

Pragmatic policies for addressing the challenge of NCDs

Jeffrey L. Sturchio and Louis Galambos

Non-communicable diseases (NCDs) pose a major challenge to all health systems. For many years, there was a prevailing misconception that NCDs, including cancer, diabetes, chronic respiratory disease and heart disease, primarily affect people in affluent nations. In fact, roughly two out of every three deaths globally are attributed to NCDs and 80 per cent of these fatalities occur in low- and middle-income countries (LMICs; WHO, 2010). The crisis of NCDs is particularly onerous for countries that continue to face the burdens of infectious diseases, maternal mortality and child mortality. As we look toward the post-2015 sustainable development agenda, the imperatives of chronic disease call for immediate action from governments, NGOs, the private sector and multilateral agencies to implement pragmatic initiatives that focus on prevention, health system strengthening and intersectoral collaboration.

Building momentum through consensus

A global movement for action on NCDs has gathered momentum in recent years. The United Nations (UN) General Assembly held a High-Level Meeting on the Prevention and Control of Non-communicable Diseases in September 2011, only the second time that this body devoted a special session to a health issue. The High-Level Meeting (HLM) was an important forum for those who wanted to realign global health priorities with a disease burden that was shifting more heavily towards NCDs. The Caribbean Community (CARICOM) nations, which found themselves challenged by a growing prevalence of NCDs in the context of increasing pressure on resources, placed the issue on the UN agenda by instigating a resolution on the prevention and control of NCDs in 2010; they were also instrumental in building momentum from member states. Donor and developing countries alike agreed that there was a need for greater focus on chronic diseases, but there were major concerns about the resources required to address them. Beyond governments, NGOs (represented by the NCD Alliance), faith-based organisations, the private sector, academia and the media were – and continue to be – integral contributors to informing the dialogue around NCDs.

The HLM was a catalyst for the adoption of the Political Declaration on the Prevention and Control of Non-Communicable Diseases – a blueprint for global surveillance and monitoring of and health system response to the prevention and control of chronic diseases. While there was room for improvements, the political declaration provides a sound basis for the work that must now be done to make progress in the fight against NCDs, particularly as we begin to shape the post-2015 sustainable development agenda. The HLM

also demonstrated the collective impact of governments, civil society and the private sector in facilitating change and accelerating movement within the UN framework.

In May 2012, the World Health Organization's (WHO) 65th World Health Assembly (WHA) set the first voluntary global targets for a 25 per cent reduction in premature mortality from NCDs by 2025 (25x25). These targets were confirmed in January 2013 by the WHO Executive Board and were adopted at the 66th WHA in May 2013. Now it is time for member states to follow through on their commitments to address NCDs within the context of universal health coverage (UHC) and the post-2015 sustainable development agenda.

Investing in the future with 'best buy' interventions

At the country level, efforts to address NCDs become investments in the future health and economy of a nation, and result in long-term cost savings. Not only do NCDs contribute to rising health care costs, but they also impede the productivity of the workforce. Aside from the obvious health impact of NCDs, these diseases have significant economic ramifications, particularly as countries seek to adopt and implement UHC. Margaret Chan, Director-General of WHO, has called NCDs the 'diseases that break the bank' (Chan, 2011). The World Economic Forum estimated in September 2011 that, if we continue with the status quo, NCDs will cost LMICs around \$500 billion each year between now and 2030, totaling more than \$7 trillion (Bloom et al., 2011).

Primary prevention is a key component of combating NCDs and involves minimising exposure to risk factors and establishing healthy behaviors. 'Best buy' interventions consist of a range of cost-effective, evidence-based individual and sociopolitical interventions that support prevention efforts. These include: imposing taxes on tobacco and alcohol; facilitating smoke-free workplaces and public spaces; increasing health promotion campaigns; reducing the consumption of salt, sugar and trans fats; encouraging increased physical activity; and enhancing screening and treatment for cardiovascular diseases, cervical cancer and hepatitis B. Together, WHO estimates that these interventions could save millions of lives a year at a cost of \$11.4 billion, which is less than three per cent of the total annual economic costs of NCDs (WHO, 2011). These interventions have been employed successfully in myriad settings, and the resulting data has become critical for persuading key stakeholders to adopt these 'best buys' and to invest in prevention efforts in their countries and communities.

The most pressing and evident ‘best buy’ intervention is tobacco control, which should be made a priority in every low- and middle-income country. The link between tobacco use and non-communicable diseases is undeniable. Proven strategies such as taxation, warning labels, bans in public spaces and cessation therapies have been repeatedly successful at curbing smoking, yet the use of tobacco in developing countries continues to increase at a calamitous rate. Deaths associated with tobacco use are avoidable. Behavior change to improve health outcomes is difficult to achieve, but pragmatic policies that target such ubiquitous risk factors as tobacco use can be implemented readily in resource-poor settings (Jamison, 2013).

Health systems strengthening and reconfiguring primary care

In addition to strengthening prevention efforts, governments should also address the treatment of existing diseases – critical for patients living with NCDs today. Effective prevention, treatment and care will only become possible for most people if routine screening and treatment for chronic diseases are integrated into existing primary health services.

Primary care can be reconfigured to tackle the challenge of NCDs in resource-constrained settings (Kruk et al., 2013). NCDs are characterised by the following challenges: they are risk factors for one another, there is no cure for most NCDs and comorbidity is common. Primary care is well positioned to address these challenges by implementing a team-based approach to care, leveraging community health workers, expanding diagnosis at the point of care and adopting health information technology to advance the continuity of care. The strengthening of primary care services is particularly important in countries that seek to adopt universal health coverage.

The success of primary care is dependent on regulatory frameworks that ensure access to essential medicines and diagnostic technologies to facilitate early diagnosis and effective disease management (White-Guay, 2013). Many individuals with NCDs in developing countries do not know that they have a chronic illness, and many of those that are diagnosed lack access to the treatment they need. Improving the speed and quality of regulatory review will help bring new tools to those in need sooner, as will tightening the efficiency of supply chains for health products to reduce stock outs and counterfeit medicines (Smith and Yadav, 2013).

Multisectoral and intersectoral co-operation

A whole-of-government response to NCDs will require multisectoral co-operation and the engagement of non-health ministries within a country.¹ Not all drivers of the NCD burden are directly health-related, so it is important to leverage support from other sectors within government to address the ‘causes of the causes’ of NCDs and achieve prevention through a variety of approaches. Therefore, it is also important to consider the motivations for other sectors to collaborate with the health sector and to anticipate resource constraints that will need to be addressed.

Co-ordination between the health sector and the agricultural, transportation, urban planning and environmental sectors can

influence the social determinants of health that contribute to the NCD burden and address inequities in exposure to risk factors. In addition, intersectoral co-operation involving communities, civil society organisations and the private sector in the fight against NCDs has been shown time and again to improve health outcomes. The success of intersectoral collaboration has been attributed to the following: forging initial agreements, building leadership, building legitimacy, building trust and managing conflict.

Sectoral co-operation, whether intersectoral or multisectoral, should produce public value. In general, it should yield economies of scale and gains in productivity, especially through reducing duplication of efforts. The best results are obtained when another sector addresses the non-health area that affects health as part of its regular activities, without having to divert resources from the basic work and concern of the sector.

Conclusion

There is good cause to be optimistic, given the tremendous progress that has already been made throughout the world in dealing with infectious diseases. That effort has generated thousands of new institutions, programmes and perspectives that inform and shape the response to the growing burden of NCDs. An important fact to consider as the global community discusses the post-2015 agenda is that effective health policy does not necessarily require more or better resources; it can be achieved by better and more effective implementation of what is already known.

Governance issues will clearly be of central importance in the reorientation of health systems to tackle NCDs. In the long term, certain specific improvements in governance at both the country and global levels will be essential. The challenges of pharmaceutical regulation and distribution demonstrate that, now more than ever before, governance needs to be at the centre of the efforts to ensure that all agents in the health sector at all levels are more accountable, more responsive and better able to provide safe and affordable care in developing nations. Central to the governance programme will be an emphasis on improved monitoring. At the national and subnational levels, the monitoring of institutions such as pharmaceutical regulators, private organisations and local health authorities promises to improve prescribing practice and thus reduce costs, increase efficiency and deliver better health outcomes.

The threat of NCDs offers an opportunity to revolutionise health systems in developing nations, to move them beyond their current infectious disease focus, and to enable them to deliver a much broader range of effective and efficient health service interventions. New stakeholders from a wider community need to be found and engaged, and this will require new modes of building and maintaining partnerships.

None of this is simple, but if leaders in the health sector can adapt to these new partnerships, innovations and community engagements, then the challenge of NCDs can also be transformed into an opportunity to improve the equity, efficiency and responsiveness of health systems for the betterment of all of society.

This article is adapted from the recent publication Addressing the Gaps in Global Policy and Research for Non-Communicable Diseases (Johns Hopkins University Press, 2013).

Endnote

1 The following section draws on Alleyne, G. and Sania Nishtar. 'Sectoral cooperation for the prevention and control of NCDs'. In: Galambos, L. and Sturchio, J. L., eds. 2013. *Non-communicable Diseases in the Developing World: Addressing Gaps in Global Policy and Research*. Baltimore, MD: Johns Hopkins University Press.

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JEFFREY L. STURCHIO, PhD, is senior partner at Rabin Martin, a global health strategy firm. Previously, he was president and CEO of the Global Health Council and vice-president of corporate responsibility at Merck and Co Inc, president of the Merck Company Foundation and chairman of the US Corporate Council on Africa. While at Merck, he led efforts around a global access strategy and was responsible for a number of major public–private partnerships. Sturchio is a visiting scholar at the Johns Hopkins Institute for Applied Economics, Global Health and the Study of Business Enterprise; a senior associate of the Global Health Policy Center at the Center for Strategic and International Studies; a principal of the Modernizing Foreign Assistance Network; a fellow of the American Association for the Advancement of Science; a member of the Council on Foreign Relations; and an advisor to the Clinton Global Initiative.

LOUIS GALAMBOS, PhD MA, is a professor of history, Johns Hopkins University; editor, *The Papers of Dwight David Eisenhower*, and co-director of the Institute for Applied Economics, Global Health and the Study of Business Enterprise. A former editor of *The Journal of Economic History*, he has written extensively on modern institutional development in America, the rise of the bureaucratic state and the evolution of the professions. Galambos has been particularly interested in the interactions between public, private and non-profit institutions, including research universities. His publications include, most recently, *Medicine, Science and Merck* and *The Moral Corporation* (both with Roy Vagelos). He is president of a consulting organisation and has been a historical consultant to the World Bank Group, AT&T, Merck and Co. Inc., Pacific Telesis Group and the Eisenhower Memorial Commission.