Combating NCDS: Protecting health, promoting development

Presentation for discussion
(Not an official document)
Noncommunicable diseases (NCDs) represent one of the world’s major health challenges, both in terms of the great human suffering they cause in all countries, as well as immense harm they inflict on the socioeconomic fabric and development of many countries, particularly the world’s poorest.

The health consequences of cancers, cardiovascular diseases, diabetes and chronic pulmonary diseases have been long known. These four NCDs are responsible for over 60% of all deaths worldwide, or around 36 million people annually: by far and away the world’s largest killers. They also share common risk factors, namely tobacco use, harmful use of alcohol, physical inactivity and poor diet. People in developing countries develop NCDs at younger ages, suffer more – often with preventable complications – and die sooner than those in high-income countries.

Another dimension to NCDs is gaining increasing attention. The immense costs associated with NCDs are too large for all countries to afford. Ageing populations in high income nations mean more people are at risk of developing a NCD, which provides governments and citizens with ever-increasing healthcare bills.

However, it is in developing countries, particularly on the African continent, where the expanding NCD epidemic is fanning poverty, stifling economic growth and hindering development. In many households, the bulk of a family’s income will go to caring for a loved one ailing from a NCD. Such “catastrophic expenditures” are preventing millions of people of advancing their lives and providing for their children’s futures.
But it need not be this way. Low-cost measures exist that can prevent millions of premature deaths every year through action against NCD risk factors. An agreed upon framework to control NCDs has been endorsed by countries worldwide. This 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases offers a vision to respond to the epidemic. Crucially, it advocates a whole-of-society approach to NCDs control that relies not on the health sector alone. It also advocates raising the priority given to NCDs in development work at global and national levels.

On 19-20 September, 2011, the United Nations General Assembly will tackle the health and development impacts of these diseases during the first High-level Meeting on the Prevention and Control of Noncommunicable Diseases in New York. This historic event, and the global build-up to it involving countries, the civil and private sectors, and the United Nations family at large, provides a platform to launch a new, long overdue drive to reversing the NCDs epidemic. It will achieve this by agreeing on action-oriented measures to prevent and control these diseases and protect the communities that are most at risk.

The world has a unique chance to act on NCDs. We cannot afford to let this opportunity slip for the good of public health and the overall wellbeing of countries at large. By raising the priority given to NCDs from all avenues – prevention, development, and an all-of-government approach – we can save lives, prevent suffering and reduce the economic and developmental consequences that NCDs pose.

Dr Ala Alwan
Assistant Director-General
World Health Organization
Four types of NCDs are largely preventable through effective interventions tackling shared modifiable risk factors.

<table>
<thead>
<tr>
<th>Noncommunicable diseases</th>
<th>Causative risk factors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tobacco use</td>
</tr>
<tr>
<td>Heart disease and stroke</td>
<td>✓</td>
</tr>
<tr>
<td>Diabetes</td>
<td>✓</td>
</tr>
<tr>
<td>Cancer</td>
<td>✓</td>
</tr>
<tr>
<td>Chronic lung disease</td>
<td>✓</td>
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</tbody>
</table>
8 key messages

- NCDs are the world’s biggest killers, responsible for over 3 in 5 deaths, but millions of lives can be saved. Lack of serious action is causing great health and socioeconomic suffering worldwide.

- Success against NCDs is possible. Low-cost solutions exist and they can save millions of lives if they are implemented. These include controls on tobacco and the harmful use of alcohol, and promotion of healthy diets and physical activity, as well as cost-effective treatments.

- NCDs cause poverty, and poverty causes NCDs. People in developing countries are being driven below the poverty line by spending limited resources on expensive NCD treatment, or buying the products that sicken them, such as tobacco and unhealthy food and beverages. Workforces lose millions of their most productive members in the primes of their lives.

- NCDs are a wake-up call for non-health sectors. Measures needed to reverse the NCDs epidemic and prevent unhealthy behaviours lie beyond the direct control of ministries of health. All sectors of government and society have a role to play in reducing cardiovascular diseases, cancers, chronic lung diseases and diabetes.

- NCDs are both a development and a political problem and no longer just a medical or a public health crisis. That is why the UN General Assembly has decided to discuss NCDs, as a follow-up to the 2010 MDG review. NCDs are already threatening to compromise development gains, particularly MDGs 4, 5, 6 and 8.

- Policy lies at the root of the NCD crisis and its solutions. It is not bad choices that are not responsible for the rise of cardiovascular disease, diabetes, cancer and chronic lung diseases. Bad policies are largely to blame. The pressure to make the right decisions is enormous. Developing countries are soft targets and easy markets. Many lack even the most rudimentary regulatory capacity to address irresponsible marketing and control the products offered to consumers.

- The international development community should consider regarding NCD prevention and control as a priority development issue. NCDs have serious socioeconomic impacts particularly in the world’s poorest countries and most vulnerable communities.

- The UN NCDs summit is an historic, powerful opportunity for change. It can galvanize the energies, expertise and capacities of multiple stakeholders to make a game-changing shift in how the world responds to the health and major macroeconomic impacts of the NCDs epidemic.
63% of the world’s annual deaths are due to NCDs, approximately 25% of which are premature (below 60 years) and could be prevented.
Almost 90% of world’s people dying prematurely from NCDs line in low- and middle-income countries.

### Total deaths (2008)

<table>
<thead>
<tr>
<th>Total Deaths (2008)</th>
<th>High-income countries</th>
<th>Upper middle-income</th>
<th>Lower middle-income</th>
<th>Low-income countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 million</td>
<td>6.6 M</td>
<td>4.4 M</td>
<td>8.3 M</td>
<td>5.6 M</td>
</tr>
<tr>
<td>25 million</td>
<td>0.5 M</td>
<td>1.4 M</td>
<td>13.6 M</td>
<td>2.3 M</td>
</tr>
<tr>
<td>20 million</td>
<td>1 M</td>
<td>1.2 M</td>
<td>5.3 M</td>
<td>1 M</td>
</tr>
<tr>
<td>15 million</td>
<td>0.6 M</td>
<td></td>
<td></td>
<td>0.8 M</td>
</tr>
<tr>
<td>10 million</td>
<td></td>
<td></td>
<td></td>
<td>1.4 M</td>
</tr>
</tbody>
</table>

**Source:** WHO estimates 2008

**Group III - Injuries**

**Group II – Other deaths from NCDs**

**Group II – Premature deaths from NCDs (below 60 years), which are preventable**

**Group I – Communicable diseases, maternal, perinatal and nutritional conditions**

Annually, 8.1 million premature deaths from NCDs occur in developing countries.
Premature deaths from NCDs occur in all regions of the world
In all regions, NCDs account for a large enough share of premature deaths to merit a public policy response.

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**Total deaths in each WHO Region**

*low- and middle-income countries only*

<table>
<thead>
<tr>
<th>WHO Region</th>
<th>Group I</th>
<th>Group II</th>
<th>Group III</th>
<th>Group IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO Region for Africa</td>
<td>12%</td>
<td>19%</td>
<td>19%</td>
<td>19%</td>
</tr>
<tr>
<td>WHO Region for the Americas</td>
<td>19%</td>
<td>19%</td>
<td>18%</td>
<td>17%</td>
</tr>
<tr>
<td>WHO Region for the Eastern Mediterranean</td>
<td>18%</td>
<td>19%</td>
<td>17%</td>
<td>17%</td>
</tr>
<tr>
<td>WHO Region for Europe</td>
<td>19%</td>
<td>19%</td>
<td>19%</td>
<td>17%</td>
</tr>
<tr>
<td>WHO Region for South-East Asia</td>
<td>19%</td>
<td>19%</td>
<td>19%</td>
<td>17%</td>
</tr>
<tr>
<td>WHO Region for the Western Pacific</td>
<td>17%</td>
<td>19%</td>
<td>19%</td>
<td>17%</td>
</tr>
</tbody>
</table>

Source: The GLOBAL BURDEN OF DISEASE

- **Group III** - Injuries
- **Group II** - Other deaths from NCDs
- **Group II** - Premature deaths from NCDs (below 60 years), which are preventable
- **Group I** - Communicable diseases, maternal, perinatal and nutritional conditions
Four types of NCDs account for most deaths in most low- and middle-income countries

Source: The GLOBAL BURDEN OF DISEASE
Without action, Africa and the Eastern Mediterranean regions will witness the largest rises in NCD deaths from 2010 to 2020.

Source: The GLOBAL BURDEN OF DISEASE
More people die from heart diseases and strokes in poorest developing countries than in high-income countries.

Estimated deaths from cardiovascular diseases (2004)

Source: The GLOBAL BURDEN OF DISEASE

- Low income countries
- Lower middle-income countries
- Upper middle-income countries
- High income countries
Top-10 risks of dying in developing countries are from NCD risk factors

Attributable deaths in developing countries by risk factor

Source: THE GLOBAL HEALTH RISKS / Mortality and Burden of Disease Attributable to Selected Major Risks
More women aged 15-59 years die from NCDs in Africa than in high-income countries (per 1000 adults).

Mortality rates among women aged 15-59 years (deaths per 1,000)

Source: The GLOBAL BURDEN OF DISEASE
Under 10% of the world’s population covered by any of the six proven cost-effective tobacco control policy measures.
## Prevention and control of NCDs: priorities for investment – a set of “Best Buys”

<table>
<thead>
<tr>
<th>Risk factor / disease</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tobacco use</strong></td>
<td>• Protect people from tobacco smoke</td>
</tr>
<tr>
<td></td>
<td>• Warn about the dangers of tobacco</td>
</tr>
<tr>
<td></td>
<td>• Enforce bans on tobacco advertising</td>
</tr>
<tr>
<td></td>
<td>• Raise taxes on tobacco</td>
</tr>
<tr>
<td><strong>Harmful use of alcohol</strong></td>
<td>• Enforce bans on alcohol advertising</td>
</tr>
<tr>
<td></td>
<td>• Restrict access to retailed alcohol</td>
</tr>
<tr>
<td></td>
<td>• Raise taxes on alcohol</td>
</tr>
<tr>
<td><strong>Unhealthy diet</strong></td>
<td>• Reduce salt intake in food</td>
</tr>
<tr>
<td></td>
<td>• Replace trans fat with polyunsaturated fat</td>
</tr>
<tr>
<td><strong>Cardiovascular disease (CVD) and diabetes</strong></td>
<td>• Provide counselling and multi-drug therapy (including glycaemic control for diabetes mellitus) for people with 10-year CVD risk &gt; 30%</td>
</tr>
<tr>
<td></td>
<td>• Treat acute myocardial infarction (with aspirin)</td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
<td>• Hepatitis B vaccination to prevent liver cancer</td>
</tr>
<tr>
<td></td>
<td>• Detection and treatment of precancerous lesions of the cervix and early-stage cervical cancer</td>
</tr>
</tbody>
</table>
Poverty contributes to NCDs and NCDs contribute to poverty

Poverty at household level

Populations in low- and middle-income countries

Globalization
Urbanization
Population ageing

Increased exposure to common modifiable risk factors:
- Unhealthy diets
- Physical inactivity
- Tobacco use
- Harmful use of alcohol

Non-communicable diseases:
- Cardiovascular diseases
- Cancers
- Diabetes
- Chronic respiratory diseases

Limited access to effective and equitable health-care services which respond to the needs of people with non-communicable diseases

Loss of household income from unhealthy behaviours

Loss of household income from poor physical status and premature death

Loss of household income from high cost of health care

World Health Organization
The world has a sound vision and a clear roadmap to address NCDs

- 2000: Global Strategy for the Prevention and Control of Noncommunicable Diseases
- 2003: WHO Framework Convention on Tobacco Control
- 2004: Global Strategy on Diet, Physical Activity and Health
- 2010: Global Strategy to Reduce the Harmful Use of Alcohol
- 2011: Global status report on noncommunicable diseases, First Global Ministerial Conference on Healthy Lifestyles and NCD Control, UN High-level Meeting on NCDs
WHO Global Forum: Addressing the challenges of NCDs

- Brought together a wide group of stakeholders, including civil society, the private sector, academia and governments, to share views and experiences to date on NCD prevention and control.

- The Forum set out to raise awareness of the High-level Meeting on NCDs in September 2011, and to provide input into First Global Ministerial Conference on Healthy Lifestyles and NCD Control that followed the Forum.

- Forum participants were asked to identify challenges and commit to priority actions to strengthen global action to prevent and control NCDs prior to and beyond the High-level Meeting on NCDs.

- The format allowed the different groups to listen and respond to each other and assisted WHO to canvass a wider and richer range of views to inform its work on NCDs.

- The report of the Forum will serve as an input into the preparations for the High-level Meeting on NCDs.
• First global ministerial conference focussing solely on healthy lifestyles and NCDs: More than 150 governments and 95 Ministers of Health attended.

• Goals: To raise political awareness about the importance and potential of NCD prevention and control, and to highlight the essential need for intersectoral action.

• High-level sessions to profile available instruments, strategies and interventions, and to foster international cooperation and coordination.

• Interactive roundtable sessions to exchange successful approaches and lessons learned.

• Participants adopted the Moscow Declaration, which calls for the full and effective implementation of the NCD Action Plan, and for supporting WHO in developing a comprehensive monitoring framework for NCDs, particularly in preparation for the High-level Meeting.

• A summary report of the Conference will serve as an input to the preparatory process leading towards the High-level Meeting on NCDs in September 2011.
2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases was endorsed by the World Health Assembly in May 2008

Six objectives:

1. Raise the priority accorded to NCDs in development work at global and national levels, and integrate prevention and control of NCDs into policies across all government departments
2. Establish and strengthen national policies and programmes
3. Reduce and prevent risk factors
4. Prioritize research on prevention and health care
5. Strengthen partnerships
6. Monitor NCD trends and assess progress made at country level

Under each objective, there are sets of actions for Member States, the WHO Secretariat and international partners
International development community has been slow in responding to call to raise priority accorded to NCDs in development work.

**Health ODA Commitments (2007) in US$ billions**

- **HIV/AIDS & STDs**: $7.40
- **Health Policy & Admin. Management**: $1.65
- **Infecious Disease Control**: $1.33
- **Reproductive Health**: $1.16
- **Basic Health Care**: $1.14
- **Malaria Control**: $0.80
- **Family Planning**: $0.53
- **Tuberculosis Control**: $0.45
- **Basic Nutrition**: $0.33
- **Medical Services**: $0.24
- **Basic Health Infrastructure**: $0.23
- **Medical Research**: $0.22
- **Medical Education/Training**: $0.21
- **Health Education**: $0.06
- **Water Supply/Sanitation - Large Systems**: $3.90
- **Water resources policy/admin. mgmt**: $0.93
- **Basic Drinking Water Supply & Sanitation**: $0.92
- **Waste Management/Disposal**: $0.42
- **River Development**: $0.10
- **Water Resources Protection**: $0.06
- **Water Education/Training**: $0.01

**Total Health ODA: $22.1 billion**

**Health ODA for NCDs: ?**

No OECD/DAC Creditor Reporting System code yet tracks NCD prevention and control health commitments.

Source: Kaiser Family Foundation (www.kff.org/globalhealth)
Alignment

*Donors base their overall support on partner countries’ national development strategies, institutions and procedures*

**Donors align with partners’ strategies**

16. **Donors** commit to:

- Base their overall support — country strategies, policy dialogues and development co-operation programmes - on partners’ national development strategies and periodic reviews of progress in implementing these strategies\(^3\) (*Indicator 3*).

- Draw conditions, whenever possible, from a partner’s national development strategy or its annual review of progress in implementing this strategy. Other conditions would be included only when a sound justification exists and would be undertaken transparently and in close consultation with other donors and stakeholders.

- Link funding to a single framework of conditions and/or a manageable set of indicators derived from the national development strategy. This does not mean that all donors have identical conditions, but that each donor’s conditions should be derived from a common streamlined framework aimed at achieving lasting results.
Regional Summit of Heads of Government of the Caribbean Community (CARICOM) adopted a Declaration on NCDs on 15 September 2007.
Western Asia Ministerial Meeting on NCDs urged leaders to place NCDs at forefront of development efforts

ECOSOC/UNESCWA/WHO Western Asia Ministerial Meeting

“Addressing non-communicable diseases and injuries: major challenges to sustainable development in the 21st century”

(Hosted in Doha by the Government of Qatar, 10-11 May 2009)
Many national and international leaders want global development initiatives to consider NCD prevention and control.

- Regional Ministerial Meeting on Health Literacy (Beijing, 29-30 April 2009)
- Regional Ministerial Meeting on Non-communicable Diseases and Injuries, Poverty and Development (Qatar, 10-11 May 2009)
- ECOSOC High-level Segment on Global Health (Geneva, 6-9 July 2009)
- ECOSOC Ministerial Roundtable Meeting on Non-communicable Diseases and Injuries (Geneva, 8 July 2009)

United Nations General Assembly Resolution A/RES/64/265 on the prevention and control of non-communicable diseases (adopted on 13 May 2010)
Resolution A/RES/64/265 calls for a High-level Meeting of the UN General Assembly in September 2011 on NCD prevention and control

- **Decides** to convene a High-level Meeting of the General Assembly in September 2011, with the participation of Heads of State and Government, on the prevention and control of non-communicable diseases;

- **Also decides** to hold consultations on the scope, modalities, format and organization of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, with a view to concluding consultations, preferably before the end of 2010;

- **Encourages** Member States to include in their discussions at the High-level Plenary Meeting of the sixty-fifth session of the General Assembly on the review of the Millennium Development Goals, to be held in September 2010, the rising incidence and the socio-economic impact of the high prevalence of non-communicable diseases worldwide;

- **Requests** the Secretary-General to submit a report to the General Assembly at its sixty-fifth session in collaboration with Member States, the World Health Organization and the relevant funds, programmes and specialized agencies of the United Nations system, on the global status of non-communicable diseases, with a particular focus on the developmental challenges faced by developing countries.
Outcome document of High-level Plenary Meeting of 65th Session of UN General Assembly on MDGs (September 2010) highlights NCDs as a development issue

"We, Heads of State and Government, ...

- **Commit** ourselves to accelerating progress in promoting global public health for all, including through strengthening the effectiveness of health systems and proven interventions to address evolving health challenges, including the increased incidence of non-communicable diseases, road traffic injuries and fatalities and environmental and occupational health hazards;

- **Commit** ourselves to accelerating progress in order to achieve Millennium Development Goal 6, including through undertaking concerted action and a coordinated response at the national, regional and global levels in order to adequately address the developmental and other challenges posed by non-communicable diseases, namely cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, working towards a successful High-level Meeting of the General Assembly in 2011."
High-level Meeting on NCD prevention and control to be held 19-20 September 2011 in New York

Encourages participation of Heads of State and Government.

Particular focus on developmental, social and economic impacts, particularly for developing countries.

**Three roundtables on:**
- Rising incidence, developmental, and social and economic impact of NCDs and risk factors;
- Strengthening national capacities and policies for NCD prevention and control;
- Fostering international cooperation and coordination to address NCDs.

Concise action-oriented outcome document.

Encourages Member States to consider including parliamentarians, civil society, academia and NCD networks in national delegations.

UN Secretary-General report on the global NCDs status by May 2011 to serve as an input to the High-level Meeting preparations.

WHO continue holding regional multisectoral consultations.

President of UN General Assembly to organize by June 2011 an informal interactive hearing with NGOs, civil society, private sector and academia to input into the High-level Meeting.

Preparations and High-level Meeting to include participation of UN funds and programmes, UN specialized agencies, UN regional commissions, Bretton Woods institutions, WTO, regional development banks, UNCTAD, intergovernmental organizations and entities with UN General Assembly observer status.

President of UN General Assembly to lead consultation on participation of NGOs, civil society organizations, private sector and academia in High-level Meeting, including round tables.
WHO’s impression of the preparatory process leading to the High-level Meeting of the UN General Assembly on NCDs

**Regional Consultations (co-sponsored by WHO and UNDESA)**

- AFRO (Brazzaville)
- AMRO (Mexico)
- EMRO (Tehran)
- EURO (Oslo)
- SEARO (Jakarta)
- WPRO (Nadi & Seoul)

**Global Consultations (sponsored by WHO)**

- WHO Global Forum 2011 (Moscow, 27 April 2011)
- First Global Ministerial Conference on Healthy Lifestyles and NCD Control (Moscow, 28-29 April 2011)

**WHO Informal Dialogues**

- NGOs (1 Nov 2010)
- Private Sector (2 Nov 2010)
- UN Agencies (5-6 Apr 2011)

**Reports**

- Report by the WHO Director-General (23 Nov 2010)
- WHO Global Status Report on NCDs (27 April 2011)
- Report by the UN Secretary-General (May 2011)

**Interactive Hearings by the President of the UN General Assembly**

- Interactive Hearing with NGOs and the Private Sector (16 June 2011)

**WHO Governing Bodies**

- WHO Executive Board (17-25 January 2011)
- WHO World Health Assembly (16-24 May 2011)
Acknowledgements

This presentation for discussion was compiled with the input, support and assistance from staff across WHO’s cluster for Non-communicable Diseases and Mental Health. This presentation does not represent an official position of the World Health Organization. It is a tool to explore the views of interested parties on the subject matter. References to international partners are suggestions only and do not constitute or imply any endorsement whatsoever of this presentation.

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