

Speaker's corner

The need for global risk factor surveillance

In the past millennium, infectious diseases, from the plagues in the 14th century to HIV in the 20th century, were spread by international travellers by land, sea, and air. Because of infectious epidemics, global infectious disease surveillance is now in place; outbreaks of infectious diseases in one country are quickly notified to other countries. By comparison, chronic diseases, not being infectious, do not require the same immediate alert and control mechanisms. Global chronic disease surveillance therefore ranks lower in the list of public health priorities. However, one country can improve its preventive efforts by knowing the chronic disease burden in other countries.

What about global surveillance of risk factors? Is it needed? Does a country want to know the lifestyle risk factors such as smoking, drinking, physical activity, nutrition, and sexual behaviour, in other countries? The experience in developed countries has clearly demonstrated the value of data on trends in risk factors for public health and related policy purposes. At a time when developing countries face rising epidemics of chronic diseases as a result of health transition, the need for a broader approach to risk factor surveillance emerges.

Global risk factor surveillance is worth encouraging for a number of reasons. Firstly, risk factors are determinants of diseases, both infectious and chronic. Data on risk factors provide important scientific evidence for developing and evaluating disease prevention and control, and health promotion, strategies.

Secondly, risk factors are transferable. International travellers carry with them risk behaviours across the borders. Risk behaviours are transferable from one population to another, like infectious diseases. Migrants bring

with them their cooking styles, hygiene practices, etc, thereby affecting both the infectious and chronic disease patterns in the host country.

Thirdly, globalisation of world markets and media brings about globalisation of risk factors. Examples include Western food entering Asian markets and vice versa, and tobacco market and advertisement shifting from developed to developing countries. It is important to know how other countries have dealt with their risk exposure problems.

The World Health Organisation is developing a global strategy for risk factor surveillance to ensure standardised data collection and country risk factor surveillance capacity building, in particular in developing countries. It is vital and therefore time to contribute to this effort through a global risk factor surveillance network of multinational partners including researchers, health agencies and international organisations to assure an adequate, scientific basis for global risk factor surveillance.

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