Addressing global non-communicable diseases

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KEY FINDINGS

• A **comprehensive approach** which takes account of all NCDs and all risk factors is required to address NCDs
• Addressing the

to combating NCDs; the social determinants of health; how behavioural interventions can address NCDs; and the role that pharmaceutical companies could play in tackling NCDs.

Rethinking the NCD paradigm: a comprehensive approach

e current paradigm for addressing NCDs involves focusing on a speci c group of the four NCDs (cardiovascular disease, diabetes, cancer, and chronic respiratory disease) which account for 80% of NCD-related deaths, and the ve risk factors (tobacco, salt, diet, alcohol, and lack of access to medicine) that contribute to 80% of those NCDs. However, there are several issues with this approach:

• It **excludes other NCDs, such as mental illness, neurological diseases and muskulo-skeletal diseases** which are still very signi cant. Whilst these four NCDs account for 80% of NCD-related *mortality*, they do not account for the same proportion of *morbidity*. Indeed, they account for only about half of the disability-adjusted life years associated with NCDs – one measure of morbidity.
• It fails to consider **socioeconomic factors** and doesn't work well in **high-income countries**
• It fails to consider **other important risk factors**, such as infection and occupational issues.

ese problems are illustrated by a study in North Karelia, Finland, where interventions based on the four disease paradigm failed to produce a greater reduction in mortality than in control cities.

ese results have been replicated in studies elsewhere . A **more comprehensive approach** is needed that goes beyond the four diseases and ve risk factors. is should comprise three strands for addressing global health and NCDs: **combating climate change; focusing on sustainability; and focusing on all NCDs**.

Social determinants of health and non-communicable diseases

Low and middle income countries face the dual burden of infectious disease and NCDs, while in high-income countries the disease burden is mostly NCDs. It is therefore necessary to address the social inequalities that cause health inequalities.

ere is evidence of a **clear social gradient in health**, where **lower socioeconomic status is correlated with poor health**. For example, in England, circulatory disease death rates fall as socioeconomic status rises; while across Europe, life expectancy is higher in those with better education – thus, poor health is not simply the result of individual choices

is **social gradient also a ects risk factors in health** – for example, lower socioeconomic status is correlated with higher obesity levels. e Marmot Review *Fair Society, Healthy Lives* emphasised the need to address health challenges by l**ooking beyond lifestyle-related causes of disease** (e.g. high blood pressure, smoking) and focus on the '**causes of the causes**' – that is, the social determinants of health.

Policymakers are taking action and developing policies that focus on health and wellbeing. Many European governments have incorporated the Marmot Review's principles into policymaking. In the UK, 49% of local government o cials in England said their priority was to focus on the principles identi ed in the Marmot Review. Local government in Malmo, Sweden has commissioned work towards a socially sustainable community to address social inequality. A key facet of the social determinants approach to health is **viewing every sector as a health sector** and taking the concept of social justice seriously. Authorities must empower individuals and communities by creating the conditions that allow them to take responsibility for their own health.

The role of pharmaceutical companies in addressing NCD

A parallel can be seen between the way infectious diseases like HIV