

Issues Note

Ministerial Roundtable Breakfast “Addressing noncommunicable diseases and injuries: uniting development and public health agendas” (Geneva, 8 July 2009)

*during the
ECOSOC High-Level Segment of the 2009 Annual Ministerial Review
(Geneva, 6-9 July 2009)*

The issue: Premature deaths from noncommunicable diseases (NCDs) and injuries in developing countries are rising at an astonishingly fast rate, with serious implications for poverty reduction and economic growth. Increasingly, policy makers in developing countries are being challenged to formulate evidence-based public policies and plans to prevent premature deaths from NCDs and injuries, thereby addressing one of the key public health and development challenges of the 21st century.

- **NCDs and injuries are a serious threat to the health and lives of people in developing countries:** NCDs and injuries account for 70% of deaths worldwide, and 80% of these deaths occur in developing countries. Some 60% of all deaths globally are due to the four main NCDs: cardiovascular diseases, diabetes, cancers and chronic respiratory diseases. An additional 10% of deaths globally are due to injuries, mainly road traffic crashes, burns, falls, other types of unintentional injury, violence and suicide.
- **NCDs and injuries are a serious threat to socio-economic development:** The World Economic Forum survey of global risks for 2009 ranked NCDs as the third most likely risk to come true and the fourth most severe in its impact. NCDs were seen as a threat to global well-being, exceeded only by asset price collapse, spikes in oil and gas prices, and the slowing of the Chinese economy. Similarly, WHO estimates that heart disease, stroke and diabetes alone are estimated to reduce GDP between 1 to 5% per year in developing countries experiencing rapid economic growth. The World Bank estimates that one third of the poorest two quintiles in developing countries die prematurely from NCDs, which affects their families and acts as a chronic poverty trap for them. The cost of lifelong treatment drains household incomes and catastrophic health care expenditures push many households into poverty.
- In addition, there is a significant economic loss from injury, both from treatment costs, as well as lost wages and economic productivity. These costs are especially severe as many of those injured are working-aged adults. In developing countries, the economic cost of road traffic injuries alone has been estimated at nearly US\$100 billion, which is twice the sum of all Official Development Assistance. Most countries lose 1 - 2% of their GDP in injury-related consequences from road traffic crashes.

- The epidemic of NCDs and injuries is the product of failed development: of unhealthy urbanisation, of poor trade and policy choices, of health systems unprepared for those most in need of care. A fundamental economic and development choice is thus facing the world today.
- Today, key instruments to promote sustainable human development, such as the MDGs, as well as poverty alleviation strategies, do not include mechanisms to incorporate the prevention and control of NCDs and injuries. International aid and development agencies are “missing in action” in relation to NCD and injury prevention and control. They are virtually absent in terms of providing technical support to developing countries in building sustainable institutional capacities to address NCDs and injuries and mitigating the negative impact on socio-economic development.

Affordable solutions exist: NCDs and injuries are largely preventable. Affordable solutions exist to avoid premature deaths from NCDs and injuries. Reviews of international experience in the prevention and control of noncommunicable diseases and injuries, including community-based programmes, have been conducted, and lessons learnt have been identified and disseminated.

Between 40-50% of heart disease, stroke and type-2 diabetes are premature and could in large part be prevented by eliminating tobacco use, promoting healthy diets, increasing physical activity and reducing the harmful use of alcohol. One-third of cancers can be prevented and another third can be cured, if detected early. Similarly, an established set of interventions based on the best science available has also been identified to significantly reduce the impact and incidence of road traffic injuries. While more research is needed to strengthen the evidence-base of affordable solutions, successful approaches for intersectoral action against NCDs and injuries include:

- tobacco taxation policies;
- smoke-free policies;
- tobacco advertising and promotion bans;
- health warnings on tobacco packages;
- assistance with quitting;
- fruit and vegetable promotion;
- physical activity promotion;
- population-based salt reduction efforts;
- road safety laws against speeding and impaired driving;
- mandatory motorcycle helmet laws;
- secondary prevention of cardiovascular diseases;
- early detection and treatment of breast and cervical cancers, diabetes, hypertension and other cardiovascular risk factors;
- trauma and emergency care services.

These interventions can be delivered through public policies, including through settings-based approaches in schools, workplaces and communities, as well as through approaches in clinical settings, with a special focus on primary health care.

The way forward: A number of recommendations were offered by the ECOSOC/UNESCWA/WHO Western Asia Ministerial Meeting “Addressing NCDs and injuries: major challenges to sustainable development in the 21st century” (hosted in Doha by the Government of Qatar, 10-11 May 2009) for consideration by the Economic and Social Council, including:

- Integrate evidence-based indicators on NCDs and injuries into the core MDG monitoring and evaluation system during the upcoming MDGs Review Summit in 2010;
- Include the issue of NCD prevention and injury prevention in the ECOSOC 2010 Coordination Segment and other global discussions on development;
- Raise the priority accorded to NCDs and injury prevention on the agendas of relevant high level forums and meetings of national, regional, and international leaders;
- Review international experience in the prevention and control of NCDs and injuries in developing countries, including community-based programmes, and identify and disseminate successful approaches for intersectoral action;
- Develop and disseminate tools that enable public policy decision makers to assess the impact of policies on the determinants of, risk factors for, and consequences of NCDs and injuries and provide models of effective evidence-based policy making;
- Strengthen the standardized data collection on NCDs and injuries, and establish baselines, with special emphasis on strengthening data on the socio-economic impact, including poverty at household level;
- Collaborate closely with and provide support to developing countries and the World Health Organization in implementing the various components of the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of NCDs, endorsed by the World Health Assembly in May 2008.

Working in partnership: Providing effective public health responses to the global threat posed by NCDs and injuries requires strong international partnerships. The building and coordinating of results-oriented collaborative networks are essential components of a global strategy. Networks are also vital because resources for the prevention and control of NCDs and injuries are limited in most national and intergovernmental budgets. Collaborative work should be fostered among United Nations Agencies, other intergovernmental institutions, bilateral donors, philanthropic foundations, academia, research centres, NGOs, mass media and the private sector.

Further information:

- For more information on working in partnership to support the implementation of the various components of the 2008-2013 Action Plan for the Global Strategy for Prevention and Control of Noncommunicable Diseases, please contact ncdnet@who.int.
- For more information on working in partnership to promote injury prevention, please contact vip@who.int.