



COHESION

# Political construction of NCDs

No “Business as usual” against non-communicable diseases (NCDs)

MMS Symposium, November 2<sup>nd</sup> 2017

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# Context

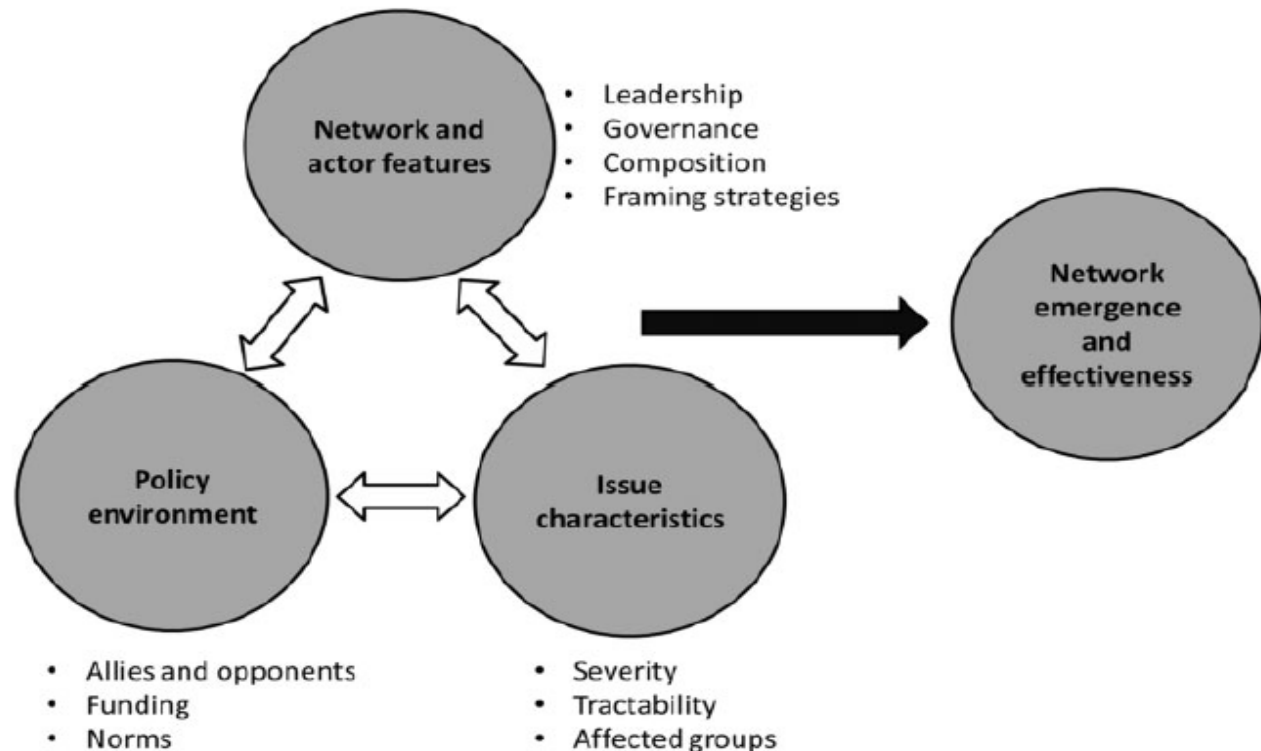
- What is the COHESION project
  - **CO**mmunity, **HE**alth **S**ystem **I**nnovati**ON** project
  - 4 countries – Mozambique, Nepal, Peru, Switzerland
  - Focus: double burden NCDs and NTDs at Primary Health Care
    - NCDs (hypertension and diabetes)
    - NTDs (neurocysticercosis, leprosy, schistosomiasis)
  - 3 levels
    - **Policy (international & national)**
      - How did NCDs reach the global health agenda?
    - Health system
    - Community

# Agenda

1. Methodology
2. Reaching the global policy agenda
  - a. Definition of the problem
  - b. Finding a voice
  - c. Framing of the issue
  - d. Political achievements
3. Challenges

# Methodology

- Document review
  - Policy documents and World Health Assembly (WHA) resolutions
- In-depth semi structured interview
  - 11 with key stakeholders – NGOs, Academics, International Organizations, Private sector
- Analysis
  - Shiffman et al framework: *The emergence and effectiveness of global health networks: findings and future research. 2016*



**Figure 1** A framework on the emergence and effectiveness of global health networks

# 1. What is the Problem?

- **Issue characteristics** ➡ Define groups of diseases as GLOBAL

*« How does one get something like this to the **attention of the UN?** I think, first of all, there has to be an **appreciation of the gravity of the situation.** It was there but many people had not focused sufficiently on the data.. (...)»*

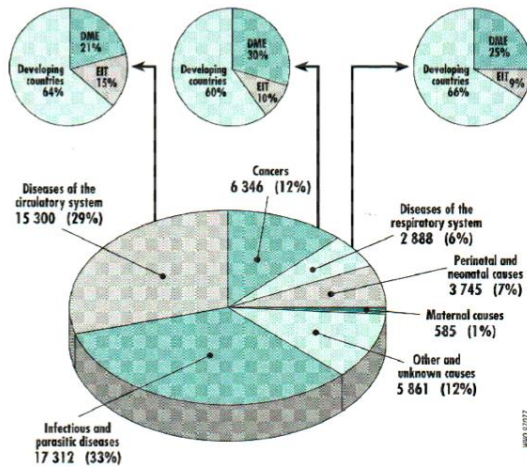
*(GlobAcadIONGO3 )*

*«The other challenge really in the Nepals and the Mozambiques and the Perus. (...) **Now these people are struggling in the depth of communicable disease, and on top of it diabetes and cancer. So every country has gone through the transition and the double burden,** but then it was a way by which one thing came down and the other thing came off. (GlobIO5, p.65) »*

# DATA 1996 to 2011

Fig. 2. Global causes of death, 1996<sup>c</sup>

Distribution of deaths by cause and distribution of major noncommunicable diseases by level of development



1997

35 000 000  
people will die from  
chronic diseases  
in 2005

2 830 000 deaths  
HIV/AIDS

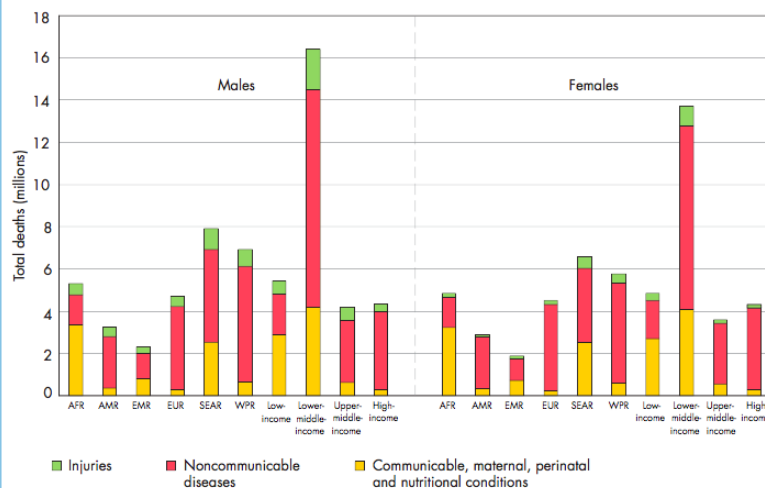
1 607 000 deaths  
Tuberculosis

2005

60%

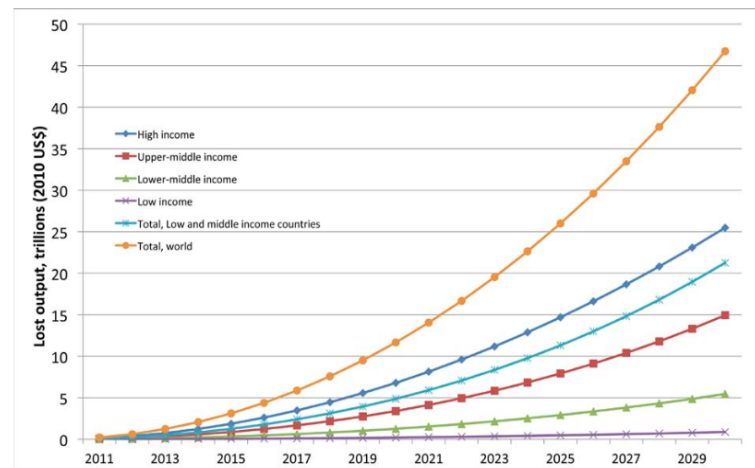
<sup>a</sup> — Deaths in thousands and percentages of total.  
<sup>b</sup> — Breakdown for the three major noncommunicable causes: developing countries (including east developed countries); DISEASES OF THE CIRCULATORY SYSTEM; DISEASES OF THE RESPIRATORY SYSTEM; DISEASES OF THE CIRCULATORY SYSTEM.  
<sup>c</sup> — Infectious and parasitic diseases include acute lower respiratory infections and neonatal tetanus and are excluded from diseases of the circulatory system and perinatal and neonatal causes respectively.

Figure 1. Total deaths by broad cause group, by WHO Region, World Bank income group and by sex, 2008



(Note: AFR=African Region, AMR=Region of the Americas, EMR= Eastern Mediterranean Region, EUR= European Region, SEAR=South-East Asia Region, WPR=Western Pacific Region).

Figure 4: Output losses will speed up over time  
(Breakdown of NCD cost by disease, based on EPIC model)



2010

2011

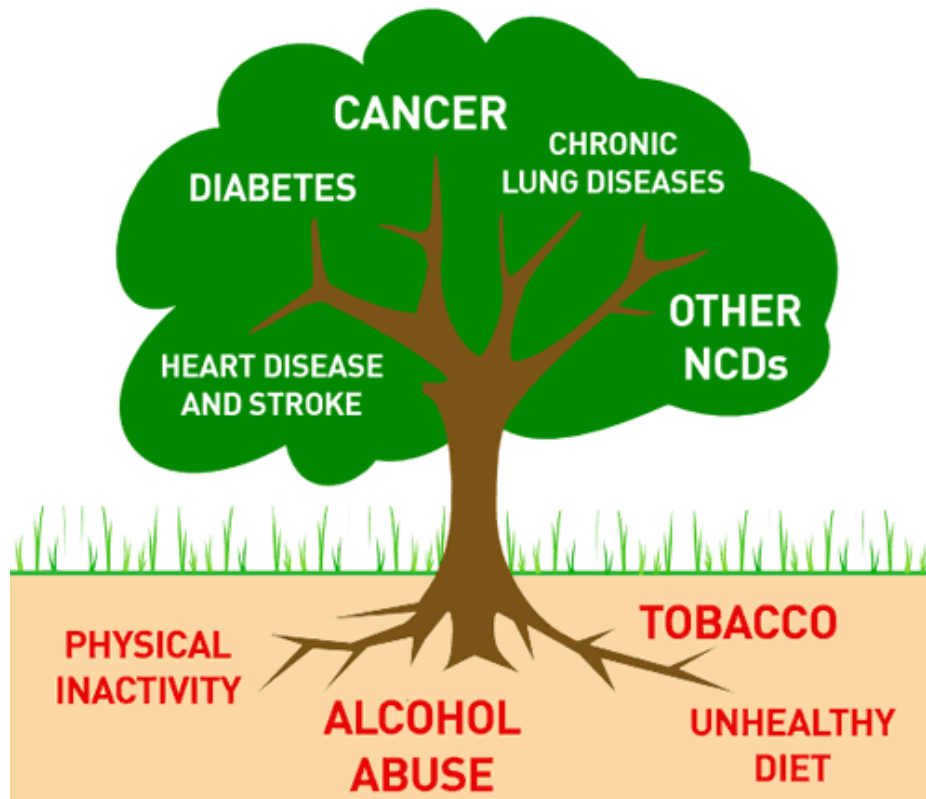
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## 2. Finding a voice



### 3. NCD Framing

1. 4 diseases and 4 risk factors = political traction since 2000
2. NCD and Global Development = 2011 UNGA and SDGs
3. Economic burden - since 2005





## 4. NOT a Health Security Issue



### Global Economic burden ↑↑

*“Everyone always throws around the **figure of \$47 trillion** it’s going to cost the world in the next two decades on NCDs. **The economic case became a lot clearer (...).** We never really talked about in early 80s, 90s, whatever. It was only really until the 2000s that that began to kind of take shape. I think **that is a kind of re-framing of the issues which I think helps catalyse physical commitment.** (GlobNGO1,p.4) “*

# 5. Political Achievements

- Global Action Plan 2008-2013 / 2013-2020



- UN High-Level-Meeting 2011

*In a sense, **all the stars were in alignment (...)**  
(GlobAcadIONGO3 )*

- Sustainable Development Goal (SDGs) 2016



# Challenges

## ◆ Multi-sectorial approach

*« And **how do you get the Ministries to coordinate together is a major undertaking.**(...) you find a country that ticked the box, yes I have a intersectional coordination **and you look at what is happening. Nothing. that the countries never spoken together and have never spoken to one another before about the common problems of NCDs.** Now how is a country going to have intersectional movement? Who is going to monitor whether that takes place or not? That's one of the difficulties of WHO. (GlobAcadIONGO3) »*

## ◆ Framing

*« **We've never said that that four by four is transferable to every single country and every single community. It's obviously a bit like IKEA furniture.** You know people need to tailoring it and fiddling around until they get, that it makes sense to them in context. **It's a useful frame at the global level, I think.** (GlobNGO1) »*

# Challenges

## ◆ Implementation (unrealistic recommendations)

« Yeah and it's **completely unrealistic and unfeasible to think that a low income country is going** to be able to do everything that the global ... even setting itself all nine targets and 25 indicators, which is exactly the same as the global framework. It's just not possible. (...) (GlobNGO1) »

« Plus these are complex issues. I always say "what is the equivalent of **a condom in diabetes?**" It is not there. HIV, we can go to you in assembly and have a condom in our hand and say "this is it, use this, make this available, you control the disease." Can we do that with diabetes, no. (...) (GlobIO5) »

## ◆ Funding (lack of)

« In terms of health budgets, I mean you know **an awful lot of NCD care and treatment is paid out of pocket in low to middle income countries.** In a lot of places , NCDs aren't included necessarily in universal health packages, so that means obviously more out of pocket payments. (...) (GlobNGO1) »

# THE LANCET

Volume 390 Number 10105 Pages 1811-1926 October 21-27, 2017

[www.thelancet.com](http://www.thelancet.com)

"The good news on non-communicable diseases is that policy makers have both an awareness of the problem and an appetite for change. Unfortunately, this is not paralleled with action."

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Promoting and protecting female bodily autonomy  
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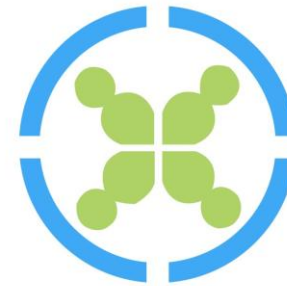
£5.00 Registered as a newspaper · ISSN 0140-6736  
Founded 1823 · Published weekly

21 October 2017  
Volume 390, Issue 10105

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