

Acting on NCDs: counting the cost



We all know the numbers. Non-communicable diseases (NCDs) kill 40 million people each year, accounting for about 70% of all deaths globally.¹ Some 15 million of those deaths are in people aged between 30–69 years, and more than 80% of these premature deaths are in low-income and middle-income countries (LMICs).¹

The human toll taken by NCDs should be reason enough for taking urgent action; but the economic impacts of inaction underscore that the world cannot afford to stand by and watch NCDs destroy lives, families, and communities. The cost of continued underinvestment in the fight against NCDs has been estimated at US\$47 trillion in lost gross domestic product globally from 2011 to 2025.²

The world is reaching an inflection point. If substantial investments are not made now, the increase in premature mortality from NCDs in LMICs will jeopardise progress towards Sustainable Development Goal (SDG) 3 target 4, which calls for a one-third reduction in premature mortality from NCDs by 2030.

The Lancet Taskforce on NCDs and economics^{3,7} now makes clear the scale of the challenge, and highlights solutions. The Taskforce shows that there are effective and feasible economic tools, such as health taxes and price policies, that can be deployed to mitigate the health and economic impacts of NCDs.

WHO's new General Programme of Work (2019–2023) is based on delivering the health-related SDG targets, and is relevant to all countries.⁸ It recognises that health is both a contributor to, and a beneficiary of, all of the SDGs. In an interconnected world, WHO's role in providing global public goods that help to ensure health for all people within and across national boundaries has never been more relevant. The General Programme of Work articulates a new mission for WHO—promote health, keep the world safe, and serve the vulnerable—and lays out three strategic priorities, each with an ambitious target. Each is relevant to the fight against NCDs.

The first is to see 1 billion more people benefiting from universal health coverage (UHC) by 2023. Every year, almost 100 million people are pushed into extreme poverty because of out-of-pocket health spending, and the costs of treating NCDs are a major contributor to this global scandal.⁹ Nobody should lack access to health services because they cannot afford to pay. Failing

to provide adequate coverage for NCDs can widen inequities not only in health but also in all other social and economic domains.

WHO's SDG Health Price Tag found that investment needs amounting to an additional \$58 per person per year are needed in LMICs to achieve the SDG health targets.¹⁰ Disease-specific investment needs are highest for NCDs, driven by large treatment gaps. Thus, it is vital that NCD interventions are included in UHC benefit packages, beginning with WHO's 16 “best-buys” for NCD prevention and control.¹¹

The key message from the paper by Louis Niessen and colleagues⁴ highlights that the best way to deliver progress on NCDs is to ensure services to prevent, diagnose, and treat NCDs are embedded within strong health systems oriented towards delivering UHC. Primary health care that delivers people-centred services is the best way to effectively manage risk factors and uncomplicated NCDs, and to act as the gate-keeper to optimised referral care.¹²

NCDs are also relevant to the second target in WHO's General Programme of Work that envisions 1 billion more people better protected from health emergencies by 2023. Protracted emergencies such as those in Syria and Yemen lead to many people living without essential health care for many years. To ensure NCDs are part of the response to emergencies, WHO has developed a new health kit to support treatment for patients with chronic diseases in emergency settings.¹³ The first shipment of six kits,

Published Online

April 4, 2018

[http://dx.doi.org/10.1016/S0140-6736\(18\)30675-5](http://dx.doi.org/10.1016/S0140-6736(18)30675-5)

See Online/Comment

[http://dx.doi.org/10.1016/S0140-6736\(18\)30674-3](http://dx.doi.org/10.1016/S0140-6736(18)30674-3), and [http://dx.doi.org/10.1016/S0140-6736\(18\)30629-9](http://dx.doi.org/10.1016/S0140-6736(18)30629-9)

See Online/Series

[http://dx.doi.org/10.1016/S0140-6736\(18\)30667-6](http://dx.doi.org/10.1016/S0140-6736(18)30667-6), [http://dx.doi.org/10.1016/S0140-6736\(18\)30482-3](http://dx.doi.org/10.1016/S0140-6736(18)30482-3), [http://dx.doi.org/10.1016/S0140-6736\(18\)30323-4](http://dx.doi.org/10.1016/S0140-6736(18)30323-4), [http://dx.doi.org/10.1016/S0140-6736\(18\)30531-2](http://dx.doi.org/10.1016/S0140-6736(18)30531-2), and [http://dx.doi.org/10.1016/S0140-6736\(18\)30665-2](http://dx.doi.org/10.1016/S0140-6736(18)30665-2)



enough for 60 000 medical treatments, was delivered in October, 2017, to northern Syria.

WHO's General Programme of Work sets the third target as 1 billion more people enjoying better health and wellbeing by 2023, underscoring the importance of policy changes for effecting population-level health improvements. NCDs have a leading role here. Implementing fiscal and regulatory policies on food, tobacco, and alcohol are key to achieving these targets. Many NCD policies and interventions are cost-effective and feasible to implement in all settings.¹¹

Melanie Bertram and colleagues,⁷ using the One Health Tool, indicate that 1.13 million deaths due to cardiovascular diseases can be avoided in 20 LMICs through a package of interventions for tobacco control, reduction in sodium intake, and pharmaceutical therapy for prevention and treatment of ischaemic heart disease and stroke. They show that the full implementation of this package alone could achieve SDG 3.4 on cardiovascular diseases.⁷

The third UN High-level Meeting on NCDs in 2018 will provide a crucial opportunity for countries to affirm their strong political commitment and reinforce action on NCDs. The WHO Independent High-level Commission on NCDs will help to identify bold and innovative actions to overcome the hurdles.

The *Lancet* Taskforce on NCDs and economics provides much-needed, in-depth reviews and synthesis of evidence and practice, and will serve as a vital instrument for policy and programme development in NCD prevention and control.

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I am the Director-General of WHO. I have no competing interests.

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- 1 WHO. Global Health Observatory Data. NCD mortality and morbidity. 2018. http://www.who.int/gho/ncd/mortality_morbidity/en/ (accessed March 13, 2018).
- 2 Bloom DE, Cafiero ET, Jané-Llopis E, et al. The global economic burden of non-communicable diseases. Geneva: World Economic Forum, 2011.
- 3 Nugent R, Bertram MY, Jan S, et al. Investing in non-communicable disease prevention and management to advance the Sustainable Development Goals. *Lancet* 2018; published online April 4. [http://dx.doi.org/10.1016/S0140-6736\(18\)30667-6](http://dx.doi.org/10.1016/S0140-6736(18)30667-6).
- 4 Niessen LW, Mohan D, Akuoku JK, et al. Tackling socioeconomic inequalities and non-communicable diseases in low-income and middle-income countries under the Sustainable Development agenda. *Lancet* 2018; published online April 4. [http://dx.doi.org/10.1016/S0140-6736\(18\)30482-3](http://dx.doi.org/10.1016/S0140-6736(18)30482-3).
- 5 Jan S, Laba T-L, Essue BM, et al. Action to address the household economic burden of non-communicable diseases. *Lancet* 2018; published online April 4. [http://dx.doi.org/10.1016/S0140-6736\(18\)30323-4](http://dx.doi.org/10.1016/S0140-6736(18)30323-4).
- 6 Sassi F, Belloni A, Mirelman AJ, et al. Equity impacts of price policies to promote healthy behaviours. *Lancet* 2018; published online April 4. [http://dx.doi.org/10.1016/S0140-6736\(18\)30531-2](http://dx.doi.org/10.1016/S0140-6736(18)30531-2).
- 7 Bertram MY, Sweeny K, Lauer JA, et al. Investing in non-communicable diseases: an estimation of the return on investment for prevention and treatment services. *Lancet* 2018; published online April 4. [http://dx.doi.org/10.1016/S0140-6736\(18\)30665-2](http://dx.doi.org/10.1016/S0140-6736(18)30665-2).
- 8 WHO. Draft thirteenth general programme of work, 2019–2023. 2018. http://apps.who.int/gb/ebwha/pdf_files/EB142/B142_R2-en.pdf?ua=1 (accessed on March 12, 2018).
- 9 WHO, World Bank Group. Tracking universal health coverage: 2017 global monitoring report. Geneva: World Health Organization, International Bank for Reconstruction and Development, The World Bank, 2017.
- 10 Stenberg K, Hanssen O, Edejer TT, et al. Financing transformative health systems towards achievement of the health Sustainable Development Goals: a model for projected resource needs in 67 low-income and middle-income countries. *Lancet Glob Health* 2017; 5: e875–87.
- 11 WHO. Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases. 2017. <http://www.who.int/ncds/management/best-buys/en/> (accessed March 12, 2018).
- 12 WHO. Package of essential noncommunicable (PEN) disease interventions for primary health care in low-resource settings. Geneva: World Health Organization, 2010.
- 13 WHO Regional Office for the Eastern Mediterranean. WHO Health Emergencies. Beyond the bullets and bombs: saving the lives of chronic disease patients living in conflict settings. Nov 23, 2017. <http://www.emro.who.int/eha/news/beyond-the-bullets-and-bombs-saving-the-lives-of-chronic-disease-patients-living-in-conflict-settings.html> (accessed March 13, 2018).