

Non-communicable diseases:

smart policy is needed to address this public health crisis

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More than six months have passed since the historic summit on non-communicable diseases (NCDs) during the United Nations General Assembly in New York in September 2011 and since the world unanimously adopted the Political Declaration on the Prevention and Control of Non-communicable Diseases, declaring them to be among the greatest health and development challenges of the century. The community of NCD advocates emerged partly encouraged ('We definitely put NCDs on the world's radar screen') and partly deflated ('What? No targets? No monitoring framework?'). To paraphrase World Health Organization (WHO) Director-General, Margaret Chan, if something does not get measured, it will not get done. That the world is ready to acknowledge the problem of NCDs but does not yet want to commit to much action is a disappointing conclusion for many in the NCD community.

As world leaders gather again at big global meetings this year – at the G8, G20, Rio+20 and the World Health Assembly – there will be further opportunities to ask the leaders what they will do about NCDs. The annual gathering of Health Ministers from 54 Commonwealth countries is an opportunity for the ministers to commit to concrete action against NCDs. Six months after the High Level Meeting on NCDs, words are not enough. Action is what we demand.

Why are NCDs such a tough challenge?

Many prominent people have opined that with a name like 'non-communicable' we start with poor branding, that people may not take these diseases seriously and that, in a contest, the diseases people catch from one another will win. But, in reality, perceived differences between the two are artificial. Many communicable diseases are in fact chronic in nature; for example, HIV and AIDS are now chronic conditions, with patients on life-long therapy and facing the same challenges of treatment and care as those with traditional NCDs such as diabetes and heart disease. On the other hand, many NCDs are caused by infectious communicable agents – such as cervical cancer, which is caused by human papillomavirus. So we should not focus on the differences between infectious diseases and NCDs. Instead, we should concentrate on the chronic nature of all these diseases, long-term health-care needs and prevention.

The WHO concentrates on the 'Big Four' – cardiovascular disease, cancer, diabetes and chronic lung diseases. Some advocates feel mental health should be included immediately while others are in favour of a more incremental approach, introducing mental health when there is some progress in global mobilisation on the prevention and care of these four diseases, already a huge and daunting task in itself.

While there are many challenges in getting the world to deal with NCDs, fortunately the risk factors are known and most cases of NCDs are preventable. For instance, 80 per cent of heart disease, 80 per cent of type II diabetes and 40 per cent of cancers can be prevented by avoiding tobacco, eating healthy foods and increasing physical activity (WHO, 2011). But making healthy living 'stick' is a challenge that requires a whole-of-society approach. Behaviour change is a daunting task and notoriously hard to implement.

There are two main reasons why NCDs are not being fully addressed. First, there are not enough resources. This is particularly acute during the ongoing extended global financial crisis, and we all have to face the reality that financial constraints are here to stay. Second, there is not enough political will. The reasons are different in rich countries and poor, but the truth is there is not enough political appetite to confront NCDs head-on.

How do we get traction in the fight against NCDs?

Taking a page from the HIV/AIDS campaign, our first goal should be to 'mobilise the world'. We must look beyond the policy elites, stop preaching only to the converted and convince the entire global health community that NCDs are worthy of attention. We need to persuade governments and donors to invest and motivate businesses, civil society and the average person to action, because a comprehensive approach is needed.

Next, we need to develop a small number of achievable actions. In advance of the Political Declaration, the campaign called for 34 such actions (The NCD Alliance, 2011)

There is, however, general agreement that the main ones are avoiding tobacco use, reducing salt, improving physical activity and diets, reducing hazardous alcohol intake and increasing access to essential medicines and technologies (Beaglehole et al., 2011). If all countries strive to achieve these goals we will make great progress in the fight against NCDs.

One of the best ways to ensure success in the NCD campaign is for NCDs to be included in the post-2015 version of the Millennium Development Goals (MDGs). Since NCDs are intricately linked with development and the health and prosperity of nations, addressing them must be part of any global manifesto to lift people out of poverty. With inclusion in the MDGs, political will, attention and funding will follow.

Dull and complex messages

So far NCD campaign messaging has been dull and we have failed to frame the issue in a way that appeals to global policy makers, government and business leaders and families in language and terms

that resonate. The challenge is to make all NCDs into an emotional issue, as in the case of the cancer. Currently our messaging presents NCDs in impersonal policy terms. We have to talk about the personal courage and struggles patients endure to survive, and the stories of determination of the doctors who treat them, about the serious consequences of the diseases and the pain and suffering they cause. We need to talk about the impact of NCDs on families in villages and towns around the world, how NCD treatment and expenses push people into poverty and alter the course of people's lives and livelihoods. We must promote NCD prevention through physical activity, healthy eating and stopping tobacco use, and showing how each one of us has individual responsibility for our own health.

We can debate all we want about whether an NCD campaign should be positive or negative. But we must be bold and our messaging must be clear and simple. Our problem is we are dull and complex.

Take, for instance, the cost estimates. We know from the work of the World Economic Forum and Harvard researchers that the costs of inaction are staggering, that the cumulative global cost of NCDs, including lost economic output, could add up to 47 trillion dollars by 2030 (Bloom et al., 2011). But this figure includes mental health, and as a concept as well as a number it is genuinely hard to comprehend. In contrast, action against NCDs is affordable in all countries. The WHO's 'Best Buys' cost a little over a dollar per person per year to implement in most low- and middle-income countries, which works out to about 11 billion dollars per year (WHO, 2011). We must make the huge contrast in costs for action and inaction easier to understand so that health and finance ministries in all countries are compelled to action.

We also have to do much more to get the media interested. We need professional communications experts to help with message development and framing of the issues. Plus, we need to get celebrity endorsement for NCDs. Endorsement from a major cricket star, for example, on diabetes awareness and prevention would help the message to spread like wildfire in a country such as India.

Make NCDs resonate with people everywhere

We must establish overt and clear links between NCDs and the things people are already talking about. For example, we must frame NCDs as a development issue, linked deeply and inextricably with poverty. We have to establish NCDs as an integral part of maternal health and highlight the link between low birth weight and heart disease/diabetes later in life. We must build a case for NCDs as a social justice issue. We must highlight the impact of NCDs on women as caregivers and patients; show how everyday cooking over open fires can lead to NCDs like chronic obstructive pulmonary disease (COPD); make clear the vulnerability of children and adolescents to aggressive marketing of sugary drinks and junk food that make them obese and prone to NCDs; point out that the poor are more susceptible to NCDs and risk factors including smoking and alcohol and have less access to healthy foods and physical activity; and argue that survivorship should not be a matter of income or geography, as it currently is. And, we must link NCDs to the global dialogue on sustainability, arguing that the world we leave behind for the next generation cannot be a better place if we ignore health.

A whole-of-society approach

All sectors of the society have a role to play in the fight against NCDs. Industry cannot be a silent bystander or take a 'let's wait and see how this unfolds' attitude. As the makers of medicines that treat patients and the food that people eat, as producers of sports gear and innovators in technology, industry is an integral part of the health and NCDs dialogue. They have to demonstrate they are responsible marketers, especially with respect to children and adolescents, and that they are champions of workplace wellness initiatives. Furthermore, they can get actively engaged in improving this campaign, perhaps by launching a global campaign on healthy living, or sponsoring expert communications counsel to cash-strapped non-governmental organisations (NGOs).

Young people can do a lot to boost the case for NCDs. Half the world (more than 3 billion people today) are under 25 and use social media every day. Can we get them to use these skills, and their personal and professional networks, to generate global buzz on NCDs?

As leaders of their own health, and that of their families, and communities, women are in a position to demand action from governments and industry to help women and children become less vulnerable to NCDs. As heads of households, women control the food their children eat and can help steer their families towards healthy lifestyles. Arogya World is currently planning a 10,000 women global survey on women's perspectives on NCDs, using web and mobile technologies. The organisation will partner with other groups to use the survey report as a powerful advocacy tool on NCD priorities.

The promise of mobile technology

Health care, and delivering quality care at a low cost, remains a challenge in all countries, developed and developing. In developing countries, the primary concern is access. M-Health – the use of mobile communication and devices for providing health-care services or achieving health outcomes – holds real promise in this regard, especially for the developing world: 5.9 billion people in the world today (87 per cent of the global population) have access to mobile phones. Most developed markets already have greater than 100 per cent mobile phone penetration. In developing countries, the widespread use of mobile phones is astounding, and by 2014 mobile phone use is expected to increase to 82 per cent of the population in Africa, 98 per cent in Asia-Pacific and 119 per cent in Latin America (GSMA, 2012). In addition, smart phones and 3G and 4G networks will increase the use of the mobile platform for health care.

The reach of mobile phones has put access to information and health care in the hands of villagers, housewives, college students, urban families and slum dwellers everywhere. This presents an incredible opportunity for developing countries.

Take text messages, for example. Proof that text messages are effective comes from varied health fields including HIV, smoking, malaria and pregnancy. A study found that patients in Kenya who received weekly text messages had significantly improved antiretroviral therapy (ART) adherence and rates of viral suppression compared with the control individuals (Lester et al.,



A community health worker in Bangladesh enrolls an expecting couple in an m-Health programme that will provide them with informational messages during pregnancy and for the first year of life

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2010). In another study, those who wished to quit smoking were twice as likely to succeed when motivated by text messages (Free et al., 2011).

Arogya World, in collaboration with multiple partners including Nokia and Emory University in the United States, is conducting a large chronic disease prevention programme in India that involves sending text messages about diabetes and its prevention to 1 million consumers in India in 12 languages using Nokia Life (Arogya World, 2011). Tens of thousands of consumers have so far received the text messages, consumer feedback is being gathered and the programme is being evaluated for its effectiveness. This programme is the largest such chronic disease m-Health programme ever to be undertaken in a developing country. It is due to be completed and results expected in 2013.

Such m-Health programmes are highly scalable because of the widespread use of mobile phones. If found to be effective, especially in rural areas, they may prove to be a very cost-effective way to prevent chronic diseases throughout the developing world. M-Health is a very viable avenue that Commonwealth countries can explore, though it is by no means the only option to tackle NCDs.

Commonwealth Health Ministers have a mandate

Government holds the trump card. It can change policy, strengthen health systems, allocate proper resources for NCD treatment and prevention, even regulate what our children watch on TV and the ads for junk food they are exposed to. In short, government can ensure healthy futures for all.

Individual lifestyle choices and behaviour change are important but take time, while policy changes will have the most impact on NCDs in the shortest time. Together, they are the formula for success.

So Commonwealth Health Ministers, you have the mandate; seize it today. Show the world how to fight against the growing NCDs crisis. Caribbean member countries have already demonstrated considerable leadership in initiating the negotiations that made the 2011 UN High Level Meeting on NCDs happen. The UK's approach to salt reduction (where a group of academic experts partnered with government to help food manufacturers voluntarily reduce salt in packaged foods) is a shining example of how leadership gets results, and the Commonwealth's video on NCDs is one of the best

on the issue, capturing the helplessness of a teenager in London and his struggle to fight the marketing onslaught of modern convenience and junk foods.

Conclusion

The unique advantage of a Commonwealth meeting is that it brings together political leaders from rich and poor nations on a scale where negotiation across divides is possible. Health Ministers, show us that you can lead the charge against NCDs. Show us your political will, determination and leadership. By calling for the total elimination of trans fats, the Political Declaration sets the stage for strong action from world leaders. You have the opportunity to lead the world on trans fat elimination, as well as on tobacco policy and salt reduction, and indeed on all aspects of NCD prevention.

NCDs are a challenge. But the opportunity to implement smart policies is entirely in your hands. Some action items that you can implement:

Champion NCD prevention

Use a 'whole of society' approach and collaborate broadly across different departments of government as well as with industry and civil society to implement policies and programmes for NCD prevention focusing especially on tobacco control, salt reduction and encouraging healthy eating.

Invest in education

Educate women that low birth weight has been linked to increased risk for heart disease and diabetes later in the child's life, and persuade women to have healthy pregnancies and normal birth weight babies. This one effort may help prevent NCDs in future generations and could become the most cost-effective public health intervention for NCDs. Lead the world with nationwide educational campaigns in all Commonwealth countries on healthy pregnancies, for both short-term and long-term impacts on the health of women and children.

Improve NCD treatment and care

Strengthen health systems and integrate NCD screening and care into existing HIV programmes. Follow the lead of the Pink Ribbon/Red Ribbon initiative,¹ which is integrating breast cancer surveillance and control into HIV programmes in Africa and Latin America.

Ensure you get results

To make it all work, it is smart to implement policy that looks at NCDs from a gender perspective and it is important to act with a heightened sense of urgency. You have an incredible opportunity to lead the world by recognising that women are a powerful solution to the NCD crisis and by seizing advances in technology that provide cost-effective, scalable health-care solutions. Show us how the world can continue to learn from the collective strength of the Commonwealth, your sense of urgency and your unity of purpose.

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Endnote

¹ Pink Ribbon/Red Ribbon initiative, www.state.gov/r/pa/prs/ps/2011/09/172244.htm

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