Noncommunicable Diseases

07 December 2016

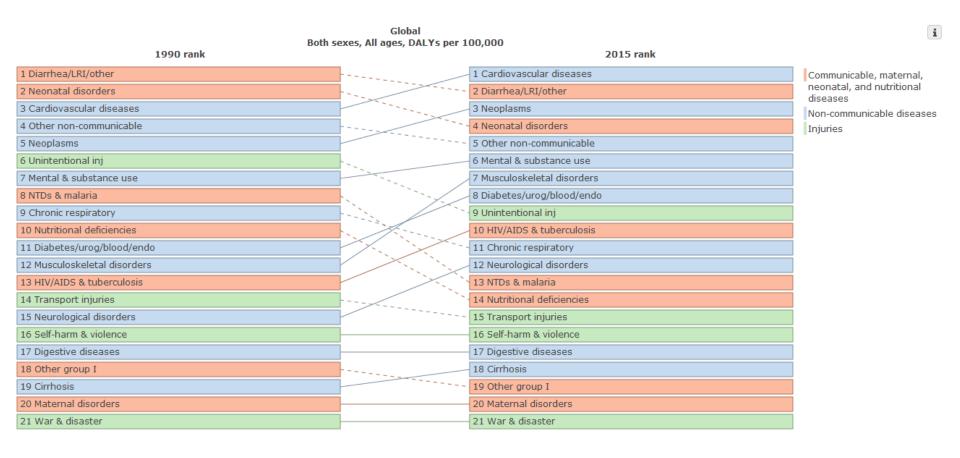


Noncommunicable Diseases

4 Diseases, 4 Modifiable Shared Risk Factors

| | Tobacco Use | Unhealthy diets | Physical Inactivity | Harmful Use of Alcohol |
|------------------------|----------------|--------------------|------------------------|------------------------------|
| Cardio- vascular | | | | |
| Diabetes | | | | |
| Cancer | | | | |
| Chronic Respiratory | | | | |

NCDs: a global burden



Source: IHME, 2016



NCDs and poverty

Less access to early detection & care

Less access to healthy diet & activity spaces

Lower health literacy

Greater exp to risks (air pollution)

NCDs

Poverty (micro & macro) Loss of work

Loss of educational ops

Chronic caregiver role required

Direct and indirect costs of treatments



NCDs: global progress to date

UN 2011 2000 2004 Secretary General Moscow WHO WHO 1st Declaratio report on Global Global 2008 n on NCDs progress Strategy Strategy WHO since UN on Diet, on Global HLM Action Preventio Physical UN Highn and Plan level Activity Control of and 2008-Meeting Status **NCDs** Health 2012 on NCDs Report

2014 2016 **MDGs** expire; SDGs begin

Decade of Action on Nutrition launched



UNITED NATIONS DECADE OF **ACTION ON NUTRITION** 2016-2025



2000

UN Millenniu m



2005

FCTC into force



Preventin g Chronic Diseases: A Vital

Investmen t report

2010

Recomme ndations on the marketing of foods and nonalcoholic beverages to

children

Status Report 2013

WHO GAP on Preventio n

and Control of **NCDs** 2013-2020

UN Task Force on NCDs est. 2015

NCDs progress monitor



2018

UN Highlevel Meeting on NCDs

PEN





A 25% reduction in premature mortality from noncommunicable diseases by 2025



The NCD Alliance

A Unique Civil Society Network

Making NCD prevention and control a priority, everywhere.

Founded in 2009 - by IDF, UICC and WHF

Now 7 global federations / organisations

A network of 2,000+ organisations in 170 countries

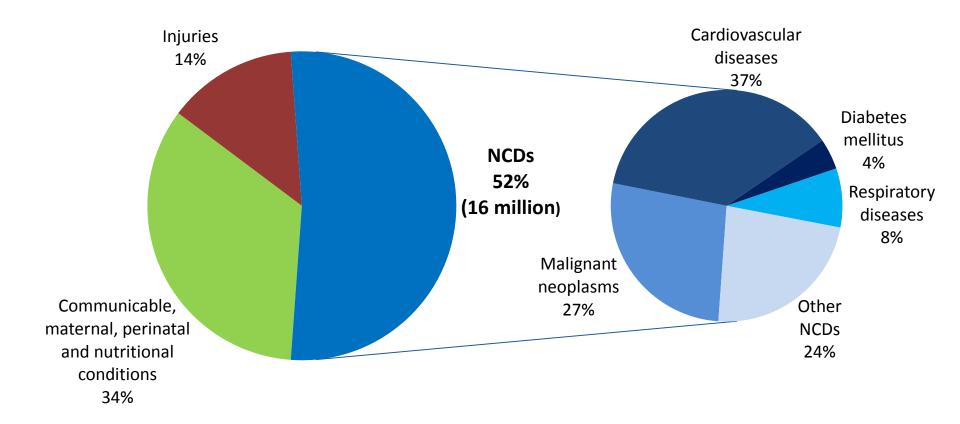
50+ national / regional NCD alliances



No.1 Cause of Premature Mortality Globally

Proportion of global NCD deaths under the age of 70

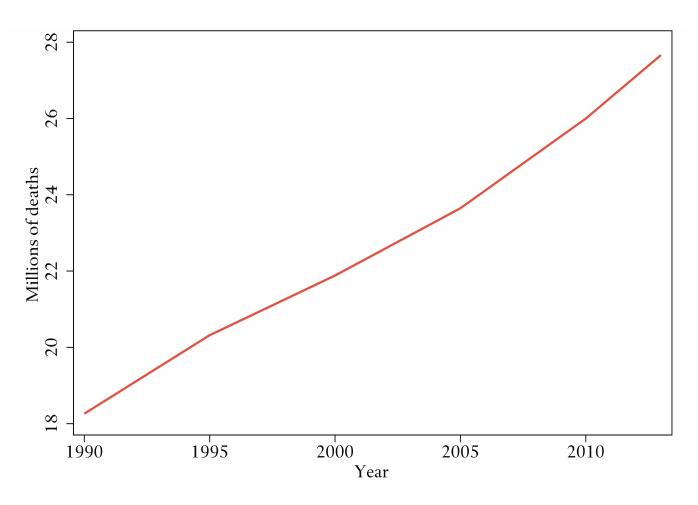
(by cause of death, comparable estimates 2012)





Increasing Fastest in Developing Countries

Deaths Cause by NCDs in Low- and Middle-Income Countries

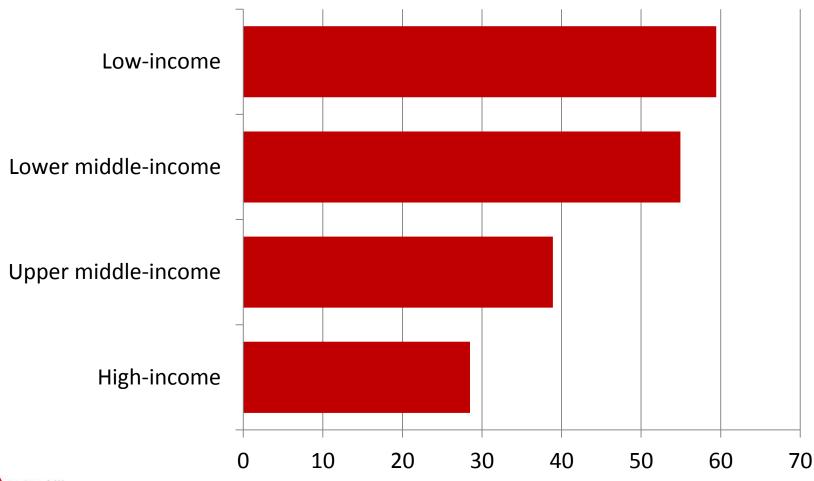




Source: Council on Foreign Relations Report The Emerging Global Health Crisis Noncommunicable Diseases in Low- and Middle-Income Countries, 2014

Faster, Younger and Worse Outcomes in LMICs

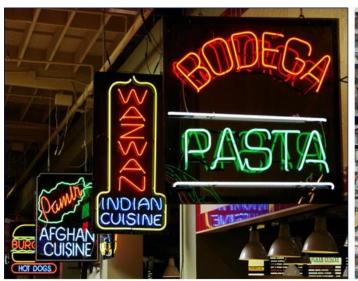
The percentage of people dying from NCDs before the age of 70 is the highest in the poorest countries





Source: WHO Global Health Estimates 2014 (2012 Data), Deaths by age group

A Crisis of our Own Creation



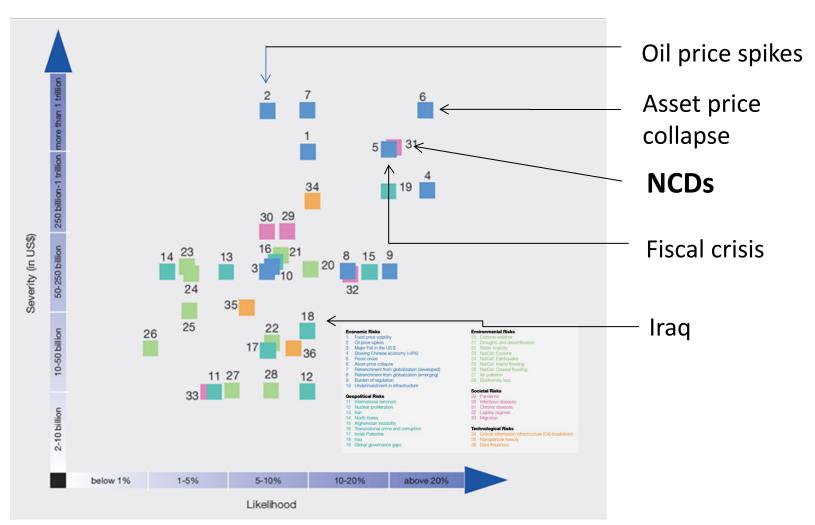








One of the Top 4 Risks for the Global Economy





Goal 3 on Health and Wellbeing



- 3.1 Reduce global maternal mortality ratio to less than 70 per 100,000 live births
- 3.2 End preventable deaths of newborns and children under 5 yrs
- 3.3 End epidemic of AIDS, TB, malaria, NTDs, hepatitis, water-borne diseases
- 3.4 Reduce by one third premature NCD mortality, promote mental health & well-being
- 3.5 Strengthen prevention and treatment of substance abuse
- 3.6 Halve the number of global deaths and injuries from road traffic accidents
- 3.7 Ensure universal access to sexual and reproductive health-care services
- 3.8 Achieve universal health coverage
- 3.9 Substantially reduce no. of deaths and illnesses from hazardous chemicals and air pollution
- 3.A Strengthen implementation of WHO FCTC
- 3.B Support R&D for vaccines and medicines for CDs and NCDs
- 3.C Substantially increase health financing and health workforce
- 3.D Strengthen capacity of all countries for global health risks



Prioritising health/NCDs in national responses

























17 SDGs + 169 targets + 230 indicators

= NCDs are one item on a large menu of priorities

Challenge:

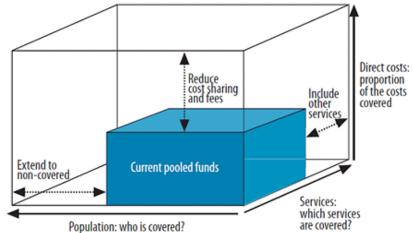
How to keep health/NCDs high on the list as countries begin implementation?



Moving from siloes to systems

"Universal health
coverage is the
single most powerful
concept that public
health has to offer"
Dr Margaret Chan, WHO







Source: WHO, 2010

The integration imperative

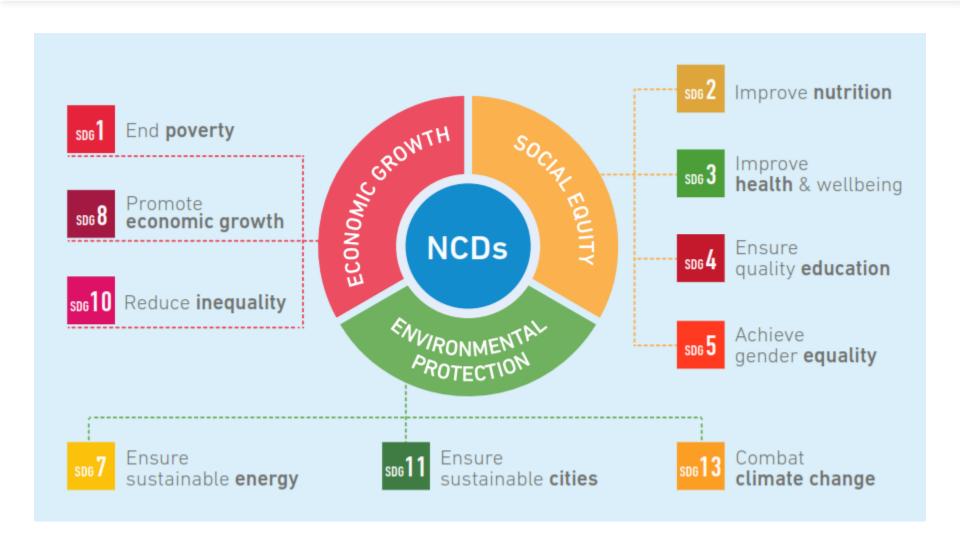


Breaking down the silos



Source: OECD, 2015

NCDs – a case study of integration





http://bit.ly/2hh4Dme

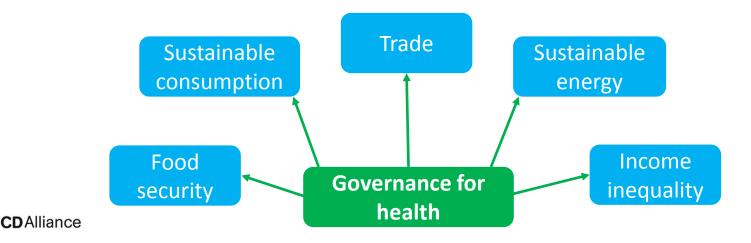
Governance for health centre stage

Governance for health is defined as the attempts of governments or other actors to steer communities, countries or groups of countries in the pursuit of health as integral to well-being through both whole-of-government and whole-of-society approaches.

It requires a synergistic set of policies, **many of which reside in sectors other than health as well as sectors outside government**, which must be supported by structures and

mechanisms that enable collaboration.

It gives strong legitimacy to health ministers and ministries and to public health agencies to perform new roles in shaping policies to promote health and well-being.



Key messages

- Sustainable Development Goals are fundamentally different from the MDGs – "integrated and indivisible";
- Health remains a priority with continuation of "unfinished business" of MDGs and new priorities (NCDs, UHC)...and central to other SDGs;
- Business as usual approach will not work if we are to achieve SDG 3
 (and others). Our approaches and strategies need to evolve to
 capitalise on new agenda governance for health, policy coherence,
 multisectoral partnerships key;
- Systematic implementation of SDGs at country level is only just starting. NOW is the time to ensure health/NCDs is prioritised in health and development planning.
- Civil society key in reframing the agenda & ensuring accountability.



UNITED NATIONS DECADE OF ACTION ON NUTRITION 2016-2025









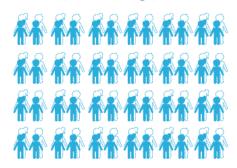
MALNUTRITION AFFECTS ALL REGIONS WORLDWIDE 1.9 BILLION ADULTS, 18 years and older, are overweight ACROSS THE GLOBE ACROSS THE GLOBE

42 MILLION children under the age of 5 years are overweight or obese

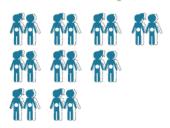
of these are OBESE



156 MILLION children are stunted (too short for age)



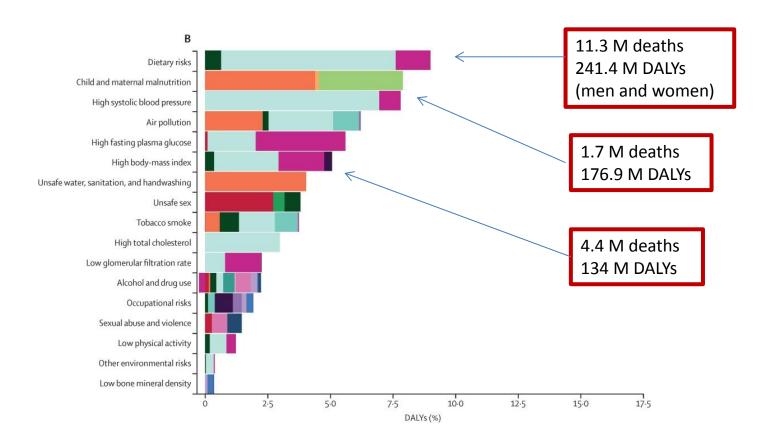
50 MILLION children are wasted (too thin for height)



Source: UNICEF – WHO – World Bank Group, 2015 Lancet, 2016



Malnutrition: a looming risk and opportunity



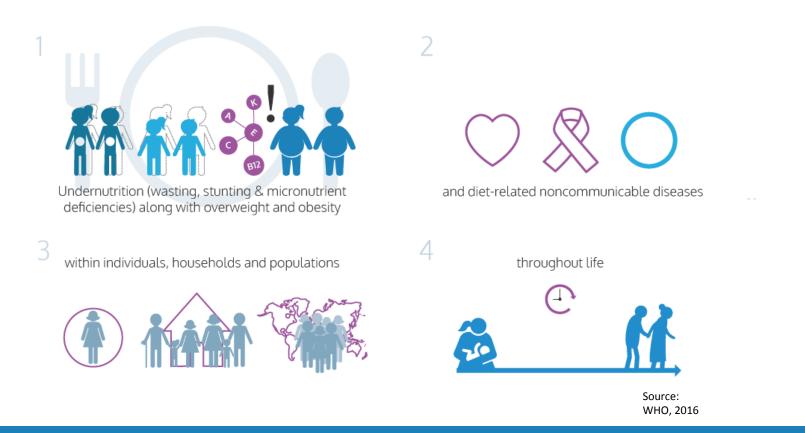
Global DALYs attributable to risk factors for women in 2015

Source: The Lancet, 2016



Double burden of malnutrition

The coexistence of undernutrition along with overweight and obesity, or nutrition-related noncommunicable diseases, within individuals, households and populations, and across the life-course





Who is affected by the double burden?

INDIVIDUALS

with the simultaneous presence of two or more types of malnutrition, or development of multiple types over a lifetime



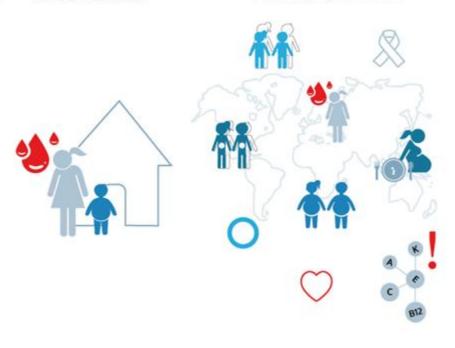


HOUSEHOLDS

with multiple family members affected by different forms of malnutrition

POPULATIONS

with both undernutrition and overweight prevalent in the same community, region or nation



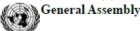
Source: WHO, 2016



The UN General Assembly proclaims 2016-2025 the Decade of Action on Nutrition

United Nations

A/70/L.42



Distr.: Limited 28 March 2016 Original: English

Seventieth session
Aganda item 15
Integrated and coordinated implementation of and follow-up
to the outcomes of the major United Nations conferences and
summits in the economic, social and related fields

Angola, Antigua and Barbuda, Argentina, Armenia, Brazil, Chile, Colombia, Ecuador, Germany, Guatemala, India, Italy, Japan, Mexico, Micronesia (Federated Sates of), Netherlands, Nicaragua, Palau, Panama, Philippines and the Russian Federation: draft resolution

United Nations Decade of Action on Nutrition (2016-2025)

The General Assembly,

Recalling its resolutions 66/2 of 19 September 2011, 66/221 of 22 December 2011, 68/231 of 20 December 2013, 68/233 of 20 December 2013, 68/300 of 10 July 2014, 68/300 of 10 September 2014, 69/240 of 19 December 2014 and 69/310 of 6 July 2015,

Welcoming the adoption of the Rome Declaration on Nutrition, 'as well as the Framework for Action,' which provides a set of voluntary policy options and strategies for use by Governments, as appropriate, adopted at the Second International Conference on Nutrition, which was jointly organized by the Food and Agriculture Organization of the United Nations and the World Health Organization in Rome, from 19 to 21 November 2014.

Mindful of the provisions of the annex to Economic and Social Council resultion 1989/84 of 24 May 1989 regarding international decades in economic and social fields.

Conscious of the need to eradicate hunger and prevent all forms of multiurition worldwide, particularly undernourishment, stanting, wasting, underweight and overweight in children under 5 years of age and ansemin in women and children, among other micromatrient deficiencies, as well as reverse the rising trends in overweight and obesity and reduce the burden of diet-related non-communicable diseases in all age groups,

16-05026 (E) 300316











World Health Organization, document EB 136/8, annex I.

² Ibid., annex II.



"It is unprecedented that nutrition is so high in the political agenda of Member States and the Decade of Action on Nutrition is a unique opportunity to drastically change our food environment, to eradicate hunger and prevent malnutrition worldwide."



Dr. Margaret Chan, WHO Director-General 19 July 2016









Decade concept

- Provides an umbrella for all relevant stakeholders to consolidate and align nutrition actions across different sectors
- Through the Decade, the UN General Assembly reaffirmed its commitment under the 2030 Agenda for Sustainable Development to end malnutrition in all its forms
- All forms of malnutrition, in all nations
- Translation and realization of ICN2 outcomes











A UN-led global initiative to
set, track and achieve
SMART commitments
to end all forms of malnutrition
with and for the Sustainable Development Agenda





In support of the global targets

Global Targets 2025 to improve maternal, infant and young child nutrition



40% reduction in the number of children under-5 who are stunted



50% reduction of anaemia in women of reproductive age



30% reduction in low birth weight



no increase in childhood overweight



increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%



reduce and maintain childhood wasting to less than 5%

Nutrition as an enabler for NCD targets and objectives



premature mortality from ncds REDUCE

Nutrition-related Global NCD targets



relative reduction in mean population intake of salt/sodium



relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances



Halt the rise in diabetes and obesity

Nutrition as an enabler for other Health targets



REDUCE AIDS epidemics



REDUCE









Links with SDGs Agenda

Nutrition as a direct goal

Nutrition as an enabler for health related goals

Nutrition as an enabler for other goals



End all forms of malnutrition (2.2)



Women (3.1) & Children (3.2)

Communicable diseases (3.3)

NCDs (3.4)

(3.d)

Emergencies



13 CLIMATE





15 LIFE ON LAND







⊜



6 CLEAN WATER AND SANITATION









Decade content: 6 pillars

- Sustainable, resilient food systems for healthy diets
- Aligned health systems for universal coverage of essential nutrition actions
- Social protection and nutrition education
- Trade and investment for improved nutrition
- Safe and supportive environments for nutrition at all ages
- Review, strengthen and promote nutrition governance and accountability











GETTING TO 2018: PROGRESS MONITOR ON NCDS

PREPARING FOR THE THIRD UN HIGH-LEVEL MEETING ON NCDS

The WHO Director-General will use the following 10 progress indicators to report, by the end of 2017, to the United Nations General Assembly on the progress achieved in the implementation of the four time-bound commitments included in the 2014 UN Outcome Document on NCDs:

Time-bound commitments



Consider setting national NCD targets for 2025



Consider developing national multisectoral policies and plans to achieve the national targets by 2025



Reduce risk factors for NCDs, building on guidance set out in the WHO Global NCD Action Plan



Strengthen health systems to address NCDs through people-centred primary health care and universal health coverage, building on guidance set out in WHO Global NCD Action Plan

Indicators

- Member State has set time-bound national targets and indicators based on WHO guidance
- Member State has a functioning system for generating reliable cause-specific mortality data on a routine basis
- Member State has a STEPS survey or a comprehensive health examination survey every 5 years
- Member State has an operational multisectoral national strategy/action plan that integrates the major NCDs and their shared risk factors
- Member State has implemented the following four demand-reduction measures of the WHO FCTC at the highest level of achievement:
 - Reduce affordability of tobacco products by increasing tobacco excise taxes
 - b. Create by law completely smoke-free environments in all indoor workplaces, public places and public transport
 - c. Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns
 - d. Ban all forms of tobacco advertising, promotion and sponsorship
- Member State has implemented, as appropriate according to national circumstances, the following three measures to reduce the harmful use of alcohol as per the WHO Global Strategy to Reduce the Harmful Use of Alcohol:
 - a. Regulations over commercial and public availability of alcohol
 - b. Comprehensive restrictions or bans on alcohol advertising and promotions
 - c. Pricing policies such as excise tax increases on alcoholic beverages
- Member State has implemented the following four measures to reduce unhealthy diets:
 - a. Adopted national policies to reduce population salt/sodium consumption
 - b. Adopted national policies that limit saturated fatty acids and virtually eliminate industrially produced trans fatty acids in the food supply
 - c. WHO set of recommendations on marketing of foods and non-alcoholic beverages to children
 - d. Legislation /regulations fully implementing the International Code of Marketing of Breastmilk Substitutes
- Member State has implemented at least one recent national public awareness programme on diet and/or physical activity
- Member State has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach, recognized/approved by government or competent authorities
- Member State has provision of drug therapy, including glycaemic control, and counselling for eligible persons at high risk to prevent heart attacks and strokes, with emphasis on the primary care level

