

## ANNEX 1

### AUDIENCES AND CONSIDERATIONS

AUDIENCE	CONSIDERATIONS
<b>Ministers of health and their deputies.</b>	Ministers of health can become powerful advocates for action on chronic disease, informing other policy-makers about the issue. They will need to know the scale and cost of tackling chronic disease and the cost-effectiveness of interventions.
<b>Presidents and prime ministers.</b>	Enormously influential. Along with their own views and personal experience, they may draw on the advice of ministers or other leaders, and on the views of experts, including their personal physicians.
<b>Budgetary decision-makers (e.g. cabinet, ministers of finance and planning). Ministers of related sectors and their deputies (e.g. ministers of education, transport and agriculture).</b>	Require sophisticated information and detailed arguments. Depending on their area of responsibility, they will want to know how making changes in health policy will affect other areas, such as the economy, education, transport or tourism.
<b>Donors/funding agencies for low and middle income countries.</b>	Will want to assess the return on their investment. May need information on chronic disease and the impact they could achieve with relatively little investment. Will want to see that their investment will help the poorest members of society.
<b>Private sector employers, such as national and local businesses and business associations, and multinationals.</b>	Motivation may be a healthy workforce or desire to be good employers. Can implement cost-effective actions on workplace health, such as smoking bans and physical activity opportunities.
<b>Community leaders.</b>	Include local government bodies, city councils, mayors and prominent members of civil society, such as religious leaders. They often want what is best for their community but need information and suggestions for specific actions that they can take.
<b>Opinion leaders within the health-care profession.</b>	Often scientists and academics. Extremely influential with strong understanding of the issues. Powerful advocates once convinced of the need for action.
<b>Potential allies such as UN agencies and NGOs, including disease-specific charities.</b>	Require compelling arguments about why they should get involved, along with facts, figures and messages. Some NGOs will be emotionally motivated, and focused on the need to generate funds. Consumer/patient groups working at the community level are often very motivated, but will probably require information on the issues.

## ANNEX 2 WHO MESSAGES THAT CAN BE TAILORED TO SPECIFIC AUDIENCES

The following messages, together with talking points and statistics, were used by WHO at the launch of *Preventing chronic diseases – a vital investment*.

- » These messages broadly outline the problem and the solution.
- » They are provided here for guidance. You will need to adapt them and create your own secondary messages to suit your own needs and circumstances.

### CORE MESSAGE

**Stop the global epidemic of chronic disease.**

#### Variations:

- » The global epidemic of chronic disease is largely invisible and the global response is largely inadequate.
- » The epidemic is rapidly evolving, the threat is growing, but the response is not keeping pace.
- » More and more people are dying too early and suffering too long from chronic disease. We know what to do to prevent most of it and so we must act now.

### THE PROBLEM

**More and more people are dying too early and suffering too long from chronic disease.**

#### Statistics:

- » 6 out of 10 deaths worldwide are due to chronic diseases.
- » 4 out of 5 chronic disease deaths are in low and middle income countries.
- » Half of all chronic disease deaths are premature (people aged under 70 years).
- » One quarter are in people under 60 years of age.
- » Half of all cases of chronic disease are in women.
- » 35 million people died of chronic disease in 2005, 17 million prematurely.
- » Predicted in report: 388 million will die from chronic disease in the next 10 years without urgent action.

#### Talking points:

- » In all but the least developed countries the poor are the worst affected: they have highest exposure to risk factors, lowest access to preventive measures or health care, highest rates of premature death, and experience the greatest personal impact.
- » People with chronic diseases and at high risk are often not getting the necessary treatment, although many cost-effective interventions exist.

### RISK FACTORS

**The three major risk factors are: an unhealthy diet, physical inactivity and tobacco use.**

#### Talking points:

- » We are seeing rapid increases in these risk factors worldwide.
- » Increasingly unhealthy diet. Processed foods high in salt, fat and sugars are more widely available than ever.
- » Decreasing physical activity as urbanization increases and life becomes more sedentary.
- » More tobacco use due to aggressive marketing and lack of regulation of tobacco products.

### SOLUTIONS

**The solution is prevention. We can have an impact immediately.**

#### Talking points:

- » It is not necessary to wait years to see the benefits of prevention and control.
- » We know the solutions. Many are simple, cheap and cost-effective.
- » The major causes of chronic diseases are known. If these risk factors were eliminated, at least 80% of premature heart disease, stroke and type 2 diabetes would be prevented. Over 40% of cancer would be prevented.
- » Examples: reduce salt in processed food, increase tobacco taxes, improve school meals, improve and increase access to walking and biking paths.
- » Many of these solutions have been proven to have immediate impact and rapid health gains.
- » People at high risk of and those living with chronic diseases also need to obtain treatment; much can be done cost-effectively.
- » No one sector of society has the resources or necessary reach to implement all the solutions alone.
- » Everyone has a role to play in the solution: governments at all levels must take a leadership role, but there are also important measures to be taken by private industry, communities and schools, international organizations, NGOs, charities and advocacy groups.

**MACRO  
ECONOMIC  
IMPACT**

The costs to national economies will run into billions of dollars. Governments should invest in prevention now, or pay the rising costs later.

**Talking points:**

- » The cost of chronic disease can be measured in: lives lost; lost productivity and earning power (people are often afflicted in the prime of life); health care costs to individuals, families, countries; burden on the health-care system, often on top of infectious diseases; lost national income.
- » For example, lost national income in the coming decade due to heart disease, stroke and diabetes for China: \$ 558 billion; India: \$ 237 billion; Russian Federation: \$ 303 billion (figures in international dollars).
- » Chronic disease and poverty are locked together in a vicious cycle, which can become a downward spiral into deeper poverty and worsening illness for individuals and their families.

**THE 2%  
GOAL**

If we can reduce global chronic disease death rates by an additional 2% over the next 10 years, we can prevent 36 million people dying from heart disease, stroke, cancer and other chronic diseases.

**Talking points:**

The effects of the 2% goal:

- » Averting 36 million deaths from chronic disease in the next 10 years.
- » Huge economic gains. For example, over 10 years, China will gain \$ 36 billion, Russian Federation \$ 20 billion, India \$ 15 billion (figures in international dollars).

**ANNEX 3  
POTENTIAL MESSENGERS  
FOR SPECIFIC AUDIENCES**

Target audience	Messenger
<b>General public</b> – when you want to illustrate the human cost of chronic disease.	An individual who suffers from a chronic disease, or a family member who has lost a relative to a preventable condition.
<b>A minister of finance</b> – when you are arguing that investment in chronic disease prevention and control is not only cost-effective but could also provide economic benefits.	A leading international or national economist, or a finance minister from another country, who is able to argue convincingly for the economic benefits of action.
<b>A prime minister</b> considering supporting legislation.	Ministers; current and former aides; political leaders in his or her political party; respected religious and community leaders; leading businesspeople; financial supporters.
<b>General public</b> – when you are seeking to educate and motivate.	Physicians, scientists, academics. Sports figures and celebrities may also be effective messengers for education and motivation.
<b>Physicians</b> – when you are educating about the need for an integrated approach to chronic disease.	Internationally or nationally respected physicians, or physicians who have institutional or economic influence within the medical community. As well as professional contact with their colleagues, such people are often used as expert commentators within the popular or professional media.
<b>Trainee physicians</b>	Medical school professors and lecturers.
<b>Journalists</b> – when you are seeking media coverage of an issue.	Individuals who have personally suffered from chronic disease. If someone from your organization is to be interviewed, it is usually best to have someone who can speak from their own experience – someone who works directly on the issue – as long as (s)he is a good communicator.

