



NCDs and MDGs – SUCCESS IN SYNERGY

Non-communicable diseases (NCDs) are being targeted as never before as the international community begins to realize the toll on human life that these diseases present. NCDs currently contribute to 63% of global deaths and close to 90% of NCD deaths under the age of 60 occur in low and middle income countries. With just three and a half years left to meet the Millennium Development Goals (MDGs), the global health agenda already seems full. Yet, as the United Nations agencies and programs continue to work toward delivering as one, it is necessary to better understand the challenges in achieving the MDGs by 2015.

Progress on global health is a pre-condition for progress on development. Success in global health cannot be achieved without bold coordinated efforts to incorporate NCD prevention, control and care into the current workstream. If we are to continue advancing health, given tightening budgets and reduced development assistance, innovative, integrated and life course approaches to health and development are required. To inform decision making and further efforts, data collection, with appropriate social disaggregated data such as gender, ethnicity and income are necessary. NCDs and their links to MDG indicators are presented below along with example solutions that address both NCDs and MDGs. The examples shown here may be applicable to more than one goal and the links and solutions proposed are not exhaustive.

MDGs	SOME NCD LINKS	EXAMPLES OF SOLUTIONS / INTERVENTIONS
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Poverty and Hunger



- Illness, disabilities and death from NCDs hurt economic productivity and household income.
- Catastrophic expenditures for NCDs treatment increase the burden on the poor and poor households, leading to under-nutrition in vulnerable populations.
- The cost of buying tobacco and alcohol also diverts household income and resources from ensuring food and nutrition security. Spending on tobacco and alcohol is more detrimental to the poor as their resources are limited.

- Prevention of risk factors will contribute to addressing poverty.
- Universal access to primary health care, including preventative NCD care, reduces individual health costs and out of pocket spending. This also reduces delays in seeking care and lessens the number of sick days from work.
- Raising taxes on alcohol and tobacco deters purchase and use of these products which are major risk factors for NCDs and creates finances for governments to invest in prevention and health care.

Primary Education



- The cost of treating NCDs or the use of tobacco and the harmful use of alcohol means less resources for educating children, especially girls.

- School feeding programs are associated with increased school enrolment and attendance and can be extended to educate students about healthy dietary practices.
- NCD prevention starts with education. Schools are important in encouraging healthy lifestyles including physical activity, healthy diet and avoiding alcohol and tobacco.
- Reducing tobacco use and the harmful use of alcohol, especially in poor populations, provides more resources for education.

Gender Equality and Empowerment of Women



- NCDs are a significant cause of poor health and premature death for women in their potentially productive years, particularly in developing countries. Increasing NCDs result in more young women acting as caregivers and when they assume the caring role, they have fewer opportunities for their education and career.

- Micro-financing initiatives targeting women improve their status in the community and increase household income which keeps girls in schools longer. These initiatives also increase access to financial services making NCD treatment costs more affordable.

Child Health



- In low-income countries, 1 in 10 children dies before the age of five, partly due to a diversion of household income away from children and towards NCD risk factors and treatments.
- Some 43 million children were overweight or obese in 2010, with 35 million of these children living in developing countries.
- Smoking causes low birth weight which in turn is associated with a higher risk for NCDs in adulthood. Childhood exposure to second-hand smoke can lead to respiratory diseases such as asthma.

- Breastfeeding and better nutrition during pregnancy and early in life can reduce to the likelihood of developing high blood pressure, diabetes and cardiovascular disease later in life.
- Smoking cessation programs should be implemented to protect children from the harms of second-hand smoke.

Maternal Health



- During pregnancy, diabetes and hypertension as well as tobacco and alcohol use increase the risk of complications for mother and baby. Obesity is a risk factor for maternal deaths, and is linked to diabetes, hypertension and heart disease in pregnancy.
- Cervical cancer, the most common cancer affecting women in developing countries, kills close to 300,000 women a year, yet is preventable by vaccination, screening and early treatment.

- Healthcare during pregnancy is important in detecting and managing diabetes, and helps reduce smoking, harmful use of alcohol and exposure to second hand smoke during pregnancy.
- Universal access to reproductive health services including access to HPV vaccination, screening and preventative treatment reduces the number of women who develop cervical cancer.
- New mobile health programs, such as text messages on phones, can provide women with information about healthy pregnancies and NCD prevention.

HIV/AIDS and Tuberculosis (TB)



- As people with HIV/AIDS are able to live longer through the use of antiretroviral therapy, their risk of developing cardiovascular disease as well as diabetes increases. HIV infection also increases the risk of some cancers.
- Smoking, diabetes and the harmful use of alcohol can multiply the risk of developing active tuberculosis.

- Lessons learned from HIV/AIDS and TB policies and programmes, particularly community mobilization, research and development, as well as procurement and supply chain management can be integrated into NCD initiatives.
- Tools and services developed for HIV/AIDS and TB care may be adapted to include programmes for NCDs such as diabetes, cardiovascular diseases and cancer.
- Adherence to long-term treatment is important to the success of HIV/AIDS, TB and NCD management.

Environmental Sustainability



- NCDs are linked to the exploitation of natural resources, for example, land cleared for tobacco consumption accounts for 5% of deforestation in developing countries.
- Road transportation emissions are responsible for 70-90% of air pollution in urban areas.

- Walking and cycling instead transport by car significantly reduces carbon emissions. The health benefits that result from regular physical activity, including walking and cycling, greatly reduces the risk of NCDs.
- Chronic pulmonary disease can result from significant exposure to air pollution as caused by motor vehicles.

Essential Drugs



- Cost-effective medicines to treat NCDs are available in low-cost generic forms, but in many places remain inaccessible and unaffordable to those most in need. The poorer the country, the less likely that these medicines are available. Where they are available, misuse remains a challenge in low and middle-income countries.

- Increasing access and affordability for medicines for both noncommunicable and communicable diseases will help to achieve lasting progress on global health and prevent impoverishment.