:** To improve health by reducing mortality and morbidity from major NCDs through integrated collaborative interventions that prevent diseases and promote health. CINDI aimed to reduce risk of NCDs by reducing common risk factors, such as smoking, alcohol abuse, physical inactivity and unhealthy nutrition.
- **Target groups:**
 - Population of working age (25-64), including groups at high risk for certain diseases and vulnerable groups.
 - Child component - 14-18-year olds, teachers, and parents.
- **Effective partnership** – MoH; Regional Health Inspections, Regional Health Insurance Fund, hospitals, medical and diagnostic consultative centers, dispensaries, media, NGOs, schools and kindergartens, pharmaceutical companies, police, manufacturers, etc.

METHODS

CINDI Programme activities included:

- Public information
- Professional education
- Training
- Policy development.

Programme monitoring - regular intervals using agreed indicators and applying an agreed methodology for epidemiological surveys.

CINDI Health Monitor - monitoring of health behaviour and lifestyle related risk factors - personal data, health status data, tobacco use, eating habits, alcohol consumption, physical activity, healthy lifestyle and behaviour knowledge, measurements of weight, height, blood pressure and lipid profile assessment.

Evaluation - relevance, adaptability, degree of performance, efficiency, productivity of research, impact, reports identifying priority areas and future intervention activities.

RESULTS

For the 10-year program period at a population level:

- Decrease number of individuals, carriers of 2, 3 or 4 health risk factors: smoking, high cholesterol, hypertension, obesity;
- Decrease in hypertension - 6.2 points the proportion of men, 10 points – women;
- Cholesterol reduction of 0.2 mmol/l; triglycerides level - below 1.7 mmol/l;
- Increase of people with normal weight;
- Positive changes in nutrition: reduced consumption of salt; increased consumption of fresh fruits and vegetables and fish;
- Increased physical activity;
- Smoking - decreased by 10 points in men, increased by 3 points in women;
- Alcohol abuse - reduced by 4 points for men, unchanged – for women.

CONCLUSIONS

- CINDI had a **vigorous role in the process of providing guidance for an integrated approach towards NCDs prevention and control.**
- The experience of CINDI was used to create the **National Program for Prevention of Chronic Non-communicable Diseases 2014 – 2020**, which main objectives include reduction of the most common risk factors for NCDs, early diagnosis of the main NCDs, and consequently, reduction of mortality from major NCDs.

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