Editorial

Health and development in the 1990s

In spite of improvements in the world health situation, the disparity between developed and developing countries—and even between population groups in some countries—remains great. The high rate of avoidable maternal mortality in many developing countries, and the difference in life expectancy between the rich and the poor, are unacceptable.

Despite the economic problems that characterized the 1980s, there has been some progress even in the lesser developed countries. Global trends in such critical indicators as infant mortality and life expectancy at birth are improving. During the past decade, three to four years have been added to life expectancy, which globally is now about 61.5 years. Now, on average, the number of children who die in infancy is 15 per thousand in the developed countries, and 79 per thousand in the developing world. Some 60% of the children in developing countries who reach their first birthday have been immunized against the major childhood diseases, compared with fewer than 5% in 1974.

These and other social indicators show that even at low income levels, impressive human development can be achieved. Yet we still have a long way to go to realize the goal of health for all people, everywhere.

AIDS is rapidly becoming a most serious threat to human existence. WHO estimates that 8–10 million adults may currently be infected with the human immunodeficiency virus. More than half of these will develop AIDS within ten years, and most will die. Of great concern is the increasing rate of infection among women of child-bearing age, and the risk of transmission from mother to unborn child, or to the child during the process of birth.
The international community is acutely aware of the problem of the spread of drug abuse, especially among young people, with its threat of destroying future productive lives. The link between HIV transmission among injecting drug users and the spread of AIDS is well established. Greater emphasis is now being placed on reducing the demand for drugs. Demand reduction is recognized as an indispensable aspect of the struggle against illicit trafficking in, and use of, psychoactive substances.

Cardiovascular diseases claim 12 million lives each year and cancer 4.8 million. Much suffering and many deaths from these diseases could be prevented by adopting a healthy life-style, particularly in regard to food and nutrition, moderating alcohol consumption and significantly reducing the use of tobacco.

The global malaria situation has become critical in recent years, which is partly attributable to development activities. The disease is endemic in some 100 countries, placing about 40% of the world’s population at risk. Greater attention must be paid to prevention and control measures, specific treatment and the problem of resistance of mosquitoes and parasites.

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In West Africa, where 18 million people are infected with onchocerciasis, aerial spraying of the larval breeding sites has already ensured that four million children are no longer at risk of losing their sight. It has also been possible to recommence agricultural development activities in the fertile Upper Volta River basin area.

The fact is that much of the suffering, disease and premature death afflicting the world today is from preventable causes. The issue is how to stem the rising tide of socioeconomic conditions that deprive millions of fellow human beings of the basic conditions for health, and for leading a decent and productive life. As primary health care is the most cost-effective approach to sustainable health care of an acceptable quality for all people, priority must always be given to its implementation. Countries facing serious economic constraints, especially in planning and rationalizing the financing of health care, should be given stronger technical and economic support.

The relationship between the environment and health, and implications for sustainable development, are critical. WHO has therefore set up a Commission on Health and Environment chaired by Mrs Simone Veil. The Commission will help to shape WHO’s strategies and priorities and to prepare WHO’s contribution to the 1992 United Nations Conference on Environment and Development. A problem of particular concern is the extent of the effect on health of the nuclear power reactor accident at Chernobyl, USSR, on 26 April 1986. There is no doubt that the resulting contamination poses an important health and development problem in parts of the Byelorussian Soviet Socialist Republic, the Ukrainian Soviet Socialist Republic, and the district of Bryansk of the Federal Republic of Russia. But this is also an issue of worldwide concern. In both developed and developing countries, wherever nuclear power is used to produce energy, there is a risk that an accident might occur; we can only hope that such accidents will be few and small in
scale. Given the complexity of the technology, it is difficult to ensure that any failsafe system will be completely reliable. The only certainty is that the impact on the human population of any accident that results in the release of large amounts of radiation is unquestionably serious. We must seize the opportunity to learn from Chernobyl, and we must make the knowledge acquired widely available for the benefit of all people living on this beautiful and matchless planet.

Another critical area is nutrition. Widespread malnutrition and improper nutritional practices are evident, even in areas where food is plentiful. In collaboration with the Food and Agriculture Organization of the United Nations, it is planned to organize an international conference to arouse public awareness on nutrition in December 1992. High priority must be given to the education of people in sound dietary habits, and to infant and young child feeding and nutrition. Iodine deficiency disorders are a special case, which we have the technology to solve. The World Health Assembly therefore decided to aim at eliminating iodine deficiency disorders as a major nutritional public health problem by the year 2000.

Despite the prevailing situation, in many developing countries there has been a steady decrease in real government expenditure on health. Accompanied by the lack of economic growth, rising unemployment, diminishing expenditures on other health-related sectors (such as education, water supply, and sanitation) and the natural disasters that beset certain countries and regions, this means that millions of people remain critically vulnerable at the start of the new decade. In fact some have already lost part of their hard-won social gains.

All of us who value life as sacred, and good health as man’s most prized possession, must respond to this situation boldly. We must come to regard the health of people as the sine qua non of development, and therefore we must invest in human health. We cannot allow governments' economic debts to become debts in human lives. People play the central role in development: they are the means of production as well as of consumption. The progress of nations is built on the aspirations of people. Moreover, it is a human right to have the opportunity to be healthy. Fulfilment of this human right can only be assured if there is peace, equity and justice. We must strive to reduce debt and the economic burdens that weigh so heavily on certain countries, especially on the poor and disadvantaged. Let us build on the improved international relations and the demands of people everywhere for a better life to carve out a “dividend for health”.

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This book records the consensus reached by a group of experts commissioned to examine the strength of evidence linking dietary factors to the development of several chronic diseases, including coronary heart disease, hypertension, stroke, cancer, diabetes, and osteoporosis. The experts were also asked to issue advice on prevention consistent with both the strength of scientific evidence and the magnitude of health problems associated with dietary factors. Although emphasis is placed on diet-related chronic diseases, the persistent problem of nutrient deficiencies is also considered.

The opening sections assess epidemiological data linking changing patterns of disease to changes in diet and summarize what is known about the place of specific nutrients and dietary factors in the etiology of chronic diseases. The experts conclude that repeated and consistent findings of an association between specific dietary factors and a disease suggest that such associations are "real and indicative of a cause-and-effect relationship". The report also sounds the alarm concerning the consequences of dietary changes in developing countries, which are now experiencing a universal and spontaneous shift towards the "affluent" diet. By the end of this century, the report concludes, cardiovascular disease and cancer will be established as major health problems in virtually every country in the world.

Having confirmed the link between dietary factors and disease and assessed the magnitude of the problem, the report turns to the question of prevention.

In one of its key achievements, the report issues a series of "population nutrient goals", put forward as a universal guide to the nutrient intakes needed to prevent all diet-related diseases and appropriate for application in all countries throughout the world. Lower and upper intakes are set for each of the main nutrient groups, including total fat, saturated fatty acids, polyunsaturated fatty acids, protein, total carbohydrates, complex carbohydrates, and free sugars. Expressed as a proportion of total energy, this recommended "safe" range of intakes specifies the minimum intake of a nutrient needed to prevent deficiency diseases and the maximum intake that should not be exceeded in the interest of preventing chronic diseases. Recommended daily intakes, expressed in grams, are also issued for salt, dietary fibre, dietary cholesterol, and fruits and vegetables.

The report is explicit in its insistence on the need for a population-wide, as opposed to individualized, approach to the prevention of diet-related chronic diseases, arguing that the entire population of most affluent countries shows a high risk profile and that intervention on a mass scale is needed to shift dietary patterns closer to the "safe" range of intakes specified in the report.

The concluding sections, devoted to food policies, explain why current policies governing food production and supply are essentially agricultural policies driven by the economic and political issues of food availability, food security, and the security of food producers. A review of the evolution of these policies, most of which were formulated in the 1940s, reveals roots in nutritional concepts based on the need to prevent deficiency diseases and thus ill-equipped to protect populations from the many diseases now linked to nutrient excesses. Although extensive advice on the adaptation of these policies is given, the report notes that the new nutritional objectives of preventing both the deficiency diseases and the chronic diseases will have immense implications for the economics of farming, for government, industrial and social policies, and for international trade, and can thus be expected to meet with considerable opposition.

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