

THE BURDEN OF NCDs Taking a quantum leap



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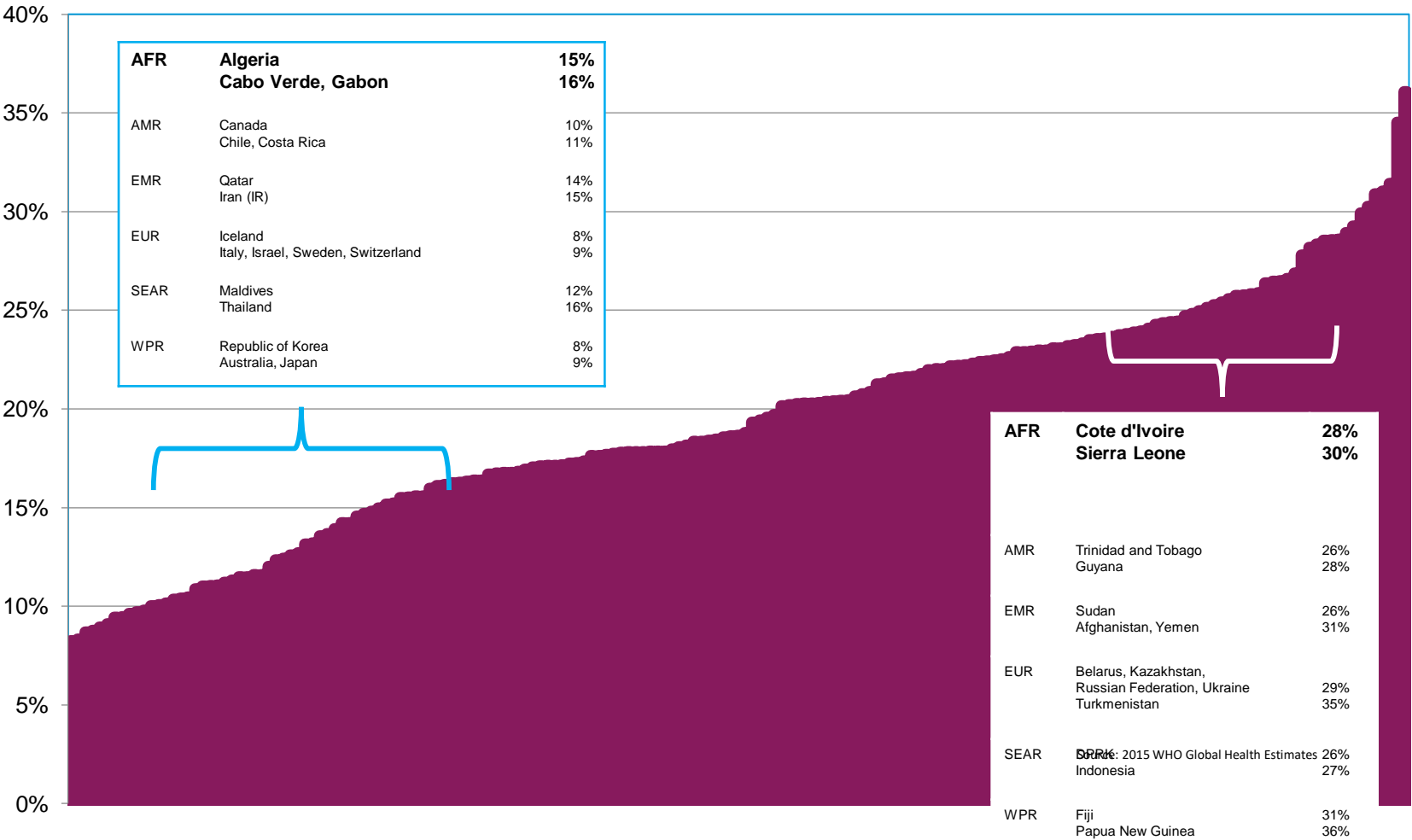
✧ Non-communicable diseases (NCDs)

- ✧ four groups of diseases: CVDs; Cancers; CRD; Diabetes
 - ✧ leading cause of death in the world
 - ✧ 'premature' deaths occurring before the age of 70: 15 million/year
- ## ✧ NCDs share many of the same risk factors.
- ✧ CVD account for most deaths, followed by cancers, CRD, and diabetes - 82% of all NCD deaths.
- ## ✧ Almost three quarters of NCD deaths occur in LIMC
- ✧ burden falls most heavily on nations already grappling with communicable diseases, and with the least resources to fight back

Huge disparities exist between countries

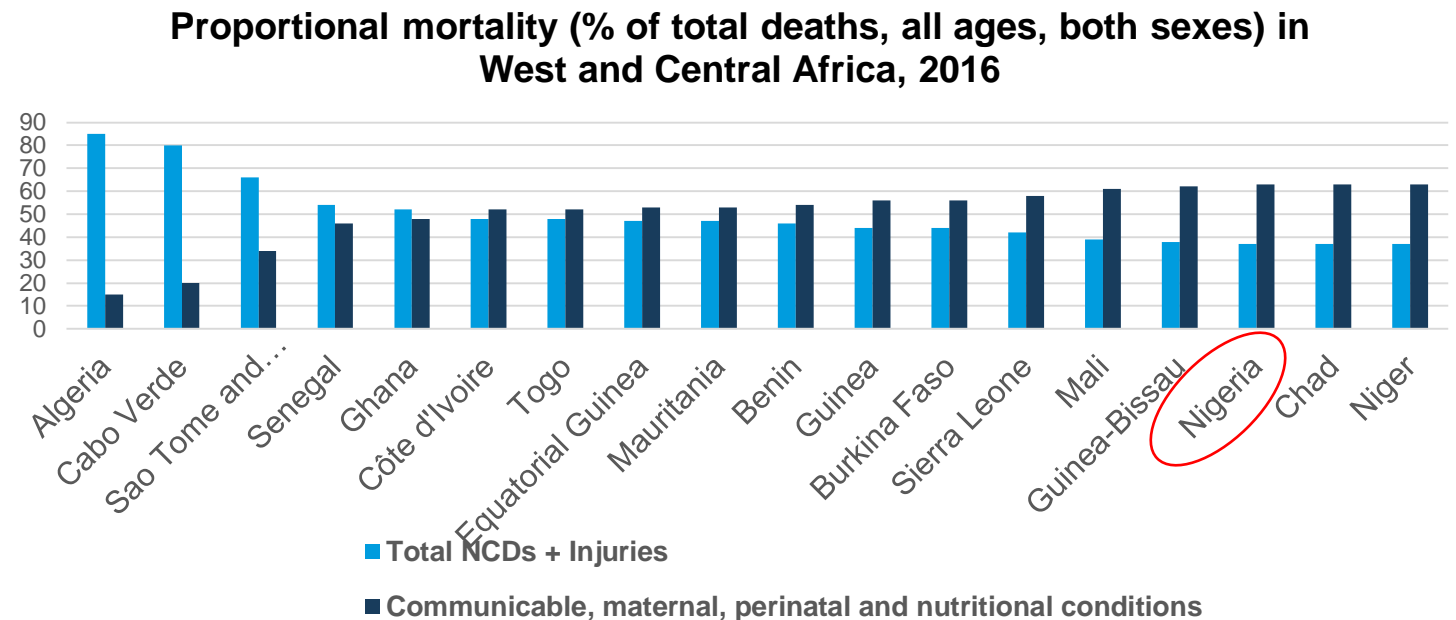
Probability of dying from any of cardiovascular diseases, cancer, diabetes, chronic respiratory diseases between the ages of 30 and 70

WHO estimates for 2015 (both sexes)

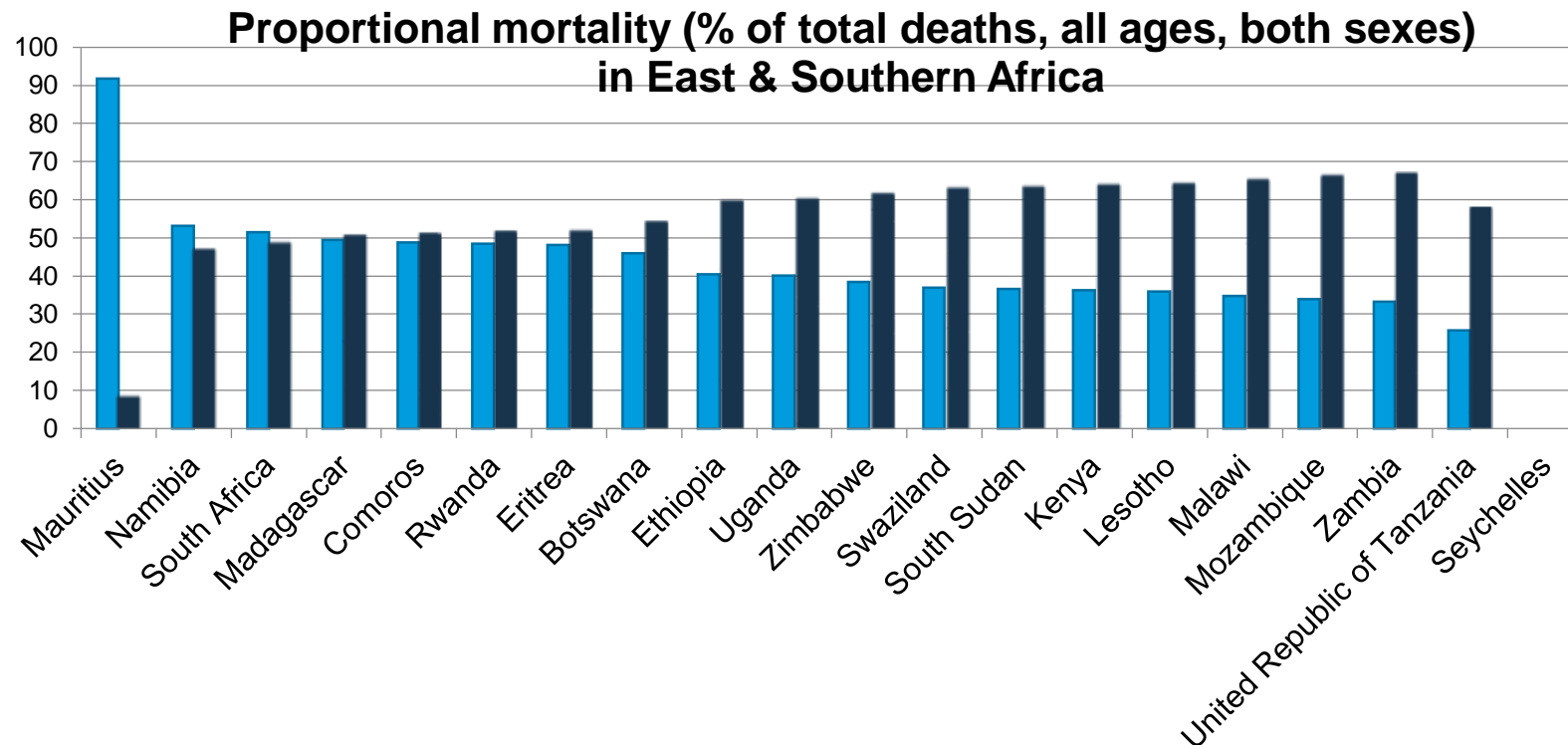


AN UNFAIR BURDEN

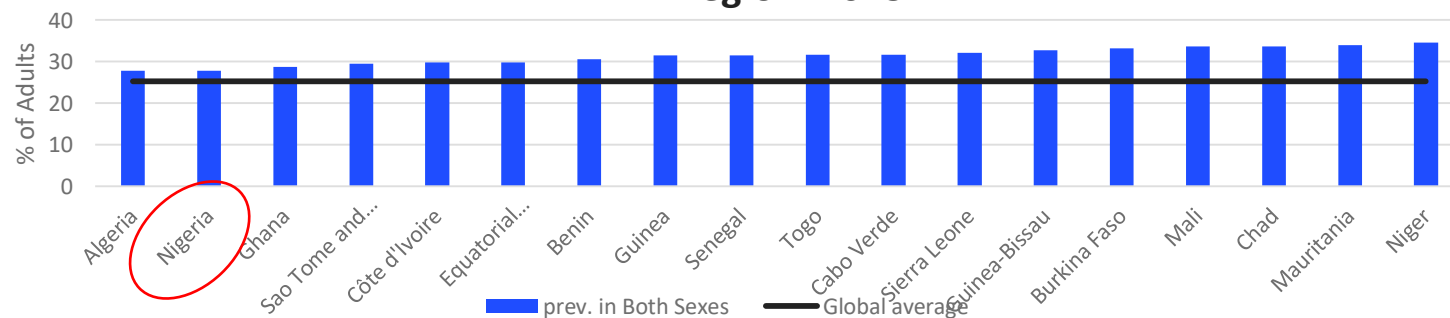
- ✶ In AFR region, the burden of NCDs will increase and by 2025 will become a major contributor to mortality if the current trend is unchecked.
- ✶ Trends for NCDs on the rise hampering the socio-economic development of the countries.
- ✶ Double burden in African Member States as most countries are faced with both Communicable and NCDs.



NCD burden in AFR countries

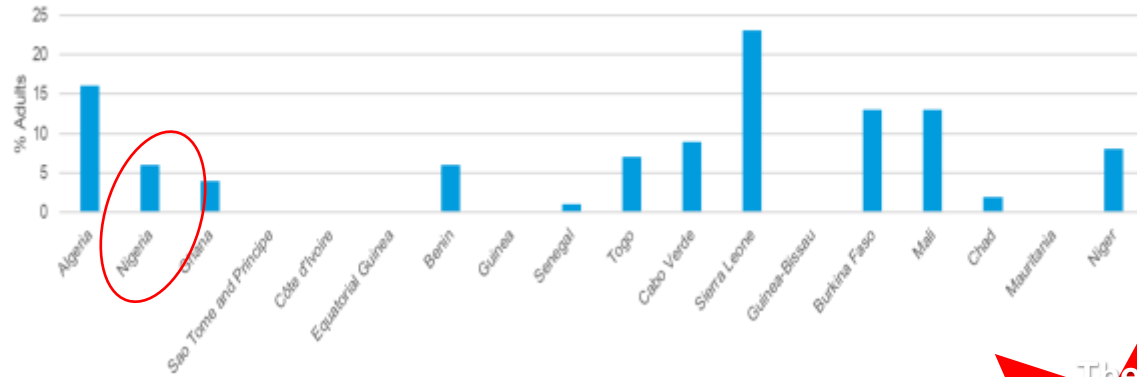


Prevalence of raised blood pressure in adults in West Africa sub-region. 2015

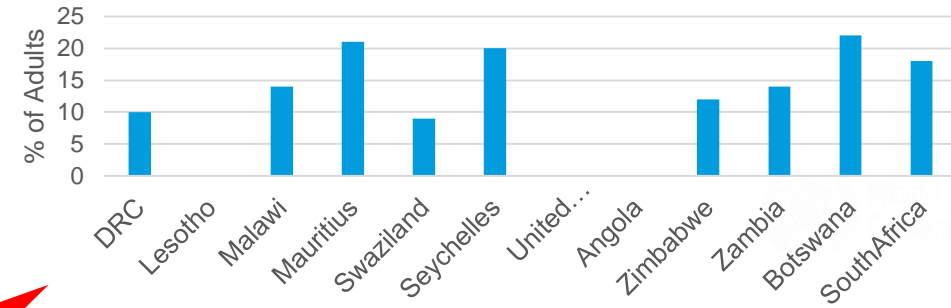


NCD burden in AFR countries

Current tobacco smoking, adults aged 15+ (%) both sexes (2016)

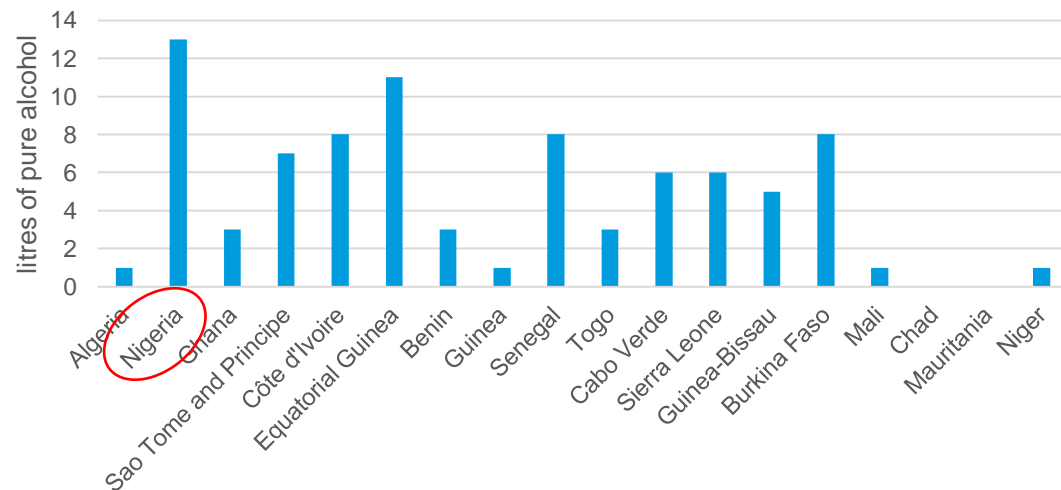


Adult prevalence of Current tobacco smoking in SADC countries (2011)

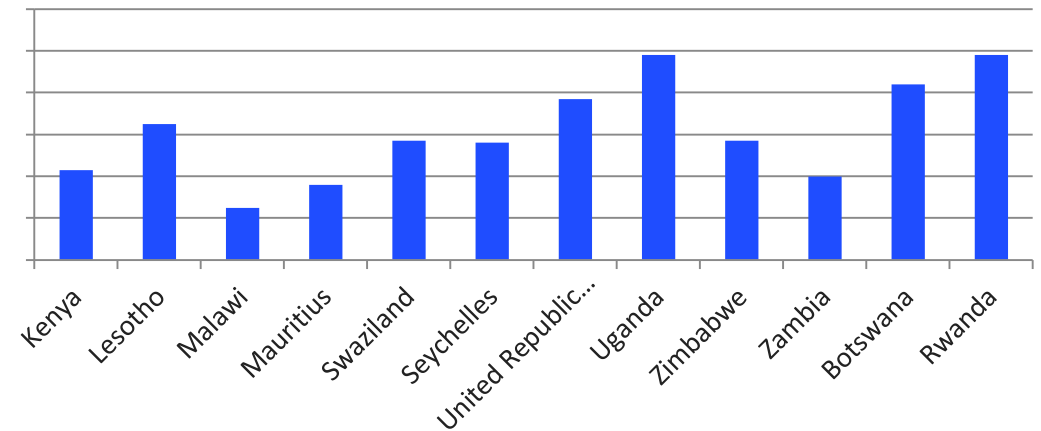


The Risk factors for NCDs are increasing in Africa

Total alcohol per capita consumption, adults aged 15+ both sexes, 2016



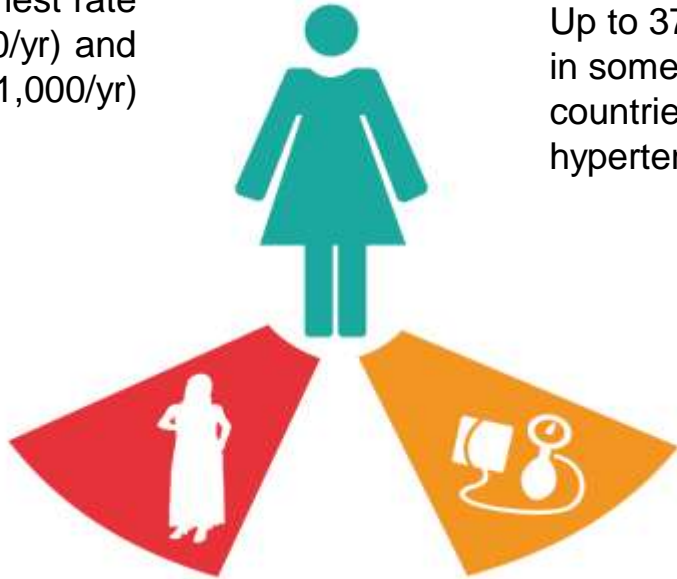
Total alcohol per capita consumption, in litres of pure alcohol (2010)



NCD burden in AFR countries

NCDs are a significant cause of death of women

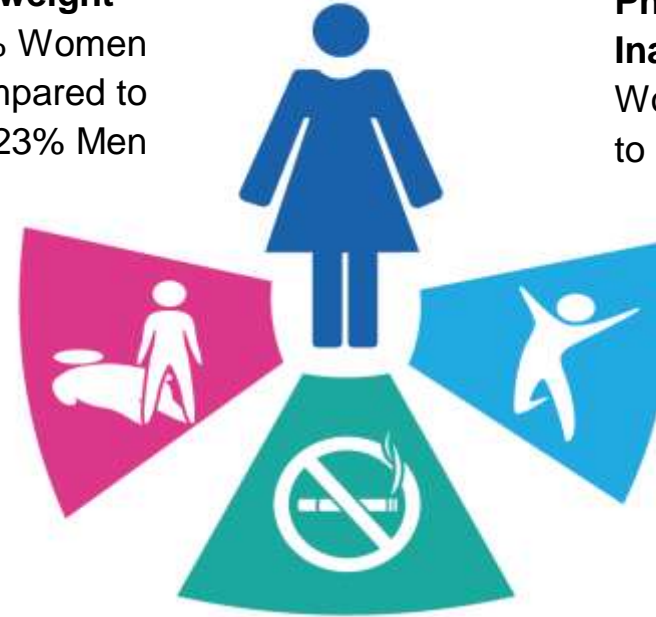
Cervical cancer –
highest rate
(500,000/yr) and
mortality (311,000/yr)



Hypertension –
Increasing in Africa;
Up to 37% of women
in some African
countries are
hypertensive

In relation to NCD Risk Factors

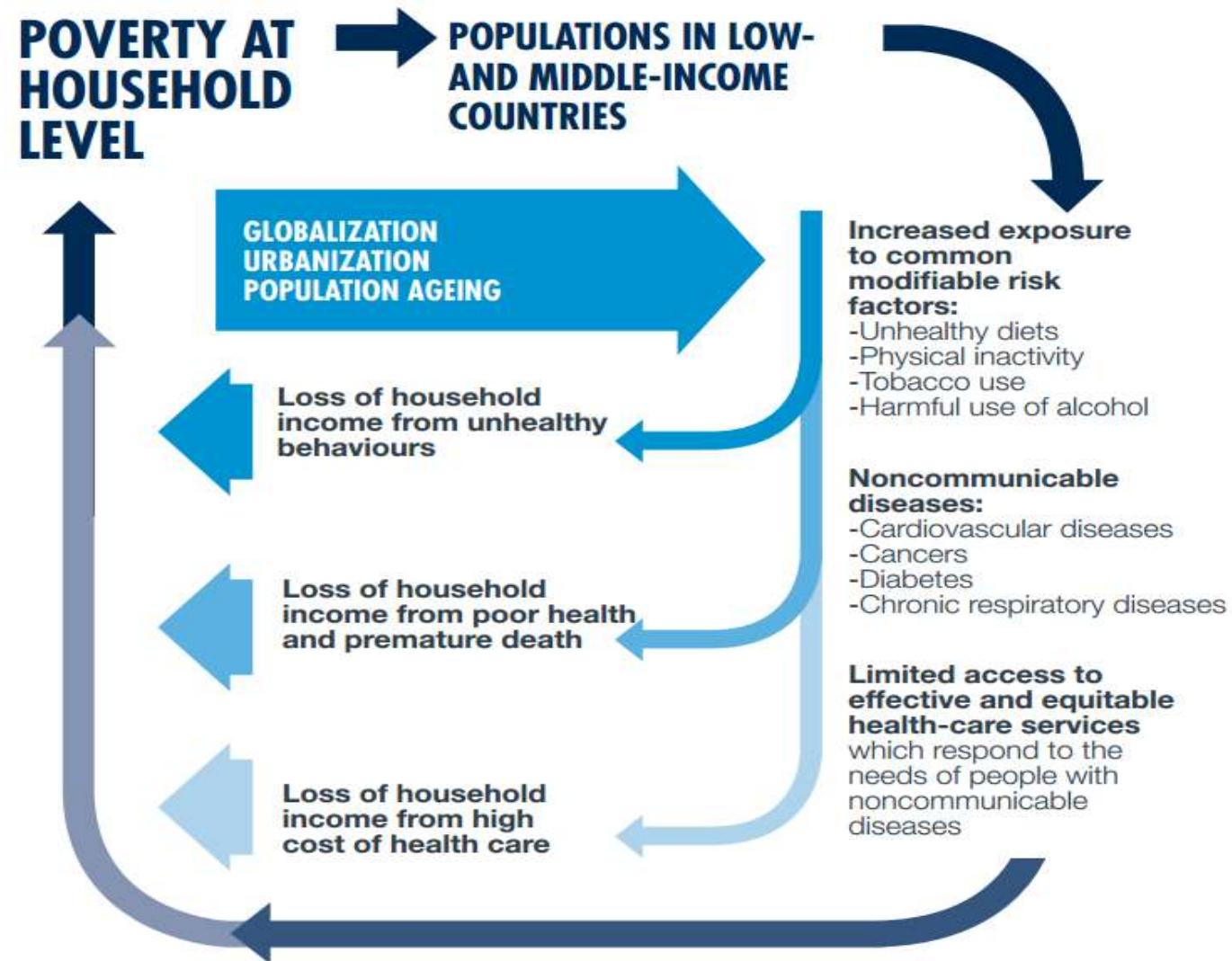
Overweight –
39% Women
compared to
23% Men



Physical Inactivity – 25%
Women compared
to 20% Men

Tobacco – 13 million
women use tobacco;
increasing trend in
adolescent girls (13 %
in the Region)

NCD AND POVERTY



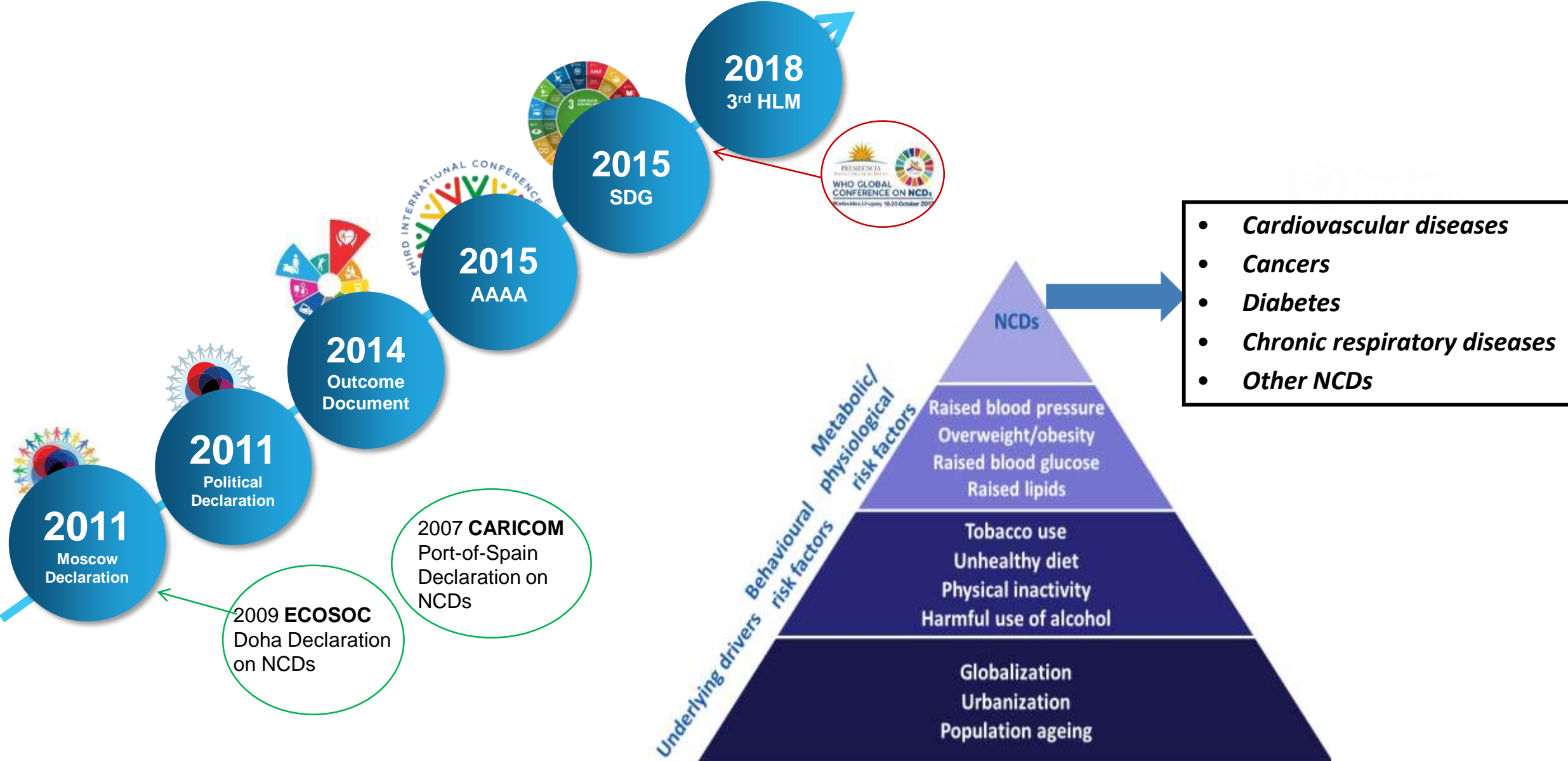
Cost of **inaction** in LIMC:
US\$ 7 trillion
(2011-2025)

Cost of **action** in LIMC:
US\$ 170 billion

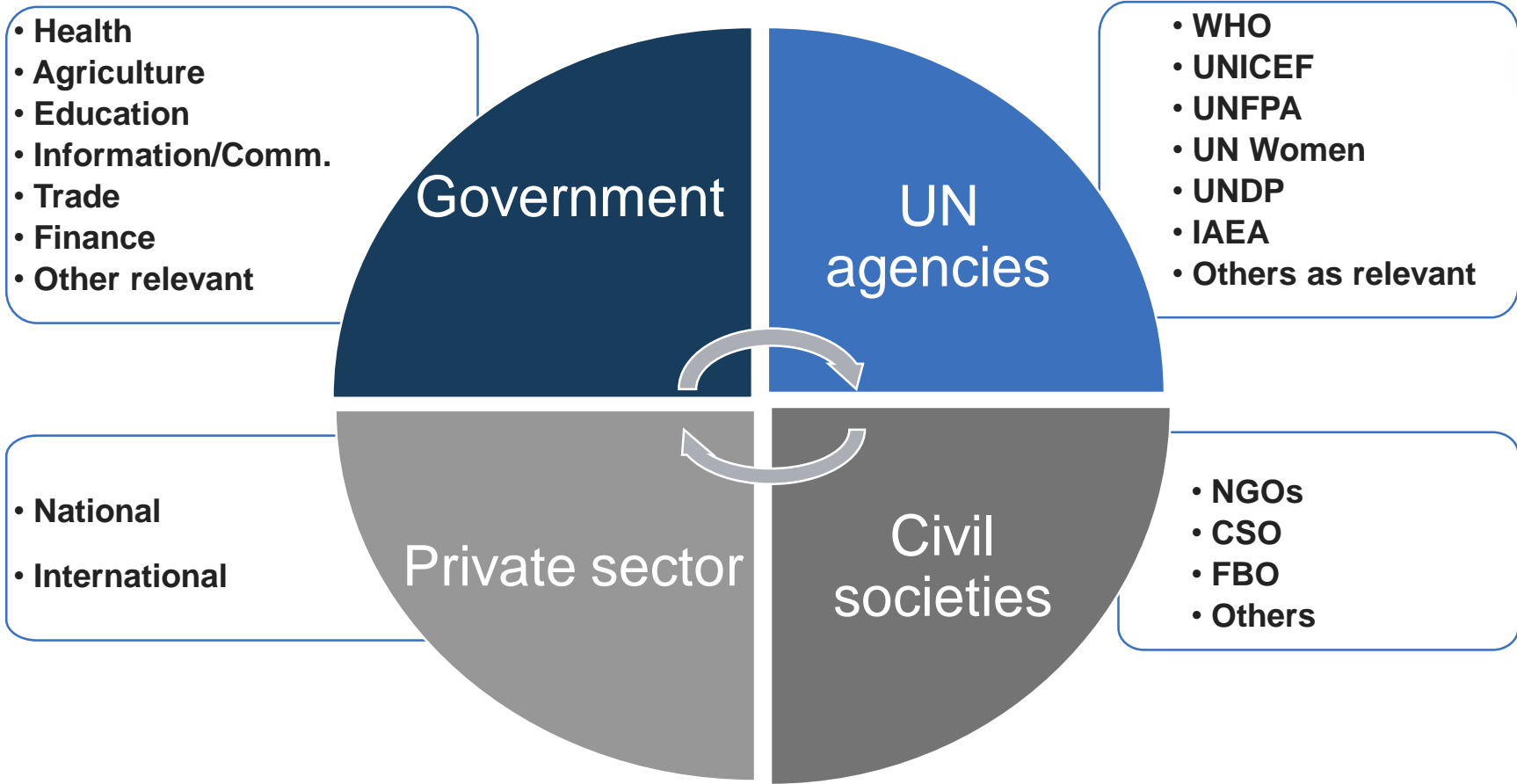


THE RESPONSE

Commitments made by world leaders to ↓ premature deaths from NCDs



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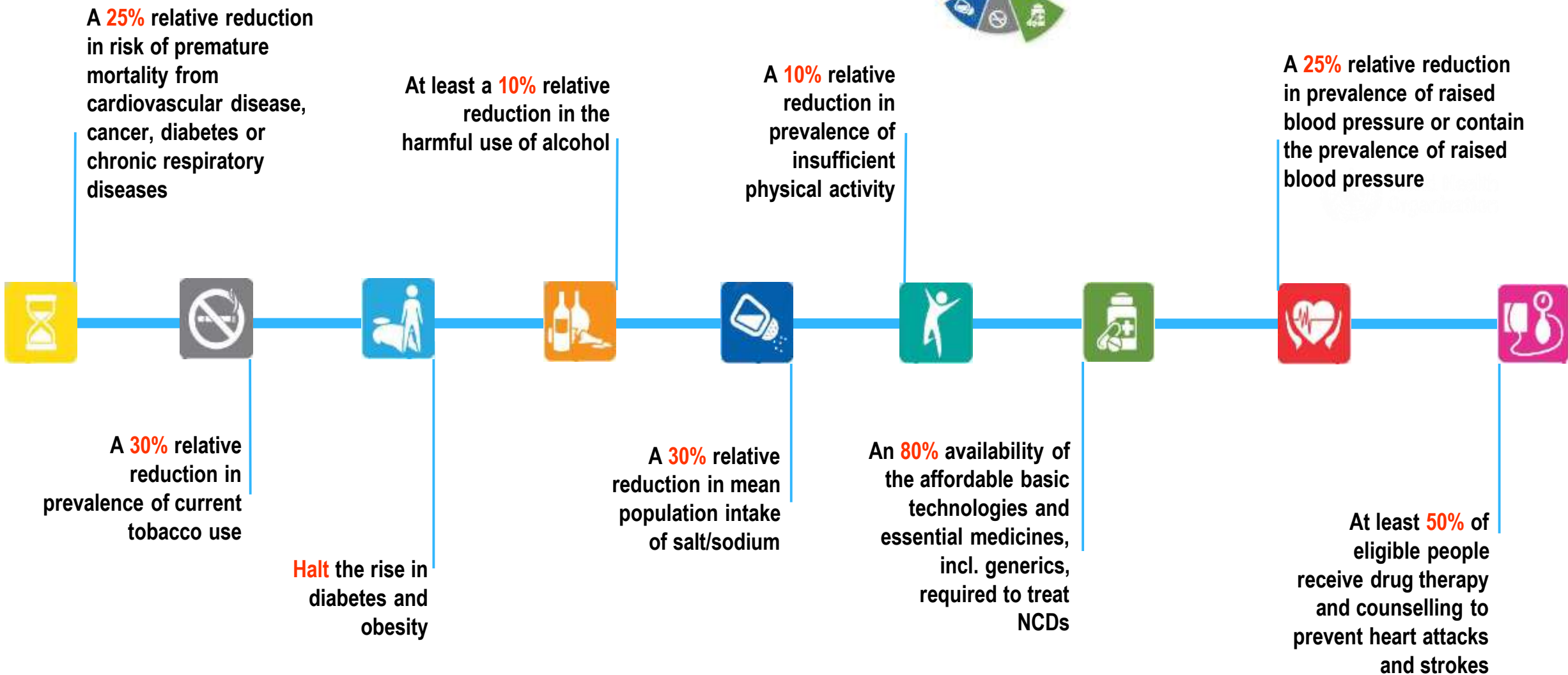
✦ Five key elements integral to an effective **Multisectoral coordination mechanism** for NCDs

- ✦ High-level political leadership - authority and resources, monitors progress and ensures adherence to international commitments
- ✦ Clear scope and mandate for all the participating sectors.
- ✦ Strong secretariat and sectoral focal points.
- ✦ Costed joint work plan and earmarked funds required to ensure its seamless implementation.
- ✦ Robust accountability indicators.

✦ Five key **strategies** to improve the involvement of relevant sectors

- ✦ Set the political agenda
- ✦ Generate evidence to make the business case
- ✦ Showcase benefits and share responsibilities
- ✦ Ensure joint accountability through process indicators
- ✦ Require periodic reporting to supra ministerial authority

THE RESPONSE





By 2015: Set national NCD targets for 2025 or 2030 and monitor results



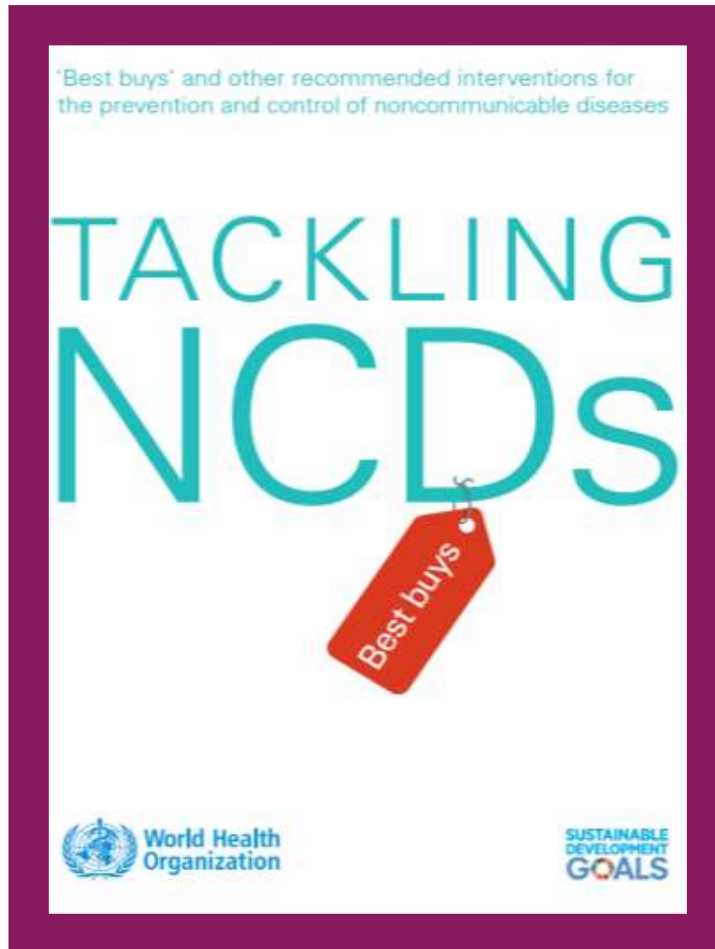
By 2015: Develop a national multisectoral action plan



By 2016: Implement the "best buy" interventions to reduce NCD risk factors



By 2016: Implement the "best buy" interventions to strengthen health systems to address NCDs



16 best buys, including:

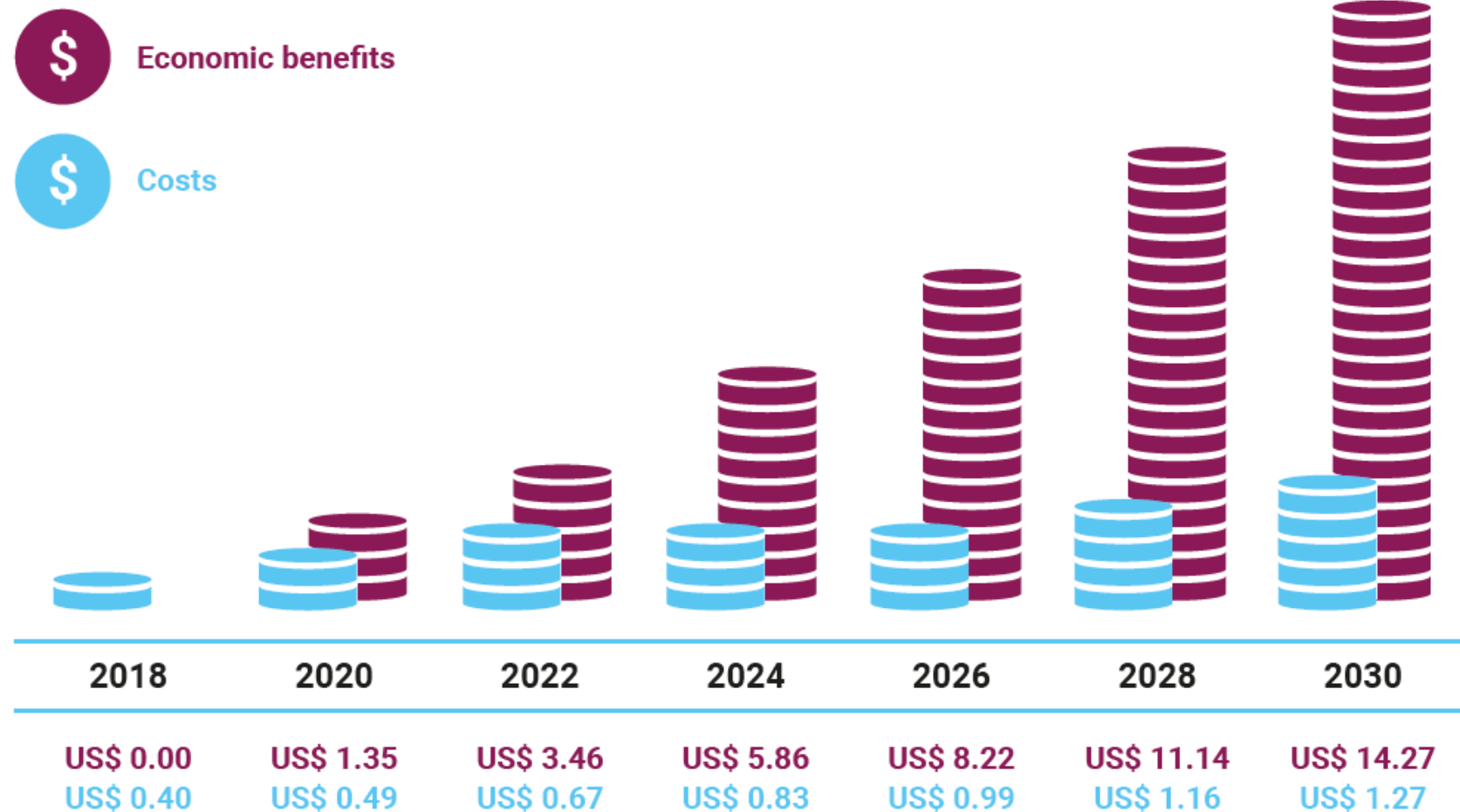
- Increase excise taxes and prices on tobacco products
- Increase excise taxes on alcoholic beverages

72 good buys, including:

- Reduce sugar consumption through effective taxation on sugar-sweetened beverages

Health impact and economic returns

Economic benefits of the Best Buy package per person,
per year in low- and lower-middle-income countries



The world is off-track to deliver its commitments on NCDs

Have countries strengthened their capacities to address NCDs since 2011?

Yes

Have there been improvements in NCD health outcomes since 2011?

Yes, but...

Are we on track to meet the commitments made at the UN General Assembly?

No

Are we on track to meet SDG Target 3.4 (NCDs) by 2030?

No



2018: "The world has yet to fulfil its promise of implementing measures to reduce the risk of dying prematurely from NCDs through prevention and treatment"



2018: "It's crucial to reach agreements on a new strategic course and approach to support countries in implementing the best buys for NCDs"

Outcome indicators

Progress towards the 9 global NCD targets for 2025	2010	2015	Trend
Probability of dying between ages of 30 and 70 from one of the mayor NCDs	20%	19%	↓
Total alcohol per capita consumption within a calendar year (liter)	6.4	6.3	↓
Prevalence of current tobacco smoking use among adults	23.1%	21.8%	↓
Prevalence of raised blood pressure among adults	23%	22%	↓
Prevalence of raised blood glucose/ diabetes among adults	8%	9%	↑
Prevalence of obesity in adults	11%	13%	↑

Process indicators

Percentage of countries with	2010	2015	Trend
at least one operational multisectoral national NCD action plan	18%	37%	↑
an operational NCD unit	53%	66%	↑
an operational policy to reduce the harmful use of alcohol	48%	67%	↑
an operational policy to reduce physical inactivity	55%	72%	↑
an operational policy to reduce the burden of tobacco use	66%	81%	↑
an operational policy to reduce unhealthy diet .	60%	74%	↑
evidence-based national guidelines for the management of major NCDs through a primary care approach		37%	
an operational national policy on NCD-related research		36%	
NCD surveillance and monitoring systems in place		29%	



1 National NCD targets

2 Mortality data

3 Risk factor surveys

4 National integrated NCD policy/strategy/action plan

5 Tobacco demand-reduction measures:

increased excise taxes and prices

smoke-free policies

large graphic health warnings/plain packaging

bans on advertising, promotion and sponsorship

mass media campaigns

6 Harmful use of alcohol reduction measures:

restrictions on physical availability

advertising bans or comprehensive restrictions

increased excise taxes

7 Unhealthy diet reduction measures:

salt/sodium policies

saturated fatty acids and trans-fats policies

marketing to children restrictions

marketing of breast-milk substitutes restrictions

8 Public education and awareness campaign on physical activity

9 Guidelines for management of cancer, CVD, diabetes and CRD

10 Drug therapy/counselling to prevent heart attacks and strokes

Are countries making progress towards achieving the 9 voluntary targets and the four time-bound commitments?

Full achieved count <i>(out of 18 indicators)</i>	# of countries
1	13
2	5
3	10
4	3
5	3
9	1
No data	12

The bottom line

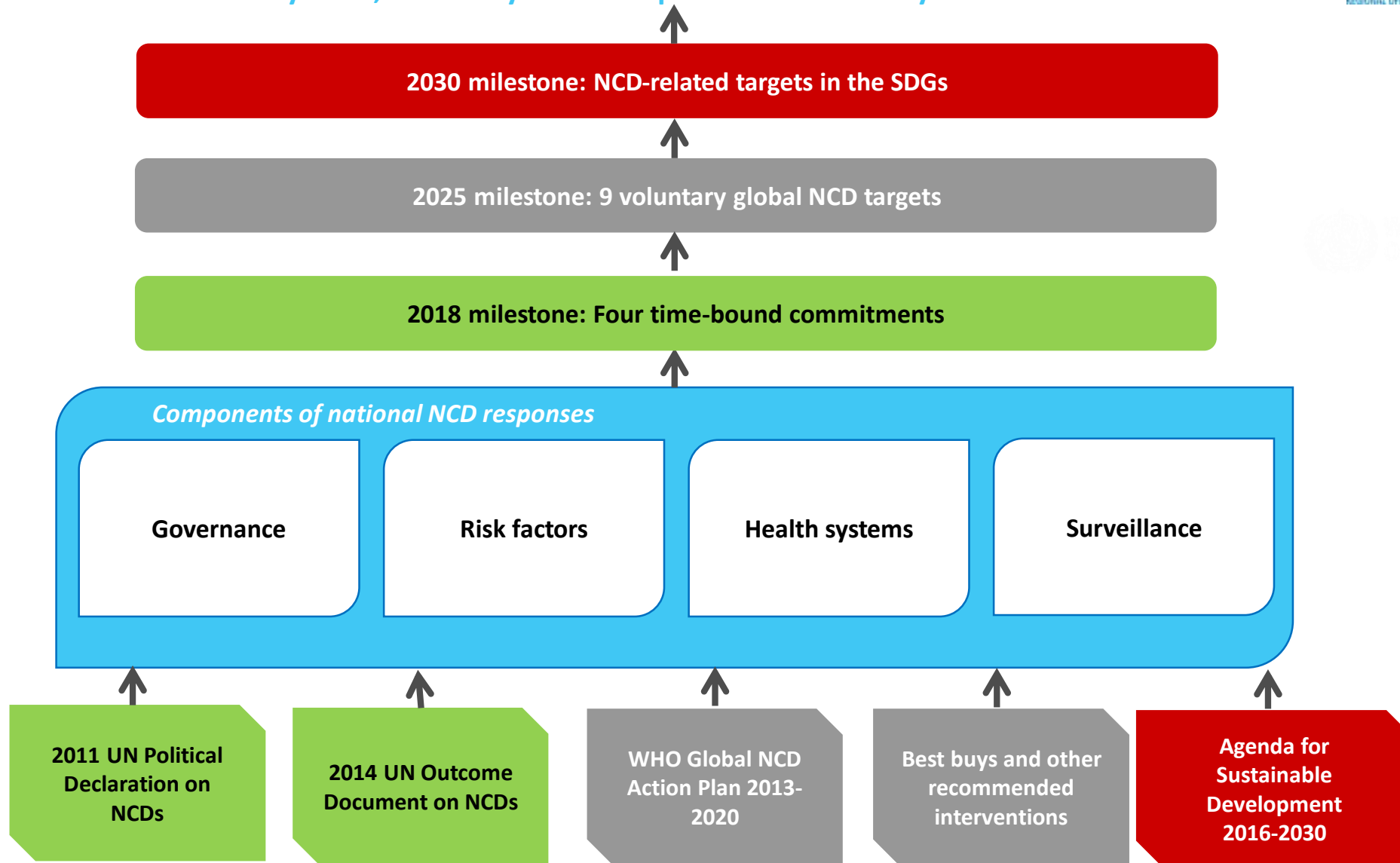


“Globally, the probability of dying prematurely from these four main NCDs declined by **17%** between 2000 and 2015.

This rate of decline is **insufficient** to meet the SDG target 3.4 on NCDs (i.e. by 2030, reduce by one third premature mortality from NCDs)”

Clarity of vision on how to build national NCD responses

By 2030, reduce by one third premature mortality from NCDs



Obstacles to implementation

Political choices

- Lack of political will, commitment, capacity, action
- Links with national SDG responses
- Not included into National health priorities

Health systems

- Lack of policies and plans for NCDs
- Lack of access to medicines
- Best buys not integrated into PHC and UHC

National capacities

- Difficulties in setting priorities
- Weak legal capacity
- Insufficient technical and operational capacity including to interact with the private sector

Financing

- Insufficient (domestic and international) financing
- Demands for technical support cannot be met
- Lack of accountability

Impact of economic, market and commercial factors

- Industry interference
- Trade promotion to increase exports of health-harming products without supporting countries to develop national NCD responses

Framing the Problem

1/Tackling NCDs helps to save lives

As the world's number one killer, there is a critical imperative to fight NCDs, as well as reduce the morbidity and disability associated with them.

2/Tackling NCDs helps to reduce poverty

Preventing and controlling NCDs fights poverty and unlocks citizens' potential. It also helps governments to achieve the Sustainable Development Goals faster and more effectively.

3/Tackling NCDs helps to save money

Tackling NCDs, especially through a Multisectoral approach to prevention, is a sound investment. It saves both lives and resources, allowing these resources to be allocated to other challenges.

4/It is governments' responsibility to lead the change

It's up to governments to create the healthy environments that protect people from tobacco, unhealthy food, harmful alcohol use and physical inactivity.

5/Our greatest opportunity for impact is now

With the nine targets agreed to, the SDGs in place, and countries everywhere proving the effectiveness of best buy policies, there has never been a better time to take on the NCDs.

Taking a quantum leap

- ✳ Allocate **commensurate resources** – Human and financial to NCD prevention and control. ***We can tackle NCDs for an additional US\$ 1.27 per person per year***
- ✳ Develop, implement, monitor & evaluate **integrated National multisectoral NCDs prevention and control Action Plans**. ***We can save 8.2 million lives by 2030***
- ✳ Develop/scale up cost effective NCD prevention and control interventions (“**best buys**”). ***Every USD\$ 1 invested in the WHO Best Buys will yield a return of at least USD\$ 7 and generate US\$ 350 billion by 2030***
- ✳ Implement/scale up cost effective health care interventions (WHO PEN) to ensure **Universal Health Coverage** for NCDs at all levels.
- ✳ Strengthen **effective regulation** of relevant industries e.g. banning advertising and marketing for tobacco, alcohol and sugar sweetened beverages
- ✳ Foster **inter-sectoral and multisectoral collaboration/coordination** at country, regional and global levels
- ✳ Develop/strengthen **surveillance systems** for NCDs and their risk factors (STEPS, GATS, GSHS,...)
- ✳ Engage/cooperate with **non-health government sectors, non-state actors** including UN organizations to address NCDs and their risk factors



World Health
Organization

REGIONAL OFFICE FOR
Africa



Thank you

