Summary

We, the International Federation of Medical Students’ Associations (IFMSA), recognize the need to tackle, prevent and control the global burden of non-communicable diseases, and thus 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

On 13th May 2010, the United Nations, led by Caribbean Community (CARICOM) member states, voted unanimously for UN Resolution 64/265 to hold a United Nations High-Level Summit on Non-Communicable Diseases in September 2011. This will be only the second time a health issue is raised at an UN High-Level Summit, and it’s a unique opportunity for the global community to set the agenda on how to act on the increasing global burden of non-communicable diseases.

Globally around 35 million people die from heart disease, stroke, diabetes, cancer, chronic respiratory disease and other chronic diseases, which are 60% of all deaths worldwide and 80% of these deaths are in low-and middle-income countries (1). The Moscow Ministerial Declaration revealed that this figure will jump to 75% by 2030 (2).

The Millennium Development goals are also undermined with NCDs receiving only 0.9% of health official development assistance (ODA) (3). The WHO report “Global health risks: mortality and burden of disease attributable to selected major risks” (4) identified six risk factors associated with NCDs as the leading global risk factors for death: high blood pressure, tobacco use, high blood glucose levels, physical inactivity, overweight or obesity, and high cholesterol levels. 36 million deaths could be averted by 2015 if interventions to reduce and control these risk factors are implemented (5).

The Lancet NCD Action Group proposed five overarching priority actions-leadership, prevention, treatment, international cooperation, and monitoring and accountability-all of which may reduce deaths by 2% each year.(6) In addition to adopting dynamic approaches, the Action Group further noted that climate change and the need for low-carbon policies are also needed to reduce NCD numbers.

Health systems in low-and middle-income countries will have to face 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 (7).

This requires adapting health systems and health policies and a shift from disease-centered to people-centered approaches. However, costs for priority interventions for NCDs are likely to
remain small—e.g., the cost for acting on three priority interventions (salt intake, tobacco control, cardiovascular disease treatment) was $6 billion in 2007, and new global estimates indicate this to be $9 billion each year (8).

This economic feasibility, therefore, does not necessitate the need for a new global fund.

In high-income countries, research has shown that there is an unequal distribution of NCDs and risk factor exposure in different socio-economic groups, seeing that risk- behavior and disease burden increasing with lower income, education and other indicators for socioeconomic status.

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.

That said, it is crucial to recognize that a paradigm shift is imperative in dealing with NCD challenges, as NCDs are caused not only by biomedical factors, but also caused or strongly influenced by behavioral, environmental, social and economic factors, as observed in the Moscow Ministerial Declaration.

Main text

The International Federation of Medical Students Associations is committing to fourteen- point framework of action as a contribution to proposals noted at the informal hearing for the UN-High-

level Summit in June 2011, on WHO’s Action Plan for the Prevention and Control of NCDs, the principles contained in the Moscow Ministerial Declaration, and the NCD resolution passed by the World Health Assembly in May 2011. We call for:

1. That an increased focus on NCDs should be a supplementation, rather than competitor, to communicable diseases. 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. Furthermore, we express our belief that NCDs should be integrated into health-in-all policies 'whole-of-government' approach with intersectional planning and programming; and that they should be part of the global research agenda. In addition to that, we believe that task shifting will provide to be a useful organizational technique in the approach to NCDs. In our opinion health care should be organized in accordance with the WHO Global Recommendations and Guidelines on Task Shifting which were are result of the 1st Global Conference on Task Shifting by the WHO in 2008. [15]

2. That the WHO’s Global Strategy on the Harmful Use of Alcohol (9) must be implemented. Harmful use of alcohol is an important risk factor for disability and early death from NCDs and trauma. Furthermore, we ask for cost-effective changes such as fiscal policies to regulate unhealthy consumption practices in the form of alcohol and tobacco taxes. Alcohol and drug use represent major threats to human and social development, including poverty, HIV/AIDS, accidents and violence, particularly against women and children.

3. That the WHO Framework Convention on Tobacco Control (10) should be fully implemented. Health personnel should inform their patients about the dangers of smoking. Availability of tobacco should be restricted, for instance through taxation, accessibility, licensing and higher age limits..

4. That the Global Strategy on Diet, Physical Activity and Health (11) should be implemented. Diet and sedentary lifestyle is a contributor to NCDs burden, especially in developed countries. Local community-oriented programs which emphasize on the importance of balanced diet, healthy food choices, and physical activity will promote better lifestyle practices. Use of such cost-effective
interventions to reduce the risk of NCDs, which are affordable in low and middle-income countries could prevent millions of premature deaths every year, including measures to reduce salt intake (Pan American Health Organization has already established a goal of 5g salt consumption per person per year by 2020 [6]).

5. That gender 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 gender-specific concerns.

6. Those efforts to control NCDs emphasize the need for multi-sectorial action on all parameters-behavioral, environmental, social and economic factors- as mentioned in the Moscow Ministerial Declaration. For instance, with review of international trade agreements, marketing and industry influence over policy development, and lack of universal social insurance, can all potentially undermine efforts to prevent, and control the causes NCDs.

7. Those 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 NCDs prevention and control, as defined during the first roundtable discussion on challenges at the informal hearing for the UN-High level Summit on NCDs (12)

8. That government action should combine information to the public about the importance of health behavior with structural policies that make it easier for people to make healthy choices, such as pricing, facilitation of active transportation, school meals, and physical activity in schools and the population responsible for their own health choices.

9. From a universal health coverage aspect, improve the access to the WHO’s list of essential medicines based on needs and resources assessment. Facilitate the availability and affordability of essential medicines, especially in low and middle-income countries that run through several difficulties such as high costs and insufficient supply-management systems. Many solutions are suggested such as the promotion of generic products, evidence-based prescribing, educating health professionals and consumers, implementing appropriate policies and incentives, eliminating market-based influencing in drug prescribing and price regulation as per the DOHA declaration (13) in regards to low and middle-income countries. Affordability and availability of essential medicines for NCDs in low and middle-income countries is often limited by the high costs of medicines and insufficient supply-management systems, especially in settings where health services are funded through out-of-pocket expenditure. Examining means to facilitate the access to affordable, safe, counterfeit-proof, effective and high quality medicines consistent with the WHO Model Lists of Essential Medicines, based on needs and resource assessments, and by implementing the WHO Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property, will be a cohesive approach for promoting quality and affordability of essential medicines.

10. That increased investments in education of health care personnel to ensure a sustainable health workforce within a country and avoidance of unethical recruitment of health care personnel from low- to high income countries will help in development of ethical and efficacious practices in health care delivery. The global community must, therefore, implement WHO’s Global Code of Practice on the International Recruitment of Health Personnel (14). An increased, well trained and appropriately deployed health workforce will be essential for effective implementation of chronic disease prevention, care and management, and further to ensure sufficient and equitable access to services, especially for vulnerable and marginalized groups.

11. Those effective and comprehensive strategies necessitate a mix of evidence-based environmental, socio-economic, and behavioral interventions at the population and individual
levels; a shifting of health care systems from acute vertical systems to more integrated primary care systems with considerable patient empowerment; and appropriate restructuring of financial and insurance systems.

12. That promoting, translating and disseminating ethical research and hosting discussion forums to identify the causes of NCDs, effective approaches for NCD prevention and control, and strategies appropriate to distinct cultural and regional settings, will help to further proactive approaches to combat NCDs.

13. That NCDs also need to be incorporated into the global development agenda in ways that complement rather than compete with existing health development priorities.

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

References


