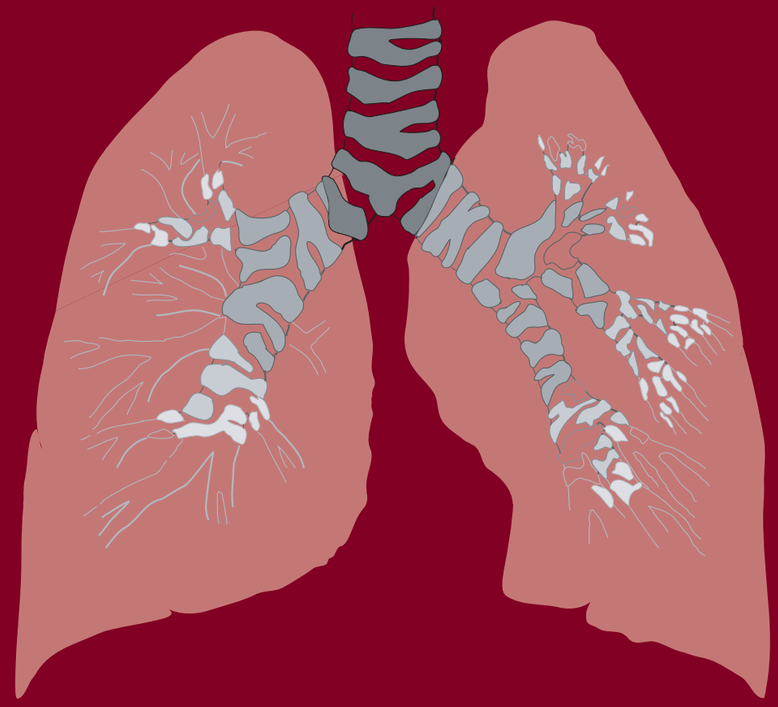
WHO/MNC/CRA/02.1
Original: English



WHO strategy for prevention and control of chronic respiratory diseases

World Health Organization
Management of Noncommunicable Diseases Department
Chronic Respiratory Diseases and Arthritis

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Based on the WHO Consultation on the Development of a Comprehensive Approach for the Prevention and Control of Chronic Respiratory Diseases (11 - 13 January 2001, Geneva)

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1. Introduction

Respiratory conditions impose an enormous burden on society. According to the WHO World Health Report 2000, the top five respiratory diseases account for 17.4% of all deaths and 13.3% of all Disability-Adjusted Life Years (DALYs). Lower respiratory tract infections, chronic obstructive pulmonary disease (COPD), tuberculosis and lung cancer are each among the leading 10 causes of death worldwide. Based partly on demographic changes in the developing world, but also on changes in health care systems, schooling, income, and tobacco use, the burden of communicable diseases is likely to lessen while the burden of chronic respiratory diseases (CRDs) including asthma, COPD, and lung cancer will worsen because of tobacco use and population ageing.

So far, estimates of COPD have been based primarily on mortality statistics. These provide misleading figures because COPD is underdiagnosed and often not listed either as a primary or contributory cause of death. Estimates of prevalence require measurement of airflow obstruction. Consequently, few countries have good population-based data on COPD prevalence. Nevertheless, estimates show death and disability due to COPD are increasing across most regions for males and females.

Asthma, having a relatively low fatality rate, draws less attention than other respiratory conditions, despite the fact that it affects about 150 million people world-wide and is the most prevalent chronic disease in childhood. High prevalence of childhood asthma observed during the last decades predicts the growing prevalence of asthma in the nearest future unless appropriate preventive measures are undertaken.

The Global Strategy for the prevention and control of noncommunicable diseases, developed in direct response to the global threat posed by noncommunicable diseases and endorsed by the Fifty-Third World Health Assembly, cites chronic respiratory disease as one of the four priority disease groups to be addressed.

2. Factors contributing to the burden of CRDs

- Multiple determinants serve to increase the burden of CRDs. The direct and indirect exposure to tobacco smoke is the principal risk factor for its development. Other important factors include heavy exposure to air pollution derived from indoor and outdoor sources, occupational related disorders, malnutrition and low birth weight, and multiple early lung infections.
- Studies undertaken over the last three decades provide growing evidence of an increase in atopic diseases and sensitisation to common allergens. Prevalence of asthma is increasing, most rapidly among children, especially where urbanisation is taking place. Such factors as exposure to tobacco smoke, housing with poor ventilation, indoor allergens, viral infections, outdoor air pollution, and chemical irritants are under investigation. Conversely, there exists evidence that cleaner environments present in modern cities understimulate post-natal immune systems, leading to over-sensitization.
- Because of other priorities, CRDs are not receiving the attention and services necessary in many developing countries to prevent and manage them appropriately. Failure to take action results in increasing magnitude.
- Poverty, which engulfs a large portion of the worlds' population, determines the type of affordable housing, the level of nutrition, the level of education and the types of occupations available to people, all of which can impact negatively on health status. Socio-economic factors play an important role in increasing disease prevalence and severity through environmental determinants and may also result in adverse health outcomes caused by the lack of access to appropriate health care.

3. Goal of the strategy

The goal is to support Member States in their efforts to reduce the toll of morbidity, disability and premature mortality related to Chronic Respiratory Diseases, specifically COPD and asthma.

4. Objectives of the strategy

Based on the Global Strategy for the Prevention and Control of NCDs, the objectives of the WHO strategy on CRDs are:

- ***Better surveillance*** to map the magnitude of Chronic Respiratory Diseases and analyse their determinants with particular reference to poor and disadvantaged populations, and to monitor future trends.
- ***Primary prevention*** to reduce the level of exposure of individuals and populations to common risk factors, particularly tobacco, poor nutrition, frequent lower respiratory infections during childhood, and environmental air pollution (indoor, outdoor, and occupational).

Secondary and tertiary prevention to strengthen health care for people with Chronic Respiratory Diseases by identifying cost-effective interventions, upgrading standards and accessibility of care at different levels of the health care system.

5. General principles

Major barriers exist in establishing effective prevention and control programmes. Experience has shown that in order to overcome these barriers, the following measures need to be addressed:

- Strengthening partnerships among health care systems and other sectors of society (governmental and nongovernmental organizations

in the area of respiratory medicine, international institutions, environment protection agencies, industry, and schools);

- Developing globally accepted criteria for the diagnosis of CRDs;
- Integrating CRD prevention into a comprehensive noncommunicable diseases prevention programme based on the commonality of risk factors and preventive approaches;
- Development and evaluation of reproducible and inexpensive methodologies to monitor COPD suitable for use in developing countries;
- Identifying and addressing barriers to drug and essential device accessibility, developing approaches to improve accessibility to essential drugs in low income countries, designing and implementing a study of CRD drug and device availability and pricing in low and middle income countries;
- Identifying gaps in existing guidelines, using methodologies for guideline development that are evidence-based and take into account public health considerations like cost-effectiveness and feasibility specially in developing countries, using the newly developed guidelines