Fighting chronic disease

WHO

Dr Catherine Le Galès-Camus

Dr Catherine Le Galès-Camus earned her PhD in Economics from the University of Paris in her native France in 1981. She joined the French National Institute for Health and Medical Research the following year, where her areas of research were measuring people's quality of life and their lifestyle preferences, the economics of disease prevention and an economic appraisal of medical technology. Before joining WHO, she was a scientific adviser to the Director-General of Health in France, where she was responsible for defining French public health objectives for 2004–08. She was appointed Assistant Director-General of WHO's Noncommunicable Diseases and Mental Health cluster of departments in July 2003.

Raising awareness is key to fighting chronic diseases, mental illness and injuries. Many health ministers of WHO's 192 Member States place this group of diseases and conditions high on their public health agendas. The challenge now is to persuade other ministers to come on board and put health first.

Q: What is the mission of the Noncommunicable Diseases and Mental Health cluster?

A: Many people working for development agencies and many stakeholders in public health are often surprised to hear that these diseases are responsible for more than 70% of mortality worldwide. We raise awareness and help countries to develop appropriate policies. We promote health, provide global leadership and develop support for countries to reduce the huge toll of noncommunicable diseases.

Q: What are the simple, inexpensive forms of promotion and prevention of health risks to fight chronic disease?

A. There is great diversity among noncommunicable diseases but they have common risk factors. Preventing these risk factors means you can tackle a whole range of diseases. For example, if you ban tobacco advertising and levy taxes on cigarettes — these are very cheap and effective measures — you reduce tobacco consumption and can tackle cancer and cardiovascular disease among many others. It's a win–win strategy. With road safety, it's important to raise awareness about the importance of wearing helmets and seat belts, and for countries to develop laws to limit speed and on drunk driving.

Q: Are there many countries without these kind of interventions?

A: Yes unfortunately. But we need to convince countries that they can make a difference with many cheap but effective interventions. We are developing tailored packages for countries, for example, on nutrition. In a number of countries you find people with malnutrition and others who are overweight or obese. We provide a comprehensive policy package to help such countries address the whole spectrum of nutrition-related problems.

Q: How are you tackling the growing burden of cancer, diabetes and heart disease in developing countries, where lifestyles are catching up with western lifestyles at an alarming pace?

A: We need to get noncommunicable diseases, mental health and injuries higher on the agenda. That means that we need to provide evidence that these are a problem in developing countries. There needs to be very good quality information on the epidemiological situation. Second, we need to develop policy that can easily be implemented; for example, the WHO Framework Convention on Tobacco Control, the Global Strategy on Diet and Physical Activity, the World report on road traffic injury prevention, etc. We have already been able to develop most of these policies. The next challenge is to convince countries they can implement them without compromising other efforts.

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Q: How do you persuade governments to address chronic disease risk factors such as high blood pressure, obesity and inactivity in regions where many people live on less than US$ 1 a day?

A: Chronic diseases constitute 60% of the global burden of disease. No country can have sustainable development without controlling these diseases. It's not a problem that only affects rich people. We have growing evidence to show that these conditions are affecting the most vulnerable groups of the population — the poor — the people who left rural areas to move to the city, who left behind their family and their way of life. These are the most exposed and often they don't have access to health care. There is no need to convince ministers of health. The problem is that many of the solutions — banning tobacco advertising and raising taxes on tobacco products — are not fully under the responsibility of the ministers of health. Our challenge is to involve a range of stakeholders, including the private sector, communities, civil society and individuals.

Q: Which parts of the world face the greatest threat from chronic diseases?

A: All regions of the world are affected. There are more people dying from chronic diseases than from other conditions, except in sub-Saharan Africa. In China the latest estimates indicate that noncommunicable diseases account for 80% of mortality. More worrying, their risk factors are becoming more prevalent and that means if nothing is done, we will have even more people dying. We are targeting the

countries most affected, such as China and India. More countries are asking us to be more active, not only in Asia, but also in Africa, such as Kenya and Sudan.

Q: The tobacco control convention has come into force. What needs to be done now to make sure that countries adopt and enforce it?

A: We still need to convince countries which have not yet ratified the convention to do so. We need to have countries that have ratified the convention implement it. This convention is a great achievement, but there is still a lot of work to do. Countries are developing their national tobacco control policies. Developing countries are taking this very seriously.

Q: Are you making any headway persuading governments to adopt a more inclusive approach to disabled people, including the mentally ill?

A: This is a very important part of our work. Many countries are already willing to reintegrate people with mental illness into the community, such as Lesotho and Thailand. First you need the political will and commitment. Then, you need to make things happen, develop a national policy and implement it.

Q: What does the cluster hope to achieve by publishing a global report on Preventing chronic diseases later this year?

A: This is to give a strong advocacy instrument to ministers of health and other stakeholders in other ministries. You can't have a more appropriate diet if you don't have an integrated approach to nutrition, agriculture and trade. We also need to involve other stakeholders, such as the private sector. This report will be part of our strategy and will really help us strengthen the importance of taking action now.

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Q: What can we learn from the developed world about fighting chronic disease?

A: We have learned that prevention works and that it is crucial to invest in it. We should not neglect the management and treatment of chronic diseases. We already have many people suffering from these conditions in developing countries, so access to effective and affordable treatment is becoming more and more urgent. We would like to scale up access to treatment for chronic diseases in countries facing a huge problem with them. An integrated approach is important, so that a number of diseases such as cancer and diabetes can be addressed by tackling common risk factors.

Q: Which countries have tackled these issues and which have been successful?

A: No one country has been a leader in fighting all chronic disease; however, we have some very positive examples of efforts in Cuba, Finland, and Poland. One of the challenges is to make things happen at the country level. That's where we are focusing all our efforts at the moment by building capacity in countries. www.who.int/nmh ■

Recent news from WHO

- Bill Gates, Co-Founder of the Bill and Melinda Gates Foundation, was guest speaker at the opening of the 58th World Health Assembly (WHA) on **16 May**. For full coverage of the WHA see next issue of the *Bulletin* on 1 July.
- Six million doses of polio vaccine arrived in Yemen during the week beginning **16 May** in an emergency effort to stop a polio outbreak there. Ten WHO experts were working with national authorities to finalize plans for the immunization campaign and to train vaccinators and supervisors. For more information see: www.polioeradication.org
- A conference on disaster response in the wake of the 26 December 2004 earthquake and tsunami concluded that the international community needs to define clear responsibilities and operating procedures for military and civilian organizations so that they can provide a more effective response to disasters. The conference in the Thai resort of Phuket on 4–6 May called for clear procedures to respond to psychological trauma and mass fatalities caused by disasters. http://www.who.int/hac/events/tsunamiconf/en/
- The Stop TB Partnership unveiled a new plan to halt Africa's spiralling tuberculosis epidemic, at a meeting in Addis Ababa, Ethiopia, on 4 May. At the launch, African and international health and development officials called for more political commitment to fight the scourge and to make tuberculosis control an integral part of the regional health and development agenda. http://www.stoptb.org/
- WHO, the IAEA (International Atomic Energy Agency) and other agencies participated in a high-profile preparedness exercise by simulating an accident at a nuclear power plant in Romania on 11–12 May. It was the second exercise of this kind since the 1986 Chernobyl disaster.
- Professor Lincoln Chen, founder of the Global Equity Initiative at Harvard University, was appointed as WHO's Special Envoy on Human Resources for Health on **11 May**. Professor Chen co-chaired the Joint Learning Initiative on Human Resources for Health. Its landmark report, *Human resources for health: overcoming the crisis*, highlights the dire shortage of health workers in sub-Saharan Africa as a major obstacle to development. Human resources for health will be the subject of World Health Day and the *World health report* in 2006.
- WHO published a new report on **6 May** that estimates that 10 key risk factors account for more than 40% of the 57 million deaths that occur worldwide annually and one-third of global loss of healthy life years. The report, entitled *Comparative quantification of health risks*, lists these as: childhood and maternal underweight; unsafe sex; high blood pressure; tobacco; alcohol; unsafe water, sanitation and hygiene; high cholesterol; indoor smoke from solid fuels; iron deficiency and overweight/obesity. www.who.int/publications/cra
- International experts gathered at a meeting **27–29 April** at WHO in Geneva, to review all the available scientific and other evidence on hand hygiene and were invited to contribute to the preparation of the draft *WHO guidelines on hand hygiene in health care.*
- The *World malaria report 2005* was launched on **25 April** with a call for better cooperation between agencies, donors, governments and nongovernmental organizations to tackle the scourge that affects mainly Africa. The report found that malaria became more prevalent in Africa in the 1980s and 1990s due to increasing parasite resistance to common antimalarial drugs. Over the last decade, the disease also reemerged in south-east Asia, as well as parts of Central Asian and Transcaucasian countries. It is the Rollback Malaria Partnership's first comprehensive report on progress in malaria control in 107 countries and territories. http://rbm.who.int/wmr2005/

For more about these and other WHO news items please see: http://www.who.int/mediacentre/news/en/