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

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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

- Noncommunicable conditions (33.4 million)
  - Males: 11.6%
  - Females: 56.7%

- Communicable diseases, maternal and perinatal conditions and nutritional deficiencies (18.4 million)
  - Males: 32.3%
  - Females: 9.1%

- Injuries (5.2 million)
  - Males: 56.7%
  - Females: 60.7%

Source: WHR 2003
Deaths, by broad cause group and WHO Region, 2001

- Noncommunicable conditions
- Injuries
- Communicable diseases, maternal and perinatal conditions and nutritional deficiencies

Source: WHR 2002
Deaths due to CVD by WHO Region, 2000

- **Strokes**: 17 million deaths globally p.a.
- **Heart attacks**: 17 million deaths globally p.a.

**Source**: WHO, World Health Report 2001
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

- Heart disease
- Stroke
- Cancer
- Diabetes
- Respiratory diseases

28.4 million or 50% of all deaths of which 6 million deaths in age group below 60 years

WHO Programme Budget 2004-2005
US$ 2.8 billion

- Surveillance, Prevention and Management of Noncommunicable Diseases

US$ 37.5 million or 1.3% of the total budget

Sources: WHR 2003 and WHO Programme Budget 2004-2005
The 15 costliest treatments in USA, 1997

Costs of treatment for the condition (US$ billions)

Total spending for people with the condition - comorbidities and other medical care included (US$ billions)

Heart disease 147
Cancer 94
Trauma 121
Mental disorders 117
Pulmonary conditions 81
Diabetes 157
Hypertension 158
Cerebrovascular diseases 102
Osteoarthritis 32
Pneumonia 39
Back problems 60
Kidney disease 28
Endocrine disorders 72
Skin disorders 53
Infectious diseases

*) 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.

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

Framework Convention on Tobacco Control

National Capacity

Advocacy for Policy Change

Policy, Partnerships and Research
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
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.