

of accountability to monitor, review, and act on the commitments and promises made by all partners. We argue that this case is rational, compelling, and urgent.

The Global Burden of Disease Study (GBD) is the latest and most reliable analysis to reveal the importance of taking a different approach to the challenges facing global health. In 2010, of 52·8 million deaths, 34·5 million could be attributed to NCDs—65%.⁸ The GBD also revealed the importance of taking disability from chronic diseases a great deal more seriously than we do today: 54% of disability-adjusted life years worldwide were caused by NCDs in 2010, compared with only 43% in 1990.⁹ There is a rapid transition of disease, disability, and risk taking place. The science of these diseases is also shifting. We are now beginning to appreciate that controlling chronic diseases will not succeed only with a focus on conventional risk factor prevention and a concerted global and national multisectoral response. Addressing early childhood exposures and experiences will also make a contribution in the longer term and provides the opportunity for linking with other global health priorities, especially women's and children's health.¹⁰

As our epidemiological and scientific understanding of these diseases evolves, it is essential that we, the research community responsible for producing and publishing these findings, work even harder to ensure that their implications are understood and acted upon by policy makers and politicians alike. This is a moral obligation we all face.

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With this Series, as with earlier *Lancet* Series on NCDs, I owe a special debt of thanks to Robert Beaglehole, this time working with Ruth Bonita, for leading the often complex and challenging collaboration that delivered the work you see here. I also thank the National Heart Forum, notably Paul Lincoln, for their consistent and committed support to this initiative and the International Development Research Centre (IDRC) for financial support.

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NCDs: a challenge to sustainable human development

Published Online
February 12, 2013
[http://dx.doi.org/10.1016/S0140-6736\(13\)60058-6](http://dx.doi.org/10.1016/S0140-6736(13)60058-6)

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In 2012, the UN conference on sustainable development, Rio+20, referred to non-communicable diseases (NCDs) as “one of the major challenges for sustainable development in the 21st century”,¹ emphasising the fundamental link between health and development.² The costs of NCDs are increasingly a burden in low-income and middle-income countries, affecting people in the prime of their lives and putting more pressure on already stretched health systems and government and family budgets. Just one of the major risk factors, tobacco use, claims nearly 6 million lives annually, and costs 1–2% of the global gross domestic product every year.³

The significance of the developmental consequences of NCDs is not yet sufficiently understood. However,

increasing global attention is being given to NCDs at the political level and among other stakeholders outside the health system. In 2011, the UN General Assembly adopted the political declaration on non-communicable diseases,⁴ which sets global priorities to tackle NCDs. In May, 2012, the World Health Assembly approved a global target of a reduction in NCD-associated premature mortality by 25% by 2025.⁵ The 2012 UN resolution on global health and foreign policy also recognises the need to address these diseases.⁶

To meet such targets, action from the health sector, led by WHO, is crucial, as are robust partnerships between the health and other sectors to tackle the underlying social, economic, political, environmental,

and cultural determinants. Multisectoral partnerships can build on the knowledge gained and partnerships forged for the global response to the AIDS epidemic.⁷

There are opportunities to work on NCDs in settings where development stakeholders routinely operate, such as workplaces, schools, and other public sector institutions, and for reforming laws and policies that undermine health progress—eg, the UN is supporting ministries of trade and health in the south Pacific to review import tariffs on unhealthy foods. Policies that directly target the use of tobacco, alcohol, and obesogenic foods and drinks through taxation, production, advertising restrictions, or regulation of consumption can have a positive effect on NCD prevention and control. Policies that relate to the core business of development stakeholders—such as regulation of housing and labour conditions, increase in access to health and education, setting of urban development policy, and support for the establishment of social protection—can also contribute to NCD prevention and control. The challenge is to maximise opportunities for positive synergies between sectors.

Development stakeholders can help to build the enabling environment for multisectoral policies and programmes for prevention and control of NCDs. They can apply their competencies and networks to help to build political will, convene stakeholders across sectors, and strengthen legal environments. Human rights must remain central to this agenda, ensuring that the needs of those who are vulnerable and marginalised are met.

In March, 2012, Margaret Chan, Director-General of WHO, and I wrote to the UN development system's country teams worldwide asking them to support holistic NCD responses. We need more initiatives that bring together the contributions of governments, the UN and other development partners, civil society, and the private sector, to respond effectively to NCDs.

As the international community moves to define the post-2015 global development agenda, an opportunity exists to recognise explicitly the great importance of health to sustainable development, and vice versa, and



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thereby encourage cooperation between health and other sectors. With coordinated approaches we can together do more to tackle NCDs and improve public health.

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I declare that I have no conflicts of interest.

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