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100 YEARS OF  
ADVANCING  
PHARMACY  
WORLDWIDE



World Confederation  
for Physical Therapy



22 December 2011

Your Excellency,

### ***World Health Professions Alliance Open Letter on NCD monitoring and targets***

We are contacting you on behalf of the World Health Professions Alliance on the subject of the World Health Organization's dialogue on a comprehensive global monitoring framework and voluntary global targets on noncommunicable NCDs.

The World Health Professions Alliance WHPA [www.whpa.org/](http://www.whpa.org/) is the world's largest and most powerful body for health professionals. Through its five constituent professional bodies it represents more than 600 national member organisations, speaking for 26 million health professionals in more than 130 countries. The members are: the International Council of Nurses; the International Pharmaceutical Federation; the World Confederation for Physical Therapy; the World Dental Federation; and the World Medical Association. The alliance works to improve global health and the quality of patient care, and facilitates collaboration between health professions and major stakeholders.

WHPA is concerned that the proposed targets reduce health care to very limited technical provisions, forgetting the all too important person-centred care and people-centred public health care approaches. WHPA is also concerned that action against NCDs must take fully into account the factors which influence an individual's health, namely the social determinants of health. These social, cultural, environmental and economic factors are the major influences on quality of life, good health and length of disability-free life expectancy.

#### **WHO suggested targets:**

##### **Mortality from NCDs**

- Target: 25% relative reduction in overall mortality from CVD, cancer, diabetes, or chronic respiratory disease.
- Indicator: Unconditional probability of dying between ages of 30 – 70 from CVD, cancer, diabetes, or chronic respiratory disease.
- **WHPA:** Supports this target.

##### **Diabetes**

- Target: 10% relative reduction in prevalence of diabetes.
- Indicator: Age-standardized prevalence of diabetes among persons aged 25+.
- **WHPA:** WHPA emphasizes that there are high differences in the prevalence between countries.

##### **Tobacco smoking**

- Target: 40 % relative reduction in prevalence of current tobacco smoking.
- Indicator: Age-standardized prevalence of current tobacco smoking among persons aged 15+.

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- **WHPA:** A reduction of 40% is not an ambitious target. Minors under 18 years of age should not smoke at all. Children should be actively prevented from any exposure to tobacco smoke wherever they are. Provision (not only sales) of cigarettes to minors should be punishable. **Legislation enacted and effectively enforced** could be a useful target.

### **Alcohol**

- Target: 10% relative reduction in alcohol per capita consumption (APC).
- Indicator: APC of pure litres of alcohol among persons aged 15+.
- **WHPA:** A 10% reduction is not an ambitious target. Furthermore, under-age drinking should be completely banned. When being sold at 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. They would be reasonable targets.

### **Dietary salt intake**

- Target: Mean adult population intake of salt less than 5 grams per day.
- Indicator: Age standardized mean adult population intake of salt per day.
- **WHPA:** Supports this target.

### **Prevention of heart attack and stroke**

- Target: 80% coverage of multidrug therapy for people aged 30+ years with a 10 year risk of heart attack or stroke  $\geq$  30%, or existing CVD.
- Indicator: Multidrug therapy for people aged 30+ years with a 10 year risk of heart attack or stroke  $\geq$  30%, or existing CVD.
- **WHPA:** Supports this target.

### **Cervical cancer screening**

- Target: 80% women between ages 30 – 49 screened for cervical cancer at least once.
- Indicator: Prevalence of women between ages 30 – 49 screened for cervical cancer at least once.
- **WHPA:** One-off screening for cervical cancer must be questioned as a target. WHPA suggests either sustained cancer screening programmes as the basis for a target or vaccination against HPV to prevent cervical cancer.

### **Targets suggested by WHPA:**

#### **Physical activity**

- Target: 20% relative increase in adults who meet the WHO recommendations for physical activity.
- Recommendations: At least 30 minutes of physical activity five times a week.
- Indicator: increased physical fitness (both cardiorespiratory fitness and muscular strength), reduced body fatness, favourable cardiovascular and metabolic disease risk profiles, enhanced bone health and reduced symptoms of depression

#### **Children and physical activity**

- Target: 20% relative increase in children who meet WHO recommendations for physical activity.
- Recommendations: 5-17 year olds accumulate 60 minutes for moderate to vigorous intensity physical activity daily.
- Indicator: increased physical fitness (both cardiorespiratory fitness and muscular strength), reduced body fatness, favourable cardiovascular and metabolic disease risk profiles, enhanced bone health and reduced symptoms of depression.

### **Children and schooling**

- Target: 10% relative decrease in school days lost due to oral health problems.
- Indicator: Improved school attendance, recognising that those people with low levels of education are more likely to have lifestyles which lead to chronic illness.

### **Education and training**

- Target: At least 50% of health professionals, non-medical professionals and school students to receive training on noncommunicable diseases and the link with social determinants of health.
- Indicator: For health professionals, increased knowledge and understanding of diagnosis, treatment, prevention and rehabilitation of noncommunicable diseases and the link to social determinants of health. For non-medical professionals and school students, increased awareness of prevention and care of NCDs and the link to social determinants of health.

### **WHPA's response on NCDs**

We are concerned that a focus on improving only on these targets to prove success rates will deprive other important areas of health care from necessary resources. The approach does not lead to a comprehensive solution for health care, for communicable and noncommunicable diseases.

- We call on national governments **to strengthen health care systems** through a comprehensive approach that places emphasis on primary health care and integrates prevention, specialised treatment and rehabilitation, supported by the enhancement of collaborative practice between healthcare professionals (integrated care).
- The world needs a **holistic approach** to health care, addressing the **social determinants of health** – targets could address the elimination of inequalities in health care and help to ensure access to effective health care as a human right.
- There is a **risk that governments will concentrate only on improving outcomes** for cardiovascular disease, cancer, diabetes and chronic respiratory disease, detracting from other major NCD threats, such as musculoskeletal diseases, accidents, mental or oral diseases.
- Defining health success as a mere statistical challenge **deprives individuals of the health care** they are entitled to as a basic human right.

We are happy to discuss any aspect of this with you further. Please contact WHPA by email at [whpa.ncd@wma.net](mailto:whpa.ncd@wma.net) if you have any questions.

Sincerely,

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