France makes heatwave plans to protect elderly people

The French health ministry on May 5 revealed a plan to avoid future health disasters like the heatwave that claimed 15,000 lives last summer. Using the motto “Heat can kill and we have learned the lessons”, the Plan Canicule includes a new weather alert service, a registry of people at risk, and response guidelines for hospitals and voluntary aid workers.

Philippe Douste-Blazy, minister for health and social protection, said the plan has three key elements: responsibility, prevention, and solidarity. He mapped out a four-level alert system aimed at boosting cooperation between emergency services, health-care providers, and the police.

Level 1 (vigilance), which will be activated between June 1 and October 1, calls for strict monitoring of temperatures across the country recording swings from day to night. Last year, high temperatures at night meant thousands of pensioners could not recover from scorching daytime heat.

Level 2 means the nation will be put on alert, and level 3 is a signal for intervention. Level 4 indicates a crisis situation in which Prime Minister Jean-Pierre Raffarin can mobilise troops.

The health ministry’s Institut de Veille Sanitaire (InVS) will gather data from health services, meteorologists, and firemen and pass this information to Douste-Blazy, who activates the alert.

As a first measure, the ministry has urged city councils nationwide to carry out a census of older people to create a list of “vulnerable persons” requiring immediate assistance in extreme climatic conditions. The ministry has also allocated over €20 million (US$24 million) to install air-conditioning in homes of elderly people—the main victims of the 2003 heatwave—so they can have at least one cool room per establishment.

On May 17, Paris City Council launched an emergency call number so that “fragile or isolated old people” can find information about preventive measures and be attended at home if necessary.

Marc Giroud, president of France’s emergency response teams (Samu), welcomed the plan: “[It] is complete, coherent, and it goes from A to Z”, he said.

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Pakistan recognises burden of non-communicable disease

Pakistan has announced a national plan for the prevention and control of non-communicable diseases (NCD), which did not feature in the country’s health policy before now.

“The plan provides an integrated framework for action; this is a concerted approach to addressing the multidisciplinary range of issues within a prevention, control and health promotion framework across the broad range of NCDs”, says Sania Nishtar of Heartfile, a non-governmental organisation which played a leading role in developing the plan and putting NCDs on health agenda.

The National Health Survey of 1990–94 indicated that a third of Pakistani adults older than 45 years have high blood pressure, and that 40% men and 12.5% women use tobacco in one form or another. The prevalence of diabetes is also very high at around 10%. But, although NCDs are major cause of mortality and morbidity in Pakistan, the National Health Policy 2001 did not tackle these diseases.

According to Nishtar, the plan defines groups of NCDs so that they can be targeted through a set of “harmonising actions” and “integrating actions” within existing public-health systems using an evidence-based approach.

Besides cardiovascular diseases, chronic lung diseases, cancer, and diabetes, the plan also focuses on injuries. In 1999 alone, 1.4 million road-traffic accidents were reported in Pakistan. Of these, 7000 resulted in deaths.

Another key public-health problem addressed by the plan is mental illnesses. According to government estimates, one million people in Pakistan have severe mental illness, and a further 10 million peoples have neurotic mental illnesses.

Health minister Nasir Khan said the plan was not just a plan on paper but his government had already approved a project for the implementation of its first phase. He vowed that his ministry would implement the plan “in letter and in spirit”.

However, it remains unclear how the government will implement such an ambitious plan given its poor record in the past. Tobacco control, road safety, and cancer control will depend largely on the way in which government makes legislative changes and whether regional health services have the capability to implement them.

Khabir Ahmad