

# **A Global Approach: Addressing the leading causes of death and disability**

**Dr Catherine Le Galès-Camus  
Assistant Director-General  
Noncommunicable Diseases and Mental Health  
World Health Organisation  
Geneva**



# Outline

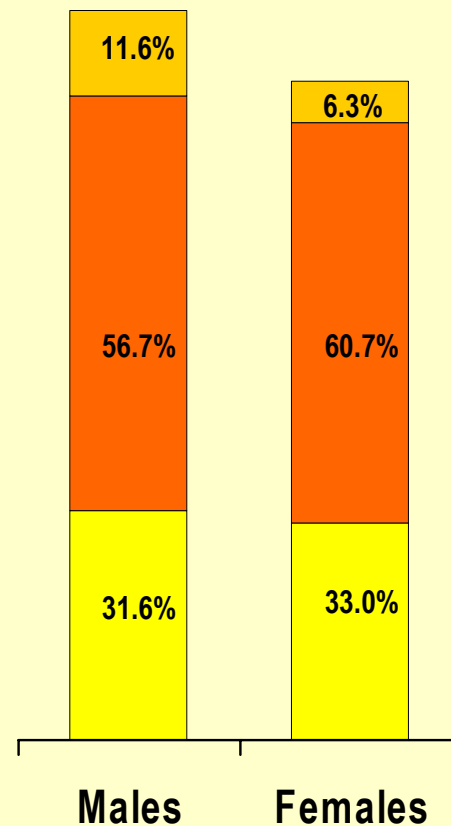
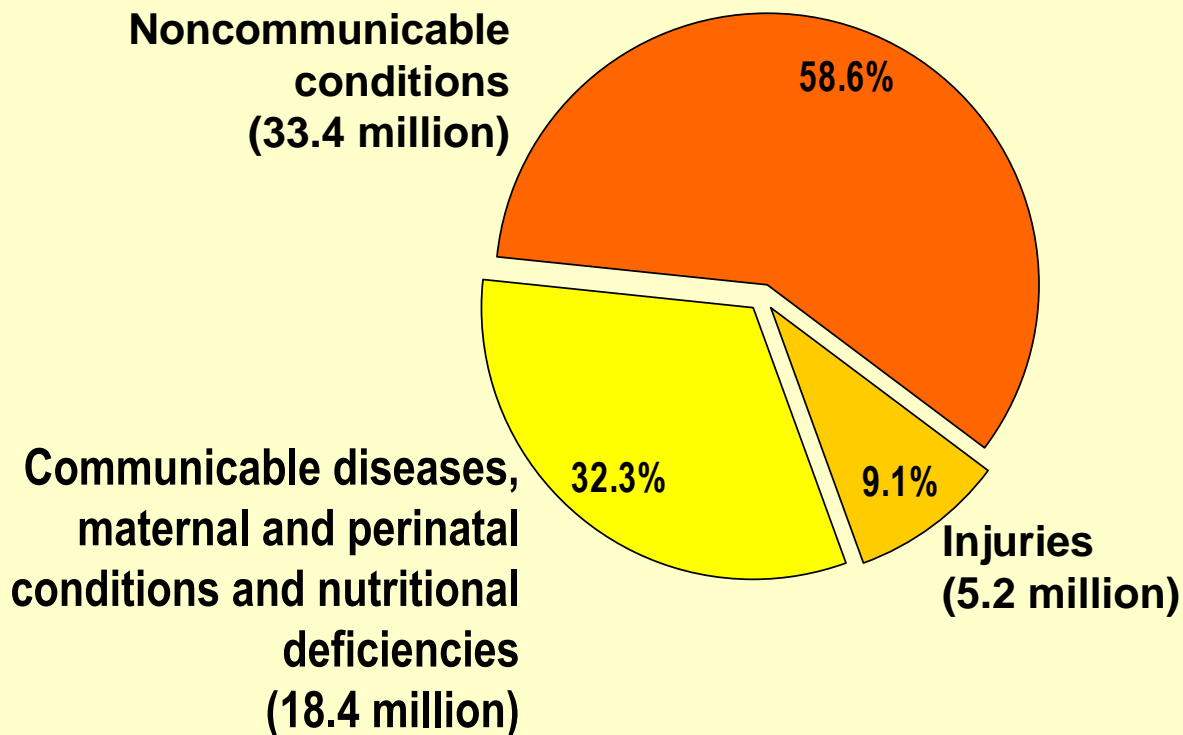
- **Global burden of disease, disability and death due to NCDs**
- **WHO approaches to surveillance, prevention, control and management of NCDs**
- **Framework Convention on Tobacco Control - a Treaty involving many partners**
- **Global Strategy on Diet, Physical Activity and Health - multistakeholder process**
- **Violence and Injury Prevention - an alliance**
- **CDC-WHO -- future directions for collaboration**



# WORLD

## Deaths, by broad cause group, 2002

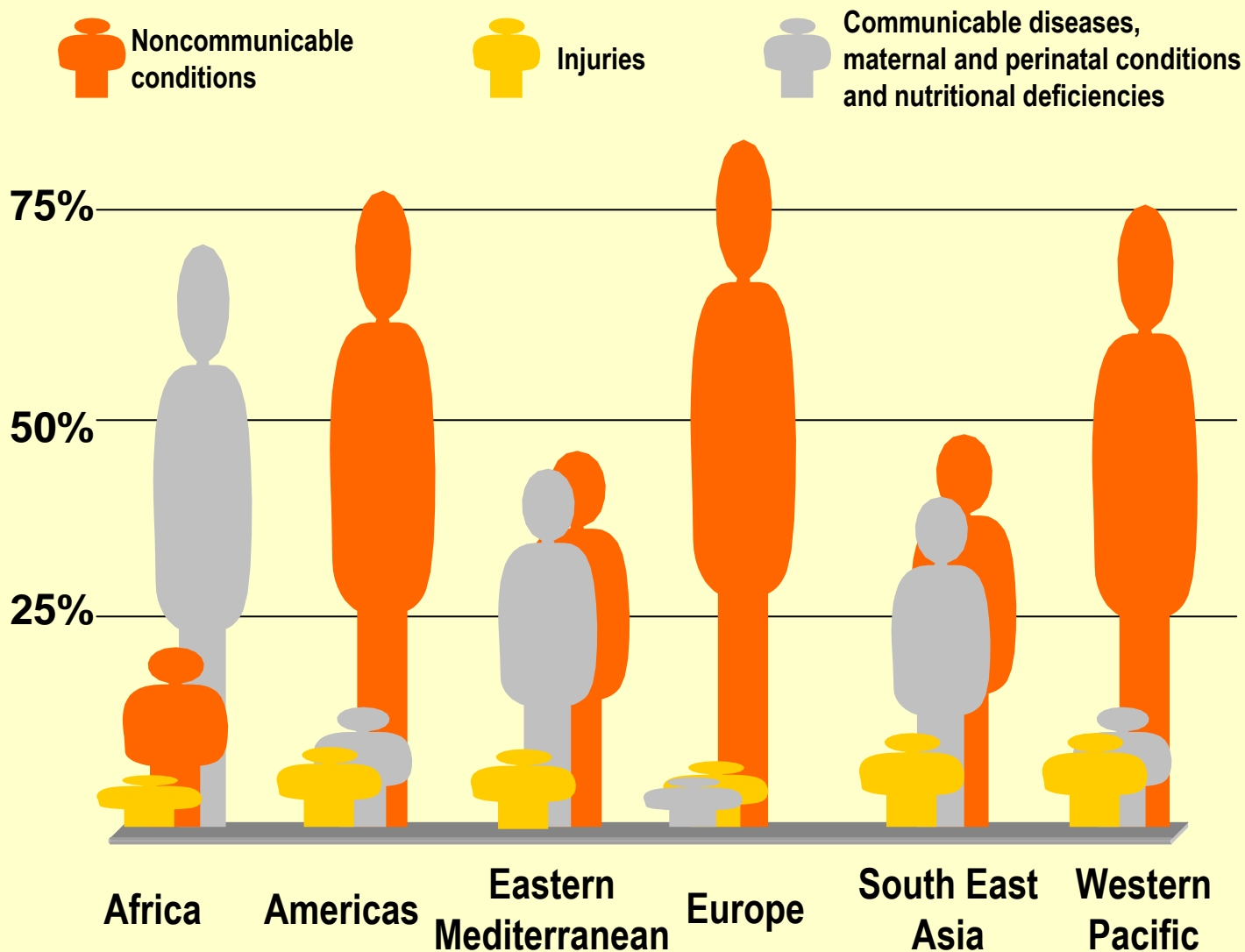
Total deaths: 57,027,000



Source: WHR 2003



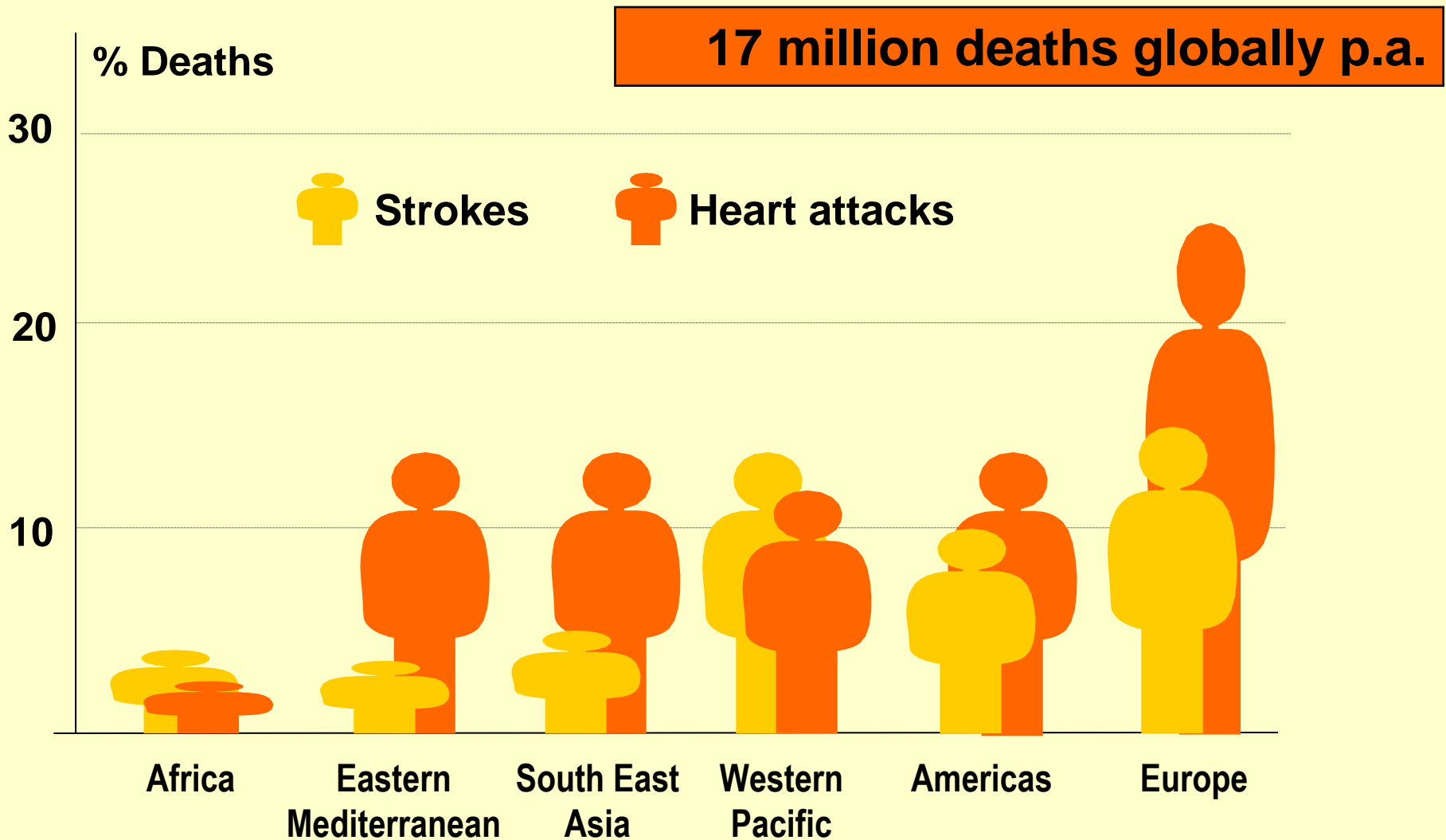
# Deaths, by broad cause group and WHO Region, 2001



Source: WHR 2002



# Deaths due to CVD by WHO Region, 2000

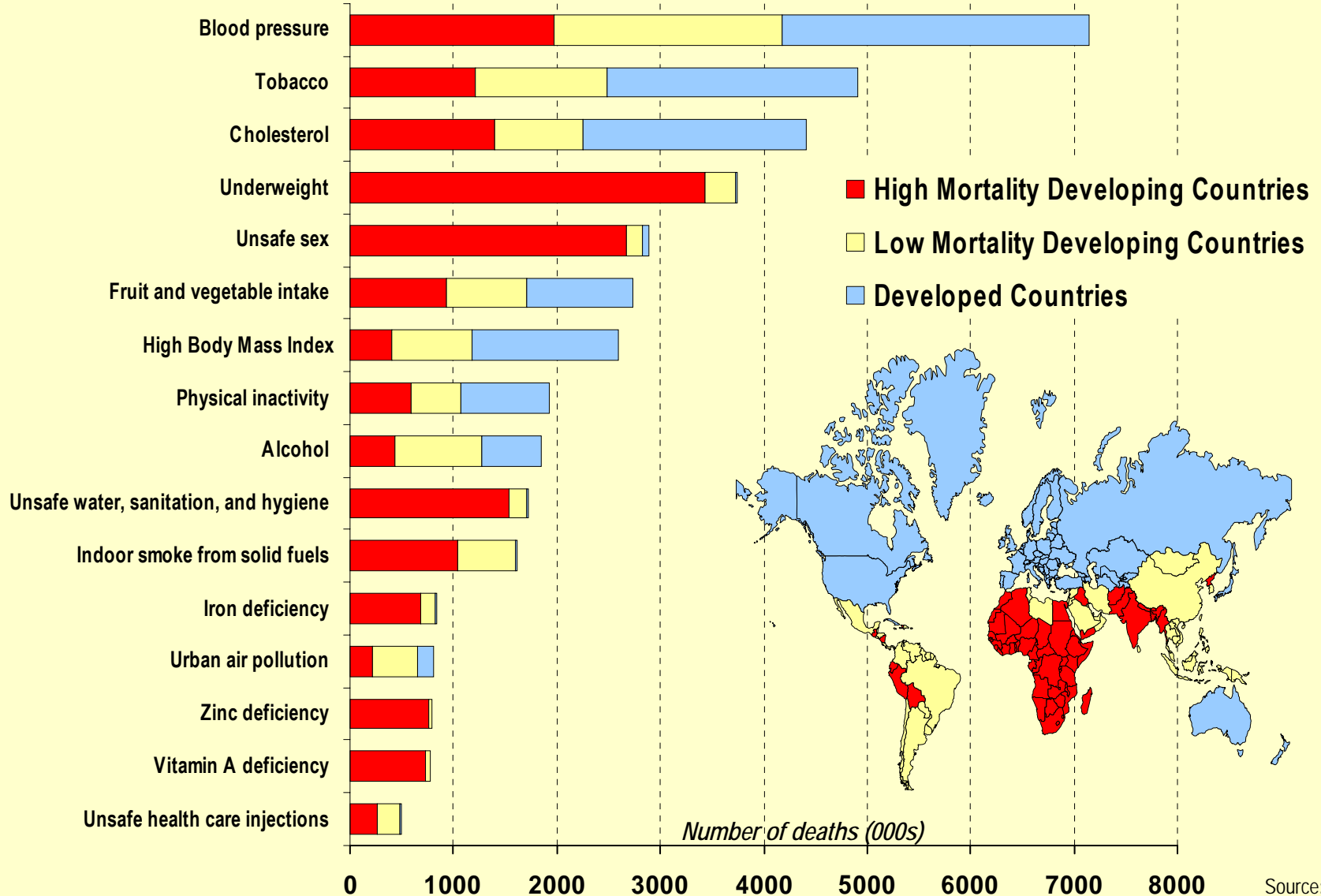


Source: WHO, World Health Report 2001



# World

## Deaths in 2000 attributable to selected leading risk factors



Source: WHR 2002



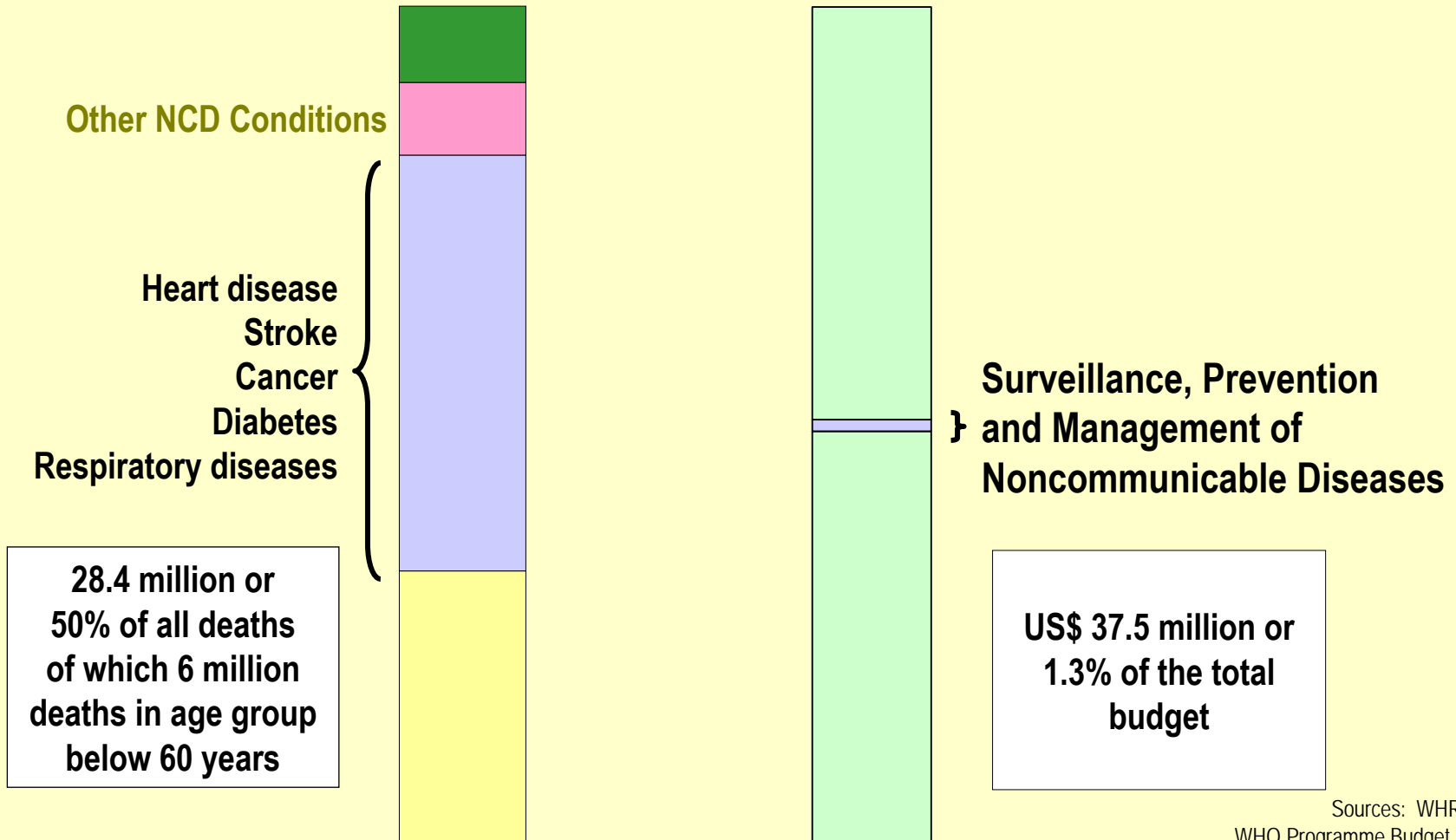
# Lifestyle Transition

- **Emerging epidemic of NCDs is to a great extent a consequence of rapid changes in diets, of declining physical activity and of increase of tobacco use**
- **The determinants of these changes are urbanisation, changes in occupations and many global influences**
- **The transition concerns adults and children**
- **Risks are increasingly accumulating in lower socio-economic groups of the population**



# Deaths 2002: 57 million both sexes, world

# WHO Programme Budget 2004-2005 US\$ 2.8 billion

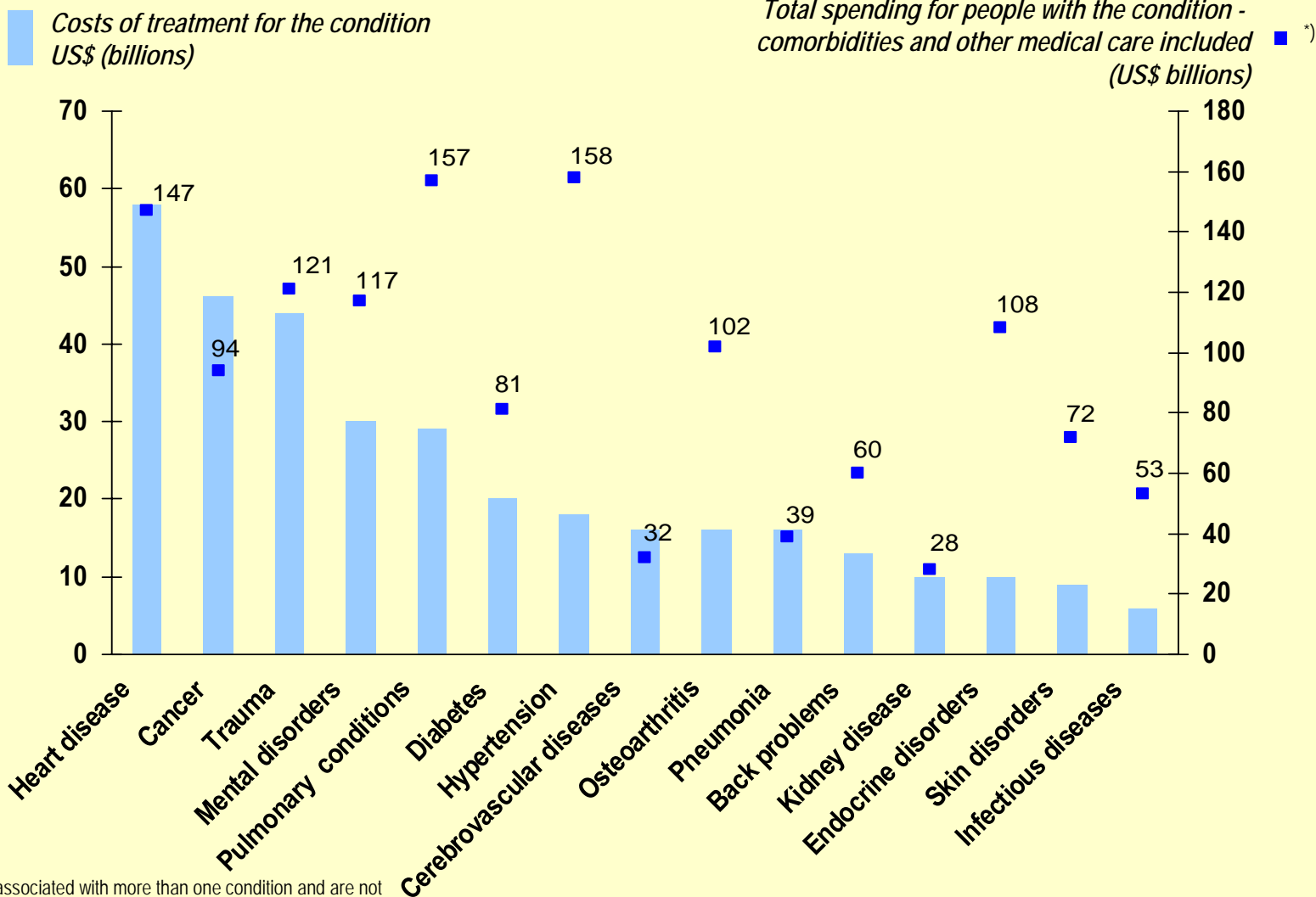


Sources: WHR 2003 and  
WHO Programme Budget 2004-2005





# The 15 costliest treatments in USA, 1997



\*) Expenditures may be associated with more than one condition and are not unduplicated in the condition totals. Summing over conditions will double-count some expenses.

Source: Cohen & Krauss, Health Affairs, Vol 22, 2003



# WHO Responses

- **Diverse responses to partnership and collaboration, depending on the issue**
- **Evidence base, advocacy, training**
- **National programmes and policies**
- **Regional networks**
- **Surveillance and monitoring**
- **Global Action: partnership, attention to global aspects**



# NCDs are to a great extent preventable diseases

- **Limited resources:** Therefore we need to energise all relevant sectors and stakeholders in addressing the global NCD burden
- **Medical evidence for prevention exists**
- **Population-based prevention is the most cost-effective and the only affordable option for major public health improvement in NCD rates**
- **Major changes in population rates can take place in a surprisingly short time**



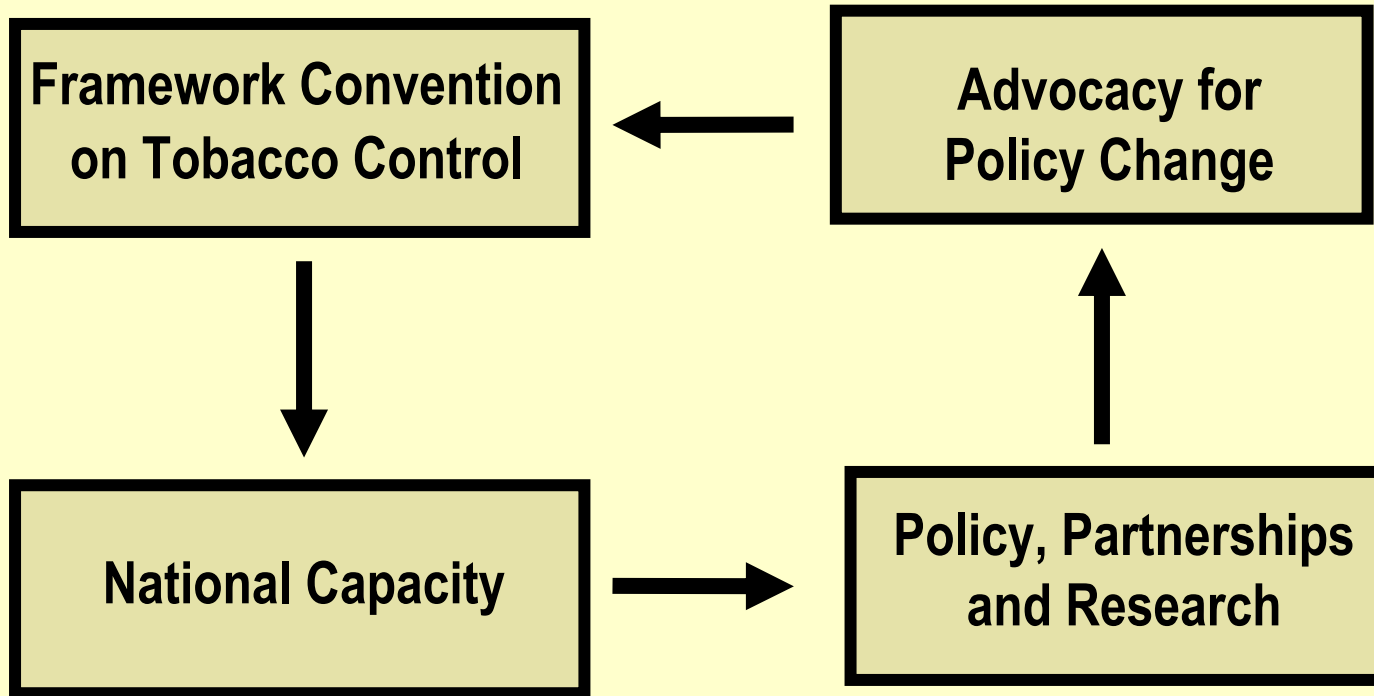
# Need for multi-stakeholder, cross-sectoral engagement

## *Some examples of current WHO work*

- **WHO Framework Convention on Tobacco Control**
- **Global Strategy on diet, physical activity and health**
- **Global Campaign for Violence Prevention**



# Global and National Action on Tobacco Control and Partnerships



# The WHO Framework Convention on Tobacco Control: a truly multisectoral UN treaty and a network of partners



**192 WHO Member States**



**Nongovernmental  
Organizations**



**Universities and  
institutional partners**



World Health Organization



# General Steps in the FCTC Legal Process

**1. Initiation:** started with Resolution WHA48.11 in May 1995 and completed with Resolution WHA 52.18 (May 1999)

**2. Formulation of the text:** two part process set out in WHA 52.18:  
A Working group to prepare proposed draft elements

Second part of the formulation phase is the responsibility of the Intergovernmental Negotiating Body, a subsidiary of the WHA

**3. Adoption:** May 2003 (WHA56.8)

**4. Entry into force:**  
40 ratifications will be required  
 2005?





# OBJECTIVE

The FCTC is a convention which establishes legitimate rights and obligations for the parties for fulfilling its objective, which is defined as follows:

*“To protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke by providing a framework for tobacco control measures to be implemented by the Parties at the national, regional and international levels in order to reduce continually and substantially the prevalence of tobacco use and exposure to tobacco smoke”. ( Article 3)*







# UNIQUENESS

**The FCTC is unique for adopting an approach which emphasizes the demand control measures to address the identified problem of prevalence of tobacco use and exposure to tobacco smoke, (Article 4-16)**

**as opposed to emphasis on the supply control (Article 15-17) approach which has been predominantly followed by the existing conventions on drugs and other psychotropic substances.**



# Global Strategy on diet, physical activity and health: the mandate

- **WHA resolution on a Global Strategy for prevention and control of NCDs (2000)**
- **WHA discussion paper on health promotion (2001)**
- **WHA resolution on diet, physical activity and health: calls for preparation of Global Strategy (2002)**
- **EB advances Global Strategy Resolution to WHA 57 (2004) for consideration by full membership**



# Establishing the scientific basis

- **Joint FAO/WHO experts consultation**
- **Review of the existing evidence and recommendations**
- **Draft, extensively commented**
  
- **TRS 916**
- **Conclusions congruent with (inter)national reviews and recommendations**
  
- **► Recommendations of the strategy**



# **Defining effective interventions :** **broad consultation process with stakeholders**

- **81 Member States**
- **11 UN agencies**
- **22 international NGOs**
- **25 industry associations**
- **DG-CEO and senior executives roundtable with 13 companies**
- **DG-NGO roundtable with 13 NGOs**
- **On-line discussion with civil society 17 June 03:**  
**Consultation with industry food, non-alcoholic beverage and sport trade associations**



# Key elements of the Strategy

- **Prevention of noncommunicable diseases (NCDs)**  
addressing risk factors, impacting multiple NCDs rather than single diseases
- **Multisectoral action**  
expanding impact and sustainability by coordinating efforts of ministries, experts, and researchers in health, nutrition, education, physical activity, urban planning, economics, trade & transport.
- **Recommended roles for**  
**WHO, UN and other agencies, Governments, Civil Society and Private Sector**



# A Global Campaign for Violence Prevention

- **1996 World Health Assembly Resolution WHA49.25**

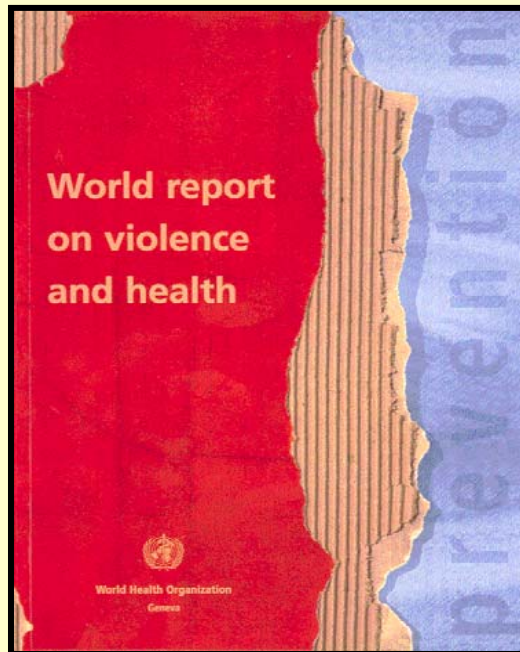
*Declaring violence a major and growing public health problem across the world and requesting the Director-General to :*

- **characterize** different types of violence and define their **magnitude**
- **assess programmes** to prevent violence
- **promote activities** to tackle violence
- **ensure participation** of appropriate **WHO technical programmes**
- **strengthen WHO's collaboration** with governments, local authorities and other organizations of the United Nations system



# The World report on violence and health:

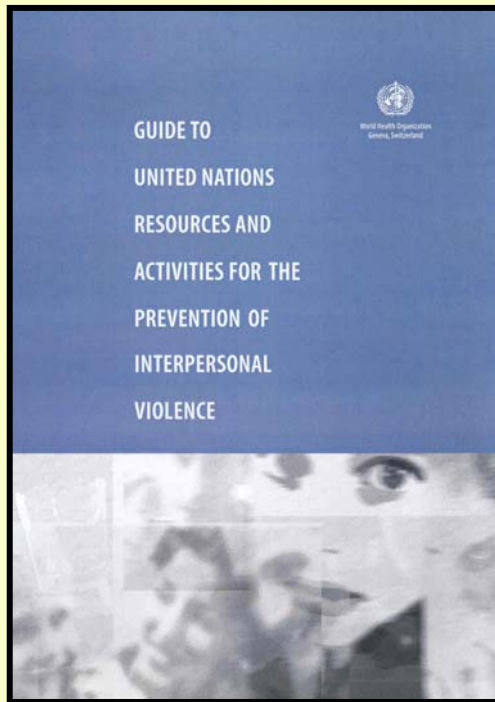
*In depth review of the magnitude, causes and responses*



- Major **Public Health** problem
- Violence is **preventable**
- **Public health** has a crucial role to play in addressing its causes and consequences



# Collaboration with UN agencies



- Guide to **UN resources** and activities for the prevention of interpersonal violence
- **WHO and UNDP** Armed Violence Prevention Programme





# **Global Interpersonal Violence Prevention Alliance (GIVPA)**

**Open voluntary coalition to further implement the recommendations of the World report on violence and health**

**GIVPA will bring together strong partners in:**

- research and data collection**
- training**
- advocacy**
- prevention**



# CDC-WHO Collaboration -- The way forward

- Existing strong collaboration on the evidence (surveillance, health promotion, networks,... )
- Need to look at implementation issues

**Partnership** : a mean for synergy and efficiency to achieve shared global public health goals.

