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**Article Title: Towards Global Efforts on Addressing Non-Communicable Diseases:
are there any signs of Evidence?**

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Abstract

This paper discusses the global efforts to address the challenges of non-communicable diseases. Drawing from previous studies and international literature, NCDs are becoming one of the major public health threats not only in the developed countries but also in the low- and middle income countries. This paper is written with an understanding that NCDs can be addressed as one of the critical global health agenda that need collective efforts. The paper examines global efforts in terms of recent conventions and declarations platforms, funding situation, movement towards universal access of treatment and diagnosis as well as global efforts on health education and promotion for non-communicable diseases. However, the paper concludes that NCDs remain among the major leading causes of preventable death globally. Prevalence and knowledge about the effects of NCDs remains unevenly known among countries.

Keywords: Non-communicable diseases, global health, access to healthcare

Introduction

Non-communicable diseases (NCDs) have become one of the major leading global causes of mortality and morbidity, estimated to be responsible for 36 million deaths, with 80% of these deaths occurring in low and middle income countries (WHO, 2011). Besides, NCDs have been threatening the progress towards attainment of not only the Millennium Development Goals but also newly set global goals known as Sustainable Development Goals (SDGs). Today, NCDs are seemingly to out-weigh the infectious diseases in the developing countries as a result of advancement in science and technology, changing in life styles and demographic transitions (Boutayeb, 2010). Evidences have demonstrated that NCDs are mainly cardiovascular diseases, cancers, diabetes and chronic lung diseases, and are largely preventable (Bonita, 2009). Thus, the need for collective global efforts to address the problems and issues associated with NCDs are necessary (Allyene et.al, 2013).

In 2011, the heads of states and governments met at the United Nations (UN) General Assembly to declare their commitment to the prevention and control of NCDs. One of the outcomes of the meeting was the adoption of nine global targets-that is primarily focused to reduce premature mortality associated with diabetes, chronic respiratory diseases, cancers and cardiovascular diseases. Accordingly, countries deliberated to adopt nine global targets that aimed at reducing premature mortality associated with potential cardiovascular diseases, chronic respiratory diseases, cancers and diabetes by 25% by the end of 2025. However, tobacco use, harmful alcohol use, salt intake, obesity, raised blood pressure, raised blood glucose, diabetes and physical inactivity were acknowledged by countries as selected NCD risk factors.

Various studies have observed that NCDs shares modifiable risk factors like tobacco use, unhealthy diet, lack of physical activity, and excessive use of alcohol (Beaglehole, 2011). Notably, feasible and cost-effective interventions exist to reduce the burden and impact of NCDs now and in the future. In the light of these observations, this paper urge that sustained strategies and actions to prevent risk factors and improve health care will undoubtedly avert millions of preventable premature deaths (Stuckler et al., 2012). Since NCDs can be managed by a range of health services that address prevention, treatment, rehabilitation and palliative care, then global health initiatives are necessary to deal with health issues that can transcend national boundaries and governments directly or indirectly. One would say, through global efforts, much have been done to address the causes and adverse effects of the NCDs at the country and global

In this paper I argued that NCDs are already well addressed in the discussion on global health, however, evidences have shown that global burden of NCDs continues to grow (Alwan, 2011). This problem has necessitated urgent implementation of prevention and control strategies to reduce premature mortality and improving quality of life through global efforts. Despite of the rapid increase of this health problem, global movement for action on NCDs has been gaining momentum in recent years. This paper examines global efforts in terms of recent conventions and declarations platforms, funding situation, movement towards universal access of treatment and diagnosis as well as global efforts on health education and promotion for non-communicable diseases.

Discussion

The Global Response to Address Non-communicable Diseases

Since the year 2000, NCDs have been always prioritized as one of the major public health problems that affect global development. In fact, the rapid rising of the problem not only threaten economic and social development but also the lives and well-being of majority of people. According to the WHO report of 1998, NCDs were estimated to contribute to about 60% (31.7 million) of the deaths in world. In the context of addressing this emerging epidemic, the year 2000 is acknowledged as a beginning of the global movement towards addressing threat posed by the non-communicable diseases. The Global Strategy for Prevention and Control of NCDs that aimed at mapping the emerging epidemics of the non-communicable diseases, reduction of level of exposure of individuals and populations to the common risk factors as well as to strengthen health care for people with NCDs were recognized in the resolution by the World Health Assembly in 1999. However, the primary goal of this strategy was to ensure that all WHO member states reduce the toll of morbidity and mortality related to non-communicable diseases.

Nevertheless, since 2000 a number of initiatives have been put in place to curb non-communicable diseases. For instance, in 2003, the WHO Framework Convention on Tobacco Control was developed in response to global tobacco use. This convention represented a paradigm shift in developing a regulatory strategy to address addictive substances; in contrast to previous drug control treaties. Recently, the global efforts have reached levels never previously seen. NCDs are addressed through global movement for action. Literature has documented that the WHO in close collaboration with its member state developed Action Plan for the Global Strategy for the Prevention and Control of NCDs (2008-2013) as one of the strategy to prevent the occurrence of NCDs as well as to mitigate its impact especially to those who are vulnerable. The Action Plan is perceived to be an important step towards addressing this burden of diseases as it provides member states, the WHO and international community with a road map to establish and reinforce initiatives for the surveillance, prevention and management of non-communicable diseases.

Nonetheless, the Action Plan demonstrates the need for governments to invest in NCDs prevention as one of the strategy for attaining socioeconomic development. In the year 2010, the United Nations General Assembly passed a resolution on the prevention and control of non-communicable diseases, and a year later in 2011 a High-Level Meeting was held for adoption (UN, 2011). Moreover, in the year 2011, the World Health Organization (WHO) technical working group on NCDs developed strategy that had three key objectives which serve as basic components of any global or national programme to address non-communicable diseases. These objectives were; surveillance, prevention by reducing risk factors levels, and management by improved access to essential health care. One may dispute the fact that no significant changes have been taking place particularly in the developing countries.

Evidences have shown that collective efforts on both systemic and population levels have been in good progress. For example, target to monitor progress in reducing the burden NCDs were recommended. The targets have been set to achieve major reductions in NCDs and their risk factors by 2025. However, there remains a question as to whether the implementation of the prevention and control strategies will be attained as prospected. The hurdle is based on the availability of sufficient resources to address the burden. Kerlin, 2012 warns that the WHO funding allocated to address the burden of NCDs has been reduced by 20% since 2010 and comprise only 5%-8% of the total WHO budget. On the other hand, less than 3% of global health aid is allocated for NCDs(Nugent &Feigl, 2010). Serious global health burden (non-communicable diseases) cannot be well addressed by only signing declarations and conventions without putting them in actual and realistic implementations.

Funding for non-communicable diseases

In the view of addressing NCDs in the global health discussions, future funding for the diseases response is increasingly uncertain. Several factors such as changing funders' priorities and continuing global financial and economic turbulent especially in the developing countries where NCDs are emerging rapidly are predominantly contributing to the uncertainty in funding NCDs interventions (Ebrahim et.al, 2013). Several studies have been conducted to examine the extent of funds allocated for the NCDs from multilateral organizations from 1995-2001. According to Yach and Hawkes (2004), the WHO spending on NCDs was found to be less than 3 % of the total the WHO budget.

Despite the global economic hardships, the WHO increased its budget allocation on NCDs to 12% of its total budget in 2006/2007 (Stuckler,2008). Therefore, one may agree that NCDs are now given necessary attention than before. However, more efforts to fund the interventions are desirable. To put it more precisely, the evidence shows that even though NCDs are on the global agenda, there is a shift in donor emphasis in global health and it is widely known (Sridhar, 2012). In other words, the global health discussions have been towards universal NCDs prevention and control, treatment, care and support. Nevertheless, the gap between available resources and actual needs is projected to increase in the coming years.

However, even though NCDs have been discussed at the global platforms, funders' perceives that NCDs remain solely the responsibilities of individuals. Their arguments are based on the fact that NCDs results from individual life styles- and that they are to bear the consequences of personal choices. In this paper, I argue that despite the non-communicable diseases being addressed in the global health discussions, yet it is critical to argue about the persistently low funding allocated to the interventions. This calls into a question as to whether the need is sufficiently captured or even convincing in description of NCDs share of the global burden of diseases.

Access to medicines for non-communicable diseases

According to Smith and Yadav (2010), argues that in recent years, the world has observed broad scale of medicines and diagnosis used to treat non-communicable diseases, with numerous treatment often essential for certain disease areas. Two studies from two extreme countries shows that treatment has been one of the global health discussions. USA (2005): In their study, Jhung et al found that 68% of all medications dispensed to San Antonio evacuees following the 2005 New Orleans hurricane were for NCD treatment. In Burkina Faso (2009): In 2009 in Ouagadougou, Burkina Faso, the Ministry of Health reported that 50 renal dialysis patients had stopped treatments when dialysis machines

were damaged or destroyed by flooding of the Yalgado University Hospital Centre. Some patients were in a critical state until three generators were found to continue their care. However, the availability of diagnostics and medicines to treat NCDs also remains low. Without improved diagnosis, inappropriate treatment of individuals' symptoms and poor supply planning may continue to affect the global response to NCDs.

Health education and promotion on non-communicable diseases

Awareness of how NCDs may be modified, and a perception of individual risk are essential to risk reduction and prevention. There has been growing awareness in the global health community of NCDs as primary threats to individuals, communities, health-system infrastructures and economic development. It is now acknowledged that NCDs contribute greatly to rising health care costs and the loss of economic productivity. Over the last several years, the NCDs global landscape has been transformed by the rapid expansion of awareness creation through health education and promotion that targets on the reduction of common risk factors like unhealthy diet, physical inactivity and tobacco and alcohol consumption (WHO, 2012). Global discussions on NCDs have demonstrated that knowledge is a central component of effective health promotion. For instance by 2008 vast majority of Americans (84%) had received the message that smoking increases cancer risk (HINTS, 2008).

In the view of tobacco control for example, both national and global measures have been taken as an effort to reduce the impact of tobacco in various aspect. I may cite one example whereby the United Nation (UN) in 2005 developed the UN Global Treaty to curb tobacco use. One of the major requirements of the treaty was/is to; restrict tobacco advertising, sponsorship and promotion. To look at this in another way, one may argue that tobacco use which is one of the main causes of lung cancer has not been well addressed in the global health discussions. On the contrary, there is growing evidence that tobacco use has been increasing from time to time. This has been contributed advertisement on televisions, radios, newspaper and posters.

Conclusion

NCDs are well addressed in global health policies but a lot of deaths related to NCDs are on increase worldwide. Globally, the growing prevalence and knowledge about the effects of NCDs remain secrete between countries. Nonetheless, the health communication practitioners have the opportunity to address the knowledge gaps targeting programs where existing gaps reflect the greatest need. Similarly, NCDs have very limited budget therefore financing strategy needs to be developed. One way to address the financing constraints is to involve both public-private partnerships decision making on NCDs. Regarding achieving the global strategies and plan of actions, health sectors should be prepared to meet the evolving demands of NCDs in terms of formulating implementable

policies, guidelines and protocols to guide management of NCDs in each country through global efforts

References

- Alwan A, 2011. Global status report on non communicable diseases 2010. World Health Organization.
- Beaglehole, R., Bonita, R., Horton, R., Adams, C., Alleyne, G., Asaria, P., ...& Lancet NCD Action Group. (2011). Priority actions for the non-communicable disease crisis. *The Lancet*, 377(9775), 1438-1447.
- Boutayeb, A. (2010). The Burden of Communicable and NCDsin Developing Countries. In *Handbook of Disease Burdens and Quality of Life Measures* (pp. 531-546). Springer New York.
- Ebrahim, S., Pearce, N., Smeeth, L., Casas, J. P., Jaffar, S., & Piot, P. (2013). Tackling NCDsin low-and middle-income countries: is the evidence from high-income countries all we need. *PLoS Med*, 10(1), e1001377.
- Engelgau, M., Rosenhouse, S., El-Saharty, S., & Mahal, A. (2011). The economic effect of noncommunicable diseases on households and nations: a review of existing evidence. *Journal of health communication*, 16(sup2), 75-81.
- Ghaffar, A., Reddy, K. S., & Singhi, M. (2004). Burden of NCDsin South Asia. *BMJ*, 328(7443), 807-810.
- HINTS, 2008. *Knowledge of Tobacco-Related Cancers: Understanding the association of tobacco consumption and perceived cancer risk*. Health Information Trends Survey, USA
- IRIN, Burkina Faso, 2009. *Floods Shut Down Hospital, HIV Reference Lab*, 7 September 2009, www.irinnews.org/Report.aspx?ReportId=86047.
- Jhung M, Shehab N, Rohr-Allegri C, Pollock D, Sanchez R, Guerra F, Jernigan D, 2007. *Chronic disease and disasters: medication demands of hurricane Katrina evacuees* Am J Prev Med 33(3)
- Koplan JP, Bond CT, Merson MH, et al., 2009. *Towards a common definition of global health*, doi:10.1016/s0140-6736(09)60332-91371/journal. *Lancet*. Lancet 2009; 373:1993-95
- Nugent, R., & Feigl, A. (2010). Where have all the donors gone? Scarce donor funding for non-communicable diseases. *Center for Global Development Working Paper*, (228).
- Schmidt, M. I., Duncan, B. B., e Silva, G. A., Menezes, A. M., Monteiro, C. A., Barreto, S. M., ... & Menezes, P. R. (2011). Chronic NCDsin Brazil: burden and current challenges. *The Lancet*, 377(9781), 1949-1961.
- Smith L, Yadav, P, 2012. *Improving access to medicines for NCDsthrough better supply chains*. Global Policy and Research for Non-Communicable Diseases, Policy

Briefs from the NCD Working Group.

- Sridhar, D. (2012). Who sets the global health research agenda? The challenge of multi-bi financing.
- Stuckler D, McKee M, Ebrahim S, Basu S, 2012. *Manufacturing Epidemics: The Role of Global Producers in Increased Consumption of Unhealthy Commodities Including Processed Foods, Alcohol, and Tobacco*. PLoS Med 9 (6) e1001235. doi: 10.1073/pnas.242624799
- Stuckler, D., King, L., Robinson, H., & McKee, M. (2008). WHO's budgetary allocations and burden of disease: a comparative analysis. *The Lancet*, 372(9649), 1563-1569.
- United Nations, 2011. *Leaders gather at UN Headquarters for a High-Level Meeting on NCDs(NCDs)*. 2011 High-level Meeting on the Prevention and Control of Non-communicable Diseases.
- Wilson D, Kerlin A, 2012. *Special Report: Food, beverage industry pays for seat at health-policy table*.
- World Health Organization (WHO), 2011. *Prioritizing a preventable epidemic. A primer for the media on non-communicable diseases*.
- Yach, D. & Hawkes, C. (2004): Towards a WHO long-term strategy for prevention and control of leading non-communicable diseases.