NON-COMMUNICABLE DISEASES
A PRIORITY FOR SUSTAINABLE HUMAN DEVELOPMENT

NCDs are one of the major health and development challenges of the 21st century, in terms of both the human suffering they cause and the adverse effect they have on universal sustainable development.

With the expiry of the Millennium Development Goals fast approaching, it is imperative that NCDs are included as a priority in the post-2015 agenda.

NCDs are the #1 cause of death and disability worldwide

Every year 38 million people die from NCDs. That’s more deaths than all other diseases combined.

40% of people who die from NCDs are in their most productive years.

Most NCD deaths are caused by cardiovascular diseases, cancer, diabetes, chronic respiratory disease, mental health and neurological disorders.

Almost 2/3 of NCD deaths are linked to tobacco use, harmful use of alcohol, unhealthy diets, and physical inactivity.

NCDs hit developing countries the hardest

75% of NCD deaths occur in developing countries.

In developing countries, NCDs are increasing faster, in younger people, and with worse outcomes than in wealthier countries.

In 2013 alone, NCDs killed 8 million people before their 60th birthday.

The cost of inaction on NCDs far outweighs the cost of action

$7 trillion cost per year of implementing a set of high-impact interventions.

$11 billion cost of inaction in developing countries over the next 20 years.

Yet NCDs still receive less than 2% of Development Assistance for Health.

It is time to act. We have cost-effective strategies that save lives

Reduce modifiable risk factors
Strengthen health systems
Expand coverage of essential medicines and technologies
Improve surveillance

Investing in NCDs makes sense for sustainable development

Saves lives
Promotes social cohesion
Improves economies
Supports a healthy planet
Health and NCDs in Post-2015: Recommended Goals and Targets

1. A standalone health goal
Ensuring healthy lives and wellbeing at all stages of life.

An outcome-focused health goal, inclusive of all ages will facilitate a holistic approach to health. It will also invite a broader definition of health than the MDGs, beyond mortality to morbidity and disability which is imperative for NCDs.

2. An ambitious NCD target
By 2030 reduce by at least one-third premature mortality from NCDs through prevention and treatment, and reduce mental and neurological disorders.

This target is based on the agreed WHA goal to reduce premature mortality from NCDs by 25% by 2025. Addressing mental health and neurological disorders is essential to reducing overall mortality and morbidity from NCDs.

3. A target on universal health coverage
Achieve UHC including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines, technologies and vaccines for all.

This target can help shift focus away from vertical health programs towards an integrated approach. Achieving UHC provides an opportunity to build on past and current investments in developing countries for other health issues.

4. Strong Means of Implementation (MoI) targets
Strong means of implementation for NCDs include accelerating the full implementation of the WHO Framework Convention on Tobacco Control, promote research and development for NCD medicines, vaccines and technologies, and increase financial and human resources for health.

5. Health and NCD-sensitive indicators
Many other areas of sustainable development contribute to NCDs and ill health, including sustainable cities, food and agriculture, climate change, and energy. Health-sensitive indicators are required across the post-2015 framework to better measure health impacts of sustainable development and promote joint solutions.

References:
The emerging global health crisis: NCDs in Low- and Middle-income Countries. New York: Council of Foreign Relations; 2014
From Burden to “Best Buys”: Reducing the Economic Impact on NCDs in Low- and Middle-income Countries. Geneva, WHO and WEF, 2011