IFMSA Policy Statement
Non-Communicable Diseases

Adopted during the 64th August Meeting General Assembly in Ohrid, FYR of Macedonia, 7th August 2015

Summary

The International Federation of Medical Students’ Associations - IFMSA recognizes the need to tackle, prevent and control the global burden of non-communicable diseases (NCDs) and reduce the worldwide morbidity and mortality related to cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, as well as reduce the four shared risk factors, namely tobacco use, physical inactivity, unhealthy diets and the harmful use of alcohol.

Introduction

Each year more than 36 million people die from heart disease, stroke, diabetes, cancer, chronic respiratory disease and other chronic diseases, which are 63% of all deaths worldwide, and 80% of these deaths are in low-and middle-income countries [1]. According to WHO’s projections, the total annual number of deaths from non-communicable diseases will increase to 55 million by 2030, if “business as usual” continues. Scientific knowledge demonstrates that the non-communicable disease burden can be greatly reduced if cost-effective interventions for prevention and control of non-communicable diseases are implemented in an effective and balanced manner [1].

Cancers, diabetes, heart and lung diseases threaten the lives of millions of people worldwide. The economic impacts on households and health systems are so large that, especially in low- and middle-income countries, NCDs pose major poverty and development challenges.

More than 12 million deaths from non-communicable disease (NCDs) occur between the ages of 30 and 70 in low- and middle-income countries, which constitute one of the major challenges for development in the twenty-first century. Premature deaths from NCDs in low- and middle-income countries undermine social and economic development, threaten the achievement of internationally agreed development goals and may lead to increasing inequalities within and between countries and populations. [2]

Health systems in low-and middle-income countries are facing a double-burden of disease of communicable and non-communicable diseases; having to treat infectious diseases as well as preserving the continuity of care of long-term health conditions.
In high-income countries, research has shown that there is an unequal distribution of NCDs and risk factor exposure in different socio-economic groups. Health systems and health policies need to shift from disease-centered to people-centered approaches. There is, therefore, a need to use social determinants of health approach to ensure that health systems are able to combat NCDs in an adequate way. It is crucial to recognize that a paradigm shift is imperative in dealing with NCDs.

The Moscow Declaration on NCDs and the 2011 UN Political Declaration on NCDs recognized the vast body of knowledge and experience regarding the preventability of NCDs and immense opportunities for global action to control them. Therefore, governments committed in the 2013 UN Political Declaration on NCDs to establish and strengthen, multisectoral national policies and plans for the prevention and control of NCDs, and consider the development of national targets and indicators based on national situations and by May 2013, to realize these commitments, the World Health Assembly endorsed the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020. [1,4]

Main text

In support of the WHO NCDs Global Action Plan 2013-2020 and in order to more fully address the growing epidemic of non-communicable diseases the International Federation of Medical Students Associations calls for the following:

1. Governments should work to implement policies which restructure environments that encourage NCD prevalence. This may include tackling obesogenic, alcohol-promoting and tobacco-promoting environments that make it easier for people to make healthy choices by creating structural policies which address areas such as composition and reformulation, pricing, distribution and marketing, catering, advertising and promotion, labeling amongst others.

2. That industry needs to recognize the potential health effects of products produced which are risk factors for NCDs, such as foods high in sugar, salt and saturated & trans fats, alcoholic beverages and tobacco. Such recognition could foster improved cooperation between industry and governments to create more responsible and binding legislation than that presently seen. Ultimately, efforts should be shifted to focus on the political and economic systems that drive unhealthy lifestyle choices, rather than to solely change consumer behavior and individual lifestyle choices.[5]

3. Calls for a shifting of health care systems from acute vertical systems to more integrated primary care model with greater emphasis on patient empowerment. A horizontal primary care approach with the aim to strengthen
primary and ‘diagonal’ health services is needed, where prevention and treatment of NCDs should be a substantial part. That greater focus on NCDs should be a supplementation, rather than competitor, to communicable diseases mitigation efforts.

4. We strongly recommend that NCDs be a part of the global research agenda. That promoting, translating and disseminating ethical research and hosting discussion forums to identify the causes of NCDs, best practices for NCD prevention and control, and strategies appropriate to distinct cultural and regional settings, will help to further proactive approaches to combat NCDs. To strongly recommend that NCDs be a part of the global research agenda. Also to recommend promoting, translating and disseminating ethical research and hosting discussion forums to identify the causes of NCDs, best practices for NCD prevention and control, and strategies appropriate to distinct cultural and regional settings, to help to further proactive approaches to combat NCDs. Furthermore, there is a need to promote and support national capacity for high-quality research and development for the prevention and control of NCDs.

5. Furthermore, NCDs should be integrated into health-in-all policies as part of a ‘whole-of-government approach’ with intersectoral planning and programming. There is a need for different stakeholders to be more engaged in the operation of the WHO Global Coordination Mechanism on NCDs, aiming to promote an important dialogue to facilitate and enhance the coordination of activities, multi-stakeholder engagement and action across sectors in line with Global NCD Action Plan 2013-2020. [4]

6. To support local community-oriented programs, which focus on the importance of balanced diet, healthy food choices and physical activity will promote better lifestyle practices as well as implementing policies that provide a suitable environment for such behaviours such as healthy and labelled food, reduced sugar and salt in products and finally a proper infrastructure for exercising and active transportation.

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1 Health-in-all policies is a strategy which aims to include health considerations in policy making across different sectors that influence health, such as transportation, agriculture, land use, housing, public safety, and education.(6)

2 Whole of government denotes public services agencies working across portfolio boundaries to achieve a shared goal and an integrated government response to particular issues. (7)
7. That sex should be taken into account when tackling NCDs. Prevalence and risk of NCDs differ for men and women. Hence prevention and control of NCDs should address such predisposing factors, and other sex-specific concerns.

8. Strategies to reduce social inequalities/determinants of health must be integrated with efforts to control NCDs, and should address the social gradient in health. Differences in the prevalence of NCDs between countries and between socioeconomic groups within countries contribute to widening health gaps, which may be influenced by unjust and non-uniform distribution of money, resources and power, resulting in health inequity. Furthermore, the need to adopt a human rights-approach is necessary for NCD prevention and control.

9. That promoting increased youth involvement in the global NCDs movement by advocating for youth-oriented NCDs awareness programs within local communities. Furthermore, promoting interaction forums at medical schools, grassroots organizing, letter-writing advocacy campaigns, and lobbying to heads of state will mobilize young health professionals in-training with the involvement of non-governmental organizations to contribute to NCDs control with an emphasis on youth involvement.

10. To ensure that the voices of young people are heard and that promoting increased youth involvement in the global NCDs movement by advocating for youth-oriented NCDs awareness programs in the local, regional and global level.

Finally the IFMSA also exhorts members of IFMSA and medical students

11. To continue our efforts on the local, national and international level to educate our patients on the risk factors associated with NCDs.

12. To participate in education, research and advocacy activities towards the prevention of NCDs.

13. Advocate for greater youth involvement in the local, national and global NCDs movement.

References


4. Moscow Declaration. First Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control Moscow, 28–29 April 2011

