

directing council



PAN AMERICAN
HEALTH
ORGANIZATION

XXIII Meeting

regional committee

WORLD
HEALTH
ORGANIZATION

XXVII Meeting



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Provisional Agenda Item 34

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NONCOMMUNICABLE CHRONIC DISEASES

At its 74th Meeting (23 June to 2 July 1975), the Executive Committee adopted the following Resolution X:

NONCOMMUNICABLE CHRONIC DISEASES

THE EXECUTIVE COMMITTEE,

Bearing in mind the present status of noncommunicable diseases in the Hemisphere,

RESOLVES:

To recommend to the Directing Council that at its XXIII Meeting it approve a resolution worded as follows:

THE DIRECTING COUNCIL,

Bearing in mind that, as a result of the control of communicable diseases, the increases recorded in life expectancy at birth and the environmental changes taking place in some countries of the Region, cardiovascular diseases, diabetes mellitus and cancer are among the principal causes of death;

Considering that many countries have not yet formulated definite policies in regard to programs for the control of these diseases; and

Bearing in mind the relevant goals contained in the Ten-Year Health Plan for the Americas,

RESOLVES:

1. To request the Director of PASB to collaborate with the countries in epidemiologic studies enabling them to define the extent of the problem of chronic diseases and identify the risk factors in their pathogenesis, so as to provide guidance for control programs.
2. To recommend to the countries that they establish noncommunicable disease technical units at the central level of health administrations with a view to programming and coordinating control activities at national level, as part of regionalized national systems of health care.
3. To request the Bureau to promote and coordinate inter-country programs in specific communities and on a restricted scale, with a view to demonstrating the feasibility and effectiveness of epidemiologic studies and preventive and therapeutic measures, thus facilitating the organization of permanent control programs of broader coverage.
4. To request the Director to consider the establishment of an information system designed to monitor the situation at regional level and to identify collaboration aspects of epidemiologic, basic and clinical research.

Communicable disease control, the increases recorded in life expectancy and the cultural and environmental changes due to accelerated urbanization and burgeoning industrialization are contributing to a sharp rise in chronic diseases in most of the countries of the Region. Foremost among these diseases are cardiovascular diseases, diabetes mellitus, and cancer. Deaths due to cardiovascular diseases in fourteen countries of the Region, which contain 60 per cent of the population (excluding the two most economically developed countries), represent between 21 and 44 per cent of all deaths.

Despite the recommendations of the Ten-Year Health Plan for the Americas (1971-1980), many countries have not yet formulated clear-cut policies for the control of these diseases and, in most of them, data on the prevalence and distribution of the various entities that make up the group of noncommunicable chronic diseases are not available.

The Bureau has been assisting the countries in defining the magnitude of the problem, in particular cardiovascular diseases, diabetes mellitus, cancer, and rheumatological diseases.

In addition, PASB has begun to conduct cooperative multinational studies on a limited scale in specific communities in order to demonstrate the feasibility and effectiveness of epidemiological studies and of preventive and curative measures. These multinational studies have been initiated in the areas of prevention of rheumatic fever, control of diabetes mellitus, and control of arterial hypertension.

Seven countries are taking part in the study on the prevention of rheumatic fever and rheumatic heart diseases and are using a standard model protocol prepared by PASB and adopted by the Chiefs of the Program in each of these countries at a working meeting held in Porto Alegre, Brazil, from 15 to 18 July 1975.

Diabetes mellitus was recognized by the Conference of Ministers of Health of the Caribbean to be an important problem in that area, because of the morbidity and mortality it causes. This problem was discussed by an expert committee in Washington, D.C., from 6 to 8 December 1974 and at an ad hoc meeting in Port-of-Spain, Trinidad, on 23 May 1975, at which the bases for an intercountry program were laid. The first activity, now in progress, is the preparation of a standard form for the registration of known cases. Extrabudgetary financial support is being sought in order to implement other control measures.

Seven countries are participating in the arterial hypertension program. As in the rheumatic fever program, a standard model protocol was prepared and circulated among the Chiefs of the Program in those countries and will be discussed at a joint meeting to be held during late 1975.

In addition to these activities, a multinational cancer information program has been initiated, the purpose of which is to define areas of epidemiological, basic and clinical research; this program is being conducted in collaboration with the United States National Cancer Institute and the International Union against Cancer. The Regional Library of Medicine (BIREME) is participating in it in disseminating information, as is the Center for Exchange of Scientific Information of the Smithsonian Institute in the analysis and distribution of information. Furthermore, the International Directory of Oncological Centers is being updated and, for that purpose, PASB is compiling data that will ensure the inclusion in it of the oncological centers in the Region.

These activities are in line with those recommended in Resolution WHA28.85, "Long-term Planning of International Cooperation in Cancer Research," adopted by the Twenty-eighth World Health Assembly in May 1975.