

# Noncommunicable Diseases

07 December 2016



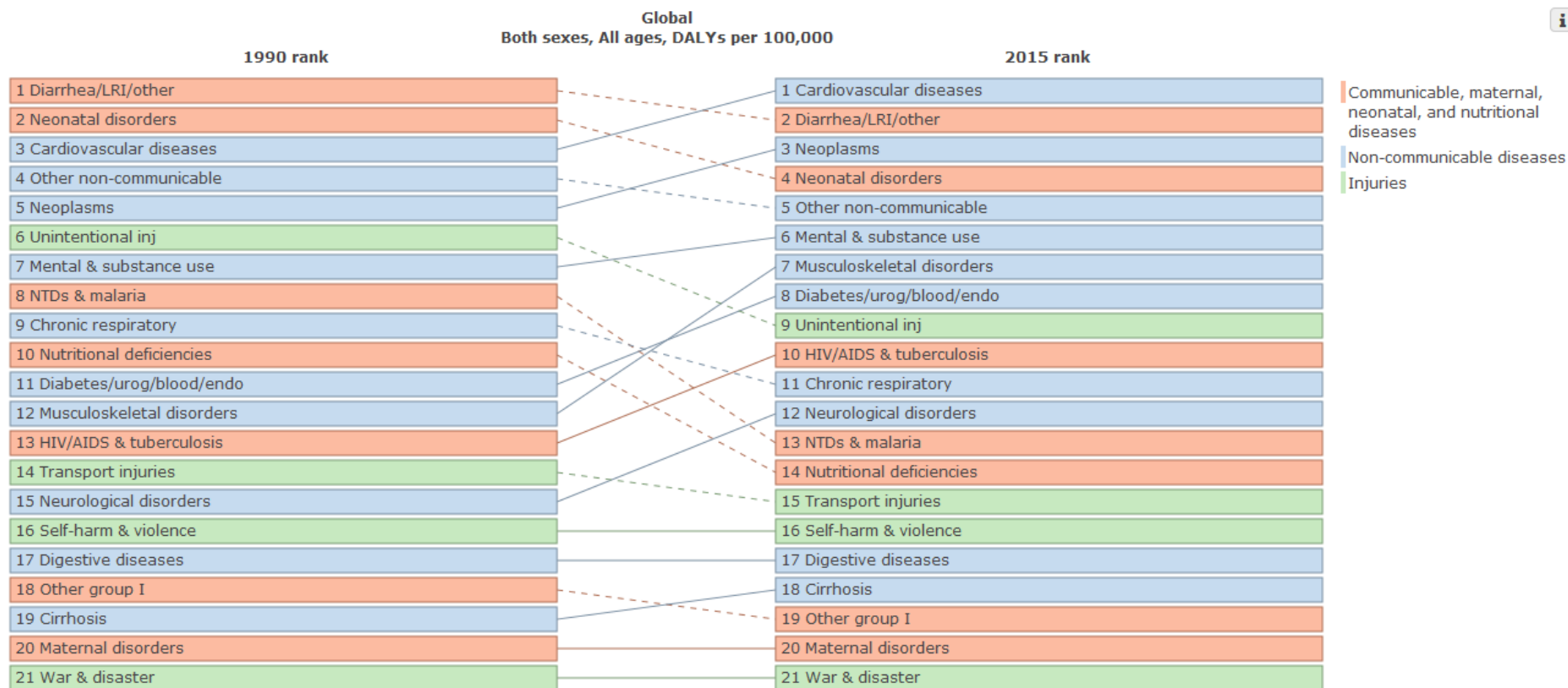
**World Health  
Organization**

## Noncommunicable Diseases

### 4 Diseases, 4 Modifiable Shared Risk Factors

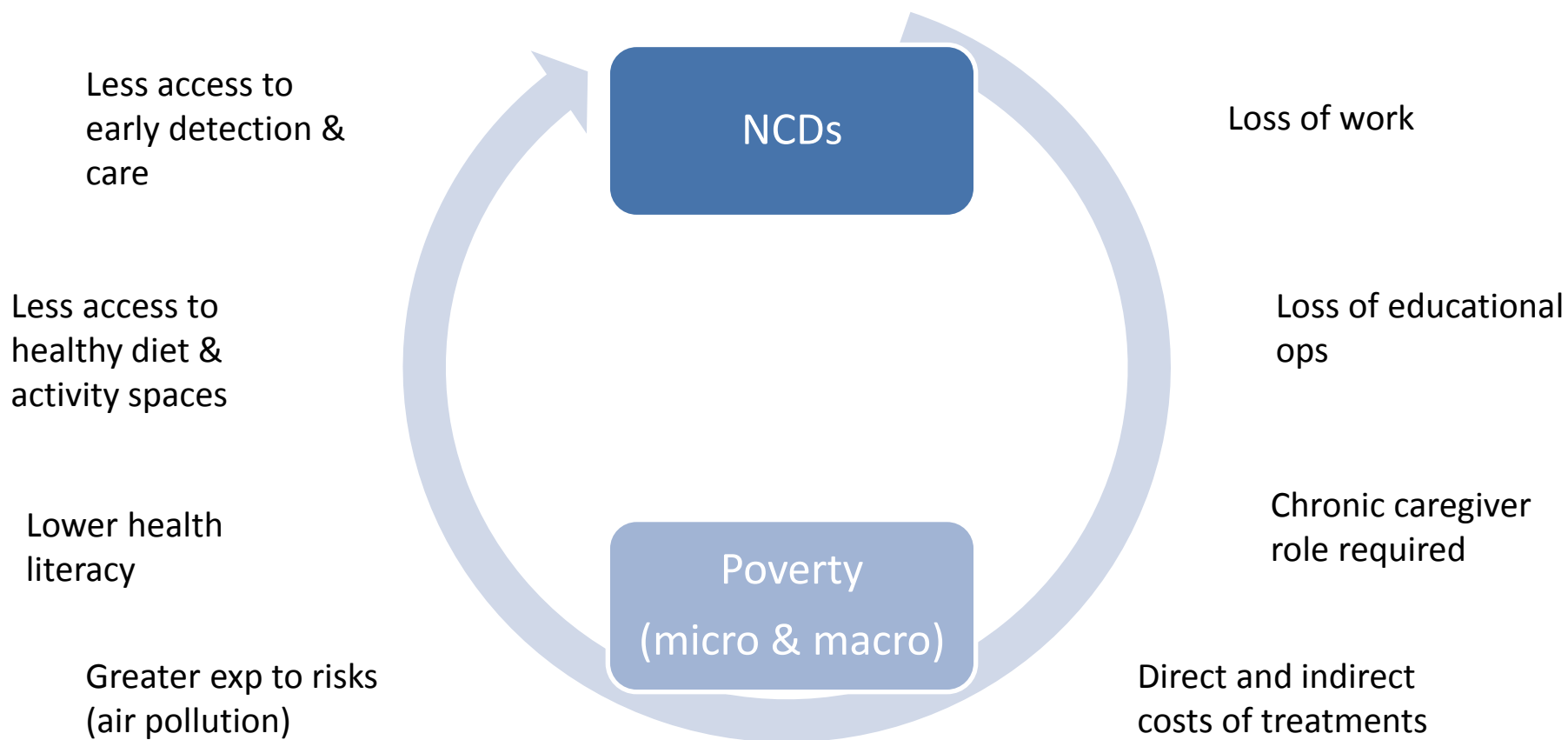
	Tobacco Use	Unhealthy diets	Physical Inactivity	Harmful Use of Alcohol
Cardio-vascular				
Diabetes				
Cancer				
Chronic Respiratory				

# NCDs: a global burden



Source:  
IHME, 2016

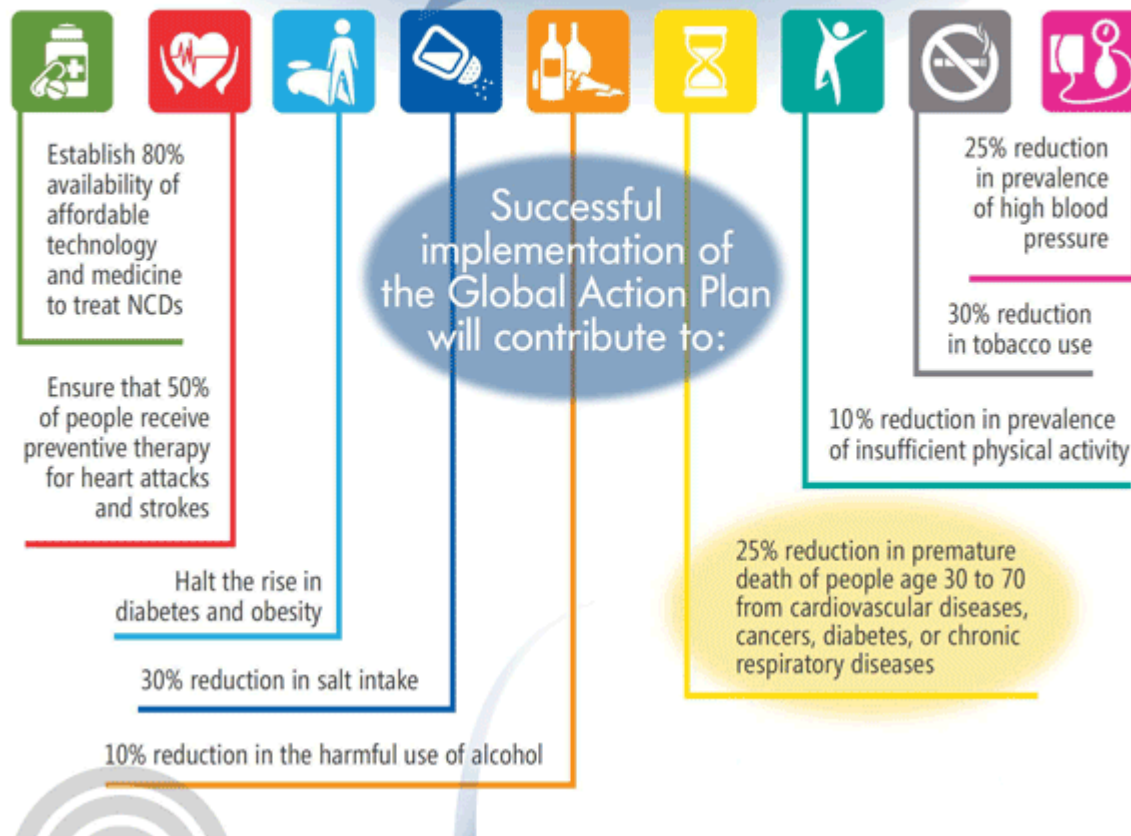
# NCDs and poverty



# NCDs: global progress to date



## Nine Targets for 2025



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

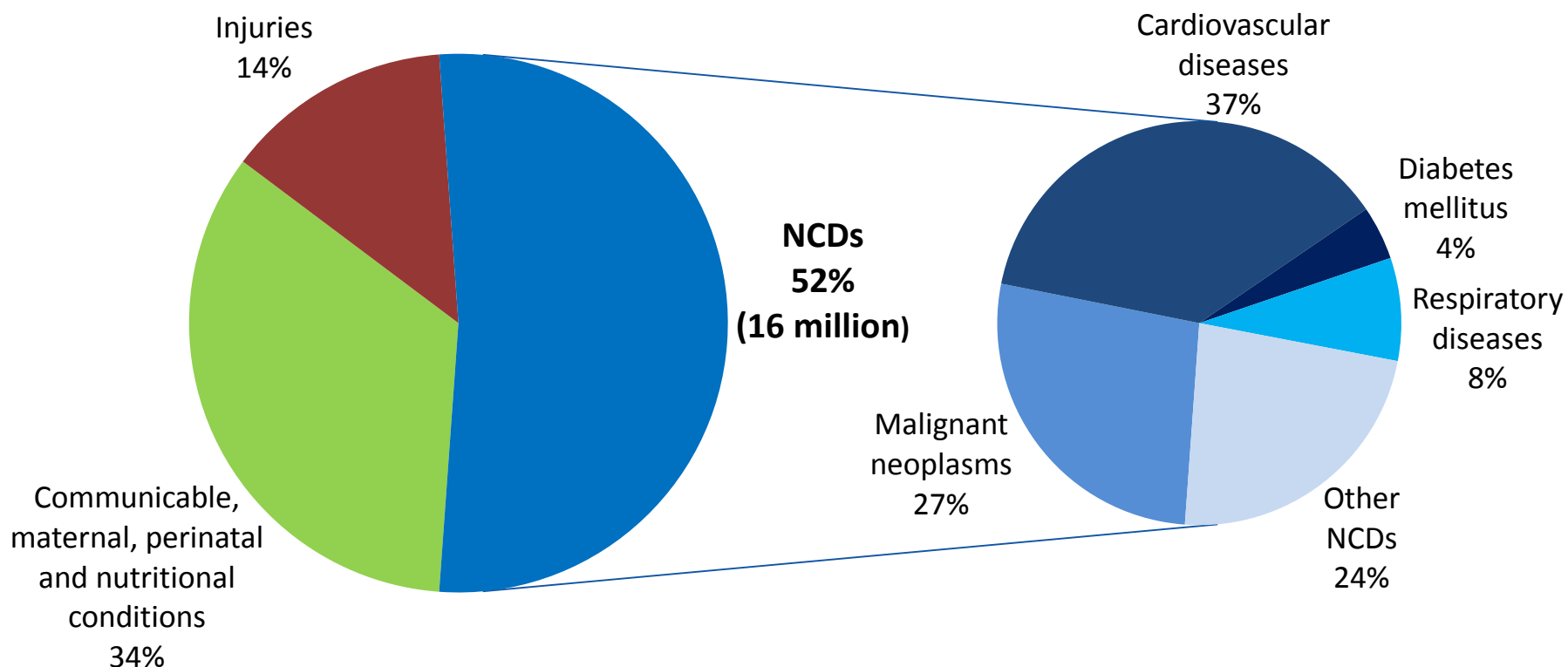
A network of **2,000+** organisations in **170** countries

**50+** national / regional NCD alliances

# No.1 Cause of Premature Mortality Globally

## Proportion of global NCD deaths under the age of 70

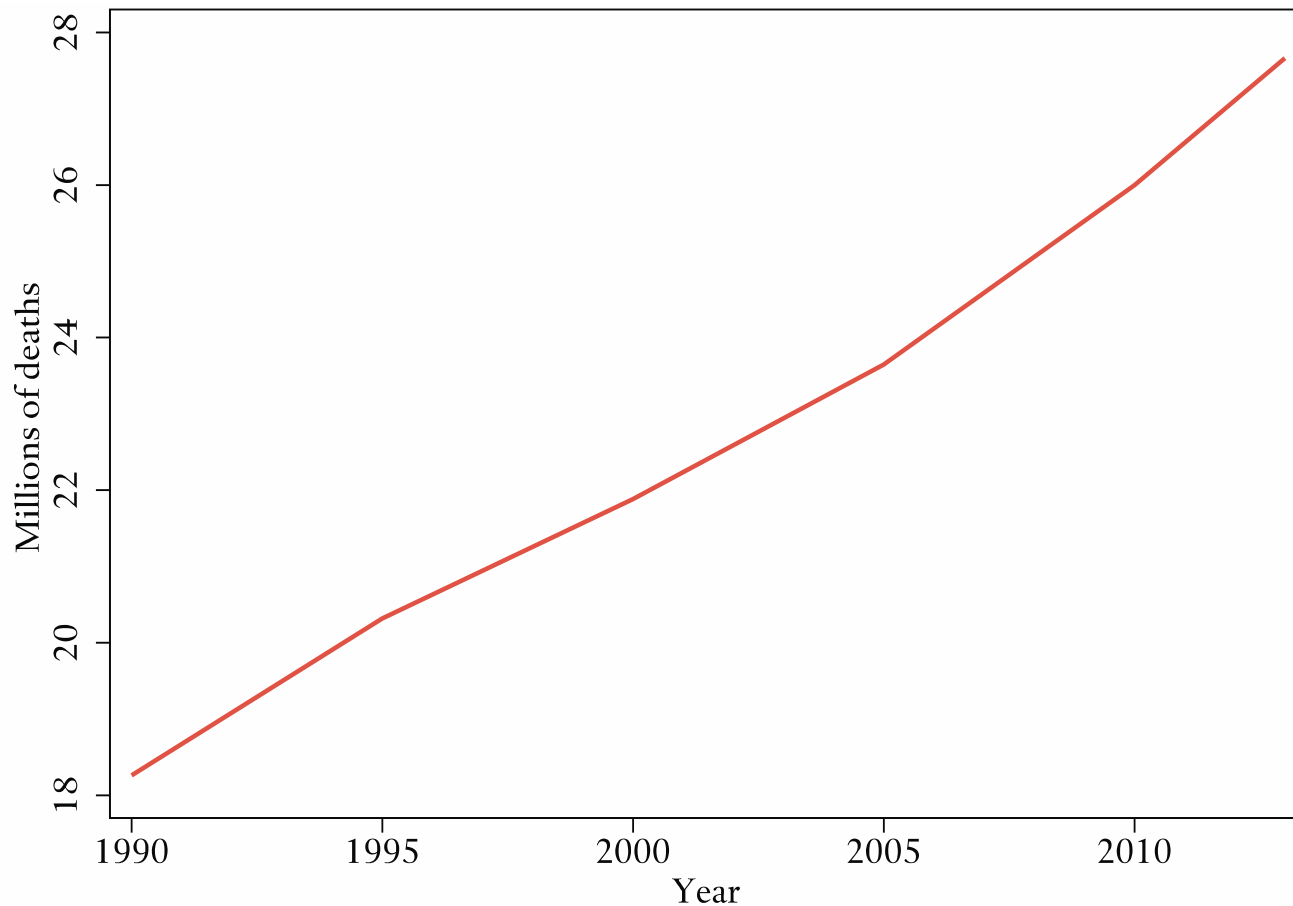
(by cause of death, comparable estimates 2012 )





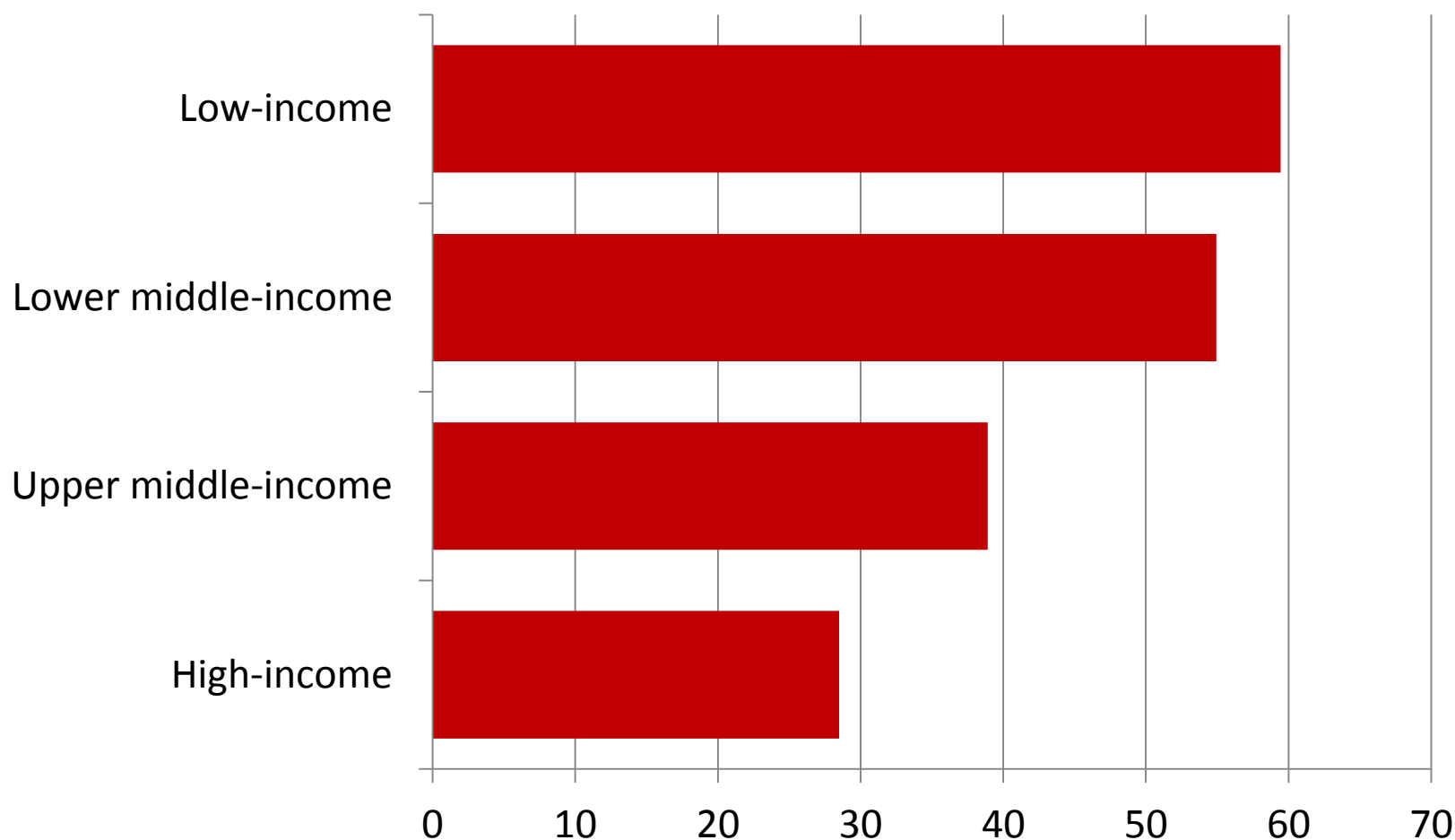
# Increasing Fastest in Developing Countries

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



# Faster, Younger and Worse Outcomes in LMICs

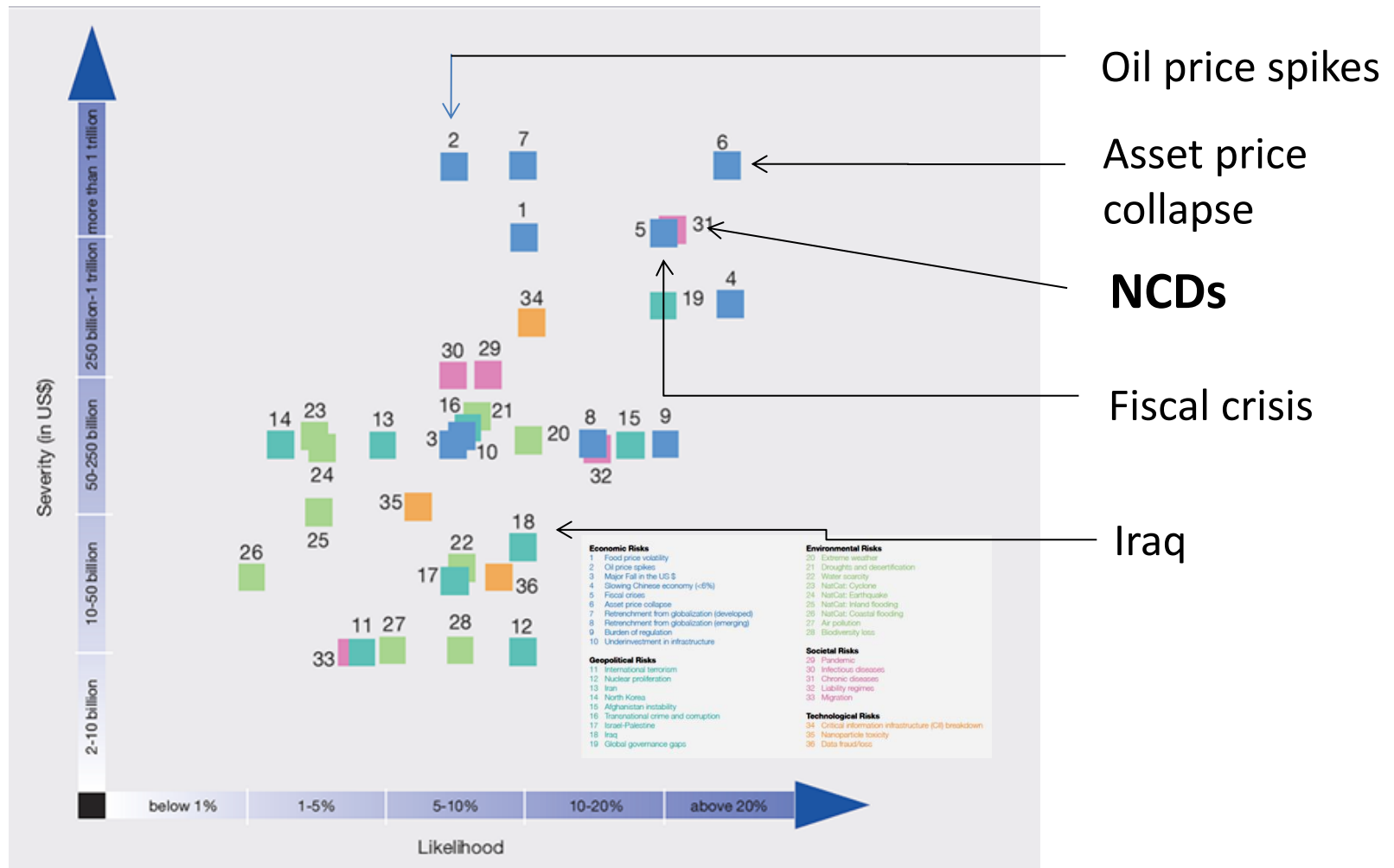
**The percentage of people dying from NCDs before the age of 70 is the highest in the poorest countries**



# A Crisis of our Own Creation



# One of the Top 4 Risks for the Global Economy



# Goal 3 on Health and Wellbeing

**3** GOOD HEALTH



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:

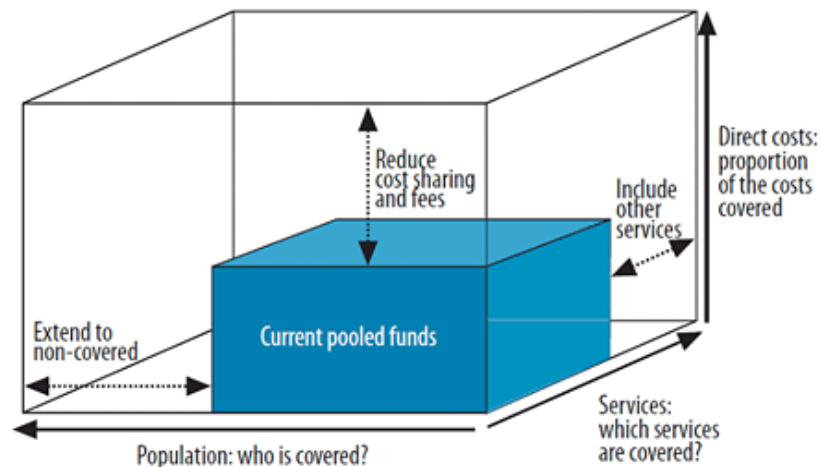
How to keep health/NCDs high on  
the list as countries begin  
implementation?



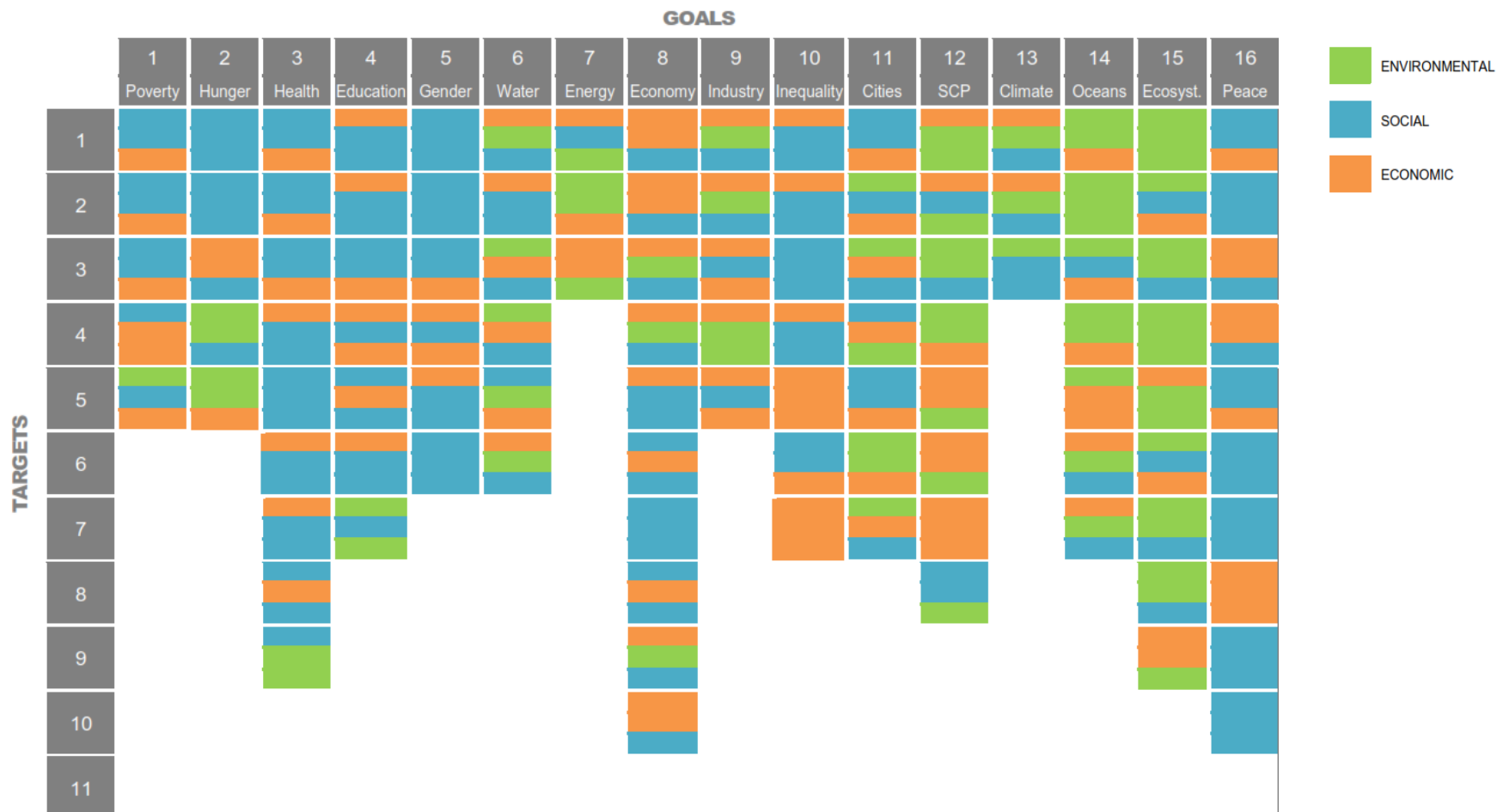
# Moving from siloes to systems

***“Universal health coverage is the single most powerful concept that public health has to offer”***

*Dr Margaret Chan, WHO*



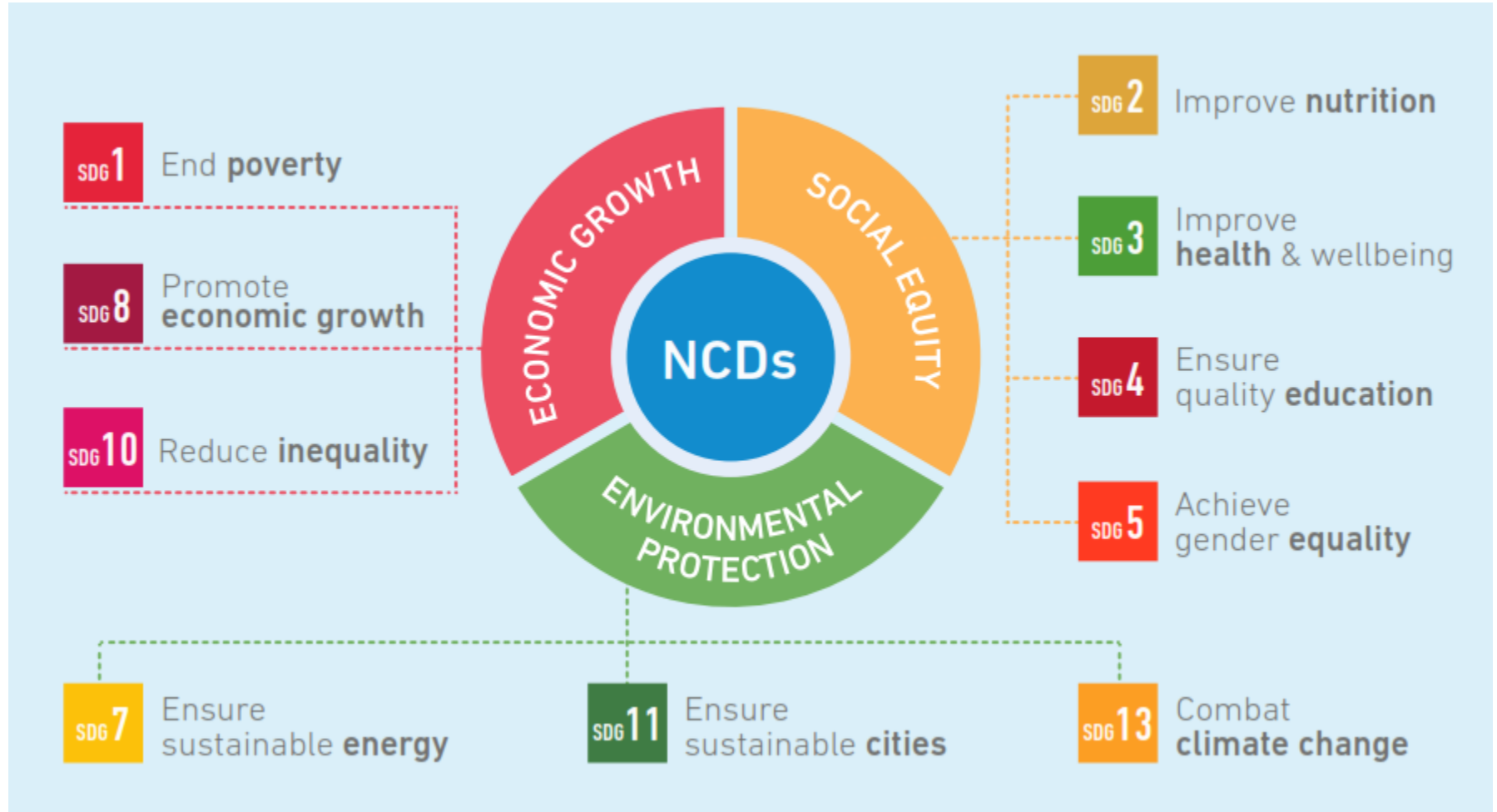
# The integration imperative



***Breaking down the silos***



# NCDs – a case study of integration

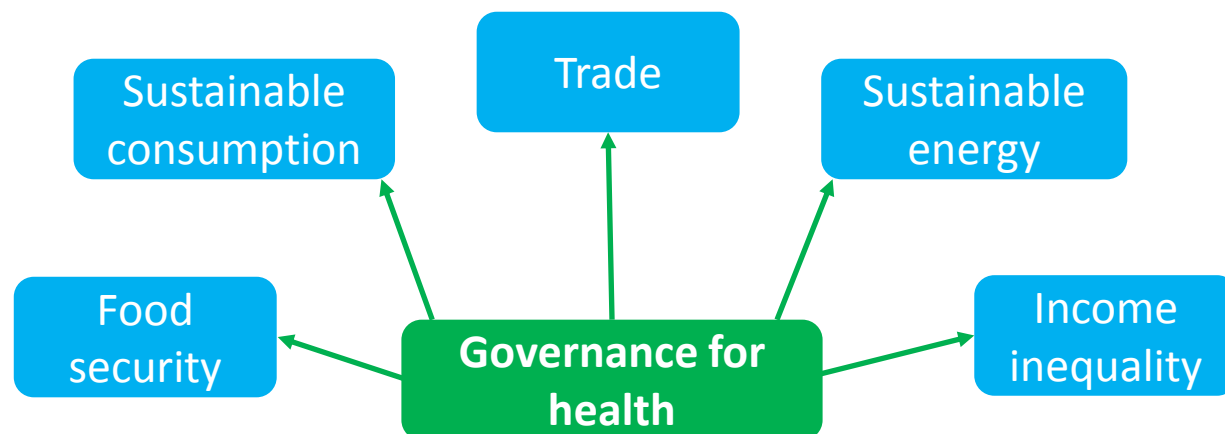


# Governance for health centre stage

*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



## WHERE ?

### MALNUTRITION AFFECTS ALL REGIONS WORLDWIDE

**1.9** BILLION  
ADULTS, 18 years and older,  
are overweight

ACROSS THE GLOBE

**264** MILLION  
WOMEN of reproductive  
age are affected by iron-  
amenable anaemia

**>600** MILLION  
of these are OBESE

**462** MILLION  
ADULTS are underweight

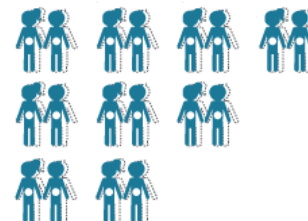
**42** MILLION  
children under the age of  
5 years are overweight or obese



**156** MILLION  
children are stunted  
(too short for age)

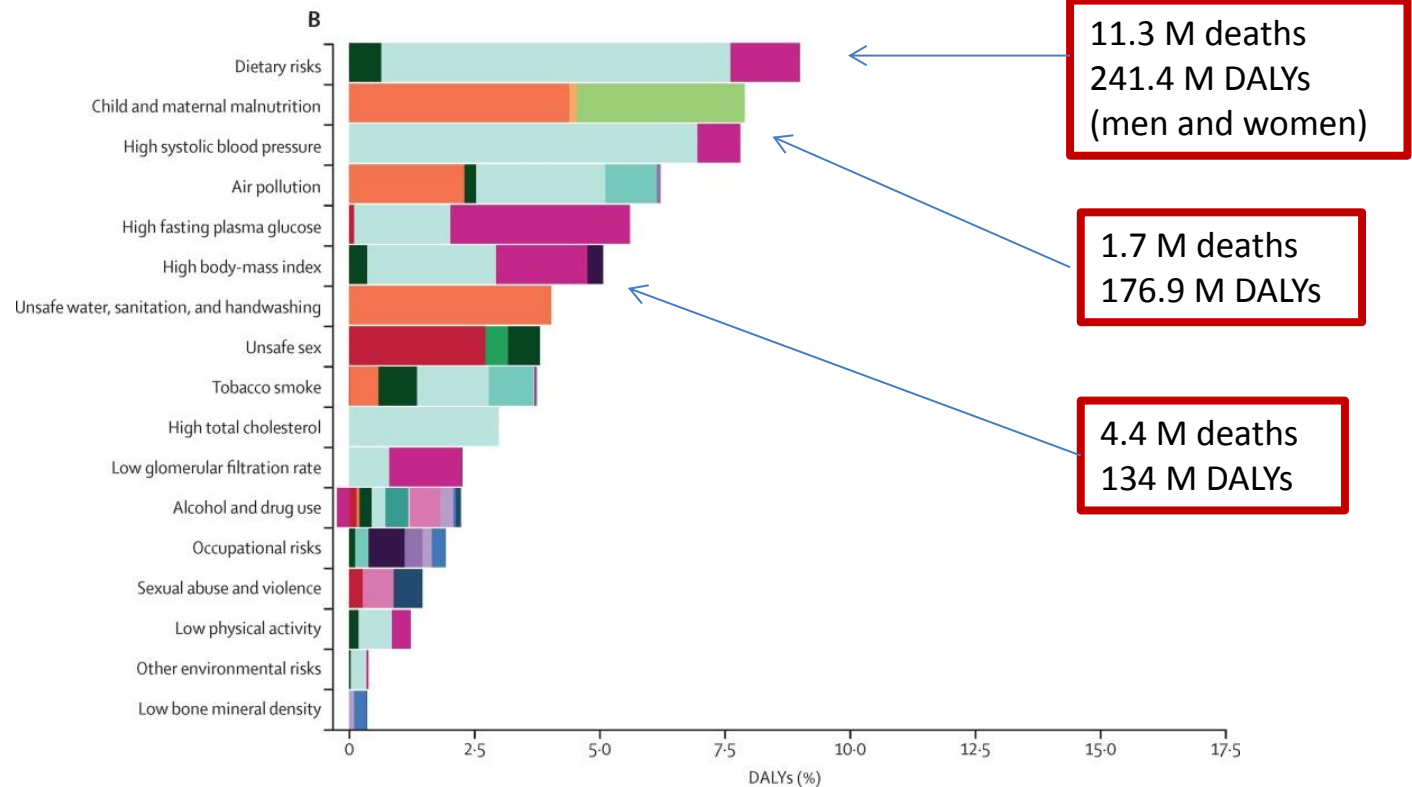


**50** MILLION  
children are wasted  
(too thin for height)



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

# Malnutrition: a looming risk and opportunity

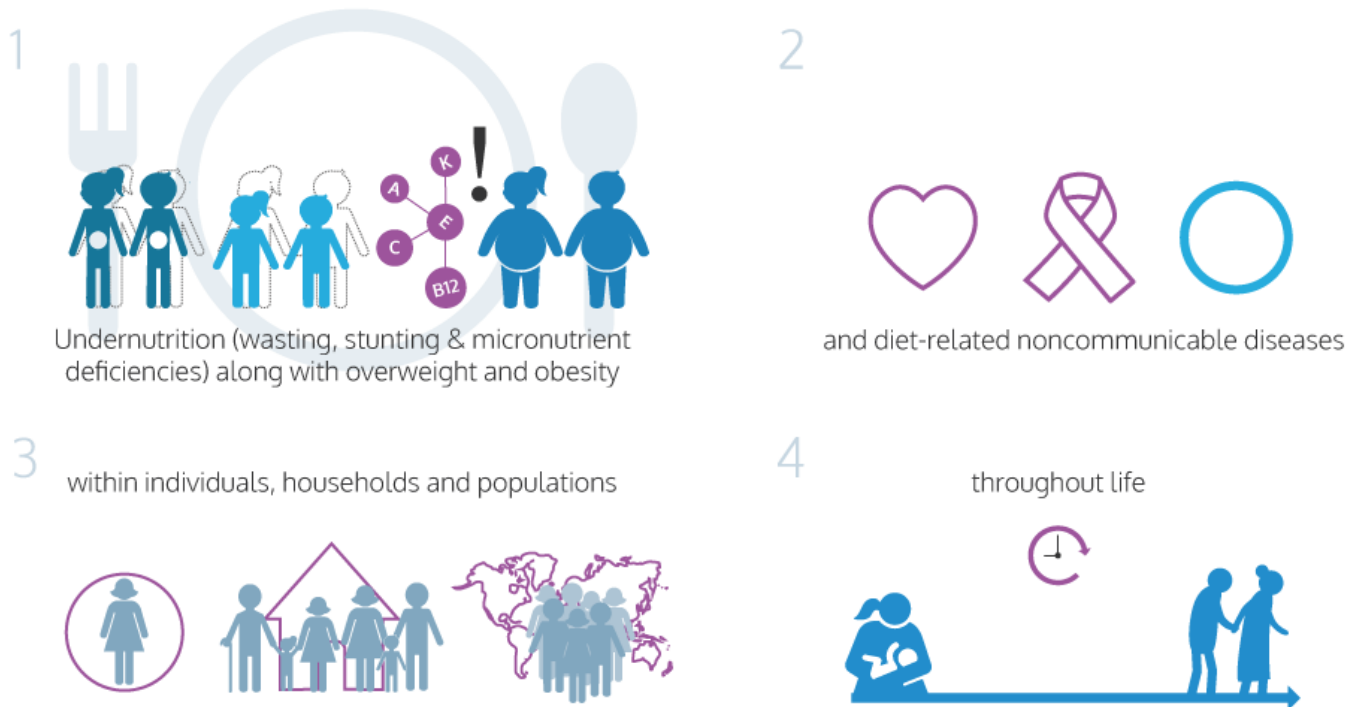


Global DALYs attributable to risk factors for women in 2015

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



Source:  
WHO, 2016

## Who is affected by the double burden ?

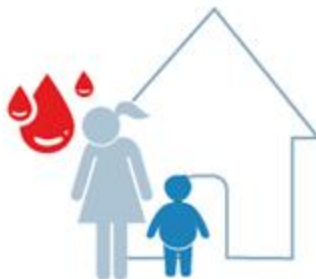
## INDIVIDUALS

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

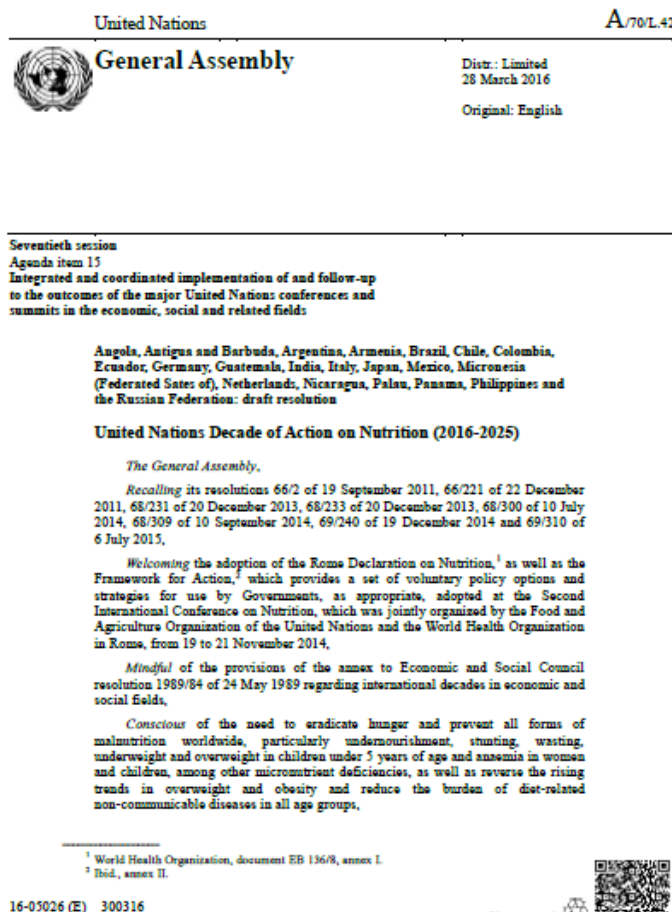
with both undernutrition and overweight prevalent in the same community, region or nation



Source:  
WHO, 2016



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





*“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

UNITED NATIONS DECADE OF  
**ACTION ON NUTRITION**



2016-2025

# 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***

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

# 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



**REDUCE** premature mortality from ncds

### *Nutrition-related Global NCD targets*



<sup>A</sup> **30%** relative reduction in mean population intake of salt/sodium



<sup>A</sup> **25%** 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** other CD epidemics

# Links with SDGs Agenda

Nutrition as a  
direct goal



End all forms of  
malnutrition (2.2)

Nutrition as an enabler  
for health related goals



Women (3.1) &  
Children (3.2)

NCDs (3.4)

Emergencies  
(3.d)

Communicable  
diseases (3.3)

Nutrition as an enabler  
for other goals





# 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

- 1 Member State has set time-bound national targets and indicators based on WHO guidance
- 2 Member State has a functioning system for generating reliable cause-specific mortality data on a routine basis
- 3 Member State has a STEPS survey or a comprehensive health examination survey every 5 years
- 4 Member State has an operational multisectoral national strategy/action plan that integrates the major NCDs and their shared risk factors
- 5 Member State has implemented the following four demand-reduction measures of the WHO FCTC at the highest level of achievement:
  - a. 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
- 6 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
- 7 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
- 8 Member State has implemented at least one recent national public awareness programme on diet and/or physical activity
- 9 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
- 10 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