

The global alliance wants to start selecting 5–10 key countries as models for the rest of the world. The choice of these pilot-countries is based on targets identified with WHO regions. This requires the Global Alliance and its regional policy groups to support the formation of national councils to develop policies aimed at achieving effective changes in the food and physical activity environment, as well as establishing media and public information resources needed to support these policies.

The WHO has recently assigned increased resources and responsibilities to its regional and national programmes, whilst pegging or reducing the central budgets held in its headquarters. On this basis, the Global Alliance approach can be synergised towards areas which WHO has determined should be its priorities over the next few years. The IASO/IOTF secretariat provides the core support to the Global Alliance and its central groups and also related to the regions. A small group of experts is responsible for developing policy recommendations and a broader based advisory group will review and comment on proposals. This group also ensures comprehensive regional representation.

Meetings of the Global Alliance Council will be held at least once a year in different countries, with the central policy development group and regional groups meeting more frequently. The regional groups could also be involved in new analyses dealing with the health costs of the obesity epidemic and its co-morbidities as well as the economic benefits of dietary and physical activity changes in association with FAO and the World Bank.

The opportunity and potential benefits involved in the Global Alliance programme are enormous. Based on preliminary calculations, there are 1.7 billion adults and at least 155 million school-age children who are overweight or obese and at risk of major health problems, particularly diabetes, hypertension, coronary heart disease and several common cancers. These children may become “a lost generation” with lower life expectancies than their parents. Those prone to diabetes are seeing the onset advance and the average age for developing diabetes in the population generally is now 10 years earlier than it was 15–20 years ago. Type 2 diabetes is now also emerging for the first time in adolescents with devastating effects in terms of early kidney failure and blindness. This is happening particularly in developing countries where children seem more sensitive to the impact of excessive weight gain perhaps because of a legacy of generations exposed to poor nutrition.



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## Framework Convention on Tobacco Control (FCTC)

The FCTC was adopted unanimously by the World Health Assembly on May 21, 2003 and was closed for signature on June 29, 2004. On November 29, 2004, Peru deposited the fortieth instrument of ratification at the UN in New York, the minimum number required for the treaty to enter into force. Thus far, 168 countries have signed the treaty and 114 have become parties. The first meeting of a subsidiary body – the Conference of the Parties – is being held from the 6th to the 17th of February 2006 to review national reports, provide further guidance on proper implementation of the FCTC, initiate protocol negotiations and promote the mobilization of financial resources.

Provisional agenda of the Conference of the Parties:

1. Opening of the session
  - Election of officers
  - Adoption of the agenda and organization of work
  - General debate
  - Provisional rules of procedure
  - Credentials of participants
2. Report of the interim Secretariat and status of the WHO FCTC
3. Report of the Open-ended Intergovernmental Working Group on the WHO FCTC

4. Matters identified in the Convention for action by the Conference of the Parties at its first session
  - Adoption of the rules of procedure for the Conference of the Parties
  - Designation of the permanent Secretariat and arrangements for its functioning
  - Adoption of financial rules for the Conference of the Parties, and financial provisions governing the functioning of the secretariat
  - Adoption of the budget for the first financial period
  - Review of existing and potential sources and mechanisms of assistance
5. Additional matters identified in the Convention for consideration by the Conference of the Parties
  - Reporting
  - Elaboration of guidelines
  - Elaboration of protocols
6. Consideration of a programme of work for the Conference of the Parties
7. Date and venue of the second session of the Conference of the Parties
8. Closure of the session

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## Preventing chronic diseases: A vital investment estimates hundreds of billions of dollars at stake

The World Health Organization (WHO) report, "Preventing Chronic Diseases: a vital investment" says global action to prevent chronic disease could save the lives of 36 million people who would otherwise be dead by 2015.

Currently, chronic diseases are by far the leading cause of death in the world and their impact is steadily growing. The report projects that approximately 17 million people die prematurely each year as a result of the global epidemic of chronic disease.

Faced with the prospect of millions of people dying prematurely and suffering needlessly from heart disease, stroke, cancer and diabetes, WHO

says the global epidemic of chronic disease must be stopped. Contrary to common perception, this largely invisible epidemic is worst in low and middle income countries, where 80% of all chronic disease deaths occur. The report details the latest findings from nine countries: Brazil, Canada, China, India, Nigeria, Pakistan, the Russian Federation, the United Kingdom and the United Republic of Tanzania.

The report also provides new projections for the economic impact of chronic diseases. For example, China, India and the Russian Federation could forego billions of dollars in national income over the next 10 years as a result of heart disease, stroke, cancer and diabetes. The estimated accumulated losses to China from 2005 to 2015, for example, are US\$ 558 billion, for India US\$ 236 billion, and US\$ 303 billion for the Russian Federation.

"This is a very serious situation, both for public health and for the societies and economies affected, and the toll is projected to increase", said Dr. LEE Jong-wook, WHO Director-General. "The cost of inaction is clear and unacceptable. It is vital that countries review and implement the health actions we know will reduce premature death from chronic diseases."

### The global goal

In this report, WHO proposes a new global goal: to reduce the projected trend of chronic disease death rates by 2% each year until 2015. This would prevent 36 million people dying of chronic diseases in the next 10 years, nearly half of them before they turn 70.

But these problems and their solutions lie outside the control of any one sector. In order to achieve the goal, all sectors from government, private industry, civil society and communities will have to work together. "More and more people are dying too early and suffering too long from chronic diseases," said Dr. Catherine le Galès-Camus, Assistant Director-General of Noncommunicable Diseases and Mental Health, "We know what to do, and so we must do it now."

### Preventable risk factors

The vast majority of cases of chronic diseases are caused by a small number of known and preventable risk factors. Three of the most important are unhealthy diet, physical inactivity and tobacco use. Globally, these risk factors are increasing as people's dietary habits change to foods high in fats