

Preventing Chronic Diseases. A Vital Investment: WHO Global Report. Geneva: World Health Organization, 2005. pp 200. CHF 30.00. ISBN 92 4 1563001. Also published on http://www.who.int/chp/chronic_disease_report/en/

However much we may now think differently, until recently the standard method of representing those who suffer from myocardial infarction, hypertension, diabetes mellitus, cancer, or even simple obesity was through images of white middle-class Americans, or of others from the developed world. For decades this view prevented the generality of people in those countries from realizing that such diseases predominate among the socially deprived groups in their societies. Worldwide it gave rise to the myth that these were rich men's and rich countries' diseases, and in consequence not a subject that should concern politicians and health authorities in developing countries—or even the World Health Organization itself. At WHO Headquarters, under budgetary constraints, cardiovascular disease, cancer, and other non-communicable diseases were often given less emphasis than diseases that did not occur in or had largely disappeared from the developed world. Cardiovascular disease and cancer were voted down by the developing world, which regarded it as not their problem.

The arrival of this book is very timely. Anticipating 2006, the year in which demographers estimate that the proportion of the world's population that is urbanized will exceed 50% for the first time, it sets out to change the image of such diseases from those of rich white people to those of urbanized populations everywhere, associated more with this transition than with extreme wealth. Financially supported by the Governments of Canada, Norway, and the United Kingdom, it is a production of the Department of Chronic Diseases and Health Promotion of the World Health Organization. Its 200 pages are richly illustrated with coloured images: of named disease victims, of numerical statements in large bold print (often of numbers in preference to rates), of slogans containing words like 'urgent' and 'vital', and of bar-charts. The dazzling effect may well be found somewhat shocking by our more conservative epidemiological colleagues. White faces are omitted from among the 13 disease victims depicted, as are tables of data. This is unashamedly a work of propaganda, but in a worthy cause, aimed at opinion formers. It shows the bigger picture that was previously missing.

The book (also downloadable from the internet) is divided into four parts: First: 'Overview'. Next: 'The Urgent Need for Action'. Then: 'What Works: the Evidence for Action' and finally 'Taking Action: Essential Steps for Success.' An opening world tour leads later to the consideration of WHO's recommendations and of examples of what is happening in nine selected countries with different per-capita national incomes: Brazil (upper middle), Canada (high), China (lower middle), India (low), Nigeria (low), Pakistan (low), Russian

Federation (lower middle), United Kingdom (high), and United Republic of Tanzania (low).

The 'Overview' claims that chronic diseases will have been responsible for 35 million of the 58 million human deaths in 2005 with cardiovascular disease accounting for more than half of these. In total 80% of chronic disease deaths occur in low and middle-income countries where they have a major impact on their local economies. Potential remedies are claimed to be cheap and effective—many drugs for primary and secondary prevention of disease can now be produced and distributed at low cost following the expiry of patents. Examples of different initiatives around the world are quoted to stimulate imitation.

This is a well-produced book. It involved numerous contributors and considerable expertise both at WHO Headquarters and around the world with Robert Beaglehole and his colleagues taking a leading role. Not apparently being in the target group (would I have seen it if I had not been asked to review it?), it is difficult to guess how effective it will be in precipitating preventive action by those at whom it is aimed, but one must wish it every success. Having spent much of my career in cardiovascular epidemiology in Britain being told by cynical colleagues at international meetings abroad that the United Kingdom was the control group for preventive action elsewhere, I was amused and intrigued to find some of its practices now recommended for adoption by others. One wonders whether all these will necessarily stand the test of time, and of translation to other cultures, or whether they are simply topical: whether their adoption as exemplars preceded or followed sponsorship of the book.

An attractive little 3-year-old boy, Luciano from Brazil, decorates the front cover, concealing some grimmer pictures within, and we are told that he is one of 35 million worldwide with hearing impairment. Although there is no mention in the book of preventing deafness, it becomes clear both that the word 'prevention' is being used loosely to include palliative and rehabilitation services, some of which are also described, often integrated with preventive action—and that there is also a mass need worldwide for cheap medical devices such as hearing aids and prostheses.

It may be over-optimistic to expect a hole in one with this book. If it convinces its target readership that chronic diseases are their own and their community's problem, not somebody else's somewhere else—that they can be prevented, and should be, with actions that are rational, reasonable, and feasible even with limited resources—then it will have achieved a great deal. Certainly there is a need for it.

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