

Health and development: held back by non-communicable diseases

Executive summary

Chronic non-communicable diseases (NCDs) cause 35 million deaths each year around the world, reduce quality of life, restrict life opportunities and impoverish millions of people. Worst hit are low- and middle-income countries, where 80% of the deaths occur. As well as the direct effects on individuals, families and communities, NCDs limit socioeconomic progress in developing countries, which impacts upon the development of current and future generations. Concern about and understanding of the need to act against NCDs is increasing, because – with sufficient commitment, concentrated effort and effective use of resources – many of these diseases can be prevented by tackling major risk factors such as poor diet, lack of physical activity and tobacco use.

The urgent challenge to global health and development resulting from NCDs was highlighted at a meeting in Geneva in May 2009, hosted by the International Diabetes Federation (IDF), the International Union Against Cancer (UICC) and the World Heart Federation (WHF), representing 730 member organisations in over 170 countries.

Underpinning the discussion was the recognition that NCDs are not just a health issue. To be prevented and managed effectively it is essential that an integrated multi-sectoral approach to NCDs be used to ensure that social, environmental and economic factors are addressed at national and international level at the same time as health systems are strengthened. This requires new strategies, strategic partnerships and alliances as well as the incorporation of the NCD agenda into or alongside existing initiatives such as the United Nations Millennium Development Goals, and the building of new and existing funding mechanisms from major donors. Further attention needs to be focused on prevention, using and building the evidence base, integration, regulation, and increased UN involvement. Country mobilisation and ownership are key to sustainability, and strategies to tackle the epidemic should take account of national and local priorities.

The time is right for concerted and focused action by NGOs, national governments, national and international organisations, corporate partners, donors and inter-governmental organisations, including the UN General Assembly. Only by working together can they ensure that the health and well-being of populations and the socioeconomic development of countries, especially low- and middle-income countries facing the double burden of communicable and non-communicable diseases, is not held back by the tidal wave of NCDs.



Panelists (left to right):

Sir George Alleyne, Dr Ala Alwan,
Minister Marie-Pierre Lloyd, Prof. Rifat Atun

Director: Christine Hancock

First Floor, 28 Margaret Street, London W1W 8RZ, United Kingdom; Tel +44 (0) 20 7637 4330; Fax +44 (0) 20 7637 4336

Working with the Oxford Health Alliance

C3 Collaborating for Health is a not-for-profit company limited by guarantee, registered in England and Wales (company number 6941278)

Introduction/Context

'The world is experiencing a global epidemic of non-communicable diseases (NCDs) that threatens to overwhelm healthcare systems worldwide. Cardiovascular disease, diabetes, cancer and chronic respiratory diseases cause 35 million deaths a year. Four out of five of these deaths occur in low- and middle-income countries.'

This statement set the context for a moderated panel discussion held in Geneva, Switzerland, during the 2009 World Health Assembly. The discussion was organised to draw attention to the growing epidemic of NCDs and its impact on development. It was hosted by the International Diabetes Federation (IDF), the International Union Against Cancer (UICC) and the World Heart Federation (WHF), representing 730 member organisations in over 170 countries. (A list of the speakers and panellists is provided in Annex 1.)

The scale of the problem was highlighted using current statistics, and the impact of NCDs on socioeconomic development was discussed in the context of meeting the challenges set out in the United Nations Millennium Development Goals (MDGs). This paper presents the key issues addressed during the meeting, and includes suggestions for increased focus and further action related to prevention, the evidence base, resources and financing, partnerships, integration, health systems strengthening, regulation, and the potential for further UN involvement in tackling NCDs.

Non-communicable diseases

Non-communicable, or 'chronic', diseases – such as cardiovascular disease, cancers, type 2 diabetes and chronic lung disease – have tended to be seen as 'diseases of affluence' associated with the industrialised world, with attention and resources in developing countries focusing instead on HIV/AIDS, tuberculosis, malaria and other communicable diseases in the developing world. However, there is increasing recognition that low- and middle-income countries are now facing a double burden of communicable and non-communicable diseases. There is a fear that the focus to date on infectious diseases has been at the cost of other major health concerns, which also present a significant challenge to development, and which have huge human costs in terms of increased morbidity, disability and premature deaths.

According to the World Health Organization (WHO), which is due to produce its first progress report on its action plan for NCDs in 2010, NCDs are now the major cause of death and disability worldwide. They account for almost 60% of the 57 million deaths annually, with 80% of these deaths occurring in low- and middle-income countries. The problem is growing and in danger of spiralling further out of control. There is a growing health divide within and between countries, with the poorest most at risk and most likely to die prematurely due to increased exposure to risk factors. NCDs also push individuals and families deeper into poverty.

Other international organisations are also now recognising the impact of chronic disease, with the World Economic Forum's annual Global Risk Assessment recognising for the first time in 2009 that chronic disease is a major risk, particularly in terms of the potential severity in the economic and loss of life indices. The WEF's Global Agenda Council on Chronic Diseases and Malnutrition says that the current economic crisis will exacerbate the situation. 'Those able to afford food will be driven towards cheaper, poor quality diets, thereby increasing their risk for chronic disease with its economic impact. Those who cannot afford food will experience increased under-nutrition with an associated impairment to intellectual capacity and physical disability, reducing the size of the productive workforce and increasing support costs to society.'

In terms of economic impact, the WHO's *Preventing Chronic Disease: A Vital Investment* (2005) suggested that that national income foregone (in international dollars) due to chronic disease could be as much as \$558 billion in China, \$237 billion in India, \$303 billion in Russia, \$33 billion in the UK, and \$49 million in Brazil, between 2005 and 2015.

Development and the Millennium Development Goals

Development is a contested concept often used simply to refer to economic growth. However, if there is to be meaningful, positive, sustainable change then a more comprehensive approach to development is required, incorporating societal and environmental factors and indicators, including health. A new,

ambitious and broad framework for development was endorsed by the heads of 189 states in September 2000 in the UN Millennium Declaration. The plan was for country and development partners to work together to increase access to the resources needed to reduce poverty and hunger, and tackle ill-health, gender inequality, lack of education, lack of access to clean water and environmental degradation. Eight **Millennium Development Goals** (MDGs) were established, several of which relate directly to health including:

Goal 4 – to reduce child mortality;

Goal 5 – to improve maternal health;

Goal 6 – to combat HIV/AIDS, malaria and other diseases.

Targets were set for 2015, and indicators for monitoring progress were agreed.

Questions were asked at the time, and are now being asked more loudly, about why NCDs were neglected in the formulation of the MDGs, particularly since it has been clear for some years that they were having a disproportionate impact on the poor – NCDs can limit education and future earning potential, cause impoverishment and unhealthy lifestyles, poverty traps and cycles of deprivation, challenge environmental sustainability, and create impediments to economic growth.

Addressing NCDs should be given higher priority and made more explicit in the development agenda. Some argue that a new ‘MDG Plus’ focusing on NCDs should be agreed, setting clear targets backed by adequate resources. Without this change of emphasis, global development agencies will continue to fund primarily infectious-disease interventions. In 2003–2004, for example, just 6.2% of the WHO’s budget was allocated to chronic disease.

In his opening address to the Sixty-first World Health Assembly, on 19 May 2008, Dr Leslie Ramsammy, Minister of Health of Guyana and the President of the Assembly, referred to the ‘glaring omission’ of NCDs from the MDGs:

‘It is in this light that I propose we seriously consider an MDG+, which would set goals for the NCDs, as we have done for other public health challenges. The 2015 target date for the MDGs are not far away and I am certain pressures would be mounting on countries to achieve the goals established. Unless we include goals for the NCDs now, we are likely to face circumstances which would force neglect of the NCDs as we try to ensure we achieve those goals already identified.’

An alternative suggestion is that existing MDGs and other goals and targets be re-examined through the prism of NCDs, facilitating appropriate changes to targets, resources and monitoring and evaluation mechanisms. At the ECOSOC/UNESCWA/WHO Western Asia Ministerial Meeting hosted in Doha by the Government of Qatar, on 10–11 May 2009, it was recommended that the ‘General Assembly may consider integrating evidence-based indicators on NCDs and injuries into the core MDG monitoring and evaluation system during the 2010 review of the MDGs’. The meeting also urged member states to ‘integrate the monitoring of NCDs and injuries as part of their national processes for monitoring the MDGs, poverty reduction strategies and other strategic socioeconomic programme frameworks’.



Bola Ojo, Executive Director,
World Heart Federation African Heart Network

Key issues/discussion/challenges

a) Poverty

Poverty presents a major challenge in addressing NCDs, but there was limited reference made at the meeting to the fundamental causes of poverty that increase the impact of NCDs. It was acknowledged that urbanisation and globalisation have significant consequences for health and well-being, especially among poor people in low-resource settings. In Africa, for example, where a large proportion of the population is under the age of 15, many will find that the damaging metabolic legacy of under-nutrition is later exacerbated by unhealthy and impoverished lifestyles in unhealthy cities. Expenditure on health care to alleviate the problems of diabetes, stroke, heart disease, cancer and chronic respiratory disease can be catastrophic, reinforcing continuing cycles of poverty and ill-health, both at the level of individual families and of health systems. This situation can be largely prevented if appropriate action is taken now.

b) Prevention

The importance of preventing NCDs through health promotion and health education was emphasised at the meeting. It was acknowledged that engaging people in lifestyle and behavioural change and the creation of an enabling environment (in which healthy choices are the easy choices) are vital tools in preventing NCDs. An important part of promoting behaviour change in relation to the risk factors of diet, exercise and tobacco is to provide clear, consistent messages and to correct misleading or incorrect information. Increased use of appropriate screening can lead to early detection and prevention of long-term complications, which are costly in terms of quality of life as well as economically. The importance of investing now in prevention, especially in low- and middle-income countries, cannot be over-emphasised if these countries are to avoid being swamped by a relentless tide of NCDs, which will impede and could even reverse development. These countries simply will not have the resources needed to diagnose, treat, manage and care for the large numbers of their populations who will develop NCDs.

c) Evidence base

There were some calls at the meeting for ongoing and new research, particularly in terms of NCD prevention and management, but there was also a strong consensus that there is sufficient evidence already available to inform policy and action. It was proposed that cost-effective, affordable solutions for prevention and management of NCDs already exist.

Caution was urged concerning context. Data collection in low-resource settings needs to be appropriate in terms of the effort required and the reliability and use of the data, and needs to be integrated into the overall health information system. Additional attention needs to be focused on data collection related to the socioeconomic aspects of NCDs. Such evidence could be used to seek increased investment by funders and donors. The value of global NCDs surveillance and monitoring systems, including global surveys on national capacity, was highlighted. However, there was little or no reference made to the importance of evaluating processes, outputs or outcomes or the opportunities provided by joint reviews and evaluations of common objectives.

d) Resources and financing

Questions about funding and resources tended to focus very much on the approach and mechanisms underpinning the Global Fund to Fight AIDS, Tuberculosis and Malaria, established in 2002, with calls to expand the existing remit of the Fund to include NCDs or to develop a similar fund for NCDs. The Global Fund has secured US\$20 billion between 2002 and 2008. Among other things, this has enabled 2 million people to access anti-retroviral therapy, 4.5 million to access treatment for tuberculosis, and 70 million bed nets to be distributed in the fight against malaria. Rapid scale-up in countries is dependent upon the existence of appropriate infrastructure, systems, mechanisms and personnel. As a result of successful care, management and treatment, in many areas HIV/AIDS could now be regarded as a 'chronic' disease, in that it requires a shift towards longer-term management and solutions, with new areas of common interest appearing between NCDs and HIV/AIDS treatment.

Governments, policy-makers, donors, development agencies and NGOs must work together to secure adequate funds for disease prevention, health promotion and low-cost health solutions for developing countries. Resources need to meet basic needs and the WHO should expand its list of essential medicines to address the challenge of NCDs. The Center for Global Development revealed that while donor funding for chronic diseases is slowly rising, less than 1% of Health Official Development Aid is spent on chronic diseases. Predictability of funding is a crucial issue in NCDs where many of the costs are recurrent, such as that required for long-term drug therapies and personnel. It is therefore important that the size and duration of commitments is clear.

e) Partnerships

A unifying theme throughout the discussions was the importance of working in partnership, including with non-traditional partners such as those who might usually be seen as competitors. Partnerships should strive for diversity and inclusiveness within and beyond the health system, using different types and levels of knowledge and with the focus on a common goal and a comprehensive approach to development, rather than individual, scattered initiatives. There was a call to explore opportunities for using common staff and shared funding, with natural competitive instincts and promotion of individual organisations subsumed in favour of pursuing a common goal. The focus should be on making partnerships work in order to deliver solutions that ensure complementarity rather than competition. Country ownership is the key to effective use of resources and long-term sustainability. Initiatives must be linked to national health plans and national strategies and should include the creation of an enabling environment as well as active individual and community engagement.

f) Integrated approach

There was universal commitment at the meeting to an integrated approach to address the growing epidemic of NCDs. NCDs are an important part of the wider health challenges facing countries:

- programmes dealing with NCDs must be included in comprehensive government health strategies;
- specific chronic diseases such as diabetes need to be considered under the broad umbrella of NCDs rather than disease-specific responses;
- different elements of health systems need to ensure an overarching comprehensive approach or response;
- work needs to be better coordinated between different government departments – such as health, finance, agriculture and environment – to ensure that policies are coherent and conducive to health;
- different stakeholders, such as industry, donors and NGOs, should collaborate to optimise investment and resources; and
- poverty-reduction strategies need to take into consideration the impact of NCDs.

There was a call for the harmonisation of the efforts of donors, better alignment of health aid to focus on country priorities, and with support channelled through national health plans. There is a need to develop common approaches and protocols that address NCDs, and to identify needs, gaps and priorities in any strategy.

g) Health systems strengthening

Strong focus on diseases, such as HIV/AIDS, tuberculosis and malaria, has resulted in the strengthening of some aspects of the health systems within countries and, although the Global Fund also supports general strengthening of health systems, there was some suggestion that the Fund's focus on specific diseases may have been detrimental to sustainable health-system development and the health of the wider population in low-income countries. To maximise the use of limited resources and ensure optimal use of investment, many speakers emphasised the importance of strengthening of health systems in collaboration with national governments. Country mobilisation and ownership are critical to long-term sustainability.

Health workforce development and management are essential elements of any efforts to strengthen health systems, and are important for the promotion of health, the management of disease, and the provision of quality care alongside efficient drug procurement.

Participants were keen to point out that this is not an either/or situation: health systems need to be strengthened while concurrently addressing prevention of NCDs.

h) Regulation

The question of how regulation might be better used to promote health was raised, with the Framework Convention on Tobacco Control cited as an example of good practice. Elements of the FCTC could guide future regulation of food products, labelling and advertising. It was acknowledged that there are significant differences in dealing with an industry whose product is intrinsically damaging (tobacco), as opposed to the food industry, where individual products in themselves are not harmful. One problem highlighted is that companies promote healthy options while simultaneously negating the potential for positive health outcomes by promoting other, unhealthy options. It was suggested that some progress is being made in terms of food content, labelling and marketing, but that governments and the WHO could do more. The use of fiscal mechanisms such as tax increases to promote health was highlighted as being potentially powerful but acknowledged as particularly challenging and requiring strong political will.

i) United Nations involvement

The organisers of the meeting had called on the international community to create a Special Envoy of the UN Secretary-General for NCDs and to support a UN General Assembly Special Session on NCDs. However, it was suggested by one panellist that the time is not yet right for the creation of the post of Special Envoy, and that there is still much groundwork to be done. A number of references were made, however, to work in progress to ensure discussion about the looming NCD crisis at a meeting of the United Nations General Assembly. It was suggested that efforts to place NCDs firmly on the agenda at the highest levels are succeeding – for example, the issue will be an area of discussion at the UN's Economic and Social Council (ECOSOC) in July 2009. There was also a suggestion that the WHO supports an enhanced campaign of global advocacy to ensure that NCDs are appropriately positioned and addressed on the global health agenda.

Towards solutions/action

Despite assertions that 'we know what needs to be done', there was an implicit plea for leadership to develop an action plan to direct the attention of all stakeholders to shape their fight against the rising tide of NCDs using real-world solutions, including immediate low-cost interventions that can save lives in low-income countries.

There was a strong call to raise the impending crisis of NCDs at the UN General Assembly. It is time also to use the lessons learned from the successes and challenges experienced by the Global Fund, and to incorporate NCDs into their mission or establish and resource a similar body to address NCDs.

Nationally and internationally, it is vital that stakeholders work together with a common purpose, subsuming competition and traditional vertical and competitive ways of working to drive the NCD agenda forward with new partners and in new directions in appropriate, affordable and sustainable ways.

Now is the time for action by those who are willing to commit the time and resources necessary to seek consensus and work together to avert the looming catastrophe of NCDs across the developing world.

Annex 1: Background to this paper

As noted on page 1, this paper is a summary of a moderated panel discussion held at the InterContinental Hotel, Geneva, Switzerland, on 19 May 2009, during the World Health Assembly. Entitled 'Health and development: held back by non-communicable diseases', and hosted by the IDF, UICC and WHF, the discussion brought together leading speakers and panellists (below) to draw attention to the growth of non-communicable, chronic diseases and their impact on development.

Speakers

- Martin Silink, President, International Diabetes Federation
- Bola Ojo, Executive Director, World Heart Federation African Heart Network
- David Hill, President, International Union Against Cancer

Panellists

- Dr Ala Alwan, Assistant Director General for Non-Communicable Diseases and Mental Health, WHO
- Sir George Alleyne, Chairman Caribbean Commission on Health and Development
- Minister Marie-Pierre Lloyd, Minister of Health and Social Development, Seychelles
- Professor Rifat Atun, Strategy, Performance and Evaluation Cluster, The Global Fund

Moderator

- Mr Quentin Cooper, BBC radio science journalist

Declaration of financial support

The attendance of Pat Hughes, representing C3 Collaborating for Health, was sponsored by Novo Nordisk A/S through an unrestricted grant.

Ms Hughes is the primary author of this paper.



Annex 2: Comment

Comment from C3 Collaborating for Health

C3 Collaborating for Health connects people from diverse backgrounds to create sustainable healthy environments and encourage healthy behaviour to counter the global epidemic of chronic non-communicable disease. C3 focuses on the 3 risk factors of smoking, poor diet and lack of physical activity, as the elimination of these risk factors could prevent up to 80% of premature deaths.

- C3 works with businesses so their staff and their core activity can join and lead the drive to promote health;
- C3 works with health workers to create change within health care and within the communities where they work; and
- C3 facilitates events that bring together different sectors to advocate for policy and action to combat preventable chronic disease.

C3 Collaborating for Health works with the Oxford Health Alliance and its Community Interventions for Health action research programme, and with the 3FOUR50 social-networking website.

C3 particularly welcomes the focus at the Geneva meeting on working with a wide range of partners, pooling the best ideas from the public and private sectors by bringing together experts from areas as diverse as health care, the built environment, education and new media.

C3 Collaborating for Health is planning to continue the discussions on the challenge of integrating chronic disease prevention into the development agenda, particularly focusing on the MDG programme. This will be done through meetings of experts, and encouraging discussion on the 3FOUR50 website.

Comment from Novo Nordisk A/S

An estimated 250 million people in the world have diabetes today, and the pandemic is forecasted to reach 380 million people by 2025. Most of these people will be in developing countries which are therefore faced with a double burden, already plagued by communicable diseases such as HIV/AIDS and malaria and increasingly feeling, in addition, the burden of diabetes and other chronic diseases. This situation calls for concerted action to build capacity to help these people and improve access to diabetes care in developing countries, as well as multi-stakeholder interventions to prevent the disease wherever possible.



As a world leader in diabetes care, Novo Nordisk wants to ensure that more people with diabetes in developing countries have access to healthcare and we have a long standing commitment to work alongside partners to achieve this end. In 2002 we created the World Diabetes Foundation to fund capacity building projects and we have adopted a preferential pricing policy to offer insulin at a significantly reduced price to the least developed countries.

Work at Novo Nordisk to improve access to diabetes care is founded upon our vision to defeat diabetes. Our approach aims to improve the conditions for the next generations by protecting the most vulnerable and building partnerships and capacity to confront diabetes in least developed countries and emerging economies. Our most recent efforts include a programme to provide care for 10,000 children with type 1 diabetes in the world's poorest countries.