Tracking progress on NCDs
WHO’s Executive Board will consider a “global monitoring framework” – a new mechanism designed to track progress in the prevention and control of noncommunicable diseases (NCDs) at its meeting this month.

WHO Member States agreed on nine voluntary global targets and 25 indicators for heart disease, diabetes, cancer, chronic lung disease and other NCDs in November as part of the global monitoring framework. One of the targets – a 25% reduction in premature mortality caused by NCDs by 2025 – was adopted by the World Health Assembly in May 2012.

The Executive Board will also consider a draft Global Action Plan 2013–2020 for the prevention and control of NCDs. If adopted, both the monitoring mechanism and the action plan will go to the World Health Assembly in May for further consideration and approval.

The idea of the monitoring mechanism is to track the progress countries are making in two key areas: one, the reduction of illness and death due to major NCDs, such as heart disease, stroke, diabetes, cancer and chronic lung disease and, two, the exposure to key risk factors, such as tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity. In addition, it would track the way countries’ national health systems are responding to the need to prevent and control NCDs. WHO was asked to develop the global monitoring framework by the UN High-level Meeting on the Prevention and Control of Noncommunicable Diseases in September 2011.

Global disease burden update
Fewer children are dying every year, but more young- and middle-aged adults are dying and suffering from disease and injury. Noncommunicable diseases, such as cancer and heart disease, have become the dominant causes of death and disability worldwide, according to a new report.

The Global burden of disease study 2010 was published in a special issue of The Lancet last month. It contains comparable estimates of mortality, causes of death, years lived with disability, and disability-adjusted life years for 291 conditions and 67 risk factors for 21 regions. The results show that infectious diseases, maternal and child illness, and malnutrition now cause fewer deaths and less illness than they did 20 years ago.

Compiled by the Institute for Health Metrics and Evaluation in Seattle in the United States America, it is the third global disease burden report and provides estimates for three years: 1990, 2005 and 2010. The first two global disease burden reports were compiled by WHO; the first focused on health data from 1990 and the second on data from 2004.

Neglected diseases R&D
Funding of research and development (R&D) to come up with new products for neglected diseases has increased steadily over the last five years, despite the global financial crisis, according to the G-FINDER survey.

Some 204 organizations surveyed for the fifth instalment of the report, including all the major public, private and philanthropic funders, said they had provided a total of US$ 3045 million in funds for neglected disease R&D in 2011, according to the survey report entitled, Neglected disease research and development: a five-year review.

Research group Policy Cures has been funded by the Bill & Melinda Gates Foundation to survey as many top funding organizations as possible annually from 2007 to 2011 and to produce the survey. Each year a different number of organizations have been surveyed. Some 170 organizations surveyed for each of these five years have reported an increase in their funding of neglected disease R&D of US$ 443.7 million, from US$ 2459 million in 2007 to US$ 2902 million in 2011.

The G-FINDER survey covers 31 diseases, including malaria, tuberculosis, HIV infection, pneumonia, sleeping sickness and helminth (worm) infections, and 134 product areas, including drugs, vaccines, diagnostics, microbicides and...
The illicit trade in tobacco products constitutes a clear win-win situation for governments and their people,” said Dr Haik Nikogosian, Head of the Secretariat of the WHO FCTC. “The protocol establishes what actions constitute unlawful conduct and sets out related enforcement and international cooperation measures, such as licensing, information-sharing and mutual legal assistance that will help counteract and eventually eliminate illicit trade.”

The number of parties to the WHO FCTC has grown steadily over the years, from 40 that brought the treaty into force in 2005, to 113 at the first session of the Conference of the Parties in 2006, and 176 in December 2012. It is one of the most rapidly and widely embraced treaties in United Nations history.

E-health portals on alcohol

Belarus, Brazil, India and Mexico are taking a new approach to tackling alcohol abuse. Last month they launched national internet portals providing information on alcohol and health for policy-makers, health professionals and the general public with support from WHO.

Users can use tools provided on the portals to gauge whether their alcohol consumption level poses a risk or is damaging their health and it offers a fully computerized self-help programme for those who want to reduce their alcohol intake or stop drinking alcohol altogether.

The portals are generic and, therefore, can be easily translated into other languages and adapted to different cultures. “This is a major step towards better use of e-health tools for helping people to prevent health problems associated with alcohol use,” said Dr Vladimir Poznyak, coordinator of the Management of Substance Abuse unit at WHO, which collaborated with the Trimbos Institute in the Netherlands and the four pilot countries.

Programmes for hazardous and harmful drinking are not a substitute for professional treatment and care, but they allow WHO and its partners to reach out to people who otherwise may not receive advice on how to cut down or stop drinking.

Online self-help programmes for hazardous and harmful drinking have many advantages: they are user-friendly and available round the clock, and they do not require waiting or travel time. “Besides, they come at a very low cost,” Poznyak said. “Even more importantly, they ensure anonymity. Anonymity is often an essential precondition for people seeking help for their own conditions and those of the people close to them, because of the stigma surrounding alcohol use disorders.”

Syrian children vaccinated

A vaccination campaign was launched last month in the Syrian Arab Republic to immunize the country’s 2.5 million children aged under five years against polio and measles. The campaign is being implemented by the Ministry of Health with support from WHO and the United Nations Children’s Fund. Because of escalations in the conflict that started in 2011, national vaccination coverage has fallen over the course of 2012.

Looking ahead

21–29 January: WHO Executive Board meeting in Geneva, Switzerland.
28 January to 2 February: Three conferences in Bangkok, Thailand: Prince Mahidol Award Conference 2013, the 1st Global Conference on Regional Disease Surveillance Networks and the 2nd International One Health Congress.
4 February: World Cancer Day
6 February: International Day of Zero Tolerance to Female Genital Mutilation