

Responsibility of the Scientific Societies in the Health System

Responsabilidad de las sociedades científicas en el sistema de salud

Scientific societies are usually associated with academic activity and, less frequently, with their role within the health system, especially with non-communicable diseases (NCDs): cardiovascular diseases (including stroke), cancer, diabetes and chronic obstructive lung disease. A total of 57 million deaths occur in the world per year; 36 million (63%) correspond to NCDs. This proportion varies according to the economic situation of each country, so that 20% of these NCD deaths occur in high-income countries and 80% in low- and middle-income countries. Premature mortality, defined as deaths occurring between the ages of 30 and 70 from a NCD, was 5 900 000 worldwide in 2013 and 7 800 000 of persons are expected to die prematurely from a NCD by 2025. (1) In Argentina, 40.2% of deaths from NCDs in 2015 were due to cardiovascular diseases. (2)

Coronary risk factors and social determinants of health

The determinants of health represented in Figure 1 include genetic and biological factors, healthy behaviors for risk factors control (smoking, obesity, sedentary life or diet) medical care regarding diagnosis and treatment of diseases, and environmental and social factors which occupy more than 50% of the figure. (3) Figure 2 shows the Whitehead and Dalghren social model, (4) in which the determinants of health, as age, sex and constitutional factors are in the center of the model. This center is surrounded by individual lifestyle factors and then come social and community networks which provide support for the individuals, because belonging to a family or group is not the same as being alone to deal with the loss of health. The next layer corresponds to factors as education, living and working conditions, unemployment, health care services and housing. Finally, the last layer includes socio-economic, cultural and environmental conditions (pollution from mining, pulp mills and pesticides) that raise the question: why do we treat people... and then return them to the conditions that make them sick? (5)

The United Nations (UN) "sustainable development goals" for the period 2000-2015, (6) included:

- Eradicate extreme poverty and hunger.
- Achieve universal primary education.
- Promote gender equality and empower women.
- Reduce child mortality.
- Improve maternal health.

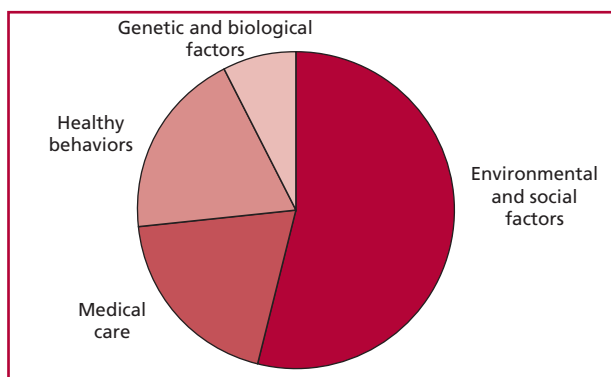


Fig. 1.

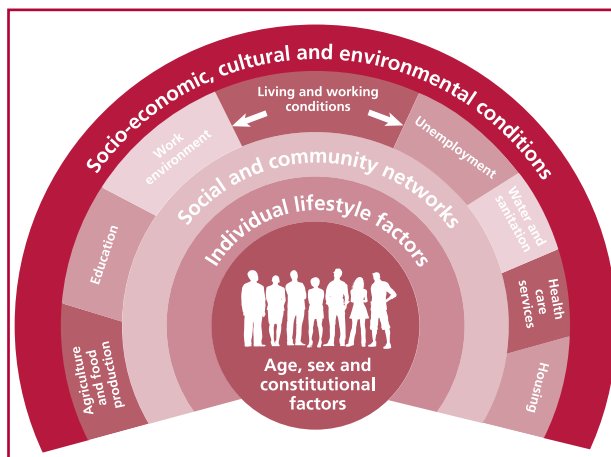


Fig. 2.

- Combat communicable diseases.
- Ensure environmental sustainability.
- Global partnership development.

Seventeen additional goals were developed for the period 2016-2030. (7)

In September 2011, the World Health Organization (WHO) launched the 25 x 25 target to reduce premature mortality from NCDs.

The World Heart Federation (WHF) campaign to reduce premature mortality caused by cardiovascular disease and endorsed by the SAC and the Argentine Foundation of Cardiology (8) considers six targets:

- A 10% reduction in use of alcohol.
- A 10% reduction in physical inactivity.

- A 30% reduction in salt/sodium intake.
- A 30% reduction in tobacco use.
- A 20% reduction in raised blood pressure.
- A 0% increase in diabetes/obesity.

Considering at least 50% of eligible people receive drug therapy to prevent cardiovascular diseases and an 80% availability of basic technologies and essential medicines to treat cardiovascular diseases and NCDs.

On 27 September 2018, the United Nations General Assembly decided to hold a high-level meeting for the prevention and control of NCDs. The *NCD alliance's Campaign Priorities* were established:

- Put people first.
- Boost NCD investment.
- Step up action on childhood obesity.
- Adopt smart fiscal policies that promote health (e.g., increase taxes for tobacco products and sugar sweetened beverages).
- Save lives through equitable access to NCD treatment and universal health coverage.
- Improve accountability for progress, results and resources.

What can scientific societies do?

Firstly, endorse the 25 by 25 target. Secondly, exert scientific and professional leadership on the basis of the following:

- Professional development: Educate and train all members of the healthcare team (doctors, nurses and technicians) to continuously improve the quality of care of the population through the implementation of onsite and on line courses, workshops, webinars, congresses, symposiums, and regional conferences.
- Investigation: Develop evidence-based guidelines (considering local realities) to prevent and control CVD. The SAC has developed more than 60 guidelines and statement positions, and many observational and multicenter registries.
- Alliances/associations: Create national coalitions with stakeholders in the prevention/control of CVD. We are working with the Argentine Foundation of Cardiology and the regional districts (for nationwide dissemination) in the "25 by 25" and "Heart and Woman" campaigns focused on the community (the people).

- Auditing: Auditing prevention/control standards of CVD to measure the results of their implementation nationwide.
- Health policies: Develop, alert and propose strategies to government health decision-makers. Encourage cost-effective interventions, such as increasing tobacco taxes so that they outweigh inflation, (9) reducing harmful alcohol use by increasing their tax burden, applying restrictions, or banning advertising aimed at young people. Promote a healthy diet by lowering salt intake (setting salt content levels in foods), requiring mandatory labeling on the front of food packages with warnings on high-calorie, high-fat, high-sugar or high-salt products, removing industrial trans fats from the food supply chain and increasing taxes on sugar-sweetened beverages. Encourage physical activity in the population, starting in childhood and adolescence.

On the basis of these considerations, I believe that scientific societies have a fundamental role in working together with the governmental organizations in the consolidation of a health system that meets the goals set by the UN and WHO for the prevention and control of NCDs.

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