Where is WHO heading? Which interactions of research agenda and policy?

V. Poznyak, MD, PhD
Coordinator, Management of Substance Abuse
Department of Mental Health and Substance Abuse
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World Health Organization

WHO strategy on research for health (2010): activity areas

- Measuring the magnitude and distribution of the health problems

- Understanding the causes and the determinants of health problems

- Developing and elaborating solutions or interventions that will help to prevent or mitigate the problems

- Translating the solutions or evidence into policies, programs, practices and products

- Evaluating the impact/effectiveness of these solutions on the level and distribution of the health problems
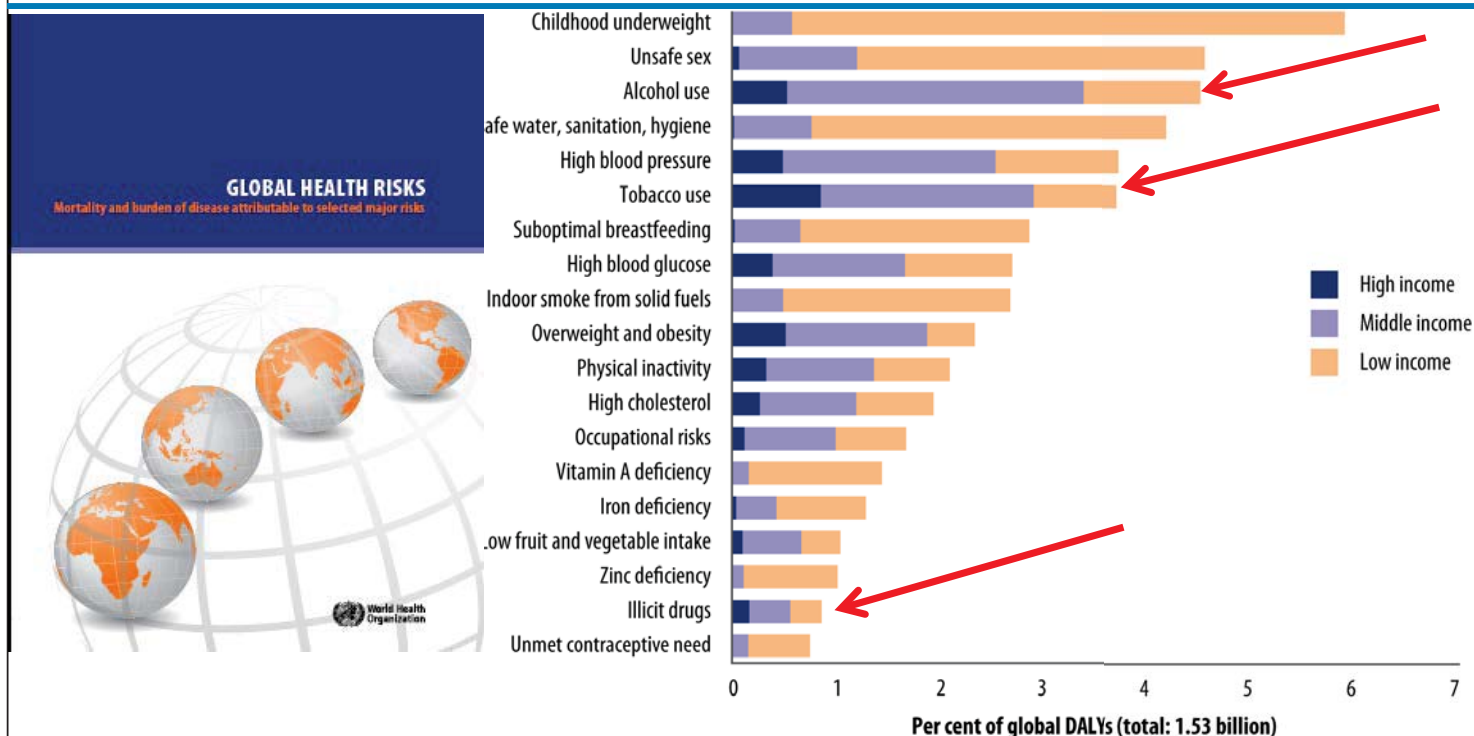
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Priority areas for substance use and SUD

- Monitoring trends and measuring the magnitude and distribution of health problems attributable to alcohol and drug use and addictive behaviours

- Operational/implementation research on key directions of interventions and service development

- Health policy and health systems research

Too big disease burden attributable to psychoactive substance use (WHO, 2009)

GLOBAL HEALTH RISKS
Mortality and burden of disease attributable to selected major risks

Risk factor	
Childhood underweight	
Unsafe sex	
Alcohol use	
Safe water, sanitation, hygiene	
High blood pressure	
Tobacco use	
Suboptimal breastfeeding	
High blood glucose	
Indoor smoke from solid fuels	
Overweight and obesity	
Physical inactivity	
High cholesterol	
Occupational risks	
Vitamin A deficiency	
Iron deficiency	
Low fruit and vegetable intake	
Zinc deficiency	
Illicit drugs	
Unmet contraceptive need	

High income
Middle income
Low income

Per cent of global DALYs (total: 1.53 billion)

Disease burden attributable to different risk factors in 1990 and 2010 (Lim et al, *Lancet*, 2012; 380: 2224-60)
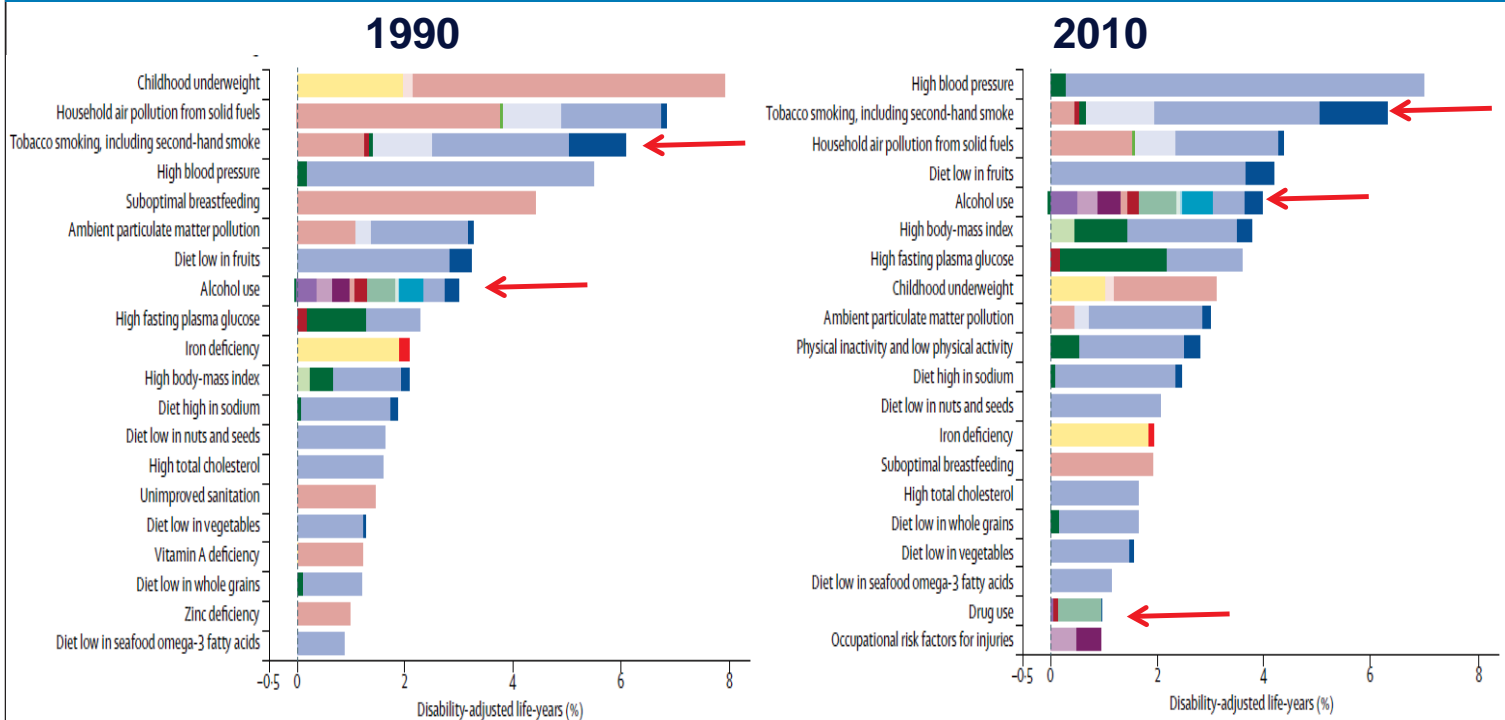
Strengthening global, regional and national monitoring systems

- Exposure indicators
  - Alcohol adult (15+) per capita consumption
  - Prevalence of substance use (lifetime, 12 months, 30 days)

- Substance use pattern indicators
  - Prevalence of heavy episodic drinking (≥60 g on occasion during the last 30 days)
  - Estimated prevalence of injection drug use

- Substance-related morbidity and mortality
  - Treatment demand indicators
  - Age-standardized death rates (RTA, liver cirrhosis...)
  - YLL, DALYs

Global Information System on Alcohol and Health (GISAH)

http://www.who.int/gho/alcohol

- There are over 200 indicators on GISAH.

- Data can be exporteded as EXCEL files.

- Definitions for each indicator are provided through a link to the WHO Indicator and Measurement Registry (IMR). This allows downloading of an Indicator booklet of GISAH indicators.

- Indicators can be highlighted on the theme page including interactive maps. Static maps are accessible in the Global Health Observatory Map Gallery.

- Country profiles can be downloaded from the theme page.

World Health Organization

WHO Global Monitoring Activities on Alcohol and Health

Global status report on alcohol and health

World Health Organization

- GSR on alcohol and health (2011): Highly commended in the public health category in the British Medical Association (BMA) Book competition 2012

- Global Survey on Alcohol and Health 2012 completed

- Additional component to improve estimates of unrecorded consumption (2013)

- New WHO estimates for alcohol-attributable disease burden for 2011 to be produced by 2014

- Next Global Status Report on Alcohol and Health planned to be launched in February 2014
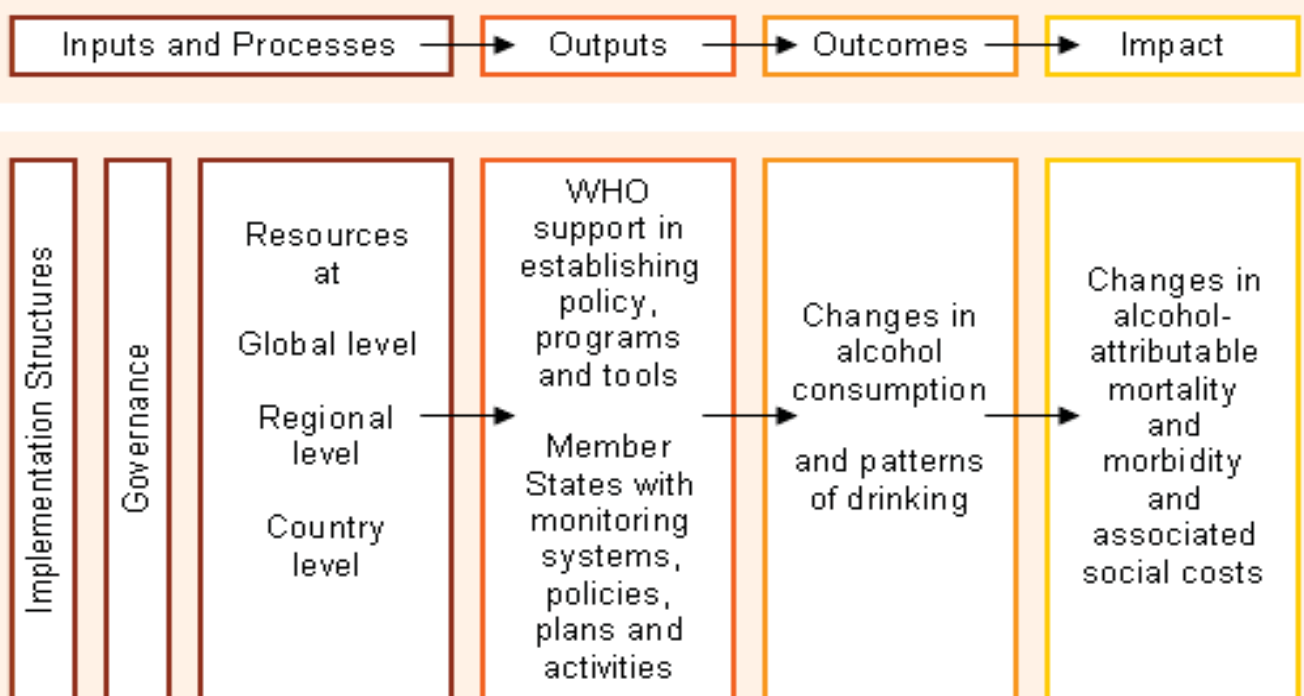
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WHO Global Information System on Prevention and Treatment Resources for Substance Use Disorders

- Released 26 June 2012 on the International Day Against Drug Abuse and Drug Trafficking

- Is a part of the WHO Global Health Observatory (GHO)

- In 2013 – revision of data collection tool and information system structure

- 2014: new data collection from WHO Member States

- Integration of epidemiological data across substances.

World Health Organization

Indicator domains for monitoring implementation of strategies and action plans on alcohol

| Inputs and Processes | → | Outputs | → | Outcomes | → | Impact |

| Indicator domains | Implementation Structures | Governance | Resources at Global level Regional level Country level | WHO support in establishing policy, programs and tools / Member States with monitoring systems, policies, plans and activities | Changes in alcohol consumption and patterns of drinking | Changes in alcohol-attributable mortality and morbidity and associated social costs |

World Health Organization

UN High-level Meeting on NCDs
(New York, 19-20 September 2011)

High-level Meeting

113 Member States

34 Presidents and Prime-Ministers

3 Vice-Presidents and Deputy Prime-Ministers

51 Ministers of Foreign Affairs and Health

11 Heads of UN Agencies

100s of NGOs

Political Declaration

Establish multisectoral national plans by 2013

Integrate NCDs into health-planning processes and the national development agenda

Promote multisectoral action through whole-of-government approaches

Set national targets and measure results
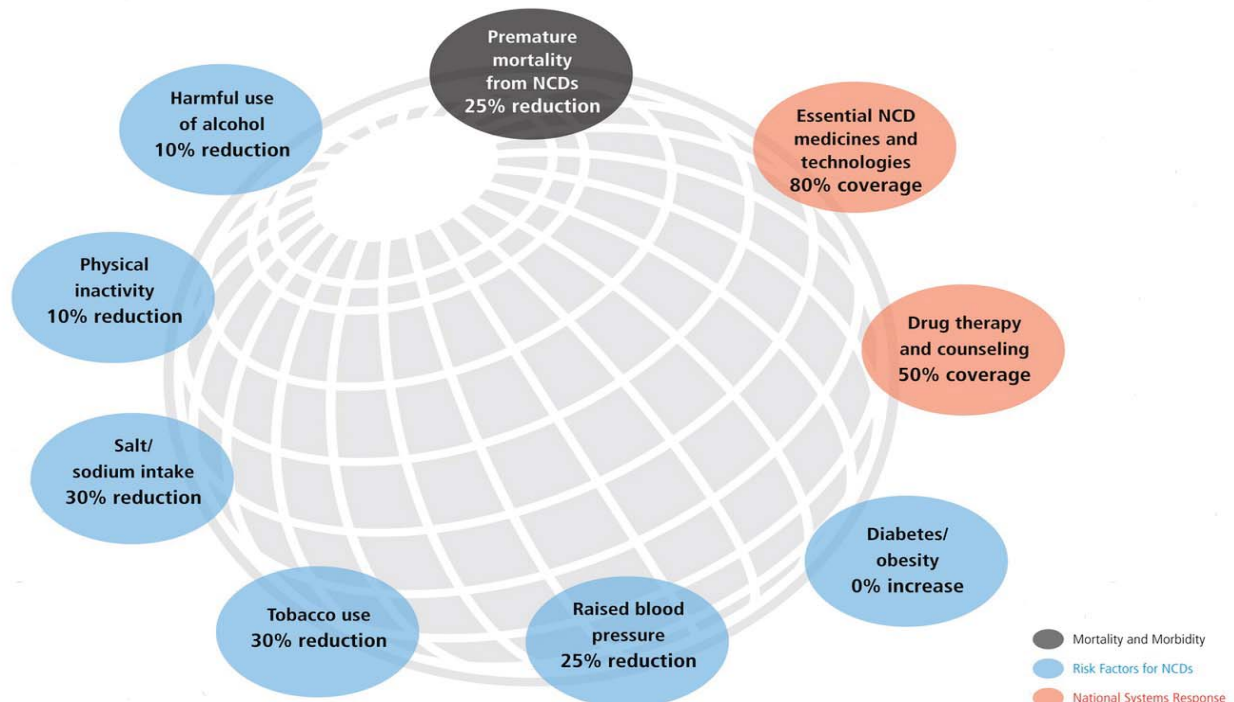
Increase domestic resources

What WHO is doing

Develop a global monitoring framework and targets

Develop a global implementation plan 2013-2020

Provide technical support to developing countries

Identify options for partnerships

Coordinate work with other UN Agencies

Measure results

World Health Assembly in May 2012:
Decided to adopt a global target of a 25% reduction in premature mortality from noncommunicable diseases by 2025

Global Monitoring Framework for Prevention and Control of NCDs: 9 targets for 2025

Premature mortality from NCDs 25% reduction

Harmful use of alcohol 10% reduction

Essential NCD medicines and technologies 80% coverage

Physical inactivity 10% reduction

Drug therapy and counseling 50% coverage

Salt/sodium intake 30% reduction

Diabetes/obesity 0% increase

Tobacco use 30% reduction

Raised blood pressure 25% reduction

- Mortality and Morbidity
- Risk Factors for NCDs
- National Systems Response

World Health Organization

Alcohol-related indicators

- Total (recorded and unrecorded) alcohol per capita (15+ years old) consumption within a calendar year in litres of pure alcohol, as appropriate, within the national context

- Age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context

- Alcohol-related morbidity and mortality among adolescents and adults, as appropriate, within the national context.

World Health Organization

Sixty-sixth World Health Assembly
(21-28 May, 2013)

- Comprehensive mental health action plan 2013-2020

- NCD Action Plan 2013-2020 and Global Monitoring Framework for NCDs

- Program Budget 2014-2015

World Health Organization

Comprehensive mental health action plan 2013-2020

Objective 4. To strengthen information systems, evidence and research for mental health.

Improve research capacity and academic collaboration…, particularly operational research with direct relevance to service development and implementation…, including the establishment of centres of excellence with clear standards…"

– Improve research capacity to assess needs and to evaluate services and programmes

– …Conduct research… on…the efficacy of interventions for treatment and recovery….

World Health Organization

Mental Health Gap Action Program

mhGAP Mental Health Gap Action Programme

Scaling up care for mental, neurological, and substance use disorders
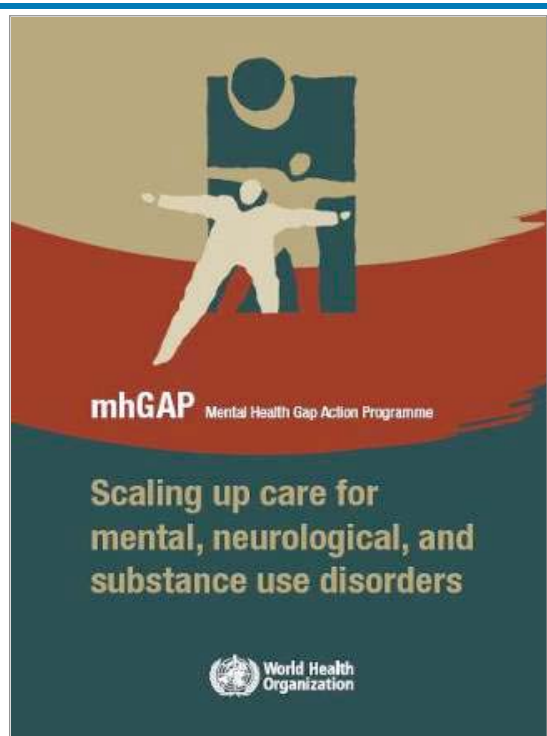
Objectives

● **Achieve significantly higher coverage with key interventions in the resource-poor countries**

● **Increase the commitment of governments, international organizations and other stakeholders**

Priority conditions

● **Depression and anxiety disorders**

● **Psychotic disorders**

● **Mental disorders in children and adolescents**

● **Dementia**

● *Disorders due to use of alcohol*

● *Disorders due to drug use*

● **Epilepsy**

● **Suicide**

World Health Organization

Operational research on key directions of interventions and service development

- WHO Global Research Initiative on Alcohol, Health and Development
  - H2O (Harm to others)
  - Child development and prenatal risk factor exposure (FASD)
  - Alcohol and infectious diseases (HIV, TB)
  - Alcohol policy development in less resourced countries

- Effectiveness of web-based e-health interventions for hazardous and harmful use of alcohol

- Cost-effectiveness of interventions

- Field testing of ICD-11 (internet- and clinic-based)

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Web portals on alcohol and health with self-help interventions (En, Es, Pt, Ru)

World Health Organization
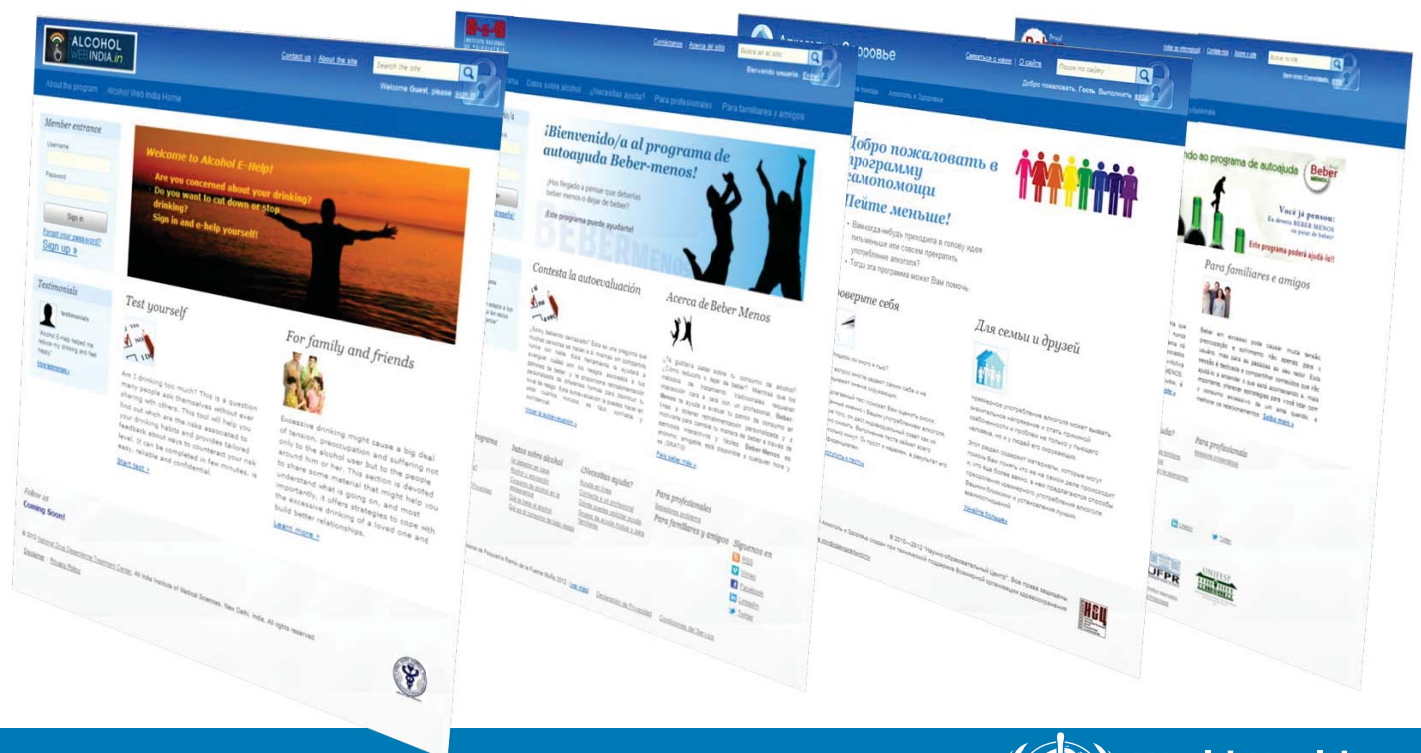
WHO Guidelines for identification and management of substance use and SUD in pregnancy

- Covering alcohol, drugs and tobacco (separate components).

- Illicit drugs component is implemented in collaboration with UNODC and funded by the US government.

- First meeting of the Guidelines Development Group for alcohol and drugs in PAHO, Washington, DC, USA, 29 January-1 February 2013.

- Second meeting of the GDG 11-13 September 2013 in WHO Geneva, Switzerland. Release of guidelines – early 2014.

World Health Organization

Health Policy and Health System Research: recent developments

- The World Health Report 2010 on health systems financing

- UN General Assembly (2012) resolution "Global Health and Foreign Policy" reaffirmed the central role of the concept of Universal Health Coverage
  - Ensuring access to health services
  - Financial risk protection

- The World Health Report 2013 "Research for Universal Health Coverage"

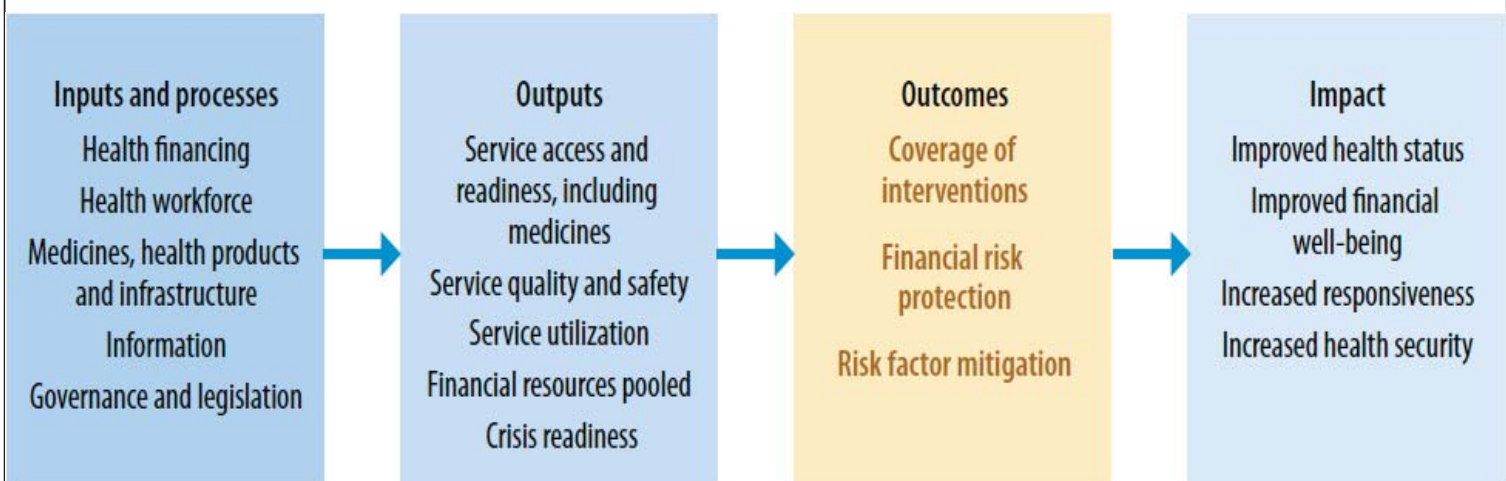**World Health Organization**

WHO Concept of Universal Health Coverage: three dimensions (WHO, 2010)

- Health services that are needed

- Number of people that need them

- Costs to whoever much pay – users and third-party funders
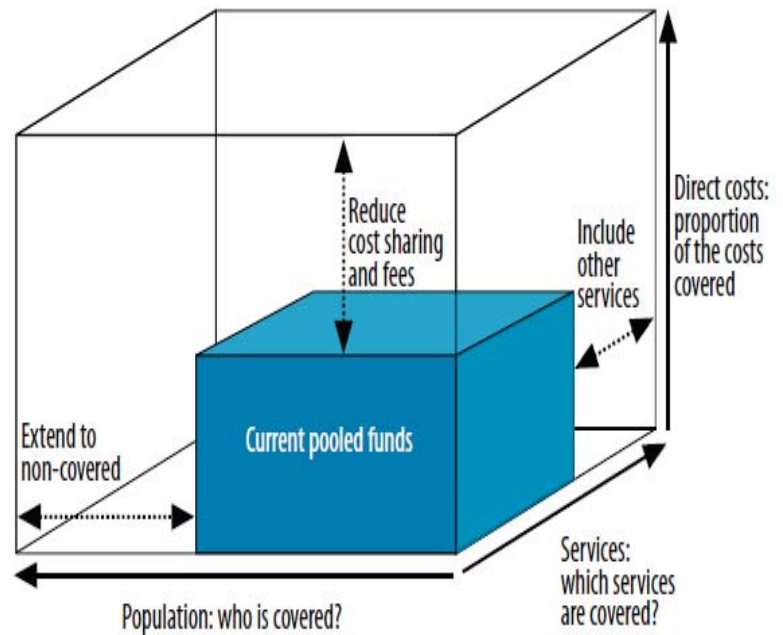
World Health Organization
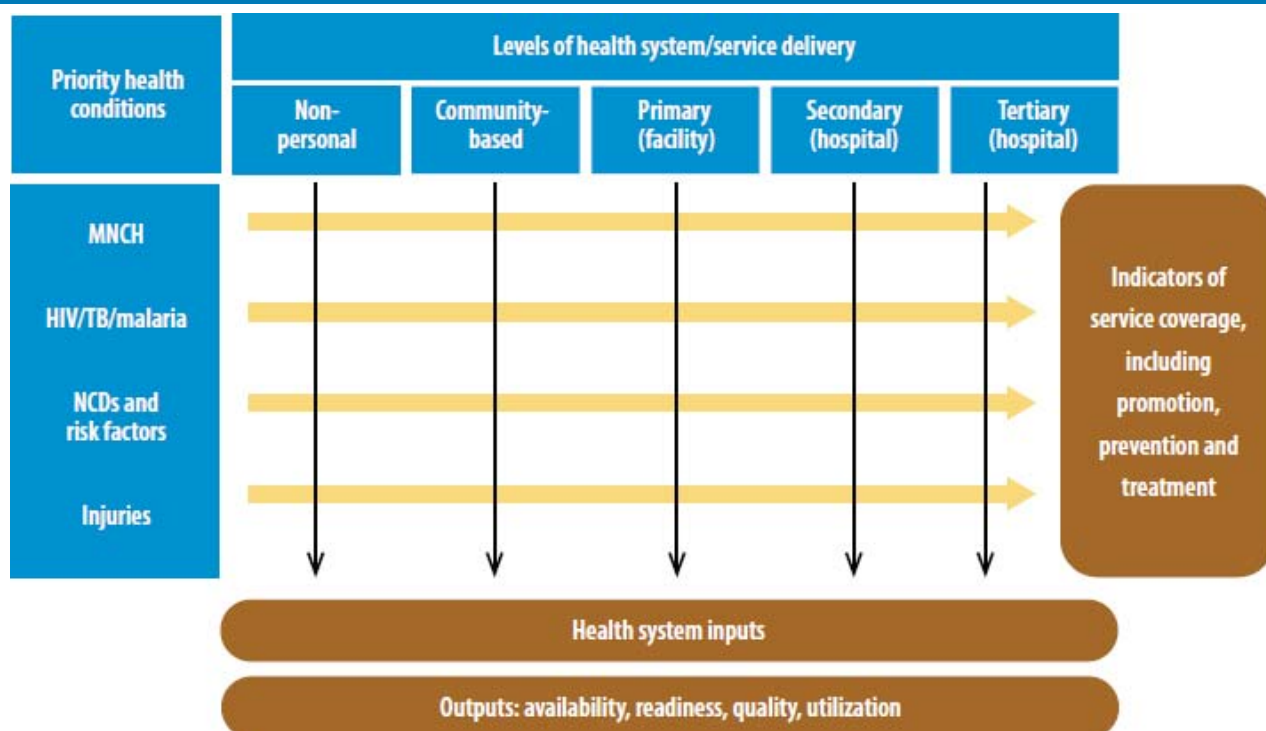
Results chain for universal health coverage (WHO, 2013)
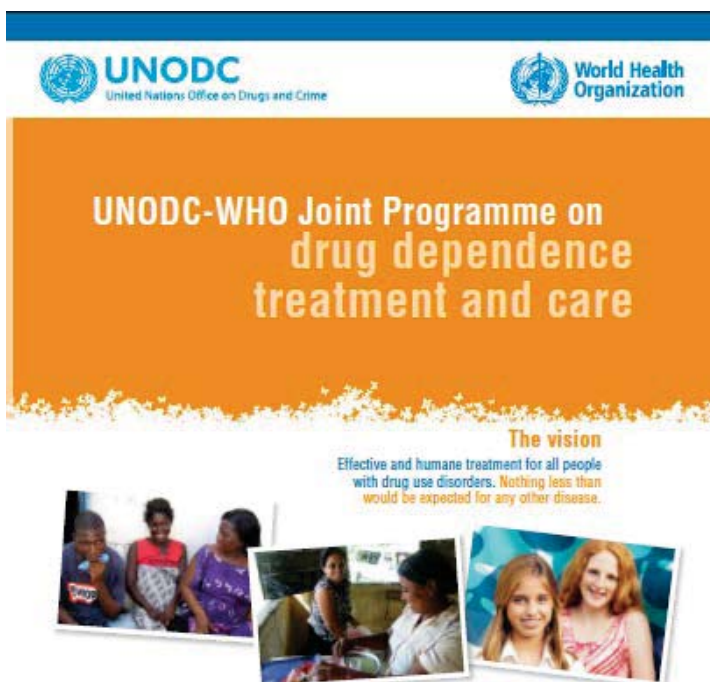
World Health Organization

Framework for measuring and monitoring coverage of health services (WHO, 2013)

Priority health conditions	Levels of health system/service delivery				
	Non-personal	Community-based	Primary (facility)	Secondary (hospital)	Tertiary (hospital)
MNCH					
HIV/TB/malaria					
NCDs and risk factors					
Injuries					

Indicators of service coverage, including promotion, prevention and treatment

Health system inputs

Outputs: availability, readiness, quality, utilization

World Health Organization

WHO-UNODC Program on Drug Dependence Treatment and Care

- In 2010 – activities in 4 countries

- In 2013 – activities in 15 countries

- Collaboration at three levels:
  - Global
  - Regional
  - Country

UNODC
United Nations Office on Drugs and Crime
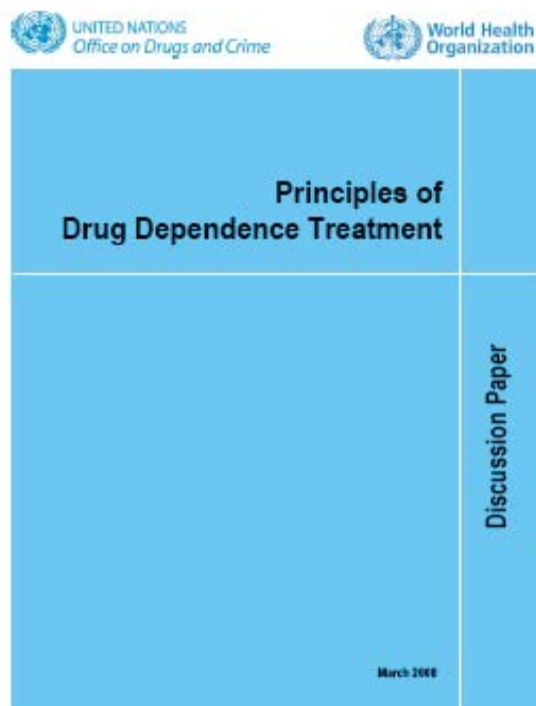
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UNODC-WHO Joint Programme on drug dependence treatment and care

The vision
Effective and humane treatment for all people with drug use disorders. Nothing less than would be expected for any other disease.

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UNODC/WHO discussion paper "Principles of Drug Dependence Treatment" (March 2008)
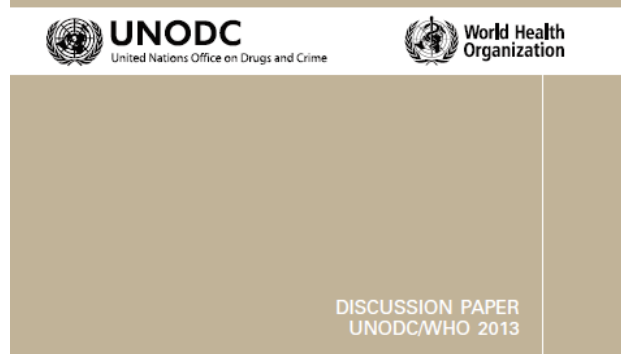
1. Availability and accessibility of treatment

2. Screening, diagnosis and treatment planning

3. Evidence-informed treatment

4. Treatment, human rights and patient dignity

5. Targeting special groups and conditions

6. Treatment and criminal justice system

7. Community involvement and patient participation

8. Clinical governance of treatment

Treatment systems

UNITED NATIONS
Office on Drugs and Crime

World Health Organization

Principles of Drug Dependence Treatment

Discussion Paper

March 2008

World Health Organization

UNODC-WHO discussion paper on opioid overdose (released in June 2013)

UNODC
United Nations Office on Drugs and Crime

World Health Organization

DISCUSSION PAPER
UNODC/WHO 2013

**Opioid overdose:
preventing and reducing
opioid overdose mortality**

UNODC
Управление Организации Объединенных Наций
по наркотикам и преступности

Всемирная организация
здравоохранения

ДИСКУССИОННЫЙ ДОКУМЕНТ
ЮНОДК/ВОЗ, 2013 год

**Передозировка опиоидов:
предупреждение и снижение
смертности, вызванной
передозировкой опиоидов**

Ten common mistakes in the dissemination of new interventions (WHO, 2013, based on Dearing, 2009)

1. Assuming that evidence matters to potential adopters

2. Substituting the perceptions of researchers for those of potential adopters

3. Using intervention creators as intervention communicators

4. Introducing interventions before they are ready

5. Assuming that information will influence decision-making

World Health Organization

6. Confusing authority with influence

7. Allowing innovators to gain primacy in dissemination efforts

8. Failing to distinguish between change agents, authority figures, opinion leaders and innovation champions

9. Selecting demonstration sites on criteria of motivation and capacity

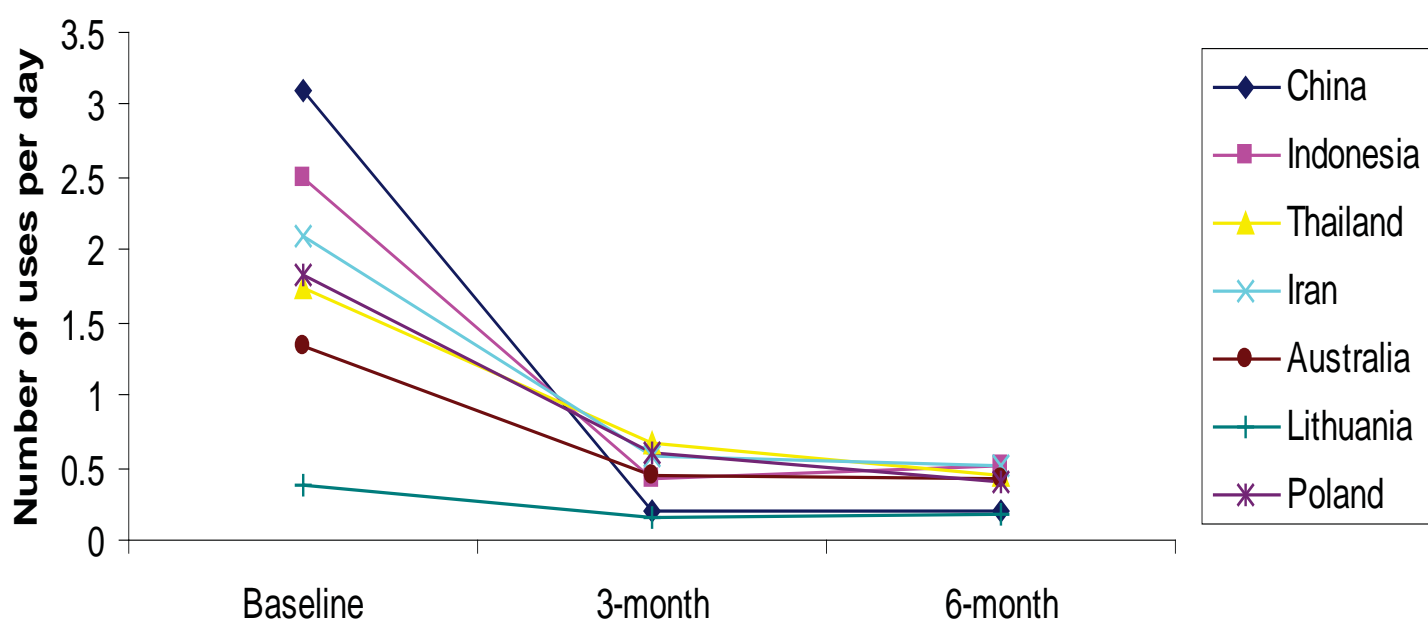10. Advocating single interventions as the solution to a problem
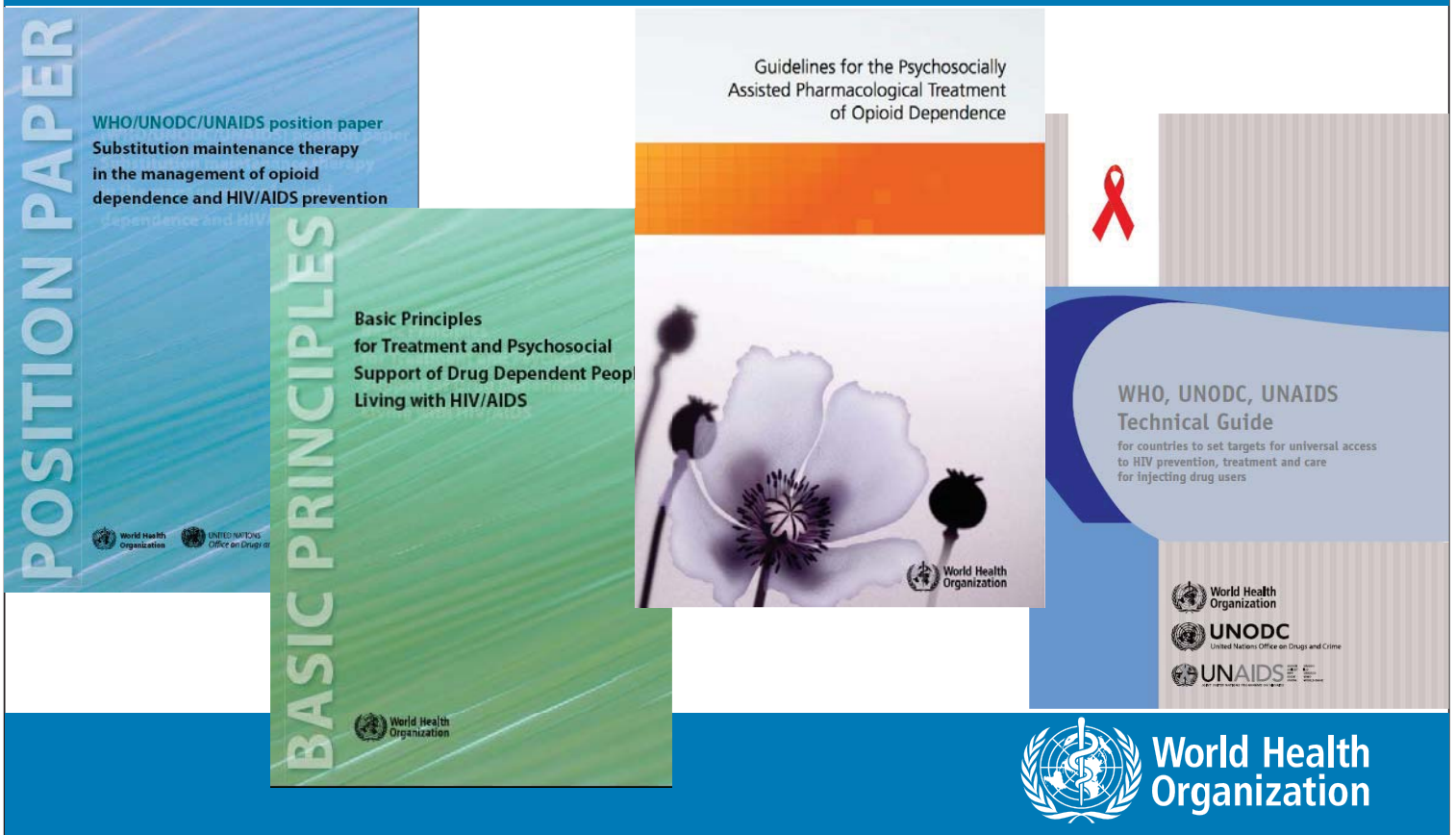
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Interaction of research agenda and policy

- Monitoring trends, distribution and determinants of substance use attributable health burden

- Evaluating the impact of alcohol and drug policy changes on the level and distribution of the health burden attributable to substance use and addictive behaviours

- Translating the evidence into policies, programs, practices and products

- Research for measuring and monitoring the coverage of health services for substance use disorders and related conditions.
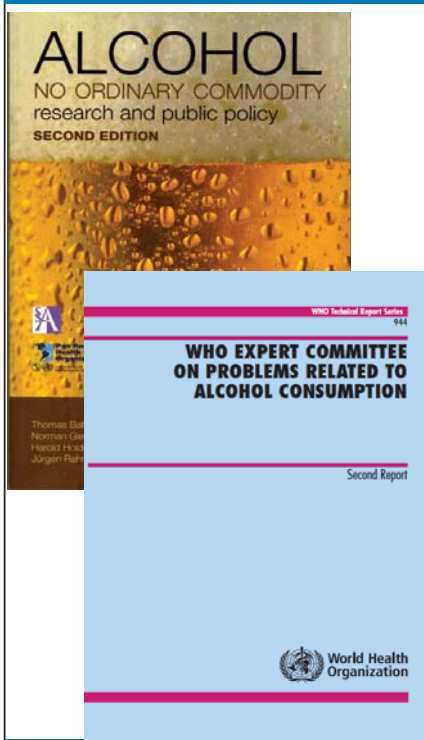
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WHO Collaborative Study on Substitution Therapy of Opioid Dependence and HIV/AIDS - Heroin use

World Health Organization

WHO Policy and Guidance Documents for Agonist Pharmacotherapy of Opioid Dependence

POSITION PAPER

WHO/UNODC/UNAIDS position paper
Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention

World Health Organization
UNITED NATIONS Office on Drugs and Crime

BASIC PRINCIPLES

Basic Principles for Treatment and Psychosocial Support of Drug Dependent People Living with HIV/AIDS

World Health Organization

Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence

World Health Organization

WHO, UNODC, UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users

World Health Organization
UNODC United Nations Office on Drugs and Crime
UNAIDS

World Health Organization

Effective prevention policy measures exist

ALCOHOL
NO ORDINARY COMMODITY
research and public policy
SECOND EDITION

WHO Technical Report Series 944
WHO EXPERT COMMITTEE ON PROBLEMS RELATED TO ALCOHOL CONSUMPTION

Second Report

World Health Organization

- Regulating and restricting availability of alcoholic beverages;

- Reducing demand through taxation and pricing mechanisms;

- Regulating the marketing of alcoholic beverages (in particular to younger people);

- Enacting appropriate drink-driving policies;

- Raising awareness and support for effective policies.

- Implementing screening programmes and brief interventions for hazardous and harmful use of alcohol.

World Health Organization
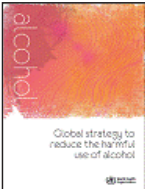
Global strategy to reduce the harmful use of alcohol

- Developed through a long and intense collaboration between the WHO Secretariat and Member States.

- Incorporates, when relevant and appropriate, the outcomes of consultations with stakeholders, including the industry and NGOs.

- Represents a unique consensus among WHO 194 Member States on ways to tackle harmful use of alcohol at all levels.

Global strategy to reduce the harmful use of alcohol

World Health Organization
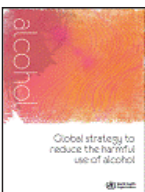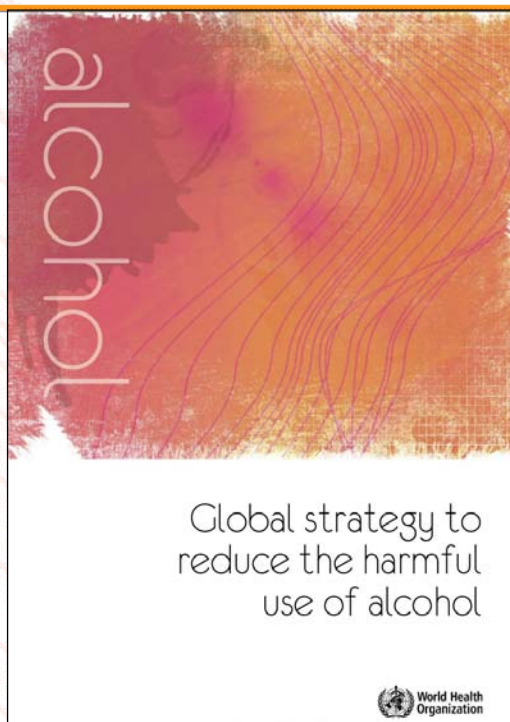
Global Strategy to Reduce the Harmful Use of Alcohol endorsed by 63rd World Health Assembly

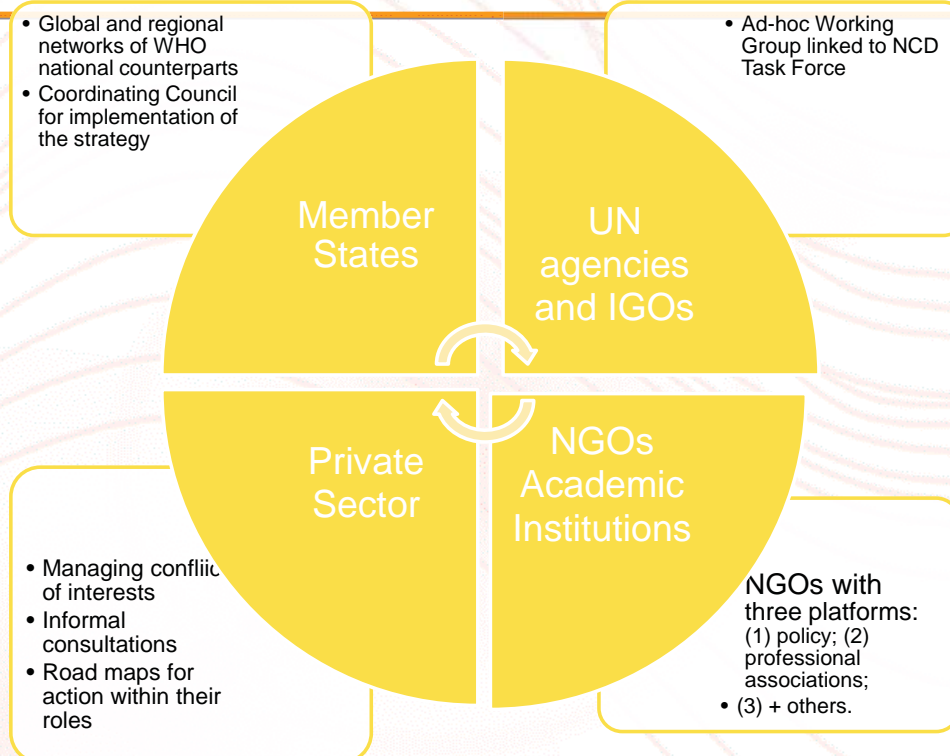*"…the global strategy for reducing the harmful use of alcohol is a true breakthrough. ... The strategy sends a powerful message: countries are willing to work together to take a tough stand against the harmful use of alcohol."*

Dr Margaret Chan
**Director-General**
World Health Organization
Closing speech at WHA63

World Health Organization

Partnerships, collaboration and engagement of different stakeholders

- Global and regional networks of WHO national counterparts
- Coordinating Council for implementation of the strategy

- Ad-hoc Working Group linked to NCD Task Force

Member States

UN agencies and IGOs

Private Sector

NGOs Academic Institutions

- Managing conflict of interests
- Informal consultations
- Road maps for action within their roles

NGOs with three platforms: (1) policy; (2) professional associations;
- (3) + others.

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Forthcoming global drug policy debates at UN system

- High-level segment of Commission on Narcotic Drugs in March 2014 will assess a progress made in the implementation by Member States of the Political Declaration and Plan of Action on International Cooperation towards and Integrated and Balanced Strategy to Counter a World Drug Problem

- Special Session of the UN General Assembly on the World Drug Problem – 2016.

World Health Organization

Global Monitoring Framework for Prevention and Control of NCDs: 9 targets for 2025
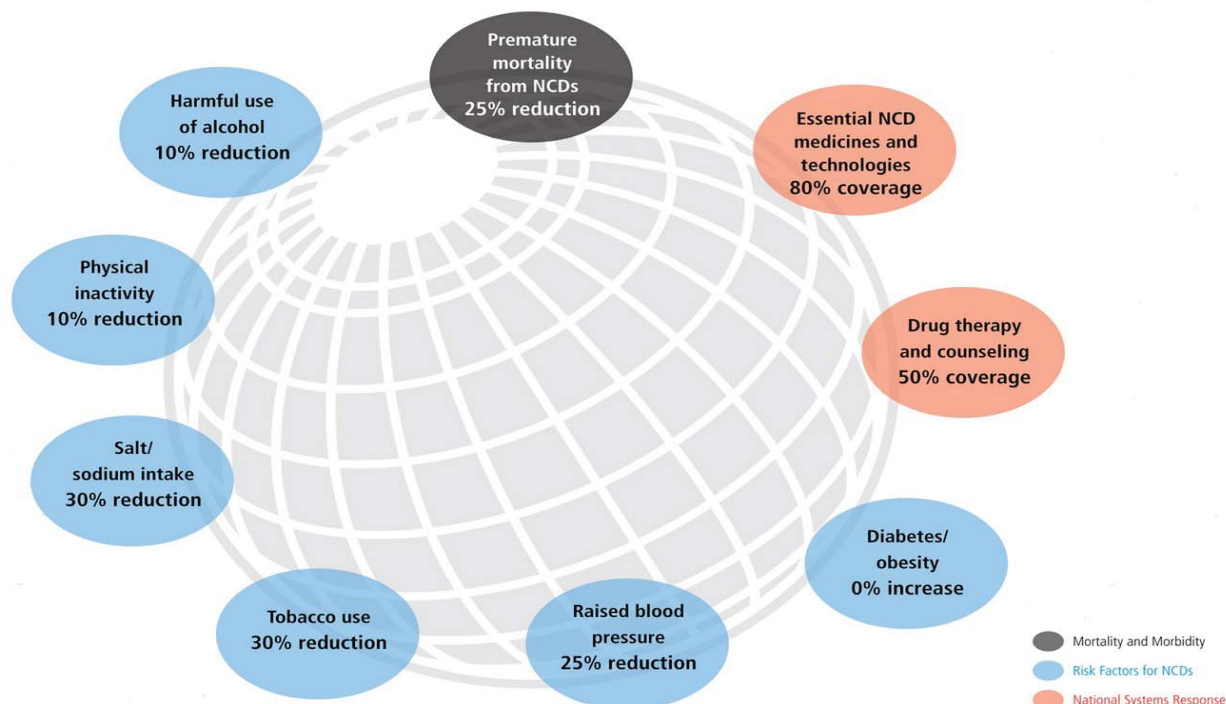
WHO Department of Mental Health and Substance Abuse
Management of Substance Abuse

Thank you for your attention

Further information at

http://www.who.int/substance_abuse/

http://www.who.int/mental_health/en/