The World Health Report 1997

Conquering suffering
Enriching humanity

World Health Organization
Geneva
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Report of the Director-General

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In today's rapidly changing world, some traditional attitudes towards human health, suffering and disability need to be urgently reviewed.

For example, infectious diseases can no longer be regarded as restricted to developing countries. This is clear from the evidence of their international resurgence and the intercontinental spread of AIDS. Nor can chronic noncommunicable diseases continue to be judged only as problems of the richer nations. They are emerging at an alarming rate in poorer regions, unwelcome additions to the infections which still flourish there.

Until now, the term for this phenomenon – the “double burden” of disease – has usually been applied only to developing countries. But it can no longer be confined to these countries alone; it has expanded into a double threat to global health. In the battle for health in the 21st century, infectious diseases and chronic diseases are twin enemies that have to be fought simultaneously on a global scale.

We dare not turn our back on infectious diseases, for they will return with a vengeance if we do. The lessons of AIDS, tuberculosis, malaria, cholera and Escherichia coli food-poisoning outbreaks must not be forgotten. In addition to the many millions of people a year who are killed by infectious diseases, hundreds of millions of others are afflicted by them. This was the theme of The World Health Report 1996.

But neither can we ignore the growing burden in suffering and disability represented by noncommunicable diseases and conditions – cancer, circulatory disease, metabolic and hormonal imbalances, mental disorders, musculoskeletal conditions – most of which are chronic; they invariably afflict the sufferer with pain and disability, for years and even decades. This, too, is the plight of hundreds of millions. Confronting these chronic conditions, and the crisis of suffering that goes with them, is the theme of The World Health Report 1997.

Health is being increasingly affected by a number of factors over which the individual has little control, and over which the conventional health sector also has little sway: social and economic circumstances, labour-saving technologies, and the information and communication revolutions. People in poorer countries are now acquiring many of the unhealthy lifestyles and behaviours of the industrialized world: sedentary occupations, inadequate physical activity, unsatisfactory diets, tobacco, alcohol and drugs. Populations in richer countries continue to live with all these risks. Problems are aggravated by the international spread of misleading information about consumer products. All these factors together will lead to a global increase in premature ill-health from chronic diseases.

Worldwide, life expectancy has increased dramatically during the last decades of the 20th century. But in celebrating our extra years, we must recognize that increased longevity without quality of life is an empty prize, i.e. health expectancy is more important than life expectancy.

Unlike many infectious diseases, the majority of chronic diseases are preventable but cannot as yet be cured. The emphasis must therefore be on preventing their onset, delaying their develop-
ment in later life, reducing the suffering that they cause, and providing the supportive social environment to care for those disabled by them.

The World Health Report 1995 showed that many countries are experiencing not merely an epidemiological transition, but an epidemiological polarization – a widening gap in health between rich and poor. The poorer an individual is, the more probable it is that he or she will become ill and die young of an infectious disease; the richer the person, the greater are the odds of suffering and dying from a chronic disease at an advanced age.

These facts raise a fundamental issue. Global health priorities which emphasize infectious diseases, will benefit the poor much more than the rich. However, as these diseases are controlled, and as the population ages, chronic diseases which cause suffering and disability increasingly take over.

Any further improvements in health thus demand integrated, comprehensive action addressing all the determinants of ill-health. Countries, particularly in the developing world, can no longer afford to deal with the two challenges of infectious and chronic diseases sequentially, as in the past. They must address them simultaneously, and the international community must help them to do so. Developed countries, for their part, cannot focus exclusively on chronic diseases and ignore the dangers of infectious diseases.

The expression “double burden” has a second connotation, referring to the obligation on the workforce to provide for two sets of dependants: children and the elderly. Although the number of child dependants may decrease, the total burden of responsibility on the working population will grow due to the increasing number of the elderly. It is therefore vitally important to protect this key sector of society from premature ill-health and disability, in order that their productivity – essential for the support of their dependants and for economic development – can be safeguarded. Preventive measures in adulthood also improve the prospects of a healthier old age, thereby allowing people to remain socially productive for longer and reducing the burden of elderly dependence.

In identifying priorities for action, this report looks towards key forms of chronic diseases that are major causes of death or avoidable ill-health and disability. These are areas in which actions or interventions that have a direct and tangible effect on individual health – that make a difference, and make it sooner rather than later – are possible.

At almost every stage of chronic disease, exciting opportunities are available to do just that. The time has come to seize those opportunities – in preventing chronic diseases, treating them, curing them; in renewing attacks on the many risk factors that contribute to them; in improving standards of care, and access to that care.

Together, these opportunities form a realistic basis for conquering suffering, reducing its social and economic costs to families and society, and thereby enriching humanity.

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