

preventing
chronic diseases

STRENGTHENING
COMMITMENT

 World Health Organization



Strengthening commitment for chronic, noncommunicable disease prevention and health promotion

4 out of 5 chronic disease deaths occur in developing countries

Long-held misunderstandings about heart disease, stroke, cancer, chronic respiratory diseases, diabetes and other chronic diseases have contributed to their global neglect. The reality is that 80% of all chronic disease deaths occur in low and middle income countries. Here, men and women develop chronic diseases and die from them at younger ages than people in high income countries.

WHO projects that over the next 10 years, deaths from chronic diseases will increase by another 20% in low income countries, while deaths from infectious diseases, maternal and perinatal conditions

and nutritional deficiencies will decline in these countries.

Poverty increases the chances of developing and suffering from chronic diseases, and the reverse is also true: chronic diseases cause poverty and draw households into a downward spiral of worsening disease and impoverishment.

The household impact is multiplied and reflected in the macroeconomic development of many countries. In China, the Russian Federation and India, for example, WHO has estimated losses in national income over the next 10 years amounting to hundreds of billions of dollars per country.

WHO's response

Recently approved by the Director-General, advocacy for health promotion and chronic disease prevention and control is one of the five strategic objectives of the Depart-

ment of Chronic Diseases and Health Promotion. This function was identified and prioritized in response to the general neglect of the chronic disease burden and health promotion by the international public health community and development agencies.

WHO is working to dispel common misunderstandings and advocate for increased political and financial investment in chronic disease prevention and control. The global report "Preventing chronic diseases: a vital investment" was launched globally in October 2005, and received extensive media coverage from around the world. Since that date, the report has been presented at a number of high-level policy workshops and events and has resulted in high level political commitment for action in a number of countries.

Continued coordination of global advocacy and communication will further



WHO's proposed medium-term Strategic Plan 2008-2013 and the WHO's two-year Programme Budget 2006-2007 build on WHO's work over recent bienniums, and set out new and emerging areas of global concern. The latter is implemented through operational plans prepared by country and regional offices and headquarters, which define the results to be achieved and draw up their work plan on the basis of products needed to achieve those results. These work plans form the basis for corporate and coordinated resource mobilization aimed at increasing non-earmarked budgetary support. This global programming note highlights activities which are included in the work plan, but lack critical voluntary resources.

strengthen the presence of chronic disease and health promotion issues on global and national health development agendas.

The next steps

WHO will continue to advocate for increased prominence of health promotion and chronic disease issues (including heart disease, stroke, cancer, diabetes, chronic respiratory diseases and visual and hearing impairment as well as promotion of healthy diet and regular physical activity) on global and national agendas. Collectively, we aim to reach and inform health decision-makers at all levels.

1) As part of this agenda, WHO will further develop the body of economic evidence to support investment in chronic disease prevention and health promotion. We will document the wide-ranging development ramifications of chronic disease on households, communities and national economies, particularly in low and middle income countries, and we will develop evidence demonstrating return on investment for a core package of interventions.

2) WHO will also produce and disseminate targeted promotional materials and tools to support advocacy for chronic diseases and health promotion. This includes the production and dissemination of an advocacy toolkit, which will inform, motivate, and provide its users with the appropriate tools for preventing chronic diseases. Components of the toolkit will include a manual that explains how best to disseminate information and strengthen commitment for action among governments, communities, and the media: policy briefs on different aspects of chronic disease prevention and control: and supporting material including brochures: posters: video clips for use in promotional events and by the broadcast media.

3) WHO's web sites on chronic diseases and health promotion receive around 200,000 visits per month. We plan to better integrate and improve the content on these sites, and by doing so to assist a wide range of stakeholders to better promote health and prevent chronic disease around the world.



Financial needs

WHO is seeking the following critical voluntary resources:

2006-2007	US\$
Development of economic evidence	110,000
Targeted promotional materials and tools	430,000
Web sites: improvement and maintenance	160,000
Project personnel	1,161,000
Support costs	241,930
Total	2,102,930

Further information

http://www.who.int/chp/chronic_disease_report/en

For additional information, please contact WHO as follows:

Dr Catherine Le Galès-Camus
WHO Assistant Director-General
Noncommunicable Diseases and
Mental Health
+41.22.791.2999
legalescamusc@who.int

Dr Robert Beaglehole
WHO Director
Department of Chronic Diseases and
Health Promotion
+41.22.791.2715
beagleholer@who.int

© World Health Organization 2006. All rights reserved. . The World Health Organization does not warrant that the information contained in this publication is complete and correct and shall not be liable for any damages incurred as a result of its use. www.who.int/about/copyright/en