

Non-communicable diseases: 2015 to 2025



In 2012, the World Health Assembly endorsed an important new health goal: to reduce avoidable mortality from non-communicable diseases (NCDs) by 25% by 2025 (the 25 by 25 goal). Although a valuable step forward, quickly building on the UN General Assembly's 2011 political declaration on the prevention and control of NCDs, the obstacles to achieving this goal are great and largely undiscussed, thanks to their deep political sensitivity. It remains a truth today that, despite global rhetoric and resolutions, chronic NCDs remain the least recognised group of conditions that threaten the future of human health and wellbeing. There is almost a taboo about substantively engaging with this most pressing of health predicaments.

At a highly successful meeting to discuss the future of maternal health, held in January, 2013, in Arusha, Tanzania, one doctor from Zimbabwe pointed out that although it was completely correct to place the highest possible priority on health outcomes for women during pregnancy and childbirth, she was horrified at the neglect still shown towards other causes of women's ill-health—eg, hypertension, stroke, cancer, and asthma. She saw women daily in primary care clinics with these conditions, yet she also saw no serious commitment by donors or countries to create programmes to address these diseases and their risk factors. In her opening address to this same conference, the Minister of Health for Rwanda, Agnes Binagwaho, noted that cervical cancer now kills more women in the world than pregnancy and childbirth. Last year, *The Lancet* published work from 27 sub-Saharan African countries showing that maternal obesity had become a significant risk for early neonatal death.¹

So where are the global conferences on NCDs, the research meetings, the task forces, the grand challenges initiated by funders and foundations? They don't exist. We, the global health community, understand that chronic diseases are a present danger to the health of our societies. Yet we are unable to translate that understanding into real political action. We cannot quite bring ourselves to put heart disease, stroke, cancer, chronic respiratory disease, diabetes, or mental ill-health, together with their associated risk factors, on an equal footing with childhood pneumonia and diarrhoea, preventable maternal death, or epidemics of AIDS, tuberculosis, and malaria. The disconnect between the

reality of people's lives in countries and the concerns of professional and political leaders has rarely been greater.

The Lancet Series on NCDs²⁻⁷ is the fourth phase of our work to encourage decision makers to take NCDs more seriously. That effort began in 2005, when, in collaboration with WHO, we made the case for chronic diseases as a neglected priority in global health. In 2007, we returned with work showing that scaling up population-level (tobacco control and salt reduction) and individual-level (medicines) interventions could readily avert millions of preventable deaths. In 2010, we reframed that evidence in a development rather than a purely health context, making the political and economic case for giving greater attention to NCDs. We also added diet, physical activity, and health system strengthening to the growing list of interventions to control this most diverse of epidemics. With our latest Series, we have sought to adapt the core messages of *The Lancet* NCD Action Group, this time around the post-Millennium Development Goal notion of sustainable development. We also try to build on past work by focusing on country actions (rather than merely global political or multilateral agency responses), inequalities, the harmful effects of the food and drink industries, access to essential medicines, and improving the responsiveness of health systems. Our objective, together with earlier and related *Lancet* Series on obesity and physical inactivity, is to present the case for including NCDs as part of the post-2015 framework being developed now and over the next 2 years by governments and the UN system. That framework includes systems

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Free diabetes examination in Ntabazwe township, Harrismith, South Africa

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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- 1 Cresswell JA, Campbell OMR, De Silva MJ, Filippi V. Effect of maternal obesity on neonatal death in sub-Saharan Africa: multivariable analysis of 27 national datasets. *Lancet* 2012; **380**: 1325–30.
- 2 Alleyne G, Binagwaho A, Haines A, et al, on behalf of *The Lancet* NCD Action Group. Embedding non-communicable diseases in the post-2015 development agenda. *Lancet* 2013; published online Feb 12. [http://dx.doi.org/10.1016/S0140-6736\(12\)61806-6](http://dx.doi.org/10.1016/S0140-6736(12)61806-6).
- 3 Bonita R, Magnusson R, Bovet P, et al, on behalf of *The Lancet* NCD Action Group. Country actions to meet UN commitments on non-communicable diseases: a stepwise approach. *Lancet* 2013; published online Feb 12. [http://dx.doi.org/10.1016/S0140-6736\(12\)61993-X](http://dx.doi.org/10.1016/S0140-6736(12)61993-X).
- 4 Di Cesare M, Khang Y-H, Asaria P, et al, on behalf of *The Lancet* NCD Action Group. Inequalities in non-communicable diseases and effective responses. *Lancet* 2013; published online Feb 12. [http://dx.doi.org/10.1016/S0140-6736\(12\)61851-0](http://dx.doi.org/10.1016/S0140-6736(12)61851-0).
- 5 Moodie R, Stuckler D, Monteiro C, et al, on behalf of *The Lancet* NCD Action Group. Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries. *Lancet* 2013; published online Feb 12. [http://dx.doi.org/10.1016/S0140-6736\(12\)62089-3](http://dx.doi.org/10.1016/S0140-6736(12)62089-3).
- 6 Hogerzeil HV, Liberman J, Wirtz VJ, et al, on behalf of *The Lancet* NCD Action Group. Promotion of access to essential medicines for non-communicable diseases: practical implications of the UN political declaration. *Lancet* 2013; published online Feb 12. [http://dx.doi.org/10.1016/S0140-6736\(12\)62128-X](http://dx.doi.org/10.1016/S0140-6736(12)62128-X).
- 7 Atun R, Jaffar S, Nishtar S, et al. Improving responsiveness of health systems to non-communicable diseases. *Lancet* 2013; published online Feb 12. [http://dx.doi.org/10.1016/S0140-6736\(13\)60063-X](http://dx.doi.org/10.1016/S0140-6736(13)60063-X).
- 8 Lozano R, Naghavi M, Foreman K, et al. Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet* 2012; **380**: 2095–128.
- 9 Murray CJL, Vos T, Lozano R, et al. Disability-adjusted life years (DALYs) for 291 diseases and injuries in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet* 2012; **380**: 2197–223.
- 10 Balbus JM, Barouki R, Birnbaum L, et al. Early life prevention of non-communicable diseases. *Lancet* 2013; **381**: 3–4.

NCDs: a challenge to sustainable human development

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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,