

## Editorial

# Building a healthy public policy and reorienting health services towards control of chronic diseases

More than 14 million people between the ages of 30 and 70 die each year from noncommunicable diseases (NCDs), 85% of which live in developing country [1]. Most people with NCD die from cardiovascular disease (CVD), which includes coronary heart disease, stroke, and peripheral artery disease [2]. Evidence from developed countries have indicated that cardiovascular disease (CVD) mortality has declined significantly since 1975 among men and particularly among women [3]. Capewell et al. estimate that nearly half of the decline in Auckland, New Zealand is because of earlier diagnosis and more aggressive treatment, particularly with adjunctive drug therapies of life saving benefit [4]. WHO attribute the remaining half of the decline in CVD mortality to favorable changes in modifiable risk factors and the aggressive management of hypertension, diabetes mellitus, and lipids [5]. The modifiable risk factors for CVD include diet, smoking, hypertension control, dyslipidemia control, physical activity, weight control, glycemic control, and harmful use of alcohol [6, 7].

Implementing simple interventions that reduce NCD risk factors will decrease premature deaths by half to two-thirds. In addition, health systems that respond to the needs of people with NCDs can reduce mortality by another third to half [8]. The World Health Organization has proposed nine targets and six global objectives to prevent and control NCD—the world's most common diseases, which will lead to a 25% reduction by 2025 in premature deaths from NCDs [8]. Empowering local administrative bodies in adopting measures to cope with modifiable risk factors and early diagnosis and treatment of chronic diseases similar to the effort of the Thai Health Security Funds as reported in this issue is a way forward [9]. The key components include building healthy public policy, creating supportive environment, strengthening community action, developing personal skills, and reorienting health services for early diagnosis and clinical preventive services. Added components

can include encouraging research, and tracking or monitoring trends and progress of action plans. Most critical is the commitment to establishing healthy public policy by health leaders and the use of financial and other incentives to prompt local governments to actions towards modifiable risk factors. Strengthening and reorienting health system towards early screening and clinical preventive services relevant to prevention of NCDs as advocated by the U.S. Task Force for Preventive Services is another critical action to be undertaken [10]. Together we can meet the challenges by adopting and implementing the actions now, since “a journey of a thousand miles begins with a single step”—a step that can make a world of difference to the people we serve.

## References

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