NCDs and Sustainable Development – Shaping a Collaborative Agenda
Prince Mahidol Award Conference

WHO Global Coordination Mechanism
on the Prevention and Control of Non-communicable Diseases
(WHO GCM/NCD)
30 January 2017, Bangkok, Thailand

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Head of GCM/NCD Secretariat
World Health Organization
### What Are NCDs?

<table>
<thead>
<tr>
<th>Noncommunicable diseases</th>
<th>Modifiable common risk factors for NCDs</th>
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<tbody>
<tr>
<td></td>
<td>Tobacco use</td>
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<tr>
<td>Heart disease and stroke</td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Cancer</td>
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<td>Chronic lung disease</td>
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NCDs and Development: Myths and Reality

Myth 1: NCDs affect only rich countries
Reality: Nearly three quarters of the global NCD deaths (28 million out of 38 million) take place in low- and middle-income countries (WHO Global Status Report on NCDs 2014)

Myth 2: NCDs are diseases of the elderly
Reality:
(i) Approximately 42% of deaths are premature (between the ages of 30 and 70) and the majority of these premature deaths (82%) occur in low- and middle-income countries (WHO Global Status Report 2014)

(ii) Children and adolescents are heavily impacted by NCDs and their risk factors. For example, the prevalence of childhood obesity is increasing worldwide, especially in Africa and Asia. As of 2015, 42 million children under the age of five were considered overweight or obese (GCM Policy Brief: Global NCD Target Halt the Rise in Obesity 2016)
**Myth 3:** NCDs are more common in men

**Reality:** NCDs are the biggest threat to women’s health at a global level, linked to 65% of all female deaths worldwide. Country variation for NCD related premature female deaths is evident however, from 5% in South Korea to 35% in Sierra Leone. (Yeates, Lohfeld, Sleeth et al - A Global perspective on cardiovascular disease in vulnerable populations *Can J Cardiol* 2015)

(See next slide)
Informal Interactive Hearing with NGOs, CBOs, the private sector and academia on the prevention and control of NCDs (New York, 19 June 2014)

SDG target 3.4 (NCDs)
Indicator: Probability of dying from any of cardiovascular disease, cancer, diabetes, chronic respiratory disease between the ages of 30 and 70
WHO estimates for 2015

<table>
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<tr>
<th>Country Type</th>
<th>Men</th>
<th>Women</th>
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<tr>
<td>Low-income countries (average)</td>
<td></td>
<td></td>
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<tr>
<td>Lower middle-income countries (average)</td>
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<td></td>
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<tr>
<td>Upper middle-income countries (average)</td>
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<tr>
<td>High-income countries (average)</td>
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Myth 4: NCDs are not as dangerous as infectious diseases as they are not contagious

Reality: Some cancers have infectious aetiology (e.g. gastric and hepatic), NCDs also increase susceptibility to infectious diseases (e.g. TB, HIV/AIDs), Convergence of agendas provides the opportunity for an integrated response. NCD epidemic is driven by globalization of marketing of products harmful to health, rapid urbanization- contagious commercial determinants of health.

Myth 5: Links between NCDs and sustainable development are not clear

Reality: NCDs have serious socio-economic consequences, through affecting health, increasing individual and household impoverishment and hindering broader social and economic development (See Next slide)
Myth 6. NCDs are too costly to treat  
Reality: The cost of not taking action outweighs the cost of inaction

Cost of inaction in developing countries: US$ 7 trillion (2011-2025)

Cost of action in developing countries: US$ 170 billion (2011-2025)
Informal Interactive Hearing with NGOs, CBOs, the private sector and academia on the prevention and control of NCDs

2011
Moscow Declaration

2011
Political Declaration

2014
Outcome Document

2015
AAAA

2015
SDGs

2018
3rd HLM

Major Events Influencing the NCD Agenda
Good Health and Well-Being

Ensure healthy lives and promote well-being for all at all ages.
NCDs and NCD-related Targets in SDGs

Goal 3. Ensure healthy lives and promote well-being for all at all ages

3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.
Informal Interactive Hearing with NGOs, CBOs, the private sector and academia on the prevention and control of NCDs (New York, 19 June 2014)

By 2030, reduce by one third premature mortality from NCDs

2030 milestone: NCD-related targets in the SDGs

2025 milestone: 9 voluntary global NCD targets

2018 milestone: Four time-bound commitments

Components of national NCD responses

Governance
Risk factors
Health systems
Surveillance

2011 UN Political Declaration on NCDs
2014 UN Outcome Document on NCDs
WHO Global NCD Action Plan 2013-2020
WHO Regional NCD Action Plans
Sustainable Development Goals
Progress is insufficient

- WHO NCD Progress Monitor 2015, published on 25 Sept. 2015
- 10 progress monitoring indicators
- Progress achieved by countries in implementing the four time-bound commitments for 2015 and 2016
- Multisectoral plans: 64 fully met, 23 partially met, and 86 not met (target 4)

Bolder measures are needed by governments, international partners and WHO to ensure that all commitments are fully implemented

Including international development cooperation
ACCELERATING SDG PROGRESS

- Not all goals can be pursued equally and at the same time
- Pursuit of catalytic actions with impacts across multiple SDG targets

- Inspiring cross-sectoral collaboration, breaking down silos
- Identifying and investing in ‘accelerators’ – intervention areas that can yield multiple dividends (women and girls’ empowerment, energy access, water access)
- Identifying the bottlenecks limiting progress of development interventions
- Adapting innovative acceleration solutions across countries
WHO Global Coordination Mechanism on NCDs

Scope and purpose:
Facilitate and enhance the coordination of activities, **multi-stakeholder engagement and action** across sectors at the local, national, regional and global levels, in order to contribute to the implementation of the WHO Global NCD Action Plan 2013 – 2020.

Five functions:

- **Advocating** and raising awareness
- Disseminating **knowledge** and information
- Encouraging **innovation** and identifying barriers
- Advancing **multisectoral action**
- Advocating for mobilization of resources
WHO Global Coordination Mechanism on NCDs

- **327 participants**
  - 133 non-State actors
  - 194 Member States + UN system

- **Small secretariat in WHO**

- **Biannual work plans with activities:**
  - Dialogues
  - Working Groups
  - Global communications campaign
  - Virtual discussion forums
  - Communities of practice
  - Newsletters and webinars
  - Integrated support to countries
Working Group “to recommend ways and means of encouraging Member States and non-State actors to realize the commitment to provide financing for NCDs to call on the provision of adequate, predictable and sustainable resource through domestic, bilateral, regional and multilateral channels, including traditional and voluntary innovative financing mechanisms.”

Co-Chairs India and US

Working Group “to recommend ways and means of encouraging Member States and non-State actors to align international cooperation on noncommunicable diseases with national plans concerning noncommunicable diseases in order to strengthen aid effectiveness and the development impact of external resources in support of noncommunicable diseases.”

Co-chairs Zimbabwe and Norway
## Recommendations for governments emerging from the two GCM Working Groups

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<tr>
<th>Alignment of International Cooperation with National NCD plans</th>
<th>Financing of NCDs</th>
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<tr>
<td>1. Governments should develop and/or expand existing and emerging forms of development cooperation beyond the traditional donor-recipient model to address NCDs through North-South, South-South and Triangular Partnerships.</td>
<td>1. Mobilize and allocate resources for national NCD responses</td>
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<td>2. Governments should urgently develop and implement nationally appropriate high quality multisectoral integrated plans that are prioritized and costed in close collaboration with relevant stakeholders, including non-State actors.</td>
<td>2. Expand domestic public resources to implement national NCD responses</td>
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<td>3. Governments should build their institutional capacity to engage effectively with development agencies to ensure aid efficiency, mutual accountability, and development impact of external resources to support National NCD Plans.</td>
<td>3. Seek catalytic ODA investments to complement domestic resources</td>
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<td>4. Governments should develop NCD investment frameworks to communicate the urgency for accelerated and targeted investments in NCDs as part of the 2030 Agenda for Sustainable Development.</td>
<td>4. Promote financing from the private sector</td>
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<td>5. Governments should invest in adequate surveillance, monitoring and evaluation, and research systems to provide evidence for effective interventions, advocacy, and support resource mobilization efforts for NCDs.</td>
<td>5. Achieve policy coherence across sectors</td>
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<tr>
<td>6. Governments should promote and enhance cooperation with non-State Actors, including civil society organizations, to strengthen advocacy, mutual accountability, and ensure the implementation of National NCD Plans.</td>
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**World Health Organization**

**UNITE IN THE FIGHT AGAINST NCDs**
Thank you!

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