

Accelerating progress on non-communicable diseases



In 2008, 36 million people died from non-communicable diseases (NCDs).¹ By 2020, NCDs are projected to cause almost three quarters as many deaths as communicable, maternal, perinatal, and nutritional diseases, and by 2030 to exceed them as the most common causes of death.² On Sept 19, 2011, the UN will take an important step towards modification of the future course of NCDs at the High-level Meeting on Non-communicable Diseases. As concerned leaders in government and civil societies working on NCDs, we call for our political leaders to use this opportunity as a bold beginning to transform global strategies on NCDs. Four key areas should be addressed at the meeting: leadership and international cooperation; prevention; treatment; and monitoring, reporting, and accountability.

An increasing exposure to largely preventable risk factors, such as unhealthy diets, physical inactivity, tobacco use, and harmful use of alcohol, are at the root of the NCD problem. About 3.2 million deaths each year are attributable to insufficient physical activity.³ An estimated 1.3 billion people in the world smoke, 600 million have hypertension, and 220 million have diabetes.⁴ Although evidence-based approaches to control risk factors exist, they are underused and require more widespread promotion. Best buys underscored by *The Lancet* NCD Action Group^{5,6} include primary interventions and public policies that should be prioritised by countries (panel). These best buys are affordable strategies proven to work and available to target the most significant risk factors for NCDs, as outlined in WHO's *2008–2013 Action plan for the global strategy for the prevention and control of non-communicable diseases*⁷ and *Global strategy to reduce the harmful use of alcohol*.⁸

Investments in prevention can have a major impact on reducing the costs of NCDs, which are estimated by the World Economic Forum and WHO for low-income and middle-income countries at US\$500 billion per year, and \$7 trillion over the next 25 years. For example, comprehensive smoke-free air laws in public buildings have been estimated to result in a saving of \$10 billion annually in health-care costs by eliminating exposure to second-hand smoke.⁹ Reducing sodium in the food supply to 1500 mg per day could result in \$26.2 billion in US health-care savings annually.¹⁰ Community-based

programmes to increase physical activity, improve nutrition, and prevent smoking can provide a return on investment of \$5-60 for every dollar spent within 5 years.¹¹ The cost of implementing prevention programmes in low-income and middle-income countries is less than \$0.40 per person and a package of public health behavioural interventions is projected to cost only \$0.70 per person in China, for example, far less than projected costs of NCDs.^{5,12}

Further investments in research, development, and evaluation of new approaches to mitigate the effects of NCDs are also needed to ensure effective investment of resources by public and private entities. There is an urgent need for research to develop effective interventions, for innovation to create solutions where none exist, and for successful interventions to be scaled up and adapted to different settings. Innovations in health-care delivery and technology are vital to ensure that health benefits accrue, irrespective of socioeconomic status or geographical location.

Essential components of any worldwide effort to combat NCDs must include accurate health surveillance information. Building the infrastructure of national health systems to monitor, measure, and evaluate progress made in reduction of NCDs and their underlying risk factors is fundamental to sustain long-term prevention measures. Data on NCDs should be added to fundamental Demographic and Health Surveys to better understand disease burden, and NCD-related programmes should be appended to existing systems of health care rather than developed as independent initiatives. Sexual and reproductive health and maternal and child health programmes can also become part of NCD prevention and control, particularly at the primary health-care level.

The implementation of strategies to address NCDs must have at its core the involvement of community

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Panel: Best buys for prevention of NCDs

- Improve tobacco control; eliminate tobacco use
- Reduce salt intake
- Promotion of diets low in fats and sugar, less alcohol, and increased physical activity
- Generic multidrug treatment in primary care for people at high risk of NCD

leaders. Regional and national political involvement is crucial to provide resources and programmes that optimise administrative resources. Equally important is the role of the pharmaceutical companies that can provide robust generic medication programmes and continue to develop new drugs, such as polypills, that make compliance with primary and secondary prevention approaches more achievable. Potential implementation initiatives across various constituencies are shown in the webappendix.

See Online for webappendix

Decreasing the global burden of NCDs will require a whole-of-society response at the global, national, and individual levels. A matrix of NCD partnerships needs to be established, linked through WHO and other UN and multilateral agencies, foundations, non-governmental organisations, and the private sector. The UN meeting can create some level of global commitment to this new charge; however, member states will also need to commit to developing or strengthening national plans that are funded and implemented. We must focus on prevention across the lifespan and shift resources towards promotion of high-quality, healthy lifestyles and early recognition and treatment of risk factors and symptoms instead of end-stage treatment of chronic disease.

The UN High-level Meeting on Non-communicable Diseases is only the first step in what must be a long-term and continuing collaboration among multiple stakeholders to improve global health. The next steps require implementation of best buys, investments in innovative research on preventive health strategies, improvements in surveillance, agreement on targets, and creating realistic timelines. This major public health challenge can be effectively addressed and millions of future lives saved. We must respond and take part in a global NCD partnership for prevention and advocate personally and professionally for the cost-effective strategies that can and will work.

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