Noncommunicable Diseases and the Post-2015 Development Agenda

A Position Statement of the NCD Roundtable

December 2013

The Noncommunicable Disease (NCD) Roundtable was convened to be a neutral platform and credible voice for information sharing, advocacy, communications, collaborations and best practices in the global health community. We are committed to helping create awareness about the global threat posed by NCDs, mobilizing prevention, diagnosis, treatment and care related to these diseases, and doing our utmost to eliminate the conditions that cause NCDs, including but not limited to tobacco use, physical inactivity, harmful use of alcohol and unhealthy diets. The following position statement presents the NCD Roundtable perspective on NCDs and the Post-2015 Development Agenda.

Health and NCDs within the Context of the Post-2015 Agenda

Health is widely recognized as a precondition, outcome, and indicator for sustainable development. Ill health, including the increasing burden of noncommunicable diseases (NCDs), undermines global sustainable development. The present dialogue and work to establish a post-2015 framework provide an opportunity for Member States and international partners to align these two objectives, good health and sustainable human development.

The NCD Roundtable Supports…

An overarching health goal in the post-2015 sustainable development agenda that adopts a target or sub-goal that explicitly addresses reductions in both mortality and morbidity from NCDs and their risk factors, such as the 25x25 target in the Global Monitoring Framework augmented to include disability.

- Country-led, people-centered, age-inclusive, and rights-based approach across the lifespan that is policy-coherent and focused on the most vulnerable and under-served populations across low-, middle-, and high-income countries.

- Specific to the prevention and control of the four major NCDs (heart disease, diabetes, cancer and chronic respiratory disease) plus Alzheimer’s, mental health and their shared risk factors, and the social determinants that have an impact on the growing global incidence of all NCDs and in turn sustainable development.
• Aligned across agencies with global health and development policies and surveillance monitoring and evaluation strategies that address socio-economic determinants as well as mortality and morbidity rates.

A “Health in All” policies integrated approach across the Sustainable Development framework, informed by the socio-economic determinants of health, with health-sensitive indicators that are measureable, cross-cutting and multi-dimensional.

• NCDs account for more than 36 million annual deaths, 80 percent of which occur in low- and middle-income countries. In the face of inaction, NCDs will be the leading cause of disability by 2030 and will account for 69 percent of all global deaths. NCD risk factors perpetuate a dangerous cycle that begins to take hold early in life and continues across the lifespan, with compounding negative costs to human and socio-economic development. Further, disabilities from NCDs represent a significant barrier to full social and economic growth.

• NCDs form a deterring undercurrent to achieving all the current Millennium Development Goals (MDGs), in particular the current MDGs (goals 4 and 5) centered on health.

• NCDs are a significant health issue, but non-health sectors also play essential roles. Policies in sectors as diverse as agriculture, trade, education, finance, labor, housing and transportation all contribute to the growing burden of NCDs and their risk factors.
  o **Education.** Overweight and obesity, physical inactivity, inadequate nutrition and under-nutrition are associated with poorer levels of academic achievement. 17% of children and adolescents aged 2-19 years in the U.S. (12.5 million in total) are obese (CDC 2012). Research on brain development indicates that physical activity and physical education and proper nutrition support cognitive development and academic performance.
  o **Productivity.** Obesity-related job absenteeism totals $4.3 billion annually in the United States. Persistent obesity in women specifically is associated with poorer employment and relationship outcomes. Tobacco use causes over US $92 billion/year in lost productivity and US $75 billion/year in medical expenditures (AHIP 2010.) An estimated $84 billion of economic production would be lost from heart disease, stroke, and diabetes between 2006 and 2015 in the 23 low- and middle-income countries, accounting for around 80 percent of chronic disease mortality, according to the World Bank.
  o **Poverty and Urbanization.** Unhealthy behaviors, poor physical and nutritional status, high cost of NCD-related healthcare prevent people from working and displace resources that can be directed to education. Urbanization correlates with an increased incidence of noncommunicable diseases in large urban cities. Overcrowding, pollution, social deprivation, crime and stress-related illness lead to chronic diseases, including hypertension, heart disease, obesity, diabetes and asthma. NCDs in LMIC especially contribute to the intergenerational transfer of poverty.
  o **Mental health and well-being.** Regular exercise is associated with significant improvements in total well-being, especially in mood, coherence, fortitude, stress and coping. The Centers for Disease Control and Prevention National Health and Nutrition Examination Survey (NHANES) shows that approximately 13 percent of children aged 8-15 had a diagnosable mental disorder within the previous year.
  o **Global healthcare costs.** WHO estimates that cardiovascular disease among people aged 35-64 cost China an estimated $30 billion. Only one quarter of this cost came from direct health costs; the rest was from lost productivity (WHO, Integrating poverty and gender into health programs, 2007). The
International Diabetes Federation estimates the average healthcare spending due to diabetes was $5,063 per person per year in high income compared to $271 in low-income countries. In 2008, the cost of illness associated with physical inactivity in China, India, UK and US were more than $200 billion. By 2030, the direct costs alone in China and India are projected to increase by more than 450% (www.designedtomove.org). Hospitalization and doctor visits are up to 3.7 times higher for obese children compared to non-obese. The Global Economic Burden of Disease states mental Ill-health accounts for over US $16 trillion, or one-third of the overall US $47 trillion anticipated to be spent on NCDs in the US. WHO estimates that each 10% rise in NCDs is associated with 0.5% decrease in annual economic growth.

**Strengthening health systems and their capacity to address primary care and community care prevention of NCDs.**

- Training and education of public health workforces is critical to reducing NCD risk factors and improving physical and mental health outcomes.

- Sustainable healthcare is the most efficient way to ensure sustainable development and strong health systems while reducing high out-of-pocket expenses, ensuring improved access to essential diagnostics, prevention, treatment, rehabilitation and palliation for all.

- Incorporating NCD diagnosis, screening, prevention, treatment, rehabilitation and palliation into existing funding streams and development policies and programs.

**U.S. Government leadership in facilitating full engagement of civil society and the private sector in an inclusive approach to promoting a coordinated global response to NCD prevention and treatment that capitalizes on developing synergies between the WHO Global Coordinating Mechanism and post-2015 Sustainable Development agenda.**

- Identifying institutional mechanisms and targets and evaluation metrics to integrate NCDs into broader health and development objectives, nationally and globally.

- Leveraging multi-sector partnerships, including civil society and private sector, that drive research and best practices, inform policy development, analysis, and advocacy, and mobilize healthcare systems capacities in the delivery of services, education, and training.

The NCD Roundtable believes progress in combatting NCDs and their risk factors can only be achieved through a whole-of-government and whole-of-society approach. We support an overarching health goal that maximizes healthy lives at all stages of life, advances a health in all policies approach, and leverages existing and planned interventions to strengthen health systems. The NCD Roundtable is committed to putting the thought leadership, shared experiences and human resources of its members to the task of working with senior government leaders in support of public/private partnerships. The Roundtable stands ready to actively engage in such efforts and contribute the strengths of its members to maximize the opportunity of future generations living longer, healthier, happier, and more productive lives.
**About the Noncommunicable (NCD) Roundtable.** The NCD Roundtable is a diverse coalition of civil society organizations and private sector companies working to raise the profile of NCDs through policy dialogue, engagement, partnership building, and grassroots mobilization. Providing a neutral platform, the Roundtable creates opportunities for transparent information sharing, advocacy and collaboration on NCD issues among its diverse members and other key global health and NCD stakeholders. Collectively, the NCD Roundtable’s membership includes a total of 50 organizations and companies, spanning a wide range of expertise and broad reach through thought leadership and existing partnerships in development, research, advocacy, global health and humanitarian causes. Members of the NCD Roundtable include:

- Professional society associations representing sports science and clinical medicine disciplines
- Major disease-related organizations, including heart-stroke, lung, cancer, diabetes, mental health, and others
- Major non-profit civil society organization representing global health interests or risk factor related interests
- Development and finance organizations engaged in disaster relief, maternal and child health, disability, population health services, nutrition, prevention, rehabilitation and health systems strengthening
- Research organizations
- Private sector pharmaceutical, medical device, healthcare, food and beverage companies

Ensuring inclusion and prioritization of health and NCDs within the post-2015 development agenda is a major focus of the NCD Roundtable. The Roundtable’s membership is committed to preventing and controlling NCDs, both individually as organizations and companies, and in partnership with other stakeholders, as well as through a variety of policy and programmatic channels, including ongoing United Nations processes.

The NCD Roundtable is actively engaged in working with U.S. government representatives and global leaders to support the WHO NCD Global Action Plan and facilitate public dialogue on the issue, including co-hosting the Side Event “Healthy Planet, Healthy People: Building Synergies for Sustainable Development” in cooperation with the U.S. Government, CARICOM, and the NCD Alliance before the opening of the September 2013 Session of the U.N. General Assembly.

Investment in NCDs across national governments and globally will create a new norm in unleashing human potential and driving socio-economic capital. This investment is an under-valued opportunity that underpins our well-being and success as individuals, families, communities, and nations.