



Synergistic improvements in global health

Martin Silink is IDF President. He is Professor of Paediatric Endocrinology at the University of Sydney and the Children's Hospital in Sydney, Australia.

In recent years, the global focus of healthcare and humanitarian concerns has been on the suffering of people living in poor countries who are affected by infectious diseases – HIV/AIDS, malaria, tuberculosis. Far less attention has been given to the growing threat from non-communicable diseases – diabetes, cardiovascular disease, lung diseases, cancers. Reading through the first section of this special issue, a worrying picture emerges of the destabilizing effects these chronic conditions are having on over-burdened healthcare systems in emerging economies, and the immense and rising costs involved in addressing these issues in populations worldwide.

A combination of modifiable lifestyle-related risk factors, such as smoking, poor diet, lack of physical activity, and non-modifiable risk factors, including old age and genetics, have set the scene for a dramatic rise in the number of people affected by chronic diseases in the future. While individual responsibility for health is a critical element, population health depends on patterns of living shaped by complex local, national and global forces outside the control of individuals.

One of the key messages of this special issue is that improving the management of chronic non-communicable diseases and responding effectively to infectious diseases are not mutually exclusive. Both types of disease coexist in many developing countries. An approach that sets one apart from (or 'against') the other ignores opportunities for an integrated approach to healthcare, as described by Rachel Nugent, in which chronic disease care and education can be delivered through existing programmes aimed, for example, at family planning, or preventing or managing HIV/AIDS. Developing countries with healthcare systems that can scarcely meet the basic health needs of their citizens will have to explore systemic approaches to care if they are to make a realistic response to the current epidemics.

The World Health Organization (WHO) has set a global goal of reducing chronic diseases by 2%, avoiding 36 million deaths, by 2015. But with modifiable risk factors

for chronic disease rife worldwide, it will be impossible for healthcare systems alone to control and reduce them. In his report on WHO activities, Roger Magnusson calls for a response involving multiple partners in coordinated action, bringing together the health, development, trade and finance sectors.

While the Framework Convention on Tobacco Control and the Global Strategy on Diet, Physical Activity and Health emphasize the role of governments, in many cases in developing regions, the structures of the state are too weak to be able to intervene effectively. A focus on government intervention therefore should not entirely overshadow the potential importance of possible private-sector initiatives (see Sania Nishtar's description of public-private partnership in action in Pakistan) or the activities of civil society.

As the global advocate for diabetes, IDF encourages organizations to coordinate international efforts in preventing chronic diseases. In addition, the Federation advocates for better care for people with diabetes because of the immense personal, social and economic burden associated with the largely preventable complications of diabetes. Highlighting the economic incentives in preventing chronic diseases is a key early step towards an international alliance for health and well-being. In his article, David Stuckler calls for greater economic knowledge in order to make convincing arguments that can support population-wide interventions.

Given the potentially devastating effects of chronic conditions on vulnerable emerging economies, the absence of these diseases from the UN's Millennium Development Goals seems inconceivable. A growing percentage of chronic disease-related deaths occur in people of working age. This is likely to be preceded by years of poor health and in many cases a degree of disability, reducing the productivity of people in work and provoking a shock wave of social and economic side-effects. The inclusion of diabetes and other non-communicable diseases among global development priorities has become a critical issue.