

NCDs ACROSS THE SDGs

A CALL FOR AN INTEGRATED APPROACH

Populations in low- and middle-income countries (LMICs) are at increased exposure to risk factors for NCDs, can experience loss of household income from unhealthy behaviors, poor health and premature death. The cost of treatment and/or loss of employment and income push vulnerable people and families deeper into the poverty cycle.



Malnutrition in all its forms, overweight & obesity and undernutrition, are risk factors for NCDs such as heart disease, cancer, and type II diabetes.



CLIMATE CHANGE and NCDs have shared causes, and can be addressed through co-benefit interventions such as divesting from fossil fuels, enabling active transport, and promoting sustainable food systems.

Rising temperatures and heat wave episodes lead to increasing rates of mortality from heart attacks or stroke.



Changes to food and agriculture policies aimed at promoting more local, seasonal, plant-based diets can improve nutrition, minimise emissions from food transport, and support local farmers and markets.



Sustainable cities can combat physical inactivity, malnutrition, and exposure to air pollution and harmful chemicals by promoting active transport such as walking and cycling; sustainable food and agriculture systems; responsible waste management; and energy-efficient buildings, industrial processes and infrastructure.



GOOD HEALTH AND WELL-BEING




Education and literacy, particularly for health, are essential for reducing exposure to common risk factors for NCDs, such as malnutrition, physical inactivity, tobacco use, and harmful use of alcohol.



Women and girls are disproportionately affected by NCDs and their risk factors. Women and girls often face a triple burden of poor health from reproductive and maternal health conditions, communicable diseases, and NCDs.



Access to clean water is essential for nutrition and reducing pollution, all of which contribute to healthy lives.

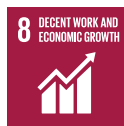


3.8 million premature deaths annually from NCDs attributed to exposure to household air pollution. The most common source of household air pollution is unimproved cook stoves.

Outdoor air pollution causes 3.7 million premature deaths annually, a number which could be vastly reduced by transitioning to renewable energy sources.



Over 75% of deaths in LMICs in 2015 were due to NCDs. Lack of access to affordable, equitable, and essential health services and technologies places high financial strains on populations in LMICs.



Promoting full and productive employment and decent work for all includes investing in healthy workplaces and well-designed wellness programmes. NCDs cause disabilities that prevent people from finding and/or sustaining employment.

57% of people diagnosed with cancer have to give up work or change roles.

Almost 50% of all stroke survivors are unemployed after one year.



A new and ambitious vision for global health and noncommunicable diseases

The adoption of the 2030 Agenda for Sustainable Development in September 2015 was a landmark moment for the NCD community. For the first time, noncommunicable diseases (NCDs) were included in a global development agenda. Governments are now in consensus that NCDs are a poverty, inequality, and social justice issue.

<p>3 GOOD HEALTH AND WELL-BEING</p> 	<p>3.4 NCD MORTALITY</p>  <p>Reduce by 1/3 NCD premature mortality & promote mental health & well-being.</p>	<p>3.5 SUBSTANCE ABUSE</p>  <p>Strengthen prevention and treatment of substance abuse, including harmful use of alcohol.</p>	<p>3.6 ROAD TRAFFIC ACCIDENTS</p>  <p>Reduce by 1/2 number of global deaths and injuries from road traffic accidents.</p>	<p>3.a FCTC IMPLEMENTATION</p>  <p>Strengthen implementation of WHO Framework Convention on Tobacco Control.</p>
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Political momentum for global action on NCDs has steadily increased since the 2011 Political Declaration on the Prevention and Control of NCDs and the WHO Global NCD Action Plan 2013-2020.

The inclusion of NCDs in the 2030 Agenda reaffirms that NCDs are a priority for sustainable development. It is now imperative that governments act on their commitments on NCDs and health more broadly.

<p>NCDs – including cardiovascular disease, cancer, diabetes, chronic respiratory disease, and mental and neurological disorders – account for 70%  of GLOBAL MORTALITY, and are the leading cause of death and disability worldwide.</p>	<p>More than 40% of these deaths were PREMATURE DEATHS UNDER AGE 70  and 82% of these occurred in LMICs.</p>	<p>Mortality among people in their most productive years has a significant IMPACT ON ECONOMIC development and can undermine progress.</p> <p>The projected cumulative lost output due to NCDs in LMICs for 2011-2025 is 7 trillion USD</p>  <p>This far outweighs the estimated 11.2 billion USD cost of implementing a set of high-impact, cost-effective interventions to reduce the burden of NCDs.</p>
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Achievement of the **NCD TARGETS DEMANDS ACTION WELL BEYOND THE HEALTH SECTOR**. The risk factors for NCDs – *tobacco use, physical inactivity, unhealthy diet, harmful use of alcohol, and air pollution* – and their underlying social determinants are driven by sectors as broad as agriculture, urban planning, energy, trade, and education. Therefore, a multisectoral approach is essential, as well as coherence across economic, social, and environmental policy areas to promote health.



The integrated and indivisible nature of the SDGs provides a crucial opportunity in global development for governments to turn rhetoric on eliminating siloed interventions into tangible actions, utilising policy coherence and innovative programmes to deliver on the SDGs.

POLICY COHERENCE AND INNOVATIVE PROGRAMMES that bridge several targets and goals will maximise use of existing and new financial resources. For example, sustainable cities that promote active transport such as walking and cycling reduce air pollution, increase physical activity, and reduce the risk of developing NCDs associated with poor air quality and physical activity.

This will require coordination between multiple sectors of government, civil society, and relevant private sector.



References:

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