

Development at risk: addressing noncommunicable diseases at the United Nations high-level meeting

Ala Din Alwan,^a Gauden Galea^b & David Stuckler^c

Noncommunicable diseases (NCDs) cause more than half of all deaths in low- and middle-income countries, claiming an estimated 29 million lives each year (of 36 million NCD deaths worldwide).¹ About 30% of these deaths occur before the age of 60. Death and disability due to NCDs are rising in all regions of the world but most rapidly in sub-Saharan Africa, where the projected increases in NCDs will outpace reductions in infectious diseases (contributing to a rising “double-burden” of disease).² In sub-Saharan Africa, women aged 15–49 are already dying from NCDs at a rate four times higher than women living in high-income countries.¹

This burden of premature mortality and disability poses a threat to human, social and economic development. More than half of all tuberculosis deaths in India are attributed to tobacco, and over a quarter of new tuberculosis cases in countries with the highest burden are attributed to tobacco use and diabetes.³ Where public health systems are weak, payment for care can trap poor households in cycles of debt and illness. In India, for example, treatment for diabetes costs an affected person on average 15–25% of household earnings.⁴ A World Bank study showed that cardiovascular disease leads to catastrophic expenditure for 25% of Indian families and drives 10% of families into poverty.⁵ People with NCDs are also more likely to miss work, become unemployed or retire early.⁶ In view of such evidence, the World Economic Forum has ranked NCDs as among the top global threats to economic development.⁷

Scientists agree that a comprehensive package of primary prevention, health-care interventions and improved surveillance can substantially reduce the burden of NCDs.^{8,9} Building on this evidence, the 193 WHO Member States adopted

a global strategy for the prevention and control of NCDs at the World Health Assembly in 2000. Subsequently, WHO has adopted the Framework Convention on Tobacco Control, the Global Strategy on Diet, Physical Activity and Health, and the Global Strategy to Reduce the Harmful Use of Alcohol. Tools are thus in place to reduce the burden of NCDs, enshrined in WHO’s 2008–2013 Action Plan for the implementation of the global strategy.¹⁰

Reducing the burden of NCDs is no longer just a technical issue, but a political problem.¹¹ Health ministers and policy-makers in developing countries are aware of the burden and the existence of cost-effective interventions. Yet, thus far, donors and the international development community have been slow to respond, in part because NCDs are not among the Millennium Development Goals. Despite repeated donor commitments such as the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action, NCDs receive less than 3% of development assistance for health even though they cause more than one-third of all premature deaths.¹²

WHO’s Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases provides the roadmap for change.¹³ Since its adoption in 2008, a global movement has begun to emerge around its shared goals, led by leaders from developing countries. For example, the Doha Declaration on Noncommunicable Diseases and Injuries called for the integration of NCD prevention and control into the global development agenda. Discussions during the United Nations Economic and Social Council meeting in July 2009 led to a United Nations General Assembly Resolution in May 2010, requesting the United Nations convene a high-

level meeting in September 2011 with the participation of heads of state and government.¹⁴ Just as the HIV/AIDS high-level meeting in 2001 marked a turning point in the HIV epidemic,¹⁵ this meeting provides an opportunity to raise the priority given to NCDs within the global development agenda.

Preparations for the high-level meeting have already begun through regional consultations in all six WHO regions. These consultations have resulted in declarations or outcome documents that identify priorities for action against NCDs and outline the expectations of Member States. Based on the regional consultations, some of these expectations include: a greater commitment from policy-makers to NCD prevention; more effective mechanisms and monitoring of intersectoral action; greater accountability of non-health sectors; and scaling-up of WHO’s Action Plan.

Ultimately the outcomes of the high-level meeting will depend on the expressed priorities of Member States. At the very least, the meeting should increase awareness of NCDs among policy-makers and achieve higher levels of political commitment. The involvement of the health profession is crucial to ensure that countries prepare well for the high-level meeting and focus their discussions on intensifying preventive action against NCDs and strengthening health-care interventions. If the health profession provides leadership and support to global and national initiatives to address NCDs, their active involvement will play a pivotal role in altering the course of the epidemic and averting millions of premature deaths. ■

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^a Department of Noncommunicable Diseases and Mental Health, World Health Organization, Geneva, Switzerland.

^b Division of Noncommunicable Diseases and Health Promotion, World Health Organization Regional Office for Europe, Copenhagen, Denmark.

^c Harvard School of Public Health, 665 Huntington Ave, Boston, MA, 02115, United States of America.

Correspondence to David Stuckler (e-mail: dstuckler@hsph.harvard.edu).

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