A technical overview of NCDs in the Commonwealth

Dr Ala Alwan
Assistant Director-General
World Health Organization
## Four major groups of Noncommunicable Diseases

Four major lifestyles-related risk factors

<table>
<thead>
<tr>
<th>Noncommunicable diseases</th>
<th>Modifiable causative risk factors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tobacco use</td>
</tr>
<tr>
<td><strong>Heart disease and stroke</strong></td>
<td>✓</td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
<td>✓</td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
<td>✓</td>
</tr>
<tr>
<td><strong>Chronic lung disease</strong></td>
<td>✓</td>
</tr>
</tbody>
</table>
Topics

• The NCD burden in the Member States of the Commonwealth of Nations
• The global NCD burden
• The global response
• The High-level Meeting on NCDs
The NCD burden in the Member States of the Commonwealth of Nations
Deaths in the Commonwealth
(Millions of deaths in 2008)

- Communicable, maternal, perinatal and nutritional conditions: 44%
- NCDs: 9%
- Injuries: 57%

Commonwealth Health Ministers Meeting
(Geneva, 15 May 2011)
Deaths in the Commonwealth

(Millions of deaths in 2008)

Communicable, maternal, perinatal and nutritional conditions: 31%
NCDs: 16%
Injuries: 9%
After 60: 44%
Deaths from NCDs before the age of 60 in the Commonwealth
(by World Bank income group, 2008)

- Low-income countries (17%)
- Upper-middle-income countries (3%)
- Lower-middle-income countries (77%)
- High-income countries (3%)
Deaths from NCDs among males before the age of 60 in the Commonwealth (as a percentage of total deaths from NCDs among men, 2008)

- Kiribati
- Malawi
- Nauru
- Sierra Leone
- Uganda
- Zambia
- Papua New Guinea
- Mozambique
- Gambia
- Namibia
- Ghana
- Rwanda
- Fiji
- Cameroon
- United Republic of Tanzania
- Nigeria
- Brunei Darussalam
- Swaziland
- South Africa
- Botswana
- Solomon Islands
- Bahamas
- Kenya
- India
- Vanuatu
- Guyana
- Bangladesh
- Grenada
- Tanzania
- Mauritius
- Samoa
- Lesotho
- Seychelles
- Belize
- Malaysia
- Pakistan
- Trinidad and Tobago
- Saint Vincent and the Grenadines
- Antigua and Barbuda
- Saint Lucia
- Sri Lanka
- Dominica
- Tonga
- Singapore
- Maldives
- Barbados
- Saint Kitts and Nevis
- Jamaica
- Canada
- New Zealand
- Malta
- Australia
- United Kingdom
- Cyprus
Deaths from NCDs among women before the age of 60 in the Commonwealth
(as a percentage of total deaths from NCDs among men, 2008)

0% 10% 20% 30% 40% 50% 60% 70%
Prevalence of current daily tobacco smoking in the Commonwealth
(both sexes, age standardized, 2008)
The global NCD burden
Proportion of global NCD deaths

Under the age of 60

- Cancers: 34%
- Cardiovascular disease: 28%
- Chronic respiratory diseases: 9%
- Diabetes: 4%
- Digestive diseases: 3%
- Other NCDs: 3%

Under the age of 70

- Cancers: 39%
- Cardiovascular disease: 27%
- Chronic respiratory diseases: 9%
- Diabetes: 4%
- Digestive diseases: 3%
- Other NCDs: 12%
Key Messages

Noncommunicable Diseases (NCDs)

- An already enormous public health problem with increasing dimensions, affecting both high and low income populations
- Responsible for millions of premature deaths every year, particularly in low- and middle-income countries
- Lifestyles factors are at the root of the NCD crisis and its solutions
- There are major socioeconomic consequences and negative impact on development
Global burden of NCDs
(Millions of deaths in 2008)
36 million deaths (63% of global mortality)
Global burden of NCDs
(Millions of deaths in 2008)

80% of mortality due to NCDs occur in lower income countries

- Low-income
- Lower-middle-income
- Upper-middle-income
- High-income

Males
Females

Communicable, maternal, perinatal and nutritional conditions
NCDs
Injuries

(Geneva, 13 May 2011)
Projections

- NCD mortality will increase by 15% worldwide by 2020.
- The greatest increase will occur in Africa, Eastern Mediterranean Region and South East Asia.
- Cancer incidence will increase by 82% in low-income countries by 2030 (compared with only 40% in high-income countries).
Proportion of premature NCD deaths (2008 estimates)

Under 60 years of age

- High income countries: 13% of total NCD mortality
- Low- and middle-income countries: 29% of total NCD mortality
Premature NCD deaths before the age of 60 (2008 estimates)

- **Communicable conditions**
- **NCDs < 60**
- **NCDs > 60**
- **Injuries**

**Low-income Countries**
- Communicable conditions: 5 M
- NCDs < 60: 5 M
- NCDs > 60: 2 M
- Injuries: 1 M

**Lower-middle-income Countries**
- Communicable conditions: 15 M
- NCDs < 60: 15 M
- NCDs > 60: 10 M
- Injuries: 5 M

**Upper-middle-income Countries**
- Communicable conditions: 5 M
- NCDs < 60: 5 M
- NCDs > 60: 3 M
- Injuries: 2 M

**High-income Countries**
- Communicable conditions: 5 M
- NCDs < 60: 5 M
- NCDs > 60: 3 M
- Injuries: 2 M
Commonwealth Health Ministers Meeting
(Geneva, 15 May 2011)

NCDs
- Raised blood pressure
- Overweight/obesity
- Raised blood glucose
- Raised lipids
- Tobacco use
- Unhealthy diet
- Physical inactivity
- Harmful use of alcohol

Globalization
Urbanization
Population ageing

Social Determinants of Health

Metabolic physiological risk factors

Behavioural risk factors

Underlying drivers

Causal links
Prevalence of daily tobacco smoking (2008 estimates)

Almost 6 million people are estimated to die from tobacco use every year.
Commonwealth Health Ministers Meeting
(Geneva, 15 May 2011)

Prevalence of overweight in adults
(2008 estimates)
Prevalence of raised blood pressure (2008 estimates)

<table>
<thead>
<tr>
<th>Region</th>
<th>Men</th>
<th>Women</th>
<th>Both Sexes</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFR</td>
<td>45%</td>
<td>30%</td>
<td>35%</td>
</tr>
<tr>
<td>AMR</td>
<td>40%</td>
<td>25%</td>
<td>30%</td>
</tr>
<tr>
<td>EMR</td>
<td>35%</td>
<td>20%</td>
<td>25%</td>
</tr>
<tr>
<td>EUR</td>
<td>30%</td>
<td>15%</td>
<td>20%</td>
</tr>
<tr>
<td>SEAR</td>
<td>25%</td>
<td>10%</td>
<td>15%</td>
</tr>
<tr>
<td>WPR</td>
<td>20%</td>
<td>5%</td>
<td>10%</td>
</tr>
<tr>
<td>Low-income</td>
<td>10%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Lower-middle-income</td>
<td>5%</td>
<td>2.5%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Upper-Middle-income</td>
<td>2.5%</td>
<td>1.25%</td>
<td>1.75%</td>
</tr>
<tr>
<td>High-income</td>
<td>1.25%</td>
<td>0.625%</td>
<td>0.9375%</td>
</tr>
</tbody>
</table>

Commonwealth Health Ministers Meeting (Geneva, 15 May 2011)
Prevalence of diabetes (2008 estimates)

AFR  AMR  EMR  EUR  SEAR  WPR

Men  Women  Both Sexes
Infant and young child overweight trends (2008)
NCDs are also a development problem and threaten MDGs

- Poverty at household level
- Globalization
- Urbanization
- Population ageing
- Increased exposure to common modifiable risk factors
- Noncommunicable diseases
- Limited access to effective and equitable health-care services
- Leading to out-of-pocket and catastrophic expenditures

- Loss of household income from high cost of health care
- Loss of household income from spending on unhealthy products
- Loss of household income from illness, disability and premature death
- Populations in low- and middle-income countries

Commonwealth Health Ministers Meeting (Geneva, 15 May 2011)

Poverty at household level

NCDs are also a development problem and threaten MDGs

- Loss of household income from high cost of health care
- Loss of household income from spending on unhealthy products
- Loss of household income from illness, disability and premature death
- Populations in low- and middle-income countries

Commonwealth Health Ministers Meeting (Geneva, 15 May 2011)
3

The global response

預防和控制非傳染病
Prevención y control de las enfermedades no transmisibles
Prevention and control of noncommunicable diseases
Профилактика неинфекционных заболеваний и борьба с ними
الوقاية من الأمراض غير المعدية ومكافحتها
Prévention et maîtrise des maladies non transmissibles
World Health Assembly in 2000:
There basic components for national and global NCD strategies

*Surveillance*
Mapping the epidemic of NCDs

*Prevention*
Reducing the level of exposure to risk factors

*Management*
Strengthen health care for people with NCDs
World Health Assembly in 2008: The Action Plan to implement the Global Strategy

Six objectives:
1. Raising the priority accorded to NCDs in development work at global and national levels, and integrating prevention and control of NCDs into policies across all government departments
2. Establishing and strengthening national policies and programmes
3. Reducing and preventing risk factors
4. Prioritizing research on prevention and health care
5. Strengthening partnerships
6. Monitoring NCD trends and assessing progress made at country level
The way forward: High-level Meeting on NCDs and beyond

Global Strategy for the
Prevention and Control of Noncommunicable Diseases

Action Plan on the Global Strategy for the
Prevention and Control of NCDs

2000

2008

2011

2013

High-level Meeting on NCDs
(New York, 19-20 September 2011)
## Best Buys

<table>
<thead>
<tr>
<th>Risk factor/disease</th>
<th>Interventions</th>
</tr>
</thead>
</table>
| Tobacco use         | - Raise taxes on tobacco  
                     | - Protect people from tobacco smoke  
                     | - Warn about the dangers of tobacco  
                     | - Enforce bans on tobacco advertising |
| Harmful use of alcohol | - Raise taxes on alcohol  
                            | - Restrict access to retailed alcohol  
                            | - Enforce bans on alcohol advertising |
| Unhealthy diet and physical inactivity | - Reduce salt intake in food  
                                           | - Replace trans fat with polyunsaturated fat  
                                           | - Promote public awareness about diet and physical activity (via mass media) |
| Cardiovascular disease (CVD) and diabetes | - Provide counselling and multi-drug therapy (including blood sugar control for diabetes mellitus) for people with medium-high risk of developing heart attacks and strokes (including those who have established CVD)  
                                           | - Treat heart attacks (myocardial infarction) with aspirin |
| Cancer              | - Hepatitis B immunization beginning at birth to prevent liver cancer  
                     | - Screening and treatment of pre-cancerous lesions to prevent cervical cancer |
The High-level Meeting on NCDs
United Nations General Assembly
Resolution 64/265 adopted on 13 May 2010

Resolution adopted by the General Assembly
[without a prior United Nations Action Committee (A/64/L.37 and A/64/L.43)]
64/265. Prevention and control of non-communicable diseases

Copies available at www.who.int/ncd
United Nations General Assembly
Resolution 65/238 adopted on 13 December 2010

Copies available at www.who.int/ncd
United Nations General Assembly in September 2010:
Address the developmental challenges posed by NCDs

We, Heads of State and Government, commit ourselves to ...

63.k. Strengthening the effectiveness of health systems and proven interventions to address ... the increased incidence of non-communicable diseases ...

76.i 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, and working towards a successful high-level meeting of the General Assembly in 2011.
 Welcoming the plans to hold the first Global Ministerial Conference on Healthy Lifestyles and Non-communicable Diseases, in Moscow, on 28 and 29 April 2011.
WHO's role in the preparatory process leading towards the UN High-level Meeting on NCDs (New York, 19-20 September 2011)

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, 28-30 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 (Nov 2010)
- WHO Global Status Report on NCDs (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 (January 2011)
- WHO World Health Assembly (May 2011)
# Mandate from the United Nations General Assembly

**Resolutions A/RES/64/265 and A/RES/65/238**

<table>
<thead>
<tr>
<th>Dates</th>
<th>Monday 19 and Tuesday 20 September 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venue</td>
<td>United Nations in New York</td>
</tr>
</tbody>
</table>
| Participants| • Member States' delegations led by Heads of State and Government  
              • Heads of UN Agencies, World Bank, IGOs  
              • Selected representatives from NGOs and the private sector |
| Aim         | To address the prevention and control of NCDs worldwide, with a particular focus on developmental and other challenges and social and economic impacts, particularly for developing countries |
| Structure   | • Formal plenary meetings chaired by the President of the General Assembly  
              • Three round tables |
| Outcome     | Outcome Document ("We, Heads of State and Government, commit ourselves to ...") |
## WHO's role in the preparatory process leading towards the UN High-level Meeting on NCDs (New York, 19-20 September 2011)

<table>
<thead>
<tr>
<th>Regional consultations</th>
<th>The UN General Assembly invites WHO to continue to hold regional multisectoral consultations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report of the UNSG</td>
<td>The UN General Assembly decided that the report of the UNSG, in collaboration with WHO (and other UN Agencies), on the global status of NCDs, with a particular focus on the developmental challenges faced by developing countries, shall be submitted no later than May 2011 to the General Assembly.</td>
</tr>
<tr>
<td>19 September 2011</td>
<td>The formal plenary on 19 September 2011 shall feature an opening statement by the WHO Director-General</td>
</tr>
</tbody>
</table>
## Regional Consultations for Member States

### Dates

<table>
<thead>
<tr>
<th>WHO Region</th>
<th>Host country</th>
<th>Dates</th>
<th>Report and/or Declaration available at <a href="http://www.who.int/ncd">www.who.int/ncd</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>EMR</td>
<td>IR of Iran</td>
<td>24-25 October 2010</td>
<td>Available</td>
</tr>
<tr>
<td>EUR</td>
<td>Norway</td>
<td>24-25 November 2010</td>
<td>Available</td>
</tr>
<tr>
<td>WPR (1)</td>
<td>Fiji</td>
<td>3-5 February 2011</td>
<td>Available</td>
</tr>
<tr>
<td>AMR</td>
<td>Mexico</td>
<td>23-25 February 2011</td>
<td>Available</td>
</tr>
<tr>
<td>SEAR</td>
<td>Indonesia</td>
<td>1-4 March 2011</td>
<td>Available</td>
</tr>
<tr>
<td>WPR (2)</td>
<td>Rep Korea</td>
<td>17-18 March 2011</td>
<td>Available</td>
</tr>
<tr>
<td>AFR</td>
<td>AFRO</td>
<td>4-6 April 2011</td>
<td>Available</td>
</tr>
</tbody>
</table>
First global ministerial conference focussing solely on 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 policies, 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 global 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.
## Reports

<table>
<thead>
<tr>
<th>Report</th>
<th>Place</th>
<th>Dates</th>
<th>Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Note by the SG transmitting the report of the DG</td>
<td>New York</td>
<td>23 November 2010</td>
<td>A/65/362</td>
</tr>
<tr>
<td>WHO Global Status Report on NCDs</td>
<td>Moscow</td>
<td>27 April 2010</td>
<td>Launched</td>
</tr>
<tr>
<td>UNSG report</td>
<td>New York</td>
<td>May 2011</td>
<td>Under formulation (being finalized)</td>
</tr>
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</table>
Informal Interactive Hearing
(New York, 16 June 2011)

- Hearing with NGOs, civil society organizations, the private sector and academia
- Goal: to provide an input to the preparatory process for the High-level Meeting
- Advice on programme and participation being developed Task Force appointed by the President of the UN General Assembly
"Certainly, we want to work more closely with pharmaceutical companies to make medicines more affordable and accessible.

But we will also look to food companies to cut back on the salt, transfats and sugar and be more responsible in marketing products to children and providing accurate information on their products."

"The Summit in September in New York is our chance to broker an international commitment that puts NCDs high on the development agenda, where they belong"
Thank you