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100 YEARS OF
ADVANCING
PHARMACY
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World Confederation
for Physical Therapy



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RE: Comments on the Second WHO Discussion Paper: Global monitoring framework including indicators and set of voluntary global targets for the prevention and control of NCD

19th April 2012

Dear Dr. Oleg Chestnov,

Thank you very much for sharing the second WHO discussion paper on the Global monitoring framework for the prevention and control of NCDs. We very much appreciate the shift from 10 individual NCD indicators and targets to a comprehensive monitoring framework approach.

The World Health Professional Alliance WHPA, the five main international health professional organisation, welcomes this initiative and supports the attention that is given to NCDs and supports their recognition as major contributors to the global burden of disease. However, the proposed framework fails to be comprehensive and therefore risks not achieving its global aim to prevent and control NCDs. We would like therefore to submit the following comments:

1. A holistic approach encompassing young age people and morbidity in indicators

In several letters and meetings over the last month, we raised our concern not to restrict the NCD strategy to a limited number of diseases, but to include other areas, notably mental health, musculoskeletal diseases and oral health. It is critical to adopt such a holistic approach based on common risk factors. This approach, incidentally, would be equally applicable to communicable diseases.

We are very pleased to see that the new document corresponds to this holistic approach by focusing on mortality as a main indicator and underlining the need of national registration

systems to record death and the cause of death. This not only adds value to NCDs, it also allows monitoring and planning for all diseases.

However with only mortality as a main indicator, not enough emphasis is put on prevention. In NCDs, the development of disease is taking place in phases: an unhealthy lifestyle becomes manifest, health conditions deteriorate and end in death. NCD prevention either aims to avoid illness in the first place or to prevent or reduce further progression of the existing disease..

Furthermore, according to WHO's proposal, the mortality will be measured only between age 30-70 and the impression is that children and adolescents are not in the focus. However children should learn principles of a healthy lifestyle at an early age and incorporate them as a normal way of living. Only this prevents them from acquiring an NCD and will save money for the health care system in the long run.

If, in addition to mortality, **morbidity** for NCD related diseases for all age ages is added as a main indicator, emphasis on prevention across all age ranges would be set.

2. Developing & completing targets for the prevention of NCDs

In the next level of the global monitoring framework, 4 risk factors are defined as targets to achieve the main indicator. Two main risk factors are still missing in this list: namely alcohol and malnutrition.

Alcohol:

The WHO and the UN recognized alcohol as one of the four major contributors to chronic disease and a reduction in the per capita consumption of alcohol will reduce rates of health and social harms caused by alcohol misuse. Harmful use of alcohol is a well-accepted and demonstrated major risk factor for NCDs, including for adolescents where we note an alarming increasing intake over the last years. Several WHO members questioned the 'total consumption model'. However there is strong evidence for this model: When total alcohol consumption increases in a society, there tends to be an increase in the prevalence of heavy drinkers, defined in terms of a high annual alcohol intake. Because heavy drinkers account for a significant proportion of total alcohol consumption, it would be difficult for the total consumption level to increase without an increase in consumption by the heavy drinkers. Furthermore, all measures should be taken to eliminate under-age drinking. For example, when being sold under-age drinking should be completely banned. When being sold during public events, the cheapest alcoholic beverage must be more expensive than the most expensive non-alcoholic beverage. The implementation of such measures can easily be accomplished by the member states. **We therefore strongly recommend reinstating and reversing the demotion of alcohol in the monitoring framework and targets for the prevention of NCDs.**

Malnutrition:

Malnutrition, or by WHO defined nutrition disorders, can be caused by an insufficient intake of food or of certain nutrients such as fruits and vegetables. It can also be caused by overconsumption of certain foods, which can lead to overweight and obesity. It is also a fact that to digest certain vitamins certain other nutrients need to be eaten at the same time- for example the vitamins E D K A can only be digested if fat is eaten. Only a tablet of these vitamins won't increase nutrition. **By adding the target of malnutrition, the risk factors of unhealthy diet and obesity would be included.**

Tobacco:

It is important to refer to already existing WHO documents and make them consistent. However things change over time and it is well proven that the consumption of non-smoking tobacco is increasing significantly. Therefore to focus the target only on tobacco smoking is not justifiable. **We strongly encourage that the the target address tobacco consumption or use.**

Furthermore, the actual target focuses only on adults but children and adolescences should be protected as well and even more since they can't protect themselves. Adolescents under 18 years of age should not smoke at all. Provision (not only sales) of cigarettes to adolescents should be punishable. Children should be actively prevented from any exposure to tobacco smoke wherever they are. A recent study in Scotland showed the significant impact of passive smoking on unborn babies. Legislation enacted and effectively enforced could be a useful target.

Physical activity:

The target of physical activity focuses only on adults. As stated before , it is extremely important to increase the level of physical activity of children and adolescents and encourage them to develop a more active life style. It is essential to teach them that being active has positive effects for their mental stability, the whole body function and especially on their ability to concentrate and increase their learning capacity. Please see as well the argument on children mentioned above.

3. Extending other core indicators

In the next level (box in the figure), **other WHO core indicators** are mentioned, on a voluntary basis and adjustable for each country. We fear that these will not be followed and thus not measured. We consider these indicators rather as strategies. This is also highlighted by WHO with the recommendation to countries that the improvement of these items constitutes the best way to achieve the global targets and indicators. The measurement and monitoring of these targets is still preferred on a national level. As a strategy they should be more general, therefore our suggestions to change are:

Alcohol:

Please see comments 3 paragraphs above.

Cancer screenings:

Instead of including cervical cancer screenings only once per lifetime, **emphasis on general cancer screenings on a regular basis would improve overall health.** If women receive only one cervical cancer screening per life, the chance of detecting an early treatable stage of cancer is very low. They more likely already have a more severe form or will develop a cancer later, which is not yet detected.

Vaccination:

Access to vaccination should be general and not only focussing on HPV and Hepatitis B.

4. Defining overarching strategies in preventing NCDs: Social Determinants of Health and Health Care Systems Strengthening

We very much appreciate the emphasis on Social Determinants of Health (SDH), health care system strengthening and disaggregation of data by gender in the document. However no indicator or target is related or set for these items. **We strongly recommend that SDH and health care systems strengthening are identified as an overarching strategy to be linked with other WHO strategies**, in particular: the Resolution WHA62.14, which takes note of the recommendations of the final report of the Commission on Social Determinants of Health; and the World health report 2008 on primary health care, which strengthen health systems towards the provision of equitable universal coverage and promote access to high quality, preventive, curative and rehabilitative health services throughout the life-cycle, with a particular focus on comprehensive and integrated primary health care.

The World Health Professions Alliance WHPA advocates in the discussion on NCDs:

- To adopt a holistic approach based on common risk factors. This approach, incidentally, would be equally applicable to communicable diseases.
- Not to restrict the scope of the outcome document to a limited number of diseases, but to include other areas, notably mental health and oral health.
- To focus on equitable access to health care as a human right so as to address the dramatic disparities within and between countries.
- To pay due attention to the link between non-communicable diseases and the social determinants of health, with a particular focus on the broader factors that influence behaviour and associated health risks. These include the conditions in which people are born, grow, live, work and age, as well as societal influences.
- To strengthen health care systems through a comprehensive approach that places emphasis on primary health care and integrates prevention, specialised treatment and rehabilitation.

With kind regards

David Benton, Chief Executive Officer, International Council of Nurses	Ton Hoek, General Secretary, International Pharmaceutical Federation	Brenda Myers Secretary General, World Confederation for Physical Therapy	Jean Luc Eiselé, Executive Director, World Dental Federation	Otmar Kloiber, Secretary General, World Medical Association
				