

# NONCOMMUNICABLE DISEASES

## WHAT YOU SHOULD KNOW

**Noncommunicable diseases (NCDs) are the leading cause of death.**

Annually, 41 million people worldwide die from NCDs, including cancer, cardiovascular disease, diabetes, respiratory diseases, and mental disorders. Approximately 85% of these deaths occur in low- and middle-income countries (LMICs), where 15 million people aged 30 to 69 die prematurely.<sup>1</sup>

**NCDs are cause and consequence of poverty.** NCDs pose a greater threat to global economic development than natural disasters, crime, and corruption. Infections and environmental exposures associated with poverty greatly contribute to the death and disability caused by NCDs.<sup>2</sup>

**Limited access to treatment and diagnostic technology also contributes to NCD mortality in LMICs.** Despite the existence of affordable, curative drugs, 80% of children diagnosed with cancer in LMICs will die, compared to less than 30% of children diagnosed in high-income countries.<sup>3</sup>

**Inaction is our greatest problem.** Positive steps, such as increasing physical exercise or eliminating the use of tobacco and the harmful use of alcohol, can reduce the risk of many NCDs.<sup>1,4,5</sup>

**The United States has responded to the rising profile of NCDs in recent years, beginning with the UN High Level Meeting (HLM) in 2011.** In 2018, heads of state and civil society members participated in the third HLM on NCDs, where the United States and other governments showed leadership by reaffirming their commitments to address NCDs and associated risk factors, including mental health and pollution.



## RECOMMENDATIONS FOR CONGRESS

**Integrate NCD-related objectives into existing health programs and platforms to increase access to sustainable and cost-effective interventions.** Examples include: smoke-free pregnancies; screening and treating pregnant women for hypertension, gestational diabetes, and cervical cancer; and mental health screening for people living with HIV.

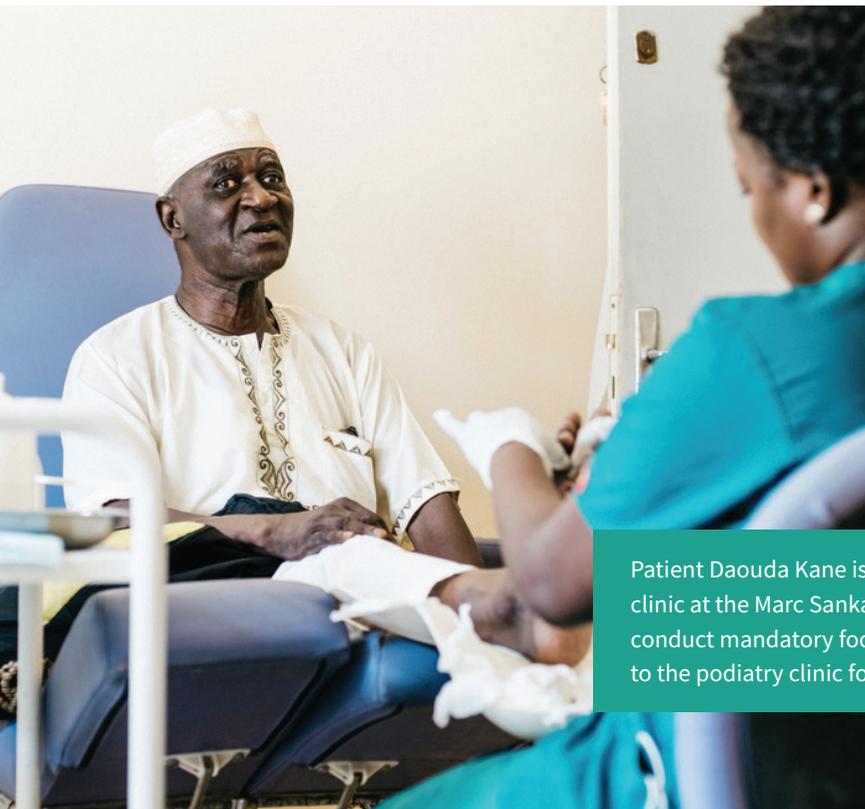
**Coordinate U.S. investments in global health to address the growing, long-term threat presented by NCDs.** The U.S. government should serve as a catalyst for intervention initiatives and work closely with ministries of health and other regional partners around the world to address NCDs, by setting clear health targets and requiring transparency and accountability from all stakeholders.

**Analyze epidemiology and disease trends in U.S. priority countries.** This effort should include all causes of morbidity and premature mortality for all age groups, as reflected in the Institute for Health Metrics and Evaluation (IHME) Global Burden of Disease report, with a focus on the disease burden among the poorest, most vulnerable populations.

**Incorporate statutory language into future State, Foreign Operations, and Related Programs Appropriations bills addressing NCDs.** Hold the U.S. Agency for International Development (USAID) accountable for integrating NCD interventions across existing global health programs. Encourage other U.S. agencies to expand their health programs and messaging to address NCDs.

**Establish a public-private advisory group** that would provide guidance for the U.S. government's global effort against NCDs.

**Adequately fund existing health programs to increase cross-program efficiency and impact.** The Global Nutrition Coordination Plan 2016-2021 issued by USAID identifies nutrition-related NCDs as a focus area that can enhance the impact of current nutrition-related investments overall. Additionally, Centers for Disease Control and Prevention (CDC) findings — including CDC's Strategic Framework for Global Immunization, 2016-2020 — recognize that some cancers and other NCDs can be prevented with vaccines.



Patient Daouda Kane is treated by a foot care specialist in the podiatry clinic at the Marc Sankale Diabetes Center in Dakar, Senegal. Doctors conduct mandatory foot exams during appointments, then refer patients to the podiatry clinic for follow-up. *Credit: PATH/Gabe Biencycki*

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## WHY THIS INVESTMENT IS IMPORTANT

**NCDs present a rapidly expanding worldwide public health and development crisis.** NCDs in LMICs are plunging families into poverty, damaging productivity, threatening economic growth and national economies, further straining health budgets and health systems, and putting very substantial U.S. corporate and global health investments at risk. Barring intervention, this problem will only increase in the future. An estimated 15 million NCD-related deaths occur before age 70, and more than 85% of these premature deaths occur in LMICs; NCD-related deaths outnumber those caused by HIV/AIDS, tuberculosis, and malaria in U.S. priority countries.<sup>6,7</sup>

**NCDs are sapping the economic strength and social capital of major U.S. partners in trade and development.** The World Economic Forum continues to rank NCDs as one of the greatest risks to global well-being. Economic losses from NCDs are projected to reach \$47 trillion over the coming 15 years. Much of this hampered economic growth is expected to occur in LMICs, further threatening education outcomes, workforce productivity, and progress toward global poverty eradication, including current and future development goals. Disabilities from NCDs account for 78.6% of all years lived with a disability, placing significant strains on both the disabled individual and the economy.

**Preventing and managing NCDs creates an opportunity to improve maternal and child health outcomes.** More than 25% of maternal deaths are caused by preexisting medical conditions such as diabetes, HIV, malaria, and obesity. For women living with NCDs, particularly Type 1 diabetes or rheumatic heart disease, preconception planning can help to reduce maternal and child morbidity and mortality. Early detection and management of gestational diabetes mellitus, for instance, can help to reduce the risk of stillbirth by up to 45% and the risk of later cardiometabolic disease for both mother and child. Postnatal follow-up also provides additional and beneficial screening opportunities.

**NCDs affect all countries, but developing countries are affected disproportionately.** Rather than diseases of age or affluence, NCDs are overwhelmingly diseases of poverty that strike early in life, impacting not just poor countries, but poorer populations in higher income countries. These populations face increased exposure to certain risk factors — for example, indoor air pollution from charcoal cooking stoves — along with insufficient resources to treat resulting health issues. Communicable diseases and NCDs not only coexist but, in many cases, influence the risk and progression of one another.

A pharmacist counts medication at the Choung My District Health Center in Vietnam.

**Credit: PATH/Matthew Dakin**



## RESOURCES

IHME Global Burden of Disease Project <http://bit.ly/2zwUOge>

The U.S. Government and Global Non-Communicable Disease Efforts Policy <http://bit.ly/2FuFCVN>

World Health Organization (WHO): Noncommunicable Diseases and Mental Health <http://bit.ly/2N6YuJb>

## CONTRIBUTORS

NCD Roundtable members, [ncdroundtable.org](http://ncdroundtable.org)

The NCD Roundtable is a diverse coalition of more than 70 civil society and private sector organizations working in partnership with multisectoral stakeholders to advance the prevention and control of NCDs through policy, communications, and program engagement with the goal of improved health and well-being.

## CITATIONS

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6. “Noncommunicable diseases: Key facts,” WHO, 2018. <http://bit.ly/2SJqEwU>.
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