

Non-communicable diseases: at the heart of development



UK
Working Group
on NCDs

Key takeaway: Chronic, non-communicable diseases (NCDs) are the world's biggest killers, with much of the burden of disease falling on low- and middle-income countries (LMICs). The majority of NCDs can be prevented or delayed, but to date NCDs have been largely sidelined in development assistance for health. The current dramatically changing aid landscape could be the catalyst to reshape global health, ensuring that it is much more reflective of people's actual needs and that includes the delivery of well-evidenced, cost-effective action on NCDs. This would not only benefit individuals and their families but would also bolster economies, improve global health security, and accelerate progress towards the achievement of the Sustainable Development Goals.

About NCDs

What are NCDs? The burden of disease is shifting globally from infectious to non-communicable diseases – also known as chronic diseases – including cardiovascular disease (heart disease and stroke), diabetes, chronic lung disease and cancer, as well as oral and eye health, mental-health conditions (including dementia), obesity, and diseases that primarily affect low-income countries such as sickle-cell disease and rheumatic heart disease. As populations age, particularly in LMICs, the number of people living with multiple NCDs is projected to rise significantly.

The majority of NCDs can be prevented or delayed. The environment in which we live, learn, work and play all too often contributes to the onset and severity of NCDs. Key risk factors – common to many NCDs – are physical inactivity, air pollution, and the ready availability of tobacco, alcohol, and foods and drinks that are high in fat, salt, and sugar but low in nutrients. Social, environmental and commercial determinants act as a barrier to good health, particularly for the most vulnerable. Much more can be done in every country of the world to create healthy environments, as well as improving treatment to prevent serious complications.

Key statistics

NCDs are responsible for 75% of non-COVID-related deaths. Cardiovascular disease alone kills more people than HIV, malaria and tuberculosis combined.

Over three-quarters of deaths from NCDs occur in low- and middle-income countries.

Of the 15 million people a year who die of an NCD before reaching their 70th birthday, four out of five live in LMICs.

Why NCDs matter for development?

Success in delivering the Sustainable Development Goals (SDGs) is dependent on success in preventing and managing NCDs. The Goals include a specific target on NCDs: *By 2030, reduce by one third premature mortality from NCDs through prevention and treatment and promote mental health and well-being.* However, currently only a handful of countries are currently on track to achieve this target.

Reducing NCD-related illness, disability and death requires a life-course approach starting in childhood and including people of all ages, including prevention, detection, screening, treatment and rehabilitation, and providing access to palliative care for all those in need.

As an example, keeping the workforce healthy – through preventing or delaying disease and by effective management of existing NCDs – reduces absenteeism, increases productivity, grows GDP and increases tax revenue.

The challenges of NCDs are interlinked with many other threats to global health that are priorities for the UK government, among them health equity, women and girls' health, humanitarian emergencies and climate change. Addressing these mutually reinforcing threats requires coordinated, synergistic action across sectors: effective action on NCDs is action on all of these.



Photo: © International Rescue Committee (Sudan)

The **UK Working Group on NCDs** is a network of over 20 UK-based civil society organisations who are working together to draw attention to the urgent need to address the burden of NCDs as an international development priority.

Read more at <https://globalncdsuk.org> or contact Katy Cooper (chair) at email@katycooper.co.uk

Why now?

Overseas development assistance structures are undergoing unprecedented change. **This moment of fracture is also an opportunity to work with countries to reshape health systems in a more efficient, effective and holistic way.** It is time to focus on the health of the whole person, moving away from outdated 'vertical' funding models that prioritise individual diseases and from which NCDs have been noticeably absent: only a tiny proportion of development assistance for health – less than 5% – is allocated to addressing NCDs.

People's needs are best addressed through strengthening primary care, which can provide ongoing prevention, screening, treatment and rehabilitation for both infectious and non-communicable diseases, and foster good mental health, delivered in local communities by appropriately trained and supported health workers. Civil society organisations and people with lived experience are vital partners in health research, policy and programmes, ensuring that the reshaping of health systems and delivery of health care considers the needs and context of those living with NCDs.

People living with NCDs in humanitarian settings are at particular risk, and the impact of cuts in emergency assistance is already becoming apparent. NCDs are often still not explicitly included in emergency prevention, preparedness and response frameworks, despite the COVID crisis demonstrating the repercussions for health systems of failure to plan for emergencies. Now is an opportunity to establish more sustainable, effective financing mechanisms and expand workforce capacity to include all priority diseases, including NCDs, before, during and after emergencies.

What can be done?

National governments have the primary responsibility for population health, including NCDs, but there are important steps that the UK can take, ahead of the SDG horizon in 2030. Parliamentarians can hold the government to account in **supporting implementation of the Political Declaration on NCDs and Mental Health** – recently agreed by UN Member States with strong UK support – as part of our country's overseas development assistance. This Declaration is a vital staging post towards the achievement of the SDGs.

Ensure NCDs are embedded within the new global health architecture: Coherence must be brought to this process, ensuring transparency, coordination and the active engagement of civil society and people with lived experience. This restructuring must not ignore NCDs, which have traditionally not been included in major funding institutions. The support of actively engaged governments such as the UK is essential in delivering a new architecture that leaves no one behind – including the millions of people living with NCDs.

Explicitly include NCDs in systems strengthening: If the UK government is to focus its resources on the most effective actions to address the greatest burden of disease, NCDs should be included in health-system strengthening programmes, particularly in primary care. The UK also has a track record in fostering healthy societies, for example, through its ongoing contributions to the WHO's FCTC 2030 initiative that works with governments to address the causes of tobacco use.

Support action on the NCD Best Buys: The World Health Organization (WHO) has identified a set of 'Best Buys' on NCDs, which – at a cost of just an average of US\$3 per person per year – could generate \$1 trillion in economic benefits and save 12 million lives by 2030. The Best Buys are a package of cost-effective actions that governments can take, addressing screening and management of disease as well as prevention, which will pay enormous dividends over time, as populations age. For example, support could build on the UK's own experience in developing fiscal policies to tax tobacco, alcohol and unhealthy food, which not only reduces consumption of these products but provides invaluable income for exchequers that can be invested in health systems.

Work to address industry interference: Interference in public health by health-harming industries (tobacco, alcohol, unhealthy food and fossil fuels) is endemic and wholly inappropriate, recently leading to weakened text in the Political Declaration on taxes on unhealthy products, despite these taxes having proven benefits for health. The UK should take a strong stance on all conflicts of interest, ensuring full transparency around engagement with health-harming industries and rejecting all engagement with these industries in issues of public-health policy.

Thank you for your support. NCD prevention and treatment is a cost-effective win-win for individual health and national economies, with the potential to benefit millions of people across all ages around the world.



Photo: © Age International (Kenya)