



MMS Bulletin #145

Pas de « business as usual » contre les maladies non transmissibles

MMS Symposium on NCDs

Solutions are available - inaction is the problem!

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The MMS Symposium 2017 on NCDs highlighted the complexity of the NCD epidemic. Determinants of NCDs are of social, economic, political and environmental nature, resulting in a growing burden - especially in LMICs - that can no longer be out of priority. Only with a multidimensional approach this epidemic can be tackled. Countries must urgently take action in order to achieve the reduction of NCD deaths by 1/3, as the Sustainable Development Goals (SDGs) aims. The presentations at the MMS Symposium demonstrated approaches and examples of how the increasing burden of NCDs can be addressed. The main challenge that remains is the implementation of NCD policies. Therefore the civil society plays a crucial role in advocating for the implementation of policies in order to tackle the NCD epidemic.



Ghana (Photo: © Nana Kofi Acquah / Novartis Foundation)

Every year, non-communicable diseases, such as cardio-vascular diseases, diabetes, cancer and chronic respiratory diseases kill over 40 million people around the world. With 70% of all deaths, NCDs compose the major threat to human health (WHO 2017, Factsheet).

The causes of NCDs are far beyond individual behavior!

Often risk factors of NCDs are reduced to individual behavior leading to NCDs such as tobacco use, unhealthy diet, lack of physical activity and harmful use. However, the causes of NCDs go far beyond individual behavior. NCDs are widely driven by social, economic, political and environmental determinants, as well as commercial determinants of health, which are defined as “strategies and approaches used by the private sector to promote products and choices that are detrimental to health” (Kickbusch, 2016, The Lancet Global Health). Poverty is a driver of NCDs; poor people have a higher risk to be exposed to unhealthy food and harmful use of alcohol and tobacco. Free-trade agreements have been proven to promote the consumption of unhealthy food resulting in an increase in NCDs. Another often forgotten determinant is the environment, where urbanization is a key driver, as well as air pollution that is estimated to be responsible for over 20% of NCD death worldwide (Landrigan, 2017, The Lancet).

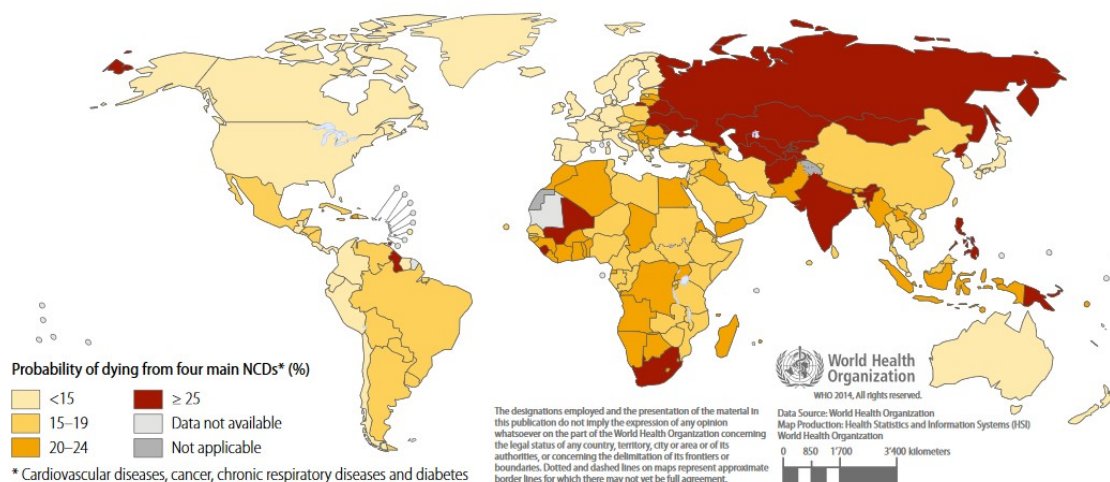
Participants of the MMS Symposium agreed that in order to lead a healthy behavior, individuals need to be in a supportive environment, which is also anchored in the Global Action Plan for the prevention and control of noncommunicable diseases (Global Action Plan, 2013). *“The only way is to create a change in the environment; it is not a personal decision.”* (Alejandro Calvillo).

“Maggi bouillon as an essential ingredient in the African kitchen” - Rising NCD epidemic in LMICs

For long times, non-communicable diseases have been predominantly prevalent in high income countries, while low and middle income countries (LMIC) were mainly struggling with infectious diseases. However, with globalization, free trade agreements, urbanization, changing lifestyles, less physical activity as well as increasing environmental pollution (e.g. air pollution), factors that trigger the risk for NCDs are given and resulted in an exploding prevalence of NCDs in LMICs. Today, 80% of all NCD related deaths happen in LMICs (WHO 2017, Factsheet). LMICs face now a so-called double burden of diseases – struggling with infectious and non-communicable diseases at the same time. Especially in LMICs where health systems are already weak, long term needed care challenges health care systems. Globally only 50-70% of patients receive the recommended treatment for chronic conditions. After the HIV/AIDS access-treatment crisis, NCDs compose now the new treatment-access crisis (Bollyky, 2013, PLoS Med). Costs of NCDs’ treatment are especially high, as the treatment is often lifelong and the medications are expensive. A large proportion of people are pushed into poverty due to out-of-pocket expenditures for NCD care (WHO 2011, NCDs and Development). Whether Universal Health Care (UHC) will be sufficient to address NCD related impoverishment depends on the prioritization of NCDs in the UHC design. However, UHC is one of the overarching principles in the Global Action Plan, 2013.

Therefore it is not surprising that the probability of dying from NCDs is much higher in LMICs countries.

Fig. 1.5a Probability of dying from the four main noncommunicable diseases between the ages of 30 and 70 years, comparable estimates, 2012



WHO Global Status Report on noncommunicable diseases, 2014

Impact on social and economic development

Besides the fact that NCDs challenge health systems, NCDs have also a highly negative impact on social and economic development, hindering economic growth of a country and hampering poverty reduction efforts. This is a vicious cycle, as the NCD epidemic is triggered by poverty, as well as it produces poverty.

Often forgotten are the disability and mental health issues caused by NCDs. According to the World Report on Disabilities (2011), it is estimated that NCD account for 66.5% of all years lived with disability in LMICs.

Solutions available – multidimensional approach indispensable

The speakers of the MMS symposium presented a wide range of solutions and approaches that have shown to be beneficial to address different determinants of NCDs, such as through community mobilization, health promotion, rethinking urban health as well as implementation of a soda tax and specific campaigns.

A multidimensional as well as a multisectoral approach is needed to tackle the NCD epidemic. Not only individual behavioral changes can solve the problem, but an environment needs to be built in the way that it enables all people to lead a healthy lifestyle. This is also aligned with the 2030 Agenda for Sustainable Development, where health is recognized as an issue, determined by more than pathogenic and behavioral factors, but rather being driven by poverty, inequalities, environment as well as political factors. Such a holistic approach as proposed by the SDGs is clearly the way to go! Countries must urgently take action in order to achieve the reduction of NCD deaths by 1/3, as the Sustainable Development Goal 3.4 (SDGs, 2015) aims.

Discussion on how to address challenges of NCD care has shown that learning from previous experiences is key. In a working group, participants discussed, that Africa can address the challenges emerging for NCD care, with the lessons learnt from HIV. There are already strong community based care systems in place and ready to be built upon, including medical staff as well as the capacity for palliative care, counseling, follow-up of patients and monitoring. Using a patient-centered care approach has proven to be successful in Eastern Europe.



Construction worker smoking cigarette, Indonesia (Photo: © Adam Cohn/flickr, CC BY-NC-ND 2.0). Comment MMS: According to WHO, about 23.7% of deaths in Indonesia in 2007 were caused by tobacco related diseases.

“We need more NCD activists!” -The critical role of civil society

Recommendations and policies for NCDs are available, however there was a common understanding at the symposium that there needs to be done much more to achieve an actual implementation of those policies. Only when all countries implement the Global Action Plan on NCDs we can tackle the epidemic. The main issues hampering effective implementation are conflicts of interests, as the implementation of NCD policies are often against major interests of the private sector. The example of the sugar tax implementation in Mexico has shown how civil society can win the fight against big international corporations and achieve a regulation of the uncontrolled market. Civil society's role is also to advocate for more evidence, collaborating with academic institutions. This is especially crucial, as also big corporations increasingly collaborate with academics, funding studies to prove effects that are beneficial to them.

Other social issues or other diseases (e.g. HIV) have activists, advocating for changes and fight for the right of health. However, with NCDs, there are not that many activists involved. The civil society plays a crucial role in the fight against NCDs is also acknowledged by the new WHO Director-General Dr. Tedros: *“Action needs to go beyond government and must bring in civil society, academia, business, and other stakeholders to promote health”* (Commentary Dr. Tedros and Tabaré Vázquez, 2017).

Besides recommendations to implement policies promoting a healthy diet, physical activity, reduce the harmful use of alcohol, the Global Action plan on NCDs also encourages member states to ratify the Framework Convention on Tobacco Control (FCTC, 2003). Although Switzerland has a quite comprehensive NCD strategy which suggests the ratification of the FCTC, this has not been realized yet. Tobacco is a major risk factor for NCDs (WHO 2017, Factsheet). Being the country where most of the international Tobacco companies are based, Switzerland has not only a responsibility towards its own citizens' health, but also an international responsibility. Those organizations take advantage of the liberal market and weak regulations on export of harmful tobacco products that are forbidden in Europe (Angeli & Hostettler, 2014, Beobachter). The new proposed Swiss law on tobacco products (2017), which is part of the Swiss strategy against NCDs, does not include any restrictions on the production and export of tobacco products, but only on the sale for products in Switzerland. The Civil society plays a crucial role in advocating for a better regulation of Tobacco industry and a Law that enables an FCTC ratification, making sure Switzerland takes its responsibility and protects the health of people beyond the Swiss borders.

The MMS Symposium reinforced the need to act and put Switzerland's role in focus. This is crucial in order to form and advocate for Switzerland's international responsibility in regard to the next UN-High-Level-Meeting on NCDs in 2018.

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