The global fight against diseases – a race against time

Editorial – secondary publication

Ib Christian Bygbjerg, Professor & Allan Krasnik, Professor

Correspondence: Allan Krasnik, Department of Health Services Research, Institute of Public Health, University of Copenhagen, DK-1014, Copenhagen K, Denmark.

E-mail: A.Krasnik@pubhealth.ku.dk

Dan Med Bull 2007;54:31

ABSTRACT

Globalization is the new political theme of our time. But diseases and health problems never respected frontiers; treatment of diseases has for a long time been based on international experience, and health sciences and educations have been part of global networks. The League of Nations' global health organization was founded in 1923, and the successor, WHO, was born even before UN itself.

The present and the following issue of the Bulletin, which is an English translation of a series of articles published in a special issue of 'Ugeskrift for Læger', the journal of the Danish Medical Association, is different from normal issues, with its focus on the development of global diseases. Here appear the poor, the refugees and displaced, populations with limited access to international medical technology.

A clear picture of the threatening perspectives of public health in major parts of the world's populations is drawn, in articles on patterns of development, urbanisation, dominant diseases, particular risk groups, and the need for a stronger effort. With figures, descriptions of trends, and cautious conclusions, the authors demonstrate the massive challenge, calling for empathy, resources, and action. This cannot be solved by proposing political toasts on the blessings of globalization, and charity shows on TV. There is – as traditions demand in health issues – a need for an international, professional effort, based on documentation, professional competence, and well-organized health programmes.

Populations in low-income countries are hit by a triple burden of disease: the traditional diseases like malaria, pneumonia, tuberculosis (TB), diarrhoeal diseases and malnutrition; the emerging infections with HIV/AIDS as the major new disaster; and the chronic non-communicable diseases like obesity, diabetes and cardiovascular diseases, which by 2020 are anticipated to cause as many deaths in developing countries as infectious diseases, even if the Millenium Development Goals on halving of malaria, TB, HIV and childhood diseases and –death may not be attained by year 2015. Add to these mental disorders, which will make up 15% of diseases burden by 2015 [1]. The problems are enforced by the interaction of diseases. Infectious diseases like HIV/AIDS, TB and malaria, enter into chain-reactions, just like hypertension, dyslipidaemia and obesity, which increase the risk for cardiovascular diseases and type 2 diabetes [2]. Add to this, peculiar environmental impact, such as pesticides, which may have serious consequences, e.g. poisoning.

The articles illustrate that the effort still must benefit vulnerable groups, such as children, adolescents, pregnant and birth-giving mothers, who in particular are threatened by the traditional infectious diseases, as well as by the HIV/AIDS-epidemic, and the growth of the "new" chronic diseases, which demand an early intervention. Men and women's different social situation and biological reaction patterns demand a need for consideration of gender – whether in the case of collective violence or vaccinations. Several articles concern the health consequences of the global immigration, where UN has estimated the numbers of people staying outside their home-country to 191 mill., in 2005, of which 13.5 mill. were refugees [3]. The different phases of migration, war, and other variants of violence, displacement to camps and poor access to prevention, screening and treatment, all contribute to the pooling of social problems and diseases for immigrants, whether in poor or rich countries, including our own.

The articles point at three forms of intervention: aid, education and research. The traditional, predominant diseases are easy to cure (e.g. diarrhoeal diseases, pneumonia and malaria), and there are good examples of reforms with emphasis on development of the health system [4], as necessary means of safeguarding financing and organisation of the effort to prevent and treat HIV/AIDS and the chronic non-communicable diseases, in a life-long perspective. Education must consider the need for competence in health problems in low-income societies, by safeguarding local training and retaining health workers, as well as by attracting and enabling students from richer countries through obligatory courses and better possibilities for leave to service and studies in poorer countries.

The present documentation of the epidemiology of non-communicable diseases is still rather insufficient, and knowledge is needed on the effect of health reforms and interventions in low-income countries. Experiences with prevention from rich countries cannot simply be transferred to conditions prevailing in poor countries' populations and health systems. Transition in diseases over a short time may, however, be a starting point for renewed understanding of general causes of disease and ways of prevention. The present special issue clearly demonstrate the need as well as the possibilities – including for Danish physicians and researchers.

This article is based on an article published in Ugeskr Læger 2006; 168:2989.

References

1. Kastrup M. Global mental health. Ugeskr Læger 2006;168:3030-32.
2. Borch-Johnsen K. Metabolic syndrome in a global perspective. Ugeskr Læger 2006;168:3032-34.
3. www.un.org/esa/population/hldmigration /Juli 2006.
4. Heldrup J. Health Development – A Global Perspective. Ugeskr Læger 2006;168:3002-04