SOLVING THE CHRONIC DISEASE PROBLEM
PREVENTING OR DELAYING ILLNESS AND DEATH FROM CHRONIC DISEASE IS POSSIBLE

THE PROBLEM
Without action, an estimated 388 million people will die from chronic diseases in the next 10 years. Many of these deaths will occur prematurely, affecting families, communities and countries.

But this prediction need not be fulfilled. Concerted action now could result in the fulfillment of a global goal: an additional 2% reduction in chronic disease death rates annually over the next 10 years to 2015.

This would prevent 36 million premature chronic disease deaths by 2015.

CAN THE PROBLEM OF CHRONIC DISEASES REALLY BE SOLVED?
Preventing or delaying illness and death from chronic disease is possible.

At least 80% of all cardiovascular disease and type 2 diabetes and over 40% of cancer could be avoided through a healthy diet, regular physical activity and avoidance of tobacco use.

Part Three of the WHO report Preventing chronic diseases: a vital investment gives examples of countries and programmes that have achieved significant reductions in heart disease, stroke, cancer, chronic respiratory diseases and diabetes. The figure below shows the steady decline in heart disease death rates since the 1970s for Australia, Canada, the United Kingdom and the United States.

WHAT WORKS?
Comprehensive and integrated action is the means to prevent and control chronic diseases.

- Comprehensive action requires combining population-wide approaches that seek to reduce the risks throughout the entire population with strategies that target individuals at high risk or with established disease.
- Integrated approaches focus on common risk factors: unhealthy diet, physical inactivity and tobacco use, and combine treatment programmes across different diseases.

Heart disease death rates among men aged 30 years or more, 1950–2002

WHERE TO START?
Some countries already have comprehensive programmes in place to address chronic disease. However, many low and middle income countries must deal with the practical realities of limited resources and a double burden of infectious and chronic diseases.

The WHO stepwise framework offers a flexible and practical approach to assist ministries of health in balancing diverse needs and priorities while implementing evidence-based interventions. Countries, such as Indonesia, The Philippines, Tonga and Viet Nam have applied the stepwise framework: their experiences illustrate how the approach has general applicability to the solving of chronic disease problems without sacrificing specificity for any particular country.

WHO DOES WHAT?
Everyone has a role to play:

- Governments can provide a unifying framework for chronic disease prevention and control that will ensure that actions at all levels and by all sectors are mutually supportive.
- Private sector groups can introduce programmes to help employees reduce their risk of chronic disease. They can also donate, or make available at reduced cost, goods, services or expertise for the control of chronic disease.
- Civil society plays a role that is distinct from that of governments and the private sector, and adds human and financial capital to a wide range of chronic disease prevention and control issues.

THE GOAL
An additional 2% reduction in chronic disease death rates annually, over the next 10 years to 2015.

The stepwise framework

1. PLANNING STEP 1
   Estimate population need and advocate for action

2. PLANNING STEP 2
   Formulate and adopt policy

3. PLANNING STEP 3
   Identify policy implementation steps

- Policy implementation steps
- Population-wide interventions
- National level
- Sub-national level
- Interventions for individuals

Implementation step CORE
Interventions that are feasible to implement with existing resources in the short term.

Implementation step EXPANDED
Interventions that are possible to implement with a substantial increase in resources, or at the cost of other programmes.

Implementation step DESIRABLE
Evidence-based interventions which are beyond the reach of existing resources.
Marian John is 13 years old and already knows what she wants to be when she grows up – “a health minister can help others and wants everyone to be healthy,” she says. “I have good grades, I know I can make it,” she adds proudly.

In February 2005, soon after her knee started to swell to the point that it became difficult to walk, Marian was diagnosed with bone cancer. She has been receiving chemotherapy and radiotherapy treatment since then – an almost unbearable experience. “I am willing to have my leg amputated if it can take my pain away,” she concedes.

The day she was photographed, Marian couldn’t have her radiotherapy treatment owing to a power failure at the Dar es Salaam Cancer Institute. She had crawled painfully out of bed with her grandmother’s help and been sitting crying in a wheelchair for half an hour with nothing to support her swollen leg, before the news came. Despite this terrible ordeal and great fatigue, Marian remembers how to smile. Her best friend and classmate Maria is a fabulous supporter. “What cheers me up is when she writes me letters. She believes that I can be cured. I wish more people would think like her.”

“I KNOW I CAN MAKE IT.”