When it comes to global health, the international aid effort is almost entirely focused on the immense burden that communicable diseases inflict on the world’s low- and middle-income nations. But the world is also facing what United Nations (UN) Secretary-General Ban Ki-moon describes as “a public health emergency in slow motion”.1 Across the globe, non-communicable diseases (NCDs) — principally heart disease, cancer, diabetes, kidney disease and chronic lung disorders — are imposing ever greater burdens on individuals, families, health systems and economies.

The World Health Organization believes that NCDs now account for some eight million premature deaths (before the age of 60 years) each year in low- and middle-income countries. Altogether, there are an estimated 35 million NCD deaths each year, with around 80% occurring in low- and middle-income countries.2 Deaths from NCDs are projected to increase by 17% worldwide in the coming decade, with the largest increase (27%) occurring in Africa. The highest absolute number of deaths will be in Australia’s local regions: the Western Pacific and South-East Asia.2

And yet, much of this burden is avoidable, with around 80% of heart disease, stroke and type 2 diabetes and over a third of cancers deemed preventable by eliminating shared risk factors, including tobacco use, poor nutrition, physical inactivity and alcohol misuse.

Despite the growing burden that NCDs inflict on the developing world, a pittance — just 2.3% — of overall development assistance for health was dedicated to NCDs in 2007.3 This is even more surprising given the impact that NCDs have on productivity. The World Economic Forum, an organisation of private, mostly multinational companies, already considers chronic disease in both developed and developing nations to be a major risk to the global economy.4

While prevention and treatment of NCDs make sound economic sense, calls for help from developing nations have met with little response. The UN said in a report on NCDs last year that “requests for technical support to scale up efforts, through aid and expertise, remain largely unanswered”.5

There is, however, some light at the end of the tunnel. Things are starting to change. After a concerted campaign by international chronic disease organisations and collective action by Commonwealth, wealth and Caribbean countries, the UN has agreed to hold a special summit on NCDs, the first health summit since the landmark HIV/AIDS gathering a decade ago. To be held in New York on 19–20 September 2011, the summit will consider what action might be taken to help all countries, but especially those of low and middle incomes, to meet the NCD challenge.

It is clear that NCDs must become a key part of the global health and development agenda. This is the goal of the NCD Alliance,6 a coalition convened by the World Heart Federation, Union for International Cancer Control, International Diabetes Federation and the International Union Against Tuberculosis and Lung Disease.

While the global campaign is being waged, an Australian group — Australians for Global Action on NCDs — has formed to encourage the Australian Government to help lead global change, by seeking tangible outcomes from the UN summit and playing a strong role beyond it, particularly in the Western Pacific region. Although much remains to be done at home, particularly for Aboriginal and Torres Strait Islander peoples and those from lower socioeconomic backgrounds, Australia should also boost efforts to assist developing nations in our region escalate their NCD-prevention efforts and improve screening, early detection, treatment and palliation. A gathering organised by our group at Parliament House on 2 March 2011 will help sell the message to federal politicians, many of whom are already sympathetic to the cause.

Over the coming 7 months, the world will be looking to countries with strong records in prevention and management of chronic disease to help set the agenda for the UN summit on NCDs. While this includes nations across the income spectrum, Australia should be thrusting its hand in the air. We have much to offer. For example, Australia has been a leader in tobacco control. Robust action, including price hikes, comprehensive advertising bans and investment in social marketing, has seen smoking rates plummet in Australia, from 34% of the adult population in 1980 to less than 20% today.7

So, what do we want from the UN summit? Work is underway to define the best possible outcomes, but there is growing international consensus among NCD Alliance members around six primary objectives:

1. Governments must have NCD plans and be accountable for progress.
2. The existing WHO Framework Convention on Tobacco Control should be fully implemented.
3. There must be a global commitment to prevention of NCDs.
4. Globally agreed approaches to treatment and care must be forged.
5. Resources must be available to deliver effective interventions and enhance the capacity of developing nations to meet the NCD challenge.
6. NCDs must be prominently included in the targets that will follow the current Millennium Development Goals.

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** Time for global action on chronic disease

Australians for Global Action on NCDs*

**Australia should lead in the effort to reduce the huge burden of non-communicable diseases**
Reducing the burden of NCDs will take dollars. It will take courage. And it will take long-term commitment. But it will pay for itself many times over by helping countless millions of people to lead longer, healthier, happier and more productive lives.

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References


