

NON-COMMUNICABLE DISEASES: A GLOBAL HEALTH AND DEVELOPMENT PRIORITY

Non-communicable diseases (NCDs) – such as **cardiovascular disease (heart disease and stroke), diabetes, chronic lung disease and cancer** – account for 70% of deaths worldwide, with mental-health conditions such as dementia adding significantly to this burden of ill health. Together, these five NCDs are estimated to cost US\$47 trillion in lost gross domestic product globally between 2010 and 2030.

NCDs are a global epidemic. Cardiovascular disease alone kills more people than HIV, malaria and TB combined, and 86% of premature deaths from NCDs are in low- and middle-income countries. This epidemiological change has been driven by environmental, socioeconomic and behavioural risk factors: poverty (barriers in access to care), changes in demographics (aging and urbanisation), environments that discourage physical activity, air pollution, and commercial determinants of health leading to the ready availability of tobacco, alcohol and food and drink high in fat, salt and sugar and low in nutrients.

Reducing NCD-related illness, disability and mortality requires action where we live, learn, work and play. Prevention measures and lifelong management begin in childhood and continue throughout adult life.

A **United Nations High-Level Meeting on NCDs will be held during the UN General Assembly** in New York on 27 September 2018. This is a unique opportunity to redress the balance and agree action, preventing millions of deaths and enabling people to live long, healthy lives.

UK Working Group on NCDs, May 2018

THE IMPACT OF NCDs

The impact of NCDs often **falls hardest on those least able to afford it** pushing households into poverty. For example, girls may be taken out of school to care for ill family members (fuelling gender and cross-generational inequalities), and catastrophic expenditure leaves entire families unable to afford basic commodities. Obesity and underweight form a 'double burden' of malnutrition in many families.

NCDs increasingly destabilise already weak health systems and **undermine attempts to achieve universal health coverage**. Health care costs and productivity losses threaten to undermine gains in economic development. NCDs are also a threat to global security.

The frustration is that we know what to do: there are evidence-based interventions that have been shown to be low cost and cost-effective.



The sad part about NCDs is that it is only the focus and political will that we lack. Otherwise, many of the solutions are at hand... What is missing is implementation, implementation, implementation.”

Dr Tedros, Director-General,
WHO, January 2018

GLOBAL PROGRESS IS LIMITED...

Over the last seven years, an **international framework for tackling NCDs** has been established. There are nine voluntary targets on NCDs, agreed by WHO member states in 2012, including a 25% reduction in premature mortality from NCDs by 2025 from 2010 levels: the '25x25' target. The Sustainable Development Goals (SDGs) – unlike their precursor, the Millennium Development Goals – also include a target on NCDs. And some NCD-related areas are receiving some attention, notably childhood obesity (a focus of the G20 under the presidency of Argentina in 2018) and tobacco control, though funding levels are severely inadequate.

However, the **real challenge is country-level implementation**, which requires political will, innovative funding and improved coordination across the health system, and more widely across national government. A modelling by the Richmond Group of Charities suggests that the UK is not far off reaching the '25x25' target domestically – but efforts are needed to tackle worsening risk factors (such as obesity) and progress in some areas masks serious inequalities between socioeconomic groups.

But low- and middle-income countries lag far behind, not least because of the competing priorities of infectious diseases and maternal and child health, toward which health systems have been orientated to respond. **In-country progress has been insufficient and highly uneven**, and it is the vulnerable and marginalised who are left behind. There is a severe mismatch between the scale of the NCD challenge and the allocation of official development assistance: **only 2% of development assistance for health is spent on NCDs**.

The forthcoming **UN High-Level Meeting in September** – to be attended by Heads of State and Government – is crucial in taking forward the case for action and ensuring concrete commitments worldwide. It will follow a High-Level Meeting on Tuberculosis – a pivotal opportunity to identify and act upon the many co-morbidities between NCDs and infectious diseases, and to bring the health and development agendas together. The Outcome Document of the Meeting will guide the next phase of the political response to NCDs.

...BUT THERE IS AN OPPORTUNITY FOR THE UK TO LEAD

The UK is rightly recognised for its thought-leadership in international development and, as the second-largest donor in global health, has made significant investments in health systems strengthening. As NCDs threaten to undermine gains in development and progress towards universal health coverage, the UK is **ideally placed to take the lead to address this emerging and preventable crisis of premature death and disability**, alongside other forward-thinking countries and international organisations.

There is an important opportunity to share **what works domestically** in the UK: a longstanding commitment to tobacco control, the recent sugar levy (with its focus on reformulation and impact on products even before coming into force), childhood obesity efforts, and universal health coverage (delivered by the NHS).

The UK is also a **global leader** in dementia, has excellent NCD research capability, and is at the forefront of drug development and regulation, with the ability to assist in capacity-building and technology transfer in essential medicines for NCDs. Leading and participating in the international NCD agenda can, in turn, strengthen domestic attempts to address NCDs: **learning from others as they learn from us**.

SOURCES

[Lancet Taskforce on NCDs and Economics](#) (2018)

[Richmond Group of Charities, Living Longer, Living Well: How we can achieve the World Health Organization's '25 by 25' Goals in the UK](#) (2016)

[WHO Factsheet on NCDs](#) (2017)

[WHO, Preparation for the Third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018: Report by the Director-General](#) (April 2018)

[UN High-Level Meeting website](#) (2018)

TAKING ACTION

The UK Working Group on NCDs calls on the UK Department of Health and the Department for International Development to take this opportunity to lead internationally, in parallel with speeding up progress on NCDs within the UK.

In the short term:

- Making a strong contribution to the drafting of the Outcome Document of the UN High-level Meeting, and ensuring senior attendance at the Meeting, will demonstrate the UK's ongoing commitment to address prevention and treatment of NCDs at home and abroad.

In the medium term:

- Implementing SDG commitments and the WHO's voluntary targets on NCDs requires a fresh, cross-departmental strategy on global health with a strong focus on NCD prevention and control, and increasing impact through more effective cross-government coordination.
- Financing of NCDs is an urgent priority – the UK should increase its allocation of official development assistance to tackle NCDs alongside existing investments in global health.
- There are opportunities for the UK to provide thought-leadership globally, and support other countries through capacity building and technical assistance – for example, sharing learning on tobacco control and the levy on sugar-sweetened beverages.

The UK Working Group on NCDs is a network of 20 NGOs who are working together to draw attention to the urgent need to address the global burden of NCDs. Please do not hesitate to contact us (laura.hucks@cancer.org.uk or jbeagley@ncdalliance.org) if you would like to know more.

Action Against Hunger, Age UK, Alzheimer's Society, C3 Collaborating for Health, Cancer Research UK (co-chair), Exercise Works!, Food Foundation, The George Institute for Global Health, Global Alliance for Chronic Diseases, Institute of Alcohol Studies, HelpAge International, Plan International UK, T1 International, World Cancer Research Fund International, NCD Alliance (co-chair), NCD Child, UK Health Forum, World Child Cancer, World Obesity Federation