HEALTH

“Health as a Human Right”: Noncommunicable Diseases and the Post-2015 Agenda

By Denis Fitzgerald | November 19, 2013

The World Health Organization (WHO) announced on November 14, which is World Diabetes Day, that diabetes now affects 382 million people globally, killing one person every six seconds. It is one of the four noncommunicable diseases (NCDs), along with cancer, heart and lung disease that account for two-thirds of all deaths globally. That’s why advocates want NCDs embedded in the UN’s post-2015 development agenda.

Three of the eight Millennium Development Goals (MDGs) agreed on in 2000 were health-related: reducing incidences of HIV and malaria, improving maternal health, and reducing child mortality. While advances have been made in all three areas, there’s much more to be done. The NCD community says that future health goals must also have targets for reducing deaths from non-infectious diseases, many of which are preventable through routine checkups as well as dietary and lifestyle changes.
“In 2000, the NCDs were not on the agenda and there were huge misperceptions and myths that NCDs were still [mainly occurring in] high-income countries, that they were diseases of the rich and white,” says Katie Dain, director of policy and campaigns for the Brussels-based NCD Alliance. “Essentially what we had seen in the epidemiology and evidence was that NCDs have moved to low- and middle-income countries, and are now hitting the poorest and most vulnerable communities the hardest.”
“Maximizing Healthy Life”

According to WHO, 29 million of the 36 million NCD deaths annually occur in low- and middle-income countries. At its annual meeting in May this year, the World Health Assembly—WHO’s governing body—passed a $3.9 billion budget for the 2014/15 biennium that included a 20 percent increase in the budget to tackle NCDs and an eight percent reduction in the budget for communicable diseases, reflecting progress that has been made in tackling infectious diseases. New cases of HIV have dropped 20 percent since 2003, including a 40 percent reduction in new infections in children, and anti-retroviral drugs now reach eight million people living with HIV, up from two million in 2006.

“The overall health goal in post-2015 will be about maximizing healthy life, and if we don’t deal with NCDs, we are not going to maximize healthy life,” says Rachel Nugent, professor of global health at the University of Washington and project director of the Disease Control Priorities Network.

At a high-level summit in 2011 in New York, the UN General Assembly issued a political declaration agreeing to globally reduce preventable deaths from non-communicable diseases by 25 percent by 2025. Advocates want this to form the basis of the NCD-specific target in the post-2015 agenda, modified to reflect the time period of the 2015 goals that are likely to have 2030 as a deadline.

Addressing NCD Growth

The growth in NCDs is linked to globalization and urbanization, processes which have lead to an increase in industrialized food production, a decrease in physical activity, greater exposure to pollutants and increased alcohol and tobacco use. There are now epidemics of diabetes and lung disease in low- and middle-income countries, while deaths from heart disease and stroke are around 14 million annually, compared to 1.7 million deaths from AIDS in 2011.
“What happens is that people will die of a heart attack at age 40 because they didn’t know that they were being exposed to these risks and they didn’t have access to treatment,” says Nugent. “Probably one of the absolutely most effective and cost effective prevention strategies is increasing taxation on tobacco. It really works and tobacco is the number one risk factor for most of these types of diseases.”

Other low-cost interventions can be adopted at a national level in the health system to address NCD exposure.

“One of the most important things you can do is test for blood pressure, and that often isn’t happening,” Nugent says. “The U.S. and other donors have funded really high-level state of the art HIV/AIDS clinics in poor countries. And up until recently, they didn’t even check blood pressure of people coming into these clinics getting very expensive treatment, who may then be at risk and may in fact die from a stroke because of having high blood pressure they don’t even know about.” Blood pressure testing is unknown in many countries, and the term does not even translate well into some languages, she added.
Reducing salt intake is another low-cost policy that can be adopted to reduce NCD risk. Salt is the major contributor to high-blood pressure, which can lead to stroke.

“There are different ways people take in salt: They add it at the table, they add it in cooking, but in many countries, increasingly a lot of salt comes in from prepared food,” Nugent says. “It used to be necessary because it’s a preservative; it lengthens the life of food, but it’s much less necessary now.”

Nugent says simple strategies to avoid NCD exposure should become routine. “Get [the patients’] blood pressure, talk to them about cigarette smoking, get their weight and talk to them about healthy diet.”

**Gender Distinctions**

Equal numbers of men and women die prematurely each year from preventable NCDs, but there are some gender distinctions.

“There are some diseases where we see a lot of premature mortality, certainly that are affecting women more than men and the reverse. What we’re seeing is increased prevalence according to the statistics of breast cancer. There’s a strong reason to believe that we’re actually measuring it more so that it’s not actual natural increase—we don’t know that for sure,” Nugent explains. “What we do know is that when women present in clinics in developing countries, they tend to be at a much later stage, so they’re not getting mammograms routinely. They won’t realize they have breast cancer until it’s at stage 3 or 4, and they’ll go in and there’s just no way they’re going to get treated, and then they die.”

Nugent maintains that women who are already in contact with the health system for pre-natal care should also be tested for blood pressure and for other risk factors, such as screening for cervical cancer and vaccination against HPV. For men, smoking is the number one risk factor, and men are far more likely to die of lung cancer.

**NCDs and Sustainable Development**

The group of eminent persons tasked by UN Secretary-General Ban Ki-moon with advising him on the post-2015 agenda released its final report in May this year. It called for putting sustainable development at the center of the future development agenda, thus integrating the social, economic, and environmental dimensions of sustainability. It also recognized health as a key dimension of poverty and a
contributor to development.

“NCDs are linked to all three pillars of sustainable development. They are linked to social equity, they’re linked to economic growth, they’re linked to environmental protection, and obviously those three pillars are taking center stage in the post-2015 agenda, and we have a huge amount of evidence to show that NCDs impact all three of them,” says Katie Dain of the NCD Alliance.

While unsustainable consumption and production are key drivers of NCDs in low- and middle-income countries, health systems in these countries are often not equipped to deal with chronic diseases.

“The real challenge for many is very vulnerable and weak health systems that are oriented towards acute care, so whether that would be delivering services for HIV and AIDS and TB and malaria, and very few of their health systems are oriented or equipped to deal with NCDs,” Dain says, adding that the lack of availability to essential medicines and technologies also constrain health systems in lower- and middle-income countries from tackling NCDs.

“If we are going to have an overarching health goal in post-2015, it needs to be one that encompasses the whole life course and . . . the whole range of health issues,” Dain says. “What that overarching health goal will do is it will place people and health at the center.”

Benn Grover, director of strategic communications at the National Forum for Heart Disease and Stroke Prevention in Washington, DC, says, “The post-2015 development agenda should dig deeper to address those fundamental drivers that transcend health, economic, political, social, and geographic boundaries.

“When two-thirds of people die from NCDs and 80 percent of these occur in low-income communities—we’re not talking about a public health crisis, we’re talking about a human crisis,” Grover says. “Non-communicable diseases, infectious diseases, maternal morbidity and mortality—these shouldn’t be treated as separate issues, but rather as outcomes of the systemic failure to prioritize health as a human right.”