The NCD Narrative

Minahil Amin | 13 April 2015

The burden of non-communicable diseases (NCDs) is an immense and growing problem. However, development assistance for health (DAH) allocated to NCDs is disproportionately low. Despite the fact that NCDs account for 63% of global deaths annually, NCDs receive only 1.2% of all DAH. This reluctance on the part of the global health aid community to dedicate funds to NCDs is partially reflected in the narrative of "lifestyle choices," which says that non-communicable diseases are often the result of a series of individuals' lifestyle choices. This narrative is pernicious in that it neglects to consider the underlying structural and social determinants that shape individuals' choice sets. The global health community must make an immediate and weighty commitment to collective action in combatting the burden of non-communicable diseases; a large step in this direction is prioritizing NCDs on the upcoming UN agenda for Sustainable Development Goals.

Non-communicable diseases – a huge global burden

NCDs are an immense and growing problem. They are responsible for 63% of all deaths worldwide (36 million out 57 million global deaths), primarily through cardiovascular diseases, cancers, chronic respiratory diseases and diabetes. The WHO estimates that total deaths from non-communicable diseases will increase by a further 17% over the next 10 years.[i] 25% of these deaths occur before the age of 60, imposing a large economic loss on society. 80% of NCD deaths occur in low- and middle-income countries, and these diseases perpetuate poverty due to "catastrophic expenditures" for treatment.[ii] A joint World Economic Forum and Harvard School of Public Health study found that with respect to cardiovascular disease, chronic respiratory disease, cancer, diabetes and mental health, the macroeconomic simulations suggest a cumulative output loss of between US$30-47 trillion over the next two decades (2011-2030).[iii]

NCDs are largely preventable. The WHO estimates that if the major risk factors for non-communicable diseases were eliminated, around 75% of heart disease, stroke and type 2 diabetes would be prevented; and 40% of cancer would be prevented.[iv] These risk factors are tangible, namely: tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol.

Lack of Funding

Despite the intensity and continued growth of the NCD burden, there is a severe dearth in funding for addressing these diseases. NCDs accounted for only 1.2% of all development assistance for health (DAH) in 2011, despite causing 63% of global deaths. The WEF-HSPH study found the cost of inaction on NCDs to be $4,000 per individual, while the cost of prevention was estimated to be only $2 per individual.[v]

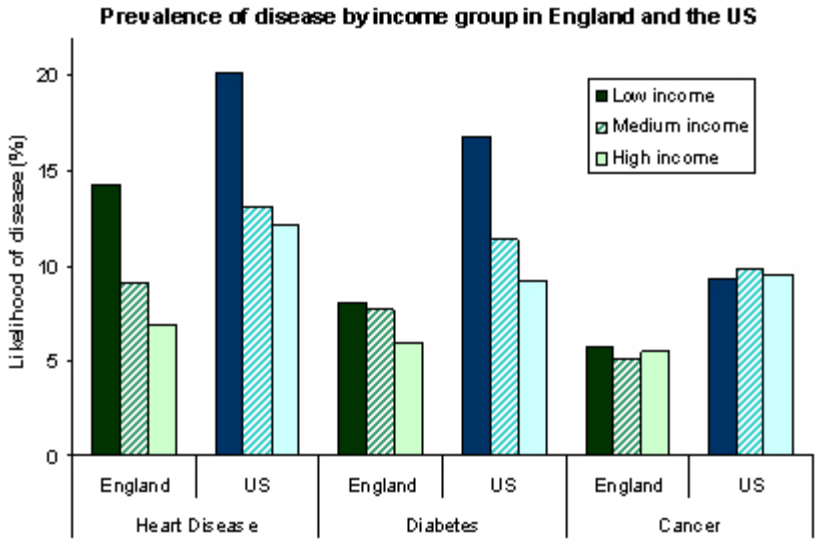
A 2015 policy brief from the WHO outlined the factors that augment this funding shortage: limited and fragmented advocacy and a weak evidence base of proven, cost-effective interventions.[vi] In addition, it is difficult to track how inputs (funds) influence risk factors and how those risk factors play into NCDs; currently there is no formal mechanism to track funding for NCDs. This lack of measurable targets inadequate tracking, along with non-transparency of program finances, create further obstacles in persuading donors to fund NCDs.[vii]

"Lifestyle choices" narrative

A basic keyword search on Google Scholar reveals that about 9% of all articles on non-communicable disease reference the term "lifestyle choices" (1600 out of 17,100). In the field. NCDs are often referred to as lifestyle diseases.[viii] As drily articulated in a Chatham House paper, "NCDs have not resonated as an unjust and singular issue to give rise to a social movement. The image of a middle-aged obese alcoholic with heart disease does not create the same sense of injustice or societal failure as an innocent child infected with HIV."

Debunking the "lifestyle choices" narrative

The concept of lifestyle choices is pernicious to the conversation on NCD funding among global donors. To think that people have a choice in preventing NCDs or not is to *unfairly* put the onus on the individual for their illness. Unfairly, because most people have a heavily constrained choice-set, which is further influenced by social factors, such as the built and social environment; political, economic and legal systems; the policy environment; culture; and education.



Credit: Rand Corporation[ix]

The figure above demonstrates the differential burden of three major NCDs by income group. Heart disease and diabetes, which are both linked to the risk factors of unhealthy diet and lack of physical activity, are much more prevalent among the low income population in the US than in the high income population. It isn't that all low-income people in the US are intentionally making poor lifestyle choices. The graph reflects an underlying system of constrained choice. Low income individuals in the US may have less access to nutritious food or to public infrastructure that allows them to build physical exercise into their daily routine.

In addition, urbanization and globalization heavily influence resource distribution within societies, often exacerbating geographic and socioeconomic inequalities. For example, the global expansion of mega-markets and brands like Coke and McDonalds have enabled the proliferation of processed foods high in refined starch, sugar, salt and unhealthy fats, which our often cheaper and more readily available and enticing to consumers than natural foods.[x] Sometimes, unhealthy foods and beverages are *the only* options: the incidence of food deserts has been well documented in the United States;[xi] in India, Coke advertisements claim that good mothers give their children coke because it is pure (as compared to water, which is often contaminated).[xii] Furthermore, urbanization in the developing world is often accompanied by environmental degradation and pollution of air, water, and land, which further expose individuals to NCD risk factors.[xiii] Finally, health literacy also informs and shapes individuals lifestyle choices; however, access to this education is unequal across countries and income groups.

As Margaret Chan, the Director-General of the WHO articulated at a UN meeting in 2011, "The call for lifestyle changes gave the impression that mere choices were involved. But, when healthy food choices were unavailable or exercise facilities did not exist, the result turned into life sentences." At the same meeting, Ralph Gonsalves, Prime Minister of Saint Vincent and the Grenadines, said that "We must also consider the role of the State and civil society in promoting healthy lifestyles and protecting local citizens from environmental harm and trade imbalances that make an imported hamburger, French fries and a carbonated beverage cheaper and more readily available than a nutritious, locally produced meal."[xiv]

Moving forward

As this paper has articulated, the responsibility for NCDs is a broad one and must be spearheaded by actors that can influence systems, rather than be blamed on individuals using the

damaging narrative of “lifestyle choices.” The international community has begun to take steps to address the immense challenge of non-communicable diseases, but it is urgent that they commit to much larger changes.

Measures thus far include the following:

- In 2005, the WHO organized the first global public health treaty known as the Framework Convention on Tobacco Control (FCTC), which sets out specific steps for governments addressing tobacco use. 168 of the 192 WHO member states signed the treaty, but it is difficult to enforce compliance.[xv]
- In 2011, the WHO released a set of “best buys” for NCDs; these are recommendations for high-impact, cost-effective interventions that policymakers can implement to help reduce the burden of NCDs.[xvi]
- In May 2013, the 66th World Health Assembly adopted a set of measures to tackle the global NCDs challenge. They endorsed a new Global Action Plan on NCDs containing suggested actions for WHO, countries, and international partners.[xvii]
- In May 2014, the 67th World Health Assembly agreed on a Global Coordination Mechanism to help coordinate activities by governments, civil society and the private sector and support implementation of the 2013 Global Action Plan on NCDs.[xviii]
- The World Cancer and Research Fund published a new 2-page document summarizing the organization's recommendations on using food policy to address the problem of high rates of non-communicable diseases (NCDs).[xix]

Governments, international development groups, civil society groups, and the global health community should seek to invest in both enabling and promoting healthy lifestyle choices, and in identifying and implementing high-impact, cost-effective interventions to do so. In particular, as a

significant barrier is that many countries are guided by the Millennium Development Goals (MDGs) and therefore are still striving to attain better outcomes for infectious and maternal and child conditions, it is the role of the international community and advocacy groups to advocate that the agenda for the upcoming Sustainable Development Goals to include targeting non-communicable diseases and their risk factors.[xx] It is of particular importance that the language around NCDs change from an individuals-blaming "lifestyle choices" narrative to a collective responsibility narrative, so that global health donors and organizations see their role in addressing NCDs. The current shortfalls in funding and efforts towards non-communicable diseases are unacceptable.

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[i] http://www.wma.net/en/20activities/30publichealth/10noncommunicablediseases/
[ii] http://www.who.int/features/factfiles/noncommunicable_diseases/facts/en/
[iii] http://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf
[iv] http://www.who.int/features/factfiles/noncommunicable_diseases/facts/en/
[v] http://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf
[vi] http://www.who.int/nmh/ncd-coordination-mechanism/Policybrief5.2docx.pdf
[vii] http://www.who.int/bulletin/volumes/90/7/12-108795/en/
[viii] http://www.un.org/press/en/2011/ga11138.doc.htm
[ix] http://www.rand.org/news/press/2006/05/02.html
[x] http://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf
[xi] http://apps.ams.usda.gov/fooddeserts/fooddeserts.aspx
[xii] Conversation with NCD expert Sarah Galbraith-Emami
[xiii] http://www.unep.org/french/tunza/children/pdfs/Fact_sheets/Urbanization.pdf
[xiv] http://www.un.org/press/en/2011/ga11138.doc.htm
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