What are the socioeconomic costs of NCDs? What are the impacts upon productivity and competitiveness for companies? How could governments react more effectively with regard to NCDs prevention?

Government and workplace: joint action for better prevention

Good morning, ladies and gentleman,

I would like to thank the Conference de Montreal for providing me this opportunity to speak on an issue which is central to WHO's work: economics and health, and the impacts of disease prevention.

I would like to thank especially the Fondation Chagnon and the Chagnon family for their vision in sponsoring these important discussions on health promotion and disease prevention. WHO very much appreciates the opportunity to discuss these issues in a gathering of people who can really make a difference in global public health.

This is an excellent opportunity indeed to promote stronger commitments and closer collaboration among policymakers, employers, employees and health organizations, and to reflect on the importance of actions we can take to prevent the chronic diseases that kill the most: heart disease and stroke, cancer, chronic respiratory diseases and diabetes.

1. Introduction: economics of health promotion and disease prevention

As defined by the World Health Organization, health promotion is the process of enabling people to increase control over the determinants of health and thereby improve their health. With its long tradition of leadership in health promotion, our host country Canada has a lot to teach the world in this regard. I was pleased to hear that 10 days ago, the Act to establish the Fund for the promotion of a healthy lifestyle received unanimous assent from the members of the National Assembly of Quebec. This is an excellent illustration on initiatives which aim at fostering healthy nutrition and active lifestyles among young Quebecers, promoting social norms that encourage these
healthy habits, and supporting innovation and the acquisition and transfer of knowledge in these areas.

Building an economic case for increased spending on disease prevention and health promotion is not difficult. First, the burden of chronic disease is large and ever increasing. Second, this disease burden is linked to the large, ever-increasing and probably unsustainable levels of spending on health care, lost productivity and foregone national income -- this chronic disease burden will place an ever-increasing economic burden on governments, stifling development. Third, most chronic diseases are preventable by nature. In the past, the public health argument has stopped there. The implication is that, since disease is both costly and preventable, spending more on health promotion and disease prevention will save money. We now bolster this argument by examining the economic impact of chronic diseases, and by calculating the savings that could be realized if just a small proportion of the current burden of disease was prevented. There are preventive interventions that generate net savings in health care costs.

Examination of the cost-effectiveness of public health interventions is necessary when resources are limited. Other factors besides cost-effectiveness are also important, such as "who really pays the costs?" and "who really benefits from the intervention?". In addition, there are barriers to policy implementation that also need to be considered -- evidence of cost-effectiveness does not necessarily mean that an intervention will be easy to implement in every society. The details of any public health intervention often need to be translated to fit local context. And quite importantly, spending more on disease prevention and health promotion could mean spending less on something else, and reallocation of resources can be, as we all know, a politically volatile activity. We must have strong, persuasive arguments to justify such a reallocation or change in public health focus, and the economic case for chronic disease prevention and control is becoming the persuasive tool we need.

The economic case is supported by many examples from the private sector. Businesses have done the calculations and discovered that their bottom lines are improved when their workforces are healthy. This brings me to an important point from WHO's perspective: I hope we can agree that we are all products of our environments, whether we are policy-makers, business owners, employers or employees, and unless the political environment and the workplace environment support and promote health, we will all struggle to achieve it on our own, as individuals or corporate leaders.

The simple fact is that disease prevention and control pays off on the bottom line. And never more so than in this rapidly globalizing and competitive world.

2. The big "global" picture:

Let me start to discuss the big "global" public health picture with the first part of the problem: The health profile of all countries around the world is changing at an astonishingly fast rate due to health problems associated with tobacco consumption, harmful use of alcohol, unhealthy diets and physical inactivity.

Chronic diseases are the leading cause of death in the world, and their impact is steadily growing.

The 2005 WHO global report "Preventing chronic diseases: a vital investment" reported that, from a projected total of 58 million deaths from all causes in 2005, chronic diseases
accounted for an estimated 35 million, which is double the number of deaths from all infectious diseases (including HIV/AIDS, tuberculosis and malaria), maternal and perinatal conditions, and nutritional deficiencies combined.

Let me illustrate this by telling you that:

- 60% of all deaths today are due to chronic diseases.
- Today, cardiovascular disease, the leading chronic disease, kills five times as many people as HIV/AIDS.
- 80% of all chronic disease deaths occur in low and middle income countries.
- Almost half of chronic disease deaths occur prematurely, in people under 70 years old especially in developing countries, where people suffer chronic disease at young ages, when they should be still fully productive. In low and middle income countries, middle-aged adults are especially vulnerable to chronic disease. People in these countries tend to develop disease at younger ages, suffer more - often with preventable complications - and die sooner than those in high income countries.
- In the 54 poorest countries in the world, WHO projects that chronic disease deaths are set to rise by 20% over next 10 years.

The second part of the problem is that the rapidly shifting health profile in all countries around the world has serious implications for economic growth. It causes individuals and families to fall into poverty and increases health care related costs as well as loss of productivity and competitiveness for companies and national economies.

Let me illustrate the issue and its costs:

- Medical expenditure in the 1990s in the USA amounted to over US$78 billion for diseases related to obesity and overweight. This reflects a doubling of the prevalence in obesity since the 1980s, to 30% of the adult population in the '90s.
- In 2005, WHO estimates that foregone national income from heart disease, stroke and diabetes amounted to $18 billion in China, $11 billion in the Russian Federation, $9 billion in India, and $3 billion in Brazil.
- Chronic diseases cause poverty and draw individuals and their families into a downward spiral of worsening disease and impoverishment. In India, for example, poor people with diabetes spend 25% of their annual income on medical care.

Now let me turn to why special attention and action are required.

It is very simple to explain why special attention is needed. At least 80% of premature heart disease, stroke, respiratory diseases and diabetes and 40% of cancer could be prevented through healthy diet, regular physical activity, and avoidance of tobacco products and harmful use of alcohol. The Director-General, who took office early this year, has made a strong commitment to expanding the international health agenda to include chronic noncommunicable diseases as part of her six-priorities-agenda.

One of my chief responsibilities at WHO is to oversee the department of chronic diseases: heart disease and stroke, chronic respiratory diseases, cancer and diabetes are the diseases with the greatest impact on public health. Three risk factors are largely
responsible for these major chronic diseases which account for 67 percent of the global burden of disease.

The three risk factors are: unhealthy diet, lack of physical activity and tobacco use. All preventable risks, but which are increasing every day: globally more than 300 million people are now obese, 1.2 billion are overweight. Five million people will die this year as the result of tobacco use.

Harmful use of alcohol also causes significant public-health problems and is ranked as the fifth leading risk factor for premature death and disability in the world. Estimates for 2002 show that at least 2.3 million people died worldwide of alcohol-related causes. Those deaths accounted for 3.7% of global mortality, and alcohol consumption was responsible for 4.4% of the global burden of disease.

- Harmful use of alcohol is causally linked with many different disease conditions. Neuropsychiatric disorders, including alcohol dependence, account for more than a third of the burden of disease and disability attributable to alcohol, followed by unintentional injuries like road traffic crashes, burns, drowning and falls (altogether 26%), intentional injuries including suicide (11%), cirrhosis of the liver (10%), cardiovascular diseases (10%) and cancer (9%).
- The biggest categories in alcohol-related deaths are unintentional injuries (25%), cardiovascular diseases (22%) and cancer (20%).

And the fastest increases of these risk factors are not, as you might expect, in the developed world, although the problem is certainly increasingly significant there. Instead, risk factors for chronic diseases and conditions are on the rise fastest in low- and middle- income countries.

To put that in perspective, consider that 100 million Americans have one of the 4 major chronic diseases, which account for three-quarters of the $1.7 TRILLION dollars spent in the US on healthcare each year.

Three quarters of 1.7 TRILLION dollars, in just one country. Take those numbers and apply globally. It's astronomical.

Most of that cost could be prevented, and yet, at the moment, the trend is in the opposite direction -- there is an increasing strain being placed on national economies and this will affect their competitive ability in an increasingly globalized world: the countries with the healthiest workforce will have the lowest costs, the highest productivity and the greatest competitive advantage.

The economic argument makes it clear that companies and governments have a common interest in chronic disease prevention and control, and must work together to achieve better national and corporate outcomes.

It is also very clear that concerted action is required now. For too long, being overweight or smoking has been seen as a matter of personal choice or lifestyle. It is true that individuals can do a lot to reduce their own risk of chronic disease, but they need supportive environments -- this includes the market, the home, the workplace and the school. The healthy choice should be the easy choice in each of these environments.

WHO therefore emphasizes the need for a multi-stakeholder approach: governments, civil society and the private sector, international organizations and WHO all have to work
together on this. Focusing on risk factors is an important part of the solution in chronic
disease prevention and control. Healthy diets, physical activity and tobacco control are
being promoted by governments around the world but governments cannot act alone --
everyone has a role in prevention and control of chronic diseases.

3. The workplace is a key setting within this picture:

Keeping workers safe from health risks and dangers on the job must be our first and
central concern: it is the foundation of workplace health. The International Labor
Organization estimates that job-related accidents and illnesses claim two million lives
and cause more than a quarter of a billion non-fatal accidents and illnesses each year.
Numbers are rising due to rapid industrialization in many developing countries.

As I said earlier, when we speak of health improvement measures, it often evokes
thoughts of ‘expense’ and ‘increased costs’. In actual fact, the cost of inaction is, and will
increasingly be, much higher than the cost of addressing the health and safety of
workers. Preventing illness and injury of all kinds is much more cost-effective than
paying to have employees treated and cared-for, paying to replace them or have them
absent, or the price of a less-than-optimally productive workforce.
To really achieve cost savings, though, we must move beyond the traditional vision of
occupational health and safety issues, which of course remain vitally important goals.
We need to embrace the value of ensuring that employees, so often referred to as a
company's 'greatest asset', are in the best possible health. If they are physically and
mentally healthy, and therefore productive, well and motivated, it will be to everyone's
benefit: the employer, the community, and not least by any means, the employees and
their own welfare and their families.

- Employees and their families and communities must benefit from wellness
programmes with reduced risks for disease, higher productivity and improved self-
esteeem.

- Employers must benefit from workplace wellness programmes with a decrease in
costs related to medical care and rehabilitation after diseases, and an increase in
productivity and company morale.

It is important for companies to consider promoting healthy environments, health and
safety throughout the communities in which their businesses are run. For instance,
companies with large fleets of vehicles need to ensure that their employees are safe
drivers but also can engage with government to promote road safety generally.

4. Mental stress and burnout: it is on the rise in the workplace

We are hearing more and more about workplace burnout and mental stress.
We can all speculate on the wide range of causes, but all it takes is a glance at the news
headlines: globalization, out-sourcing jobs, job insecurity, leaner workforces and the
migration of workers. Clearly the nature of work is changing rapidly, and that can
produce a great deal of stress.
In fact, the workplace and the role of work in a person’s life and self-esteem are crucial
to overall mental health.
Work-related stress can range from a feeling of distress or not coping, to anxiety
disorders. It can cause depression or substance abuse, such as abuse of drugs or
alcohol. It can also lead to suicide. Suicide is one of the biggest killers, responsible for
nearly one million deaths every year, worldwide. The peak age when it happens most
frequently has shifted in the last 30 years from old, retired people, to people in their 40s and 50s, most of them employed. In Japan it has become one of the most serious problems faced by many companies, to a point that the Diet has recently adopted a specific law on suicide prevention. The workplace emerges, naturally, as a critical setting where to conduct effective prevention programmes.

Another pathology is the 'Burnout' - a term used more and more - is characterized by feelings of intense fatigue, loss of control and accomplishing nothing at work. Depression is the most common work related disorder, and is on the increase. It is expensive, too: American studies show that the medical and disability costs for employees with depression may be as much as 4 times higher than for other causes. The evidence is clear that mental health issues and the related costs are dramatically on the rise:

- The University of Laval right here in Quebec reports absenteeism for psychological reasons increased 400% between 1993 and 1999. It's the number 2 cause of absenteeism in the UK.
- The Association of Canadian Insurance Companies estimates 30 to 50 percent of disability allowances are for mental health problems. They are the leading cause of long-term absence.
- In Europe, it has been estimated that work-related stress affects at least 40 million workers, costing 20 billion euros annually - that's roughly 30 billion Canadian dollars - or 3 to 4 percent of GDP.

Can we afford to ignore the mental health of employees?

The solution: Prevention is the key.

In 2005 WHO developed a practical guide to mental health and the workplace as a module of our WHO Mental Health Policy and Service Guidance Package entitled "the Workplace Mental Health Policies and Programmes". The key for companies is to recognize the problem, analyze it, and then develop a workplace mental health policy to prevent and protect staff from mental stress and mental disorders, and to support those who are suffering. One important goal is to minimize the risk factors for mental health problems in the workplace, which can include:

- Excessive or insufficient work
- Lack of control in the workplace
- Lack of recognition
- Inequity
- Poor working conditions
- Conflicting home and work demands

And to maximize the protective factors, which include:

- A sense of belonging
- A positive work climate
- Opportunities for success and recognition of achievement
- Economic security
- Access to support services
- Good physical health

To address suicide prevention in the workplace, WHO has also just published a guiding manual "Suicide Prevention at Work", indicating basic, simple and effective ways of identifying at-risk workers and helping them to overcome the suicidal crisis.
5. The health promotion model: healthy prevention programmes save money

With increasingly global workforces and the growing amount of time spent at work, experts agree that the workplace is an essential place for effective prevention strategies including promoting long-term lifestyle and behaviour changes.

WHO promotes a holistic, 'big picture' approach to workplace health: it's a health promotion model, recognizing that we all live in a multitude of 'environments', the home, the community, the marketplace, perhaps school, and, of course, the workplace. They each have a key role to play in the state of an individual's health, and each must be addressed as equally important: you can't expect an employee to only address his or her health 'on his or her own time' when we spend most waking hours in the workplace. Equally, an employee brings the effects of all the other environments into the workplace: poor health due to environmental factors at home, in the marketplace, or the community are going to have an impact on your most important asset: your workforce, and on your bottom line.

The solution: prevention and cost effective interventions are the key.

There is compelling reason, then, to extend our vision of a healthy workplace beyond preventing only work-related disease, injury and mental health problems. Those will always be central matters, and clearly the responsibility of a good employer and a responsible government. But the workplace also has great potential as a setting for broader health promotion with large numbers of adults.

Public health professionals know, too, that the best approach to reducing risk factors such as unhealthy diet or smoking is to work across entire populations. By changing the environment, it's possible to promote healthier habits and to support behavior change. The workplace environment is a key to success.

So workplace health promotion and disease prevention interventions of a broader scope can lead to larger gains in worker productivity, reduced absenteeism and cost-savings. To give you one concrete example, Johnson and Johnson, the global manufacturer, has a Health and Wellness programme which works along these lines, providing staff with an integrated health promotion and occupational health and safety model. After nearly three years, the evaluation showed that staff had significantly lowered 8 of 13 risk categories, including tobacco use, high cholesterol, even seatbelt use.

WHO has been working with a range of partners to develop and implement these cost-effective interventions. The report "Preventing Chronic Diseases: a Vital Investment" outlines the roles of all stakeholders, including employers, to collectively address this rising health crisis.

Among the most effective interventions is the smoke-free workplace. The World Health Organization signaled the urgent need for countries to make all indoor public places and workplaces 100% smoke-free with the release of its new policy recommendations on protection from exposure to second-hand tobacco smoke in advance of World No Tobacco Day on 31 May, which focused this year on the theme "Smoke Free Environments".
I note with pleasure that most Canadian provinces have enacted legislation to this effect, as have more and more countries under the WHO Convention on Tobacco Control Treaty, which was ratified in February 2005. As per today, 147 countries are parties to the Treaty.

WHO is working to implement the Global Strategy on Diet, Physical Activity and Health, which recognizes the important role of the private sector in to developing workplace policy to improve diets and increase physical activity. We are also in discussion with the food industry to improve the quality of food products offered, to increase education of consumers, especially children. Employers can contribute with education and awareness campaigns, healthy food choices on offer, and the promotion and availability of physical activity opportunities, as well as support for smoking-cessation for employees. The WHO Global Strategy on Diet, Physical Activity and Health provides the mandate indicating that workplaces are important settings for health promotion and disease prevention.

I am pleased to see that the commercial sector is examining chronic disease prevention through workplace initiatives.

Let me illustrate this advance with some examples of workplace wellness programs:

- The Union Pacific Railroad in the United States required their suppliers to offer at least 30% healthy foods in vending machines. The suppliers responded with providing even more than 50% of the healthy choices as well as nutritional information of each product.

- An European company with 10,000 employers that banned smoking from the workplace saved €3.1 million per annum (i.e. the cost of workplace smoking).

- At the World Economic Forum (WEF) meeting on "Industry Partnership, Working Towards Wellness Project" early this year, the Executive Director of the Oxford Health Alliance, a charitable group dedicated to chronic disease prevention, said that over the past year, Working Towards Wellness initiative has brought together companies across different industries to discuss and find new solutions to address the prevention of chronic disease at workplace. Companies, such as Coca-Cola Company, WIPRO, ABSA, GlaxoSmithKline and Hewlett-Packard have started designing and implementing wellness programs to address key risk factors.

- PepsiCo, one of the world’s leading foods and beverage companies with more than 157,000 employees, has implemented a program that focuses on taking action and changing behaviors before health issues arise. Their employee wellness program features a variety of fitness, nutrition and coaching programmes to meet different needs. The overall goal is to develop healthier habits as well as to contribute to the quality of life in the communities in which they operate.

Also, within the broader model for health promotion in the workplace, we should consider alcohol as a risk factor for chronic diseases and health in general. A considerable body of evidence shows not only that alcohol policies and interventions targeted at vulnerable populations can prevent alcohol-related harm, but also that policies targeted at the population at large can have a protective effect on vulnerable populations and reduce the overall level of alcohol problems. Thus, both population-based strategies and interventions, and those targeting particular groups such as young people, women and indigenous peoples, are indicated.
Nevertheless, despite the strong evidence of effectiveness and cost-effectiveness of population-based policies, in some countries support for population approaches has declined in favor of targeted interventions. Policies and programmes based on substantive evidence should use an appropriate combination of the following strategies: regulating the marketing of alcoholic beverages, (in particular those practices that influence younger people); regulating and restricting their availability; enactment of appropriate drink-driving policies; reducing the demand for alcohol through taxation and pricing mechanisms; raising awareness and support for policies; providing easily accessible and affordable treatment services for people with alcohol-use disorders; and implementing widely screening programmes and brief interventions against hazardous and harmful use of alcohol. Clearly these are strategies that could be taken up by governments and by the commercial sector, and probably would be most effective if taken up by both.

Regulating the availability of alcoholic beverages through restricted times of sale and reducing the demand for alcohol through taxation and pricing are also two of the most cost-effective strategies for countries and communities to reduce or prevent alcohol-related harm.

Among the most successful targeted interventions are deterrence-based policies directed at drink-driving and at violence in places where alcohol is consumed. The imposition of blood alcohol concentration limits for drivers, strongly enforced through highly-visible sobriety checkpoints and random breath-testing by police, can have a sustained effect on drink-driving and reduce the associated crashes, injuries and deaths. Improved management practice within drinking venues can reduce levels of violence on those premises.

These interventions seem likely to be most effective if they are enacted in collaboration between governments and the private sector.

6. Conclusion: joint action for better prevention

At WHO we work on the principle that good health is in everybody's interest and, thus, everyone has a role to play in achieving good health at the individual or population level. We cannot expect individuals to take the entire responsibility for their own health and health behaviours because we know that there are societal and environmental determinants that affect health behaviours and health outcomes. It is crucial that the environment in which people live and work promotes health, prevents risk factors, and supports healthy choices across all settings.

Additionally, the principle extends to the concept that no one sector of society alone will be able to effect the change necessary to prevent unnecessary illness, death and costs to business and the economy: this must encompass a multi-stakeholder approach.

What each stakeholder needs to do:
For our part, we are working on many fronts to create healthy environments: with governments, businesses, communities and civil society to promote health in the workplace and to prevent chronic diseases.
This year in May, the World Health Assembly endorsed the Global Plan of Action on Workers' Health, which aims to devise policy instruments on workers health; protect and promote health at the workplace; improve the performance of and access to
occupational health services; provide and communicate evidence for preventive action; and incorporate workers health into other policies. This is the cornerstone of WHO's approach and we are working with the International Labor Organization in a collaborative manner together with workers, employers and their organizations.

In the same line, another resolution adopted at the World Health Assembly urges Member States to strengthen national efforts in chronic noncommunicable disease prevention and control and also calls for an action plan for the prevention and control of noncommunicable diseases to be presented to the World Health Assembly in 2008. The World Health Organization has an important role to play to raise further awareness among Member States of the importance of drawing up, promoting and funding national multisectoral coordination and surveillance mechanisms, health promotion programmes and plans for prevention and control of chronic diseases.

Governments have a crucial role to play in the partnership: standards and policies are needed on workplace safety, health and mental health. Leadership is needed for a broad-based, multi-sectoral approach to health promotion which includes promoting healthy workplaces.

The private sector is pivotal and its contribution to public health must increase if real gains are to be made: Occupational health and safety programmes must meet the highest standards. At the same time there must be greater awareness that a company can have great influence over the practices and standards of partners and suppliers, and can work to ensure their workers are adequately protected as well. In some countries, companies are also primary healthcare providers, usually for infectious diseases and immunization -- this could be expanded to noncommunicable chronic disease prevention and control.

Everyone must see the value in a healthy workforce, and create the environment in which health can flourish. It is, in the end, to everyone’s benefit and will be reflected in productivity and competitive edge.

Public health experts and government representatives hold the knowledge and evidence necessary to advance the cause of a healthy workplace. But we must move from knowledge to action, and governments must lead, using this knowledge, experience and influence to advocate for improvements from all the stakeholders across government, and employers.

In the end, the evidence is clear that prevention is the most cost-effective route in public health, and the smart business choice.

As a final word, I will say that in many ways, we are the heirs of the choices that were made by previous generations: politicians, business leaders, financiers and ordinary people. Future generations will in turn be affected by the decisions that we make today. Each of us has a choice: whether to continue with the status quo, or to take up the challenge and invest now in chronic diseases prevention.

Thank you all, I look forward to our discussion.