

September 2011-United Nations and Non-communicable Diseases

One of the most important problems in the current situation of the world is to deal with the consequences of diseases. Human beings have always been involved with the burdens, morbidity, mortality and disabilities due to contagious and non-communicable diseases. Infectious diseases slaughtered people for centuries. However, the majority of them were out powered by the human knowledge. Although we still face burdens imposed by infectious diseases, their share in disease related expenses, morbidity, mortality and disabilities is relatively small compared to non-communicable diseases. By successful relative control of infectious diseases, the role of non-communicable diseases became more clear. Non-communicable diseases cannot be managed by the efforts of health related authorities alone in the world. A great cooperation between political, social, cultural and judiciary system is required to overcome this obstacle. The United Nations is well aware of the importance of this global cooperation and made a decision in this regard which is greatly appreciated. Continuous efforts have resulted in an important action by the UN as this organization called for a meeting to be held on 20-22 September 2011 with the participation of head of states on the theme of non-communicable diseases (NCDs). The four major NCDs include cardiovascular diseases, chronic respiratory diseases, cancers, and diabetes. The summit aims at reaching a consensus in adopting a global strategy to fight NCDs. The previous session in 2001 focused on HIV/AIDS. Now, after 10 years, the role of NCDs in the community health has been highlighted and considering the millennium development goals (MDG), NCDs will be the subject of discussion in this upcoming summit. World leaders will attend this meeting to explain the situation of their country in terms of NCDs and report their taken actions to confront this situation at national and international levels in order to find one international single strategy to control such diseases.

Disease prevention and controlling the risk factors in the community can drastically reduce disease related burdens. Health authorities, medical institution, researchers, and non-governmental organizations should put all their efforts on highlighting the risk factors. They have the responsibility to inform political figures and world leaders about the risks and burdens of NCDs, discuss how to confront such conditions and convince them to cooperate with other countries' leaders.

Obesity, physical inactivity, unhealthy nutrition, and smoking are the major common risk factors for all NCDs. The recent published data revealed the effect of BMI, serum total cholesterol and systolic blood pressure on the rising of prevalence, morbidity and mortality as well as costs burden on premature cardiovascular diseases particularly in the developing countries (1) which clearly indicates the reason why the UN decided on holding this summit.

Among all risk factors tobacco prevention and control play a significant role in this respect. According to the latest statistics on the cigarette consumption status in Iran, 23.4% of men and 2.9% of women in the age range of 15-64 yrs are smokers. However, an important finding in recent studies was decreased age of initiation of smoking among adolescents and the youth. Accordingly the age of initiation of smoking is at least 13 yrs (2,3).

The Ministry of Health and Education, The Iranian parliament and especially the Health and Treatment Commission, National scientific associations, Iranian Medical Council, Social care services, Iranian Anti-tobacco association, respiratory disease research centers, universities, governors' offices, and the municipalities all over the country are actively involved in the matter of implementation and practical application of the FCTC recommendations.

REFERENCES:

1. *Finucane MM, Stevens GA, Cowan MJ, Danaei G, Lin JK, Paciorek CJ et al. National, regional, and global trends in body-mass index since 1980: systematic analysis of health examination surveys and epidemiological studies with 960 country-years and 9.1 million participants. Lancet 2011; 377(9765):557-86.*
2. *Meysamie A, Ghaletaki R, Haghazali M, Asgari F, Rashidi A, Khalilzadeh O et al. Pattern of tobacco use among the Iranian adult population: results of the national Survey of Risk Factors of Non-Communicable Diseases (SuRFNCD-2007) Tob Control. 2010;19(2):125-8.*
3. *Heydari Gh, Sharifi H, Masjedi MR, Rmezhankhani A, Joossens L. What kind of cigarettes do smokers use in Tehran? Tanaffos 2009;8(2):54-8.*

Mohammad Reza Masjedi, MD

Editor-in-chief