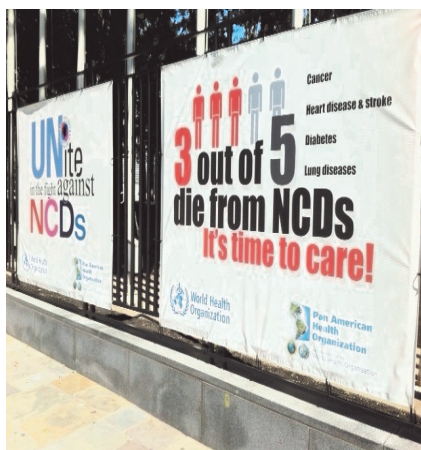


# Non-Communicable Diseases

## Summary

Accounting for almost two out of three deaths worldwide, there is no greater threat to human health today than non-communicable diseases (NCDs). The four main NCDs – cardiovascular disease, cancer, diabetes and chronic lung diseases – are caused largely by exposure to four risk factors: tobacco use, harmful use of alcohol, inactivity and poor diet. Urbanization, climate and environmental factors also impact NCDs by altering risk factors.

The U.S. government possesses state-of-the-art expertise and capacity to fight NCDs globally, through prevention, detection, treatment, rehabilitation and palliative care. While the U.S. government has focused on battling NCDs domestically, it could do much more to apply this knowledge to improve global health for present and future generations.



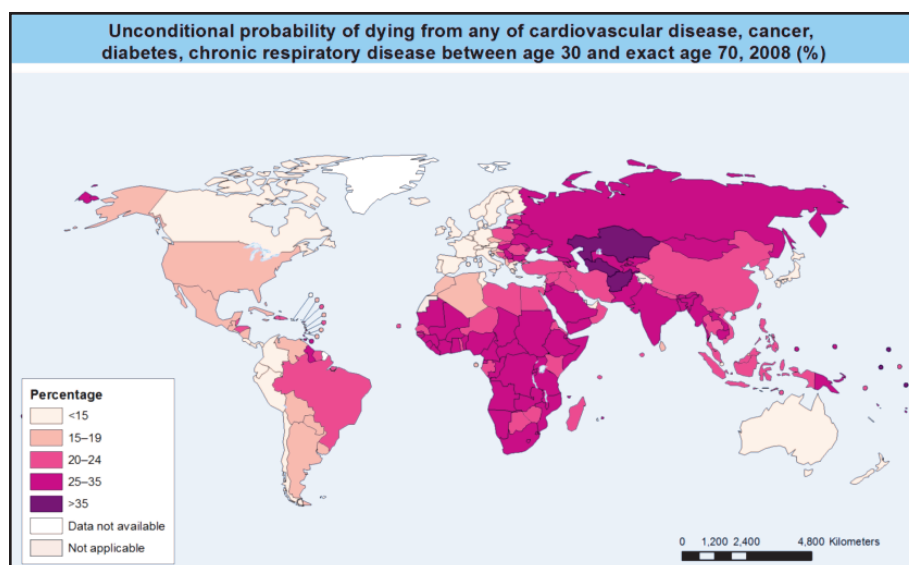
Jeff Meer, Public Health Institute

## Overview

- The World Health Organization (WHO) defines NCDs primarily as cancer, cardiovascular disease, chronic lung diseases and diabetes.<sup>1</sup> WHO also includes disabilities, injuries and mental health disorders in its NCD-related focus areas. Many health organizations also include birth defects, blindness, renal diseases, Alzheimer's disease, dementia and oral diseases in the definition.
- WHO reports that, as of 2008, there were 36 million deaths globally due to NCDs – six times as many deaths as HIV/AIDS, malaria and tuberculosis combined.<sup>2</sup> Contrary to common misconceptions, the vast majority of NCD deaths occur in low- and middle-income countries. The impact of NCDs is increasing rapidly and will be overwhelming in all regions by 2020 unless action is taken urgently.<sup>3</sup> NCDs not only cause deaths, but can cause debilitating disabilities that place significant strains on the individual and the economy. Disabilities from NCDs account for approximately 78.6 percent of all years lived with a disability. For example, at current rates of increase, unipolar depressive disorders will become one of the top three disease burdens in all countries by 2030.
- These diseases have historically been associated with aging populations in wealthy nations, but in today's world, they are striking men and women in their most productive years and at all income levels, especially among youth and the poorest of the poor. There is no sharp dividing line between communicable disease and NCDs; many, including rheumatic heart disease, Burkitt's Lymphoma and cervical cancer, begin with infections from communicable diseases. These diseases are sapping the economic strength and social capital of societies that are major U.S. partners for trade and development. Clear evidence exists that social determinants, including poverty, lack of education and poor housing, contribute significantly to NCD prevalence.
- For two consecutive years, the World Economic Forum (WEF) ranked NCDs as one of the greatest risks to global well-being – similar to fiscal crises and global governance gaps.<sup>4</sup> WEF projects a cumulative loss of \$47 trillion to global GDP by 2030 as a result of NCDs. NCDs are affecting increasingly younger populations in low- and middle-income countries, further threatening education outcomes, the global economy and productive workforce, and undermining progress toward global poverty eradication, including the UN Millennium Development Goals (MDGs). The U.S. is not alone in underfunding work on NCDs; less than 1 percent of global funding for health is applied toward addressing NCDs or risk factors.<sup>5</sup>

## Making Progress

- There has been limited progress in combating NCDs globally. The wealthiest countries have had small successes in reversing NCD trends, including the U.S., which has reduced heart attack incidence over the last 50 years through improved prevention, diagnosis and treatment. Unfortunately, these have barely made a dent in reversing the global trend toward increased NCD rates.
- The WHO Framework Convention on Tobacco Control represented a major NCD victory in 2003 and now has 168 country parties. The U.S. signed in 2004, but has not ratified the treaty.<sup>6</sup>
- The 2011 UN High-Level Meeting on NCDs was a watershed moment and only the second time that the General Assembly has met on a health issue. Nations unanimously adopted a Political Declaration, committing to reduce the toll of NCDs.<sup>7</sup>
- **In 2012, the UN agreed to an ambitious target to reduce overall deaths from NCDs by 25 percent by the year 2025. Member States also agreed to eight additional voluntary targets and 25 indicators. The United States was instrumental in developing this global monitoring framework.**
- The Rio+20 Outcome Document, "The Future We Want," recognized that sustainable development requires reductions in NCD and communicable disease prevalence.<sup>8</sup> Discussions support including NCDs in a post-2015 MDGs framework.



Source: WHO

## U.S. Response and Strategy

NCD prevention, diagnosis, treatment and care programs are widespread within the U.S. However, U.S. federal agencies are at the early stages of developing and resourcing NCD interventions abroad. With the U.S. lacking an overall international policy and funding stream for NCDs, global health programs that address them tend to be piecemeal, resulting in short-term, tangential and uncoordinated activities with modest impact. The Department of Health and Human Services (HHS) has demonstrated the most robust work in this area and recently released a global strategy that includes NCDs. In addition to its leadership in global policy development, HHS efforts include Centers for Disease Control and Prevention and National Institutes for Health research; surveillance and training programs, exemplified by the chronic disease Centers of Excellence initiative; and the Global Youth Tobacco Survey.

The State Department has utilized public-private partnerships to drive its engagement in global NCDs. In 2011, the Office of the Global AIDS Coordinator (along with other partners) announced the "Pink Ribbon Red Ribbon" Initiative,<sup>9</sup> which leverages the President's Emergency Plan for AIDS Relief (PEPFAR) platform to expand screening and treatment for cervical cancer and promote breast cancer education. However, there has been little discussion as to whether PEPFAR could be similarly expanded for other NCDs. Additionally, the State Department's Global Partnership Initiative helped launch the Global Alliance for Clean Cookstoves,<sup>10</sup> which works to reduce the indoor air pollution and resulting NCDs caused by cooking with biofuels in developing countries.

USAID targets NCDs through a small number of country programs and some grants addressing cancer and diabetes. As of 2000, USAID ceased support for tobacco production and committed to identifying alternative cash crops for economic development. Its new Office of Health Systems is positioned to encourage the integration of NCD interventions as part of country-based health programs.

## Recommendations

- **The Administration should reaffirm its policy commitments to NCDs** and integrate NCD prevention, diagnosis and treatment with existing international development programs such as the Global Health Initiative, PEPFAR, Feed the Future and the Global Climate Change Initiative.
- **USAID's new Office of Health Systems should develop guidance for integrating NCD interventions into existing country programs.** USAID should adopt a widespread policy, that acknowledges the intersection of the global NCD burden with key development priorities, including agriculture, gender equality and economic growth. Likewise, the State Department Office of Global Health Diplomacy and Office of Global Women's Issues should include NCDs in their programs and messaging.
- **The Administration should emphasize a "whole of government" approach** to NCD prevention, diagnosis, treatment, care and rehabilitation to ensure multisector coordination and supportive social or economic policies.
- **The President should seek Senate consent to ratify the WHO Framework Convention on Tobacco Control.**
- **The Administration should continue to support innovation for NCDs worldwide,** by leading the creation, testing and broad dissemination of global health technologies.
- **In intergovernmental negotiations, the Administration should champion NCD prevention, diagnosis and treatment.** The Administration should deliver on NCD-related pledges, and encourage other nations to do so. The U.S. government should support nutritional science and consumer behavior research<sup>11</sup> and promote reduced consumption of foods high in sugar and fat in an effort to produce a culture of wellness and healthy eating. Programs that emphasize appropriate physical exercise at all ages are cost-effective. The U.S. should also facilitate the availability of essential medicines for NCDs globally.
- **U.S. representatives at the UN should ensure the post-2015 MDG agenda includes NCDs** within the context of health, as well recognizing the link between NCDs and human development generally. U.S. government negotiators should lead global NCD policy dialogue, including within the WHO NCD Action Plan and NCD accountability mechanism. The Administration should also advocate for gender- and age-disaggregated NCD data collection in global health programs to ensure the needs of children, adolescents, adults and the elderly are all considered. The Administration should share U.S. successes on NCDs with other governments, including in health systems strengthening. Federal agencies should convene global multistakeholder partnerships and in-country interagency collaborations on NCDs, excluding entirely the tobacco industry, to address social determinants of health that affect NCDs.

...the global burden of NCDs constitutes "one of the major challenges for development in the twenty-first century..."

UN Political Declaration on NCDs  
September 2011

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[www.ncdroundtable.org](http://www.ncdroundtable.org)

<sup>1</sup> "Global Status Report on Non-Communicable Diseases," World Health Organization. 2010. [http://www.who.int/nmh/publications/ncd\\_report\\_full\\_en.pdf](http://www.who.int/nmh/publications/ncd_report_full_en.pdf).

<sup>2</sup> "Global Burden of Disease Study 2010," *The Lancet*. December 13, 2012. <http://www.thelancet.com/themed/global-burden-of-disease>.

<sup>3</sup> Mathers C.D., Loncar D. "Projections of Global Mortality and Burden of Disease from 2002 to 2030," *PLoS Med*, 2006. Pg. 3(11).

<sup>4</sup> "Global Risks 2010: A Global Risk Network Report," World Economic Forum. [http://www3.weforum.org/docs/WEF\\_GlobalRisks\\_Report\\_2010.pdf](http://www3.weforum.org/docs/WEF_GlobalRisks_Report_2010.pdf).

<sup>5</sup> "Where have all the donors gone? Scarce donor funding for Non-Communicable Diseases," Center for Global Development. [http://www.cgdev.org/files/1424546\\_file\\_Nugent\\_Feigl\\_NCD\\_FINAL.pdf](http://www.cgdev.org/files/1424546_file_Nugent_Feigl_NCD_FINAL.pdf).

<sup>6</sup> "The WHO Framework Convention on Tobacco Control," World Health Organization. <http://www.who.int/fctc/about/en/index.html>.

<sup>7</sup> "Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases," United Nations. [http://www.un.org/ga/search/view\\_doc.asp?symbol=A/66/L.1&referer=http://www.un.org/en/ga/ncdmeeting2011/&Lang=E](http://www.un.org/ga/search/view_doc.asp?symbol=A/66/L.1&referer=http://www.un.org/en/ga/ncdmeeting2011/&Lang=E).

<sup>8</sup> "The Future We Want," Outcome Document from the UN Conference on Sustainable Development. <http://sustainabledevelopment.un.org/futurewewant.html>.

<sup>9</sup> "Pink Ribbon Red Ribbon Overview," U.S. Department of State. <http://www.state.gov/r/pa/prs/ps/2011/09/172244.htm>.

<sup>10</sup> "The Cookstove Story," Global Alliance for Clean Cookstoves. <http://www.cleancookstoves.org/>.

<sup>11</sup> "Communication Strategies to Help Reduce the Prevalence of Non-Communicable Diseases," *Nutrition Reviews*. <http://www.foodinsight.org/LinkClick.aspx?fileticket=p5w1hnTGPbQ%3d&tabid=1440>.