

Health Affairs

At the Intersection of Health, Health Care and Policy

Cite this article as:

Nellie Bristol

The UN Weighs Solutions To The Plague Of Noncommunicable Disease
Health Affairs, 30, no.11 (2011):2039-2041

doi: 10.1377/hlthaff.2011.1119

The online version of this article, along with updated information and services, is available at:

<http://content.healthaffairs.org/content/30/11/2039.full.html>

For Reprints, Links & Permissions:

http://healthaffairs.org/1340_reprints.php

E-mail Alerts : <http://content.healthaffairs.org/subscriptions/etoc.dtl>

To Subscribe: <http://content.healthaffairs.org/subscriptions/online.shtml>

Health Affairs is published monthly by Project HOPE at 7500 Old Georgetown Road, Suite 600, Bethesda, MD 20814-6133. Copyright © 2011 by Project HOPE - The People-to-People Health Foundation. As provided by United States copyright law (Title 17, U.S. Code), no part of *Health Affairs* may be reproduced, displayed, or transmitted in any form or by any means, electronic or mechanical, including photocopying or by information storage or retrieval systems, without prior written permission from the Publisher. All rights reserved.

Not for commercial use or unauthorized distribution

ENTRY POINT



United Nations Secretary-General Ban Ki-moon has been asked to mobilize the UN to encourage broader action across its agencies, in response to the threat to health and prosperity that noncommunicable diseases pose around the world.

DOI: 10.1377/hlthaff.2011.1119

The UN Weighs Solutions To The Plague Of Noncommunicable Disease

Inertia gives way to global action on a rising health threat, as a high-level meeting lays the groundwork for prevention and control.

BY NELLIE BRISTOL

Before a word was spoken at the United Nations (UN) High-Level Meeting on the Prevention and Control of Non-Communicable Diseases, the meeting's very occurrence sounded an alarm. The session, which took place in New York September 19 and 20, 2011, focused on the large and growing public health crises of ris-

ing rates of diabetes, cancers, cardiovascular conditions, and lung disease. So prevalent are they that according to one estimate, they may cost the world more than \$30 trillion in lost economic output over the next two decades.¹ The fact that these conditions merited a UN "high level" meeting—in UN parlance, the a formal gathering of senior government officials apart from the

scheduled sessions of the General Assembly—meant that world leaders have taken notice: At least two-thirds of the globe's inhabitants are likely to fall ill with and die from these diseases, rather than from the predominantly infectious ones that felled earlier generations.

Watershed

In fact, this was only the third occasion that a health issue warranted such a "high level" UN meeting—the first two having been the landmark summit on HIV/AIDS in 2001, followed by a second high-level meeting on HIV/AIDS earlier this year. On hand this time, in addition to heads of state and diplomats, were executives and other representatives of pharmaceutical, food, and other corporate interests; hundreds of representatives of patient organizations; leading academic health specialists and economists; and many others.

Just as the first UN special session on AIDS helped focus the world's attention on the phenomenal scope of that pandemic, a sense of urgency marked the noncommunicable disease meeting. "This must be a watershed event, with a clear before and after," World Health Organization (WHO) Director-General Margaret Chan pronounced at the outset. "With ignorance, complacency, and inertia replaced by awareness, shock, and the right actions, right away."

Declaration

The 2001 HIV/AIDS summit, of course, helped trigger a multibillion-dollar international response to that pandemic, whereas no single standalone program of comparable scope was expected—or, indeed, materialized—from this. Nonetheless, the event was considered a major milestone. The UN's 193 member nations unanimously approved a political declaration that acknowledged the diseases as "one of the major challenges for development in the twenty-first century."² They called on the WHO to propose voluntary global targets for prevention and disease control by the end of 2012. And they called

on member nations to produce national plans to combat the conditions by 2013.

In addition, the declaration instructed the WHO to plan a global monitoring system to track the diseases and requested a comprehensive review of UN progress by the end of 2014. Members called for accelerated implementation of the Framework Convention on Tobacco Control, a treaty aimed at reducing tobacco consumption that has been ratified by 174 countries; has been signed but not ratified by 10 others, including the United States; and remains unsigned by 11 more. The UN political declaration also called for making urgent priorities of prevention and poverty reduction, as well as reducing consumption of trans fats, salt, sugar, and saturated fats and increasing physical activity.

Burden Of Disease

The UN declaration and two-day meeting capped months of negotiations among UN member states over how best to respond to diseases that are well established in the world's richest countries—and that are increasingly threatening the poorest as well. Data from the WHO show that noncommunicable diseases resulted in 63 percent of global deaths in 2008, with an estimated 80 percent of those deaths occurring in low- and middle-income countries. What's more, nearly 30 percent of the deaths from noncommunicable diseases in low- and middle-income countries occur before the age of sixty, compared to only 13 percent in high-income countries.³

The situation results in part from a cruel irony: Even as rates of death from infectious disease and in pregnancy and childbirth have declined in many of the world's poorer countries, people are now sickening and dying of the increasingly more prevalent noncommunicable conditions. "You can be assured that those women that don't die in childbirth are exactly the same women that now, thanks to us, are going to live long enough to develop cervical cancer, breast cancer, diabetes, or heart disease," says Julio Frenk, dean of the Harvard School of Public Health.

But with less than 3 percent of health-related development assistance going toward noncommunicable diseases,

many countries' health systems lack sufficient capacity to carry out broad screening programs or offer widespread treatment, such as the mass administration of diabetes medications or statin drugs for high cholesterol.

Limiting Factors

In many respects, the outcomes of the high-level meeting were constrained by two fundamental factors. First, amid ongoing weakness in the global economy and a protracted financial crisis in Europe, no large-scale program of development assistance for noncommunicable diseases was ever in the cards. Nils Daulaire, the director of the Office of Global Affairs at the US Department of Health and Human Services who coordinated the US government delegation's response to the high-level meeting, says that the "fiscal realities of today" and the commitments that large donor nations have already made to achieving the UN's Millennium Development Goals effectively precluded steering sizable resources into a new program.

A second factor may have proved equally limiting, if not more so. To a large degree, noncommunicable disease is a creation of modern life, with its inactivity, pollution, fast and processed foods, and global tobacco industry. Curtailing these influences on disease means making large policy changes at the local, national, and global levels—a protracted process unlikely to gain much traction from a mere two-day meeting in New York.

Disappointment

As a result, advocates of greater changes to advance global health, or for assistance to the most vulnerable countries, inevitably came away from the meeting disappointed. The WHO had estimated that a program to increase prevention and screening in low- and middle-income countries would cost \$11.4 billion annually, but no such donor commitments were made. Nongovernmental groups such as the NCD Alliance, an umbrella group, had pressed for the United Nations to issue firm targets for disease reduction, rather than the voluntary targets to be announced next year. Yet the United States and other donor nations resisted that change out of concern that such targets could raise

expectations about the need for the richer countries to increase their development assistance.

Some individual country delegations came away distinctly unhappy. Jamaica, one of the Caribbean nations that pushed for the high-level meeting and served as a cofacilitator of the political declaration negotiations, confronts a rise in hypertension and increased obesity. Its ambassador to the United Nations, R. Evadne Coye, damned the meeting's results with understatement: "The declaration recognizes that resources devoted to dealing with [noncommunicable diseases] at all levels are not commensurate with the scale of the problem," she said in a statement after the meeting. "However, it does not advocate more decisive action through strong commitment for much-needed funding."

Other advocates encountered resistance to tackling some of the broader forces that predispose so much of the world to noncommunicable disease. Some, including the NCD Alliance and other global health experts such as Srinath Reddy of the Public Health Foundation of India, had unsuccessfully sought the establishment of a working group or task force on noncommunicable diseases, drawing its members from a variety of UN agencies—including those that address education, finance, and overall development. The final declaration did not specifically create a body to coordinate work across UN agencies, but it did ask UN Secretary-General Ban Ki-moon to submit proposals next year to encourage broader action within the organization.

No Official 'Epidemic'

Global corporations and business groups, as might have been expected, also lobbied hard to protect their interests. The effort contributed to the final UN declaration not equating noncommunicable diseases with the word *epidemic*, thereby avoiding a designation that, under international trade agreements, could have provided countries with an avenue to declare public health emergencies and order compulsory licensing of patented drugs. Meanwhile, the international food and beverage industries deflected global sanctioning of overt regulation by encouraging volun-

tary efforts toward the provision of more healthful food, including product reformulations and changes in marketing practices instead of such measures as proposed taxes on sugary drinks.

For all the ways in which the meeting fell short, however, many attendees agreed that it had firmly placed noncommunicable diseases on the global health agenda. Noncommunicable diseases “have found their platform, and other really important parts of the global health community have begun to seriously engage with them,” says Rachel Nugent, a senior research scientist at the University of Washington who headed a major report on agriculture and chronic disease.

Draft Targets

What’s more, draft versions of the voluntary WHO-developed targets due by 2012 do seek to address many of the underlying causes of poor health. Under the category of “exposure targets,” the goals call for reducing daily tobacco smoking worldwide by 40 percent, alcohol consumption by 10 percent, and salt intake to under 5 grams per day, all by a target date of 2025. The outcome target is a 25 percent reduction in preventable mortality from cardiovascular disease, cancer, diabetes, and chronic respiratory disease.

The WHO also advanced a long list of proven and cost-effective prevention measures, such as stiffening tobacco and alcohol controls and warnings,

reducing salt and fat content in food, and promoting public awareness about diet and physical activity through mass media.

In the end, says Ann Keeling, chair of the NCD Alliance, the high-level meeting actually “changed things fundamentally, and they won’t change back.” Absent the spotlight that was shined on the problem, the world would be “sleepwalking into a very sick future,” she says. Now, perhaps, more eyes have been opened to the scope of the disease-fighting challenges that lie ahead. ■

Nellie Bristol (nbristol@mac.com) is a freelance journalist in health policy, based in Falls Church, Virginia.

NOTES

1 Bloom DE, Cafiero ET, Jané-Llopis E, Abrahams-Gessel S, Bloom LR, Fathima S, et al. The global economic burden of non-communicable diseases [Internet]. Geneva: World Economic Forum; 2011 Sep [cited 2011

Oct 26]. Available from: http://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf

2 United Nations General Assembly. Political declaration of the High-

Level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases [Internet]. New York (NY): UN; 2011 Sep 16 [cited 2011 Oct 27]. Available from: http://www.un.org/ga/search/view_

[doc.asp?symbol=A%2F66%2FL.1&Lang=E](http://www.un.org/ga/search/view_doc.asp?symbol=A%2F66%2FL.1&Lang=E)

3 World Health Organization. Global status report on noncommunicable diseases 2010. Geneva: WHO; 2011.