



Programme review by a subgroup of the Executive Board

Noncommunicable diseases

INTRODUCTION

It was recognized that noncommunicable diseases, including cardiovascular disease, cancer, chronic respiratory disease, diabetes, hereditary disorders, and others were a significant problem for both developed and developing countries. Noncommunicable diseases at present accounted for at least 40% of all deaths in developing countries, and 75% in developed countries.

RECOMMENDATIONS

1. The subgroup considered that the programmes within the Division of Noncommunicable Diseases had established the right priorities. However, in the face of the magnitude of such diseases, they should be given even higher priority by WHO.
2. The subgroup recognized the increasing problem of noncommunicable diseases in developing countries, and the double burden on countries "in transition", where increasing risk factors were already pointing to an increase in such diseases, with consequent deleterious effects.
3. Many of the noncommunicable diseases were lifestyle-related and appear to have their origins in early life. Treatment brought a huge economic burden to society, especially in the developing countries.
4. Progress in combating noncommunicable diseases was measurable. Global targets served an important function, but it was essential for countries to set their own national targets which took account of specific country issues and health for all by the year 2000, and which could be made operational by, for example, focusing on early detection, and primary and secondary prevention. The subgroup reiterated the importance of prevention programmes. Cost-effective means existed to prevent the majority of these diseases.
5. The subgroup recognized that less attention was focused on noncommunicable disease problems than on communicable diseases, because visible results could take many years to achieve; for example, the process of influencing lifestyles was a cumulative one.
6. The need to develop a data-base including economic data was recognized, but this should not prevent WHO taking action on available data and knowledge.

