

Noncommunicable Diseases

A Global Health Crisis in a New World Order

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IN SEPTEMBER 2011, THE UNITED NATIONS GENERAL ASSEMBLY (UNGA) held—for the first time—a High-Level Meeting on the Prevention and Control of Noncommunicable Diseases.¹ In taking this unusual step, the UNGA, home to 193 member states and the principal decision-making organ of the United Nations (UN), has affirmed not only the global importance of the noncommunicable diseases (NCDs) but also the imperative of concerted remedial action.¹ In this Viewpoint we discuss the outcomes of the high-level meeting (HLM) and the aftermath thereof and affirm that the heretofore unrecognized NCD epidemic has at last acquired a voice. However, the HLM, accompanied by a severe international economic downturn, exposed a new world order wherein erstwhile global health donors play a more limited role, aid recipients assume greater responsibility for developmental progress, and UN agencies increasingly integrate NCDs into their programmatic and budgetary constructs.

The NCDs—cardiovascular disease, chronic respiratory disease, diabetes, and cancers—are the dominant public health challenge of the 21st century.² Left unattended, NCDs compromise the Millennium Development Goals, thwart the eradication of poverty, and undercut economic growth. The attendant global loss of economic output over the next 2 decades has been estimated at more than US \$30 trillion.³ United by common modifiable risk factors—tobacco use, unhealthy diet, physical inactivity, and the harmful use of alcohol—NCDs account for an estimated 63% of the global death toll.² By 2030, it is estimated that NCDs may account for 52 million deaths worldwide, nearly 5 times the projected number of deaths from communicable diseases.² Most (80%) NCD-related deaths, especially premature (<60 years of age) deaths, occur in low- and middle-income countries.²

It is only the second time in history that the UNGA convened an HLM in response to a global health crisis. The first HLM, in 2000, primarily addressed the human immunodeficiency virus (HIV)/AIDS epidemic⁴ and was followed by an unprecedented global response. However, that is where the similarities likely end.⁵ First, NCDs do not have the moral

urgency, the fear of contagion, and the social justice envelope associated with HIV/AIDS. Second, NCDs are not perceived as an imminent threat to global security necessitating the (unparalleled) engagement of the UN Security Council. Third, NCDs lack the grassroots attention and celebrity power inherent in the social movement mobilized by and for HIV/AIDS. Fourth, NCDs are coming to the fore at a time of profound global austerity that stands in stark contrast to the relative prosperity at the turn of the 20th century. Fifth, NCDs are encountering the leading edge of a maturing aid reform movement willing to conceptualize a world “beyond aid.”⁶

Crafted against this backdrop, the Political Declaration on the Prevention and Control of NCDs⁷—the key tangible deliverable of the HLM—could hardly please everyone. To its supporters, the declaration offered affirmation, empowerment, coordination, and continuity. Examples of such provisions include that the consumption of tobacco and alcohol will be curtailed through national taxation and marketing restrictions; the use of saturated fats, trans fats, salt, and sugar will be constrained through regulation and negotiation; public campaigns will target the 4 modifiable risk factors (tobacco use, unhealthy diet, physical inactivity, harmful use of alcohol) and their attendant disease groups; the World Health Organization, the designated coordinator of the global response to the NCDs, will develop a comprehensive global monitoring framework; and the UN Secretary General will consider relevant partnerships, monitor the realization of HLM commitments, and report on progress in the prevention and control of NCDs.

To its detractors, the declaration fell short in its failure to deliver sweeping global mandates. Broadly anticipated binding and time-delimited targets gave way to voluntary, to-be-developed goals. Widely advocated incorporation of the NCDs into future Millennium Development Goals frameworks was left out. Private-public partnerships repeatedly proposed for the NCDs were deemed optional and subject to future consideration. Commonly suggested endorsements of NCD-friendly regulatory policies, patent laws, or

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trade pacts were sidestepped. Perhaps most importantly, expected funding pledges for this underfunded sector (<3% of global health aid)⁸ did not materialize. What is more, the burden of NCD prevention and control was placed squarely on the individual member nations.

It is impossible to overestimate the significance of these policy shifts. If nothing else, the traditional donor-country partnership model has been replaced with one wherein traditional global health champions (eg, national and multinational donors) assume a more limited role, intellectual capital is increasingly the coin of the aid realm, developing nations cast off their familiar role as aid recipients, and country self-sufficiency is the expected norm.

Viewed in this light, outright bilateral and multilateral global health underwriting to combat NCDs appears unlikely. Instead, one or more of the following will likely occur. First, member nations may raise some of the required resources. Political will permitting, this path will likely include excise taxation of tobacco, alcohol, sugared beverages, and other products. Similar self reliance will be required to ensure access to affordable essential medicines, in keeping with the Doha Declaration on the TRIPS (Trade Related Aspects of Intellectual Property Rights) Agreement and Public Health.⁹ In either case, a multisectoral (“whole-of-government”) engagement beyond the confines of the ministry of health will be essential.

Second, the UN, following up on its recent commitments, will integrate NCDs into its country work plans (“National Development Assistance Frameworks”).¹⁰ To be launched in more than 20 member nations, this intervention stands to bring some resources to bear on the prevention and control of NCDs. Equally important, the UN is poised to mainstream NCD interventions into agency planning and programs. With the UN, its agencies, and its member nations stepping into the breach, the roadmap for the prevention and control of NCDs in a new world order appears to be taking shape.

The outlines and significance of the NCD epidemic have been greatly clarified and amplified by the HLM. In addition, the HLM sounded a call to action, gave voice to numerous parties, forged an advocacy universe, and stimulated the generation of invaluable data. Perhaps most importantly, the HLM ensured that NCDs are given ongoing consideration at the national and global level. On the

other hand, the HLM forced a realization that ongoing leadership and resources will not be provided by long-established global health champions. In short, global health assistance as previously known may never be the same. Instead, it will be the UN, its agencies, and its member nations that will be making the necessary investments in the prevention and control of NCDs. Although global altruistic ardor may be dissipated, the harsh if inevitable realities of the new compact will dominate the foreseeable future. Whether a world “beyond aid”⁵ will be a better place remains to be seen.

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