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NGOs at WHA: We can fight Health risks Together !

NGO Briefing at the World Health Assembly

This is the report from the 6th NGO briefing on Health Promotion at the World Health Assembly in May 2003

Pekka Puska, WHO:

Director Department for NCD, Prevention & Health Promotion

The new WHO DG, Dr. Lee mentioned just a few minutes ago that we have tremendous burdens of infectious diseases which are still major challenges. Public health depends however more and more on the few chronic non communicable diseases which cause a big burden to countries and a double burden to many developing countries. Behind this are many other transitions, in behaviours, life styles and in particular in diet, physical activity, and tobacco. There are demographic changes and changes which can be related to globalisation, global trade communication and urbanisation.

Lets look at global mortality. Of course we know that mortality is only the tip of the iceberg but it shows the transition. 60'% of all deaths in the world are already caused by a few non communicable diseases and half of that are cardio vascular diseases. Every third death in the world is now cardio vascular and this transition is rapidly going on

Out of the Worlds six WHO regions we see that not only in this continent but also in the American continent and in Western Pactific, public health is predominently dependent on what happens with a few chronic diseases.

But even in S.E. Asia and the Eastern Mediterranean also those diseases are the greatest killers now. It is only in Sub Saharan Africa where the infections and traditional picture is still the major one But even there the transition is very rapid. So at the same time we have to continue our work concerning the more traditional diseases, there is a tremendous burden of a few chronic diseases. And the transitions continue rapidly, This is the reality already in most parts of the developing world which means that, unlike twenty years ago the overwhelming majority of the non communicable disease burden is now in the developing world in India and China alone more than in all industrialised countries together Twenty or thirty years ago, when I started my work in Northern Europe these diseases were called the diseases of affluence Those times have gone.

These diseases are now going to poorer and poorer countries and within the countries they are going to poorer and poorer parts of the population and becoming the major contributor to ill health in the world.

People are sick because they are poor. And when they get the diseases they become poorer. This is a vicious circle.

The bad news are that there is a growing epidemic of non- communmicable diseases in most parts of the world., not just human suffering but an enormous burden to health services.

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Traditional Practices on Health risks

Dr. Morissandra Kouyaté:

Traditional Practices are beliefs, attitudes and behaviours which a social group applies for various reasons, for cultural, health or religious reasons. There are two major categories of traditional practices which we are going to present here. First I want to talk about **beneficial** traditional practices because we often think that all traditional practices are bad. Obviously this is not a condemination of our traditions or cultures so I want to recall that there are good traditional practices. What are they? There are many and in the interests of time I have chosen just a few.

The collective responsibility for children is a very widespread practice in Africa. This means that a child is considered the child of the society, of the collective society. So each member considers himself in the parental role to the child. Its a collective

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Dr. Morissandra Kouyaté (from page 1) :

towards the child. Obviously this involves civil, moral and health education and improvement in health can also be a result.

Social aid and sharing of troubles is another area. The African social system is not just words. Its not money which we put into national and social security but a system of helping one another and sharing burdens and troubles and it begins with the family. We often have three or five generations living together which means that the older people are not marginalised, they are not abandoned they are taken care of by their children and their grandchildren which creates a very good atmosphere within the family. There is also the collective responsibility for problems which means that when there is a problem in the society this is dealt with collectively. We don't have an individual response to problems it is more or less worked out when there are illnesses, disasters or deaths it is collective. If there is someone ill in the family, everybody in the family is concerned. Everybody in the house takes responsibility for caring for the person until he has recovered. When there is a death, people come together to cry with their friends and their neighbours Maybe sometimes it is simulated but still that collective bereavement is support. This collective responsibility for our problems is not a new thing. It has a long tradition of thousands of years and we want these traditions to be respected.

As an NGO we do everything we can to ensure that these beneficial practices do not cease but we must also be aware that there are some traditional practices which are genuinely dangerous or harmful. So we mustn't be complex we cannot pretend that everything is fine when it isn't. So we have to deal with this. As the Inter African Committee we particularly fight against FGM . I don't think I need to tell you a lot that you don't know about this practice. FGM is a problem for the whole society. Unfortunately it is presented as a woman's or little girl's problem and that's why we have a slow response or a solution because the problem has been marginalised by calling it a woman's or girl problem. But it is a problem of the whole society. You see there are many harmful consequences . The major complication such as haemorrhages, infection, fistula, the risk of HIV/AIDS as and don't forget this - we use one knife for everybody during the ceremony and perhaps ten girls are all operated on at once, so that if one of them has HIV then perhaps all the others could risk catching it from that same dirty knife. There are also later complications, such as sterility of the adult woman, psychological effect, and in our society Those complication could be difficult pregnancy, death in childbirth. Often when we have a difficult job in Africa when we see that a woman is having a difficult labour there are traditional attitudes that this is a punishment on her. Perhaps she has been unfaithful to her husband or there is some other reason why she is suffering. So instead of helping her, or taking her to the hospital, she is surrounded by people accusing her of adultery and obviously this is all linked to the physical problems which is the difficult birth and which could have been caused by FGM at a much earlier age.

There are some taboos to do with food as well in Africa. These taboos are myths or beliefs when people believe that certain foods should not be consumed . by a certain part of the population. Often these are food items which are rare, and are often very good to eat so if there is not enough of this food to go around the whole population, discrimination on the basis of these traditional practices means that women and children are prevented from eating these particular foods and obviously this causes health consequences as these people cannot eat a balanced diet. Obviously these taboos vary from region to region and country to country Another thing we have noted is that colostrums the first milk that comes after the baby is born is the richest milk Unfortunately there are certain populations which consider this is impure milk and women are not permitted to feed their baby with the colostrums , and have to wait until the full milk comes after a couple of days. This means that the babies are deprived of this and if we don't receive vaccination they are then totally deprived of the immunity they would have received through the colostrums which they were prevented from taking. Eggs are another item which are sometimes not permitted. People believe that they can cause a child to become deaf and dumb, I don't know why but it is quite a widespread belief. Women believe that eating meat can cause heavy periods and painful labour. Some people believe that fish should not be given to babies because it will give them scales on their skin. And even giving water to a child can diminish their intelligence. Children are often prevented from having vegetables because it is believed that they will cause blindness. Fruit which is not fully ripe is considered to be bad for children because it could cause lockjaw. We often see anaemia in pregnant women and children; we see difficult and dangerous pregnancies; and maternal and child mortality at birth; haemorrhages during and post partum.

We are trying to promote and sustain good and beneficial practices, and to stamp out harmful practices. We are developing campaigns of raising awareness and of advocacy. We are mobilising traditional leaders, community leaders and local organisations. We have activities with some of the traditional practicants, training them for other activities. We are carrying out lobbying campaigns, multidisciplinary approaches. As a result we have achieved a demystification of traditional practices, particularly FGM. We see commitment of communities and many political leaders. Among the 28 countries which continue with FGM. There has been a vote in 14 of them to stamp it out. Recently we had a new declaration that the 6th February will be the International Day of Zero Tolerance of FGM.

> *"when we see that a woman is having a difficult labour there are traditional attitudes that this is a punishment on her"*

Let me just conclude my presentation with this African proverb. If you cannot take all your luggage with you, take the luggage which is the most useful and forget that you owned the rest of it.

Lets look at the summary picture.

Berhane Ras-Work,

The NGO Ad Hoc Advisory Group on Health Promotion:

We are receiving more and more recognition for this effort. And it is with this objective that the Group has initiated this afternoon's briefing. We are grateful for the help and support that we receive from the Non-Communicable Disease Prevention Department. We are grateful for the excellent collaboration and support that we receive from Dr. Desmond O'Byrne who has been with us all along.

This afternoon we are privileged to have distinguished personalities with us to present the introduction to the Briefing. Dr. Pekka Puska, Director of Non-Communicable Disease Prevention and Health Promotion,

Dr. Morissandra Kouyaté, Director of Field Operations for the Inter African Committee He is a Guinean and has a distinguished career in the area of health promotion.

He is a committed campaigner against harmful traditional practices and gender equality. He combines rare qualities of professionalism and human value. He has an excellent quality of communication; he reaches the grass roots as well as the decision makers. We are privileged to have you Dr. Kouyaté with us. He came to Geneva specifically for this meeting.

Then we have Ruth Kobia, representative of the World YWCA who is going to share her experiences with us. I must say before I end that a great part of the credit for the existence and operation of the Ad Hoc Group goes to my friends and colleagues Joanna Koch and Mats Ahnlund. We are all grateful to you the members of the Ad Hoc Group.

"The NGO Ad Hoc Group has exerted sustained efforts to strengthen its working relationship with WHO, following the spirit of the Jakarta Declaration."

Pekka Puska (from Page 1):

The good news are that the medical evidence for prevention is strong. We don't know everything, but very much. Of course it is important to try to treat patients as well, but resources for expensive coronary care, cancer, renal diabetic treatment are limited. Prevention should have the priority and prevention is possible. We have strong evidence on the few factors that relate to most of these diseases, those common risk factors are, unlike with old infectious diseases, aspects of our behaviours.

Behind the risk related behaviours there are realities in the society and in the community, social and economic and environmental factors that determine behaviours. Already in the world there are more obese people than people with underweight and if we take overweight, the criteria ratio it is even greater. Obesity is increasing all over, so is unbalanced nutrition and physical inactivity. Much of this is shown in the latest WHO reports which look not only now at the disease burden, but at the risks to health, which are beyond the disease burden.

Let's look at the summary picture. Out of the well recognised risk factors high blood pressure is number one killer in the world. Number 2 is tobacco, Nr. 3 is high blood cholesterol. underweight, unsafe sex, low fruit and vegetable high body mass index, physical activity, alcohol. Out of the ten top risk factors for the mortality in the world already seven relate to non communicable diseases This is not surprising as they are the biggest killers. Tobacco is the one that the Framework Convention is now hopefully addressing in a big way. Most of the other risk factors relate to what we eat, drink and move. This concerns especially coronary heart disease, type 2 diabetes and even 1/3 of the cancers. We have increasing evidence that prevention is possible. Lets take first classical trials. We have three major diabetes trials where high risk people have been randomised into a group which was advised to make some sensible changes in diet and increase the physical activity and control group. In a short time, in all these trials, China, Finland and USA, the Group that made some changes in the diet and physical activity had 60% less new cases of diabetes

At the population level in the country where I come from, which had the highest mortality in the world from cardio vascular disease thirty years ago we launched a project to change diets. This message was taken in collaboration with NGOs, public services, government and media. Gradually diets were changed, people stopped smoking and physical activity increased. In 25 years the number of heart disease deaths in this population was 75% less. With reduced smoking there was a 70% reduction in lung cancer and health improved, not just prevention of disease, but better health.

So finally a few words what WHO is doing and how are we responding. The basis for our work to curb the epidemic of non communicable diseases a global strategy was decided by the WHA three years ago. Instead of going to vertical disease programmes we go to integrated prevention, targeting the main risk factors where the evidence is strong and effective interventions are available, and results are measurable.

Last year the WHA said that the WHO-work with tobacco is very important but what about the other risks diet, physical activity ? We should start work on that too. So, the WHA asked us to prepare a global strategy The message is clear. We have an expert report about certain aspects of diet and physical activity. It is not just a question to individuals, it is very much a question of making the healthy choices affordable and possible in our societies. It means that the emphasis is on policies and environment and on the underlying factors, and in trying to identify certain priority actions. The basis is the WHO non communicable disease strategy, but now we have mandate from the WHA to prepare a global strategy on diet and physical activity for next year's Assembly.

We have just completed the first phase which was this report by WHO and FAO and which gives the science base on-healthy diet and physical activity for NCD prevention.

This is the report that the sugar industry attacked very heavily, but we are very confident about this unanimous report by scientists from different parts of the world. We are now having a large series of consultations with Member States in different parts of the world, with UN agencies, civil society and private sector, to arrive at the strategy which we will present to the Executive Board and the WHA 2004.

I cannot help stressing the importance of civil society and NGOs. The example of the Framework Convention shows how important NGO support is, for implementation.

"I cannot help stressing the importance of civil society and NGOs. We are very much counting on a partnership"

We are very much counting on a partnership, strong collaboration with NGOs for this very complex but important task. We feel that enormous health gains are at stake and even modest success can bring very great gains. Even if we say that information is cheap, we do need resources for this kind of work, We are identifying resources for this type of work, from tobacco and alcohol tax, maybe a soft drink tax. Prevention is cheaper than expensive treatment, but we need the resources

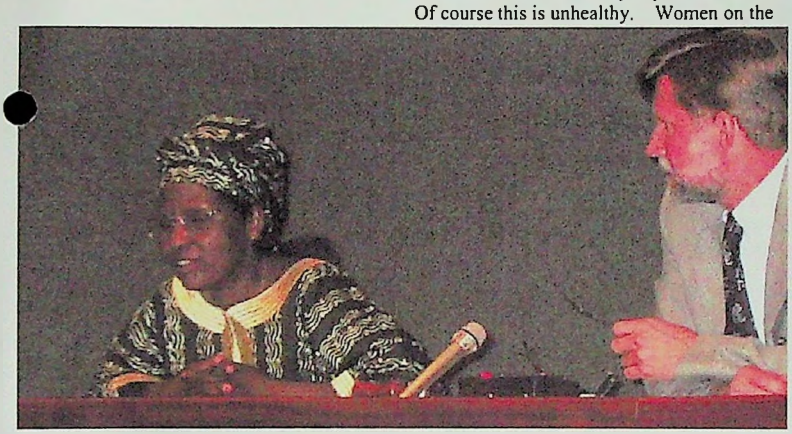
Prevention is better than cure both for individuals and for the society We have the evidence, how to work for the health of the people. WHO cannot do it alone, governments cannot it alone, we have to work together, the role of NGOs is very important. This great day has shown us how important this collaboration is.

Dr. Ruth Kobia,

Young Women´s Christian Association:

I will talk to you about a few risks on health. I should say that luckily in my community where I come from, it is men who are not allowed to eat vegetables because it is considered they would become weak so women have the privilege to eat all the green leaves.

lot of middle class people and even high class people pretend to be over weight. It is not accidental. It is because people have been told eating an egg is good , eating meat is good so they end up eating if they can afford it, eggs five or seven days a week. In my town in Nairobi there are some men mostly because they have the money, who have meat for lunch every day of the week. Of course this is unhealthy. Women on the



We recognise the effort that WHO has made to eradicate very many diseases especially the communicable diseases like leprosy, diphtheria, polio and many more. However new diseases have now come and they are a dread to our world. HIV AIDS we all have heard about it and now of course even SARS and diseases like cancer which have been with the human being from time immemorial. Cardiovascular diseases, obesity, malnutrition these are still a dread to our health. Sometimes we wonder why we still have so many health risks despite the many meetings WHO has held, despite all the programmes that governments have held but certainly we see there are major problems that prevent the implementation of all the programmes that we have.

We know that poverty is a major obstacle to health. In most situations poverty leads to ignorance and here let me say that ignorance is not necessarily with the illiterate people. Ignorance in developing countries we know some of the things could also be called myths, things like gaining weight is considered a privilege in well to do communities , especially in developing countries, like those in Africa. So you find a

contrary, because they don't have money cannot

afford to eat much, so they end up being malnourished and being anaemic and having such diseases.

Political instability leading to wars that damage our ecosystem, destroy the infrastructure and remove people out of their dwelling places. In war situations women and children are the ones who suffer because they lack good food and good nutrition, and all the problems that result. People are forced to move from their usual places, they move to towns, and of course not necessarily to the best part of towns, the slum parts. In these places we know there is not enough water, basic hygiene is not available, and they are exposed to bad health habits like drugs and alcoholism.

Another problem that we have been trying to overcome is cancer, especially breast cancer. We know this can be avoided by good practices, like good nutrition, exercise, avoiding smoking, but we think there are many communities who are not aware that these practices can help. There are also communities not necessarily in Africa but in other parts of the world, who do not have the right information on breast cancer. For example someone did a survey in a group and they found out most of the Chinese women in that particular group believed that cancer is always fatal, which is not necessarily so. The Italian women believed once you get breast cancer there is no treatment, and there is. In the African women's group they believed you could not control how you get cancer, so we try to educate people in good habits and try to remove these myths.

There is also the problem of stigmatisation not only of AIDS but also of breast cancer And this is true especially in the developing world. We know that women have done a very good job. Women survivors have been leading campaigns to educate others, to encourage others, and this has been quite a good example which is catching up in the third world. In Nairobi a

> *"In war situations women and children are the ones who suffer because they lack good food and good nutrition, and all the problems that result"*

centre has been opened, the Kenya Breast Healthy Programme, started by a lady who got cancer while she was in the US for her further studies. She decided that as a Christian probably God had a purpose in making her have this illness. She became a campaigner for breast cancer which in most developing countries women don't talk about because of its association with sexual matters and feminity, but she started this programme and now women are encouraged to come out and talk about it and to encourage one another. Unfortunately this woman passed away last month. The programme she started still exists and I think this was a very good effort.

The YWCA has observed that when we all team up, governments, NGOs we can really make a difference in combating illnesses especially in the way of creating awareness and many experts believe that global cooperation and trust are vital to the success of disease control

Members of the NGO Ad Hoc Advisory Group on Health Promotion

- Associated Country Women of the World
- Global Alliance for Women's Health (New York)
- Inter African Committee on Traditional Practices
- International Baccalaureate Organisation
- International Council of Nurses
- International Council of Social Welfare
- International Health Co-operative Organisation
- International Union for Health Promotion and Education
- AMREF-African Medical& Research Foundation
- International AIDS Society

We are an informal group of international NGOs which all attended the WHO 4th International Conference on Health Promotion in Jakarta, in July 1997. We saw the need to implement the Jakarta Declaration, and to work in partnership to involve NGOs in the WHO work for Health Promotion

We come from widely different areas of activity -

- health promotion & education,
- international education,
- health co-operatives,
- traditional practices,
- nursing,
- rural women,
- social welfare,
- women's health.
- HIV/AIDS

Our wide diversity of interests, international structures and grass root involvement give the NGO Ad Hoc Group its richness of approach, experience and expertise.Together we represent many millions of members around the world.

Working together and individually, and in close liaison with the Health Promotion, Non Communicable Diseases, and Surveillance Unit at the WHO headquarters, we have endeavoured to keep the Jakarta and Mexico agendas in the forefront of the NGO community. As a group we held six successful lunchtime briefings at the 1998, 1999, 2000, 2001, 2002 and 2003 World Health Assemblies on NGOs and government partnerships in the follow up to Jakarta and Mexico. As an individual NGO this would nothave been possible.

We hope that this example of partnership will encourage others to become involved in health promotion, and that it will serve as an example for NGO Groups in other areas and disciplines.