

## WHO Independent High-level Commission on NCDs

### Think piece: Why is 2018 a strategically important year for NCDs?

#### The NCD crisis: Priorities for 2018

This year may be remembered as a watershed in the global battle against noncommunicable diseases (NCDs). Many of the people who will die from a heart attack, stroke or cancer in 2030 are today's young and middle-aged adults. They are starting their journey towards an untimely death now, unless bolder measures are taken across governments and involving the whole of society.

Over the past seven years (since 2011), an unprecedented political momentum has propelled world leaders to recognize this danger to human development. A set of global goals have been adopted that provide milestones for 2025 and 2030. Heads of State have unanimously committed to a whole-of-society effort to meet this challenge.

The current policy commitments are providing inadequate in the face of reaching SDG target 3.4. Evidence is growing that the response in countries is uneven and not meeting the lofty goals. National budget investments remain woefully small and fewer funds are being mobilized than needed. There is still a sense of business-as-usual rather than the urgent response so desperately needed. Policies are drafted, but structures to implement them are scarce.

The challenge is now no longer to only gain political support, but one of investment and implementation. It is no longer one of arguing for greater priority, but one of being held accountable for delivery on agreed outputs and outcomes. It is no longer just proving the benefits of action, but one of reaping the benefits of evidence-based solutions.

The WHO Independent High-level Commission on NCDs is being convened by the WHO Director-General. The Commissioners are the global advocates directly leading the movement that ensures the world succeeds in meeting the global challenges in 2030. They have and must seize this unique opportunity to leave behind a historical legacy as the ones whose leadership, commitment and drive helped halt the epidemic. They need to simultaneously advocate for providing effective health services, while supporting a movement that draws in all government sectors, civil society and the private sector behind the prevention and control of NCDs and promotion of mental health.

The remit of the Commission includes identifying options for political choices, governance, science and technology innovations, financing for NCDs (both catalytic and domestic resource mobilization), international cooperation, accountability mechanisms, commercial determinants, and modalities for integrating mental health within the NCDs framework.

#### Why NCDs?

Four types of NCDs – cardiovascular diseases, diabetes, cancers and chronic respiratory diseases – make the largest contribution to death in the majority of countries in the world. These four NCDs are largely

preventable by means of public policies that tackle four risk factors for NCDs: tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity. These policies also benefit mental health.

### Why mental health?

Mental disorders are an important cause of morbidity and contribute to the global burden of NCDs. Similar to the prevention and control of NCDs, equitable access to effective programmes and health care interventions is needed. Mental disorders affect, and are affected by other NCDs: they can be a precursor or consequence of a NCD, or the result of interactive effects. For example, there is evidence that depression predisposes people to cardiovascular diseases and, conversely, cardiovascular diseases increase the likelihood of depression. Physical inactivity and harmful use of alcohol also link NCDs with mental disorders. Lastly, synergies in the health system response to NCDs and mental disorders leads to efficient response to NCDs and mental health.

### Where do we stand today?

Premature mortality from NCDs constitutes one of the major challenges for development in the 21st century: 15 million women and men died between the ages of 30 and 70 from NCDs in 2015. The burden continues to rise disproportionately in low-income and lower-middle-income countries where 47% (7 million) of premature deaths from NCDs occurred.

**Table 1: Premature deaths from NCDs in 30-70-year olds in 2015**

World Bank income group	Women	Men	Total	Percentage
Low-income countries	0.4 million	0.4 million	0.8 million	6%
Lower-middle-income countries	2.6 million	3.6 million	6.2 million	41%
Upper-middle-income countries	2.4 million	3.5 million	5.9 million	39%
High-income countries	0.8 million	1.3 million	2.1 million	15%
<b>Total</b>	<b>6.2 million</b>	<b>8.8 million</b>	<b>15.0 million</b>	<b>100%</b>

As premature deaths from NCDs of women and men between the ages of 30 and 70 years are largely avoidable, these statistics should be considered alongside the 12 million people who died in 2015 from communicable diseases and perinatal conditions and the 5 million from injuries and violence (all ages).

Globally, the risk of premature death from any of the four main NCDs for women and men between the ages of 30 and 70 years declined by 17% between 2000 and 2015, mainly owing to reductions in cardiovascular and chronic respiratory disease mortality. This decline occurred in all four World Bank income groups, but the decline in high-income countries was much steeper, resulting in the current gaps between country-income groups. In 2015, the risk of premature death between the ages of 30 and 70 years from any of the four main NCDs ranged from 8% to 36%.

Equally important, mental health issues impose an enormous disease burden on societies across the world. Depression alone affects 350 million people globally and is the leading cause of disability worldwide.

**Table 2: Prevalence of mental disorders and percentage change between 2006 and 2015**

Disorder	Prevalent cases		YLDs		DALYs	
	Number	% change	Number	% change	Number	% change
Schizophrenia	21 million	+17%	13 million	+17%	13 million	+13%
Bipolar disorder	44 million	+15%	9 million	+15%	9 million	+15%
Depression	268 million	+15%	44 million	+13%	44 million	+13%
Anxiety disorders	275 million	+13%	26 million	+13%	26 million	+13%
Alcohol use disorders	100 million	+10%	10 million	+10%	16 million	+4%
Drug use disorders	62 million	+10%	15 million	+16%	20 million	+13%
Dementia	44 million	+38%	6 million	+38%	29 million	+38%
Migraine	104 million	+13%	45 million	+14%	45 million	+14%
Epilepsy	24 million	+15%	8 million	+9%	13 million	+0.4%
All disorders			220 million	+15%	266 million	+15%

**What is the 2030 Agenda on Sustainable Development aiming to achieve for NCDs and mental health?**

SDG target 3.4 on NCDs aims to “by 2030, reduce by one third premature mortality from NCDs through prevention and treatment and promote mental health and well-being”. The two corresponding indicators include 3.4.1 “mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease” and 3.4.2 “suicide mortality rate”.

Within countries (all World Bank income groups), NCDs particularly affect the poorest people. Therefore, premature mortality from NCDs is a marker of the devastating impact of their high burden on the lives of poor people and their untold suffering, and the threat to socioeconomic development.

Data from 2015 on indicator 3.4.1 shows the following spectrum:

**Table 3: Probability of dying from any of the four main NCDs among 30-70-year olds in 2015**

World Bank income group	Lowest probability		Highest probability	
Low-income countries	Liberia	17%	Afghanistan	31%
Lower middle-income countries	El Salvador, Honduras	14%	Papua New Guinea	36%
Upper middle-income countries	Costa Rica	11%	Turkmenistan	35%
High-income countries	Iceland, Republic of Korea	8%	Trinidad and Tobago	26%

SDG target 3.5 to “strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol, includes indicator 3.5.2. on “Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol).

SDG target 3.8 to “achieve universal health coverage” includes indicator 3.8.1 on “Coverage of essential health services” (including NCDs) and 3.8.2 “Proportion of population with large household expenditures on health as a share of total household expenditure or income”.

SDG target 3.a to “strengthen the implementation of the WHO FCTC” includes indicator 3.a.1 on “Age-standardized prevalence of current tobacco use among persons aged 15 years and older”.

Efforts to reach SDG targets 3.4, 3.5, 3.8 and 3.a require that the existing political commitments made at the United Nations General Assembly in 2011 and 2014 be implemented on a dramatically larger scale. Under a business-as-usual scenario (without significantly expanding efforts before 2020), the current rate of decline in the number of premature deaths from NCDs is insufficient in all four World Bank income groups for the target to be met by 2030.

Premature deaths from NCDs in women and men between the ages of 30 and 70 years can be largely prevented or delayed by implementing proven public policies for the prevention and control of NCDs. These include the set of “best buys and other recommended interventions for the prevention and control of NCDs” endorsed by WHO’s World Health Assembly in May 2017. Prevention of NCDs is crucial, but investing in better management of NCDs is also an essential component of any national response to NCDs which may prevent one third to one half of premature deaths from such diseases.

WHO’s NCD Progress Monitor 2017, which charts the implementation of these interventions, shows that progress is insufficient.

**Table 4: Spectrum of progress achieved by countries in implementing the set of best buys and other recommended NCD interventions (on a scale from 0 to 19)**

World Bank income groups	Highest “fully achieved” score		Lowest “fully achieved” score	
Low-income countries	Afghanistan	9	Guinea-Bissau, South Sudan	0
Lower middle-income countries	Republic of Moldova	11	Sao Tome and Principe, FSM	0
Upper middle-income countries	Costa Rica, Iran (IR)	15	Angola, Equatorial Guinea	0
High-income countries	UK	13	Andorra	1

Scores for all countries are included in the Annex.

Due to the lack of sufficient progress, the world is now reaching an inflection point. If significant investments are not made in 2018-2020, the world will not be able to reach SDG target 3.4 by 2030. The third High-level Meeting of the General Assembly on NCDs in 2018 will provide a new opportunity for Member States to affirm their strong political commitment and reinforce action.

### What are the existing global political initiatives?

Existing global political initiatives developed under the auspices of the WHO Governing Bodies, Conference of the Parties of the WHO FCTC, ECOSOC and the UN General Assembly include:

**Table 5:** Examples of existing global political initiatives adopted by consensus

	Initiative	Year
UN Treaty	WHO Framework Convention on Tobacco Control	2004
UN General Assembly	Political Declaration on NCDs	2011
	Outcome Document on NCDs	2014
	UN Decade of Action on Nutrition	2016
	Rome Declaration on Nutrition and Framework for Action	2016
ECOSOC	UN Inter-Agency Task Force on NCDs	2013
World Health Assembly	WHO Global NCD Strategy	2000
	WHO Global NCD Action Plans	2008, 2013
	WHO Global Strategy to Reduce the Harmful Use of Alcohol	2010
	WHO Recommendations on marketing foods to children	2010
	WHO Global Strategy on Nutrition	2012
	WHO Comprehensive Mental Health Action Plan	2013
	WHO Best buys and other recommended NCD interventions	2017
	WHO Cancer resolution	2017
	WHO Global Strategy to Promote Physical Activity	2018
WHO Meetings	Moscow Declaration on NCDs	2011
	Shanghai Declaration on Health Promotion	2016
	Montevideo NCD Roadmap 2018-2030	2017
WHO Reports	WHO Global Status Reports on NCDs	2010, 2015
	WHO reports on the global tobacco epidemic	2010, 2017
	WHO Global Report on Diabetes	2016

### Why make additional recommendations beyond these existing ones?

Current investments in the implementation of the prevention and control of NCDs, including the set of best buys and other recommended public policy interventions, continue to lack scale to accelerate progress towards SDG target 3.4 on NCDs, particularly in low- and lower-middle income countries. The following challenges seen in implementing these interventions were discussed at WHO’s Executive Board in January 2018.

**Table 6:** Challenges impeding progress

Public policy domain	Challenge in low- and lower-middle-income countries	Level
Political choices	<ul style="list-style-type: none"> <li>– Weak political commitments from Heads of State and Government</li> <li>– Lack of meaningful commitments from CEOs of domestic NGOs and private sector entities</li> </ul>	Domestic
Health systems	<ul style="list-style-type: none"> <li>– Weak health systems which cannot provide early diagnosis and improves access to quality and affordable treatment</li> <li>– Insufficient integration into UHC packages</li> </ul>	Domestic
National capacity	<ul style="list-style-type: none"> <li>– Lack of national “policy backbones” in public health</li> <li>– Limited progress in engaging sectors beyond health</li> </ul>	Domestic
International financing	<ul style="list-style-type: none"> <li>– Unmet needs and demands for technical assistance</li> </ul>	Global
Economic, market and	<ul style="list-style-type: none"> <li>– Lack of capacity to make decisions based on rationale,</li> </ul>	Domestic

commercial factors	principles, benefits and risks on how to engage with the private sector	
Accountability	– Cumbersome and demanding monitoring framework to assess NCD trends and evaluate progress	Global

### Why make additional recommendations in 2018?

In June 2018, negotiations will start on the outcome document to be adopted at the third High-level Meeting of the UN General Assembly on NCDs. Diplomats representing their countries in the negotiations in New York will benefit from additional recommendations which they could bring into the negotiations.

### Who to contact?

Sania Nishtar  
 Co-Chair, Commission  
 Founding President, Heartfile  
[sania@heartfile.org](mailto:sania@heartfile.org)  
 WhatsApp: +92.300.854.0974

Svetlana Axelrod  
 Assistant Director-General  
 WHO  
[akselrods@who.int](mailto:akselrods@who.int)  
 WhatsApp: +41.79.443.2872

Etienne Krug  
 Director, Management of NCDs, Disability,  
 Violence and Injury Prevention  
 WHO  
[kruge@who.int](mailto:kruge@who.int)  
 WhatsApp: +41.79.477.1739

Douglas Bettcher  
 Director, Department for the  
 Prevention of NCDs  
 WHO  
[bettcherd@who.int](mailto:bettcherd@who.int)  
 WhatsApp: +41.79.249.3522

Shekhar Saxena  
 Director, Department for Mental Health and  
 Substance Abuse  
 WHO  
[saxenas@who.int](mailto:saxenas@who.int)  
 WhatsApp +41.79.308.9865

Cherian Varghese  
 Coordinator, Management of NCDs  
 Department NVI  
 WHO  
[varghesec@who.int](mailto:varghesec@who.int)  
 WhatsApp: +41.79.505.7455

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## WHO Non-communicable Disease Progress Monitor 2017<sup>1</sup>

### Country-by-country scorecard

Member State	“Fully achieved” count (maximum score is 19)
<b>A</b>	
Afghanistan	9
Albania	4
Algeria	5
Andorra	1
Angola	0
Antigua and Barbuda	4
Argentina	7
Armenia	7
Australia	8
Austria	7
Azerbaijan	7
<b>B</b>	
Bahamas	4
Bahrain	8
Bangladesh	6
Barbados	4
Belarus	10
Belgium	8
Belize	4
Benin	3
Bhutan	6
Bolivia (Plurinational State of)	3
Bosnia and Herzegovina	6
Botswana	4
Brazil	13
Brunei Darussalam	11
Bulgaria	13
Burkina Faso	4
Burundi	1
<b>C</b>	
Cabo Verde	5
Cambodia	4

<sup>1</sup> Available at <http://www.who.int/nmh/publications/ncd-progress-monitor-2017/en/>

Cameroon	4
Canada	10
Central African Republic	7
Chad	6
Chile	10
China	8
Colombia	10
Comoros	1
Congo	4
Costa Rica	15
Côte d'Ivoire	3
Croatia	4
Cuba	4
Cyprus	4
Czechia	9
<b>D</b>	
Democratic People's Republic of Korea	3
Democratic Republic of the Congo	1
Denmark	10
Djibouti	4
Dominica	4
Dominican Republic	6
<b>E</b>	
Ecuador	6
Egypt	4
El Salvador	6
Equatorial Guinea	0
Eritrea	1
Estonia	11
Ethiopia	2
<b>F</b>	
Fiji	6
Finland	12
France	10
<b>G</b>	
Gabon	2
Gambia (Republic of The)	1
Georgia	9
Germany	8
Ghana	7
Greece	6



Grenada	3
Guatemala	7
Guinea	1
Guinea-Bissau	0
Guyana	4
<b>H</b>	
Haiti	1
Honduras	5
Hungary	8
<b>I</b>	
Iceland	5
India	6
Indonesia	5
Iran (Islamic Republic of)	15
Iraq	6
Ireland	11
Israel	10
Italy	9
<b>J</b>	
Jamaica	8
Japan	5
Jordan	8
<b>K</b>	
Kazakhstan	6
Kenya	6
Kiribati	4
Kuwait	8
Kyrgyzstan	7
<b>L</b>	
Lao People's Democratic Republic	5
Latvia	11
Lebanon	5
Lesotho	4
Liberia	1
Libya	5
Liechtenstein	*
Lithuania	11
Luxembourg	2
<b>M</b>	
Madagascar	7
Malawi	2

Malaysia	10
Maldives	8
Mali	3
Malta	11
Marshall Islands	3
Mauritania	4
Mauritius	8
Mexico	5
Micronesia (Federated States of)	0
Monaco	4
Mongolia	10
Montenegro	4
Morocco	5
Mozambique	4
Myanmar	4
<b>N</b>	
Namibia	4
Nauru	4
Nepal	8
Netherlands	10
New Zealand	8
Nicaragua	1
Niger	3
Nigeria	2
Norway	12
<b>O</b>	
Oman	8
<b>P</b>	
Pakistan	4
Palau	3
Panama	7
Papua New Guinea	1
Paraguay	2
Peru	5
Philippines	5
Poland	6
Portugal	11
<b>Q</b>	
Qatar	7
<b>R</b>	
Republic of Korea	9

Republic of Moldova	11
Romania	8
Russian Federation	10
Rwanda	1
<b>S</b>	
Saint Kitts and Nevis	3
Saint Lucia	3
Saint Vincent and the Grenadines	4
Samoa	4
San Marino	2
Sao Tome and Principe	0
Saudi Arabia	12
Senegal	2
Serbia	6
Seychelles	7
Sierra Leone	1
Singapore	10
Slovakia	4
Slovenia	10
Solomon Islands	4
Somalia	3
South Africa	5
South Sudan	0
Spain	11
Sri Lanka	8
Sudan	6
Suriname	8
Swaziland	7
Sweden	7
Switzerland	8
Syrian Arab Republic	2
<b>T</b>	
Tajikistan	6
Thailand	12
The former Yugoslav Republic of Macedonia	4
Timor-Leste	4
Togo	2
Tonga	4
Trinidad and Tobago	5
Tunisia	3
Turkey	13

Turkmenistan	11
Tuvalu	2
<b>U</b>	
Uganda	5
Ukraine	6
United Arab Emirates	9
United Kingdom of Great Britain and Northern Ireland	13
United Republic of Tanzania	3
United States of America	9
Uruguay	6
Uzbekistan	5
<b>V</b>	
Vanuatu	6
Venezuela (Bolivarian Republic of)	4
Viet Nam	7
<b>Y</b>	
Yemen	5
<b>Z</b>	
Zambia	2
Zimbabwe	2

**\*No data collected by WHO**