Beating NCDs can help deliver universal health coverage

In WHO’s drive to ensure good health and care for all, there is a pressing need to step up global and national action on non-communicable diseases (NCDs), and the factors that put so many people at risk of illness and death from these conditions worldwide. By action, we mean coordinated action that is led by the highest levels of government and that inserts health concerns into all policy making—from trade and finance to education, environment, and urban planning. Action needs to go beyond government and must bring in civil society, academia, business, and other stakeholders to promote health.

But governments have to take the initiative. Governments are in the driving seat when it comes to motivating, and obliging, the private sector to prioritise the healthy—not the profitable—option, particularly those industries (eg, manufacturers, retailers, and marketers of tobacco, alcohol, sugary drinks, or foods containing trans-fat and high levels of sodium) that make the products that jeopardise health. However, how can such action be achieved when the scale of the NCDs epidemic is so large—accounting for the premature deaths of 15 million people aged 30–69 years every year, including 7 million in low-income and lower-middle-income countries—and the vested interests of powerful economic multinational operators so strong?

The answer is to prevent exposure to NCD-causing risks, such as tobacco smoke, harmful use of alcohol, physical inactivity, unhealthy diets, and air pollution, and to provide universal health coverage thereby ensuring all people can access needed preventive and curative healthcare services, without falling into poverty.

WHO has developed a list of tried, tested, and affordable actions to improve prevention, early detection, or how much money they have. WHO has also made recommendations for using laws to help prevent people developing NCDs in the first place. This action means regulating the amount of salt and sugar in processed foods and drinks that fuel the epidemics of cardiovascular diseases and diabetes, and that are often cheaper than healthier options. Such regulation involves banning tobacco marketing, advertising, and promotion, and making all indoor public and workplaces smoke-free. Taxing tobacco, alcohol, and sugary drinks not only curbs consumption of unhealthy products, it can also generate revenue for disease prevention and treatment.

At the 70th World Health Assembly in May, 2017, governments endorsed the updated set of
Accountability is a loaded concept. For many, the term itself has negative and punitive connotations. When it comes to accountability to adolescents—who number 1·2 billion today—discourse is rare. Adolescents are the central promise for accelerated, lasting progress on the Global Strategy for Women’s, Children’s and Adolescents’ Health1 and the Sustainable Development Goals (SDGs). But for adolescents, who lack power, vote, and influence, the notion of accountability to their health, development, and rights is fragile.

The Independent Accountability Panel (IAP) is mandated by the UN Secretary-General to provide an independent annual assessment of progress on implementing the Global Strategy. The IAP embraces a participatory, constructive approach based on its accountability framework: monitor, review, act, and remedy.3 It emphasises human rights and views accountability as a virtuous circle, with built-in learnings for continuous improvements in delivering on promises made about people’s health and rights. Monitoring is essential to reveal inequities and other inadequacies in quality, accessibility, and affordability of services through better data disaggregation. Beyond monitoring, the IAP framework places a premium on independent review, action, and remedy. Here, the oversight role of courts, parliaments, and human rights institutions, alongside