International Cooperation on NCDs

Cristian Baeza
Director
Health, Nutrition, and Population
The World Bank

Moscow April 29, 2011
NCDs affect development at all levels, from Households to Country Competitiveness

- **Equity**
  - Households free of NCDs earn roughly 20% more than NCD affected comparable HH

- **Financial Protection**
  - Expensive, lifelong treatment depletes household assets and savings. In India diabetes care = 15-25% of household income
  - NCDs are complex and costly to treat
  - Drive higher labor and insurance costs
  - NCDs burden increasingly challenging investments in MDGs in LICs: Dual burden crowd out

- **Health spending**
  - NCDs takes a mayor toll among working age people, 74% of DALYs lost to NCDs occur in 15-69 year old
  - NCD reduce productivity, increase turnover and absenteeism
    - Central Asia chronic illness may reduce labor effort by 7-30%

Source: World Bank 2011
## A Global Perspective

### Challenges
- Globalization of risk factors, need global FCTC-like agreements
- Double disease burden among the poor
- Strengthening Health systems: Not only One-off acute oriented health systems
- Ensuring multisector approach

### Opportunities
- Build on existing mechanisms and experience: IHP, FCTC
- Strong emerging international awareness and commitments
- Rapid advance in behavioral change knowledge
- NCDs, a health challenge for all countries, rich and poor
- Maximizing partners’ contributions through their comparative advantages

### Priorities
- Clarity on the message: what is the international community priority for the next 5 years and beyond?
- Ensure Synergy of MDG and NCD approach in supporting LICs and among the poor
- Strengthening Health Systems to face the challenge
- Bringing non-health sector leaders onboard
The Global NCD Challenge

• NCDs represent a major fiscal and productivity shock for all country economies, low, middle and high income.
• Most countries, particularly developing economies, will not be able to treat their way out of the NCD: Prevention is critical.
• NCDs prevention is not only a health sector challenge, it needs to be preeminently a major multi sector efforts, including education, urban planning, trade, and many other sectors.
• Focusing the international debate mostly on new global or country level platforms or organizations run the risk of distracting us from ensuring that current health sector and other sectors institutions and tools are fully and efficiently used at country level.
• Vast majority of efforts and investments are and will continue to be at national level. Global efforts should help (not distract) us from country level focus.
• Even if prevention is successful, health systems around the world will continue to face major and increasing challenge in shifting their service delivery model.
• Focus global efforts on facilitating country-level action via: information, facilitating networks, support for systems strengthening and evaluation.
International Cooperation on NCDs

Cristian Baeza
Director
Health, Nutrition, and Population
The World Bank

Moscow April 29, 2011
Addressing the Global Challenges

Globalization of risk factors

- Catalyze and complement country-level action via: information, facilitating networks, evaluation, global standards and regimes. Examples:
  - FCTC
  - Agreements on reducing unhealthy substances in food production and processing
  - Trade agreements

Double disease burden among the poor

- Stimulate country and international investment on poverty reduction and education
- Increase investment to reduce malnutrition during “the first thousand days”
- Support global environmental legislation and enforcement
- Support and benchmark existing primary care global legislation (FCTC)
- Reduction of certain agricultural subsidies
- Global benchmarking of risk factors among poor
Adapting Health Systems

Stewardship
- Global Surveillance: harmonizing indicators and assessing the impact of the epidemic among the poor (from registering to tracking & outcome assessment)
- Support country efforts for effective multisectoral reach (e.g. food, environment, education, urban planning)

Financing
- Donor / International debate paradigm shift from global externality disease-focused rationale to NCDs prevention and health service response at country level
- Strengthening country capacity to effectively use country own resources (the vast majority)
- Moving beyond lives-saving to “healthy years gained”
- Incentive shifting to screening and prevention
- Household Financial Protection and Poverty alleviation: critical argument

Service delivery models
- Substantial increase of system focus and interventions on demand side and healthy behavior interventions
- Integrated approach with social and safety nets services, centered on comprehensive social assistance path
- Evaluate and create regional capacity for technology assessments and adaptation of service delivery
- Knowledge sharing through networks
Prevention: A few examples in Multisectoral approach to NCDs

<table>
<thead>
<tr>
<th>Education and Nutrition</th>
<th>Urban Planning and Transport</th>
<th>Trade and Fiscal Policy</th>
</tr>
</thead>
</table>
| • Behavioral change interventions in schools (school feeding)  
  • Nutritious Food Security  
  • NDCs mayor                  | • Walkable cities  
  • Transport measures to reduce car use  
  • Capacity creation for urban planning  
  • Network for information sharing | • Strengthening implementation of FCTC  
  • Global agreement on trans fats  
  • Tax harmonization on “NCD bads”  
  • Avoiding exports of “NCD Bads” in Bi-lateral and multilateral trade agreements  
  • Agricultural policies  
  • Technology sharing |